

**ASSESSING THE FACILITY PREPAREDNESS FOR FIXED DAY STATIC
SERVICES UNDER FAMILY PLANNING PROGRAMME OF PUBLIC HEALTH
FACILITIES OF VARIOUS DISTRICTS OF RAJASTHAN**

Dissertation Submitted to



The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

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Under the Supervision and Guidance of

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CERTIFICATE

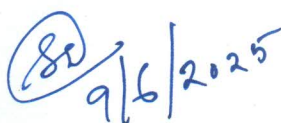
This is to certify that **Dr. Tisha Tanwar**, student of MBA, Indian Institute of Health Management Research (IIHMR University, Jaipur) has successfully completed her Dissertation & Internship at National Health Mission, Rajasthan from 10th March, 2025 to 31st May, 2025.

Her performance was found satisfactory. We extend her good wishes for a bright and successful career ahead.

(Dr.  Bharti Dixit)
Mission Director, NHM
Joint Secretary
Medical Health & Family Welfare

CERTIFICATE

This is to certify that dissertation titled **Assesing the facility preparedness for Fixed Day Static services under Family Planning Programme of public health facilities of various districts of Rajasthan** is a record of the research work undertaken by Dr Tisha Tanwar in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

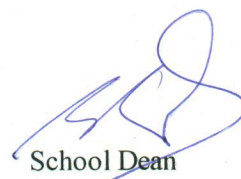
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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **Assessing the facility preparedness for Fixed Day static services under Family Planning Programme of public health facilities of various districts of Rajasthan** is the bonfide record of my original research work . I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.


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Dr. Tisha Tanwar

ABSTRACT

STUDY OBJECTIVES

The aim of this study was to Assess the level of facility preparedness for delivering Fixed Day Static (FDS) services under the family planning programme in selected public health centres across five districts of Rajasthan—Jaipur, Sikar, Ganganagar, Ajmer, and Jhunjhunu. The focus was on identifying gaps in infrastructure, equipment availability, staff readiness, and adherence to standard operating protocols. The study also aimed to generate district-wise insights and actionable recommendations to strengthen the quality and consistency of FDS service delivery, ensuring safer and more accessible reproductive health services.

METHODOLOGY

A descriptive study method was conducted using a structured facility assessment checklist based on government norms and FDS service guidelines. The sample included 54 health facilities including primary health centres and community health centres from the five target districts. Data were collected through direct observation, review of facility records, and interviews with service providers. Each facility was scored across key domains—equipment and supplies, OT readiness, emergency preparedness, staff training, and documentation practices. Scores were compiled and analyzed district-wise to determine overall compliance percentages and identify performance gaps.

KEY RESULTS

The analysis showed significant variation in preparedness levels across districts. Jaipur reported the highest compliance rate at **95.24%**, followed closely by Sikar (**94.56%**) and Ganganagar (**92.86%**), indicating strong adherence to FDS service standards. Ajmer and Jhunjhunu reported lower compliance levels at **86.90%** and **83.27%**, respectively, highlighting the need for targeted improvements. Common deficiencies observed across lower-performing facilities included the absence of Minilap and laparotomy sets, poorly maintained or unequipped operation theatre

inadequate emergency resuscitation tools, and insufficient staff training in sterilization and emergency protocols. Additionally, weak referral mechanisms were identified as a recurring challenge in facilities with lower readiness.

CONCLUSION

The study concludes that while certain districts in Rajasthan have demonstrated strong compliance and preparedness for FDS service delivery, others continue to face critical infrastructural and operational challenges. The identified gaps, if unaddressed, may compromise the safety, quality, and accessibility of family planning services. To improve preparedness, the study recommends the immediate provisioning of essential surgical kits, regular maintenance of OT infrastructure, periodic facility audits, skill-based staff training, and the development of robust referral protocols. The results provide a valuable insight for health managers and policymakers to strengthen family planning services not only in Rajasthan but across other states in India as well. By focusing on operational gaps and quality improvement, the project supports the broader public health goal of enhancing reproductive healthcare through accessible, efficient, and standardized service delivery at the primary healthcare level.

KEYWORDS

1. Facility Preparedness
2. Family Planning
3. Fixed Day Static Services (FDS)
4. Public Health Centres
5. Reproductive Health

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ABBREVIATIONS

NHM	National Health Mission
FPS	Family planning services
FDS	Fixed day static
NSV	Non Scapel Vasectomy
OCP	Oral contraceptive
CHC	Community Health Centre
PHC	Primary Health Centre
DH	District Hospital
OT	Operation Theatre
SDG	Sustaniable Development Goals
FWP	Family Welfare Programme
IUCD	Intrauterine Contraceptive Devices
Mini lap	Mini Laprotomy
MMR	Maternal Mortality Rate
IMR	Infant mortality rate
MCH	Maternal Child Health
TFR	Total Fertility Rate

INTRODUCTION

NHM (National Health Mission)

The **National Health Mission (NHM)** was launched by the Government of India in 2013, It is divided into 2 submissions i.e **National Rural Health Mission (NRHM, launched in 2005)** and the **National Urban Health Mission (NUHM)** (Ministry of Health and Family Welfare, 2013). The National Health Mission (NHM) is dedicated to delivering accessible, affordable, and high-quality healthcare to both rural and urban communities, with a special focus on reaching vulnerable and marginalized populations. It prioritizes the enhancement of healthcare infrastructure, encourages active community involvement, and promotes the integration of health services across all levels of care..

The mission focuses on key areas such as reproductive health , maternal health and newborn, child, and adolescent health , also plays role in prevention and control of communicable and non-communicable diseases and universal access to public health services. NHM encourages state-specific strategies to address local health challenges effectively.

It also supports health system reforms including human resource strengthening, robust data systems, capacity building, and public-private partnerships. In these years many health indicators improved across the country and still continues to be a changemaker in India's public health framework.

Aims and Objectives of NHM

The National Health Mission (NHM) strives to make quality healthcare accessible and affordable for all (Ministry of Health and family Welfare ,2013) especially the underserved, by building a more responsive and accountable health system. It focuses on narrowing the gaps in service delivery and improving overall health outcomes.

Key Objectives:

- **Reduce Maternal & Child Mortality:**
Focused efforts to lower MMR, IMR, and under-five deaths through safe deliveries, emergency care, and child immunization.
- **Ensure Universal Health Access:**
Provide comprehensive services for reproductive, maternal, newborn, child, and adolescent health (RMNCH+A), along with treatment for various diseases.
- **Promote Family Planning:**
Support reproductive health and family planning to achieve population stabilization.
- **Encourage Healthy Living:**
Raise awareness and encourage healthier lifestyle choices to prevent non-communicable diseases, address mental health, and reduce substance abuse.
- **Enhance Community Participation:**
Involve communities in health planning and decision-making to ensure need-based interventions.
- **Improve Human Resource for Health:**
Recruit, train, and retain skilled healthcare professionals to meet the demands of the public health system.
- **Strengthen Health Information Systems:**
Use data and digital tools to improve monitoring, evaluation, and evidence-based decision-making in healthcare delivery.

- **Strengthening Health Infrastructure and Systems:**

To improve health facilities, ensure availability of essential drugs and diagnostics, enhance human resources, and implement health information systems.

- **Decentralized and Participatory Health Planning:**

To involve Panchayati Raj Institutions and other local authority in planning, monitoring, and implementation of health programs.

- **Financial Risk Protection:**

- To reduce out-of-pocket expenditure and provide financial protection for healthcare expenses, especially to economically weaker sections, through various schemes and entitlement

FAMILY WELFARE PROGRAMME

The Family Welfare Programme (FWP) is a major public health initiative by the Government of India, aimed at stabilizing population growth and enhancing reproductive, maternal, and child health across the nation. India was one of the first countries globally to launch an official family planning initiative, beginning in 1952.

Over the years, the programme has significantly expanded its scope to include a wider range of reproductive health services and now forms an integral part of the National Health Mission (NHM).

Objectives

Primary objectives of the Family Welfare Programme are:

- 1.To reduce the Total Fertility Rate i.e TFR in population
- 2.To promote small family norms through informed and voluntary choice of contraceptive.
- 3.To improve maternal health and child health by ensuring access to quality and ensured health service.

4.To empower individuals and couples to make responsible and informed choices about reproduction and family planning.

Key Components

Family Planning Services: Provision of a wide range of contraceptive methods including condoms, oral contraceptive pills, intrauterine contraceptive devices (IUCDs), injectables, and permanent methods like male and female sterilization.

Maternal & Child Health (MCH): Antenatal, intranatal, and postnatal care, immunization services, nutritional support, and management of common childhood illnesses.

Health Education and IEC (Information, Education, and Communication): Promotion of behavior change through community engagement and awareness campaigns to encourage healthy reproductive practices and acceptance of contraception.

Training and Capacity Building: Regular training of healthcare providers to ensure quality service delivery and counseling on family planning and reproductive health.

Incentives and Schemes: Monetary and non-monetary incentives are provided under various schemes such as the Mission Parivar Vikas, Home Delivery of Contraceptives, and Compensation Scheme for Sterilization to encourage adoption of contraceptive methods, especially in high-fertility districts.

Integration with Other Programmes

In recent years, the Family Welfare Programme has been merged into the wider Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) framework under the National Health Mission (NHM).

This integration promotes a continuum of care—from adolescence through adulthood—and enhances the accessibility and effectiveness of family planning and reproductive health services across all tiers of the healthcare system.

Significance

The Family Welfare Programme plays a vital role in achieving Sustainable Development Goals by-

- 1.Reducing maternal and infant mortality
- 2.Promoting gender equity and reproductive rights.
- 3.Enhancing quality of life for families through better health and economic outcomes.

FIXED DAY STATIC SERVICES

Fixed Day Static (FDS) services form a crucial part of the Government of India's Family Welfare Programme, designed to provide reliable, facility-based family planning services on scheduled days. These services are offered at selected public health facilities such as Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub-District Hospitals (SDHs), and District Hospitals (DHs).

The FDS model ensures that clients have regular and predictable access to various contraceptive options, particularly clinical methods like intrauterine contraceptive devices (IUCDs) and sterilization procedures.

Unlike mobile or outreach services, FDS services are conducted within fixed healthcare facilities by trained professionals, which helps maintain the quality, consistency, and standardization of care.

This strategy supports the broader goals of the RMNCH+A framework by helping to address the unmet need for contraception, especially in rural and underserved regions.

Aims and Objectives of FDS Services

Aims

1. To ensure routine availability of family planning services at public health facilities.
2. To promote institutionalized, client-centered care in the delivery of contraceptive services.
3. To facilitate reliable and predictable access to a range of contraceptive choices.
4. To integrate family planning into the regular functioning of health facilities.

Objective

- To organize family planning service delivery on designated fixed days, enhancing accessibility and community awareness.
- To maintain quality standards in service provision through trained personnel, appropriate equipment, and infection prevention protocols. To improve efficiency and utilization of existing health infrastructure and human resources.
- To increase client satisfaction and ensure informed consent and counseling.
- To support data-driven monitoring and reporting mechanisms at the facility level for better planning and evaluation.
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Significance of FDS Services

1. The implementation of FDS services has significant implications for the public health system.
2. Enhanced Accessibility: Regular and predictable service days improve access for clients, especially in remote or rural areas where alternative services may be unavailable.
3. Improved Quality of Care: The structured nature of FDS ensures adherence to clinical protocols, proper documentation, and better patient outcomes.

4. Increased Uptake of Contraceptives: By integrating family planning with routine health services and community awareness efforts, FDS helps increase the adoption of contraceptive methods.
5. Strengthening Health Systems: FDS helps institutionalize family planning within the routine functioning of health facilities, promoting long-term sustainability.
6. Support for RMNCH+A and SDGs: FDS services contribute to the achievement of national and global health targets, including reduced maternal and infant mortality (SDG 3) and greater reproductive autonomy (SDG 5).
7. Empowerment through Informed Choice: FDS provides clients with a range of contraceptive options and quality counseling, enabling them to make informed reproductive health decisions.

Relevance to Rajasthan

In Rajasthan, where challenges such as high fertility rates, early marriage, and limited access to reproductive health services persist, FDS services serve as a cornerstone of family planning interventions. Under initiatives like Mission Parivar Vikas, emphasis has been placed on strengthening FDS implementation, ensuring facility preparedness, and improving compliance with national standards. Assessing the effectiveness and readiness of health facilities in delivering FDS services is therefore critical to evaluating the overall performance of the Family Welfare Programme in the state.

Introduction to the project

Assessment of Facility Preparedness for Conducting Fixed Day Static (FDS) Services of the Family Planning Programme among Health Centres in Various Districts of Rajasthan."

Purpose of the Research

- To evaluate the compliance of public health facilities with national FDS guidelines for family planning.
- To assess the availability of infrastructure, human resources, and logistics necessary for conducting FDS services.
- To identify gaps in service delivery mechanisms that affect the implementation of quality family planning services.
- To examine the availability and usage of contraceptives and other FP commodities at FDS sites.
- To explore barriers to regular and effective conduct of FDS services in public health facilities.
- To generate data-based evidence for policy makers to strengthen FDS services.
- To support quality assurance mechanisms in reproductive health services in Rajasthan.
- To recommend improvements for enhancing the overall preparedness of health centres for fixed day service delivery.

Research Problem

The research problem is to identify that to what extent are public health facilities in Rajasthan compliant with national FDS guidelines, and how prepared are they to deliver quality family planning services because despite the implementation of the Fixed Day Static (FDS) approach to strengthen family planning service delivery in India, many public health facilities—especially in Rajasthan—face challenges in terms of preparedness, infrastructure, manpower, and consistent service delivery. There is a lack of systematic assessment to understand how well these facilities adhere to national guidelines and how prepared they are to deliver quality FDS service.

Importance of the Problem

1. High unmet need: Rajasthan continues to have a significant unmet need for family planning services, contributing to high fertility rates and maternal health issues.
2. Policy relevance: This research provides evidence for policymakers and health administrators to bridge the gap between policy and on-ground implementation.
3. Quality improvement: Identifying gaps in facility preparedness can lead to targeted interventions that enhance the quality of care.
4. Resource optimization: Understanding resource shortages and logistic bottlenecks can help improve the planning and allocation of healthcare resources.
5. Sustainable development goals (SDGs): Strengthening family planning services directly contributes to SDG targets on health, gender equality, and population stabilization.

Aim

To assess the preparedness of public health facilities in various districts of Rajasthan to conduct Fixed Day Static (FDS) services under the family planning programme and evaluate their compliance with national guidelines.

Objectives

1. To evaluate the infrastructure, human resources, and logistics available at public health facilities for conducting FDS services.
2. To assess the availability and functionality of contraceptives and family planning equipment.
3. To determine the level of staff training and capacity for conducting FDS services effectively.
4. To examine compliance with Government of India's guidelines on FDS service provision.
5. To identify the challenges and barriers faced by health centres in implementing FDS services.

6. To provide recommendations for improving facility preparedness and service delivery quality.

REVIEW OF LITERATURE

A number of studies across different Indian states have examined the preparedness of public health facilities in delivering Fixed Day Static (FDS) services under the Family Planning Programme. Bali et al. (2020) in Madhya Pradesh identified major challenges in infection control, informed counselling, and provider capacity at FDS centers. Similarly, Mathur et al. (2017) noted that although consent protocols were followed, post-operative documentation and counselling remained weak in facilities in Maharashtra. Hoke et al. (2020) provided evidence from Odisha and Chhattisgarh showing that quality improvement interventions can enhance adherence to clinical protocols and improve service outcomes. Sharma et al. (2019), in their assessment of facilities in Bihar, reported critical gaps in infrastructure and trained personnel, particularly at the Primary Health Centre level.

Furthermore, Jain et al. (2019) emphasized the significance of high-quality counselling in increasing the uptake of contraceptive methods in Uttar Pradesh. Collectively, these findings highlight the need to strengthen infrastructure, ensure proper training of service providers, and implement systematic quality assurance mechanisms—especially in underperforming regions like Rajasthan.

TABLE FOR LITERATURE REVIEW

S.NO	AUTHOR	STUDY LOCATION	SAMPLE SIZE	SAMPLING TECHNIQUE	SALIENT FEATURES
1.	Bali, S., Singh, S., Sharma, A., Thakur, M. (2020)	Madhya Pradesh	30 health facilities (10 DH + 20 CHCs)	Stratified random sampling	Assessed quality of sterilization services; found gaps in infection control, counselling, and provider training.
2.	Mathur, V., Inamdar, S., Kakade, S. V., Singh, P. (2017)	Wardha, Maharashtra	Not specified	Random sampling of facilities	Case record audit of FP services; high consent compliance but poor documentation and follow-up.
3.	Hoke, T. H., Wheeler, S. B., Bansal, A., Srivastava, A., et al. (2020)	Odisha & Chhattisgarh	960 observations (24 facilities)	Quasi-experimental design	Quality intervention led to improved FDS practices, particularly infection prevention and client counselling.
4.	Sharma, G., Mathai, M., Dickson, K. E., Weeks, A., et al. (2019)	Bihar	36 DH + 190 PHCs	Proportional stratified sampling	Found poor FP service readiness at PHCs due to lack of staff and infrastructure.
5.	Jain, A., Aruldas, K., Mozumdar, A., Tobey, E., Acharya, R. (2019)	Uttar Pradesh	237 women across 120 facilities	Multi-stage random sampling	Developed QFPC score; high counselling quality linked to better contraceptive

					adoption
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METHODOLOGY

Study Design

This study is a descriptive analysis based on secondary data to assess the preparedness of public health facilities for delivering Fixed Day Static (FDS) services under the Family Planning Programme.

Study Setting

The study was conducted on data given which was collected from across various public health facilities, including Primary Health Centres (PHCs), Community Health Centres (CHCs), and District Hospitals (DHs), located in selected districts of Rajasthan. These districts were selected based on the availability of routine FDS monitoring data compiled by the health department.

Study Population

The study population comprised all public health facilities that were monitored for FDS service delivery and had complete records in the FDS Monitoring Tool (Excel) during the data collection period in 2023- 24.

Duration of Study

The study was conducted over a three-month period, allowing time for data collation, analysis, and interpretation.

Sample Size

The sample consisted of all eligible health facilities with available and complete data entries in the monitoring tool. The final sample size was approximately 54 facilities.

Sampling Technique

A purposive sampling technique was adopted. Facilities were included based on the availability and completeness of secondary monitoring data recorded in the FDS monitoring tool provided by health program authorities.

Data Collection Tools and Procedure

Data for the study were obtained from a structured FDS Monitoring Tool, developed and used by health supervisors and program managers to assess facility preparedness. The tool captured multiple parameters related to infrastructure and service delivery for FDS implementation.

Data were extracted from the Excel-based monitoring formats and compiled into an analysis sheet. Key components included:

- Availability of infrastructure (dedicated FDS room, waiting area, water supply, electricity, etc.)
- Availability of equipment and supplies (IUD kits, sterilization sets, FP registers, gloves, etc.)
- Cleanliness and infection control measures
- Procedural adherence (client counselling, consent documentation, privacy assurance, post-procedure observation, etc.)

Data Analysis

The collected data were entered and analyzed using Microsoft Excel . Descriptive statistics (percentages, and cross-tabulations) were used to summarize the preparedness status of facilities across key domains.

Ethical Considerations

As the study used secondary program data, no direct human involvement occurred. However, necessary permissions were obtained from relevant health authorities to access and analyze the monitoring data. Confidentiality of facility identifiers and sensitive records was strictly maintained throughout the study.

DATA COLLECTION

The data analysed is the secondary data showing various indicators for FDS monitoring and 54 public health facilities (CHCs, PHCs and DH) of 5 districts i.e Jaipur, Jhunjunu, Ajmer, Sikar, Ganganagar of Rajasthan were been analysed.

Study design used for the given secondary data is **descriptive statistical analysis** to assess the facility preparedness for conducting FDS services in various districts of Rajasthan. The primary purpose of using descriptive statistics is to summarize the collected data in a structured and meaningful way , describe the compliance of each centre and to do comparative analysis among various districts and also to analyse how each district is performing in terms of facility preparedness .

These are the steps taken to compile and study the data.

Data collection

The data was collected from structured monitoring FDS formats.

Reviewing and Understanding the Dataset

Before analysis:

The structure of the dataset (columns, units, indicators, etc.) were understood.

Variable names, definitions, and any codes used (e.g., yes and no) were noted.

The data was checked for missing values ,Duplicate entries and Inconsistencies or errors

Categorisation and Grouping of the Data

The data was organized according to the need of analysis

By district, facility type (PHC/CHC), or indicator

By creating columns like "Total Score" or "Compliance %" for each facility

1. Checklist

A checklist using 21 indicators that are crucial for conducting FDS services was made and each indicator was given “1” score for yes and” 0” for no.

S.No	Indicators
1	Is the building in good condition (walls, doors, window, roof and floor)?
2	Is the facility clean?
3	Is running water available at service points ?
4	Is clean and functional toilets available for staff and clients
5	Is electricity available ?
6	Is there a functional generator/alternative power source available ?
7	Is there space earmarked for examination and counselling to assure privacy?
8	Is waiting area with adequate seating facility available?
9	Adequate number of beds along with mattress is available for clients (one bed for one client) ?
10	Is there a proper OT Facility available?
11	Does the OT have running water available?

12	Is an operation table with Trendelenburg facility (For female sterilization) available ?
13	Is a functional shadow less lamp available?
14	Is functional suction apparatus available?
15	Is functional emergency light (through a functional inverter available)?
16	Is oxygen cylinder with gas and accessories available?
17	Number of Minilap sets available:
18	Number laparoscopic sets available:
19	No nsv sets
20	Instruments for laparotomy available ?
21	Emergency resuscitation equipment like ambu bag, face mask or airway?

Reasons and Benefits for Using the Indicators

- Building Condition

Reason: Ensures structural safety and suitability for service delivery.

Benefit: Promotes patient confidence and continuity of care.

- Cleanliness

Reason: Critical for infection control and service quality.

Benefit: Enhances hygiene, patient satisfaction, and outcomes.

- Running Water at Service Points
Reason: Necessary for hand hygiene, cleaning instruments, and patient care.
Benefit: Prevents infections and supports safe service delivery.
- Clean and Functional Toilets
Reason: Essential for dignity and sanitation of both staff and clients.
Benefit: Improves client experience and staff retention.
- Electricity Availability
Reason: Needed for lighting, equipment use, and uninterrupted procedures.
Benefit: Ensures functional and safe environment.
- Generator/Alternative Power Source
Reason: Provides backup during power outages.
Benefit: Maintains service continuity during emergencies or surgeries.
- Privacy for Examination and Counselling
Reason: Fundamental for confidentiality in reproductive health services.
Benefit: Encourages client trust and open communication.
- Waiting Area with Seating
Reason: Necessary for managing patient flow and comfort.
Benefit: Improves patient satisfaction and reduces stress.
- Adequate Beds with Mattresses
Reason: Supports post-procedure rest and recovery.
Benefit: Promotes comfort and safety after procedures.
- Proper OT Facility
Reason: Required for conducting sterilizations and surgical procedures.
Benefit: Ensures safe, efficient, and hygienic surgical services.
- Running Water in OT
Reason: Important for handwashing and equipment sterilization.
Benefit: Reduces risk of surgical site infections.
- Trendelenburg Table
Reason: Necessary for female sterilization procedures.
Benefit: Enhances safety and effectiveness of operations.

- Shadowless Lamp
Reason: Provides clear visibility during surgeries.
Benefit: Improves surgical accuracy and safety.
- Suction Apparatus
Reason: Used during surgeries to maintain a clear field.
Benefit: Enhances procedure success and patient safety.
- Emergency Light (Inverter)
Reason: Needed during power failures in critical situations.
Benefit: Ensures uninterrupted care and emergency handling.
- Oxygen Cylinder and Accessories
Reason: Essential for patient emergencies and recovery.
Benefit: Enhances emergency preparedness and patient outcomes.

17–19. Availability of Sterilization Sets (Minilap, Laparoscopy, NSV)

Reason: Reflects capacity to provide various FDS methods.

Benefit: Ensures method mix availability and wider client choice.

20. Laparotomy Instruments

Reason: Required in case of surgical complications.

Benefit: Enhances emergency response capability.

21. Emergency Resuscitation Equipment

Reason: Critical for saving lives during complications.

Benefit: Improves facility's readiness for emergency care.

2. Apply Scoring or Rating System

Scores for each indicator ,Total number of compliant indicators and Compliance Percentage were used.

DATA ANALYSIS

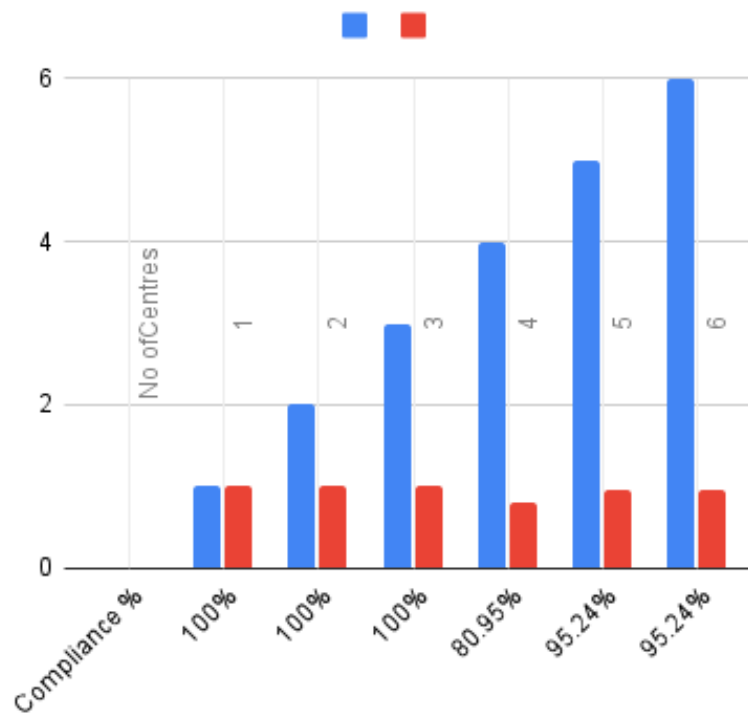
Public healthcare facilities of 5 districts i.e Jaipur, Ajmer, Sikar, Ganganagar and Jhunjunu were chosen and each facility was assessed using 21 indicators , then the scores were given

according to the availability in terms of 1 and 0 and then the scores were calculated and compiled. Here is the detailed description and analysis of the data of each district –

1. JAIPUR

No of Centres	Indicators Score (out of 21)	Compliance %	
1	21/21	100%	
2	21/21	100%	
3	21/21	100%	
4	17/21	80.95%	
5	20/21	95.24%	
6	20/21	95.24%	

GRAPHICAL REPRESENTATION OF DATA



2. Summary Statistics for Jaipur

Total Facilities Assessed: 6

Total Possible Points: $6 \times 21 = 126$

Total Points Achieved: $21 + 21 + 21 + 17 + 20 + 20 = 120$

Overall Compliance % for Jaipur:

$$120 / 126 = 0.952 * 100 = 95.2\%$$

1 . Results of Data

A total of 6 public health facilities in Jaipur were assessed for facility preparedness based on 21 indicators. The results are as follows:

- 1 3centres achieved 100% compliance (21/21)
- 2 2 centres scored 95.24% compliance (20/21).
- 3 1 centre scored 80.95% compliance (17/21).

The total points achieved were 120 out of a possible 126, yielding an overall compliance of 95.24%. This indicates a high level of readiness across most facilities in Jaipur for delivering Fixed Day Static (FDS) family planning services.

2. Gaps Identified

Despite high compliance, the following gaps were noted in some centres:

1. Absence of Operation Theatre (OT) facility in one centre.
2. Non-availability of Minilap sets at one Primary Health Centre (PHC).
3. Absence of NSV (No-Scalpel Vasectomy) set in one health facility.

These missing components are crucial for offering a full range of family planning procedures, especially sterilization services.

4. Potential Impact on FDS Services

These gaps can significantly affect the quality, safety, and availability of FDS services in the following ways:

- Lack of OT facility limits the ability to conduct female sterilization procedures like Minilap and Laparoscopic sterilizations.
- Non-availability of Minilap sets renders the centre incapable of performing scheduled sterilization services, leading to missed service opportunities or client referrals to other centres.
- Absence of NSV sets restricts male sterilization options, potentially discouraging male participation in family planning.
- Such issues may lead to:

1. Reduced client satisfaction
2. Increased patient load at better-equipped centres
3. Inequitable access to services
4. Programmatic delays in achieving family planning goals

4. Recommendations

To address the above gaps and improve service delivery:

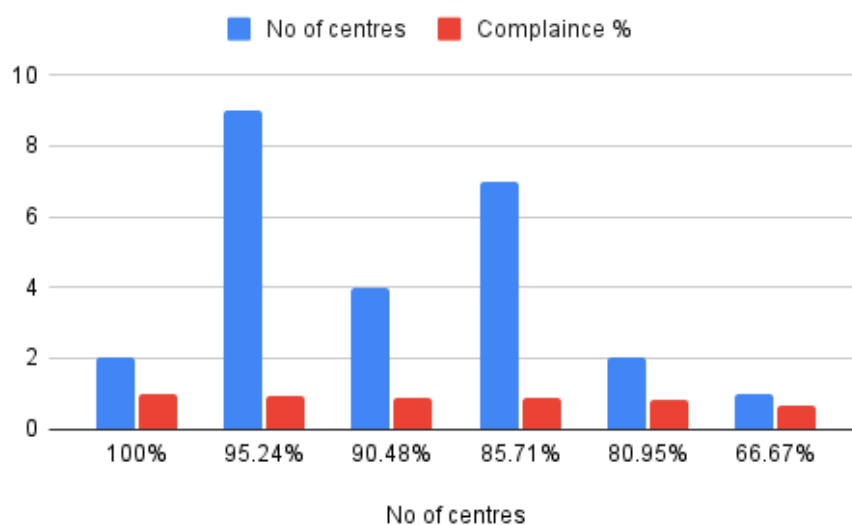
- Ensure availability of OT facilities in all FDS-designated centres. Minor renovations or collaborations with nearby CHCs may be considered where infrastructure is lacking.
- Procure and maintain Minilap and NSV kits at all facilities. Regular inventory checks should be institutionalized.
- Conduct refresher training for staff on equipment use, minor OT setup, and infection prevention protocols.
- Implement internal facility audits to ensure readiness before each FDS day.
 - Strengthen monitoring and supportive supervision at district and block levels to ensure timely identification and resolution of gaps.

JHUNJUNU

No of centres	Indicators score out of 21	Compliance %
2	21	100%
9	20	95.24%
4	19	90.48%
7	18	85.71%
2	17	80.95%
1	14	66.67%

27(total)	-	-

GRAPHICAL REPRESENTATON



Total Compliance Calculation

Total Possible Points:

27centres×21 indicators= 567

Total Points Achieved:

$$(2 \times 21) + (9 \times 20) + (4 \times 19) + (7 \times 18) + (2 \times 17) + (1 \times 14) = 42 + 180 + 76 + 126 + 34 + 14 = 472$$

Overall Compliance % for Jhunjhunu:

$$472 / 567 = 0.8324 * 100 = 83.24\%$$

Results of Data

A total of 27 public health facilities in Jhunjhunu were assessed against a 21-indicator facility preparedness checklist. The score distribution is as follows:

A total of 27 public health facilities in Jhunjhunu were assessed against a 21-indicator facility preparedness checklist. The score distribution is as follows:

1. 2 centres scored 21/21 (100% compliance).
2. 9 centres scored 20/21 (95.24% compliance).
3. 4 centres scored 19/21, and 7 centres scored 18/21.
4. 1 centre scored as low as 14/21.

The total possible score was 567, and the total achieved was 472, yielding an overall compliance percentage of 83.27%. This reflects a moderate level of preparedness across the district with clear scope for improvement, especially in lower-scoring facilities.

2. Gaps Identified

The following critical gaps were observed in several health centres:

1. Unavailability of Minilap sets, hindering female sterilization services.
2. Absence of instruments for laparotomy, a backup need in case of surgical complications.
3. Poor building conditions, including damaged walls, floors, and roofs.
4. Shortage of beds, compromising client comfort and post-operative care.
5. Lack of essential OT equipment, such as:
 - OT beds with Trendelenburg facility
 - Shadowless lamps
 - Dedicated and operational OT rooms

6. Facility cleanliness issues in at least one Community Health Centre.
7. Shortage of emergency equipment, such as Ambu bags, oxygen cylinders, and emergency lights.
8. Laparoscopic sets available in only 3 centres, limiting availability of advanced procedures.

3. Impact on FDS Services

These deficiencies can significantly impair the effectiveness and safety of Fixed Day Static (FDS) family planning services in Jhunjhunu:

1. Delays or cancellations of procedures due to lack of sterilization instruments or functional OTs.
2. Increased referrals to higher-level centres, reducing client confidence and accessibility.
3. Higher risk of infection or complications due to poor cleanliness and inadequate emergency readiness.
4. Inability to provide full method mix, especially laparoscopic and male sterilization procedures, limiting client choice.
5. Overburdened functional centres, resulting in staff fatigue and compromised quality of care.

4. Recommendations

To improve facility preparedness and ensure effective FDS service delivery:

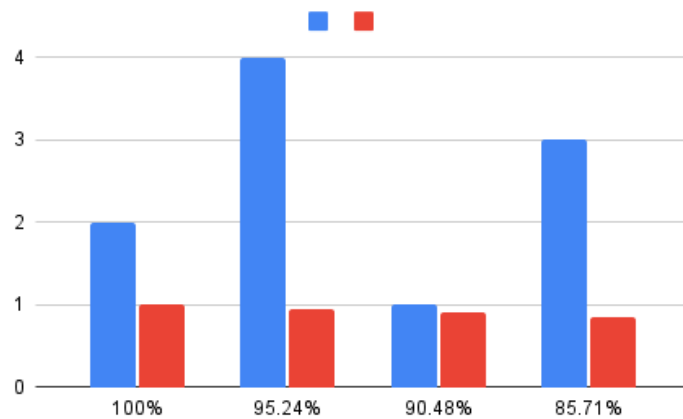
1. Ensure minimum essential equipment:
 - Immediate supply of Minilap and laparotomy sets to under-equipped facilities.
 - Provision of NSV and laparoscopic kits in a phased manner.

2. Upgrade OT infrastructure:
 - Renovate existing OTs or establish basic OTs where unavailable.
 - Equip with OT beds (Trendelenburg), shadowless lamps, and suction apparatus.
3. Address emergency preparedness:
 - Stock all centres with oxygen cylinders, emergency lights, and Ambu bags.
4. Facility maintenance and hygiene:
 - Undertake repairs of buildings with support from local health engineering departments.
 - Strengthen cleanliness monitoring protocols.
5. Conduct hands-on trainings for service providers to enhance confidence in using equipment and maintaining aseptic conditions.
6. Implement supportive supervision and real-time reporting to track FDS readiness before each service day.

GANGANAGAR

No of centres	Compliance score out of 21	Compliance %
2	21	100%
4	20	95.24%
1	19	90.48%
3	18	85.71%
Total = 10	-	

GRAPHICAL PRESENTATION OF DATA



Total Compliance Calculation

Total Possible Points:

$$10 \text{ centres} \times 21 = 210$$

Total Points Achieved:

$$(2 \times 21) + (4 \times 20) + (1 \times 19) + (3 \times 18) = 42 + 80 + 19 + 54 = 195$$

Overall Compliance % for Ganganagar:

$$195/210 = 0.9285 * 100 = 92.85\%$$

1. Results of Data

A total of 10 health centres in Ganganagar were assessed using the 21-point facility preparedness checklist. The score distribution is as follows:

1. 2 centres achieved full compliance (21/21).
2. 4 centres scored 20/21.
3. 1 centre scored 19/21.
4. 3 centres scored 18/21.

Out of 210 total possible points, 195 were achieved, giving an overall compliance of 92.86%. This reflects a high level of readiness among most health centres in the district.

2. Gaps Identified

Despite strong overall performance, the following critical equipment gaps were identified:

1. Absence of Minilap sets in some facilities, particularly affecting female sterilization services.
2. Lack of laparotomy instruments in certain Community Health Centres (CHCs), which are essential for managing surgical complications during sterilization procedures.

3. Effect on FDS Services

These gaps can impact FDS service delivery in several ways:

1. Interrupted service provision: Without Minilap sets, scheduled female sterilization services under FDS cannot be performed.
2. Limited ability to handle complications: The absence of laparotomy instruments increases the clinical risk if surgical intervention becomes necessary.
3. Client dissatisfaction and decreased trust, especially when referred to other facilities due to unavailability of services.
4. Underutilization of CHCs, which should ideally be equipped to handle comprehensive family planning services, including emergency responses.

Recommendations

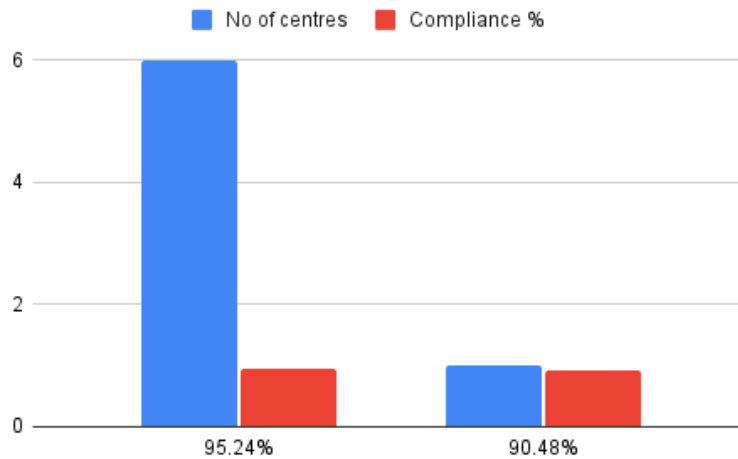
To address the identified challenges and ensure full functionality of FDS services:

1. Equip all CHCs and PHCs with Minilap sets: Ensure every centre offering FDS has at least one functional Minilap kit.
2. Provision of laparotomy instruments: Equip CHCs with essential surgical tools to handle complications, especially where sterilizations are performed.
3. Regular facility audits: Conduct quarterly audits to monitor the availability and condition of FDS-related equipment.
4. Capacity building: Train providers in equipment maintenance, sterilization protocols, and emergency preparedness.
5. Strengthen referral linkages: Until all centres are fully equipped, ensure a well-coordinated referral system with transportation support for clients requiring surgical care.

SIKAR

No of centres	Compliance score out of 21	Compliance %
6	20	95.24%
1	19	90.48%
Total = 7		

GRAPHICAL REPRESENTATION OF DATA



2. Total Compliance Calculation

Total Possible Points:

$$7\text{centres} \times 21 = 147$$

Total Points Achieved:

$$(6 \times 20) + (1 \times 19) = 120 + 19 = 139$$

Overall Compliance % for Sikar:

$$139 / 147 = 0.9456 * 100 = 94.56\%$$

1. Results of Data

A total of 7 public health facilities in Sikar district were assessed using a 21-indicator facility preparedness checklist. The findings are summarized as follows:

1. 6 centres scored 20/21 (95.24% compliance).
2. 1 centre scored 19/21 (90.48% compliance).

Out of a possible 147 points, the district achieved 139 points, resulting in an overall compliance of 94.56%. This high score reflects a strong level of facility preparedness across most health centres in Sikar.

2. Gaps Identified

Despite the overall high compliance, a recurring issue was found in the non-availability of Minilap sets in many centres. This gap specifically impacts the ability to conduct female sterilization procedures under the FDS approach.

3. Impact on FDS Services

The absence of Minilap sets can have significant implications:

1. Inability to provide female sterilization services at designated FDS sites, resulting in client dissatisfaction or missed service opportunities.
2. Increased referrals to other facilities, causing delays and logistical challenges for clients, especially in rural areas.
3. Disruption in service continuity, particularly during high-demand family planning campaigns.
4. Overload at fully equipped centres, leading to crowding and strain on human resources.

4. Recommendations

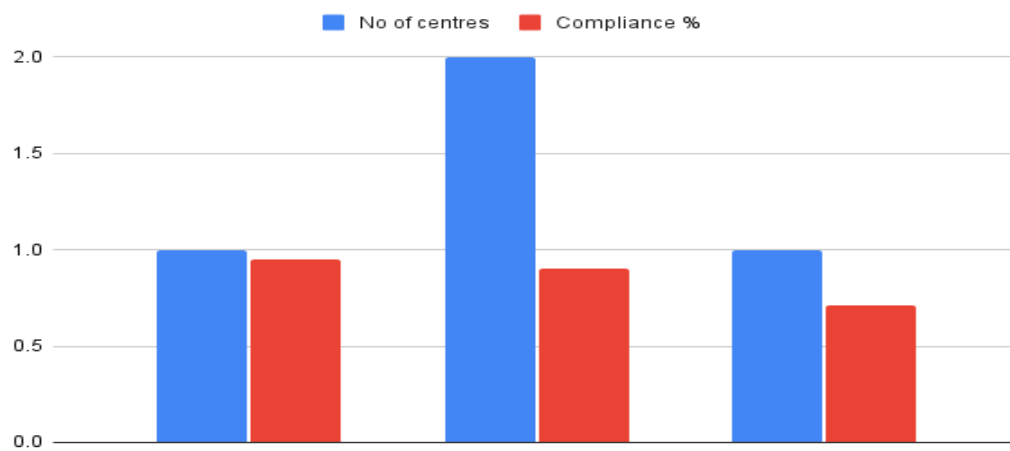
To ensure uninterrupted and high-quality FDS service delivery in Sikar:

1. Immediate procurement and supply of Minilap sets to all centres lacking them. This
2. This should be prioritized given the otherwise high level of preparedness.
3. Conduct periodic equipment audits to ensure availability, maintenance, and readiness of surgical kits.
4. Develop a checklist-driven readiness protocol before each FDS day to ensure instruments are sterilized and in working condition.

AJMER

No of centres	Compliance score out of 21	Compliance %
1	20	95.24%
2	19	90.48%
1	15	71.43%
Total 4	-	-

GRAPHICAL PRESENTATION OF DATA



2. Total Compliance Calculation

1. Total Possible Points:

$$4 \text{ centres} \times 21 = 84$$

2. Total Points Achieved:
3. $(1 \times 20) + (2 \times 19) + (1 \times 15) = 20 + 38 + 15 = 73$
4. Overall Compliance % for Ajmer:

$$73/84 = 0.8690 \times 100 = 86.90\%$$

1. Results of Data

A total of 4 public health facilities in Ajmer were assessed using the 21-indicator facility preparedness checklist. The scores were distributed as follows:

- 1 centre scored 20/21 (95.24% compliance)
- 2 centres scored 19/21 (90.48% compliance)
- 1 centre scored 15/21 (71.43% compliance)

Out of 84 possible points, 73 were achieved, resulting in an overall compliance of 86.90%. While three facilities showed strong preparedness, one centre lagged behind significantly.

2. Gaps Identified

Key gaps noted in Ajmer include:

- Non-availability of essential equipment in emergency resuscitation kits (e.g., Ambu bag, oxygen supply, suction).

- Minilap sets were absent in multiple facilities, limiting the ability to conduct female sterilization procedures.
- OT-related deficiencies, such as the absence of a shadowless lamp, OT table with Trendelenburg position, or emergency light.
- Lack of laparotomy instruments, especially critical in managing surgical complications.

3. Effect on FDS Services

These deficiencies have the following negative impacts on Fixed Day Static (FDS) services:

- Interrupted or delayed sterilization services, particularly for female clients due to the absence of Minilap and OT setup.
- Increased client referrals to distant facilities, leading to dropouts and reduced contraceptive uptake.
- Patient safety risks, especially in managing intra-operative or post-operative complications without basic emergency equipment.
- Reduced trust and satisfaction among clients due to unavailability of timely and complete services.
-

4. Recommendations

To improve FDS service delivery and overall preparedness in Ajmer:

1. Procure and distribute Minilap sets to all centres conducting sterilization under FDS.
2. Upgrade OT infrastructure in the poorly performing centre, ensuring availability of shadowless lamps, OT tables, and suction apparatus.
3. Ensure full resuscitation kits are available and functional in all service delivery points.
4. Provide laparotomy kits to CHCs or centres handling surgical complications.
5. Conduct targeted supportive supervision and periodic readiness assessments, focusing on centres with compliance below 80%.

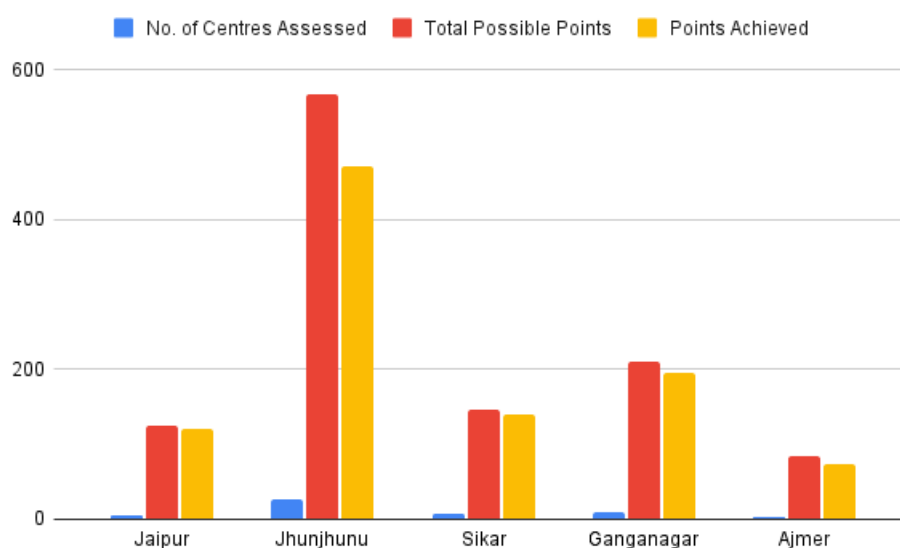
6. Strengthen referral protocols until full readiness is achieved, ensuring clients don't face service denial or safety concerns.

RESULTS

1. District wise compliance summary -

District	No. of Centres Assessed	Total Possible Points	Points Achieved	Compliance %	
Jaipur	6	126	120	95.24%	
Jhunjhunu	27	567	472	83.27%	
Sikar	7	147	139	94.56%	
Ganganagar	10	210	195	92.86%	
Ajmer	4	84	73	86.90%	

GRAPHICAL REPRESENTATION OF DATA



Interpretation -

The compliance data collected from five districts—Jaipur, Jhunjhunu, Sikar, Ganganagar, and Ajmer—reflects varying levels of adherence to the fixed-day static (FDS) family planning service preparedness indicators.

- **Jaipur** demonstrated the **highest compliance rate** among all districts, achieving **95.24%** of the total possible points. Out of 126 possible points across 6 centres, the district scored 120 points, indicating a very high level of facility preparedness and consistent adherence to the required standards.
- **Sikar** followed closely with a **compliance rate of 94.56%**, securing 139 out of 147 possible points across 7 centres. This suggests that the district has a robust implementation framework for FDS services, with only minor gaps.
- **Ganganagar** achieved a compliance rate of **92.86%**, scoring 195 out of 210 possible points. This indicates good overall preparedness, although there may be specific indicators where improvement is needed to reach optimal performance.
- **Ajmer** reported a **moderate compliance level of 86.90%**, with 73 points achieved out of 84 from 4 centres. While the majority of standards are being met, this district may benefit from targeted support to address any recurring challenges.
- **Jhunjhunu**, despite having the largest sample size with 27 centres assessed, recorded the **lowest compliance rate at 83.27%**. Out of 567 possible points, only 472 were achieved. This suggests a need for focused intervention and capacity-building measures to enhance the quality and consistency of FDS service delivery across its health facilities.

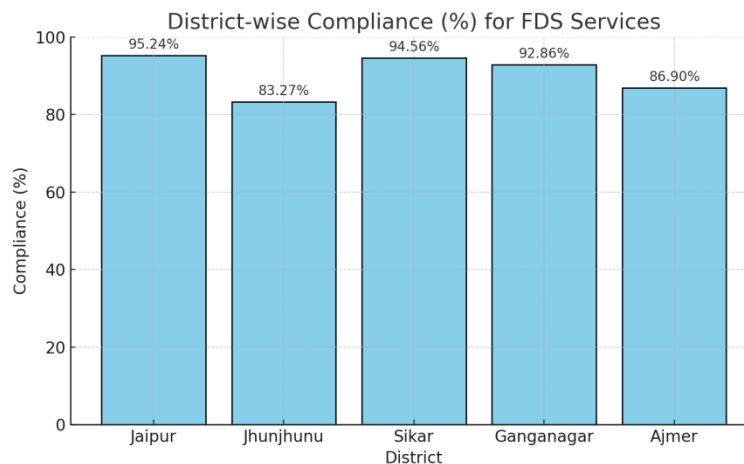
Overall

The data indicates that while some districts are performing exceptionally well in terms of FDS service preparedness, others require policy attention and technical support. Districts like Jaipur and Sikar can serve as models for best practices, whereas districts like Jhunjhunu and Ajmer may need strategic improvements in training, infrastructure, or adherence to protocols to bridge the compliance gap.

Comparative compliance % of various districts

District	Compliance	
Jaipur	95.24%	
Jhunjhunu	83.27%	
Sikar	94.56%	
Ganganagar	92.86%	
Ajmer	86.90%	

GRAPHICAL REPRESENTATION OF THE COMPLAINE RATE



Interpretation -

Among the five districts assessed, **Jaipur (95.24%)** and **Sikar (94.56%)** showed the **highest compliance**, indicating strong facility preparedness and effective implementation of FDS services. **Ganganagar (92.86%)** also performed well, though with slightly lower adherence.

In contrast, **Ajmer (86.90%)** and particularly **Jhunjhunu (83.27%)** demonstrated **comparatively lower compliance**, suggesting gaps in infrastructure, training, or monitoring that may be affecting service readiness. These districts may benefit from targeted improvements to bring them in line with better-performing regions.

DISCUSSION

GAPS

Despite generally high compliance levels, several **recurring and district-specific gaps** were identified that impact the full and effective implementation of Fixed Day Static (FDS) family planning services:

1. **Jaipur:** Minor but crucial gaps such as the absence of an OT facility, non-availability of Minilap sets, and lack of NSV sets in a few centres.
2. **Jhunjhunu:** Most widespread deficiencies, including poor infrastructure, shortage of OT and emergency equipment, lack of Minilap and laparotomy instruments, and limited laparoscopic sets, reflecting a need for significant strengthening.
3. **Sikar:** A recurring issue of non-availability of Minilap sets, affecting the delivery of female sterilization services, despite otherwise strong compliance.
4. **Ganganagar:** Gaps in Minilap sets and laparotomy instruments, both of which are essential for providing and managing safe sterilization procedures.
5. **Ajmer:** Multiple equipment-related deficiencies, including missing emergency resuscitation tools, OT-related equipment (shadowless lamps, Trendelenburg OT tables), Minilap sets, and laparotomy instruments, indicating readiness issues for surgical interventions.

SUGGESTATIONS

- **Ensure Availability of Essential Equipment:**

1. Immediate procurement and distribution of Minilap and laparotomy sets to all centres lacking them (especially CHCs and PHCs).
2. Phased provision of NSV and laparoscopic kits where applicable.

3. **Upgrade Operating Theatre (OT) Infrastructure:**

4. Renovate existing OTs or establish basic OTs where absent.
5. Equip OTs with essential items such as Trendelenburg beds, shadowless lamps, OT tables, and suction apparatus.

- **Enhance Emergency Preparedness:**

1. Stock all centres with oxygen cylinders, emergency lights, Ambu bags, and complete resuscitation kits.

- **Implement Regular Monitoring and Audits:**

1. Conduct periodic equipment audits and readiness assessments (quarterly or before each FDS day) to ensure availability, functionality, and maintenance of surgical kits and instruments.

- **Build Capacity of Healthcare Providers:**

1. Provide training on equipment maintenance, sterilization protocols and emergency response.
2. Providing training on referral procedures.

- **Targeted Supervision:**

1. Focus supportive supervision and readiness checks on centres with compliance below 80% to improve overall quality and safety of services.

Overall results

Compliance levels varied across five districts. **Jaipur** led with the highest preparedness at **95.24%**, followed by **Sikar (94.56%)** and **Ganganagar (92.86%)**, indicating strong FDS

implementation. **Ajmer** showed moderate compliance at **86.90%**, while **Jhunjhunu** had the lowest at **83.27%**, highlighting a need for focused improvements and capacity building.

During analysis it was seen that there was mostly lack of essential surgical equipment in many health centre if rajasthanegminilapsets ,lapratomy kits etc. Many healthcentres had non functional OTS, lack of adequate emergency equipments.It is recommended to ensure there are adequate equipments,preparation ofot facilities to carry out important procedures , proper supply of emergency equipmentsand regular conduct of audits.

CONCLUSION

This study was undertaken to evaluate the facility preparedness and compliance for conducting Fixed Day Static (FDS) family planning services across five districts of Rajasthan—Jaipur, Sikar, Ganganagar, Ajmer, and Jhunjhunu. The research aimed to identify existing gaps in infrastructure, equipment, emergency readiness, and staff capacity that directly impact the quality and consistency of FDS service delivery.

The findings revealed a considerable variation in compliance levels, with Jaipur and Sikar performing exceptionally well, while Jhunjhunu and Ajmer showed significant areas of concern. Key deficiencies identified across several centres included the absence of essential surgical instruments, inadequate operating theatre (OT) infrastructure, poor emergency preparedness, irregular maintenance practices, and insufficient staff training. Additionally, weak referral linkages in less-prepared centres further hindered timely and safe service delivery.

To address these shortcomings, the study recommends targeted interventions such as the standardized provision of equipment, upgradation of OT infrastructure, regular facility audits, capacity building of healthcare providers, and strengthening of referral and transport mechanisms. Implementing these measures would not only enhance service delivery but also improve client safety, satisfaction, and trust in the public health system.

By offering a detailed assessment and district-wise insights, this project contributes valuable evidence to support policy planning and resource allocation for reproductive health services. The methodology and findings of this research can serve as a framework for similar assessments in other states, thus aiding in the nationwide strengthening of family planning services. Ultimately, the project supports India's broader public health goals by promoting equitable, efficient, and high-quality reproductive healthcare at the primary levels.

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