

30 HOUR MAGIC PLUS

INTRODUCTION

TCIHC initiatives are based upon evidence based approaches. The approaches had shown results earlier in projects such as Urban Health Initiative (UHI) and Expanded Access to Quality Family Planning Choices (EAQ). However, the approaches were not extensively rolled out for urban poor population. Consequently, TCIHC started its effort to increase uptake of family planning services in cities which were struggling to activate Urban Primary Health Centres (UPHCs) for family planning services.

Catering to the need of the situation, TCIHC decided to start with Fixed Day Static (FDS)/Family Planning Day approach out of the nine approaches to demonstrate to the cities that family planning services are possible at the Urban Primary Health Centres (UPHCs). An experienced team was engaged

FOUR PILLARS OF 30 HOUR MAGIC DRIVE PLUS

1. *Ensuring community engagement*
2. *Facilitating facility preparedness*
3. *Facilitating quality assurance*
4. *Ensuring monitoring & data reporting*

to ensure in developing a robust system for better family planning services at UPHC.

HOW IT IS DONE

Special FDS drive is a thirty hours' activity spread over three days.

First 10 hours:

- **Ready-to-start facilities:** Identify three-four ready to start UPHCs by assessing their status on trained manpower, availability of supplies, equipment and minimum criteria required for quality family planning services.
- **Establish rapport:** Being a new concept, it is essential to explain the purpose of the activity and discuss the entire plan. Hence, seek buy-in of city officials including Chief Medical Officer (CMO/CMHO/CDMO), other Urban Health Officials, District Quality Assurance Committee (DQAC) members, Medical Officer In-Charge (MOIC) and other UPHC staff
- **Identify high performing ASHAs:** Identification of high performing Urban ASHAs with at least 30% qualifies for short orientation on UHIR updation, counselling & client mobilization
- **Taking out of non-user list** from UHIR and focusing on potential young clients primarily

- **Publicization of special FDS** by front line workers through innovative activities
- **Accommodate Referral:** Nearby facilities including DWH, MC & private accredited hospitals are informed to accommodate referral
- **Quality Assessment:** DQAC members are informed for quality assessment on the 3rd day and on the day of FDS
- **Pooling Resources:** Supplies ensured in all identified UPHCs by pooling resources from nearby places

Next 10 hours:

- Onsite mentoring to ASHAs, ANMs continued
- Group Communication Activity of non-users
- Preparation of due list by each ASHA

Last 10 hours:

- Onsite coaching continued
- DQAC visits for quality assessment
- All due lists from ASHAs collected, compiled and informed respective Facilities in Charge
- Set up registration desk, counselling corner, IEC corner, screening room and procedure room
- A standardized format is prepared for listing/registering family planning client
- Exit interview checklist ready for assessing client satisfaction on FDS

RESULTS SO FAR

TCIHC demonstrated special FDS in few cities and each time it gave promising results as per FDS average efficiency (which is more than thirty clients), which led to activating UPHCs. Thus, "30-hour magic plus" became a formula for success and has been replicated across cities.

LEARNINGS

- The 30-hour magic plus is an approach and a ready-reckoner, which helps demonstrate how family planning can be brought in at the UPHC in a short span of time. Involving city government, DQAC are key to getting buy-in of this demonstration approach.
- Few successful demonstrations of this approach encourages other facilities, ASHAs and city officials for organizing FDS/FPD.
- This approach helps identify issues which need to be streamlined in the long-run for making a UPHC ready for providing family planning services.