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Re-Engendering Sexual and Reproductive Health Services: Evaluation and Strategy Directions for RH Clinics

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Declaration of Conflict on Interest

- I declare that I do not have any conflict of interest in this undertaking.
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INTRODUCTION

- Sexual and reproductive health (S&RH) care encompasses a range of information, prevention, treatment, and referral services to safeguard complete physical, mental and social well-being in all matters relating to the reproductive system.
- Women and men alike have entitlements to accurate and comprehensive education, more so to access affordable and relevant options to meet their sexual and reproductive health needs.



INTRODUCTION

- Since the adoption of the agenda points of the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW 1979) and later the Program of Action of the International Conference on Population and Development (ICPD 1994) governments and civil society advocates have claim milestones in:
 1. shifting the paradigm from macro-demographic to human population and rights centered perspectives,
 2. recognizing the need for advancing women's empowerment, and
 3. setting out a comprehensive range of issues related to sexual and reproductive health (Haslegrave, 2014.)



INTRODUCTION

- However, amidst the recognition of S&RH as nexus for social justice and development, the issue of unmet needs among women in developing nations and the delivery of needs-responsive and gender-equitable services remain formidable challenges.
- Women living in conditions of poverty experience series of wanted, mistimed, and unwanted pregnancies, miscarriages, stillbirths, unsafe menstruation inducements and neonatal and infant deaths (*Ravindran and Mishra, 2001*).



INTRODUCTION

- Likewise, high fertility, reproductive and sexual morbidity and mortality, and unmet reproductive intentions prevail not only among non-users of contraceptions but also ever-users and current users of sexual and reproductive health services.
- The lack of access to S&RH technologies, the persistence of cultures preventing informed fertility options and decisions, and the inability of providers to contextualize services for clients, women specifically, in the wider context of their socio-cultural, political, and economic predicaments are but a few causes of these continuing concerns (*Berer, 2014.*)



INTRODUCTION

- Understanding the extent to which individuals are able to achieve their sexual and reproductive intentions in good health and the identification of factors affecting responsive delivery of sexual and reproductive health care services thereby warrant attention.



RESEARCH OBJECTIVES

- This study was designed to systematically capture and utilize client, stakeholders, and literature insights for enhancing institutional relevance and performance.
- Exploring what entails engendering S&RH care, it is based on the recognition of gender-differentiated needs and the commitment to counteract the constraints and barriers to people, especially women's S&RH entitlements.



RESEARCH OBJECTIVES

Specifically, the study aimed to:

- facilitate institutional resource and performance analysis;
- examine through literature review the potential methods, models, and materials for enhancing responsiveness and relevance in S&RH program and project implementation;
- apply the principles of feminist research and elicit RH Clinics stakeholders' perspectives on what constitutes client-centered and gender equitable service delivery; and
- draft strategy directions for increasing RH Clinics institutional success in S&RH championing in the country



The Study Design

COMPONENTS	PURPOSE	DATA GATHERING METHODS
<i>Institutional Capacity and Literature Review</i>	<ul style="list-style-type: none"> Facilitate intuitional resource analysis Examine current and explore potential methods, models, and materials for enhancing gender responsiveness and equitability of services 	<ul style="list-style-type: none"> Review of records Literature scoping--institutional researches and broader materials on S&RH care services
<i>Ground data generation through qualitative research methods</i>	<ul style="list-style-type: none"> Elicit stakeholder opinion on PSPI-MS clinic and OSPs' current care quality Inquire through participatory and consciousness-raising methods consumer and service partners' preferences, needs, and recommendations for re-engendering service delivery 	<ul style="list-style-type: none"> Institutional level FGD on challenges and opportunities for client-centered and gender equitable service delivery Consumer level FGD on service responsiveness and enhancement recommendations Key Informant interviews on needs on the ground, service partnership status, and future service linkages

SOURCES OF DATA

- Responses were gathered from the 9 RH Clinics from various parts of the country:
- 9 FGDs among RH Clinic Staff (total of 40 participants);
- 9 FGDS among outreach providers (124 participants);
- 9 FGDS among Female Clients (94 participants); 9 FGDs among male clients (55 participants) 9 FGDs among RH Clinics partners (59 participants); KIIs among 10 competitors



Results

- This study has revealed immeasurable baseline data for evaluating the relevance and effectivity of RH Clinic programs and services. Cross referencing the various perspectives from stakeholders and using the principles of Client centered S&RH Service Delivery vis-à-vis the four Elements of the Right to Sexual and Reproductive Health as proposed by the UN-CESCR (2016), namely: Availability, Accessibility, Affordability and Quality of Care.
- The study highlighted the success and enhancement windows (*gaps and challenges*) of the RH Clinics programs and services using indicators for the four elements.



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- The study highlighted the success and enhancement windows (*gaps and challenges*) of the RH Clinics programs and services using indicators for the four elements.



Results

The study revealed how Reproductive Health Matters must deal with and address particular issues as identified in the study affecting the delivery of S&RH services that would make the institution more responsive and relevant to the needs of its intended clientele.

- Firstly, RHM must look into ways of empowering personnel and democratizing organizational processes that would make feedback mechanisms more institutionalized;
- Secondly, literature scoping provided valuable theories and insights on re-engendering S&RH services; and
- Finally, utilizing the principles of feminist research by drawing insights from client's perspectives showed the realities of gender-related concerns confronted by RHM.



Results

Component 1: Institutional Capacity and Literature Review

- RHM is among the non-governmental organizations with strong foothold in the country's reproductive health and equity programs. In other words, RHM is a major player in combating the country's high maternal mortality rate.
- Among the service modalities by which RHM works are the RHM clinics, outreach services, social franchising, demand side financing, and advocacy for policy and behavior change on adolescent sexual and reproductive health.



Results

Component 1: Institutional Capacity and Literature Review

- When it comes to RHM delivery performance, the client exit interview findings (2013 and 2014) was used to evaluate RHM delivery performance; identify RHM's result achievement drivers and barriers; situate RHM standing against competitors; review communication and marketing channels, and; outline potential strategies for enhancing service delivery.



Results

Component 2: Ground data generation through qualitative research methods

- Role of Outreach Service Providers
- Contextual conditions affecting RHM's delivery of products and services



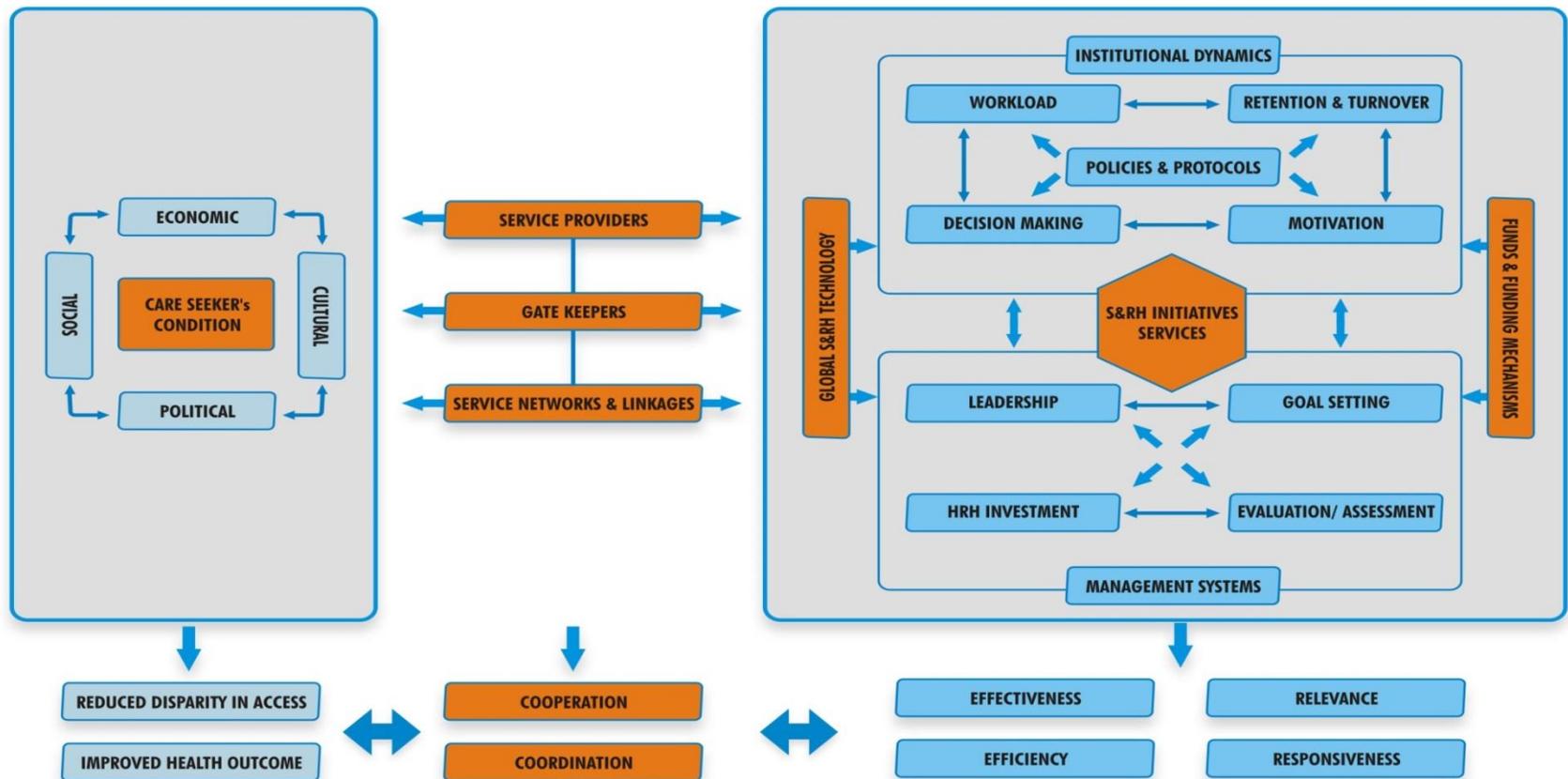
Results

- Based on the insights drawn from the study, it is recommended that RHM utilize the The Social Determinants and Care Threads of Engendered S&RH Service Provision Model and matrix as a framework/guide in further developing the organization's thrusts and directions and in enhancing its programs.



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S&RH MILLIEU



The Social Determinants and Care Threads of Engendered S&RH Service Provision Model



Results

- The model The Social Determinants and Care Threads of Engendered S&RH Service Provision Model is premised on the following:
 1. Any S&RH care initiative must be consciously situated to the socio-cultural, economic, and political milieu of its intended beneficiaries or clients users;
 2. There are various organizational factors that affect the design, implementation/delivery, monitoring, and evaluation of S&RH services;
 3. Clients or care seekers and their access to S&RH is determined by a combination and/or dynamics of different factors;
 4. Between S&RH providers and care seekers, there are service and initiative intermediaries; these links may likewise play the roles of communication and monitoring; and
 5. More than plain service provision, the value of care thread is to contribute to interlinked outcomes/impacts. The attainment of these outcomes/impacts determines the success of any S&RH initiative or service programs.



Conclusion

- RH Clinics in the Philippines are well-established having sustained their operations for many decades nation-wide complete with essential facilities; having capable and competent human resources and maintaining a steady funding source in carrying out its defined S&RH services and programs.
- The RH Clinics however must deal with and address particular issues as identified in the study affecting the delivery of S&RH services that would make the institution more responsive and relevant to the needs of its intended clientele such as:



Conclusion

1. Look into ways of empowering personnel and democratizing organizational processes that would make feedback mechanisms more institutionalized;
2. Literature scoping provided valuable theories and insights on re-engendering S&RH services;
3. Utilizing the principles of feminist research by drawing insights from client's perspectives, revealed the realities of gender-related concerns confronted RH Clinics. The delivery of S&RH services requires a gender lens from the service providers;
4. It is recommended that RH Clinics utilize The Social Determinants and Care Threads of Engendered S&RH Service Provision Model.



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