

# Quality in Family Planning Services

*Family Planning Division, MoH&FW.*

*Quality, Equity and Accountability in NRHM.  
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## Quality in Family Planning

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**Quality in family Planning can be defined as offering a range of services that are safe and effective and that satisfy clients' needs and wants. It can also be defined as “the way clients are treated by the system”.**

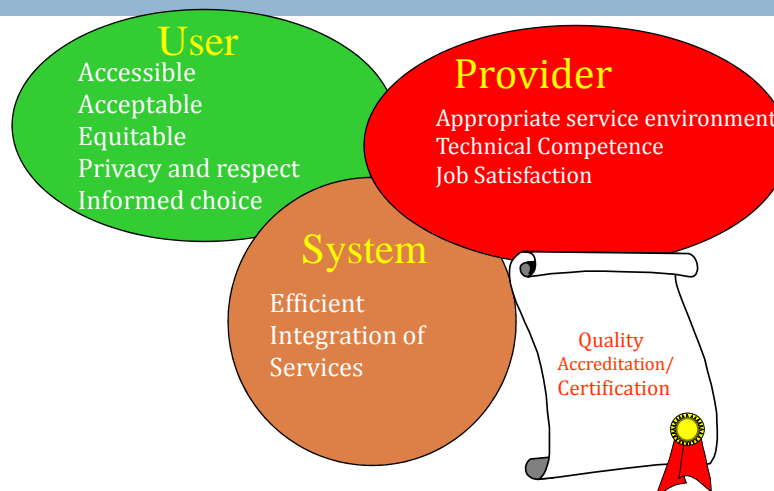
## Why Quality in FP?

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- ✓ Family planning is **not just a demographic issue**. It is also an issue related to individual rights, socio-economic development, preservation of the environment, and the health and well-being of women, couples, families and society at large.
- ✓ There is a huge **unmet need** for Family Planning and improving Quality will increase the utilization of services.

## Dimensions of Quality Services

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# Strengthening Service Delivery

## At Household/ Village Level

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### Services/ Activities

HH visits: by ASHAs, ANMs.

VHNDs:

- ❖ Counseling
- ❖ FP services(OCs, Condoms, ECPs)
- ❖ Follow up of IUCD, Sterilization & Postpartum clients
- ❖ Referral
- ❖ Community Mobilization

### Areas to be strengthened

- **Availability of IEC materials**
- **Capacity building & Role Clarity**
- **Incentives to ASHA**
- **Regular supervision**
- **Active participation of PRIs**

### ***Creating Role Models:***

- “Jan Mangal” couples and “Prerna” Scheme by JSK in some districts of Rajasthan
- “NSV Champion” in Jharkhand.

## At Subcentre

7 Activities/Services	Areas to be strengthened
<ul style="list-style-type: none"> <li>• Maintaining Eligible Couple Register</li> <li>• Counselling and service provision during ANC, PNC &amp; Immunization visits</li> <li>• <b>IUCD insertions</b></li> <li>• Follow up services</li> <li>• Referral Services</li> <li>• Contraceptive supply, Support &amp; Supervision of ASHA &amp; AWW</li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>Facility readiness according to IPHS standards</b></li> <li>➤ <b>Training in IUCD (No -Touch Technique)</b></li> <li>➤ <b>Provision of IEC Materials</b></li> <li>➤ <b>Supportive supervision by LHV / MO PHC</b></li> <li>➤ <b>Strengthening Referral services</b></li> </ul>
<p><b>More than 60% of IUCD Insertions are done at SC Level in states of Punjab, West Bengal, Orissa, Rajasthan &amp; Himachal Pradesh</b></p>	

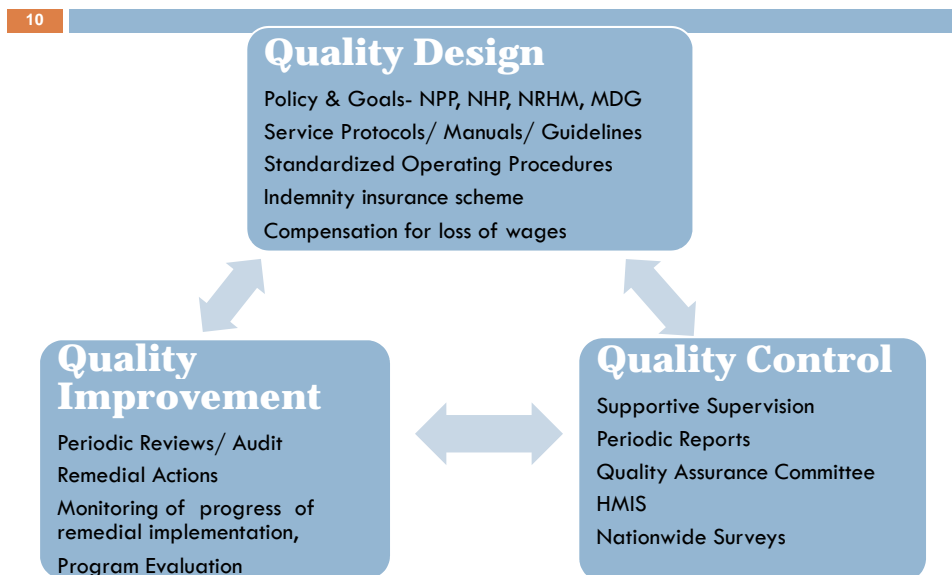
## At PHC

8 Activities/Services	Areas to be strengthened
<ul style="list-style-type: none"> <li>• All FP services including <b>Tubal ligation (interval &amp; post-partum) &amp; NSV</b></li> <li>• Follow up services</li> <li>• Counselling and appropriate referral for couples having infertility</li> <li>• Training and supportive supervision of field level staff like ANMs, MPWs &amp; ASHAs</li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>Ensuring availability of 24/7 Services as per IPHS</b></li> <li>➤ <b>Ensuring availability of trained personnel in Minilap/ NSV/IUCD insertion</b></li> <li>➤ <b>Fixed Day Static Services for sterilization(moving away from Camp approach)</b></li> <li>➤ <b>Regular supply of drugs, equipments &amp; instruments</b></li> <li>➤ <b>Referral Services</b></li> </ul>
<p><b>More than 50% of Sterilizations are conducted at PHC level in states of Maharashtra, Gujarat &amp; Andhra Pradesh</b></p>	

## At CHC & above

Activities/Services	Areas to be strengthened
<ul style="list-style-type: none"> <li>• 24*7 Specialists services.</li> <li>• All FP services <b>including Laparoscopic Sterilisation services</b></li> <li>• Follow up services</li> <li>• Training and supervision of field level staff</li> <li>• Regular supply of drugs &amp; equipments</li> <li>• Diagnostic Services</li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>Up gradation as per IPHS</b></li> <li>➤ <b>Strengthening of counseling component</b></li> <li>➤ <b>Rational posting of specialists</b></li> <li>➤ <b>Operationalize District Clinical Training Centres</b></li> <li>➤ <b>Fixed Day Static Services for sterilization</b></li> <li>➤ <b>Strengthening of RKS</b></li> <li>➤ <b>Management of couples having infertility</b></li> </ul>
<p><b>Uttar Pradesh has developed Divisional Clinical Training Centers for FP Trainings &amp; decentralized trainings to district level increasing the training capacity of the state</b></p>	

## Quality Assurance





## Key Interventions for Improving Quality

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- ❖ **Integration** of Family Planning with MCH services at various opportunities: ANC/PNC/Institutional delivery/Immunization/HIV counseling/Adolescent clinics/ Home visits/ VHND.
- ❖ **Coordination** among Department of Health, Directorate of Family Welfare and NRHM Programme Management Unit at various levels.
- ❖ **Ensuring Availability** of trained manpower and other resources at all levels.

- ❖ **Advocacy** at all levels on importance of FP for improving maternal and child health
- ❖ **Quality assurance committee (QAC)** to be constituted at all the States/ Districts level as per norms set in Quality Assurance manual and regular meetings to be held for assessing and ensuring the quality of services.
- ❖ Facility upgradation as per the **IPHS**.
- ❖ **Comprehensive training plan** for MCH & FP services.

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- ❖ **Protocols and standard guidelines** developed and disseminated from GOI to be followed.
- ❖ Strengthening Counseling Services:  
**Dedicated Counselor in M.P.**
- ❖ Implementation of **Fixed Day Static Approach** for Sterilization services (moving away from camp approach)
- ❖ Strengthening of **Postpartum Family Planning** Services.

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- ❖ **Accreditation** of Private Facilities and **empanelment** of providers
- ❖ Collating and **utilizing data** for improving outcomes
- ❖ **Expanding Basket** of contraceptive Choice
- ❖ Encouraging **Male Participation** in FP
- ❖ **Equal emphasis** on Limiting and Spacing methods
- ❖ **Recognition and rewards** for better performance
- ❖ Replicating **Best Practices**.

15 **Govt. of Tamilnadu, Maharashtra and Gujarat are actively pursuing improving quality of care in reproductive health.**

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**Thank You....**