

PAC IMPLEMENTATION IN ZAMBIA

Team

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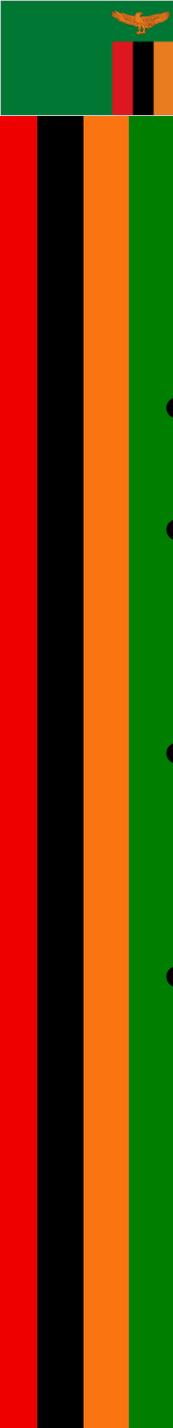
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INTERVENTIONS THAT HAVE WORKED

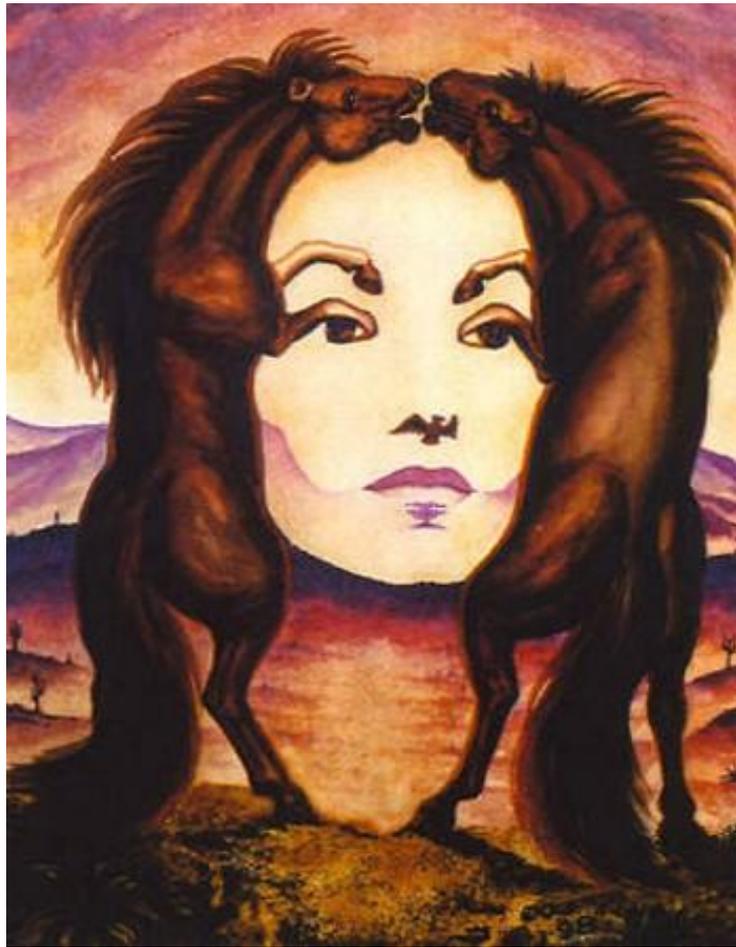
- Registration of mifepristone + misoprostol
- Consolidation of PAC training into EmONC training
- MOH worked with partners in scale up of EmONC/PAC in 50 of the 72 districts
- Support in Equipment procurement by World Bank, DFID, UNICEF, UNFPA, Ipas



INTERVENTIONS THAT HAVE WORKED Contd.

- Increasing the competency of providers in CAC
- TOTs and training of providers in EmONC and CAC
- Integrating CAC into the curricula of medical/nursing/clinical officer trainings
- Training of providers in long term effective family planning methods.
- Media have been responsive and looking for more and new challenges
- Media awareness as has been seen through feedback.

Challenges





Challenges

- Human resource crisis
- Limited SDPs with appropriate infrastructure and equipment
- Limited resources to maintain infection prevention processes
- Training expense worsened by limited training sites
- Media training only done in two provinces
- Media needs to reach all i.e rural areas



LESSONS LEARNED

- Facilitating factors
 - MoH commitment
 - Society of Ob/Gyn commitment
 - Partner support from
 - UNFPA
 - USAID
 - UNICEF
 - IPAS
 - VSI
 - SFH
 - Marie-stopes international
 - Formation of EmONC TWG



LESSONS LEARNED

- Barriers
 - Competing priorities
 - Few health workers hence fewer service delivery points
 - Cultural and religious bias (delay in seeking services and secrecy of abortion issue)
 - Inaccessibility of SDP
 - Limited FP access and choices esp in rural areas.