

# Community Mobilization around Postabortion Care and Integration of Family Planning

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# CATALYST: Community Postabortion Care

## CATALYST Bolivia 2004-2005

In two different regions

## CATALYST Peru 2004-2005

In eleven communities in Tarapoto

## APHIA II & YFPAC Kenya 2007-2008

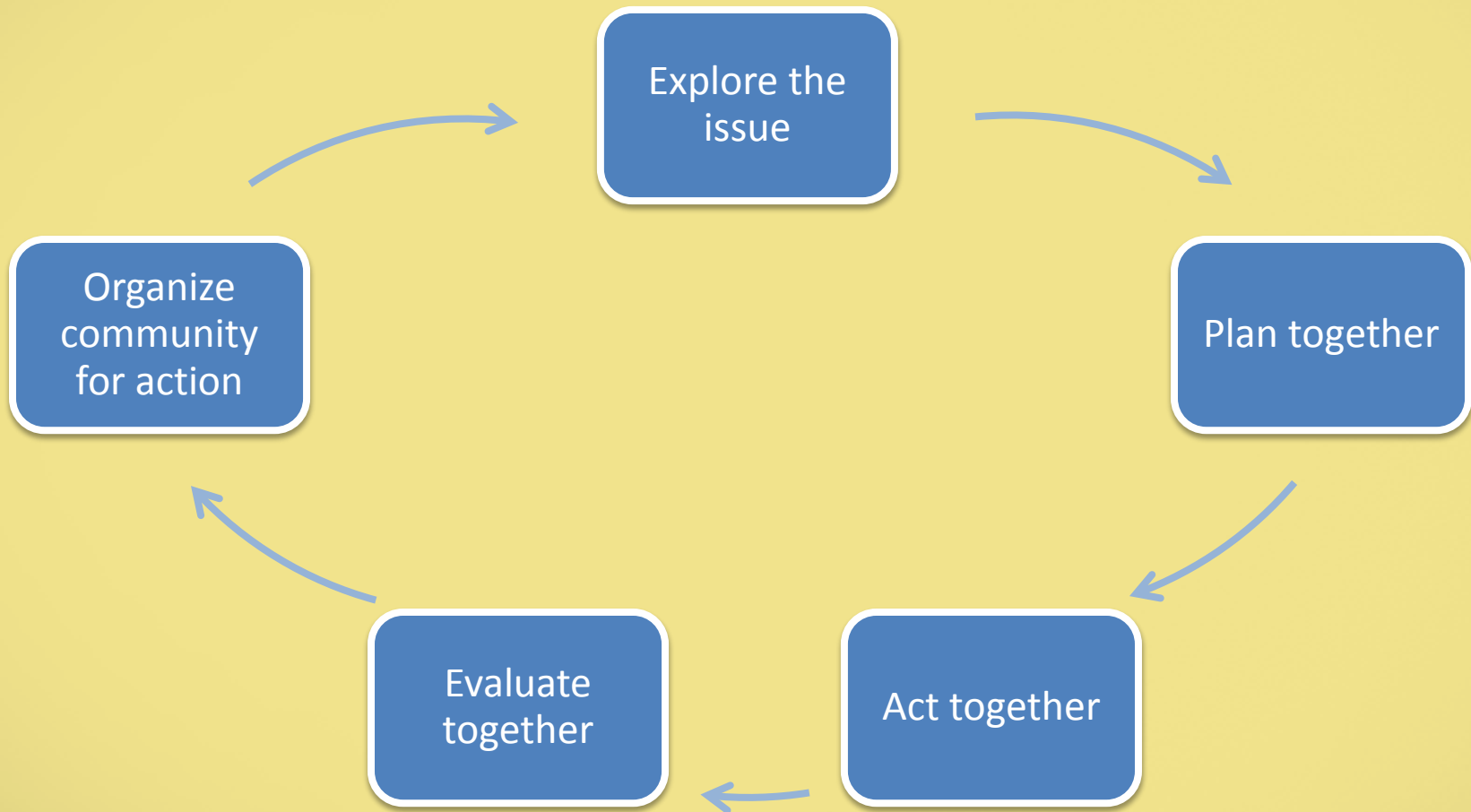
Three districts in Central Province

Target groups:

- youth 15-24,
- service providers, and
- local communities around facilities



# CATALYST: Community Action Cycle (CAC)\*



\*Howard-Grabman and Snetro 2002: xi.

## Some similarities and differences of approaches

### Similarities

- All 3 used the community action cycle
- Bolivia and Peru conducted the process around the “3 delays”
- All engaged community leaders: traditional, religious, and political
- All addressed other related issues in addition to PAC

### Differences

- **Bolivia:** Paid staff worked with community leaders to conduct the CAC
- **Peru:** The Federacion de Mujeres de San Martin directly facilitated the CAC and partnered with the local MOH hospital
- **Kenya YFPAC:** The CAC was done by staff along with 90 trained youth peer educators connected to 3 developed YFPAC clinics

## Action Plans – similar and different

- **Bolivia:** Action plans focused on activities addressing:
  - Health Centers – discrimination, lack of respect for clients
  - SUMI (Universal Maternal & Child Health Insurance) information
  - Community Organization to address other issues, e.g. GBV
  - Training and sensitization
- **Peru:** Action plans focused on: Adolescent pregnancy, shortage of providers, unintended pregnancy (FP and PAC), QOC of clinic services, and gaps in service provision.
- **Kenya:** Help young ♀ prevent unwanted/mistimed pregnancy;  
Support YFPAC including facilitating ♀ access to services;
  - Advocate for youth focused health care,
  - Make referrals for care, and
  - Address abortion-related stigma.

## Some of the results related to family planning

### Bolivia

- Increase in knowledge
  - About at least one FP method (88.3% to 94%)\*
  - About availability of PAC services (64.8% to 71.3%)\*
- Change in practices
  - Used FP method in last sexual intercourse (45.6% to 54.2%)\*

### Peru

- Between July 2002 - 2005
  - 11,976+ PAC clients
  - 67% counseled on FP
  - 21% received an FP method

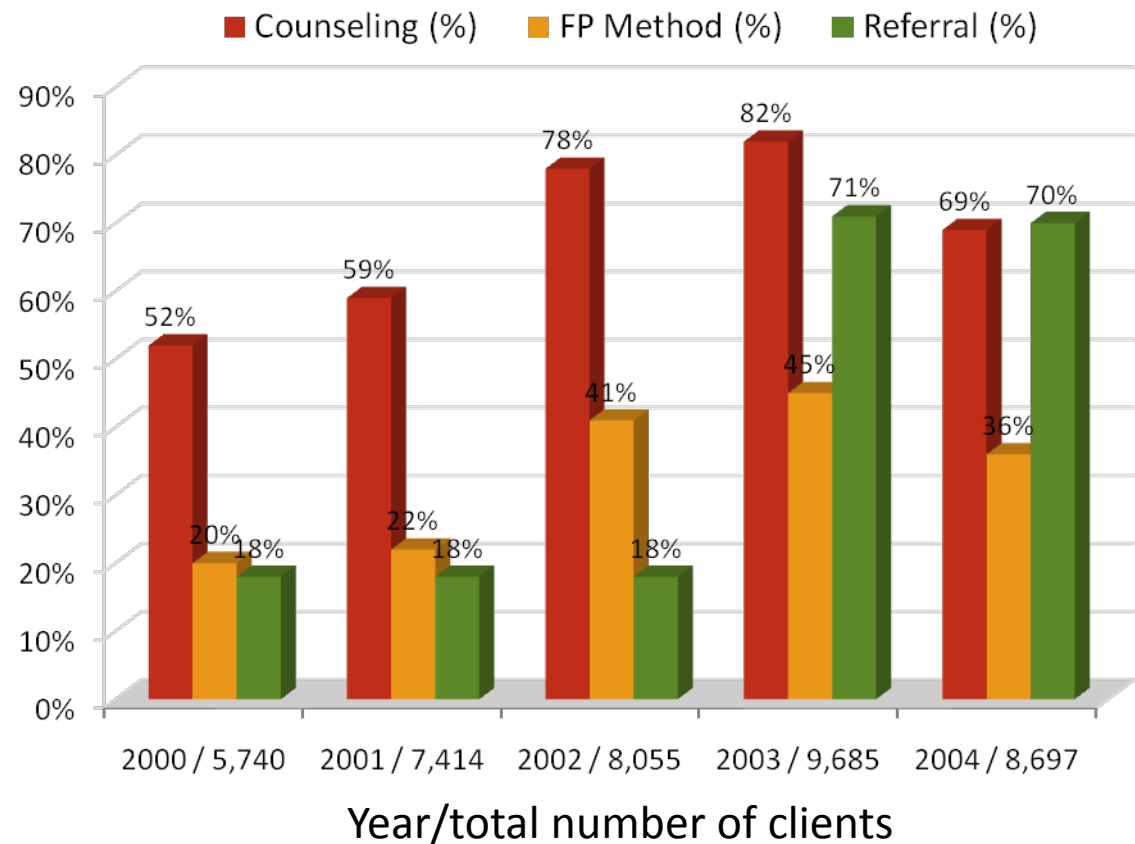
### Kenya

- Prevention of unwanted pregnancy (contraception) primary



## CATALYST Bolivia: PAC Program (2000 – 2004)

- Continuation of ongoing program with Pathfinder International
- PAC training in 47 hospitals and 83 health centers in 5 departments
- 39,591 clients





# CATALYST Bolivia: Challenges & Lessons Learned

## Challenges:

- Length of projects too short
- Community prioritized issues other than PAC – was facilitated more effectively in later projects
- Not sufficient involvement of opinion leaders, CHW's, CBO's early on

## Lessons Learned:

- The facilitation of the CAC has to be skillful enough to ensure the focus on PAC and FP while still promoting community empowerment and action
- The CAC for PAC can empower communities to effectively address other priority issues for the community



## CATALYST Kenya: YFPAC Job Aids

- Postabortion-Care Counselling for Young Clients (Booklet)
- Youth-Friendly Postabortion-Care Cue Cards for Providers
- Counselling Techniques (flyer)
- Principles of Effective Counselling (flyer)
- Pain Management (flyer)
- Postabortion Care Rights of Clients (poster)



Copies of all job aids can be found at [www.pathfind.org/pubs](http://www.pathfind.org/pubs)

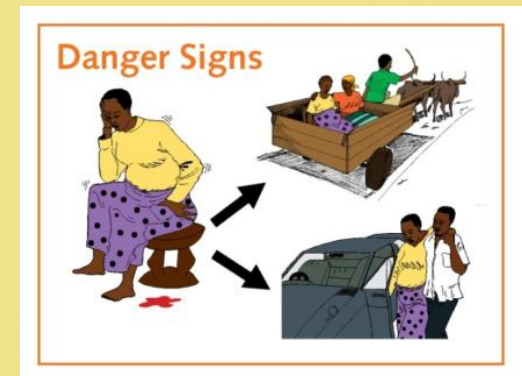
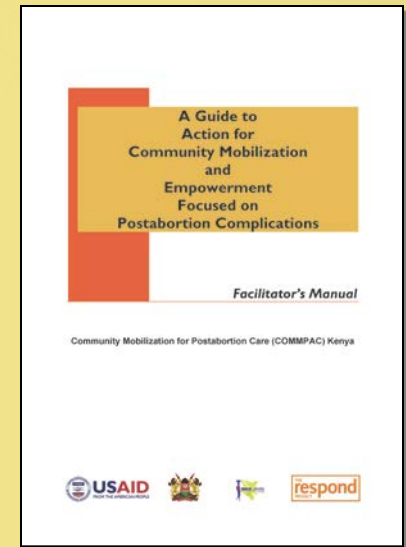
## RESPOND Kenya: Community PAC



- Builds on work from ACQUIRE—2005
  - Nakuru district
  - New FP visits doubled (2,034 to 4,362)
  - Return FP visits ↑ 61%
- Political violence—premature ending of activities
- Recommendation to revitalize & conduct rigorous evaluation under RESPOND
- Rift Valley Province: Nakuru & Naivasha
- RESPOND Partners: EngenderHealth, JHU-CCP, Pop Council

## RESPOND Kenya: Intervention

- MOH Community Strategy w/ DHMT
  - CHEWs & CHWs as primary link—Sustainable structures
- Facilitate Community Action Cycle for PAC
  - Train CHEWs/CHWs
  - Support CHEWs/CHWs to conduct CM sessions
  - Focus on 3 delay—support groups to develop & implement action plans
  - Mentoring & support to build capacity of CHEWs/CHWs
- Train providers in *comprehensive* PAC services
- Build provider-community partnerships

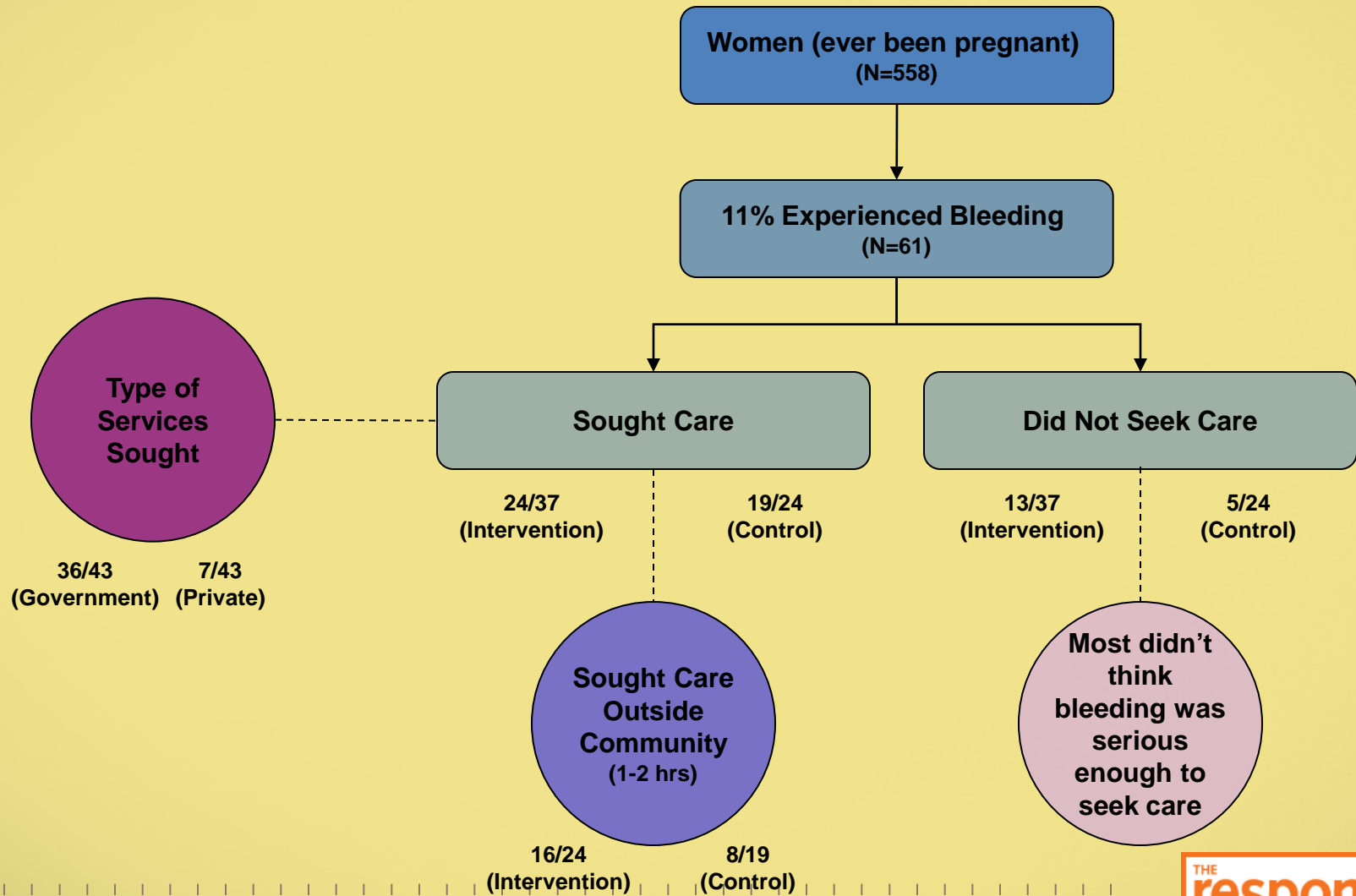


# RESPOND Kenya: Evaluation

- Quasi-Experimental design
  - Control group for comparison; matched pair of 3 units each
  - Unit = approx. 5,000 people or 5 villages with 2 CHEWs & 50 CHWs
  - Pre-post measurements in both arms to measure change over time
- Baseline: June 2010
- End-line: Planned for January 2012
- Quantitative & qualitative measures
  - Community survey of 600 women aged 18-49
    - Exposure to PAC community mobilization
    - Sources of care: MCH, PAC FP
    - Perceptions of quality of care
    - Use of MCH, PAC, & FP services
  - Inventory & Interviews with providers
  - Exit interviews with PAC clients if possible
  - Monitoring data on client loads for PAC & FP services
  - FGDs, IDIs: CHWs, CHEWs, leaders

Intervention	Control
Karunga	Eburu
Kiambogo	Maraigushu
Longonot	Moi Ndabi

# RESPOND Kenya: Baseline Results



# RESPOND Kenya: Summary of Baseline Results

1. PAC services not offered at any of 11 health facilities
2. PAC services are needed and in demand
3. Knowledge of FP high; actual use is significantly lower
4. Women identify & use Gov't facilities—primary place where FP info is obtained
5. Just over ½ report discussing FP w/ partners, that partners approve, & use FP
6. Significant unmet need for FP
  - large % of women not using yet report desire to space or limit
  - 76% (n=182) & 80% (n=92) (intervention & control)
7. Exposure to community interventions is low





# Conclusions

1. Integrated Services: increase coverage, cost, quality, use, effectiveness & impact?
2. Best practices, processes tools?
  - Lead by DHMT using MOH Community Strategy & structure
  - Community engagement key to success
  - Building skills & capacity = take action for their health
  - Community empowerment combined w/ quality service side improvements
  - Link facilities w/ communities to increase utilization of health services throughout pregnancy
3. Barriers?
  - CHEWS/CHWs/community groups have other responsibilities
  - Wide geographic coverage; lack of incentives; equipment & supplies
  - Stigma surrounding abortion
  - Sufficient time needed
4. Gaps?