

**Francophone PAC, Nigeria MAQ****When a Meeting Is More than Just a Meeting**

During 2002 the PRIME II Project worked in global partnership to organize and conduct two landmark events in West Africa. Both resulted in action plans ready for immediate implementation, at the national level for the 15 country teams at the Francophone PAC conference and at the decentralized state level in Nigeria. These action plans and the commitments they have already generated clearly represent “substantial and critical progress toward key goals,” as they set the policy agenda for change in family planning and reproductive health care in these countries.

**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**

**First Francophone PAC Conference, Senegal**

Success in expanding the availability of PAC services in West Africa will require change in the policy and operational environment. In March '02, 200 delegates from 15 West African countries and representatives of the World Health Organization, ministries of health, regional health organizations and US cooperating agencies came together for a groundbreaking conference, which included a mini-university update on postabortion care, followed by three days of regional experience sharing and action planning. PRIME II was instrumental in developing and facilitating the conference, working with Advance Africa, CEFOPRE, Ipas, JHPIEGO and others. As PRIME regional director and conference convener Pape Gaye said, “The environment has changed tremendously in this region. When I joined this organization you couldn’t even pronounce the words ‘family planning.’ So there has been progress. Change is part of our business, pushing the envelope and finding new ways to do business.”

In a very effective model of South-to-South collaboration, Dr. Joe Taylor from the Ghana Ministry of Health presented two case studies for the plenary sessions, sharing the nuts-and-bolts of PRIME’s PAC work in Ghana. Taylor’s lively and detailed talks covered the integration of PAC services into national reproductive health structures, as well as policy and advocacy work. They sparked intensive discussion, as did Taylor’s success in galvanizing financial support and prioritizing PAC within the spectrum of health care efforts.

Key results of this meeting will be presented at the SAGO (*Société Africaine de Gynécologie Obstétrique*) meeting during November in Bamako, Mali. The discussion will be led by PRIME’s medical advisor, Marcel Vekemans MD, and will help address some of the critical medical and programmatic barriers to expanded PAC services.

Country delegations have already begun work in their home states. Inspired by the Benin team's action plan, the Benin Ministry of Health has asked PRIME to explore the addition of PAC to the MOH strategy for reducing maternal mortality. During the coming year PRIME will also help design a community-based services curriculum that will be integrated into the ministry's existing programs as Benin decentralizes health care. Building on momentum created at the conference, the Senegal Ministry of Health asked PRIME to develop a replicable model for expanding PAC services beyond hospitals to primary community-based facilities. Given the low contraceptive prevalence rate in Senegal, the MOH and PRIME agreed to focus on strengthening family planning service access, quality and use.

### **MAQ Exchange, Nigeria**

In December 2000, a team from USAID and the CA community conducted a Performance Needs Assessment (PNA) in the Nigerian states of Bauchi, Enugu and Oyo, where family planning statistics plummeted during the 1990s when international FP/RH assistance to the public sector was significantly reduced due to political turmoil. To close some of the knowledge and performance gaps identified during the PNA, PRIME global partners JHU, EngenderHealth and JHPIEGO, along with USAID/ Washington collaborated on a MAQ Exchange to update all major stakeholders on key reproductive health issues including postabortion care and HIV/AIDS.

Teams worked together at the March 2002 MAQ Exchange, drafting action plans that call for new RH protocols and standards in the three targeted states and an overarching national plan. The interplay between planning at the federal and state levels has strengthened the decentralization process, allowing leaders to learn more about the needs of the states and implementers to bring a jointly developed vision for action back to their home states. The MAQ action plans have led to new protocols and standards developed by the bilateral Vision Project, which will form the basis of consistent, effective RH care. Cooperation between the public and private sectors, begun at the MAQ Exchange, has supported the most effective reforms.

**Suggested citation:**  
**Rabb M.**  
***Results Review***  
**10/2002**  
**(PRIME PAGES: RR-24)**  
**Photo Credit:**  
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