

MONITORING FAMILY PLANNING PROGRAMME

**3rd Annual Forum of MCH
Community
UDAIPUR**

17-18th March 2008

**Dr. Dinesh Agarwal, M.D.
National Programme Officer (RH and
HIV/AIDS)**

UNITED NATIONS POPULATION FUND

Presentation Outline

1. Generic Issues in Programme Monitoring
2. Planning for family planning services
3. Service provision :Addressing Unmet Need for family planning
4. Monitoring Service Provision and Quality
5. How Community members can contribute?
6. Carry home points.

Generic Issues in Monitoring

- No dedicated cell with a senior officer at the state and district level: often fall through the cracks
- No standardized reference guide available for planning and monitoring: users manual
- Multiplicity of registers and reports and very few are printed: data collection too mechanical
- Data collected rarely validated or used in planning or monitoring
- Mismatch between routine MIS and survey data

Generic Issues in Monitoring

- Lack of Supportive supervision: Rituals in form of visits
- Confined to numerator movement and rarely indicators measuring progress are calculated and tracked
- HMIS not perceived as a priority by programme managers
- Time-lag in reporting
- Use of technology at different stages: GIS/palmtop
- Community monitoring : hallmark of NRHM

Planning for Family Planning Services

- EC survey done away with and normative basis of calculation being followed
- Quality of information
 - ELA's estimated on the basis of large-scale survey such as DLHS s turned down due to undercount
- Many programme managers use last years performance as benchmark
- No evidence of dialogue with community on contraceptive needs/ sources of service
- Limited planning for round the year service availability at dedicated points
- Roadmap for engaging private sector in service delivery

Planning for Family Planning Services: Access and Quality

- Plan for expanding pool of empanelled providers: enhance provider density in districts: more sources of service provision
- Plan for SM/CBD for reversible methods
- Procurement plans for equipments, supplies and expendables
- Focused BCC strategy
- Mainstreaming quality dimensions in programme monitoring: Role of QACs

Planning for Family Planning Services: Access and quality

- Equity focus in plans
- Plans for reaching out to adolescents/newly married
- Post abortion and post partum contraceptive counseling/service provision (post JSY)
- Contraceptive needs of marginalized groups ie SWs; MSMs, HIV positives

Addressing Unmet Need: “Bottom up”

- Annual service delivery needs : to be derived locally: No ELAs from “ top”
- Pregnancy testing through ASHAs !!
- VHND provides a good platform for providing contraceptive counseling , spacing family planning services/referrals
- Village health committee to monitor service provision and quality
- CBOs/NGOs can play a supportive role and also bring focus on accountability

Monitoring Service Provision and Quality

What can be done at village level??

- Regularity of services in terms of VHND days planned and conducted
- ASHAs mobilising clients for contraceptive services especially adolescents/newly married
- Availability of contraceptives and replenishment
- Mechanisms for follow up in place
- Assured supply of non clinical methods in villages

Monitoring Service Provision and Quality

What can be done at facility level??

- Availability of services-both spacing and limiting, regularity
- Camp services being provided
 - Adherence to pre-planned schedule
 - Timing
 - Camp arrangements (waiting area, operative and post-operative area, cleanliness of the facility, toilets, beds etc)
 - Adherence to standard guidelines (Infection Prevention)
 - Client Satisfaction
- Support community monitoring and reflecting community views to the RKS/Quality Assurance Committee and District Health Society

Monitoring Service Provision and Quality

What can be done at programme level??

Regularity of services-both spacing and limiting

Service availability as per plans

RHCS (Reproductive Health Commodity Security)

Drop outs for negative reasons

Contraceptive failures

Major complications

Serialization deaths

Monitoring Service Provision and Quality

What can be done at programme level: Quality??

- Functionality of QACs
- Adherence with standards by providers
- Gather providers perspectives on service quality
- Clients perspectives: Mystery clients

What can be done by members??

- Ensure service provision in VHNDs
- Advocacy for effective functioning of QAC
- Monitor service provision in “camps”
- Build partnerships for expanding contraceptive choices
- Creating enabling environment for adolescents to access services

FAMILY PLANNING INSURANCE

Claim arising out of Sterilization Operation Amount

- | | | |
|----------|---|---------------------|
| A | Death at hospital/ within seven days of discharge
2,00,000/- | Rs. |
| B | Death due to sterilization (8 th – 30 th day from the date of discharge)
50,000/- | Rs. |
| C | Expenses for treatment of Medical Complications
25,000/- | Rs. |
| D | Failure of Sterilization | Rs. 25,000/- |
| E | Doctors/ Facilities covered for litigations up to 4 cases per year including defence cost
2,00,000/- | Rs. |
-

COMPENSATION

A.For Public (Govt.) facilities

		Acceptor	Motiv	Drugs	Surgeon	Anesthetist	Staff nurse	OT tech	Refreshment	Camp management	Total
High focus states	VAS. (ALL)	1100	200	50	100	-	15	15	10	10	1500
	TUB. (ALL)	600	150	100	75	25	15	15	10	10	1000
Non High focus states	VAS. (ALL)	1100	200	50	100	--	15	15	10	10	1500
	TUB (BPL + SC/ST only))	600	150	100	75	25	15	15	10	10	1000
Non High focus states	TUB (APL)	250	150	100	75	25	15	15	10	10	650

COMPENSATION

B For Private Facilities:

Category	Type of operation	Facility	Motivator	Total
High focus states	Vasectomy	1300	200	1500
	(ALL)	1350	150	1500
	Tubectomy (ALL)			
Non High focus states	Vasectomy	1300	200	1500
	(ALL)	1350	150	1500
	Tubectomy (BPL + SC/ST)			

Carry Home Messages...

- Comprehensive planning is critical to achieve programme goal/s
- Monitoring not limited to numerator movements : Focus on service provision and quality
- " client satisfaction" is of paramount importance for achieving CPR/TFR

Progress... (2007-08) (silver lining.....)

Methods	2006-07 (till Oct,06)	2007-08 (till Oct,07)	% change
Total steri.	1,627,96 5	1,720,915	+5.7
IUD	2,949,27 5	3,203,488	+8.6

Thank you
agarwal@unfpa.org