

NEW EVIDENCE AND STRATEGIES FOR SCALING UP POSTABORTION CARE IN UGANDA

PRESENTED BY

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Alexandria, Egypt 12–13Th May 2010

IMPACT OF UNSAFE ABORTION ON MATERNAL MORTALITY IN UGANDA

- ❑ Abortion is the 4th commonest cause of maternal mortality
- ❑ Incidence of abortion is 54/1,000 women aged 15-49
 - ❑ Highest -North (70/1,000) and eastern (62/1,000)
- ❑ Unsafe abortion contributes up to 30% of Maternal deaths



CHALLENGES IN PREVENTING UNSAFE ABORTION

- ❑ Restrictive Law & procedures
 - ❑ Legal abortion; - save mothers life
 - ❑ 2 senior doctors
 - ❑ Harsh punishments
- ❑ Stigmatization of women who are known to have procured abortion
- ❑ High & growing unmet need for FP (29%- 41%) resulting in unsafe terminations



CHALLENGES.....

- Limited public awareness
 - Fear of legal action even in PAC
 - Clients seek care late
- Health System weaknesses
 - Inadequate no. of trained personnel
 - Inadequate equipment, supplies and drugs
 - No procurement plan for MVA kits - erratic
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ONGOING/ PLANNED INTERVENTIONS

Training in PAC:

- ❑ In-service in 6 centres
- ❑ Pre-service : For Mos & midwives but clinical practice is limited

- ❑ Strengthening of FP programs esp LAPM
- ❑ RHCS advocacy
- ❑ MVA kits, ECP and miso.. in RHCS
- ❑ Sexuality Education in schools
- ❑ Register Misoprostol for PAC



LESSONS LEARNT

What has worked

- ∞ Midwives providing PAC services;
- ∞ Shift from sharp curettage to MVA has reduced morbidity
- ∞ Budget for RH commodities incl MVA kits
- ∞ Govt procured MVA kits, ECP

What has not worked

- ∞ Vertical 2 wks training not sustainable. Further worsens staff shortages
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 - ∞ PAC practice in pre-service
 - ∞ Inconsistent supplies for PAC (MVAs, FP, drugs)
 - ∞ Restrictive law & procedural requirements
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THANK YOU

