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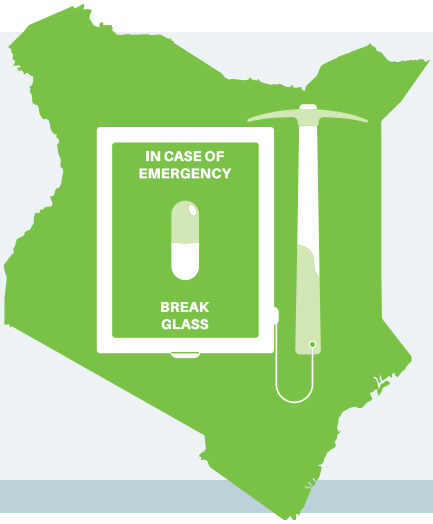

The preparedness of health facilities to provide post-abortion care in Kenya

EVIDENCE BRIEF : APRIL 2025

Context

Despite the acknowledgment that post-abortion care (PAC) is critical to averting morbidity and death from abortion-related complications, thousands of women across Kenya still struggle to access and receive quality and comprehensive PAC.

Limitations to accessing and receiving high-quality PAC and post-abortion family planning counseling can lead to severe delays in receiving the life-saving treatment, as well as repeat unintended pregnancies and induced abortions. According to our latest findings, about 1% of women treated for abortion-related complications in health facilities in Kenya experienced near misses and deaths, while about 16% presented with potentially life-threatening complications, 29% had moderately severe complications, and 54% had mild complications. Understanding the preparedness of health facilities to provide PAC for these complications is critical to pinpointing the strengths, gaps, and areas for improvement within the existing health system and strengthening PAC service delivery.

This brief summarizes the results from a nationally representative survey (conducted from April to May 2023) among 658 primary, secondary, and tertiary health facilities in Kenya to assess their capacity to provide PAC.

Definitions

We assessed the capacity of health facilities to provide basic and comprehensive post-abortion care by collecting data on both the availability of PAC services, equipment, supplies, and staffing in facilities over the last six months, and the readiness to provide these services on the day of the survey. The definitions for basic and comprehensive PAC are as follows:

1 Basic post-abortion care

i. Expected to be provided by primary level facilities (Levels II-III)

ii. Services provided include parenteral administration of antibiotics and uterotonics/oxytocics, administration of IV fluids, treatment with uterine evacuation medically or surgically, provision of short-acting contraceptives, capacity for referral, and the availability of at least one health professional trained in PAC on duty.

2 Comprehensive post-abortion care

i. Expected to be provided by referral-level facilities (Levels IV-VI)

ii. Services provided include all the basic PAC services noted above, plus surgical procedures (such as laparotomy), blood transfusion, and provision of long-acting reversible contraceptive methods.

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Key Findings

1 Provision of basic post-abortion care

i Overall, 21% of health facilities that were expected to provide PAC services **did not provide PAC services**. These facilities were either Level II (26%) or Level III (9%).

ii Among primary-level health facilities that provided PAC, only 18% could provide **all the components of basic PAC services**.

- Only 1 in 7 Level II (14%) and 1 in 3 Level III facilities (31%) could deliver all the components of basic PAC services.
- Only 8% of private nonprofit/faith-based facilities and 14% of public facilities could provide all basic PAC services.
- Rift Valley (27%) and Nyanza & Western (24%) had the **highest proportions of facilities capable of providing basic PAC services**, while Central & Nairobi (8%) and Eastern (12%) had the lowest proportions.

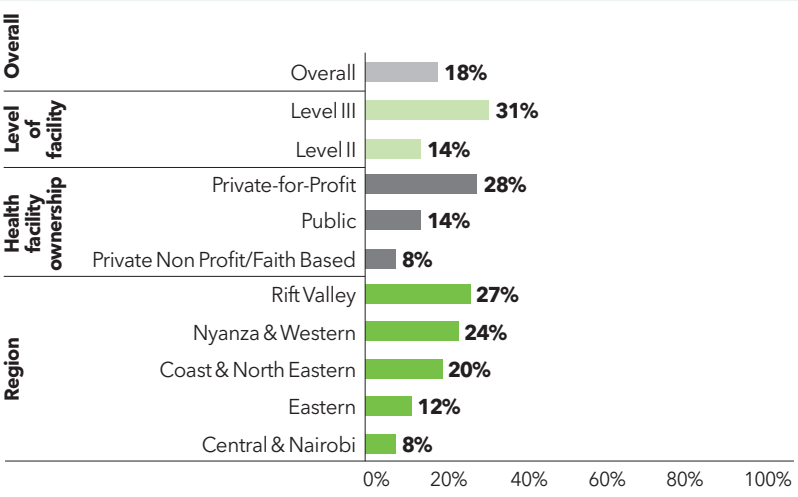

Figure 1. Provision of basic PAC by health facility level, ownership, and region

2 Provision of individual components of post-abortion care: strengths and gaps

i Services with high levels of provision

- Most facilities offered **parenteral antibiotics, IV fluids**, and **referral capacity**, with availability in referral facilities surpassing that in primary facilities.
- While almost all referral facilities (95%) had **at least one PAC-trained provider** available, this was true for only 43% of primary facilities.
- Most referral level facilities offered l**ong-acting reversible contraceptives** (85%) and **blood transfusions** (78%).

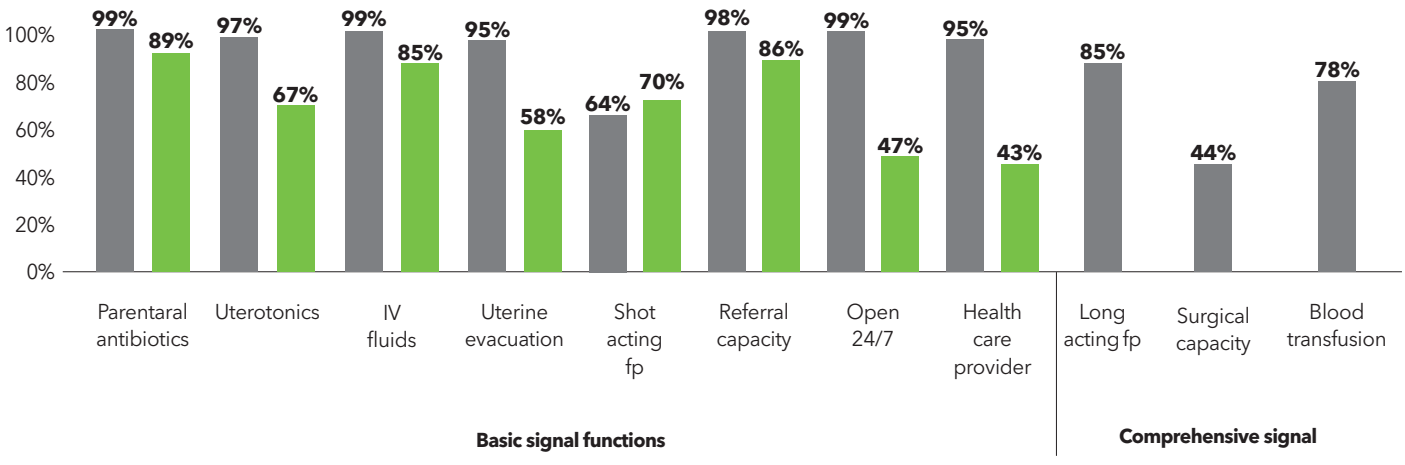

Figure 3. Provision of each component of basic and comprehensive PAC at health facilities in the last 6 months (October 2022 - April 2023), by facility type

Referral level Primary level

ii Largest gaps in service provision

- Among referral facilities, less than half (44%) were capable of providing **surgical care.**
- The provision of **more than 3 short-acting contraceptive methods** was one of the most common reasons for health facilities not meeting the definition for providing basic PAC. Notably, more primary facilities provided this service in the last 6 months (from October 2022 to April 2023) compared to referral facilities (70% vs. 64%).
- Among facilities that did not meet the criteria for providing 3+ short-acting contraceptive methods (n=208), most provided post-abortion family planning counseling and contraceptive methods on site. They, however, frequently experienced **commodity stock-outs** (primary: 64%, referral: 55%).

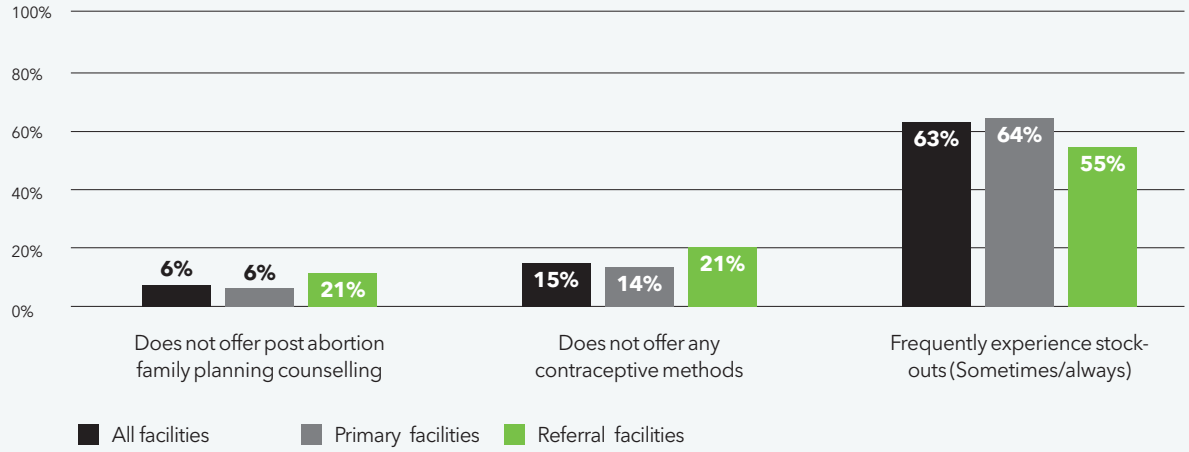

Figure 4. Main reasons for health facilities not offering 3+ short-acting contraceptive methods, by facility type

Conclusion and recommendations

Even with the recognition of the role of PAC in preventing abortion-related deaths and complications, the findings from this study showed that **women still struggle to access post-abortion care in Kenya.** Only 18% of primary-level facilities could provide basic PAC services while only about 25% of referral-level facilities could provide comprehensive PAC services. To strengthen PAC service provision and address the gaps in service delivery, **there is a need for strong political will, strategic investment, and research to:**

1. **Expand access to high-quality PAC services.** Most women and girls consider primary facilities as the first point of care when seeking services. It is thus critical to upgrade the capacity of primary-level facilities to provide all essential basic PAC services through staff training and availing PAC equipment and supplies.
2. **Strengthen the supply chain of medical supplies** for PAC, especially medical uterine evacuation drugs and contraceptive methods.
3. **Establish and strengthen resilient referral systems** for PAC patients, including the ability to facilitate referral for patients in need of additional care.
4. **Ensure full implementation of existing PAC policies and guidelines,** such as the Standards and Guidelines for Reducing Morbidity & Mortality from Unsafe Abortion in Kenya, among others.
5. **Promote the continuous training of health providers on PAC** to strengthen service delivery.

Acknowledgments

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Further information on the results presented in this evidence brief can be found in:

Incidence of Induced Abortions and the Severity of Abortion-related Complications in Kenya: Findings of a National Study (Nairobi, Kenya): Ministry of Health, Kenya, African Population and Health Research Center, Nairobi, Kenya, and Guttmacher Institute 2025, New York, USA.

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