

FIXED DAY STATIC/FAMILY PLANNING DAY SERVICES Vs. ROUTINE SERVICES

Streamlining of FP services in UPHCs shows marked improvement in uptake, both on FDS/FPD and routine service days

INTRODUCTION

The government of India (GoI) has adopted various strategies from time to time to provide quality family planning services to the urban poor population. Over the years, moving away from a routine service delivery based approach, Fixed Day Static (FDS) / Family planning day (FPD) approach has evolved as one of GoI's strategies to make primary health care facilities self-sufficient in providing FP services.

RATIONALE FOR FIXED DAY STATIC / FAMILY PLANNING DAY SERVICES

Organizing FDS/FPD Services for family planning under Urban Health Initiative (UHI) revealed that when FDS/FPD was regularly organized in a facility, it enhanced the quality and utilization of routine family planning services. Similar results were also observed from accredited private facilities in Expand Access and Quality to Broaden Method Choice (EAQ) project of Population Services International (PSI).

Recognising FDS/FPD as a high impact approach in relation to regular routine services, The Challenge Initiative for Healthy Cities (TCIHC) worked along with the state government of Uttar Pradesh, Madhya Pradesh and Odisha to prioritize weekly FDS/FPD for both short-acting and long-acting methods (LARC) like Intra-Uterine Contraceptive Device (IUCD) and Antara. In this collaborative effort with government, TCIHC ensured availability of trained manpower, equipment, commodities and supplies at a facility (UPHC) on a pre-announced day and time known to the community.

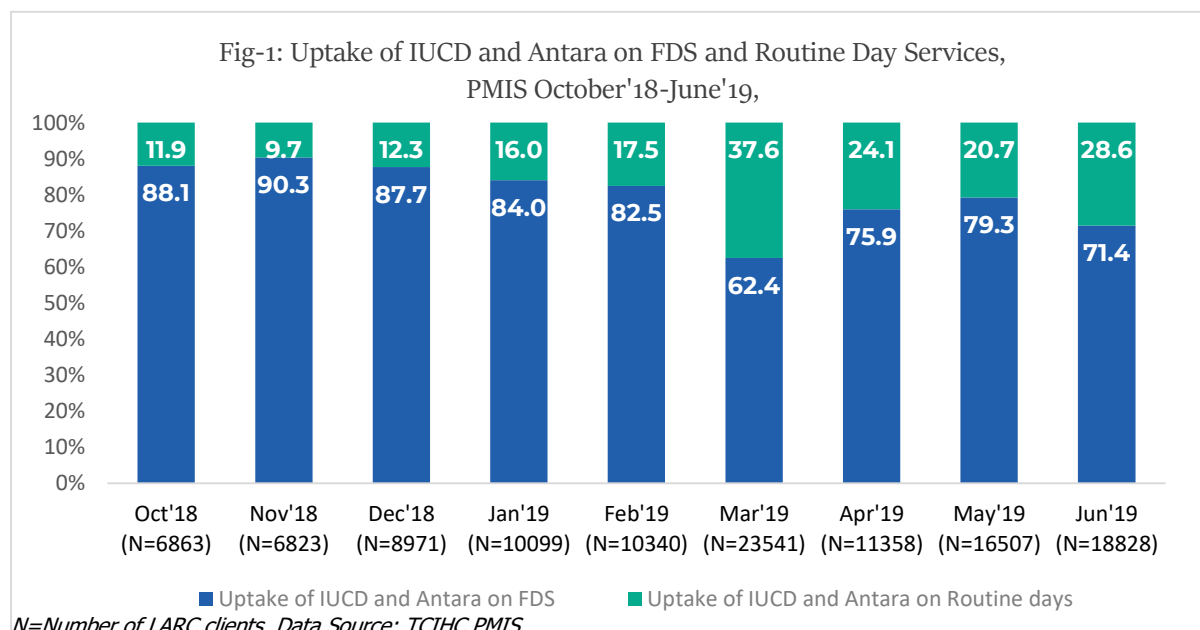



Figure 1: This graph clearly shows how Fixed day static /Family planning day approach has not only led to increased uptake of reversible contraceptives but also has led to increased uptake on routine service days.

HOW HAS FDS/FPD REGULARIZED ROUTINE SERVICES

For the identified facility, FDS/FPD is conducted regularly on designated days in a week and widely publicized – so that clients can come to that facility on that day and be assured of receiving quality FP services. FDS is where trained staff, equipment, supplies and commodities are made available on a pre-



announced day and time at urban primary health centres (UPHCs). Making it a regular feature of the UPHCs services and making it widely publicized is the unique selling point of this strategy.

This high-impact approach (FDS/FPD) has led to the activation of 493 out of 508 UPHCs in the 31 cities and 89% of them conducting four FDS in a month (source: Program Management Information System (PMIS)).

Further, the data collated from 31 program cities inform that when a facility started organizing FDS/FPD, not

only did the basket of choices got expanded but it also enhanced the quality and utilization of FP services in that facility during routine days as well.

So by the end of June' 2019, 84% of UPHCs started providing IUCDs and 70% were providing Antara (injectable contraceptive). There was a three-fold increase of LARC clients from 6,863 in October 2018 to 18,828 in June 2019 who received either IUCD or Antara at UPHCs. During these nine months, a total of 113,330 long-acting reversible contraceptive (LARC) clients received services at UPHCs, out of which over 86,934 (77%) of clients received services on a fixed day service and remaining 26,396 (23%) during routine service days (See Fig-1).

It shows that focus and uptake of family planning services is increasing during FDS/FPD days as compared to other routine service days. However, gradually the service uptake is also increasing on routine service days as well.

LEARNINGS

Although with the introduction of FDS/FPD approach, there is a substantial shift of client load to FDS/FPD service days, however, there is marked growth in numbers during the routine services. Further, observations from the field in respect of FP services present an overall improvement in standards and uptake of services -

- City health officials are encouraged as FP numbers have considerably improved both on FDS/FPD approach as well as on routine basis in their cities.
- Facility staff and ASHAs are a more satisfied lot, as their clientele/ FP clients are rapidly increasing and so is their incentive.
- ASHAs mobilize their clients to visit the UPHCs on particular FDS/FPD days for services. They utilize other weekdays for contact visits to the slums for awareness and mobilization of clients.
- Training of staff nurses is planned on days other than FDS days to ensure their unhindered availability for FDS/FPD services.
- If any staff is unavailable in a UPHC on an FDS/FPD day, replacement from other facilities is provided for unhindered services.
- Since the UPHC is well equipped, it is fit to cater to FP services also on non-FDS/FPD days.
- Systems for supplies, indenting and delivery have become regularized. This ensures availability of supplies on FDS/FPD days in particular, as well as on the other days.
- Staff Nurses (who also provide pre and post-procedure counselling) provide proper information and knowledge to the FP clients on all the days.
- Proper and regular monitoring of FP services is happening since the monitoring system has been strengthened

In HMIS reports, FP clients handled on FDS/FPD days are not separately recorded. However, in UPHMIS, such information is recorded in separate FDS/FPD columns.