

# **Postabortion Care Information Packet**

**Postabortion Care Working Group  
United States Agency for International Development**



What  
CAN  
you do?

**Postabortion Care in  
East and Southern Africa**

"In the East, Central and Southern Africa Region, the separation between the world of a woman resorting to unsafe abortion and the formal health sector is like the separation between heaven and earth—you have to die to get there."

— *Dr. Khama Rogo, 1996*



# REDSO Initiative

The USAID regional office for East and Southern Africa, REDSO/ESA, aims to raise awareness of critical and emerging issues within the region, strengthen support, mobilize resources, and facilitate learning through sharing experiences and successes. The health consequences of unsafe abortion constitute a critical issue that continues to resurface in our ongoing dialogue with counterparts, collaborators and partners. It comes up again and again because the problem is of great magnitude; its impact is felt at many levels yet little attention is paid to it.

***Postabortion care (PAC) involves strengthening the capacity of health institutions to offer and sustain three specific components:***

1. Emergency treatment services for complications of spontaneous or unsafely induced abortion,
2. Postabortion family planning counseling and services,
3. Links between emergency postabortion treatment services and reproductive health care.

We are launching an initiative in East and Southern Africa to reduce the number and consequences of unsafe abortions by promoting postabortion care. In collaboration with the USAID-funded POLICY Project and our partners who have been working to reduce unsafe abortion in Africa for more than a decade, we are offering assistance to assess the issues and needs in each country, learn from the experiences of others, identify cost-effective interventions and appropriate technical assistance, and mobilize resources for postabortion care.

## Unsafe abortion

*Latin America has the highest rate. Asia has the highest absolute number. But it is African women who are most likely to die when they undergo unsafe abortion.*

*In Africa, 3.7 million unsafe abortions are performed each year. At least 23,000 women, or one out of every 160, die from complications.*

*Reference: WHO (1994).*

## Scope of the Problem

Abortion in Africa is unsafe and frequent. This deadly combination creates a serious public health problem in the region. In fact, in some countries it's the number one killer of women in their reproductive years.

WHO defines unsafe abortion as "a procedure for terminating unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both." Abortions occurring under these conditions lead to high rates of infection and other complications. Many women suffering from complications of abortion do not receive proper treatment and too often die unnecessarily.

In Africa spontaneous abortion, or miscarriage, is also dangerous. Poor reproductive health contributes to miscarriage; poor access to emergency care means that miscarriage often becomes life-threatening.

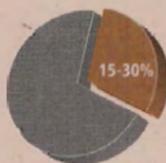
Abortion in Africa is frequent because unwanted pregnancy is both widespread and repeated. Few women would choose abortion as their first choice to delay or postpone a birth — if they had a real choice. The problem is that too many women lack access to family planning and other reproductive health services, finding themselves caught in the cycle of repeated unwanted pregnancy. Each time a woman chooses abortion as the solution, her risk of dying escalates.



### A major public health problem

*The magnitude of unsafe abortion and its complications are difficult to measure and methodologies vary among studies. But the nearly 100 published and 200 unpublished articles on abortion in sub-Saharan Africa (that have been written since 1980) all provide evidence that complications from unsafe abortion constitute a major public health concern.*

#### Maternal deaths due to abortion



Among hospitals in:

Harare	30%
Nairobi	24%
Lusaka	23%
Kampala	20%
Dar es Salaam	15%

*The few community-based studies conducted in the region report even higher mortality rates, suggesting hospital studies may reflect only the "tip of the iceberg."*

Reference: Kinoti, S., et.al. (1995).

# Postabortion Care

We know how to reduce death and suffering from unsafe abortion and prevent repeat abortion. The strategy of postabortion care (PAC) focuses on women with abortion complications, and is widely supported by the health community in Africa and worldwide.

## Emergency treatment services

Manual Vacuum Aspiration (MVA) is a safe, cost-effective, preferred procedure for treating many cases of incomplete abortion, a primary cause of infection and bleeding. MVA is quick and simple and can be performed on an outpatient basis without general anesthesia by trained health care providers, including trained nurse midwives. It allows the decentralization of services, reducing patient loads at hospitals and increasing access to emergency services outside urban areas.

## Postabortion family planning

Most women who seek treatment for complications of abortion are not using family planning. When counseling and services are provided at the time of emergency treatment, they can help break the cycle of unwanted pregnancy and repeat abortion.

## Postabortion family planning

Typically, women seeking emergency treatment are not practicing family planning. Few are counseled or offered a family planning method at the time of treatment. However, most women are receptive to family planning services following treatment for abortion complications.

*Among those treated for abortion complications:*

	Malawi	Uganda	Zambia
Used family planning at time of pregnancy	4%	9%	18%
Received counseling or a method at time of treatment	0-8%	17%	rarely
Would have liked to receive a method at time of treatment	52%	75%	79%

Reference: Kinoti, S., et al. (1995).

## Links to reproductive health care

Particularly for young adults, emergency treatment for abortion complications is often a woman's first entrée to the health care system. This presents an opportunity to evaluate her overall health, educate her on the importance of healthy reproductive behavior and introduce other services, such as STI/HIV detection and treatment, prenatal care, and social services.

## Beyond postabortion care

In addition to strengthening PAC services, much can and should be done to raise awareness of the risks of unsafe abortion in the community and among individuals. Women who suffer abortion complications often delay or avoid seeking treatment even when services are available. Men must also become aware of the need for treatment, because they often control family resources and make decisions about when to seek health care. Everyone should be educated to recognize the danger signs and understand the urgency of treatment for complications. Information on the risks of unsafe abortion should be an integral part of family planning counseling and reproductive health information, education and communications programs. Families and communities need to realize their role in helping women to connect with these services.

## Linkages

Postabortion care is closely linked with existing family planning and reproductive health programs. They share common goals and their strategies are mutually reinforcing.

### Unmet need for family planning

Unsafe abortion is the ultimate indicator of unmet need for safe and effective contraception. Among the countries of East and Southern Africa, 15%-35% of married women of reproductive age have an unmet need for family planning; that is, they want either to space or limit childbearing, but are not using family planning. Poor access and poor quality of family planning services contribute to unwanted pregnancy, which in turn can lead to illicit abortion, carried out by untrained providers under dangerous conditions. Effective family planning services can have a major impact on reducing unwanted pregnancies, avoiding repeat abortions, lowering fertility and improving women's health.

### Integrating services

Unsafe abortion is receiving growing attention in the region as countries move forward to operationalize recommendations from the 1994 Cairo International Conference on Population and Development and the 1995 Beijing Fourth World Conference on Women. Both conferences supported improvements in postabortion care as a critical component of integrated reproductive health care. PAC exemplifies an integrated approach to health care that meets individual women's needs while it supports national health goals in safe motherhood, family planning, and prevention and treatment of sexually transmitted infections (STIs).

### Decentralizing services

A major challenge of the decade in most countries in the region is to decentralize health care services in order to improve quality and access for all people. To date, treatment of abortion complications has been restricted to hospitals in major urban centers. Lack of transportation and other resources has effectively denied these services to the majority of women. MVA, however, makes it possible to provide emergency treatment services at the primary level, creating the potential to reduce significantly unnecessary death and competition for scarce staff time and facilities.

### Young adults

Although women of all ages suffer from unsafe abortion, adolescents represent a disproportionately high number—and an even higher number of those who die from complications. Restrictive policies limit young adults' access to family life education and family planning services, yet have little influence over their sexual activity. PAC programs designed to meet the needs of young adults can have a major impact in putting them on the right track to good reproductive health.

### Pregnancy, abortion and youth

Young women often do not know about or are denied basic reproductive health services, contributing to high rates of pregnancy and abortion.

Among 4,500 young Ugandan women:

	15-19 year olds	20-24 year olds
Had been pregnant	26%	76%
Terminated a pregnancy	17%	53%

Reference: Agyei, W.K.A. and Epema, E. J. (1992).

# Implementing Postabortion Care

Many countries in the region have established programs in postabortion care. The challenge ahead is to improve the quality of services, and to expand these programs so that all women, not just those in urban centers, have access to these services. Fortunately, meeting this challenge does not require launching new and separate programs. Postabortion care and raising awareness of the consequences of unsafe abortion can, and should be, an integral part of family planning and reproductive health activities. Small enhancements to existing projects and programs can go a long way toward reducing rates of abortion, morbidity and mortality. Postabortion care is a cost-effective intervention which offers the potential to help curb growing health care costs.

## Conserving scarce health care resources

Complications of unsafe abortion consume enormous health care resources including hospital space, antibiotics, blood and supplies, as well as the time of health care providers. It is not uncommon for the majority of beds in emergency gynecology wards to be occupied by women suffering abortion complications. For example, among hospitals in Kampala 46%-64% of annual gynecological admissions are for complications of unsafe abortion; in Harare complications account for 67% of all

emergency gynecology patients. Treating a patient with abortion complications can cost upwards of five times the annual per capita health budget. Switching to MVA from sharp curettage, establishing referral systems, creating public-private sector partnerships and preventing abortion through family planning contribute significantly to sustainable health care.

## A wealth of expertise and experience

Many organizations in the region who work in family planning and reproductive health have ongoing activities in postabortion care. Most are focused on service delivery. All postabortion care assistance is integrated with other reproductive health interventions. Host country collaborators represent the full spectrum of health care providers—ministries of health, NGOs and the private commercial sector.

### Training

JHPIEGO currently supports pre-service training in PAC for medical students in Kenya, and nurses in Uganda. In Zimbabwe, a network of master trainers has prepared PAC training materials.

IPAS, AVSC International and Pathfinder International provide in-service training in PAC in countries throughout the region. Current efforts focus on decentralizing services through training lower-level health care personnel. For example, in Kampala results of a pilot study have demonstrated

## What works best?

### *Africa Operations Research and Technical Assistance Project II*

*The Population Council, IPAS, the Kenyan Ministry of Health and the Family Planning Association of Kenya (FPAK) currently are conducting operations research at 6 hospitals in Kenya to test and compare the feasibility, cost-effectiveness and quality of alternative approaches to integrating family planning services with emergency treatment of abortion complications. In conjunction with improving and expanding emergency treatment, three models of family planning are being studied; namely, providing family planning services:*

- *on the gynecology ward by gynecology ward staff*
- *on the gynecology ward by MCH/family planning clinic staff*
- *in the MCH/family planning clinic by MCH/family planning clinic staff.*

*Baseline data collected on over 450 patients prior to the intervention revealed:*

- *few patients were given any information about the emergency treatment or possible complications*
- *only 7% of patients received family planning information (except in one hospital, where services began during the baseline period)*
- *89% of patients among those who did not receive family planning information indicated that they would have liked to receive it.*

*Hospital staff training in postabortion care was completed in late 1996. Results of the study are expected in May 1997.*

*Reference: Solo, J., et al. (1997).*

the feasibility of training nurse midwives and nurse assistants in MVA and postabortion family planning. Activities now are underway to expand this training in order to move services to the district level. In Tanzania, staff trained at 11 regional hospitals now will train district staff within their regions. FPIA presently works with NGOs and the private sector in western Kenya to train physicians at private facilities, and nursing homes.

#### **Program planning**

In Uganda, Kenya and Ethiopia, IPAS has assisted ministries of health to develop postabortion care action plans that are integrated within national reproductive health strategic plans. FCI has provided assistance to Family Planning Associations in Uganda, Ethiopia and Lesotho to develop PAC project proposals which subsequently were funded. In Tanzania and Kenya (FPAK), INTRAH has assisted counterparts to incorporate PAC into national reproductive health service protocols.

#### **Services management and supervision**

In Uganda, Tanzania and Kenya, AVSC International uses the COPE and INREACH techniques to train staff, strengthen linkages among PAC components and improve the overall quality of care. In Kenya, FPIA and service providers use results of client analyses to enhance and sustain services to groups with less access to PAC. Pathfinder International has developed innovative programs for youth at Kenyatta National Hospital and Pumwani Maternity Hospital.

#### **Information, education and communication**

FCI and PATH have developed IEC materials for PAC service providers and clients. The materials currently are used in Kenya, Uganda, Zimbabwe and Tanzania.

### **Next steps**

Progress is steady, but much more can be done. Even when postabortion care technical assistance and training are provided with other reproductive health interventions, approaches are often piecemeal and fragmented. In part, this results from a lack of explicit objectives that focus on reducing death and suffering from unsafe abortion. Strategic planning around clearly defined goals would help to coordinate activities and create synergies.

Because unsafe abortion has long been neglected in the public health arena, documented information about PAC issues and solutions is frustratingly limited. For example, current efforts to decentralize services look promising, but recent assessments of PAC still largely focus on hospital-based services. Appropriate operations research and evaluations would help to build more effective programs.

Lack of useful information has made dialogue about unsafe abortion difficult. Decision makers at all levels need this information to participate and take action. In particular, communities can play a key role in improving access to postabortion care and family planning services. Promoting informed dialogue would help create the supportive environment needed for PAC policies and programs.

### **REDSO assistance**

To facilitate these next steps, REDSO is offering technical assistance through its Postabortion Care Initiative, in order to:

- advocate for better programming in postabortion care
- conduct situation analyses and design appropriate activities
  - build assessment teams
  - develop assessment tools
- share lessons learned
  - organize regional workshops
  - develop, collect and disseminate resource materials (e.g., case studies, research reports, etc.)
  - conduct study tours
- strengthen the PAC network of USAID missions, other donors, NGOs, cooperating and implementing agencies and host country collaborators
- facilitate links between program initiators and technical assistance providers
- forge partnerships and mobilize resources for PAC

REDSO supports activities that will benefit all the countries in the region and seeks to mobilize support for initiatives in individual countries. REDSO is collaborating with the POLICY Project and others to implement these activities. We welcome inquiries and requests for further information; please contact the individuals listed on the back of this brochure.

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Funded by the U.S. Agency for International Development



Contract No. DPE-5974-Z-00-9026-00

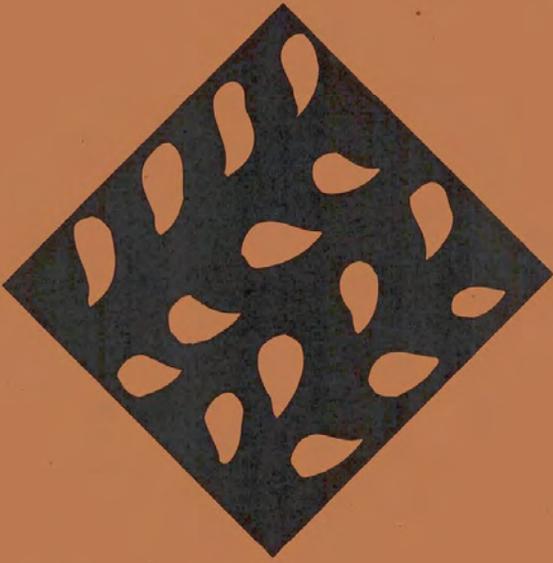


**POLICY**

The Futures Group International  
in collaboration with  
Research Triangle Institute and  
The Centre for Development and Population Activities  
Contract No. CCP-3078-C-00-5023-00

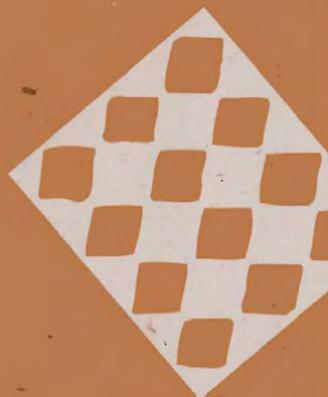


Thanks to the many people at all the organizations listed in this brochure, who contributed their time, energy and ideas to improve our understanding of postabortion care.



"A third priority for the Office of Population is reducing the tragedy of unsafe abortion... Under the Helms Amendment, USAID is prohibited from paying for abortion as a method of family planning. However, there is a great deal we can — and will do — to deal with this issue more openly and humanely. We will focus increased attention on studying abortion, its complications, and its consequences; and on supporting training in postabortion care and postabortion contraception."

*Elizabeth Maguire*  
*Director, Office of Population*  
*U.S. Agency for International Development*  
*February 1994*



"If there is one thing we can do that will make an immediate and profound difference for women, it will be to help countries develop better systems for postabortion care. This will involve both treating women who have suffered the complications of unsafe abortions and providing them with access to family planning and other reproductive health services and counseling that will help avoid repeat abortions. This kind of care protects the health of women, gives women family planning options that help them to be productive citizens, and in the long run, is a major investment in sustainable development."

*The Honorable J. Brian Atwood, Administrator  
U.S. Agency for International Development  
October 18, 1994*



**International Conference on Population and  
Development (ICPD), Programme of Action**

*Paragraph 8.25 (September 1994)*

"In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services. Prevention of unwanted pregnancies must always be given the highest priority and all attempts should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances in which abortion is not against the law, such abortion should be safe. In all cases women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family planning services should be offered promptly which will also help to avoid repeat abortions."



# USAID Guidelines

## Postabortion Care

...from *Technical Information Packet on Postabortion Care*, issued by USAID/PHN, May 1995.

USAID's Reproductive Health Program focuses on cost-effective interventions that have the most public health impact, maximize access and promote quality. Voluntary family planning is a USAID priority program component....

*"One of the greatest contributions family planning programs can make is that of reducing deaths and disabilities related to unsafe abortion."*

### **Postabortion care:**

- Saves women's lives and relieves suffering
- Reduces the number of unsafe abortions by providing postabortion family planning
- Conserves scarce health care resources

...from *Guidelines for Strategic Plans, Technical Annex A: Population, Health and Nutrition—Enabling Informed Choices and Effective Action*, issued by USAID/PPC, February 1995.

The guidelines for developing strategic plans in population and health for all Agency operating units encourage programming in postabortion care. Specifically, one of the three programmatic priorities reads:

- "Developing appropriate responses to needs, particularly among women and young adults, for reproductive health care, including maternal health and safe motherhood, **treatment for serious complications of unsafe abortion**, control of sexually transmitted diseases, including prevention of HIV infection...."

Key interventions that support postabortion care include:

### • **Family planning**

Principal elements include: **"special emphasis (in addition to efforts directed at the general population) on reaching high risk women."**

### • **Reproductive health**

Principal elements that may be addressed in USAID supported programs include: "prevention of unsafe abortion, and provision of appropriate postabortion treatment of infection and hemorrhage; postpartum and postabortion contraception...."



# USAID Regulations

...from *Automated Directives System (ADS)*, May 21, 1996 (verbatim)

## **312.5.4d Abortion Equipment and Services**

AID funds may not be used:

- 1) To purchase or distribute commodities or equipment for the purpose of inducing abortions as a method of family planning;
- 2) To finance services for the performance of abortions as a method of family planning;
- 3) For any biomedical research which relates, in whole or in part, to methods or the performance of abortions or involuntary sterilization as a method of family planning;
- 4) To motivate or coerce any person to practice abortions; and
- 5) To lobby for abortions.

## Results Framework

Postabortion care has been neglected as a public health program intervention. In the past, family planning and safe motherhood were viewed as separate programs, leaving postabortion care without a home. Recently there has been a strategic shift toward integrated reproductive health care. Postabortion care fully supports mission strategic objectives and can contribute significantly toward achievement of both fertility and health goals.

### Postabortion care linkages to agency and mission objectives

#### Agency Strategic Objectives

Sustainable reduction in unintended pregnancies

Sustainable reduction in maternal mortality

Sustainable reduction in STI/HIV transmission

#### Mission Strategic Objectives

Increased use of family planning services

Increased use of STI/HIV/AIDS prevention practices

Increased demand for RH services

Improved quality of RH services

Improved access to RH services

Greater awareness of the risks of unsafe abortion

**Postabortion Care**  
Integrated and decentralized services

1. Improved emergency treatment of complications of unsafe abortion
2. Better family planning services for women suffering complications of unsafe abortion
3. Better linkages between emergency care and other RH services



## Postabortion care activities USAID *can and should* support

### Policy

- policy and program needs assessments
- advocacy
- networking among agencies
- policy dialogue and formulation
- strategic planning
- resource allocation

### Postabortion care services

- emergency treatment\*
- family planning counseling and contraceptives
- referral to and provision of other reproductive health services
- management and supervision
- logistics management
- information systems
- service delivery guidelines and standards

### Information, education and communication

- materials development
- dissemination and learning strategies
- community awareness and participation

### Training

- pre-service and in-service
- training of trainers
- MVA procedure\* for treating the complications of incomplete abortion
- family planning and reproductive health counseling and services

### Research and evaluation

- policy research and analysis
- operations research
- program impact and effectiveness
- performance management
- cost-effectiveness analyses

\* USAID does not fund the purchase of MVA equipment.

## Selected References

The following materials are available from REDSO/ESA. Please contact Michelle Folsom if you would like copies (for contact information, see back of brochure).

- Abortion in Africa, 1996. *African Journal of Fertility, Sexuality and Reproductive Health*, 1(1).
- Agyei, W.K.A., and Epema, E.J. 1992. Sexual behavior and contraceptive use among 15-24 year-olds in Uganda. *International Family Planning Perspectives* 18(1): 13-17.
- Baird, T.L., Gringle, R.E., Greenslade, F.C. 1995. *MVA in the treatment of incomplete abortion: Clinical and programmatic experience*. Carrboro, NC: IPAS.
- Benson, J., Gringle, R., and Winkler, J. 1996. Preventing unwanted pregnancy: Management strategies to improve post-abortion care. *IPAS Advances in Abortion Care* 5(1): 1-8.
- Benson, J., Nicholson, L.A., Gaffikin, L., and Kinoti, S.N. 1996. Complications of unsafe abortion in sub-Saharan Africa: A review. *Health Policy and Planning* 11(2): 117-131.
- Fawcus, S.R., Mbizvo, M., Lindmark, G., and Nystrom, L. 1994. Contribution of septic abortion and unwanted pregnancy to maternal mortality in rural and urban Zimbabwe. Harare: Unpublished.
- Huntington, D., Hassan, E.O., Attallah, N., Toubia, N., Naguib, M., and Nawar, L. 1995. Improving the medical care and counseling of post-abortion patients in Egypt. *Studies in Family Planning* 26(6): 350-62.
- International Planned Parenthood Federation (IPPF). 1994. *Unsafe abortion and post-abortion family planning in Africa, The Mauritius Conference*. Nairobi: IPPF/A, 38 p.
- IPAS. 1996. Country reports for Zimbabwe, Tanzania, Kenya, Zambia, and Malawi. Carrboro, North Carolina: IPAS.
- Johns Hopkins University, Population Communications Services and Program for Appropriate Technology in Health. 1996. *Putting Yourself in Her Shoes: A Training Video for Postabortion Care*. Baltimore, MD.
- Justeen, A., Kapiga, S.H., and VanAsten, H.A.G.A. 1992. Abortions in a hospital setting: Hidden realities in Dar es Salaam, Tanzania. *Studies in Family Planning* 23(5): 325-329.
- Kay, B.J., Katzenellenbogen, J., Fawcus, S., and Karim, S.A. 1994. An analysis of the cost of induced incomplete abortion to the public health sector in South Africa. Unpublished.
- Kinoti, S.N., Gaffikin L., Benson, J., and Nicholson, L.A. 1995. *Monograph on Complications of Unsafe Abortion in Africa*. Arusha: Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa.
- Malla, K., Kishore, S., Padhye, S.; Hughes, R., Kerrigan, M., McIntosh, N., and Tietjin, L. 1996. *Establishing postabortion care services in Nepal*. Baltimore, MD: JHPIEGO Corporation.
- Mirembe, F.M. 1994. A situational analysis of induced abortion in Uganda. Paper presented at the Conference on Unsafe Abortion and Post Abortion Family Planning in Africa, Mauritius, 24-28 March 1994.
- Mpangile, G.S., Leshabari, M.T., and Kihwele, D.J. 1993. Factors associated with induced abortion in public hospitals in Dar es Salaam, Tanzania. *Reproductive Health Matters* 2: 21-30.
- Ramalefe, C., and Modisaotsile, I.M. 1994. The state of unsafe abortion in Botswana: Evidence by proxy indicators. Paper presented at the Conference on Unsafe Abortion and Post Abortion Family Planning in Africa, Mauritius, 24-28 March 1994.
- Rogo, K.O. Induced abortion in sub-Saharan Africa. 1993. *East African Medical Journal* 70(6): 386-395.
- Shumba, P.S.S. 1996. *The Kenyatta National Hospital High Risk Clinic*. Nairobi: Pathfinder International.
- Solo, J., and Billings, D., and Achola, O. 1997. *Creating linkages between incomplete abortion treatment and family planning services in Kenya: Baseline findings of an operations research study*. Nairobi: Population Council.
- Winkler, J., Oliveras, E., and McIntosh, N., eds. 1995. *Postabortion Care: A Reference Manual for Improving Quality of Care*. Baltimore, MD: Postabortion Care Consortium.
- Wolf, M., and Benson, J. 1994. Meeting women's needs for postabortion family planning: Report of a Bellagio Technical Working Group, Bellagio, Italy, February 1-5, 1993. *International Journal of Gynecology and Obstetrics* 45(Supplement): 53-523.
- World Health Organization (WHO). 1995. *Complications of abortion: Technical and managerial guidelines for prevention and treatment*. Geneva: WHO, 147p.
- World Health Organization (WHO), Maternal Health and Safe Motherhood Programme. 1994. *Abortion: A tabulation of available data on the frequency and mortality of unsafe abortion*. 2nd ed. Geneva: WHO, 117 p.

# Postabortion Care Working Group for East and Southern Africa, Nairobi

The Working Group was established in 1995 to enhance communication, coordination and sharing of lessons learned in postabortion care programming in the region. Please contact any of the members listed below to learn more about their activities and expertise in postabortion care.

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