DISSERTATION TITLE – ASSESMENT OF THE FACILITY PREPAREDNESS FOR FIXED DAY STATIC (FDS) SERVICES UNDER FAMILY PLANNING PROGRAMME OF PUBLIC HEALTH FACILITIES OF VARIOUS DISTRICTS IN RAJASTHAN

BY –

DR TISHA TANWAR

Roll No - 1875

MBA HOSPITAL AND HEALTH MANAGEMENT

INTRODUCTION

FAMILY PLANNING 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.

OBJECTIVE

- 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.

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.

REVIEW OF LITERATURE

1. Multiple studies across Indian states highlight gaps in FDS service delivery.
2. Common issues: poor infection control, weak counselling, and limited provider capacity (Bali et al., 2020; Mathur et al., 2017).
3. Quality interventions improved clinical protocol adherence and outcomes (Hoke et al., 2020).
4. Infrastructure and staffing gaps noted at PHC level (Sharma et al., 2019).
5. Effective counselling linked to higher contraceptive uptake (Jain et al., 2019).
6. Emphasizes the need for stronger infrastructure, trained staff, and quality assurance—especially in states like Rajasthan.

PURPOSE OF 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 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 provide recommendations** for improving facility preparedness and service delivery quality

METHODOLOGY

Study Design

This study is a descriptive statistical 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.

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 FDS monitoring sheet and compiled into an analysis sheet including key components like availability of infrastructure (dedicated FDS room, waiting area, water supply, electricity, etc.)

Duration of Study

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

Categorization and Grouping of the Data

The data was organized according to the need of analysis i.e

- By district
- By creating columns like "Total Score" or "Compliance %" for each facility
- **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.

Following is a list of 21 indicators -

- ✓ Is the building in good condition (walls, doors, window, roof and floor)?
- ✓ Is the facility clean?
- ✓ Is running water available at service points ?
- ✓ Is clean and functional toilets available for staff and clients?
- ✓ Is electricity available ?
- ✓ Is there a functional generator/alternative power source available?
- ✓ Is there space earmarked for examination and counselling to assure privacy?
- ✓ Is waiting area with adequate seating facility available?
- ✓ Adequate number of beds along with mattress is available for clients (one bed for one client)?
- ✓ Does the OT have running water available?
- ✓ Is an operation table with Trendelenburg facility (For female sterilization) available ?

✓Is a functional shadow less lamp available?

✓ Is functional suction apparatus available?

✓ Is functional emergency light (through a functional inverter available)?

✓ Is oxygen cylinder with gas and accessories available?

✓ Is number laparoscopic sets available?

✓ Is nsv sets available ?

✓Is instruments for laparotomy available ?

✓ Is emergency resuscitation equipment like ambu bag, face mask or airway available?

Apply Scoring or Rating System

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

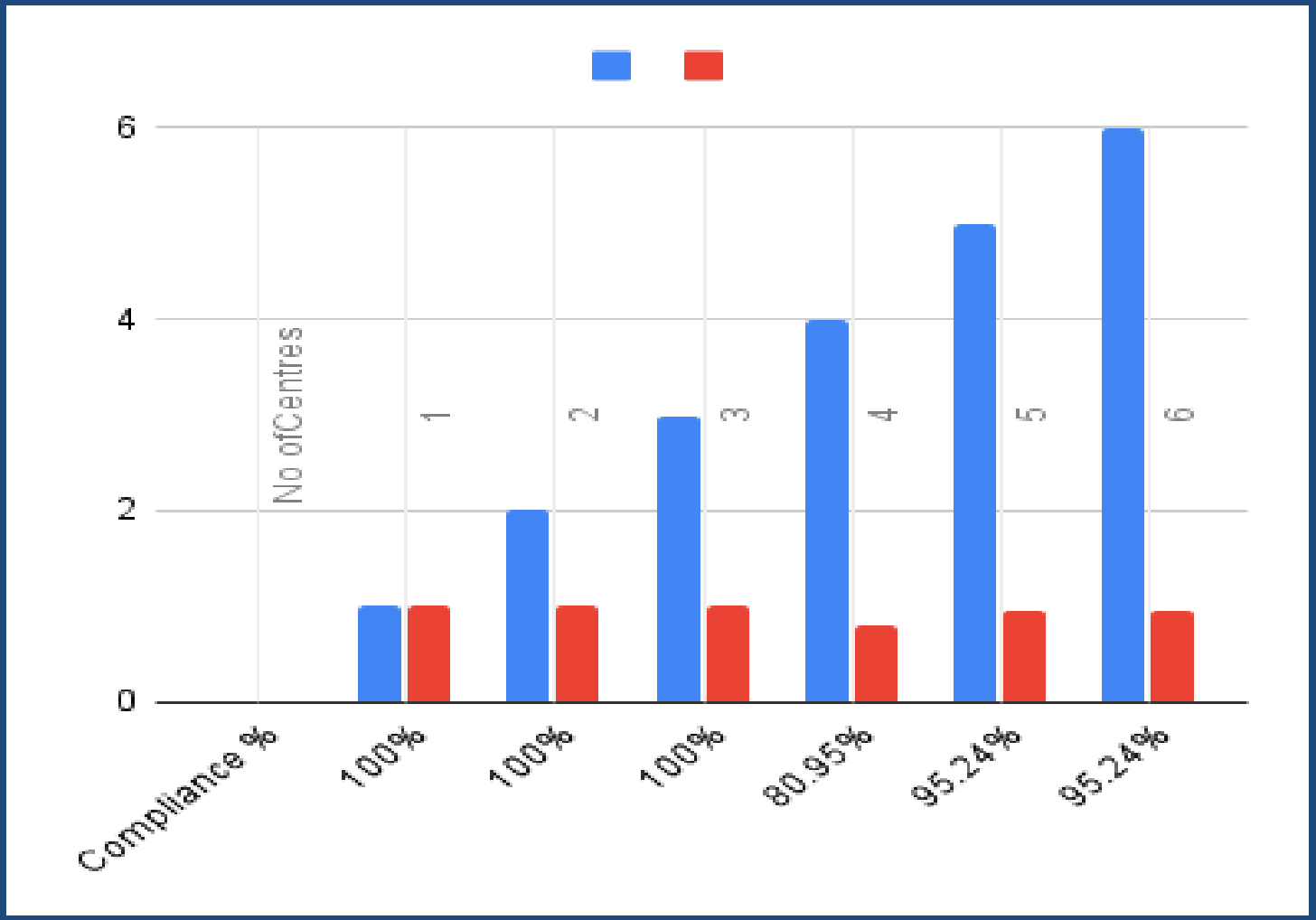
DATA ANALYSIS

Here is the detailed description and analysis of the data of each district –

JAIPUR

No of Centers	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



Summary Statistics for Jaipur

Total Facilities Assessed: 6

Total Possible Points: 6 × 21 = 126

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

Overall Compliance % for Jaipur:

120 / 126 = 0.952 *100 = 95.2%

Results of Data

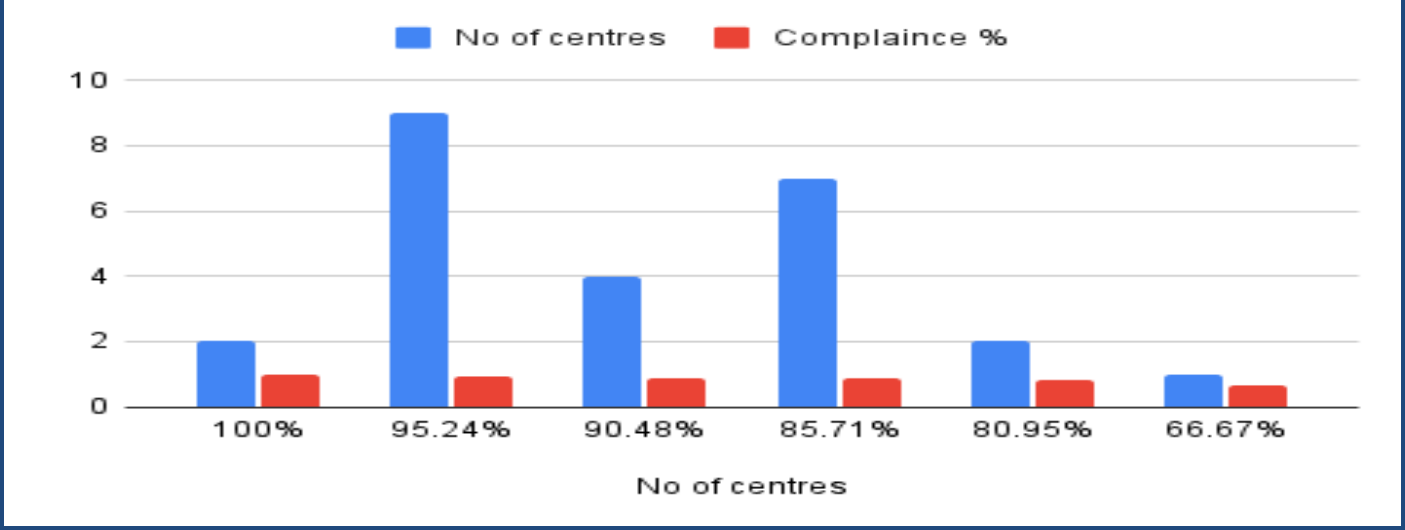
The total points achieved were 120 out of a possible 126, yielding an overall compliance of 95.24%. This indicates a high level of readiness across most facilities in Jaipur for delivering Fixed Day Static (FDS) family planning services.

JHUNJUNU

This is the data for district jhunjunu

No of centres	Indicators score out of 21	Complaince %
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

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

Overall Compliance % for Jhunjhunu:

472 / 567 = 0.8324 * 100 = 83.24%

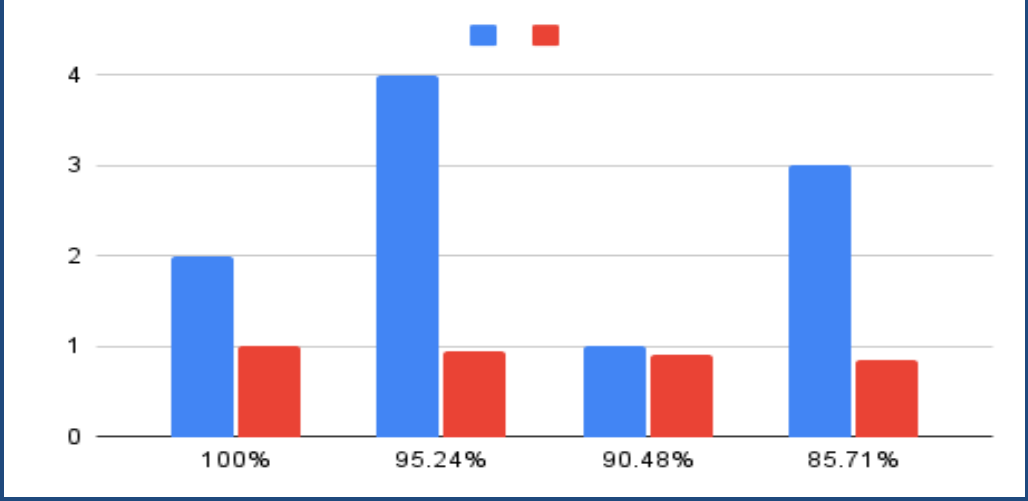
Results

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.

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 REPRESENTATION



GRAPHICAL PRESENTATION

Total Compliance Calculation

Total Possible Points:

10 centres×21= 210

Total Points Achieved:

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

Overall Compliance % for Ganganagar:

195/210 = 0. 9285 * 100 = 92.85%

Results - 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 districts.

SIKAR

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

Total Compliance Calculation

Total Possible Points:

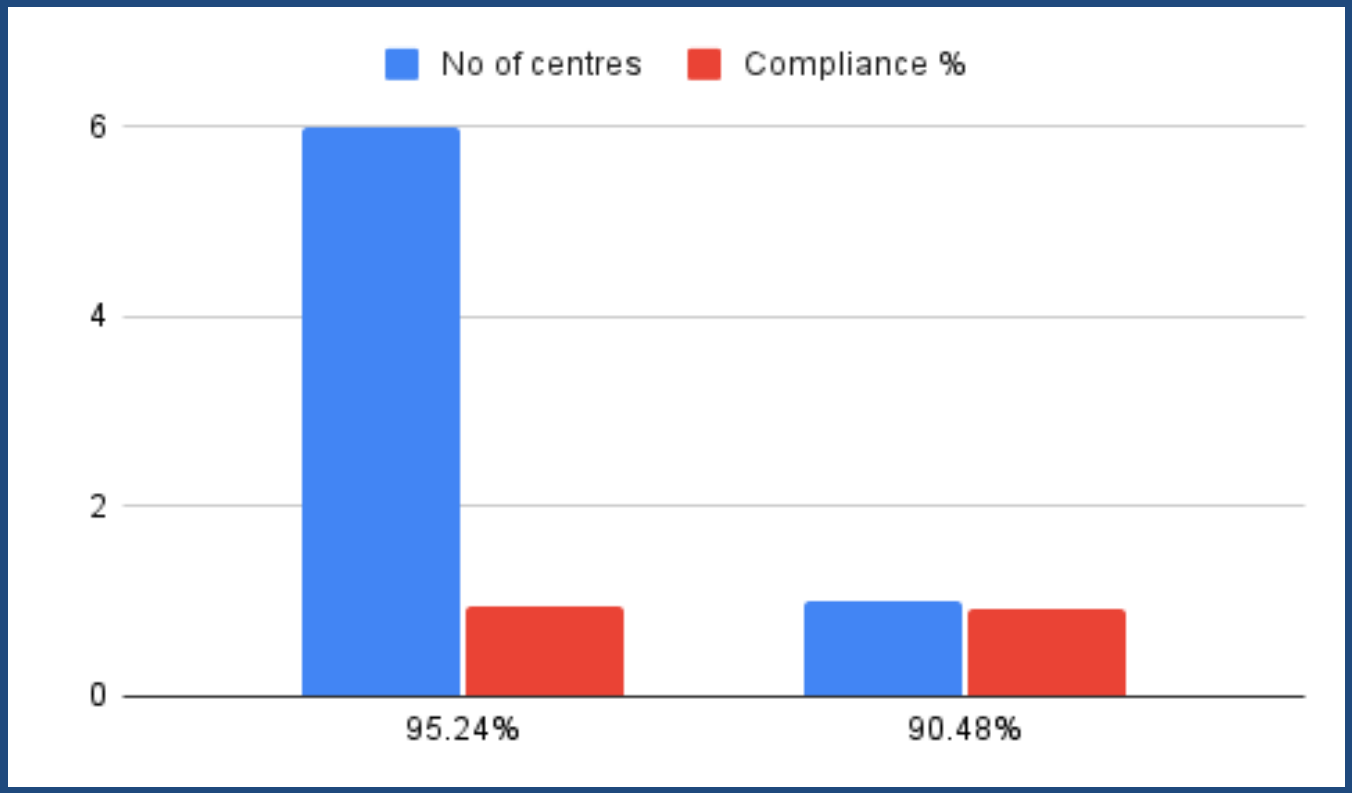
7centres×21=147

Total Points Achieved:

(6×20)+(1×19)=120+19=139

Overall Compliance % for Sikar:

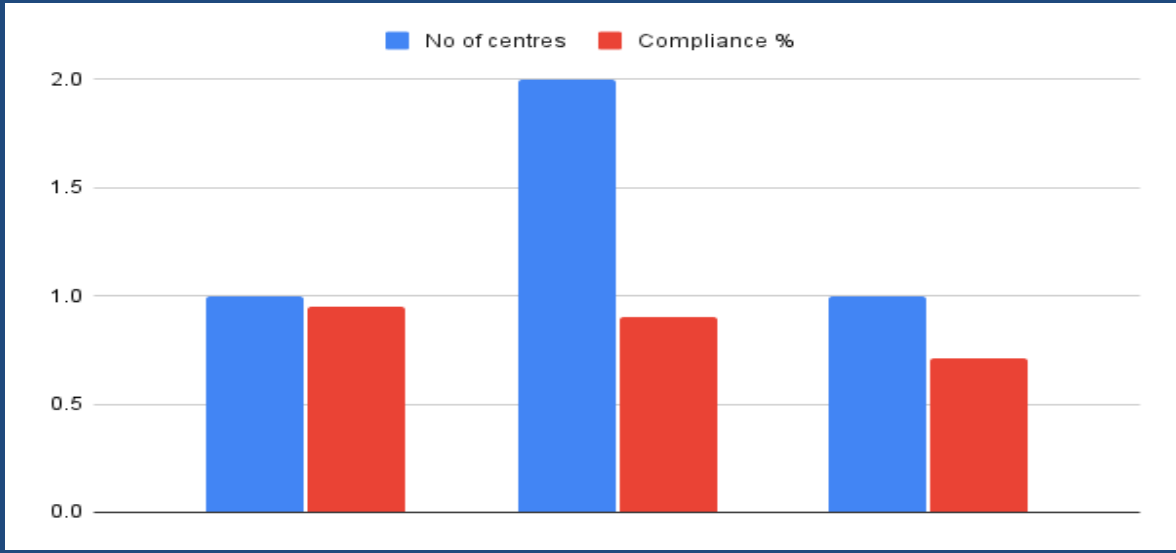
139 / 147 = 0.9456 * 100 = 94.56%



Results - 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

AJMER

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

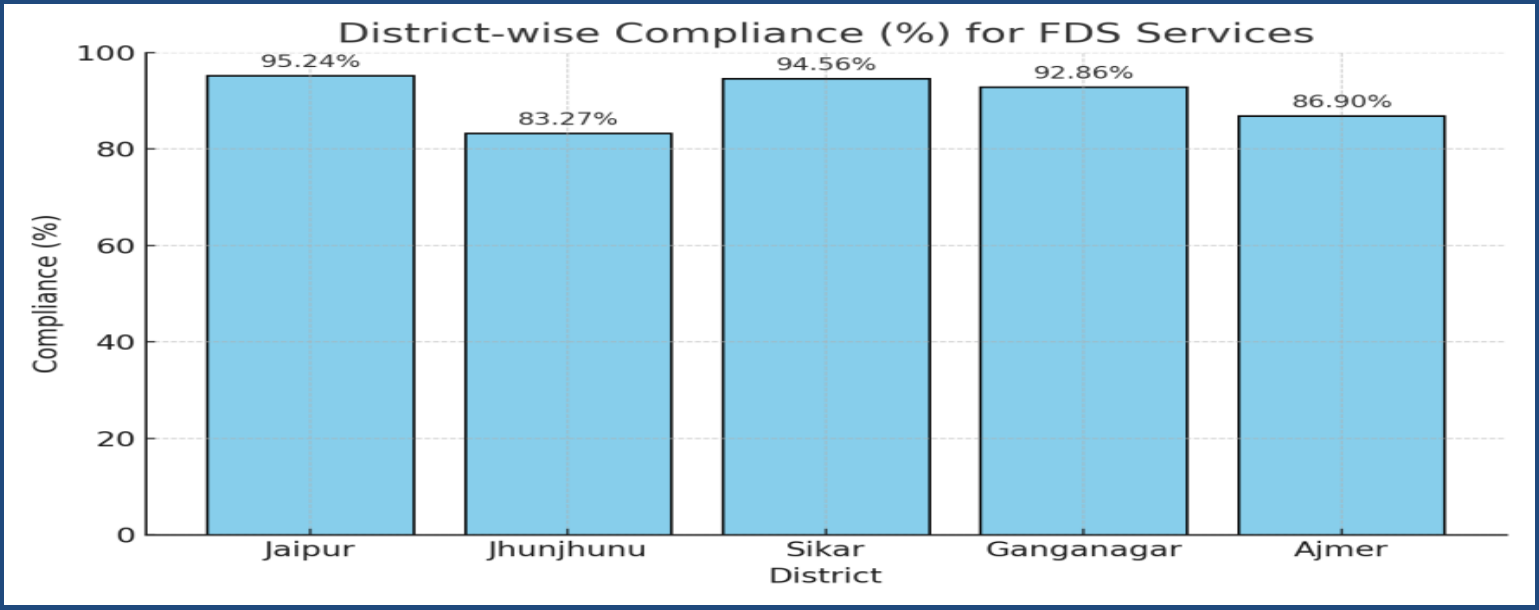


- **Total Compliance Calculation**
- Total Possible Points:
- 4 centres×21 = 84
- Total Points Achieved:
- (1×20)+(2×19)+(1×15)=20+38+15=73
- Overall Compliance % for Ajmer:
- 73/84 = 0.8690 *100 = 86.90%

Results - 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

Comparative compliance % of various districts

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



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:

- **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 were seen.
- **JHUNJUNU:** 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.
- **SIKAR:** There is a recurring issue of non-availability of Minilap sets, affecting the delivery of female sterilization services, despite otherwise strong compliance

- **GANGANAGAR** : Gaps in availability of Minilap sets and laparotomy instruments were seen , both of which are essential for providing and managing safe sterilization procedures.
- **AJMER**: Multiple equipment-related deficiencies, including missing emergency resuscitation tools, OT-related equipment (shadow less lamps, Trendelenburg OT tables), Minilap sets, and laparotomy instruments, indicating readiness issues for surgical interventions.

SUGGESTATIONS

- **Ensure Availability of Essential Equipment:**

  There should be immediate procurement and distribution of Minilap and laparotomy sets to all centres lacking them (especially CHCs and PHCs).

- **Enhance Emergency Preparedness:**

  Stocking of all centres with oxygen cylinders, emergency lights, Ambu bags, and complete resuscitation kits.

- **Implement Regular Monitoring and Audits:**

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

- **Build Capacity of Healthcare Providers:**

  Provide training on equipment maintenance, sterilization protocols and emergency response.

  Providing training on referral procedures.

- **Targeted Supervision:**

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

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 and emergency readiness 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.

To address these shortcomings, the study recommends targeted interventions such as the standardized provision of equipment, up gradation 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.

THANK YOU