



What is comprehensive post-abortion care?

Post-abortion care is defined as the treatment provided to women who present at health facilities with complications such as bleeding or infection that occur as a result of an incomplete abortion or miscarriage. Comprehensive post-abortion care comprises five essential components:

1. The treatment of incomplete or unsafe abortion and associated complications
2. Counseling to understand and address women's emotional and physical health needs
3. Offering contraceptive services to help women prevent future unintended pregnancies and abortions
4. Access to reproductive and other health services that are preferably provided on-site or through referrals
5. Community and provider partnerships to prevent unintended pregnancies and unsafe abortions, mobilize resources to ensure timely care, and to ensure that services are aligned with community expectations and needs.

What is a mystery client survey?

A mystery client survey is a research technique for monitoring health facilities, providers and service delivery programs for performance or quality improvement purposes. This technique uses mystery clients, who are trained to visit a health facility or service delivery program and report back their experiences. Although facilities are aware of the survey, providers do not know which patient is a mystery client. Although findings from mystery clients may be subject to bias stemming from subjective assessments, they therefore offer a means to assess how providers perform when they are not being observed or supervised directly.⁵

Quality assessment of sexual and reproductive health services for young women in Nairobi, Kenya: Results of a mystery client survey

Young people aged 10-24 years represent a significant proportion (40-70%) of women in low and middle income regions who undergo unsafe abortion.¹ They are more likely than older women to delay seeking appropriate post-abortion care.² These delays often result from a lack of knowledge, fear of negative provider attitudes and lack of confidentiality, an inability to pay, lack of transportation, fear of the medical procedure, and feelings of shame or embarrassment.³

Young women constituted almost half of patients (49%) treated for severe complications from the estimated 500,000 induced abortions performed in Kenya in 2012. More than a quarter of these young patients (26%) received poor quality post-abortion care. Worse, 30% of those receiving post-abortion treatment were not offered contraceptives upon discharge; thus, increasing their vulnerability to repeat unintended pregnancy.

Comprehensive post-abortion care (PAC) is a critical intervention to address complications arising from unsafe abortion – induced pregnancy termination carried out by unskilled personnel or in an environment that does not meet minimal medical standards, or both.⁴ Comprehensive PAC not only ensures that women receive appropriate treatment for existing complications but also provides an opportunity to prevent future unintended pregnancies through linkages to contraceptive and other reproductive health services.

In this briefing paper, we summarize key findings from a mystery client survey conducted in 12 public and private health facilities in Nairobi County (Kenya) between April and May 2016 to understand young people's perceptions of the quality of sexual and reproductive health services provided in these facilities, including emergency contraception, sexually transmitted infections and medical abortion.

Method

The study was conducted in purposively selected health facilities. Specifically, we selected facilities located near low-income neighborhoods and that have the potential for a high volume of young clientele. The managers of these facilities consented to participate in the survey. A summary of the key characteristics of these facilities is presented in Table 1.

Four young women, aged 18-23 years and residents of low-income neighborhoods, were trained to present anonymously at the designated facilities. As it was not feasible for young people to act out scenarios that were specific to post-abortion care, the mystery clients sought medical advice on various sensitive reproductive health issues including emergency contraception, sexually transmitted

infections and medical abortion. The mystery clients were advised to decline physical examinations.

After visiting the health facility, each mystery client recorded their perception of the physical status of the facility and the quality of services received, including cost, counseling, privacy, providers' attitudes, and waiting time. Each facility was visited by at least two mystery clients on different days and acted out the same scenario. After completing the assessment tool individually, mystery clients visiting the same facility completed a joint assessment tool. Where clients were seen by different health providers, their individual assessments on the quality of services received by these health providers were recorded.

Table 1. Characteristics of health facilities (Source: Facility Survey)

	Number	%
Ownership of facility		
Public	3	25%
Private for profit	6	50%
Faith-based organization/mission	1	8%
Non-governmental organization	1	8%
Community based organization	1	8%
Total young post-abortion care patients treated in a typical month		
0	1	8%
1 to 5	7	58%
6 to 10	2	17%
More than 10	2	17%
PAC treatment procedures available for young people[†]		
Manual vacuum aspiration (MVA)	7	58%
Misoprostol for post-abortion care	4	33%
None	1	8%
Contraceptive methods offered to young people[†]		
Injectables	8	67%
Pills	7	58%
Condoms	7	58%
Implants	7	58%
Intra-Uterine Device (IUD)	2	17%
Number of contraceptive methods offered to young people per facility		
1	1	8%
2	5	42%
3	4	33%
4	2	17%
Special considerations given to young people during treatment^{†‡}		
General or contraceptive counselling	7	58%
Priority in accessing services	2	17%
Assisted by younger staff	2	17%
Subsidized fees	1	8%
Involve counselor and guardian if under 18 years	1	8%
Client confidentiality	1	8%
Private procedure room for treatment	1	8%
Care by providers trained on youth-friendly service provision	1	8%
Referral system available for young patients	1	8%
Offer of monthly youth-friendly clinics	1	8%
No special treatment	1	8%
Challenges faced in providing care to young patients^{†‡}		
Client's inability to pay	5	42%
Stigma faced by clients because of abortion	5	42%
Limited space/infrastructure	2	17%
Requirement of guardian consent before treatment of minors	2	17%
Negative health provider attitude	1	8%
Limited human resources/qualified personnel	1	8%

[†] Multiple responses allowed; [‡] Open-ended responses allowed

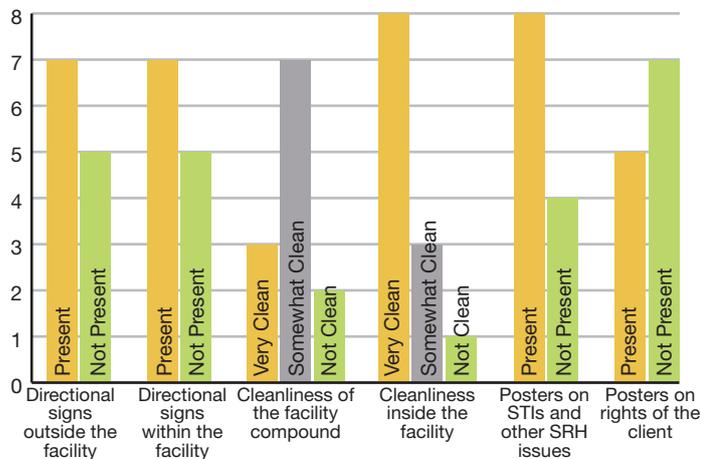
Key findings

According to the mystery clients, a majority of the facilities have adequate physical amenities

The physical environment in health facilities, including signage⁶ and cleanliness⁷, is associated with patient satisfaction. For young PAC clients who may already have high anxiety levels, a welcoming physical environment may be critical in minimizing their discomfort. Clients' reports on the physical characteristics of the facilities are summarized in Figure 1. Mystery clients reported that seven of 12 of the facilities had directional signs to guide clients on where to go. Although mystery clients reported that only three facilities had *very clean* compounds, they reported that eight facilities were *very clean* inside the facility.

In a study conducted in Kenya⁸ young people reported that having access to educational materials is an important aspect of youth-friendly services. Mystery clients reported that eight of the facilities displayed posters on sexually transmitted infections (STIs) and other sexual and reproductive health concerns but noted that only five displayed posters on the rights of clients.

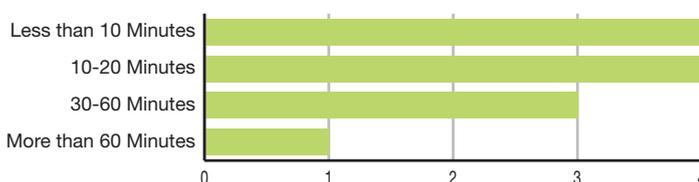
Figure 1. Facility description according to the mystery clients



According to the mystery clients, most of the facilities had acceptable waiting times

Previous research has shown that waiting time is an important consideration for young people when seeking reproductive health services.⁹ Mystery clients reported that the waiting time was acceptable or "just OK" in eight of the facilities and "too long" in the other four. The average wait times in the facilities is illustrated in Figure 2.

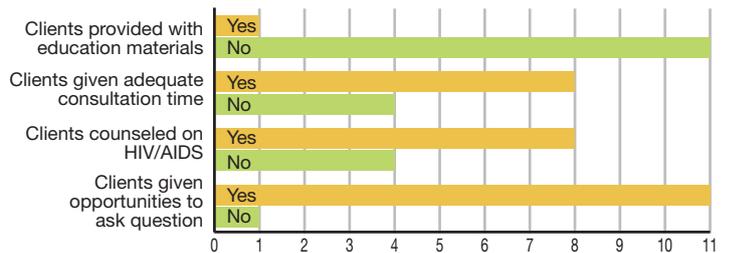
Figure 2. Average waiting time in the health facilities



Mystery clients reported that the quality of counseling was satisfactory in majority of the facilities

Counseling to understand and address women's emotional and physical health needs is an essential component of comprehensive PAC.¹⁰ Mystery clients reported that they received counseling on HIV/AIDS in eight facilities and considered the overall quality of counseling as adequate in seven of the 12 facilities. Clients' reports of the counseling and consultation received in the facilities are summarized in Figure 3.

Figure 3. Clients' reports on the counseling and consultation received in the facilities



Mystery clients would recommend nine (75%) of the facilities to other young people

Overall, the mystery clients reported that they would recommend nine of the 12 facilities to other young people (Figure 4). Reasons why they would recommend these facilities included **friendly staff**, **offered 'good' services**, and acceptable "short" waiting times.

Figure 4. Proportion of facilities (N=12) that clients would recommend to other young people



Mystery clients stated that they would not recommend the other three facilities because they had unfriendly staff and poor services. Clients also felt that the cost of services in one of the facilities they did not recommend was not affordable.

Implications

Overall, our study results suggest that a substantial proportion of facilities are providing adequate services to meet the needs of young people. Based on previous research¹¹, suggested approaches to ensure sustained provision of quality care for young people are:

- Routine training of providers to be non-judgmental and friendly to young clients
- Continued efforts to ensure that facilities are welcoming and accessible to young clients
- Provision of educational materials on a broad range of sexual and reproductive health topics to meet the specific needs of young people

Given the importance of high quality sexual and reproductive health services, including post-abortion care, sustained efforts to make these services more accessible to young people are warranted. Additional research and programmatic investments are needed. Further, in line with other studies¹², these results suggest that rather than setting up separate youth-focused facilities, improving the quality of services offered in existing health facilities to better meet the needs of young people is more practical. The results also demonstrate the feasibility of routine use of mystery clients as part of systematic and routine monitoring of the quality of service provision for quality improvements.

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