

FIELD PROGRAM SERVICE ASSISTANT CONCEPT IN INDIA

Making efforts towards improving quality of family planning services









BACKGROUND

The Challenge Initiative for Healthy Cities (TCIHC) provides technical assistance to the government for strengthening service delivery for family planning at the urban health system for urban poor through proven High Impact Approaches (HIA). Quality Assurance (QA) in service delivery is one of the most crucial components on which TCIHC stresses upon. The focus is to maintain high quality standards set up by the Government of India for the family planning services provided at UPHCs.

The Government of India has defined national quality assurance guidelines for UPHCs. There are further guidelines for states. The State Quality Assurance Committee (SQAC) at the state level and District Quality Assurance committee (DQAC) at the District level are set up as per the national guideline. However, they have not been functional optimally.

With regards to family planning, challenge arises due to non-focus of UPHCs on family planning services. Moreover, there is lack of ownership for quality assurance in urban health within the QA committees.

Consequently, there is not enough evidence of QA monitoring in UPHCs. However, since the launch of National Urban Health Mission in 2013 'city governments' and TCIHC's renewed efforts on making family planning services available at UPHCs, the need for Quality Assurance arise to ensure better quality of family planning services at UPHCs.

OPERATIONALIZATION OF FPSAS

For the purpose of overseeing quality parameters of family planning services, TCIHC has deployed Field Program Service Assistants (FPSAs) in the 31 intervention cities of three states including Uttar Pradesh, Madhya Pradesh and Odisha.

FPSA's are entrusted to independently observe quality of care using QA checklist for family planning services at the UPHCs. However, they are not directly involved in any quality improvement process or activity including direct support to UPHC staff in serving clients.

FPSAs are envisaged as mentors for the UPHC team for improving quality. They are trained on contraceptive technology update, Infection prevention practices and QA systems.

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	Assessment									
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_	Assessment	FDS/FPD		Non FD	IS/FPD					
	code					,				
	of FPSA				Signature					
Means	of Verification: O= Observed	; I= Interview; R	Record review N		red		Yes	No	Means of verification (O/R/I)	Comments if any
	Clinic Infrastructure Waiting area with adequate	seating facility					1	0	0	
_	Clinic environment acceptab						1	0	0	
	Hand washing facilities (runn		iap)				1	0	0	
hr	Functional Tollet						1		0	-
-	Electricity available/ Power I	back up				-	1	0	0/1	
vi	Referral linkage/ referral fac						1	0		-
	Score	y						, ·	<u> </u>	
	Staff	-								
	Medical Officer- MBBS						1	0	0/1	
-0	Staff Nurse						1	0	0/1	
	At least one provider trained on IUCD insertion							0	1	
dv	At least one provider trained on injectable contraceptive							0	 	
×	ANM Attached							0	0/1	
-vi	Support Staff						1	0	0/1	
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	Client Charter									
н	Clients' rights / Services dis	played at a promi	inent place at the fa	acility			1	0	0	
Hii	Board displaying service tin							0	0	
HII	Rooms indicating the type of service /room no. displayed						1	0	0	
	Score									
v	Counselling Area									
V-I	Counselling area with Audio	Visual Privacy					1	0	0	
V-ii	Flip Charts/Posters/Models/	Job-aids for FP			-	-	1	0	0	
V-III	Samples of Contraceptives/i	otives/informed choice basket						0	0	
V-iv	Follow up Cards-IUCD/Inject	able (Wherever a	applicable) cards				1	0	0	
	Score									
,	Contraceptive Supplies									
	Following products in unope	ened, undamage	d, packages not be	yond expiration	on dates:					
4	Condoms						1	0	0/1	
-1	COC pills						1	0	0/1	
-11	EC pills	_	-		-	•	1	0	0/1	
-iv	IUCD						1	0	0/1	
Ly	DMPA (ANTARA)	-	-		_		1	0	0/1	
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Figure 1: Quality Assurance Checklist to assess UPHC readiness

TCIHC initiated a quality assurance checklist to assess the readiness of UPHCs. It has three components - Input, Process & Outcome as shown in the sample diagram given above. Each component has indicators with associated scores assigned to them. FPSAs are responsible for assessing Input, Process and Outcome indicators during their facility visits.

As per the checklist facility meeting, 80-100% scores fall in 'A' category, between 60-79% fall in 'B' category, between 40-59% are classified under 'C' category and those falling less than 40% are put into 'D' category.

FPSAs are given hands-on-practice on QA checklist along with visit to the UPHCs to understand its structure and functioning.

They primarily note their observations in the QA checklist and share their feedback with Manager - Programs (of TCIHC city). Manager - Programs further share / present it to the health leadership at UPHCs and district level for their consideration and corrective actions.

CHARACTERISTICS OF FPSAS

FPSAs are qualified nurses with valid registration

The QA checklist is adapted from various thematic checklists from several government sources and has been made succinct to make it easy to use. The checklist helps in four ways:

- a). Helps aggregate issues that can be resolved at the facility level by the medical officer like stock out of medicines and other supplies; renewal of annual maintenance contracts of equipment, getting screen installed for privacy and following infection prevention practices
- b). Helps aggregate issues that can be resolved at the Chief Medical Officer (CMO) level such as purchase of equipment etc.
- c). Helps aggregate issues that needs to be brought to the attention of DQAC like pending review of UPHCs, pending accreditation of private facilities, etc.
- d). Helps aggregate issues that needs to be brought to the attention of State like getting UPHC staff trained on IUCD, Antara etc.

from nursing council, having experience in labour room, family planning & midwifery.

- FPSAs are based within districts and support in data collection, ensuring/ improving the quality of service delivery at the facility level.
- One FPSA is associated with 12-15 UPHCs (the number may vary according to number of UPHCs in a district).
- The Manager Programs and Quality Assurance team members follow up with FPSAs and facilitate to resolve any challenges faced by them.

ROLE OF FPSA

- Visit two facilities per day. On the day of FDS/FPD, particularly focus on one facility holding FDS/FPD day. On the FDS day, observe the 'process' and all the activities till the end
- Ensure UPHC readiness (adherence to QA checklist) especially before every fixed day static (FDS)/ family planning day (FPD)

- Inform Manager Programs (TCIHC city) and Medical team (TCIHC) about the observations as per checklist and points which require immediate attention.
- Facilitate formation of Quality Improvement (QI) team at the facility. Provides coaching organizing their regular meetings and ensuring all relevant gaps are addressed and action plan made. FPSA oversees that meeting is conducted as per National Quality Assurance Standards (NQAS) guidelines

VISION OF SUCCESS / OUTCOME

It is envisaged that client's satisfaction will increase by providing quality FP services.

Although, improving quality of family planning services at the facilities is the priority for TCIHC, establishment of a QI team, strengthening of the processes/ systems (based upon the data/evidence), will eventually help in improving performance of all UPHC functions.

The initiative will help more UPHCs to qualify for the National Quality Assurance Standard certification. The certification will act as a visible mark of quality and will attract more people to avail UPHC's services.

PROGRESS SO FAR

Forty FPSA's are in place with each taking charge of supporting 10-14 UPHCs on an average. However, this ratio may vary according to the number of UPHCs per city.

These FPSA's started quality assurance visits in October 2019 and started utilizing the checklist as an observation tool. As a result, many quality indicators have improved because several issues have been resolved with the help of medical officer and many issues have been brought to the notice of CMO like-

- Purchase of IUCD insertion kits, infection prevention equipment and supplies
- Training of medical officers, staff nurses on IUCD and new contraceptives
- Improvement in documentation related to family planning services
- UPHCs are following infection prevention and service provision standards
- Behaviour change in facility staff for conducting client exit interview to assess satisfaction.