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Regional: Breakthrough Conference on Postabortion Care

Representatives of the WHO, country ministries of health, regional health organizations and US collaborating agencies joined delegations from 17 countries gathered in Dakar, Senegal, from March 4-7 for a groundbreaking conference on postabortion care (PAC) in Francophone Africa. In addition to focusing on the key roles of primary-level providers and communities in improving PAC services and highlighting the importance of linking family planning with PAC, many speakers discussed strategies for advocacy and the revision of national policies and standards. "The environment has changed tremendously in this region," said Intrah/PRIME II regional director Pape Gaye, one of the conveners of the conference. "When I joined this organization, you couldn't even pronounce the words 'family planning' in our region."



During the first day, participants chose from a wide-ranging curriculum offered in four mini-university sessions. The 16 topics included PAC in the context of HIV/AIDS, PAC and gender violence, new technologies in PAC, and the results of USAID's global evaluation of PAC programs. PRIME II medical advisor Marcel Vekemans led the sessions on minimum competencies for PAC providers, dual protection, and linkages with other reproductive health services. By the final day, each country delegation had prepared and presented its own action plan, and teams from Haiti to Burkina Faso were ready to head back home committed to realizing the practical steps they had outlined for expanding the quality and accessibility of PAC services. In Benin, this exercise has already made an impact: inspired by the country delegation's plan, the Ministry of Health has asked PRIME to help initiate PAC activities as an additional strategy to reduce maternal mortality.

Senegal: PAC on the Map

PRIME's work to improve PAC services in the region was furthered by the launch of a pilot program to introduce selected PAC services at the primary and village levels in Sokone district, Senegal. A stakeholders' workshop held in Sokone on May 28 set the stage for baseline data collection, which began in July using evaluation methodologies and tools developed in June by a team led by Regional Evaluation Manager, Perle Combarry.

Mali: Provider Training Underway in Program to End FGC

Provider training, Performance Improvement interventions, and community partnerships are part of PRIME II's strategy to assist Mali's Ministry of Health (MOH) in ending the harmful traditional practice of female genital cutting (FGC). The effort is also geared to treating girls and women who have undergone FGC. From March 27 to April 6, the PRIME Bamako team offered technical assistance to the MOH, working with 20 trainers in a pilot program to implement a national training package for management of complications related to FGC. The training of 120 primary providers in the three pilot districts—Bougouni, Koulikoro, and Commune 1 of Bamako—began in May.

PRIME's Mali country advisor, Cheick Oumar Touré, was invited to a meeting on methodological issues for FGC research held in Nairobi, Kenya, from April 9 to 11. Organized by the Population Council, the meeting focused on sharing experiences from interventions aimed at eliminating FGC. Touré's presentations on PRIME's approach in Mali sparked interest from participants, who appreciated the community component of this intervention strategy and recommended that PRIME reinforce it further.



Rwanda: Strengthening *Mutuelles* and PMTCT Projects

Primary providers joined hospital directors and district- and regional-level health care leaders at a workshop hosted by PRIME II and MINISANTE in Kigali on April 30 to discuss ways of strengthening *mutuelles*, the community-based health care prepayment schemes. PRIME has been assisting the Ministry of Health in expanding and replicating *mutuelles*. The workshop built on the results of a cost study conducted earlier in April to examine the impact of *mutuelles* on the overall profitability of 12 health centers and three hospitals in Murambi. Participants used a cost and results matrix derived from the study to help create action plans for strengthening the prepayment schemes. PRIME is building on the experiences of *mutuelles* that are working efficiently, which provide examples to others seeking to improve their organizations.



Refinements have generated progress in PRIME's pilot program for prevention of mother-to-child transmission (PMTCT) of HIV. Through changes in the organization of work, staff members are more easily integrating the PMTCT component into prenatal care services at the two pilot hospitals, Byumba and Kibuye. The program already shows strong impact. Of 280 pregnant women seen at Byumba Hospital, 86% accepted an HIV test, with 7.4% testing positive; 77% of the 87 prenatal care clients at Kibuye Hospital agreed to the test and 16.4% were HIV-positive. Through collaboration with IMPACT/Family Health International and the Treatment and Research AIDS Center (TRAC), each hospital's staff now includes a lab technician trained in the rapid HIV confirmation tests. Women who test positive for the virus are counseled and given the option of treatment with nevirapine for their babies and themselves.

