Community Engagement Holds Promise for Sustainable Postabortion Care in Kenya

International Seminar on Increasing Use of Reproductive Health Services through Community-based and Health Care Financing Programmes: Impact and Sustainability
August 23-25, 2012

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THE respond PROJECT

Managing Partner: EngenderHealth; Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council

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Background

- Highest # of abortion-related deaths occur in Africa (Guttmacher Institute 2012)
- Maternal health complications are leading cause of morbidity among women in Kenya (KMOH 2008)
- Rift Valley has highest abortion-related outpatient mortality in Kenya (KMOH 2005)
- Postabortion Care (PAC) is an effective intervention to reduce maternal mortality and morbidity
- 1 of 3 core components of USAID PAC model is focused on community empowerment (USAID 2004)
- RESPOND developed COMMPAC model to address this reality in Kenya

COMMPAC Goal and Objectives

Goal: Increase communities' **awareness** and **use** of postabortion care (PAC) and related services to reduce maternal mortality and morbidity.

1. Increase **community knowledge** of the danger signs of abortion-related complications, locations of services, and family planning (FP)–related information and services
2. **Capacity building** to address PAC and FP needs
3. Encourage **involvement of marginalized** in community action
4. **Mobilize communities** to prevent and treat incomplete abortion
5. Strengthen **service delivery points** providing PAC and FP

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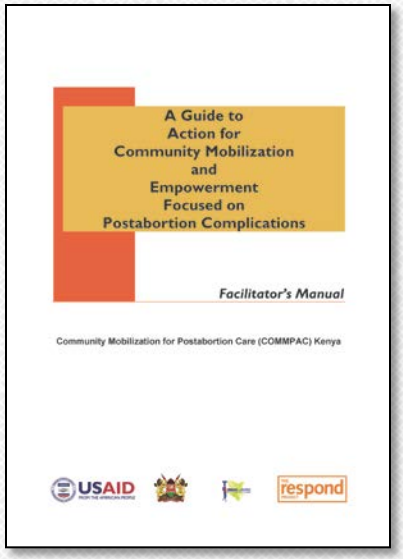
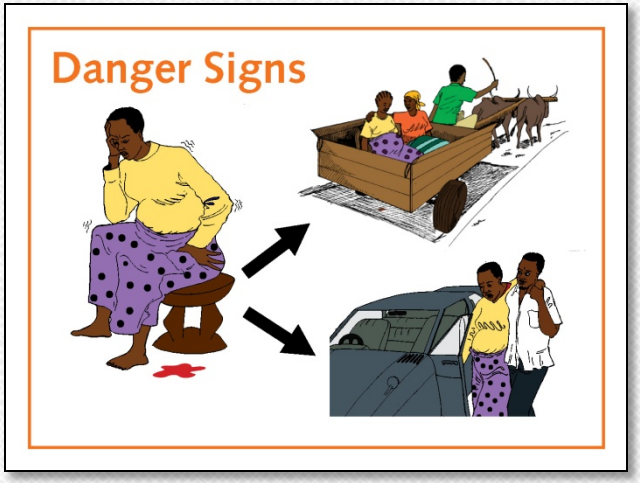
Intervention Design

- MOH Community Strategy w/ DHMTs
  - CHEWs and CHWs as primary links—sustainable structures
- Facilitate Community Action Cycle for PAC
  - Train CHEWs/CHWs
  - Support CHEWs/CHWs to conduct community mobilization sessions
  - Focus on three delays—support groups to develop and implement action plans
  - Mentoring and support to build capacity of CHEWs/CHWs
- Train providers in *comprehensive* PAC services
- Build provider-community partnerships





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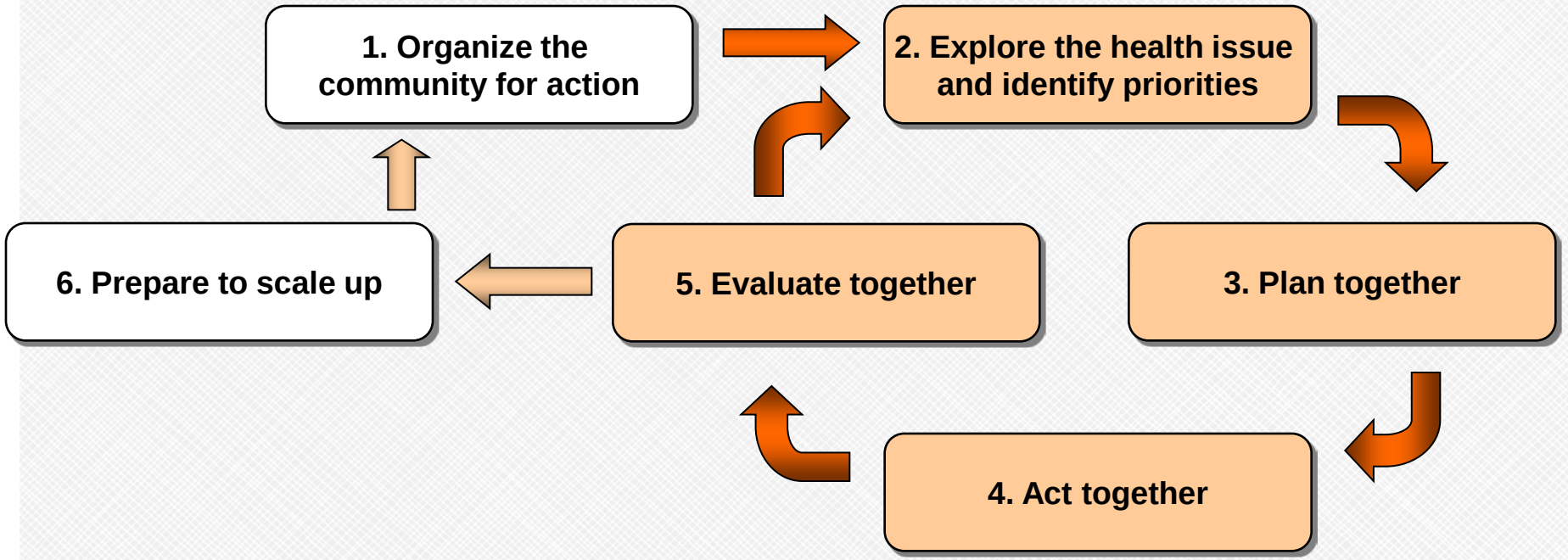
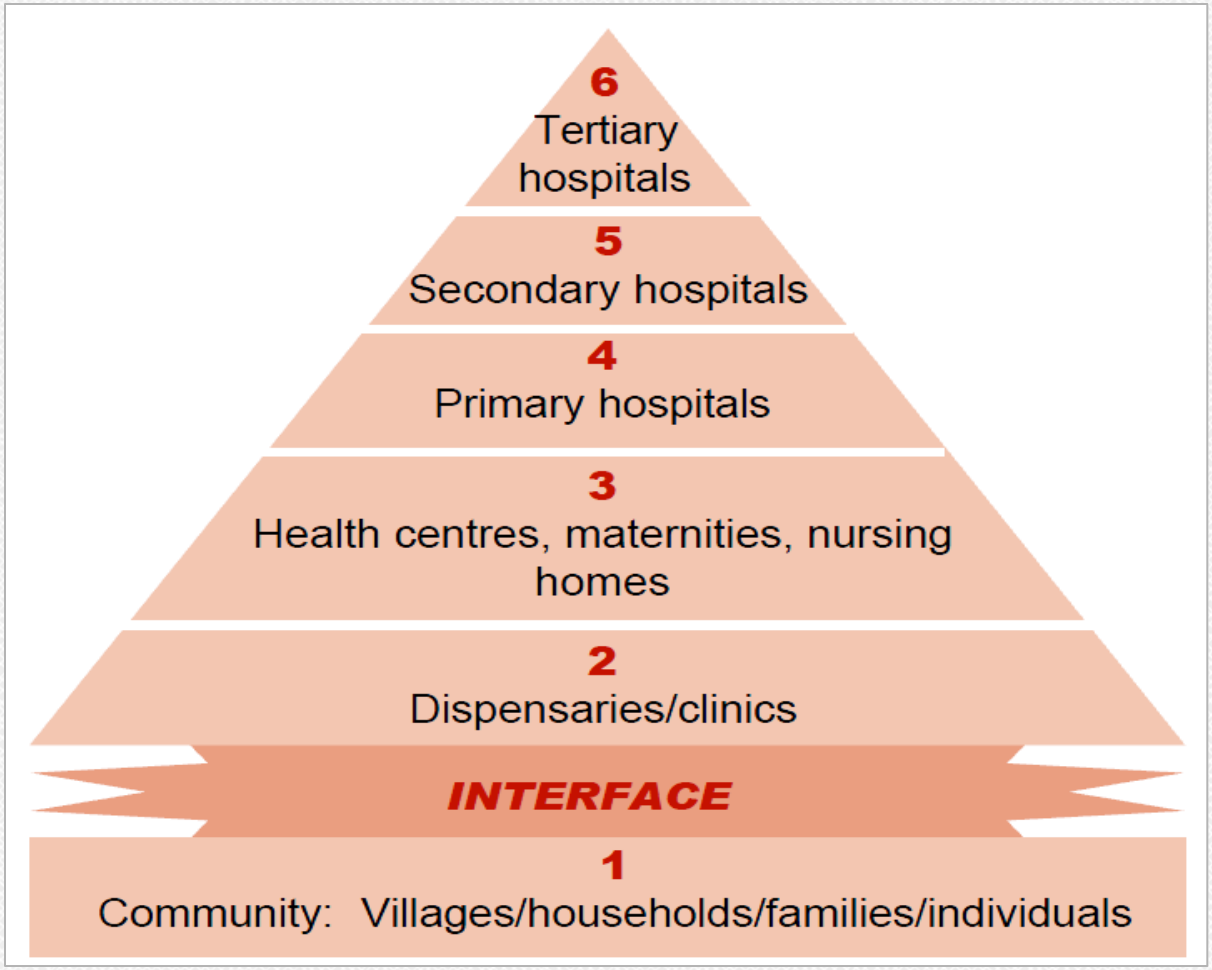
What is the Community Action Cycle?



Kenya Essential Package for Health (KEPH)
COMMPAC Focus: Levels 1,2 & 3



Kenya MOH Community Strategy Implementation Guidelines, 2007

Action Plans: Problems Identified

- ✓ Myths about FP
- ✓ Lack of partner support
- ✓ Poor spousal communication
- ✓ Wild animals/Security concerns
- ✓ Self-medication
- ✓ Long distance to facility *(3–5 hour walk)*
- ✓ Religious opposition to FP/PAC
- ✓ Poor infrastructure *(roads and phones)*
- ✓ Lack of trained personnel
- ✓ Lack of equipment & supplies for MVA
- ✓ Poor provider attitudes
- ✓ Unfavorable facility operating hours

Numbers reached

- 18 month intervention
- Trained:
  - 86 CHWs
  - 19 CHEWS
  - 7 DHMT members
  - 33 providers in PAC services
  - 43 providers in FP services
  - 800 community members
  - 25 Action Plans developed
- Population of Naivasha: 404,332
- Reached over 77,000 people
  - Includes 3 intervention units + Karagita and Miti Mingi over 18 month period only (control sites not included in this total)

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Evaluation

- Quasi-Experimental
  - Control group for comparison
  - Pre-post measurements in both arms to measure change over time
- Duration of Evaluation
  - Baseline: June 2010
  - Endline: January-February 2012
- Choice of sites
  - Matched pairs of “units”

Intervention	Control
Karunga	Eburu
Kiambogo	Maraigushu
Longonot	Moi Ndabi

Evaluation Design Cont'd

- Quantitative data
  - Facility Inventory (11 at baseline; 10 at endline)
  - **Interviews with providers**
  - **Monitoring data on client loads for PAC and FP services**
  - **Community survey with women** (18-49 years) – 593 at baseline; 647 at endline
- Qualitative data
  - FGDs (n=15) with CHEWs, CHWs, community leaders, youth leaders, CBO reps, community members (community action cycle participants and residents of areas where the community action cycle took place)
  - Key informant interviews (n=6) with DHMT and PHMT reps
  - In-depth interviews with PAC clients (n=3) and partners (n=2)

Preliminary Endline Results: FP Awareness

- Highly statistically significant increase in awareness of FP in intervention sites (from 93% to 98%)
- Intervention respondents less likely to cite opposition to FP as reason for non-use

Photo by M. Wahome / EngenderHealth

> [F]amily planning is going on very well, and also, this thing of mothers having many children has reduced because some did not know that there was family planning because they had not gone to the hospital. But when we were trained and we got in there and went to the grassroots, we started teaching them. They understood and they stopped staying at home, and they went to hospital to get [family planning] so that they don't have many children.
>
> ***—FGD with Community Action Cycle participants (Female)***

FP Use

- 8,975 FP visits across 5 intervention-site facilities compared with 4,215 FP visits in 3 comparison-site facilities
- Also less likely to cite fear of side effects as reason for not currently using FP

> Before, there were misconceptions associated with [family planning]. You would hear [people] saying that "Women are becoming cold [sexually]" and things like that, but now you find the men are the ones who are encouraging them [the women]…they realize that it was just myths that they had and then they encourage the women to do family planning.
>
> ***—FGD with CHWs, Kiambogo***

PAC Care Seeking Behavior at Endline

- PAC clients increased 0-30 in intervention sites; 0 in comparison site facilities
- Intervention site more likely to seek care at local facilities
- 60% of women seeking PAC services in intervention sites spent < 30 min to 1 hour travelling to obtain services compared to 33% in comparison sites
- Intervention site spent less money on services

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Benefits of closer services & trained providers

…the service is close and when they experience bleeding problems there are equipment and our CHEW has been trained and is qualified…and this will cut the cost of having to travel to the district hospital. The whole family and herself benefits since the cost is reduced due to the closeness of the service.

—FGD with CHWs in Longonot (Male and Female)

Initially we didn't have trained health providers and we had a big problem since our women died due to the numerous referrals. With the coming of this project, doctors have been trained so that the service is acquired faster…So the major benefit of this project is that it has brought the health provider nearer and the equipments too and this has reduced the death cases as we access the services easily and faster.

—FGD with CHWs in Karunga (Male and Female)

Beyond health facilities: community members as sources of FP info

	Intervention		Comparison	
	Baseline (n=371)	Endline (n=435)	Baseline (n=182)	Endline (n=199)
Govt. facility	81%	76%	75%	73%
Private facility	8%	6%	14%	11%
CBO/NGO	0%	3%**	0%	2%
Poster	0%	3%**	0%	3*
CHW	0%	6%**	0%	8%**
Community member	23%	30%*	23%	20%

Exposure to Community Interventions

	Intervention		Comparison	
	Baseline	Endline	Baseline	Endline
Ever took part in NGO/community group activity on PAC	(n=173) 9%	(n=285) 24%**	(n=89) 8%	(n=92) 9%
Ever took part in CHW activity on PAC	(n=401) 7%	(n=44) 17%	(n=192) 2%	(n=205) 7%

Perceived Impact on Better Health

Before we were trained by PAC, our people died a lot from miscarriages, they didn't understand the danger signs.' They thought it was normal and ended up dying. But now we have been trained and we've penetrated to the grassroots and even the ones who thought it wasn't a serious problem now know it's a serious problem. So, the extreme cases and miscarriages have reduced tremendously.

—FGD with Community Leaders in Karunga (Male and Female)

Increase in Community Action

It is difficult to transport a patient from the villages to the hospital and people take a lot of time because of the poor roads, the community has set aside one day of the week which they use to repair the roads… we dug the roads using our bare hands so that people could benefit from it.

—FGD Community-Based Organizations NAIVASHA

…the benefit accruing from this is that community members have managed to realize their own problems… PAC has helped people in creating awareness about knowing their problems and formulating possible solutions to these problems. They come up with solutions as community members.

—FGD with CHWs in Longonot (Male and Female)

Involvement of the Marginalized

Initially women were scared to speak about their problems but with the training from PAC they have been enlightened more. You can hear women asking questions anywhere without fear and some men also ask questions without fear about their women and even youth.

—FGD with CHWs in Longonot (Male and Female)

Future Sustainability

In order for the project to last, the community has to own it and because most of the people have believed that the project is theirs, they believe that they have to do something in order to sustain the project and ensure that it does not die.

—FGD Community-Based Organizations

Already we have been taught, educated and we know the importance and we know that the problem is ours as a community and even with the absence of [The RESPOND Project] the problem will still persist. So that is one issue, we'd rather continue with the program than let our people suffer.

—FGD with CHWs in Longonot (Male and Female)

Hope for Sustainability

PAC has also trained us on how to unite people so that they can be able to do work for themselves. We have seen that they have started to do many things in places where nothing could be done before. Things have been able to take place through PAC.

—FGD with Community members in Karunga, Kiambogo, and Longonot (Older Men)

They [the community] own the whole process and when they own the process they sustain the process.

—DHMT Member

Conclusions: Key Facilitating Factors

1. Aligning with MOH Community Strategy key facilitating factor
2. Working through existing community structures essential
3. Ensuring participation/ representation of marginalized groups a must
4. Supporting community-facility linkages an essential element
5. Greater community participation integrated with service side improvements was crucial
6. Community capacity built—spill over into other benefits for community members
7. Community-level activities were defined based on identification and prioritization by the communities themselves
8. Emphasis on using local resources to resolve community problems
9. Ensure participation and accountability by allocating duties explicitly
10. Important to recognize achievements by community members using Community Action Cycle

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