







The International Planned Parenthood Federation (IPPF) is a worldwide Federation of national organizations working with and for communities and individuals. These Member Associations deliver quality, integrated sexual and reproductive health services including comprehensive abortion care with a focus on reaching the poor and vulnerable to ensure that no one is denied the services they need.

During the COVID-19 pandemic, women globally face compounded barriers to accessing safe abortion care. The de-prioritization of sexual and reproductive health services including abortion care, overwhelmed health systems, restrictions on movement and fear of visiting health facilities have all created additional challenges for women to safely end a pregnancy. However, recognizing the need to adapt to ensure women have access to the care they need, this crisis has sparked innovation among IPPF Member Associations. They swiftly re-evaluated traditional models of service delivery and developed new

approaches to reach women with safe abortion information and care, while keeping women's choice and quality of care at the centre of their work. New models of service delivery include telemedicine and home-based provision of medical abortion, with advocacy efforts in some countries critical to their success.

Expanding how abortion care is provided during COVID-19 is enabling women to decide what model of care best suits their needs and situation, whether fully supported through in-clinic services, or entirely or partially self-managed with support from a healthcare worker. COVID-19 has provided the impetus for establishing new models, and evidence is being generated to support the continuation and strengthening of these approaches to abortion care beyond the end of the pandemic. This document illustrates some of the innovative approaches developed by IPPF Member Associations to ensure continued access to quality abortion care during the pandemic.



Cameroon

Cameroon National Planning Association

for Family Welfare (CAMNAFAW)

CAMNAFAW works closely with a network of partner clinics, many of which are in underserved or rural areas. These partners refer abortion clients with complications or advanced pregnancies to CAMNAFAW clinics. However, during the pandemic, some clients needing referral are unable to reach CAMNAFAW's clinics due to restrictions on travel and public transport, and fear of movement following the government's stay-at-home advice. CAMNAFAW service providers, therefore, travel to the partner clinics to provide medical abortion and manual vacuum aspirations to these clients, bringing quality abortion care closer to women in their communities.

For those choosing a medical abortion, the Member Association's service providers are also travelling to some clients' homes to provide this service, removing the barrier of access to the clinic during travel restrictions. An initial home visit is made to provide pre-abortion counselling and the first dose of medical abortion (mifepristone). During a subsequent home visit, clients receive the second dose of pills and information on what to expect. The service providers then follow up these clients by phone or during a third home visit.

This model of taking safe abortion care closer to women will continue even with easing of travel restrictions, as this has been found to be an effective and acceptable approach to increasing access.

BRINGING QUALITY ABORTION CARE CLOSER TO WOMEN IN THEIR COMMUNITIES



IPPF/Xaume Olleros/Cameroon



Guinea

Association Guinéenne pour le Bien-Etre Familial (AGBEF)

Building on lessons learned during the Ebola crisis in Guinea, AGBEF quickly took measures to prevent infection in its clinics as well as in the community. In its clinics, AGBEF has introduced a COVID-19 screening mechanism, equipped service providers with personal protective equipment, and placed additional antibacterial gel and handwashing stations to ensure the continuity of provision of both surgical and medical abortion in a safe

AGBEF'S COMMUNITY
VISIBILITY IS REASSURING
CLIENTS THEY CAN SAFELY
VISIT ITS CLINICS

environment. AGBEF has also donated protective materials to communities throughout Guinea, including setting up handwashing stations, and providing face masks and antibacterial gel to households, alongside messaging on hygiene, handwashing and infection prevention. This community visibility is an important way to reassure clients they can safely attend the AGBEF clinics for abortion and contraceptive care.



AGBFF/Guinea





India

Family Planning Association of India

(FPA India)

Following the joint advocacy efforts of FPA India and partners, sexual and reproductive health services, including abortion, were officially recognized as essential services by the government. FPA India, therefore, was able to continue clinical operations during the national lockdown.

To ensure access for clients who were unable to reach their clinics, FPA India established telemedicine services, including pre- and post-abortion counselling and follow-up provided over the phone. Telemedicine services were provided alongside in-clinic care, with clinics continuing to provide surgical abortion care through an appointment system for clients who chose that method. FPA India also changed the way

it provides medical abortion, enabling clients who choose this method to safely manage aspects of their medical abortion at home, with guidance from an FPA India service provider. This hybrid model of service provision using telemedicine to supplement in-clinic care has minimized the need for clients to travel to clinics, overcoming challenges to movement restrictions, and reducing in-person client-provider interactions and associated risk of infection.

Clients have expressed their satisfaction with this model of care and FPA India will continue providing abortion care, both surgical and medical, to clients using its range of in-clinic care, telemedicine and supported self-care.

SUPPLEMENTING IN-CLINIC CARE WITH TELEMEDICINE



FPA India/India



Nepal

Family Planning Association of Nepal

(FPAN)

FPAN worked in close partnership with other non-governmental organizations and WHO in-country to advocate for the interim approval during COVID-19 of home provision of medical abortion and the use of telemedicine for abortion counselling, and the authorization of chemists and pharmacists to dispense medical abortion pills. These approaches were approved, and FPAN is now implementing telemedicine for abortion counselling and consultation, reducing the need for in-person client-provider interaction. FPAN has also trained its nurses and doctors to start providing medical abortion outside the clinic facility for clients in their homes. Both telemedicine for abortion counselling and consultation, and home provision of medical abortion, are critical strategies for ensuring continued access to abortion care in Nepal where a significant population live in remote and hard to reach locations, with limited mobility which has been further restricted by COVID-19 lockdowns.

FPAN and partners will systematically collect and document evidence on the effectiveness of these new models of care with a view to securing these interim guidelines as permanent, to enable the continued provision of abortion care outside of a clinic setting following the end of the pandemic.

TELEMEDICINE AND HOME PROVISION OF MEDICAL ABORTION ARE ENSURING CONTINUED ACCESS TO ABORTION CARE



FPAN/Nepal





Pakistan

Rahnuma – Family Planning Association

of Pakistan (Rahnuma-FPAP)

Rahnuma-FPAP and partners successfully advocated for government approval of sexual and reproductive health services to be classified as 'essential', enabling the Association to continue providing menstrual regulation and post-abortion care during the pandemic. Recognizing the need to support self-care where safe and possible, Rahnuma-FPAP and partners also helped develop guidance that included a section on ways to provide menstrual regulation and post-abortion care outside the clinical setting. When this guidance was approved, Rahnuma-FPAP started home-based menstrual regulation and post-abortion care, as per the country context, and contraceptive care through

Reproductive Health Facilitators (RHFs) working alongside government outreach workers.

Rahnuma-FPAP also significantly scaled up the use of its five toll-free helplines, including for menstrual regulation counselling and post-abortion follow-up, to reduce client visits to clinics and serve clients who were unable to reach clinics. Helpline counsellors were trained on COVID-19 and now provide menstrual regulation counselling and follow-up, and they refer clients directly to clinics or to Reproductive Health Facilitators in their local community if needed.

TOLL-FREE HELPLINES ARE SERVING CLIENTS WHO ARE UNABLE TO REACH CLINICS



Rahnuma-FPAP/Pakistan





Palestine

Palestinian Family Planning

and Protection Association (PFPPA)

In response to the government-mandated closure of its clinics, PFPPA quickly established a toll-free call centre for sexual and reproductive health services. Through the call centre, clients are provided with consultations, counselling, referrals and follow-up, including consultation services for abortion using a harm reduction approach, ensuring that women are provided with accurate information.

The call centre is now included in the Gender-Based Violence (GBV) Emergency Service Directory, which was developed and disseminated by the Palestinian GBV sub cluster. The call centre has further been advertised through PFPPA's

and other partners' Facebook pages, a TV spot, brochures that were placed in hygiene kits distributed by PFPPA, and during remote awareness sessions that have been conducted during this period. Given the success of this model in reaching clients with virtual consultations and counselling, and the restrictions on movement that Palestinians face regularly beyond the COVID-19 pandemic, PFPPA is exploring options for continuing this service delivery model, with the aim of keeping it free of charge for users and employing a dedicated service provider for the centre.

PFPPA'S NEW CALL CENTRE IS REACHING CLIENTS WITH INFORMATION AND CARE



SAAF/Samar Hazboun/Palestine



Sudan

Sudan Family Planning Association

(SFPA)

Following a nation-wide shutdown in April, SFPA established a new call centre to increase access to services, including abortion and contraceptive counselling and referrals. The call centre is staffed by general practitioners and obstetricians who provide counselling, consultations and referrals for services in SFPA clinics or with community-based providers nearest to the caller's place of residence.

SFPA'S NEW CALL
CENTRE IS INCREASING
ACCESS TO ABORTION
AND CONTRACEPTIVE
COUNSELLING

An unexpected outcome of the new call centre is that it has been effective at reaching new client demographics. For example, the call centre has provided services to an increased number of young women who call to talk about their reproductive health and rights. SFPA is working towards institutionalizing this model for continuation beyond the pandemic.



SFPA/Sudan





Togo

Association Togolaise pour le Bien-Etre Familial

(ATBEF)

To guarantee the continuity of youth-friendly services, ATBEF has started providing services through its mobile application 'Infos Ado Jeunes'. The app had previously focused on providing accurate information about sexual and reproductive health to young people. To overcome challenges in accessing services in healthcare facilities during COVID-19, ATBEF adapted this app

YOUNG CLIENTS ARE
ACCESSING ABORTION
SERVICES THROUGH THE APP'S
TOLL-FREE TELECONSULTATION
SERVICE

by adding a toll-free teleconsultation service which young clients can now use to access abortion consultations and pre- and post-abortion counselling. This has enabled clients to continue to access services when they face challenges travelling to clinics and has eased client flow in clinics at a time when social distancing is being implemented.



ATBEF/Togo



Published in September 2020 by the International Planned Parenthood Federation 4 Newhams Row London SE1 3UZ

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UK Registered Charity No. 22947