



Kenya  
Ministry of Health



## Community-Based Postabortion Care: A Collaborative Intervention in Kenya's Western and Nyanza Provinces

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Community health workers (CHWs) have not been adequately tapped as a resource for linking women with abortion complications to life-saving care. Ipas and Kenya's largest nongovernmental women's organization, Maendeleo Ya Wanawake Organization (MYWO), partnered with the Ministry of Health to assess and train 243 CHWs in Western and Nyanza provinces. Following the training, CHWs reported referring an average of 2.4 symptomatic women per month for treatment and conducting thousands of community education events. This report describes the intervention and its results, conclusions and lessons learned and makes recommendations for future community-based PAC interventions.

*“In most cases young girls and women become very sick and even die if they don't go for proper treatment after carrying out an abortion if it is unsafe. I now have the knowledge of handling people with abortion cases. I have also learnt signs and symptoms. We can teach members of the community to help us in handling such cases.”*

### Background

There is increasing global momentum to scale up postabortion care (PAC) training and services to achieve the international mandate outlined in paragraph 63iii of the United Nations' five-year review of progress since the International Conference on Population and Development (ICPD) and to meet women's health-care needs (UNFPA, 1999). In 2002, the Postabortion Care Consortium added to the expanded *Essential Elements of PAC* service-delivery model a new element that focuses on partnerships between service providers and the community (Postabortion Care Consortium Community Task Force, 2002).

However, documented results of community-level PAC assessments and interventions are scarce. To date, many PAC interventions have focused on health-care systems, facilities and clinicians.

- Monitoring and reporting of CHWs' service statistics
- Participants:
  - 243 CHWs from Kisumu, Bondo, Siaya, Butere Mumias, Kakamega and Busia districts
- Participant Incentives:
  - Individual travel allowances and contribution to revolving loan funds for income-generating activities

**Table 1: Characteristics of Community Health Workers (n=202)**

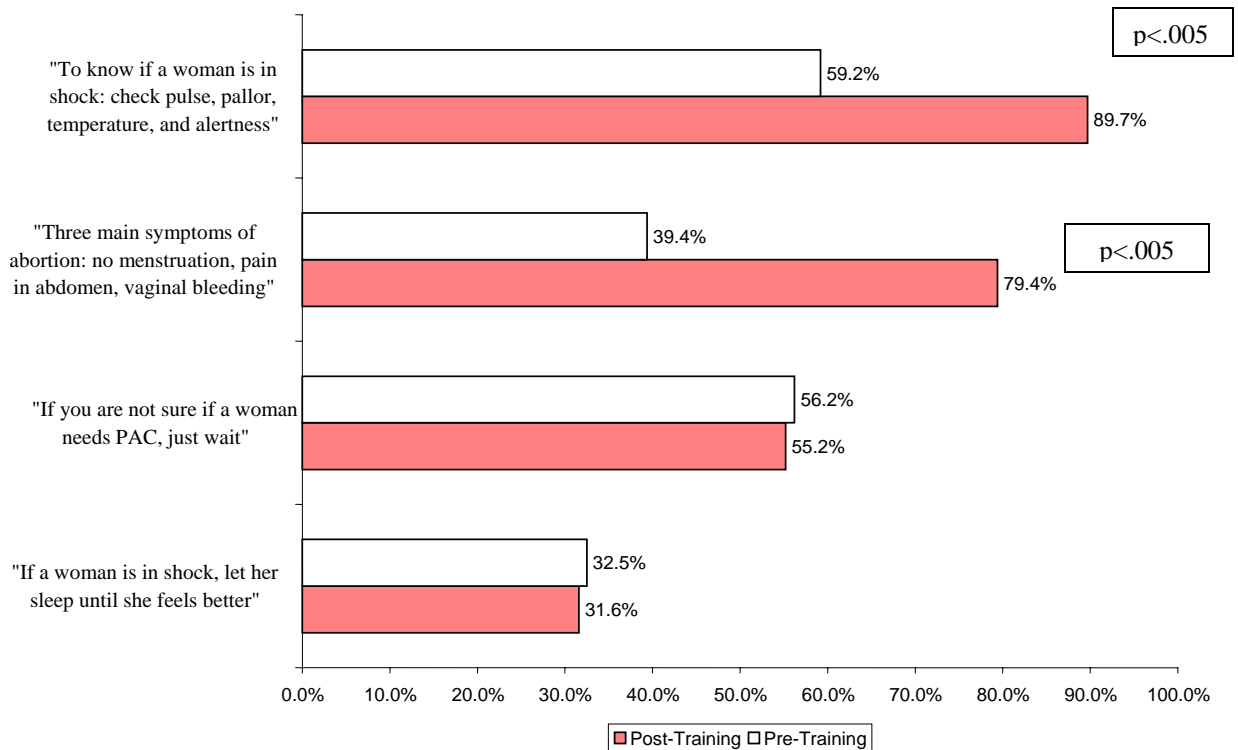
<u>Age</u>		Mean age 37.3 years
<u>Gender</u>		96% female
<u>Ethnic/tribal background:</u>		
	Luhya	56.9%
	Luo	38.6%
	Other	4.5%
<u>Longevity as a MYWO member</u>		0–41 years Mean 8.9 years
<u>Longevity as a CHW</u>		0–36 years Mean longevity 7.8 years 9.6% new to health-care field
<u>Literacy:</u>		
	Able to read a newspaper	99.5%
	Able to write a letter	99.5%
<u>Religion:</u>		
	Protestant	43.7%
	Catholic	33.5%
	Other Christian	12.7%
	Muslim	3.6%
	Hindu	0.5%
	Other	6.1%
<u>Previous training by topic:</u>		
	Family planning	72.3%
	HIV/STI	66.3%
	Maternal and child health	45.0%
	Primary-health care	34.2%

*“We have lost a big number of our people because we hadn't known post abortion care before, otherwise I could have counselled them.”*

As expected, CHWs' self-reported competence to facilitate timely stabilization and transport increased after the intervention in a statistically significant way. Other self-reported competence areas also increased, but not to a statistically significant degree.

*"I now have the courage to talk about postabortion."*

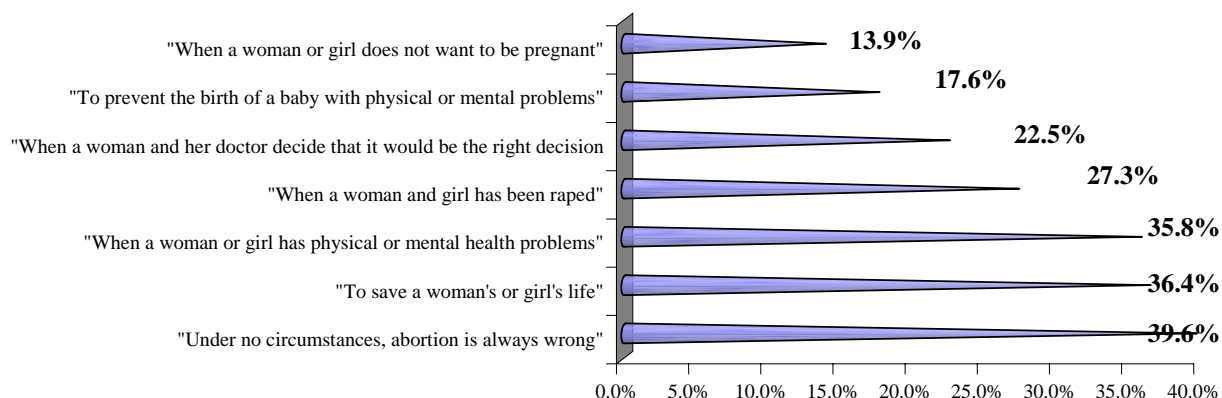
**Graph 2: CHW Agreement with PAC Clinical Knowledge Statements (n=159)**



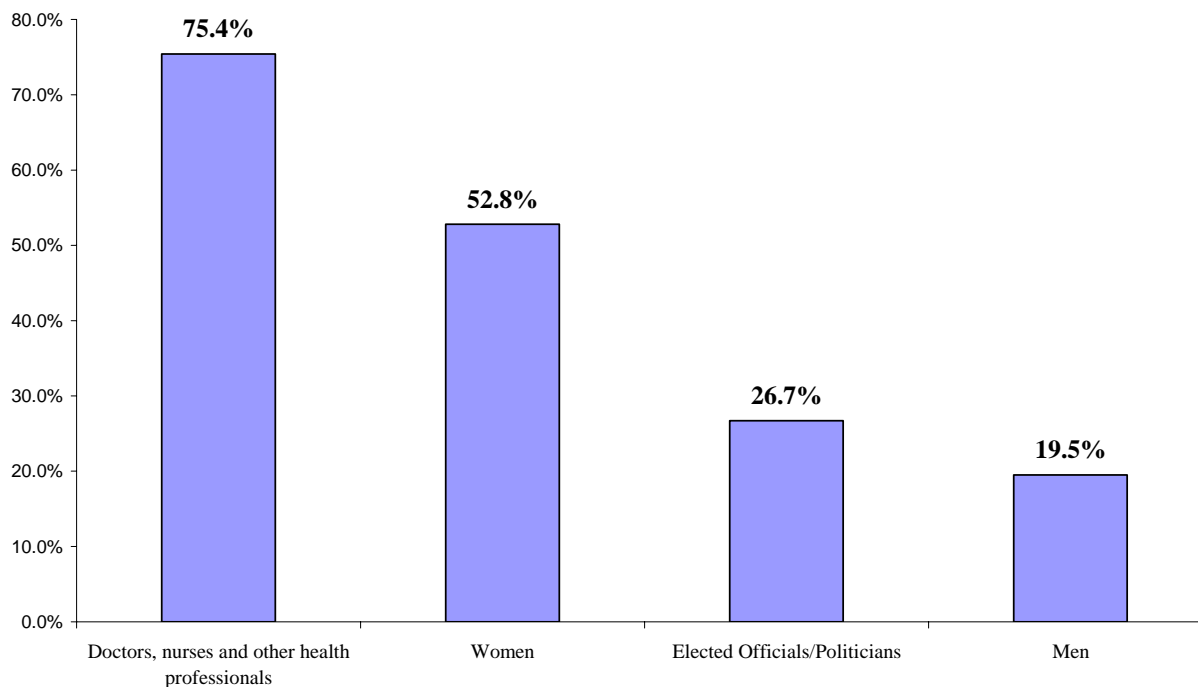
The CHWs' knowledge of abortion and shock symptoms increased to a statistically significant degree. However, a disappointing proportion did not manifest as proactive a stance toward referral and transport as hoped.

*"I wish we had enough time to learn on how to care for somebody in shock."*

**Graph 4: CHW Pre-Training Responses to "When do you think abortion should be legal in Kenya?" (n=202)**



**Graph 5: CHW Pre-Training Responses to "Who do you think should be included in making laws and policies about abortion in Kenya?" (n=202)**



## Conclusions

- CHWs reported significant increases in their comfort level and competence in abortion-related education and referral.
- Improvements in CHWs' clinical knowledge tended to be small and non-significant.
- Misunderstandings about Kenyan abortion law and client-centered family-planning choices persisted after training.
- Despite a varying grasp of the content area, most CHWs reported high numbers of community education events and referrals following the training.
- CHWs seemed to view abortion as a public-health rather than political issue and believed health professionals and women, more than public-health officials and men, should be included in making abortion laws and policies.
- Prior to the intervention, CHWs had divergent opinions on the circumstances that warrant legal termination of pregnancy. However, the majority (74%) reported that safe abortion was a right of all women.

*“Time scheduled for the course was short and yet the women are really thirsting for it.”*

*“We ought to have more training after three months, a refresher course.”*

*“In future we would like the topic on counselling expanded a little bit because counselling is a very important element in PAC.”*

## Lessons Learned

- The intervention should include efforts to create or strengthen linkages between CHWs and local PAC-service providers.
- A brief, two-day training may not be sufficient to cover the numerous, complex issues surrounding abortion.
- Pre- and post-training surveys need to measure abortion knowledge and attitudes more carefully.

## Recommendations

- Sensitize leadership and members of the collaborating agencies about abortion issues prior to implementation of the project.
- Schedule CHW training to follow PAC service-delivery improvements in the referral facilities. Referral facilities need to be well-equipped to care for the referred clients.
- Given time constraints, prioritize key training messages.
- Since one training event is not enough, provide refresher courses and on-site supportive supervision.

- Rogo, Khama, Lisa Bohmer and Christine Ombaka. 1999. *Community level dynamics of unsafe abortion in Western Kenya and opportunities for prevention: Summary of recommendations and findings from pre-intervention research*. Los Angeles, CA, Pacific Institute for Women's Health.
- United Nations Population Fund (UNFPA). 1999. *Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development*. New York, UNFPA.

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*Note: All comments are from the post-training surveys of participating community health workers.*

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