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A private-sector nurse-midwife trained during Kenya PAC Phase II in 2001.

PRIME II Regional Office East and Southern Africa

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Kenya PAC Project

As part of the Kenya Postabortion Care (PAC) Phase III Project, six nurse-midwives from Mombasa District received PAC skills training from November 25-29, 2002. Florence Githiori, PRIME II Program Officer; Dr. Jane Othigo, Coast Province Reproductive Health Specialist; and Simon Wainaina, Ministry of Health Nursing Officer, collaborated to conduct the training. Rikka Trangsrud and George Kaggwa of PATH led a follow-up session on community mobilization, and Theodora Bwire of EngenderHealth conducted a cost-analysis tools training.

The participants, who were highly motivated to put their skills to use, acquired a sound base of PAC knowledge and had an opportunity to practice PAC with a limited number of clients. They demonstrated satisfactory knowledge and skills in infection prevention, particularly in processing equipment for re-use, which had been observed as a problem area during an earlier facility assessment.

A change of attitude toward PAC clients was clear within the group of participants. "My attitude on how I look at clients with incomplete abortion has changed; I will from now attend the clients with compassion and provide quality care," said training attendee Pamela Odiero.

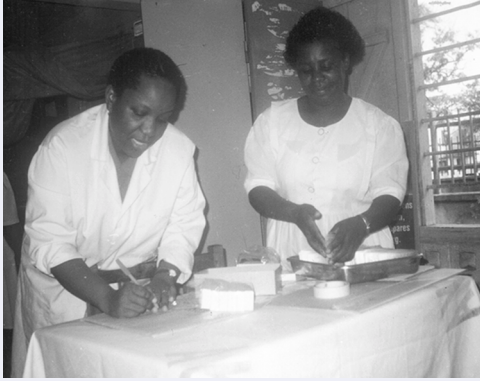
Among the stakeholders for the Kenya PAC Phase III Project are a Catholic health team and representatives from the Council of Imam, both of which have endorsed PAC as a life-saving intervention. Catholic representatives expressed their interest during the September PAC stakeholders' meeting, and agreed for Catholic institutions in Coast Province to be included in PAC training.

Postpartum Hemorrhage Initiative in Ethiopia

With funding from USAID/Washington, PRIME II is participating in an initiative in selected countries to reduce maternal mortality and morbidity due to postpartum hemorrhage (PPH). Where maternal mortality is high and resources are limited, the introduction of low-cost, evidence-based practices by skilled birth attendants to prevent and manage PPH can help improve maternal survival rates. PRIME's efforts pay special attention to active management of the third stage of labor – an intervention proven to be effective in preventing PPH.

To maximize resources and contribute to capacity building and sustainability, PRIME will create or strengthen in-country partnerships with stakeholders including ministries of health, selected nongovernmental organizations and other appropriate groups such as nursing and midwifery councils and associations.

Benin, Mali and Ethiopia have been chosen as countries to receive assistance as part of this special initiative based on their need, including maternal mortality rates, USAID Mission support, MOH commitment and the status of the countries' Safe Motherhood programs and activities. PRIME II assistance will include advocacy, updating policies and guidelines, and training and non-training interventions.



Tanzanian nurses inventory supplies.

Tanzania: ECSACON Framework Transcends Borders at Global Advisory Group Meeting

Stakeholders in the nursing and midwifery profession continue to show strong interest in the East, Central and Southern Africa College of Nursing (ECSACON) Nursing and Midwifery Professional Regulatory Framework (PRF), a project PRIME/Intrah supported with funds from the USAID Regional Economic Development Services Office. Dr. Peggy Chibuye, PRIME Program Manager, distributed the framework document to members of the Global Advisory Group on Nursing and Midwifery at their meeting in October 2002.

"The document is excellent," remarked Dr. Sawsan Al-Majali, director of the first school of nursing for women in Saudi Arabia. "I will use it to assist in developing nursing and midwifery in Saudi Arabia. I have also taken a copy for the Minister of Social Development in Jordan, who was the first professor of nursing at the university and is now helping to strengthen the newly formed nursing council."

The first of its kind worldwide, the ECSACON PRF is likely to serve as a model for additional countries outside the region who want to develop nursing and midwifery practice and education standards in order to meet such challenges as HIV/AIDS, malaria, tuberculosis, heart disease, diabetes and hypertension.

