

Linking PAC with FP
**Successful Scale-Up
 at the Primary Level**

PRIME II scaled-up a primary-level postabortion care (PAC) program in three of Kenya's seven provinces, demonstrating on a broad scale that trained private-sector nurse-midwives can provide quality PAC services and handle a wide variety of complications and emergencies. A high percentage of the PAC clients receive family planning counseling and services, linking PAC with FP as an effective strategy to reduce unwanted pregnancies and prevent unsafe abortion.

Background: More than 4,000 private-sector registered nurse-midwives work in urban, peri-urban and rural areas throughout Kenya. Their accessibility to underserved populations and their significant level of experience (ten years is required before licensing for private practice) make them an ideal cadre to establish primary-level PAC services. The nurse-midwives, many of whom own their own clinics, present an opportunity to prove the viability of national, financially sustainable non-hospital-based PAC services in Kenya. During 1998 and 1999, PRIME implemented a core-funded pilot project in the provinces of Nairobi, Rift Valley and Central in conjunction with the Ministry of Health, the Nursing Council of Kenya, and the National Nurses Association of Kenya. The project trained 75 private nurse-midwives from 44 facilities. Data on 366 clients served showed that 263 needed uterine evacuation and were successfully treated by a trained nurse-midwife using manual vacuum aspiration (MVA); 80% received family planning counseling and 74% accepted a modern contraceptive method. The success of the pilot led USAID/Kenya to fund PRIME's scale-up during 2000-2002 in the same three provinces, training 155 providers from 120 facilities. PRIME is now training private nurse-midwives in an additional province through the USAID bilateral AMKENI project.

Interventions: Collaboration among PRIME II partners Intrah, EngenderHealth and PATH, along with global partner Ipas, has been vital to achieving a sustainable, replicable program. In charge of overall project management, Intrah also provided leadership in training, monitoring and evaluation. EngenderHealth taught nurse-midwives to use a Cost Analysis Tool so they could more effectively identify and recover actual costs. PATH focused on community involvement and mobilization. With funds from non-USAID sources, Ipas concentrated on distribution of subsidized MVA kits.

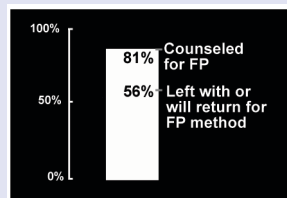


Reviewing Results in PRIME II
 Oct. 2001–Sept. 2002

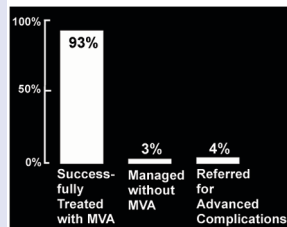
Case Studies:

- Kenya PAC
- Bangladesh RTL
- Dominican Republic RTL
- Ghana PI
- Rwanda HIV/AIDS
- India CPSM
- Dominican Republic CDQ
- Ghana RTL
- Benin RTL
- Rwanda PI
- Mali FGC
- Francophone PAC/Nigeria MAQ

PRIME's training strategy encourages a comprehensive approach to PAC. In addition to providing treatment for potentially life-threatening complications, the nurse-midwives are trained to offer PAC clients family planning counseling and services. In Kenya and elsewhere, PRIME has found that reaching adolescents and young unmarried women with the right messages about family planning is imperative for preventing future unwanted pregnancies and unsafe abortions. This concept is incorporated into the nurse-midwives' training. Indeed, a profile of 1,500 PAC clients whose ages were recorded by PRIME-trained nurse-midwives showed that almost 50% were adolescents or youth between the ages of 15 and 24. The nurse-midwives also offer other reproductive health counseling and services either at their clinics or via referral. Many PAC clients take advantage of other RH services, especially counseling for STI/HIV prevention, which is critical, particularly in light of the estimated 14% rate of HIV/AIDS infection among Kenyans aged 15 to 49.



PAC Clients Linked with FP



1600 PAC Clients during Scale-up

Results: PRIME-trained nurse-midwives counseled 81% of PAC clients for family planning, with 56% of the clients either leaving the facility with a modern contraceptive method or stating they would return to purchase one. Data on more than 1,600 clients served by the nurse-midwives during the scale-up for complications from unsafe or incomplete abortion reveal that 93% were successfully treated using MVA while 3% were managed without MVA. Only 4% had to be referred to higher-level facilities after arriving with advanced complications that could not be treated by the nurse-midwives. In addition, clients received counseling for STI/HIV prevention (74%), breast cancer (48%), cervical cancer (38%) and nutrition (50%). While there is no baseline for the project, PAC and MVA were previously unavailable from the private nurse-midwives, so the statistics reported represent substantial progress in addressing Kenya's high rates of maternal mortality and morbidity through complementary curative and preventive measures.

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