

## Family Planning Services on a “Fixed Day” Brings Certainty to Firozabad’s Urban Poor

by Deepti Mathur | Nov 1, 2017



**Photo credit: Deepak Tiwari, TCIHC City Manager, Firozabad, UP**

Firozabad is a city in Uttar Pradesh, India, famous for its *'jhad-fanous'* (chandeliers). Home to almost one million people, it is also known as the *'Suhaag Nagri'* (land of nuptials) for producing the amazing glass bangles women traditionally wear for their weddings. The bangle industry generates most of Firozabad's revenue and attracts a huge amount of trade and tourism, as well as migrant workers.

The city's underbelly, though, is a story of hazardous workplace practices amidst a burgeoning urban slum population with minimal access to quality health care services including family planning. It is because of the latter that Firozabad was chosen for an intervention by The Challenge Initiative for Healthy Cities (TCIHC) in India.

Previously, India's Urban Health Initiative (UHI) had established a so-called “fixed day static” (FDS) service model, a quick and effective way of providing family planning services. FDS increases access and provides assured quality family planning services to women on a fixed day. TCI's implementing partner in India – Population Services International (PSI) – drew on its experience from the Expanding Access and Quality (EAQ) to Broaden Method Choice project and from previous UHI experience, when deciding to implement FDS for long-acting reversible contraceptives because it gives women more choices and does not have to be hosted solely in secondary care hospitals.

PSI discovered that Firozabad with nine urban primary health centers (UPHCs) had almost 90% of their nurses and auxiliary nurse midwives (ANM) already on board and trained. But they had not done family planning procedures like the insertion of the intra-uterine contraceptive device (IUCD) for quite some time. As a result, the staff lacked confidence and precision in providing these services. These UPHCs also did not have IUCDs and essential equipment on a regular basis so even if they were trained, they would not be able to do the procedures without supplies and their skill would remain underutilized.

Thus emerged the need for training this cadre and ensuring supplies to pave the way for providing family planning services at the Firozabad UPHCs.

TCIHC approached and briefed the Chief Medical Officer (CMO) and his team about the situation and met with the Mission Director from the National Urban Health Mission (NUHM) to seek an effective resolution. Further investigation revealed that the Hindustan Latex Family Planning Promotion Trust (HLFPPT) was the designated training agency for strengthening the capacity of health service providers, including the ANMs and staff nurses. But their mandate was to train staff posted in rural areas not urban areas, because the NUHM is relatively new.

With all this in mind, TCIHC had a decision to make: Do the training itself – even though that would take too much time and resources – or leverage existing resources. TCIHC chose the latter after getting approval for the training in September 2017. HLPPT stepped in to train two nurses and nine ANMs. In addition, the CMO ordered that family planning supplies be rerouted from one UPHC to all the UPHCs at a regular interval of time to address the supply problem.

PSI in India has thus adapted the TCI “business unusual” approach and is scaling up proven interventions, while Firozabad can now better meet its women’s family planning needs through FDS services at a location close to their home.

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