

## Linking Family Planning with Postabortion Care

*“Postabortion care is helping very much. It has improved the management of clients, not only those with incomplete abortion but also others... People have understood about family planning, and my records show an increase in the number of family planning clients.”*

For Milka Mathea, a nurse-midwife at the Jamii Medical Clinic in Namanga, Kenya, offering family planning counseling and methods to the women she treats for complications of unsafe or incomplete abortion has become a normal part of interacting with her clients. By providing family planning services she can help women prevent future unwanted pregnancies, practice birth spacing, and reduce the risk of maternal mortality and morbidity.

Mathea is one of 230 private-sector nurse-midwives trained in postabortion care (PAC) by the PRIME II Project since 1999. Working in primary-level clinics, health centers and dispensaries in three of Kenya’s seven provinces, these nurse-midwives reach underserved Kenyan women from rural marketplaces to the densely populated outskirts of Nairobi. Sponsored by Kenya’s Ministry of Health, the program is funded by USAID and supported by the Nursing Council of Kenya, which licenses the nurse-midwives, and the National Nursing Association of Kenya, a professional organization.

Built on a foundation of strong partnerships between providers and the communities they serve, PRIME’s training emphasizes a comprehensive approach to PAC services. In addition to providing treatment of postabortion complications that are potentially life-threatening and linking family planning with PAC, the nurse-midwives are encouraged to offer counseling and referrals for selected reproductive and other health services. Taking advantage of these opportunities is critical in light of the estimated 14% rate of HIV/AIDS infection among Kenyans aged 15 to 49.

A USAID team’s recent evaluation of PRIME’s PAC work in Kenya over the past two years confirms that private nurse-midwives are clearly capable of delivering high quality, primary-level PAC services. Data on more than 1,600 clients served by



PRIME-trained nurse-midwives for complications from unsafe or incomplete abortion reveal that 93% were successfully treated using manual vacuum aspiration (MVA) and 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. PRIME reports that 81% of the PAC clients received counseling for family planning, with 56% accepting a contraceptive method. PAC clients also received counseling for STI/HIV prevention (73.6%), breast cancer (48%), cervical cancer (38%) and nutrition (50%).



Successful collaboration among PRIME partners Intrah, EngenderHealth and PATH, with global partner Ipas, helped make this a sustainable and replicable program. Recommendations from the evaluation are now shaping PRIME's scale-up of PAC training in more Kenyan provinces in conjunction with USAID's bilateral AMKENI project.

*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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