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Community empowerment through community awareness and mobilization: Hearing the voice of the community

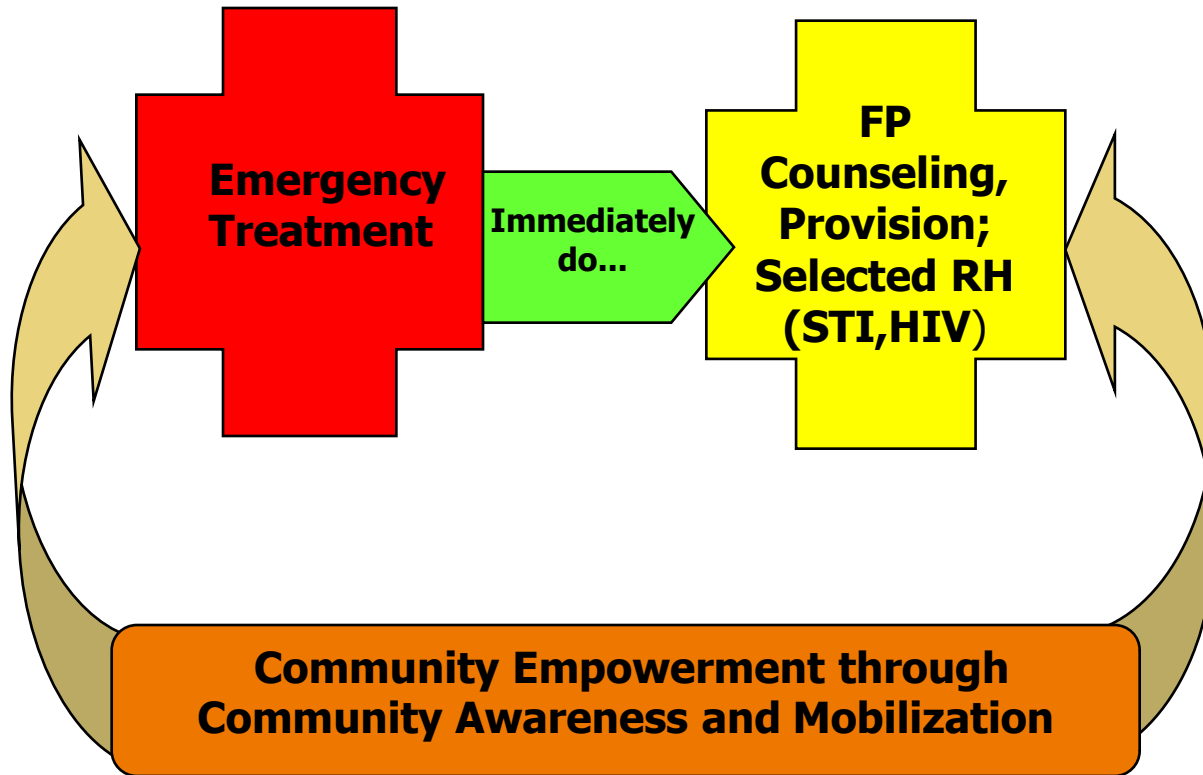
**Carolyn Curtis, CNM, FACNM
PAC Technical Meeting
Washington, DC
March 19, 2008**



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USAID's Postabortion Care Model

Three Core Components of Postabortion Care





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IR 3: PAC Services expanded & supported through community empowerment via Community awareness and mobilization

- **3.1 Number of NGO/faith-based organization (FBO)/community-based organization (CBO) networks or coalitions providing PAC services**
- **3.2 Number of communities with established referral systems between the community and primary, secondary, and tertiary resources for PAC**
- **3.3 Number of communities that have an established transport plan for obstetric emergencies**
- **3.4 – percentage of men and women who can cite one danger sign of an obstetric emergency**
- **3.5 Number of PAC programs that meaningfully involve members of vulnerable or underserved populations in the design of programs**



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PAC Community Empowerment Activities (n=2024)

- **Bolivia (n= 1200): 48 groups - 21 El Alto; 21 Santa Cruz**
 - Men, women, youth, mixed groups; additional groups started in Cochabamba
 - Implementing partner – Phase I – CATALYST; remainder – CIES
- **Kenya (n = 412): 16 groups; Nakuru district**
 - Men, women, youth,
 - implementing partner – Society for Women Against AIDS in Kenya (ACQUIRE)
- **Senegal (n = 412): 16 groups/25 members per group**
 - Mothers, grandmothers, heads of households, youth
 - Implementing partner – Christian Children’s Fund



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Kenya

- **Need to access CDF(Community Development Funds) for roads, bridges and facilities**
- **Development of scheme to make PAC kits available and to get PAC trained staff at facilities**
- **Informing communities about the need to recognize bleeding in the first five months of pregnancy as a danger sign and to seek care immediately**
- **Ensuring availability of family planning and that communities are aware of it and accessing available commodities.**
- **A KAP survey conducted with 285 individuals before and after the community mobilization activity showed a significant increase in knowledge of warning signs of complications in the first half of pregnancy (high fever – 21% to 77%; vaginal bleeding – 67% to 91%).**



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Bolivia – KAP study (n= 1200)

- **Knowledge of contraceptive methods (from 83% to 92%)**
- **Knowledge that the condom provides dual protection (from 77% to 90%)**
- **Knowing to go to a health center without delay when faced with a pregnancy complication (from 87% to 98%)**
- **Use of a contraceptive method at last sexual intercourse (from 49% to 70%)**
- **Communication between partners regarding sexual relations and pregnancy (from 50% to 70%)**
- **Belief that the health facility resolved the participant's health problem (from 32% to 73%).**



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Problems with unplanned pregnancy/unsafe abortion arranged around three delays

- **Bolivia:**

- Recognizing the problem
- Deciding where to seek health care and how to reach the health facility
- Resolving the problem in the facility

- **Kenya:**

- Delay in recognizing the problem
- Delay in seeking care
- Delay in receiving appropriate care



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Recognizing the problem

- **Ignorance of FP methods**
 - **Lack of information on FP methods at HC**
 - **Lack of orientation on methods of contraception mainly for youth and adolescents**
 - **Women do not use contraceptives due to myths and rumors (n=25/27 groups)**
- **Resolution:**
 - Met with HC Directors; Directors of health networks; had workshops, health fairs; public awareness activities
 - Had psych students present workshops



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Recognizing the problem

- **Lack of communication between parents and children on sexuality and RH. (n = 13/27)**
- **Do not know or do not pay attention to danger signs in pregnancy; lack of knowledge re: bleeding; don't tell about bleeding due to prudery, fear of evil spirits; do not want to disclose to mother-in-law or co-wife (n= 11/27)**
- **Resolution:**
 - **Workshops in community**
 - **Training on adolescent sex education**
 - **Heightened parent's awareness to have sex talks with children; sex related debates in community**
 - **Organized groups of parents and adolescents in neighborhoods**
 - **Get training at health centers for FP**
 - **Poster on care during pregnancy in health facility**



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Deciding where to seek health care and how to reach the health facility

- **Lack of community organization, planning with grass roots organizations, lack of coordination with HC (n=12/27)**
- **Provider attitudes, discrimination (n=16/27)**
- **Meetings with community based organizations**
- **Organize women into mothers' clubs**
- **Meetings with popular health committees to coordinate activities with Health center**
- **Have HC director to give workshop on annual workplan to community representatives**
- **Provider attitudes – Met with health agents, local governments, directors of HC**
- **Bolivia & Kenya– staff replaced due to community complaints**



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Deciding where to seek health care and how to reach the health facility

- **Non existence of duty service to the health post; lack of doctors on night shifts, MDs do not work their full work schedule; (n=14/27**
- **No RH services (Kenya – n=3/16)**
- **Meetings with directors of HC**
 - **whiteboard to note entry and leaving from duty**
 - **Nametags for doctors**
 - **Monthly meetings**
 - **Suggestion boxes reviewed quarterly**



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Deciding where to seek health care and how to reach the health facility

- **Lack of information on SUMI; insufficient financial means to take care of emergencies (n=10/27)**
- **Absence of proper transportation (n=16/27)**
- **Meetings on SUMI; printed materials on SUMI to communities**
- **Income-making activities to establish community based emergency fund**
- **Meetings with drivers in community**
- **Request cart for transportation**
- **Agreement with private hospital (Bolivia)**
- **Build roads (Senegal, Kenya)**
- **More minibus routes in zones (Bolivia)**



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Resolving the problem in the facility

- **Inexistence of connection between health facilities and community based organizations (n=10/27)**
- **Emergencies do not receive early care (n=7/27)**
- **Insufficiency or lack of drugs in health center; no SUMI medicines in pharmacy (n=11/27)**
- **Meet with community health committees**
 - **Whiteboards to register entry and leave times**
 - **Monthly meetings with popular health committees, directors of health centers, manager of health services network, president of neighborhood to analyze situation of MD schedules**
- **Lack of drugs due to lack of request; sumi medicines locked up**



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Other issues/Youth Issues

- **Know rights and responsibilities as users of health care (youth, women)**
- **Men and adolescents do not have access to condoms at HC**
- **No system to take care of poor clients**
- **Mothers in law carry women to traditional healer when hemorrhage occurs**
- **Missed opportunities by health staff to educate youth about RH**
- **Men's ignorance of pregnancy danger signs**
- **Peer pressure leading to abortion**
- **Parents assisting and encouraging their school going daughters to abort**
- **Use of illegal substances and alcohol leads to violence to pregnant women**