

Abstract Title

Community Partnerships: Building Bridges for Post-Abortion Care

Keywords

Community, Post-abortion Care, Champions

Learning Objectives

To: 1) describe issues surrounding post-abortion care (PAC) in rural Kenya; 2) employ methodology for engaging communities to improve men and women's knowledge and attitudes about bleeding in pregnancy and to advocate for improved PAC and family planning (FP) services; and 3) assess how collaboration between communities, providers and governments improves PAC and FP services/use.

Background

An estimated 300,000 abortions for pregnancy complications are performed in Kenya each year, with 20,000 women admitted to public hospitals with abortion-related complications. Community engagement programs are a key strategy for reducing abortion-related morbidity and mortality through improved knowledge and access to PAC and FP. In 2003, the USAID PAC Working Group provided the ACQUIRE Project with funding to replicate a community mobilization model for PAC (COMMPAC) in Kenya in partnership with Society for Women and AIDS (SWAK). SWAK worked with five communities in Nakuru District to raise awareness of complications of miscarriage/unsafe abortion and the role of FP in preventing unplanned pregnancy. In total, 412 community members from 16 different community groups completed the community mobilization process.

COMMPAC facilitated three participatory sessions to enable community groups to use the Community Action Cycle (CAC). Action planning helped groups identify key problems in PAC service delivery and devise solutions. Communities evaluated successes/challenges to inform subsequent replications. In addition, ACQUIRE conducted a survey with 285 individuals from COMMPAC groups, conducted a PAC site assessment and collected stories and lessons learned.

Results/Outcomes and Challenges/Solutions

Community groups identified the need to inform communities about danger signs in pregnancy, and to collaborate with providers to increase availability of PAC services. Groups successfully advocated for funds to renovate two Ministry of Health facilities, expand six facilities to include maternity services, and construct four new facilities. They provided housing for health staff; established police posts to improve security; repaired roads/bridges; and established a transport fund to facilitate access to PAC services. Community awareness of warning signs of miscarriage/incomplete abortions increased, with significant post-intervention increases in knowledge (high fever: 21 percent to 77 percent; vaginal bleeding: 67 percent to 91 percent) among male and female COMMPAC participants. Continuing challenges include lack of trained providers and equipment. Kenya's experience in using the Community Action Cycle was based upon community PAC work done in Bolivia to increase access to PAC services, with significant adaptation to the East African environment. The Kenyan COMMPAC experience demonstrates that community engagement methodologies can be replicated but must be adapted to local contexts to build local ownership.

Conclusions

Even in low-resource settings, communities can mobilize funds and resources for health through collective action and collaboration. Building partnerships with key stakeholders and providers empowers communities to advocate for improved health services.

Partners

Society for Women and AIDS/Kenya (ACQUIRE Project Partner), EngenderHealth/ACQUIRE Project, Kenya Ministry of Health

Co-Authors

Nancy Russell, Jane Wickstrom, Ines Escandon