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INCREASING EFFICIENCY OF TRAINING IN POSTABORTION CARE PROGRAMS: THE ZAMBIA EXPERIENCE

Zambia Country Statistics*:

Total Population:
9.8 million

Maternal Mortality Rate:
649/100,000

Total Fertility Rate:
6.1

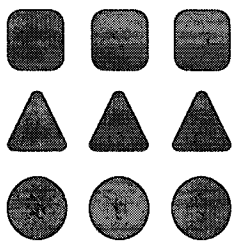
Contraceptive Prevalence:
11.2%

Adult HIV/AIDS Rate:
20% of total reproductive age population

*Source: DHS 1996;
Women of Our World, 2002; PRB
World Bank, World Development
Indicators 2002

One of the primary goals of postabortion care (PAC) programming is to improve women's health by providing and expanding access to high quality services at all levels of the healthcare system. To accomplish this goal, PAC programs must focus on four key programming elements: advocacy, access to services, institutionalization of training, and sustainability. A key example of a successful PAC program that integrates these four elements into its framework is the Training in Reproductive Health (TRH) Project in Zambia. Since its inception in 1998, the TRH PAC program has had a dramatic impact on PAC services nationwide. Comprehensive PAC services are fully functional at two provincial hospitals and at all three national referral hospitals. Since the start of the TRH initiative, service delivery records show that over 14,000 women suffering from postabortion complications have been treated with manual vacuum aspiration (MVA). And, in 2002, an average of 53% of PAC patients accepted a family planning (FP) method. Before this initiative, only one hospital in the country routinely used MVA to manage postabortion complications, and no postabortion services routinely integrated FP counseling.

Through this initiative, over 60 public health managers and hospital administrators have been thoroughly oriented to the PAC expansion program and elements of high quality PAC services. Over 100 healthcare providers in four provinces have been trained in infection prevention and FP counseling, and 22 providers from three national referral hospitals have been trained to provide comprehensive PAC services (another 13 providers are in training). Currently, two national referral hospitals in Zambia are serving as model PAC training sites. The project is rapidly scaling up, and PAC services will now be expanded to all nine provinces.



*Completed files **

TRH Strategy for low volume settings

To achieve access to services and sustainability, the TRH Project developed and introduced a PAC individualized learning package. The package is used for training at the worksite and paced by the learner. Because the individualized learning package caters to fewer numbers of trainees, it can be conducted at smaller, provincial-level facilities that have lower PAC caseloads, thus immediately bringing PAC services closer to the women who need them and creating a training network that responds to the country's ongoing health reforms and decentralization of healthcare services. This approach also enhances program sustainability by using specific problem-solving exercises to assist trainees and their supervisors to identify and address barriers to the initiation and continuation of quality PAC services at their own facilities. The expansion plan explicitly includes supervisors in the initial orientation and training process,

- A successful, individualized learning package and associated training program use:
- Performance objectives
 - A learning schedule
 - Assignment to a qualified clinical trainer for training
 - A performance checklist that must be signed off as each learning objective is met

and offers them ^{*}specific guidance and support via a site-based supervisor's handbook, which outlines the proper implementation of PAC clinical training and support supervision.

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Advocacy and institutionalization of training were also key components of the TRH Project in Zambia. The TRH Project collaborated with USAID and other organizations to conduct an initial PAC assessment in Zambia, which was the basis for the formation of the National PAC Task Force. Since that time, The TRH Project has provided assistance and support to the PAC Task Force. The Task Force has been instrumental in the establishment and growth of the program. The TRH Project was also ^{*}assisted by the Nurses and Midwives Act of 1997 (put into effect in 2001), which allowed nurses and midwives to perform MVA in Zambia. Once it became legal for nurses and midwives to perform MVA, the TRH Project lobbied to train them in MVA and built PAC content into the registered midwifery curriculum. The TRH Project initiated the PAC project at the major teaching hospitals in Zambia, thus laying the groundwork for medical, nursing, and midwifery students to be trained in PAC through strengthened preservice programs. Now, the most recently established PAC service sites have midwives and nurses who are providing the full range of PAC services.] -> ?

By focusing on the four key elements of the PAC programming framework and using the innovative PAC individualized learning package to build healthcare provider capacity in PAC, the TRH Project in Zambia has been able to improve PAC service quality and accessibility, leading to a corresponding increase in FP acceptance among women using PAC services. The PAC individualized learning package has established the framework for a more efficient clinical training system in Zambia that achieves substantial service delivery results. To continue to build this important initiative, the Zambia National PAC Task Force has now incorporated this approach into its action plan for the establishment of PAC services at 100 sites nationwide.

For additional information, contact Dr. Ronald Magarick, TRH Project Director (rmagarick@jhpiego.net).

? How does low volume Chertel satisfy long needs of N & mds?

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