

Making contact: the critical role of a health care hotline in supporting Kenya's young women with safe abortion

IN BRIEF

Until recently, the abortion law in Kenya was highly restrictive – only allowing abortion to save a woman's life. And although the new 2010 Constitution permitted abortion if the life or health of the woman is in danger, the ambiguity around this means providers are unsure of whether they would be protected by the Constitution.

At the same time women seeking abortions are often not aware of the existence or availability of safe, legal abortion care, and are turning to unregulated, often dangerous alternatives. In this context, MSI Kenya's contact center (hotline) provides critical support to women seeking safe abortion and post-abortion care.

THE CHALLENGE

Tackling high levels of unsafe abortion

Maternal mortality, to which unsafe abortion is a major contributor, is unacceptably high in Kenya (510 deaths per 100,000 live births in 2015). Despite the changes to the legal environment brought on by the constitutional change in 2010, it's estimated that of the 464,000 abortions that occurred in Kenya in 2012, 120,000 of these women were treated for complications from unsafe abortion. High levels of unsafe abortion persist due to both a lack of access, and a lack of knowledge on where to access safe services. Social, cultural and religious beliefs that stigmatize abortion also continue to limit access to care.

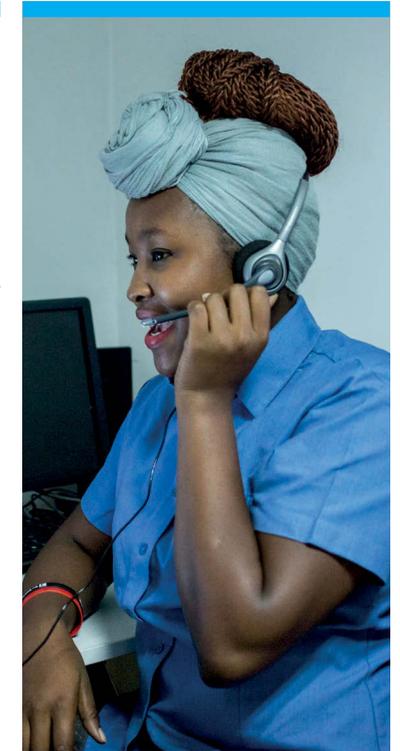
WHAT WE DID

Removing the barriers to information

MSI Kenya opened a basic contact center (hotline for sexual and reproductive health care) in 2012, with two agents in the main support office taking phone calls about sexual and reproductive health care. Since then we've gone through a number of changes.

The contact center now runs from 7am to 9pm, Monday to Friday and 8am to 5pm on Saturday. All calls from clients are toll free, to reduce financial barriers that might prevent clients seeking help and information.

We introduced a 'best-in-class' telephony system to increase capacity in 2014, with further upgrades in 2017. With the shift to smartphones (usage is now at 20% in Kenya) we've expanded our communication channels to include Facebook Messenger, SMS, WhatsApp, Twitter, webchat, email and Instagram. This supports women and girls who do not feel confident enough to make a phone call, and find typing a message to be more confidential, comfortable or convenient.



It's increasingly important that our contact centers can interact in multiple ways.



WHAT WE DID

Removing the barriers to information

Our two agents have grown to a total of nine, including four customer service agents, four nurses and one agent focusing on back-office support. All of them are trained to provide counseling, and the four nurses are also certified providers for safe abortion and post-abortion care (SA/PAC) services.

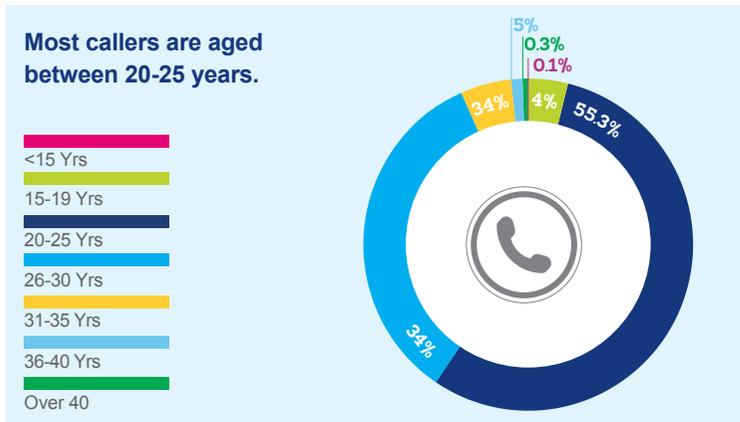
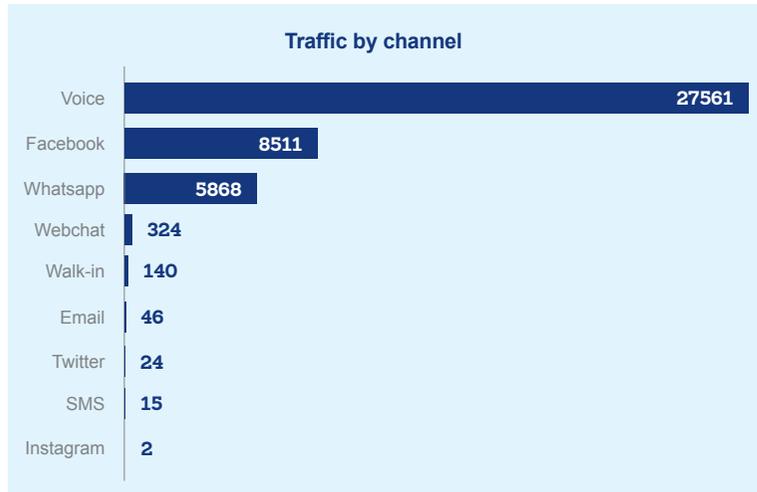
This means they can fully support clients with clinical questions and can triage adverse events. The contact center can refer clients for services or products to Marie Stopes Kenya centers and mobile outreach teams, quality-assured private sector clinics and pharmacies, and government facilities.

WHAT WE FOUND

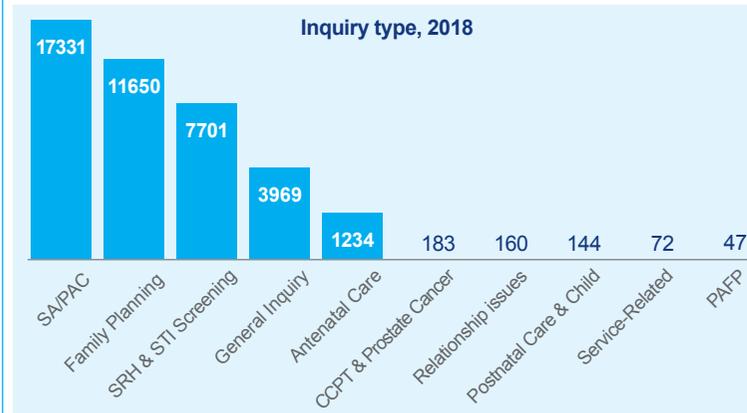
A focal point for young women and girls

In 2018, 4,720 people contacted our hotline on average each month for support and advice, using voice and digital channels like Whatsapp, Facebook and Webchat. Our results show that the voice phone calls remain the most popular, contributing 65% of all traffic between January and September 2018.

But digital communication channels are growing in popularity and make up the rest of the traffic, in part due to increased marketing of these channels, and in part due to higher acceptability of these methods of communication.



The majority (82%) of people who make contact with us want to know about safe abortion or post-abortion care (SA/PAC), family planning or other sexual and reproductive health topics.



Queries on safe abortion or post-abortion care were the largest category, and trended up in the period under review from 2,228 per month at the start of the year to 3,150 per month in September. This increase may partly be due to a media campaign we started in August to increase awareness of the contact center and safe abortion. Most callers asking about safe abortion or post-abortion care wanted to know about where to obtain care, opening hours and the cost of procuring services (78%) and to request advice and counseling (16%). Very few (1%) called about management of complications or side effects from abortion. Almost half (48%) of those calling for abortion support were provided with all the information they needed from the contact center, while the rest were referred to a facility for services, help with side effects or further support.

WHAT THIS MEANS

Increasing access through new channels, new tools and dynamic data

With growing numbers of clients and partners communicating through many different means, from voice to social media, it's increasingly important that our contact centers can interact, providing people with the right information, advice and support for their sexual and reproductive health care needs through a wide range of communication channels.

MSI Kenya will be further strengthening the contact center with a Client Relationship Management platform in 2018, which will help us to track and manage our client interactions regardless of the way in which we are contacted.

We are also piloting a new tool, PinPoint, which is a web-based app for contact center agents that enables easy sharing of provider locations with a client, helping a contact center agent find the provider closest to the caller who can provide the service they need. This tool will include dynamic data on MSI's outreach location sites visited by roaming mobile teams, and will facilitate simpler, more client-centered referral mechanisms.



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EIN: 54-1901882

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