

Expanding Postabortion Care

“They care for you because you have treated them. They need your services. You become friends and they feel they can tell you their secrets.”

For Agnes Thamaine, community outreach and close relationships with clients are essential to her profession. Thamaine, a private nurse-midwife, runs a clinic in the sprawling Mathare slums on the outskirts of Nairobi. She participates in a program sponsored by Kenya’s Ministry of Health and the National Nursing Association of Kenya to expand the availability of emergency postabortion care accompanied by family planning and other reproductive health services. Most importantly, this program trains nurse-midwives to provide these services at primary-level facilities.

Supported with technical leadership from PRIME II, the effort is part of a strategy to reach Kenyan women closer to where they live and work, thereby reducing maternal mortality and unmet need for family planning. Thamaine creates awareness of the services she provides through discussions with community and church groups. She then develops the trust of new clients in order to counsel and treat them for reproductive health concerns they may be hesitant to talk about.

The harsh environment of Mathare makes community support all the more necessary for Thamaine’s Namanya Medical Clinic. Muddy paths laden with raw sewage separate makeshift shacks of tin, wood and plastic. People mill about selling what goods they can while goats, chickens and unattended children run about in the muck. “They’re very poor and there are many criminals,” says Thamaine of the slums, while noting pointedly that her clinic has never been robbed. “When you work together with the community, they safeguard you.”

Thamaine received her PRIME II training in November 2000 and since then has provided postabortion care to 49 women at her clinic and to 28 more at a nearby coffee plantation where she offers reproductive health and family planning services on Saturdays. Most of her clients for emergency postabortion care are unmarried women between the ages of 15 and 24. PRIME



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program officer Florence Githiori says of Thamaine's dedication to her community, "The right provider for the right place has been trained!"

As of August 2001, PRIME II has trained 125 private nurse-midwives throughout Kenya. These providers have treated 920 women with emergency postabortion complications using manual vacuum aspiration, all successfully. Of those clients, 630 chose and received a family planning method after counseling. The success of the program has convinced the Ministry of Health that nurse-midwives like Agnes Thamaine are capable of providing quality postabortion care—and that postabortion care increases the accessibility and use of family planning services. Through collaboration with PRIME II and other agencies, they are now expanding the scale of the program to reach many more women by working at the most primary level.

The PRIME II Project works around the world to strengthen the performance of primary-care providers as they strive to improve family planning and reproductive health services in their communities.

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