Community Partnerships: Building Bridges for Post Abortion Care

Mercy Wahome
Project Coordinator

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.[1] Community engagement programs are a key strategy for reducing abortion-related morbidity and mortality through improved access to post abortion care (PAC) and family planning services.

In 2003, the USAID PAC Working Group provided the ACQUIRE Project with funding to replicate a community mobilization model for post-abortion care (COMMPAC) in Kenya working with the Society for Women and AIDS (SWAK) local implementing partner.

SWAK worked with 5 communities in Nakuru District to raise awareness of complications of miscarriage/unsafe abortion and the role of family planning in preventing unplanned pregnancy, and supported the communities in developing action plans to address barriers to PAC and family planning services. More than 650 community members from 26 different community groups completed the community mobilization sessions and developed joint action plans.

[1] Kenya Medical Association (KMA), International Federation of Women Lawyers Kenya (FIDA-K), Kenya Ministry of Health and International Project Assistance Services (IPAS). National Assessment of the Magnitude and Consequences of Unsafe Abortion in Kenya. 2004

Project Objectives

- Community mobilization for prevention and treatment of incomplete abortion
- Capacity building to address PAC needs
- Explore inclusion of health emergency transport plans in Community Action Plan development
- Explore potentials for development of payment schemes for post-abortion care

Project Site

Nakuru district is one of the major districts in Kenya with an area coverage of about 7,242.3 sq kms, and a population of 1,312,55 persons. It has 16 administrative divisions, with 296,451 households and population density of 181 persons per sq. km. It is served by 15 hospitals and 279 other health facilities with a patient ration of 1:31,251. Average distance to the nearest health facility is 18kms.

The two-year project (2005-2007) was piloted with 26 community groups in Municipality, Bahati, Rongai and Njoro divisions of Nakuru District. The divisions were the focus for Post-abortion care projects, and was an area where both private nurse midwives and public sector service providers received training in PAC. The project site offered different types of environments including, urban, peri-urban and rural areas, areas of multi-ethnicity and others dominated by a single ethnic group. This was critical for comparison of results at the end of the project.

Youth during a life history session (right)

A member of the physically challenged group presenting their map of health resources in their community (left)

COMMUNITY ACTION CYCLE

Project Administrative Divisions

Population:	Male	Female
Muni. Pal:	119,281	111,981
Bahati	71,080	72,634
Rongai	39,690	37,751
Njoro	39,719	39,404

Contraceptive prevalence rate: 33%

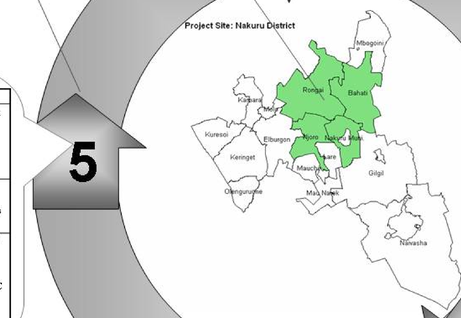
A bridge in Municipality

Organizing Community/Preparation

*Categories Involved**
7- Youth groups
1- Men Group
5- Mixed group
12- Women groups
1- disabled persons

*project used existing groups

Community members involved in Role-play



Evaluating Together

Problem	Accomplishments
Delay in recognizing •danger signs in pregnancy, •myths and misconceptions on use of contraceptives •Peer pressure & unplanned pregnancies among the youth	•15 community fforums held reaching over 3000 community members •Outreach to 10 schools reaching approximately 1500 pupils between 11-15 yrs old
Delay in seeking healthcare •Due to insecurity •Poor access due lack proper roads •Self-medication & use of quacks	•2 police posts were constructed to improve security •Facilities built and rehabbed, 5 roads and one bridge built
Delay in receiving care •Lack of trained personnel •Lack of facilities and kits •Poor attitude by health workers	•2 existing facilities renovated and 6 expanded to include maternity and PAC services •Training of health workers in PAC, kits bought through facility fees, PAC patients do not wait in queues •Community-health provider partnerships established

Exploring health issues & prioritizing

Delay in recognizing problems
- Ignorance and limited RH information within the community
- Unplanned pregnancy due low FP uptake (myths & misinformation)
- Men's lack of interest and involvement in RH and FP
- Rampant cases of rape and incest in the communities
- Peer pressure in sexual relations and wrong advice

Delay in seeking heath care
- High poverty levels
- Unreliable transportation to health facilities
- Illegal abortion options, using crude/unsafe methods
- Self medication and treatment by pregnant women
- Domestic violence due to unplanned pregnancies

Delay in receiving care
- Limited operating hours at health facilities
- Inadequate personnel, drugs and equipment
- Delay in attendance of bleeding cases due to stigma
- Lack of youth friendly reproductive services

Core group member facilitating prioritization session in Lanet

Member of Parliament with youth leader (left) & A health provider and women's group leader

Act together

- Identification of local resources
- Community health talk forums
- Collaboration with Community Health committees

Lanet Joint Action Plan

Problems	How do You Know	Steps you will take to resolve	Indicators	Resources You Will Use	Responsibility	Start to End
Lack of PAC trained personnel and kits in Lanet dispensary and Wesley mission hospital	Core group other members have visited the facilities Had cases of women who had bleeding problem and could not be assisted	Talk to area counselor and MP to ensure maternity wing is opened Lobby with MOH to ensure personnel is trained and kits are available To constitute the local health management committee	**Short Term** Local health committee constituted **Long Term** To see maternity wing complete Health provider trained in PAC To have PAC kits	CBOs MOH (Council) Councilor Chief MP Community Mrs. Odhiambo Rhoda Ratif	**Lanet Team** Peter J. Mboya Macharia **Lanet Youth** E. Gitau J. Maina I. Njenga **Buyanzi** J. Ayuma V. Wela Bathsheba	March – April
Lack of information about dangers of teenage pregnancy and unwanted pregnancy	Seen approximately 30 case of school drop out due to teenage / unwanted pregnancy (13 cases of abortion among teenage) in less 1 year .	Ask school head for permission to talk to pupils and students Educate the community on the dangers of teenage pregnancy Initiate youth activities Conduct outreaches in schools, chiefs barazza and youth groups.	**Short Term** Youth activities introduced in Lanet Conduct 14 youth and chiefs barazas Visit **Long Term** Drop out rate due to unwanted pregnancy decreasing Introduction of youth friendly activities in other youth groups Less abortion cases	The 3 CBOs FBO leader Head teacher Village Elder Chief Health provider Esther	**Lanet Team** George Maina Antony Mugambi **Buyanzi** Bathseba Jane Violet **Lanet Youth** Eric Maina Irene NJenga	March – April

Planning Together

- 5 Joint Action Plans Developed

Rongai youths involved in Action planning

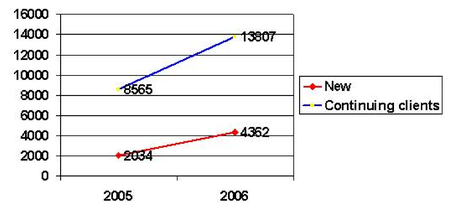
the ACQUIRE project

Results

- Changes in attitudes and knowledge: Knowledge of bleeding in pregnancy as danger sign increased from 67% to 91%
- Outreach Activities: 10 schools reaching 1,500 students & over 5000 community members
- Mobilization of local resources
- Increase in FP use at 22 health facilities: new users doubled from 2,034 to 4,362, continuing users increased by 64% from 8,565 to 13,807
- Community-Health Provider partnerships built
- Stakeholder engagement
- Development and strengthening of champions ('*individuals or organizations who are willing to take calculated risks, and, as leaders, act as catalysts for collaborative actions, beyond their job descriptions*')

Soft observable improvements
- Positive health providers attitude towards PAC clients and community
- Establishment of a community-provider-community referral system
- Improved communities- provider relations due to involvement
- Free, men-women-youth communication on RH matters
- Involvement of men in FP
- Collective responsibility for PAC cases; reduced stigma

Observed Increase of new and continuing FP users—22 Health facilities



Lessons Learned

- Methodologies must be adapted to local context, and resources and time for this adaptation need to be factored into replication projects
- There is a need to look holistically at both supply and demand: Even a project focused on community action needs to pay attention to supply, and this should happen at the beginning of a project with site assessments to identify availability and gaps in services.
- The need to link supply and demand requires stronger linkages within implementing organizations, which tend to separate community and clinical aspects of programs.
- The Community Action Cycle is a long, intensive process, so it should be used only in circumstances where it is the best choice for addressing a problem
- Funding for a process like the Community Action Cycle must cover an adequate period of time for preparation, going through the cycle, and implementing action plans
- The stakeholder and linkages meetings were catalysts for improved relationships between the community groups and providers, and these types of meetings should be encouraged in all PAC programs.
- If the goal of a project is creating or strengthening linkages between communities and health systems, programs could try a more efficient approach, building on the lessons of the Health Providers Linkages workshop and working with existing community groups in a less intensive process than the community action cycle
- There is a need for stronger monitoring and evaluation, built in from the beginning, to better document and understand the process and impact of community PAC work.

Conclusions

COMMUNITIES CAN BE POWERFUL PARTNERS IN PAC

Community mobilization can have a substantial impact, including:
- Infrastructure changes such as building health facilities, bridges, and roads, all completed with local resource
- Development of community champions, including both men and women: it is clear that RH and PAC are important to men, women, and youth.
- Strengthened partnerships between communities and health facilities, leading to improved quality of care

However, more rigorous evaluation is still needed to understand the most effective ways to involve communities in achieving the goals of the PAC model.