

PAC on the Primary Level **Successfully Scaling Up Quality PAC Services**

Building on a successful pilot, PRIME II has dramatically scaled up a program in three of Kenya's seven provinces to create accessible, high quality primary-level PAC services by trained private sector nurse-midwives. The pivotal role these nurse-midwives can play in treating emergency complications, increasing use of family planning, and providing or making referrals for other reproductive health services holds promise for reducing maternal mortality and decreasing the chances of repeat abortion among PAC clients, many of whom are adolescents.

Background

Complications from unsafe abortion account for more than a third of all maternal mortality in Kenya. Since 1999, PRIME has been collaborating with the Kenya MOH and key stakeholders—including the Nursing Council of Kenya (NCK) and the National Nursing Association of Kenya (NNAK)—to train private and NGO sector nurse-midwives in PAC. To implement the pilot program in 1999, PRIME introduced a partnership approach to ensure stakeholder buy-in, create training and supervision structures within the private sector, and strengthen links between the private and public sectors. The pilot established PAC services by trained nurse-midwives at 44 private sector facilities in six districts, serving both urban and rural populations. The success of the program convinced the MOH, NCK, and NNAK that nurse-midwives are capable of providing quality PAC services and that this care increases the accessibility and use of FP services. The key stakeholders are now working with PRIME II and other agencies in the scale-up of the program.

Interventions

- Improving the accessibility and use of PAC services in the provinces of Nairobi, Rift, and Central by increasing the number of private nurse-midwives and NGO facilities offering quality PAC services from 44 in 1999 to 144 by 2002. As of October 2001, 74% of the 200 nurse-midwives included in the scope of the intervention have been trained in PAC and 159 facilities are offering quality PAC services, surpassing the intervention's target.



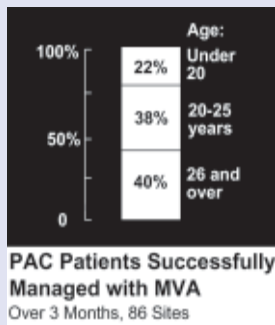
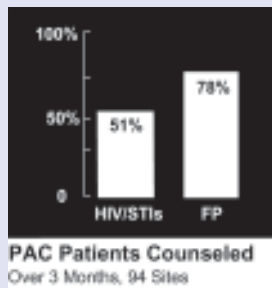
Reviewing Results in PRIME II

Case Studies from:

- El Salvador
- Uganda
- **Kenya**
- Bangladesh
- India
- Rwanda
- Ghana
- Benin
- HIV/AIDS Integration
- PI Global Partnerships

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- Scaling up private and NGO sector training; strengthening private and public sector linkages for supervision and referral, including referral facility capability to manage complications
- Assessing the sustainability of PAC services by private nurse-midwives by focusing on fees for services and implications for maintaining equipment and supplies
- Increasing community outreach activities to promote family planning and contraception and help educate community members about the consequences of unsafe abortion
- Determining, through a special study, what other RH services should be offered to postabortion women at primary-level facilities or via referral.



Results

An analysis of client tracking forms over three months shows that women seeking services from PAC-trained nurse-midwives are receiving appropriate treatment and care, contributing to improved health outcomes. The analysis found that 78% of patients received counseling for FP and about half accepted a short- or long-term FP method of their choice. As a result of PRIME's supplemental training, FP choices include Norplant® at 21 of the facilities. Community outreach is being conducted at 70 of the facilities to raise awareness about contraceptive methods and prevention of unplanned pregnancies. The analysis also shows the providers meeting other RH needs of PAC clients. Over half of all PAC patients received counseling for prevention of HIV/STIs, and 19 women were referred to hospitals for other RH services. At the 94 facilities analyzed, 690 women who presented with complications of spontaneous or induced abortion needed uterine evacuation and were successfully treated by a nurse-midwife using MVA. Young women between the ages of 15 and 25 made up more than half of the clients seeking emergency PAC services. No one was denied access because of age, and in fact 22% of the PAC patients who were managed using MVA were teenagers.

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