PRIME PAGES

Increasing Access, Emphasizing Family Planning

A Community Model for Postabortion Care Services

In Sokone district, Senegal, PRIME II has implemented a model to expand postabortion care (PAC) services beyond facilities providing manual vacuum aspiration (MVA) to the community level where many women and adolescent girls live and work. The model relies on high-quality family planning (FP) services to help prevent unintended pregnancies and repeat abortion. This care meshes with fully functional referral and counter-referral systems among rural health huts and health posts and the district health center where women needing treatment for complications from unsafe or incomplete abortion can receive MVA.

Background

WHO has estimated that unsafe abortion is responsible for 30% of maternal deaths in sub-Saharan Africa. With a contraceptive prevalence rate of 8% and an estimated 33% of married women of childbearing age wanting to delay or avoid another pregnancy but not using contraception (DHS, 1997), the situation in Senegal necessitates innovative approaches to reducing the number and minimizing the consequences of unsafe abortion. Sokone, a rural district of 100,000 people about 200 kilometers from Dakar, was

Reviewing Results in PRIME II
Oct. 2002–Sept. 2003

Policy, Advocacy and Services
- National RH Policy
- Partnership

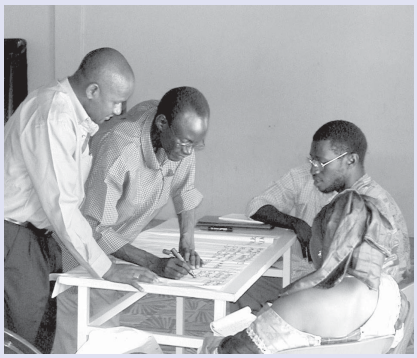
Knowledge Advancing Best Practices
- PMTCT
- Scaling-Up PI
- Costing
- Supportive Supervision

Support to the Field
- Nicaragua: EONC
- Philippines: HIV/AIDS
- Paraguay: FP/RH Quality
- Mali: FGC
- **Senegal: PAC**
- Dominican Republic: RTL
- Mali, Benin, Ethiopia: PPPH
- Bangladesh: RTL

PRIME II

IntraHealth International, Inc.
6340 Quadrangle Drive, Suite 200
Chapel Hill, North Carolina 27517
intrahealth@intrahealth.org
www.prime2.org www.intrahealth.org

selected by the Ministry of Health (MOH) for the PRIME II intervention because PAC/MVA services are available at the Sokone health center, which serves as a district hospital. There are 14 health posts in Sokone, each staffed by a nurse (mostly male), and 34 health huts where a matron or traditional birth attendant serves clients. Health post nurses supervise the health huts, with an average of two to three health huts linked to each health post.



Interventions

PRIME II used the Performance Improvement approach to target gaps in provider performance and access to services, including lack of knowledge about PAC/FP and infection prevention, no supervision, and limited community involvement for emergency care. Matrons and community members working at health huts have been trained to inform women where to obtain FP, identify danger signs of obstetric emergencies, and activate transportation and referral networks. Health post nurses have been trained in FP and to stabilize women with postabortion complications for transport to the health center. Job descriptions and performance expectations of providers and supervisors, including members of the District Health Management Team (DHMT), have been clarified; training curricula, job aids and supervision checklists are in use during training and supervision; and monitoring and data collection forms are in place.

Organizational support from the DHMT has also been strengthened to clarify task distribution among providers and improve the organization of services; ensure the availability of basic equipment, supplies and FP commodities; and establish the functional referral and counter-referral systems. Community-provider partnerships established and supported with assistance from the Center for Polyvalent Expansion, a program of the Senegalese Ministry of the Interior, play a major role in rallying local communities to maintain transportation plans and funds for obstetric emergencies and helping health post nurses convey effective, community-supported messages about FP. In addition, the Sokone district medical officer and his team have demonstrated their commitment to addressing the problem of unsafe abortion by actively advocating for PAC at the primary and community levels and for increased use of FP to prevent unintended pregnancies.

Results

Monitoring data collected and analyzed on a quarterly basis by the district MOH and PRIME are showing exciting results as women with obstetric emergencies begin, for the first time, to be referred from health huts to health posts for stabilization, treatment as possible, and referral to the Sokone health center for treatment as needed. From May to September 2003, 85 women with postabortion complications were seen at the health posts; of these, 11 were referred from matrons in health huts. Of the 85 PAC clients, 39 (45.9%) were treated by the nurse at the health post, using curage, and 36 (42.3%) were referred to the health center for MVA, 7 after stabilization at the health post. All 39 women treated at the health posts were counseled for postabortion FP and 22 (56.4%) left the health post with a FP method. In addition, 74 matrons at health huts and health posts now understand that they can and should re-supply FP clients using contraceptive pills, a task in Senegal's national FP service policy that matrons were reluctant to perform before a PRIME intervention in August 2003.

Reflecting improved provider performance, these preliminary data offer encouraging signs of what can be accomplished when PAC services are made more available and accessible to those who can benefit most from them. The MOH expects to replicate this approach in other districts in Senegal, and lessons learned and recommendations from the pilot initiative in Sokone district will have implications beyond Senegal for better practices in increasing the availability and use of PAC services to reach more women and adolescent girls who suffer the consequences of unsafe and incomplete abortion.

Suggested citation:
Corbett M, Nelson D.
A Community Model for Postabortion Care Services
11/2003
(PRIME PAGES: RR-35)

Photo Credit:
Maureen Corbett

This publication was produced by the PRIME II Project and was made possible through support provided by the U.S. Agency for International Development under the terms of Grant Number HRN-A-00-99-00022-00. The views expressed in this document are those of the authors and do not necessarily reflect those of IntraHealth International or the U.S. Agency for International Development.