

# WORKING WITH COMMUNITIES: REACHING THE UNREACHED

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# Development

## Vulnerability

## Barriers

## Results

- Income Poverty
- Gender
- Social Issues
- Geographical Access

**Lack of Opportunities**

**Lack of Access**

**Violation of Rights**

≈ Sickness & Disease

≈ Mental Trauma

≈ Morbidity

≈ Mortality

# Community Participation

- Community Participation as a specific strategy leading towards improving specific health and development indicators is well documented.
- FPA India has used it very successfully to ensure demand generation of SRH services that include family planning services, newer methods of contraception, safe abortion care (MMA), counseling services, infertility care and other.
- The community participation had been at the crux in most of the community based Projects implemented by FPA India in 80s' & 90s'

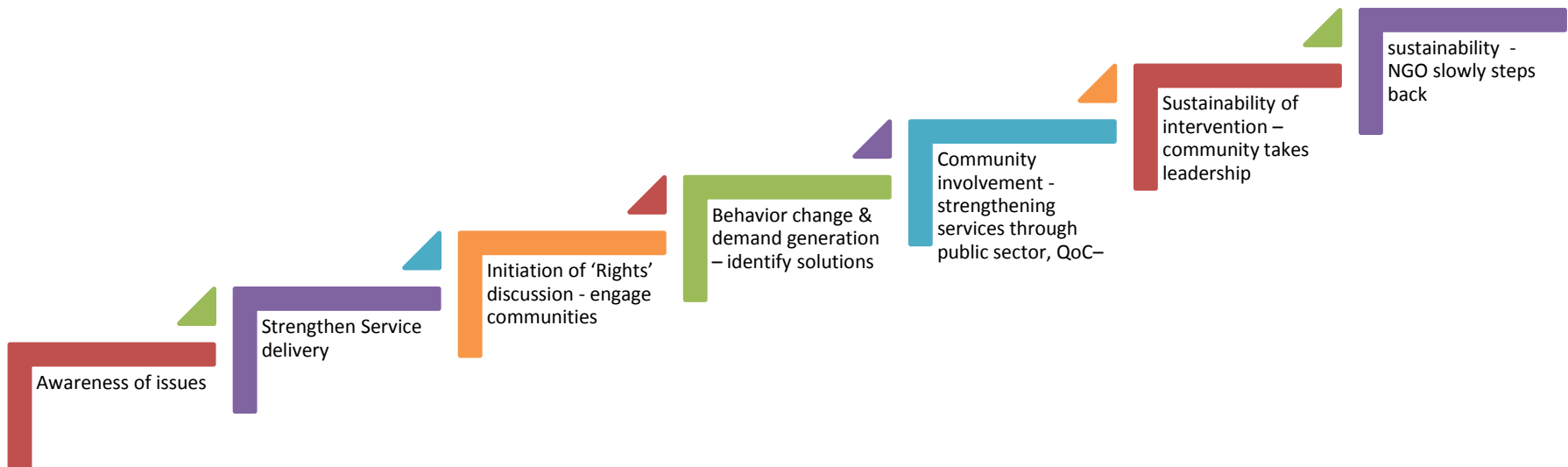
# Definition

- Definition of 'Community' is no longer limited to people bound by a geographical location or a cultural identity
- It is expanded to include multiple identities - a group of people identified by geographical location or gender or an orientation or a condition

# Community participation model for FP

- Integrated approach – identifying the community and the issue
- Starting with felt-needs of the community
  - Development as an entry point, ex Tree plantation, blood donation camps etc.
- Promoting community leadership for change
  - Develop leadership among marginalized and vulnerable groups
  - Initiate discussions on SRH issues – health, lack of services, health seeking behaviors etc.

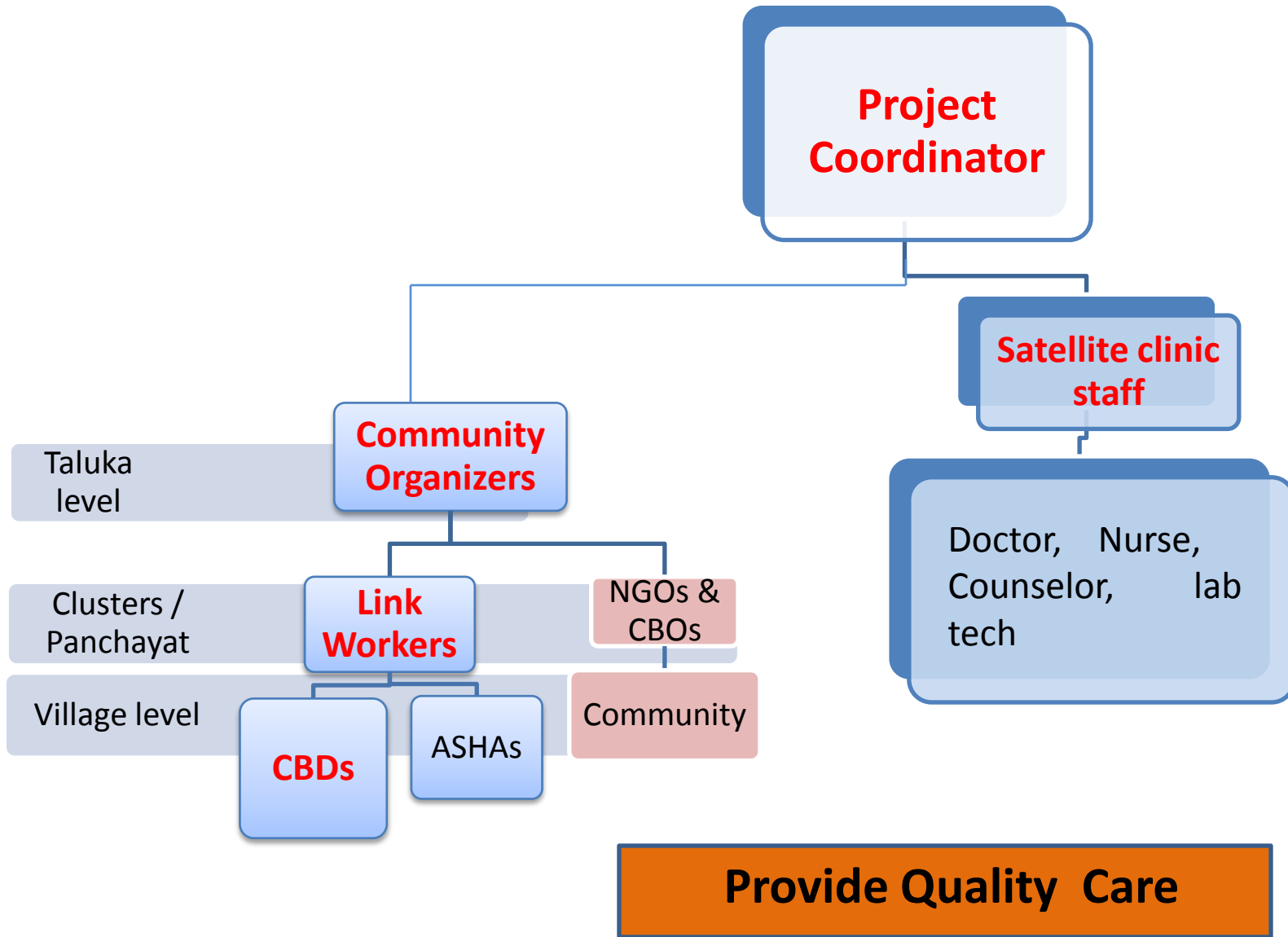
# Intervention model



# FPA India model – SETU

- **INCREASE ACCESS** to FP & SRH services to vulnerable, marginalized, and underserved populations.
- **INCREASE DEMAND** for FP & SRH services through an IEC campaign and effective community mobilization.
- **STRENGTHEN QUALITY** of SRH services at 10 RHFPCs (Male involvement, extended clinic timing, GBV services)
- **STRENGTHEN COMMODITY SECURITY SYSTEMS** across FPAI branches

# Outreach based intervention





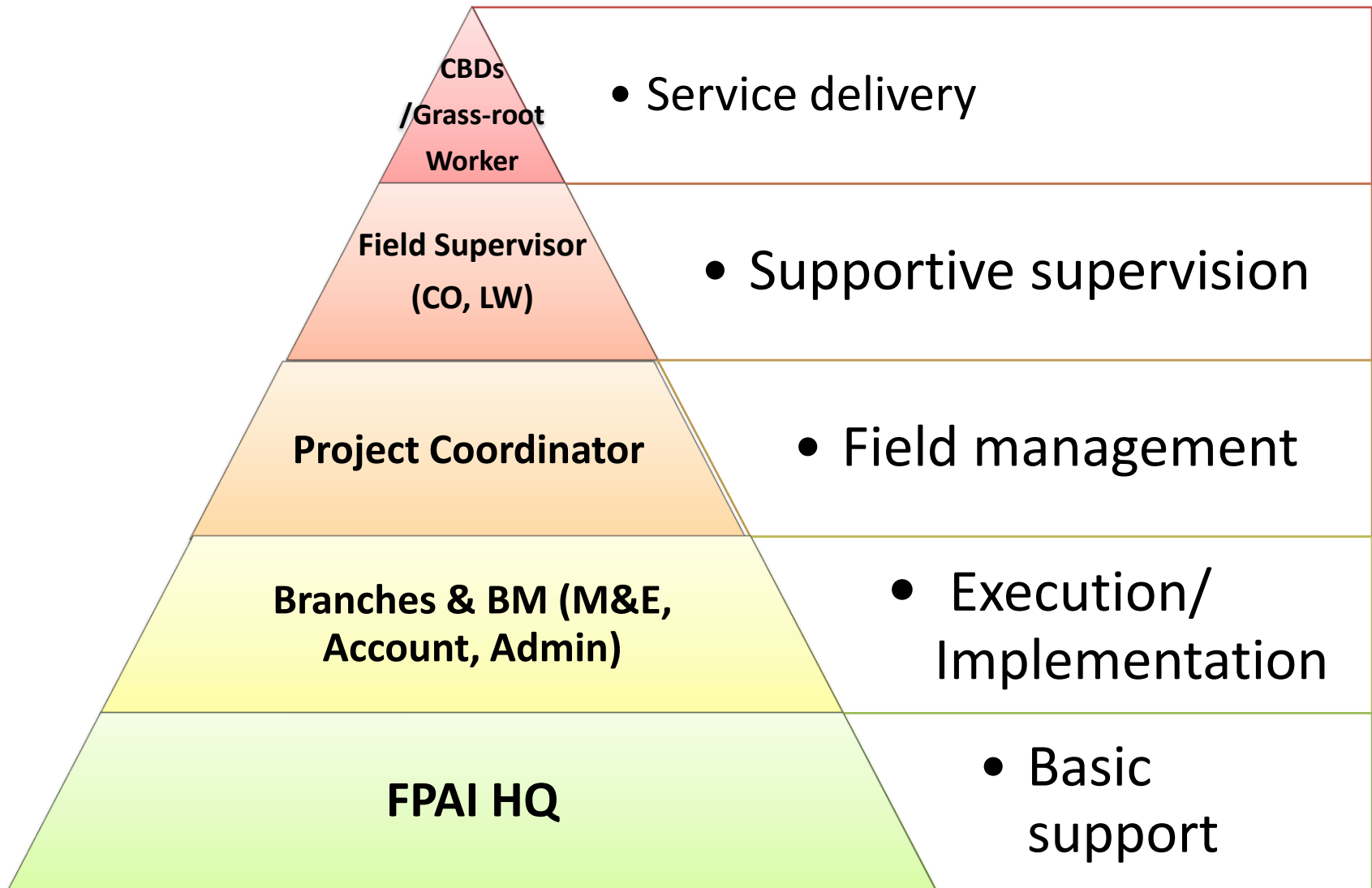
# Mobile Outreach services

- Staff involved
- ANM
- Community organizer
- Link workers
- Peon Cum driver

- Services offered
- Contraceptives except IUD & Sterilization
- Basic ANC/PNC check ups
- Immunization for Children & ANC mothers
- UPT test & Urine dipstix for Albumin & Sugar
- Screening for breast cancer
- GBV screening & Counseling



# Line Management of Model



# Strategies for Community Participation

- Creating Community based Distributors - LWs, ASHA are people from community
- Community mobilization meeting – per month with specific tasks and outcomes
- Advocacy with PRI, Community leaders, District officials
- Involving men as support and change agents
- Supporting and strengthening Govt. health care systems



Male  
involvement



CBD, LW  
meeting



# Challenges

- Availability of human resource
- Access of the services / travel / hard to reach areas/ connectivity
- Supply chain and logistics management of the commodities (contraceptive and medicine)
- Motivation of the community to adopt the health seeking behavior
- Sustaining the behavior change brought-out in the community.

# Opportunities

- Task-sharing and task-shifting in the area of SRH service delivery, especially for IUCD and medical abortion services.
- Ensuring service delivery points closer to communities can significantly reduce barriers in uptake of services
- Strengthened referrals and follow-ups through support of Public health systems /FPAI - satellite clinic
- Community mobilization through community participation.

# Learning

- FP services need to be inclusive of both – contraception as well as infertility management
- Quality of services – impacts service uptake and further demand generation
- Requires at least 3 – 5 years for a critical mass to adopt a behavior change
- Strategies need to be in place for leadership change at the end of the project

# Thank you!!

