Sub.: Camp approach in sterilization services

Dear,

In a bid to streamline conducting camps in sterilisation services, the Government of India has dispensed with the Megacamp approach in NSV- Advocacy and community mobilization for increasing NSV acceptance through camps and substituted it with the ‘Camp Management for Female Sterilisation’ & ‘Camp Management for Male Sterilisation’ the budget for which is proposed as follows:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Heads</th>
<th>Camp Management for Male Sterilisation</th>
<th>Camp Management for Female Sterilisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Transport for service providers team (as per actuals / entitlement)</td>
<td>8,000</td>
<td>8,000</td>
</tr>
<tr>
<td>2</td>
<td>POL / Transport for acceptors</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>3</td>
<td>Contingency</td>
<td>2,000</td>
<td>2,000</td>
</tr>
<tr>
<td>4</td>
<td>IEC (Newspapers, Hand Bill, Cable TV, Banners etc.)</td>
<td>20,000</td>
<td>NIL</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>35,000</strong></td>
<td><strong>15,000</strong></td>
</tr>
</tbody>
</table>

The same can be budgeted under the above heads in place of the earlier existing ‘Megacamp for NSV’ in the RCH II PIP.

This will hopefully take care of all the issues relating to transport for acceptors, team of providers and demand generation efforts in NSV, hitherto voiced by the States.

Healthy Village, Healthy Nation
However, while organising such camps all out efforts should be made so that
i)  **Around 100 cases are conducted in each of these camps per day**
ii) Quality issues as at Annexure-I are strictly adhered to
iii) Demand generation activities as at Annexure-II (a & b) are carried out at least one month prior to the camps.

I hope the above measures would go a long way in the smooth and successful conduct of the camps.

With regards.

Yours sincerely,

(G.C. Chaturvedi)

To,

Principal Secretary/Secretary of All the States & UTs.
CHECKLIST FOR ORGANISING CAMP

1. Make all financial arrangements in advance. Cash will be required for making payments for clients, IEC activities, and meeting other contingencies.

2. Plan and implement IEC activities on the basis of an action plan. (Refer attached note on IEC activities)

3. Ensure referral arrangements with nearby hospital to tackle any complications.

4. Estimate potential case load during camp. Such estimation will help in making logistics arrangement with special reference to linen, medicines and other requirements for sterilisation.

5. Select and supervise preparation of camp site with special reference to Operation Theatre (light source, water supply, theatre slippers etc.) and sterilisation arrangements. Emergency light arrangements should be made depending on electricity availability. (Refer "Standards for Male & Female sterilisation" manual and "Quality Assurance Manual for serialisation services")

6. Plan to have adequate number of NSV kits, mini-lap and Laparoscopic Kits as it might be difficult to arrange additional kits at the last hour!

7. Check out for equipments (working condition) and expendables, including emergency drugs before the camp.

8. Ensure that Operating Surgeon arrives at camp venue as per schedule, so that clients are not made to wait.

9. Transport arrangement should be made keeping in mind requirements of acceptors from different areas of district.

10. All forms & formats should be in adequate quantities.

11. You are requested to kindly ensure that Surgeons coming from outside are comfortable.
The following is suggested list of IEC activities, which may be planned and implemented during a month preceding a camp.

1. **Mass Communication**
   - TV Spots - Cable network
   - Radio
   - Banners at Vantage Points
   - Mike publicity using local means
   - Folk media

2. **Group Communication**
   - Orientation of service providers, private practitioners
   - Meetings with Panchayati Raj Institutions members
   - Meetings of service club members eg. Lions club, Rotary club etc.
   - Meetings with trade union members
   - Meetings with Management of Public Sector Companies
   - Meetings with Armed Forces/BSF/Police
     (In all such meetings video demonstration on NSV may be organised)

3. **Inter Personal Communication**
   - By medical officers and other health workers like ASHA, ANM & MPW etc. during client - provider interactions in clinic/outreach
   - Use of hand bills & flip charts during IPC

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Dr. S. K. Dikshit
M.S., M.D., (CHAI)
Assistant Commissioner
Family Planning Division
Ministry of Health & FWs,
Government of India,
Nirman Bhawan, New Delhi
Suggested messages for inclusion in IEC activities:

1. Advance information on dates, timings and venue of camps in area. (Such information to clients will facilitate advance planning for availing services during the camp.)

2. Advantages of NSV over conventional vasectomy. (Messages should focus on extremely low post operative complication rate, vary rare chances of method failure and allay apprehensions on blood loss, stitch removal and wound care etc.)

3. Steps involved in Sterilisation needs to be explained especially in meetings with services providers and private practitioners. (This will help them in method specific counselling for potential clients.)

4. Post operative care, instructions and dosage schedule for medicines needs to be clearly explained in local language. (Generally in a rush during camps, these instructions are ignored.)

Dr. G.S. SHARMA
Assistant Commissioner
Family Planning Division
Ministry of Health & F.M.
Government of India,
New Delhi.