Community Participation in Delivery of Family Planning Services and Capacity Building of Service Providers

Community participation and orientation of service providers to ensure efficient and gender-equitable family planning services are available and accessible within the public health system in a sustainable manner.

Period: 2017  Project area: Community Health Centres, Sub-Divisional Hospitals and District Hospitals providing family planning services in 12 Districts of Chhattisgarh and Odisha.

Within India’s public health system, women still face multiple barriers in accessing family planning services that are effective, and free of gender biases. Given the frequent lack of awareness about available family planning methods, it becomes difficult for women to make informed decisions on which method of contraception (or other family planning services) they can choose. They hesitate to visit family planning clinics as there is often a lack of gender sensitive and respectful care towards women in public health institutions which offer these services. They report a range of reasons, from relatively subtle disrespect of women’s autonomy and dignity to outright abuse. When this is coupled with an absence of mechanisms for clients to register complaints, or for service providers to be held accountable to the communities they serve they avoid going. This MCSP addresses gender, social inclusion and respectful care in the delivery of service and sensitizes service providers to change their attitude, making way for a smoother-functioning system which is committed to both high-quality family planning services and, respecting the autonomy and rights of women.

How does it work
Through a multi-pronged approach, the project focuses on the capacity building of facility-based service providers (doctors, nursing staff and program managers) and frontline health workers (FLW), and revitalizing the Rogi Kalyan Samiti (RKS) – a community engagement platform – at Community Health Centres (CHCs) and District Hospitals (DHS) to address quality and respectful care gaps in family planning service provision. The project also involves the setting up of an information-sharing, appointments and accountability mechanism for clients to easily access, so the system can evolve and improve in the long run.
Our Objectives
Not only have the two state governments integrated this project within its official programs, the project has also led to a larger recognition, among family planning service providers, of the need to ensure privacy and confidentiality with separate counselling rooms, especially ensuring that women to be treated with dignity and respect before during and after their FP sterilization operation.

Frontline health workers in both states realise they are monitored and have reported that they have become more sensitive of social barriers to care, and more responsive to the needs of the people they serve. Conscious efforts have been made to improve their day to day functioning.

Strategy
C3 designed and executed an Information and IVRS based feedback tool at scale called “Parivar Swasthya Vaani” (PSV). PSV is a technology-based community-engagement platform designed to inform clients, collect feedback, and deliver actionable data to facility, district, and state-level stakeholders. It also provides real-time reports to each facility’s Rogi Kalyan Samitis based on clients’ feedback. This tool was also endorsed by State Government health department, and was implemented at scale across 9 districts covering approximately 2000 calls per month per state. Since its launch in Odisha in April 2018, PSV has received 2,337 calls for feedback and 3,365 calls for information. Since launching in Chhattisgarh in June 2018, PSV has received 2,539 calls for feedback and 1,666 calls for information.

Case Study
“The Gender Inclusive Respectful Care training program was quite interesting, we participated in role plays discussed gender through the power walk and understood violations of respectful care in case studied. We also learnt why and how to respect a client’s privacy and maintain confidentiality while providing health care for ensuring choices for adopting a particular family planning method”.

An ASHA worker, Chhattisgarh

Our Reach
Through this project:
• Around 25,000 NHM Program Managers, Staff and RKS Members were involved in this initiative from Chhattisgarh and Odisha Health and Family Welfare department. RKS members, District and State authorities were oriented along with training in separate batches of Service Providers and ANMs and ASHAs covering the 152 select FP providing public health facilities of Odisha and Chhattisgarh were oriented on gender, social inclusion and respectful care.

• 2578 Medical Officers, Staff Nurses, Lady Health Visitors, Public Health Education Officers, Program Managers and Attendants then worked to provide improved quality of care with C3’s support for 18 months post training.

• Over 21,296 ANMs, Male Multipurpose Health Workers and ASHAs from the same districts used PSV for information-provision and supported appointments and visit feedback mechanism with potential FP users.

• The Chair and Representatives of 1611 RKS committees learnt about their roles around need for gender-sensitive, socially-inclusive and respectful care provision, and were able to review family planning services through IVRS client feedback reports and used meetings to monitor and support the health system to address gaps.