Baobab

Generating Evidence to Enhance Sexual and Reproductive Health and Rights in Refugee Settings

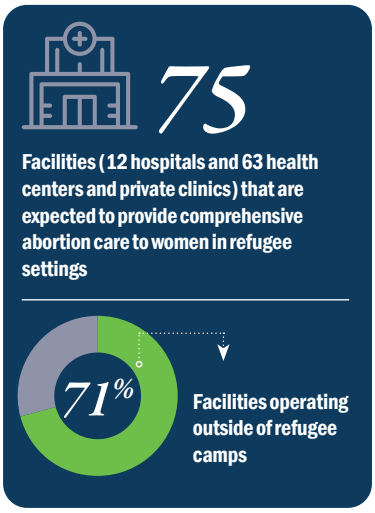
EVIDENCE BRIEF
JUNE, 2025

Capacity of the health system to provide safe abortion and post-abortion care in refugee settings in Ethiopia

Context

Abortion care services are less restrictive in Ethiopia compared to many other countries in sub-Saharan Africa, including legal access to safe abortion services for a broader range of circumstances. The provision of high-quality comprehensive abortion care is essential for reducing maternal morbidity and mortality. However, little is known about the health system's capacity to provide post-abortion care (PAC) or safe abortion care (SAC) services as these have been less studied, especially in the context of refugee settings.

This brief assesses the availability of SAC and PAC for women living in humanitarian settings in Ethiopia using a Health Facilities Survey (HFS). Data for this analysis was collected in 2024 in 22 of the 24 refugee camps across Ethiopia. A total of 75 facilities (12 hospitals and 63 health centers and private clinics) that are expected to provide comprehensive abortion care to women in refugee settings in Ethiopia were surveyed. Nearly three-quarters (71%) of facilities included in our census were operating outside of refugee camps.



Definitions

The HFS collected information on the recent provision of services needed to perform safe abortions and provide care for abortion-related complications. In addition, it measured the current availability of equipment, supplies, and staff necessary to provide those services. We used the Signal Functions framework to classify facilities as able to provide basic or comprehensive SAC and PAC[1]. According to this framework, primary-level facilities (health centers and private clinics) are expected to provide basic SAC and PAC. Referral-level facilities (hospitals) are expected to provide comprehensive SAC and PAC. Facilities have to fulfill all basic signal functions, as well as additional comprehensive indicators, in order to be classified as being able to provide comprehensive care*. Table 1 displays the definitions used to determine whether facilities met the signal functions criteria for providing SAC and PAC.

Table 1. Essential Signal Functions needed to provide basic and comprehensive safe abortion care (SAC) and post-abortion care (PAC)

Basic Signal Function Indicators	
Services only needed for basic SAC:	• Surgical and medical uterine evacuation • Family planning counseling once per week • At least one health professional capable of PAC is registered
Services only needed for basic PAC:	• Surgical or medical removal of retained products of conception • Family planning counseling 24/7 • At least one health professional capable of PAC is on duty always or most of the time • Hours of operation are 24/7 • Parenteral antibiotics • Uterotonics/oxytocics • IV fluids
Services needed for both:	• At least one short-acting contraceptive method • A method of referring patients to higher level care (phone or referral vehicle)
Comprehensive Signal Function Indicators	
Services only needed for comprehensive SAC:	• Dilation and evacuation
Services only needed for comprehensive PAC:	• Abdominal surgical procedures (such as laparotomy) • Blood transfusion
Services needed for both:	• At least one long-acting reversible contraceptive method

Key findings

Provision of individual services

1. Among primary-level facilities, all had at least one person trained in PAC on staff, family planning at least once per week, parenteral antibiotics, at least one type of method for removing retained products of conception, and at least one short-acting contraceptive (Figure 1). Despite the fact that all primary-level facilities have the capacity to provide at least one type of uterine evacuation procedure, only 38% of them met the criteria for uterine evacuation services for SAC.

2. All referral-level facilities met the criteria for most of the SAC and PAC signal functions (Figure 2). One notable exception was that only 42% of facilities offered dilation and evacuation services, which is necessary for providing comprehensive SAC.

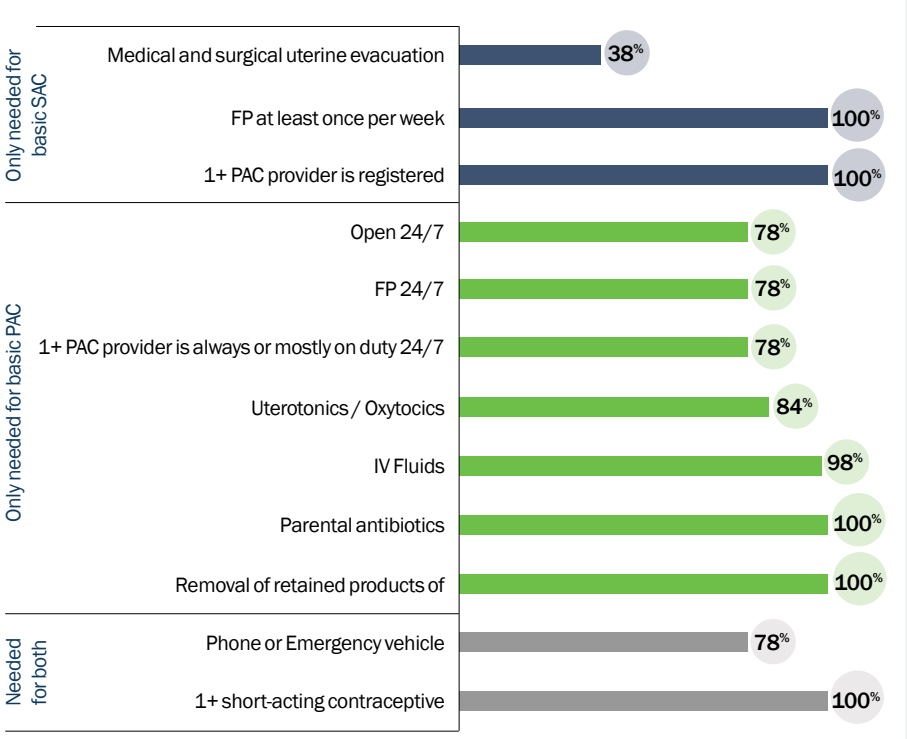
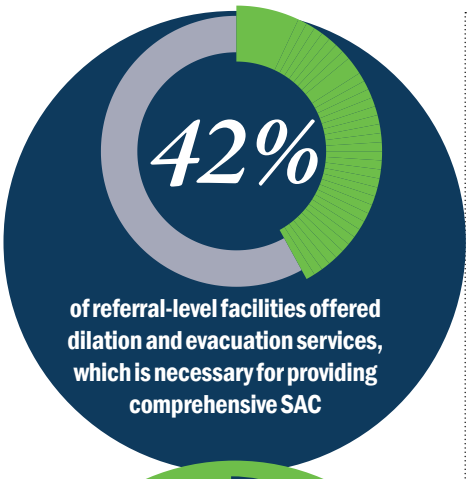
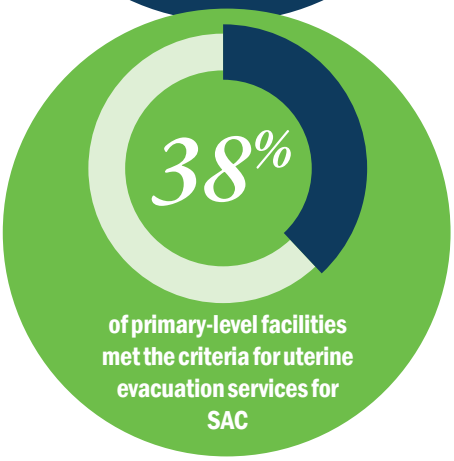


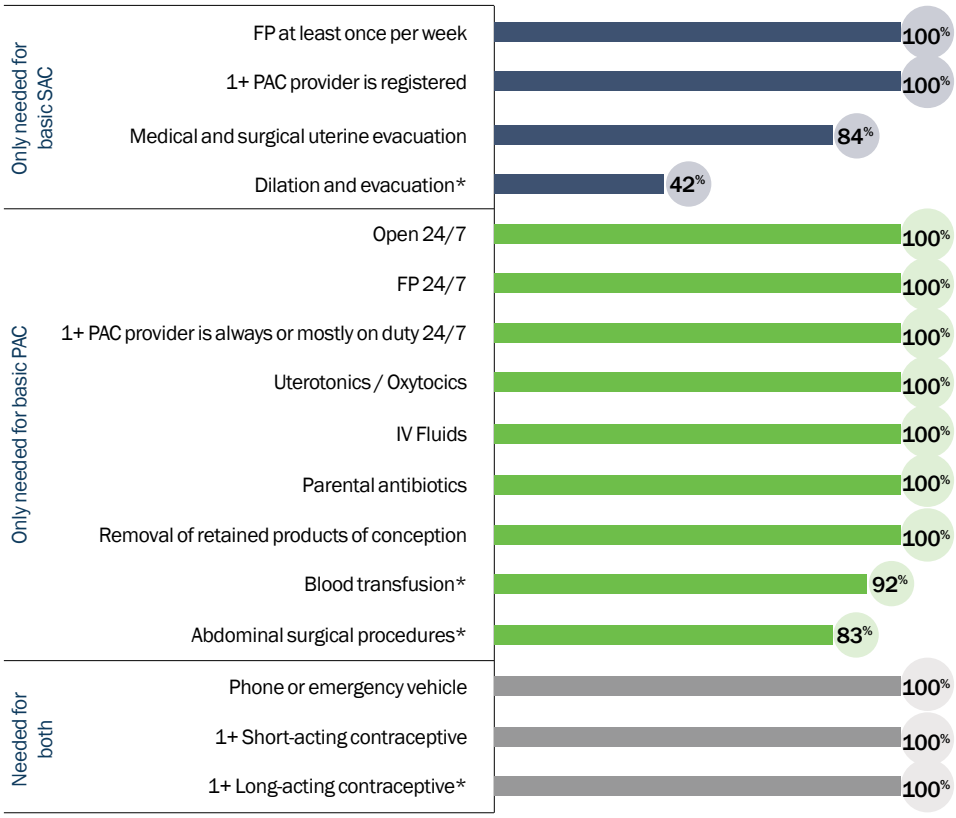
Figure 1: Proportion of primary-level facilities providing each basic PAC and SAC service

[1]*Campbell OMR, Aquino EML, Vwalika B, Gabrysch S. Signal functions for measuring the ability of health facilities to provide abortion services: an illustrative analysis using a health facility census in Zambia. BMC Pregnancy Childbirth. 2016;16: 105. doi:10.1186/s12884-016-0872-5*

**With the exception of referral capabilities for comprehensive PAC, as referral-level facilities are expected to treat severe complications*







** Comprehensive care service*

Figure 2. Proportion of referral-level facilities providing each basic and comprehensive PAC and SAC service

Capacity to provide basic and comprehensive SAC and PAC

1. Overall, 62% of health centers and private clinics provided all basic PAC services, and 33% provided all basic SAC services (Figure 3).

2. 83% of referral-level facilities were able to provide comprehensive PAC, but only 5 (42%) provided comprehensive SAC, which was largely due to an inability to provide D&E.

3. The low proportion of primary-level facilities able to offer basic SAC was primarily driven by the fact that 30 of these facilities did not offer safe abortion care. Respondents stated SAC was against the facility's policy or the morals/ ethics of facility staff.

4. Focusing only on primary-level facilities that provide any SAC, 64% meet the criteria for providing basic care (Figure 4). Further, we estimate that 53% of facilities that reported not offering SAC due to facility policies or conscientious objections would be capable of providing basic SAC if these internal policies were changed. This is because most already provide family planning, have trained staff, and provide surgical and medical removal of retained products of conception for PAC patients.

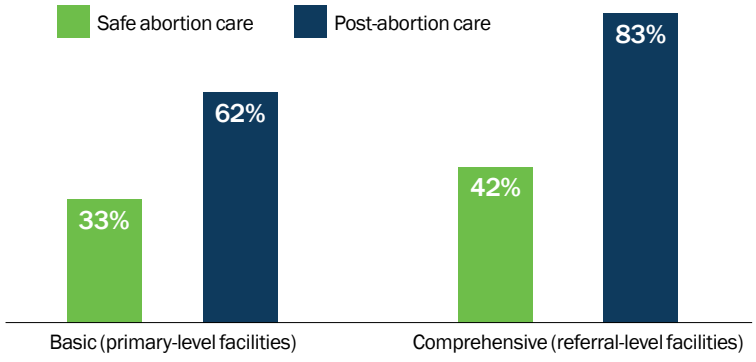


Figure 3. Proportion of facilities offering Basic and Comprehensive SAC and PAC

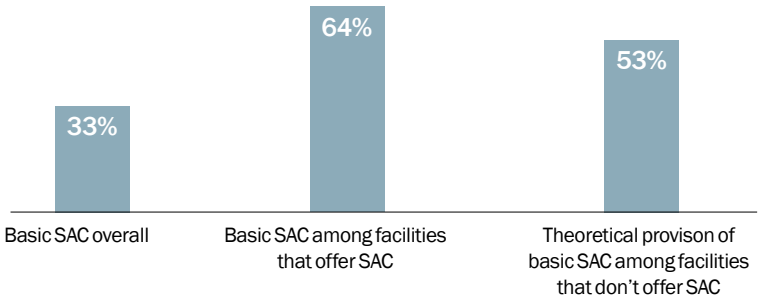


Figure 4: Proportion of primary-level facilities with basic SAC

Conclusion

Our findings show that most facilities in humanitarian settings can provide basic and/or comprehensive PAC services. This is an important finding, as access to quality PAC is an essential intervention for women experiencing complications from pregnancy loss. A key intervention that would improve the proportion of health centers and clinics able to provide basic PAC would be to improve their ability to communicate with referral-level facilities and transport patients in critical condition. Once at referral-level facilities, women in humanitarian settings must also have access to blood transfusions and safe abdominal surgeries in case of a life-threatening complication. Strengthening the supply chain to ensure referral-level facilities have continuous stock of blood and the equipment necessary to perform advanced surgeries is key.

Access to facilities that provide basic and comprehensive SAC was limited in settings where many refugees live even though safe abortion care services are legally permissible in Ethiopia. We found almost half of health centers and clinics in refugee camps do not offer SAC though many likely have the ability to do so.

Recommendations

1 Implementation

Ensure the full implementation of existing SAC & PAC policies and guidelines, such as the Technical and Procedural Guidelines for safe abortion care.

2 Strengthen

Strengthen the supply chain of medical supplies and commodities: this requires coordinating between different aid organizations and government health service supply chain systems.

3 Training

Provide specialized training opportunities and financially support equipment and commodities to increase access to both basic and comprehensive SAC.

4 Systems

Strengthen referral systems and the hospital platform by upgrading health centers located in refugee camps.

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