



FIXED DAY STATIC SERVICES/ FAMILY PLANNING DAY APPROACH TO EXPAND ACCESS TO QUALITY FAMILY PLANNING SERVICES

PURPOSE

To provide specific guidance on planning effective strategies for implementation of Fixed Day Static (FDS) Services/ Family Planning Day (FPD) services for expanding access to quality Family Planning (FP) services.

AUDIENCE

1. Chief Medical Officers (CMO)
2. Chief Medical Superintendents (CMS)
3. Nodal Officers -Urban Health, Family Planning
4. Urban Health Coordinator/Assistant Program Manager, NUHM
5. Persons In-Charge of Private Facilities
6. District Program Managers (DPM)

BACKGROUND

The FDS/ FPD approach has been seen to increase access and availability of quality FP services. It helps the government maximize the use of its limited resources including human resource, and increase the provision of services to a large number of beneficiaries. It is a collaborative effort wherein trained human resource, equipment, commodities and supplies at the facility are made available on a pre- announced day and time, known to the community.

The FDS/ FPD approach is consistent with the government strategy. It is organized on a regular basis on the same day to offer a range of FP methods or a specific method such as No-Scalpel Vasectomy (NSV), Female Sterilization (FST), Intra Uterine Contraceptive Device (IUCD) or Injectable. The FDS/ FPD can be organized in government facilities as well as in accredited private facilities. When organized in the private sector, the service burden on the government health facilities is reduced, thus providing the underserved a greater access to FP methods and services.

HOW FDS/ FPD INCREASES SATISFACTION AND TRUST OF USERS IN THE HEALTH FACILITES

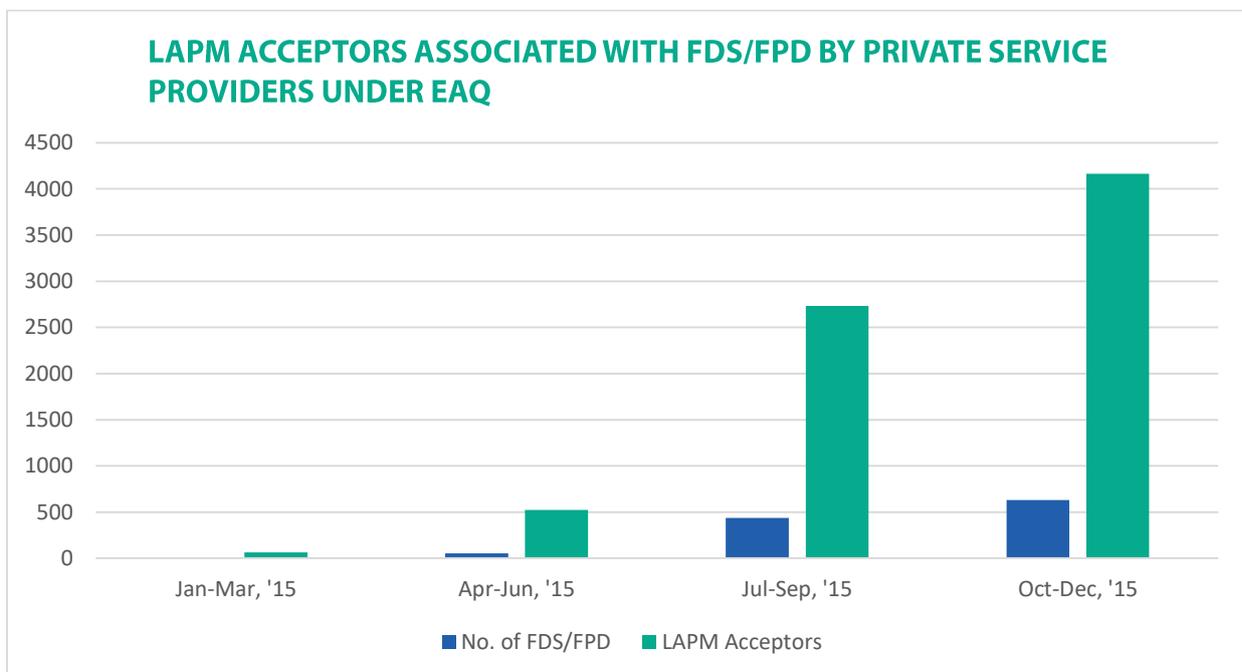
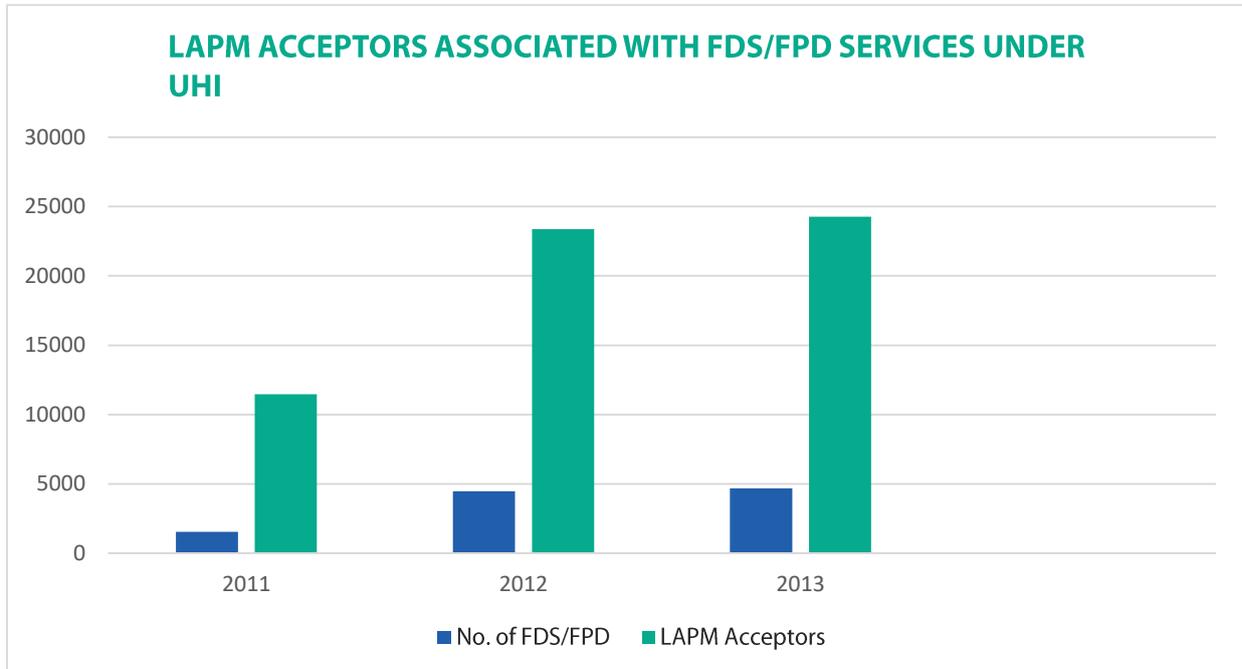
1. *Individuals receive FP services they have come for, unless they are screened out on medical grounds*
2. *High quality services are provided and appropriate follow-up is provided*
3. *The service schedule is widely publicized and is easy to remember*
4. *Waiting time is minimal.*

EVIDENCE OF THE IMPACT

The Urban Health Initiative (UHI) experience revealed that when FDS/ FPD for FP were regularly organized in a facility, they enhanced the quality and utilization of routine FP services in that facility.

Similar results have been demonstrated by the Expand Access and Quality to Broaden Method Choice (EAQ) project of Population Services International (PSI), which aims to increase the use of Long Acting Reversible Contraception (LARC) and Long Acting Permanent Methods (LAPMs) by expanding choice and access among people residing in urban slums of 32 districts of Uttar Pradesh.

The graphs below show that an increase in the number of FDS/ FPD conducted in selected facilities in Uttar Pradesh across 11 cities supported by UHI and 32 districts of under EAQ project resulted in an increase in the number of acceptors of LAPM.





GUIDANCE ON IMPLEMENTING FDS/FPD

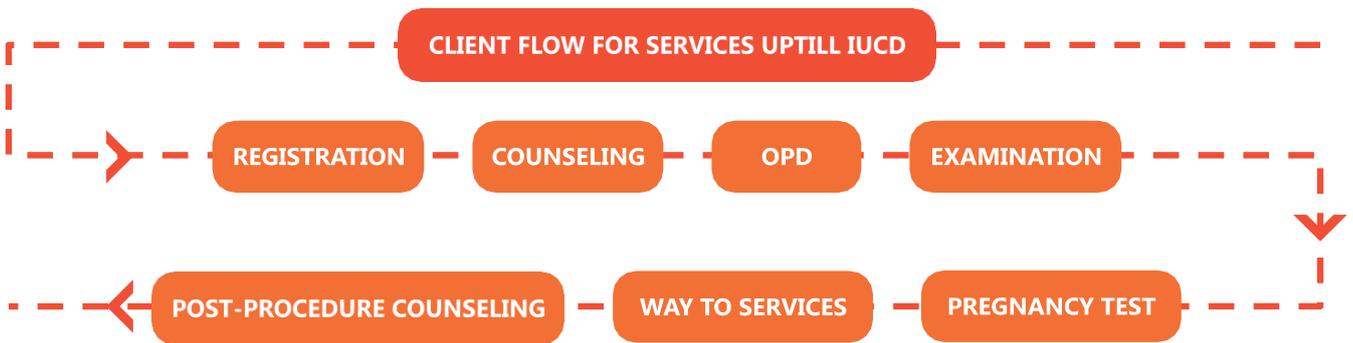
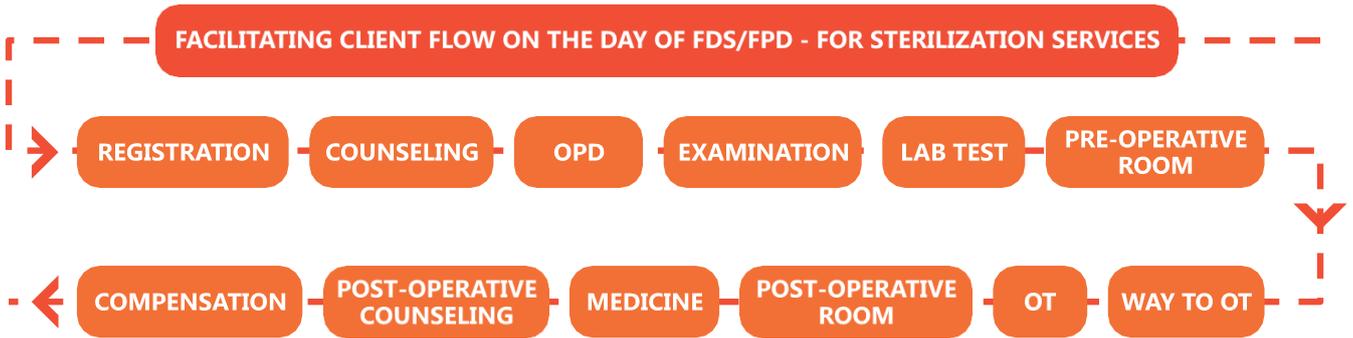
DETERMINING THE SCHEDULE OF FDS/ FPD FOR DISTRICT HOSPITALS, URBAN PRIMARY HEALTH CENTERS (UPHCs), COMMUNITY HEALTH CENTERS (CHCs), URBAN CHCs AND ACCREDITED PRIVATE HEALTH FACILITIES

1. The CMO should issue a directive to the facilities to share their FDS/ FPD calendar, after which a schedule can be drawn and a joint calendar can be prepared (Refer to: Government FDS calendar format).
2. Accredited private providers are also to be encouraged to organize FDS/ FPD and this should also be included in the respective district/ city calendars issued by the CMO.
3. The schedule submitted should include the proposed dates, the FP services to be provided and the FDS/ FPD medical team consisting of a doctor, an anesthetist (if available), paramedical staff, a lab technician, a counselor, a ward boy and a sweeper that would be made available. The CMO would then approve the schedule and budget as required.
4. The FDS/ FPD calendar should be widely circulated among health staff.
5. Community mobilizers and other community members should be informed about the FDS/ FPD schedule through handbills, newspaper inserts and other communication mechanisms for publicizing the information.

ENSURING FACILITY READINESS FOR FDS/FPD

The CMS/ facility-in-charge of accredited private facilities should constitute the FDS/ FPD team and assign responsibilities to ensure that commodities, supplies, equipment, human resource, requisite reporting forms, IEC materials and sufficient budget for wage loss compensation (wherever applicable) are available on the given day. Electricity and water supply are also important requirements for quality services. The checklist of facility readiness (Refer to: Annexure 6_checklist for preparedness of site during FDS for sterilization procedure) can be used to assess and ensure facility readiness.

1. A duty roster should be created by the facility-in-charge for all essential staff i.e. medical and non-medical, including anesthetists (if available), staff nurses, lab technicians, counselors, drivers, sweepers etc.
2. Where a facility does not have trained medical/ paramedic staff required for providing any particular FP services, such as lack of doctors trained in NSV, FST, injectable contraceptive, IUCD, the facility-in-charge should seek help and approval from the CMOs to depute qualified staff from another facility or to hire a private sector doctor for FDS/ FPD.
3. The CMS of the government facilities and the facility-in-charge of accredited private facilities should ensure that the wage loss compensation is paid to the sterilization clients and incentives are paid to the motivators (wherever applicable)
4. District quality assurance committee / members should visit the facility a day or two before the day of FDS/ FPD.



*Compensation for method adopted is applicable as per respective state schemes.

5. The counselor or the designated staff member should establish a separate registration counter for FP clients on the day of the FDS/ FPD and client information should be recorded in a register.
6. The counselor should offer pre-service counseling to clients (Refer to: Final draft of handbook on FP for counselors and paramedics, Chapter nos. 2 to 6) and respond to their queries with the help of Information, Education and Communication (IEC) materials (Refer to: UHI's method-specific IEC materials)
7. From here, the client should be sent to the Out Patient Department (OPD), where a designated/empaneled doctor should examine and screen the woman or man prior to the procedure/service. The doctor may also refer the client for any further diagnostic tests.
8. Based on the screening, the client should be offered the FP method of his/ her choice and in case the client is not fit for a particular FP method, then appropriate counseling should be done regarding the other available suitable methods.
9. All documentation should be completed. In the case of sterilization, the consent form, the medical case record checklist and the client card should be filled out and the client card copy should be given to the client (Refer to: Government consent form & other checklists for sterilization).
10. The accredited private facilities should utilize the government approved client records and reporting forms including the consent forms.

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11. The counselor should provide post-procedure counseling to all those who have received the service. This should include information about the necessary follow-up, possible side-effects and early warning signs which require immediate medical attention by a provider (Refer to: Final draft of handbook on FP for counselors and paramedics, Chapter no. 13).
 12. Condoms (in cases of NSV) and medicines for follow-up care should be given along with the client card before the client leaves the hospital.
 13. As per the government budget guidelines, the facility-in-charge should arrange for pick-up and drop for clients willing to use FDS/ FPD services (Refer to: ROP 2017-18, NHM-UP for budget guidelines for FDS).

MOBILIZING THE COMMUNITY TO PARTICIPATE IN THE FDS/FPD

1. The CMO should share the FDS/ FPD calendar/ handbill with governmental and non governmental organizations to inform on the FDS/ FPD, activate demand generation teams (community workers) and mobilize potential clients to seek FP services provided under FDS/ FPD.
2. Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs), District Urban Development Agency (DUDA) link workers, other developmental partners and NGOs should publicize FDS/ FPD services through different IEC materials like wall posters and handbills, which carry information about dates and venues of FDS/ FPD to mobilize the clients.
3. The FDS/ FPD date can be publicized by stamping it on the OPD registration forms in government facilities as well as in private and NGO facilities.
4. To publicize the FDS/ FPD, media can be briefed by the CMO.

ROLES AND RESPONSIBILITIES TOWARDS IMPLEMENTING FDS/FPD

CMO

1. Send a directive to the persons in-charge of all the rural and urban facilities and accredited private facilities to obtain facility-wise FDS/ FPD schedule and to approve and allocate resources
2. Encourage all accredited private facilities to organize FDS/ FPD
3. Proactively plan and organize FDS/ FPD in the district
4. Ensure that empaneled providers are available for conducting FDS/ FPD
5. Monitor quality and outputs of each facility

CMS/ FACILITY IN-CHARGE (IN CASE OF PRIVATE FACILITIES)

1. Develop the FDS/ FPD calendar
2. Establish FDS/ FPD teams
3. Supervise facility readiness
4. Ensure that informed choice and method-specific counseling is done as per guidelines

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5. Ensure that clients are appropriately screened. In case, they are not eligible for their preferred method, clients should be counseled about other appropriate contraceptive alternatives
 6. Ensure that methods are provided with appropriate quality of care including recommended infection prevention practices
 7. Monitor the quality of FDS/FPD services and ensure correct reporting. The facility-in charge is responsible for ensuring quality of services and correct reporting
 8. Ensure wage loss compensation for sterilization clients
 9. Minimize waiting time for clients at the facility on the day of FDS/ FPD

NODAL OFFICER - URBAN HEALTH AND FP

1. Lead in planning and organizing FDS/ FPD in the district
2. Manage the FDS/ FPD operations including team deployment and logistics
3. Coordinate and oversee all quality parameters and work as an interface between district leadership and facilities
4. Ensure methods are provided with appropriate quality of care including recommended infection prevention practices
5. Ensure a smooth supply of commodities and supplies
6. Monitor FDS/ FPD for quality and ensure data validation and reliability
7. Ensure client verification for accredited private facilities.

FACILITY COUNSELOR

1. Develop the FDS/ FPD calendar and establish FDS/ FPD teams
2. Supervise facility readiness
3. Ensure that informed choice and method-specific counseling is done as per guidelines
4. Ensure that clients are appropriately screened
5. In case the client is not eligible for their preferred method, they should be counseled about other appropriate contraceptive alternatives
6. Ensure that methods are provided with appropriate quality of care including recommended infection prevention practices
7. Monitor the quality of FDS/ FPD services and ensure correct reporting
8. Ensure wage loss compensation for clients to be sterilized
9. Minimize client waiting time at the facility on the day of FDS/ FPD

ASHA/ MAHILA AROGYA SAMITI (MAS), NGO, OUTREACH WORKER

1. Generate awareness and mobilize clients for FP through home visits and group meetings
2. Prepare potential client list before each FDS/ FPD
3. Use IEC materials to provide information to men, women and community leaders about FP and specific contraceptive methods
4. Use handbills to provide information on FDS/ FPD schedules and availability of services
5. Accompany clients to the facilities to help them access services
6. Provide feedback to the facility-in-charge on services
7. Support post-procedure follow-up of clients

MONITORING OF FDS/FPD

FDS can be monitored by including FDS/ FPD as a regular agenda item for discussion in the District Quality Assurance Committee (DQAC) meeting, District Health Society (DHS) meeting, and monthly meeting of Medical Officers In-Charge convened by the CMO. The following indicators should be reviewed:

1. Number of FDS/ FPD planned as compared to the number of FDS/ FPD held
2. Number of FP clients served through FDS/ FPD, and their method-mix distribution
3. Percentage of FP clients served through FDS/ FPD vis-a-vis total FP clients served, by method and by month
4. Client-provider ratio for sterilization (to ensure that client safety and quality of care is not compromised)

Further, spot checks by the CMO and by in-charge of private facility should be undertaken to ensure attention to quality parameters and resolution of bottle-necks.

Monitoring the reasons for which women are screened out or service provision is postponed, particularly for sterilization, can provide important information on quality of care and provider-driven barriers to services. This information can be obtained by noting the reasons for screening out/ postponement in the client register.

Data Quality Assurance - Although there is a tendency to collect and report service provision data from FDS/ FPD together with the data from routine service days, separate record-keeping for a certain period of time is recommended for monitoring.

COST ELEMENTS

The elements required for FDS/ FPD are mentioned below along with their Program Implementation Plan (PIP) codes for easy reference. They may be covered under existing budget line items, but if not, they should be incorporated through the PIP. Any additional support can also be sought from the flexi-pool.

The table below 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 implementing FDS/ FPD services.

Cost elements/ PIP Budget Head	FMR Code
Demand generation, strengthening service delivery	1.1.3.2.1; 3.2.1
IEC, mid media, mass media	11.6.1; 11.6.3; 11.6.4; 11.6.5; 11.6.6

Inter personal communication	U.11.3; 11.6.2
Necessary kits, surgical equipment and supplies	U.6.1.1 & U.6.1.2; 6.1.1.3.a till 6.1.1.3.f
Printing of FP manuals, guidelines	12.3.1 till 12.3.5
Training & capacity building, additional manpower	U.8.1.8.1.2;U.9.5.1 till U.9.5.8; 3.1.2.5; 9.5.3.1; 9.5.3.1 till 9.5.3.27
POL for family planning/others (including additional mobility support to surgeon's team if required)	2.2.1
Drop-back scheme	7.3
Quality assurance	U.16.2.1; U.13.1.1 & U.13.2.1

Source: NHM PIP Guideline, 2018-19

SUSTAINABILITY

Sustainability of FDS/ FPD can be achieved through the following measures:

1. Ensuring that financial resources required for FDS/ FPD are included in the annual PIP
2. Establish a routine schedule of implementation through an order by the CMO and institutionalize monitoring in monthly meetings.
3. Making a specific staff member accountable for FDS/ FPD (for example, a doctor/ matron/ senior nursing staff of a District Womens Hospital (DWH) or the in-charge of a private accredited facility) at each facility. By making quality FP services more frequently available at a facility, FDS/ FPD serves as a first step towards providing comprehensive FP services on a regular basis. FDS/ FPD at the DWH and other accredited private facilities have become a regular practice where a broad range of FP services are provided. Still, the need is to continuously publicize the event in poverty clusters and other slum areas to create demand.
4. Ensure that providers have skills and knowledge to provide all methods (as it decreases the need for contracting-in providers on special days and facilitates availability of all methods on a regular basis).
5. Including provision for contracted-in counselors in the PIP (as it facilitates availability of counseling for both FDS/ FPD and routine services).
6. For sustaining FDS/ FPD in private accredited facilities, constant follow-up should be done with private providers by the CMO or his designated nodal officer to motivate them, build their capacity, provide them timely reimbursements and support them in generating demand for FP services on the FDS/ FPD days.



AVAILABLE RESOURCES

1. Annexure 6 checklist for preparedness of site during FDS for sterilization procedure
 2. Exit interview for client on FDS (Refer to the standards & quality assurance in sterilization services, annexure 19, page 95)
 3. Facility audit checklist (Refer to the standards & quality assurance in sterilization services, annexure 6, page 72)
 4. Final draft on handbook on FP for counselors and paramedics, chapter nos. 2 to 6
 5. Final draft of handbook on FP for counselors and paramedics, chapter no. 13
 6. Government consent form & other checklists for sterilization
 7. Government FDS calendar format
 8. Pregnancy screening checklist (GOI/ PSI/ USAID)
 9. Reference manual on female sterilization (GOI guidelines)
 10. Reference manual on male sterilization (GOI guidelines)
 11. Standards and quality assurance in comprehensive family planning services in private facilities through “Fixed Day Static” Approach (PSI-EAQ Project)
 12. Standards and quality assurance in sterilization services (GOI, Nov. 2014)
 13. UHI/ Government approved IEC resource materials (handbills, posters etc.)
 14. Quality standards for urban primary health Centre- (<http://tripuranrhm.gov.in/QA/Guidelines/QualityStandardsforUrbanPrimaryHealthCentre.pdf>)
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