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WHO

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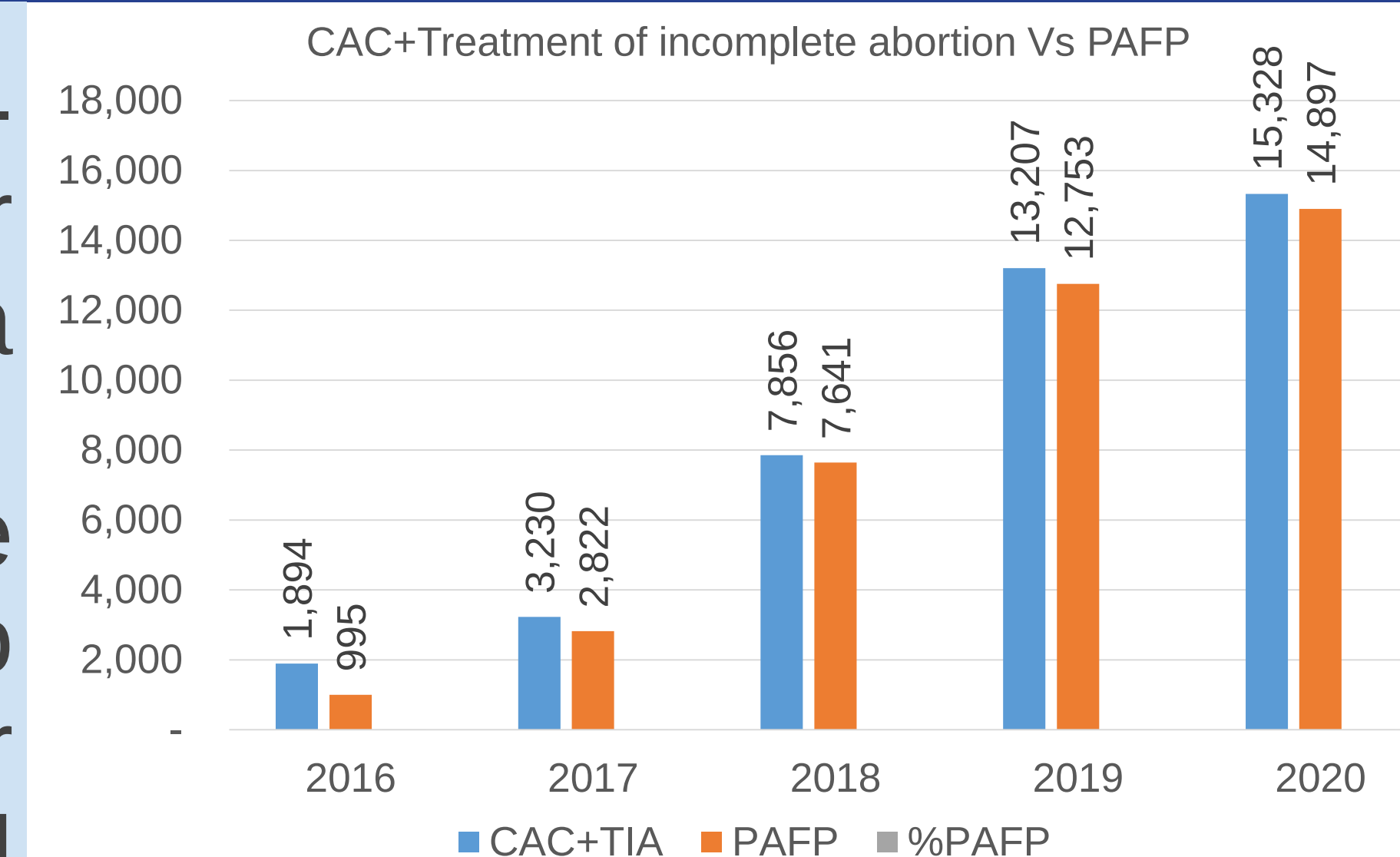
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BACKGROUND AND CONTEXT

- ✓ Uganda with a teenage pregnancy rate of 25%, high maternal mortality at 368 per 100,000 live births.
- ✓ 145 per 1000 women unintended pregnancies occur annually of which 30% end in induced abortions.
- ✓ Annually, 15 per 1,000 women undergo an induced abortion and received treatment for complications despite the restrictive legal and socio-cultural environment.
- ✓ Improving access to post-abortion care services protects the health and rights of women and girls undergoing the abortion.

METHODOLOGY/ APPROACH

- ✓ A holistic approach was used, including a one-stop service centre model, peer-to-peer mentoring, values clarification and improving data use among providers in 9 RHU clinics.
- ✓ Demand creation; Media activities, male involvement, and community engagement to challenge myths, misconceptions and gender norms, and address barriers to safe abortion and the prevention of unintended pregnancies.
- ✓ RHU used the WHO guideline Safe abortion: technical and policy guidance for health systems, and WHO recommendations related to medical and surgical abortion; treatment of incomplete abortion; initiation of contraception and follow-up visits.



- ✓ From 2016 to 2021, Reproductive Health Uganda (RHU) implemented and adopted the WHO guidelines, to provide quality, comprehensive and rights-based abortion care services to address the burden of unintended pregnancies and unsafe abortions and increase the uptake of safe abortion services within the legal and policy framework of Uganda, as well as post-abortion care services and Post-abortion Family planning (PAFP).

DISCUSSION OF RESULTS

- ✓ increased uptake of Post-abortion Care services, from 1 89, to 15 328 in 2020.
- ✓ Increase in Post abortion Family planning uptake from 53% to 97%.
- ✓ Contraceptive uptake increased from 16 701 cases in 2016 to 68 377 in 2020.
- ✓ Results show that adapting and contextualizing global guidelines is critical in addressing inequity and improving quality of SRH care in lower middle-income countries.

CONCLUSION

- ✓ Adopting and implementing global guidelines in local contexts ensures quality and equitable access, and reduces client visits and missed opportunities for SRH services including PAFP uptake.
- ✓ This is a cost-effective approach, for strengthening systems, and healthcare providers and promoting equitable and health access for all.
- ✓ The findings will inform adaptations and policy development processes to design appropriate abortion interventions.

A service provider demonstrates to other health workers how to correctly assemble a manual vacuum aspiration kit used to manage an abortion or post-abortion care.