

# Self-management of abortion in the eastern Democratic Republic of Congo

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## INTRODUCTION

The eastern Democratic Republic of Congo (DRC) has known several decades of violent conflict, international and internal displacement, disease outbreak and humanitarian response. The IRC has worked in the DRC since 1996 and has worked to expand access to contraception and comprehensive abortion care since 2011. During the last program phase (2019-2020), the IRC worked in partnership with 29 state health facilities across three regions: North Kivu, South Kivu and Tanganyika.

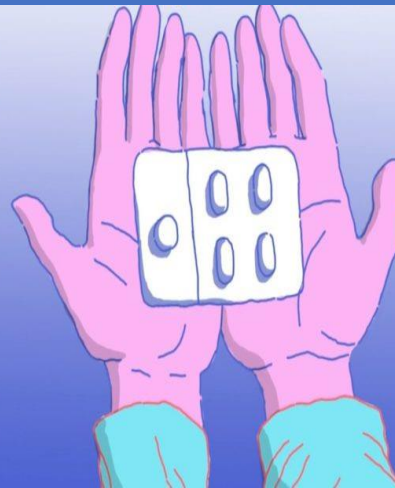
## PROGRAM DESCRIPTION

Women and girls who sought pregnancy termination and met the Maputo protocol criteria (cases of sexual assault, rape or incest and/or when the mental or physical health of the mother or the life of the woman or fetus was at risk) were able to access SAC at an IRC-supported health facility.

The IRC recognized that it was important to also meet the needs of clients desiring a pregnancy termination who did not meet the Maputo protocol criteria. Therefore the IRC supported healthcare workers to offer these clients counseling on safe self-management of abortion—offering this information is permissible under law. The misoprostol drug necessary for medication abortions is often available at local pharmacies, so the IRC partnered with local pharmacies to ensure the availability of quality misoprostol in the community.

Importantly, self-management of abortion was made available to all women seeking abortion. The client was able to choose to self-manage her abortion using misoprostol at a pharmacy site because she is ineligible for SAC at the health facility under the Maputo protocol or because she prefers self-management of abortion and does not wish to access clinical services at the facility.

IRC and partners integrated self-management of abortion into zonal healthcare packages in eastern DRC by leveraging recent policy and legal advancements concerning the ratification of the Maputo protocol, raising community awareness and support for services, and partnering with pharmacy networks.

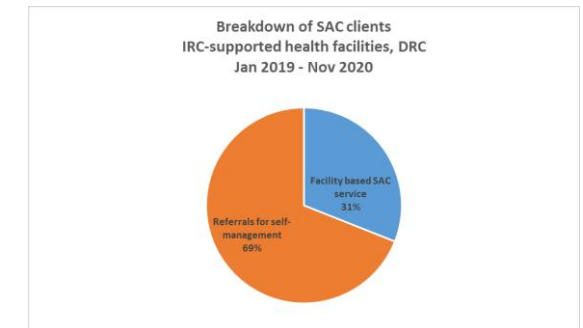


## RESULTS

Overall, 4,388 women and girls received SAC services through IRC supported services between January 2019 and November 2020.

Of these, 31% (1,377) received direct SAC services at an IRC-supported MOH facility and 69% (3,011) were referred to self-manage their abortion and purchase misoprostol at an IRC-supported pharmacy.

Of these harm reduction clients, 78% (2,360) followed up to receive an FP method at a health facility.



## LESSONS LEARNED

A key component of this program was building a strong partnership with pharmacy networks- doing so enabled a strong referral system between pharmacists and health facilities with notable uptake of post-abortion family planning services among clients who self-managed their abortions. The inclusion of health authorities in the design and implementation of this approach enabled integration of self management of abortion care activities into the health zone's primary healthcare package. Raising awareness of the Maputo protocol and the legal indicators for safe abortion care at multiple levels – including the health, community, judicial and legal levels- was critical for program success.