Community Mobilization for PAC in Kenya: Evaluation Findings

Saumya RamaRao, Population Council
Lynn Van Lith, JHU·CCP

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Managing Partner: EngenderHealth; Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council

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Communities play pivotal role in PAC

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- Although most abortions done secretly, community members often recognize it as a serious problem
- Essential to address social determinants of health
- Challenges to PAC utilization:
  - Objections from in-laws, husbands, religious leaders
  - CHWs often untrained or supported
  - Highly stigmatized
- Distinction between community mobilization and engagement/capacity building

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COMMPAC Goal and Objectives

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

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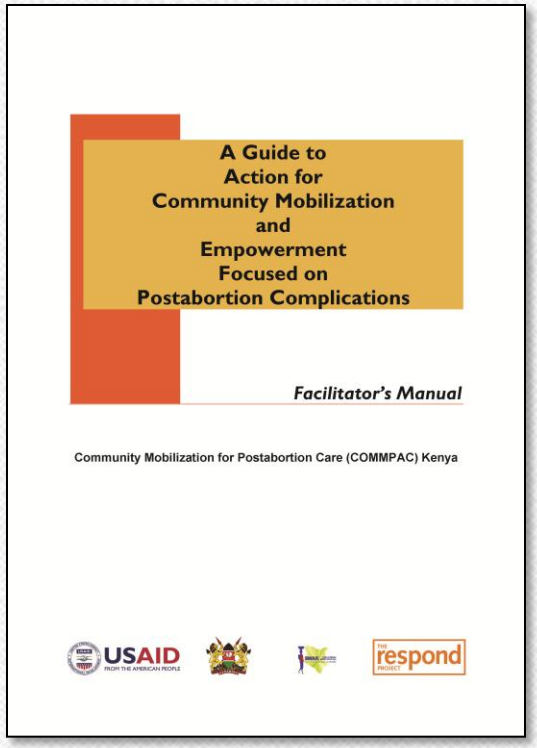
Intervention Design

- 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
  - Community BCC Cards
- Train providers in PAC services
- Build provider-community partnerships



Evaluation

- Quasi-Experimental
  - Control group for comparison
  - Pre-post measurements in both arms to measure change over time
- Duration of Evaluation
  - Baseline: June 2010
  - Endline: January-February 2012
  - 18 month intervention
- Choice of sites
  - Matched pairs of “units”

Intervention	Control
Karunga	Eburu
Kiambogo	Maraigushu
Longonot	Moi Ndabi

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Evaluation Design Cont'd

- 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 (community action cycle participants and residents of areas where the community action cycle took place)
  - Key informant interviews (n=6) with DHMT and PHMT reps
  - In-depth interviews with PAC clients (n=3) and partners (n=2)

Evaluation Results: Knowledge of Danger Signs

- Higher levels of awareness overall around danger signs
- 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.
>
> ***—FGD with Community Leaders, Karunga***

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Evaluation Results: PAC Care Seeking Behavior

- PAC clients increased 0-30 in intervention sites; 0 in comparison site facilities
- Intervention site more likely to seek care at local facilities
- 60% of women seeking PAC services in intervention sites spent < 30 min to 1 hour travelling to obtain services compared to 33% in comparison sites
- Intervention site spent less money on services

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Evaluation Results: FP Awareness

- 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

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Evaluation Results: FP Use

- 8,975 FP visits across 5 intervention-site facilities compared with 4,215 FP visits in 3 comparison-site facilities
- Intervention sites 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

> Before, there were misconceptions associated with [family planning]. You would hear [people] saying that "Women are becoming cold [sexually]" and things like that, but now you find the men are the ones who are encouraging them [the women]…they realize that it was just myths that they had and then they encourage the women to do family planning.
>
> ***—FGD with CHWs, Kiambogo***

Evaluation Results: Capacity-Building of Providers

- Increased confidence among providers to offer PAC services
  - Saw PAC as responsibility of their health facility, felt competent to practice MVA, and had used MVA to treat PAC clients
- Comparison site providers did not see PAC as integral part of services offered; PAC not offered in any of them
- Intervention site providers aware of more danger signs (avg. of 6 signs each) than comparison site peers (avg. of 4 signs each)
- PAC clients from intervention site more likely to spontaneously recall receiving FP info from providers upon discharge (29% intervention vs. 0% comparison)

Evaluation Results: Perceived Quality of Care

- Improved perceptions of quality of care for postabortion complications among intervention site respondents:
  - Statistically significant reduction in proportion of intervention site respondents (who sought PAC services) who had to wait more than 1.5 hours before being seen by 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:
    - *accorded enough privacy during their visit*
    - *given a clear explanation by provider about procedure to be performed*
    - *treated very well by other health facility staff*

Benefits of closer services & trained providers

…the service is close and when they experience bleeding problems there are 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 and herself benefits since the cost is reduced due to the closeness of the service.

—FGD with CHWs in Longonot (Male and Female)

Beyond health facilities: community members as sources of FP info

	Intervention		Comparison	
	Baseline (n=371)	Endline (n=435)	Baseline (n=182)	Endline (n=199)
Govt. facility	81%	76%	75%	73%
Private facility	8%	6%	14%	11%
CBO/NGO	0%	3%**	0%	2%
Poster	0%	3%**	0%	3*
CHW	0%	6%**	0%	8%**
Community member	23%	30%*	23%	20%

Increase in Community Action

It is difficult to transport a patient from the villages to the hospital and people take a lot of time because of the poor roads, the community has set aside one day of the week which they use to repair the roads… we dug the roads using our bare hands so that people could benefit from it.

—FGD Community-Based Organizations NAIVASHA

…the benefit accruing from this is that community members have managed to realize their own problems… PAC has helped people in creating awareness about knowing their problems and formulating possible solutions to these problems. They come up with solutions as community members.

—FGD with CHWs in Longonot (Male and Female)

Involvement of the Marginalized

Initially women were scared to speak about their problems but with the training from PAC they have been enlightened more. You can hear women asking questions anywhere without fear and some men also ask questions without fear about their women and even youth.

—FGD with CHWs in Longonot (Male and Female)

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Future Sustainability

In order for the project to last, the community has to own it and because most of the people have believed that the project is theirs, they believe that they have to do something in order to sustain the project and ensure that it does not die.

—FGD CBOs

Already we have been taught, educated and we know the importance and we know that the problem is ours as a community and even with the absence of [The RESPOND Project] the problem will still persist. So that is one issue, we'd rather continue with the program than let our people suffer.

—FGD with CHWs in Longonot (Male and Female)

Hope for Sustainability

PAC has also trained us on how to unite people so that they can be able to do work for themselves. We have seen that they have started to do many things in places where nothing could be done before. Things have been able to take place through PAC.

—FGD with Community members in Karunga, Kiambogo, and Longonot (Older Men)

They [the community] own the whole process and when they own the process they sustain the process.

—DHMT Member

Key Facilitating Factors

1. Aligning with MOH Community Strategy
2. Working through existing community structures
3. Ensuring participation/ representation of marginalized
4. Supporting community-facility linkages
5. Greater community participation integrated with service side improvements
6. Community capacity built—spill over into other benefits for community members
7. Community-level activities were defined based on identification and prioritization by the communities themselves
8. Emphasized using local resources to resolve community problems
9. Ensure participation and accountability by allocating duties explicitly
10. Important to recognize achievements by community members using Community Action Cycle

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Top 10 Lessons Learned

1. CHWs not fully trained/supported by health system—challenge for continued action
   - Large geographic coverage areas
   - No transport allowances or incentives
   - Have responsibilities beyond PAC
2. Participation is more than an 'input' independent of process or content; difficult to capture its complexity and variation
3. Essential to work through existing structures
   - MOH Community Strategy—policy explicit
   - Some capacity and cohesion already exists
4. Importance of skilled facilitation cannot be underestimated
5. Keep design simple & make sure it resonates with people's issues

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Top 10 Lessons Learned

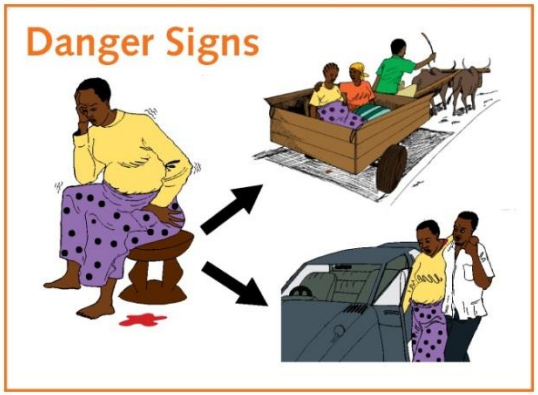
6. Sustainability ideal though often overstated—how to know when it's been reached?

7. Scale up ideal but participatory processes don't necessarily follow a pre-determined linear direction

8. Search for 'gold standard' of replication is difficult/unrealistic—community engagement can be quite situation specific

9. Community engagement is not a magic bullet—need comprehensive approach

10. Community work around PAC takes time!



Remaining Questions…

- Whose results matter most?
- What is necessary level of intensity and coverage needed to show effects?
- How to maintain balance between facilitating process while supporting community to have control/ownership?
- What are the most effective models?
- Can they be scaled up in the poorest communities?
- Do we understand the institutional and financial barriers to scaling up?
- How best to help CHWs maintain motivation when they are unpaid?
- How best to secure regular financial and management support from gov't to maintain achievements?

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