SYNOPSIS

Title

Assessing the Facility Preparedness for Fixed Day Static (FDS) services under Family Planning Programme of Public Health Facilities of various districts in Rajasthan

2. Introduction

Family planning (FP) is a cornerstone of reproductive health and population stabilization in India. Under Family planning services programme , Fixed Day Static (FDS) services were institutionalized to provide routine, predictable, and quality FP services—especially sterilization and contraceptive counseling—on pre-defined days at public health facilities. While the approach aims to improve access and reduce gaps in infrastructure, staffing, and service delivery still hinder its effectiveness. This study aims to assess how well public health facilities in Rajasthan comply with FDS guidelines and how much they are prepared to deliver services as per national standards.

3. Research Question

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?

4. Objectives

Primary Objective:

To assess the facility preparedness for delivering FDS-based family planning services in Rajasthan.

Secondary Objectives:

1) To evaluate the availability of infrastructure, and equipment at FDS-designated facilities.

2) To identify gaps in service delivery, logistics, and procedural adherence.

3) To recommend measures to improve quality and regularity of FDS services.

5. Hypothesis

Null Hypothesis (H_o): There is no significant gap in the preparedness of public health facilities for FDS family planning services.

Alternative Hypothesis (H_1): There are significant gaps in the preparedness of public health facilities for FDS family planning services.

6. Material and Methods

Study Design:

Descriptive statistical study design using secondary data.

Setting:

Public health facilities (PHCs, CHCs, DHs) across selected districts in Rajasthan.

Study Population:

Facilities monitored for FDS service delivery as recorded in the FDS monitoring tool (Excel data, 2025).

Duration of Study:

3 Months

Sample Size:

All health facility records (approx. N= 54])

Sampling Technique:

Stratified sampling based on availability of monitoring data.

Data Collection and Procedure:

Secondary data collected from structured FDS monitoring formats.

Variables include infrastructure, equipment, cleanliness, and procedural adherence.

Data extracted and analyzed using Microsoft Excel .

Operational Definitions:

FDS Facility Preparedness: Availability of necessary infrastructure, supplies, and trained staff.

Compliance: Adherence to NHM guidelines on timing, staffing, documentation, and service delivery.

Monitoring Visit: Official supervision or field observation documented using standardized checklists.

7. Data Analysis Plan

Descriptive statistics: proportions(comparative analysis) and percentage .

Compliance score calculation based on “Yes/No” checklist responses.

Visualization through bar charts and tables.

8. Ethical Considerations

Data is secondary and anonymized—no human participants involved directly.

Data confidentiality and responsible use of government datasets will be ensured.

9. Implication of Research

Identifies strengths and gaps in routine family planning service delivery.

Informs NHM planners and facility managers about targeted areas for improvement.

Supports policy-level efforts to enhance quality.