

# 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



1. Goals & Objectives
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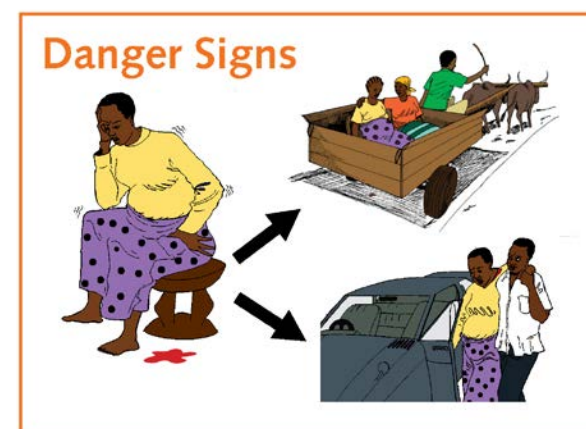


Increase **awareness** & **use** of PAC and related services in selected communities as a strategy to reduce maternal mortality & morbidity due to complications of spontaneous and induced abortion.



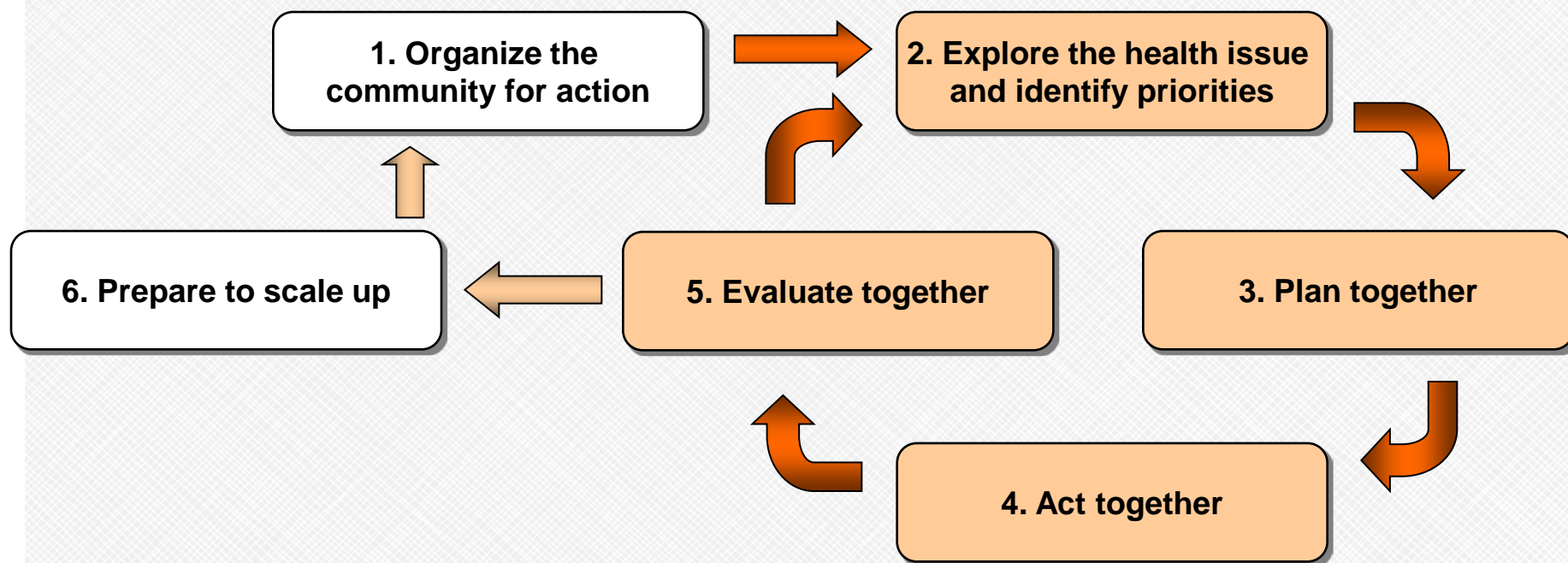
1. Increase **community knowledge** in identifying danger signs of abortion-related complications, locations of services, and FP related info
2. **Capacity building** to address PAC needs: time use of services; strengthened referral systems
3. Encourage **involvement of most marginalized** & most affected 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

- 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

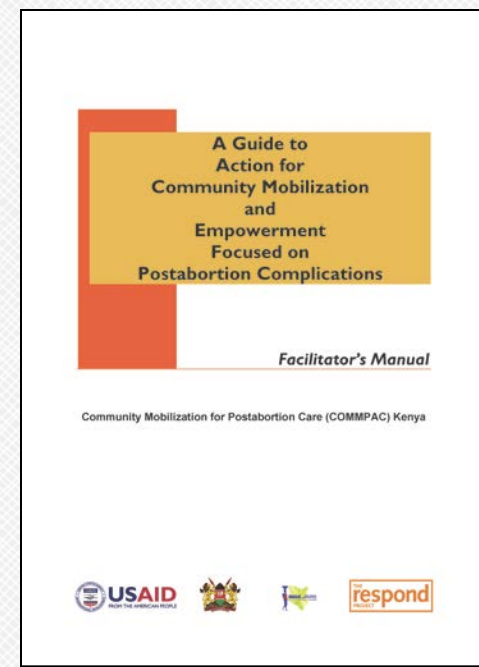




## What is the Community Action Cycle?



- 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

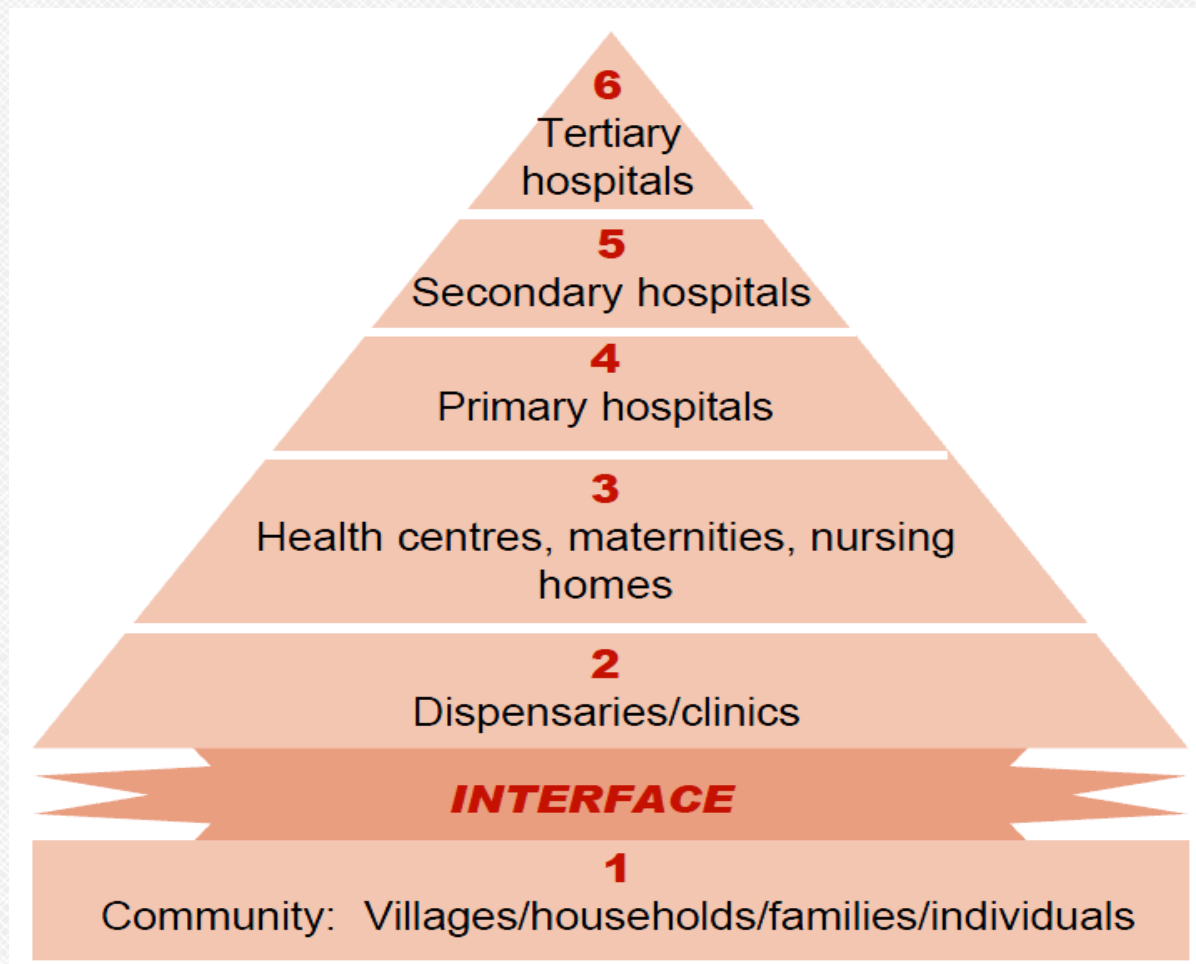




- Train providers in facilities to provide *comprehensive* PAC services
  - Emergency treatment for complications of spontaneous or induced abortion
  - FP counseling & services
  - STI evaluation/treatment, and HIV counseling and testing
  - Community empowerment
- Build provider-community partnerships







## Evaluation Design



### ■ 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.

Intervention	Control
Karunga	Eburu
Kiambogo	Maraigushu
Longonot	Moi Ndabi



- 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 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





- 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



- 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 in Gov'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

- 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



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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