

# Community Engagement and referrals to increase access and use of LARCs and PMs: Approaches and Learning

Harriet Stanley, PhD Project Director, RESPOND Vice President, EngenderHealth



**Managing Partner: EngenderHealth;** Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council







# Introduction

- Overview
- Frameworks
- Innovation
- **Programming Examples**
- What we're learning



Photo by D. Wohlfahrt / EngenderHealth







**AIM:** To increase community ownership of and involvement in health promotion and service delivery issues.

**HOW:** Community representatives invited to health facility tour focused on:

- Showcasing new/improved services (LA/PMs, abortion care, maternal health services, etc.)
- Sharing service delivery data and discussing issues of concern
- Developing community and site action plans to address identified barriers to service use

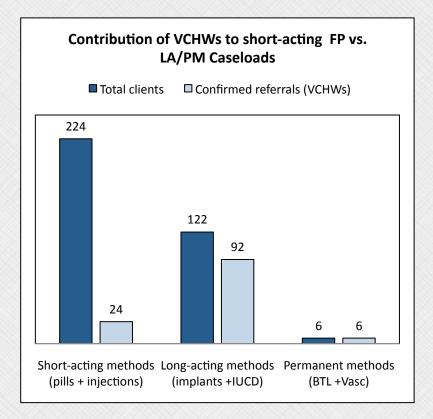
Photos by E. Brazier / EngenderHealth



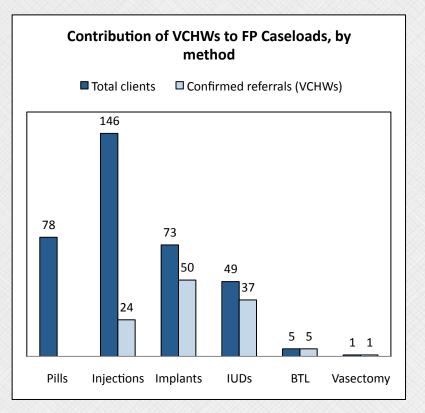


## **SAMPLE: VCHW Contributions**

The contribution of VCHWs to shortacting, long-acting, and permanent method



#### The proportion of clients for each method that are confirmed referrals from VCHWs









- FPAW Family Planning Awareness Week
- Important when cost is a barrier
- Builds on existing community actors and groups
- Opportunity to sharpen provider skills, and improve their confidence
- Results showed a cycle of a sharp increases in LA/PM use during FPAWs months and a sharp decline during periods between FPAWs.









Type of Method/Service	Clients served		
	Total Clients Served by the project	Total clients served via referral	% served via referral
Implants	116,113	54,076	46.6
IUCD	13,920	4,091	29.4
VSC	2,429	1,398	57.6
Total LA/PM	132,462	59,565	45.0
CAC	22,706	915	4.0

N.B. The "Total Clients Served" column represents figures from April 2009— when the sub guarantee referrals started—not for the entire duration of the project.







- Need to understand underlying dynamics of provider and community engagement – qualitative study
- Service quality improvement must match community engagement efforts
- Multi-dimensional approach necessary
- Sustainability partnering with, and strengthening capacity of, community organizations at same time
- Community structures also provide venue for other groups
- RH/FP programs have an opportunity to begin to define terminology and merge behavior and social change methodologies and other continuums to begin to define indicators that capture <u>both</u> <u>empowerment and RH/FP outcomes</u>.







**Managing Partner: EngenderHealth;** Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council



### www.respond-project.org







Center for Communication Programs



