

Lessons Learned Assessing the Bolivia PAC Community Mobilization Program



**Moving Forward with Postabortion Care Meeting
Washington D.C., March 19, 2008
Emma Ottolenghi**

Bolivia: Reproductive Health Context

Population: 9.1 M, 52% women (1/3 in reproductive age)

■ Demographic data:

- ✓ TFR 3.8
- ✓ CPR 58%; 35% modern
- ✓ 22.7% unmet need
- ✓ MMR 550/100,000 with striking disparities
 - ✓ 37% due to “hemorrhage in the first ½ pregnancy”
 - ✓ 95% of abortion-related deaths take place at home



Sources: 2003 DHS, 2007 CIA World Factbook, Ipas 2007, EngenderHealth on line Sept 07

Context: Abortion in Bolivia

Bolivia Penal Code

Abortion illegal except if:

- ✓ Pregnancy in a minor resulted from sexual violence
- ✓ The woman's health and life are in danger

Penalty for illegal abortion provider:
2-10 years in jail

Result*

- ✓ Estimated unsafe abortions in el Alto: 115/day
- ✓ 50% gyn admissions related to unsafe abortion

And...

Safe/legal abortion essentially unavailable

* Ipas, Bolivia

Community Mobilization PAC Program (C-PAC)

Funding

USAID/Bolivia, USAID PAC Working Group

Implementation

Pathfinder/CATALYST (11/04-7/05)

Socios para el Desarrollo (11/05-3/07)



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Program Goal

**Reduce postabortion morbidity and mortality:
Prevent unwanted pregnancy and reduce
three obstetric delays when having complications**

Objectives

- **Identify barriers to prevention of unintended pregnancy and care-seeking for abortion complications**
- **Develop community action plans to address barriers**
- **Strengthen local capacity to address health needs associated with above issues**

C-PAC Methodology



**The community action cycle:
A framework for community mobilization
in five phases***

• Adapted from "WARMI"

C-PAC Intervention

**82 Community groups/
1600 + members:
<10% men, 33% <24 yrs old
and
150 community leaders
served by
33 Health Centers in
5 districts in 3 Regions:
La Paz, Santa Cruz,
Cochabamba (partial)**

**No direct interventions at
health service sites**



Result Highlights



Knowledge and Practices Improved

	PRE (%)	POST (%)
■ Knowledge-FP methods	83	92
■ Knowledge-dual protection	77	90
■ Care-seeking self-efficacy	87	98
■ FP method use @ last intercourse	49	70
■ Couple communication:		
sexual relations/pregnancy	50	70
■ Identifies PAC facilities	47	53
■ Women said SUMI now known and understood		

Unfortunately: no service statistics

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Data provided by Dr. Monasterios August 07: Pre/Post surveys (N: 1200)

C-PAC Mostly Accomplished its Objectives:

Community empowered and mobilized:

- **Analyzed needs related to postabortion problems**
- **Developed, implemented, evaluated action plans**
 - **Address myths and barriers to prevention of unplanned pregnancy**
 - **Obtain FP services, including for adolescents**
 - **Recognize bleeding in pregnancy as abnormal**
 - **Facilitate care-seeking for pregnancy complications: mapping, transportation, etc.**
- **Requested and received detailed information on FP, other RH topics from NGOs**

Local Capacity Strengthened

- **Links community-health services-municipality established and strengthened**
- **Health services improved in quality: culturally appropriate and client-oriented**
- **Service demand (FP, ANC, Paps) said by providers to have increased**

Unexpected Results

- **Group leaders leveraged resources from multiple agencies to address their needs**
- **Men, originally negative became supporters**
- **Youth sensitized to pregnant women's needs**

**Paradigm Shift:
Community changed
from
passive, powerless “subject/patient”
to
“active partner” in health care services.**

Will it withstand the test of time?

Community Empowerment Led to Substantive Changes in Women's Lives

- ✓ **Enhanced self-esteem, power shift in family**
- ✓ **Initiate RH discussions with husbands and adolescents**
- ✓ **Are able to obtain information on health issues**
- ✓ **Identify, address own health care needs: Provider-client communication, better treatment, longer hours**
- ✓ **Critique and demand changes in services**
- ✓ **Improved self-efficacy in care-seeking: FP, ANC**
- ✓ **Participate in municipality, civil society: Resource-allocation, decision-making**

Program Sustainability Incomplete

- **In place in the communities, but more time needed to firm up**
- **Fragile in health system**

Lessons Learned: Barriers

- **Survey of FP “knowledge” may not reflect prevalent access barriers:**
 - ✓ **Lack of detailed knowledge on side effects**
 - ✓ **Myths**
 - ✓ **Fear of providers and shame with “delicate topics”**
 - ✓ **Patient-unfriendly services**
 - ✓ **Financial: lack of knowledge of insurance coverage**

Lessons Learned

Trust the community and provide appropriate tools

Given the opportunity, the community can identify and address its needs related to unplanned pregnancy and unsafe abortion

Given the right tools and sufficient time, the community will overcome established practices

For Future Implementers

- **Methodology adaptable, self-correcting, facilitates goal achievement but must reflect local culture, literacy level, gender situation**
- **Assure comprehensive PAC services close to community before addressing demand**
- **Community leaders should be the first to be approached**
- **Regional managers' and clinic staff buy-in essential**
- **Skilled program facilitators are key to success**

Above all: Be flexible, creative, patient!

Gracias!

