Expanding Access to Family Planning through Community Mobilization for PAC

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Managing Partner: EngenderHealth; Associated Partners: FHI; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council
Presentation Overview

1. Goals & Objectives
2. Intervention Design
3. Evaluation Design
4. Baseline Survey Findings
Goal of COMMPAC

Increase awareness & use of PAC and related services in selected communities as a strategy to reduce maternal mortality & morbidity due to complications of spontaneous and induced abortion.
COMMPAC Objectives

1. Increase **community knowledge** in identifying danger signs of abortion-related complications, locations of services, and FP related info

2. **Capacity building** to address PAC needs: time use of services; strengthened referral systems

3. Encourage **involvement of most marginalized** & most affected by postabortion complications in community action

4. **Community mobilization** for prevention and treatment of incomplete abortion

5. **Strengthen service delivery points** providing PAC services through training
Intervention Design—Naivasha District

- Work thru MOH Community Strategy supporting established units
  - CHEWs & CHWs as primary link
  - Sustainable structure in place to build on

- Implement Community Action Cycle for PAC with community groups
  - CHEWs oversee CHWs
  - Train CHEWs/CHWs in Community Action Cycle
  - Support CHEWs/CHWs to conduct CM sessions with community groups
  - Provide ongoing mentoring & support
  - Community BCC Cards

- Rigorous Evaluation: Quasi-experimental
  - 3 units selected for intervention; 3 for control
  - Unit = 5,000 people or 5 villages with 2 CHEWs and 50 CHWs
What is the Community Action Cycle?

1. Organize the community for action
2. Explore the health issue and identify priorities
3. Plan together
4. Act together
5. Evaluate together
6. Prepare to scale up
Community Engagement Approach

- Train CHEWs/CHWs in Community Action Cycle
  - Modules on Community Action Cycle, gender, conflict resolution, leadership, links to outside resources, financial management

- CHWs carry out 3 CM sessions with community groups/others
  - CM sessions focus on three delays: recognize emergency, seek & receive care
  - CHWs support community groups/others develop and implement action plans

- Project builds capacity of CHEWs to support CHWs in facilitating Community Action Cycle
Service Delivery Approach

- Train providers in facilities to provide *comprehensive* PAC services
  - Emergency treatment for complications of spontaneous or induced abortion
  - FP counseling & services
  - STI evaluation/treatment, and HIV counseling and testing
  - Community empowerment

- Build provider-community partnerships
Kenya Essential Package for Health (KEPH) COMMPAC Focus: Levels 1 & 2

6
Tertiary hospitals

5
Secondary hospitals

4
Primary hospitals

3
Health centres, maternities, nursing homes

2
Dispensaries/clinics

INTERFACE

1
Community: Villages/households/families/individuals

Kenya MOH Community Strategy Implementation Guidelines, 2007
Evaluation Design
**Evaluation Design (1 of 2)**

- **Quasi-Experimental design**
  - Control group for comparison; matched pair of 3 units each
  - Pre-post measurements in both arms to measure change over time

- **Duration of Evaluation**
  - Baseline done in June 2010
  - End-line depending on time frame and maturity of intervention

- **Quantitative & qualitative measures**
  - 600 women aged 18-49, who have ever been pregnant
    - *Exposure to PAC community mobilization exercises*
    - *Sources of care for MCH, PAC FP*
    - *Perceptions of quality of care, ability to monitor and negotiate quality*
    - *Use of MCH, PAC, and FP services*
  - FGDs, IDIs: CHWs, CHEWs, Community leaders, etc.

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Evaluation Design (2 of 2)

- Method: Quantitative (multiple tools)
  - Inventory
  - Interviews with providers
  - Exit interviews with PAC clients if possible
  - Monitoring data on client loads for PAC and FP services

- Domains of inquiry:
  - Provider awareness and knowledge of PAC
  - Preparedness of service delivery system
  - Client perceptions of the quality
  - Changes in client loads for PAC and FP
Baseline Survey Findings
PAC Service Availability

- PAC services not offered at any of 11 health facilities
- Referral mechanisms exist in half of the sites
- General infrastructure and equipment largely available
- All health facilities could provide PAC services with some training and strengthening
Profile of Study Participants (Intervention & control sites)

- 50% of sample between ages 20-29
- Approx 80% married
- Primary level of education
- Over half engaged in unskilled manual labor
- Between 11-14% had pregnancy that did not come to term
Knowledge of FP mixed—higher for pills, injectables, and IUD while lower for condoms and implants

Gov’t health facilities primary place where FP info is obtained

Just over half of women report discussing FP with their partners, that partners approve of FP use, and that they are using FP

Most obtain FP methods from public-sector sites

Of those not using FP, 76% and 80% (intervention & control) desire to either space or limit future births

Not being married, breastfeeding and fear of side effects (in that order) cited as top 3 reasons for nonuse of FP
Experience with Pregnancy-related Bleeding

- 11% had experienced bleeding in first half of pregnancy
- Of those, 35% in intervention site sought care, compared to 21% in control sites
- Of those who did not seek care for bleeding, 69% in intervention and control sites combined did not think it was serious enough to seek care
- Most sought care inGov’t facilities, while 30% of intervention sought services at private sites
- Considerable % sought care outside their communities
  - 57% intervention & 46% control
- Largest proportion traveled 1-2hour distances for care
  - K50-100 for transport
  - K100-500 for services including drugs & supplies
Quality of Care

- Nearly all offered pain medication
  - 100% intervention; 95% control

- Some waited more than 1.5 hours for care
  - 20% intervention; 42% control

- Most felt they had enough privacy & were treated well by provider & staff

- 50% (intervention) and 28% (control) of women who sought care for bleeding had a provider speak with them about FP

- Exposure to community interventions were low
  - >10% participated in any community group meeting focused on bleeding in first ½ of pregnancy
Summary of Key Findings

1. Clear need for PAC services; Awareness of danger of bleeding is low with few women seeking care

2. Women identify & use Gov’t facilities—important to link facilities with communities to increase utilization of health services throughout pregnancy

3. Knowledge of FP high; actual use is significantly lower

4. Significant unmet need for FP since large % of women not using yet report desire to space or limit

5. Use of health services during pregnancy & delivery is limited

6. Exposure to community interventions is low
Questions?
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