Family Planning Association of India (FPAI)

Family health, hushed up no more

Area of operation: Dharwad

Name of the Organisation	Family Planning Association of India (FPAI)
Type	Non-profit
In the Sandbox	Since 2008
Focus areas	Founded in 1949, the Family Planning Association of India is the country`s leading voluntary family planning organisation.It provides information on sexuality education and family life and a wide range of services in sexual and reproductive health including family planning.

Two weeks ago, 32-year old Laxmamma arrived at a reproductive healthcare centre, pregnant and with a chronically low haemoglobin count of 4.4. The haemoglobin count of a healthy person is in the range of 12 to 14. She had visited a physician once, she told the centre's doctors, maybe a few years ago.

"If you don't take proper treatment right now, you will die. Your husband will get another wife, but who will take care of your kids?" a worried Dr. Nasreen Honnalli, Centre Manager at the Family Planning Association of India (FPAI) satellite clinic centre, Nigadi, Dharwad, had asked.

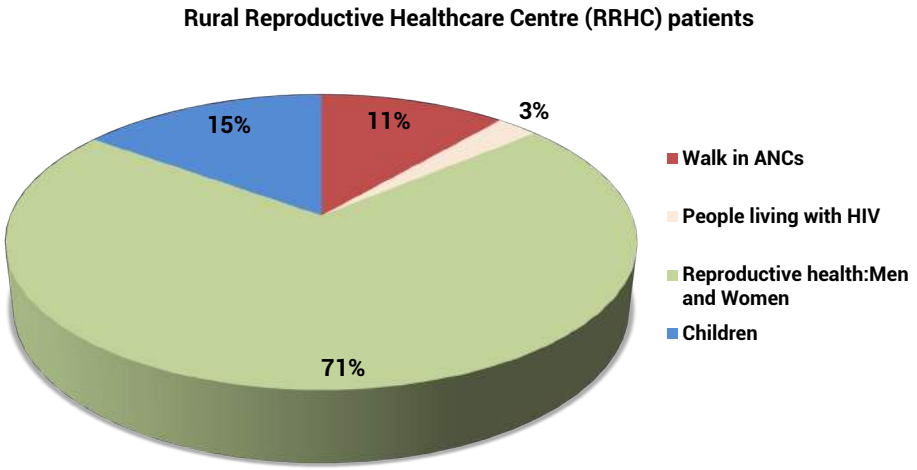
The scenario occurs far too often in her centre. Dr. Honnalli has come to understand that eight out of ten emergencies can be prevented if only she could convince people to access medical help in time. The challenge here is not just making medical help accessible but to address ignorance and apathy towards women gaining access to medical health in general.

According to the latest National Family Health Survey (NFHS 2005-06), Karnataka has a maternal mortality rate of 178 per 1000 live births, which is below national average, but is still the highest in South India. The survey states that one out of three children in Karnataka are born at home without medical care. Rural Karnataka, much like other rural areas, is rooted in carelessness, illiteracy, old customs and hesitation when it comes to sexual and reproductive health; the brunt of this widespread ignorance and apathy is often borne by the woman and her newborn child.

Genesis: Better Family Health In Rural Areas

Since 1971, the Family Planning Association of India has been working in Dharwad, North Karnataka, to increase awareness among marginalised and vulnerable populations about family planning, sexual and reproductive health, HIV/AIDS and sexuality. Taking healthcare to the doorstep of its people, the organisation reaches out through its Rural Reproductive Health Centres (RRHCs), weekly health camps, door-to-door counselling and satellite clinics, providing over 285 essential family healthcare services in the most remote corners of rural Karnataka.

With a grant model to fund activities, existing staff capacity and functioning, the RRHC could only scale so much in reaching out to its target population: it had about 20 patients visit its centre everyday, mostly from peri-urban areas around Dharwad, leaving the interiors untouched. The organisation was looking to increase its footprint in North Karnataka when a partnership with the Deshpande Foundation (DF) in the Hubli Sandbox in 2008 opened up a slew of opportunities. For the first time in its 30-year-old history, FPAI initiated projects to make its healthcare centres self-sustained. The organisation started looking at four areas of improvement: community outreach, a revenue generating clinic model, service delivery and a college program.



Distribution of patients at the FPAI family health centre in Dharwad.

Karnataka, with a maternal mortality rate of 178 per 1000 live births, is below national average, but is still the highest in South India. Dr. Nasreen Honnalli and a patient at the Dharwad FPAI centre.

A grant from DF has helped equip the lab with high quality equipment to perform a range of comprehensive diagnostic tests.

The Sandbox Story

1. Rural Reproductive Health Centres: Quality Healthcare Services at an Affordable Cost

In 2012, with the help of DF, FPAI drew up a 3-year break-even plan for its clinics based on a cost recovery model with yearly outreach targets of about 20,000 village women. The plan looked at competing with the free service provided by the govt. through provision of high quality, reliable healthcare while being an affordable alternative to private healthcare.

The new FPAI reproductive healthcare centre (RRHC) is led by a team comprising a hospital manager who handles administration and outreach and a senior health practitioner who oversees service delivery. The team is supported by lab technicians and a counsellor who has been a recent and important addition. "Patients usually come to us for one-time small services like vaccination, but a talk with the counsellor places them at ease. We are looking at mindset before medicine - reproductive health is about breaking decades old superstitions and harmful practices and this is where the counsellor helps. Over time, people acknowledge the number of healthcare issues they have been ignoring and return to us," says Sujatha Anishettar, branch manager at FPAI Dharwad.

In the last few years, the FPAI centre at Dharwad has added a separate waiting room to ensure better privacy, upgraded its lab equipment to perform a range of comprehensive diagnostic tests and started stocking drugs as a way to incentivise patients. Medicines are provided at a 10% discount over retail price to encourage patients to buy the right drugs and stay away from spurious, low cost ones. The centre has also added two comprehensive ante-natal care packages comprising nutrition, ante-natal checkups and other services to see women through nine months of pregnancy at a marginal cost of Rs. 600 and Rs. 1,000.

2. Medical Care At The Doorstep

For daily wage labourers, every day of waiting at govt. hospitals for treatment, medicines or test results means precious money lost. And this is where FPAI makes a difference through its ontime delivery and referral services.

Once a patient enters FPAI, she is guaranteed total care within a day for all common cases. In situations where more sophisticated equipment, hospitalization or urgent medical attention is required, FPAI has established strong partnerships with surrounding public healthcare institutions, hospitals and nursing homes. Patients referred by FPAI get a 30% concessional rate at over 14 partner healthcare institutions in Dharwad and Hubli, one of the key initiatives taken up by the clinics to popularize the centres.

"We offer dignity, privacy, reliable quality care and the widest range of services," says Anishettar. The clinic charges a nominal fee towards all its services, modest in the light of the spectrum of services offered. "Changing the mindset of the staff who were used to giving free service was more challenging – we found that our customers were more than willing to pay for quality medical care," says Anishettar, who refers to the support provided by DF in terms of ideation, business planning, bridging last mile and regular monitoring as being pivotal in their journey towards self-sufficiency. The clinics currently earn an average revenue of Rs. 48,000 from the 900 patients they see every month, a figure they are trying to increase via outreach.

While the clinics were being staffed and services enhanced, FPAI simultaneously turned its attention to outreach. Based on the idea of

> "Now we see many men accompanying their wives for checkups and some opening up to talk about their own problems too. The number is still small but I am glad that it has at least started" – Dr. Nasreen Honalli.

A counsellor helps put patients at ease and gets them to open up about taboo health issues.

"community-based social marketing" put forward by the staff at DF, the organisation started building partnerships with workers who had earned the trust of the community - the ASHAs.

3. Outreach: Asha Workers, High-Risk Populations And College Programs

Getting the community to open up to discuss taboo topics required building significant trust and constant follow-up was a challenge. FPAI partnered ASHAs were offered an incentive of upto 20% of the revenue everytime they brought in a patient. For the unpaid govt. volunteer workers who often toiled only for the cause of healthcare, these incentives spurred word-of-mouth outreach and door-to-door convincing immensely.

"We visit their houses multiple times, show them examples of successful cases and how it has changed someone's life and also tell them the troubles they would face if they did not consult a doctor," says Laxmi, an ASHA worker. One Asha worker is appointed for every 1,000 people and brings 15-20 patients to the FPAI centre every month. The social marketing program has been a resounding success at FPAI: it has seen a 46% increase in clientele and 26% increase in revenue over the three years that the program has been operational.

Next, FPAI started working on reaching its services to marginalised sections who fall through the cracks of regular healthcare. The clinic tied up with grassroot organisations working with HIV/AIDS patients, sex workers and other high-risk populations to bring them in to the drop-in centre. "Our objective is to reduce the high incidence of Sexually Transmitted Diseases. Our clinics are meant for everyone," says Anishettar. Another high-risk segment in these regions is young people who have multiple partners, she says. With a grant from DF, FPAI started a school-college outreach program 2 years ago, which today reaches out to over 88 schools and 500 students and offers a first-of-its-kind sexuality education program.

Anganwadi centres and Gram Sabha committees have also been coming forward to support awareness building among women in the village through meetings held thrice every month and house visits that have a greater impact."Our job is to make people understand that health is also important; the task is a difficult one but we persist," says Shashkala Patil, an Anganwadi worker. FPAI's mission to bring affordable family health in the Sandbox is exemplified by the fact that out of the entire population in Dharwad that accessed reproductive and family healthcare, 80% of them visited FPAI clinics.

4. Access: Satellite Clinics – Taking Healthcare To Margins

To increase the number of people who could access family health and to reach out to those in far-flung areas where PHCs are absent or non-functional and where healthcare comes last in priority, FPAI, in collaboration with Desphande Foundation, took on a pilot project to begin a 'satellite rural healthcare centre.'

What made this new project more challenging was the fact that with support of DF, FPAI decided to run this project on cost sharing basis and like a sustainable enterprise. The already existing reluctance to family planning and widely available free but poor family planning services did not make it easy.

Changing mindsets: "Earlier, people did not believe in family planning. We had to convince them repeatedly,and hardly 1-2% of the total population were in favour of it," recalls Subhas Kulkarni, Program Officer, FPAI who has been working with the organisation since 1974. "However"

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he said ,"We have slowly shifted from motivation to education, information and finally counselling, all of which have taken a mighty 30 years to build," he adds.

The model: Reaching out to 18 villages around the centre, and manned by an Auxiliary Nurse Midwife (ANM), a maid and a doctor, the satellite clinic is the first of its kind in Nigadi, Dharwad. The centre creates a space for services that require less medication through 'task shifting' and simplified service delivery, thus making it more cost effective and also reaching out to a larger number of rural population in remote parts.

Outreach: FPAI has left no stone turned in its quest to reach out – FPAI staff organise an ANC camp every Tuesday where free health checkups are conducted for expecting mothers. Special attention is given to newly married couples and the older men as they are the ones most reluctant to admit to a problem. Every Wednesday, mobile health vans conduct camps in outer villages to create awareness about family planning and introduce healthy living to villagers. Other events like "Healthy Baby Contest" are organised for pregnant women to educate them about the importance of a healthy institutional delivery.

Qualified personnel: One of the key changes DF brought in at the Nigadi centre was a fulltime qualified doctor, someone who was available throughout the opening hours of the clinic. Dr. Honalli took a willing transfer from her well-paying job at a private health centre in order to be a part of FPAI's Nigadi clinic. Neelam Maheshwari, the Grant Director at DF says " Availability of a willing doctor is perhaps a big determinant on how these rural clinics further expand. The centre is looking at making profits in the near future, perhaps a major incentive for doctors like Dr. Nasreen Honalli to join us."

5: Talking to Men

While FPAI was making progress in creating awareness among the women, getting the men to participate appeared to be an insurmountable challenge.

"Men have always been reluctant to come forward and talk about their sexual problems. Persistent counselling has eased it partly over the years. Now we see many men accompanying their wives for checkups and some opening up to talk about their own problems too. The number is still small but I am glad that it has at least started," says Dr. Nasreen Honnalli.

FPAI runs what is called a 'Service Education Training Unit (SETU)' exclusively for working men in the evenings. "Men are reluctant to come with their wives and also in the peak hours when there are other visitors. The 6 pm to 9 pm slot is much more comfortable," says Honnalli.

Over the last three years, FPAI has become a trusted brand in promoting reproductive health. So much so that the organisation is now involved in an "image building exercise" for the govt. by monitoring and auditing its staff in PHCs and RCH centres. "Working towards self-sufficiency along with DF has changed our thinking on many levels. Through our initiatives, we have been able to demonstrate our competence in education, outreach and unmatched healthcare service delivery in the Sandbox. We are now building a new RRHC in Dharwad and that is going to take us to the next level," says Sujatha.

A shift of perspective from providing free care to bringing about a cost sharing model may be an idea in progress for FPAI, however, the experience is turning out to be rewarding for the people in Nigadi village. The community has lent more land to the satellite centre, visits it frequently and is proud to have its own "clinic" in the village .

- 20% of all sterilization procedures in Hubli/Dharwad is done by FPAI staff, about 2000 every month.
- FPAI offers healthcare services at 30% of what it would cost at a private centre.
- 50% of the patients dropping into an FPAI centre today are men.
- 60 patients walk in everyday into FPAI centres and receive complete care from diagnosis to procuring medicines on the same day.
- An RRHC earns a revenue of Rs. 48,000 every month, almost 70% of its operating cost.