



# CONVERGENCE OF SERVICES AT THE COMMUNITY LEVEL TO MEET THE FAMILY PLANNING NEEDS

## PURPOSE

*To facilitate integration of Family Planning (FP) and other Maternal, New Born and Child Health (MNCH) services at the community level, through coordination and integrated action among all relevant departments.*

## AUDIENCE

1. Chief Medical Officer (CMO)
2. Chief Medical Superintendents (CMS)
3. Heads of various departments - Integrated Child
4. Development Service (ICDS), District Urban Development Agency (DUDA), National Urban Livelihoods Mission (NULM), Health, Municipal Corporation (Urban Local Bodies), Education
5. Nodal Officer-Urban Health and Family Planning
6. Medical Officer-In-Charge (MOIC) of Public Health Facilities
7. District Program Managers (DPM)
8. Urban Health Coordinator/ Assistant Program Manager, NUHM

## BACKGROUND

Convergence ensures that each community level worker is supported by others in his/ her activities and responsibilities. Due to commonality of responsibilities amongst the frontline workers, a number of opportunities emerge for them to work jointly and to support each other. For example:

1. Collaboration between Accredited Social Health Activist (ASHA), DUDA link worker and Anganwadi Worker (AWW) facilitate the ASHA's task of mapping households in her coverage area. The other workers can also support the ASHA in daily tasks of mobilizing and liaising between the community and the public health system.
2. On the Urban Health and Nutrition Day (UHND), all the frontline workers can jointly publicize the UHND, prepare a list of potential beneficiaries requiring FP and MNCH services and mobilize their attendance.
3. The AWW can assist the ASHA and the Auxiliary Nurse Midwife (ANM) in identifying women who have recently given birth and are in need of post-partum FP, while at the same time the ASHA can motivate such women to take part in activities at the Anganwadi Center (AWC).

*Convergence at the service delivery level is dependent on collaboration at the district level whereby the departments and schemes work together. Although the concept and need for convergence has been mandated by the government and widely discussed at the national, state and district levels, it does not automatically translate into action at the level of the local government or the community. Hence, to ensure implementation of convergence, deliberate focus and guidance is needed at the level of district government officials.*

## KEY COMMUNITY WORKERS WITH TASKS RELATED TO FP AND MNCH

### **DUDA-NULM LINK WORKER**

Mandated to help the urban poor engage with government systems such as getting ration cards, accessing government schemes

### **ICDS-AWW**

Provide nutrition, health and education to all children below six years of age, adolescent girls and pregnant and lactating mothers

### **ANM**

Provide FP and MNCH services to the community through outreach

### **ASHA**

Community volunteers under NHM, who create and mobilize communities for FP and MNCH services



## EVIDENCE OF THE IMPACT

The community based volunteers (ASHAs) engaged by the Urban Health Initiative (UHI) in 11 cities of Uttar Pradesh worked closely together with other community workers such as the AWWs, DUDA link workers and the ANM s. Although no empirical evidence is available, there appeared to be an increase in uptake of FP services by the community due to mutual support amongst the frontline workers.

## ACTIVITIES DEMONSTRATING CONVERGANCE

1. ASHAs made household visits to promote FP, antenatal care and institutional delivery services.
2. Through collaboration, the frontline workers developed a robust system of tracking pregnant women by comparing lists and triangulating information.
3. ASHAs supported community level health events such as pulse polio drives, measles catch-up immunization programs, health days etc.
4. ASHAs conducted community mobilization for Fixed Day Static (FDS) services, community health days and routine immunization at the AWW centers.
5. Women's groups such as Mahila Mandal, Mahila Arogya Samiti (MAS) were established to facilitate community level discussions on FP and MNCH issues.

## GUIDANCE FOR ESTABLISHING AND STRENGTHENING CONVERGENCE

### CITY LEVEL

1. Collaboration required between the departments of Health, ICDS, Employment, Education and the Municipal Corporation/ Urban Local Bodies.
2. Collaboration required between Federation of Obstetric and Gynecological Societies of India (FOGSI), private providers, Indian Medical Association (IMA), development partners/ NGOs working in the field of urban health and development.
3. CMO to take a lead in forming and chairing a city coordination committee that includes ICDS, DUDA, FOGSI, municipal corporation, health partners, medical colleges, and other urban health stakeholders.
4. Authority letters to be issued and initial meeting to be organized to facilitate collaborative work of departments to increase the demand and utilization of health services and products including FP (Refer to: Sample invitation letter for City Coordination Committee). Such meetings should be held on a regular basis (Refer to: Sample list of stakeholders for city coordination committee; Sample agenda - City Coordination Committee; and Sample minutes of meetings of City Coordination Committee).
5. CMO/ACMO to facilitate preparation of an urban health plan (Refer to: Sample urban health plan) and support in approval of the plan by City Coordination Committee.

### WARD LEVEL

1. Collaboration required between the MOIC, ICDS supervisor, communication officer from DUDA, elected representative of the municipal ward and ward level representative for primary education (Additional Basic Shiksha Adhikari) .
2. MOIC to convene a Ward Health Coordination meeting every month, wherein the committee reviews the progress and
3. plans for the coming months.
4. Key decisions and proceedings of these meetings to be recorded and maintained FOGSI/ IMA office bearers on most suitable way to ensure 100% participation of accredited and empaneled private sector providers.
5. Involve the District Quality Assurance Committee (Refer to: Operational guidelines on quality assurance in
6. public health facilities\_2013, Section B, Page no.13) for regular review and update of CTU training materials.

7. Review and follow-up on CTU with doctors in monthly review meetings.
8. For method-specific training and guidance, refer to: Family Planning: A Global Handbook for Providers

### **SLUM LEVEL**

1. Collaboration required between ASHA, AWW, ANM and other community level workers.
2. CMO/ACMO to ensure that all frontline workers understand their respective roles and responsibilities, their areas of common interests and the need for mutual support.
3. Visits to slums should be organized for situational analysis, to observe the actual status of convergence and identify the bottle necks.
4. Frontline workers should be supported to create more accurate community maps and household lists by sharing data with one another.
5. ANMs to be supported to form a slum-level coordination committee that would establish
6. relationship with the community, advocate for them and their individual entitlements, and establish and strengthen community groups.
7. Sharing of resources, such as AWC and DUDA premises as spaces for meetings or for community events like UHND and Out-Reach Camps (ORCs), to be encouraged.
8. Information, Education and Communication (IEC) materials to be shared and distributed (Refer to: UHI-Government approved IEC materials).



**Given that FP receives little emphasis from other community functionaries, it will be important to:**

1. Ensure that the benefits of FP for the health of women and children and their families are well understood by AWWs and other community workers. Without this understanding, workers are likely to neglect FP and fail to include it as a priority
2. for convergent action
3. Collaborate with AWWs to help in counseling pregnant women for FP when they come to the AWC for check-ups and supplementary nutrition. In addition, ASHAs should advise pregnant women to take supplementary nutrition from the AWC.
4. Orient all community level workers through basic training on FP, including AWWs and DUDA workers (Refer to: UHI Government approved IEC materials, for orientation on FP).
5. Provide a combination of integrated FP and MNCH services, as these are likely to be more attractive to the recipients.
6. For example, give information on FP at the AWC and other mothers' group meetings on nutrition that are routinely conducted by AWWs during UHND sessions.
7. Ensure that the DUDA link workers are aware that they are entitled to receive incentives that are provided through the
8. government FP schemes.
9. Encourage frontline workers to conduct joint meetings with MAS and use MAS as a platform to provide women with FP and maternal health information and mobilize them to demand these services.
10. Encourage other frontline workers to participate in strengthening existing women's groups to form MAS through their membership and leadership roles. With their experience and presence in the community, DUDA link workers and AWWs can help ASHAs to form MAS where there are no women's groups.
11. Ensure that convergence receives support from all level of government and from all relevant departments, and emphasis is also given for convergence in the supervision of ASHAs along with other community workers.

## **ROLES AND RESPONSIBILITIES TOWARDS ENSURING CONVERGENCE**

### **CMO**

1. Promote an ethos of collaboration and convergence
2. Ensure all partners come to the District Health Society (DHS) meetings
3. Form and chair a City Coordination Committee
4. Ensure availability of funds for convergence activities through the PIP

### **ICDS AND DUDA PROGRAM OFFICERS**

1. Convey message of support to ASHAs working at the community level in routine meetings
2. Provide a platform for FP orientation of ICDS/ DUDA employees (Refer to: UHI\_Government approved IEC materials)

### **ICDS AND ASHA SUPERVISORS**

1. In the monthly meetings, share information and materials on FP and establish linkages between AWWs and community volunteers like ASHAs
2. Conduct community level meetings and joint visits

3. Provide support to each other by offering additional manpower for special events or sharing resources

### **ASHA/AWW/DUDA LINK WORKER**

1. Support ASHAs in their mapping and listing exercises by introducing them and by providing information
2. Share the list of pregnant women and Married Women of Reproductive Age (MWRA)
3. Share resources including the AWC, DUDA premises and IEC materials
4. Conduct joint home visits
5. Collaborate in community mobilization for health and FP related activities
6. Support formation of MAS and also its activities

## **MONITORING FOR CONVERGENCE**

**The following are the indicators of level of convergence in promoting health behavior including FP:**

1. Number of regular meetings conducted at the city and ward levels
2. Number of meetings attended by representatives of each department (Health, ICDS, DUDA, Municipal Corporation)
3. Number of UNHDs and ORCs organized
4. Number of UHNDs organized by AWWs and ANMs and participated by other frontline workers
5. Number of ORCs organized by ANMs and participated by other frontline workers
6. Number of MAS meetings facilitated by ASHAs and participated by other frontline workers
7. If the above indicators show a high level of joint activity, it would indicate an effective district and sector level convergence.

## **COST ELEMENTS**

The costs elements specified below can be included in the NUHM-PIP. If not budgeted, then these line-items should be budgeted in the PIP/ supplementary PIP.

Costs associated with orienting DUDA link workers and AWWs in FP is not covered in the current PIP, however need based additions can be requested for inclusion in the subsequent PIP.

<b>Cost elements/ PIP Budget Head</b>	<b>FMR Code</b>
<b>Meeting of city coordination committee</b>	U.16.8.2.3
<b>Costs of production and distribution of IEC materials and jobs aids for community workers</b>	11.6.1; 11.6.3; 11.6.4; 11.6.5; 11.6.6; 12.3.4

Source: NHM PIP Guideline, 2018-19



The table above is indicative and illustrates the manner in which cost elements are provided in a government PIP, thus giving guidance to the audience on where to look for elements related to a particular task, such as convergence.

## SUSTAINABILITY

To sustain ongoing relations between frontline workers in delivering FP, maternal, infant and child health services, it is essential for their higher authorities to continue giving directives. Similarly, it is necessary to continue with reviewing of activities in monthly meetings of health and other sectors. It is also necessary to institutionalize the inclusion of more in-depth training on FP in the basic training programs of AWW's and DUDA link workers.

## AVAILABLE RESOURCES

1. Guidelines for City Coordination Committee – UP, MP & Odisha, 2017-18
  2. Concept note for convergence under NUHM, MoHFW, GoI, 2015
  3. FAQs about convergence under NUHM, MoHFW, GoI (perspective of health department)
  4. FAQs about convergence under NUHM, MoHFW, GoI (perspective of the urban local bodies & other stakeholders)
  5. DO letter no. 19017/38/2017-NUHM, GoI
  6. NUHM orientation module for planners, implementers and partners, 2015: Section 2.2 & 3.9
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