https://ccc-diaspora.com | https://zapu.org | https://zhro.org.uk | https://rohr-zimbabwe.org/

Contents of Petition: 24th October 2024 @ 14:30

Maternal & Sub 5 year old Deaths. 2

ZAPU President Nkomo Comments 23rd October 2024 2

ACTSA Tweet 21st October 2024 3

Amnesty International Zimbabwe 18th October 2024 3

UNICEF Update on the context and situation of children 2023 3

ZimFacts November 2020 Regarding Pregnancy 5

World Health Organisation 10 March 2020 6

Recommendations 7

Basic Human Rights – Ignored by Zanu PF 7

Economic Mismanagement 7

Petition Organised and Delivered By 8

Appendices 9

Appendix 1: United Nations Women in Zimbabwe 9

Appendix 2: UNICEF Update on the context and situation of children 2023 9

Appendix 3: World Health Organisation 10

Address: 4 Horton Place, Angmering, LITTLEHAMPTON. BN16 4GL e-mail: john.b@zhro.org.uk

To the UK Government, FCDO & Prime Minister

Maternal & Sub 5 year old Deaths.

It would appear that the Zanu PF regime that has been in 'power' for over 44 years has failed to grasp the basics of Government responsibility for its women, children, their health, education and protection from abuse and exploitation.

All the improvements in these issues, appear to be the work of external & outside agencies, such as UNICEF, Amnesty International Zimbabwe and other Charities– as detailed below. We find that this aspect of the regime's priorities more than alarming. Bordering on irresponsible and callous.

Furthermore, and despite the "flowery language" and UN Development Goals, Zimbabwe women, girls and children still remain at risk.

> ""In Zimbabwe, gender-based violence (GBV) is a significant concern, with a substantial number of women experiencing physical and sexual violence. Approximately 39.4% of women have been subjected to physical violence, and an estimated 11.6% have faced sexual violence. Although there has been a decline in child marriage rates, 16.2% of women were married before the age of 18 as of 2022"".
> https://www.worldbank.org/en/news/feature/2024/04/29/persistent-gender-disparities-hinder-women-s-safety-and-productivity-in-afe-zimbabwe

ZAPU President Nkomo Comments 23rd October 2024

https://zapu.org/the-rogue-regime-in-harare-now-a-regional-threat-to-sadc.html

Michael Sibangilizwe Nkomo has written today {23rd October 2024} on the ZAPU.ORG website a heart felt and poignant message regarding the serious Maternal Death issues within Zimbabwe.

He states:

"As for the populace in Zimbabwe, the greatest impact of ZANU PF misrule will remain in the form ***of terrifying maternal and infant mortality rates***. *Independently verified statistics on Zimbabwe's institutional maternity challenges paint a grim picture of a country precariously on the brink.*"

- Institutional maternal mortality rate was 114 per 100,000 live births in 2023 compared to 107 in 2022, noting a concerning increase.
- Perinatal mortality rate (PMR) increased from 28.4 per 1000 births to 35.6 per 1000 births.
- Most perinatal deaths (75.3%) occurred at Kwekwe General Hospital situated at the centre of a gold-rich part of Zimbabwe.
- Hypertension contributed 59/333 (17.7%) to stillbirths while
- birth asphyxia accounted for 210/511 (41.1%) of early neonatal deaths (ENND) as at 20 September 2023.

- Mortality rate, neonatal (per 1,000 live births) in Zimbabwe was reported at 24.3 % in 2022, according to the World Bank collection of development indicators, compiled from officially recognized sources.

"*In response to the alarming rates of maternal mortality caused by Postpartum Hemorrhage (PPH), Zimbabwe is adopting the World Health Organization (WHO) E-MOTIVE approach, a pioneering strategy proven to save lives in low-resource settings.*"

"In Zimbabwe, with a Maternal Mortality Ratio (MMR) of 462 deaths per 100,000 live births, urgent measures are needed to prevent these preventable losses."

"Tragically, ZANU PF through the PVO Bill is determined to derail the critical role played by PVOs and NGOs in funding interventions at community levels. ZANU PF accuses PVOs and NGOs of sponsoring opposition parties and encouraging dissenting voices against its decades-long misrule."

"Without NGOs the bad conditions faced by mothers in Zimbabwe would be worse, with no end in sight."

"The excesses of ZANU PF cannot go unchallenged."

ACTSA Tweet 21st October 2024

https://x.com/ACTSA_UK/status/1848369537298604321

*"It's uncomplicated if the Zimbabwe regime stops locking up citizens on trumped-up charges, denying them bail, **jailing pregnant women & children** and enabling life threatening beatings of people for supporting different political parties. Free speech is a condition of democracy."*

Amnesty International Zimbabwe 18th October 2024

https://x.com/amnesty_zim/status/1847126274285744525

This week on #FistulaFriday

We listened to the Jerera community in #Masvingo and learned that ***poverty*** *and* ***harmful cultural practices*** *are the main drivers* ***of child marriages***.

What's the situation in your community? ***#EndChildMarriages*** #RestoreDignity

UNICEF Update on the context and situation of children 2023

https://www.unicef.org/media/152316/file/Zimbabwe-2023-COAR.pdf

Zimbabwe has a population of 15.2 million inhabitants (***52 % female***) with annual growth rate of 1.5 per cent. Currently, ***46.9 % of the population are children, under the age of 18 and 61.4 % live in rural areas***. (*Zimbabwe 2022 Population and Housing Census report*).

Overall {Zimbabwe} government spending on the *social sector* was at

- 30.4 % of the national budget.

- **Health sector** allocation was 11.2 % **below** the 15 % Abuja Declaration target.
- **Education allocation** was 14.9 % compared to 20 % Dakar framework for Action target;
- water, hygiene and sanitation (WASH) received 1.8 % and
- social protection was 4.2 %.

Zimbabwe ranks 146th out of a total of 191 countries on the Human Development Index and;

61 % OF CHILDREN EXPERIENCE MULTIDIMENSIONAL POVERTY, WORSE IN RURAL AREAS, HIGH-DENSITY AND PERI-URBAN INFORMAL SETTLEMENTS, AND FOR THOSE WITH DISABILITIES.

The maternal mortality ratio is ***estimated*** at 363 per 100,000 live births; and under-five mortality at 39.8 deaths per 1,000 live births (Census 2022), both reduction form 2019 estimates. Neonatal mortality rate has remained static at 31 deaths per 1,000 live births (MICS, 2019). Health service coverage, particularly in remote and urban poor areas remains low due to weak and underfunded health systems and insufficient human resources, impact of health outbreaks, harmful social norms, including religious beliefs and practices that exclude women and girls.

Malnutrition remains an important underlying factor in under-five mortality in Zimbabwe*. The country is experiencing a triple burden of malnutrition. Stunting rate are at 23.5 % in children ages 0-5 years in children and women, 38 and 29 % are anaemic; and 2.5 and 54 % are overweight, respectively (MICS, 2019). Poor dietary intake influenced by inadequate knowledge, cultural and gender norms, insufficient quality nutrition services and gaps in food legislation affect the coverage and quality nutrition services not complying with international standards.*

The lack of sustainability of existing WASH services translates into stagnant progress ***with basic water service coverage at 62 %, short of the 64 % target***, and basic sanitation holding steady at 35 per cent, in line with target. Thirty-six per cent of the rural population use basic hygiene services, falling short of the 38 % target while urban coverage is 56 per cent, exceeding the target of 50 % (WHO/UNICEF Joint Monitoring Programme for WASH).

As the education sector recovers from the impact of COVID-19, the net enrolment for pre-primary and primary education increased from 24.68 to 44.15 % and 83.51 to 88.33 % respectively; transition rate from Grade 7 to Form 1 increased 81.46 to 85 % between 2021 and 2022, and gender parity index is 1.01 (EMIS,2022). Survival rates in lower and upper secondary was at 84 % above the 53 % target. ***The proportion of children out-of-school in primary and lower secondary schools at 10 and 17 per cents, respectively, remain a concern***.

Child marriage rate remains high at 21.2 % for *adolescent girls aged 15-18* (MICS 2019), driven largely by poverty and social norms. Birth registration coverage increased from 48.7 to 51 % (CRVS Country Assessment, 2023).

Violence against children remains a concern with 64.1 % of children experiencing violent discipline (MICS 2019) ***and 26 % working in hazardous situation in agriculture, artisanal mining and waste management sectors*** (Labour Force and Child Labour Survey, ZIMSTA 2020).

Progress is constrained by limited resources for child protection services and a shortage of social workers.

Zimbabwe's humanitarian context remains fragile and complex, chronically grappling with climate induced shocks *including floods and drought, and public health emergencies (cholera, polio and measles)*.

In 2023, donors supported UNICEF with over US$91.2 million for programming. Support from traditional donors, development partners and United Nations (UN) joint programmes has been negatively impacted by several global crises. New opportunities in private sector partnership, engagement of non-traditional partners and joint UN approaches also contributed to results achieved for children

In 2023, UNICEF supported the review of the reproductive, maternal, newborn, child and adolescent health national strategy, and development of the national acceleration plan for Essential Newborn Action Plan and Ending Preventable Maternal Mortality (ENAP-EPMM) and Human Resources for Health Strategy and rolled out the health sector coordination framework.

The procurement of health commodities contributed to 81 % of facilities with no stock-out of essential medicines and implementation of result-based financing in 60 districts contributed to the decrease in proportion of facilities charging user fees from 2.35 to 2.31 % (2022 to 2023). The upgrade of the VHMAS has improved monitoring and coverage of districts using data to improve RMNCAH services to 61 % from 23.3 % in 2022.

Nutrition: UNICEF's support resulted in the development of the School Nutrition Guidelines, and the Maternal Infant, Young Child, and Adolescent Nutrition Framework to strengthen the nutrition enabling environment. Partnership with the Office of the President and Cabinet resulted in the development of the National Early Childhood Development (ECD) Policy Coordination Framework, bringing together four ministries to collaborate on ECD.

Technical assistance to the annual Vulnerability Assessment resulted in new nutrition data for children 5-19 years and information on overweight amongst children; and informed El-Nino anticipatory action and response plan development. The nutrition indicators in the national health management information system were updated.

UNICEF implements a multi-systems approach, with 13,031 school-aged children reached with nutrition services whilst 83 and 88 per cent of health facilities reported at least one health worker trained on IYCF counselling and integrated management of acute malnutrition, respectively, contributing to 753,844 caregivers receiving IYCF counselling and 9,666 children treated for wasting.

Coordination support resulted in 85 % (target: 90 %) of provinces and districts having capacity to implement the multi-systems approach. Linkage between nutrition and social protection programming was established in three districts with 305 Care Groups trained to influence the national social protection programme.

ZimFacts November 2020 Regarding Pregnancy

https://zimfact.org/are-80-of-zimbabwes-teenage-pregnancies-above-the-age-of-majority/

Official Data shows that the vast majority {80%} of teenage pregnancies fall in the 18-19 age group, which is above Zimbabwe's age of majority.

A detailed breakdown of the data in the 2015 Zimbabwe Demographic Health Survey, the latest available, ***shows that 68%,*** and not nearly 80%, of all teenage pregnancies fall within this age group. ***This implies that in the 2015 survey 32% of these pregnancies were BELOW the age of consent***!!

- 1998 - 21%
- 1994 - 20%
- 1999 - 21%
- 2006 - 21%
- 2011 - 24%
- 2015 - 22% of Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant) – Zimbabwe

Reading these reports is harrowing. The terminology of "Teenage Pregnancies" includes girls as young as 10 years old - so NOT A TEENAGER - 13 years old is the start. So, we reiterate any man impregnating girls 10-12 years 11 months - If the girl dies in childbirth? (murder by Rape)?

Remember only over 18 year old girls are deemed to have given "consent" (but again highly suspect situation- which would need careful scrutiny).

World Health Organisation 10 March 2020

See full article in Appendix 3

https://www.afro.who.int/news/enhancing-capacity-zimbabwes-health-system-reduce-abortion-related-maternal-deaths

Health facility data for 2018 has shown that ***abortion related maternal deaths account for 25% of all maternal deaths***. In 2016, an estimated 65,300 induced abortions occurred in Zimbabwe. ***This translates to a rate of 17 abortions for every 1,000 women aged 15–49.*** Of these abortion cases, only 25,200 (39%) received facility-based post abortion care. Due to Zimbabwe's restrictive abortion laws, abortion is highly restricted and permitted only in cases of rape, incest and when the baby's and/or mother's life is at risk. Because of this, little is known about the real status of post-abortion care services in Zimbabwe.

Post abortion care (PAC) services in health facilities are an important intervention to reduce abortion related maternal deaths. UNAIDS, UNICEF, UNFPA, and WHO, under 2gether4SRH Programme supported the Ministry of Health and Child Care to establish the status of provision of post abortion care in the ***12 districts {Hospitals} implementing the programme*** – {with 18 Health Facilities}

The assessment also revealed that the designated 2gether for 4SRH facilities had inadequate supplies, instruments and equipment needed for post abortion care. For instance,

- 83% (**15/18**) of the facilities had no sterile water,
- 78% (**14/18**) had no strainer for tissue inspection,
- 72% (**13/18**) had no aspirin,
- 73% (**13/18**) had no manual vacuum aspiration kits and
- 94% (**17/18**) had no cidex (disinfectant).

This limits the capacity of health facilities to deliver post abortion care services. Most of the facilities were improvising the post abortion registers, hence the completeness of data was affected. Only 28% (5/18) health facilities had standard post abortion care registers while close to half (44%) were using the improvised ones. The unavailability of standard post abortion care registers in the facilities pose a threat to the quality of post abortion care data across the facilities. This may also suggest an underestimation of the true -magnitude of the burden of abortion cases.

Recommendations

This Petition is focused on Women and Children with the emphasis on childbirth and pregnancy issues. Again, the disturbing failures of a lack of any unified policies, or protocols is more than alarming and potentially leading to unnecessary fatalities, particularly within the rural populations of women and children.

- What exactly is the Zimbabwe Minister of Health doing to counter these issues?
- The undue reliance upon external agencies to train, instigate policy and protocols is tantamount to dereliction of the 'duty of care'.
- The lowly International-Ranking of Zimbabwe on their performance, with a larger percentage of their population (Women and Children – are the majority) on Maternal Mortality is again. Bordering on irresponsibility.
- Perhaps the secondment of our NHS specialists, and the preponderance of Zimbabwean Nurses here, could help – if only Zimbabwe had a free and fair society?
- The plea and statistic presented by ZAPU President elect, Michael Sibangilizwe Nkomo, the son of Joshua Nkomo, need to be heeded from such an important figure {historically ZAPU is older than ZANU PF}.

Basic Human Rights – Ignored by Zanu PF

However, there are plenty of other examples of unconstitutional, illegal actions and breaches of basic Human Rights happening regularly in Zimbabwe by the Zanu PF regime – right up to today.

Many other august bodies have highlighted these – many of which we have brought to the attention of the UK government.

Economic Mismanagement

Other commentators have cited Zimbabwe as an economic disaster area. Poverty, Inflation, new Currencies {ZiG}, Corruption and Looting have dogged Zimbabwe since Independence 44 years ago.

The tired, and often stated claims of "it is the Sanctions" cannot be given any credence. Water supplies & Sewage treatment collapse, are creating health issues, such as Cholera and Typhoid.

Daily Power Outages across Zimbabwe, are ignored – with false claims of generation capacity

@Steve_Hanke {*on X; 22nd Oct 2024*} registers Zimbabwe Inflation, due to excessive ZiG Printing ***"the money supply (M2) is SURGING at 246%/yr. That's why, today, I accurately measure ZIM's inflation at 1266%/yr — THE WORLD'S HIGHEST INFLATION RATE."***

Address: 4 Horton Place, Angmering, LITTLEHAMPTON. BN16 4GL e-mail: john.b@zhro.org.uk

https://ccc-diaspora.com | https://zapu.org | https://zhro.org.uk | https://rohr-zimbabwe.org/

https://x.com/steve_hanke/status/1848680706290909690

Petition Organised and Delivered By

Thank you for your attention to this matter. we look forward to hearing from you shortly.

Yours Sincerely, John C Burke {e-mail: john.b@zhro.org.uk },

Name	Organization	Signature
Ronald Mutumbi	CCC Manchester branch Member & ZHRO	
Chief Felix Ndiweni ***See Wiki Link***	MyRight2Vote Chair and Traditional Ndebele Traditional Leader {In Exile due to threats}	F. N. Ndiweni
Jane Mundangepfupfu	CCC Manchester branch Vice Secretary for Women Assembly	
Simbarashe Jingo	CCC Milton Keynes branch Chair for Youth Assembly	
Josephine Jenje-Mudimbu	CCC & ZHRO	
John C Burke	ZHRO: Zimbabwe Human Rights Organisation: FOUNDER	

Signatures Signed by: Petitioners

Name	Organization	Signature
Ronald Mutumbi (ORGANISER ONLY)	CCC Manchester branch Member & ZHRO	
Diana Machingauta	CCC, ZHRO & ROHR	
Jane Mundangepfupfu	CCC Manchester branch Vice Secretary for Women Assembly & ZHRO	
Renee Brenda Langa		
Chido Shamu		
Philis Melody Magejo	ZHRO	
Josephine Jenje-Mudimbu	CCC & ZHRO	

Appendices

Appendix 1: United Nations Women in Zimbabwe

https://x.com/unwomenzw/status/1846433648733552783

16th October 2024

"The role of #RuralWomen is crucial, yet they face challenges that deeply impact their rights & resilience."

"Let's promote rural women's livelihoods, leadership, and rights. Let's empower rural women to build a more equitable, just & sustainable planet for everyone."

Appendix 2: UNICEF Update on the context and situation of children 2023

https://www.unicef.org/media/152316/file/Zimbabwe-2023-COAR.pdf

Zimbabwe has a population of 15.2 million inhabitants (52 % female) with annual growth rate of 1.5 per cent. Currently, 46.9 % of the population are children, under the age of 18 and 61.4 % live in rural areas. (Zimbabwe 2022 Population and Housing Census report).

Overall Government spending on the social sector was at 30.4 % of the national budget. Health sector allocation was 11.2 % below the 15 % Abuja Declaration target. Education allocation was 14.9 % compared to 20 % Dakar framework for Action target; water, hygiene and sanitation (WASH) received 1.8 % and social protection was 4.2 per cent.

Zimbabwe ranks 146th out of a total of 191 countries on the Human Development Index and 61 % of children experience multidimensional poverty, worse in rural areas, high-density and peri-urban informal settlements, and for those with disabilities.

The maternal mortality ratio is estimated at 363 per 100,000 live births; and under-five mortality at 39.8 deaths per 1,000 live births (Census 2022), both reduction form 2019 estimates. Neonatal mortality rate has remained static at 31 deaths per 1,000 live births (MICS, 2019). Health service coverage, particularly in remote and urban poor areas remains low due to weak and underfunded health systems and insufficient human resources, impact of health outbreaks, harmful social norms, including religious beliefs and practices that exclude women and girls.

Malnutrition remains an important underlying factor in under-five mortality in Zimbabwe. The country is experiencing a triple burden of malnutrition. Stunting rate are at 23.5 % in children ages 0-5 years in children and women, 38 and 29 % are anaemic; and 2.5 and 54 % are overweight, respectively (MICS, 2019). Poor dietary intake influenced by inadequate knowledge, cultural and gender norms, insufficient quality nutrition services and gaps in food legislation affect the coverage and quality nutrition services not complying with international standards.

The lack of sustainability of existing WASH services translates into stagnant progress with basic water service coverage at 62 per cent, short of the 64 % target, and basic sanitation holding steady at 35

per cent, in line with target. Thirty-six per cent of the rural population use basic hygiene services, falling short of the 38 % target while urban coverage is 56 per cent, exceeding the target of 50 % (WHO/UNICEF Joint Monitoring Programme for WASH).

As the education sector recovers from the impact of COVID-19, the net enrolment for pre-primary and primary education increased from 24.68 to 44.15 % and 83.51 to 88.33 % respectively; transition rate from Grade 7 to Form 1 increased 81.46 to 85 % between 2021 and 2022, and gender parity index is 1.01 (EMIS,2022). Survival rates in lower and upper secondary was at 84 % above the 53 % target. The proportion of children out-of-school in primary and lower secondary schools at 10 and 17 per cents, respectively, remain a concern.

Child marriage rate remains high at 21.2 % for adolescent girls aged 15-18 (MICS 2019), driven largely by poverty and social norms. Birth registration coverage increased from 48.7 to 51 % (CRVS Country Assessment, 2023). Violence against children remains a concern with 64.1 % of children experiencing violent discipline (MICS 2019) and 26 % working in hazardous situation in agriculture, artisanal mining and waste management sectors (Labour Force and Child Labour Survey, ZIMSTA 2020). Progress is constrained by limited resources for child protection services and a shortage of social workers.

Zimbabwe's humanitarian context remains fragile and complex, chronically grappling with climate induced shocks *including floods and drought, and public health emergencies (cholera, polio and measles)*.

In 2023, donors supported UNICEF with over US$91.2 million for programming. Support from traditional donors, development partners and United Nations (UN) joint programmes has been negatively impacted by several global crises. New opportunities in private sector partnership, engagement of non-traditional partners and joint UN approaches also contributed to results achieved for children.

Appendix 3: World Health Organisation

https://www.afro.who.int/news/enhancing-capacity-zimbabwes-health-system-reduce-abortion-related-maternal-deaths

Enhancing capacity of Zimbabwe's health system to reduce abortion related maternal deaths

10 March 2020

Zimbabwe has made tremendous progress in reducing maternal mortality. The maternal mortality rate reduced from 651 per 100 000 live births (ZDHS 2015) to 462 deaths per 100,000 live births (MICS 2019). Despite the reduction, the maternal mortality rate is still unacceptably high. Abortion is a major contributor to maternal deaths. Health facility data for 2018 has shown that abortion related maternal deaths account for 25% of all maternal deaths. In 2016, an estimated 65,300 induced abortions occurred in Zimbabwe. This translates to a rate of 17 abortions for every 1,000 women aged 15–49. Of these abortion cases, only 25,200 (39%) received facility-based post abortion care. Due to Zimbabwe's restrictive abortion laws, abortion is highly restricted and permitted only in cases of rape, incest and when the baby's and/or mother's life is at risk. Because of this, little is known about the real status of post-abortion care services in Zimbabwe.

Post abortion care (PAC) services in health facilities are an important intervention to reduce abortion related maternal deaths. UNAIDS, UNICEF, UNFPA, and WHO, under 2gether4SRH Programme supported the Ministry of Health and Child Care to establish the status of provision of post abortion care in the 12 districts implementing the programme. 2gether 4SRH is a regional programme for "Strengthening integrated SRHR/HIV and SGBV services in East and Southern Africa to accelerate action on SDG 3 and 5".

The assessment focused on the availability of post abortion care services in the health facilities, health care workers' skills on provision of PAC services and availability of equipment, instruments, commodities/supplies and medicines required for management of abortion cases. A cross sectional study among health care workers from the 12 districts was conducted. 12 district hospitals and their six (6) referral hospitals were assessed. Semi-structured questionnaires, the health facility assessment and the skills assessment tool were used to gather data from the sampled health facilities. Face to face interviews with key informants from out-patients' department, general female ward, maternity, human resources, pharmacy, laboratory, and health information departments were conducted. Direct observations on the status of infrastructure, equipment, furniture, medicines and other consumables were also done.

The assessment revealed that all 18 health facilities assessed were providing treatment services to women with abortion. Manual Vacuum Aspiration (MVA), Dilation and curettage (D&C), medical abortion and Electric Vacuum Aspiration (EVA) were the most prominent procedures used to treat women with abortion complications, and the most common procedure performed by doctors was the dilatation and curettage.

The assessment also revealed that all health care workers trained on post abortion care had skills on performing manual vacuum aspiration procedures. However, notwithstanding the good performance, most health care workers 79% (11/14) were not giving bereavement counselling to their clients. Although there were health care workers trained on post abortion care, they were inadequate. A massive exodus of health workers trained on post abortion care was reported. This was also worsened by the limited coverage of post abortion care courses in pre-service medical and midwifery education programs in Zimbabwe. Pre-service medical education in Zimbabwe does not include manual vacuum aspiration training, and this may explain why doctors prefer performing Dilatation &curettage as compared to manual vacuum aspirations.

The assessment also revealed that the designated 2gether for 4SRH facilities had inadequate supplies, instruments and equipment needed for post abortion care. For instance, 83% (15/18) of the facilities had no sterile water, 78% (14/18) had no strainer for tissue inspection, 72% (13/18) had no aspirin, 73% (13/18) had no manual vacuum aspiration kits and 94% (17/18) had no cidex (disinfectant). This limits the capacity of health facilities to deliver post abortion care services. Most of the facilities were improvising the post abortion registers, hence the completeness of data was affected. Only 28% (5/18) health facilities had standard post abortion care registers while close to half (44%) were using the improvised ones. The unavailability of standard post abortion care registers in the facilities pose a threat to the quality of post abortion care data across the facilities. This may also suggest an underestimation of the true -magnitude of the burden of abortion cases.

Based on the above findings, the Ministry of Health and Child Care with support from UNAIDS, UNICEF, UNFPA, and WHO recommended the strengthening of the nursing and medical schools pre-service training in post abortion care through inclusion of all procedures for treating/managing abortions in their curriculum, as a long-term plan. Another recommendation was that health facilities should implement a standard/structured on the job training programme for all health care workers manning all sections that provide post abortion care services. Scaling up in-service training of more health care workers in manual vacuum aspiration was also recommended. The development and implementation of a framework that will increase focus on prevention by strengthening the 'community and service partnership element in the post abortion care model was also recommended. To improve on quality of post abortion care data, it was recommended that Family Health Department should distribute the standard post abortion care register to all facilities in the country and health care workers should improve on documentation.