

To the Fullest Extent of Policy: Postabortion Care in Kenya

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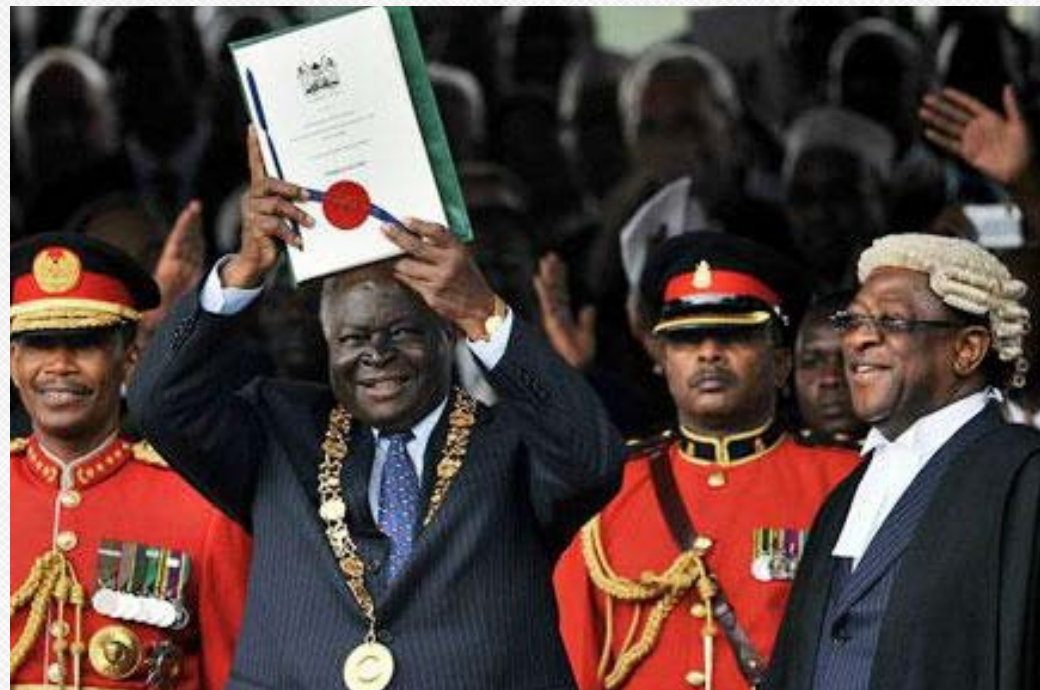
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- Highest # of abortion-related deaths occur in Africa (Guttmacher Institute 2012)
- Maternal health complications are leading cause of morbidity among women in Kenya (KMOH 2008)
- Rift Valley has highest abortion-related outpatient mortality in Kenya (KMOH 2005)
- Postabortion Care (PAC) is an effective intervention to reduce maternal mortality and morbidity

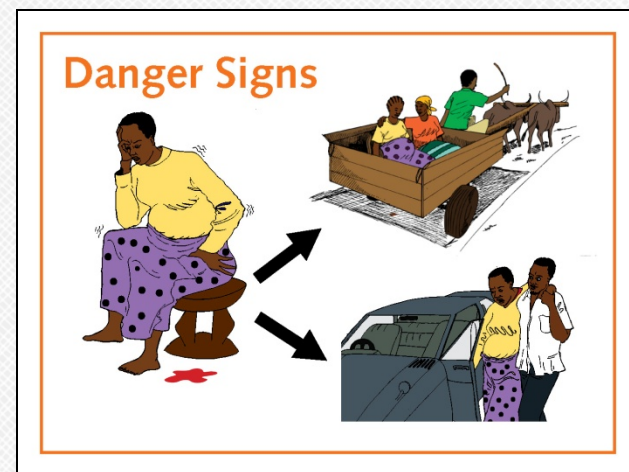
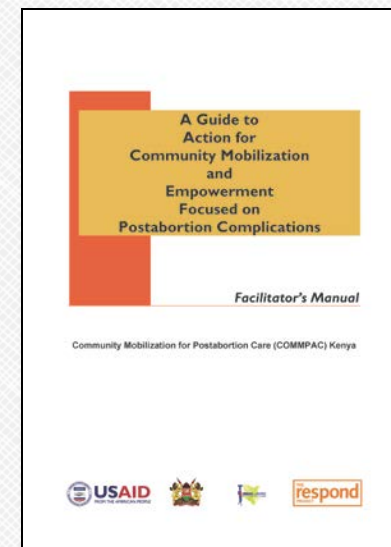
- Kenya's New Constitution (passed in 2010)
- Implications for post-abortion care
- Other related implications: The need for provider training, community awareness and stigma-reduction; the location of PAC services
- RESPOND developed COMMPAC model to address these realities in Kenya



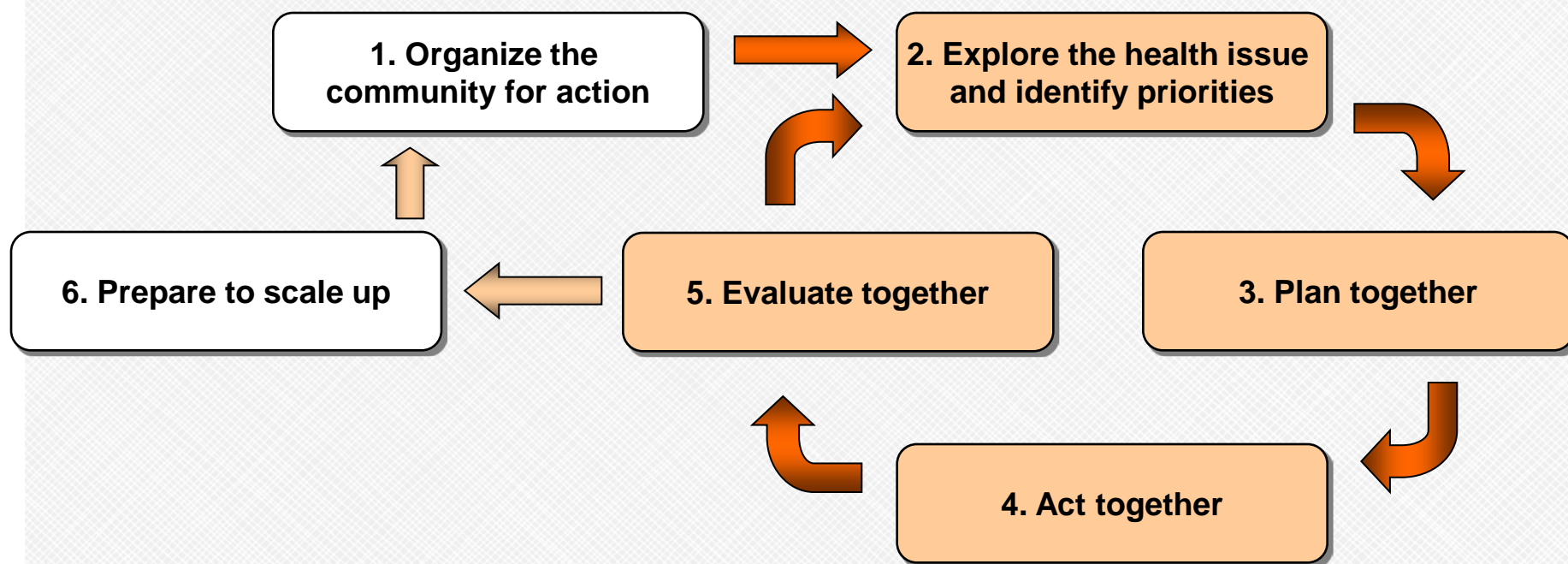
Goal: Increase communities' **awareness** and **use** of postabortion care (PAC) and related services to reduce maternal mortality and morbidity.

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

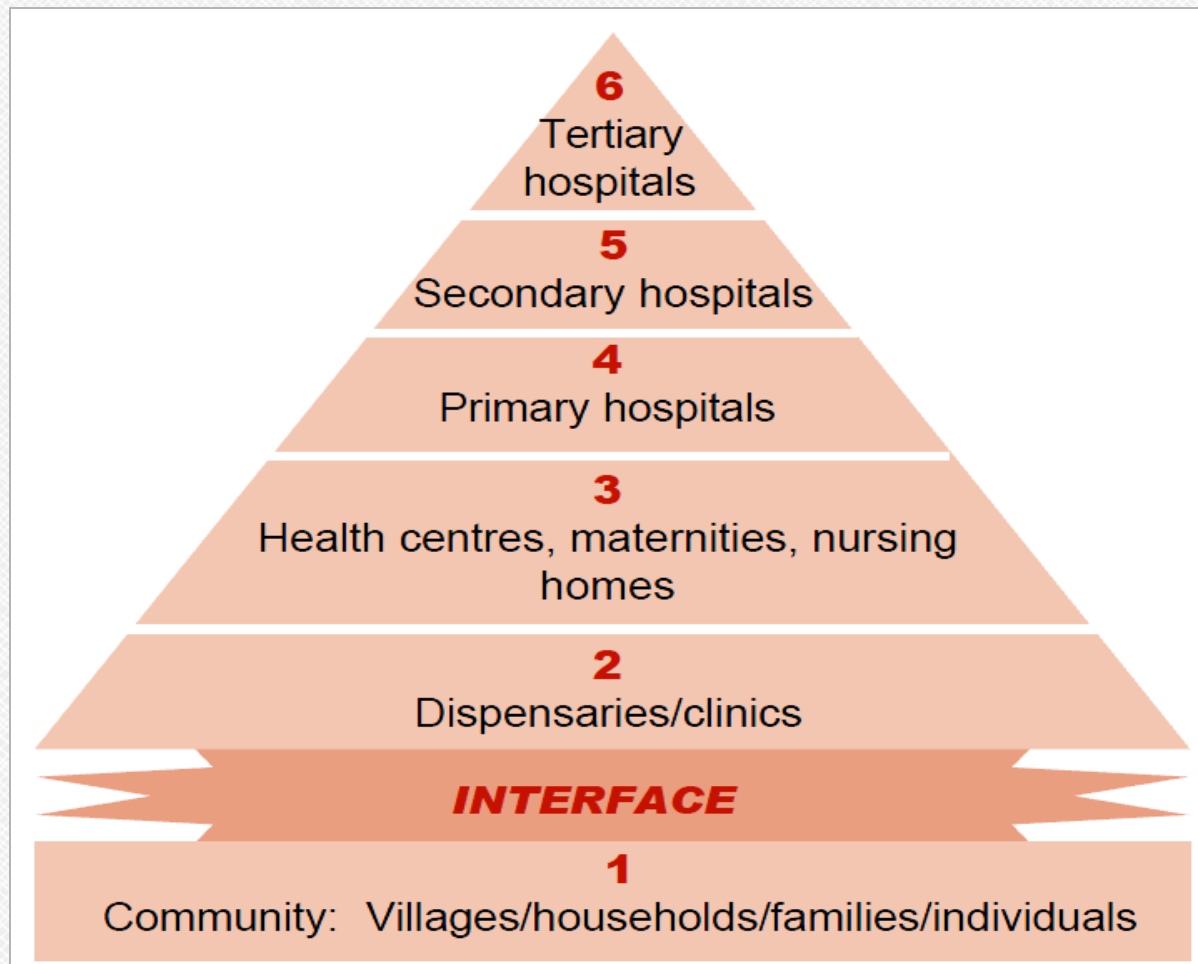
- MOH Community Strategy w/ DHMTs
 - CHEWs and CHWs as primary links—sustainable structures
- Facilitate Community Action Cycle for PAC
 - Train CHEWs/CHWs
 - Support CHEWs/CHWs to conduct community mobilization sessions
 - Focus on three delays—support groups to develop and implement action plans
 -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



What is the Community Action Cycle?



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



■ Quasi-experimental

- Intervention and comparison groups
- Pre-post measurements in both arms, and difference-in-differences estimation to measure change over time

■ Duration of evaluation

- Baseline: June 2010
- Endline: January-February 2012

■ Choice of sites

- Matched pairs of “units”

Intervention	Comparison
Karunga	Eburu
Kiambogo	Maraigushu
Longonot	Moi Ndabi

■ 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
- Key informant interviews (n=6) with DHMT and PHMT reps
- In-depth interviews with PAC clients (n=3) and partners (n=2)

- Higher levels of awareness overall around danger signs in early pregnancy. In particular, awareness of danger sign 'bleeding heavier than a normal period' significantly (2.05 times) greater.

Before we were trained by PAC [COMMPAC], 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, Karunga

- PAC clients increased 0-30 in intervention sites; 0 in comparison site facilities
- But no significant difference in intervention vs. comparison sites in proportions of women seeking PAC overall
- Intervention site more likely to seek care at local facilities in their own communities
- 60% of women seeking PAC services in intervention sites spent < 30 min to 1 hour travelling to obtain services compared to 33% in comparison site

...the service is close and ... there [is] 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 benefits since the cost is reduced due to the closeness of the service.

—FGD with CHWs in Longonot



Photo by A. Smith / EngenderHealth

- No significant changes in proportions of women aware of FP in intervention vs. comparison sites
- Intervention respondents less likely to cite opposition to FP as reason for non-use; less likely to cite fear of side effects as reason for not currently using FP
- But no significant change in intervention vs. comparison sites in proportions of women currently using FP



- Increased confidence and enhanced skills among providers to offer PAC services.
- PAC not seen by comparison site providers as integral part of services offered in their health facilities; PAC services not offered in any of these facilities.
- Intervention site providers aware of more danger signs (an average of 6 signs each) than comparison site peers (an average of 4 signs each)
- PAC clients from intervention site more likely to spontaneously recall receiving FP information from providers upon discharge (29% intervention vs. 0% comparison)

- Improved perceptions of the quality of care available for post-abortion complications among intervention site respondents:
 - Statistically significant reduction in the proportion of intervention site respondents (who had sought PAC services) that had to wait for more than 1.5 hours before being seen by a provider.
 - Doubling of proportion of those that did not have to wait at all (although not statistically significant).
 - PAC clients in intervention sites more likely to report being:
 - > *accorded enough privacy during their visit*
 - > *given a clear explanation by the provider about the procedure to be performed*
 - > *treated very well by other health facility staff.*

- The COMMPAC intervention successfully raised recognition of danger signs of abortion-related complications; enabled providers to effectively provide PAC services at dispensary level; encouraged women to seek PAC services at dispensary level. It was less successful in increasing current use of FP.
- To ensure that PAC services are implemented to the fullest extent of policy, the following issues merit further exploration:
 - Time period for PAC interventions
 - Possible reporting bias among comparison respondents due to stigma
 - Verbal autopsy info to understand extent to which abortion-related death affects PAC intervention results



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