

Learning package: Improving service quality

Strengthening provision of comprehensive abortion care in Cambodia

Comprehensive abortion care is a potentially life-saving service and an important component of reproductive health service packages. Improving women's access to safe abortion options means fostering skills, confidence and supportive working environments for midwives.

Safe, comprehensive abortion care (CAC) is an essential component of reproductive, maternal and newborn health (RMNH) services to prevent avoidable maternal mortality from unsafe abortions. Although the practice of abortion remains culturally taboo in Cambodia, it is a legal procedure and the number of women who report having an abortion is increasing, with the figures more than doubling from 5% to 12% between 2010 and 2014.^{1,2} It is clear that for many Cambodian women, the option of a safe, effective abortion is an important one. The challenge is overcoming stigma to ensure that women can freely access CAC services when they need to.

To enable the availability of CAC services in public health facilities, Partnering to Save Lives (PSL) trained 192 midwives in 13 provinces to provide CAC to women. This was alongside complementary activities to boost women's access to modern family planning methods and prevent unplanned pregnancy.

PSL trained 192 midwives who prevented 26,131 unsafe abortions by providing CAC to clients.³

Consistent with PSL's broader approach to RMNH skills building, PSL worked with national trainers from the Cambodian Ministry of Health to conduct extensive CAC training for midwives, which was followed by regular quality improvement visits to health facilities with Provincial Health Department (PHD)/Operational District (OD) teams. PSL adapted the Midwifery Coordination Alliance Team (MCAT) meeting format to include CAC topics, which focused on procedural skills training and clinical reasoning. For sustainability, PSL also developed coaching and supervision skills within PHD/OD teams and supported a national Training of Trainers program for ten trainers who will continue to develop future generations of the CAC workforce.



Credit: Marie Stopes International Cambodia

Above: A midwife concentrates as she practices CAC techniques on a pelvic model at a MCAT training session.

Over time, however, it became evident that midwife training and quality improvement were not enough on their own to improve the availability of CAC services in public health facilities. Despite having trained 192 midwives, PSL observed that many health facilities were not actively providing services to clients.

1. National Institute of Statistics, Directorate General for Health, and ICF International (2015). Cambodia Demographic and Health Survey (CDHS) 2014.

2. National Institute of Statistics, Directorate General for Health (2011). Cambodia Demographic and Health Survey (CDHS) 2010.

3. Impact estimates derived from the Marie Stopes International Impact 2 calculator

“In the beginning, I was scared [to provide CAC], but not any more. Now I have performed many procedures and I’ve never had a problem.”

Health centre midwife

Factors influencing CAC service provision

PSL commissioned research that documented factors that influence CAC service provision in Cambodia. The findings underscored the complexity of providing these services and emphasised that multi-faceted approaches are needed to improve the provision of care, of which service quality improvement is just one component.

Factors that influenced midwives’ willingness to provide CAC, or not, included:

- Midwives’ access to training and technical confidence;
- Support from health facility management, in particular to manage difficult cases;
- Perceived support from the community for the practice of abortion and midwives who provide it;
- Midwives’ moral beliefs and objections;
- Midwives’ fear of complications;
- The current structure of financial incentives, which can encourage midwives to perform CAC procedures in their own private practices.

Next steps

While PSL has established a basis for addressing midwives’ technical competence and attitudes, the research findings highlight gaps that were beyond PSL’s scope to address. Through PSL, coaching capacity has been strengthened within PHD/OD teams, quality improvement modules based on international best practices are in active use, and a values clarification module has been developed for MCATs. These measures will help to address midwives’ technical skills and confidence and begin to address some attitudinal barriers.

This is a promising beginning, but achieving the shift in values and attitudes that is required for CAC service delivery is a long-term process that will extend to health centre management and the broader community.

To ensure CAC remains available to Cambodian women, the underlying reasons for non-service provision must be addressed. Well-rounded programming approaches are needed to respond to the diverse barriers to service delivery and enable consistent availability of CAC in public health facilities.

Recommendations

Comprehensive abortion care will likely remain controversial in Cambodia for some time, but this does not negate its importance within comprehensive RMNH service packages, nor for the women whose lives are changed and saved by having access to this vital service. To improve its availability in public health facilities, PSL recommends to:

- Continue to support participatory learning opportunities for midwives (e.g. MCATs, training, and coaching visits). Integrate ‘soft’ skills development, such as values clarification and attitudes training, into existing activities.
- Increase the minimum number of providers with CAC training so that ideally there are at least two per health centre.
- Increase supportive measures from health facility management, particularly concerning complications arising from safe abortion cases.
- Improve the availability of equipment, especially ultrasound machines. Mobile ultrasound machines are available in Cambodia and may be a useful option for remote locations.
- Expand access to safe medical abortions in public health facilities.
- Consider the implications of restructuring financial incentives for CAC providers.
- Build community awareness and understanding of CAC. Conduct values clarification in the community and promote attitudinal shifts.
- Conduct concurrent initiatives to improve use and availability of modern family planning methods, to prevent unplanned pregnancy and unsafe abortion procedures.



Partnering to Save Lives is a partnership initiative. Save the Children International is subject to Protecting Life in Global Health Assistance (PLGHA) and has not engaged in activities that are not compliant with PLGHA.