

Esther's Story: A Health Champion Makes a Lasting Impact

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Esther Nyokabi has lived in Njoro Division of Nakuru, Kenya, for all of her life. Like many women in her area, Esther had little schooling and is illiterate. She got married in her teenage years and has delivered 10 children, including two sets of twins. Only once did she deliver in a hospital. Following one of her births, she suffered pelvic damage that affected her ability to walk. For seven years, she could only crawl and could rarely leave her home. Fortunately, she eventually received treatment for her condition. When Esther started walking again, she became active in her community. She is a member of Piave Women's Group which was founded in 2004 to help the growing number of children orphaned in Njoro due to HIV/AIDS.

The Piave Women's Group chose Esther to represent them on the Community Postabortion Care Project (COMMPAC), which the ACQUIRE Project initiated in 2005 in Kenya. COMMPAC achieves results by empowering community members and is modeled after a community postabortion care program in Bolivia.

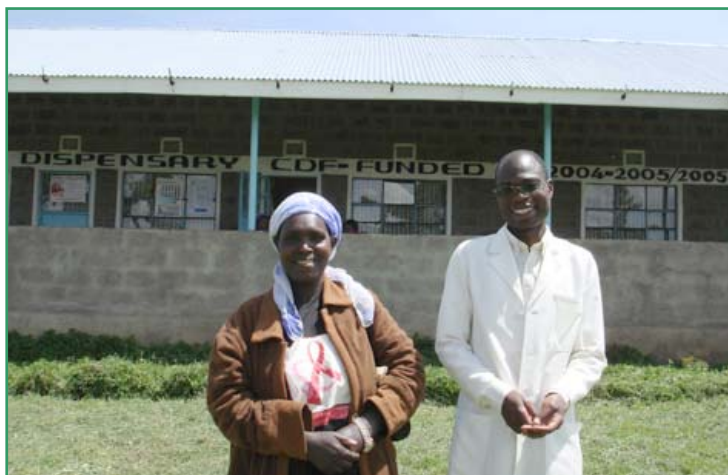
Previously, Esther had never participated in a group setting that included men. She had never held a leadership position, nor had she ever spoken before a group. As she learned about postabortion care and family planning, she became passionate about the issue. She went back to the women's group and shared what she learned, kindling their concern about postabortion care as well. The COMMPAC sessions were based on the three delays often cited in pregnancy-related mortality: delay in deciding to seek medical help for an obstetric emergency; delay in reaching an appropriate obstetric medical facility; and delay in receiving adequate care at the facility. For the first time, the participants learned that communities had the ability to prevent these delays and thereby prevent needless deaths.



Esther led her group to mobilize 300 people to attend a meeting with local government officials, where a vote was being held on the use of the Community Development Funds the government had made available to local districts. With Esther's leadership, the 300 people she brought to the meeting helped to divert the funds from the building of a market to the building of a dispensary, the repair of a road, and the building of a bridge. In Nakuru—where the distances and rough terrain make transport almost impossible, especially during the rainy season—this infrastructure is critical

to saving lives. In addition, Esther and Piave Women's Group got the police to build a post near the dispensary, because the road was not safe and women had been delaying their travel for emergencies until the daylight hours.

It was through COMMPAC that Esther learned the data about deaths related to postabortion care. And Esther's passion was fueled by the fact that her friends, neighbors, and family members had either died or suffered due to hemorrhage and lack of family planning services. She knew of at least three deaths in the past year due to hemorrhage in her community. She was inspired to learn that death and suffering are preventable through community efforts. Since the initiation of COMMPAC, there have been no deaths due to hemorrhage. She knows this because women now report bleeding early and recognize the need for medical care earlier. A fund is in place to pay for women's transportation to facilities with postabortion care services.



At the new dispensary, the doctor there spoke of Esther's commitment. He said that it was because of her passion that he invited the women from Piave Women's Group to the dispensary for some additional training regarding postabortion care. Additionally, the women are now working with the doctor and the local Parliament minister to build a maternity wing and to build the doctor a house so that he can be available 24 hours a day.

The district health hospital and the community have formed a partnership. In the beginning, the providers and the community had a contentious relationship. Through COMMPAC, a meeting was held and both sides aired their issues. Here again, Esther helped to bridge the gap. She also addressed equipment and supply needs. Postabortion care services were limited due to the lack of manual vacuum aspiration kits. Esther and Piave suggested that the fees charged for services be used to purchase these kits. In addition, few providers were trained in postabortion care due to staff turnover, but Esther convinced at least one private provider to donate his services monthly.

This effort has become a model for other groups. The Ministry of Health is so impressed by the community efforts that it has made postabortion care training a priority in the coming year's work plan. As COMMPAC expands, Esther and other champions will be part of the training team, educating others about postabortion care. Esther's inspiration reaches beyond the borders of Njoro, as communities learn they have the power to prevent unplanned pregnancy and to save lives needlessly lost daily to hemorrhage.

Photo credit: Nancy Russell/The ACQUIRE Project

