

# *Engaging marginalized communities for contraceptive use in Nepal (October 2003 – September 2006)*

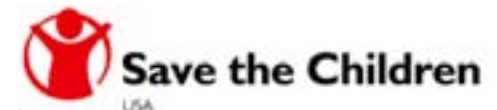


**B2: Where Communities Meet Family Planning:  
New Approaches to Community Based  
Programs  
35<sup>th</sup> International Conference  
Global Health**

May 28, 2008



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# Outline of presentation

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- Rationale for the project
- Goal and strategies of the project
- Description of activities
- Summary of results
- Lessons Learnt
- Success

# Rationale for the project

## Current use of Contraception among Currently Married Women (Nepal DHS 2001)

Caste/Ethnic group	Any Modern method	Female Sterilization	Male Sterilization
Higher Castes / ethnic groups	81.2	24.6	25.9
Occupational caste/ Dalit	<b>29.1</b>	<b>14.1</b>	<b>3.6</b>
Muslim	<b>14.8</b>	<b>8.1</b>	<b>0.5</b>
National Average	<b>35.4</b>	<b>15</b>	<b>6.3</b>

## Goal of the project

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- To help women / couples from disadvantaged groups achieve their reproductive intentions

# Strategies of the Project

- Increase knowledge & practice of family planning among marginalized communities
- Improve quality of family planning service delivery by health providers at the peripheral health facility
- Increase access of communities to family planning services

# Project Districts



# Improve knowledge & practice of family planning

- Participatory Learning Approach
  - Non-formal education
  - Targeted towards married women of reproductive ages from marginalized communities
- Radio Listeners' Groups
  - Radio drama serials adapted to local language, culture

# Participatory Learning Approach

## - Process

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- Orientations of community influential persons: to select participants and facilitators
- Selection of facilitators: literate Female Community Volunteers or a local person, more emphasis on female
- 374 facilitators trained to provide literacy instruction & facilitate radio listening sessions
- 34% of facilitators were from marginalized populations
- 9,321 beneficiaries, primarily married women of reproductive age
- 94% from marginalized community
- Establishment of Center Management Committees

# Participatory Learning Approach: classes

- Non formal literacy classes
- Classes were held for 2 hours per day, for 6 days a week.
- Course completed in 7 months
- Participants learnt to read and write, and gained knowledge on healthy behaviors, with focus on family planning
- Developed action plans for disseminating messages in the communities and to identify ways to assist others who were voluntarily interested in family planning to seek services



# Integration of Radio Listening and Literacy classes

- Radio drama serial “Gyan Nai Shakti Ho” broadcasted twice weekly through local FM radio
- Messages to improve knowledge, attitudes and practices on reproductive health/family planning & updates on services provided by local health facilities and Female Community Health Volunteer (FCHV).
- Locally tailored to the audience of the marginalized communities - familiar characters, places, culturally appropriate story line and in local language - Maithili and Awadhi



# Integration of Radio Listening and Literacy classes



- Received overwhelming response from audiences
- Radio drama serial were used to solve issues when topics are discussed with facilitator

# Improve Quality of Service Delivery through “Partner Defined Quality” approach

- Meeting of health facility staff & management committees to establish quality service definition, criteria
- Meeting with community members to establish expected quality service definition, criteria
- “Bridging the gap” workshop - health facility and community people come together, share perspectives on quality of service
- Gaps identified and issues discussed
- Prioritize issues and prepared action plan to resolve the gaps



# Improve Quality of Service Delivery through “Partner Defined Quality” approach

- Quality Improvement Team which included Health Facility Operation and Management Committee members and four Dalit / Muslim representatives were formed in every project site to take the Action Plan forward.
- Quality Improvement Teams found solutions and identified funding (either public or private) if required
- Issues that could not be rectified at the community level were brought to the DPHO and funds were sourced from the district Quality Assurance Working Group

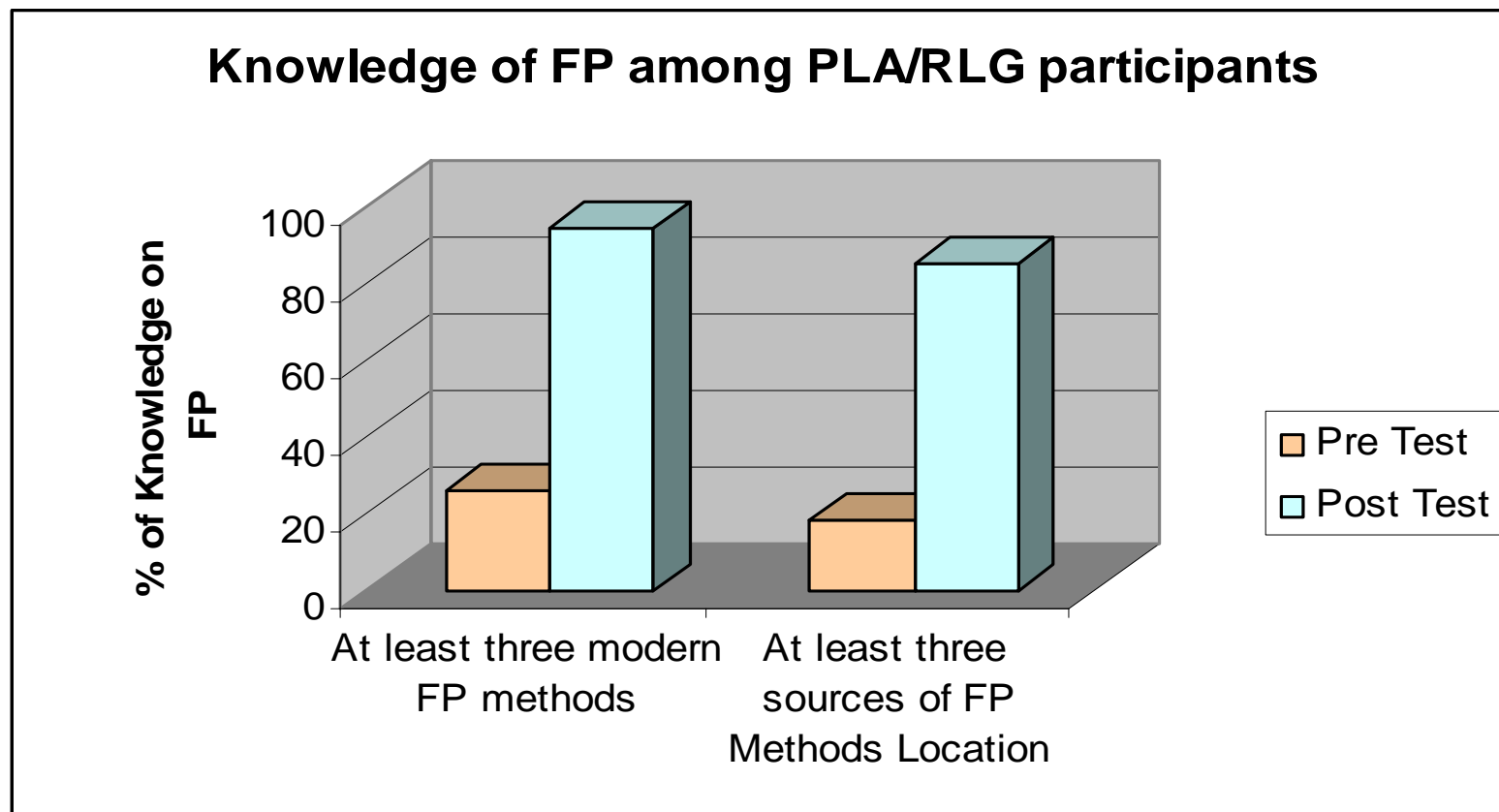


# Increase access to FP services

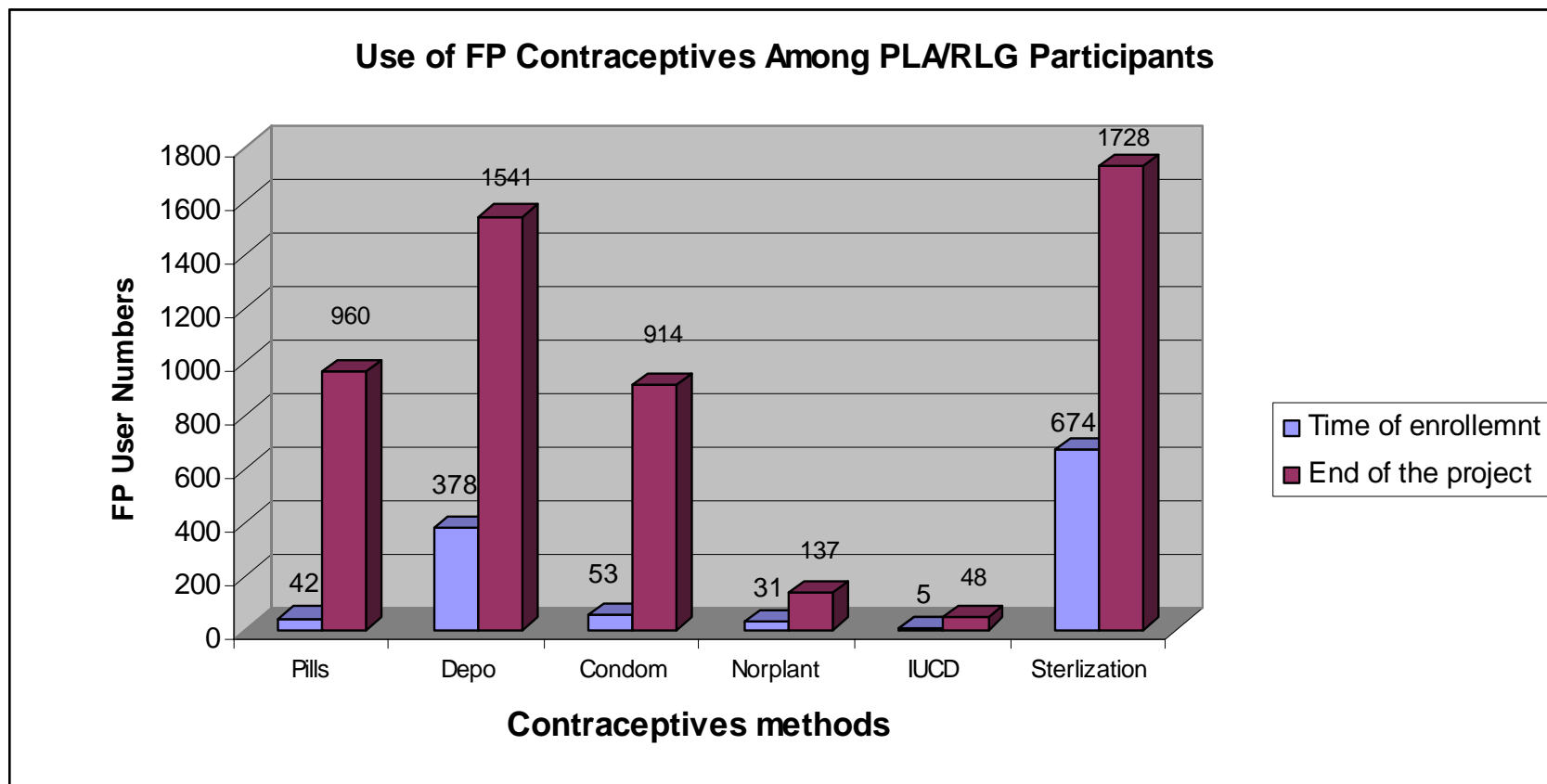
- Linked clients with service sites for provision of comprehensive family planning services
- Organized mobile family planning camps including voluntary surgical contraception services to reach the disadvantaged and marginalized population residing in remote places



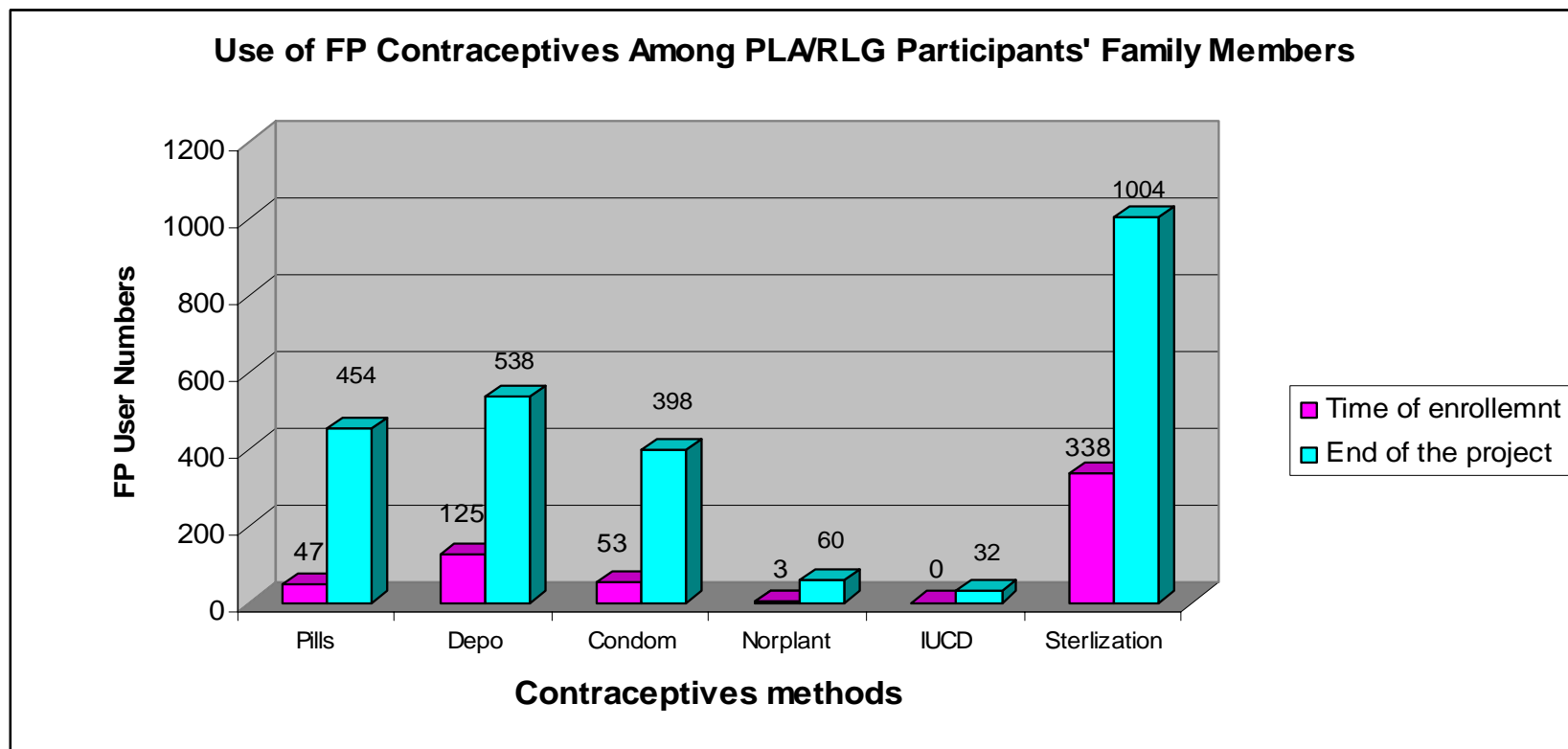
# Results



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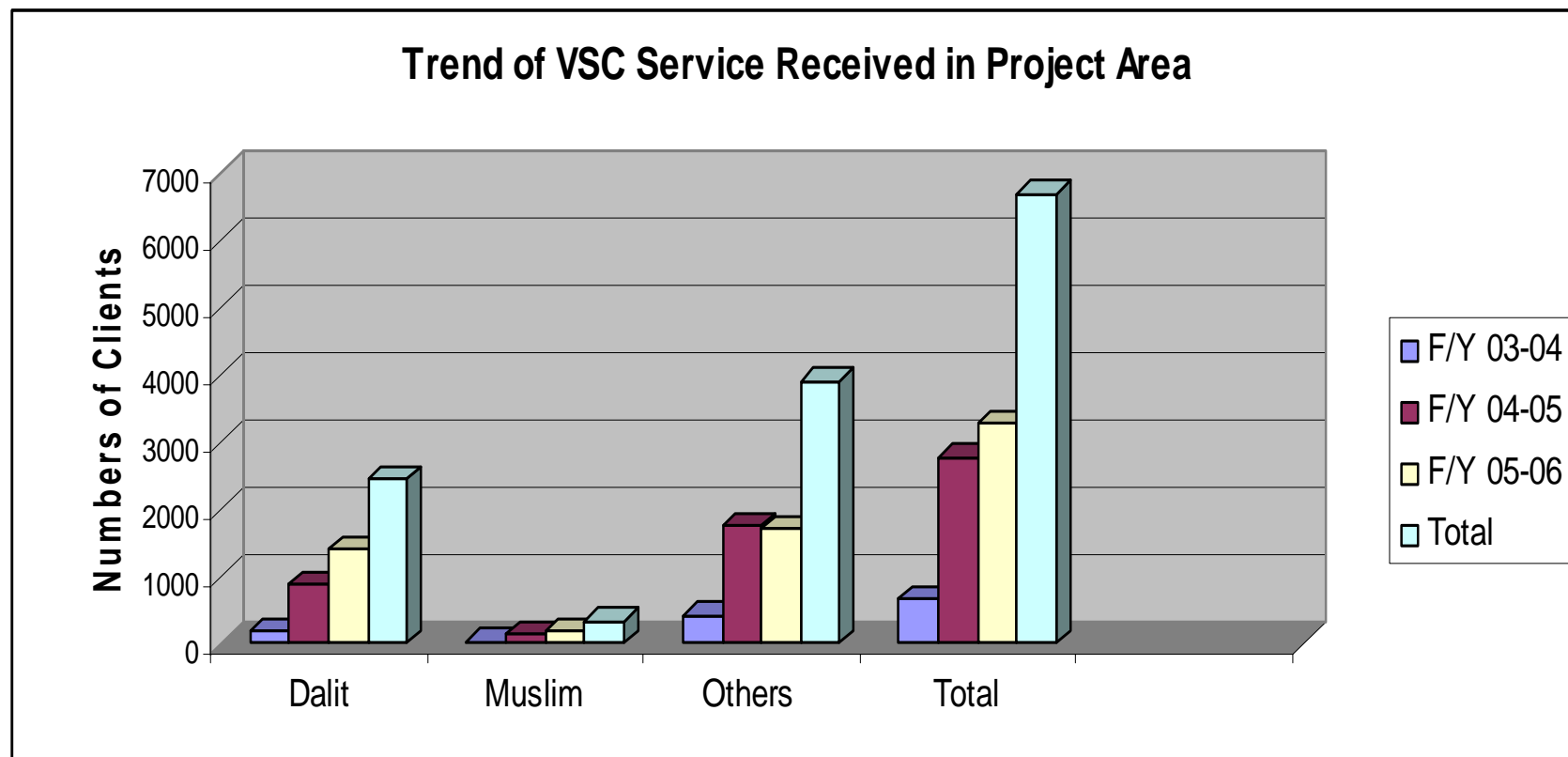
# Before PDQ



# After PDQ



# Results



# Lessons Learnt

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- Literacy classes & radio program approaches reach out to marginalized communities and influence behavior change
- Partner Defined Quality process builds strong partnership between the community and health facility and strengthens community capacity to improving service quality
- Mobile family planning services targeting unreached population ensures increase in uptake
- Reaching the unreached requires focus and extra efforts

## Religious leader's endorsement

- ***“The radio health program has given appropriate forum to the Muslim women to discuss on reproductive health issues of their families and communities. This type of program was the first ever to be introduced with main focus on the Muslim community.” Maulana Abdul Zabbar Manjari, Muslim Religious Leader, Banke***



# Role Models!



- “Now, our community people are saying that these two women are role models for our community!”
- My name is Indira Devi Sada living at Khajuri VDC of Dhanusha district.
- There are eight members in my family
- My husband is in an Arabian country to earn money

# Role Models!



- In the year 2004 I heard about the literacy class conducted in our village.
- My friends joined the class and I also asked my mother in law for permission.
- But she told me “I will join the class, you have lot of things to do in house”.
- She joined the class from November 2004
- I was very disappointed

# Role Models!



- Everyday she was talking about what she learned from class and the messages she heard from radio drama serial
- After one year, once again the new classes started in my village and this time my mother in law registered my name for it
- I was so happy and also surprised at how my mother in law's behavior changed
- My mother in law expressed that "my son has gone out side of country, but it is our responsibility to provide better opportunities to his wife".

# Role Models!



- I was so excited to join the class.
- During the class period, we listened to radio drama serial which informed us about advantages of family planning contraceptives, side effects and their effectiveness to avoid unwanted pregnancy
- The message given through radio drama serial was entertaining and in our mother tongue
- I felt that now I could decide which method I should adopt when my husband comes back from his work

# Role Models!



- In the month March 2006, my husband came back and after communicating with him what I had learnt from the class, we decided to choose Depo provera and immediately visited sub health post
- Now, I am so happy because I can read and write as well as avoid pregnancy
- The villagers are talking that we are role models for our community!
- My mother in law and I are involved now in teaching people about family planning and requesting them to listen to the radio drama serial and also to join the classes