

**Phase Out plan for sterilization camps**

**Objective:** To ensure quality sterilization services by phasing out sterilizing camps and replacing it by fixed day services. Sterilization services to be provided only in the facilities with functional OT.

**Key Strategies:**

**1. Operationalization of facilities:**

- Mandatory IUCD services at all levels of facilities.
- Mandatory PPIUCD services at facilities conducting deliveries.
- Post-partum Minilap and NSV services in high delivery case load facilities.
- Interval Minilap and Laparoscopic sterilization and NSV in equipped facilities.
- Availability of all Contraceptives options at facilities and community.
- Plan preparation for operationalization of FP services in static manner.

**2. Expanding pool of providers**

- Expanding the eligibility criteria for service providers for providing sterilization services
- Development of at least 1 training Centre for sterilization services in each district.

**3. Ensuring Equipment and Supplies**

**Phases of Plan:**

**Duration for phase out:**3 years

<b>Phases</b>	<b>Criteria</b>	<b>Timeline</b>
<b>Phase 1</b>	<b>Saturating facilities with &gt;200 deliveries per month</b>	<b>2016-17</b>
<b>Phase 2</b>	<b>Saturating facilities with &gt;100 deliveries per month</b>	<b>2017-18</b>
<b>Phase 3</b>	<b>Saturating facilities with &gt;50 deliveries per month</b>	<b>2018-19</b>

Following activities are to be undertaken for ensuring FP services

- Line listing of facilities conducting deliveries according to the criteria mentioned above by the state.
  - Immediate operationalization of the high delivery load facilities with rational deployment of Human resources.
  - Mapping of resources (Human / infrastructure) in these facilities and budgeting for necessary equipment in the NHM PIP.
- SISC / DISC to ensure the implementation of plan to operationalize facilities in fixed day service and develop a plan of monitoring.
- Increasing the provider pool for family planning services by developing training plans.

Following actions may be taken to address human resource issues:

- **All MBBS doctors (Contractual / Regular) joining government services must be compulsory trained for Minilap and NSV services.**
- Task shifting: allowing SBA trained AYUSH doctors, ANM for PPIUCD insertion after formal training.
- Empanelment of providers performing sterilization operations for 3 years. Updating list of empanelment every quarter / as soon as warranted.
- Training of Minilap providers for Laparoscopic Sterilization (MBBS and above), Specialist from other surgical fields (other than Obs/Gyn) may be taken for training in Minilap and Laparoscopy.
- Identification of non-performers (those unable to provide services despite being trained) and reasons thereof. Regular analysis and taking administrative / corrective actions.
- Discontinuing the traditional camp approach and conducting sterilization services in fixed day or static manner.
  - Assessment of requirement for operationalizing facilities in FDS mode.
  - Categorizing the gaps / requirements in immediate, mid and long term in terms of action to be taken.
  - Appropriate budgeting for different FP services in NHM PIP.
  - Identifying hard to reach areas in every state and service provision through FDS can be explored.
- Following criteria to be followed for operationalization of FP services in static manner

Level of Facilities	Services for Operationalization
DH	Postpartum Minilap, Interval Minilap / Laparoscopy, NSV, PPIUCD, Interval IUCD, Post Abortion FP
SDH, CHC	Postpartum Minilap, Interval Minilap / Laparoscopy, NSV, PPIUCD, Interval IUCD, Post Abortion FP
PHC	NSV, Interval / Postpartum Minilap, IUCD/PPIUCD
SC	IUCD/PPIUCD

- Development of districts training centers for family planning services:
  - Identifying high case load facilities functional for Minilap / Lap / NSV services with all necessary infrastructure, equipment and supplies.
  - Prioritizing facilities conducting an average of 600 laparoscopic / Minilap tubectomy cases per year (average 50 per month) or 300 NSV cases per year (an average of 25 cases per month) to enable demonstration by trainers and supervised hands on performance on clients by the trainee.
  - Ensuring availability of at least two trained providers in Minilap / Laparoscopic sterilization or NSV for respective training site.
  - Plan of monitoring and follow up of trained providers by District Training Coordinators or CMO.