Community monitoring for bringing Informed Choice and Quality of Care in Family Planning

Uttar Pradesh

2015

Centre for Health and Social Justice

Introduction

In 2014, Community based monitoring (CBM) process was adopted, for the first time, to strengthen people's access to quality Family Planning (FP) services while also trying to build understanding on quality of care in family planning by involving women. The first round of CBM threw light on some critical gaps in the FP program. It also provided community women information about FP entitlements and created more awareness about their rights.

To ascertain the changes came about as a result of the first round of CBM with respect to the provision of FP services at the grassroots level and to maintain an environment of vigilance at the community level, a second round of the CBM process was carried out in this year across 5 districts of Uttar Pradesh.

The methodology of this exercise was similar to that of last year wherein focussed group discussions were carried out with women in the reproductive age group followed by personal interviews with women users of different kinds of contraceptive methods. The interviews with the service providers i.e. the ASHAs, ANMs and the medical officer were also done along with observation of the facility(s) providing the family planning services i.e. the PHC/ CHC to assess their level of preparedness. Score cards were prepared for each of the districts, wherein their performance across indicators at the community level and at the facility/provider level was assessed. A red (poor), yellow (average) or green (good) colour code was given based on how the district fared viz-a-viz that particular indicator.

1.1 Refresher Training of Women

With an aim to reorient the participants on the components of CBM for Family Planning and also to facilitate a sharing of experiences about changes seen at the ground level post the first round of CBM, one day refresher training was organised on 8th May 2015 in Varanasi, Uttar Pradesh. Two women representatives from each district accompanied by their senior supervisors/ organisation heads participated in this training.

Refresher Training with the partners

The participants who were a part of the first round of CBM shared that being involved in the process has equipped them with knowledge on entitlements with respect to family planning and thus they have been able to create awareness in the community which in turn has led to identification of issues of violation and bringing them to the forefront.

They also shared that initially there was reluctance from the women and the community to discuss the issue of family planning in general and about their personal contraceptive needs in particular. However, through regular visits the workers were able to build a rapport with the community which helped to have a dialogue on family planning entitlements; contraceptive methods etc.

Issues identified by the partners for which action was taken:

- In Chitrakoot the issue of non issuance of sterilisation certificates was successfully resolved after discussion with MOIC.
- In Chitrakoot the partners assisted 2 cases of failed tubectomy at the CHC to get compensation.
- In Chandauli, advocacy was done through the media against the violation of norms at the sterilisation camp. Immediate remedial actions were taken by the authorities and proper services were ensured.

Some continuing concerns at the field level were raised by the partners such as:

- Competency of ASHA in counselling of couples about family planning.
- Lack of provision of information regarding the range of available methods of contraception.
- Irregular and insufficient supply of contraceptives to meet the demand at the ground level.
- Target based approach and continued coercion of women for sterilisation.

(Sterilisation performed for 320 women over three days in Chandauli district as opposed to the norm of 30 women in a single day)

- Poor quality of care in sterilisation camps.

(During a sterilisation camp near Naugarh village, a nurse was found stitching the operated part of a woman after the operation which was a clear case of violation. However, the partner's attempt at raising objection went futile when the doctor told her that the nurse was allowed to do the stitching which in reality is not true.)

In light of these continuing concerns, it was discussed that there was a need for continued monitoring and vigilance of the services being provided at the community level. Therefore, a second round of CBM was much needed to gauge the ground realities in the present context.

Emerging Issue

The government's new strategy of post partum IUD insertion was also shared with the participants and they were requested to monitor such cases as it also involved number of rights violations and complications which required vigilance and detailed documentation.

The sharing of experiences was followed by orientation and practice on the tools of data collection and the plan for the CBM process.

1.2 Data Collection & Analysis

Data collection was carried out across the five districts. After gathering the information through the FGDs, interviews with family planning users, interviews with ASHAs and MOIC, and facility observation, scores were given to each of the conducted inquiry, and a community scorecard was processed.

Data Collection Plan

- 10 FGDs per district (12-15 women per focus group discussion)
- Five ASHA interviews per district
- 50 interviews with women users per district
- One facility survey (PHC) in one district
- One Medical Officer in Charge (MOIC) interview in one district
- Five case stories with detailed information from each district

Data triangulation was done by identifying and clubbing the responses from various tools under the themes/issues that were identified from the reference guidelines, documents and manuals consulted for developing the tools.

Indicators	DISTRICTS									
	CBM 1 Azamgarh	CBM2 Azamgarh	CBM 1 Chandauli	CBM2 Chandauli	CBM 1 Chitrakoot	CBM2 Chitrakoot	CBM 1 Mirzapur	CBM2 Mirzapur	CBM 1 Shrawasti	CBM2 Shrawasti
COMMUNITY ENQUIRY										
Client identification	13.8%	7%	24.7%	25%	8.3%	41%	10%	17.7%	7.2%	15.2%
Counseling	42.5%	23.3%	12.2%	14.6%	19.8%	51.2%	14.6%	24.1%	26.8%	27.4%
Information and Choice	74.6%	48.7%	40.2%	49.7%	37.2%	63.4%	64.5%	60.5%	57.46%	42.8%
Quality of Clinical services	65.2%	57.3%	36.6%	54.4%	47.8%	56.4%	69.6%	62.6%	67.4%	48.8%
Follow-Up Management	44.3%	24.1%	6.9%	19.4%	45%	33.5%	7.04%	24.6%	26.3%	22.8%
Element of Coercion	70.4%	38.3%	50.7%	19.2%	80.8%	24.5%	10.4%	29.9%	94.4%	18.6%
PROVIDERS AND FACILITY ENQUIRY										
Knowledge of Method	77.7%	84.6%	45.7%	76.4%	71.1%	71.4%	59.7%	64.3%	60.49%	87.8%
Counseling and IEC	77.3%	81.8%	36%	77.6%	68.8%	75.7%	66.6%	74.3%	74.6%	73.9%
Basket of Choice	70%	100%	60%	55.6%	60%	100%	10%	87.5%	100%	85.7%
Targets and Coercion	41.4%	83.3%	70.3%	44.4%	73.1%	33.3%	20.4%	35.4%	61%	36.7%
Facility Preparedness	66.6%	50%	100%	100%	83.3%	41.7%	33.3%	75%	100%	50%
Quality of Clinical Services	62.5%	56.9%	40.3%	75.9%	72.7%	62.7%	73.5%	60.8%	76.4%	62.7%
Follow-Up Management	72.7%	88.9%	11.5%		72.7%	100%	71.4%	100%	91.6%	44.4%
Red <50% of cumulative score			Red	Yellow 50-80% of cumulative score			Average	>80% of cumulative score		Good

State Level Report Card of UP

Cumulative scoring was calculated for each of the themes and later percentage was calculated and colour coding was carried out in order to obtain final results in the form of a traffic light. Reverse scoring was done in case of questions related to coercion.

1.2.1 Major Findings

- **At the community Level**

The first round of CBM highlighted the lack of awareness amongst the women with respect to their family planning entitlements and the services available related to family planning. Mahila Swasthya Adhikar Manch (MSAM) has played an active role in creating awareness through their group meetings which has equipped the women with knowledge. In some places, the women have started to demand for contraceptives from the ASHAs, but in other the women are still not able to opt for any contraceptive as the decision making lies with the men or the elders of the family who do not feature in the larger picture of counseling by the ASHA.

The work of the ASHAs has improved in some areas and they are now keeping a record of the eligible couples and counseling them as per their need. However, there is a complete absence of counseling for the newlyweds to delay the first birth or that of birth spacing for young mothers. Family Planning services are being offered only to women who have two or more children and there too sterilization remains the most talked about method of family planning as it has targets and incentives associated with it.

Counseling on temporary methods of contraception and their availability is very poor in the community due to which the proportion of unmet needs in high. The women are not told about the related side effects/ health problems of a particular method because of which an atmosphere of mistrust and fear is created when a complication or failure occurs. Like, post an IUD insertion, the bleeding during

Emerging Issue
An alarming issue was reported by the partner in Chandauli block where the ASHA has been providing false information to the community in order to wean them away from the government healthcare system and shift to the local private healthcare provider where she is paid handsome incentive. In Laltapur village, the women of the Muslim community who wanted to use the IUD were misguided by the ASHA who told them that the IUD in a government hospital costs Rs700/- but is not of good quality. Instead she told them to use the private facility where it costed Rs1400/- but was of superior quality. The women, however, were unable to use the IUD as they could not afford it.

periods tends to be a little heavy for a few months. However, the women who are not aware of these side effects feel discomfort and in some cases have even tried to pull out the IUD themselves leading to further complications. Similarly, during sterilisation the beneficiary is supposed to know of the possible side effects through the information on the consent form which is to be read out to her by the hospital staff. However, majority of the women reported that the consent forms of sterilisation operation was either not read out to them in full nor was its content explained to them in their local language.

Caste based discrimination was also seen in some areas such as Sikariya in Chitrakoot district where the ASHA does not provide any kind of services to the Dalit community.

- **Follow-up Mechanism**

The follow-up mechanism after selection of a family planning method was reportedly very poor in all the districts. The women said that ASHAs did not pay them a visit to ask about the discomfort faced by them after using either of the methods. In some cases, the women were not even aware of the IUD being inserted as their consent was taken while they were in labour. In such cases, the women are unaware of the possible side effects and they end up suffering without any treatment or seek treatment from local quacks which further complicates the problem. Women seeking private medical care end up spending a large sum of money and as a result are burdened with debt.

- **Facility Level**

An improvement in the infrastructure was seen in the Primary Health Centres where there was a separate examination room and another room for the women to rest after the sterilisation operation. In only one district was a gynaecologist present and in two was a family planning counsellor appointed. This resulted in the women not receiving proper counselling or physical examination prior to the selection of the contraceptive method. In the absence of adequate number of surgeons, the sterilisation operations were being conducted in a camp mode which resulted in compromising on the quality standards due to overload of patients. The MOIC across all districts agreed to the annual targets being present for sterilisation but denied the use of coercion to meet the targets. They also denied the flouting of norms during these camps. However, the local NGO partners always witnessed overcrowding at the sterilisation camps where the women were made to sleep on the floors or

were discharged immediately after the operation without any check up or women from neighbouring districts also being operated in order to meet the targets. Oftentimes the hygiene and cleanliness during a sterilisation camp was not looked into and one could witness women being made to lie on dirty bed sheets, medical waste strewn carelessly on the floor or the dirty condition of the toilets.

According to the service providers there was irregular supply of contraceptives at the district level facility making it difficult for them to provide the same to the community. Interviews with the ASHAs revealed that they lacked proper knowledge about the various family planning methods themselves and thus were not able to provide proper counselling to the women. In cases where the ASHA did have knowledge she was either shy/ apprehensive about the issue of FP/Contraception as it is still considered a very personal/ intimate issue not to be discussed openly at the community level. Therefore, there lies a need to incorporate the socio-cultural issues during the capacity building of the healthcare workers which will help them to interact/engage with the other members of the community, address the myths associated with the subject of family planning thereby improving the quality of their work at the community level.

(District Findings have been attached in the annexure)

1.3 District Level Public Dialogue Process

Public dialogues help to provide the community a platform where they interact directly with the healthcare providers and share the problems being faced by them at the ground level and demand for corrective action for improvement in services. Such an interaction enables both the community and the healthcare providers to identify gaps in the existing scheme of services while together working towards developing plans for its reddressal.

Public Dialogue in Chandauli District

District level public dialogues were organized across four districts where the findings and district level report cards from CBM process and testimonials were shared with the health service providers, media and community members. In Azamgarh, the dialogue was held at the block level itself on the suggestion of the DPM and CMHO as they felt that these issues would better be represented at the block level and will ensure higher participation of the community people. Active participation from the community members was seen across all the districts where an average of 80 people attended the hearing. The hearing was attended by the health officials such as MD NRHM, CMHO, MOIC and media personnel in all districts except Mirzapur where the health officials cancelled at the last minute citing some official engagement.

Public Dialogue in Azamgarh District

The partner NGOs shared some of the positive changes brought about by the 1st round of CBM like the increase in awareness of the community women about family planning program and contraceptives methods and that they were now demanding the same from the ASHA. They also shared that with the active involvement of the local women coalition such as the Health Watch forum, there was some improvement in the work of the ASHA who now maintained her record properly and also provided counselling to women about contraceptive methods other than sterilisation.

Women leaders from the community raised issues of poor quality of care at the grassroots level which included lack of availability of temporary methods of contraception, non issuance of sterilisation certificates, inability of people to claim compensation for failure of operation due to lack of information about the insurance and the focus of the system only on female sterilisation. Some of the people shared their personal stories like in Chandauli a case of failed male sterilisation was shared wherein the aggrieved developed complications and was neither able to receive proper treatment nor was he able to claim compensation as he was unaware of the insurance scheme. He said *"experiences like these harbour a feeling of mistrust thereby alienating the community from the government healthcare system".*

The government representatives gave a patient hearing to the grievances of the people and accepted the shortcomings of the system. They too showed concern for the lacunas in the service delivery but also shared their limitation in dealing with certain issues, like in Chandauli, the deputy MOIC agreed to the irregular supply of temporary contraceptive methods but also said that this was not an issue which could be dealt at the district level. He urged the people to give written complains to the higher authorities so that they take necessary corrective measures. Similarly, in Chitrakoot, the DPM expressed concern over the lack of qualified surgeons at the district level (only 4 surgeons in the entire district) because of which the Sterilisation was being offered in a camp mode thereby affecting the quality of care. Responding to the issue of compensation for failure cases of sterilisation he shared that claims were submitted for 7 cases in the last year out of which all but one were rejected without any reasons shared by the concerned authorities.

Public Health Dialogue in Shrawasti District

The officials praised the efforts of the community in bringing the problem areas to the forefront and assured them about the compliance of norms related to the family planning services. They promised to take corrective action for issues within their purview of work while requesting the community to work with them as a team and to take up some issues at the higher level which would help in stirring the state machinery. The positive behaviour and the participation of the government officials speak of the rapport developed by the partners over time. It is important to build onto these relationships as mutual cooperation rather than interrogation and blame game is going to help the process of advocacy and bringing about a change in the present scenario.

ANNEXURE

1. **Table: District-wise findings of the community monitoring process**

INDICATORS	AZAMGARH	CHANDAULI	CHITRAKOOT	MIRZAPUR	SHRAWASTI
Counselling and Information Sharing	• ASHA does not do home visits and only accompanies the pregnant women to the hospital at the time of delivery. • ASHA only counsels the women about sterilization as she gets an incentive for it. • Information about other contraceptive methods is not shared as widely since there are no incentives with them. • Of the 40 women counseled about family planning, 19 were given information about oral pills, 11 were given information about IUD and 20 were given information about sterilization.	• ASHA maintains a record of the eligible couples. However, she does not provide family planning services to all the eligible couples. • It is clear that counseling about female sterilization is widely carried out by the ASHA. • Of the 38 women counselled about family planning, 10 were given information about oral pills, 2 were given information about IUD and 30 were given information about sterilization.	• ASHA maintains the records of the eligible couples with the help of the MSAM members. • In some villages like Sikariya, ASHA discriminates against the lower caste families and does not offer her services to them. • Of the 44 women counselled about family planning, 14 were given information about oral pills, 15 were given information about IUD and 38 were given information about sterilization.	• ASHA keeps track of the eligible couples and maintains their records. However, she does not provide family planning services to all the eligible couples. • ASHA only counsels the women about sterilization as she gets an incentive for it. • Information about other contraceptive methods is not shared as widely since there are no incentives with them. • Of the 46 women counselled about family planning, 13 were given information about oral pills, 10 were given information about IUD and 43 were given information about sterilization.	• The work of ASHAs has slightly improved but they still do not reach out to all the women. • In some areas, it has been observed that the ASHAs discriminate against the lower caste families. • Of the 10 women counselled about family planning, 9 were given information about oral pills, 7 were given information about IUD and 8 were given information about sterilization.
Information and Basket of Choice	• The ASHA does not take any effort to meet the eligible couples and so does not provide proper information about family planning methods.	• MSAM has been actively involved in creating awareness among the women on importance of family planning.	• MSAM has been actively involved in creating awareness among the women on importance of family planning.	• The ASHA does not provide complete information to the women as they themselves do not possess the knowledge	• The women are now more aware of the contraceptive methods but are unable to use them due to lack of

INDICATORS	AZAMGARH	CHANDAULI	CHITRAKOOT	MIRZAPUR	SHRAWASTI
	• Even while providing information, she focuses more on telling about the positive aspects of the method as compared to the side effects of the same method. • Of the 40 women who were counselled, 13 were told about the benefits and only 8 were told about the related side effects. • ASHA herself does not have complete knowledge about the different kinds of contraceptives available. • Female sterilization is most commonly given as an option to the women.	• As a result of this women are now more informed and are in a position to choose the contraceptive best suited for them. • All except one ASHA know about all the methods of contraception. • All ASHAs reported that they counsel the women on these contraceptive methods. However, only one said that she distributes the contraceptives to the women.	• As a result of this women are now more informed and are reaching out to ASHA for advice. • The decision making power, however, still lies with the men. • There are myths associated with contraception in the community as a result of which the women are unable to opt for one. • One out of four ASHAs knows about all the methods of contraception. The rest know about two or three methods of contraception. • All ASHAs reported that they counsel the women on these contraceptive methods. • All except one distribute the contraceptives to the women.	about different contraceptive methods available. The ASHA specifically hesitates about sharing information on condoms. • Of the 46 women who were counselled, 10 were told about the benefits and only 6 were told about the related side effects • All ASHAs do not have knowledge about all contraceptive methods. At best they know about three methods of which female sterilisation is commonly talked about.	availability. • The ASHA does not provide proper counselling to the women because of which the women are unable to choose a contraceptive method since they do not know how to use it, where is it available etc. • The ASHA hesitates and does not involve the men in the counselling process as a result of which the women are unable to choose a method as they are not in the decision making position.
Follow-up management	• Barring a few women, the rest reported that the	• Majority of the women reported that	• The women expressed	• The women reported that sterilisation	• Majority of the women reported

INDICATORS	AZAMGARH	CHANDAULI	CHITRAKOOT	MIRZAPUR	SHRAWASTI
	ASHA did not visit them post the selection of the family planning method to enquire about any discomfort/problem being faced by them. • Without any system of follow up, the women seemed dissatisfied with the services being provided to them.	the ASHA does not visit them for any follow up after the selection of the family planning method. • No woman was given the slip, indicating the date and time of IUD insertion. • No woman was given the sterilisation certificate by the ASHA.	dissatisfaction with the work of the ASHAs as she practices discrimination with the Dalit and Muslim communities. • ASHAs are more involved in the other government programs/schemes which affect the quality of their work. • Majority of the women reported that the ASHA does not do a follow up visit to ask them about the discomfort caused after opting for a contraceptive method. • In two villages the women reported that the IUDs were being inserted without the consent of the women or consent is being taken when the woman is in active labour.	operation is performed for a lot of women in the camps which results in poor quality where hygiene is compromised with. • It was also reported that the consent form is not read out to the women before getting their signature. • The women reported that the ASHA did not visit them post the selection of the family planning method to enquire about any discomfort/problem being faced by them. However, when they approached her themselves she accompanied them to the ANM for treatment. • In some villages it was reported that the IUDs were being forcefully inserted without the consent of the women	that the ASHA does not visit them for any follow up after the selection of the family planning method. • All the women were given the sterilisation certificate by the ASHA. • In one village it was reported that the IUDs were being inserted without the consent of the women or consent is being taken when the woman is in active labour.
Element of Coercion	• It was reported that the ASHA did put pressure	• 37 women reported that they were	• The women reported that the	• It was reported that the ASHA did put	• 6 women reported that they were pressurized

INDICATORS	AZAMGARH	CHANDAULI	CHITRAKOOT	MIRZAPUR	SHRAWASTI
	on the women with two or more children and forcing them to opt for sterilization. • 13 women reported that they forced to opt for sterilisation. • Increase in the amount for incentive for sterilization is seen as a reason for the pressure. • The MOIC agreed that there were targets given for sterilization. • ASHA reported that there was no pressure to bring sterilisation cases.	pressurized for choosing sterilisation/IUD. • The MOIC agreed that there were targets given for sterilisation. • The women reported that the ASHA/ANM get women from neighbouring districts to meet the target of sterilisation. • It was also reported that the quality standards were compromised with to accommodate the large number of women who turned up for sterilization operation.	ASHA uses different ways like offering money to put pressure on them to opt for sterilisation. • The ASHA brings women from neighbouring districts to meet the sterilization targets. • As reported by the field worker, the ASHA is threatened by the ANM to fulfil the targets of sterilisation. • The MOIC accepted that there are targets set for sterilisation which increase by 10% each year.	pressure on the women with two or more children and forcing them to opt for sterilization. • Monetary promises were made to lure women to opt for sterilisation. • Increase in the amount for incentive for sterilization is seen as a reason for the pressure. • The MOIC agreed that there were targets given for sterilization. • ASHA reported that there was a pressure on them by their seniors to bring sterilisation cases.	by the ASHA to opt for a specific method of contraception. • 2 ASHAs reported that they were threatened by the ANM of dire consequences if they were unable to meet the target for sterilisation. • The MOIC agreed that there were targets given for sterilisation.
Challenges and Gaps at facility level	• Gynecologist is present at the facility but there isn't a family planning counselor which affects the quality of the services. • There are only 2 surgeons to conduct sterilization operation for the entire	• There is no gynecologist or a family planning counselor available at the PHC which affects the quality of the services. • There was no information	• There is no gynaecologist at the PHC and the family planning counsellor also does not come regularly. • There is no information communication board	• There is no gynecologist present at the facility but the family planning counselor is present. • There is a information communication board on family planning services in the PHC.	• There is a family planning counsellor present but no gynaecologist present at the facility. • There is a information

INDICATORS	AZAMGARH	CHANDAULI	CHITRAKOOT	MIRZAPUR	SHRAWASTI
	population of 22 blocks which clearly affects the quality of the sterilization operations. • There was no information communication board on family planning services in the PHC. • There is a separate room available at the PHC for examination • A separate room is available for the women to rest after the sterilization operation.	communication board on family planning services in the PHC. • There is a separate room available at the PHC for examination • A separate room is available for the women to rest after the sterilization operation. • However, during the sterilization camps a number of women have to be sent back as there isn't sufficient space to accommodate all of them.	on the family planning services nor is there a room for examination. • There are no services for male sterilisation at the PHC. • A separate room is available for the women to rest after the sterilization operation.	• There is a separate room available at the PHC for examination • A separate room is available for the women to rest after the sterilization operation	communication board on family planning services in the PHC. • There is a separate room available at the PHC for examination • A separate room is available for the women to rest after the sterilization operation
Challenges and Gaps at Providers Level	• ASHA is not completely aware of all the contraceptive options. • ASHA has not been provided with a demonstration kit of different family planning methods to demonstrate among community members. • ASHA said that she provides counselling at the community level and	• 4 out of 5 ASHAs are aware of the various kinds of contraceptive methods available for women. 1 ASHA has information only about female sterilization and condoms. • All ASHAs reported that they provide counselling at the	• 1 out of 5 ASHAs is aware of all kinds of contraceptive methods available for women. 1 ASHA has information about sterilisation, condoms and pills, 2 know about only sterilisation and condoms. 1 knows only about	• ASHAs have been provided with a demonstration kit of different family planning methods to demonstrate among community members. • Barring one, all other ASHAs said that they provided counselling at the community level and also distributed the	• All except one ASHA have knowledge about all the methods of contraception. • ASHAs have been provided with a demonstration kit of different family planning methods to demonstrate among community members.

INDICATORS	AZAMGARH	CHANDAULI	CHITRAKOOT	MIRZAPUR	SHRAWASTI
	also distributes the contraceptives as per the requirement. • The MOIC however reported that the ASHA does not distribute the contraceptives in the village and that there is low demand from the community as well as a result of which the contraceptives keep lying at the health centre.	community level. • All ASHAs have been provided with a demonstration kit of different family planning methods to demonstrate among community members	condoms. • All ASHAs have been provided with a demonstration kit of different family planning methods to demonstrate among community members	contraceptives as per the requirement. • The MOIC reported that the contraceptives are available at the CHC but the supply is infrequent with the ASHA/sub center and therefore does not meet the demand from the community.	

2. MEDIA COVERAGE OF PUBLIC HEARING

दैनिक जागरण

वाराणसी, 22 नवंबर 2015

परिवार नियोजन की सेवाएं हों और बेहतर

परिवार नियोजन के बारे में जानकारी देती एक स्वयं सेवी महिला।

• अस्पतालों में नहीं हैं महिला विशेषज्ञ और अन्य सुविधाएं

Newspaper clipping for the Chandauli District Public Hearing

परिवार नियोजन के गुणवत्तापूर्ण साधनों पर दिया जाये जोर : उर्मिला

इब्तेदा सेवा एवं महिला स्वास्थ्य अधिकार मंच ने आयोजित किया जन संवाद

जनसंवाद कार्यक्रम को सम्बोधित करती महिला स्वास्थ्य अधिकार मंच की उर्मिला व मंचासीन डीपीएम

चित्रकूट 16 दिसम्बर। विकास खण्ड पहाड़ी के बाबूपुर, जरिहा, खरसेड़ा, सिकरीसा, छछेरिहा, तौरा, पहाड़ी, नांदी, सिकरिया व रघुवंशीपुर, कलवारा खुर्द, पहाड़ी एवं कर्वी ब्लाक का लोढवारा, कोल,डगडई, गोबरिया, छपरामाफी पर परिवार नियोजन की गुणवत्ता पर किये गये सामुदायिक निगरानी कार्य से निकले तथ्यों को साझा करने के लिये बुधवार को केशरवानी धर्मशाला बस स्टैण्ड कर्वी में स्वैच्छिक संस्था इब्तेदा सेवा द्वारा जन संवाद का आयोजन किया गया। जिसमें क्षेत्र की १०० महिलाओं ने प्रतिभाग किया।

संवाद में वरिष्ठ कार्यकर्ता संतोष कुमार ने बताया कि सर्वेक्षण कार्य में ५ गांव की १३० महिलाओं ने भाग लिया और ५० परिवार नियोजन के साधनों को उपयोग करने वाली महिलाओं का साक्षात्कार किया गया। जिसमें विभिन्न परिवार नियोजन के साधनों के बारे में जागरुकता की कमी पाई गयी। इसी क्रम में उर्मिला एडवोकेट ने बताया कि गर्भ निरोधों के तमाम साधनों की उपलब्धता के बावजूद भी सरकार द्वारा नसबन्दी को बढ़ावा दिया जाता है। डिप्टी सीएमओ डा.एके वर्मा ने बताया कि ८दिसम्बर से परिवार नियोजन नसबंदी कैम्पों का आयोजन शुरु किया गया है। जिसमें नसबंदी के मानकों का पूरी तरह से पालन किया जायेगा तथा परिवार नियोजन के दूसरे साधनों के बारे में एएनएम व आशा के माध्यम से जागरुकता फैलाई जायेगी तथा सीएचएनडी के माध्यम से साधनों को उपलब्ध कराया जायेगा।

कार्यक्रम में हेल्थ वाच के सदस्य राजदेव ने कहा कि गुणवत्तापूर्ण एवं मनपसन्द परिवार नियोजन सेवायें उपलब्ध कराने का पूरा प्रयास किया जायेगा। डीपीएम रामकिशोर करवरिया,एनएचआरएम ने कहा कि हर सीएचसी एवं पीएचसी में परिवार नियोजन काउन्सलर रखा गया है जो परिवार नियोजन पर परामर्श देगा। अनिल वर्मा डीसीपीएम ने भी परिवार नियोजन पर जानकारी दिया कि नसबंदी तो बच्चा बन्द करने के लिये है लेकिन परिवार नियोजन तो नवदम्पत्ति के लिये अति आवश्यक है। अन्त में संतोष सिंह ने सभी का आभार व्यक्त किया।

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नसबंदी शिविर के पूरे नहीं होते मानक

मिर्जापुर। जिला पंचायत सभागार में गुरुवार को स्वास्थ्य कर्यकर्ताओं की बैठक हुई। इसमें जाड़े के दिनों में लगने वाले नसबंदी शिविर की समस्याओं पर चर्चा की गई। स्वैच्छिक संस्था शिखर की ओर से विस्तार से जानकारी दी गई।

संस्था की मधु सैलानी ने बताया कि दिसम्बर में ग्रामीण क्षेत्रों में लगने वाले नसबंदी कैंप में मानक पूरे नहीं किए जाते। सैलानी ने बताया कि राजगढ़ ब्लाक के विभन्न गांवों में परिवार नियोजन सेवा की गुणवत्ता पर किए सर्वे रिपोर्ट में ऐसे मामले सामने आए हैं। पांच गांवों की 132 महिलाओं से 50 परिवार नियोजन के साधनों के उपयोग करने के बाबत साक्षात्कार लेने के बाद यह निष्कर्ष निकाला गया है। सैलानी ने एएनएम और अशा कार्यकत्रियों के माध्यम से महिलाओं का और जागरुक करने पर जोर दिया। राजेंद्र मिश्र ने नसबंदी के कारण मौत या नसबंदी के फेल होने पर तत्काल मुआवजे की मांग की। इसमें मिथिलेश, सुशीला, किरन, उर्मिला, गांधारी, राजमति, जामवंती रहीं।

जिला पंचायत सभागार में आयोजित जिला स्तरीय संवाद में बोलती संध्या।

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