



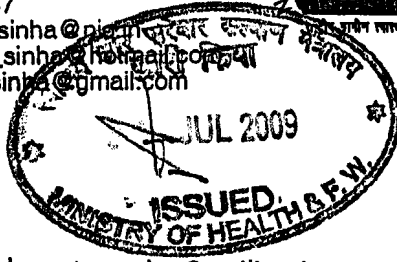
सत्यमेव जयते

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भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110108

Government of India

Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110108

DO No. 11013/01/09-FP

Dated 30 July, 2009.

Dear Shri Meena,

After showing a downturn in Sterilisation performance during 05-06 and 06-07, the performance of in the country has shown an increasing trend over the last two years (07-08, 08-09), which is a welcome development. However the magnitude of the improvement has to be stepped up considerably.

Considering the above and the dearth of trained and certified providers for male and female sterilisation services in the states, you may consider adopting the following training guidelines for training providers in sterilization services at the district level under the overarching umbrella of NRHM/ RCHII. The training guideline is appended with this letter and consists of the following three Appendices:

1. ANNEXURE No.1. The Activities & Responsible Agency/ Person: detailing the activities to be undertaken for developing district clinical training centres and trainers and agency/people responsible for various activities
2. ANNEXURE No. 2. Training Guidelines: detailing the training process and certification

Instructions may also be sent to all District Chief Medical Officers (DCMOs) / District Quality Assurance Committees (DQACs) to step-up their training efforts in sterilisation services in their respective districts and to adopt the new training guidelines to facilitate the same.

I am sure the above initiative would go a long way in increasing the pool of sterilisation service providers which in turn would contribute towards achieving population stabilization within a reasonable period.

o/c

yours sincerely,

Amarjeet Sinha
(Amarjeet Sinha)
29/7

Healthy Nation



**GOVERNMENT OF INDIA GUIDELINES
FOR CLINICAL SKILL BUILDING TRAININGS
IN MALE AND FEMALE STERILISATION SERVICES**

ANNEXURE NO.1. The Activities & Responsible Agency/ Person

| Sl. No. | ACTIVITIES | RESPONSIBLE AGENCY / PERSON |
|---------|--|---|
| 1 | Identification and designation of Training Centres | |
| | 1.a. State Training Centre/s | State Quality Assurance Committees (SQACs)/ Director, Family Welfare (DFW) |
| | 1.b. District Training Centre/s | District Quality Assurance Committees (DQACs) / District Chief Medical Officer (CMO) |
| 2 | Identification and designation of Trainer/s | |
| | 2.a. State Trainer/s | SQAC/DFW |
| | 2.b. District Trainer/s | DQAC/CMO |
| 3 | Assessing training load | DFW / DCMO / District Training Coordinator |
| 4 | Drawing up training calendar | DFW / CMO / District Training Coordinator |
| 5 | Selection and nomination of trainees for training | CMO / District Training Coordinator |
| 6 | Organization and management of trainings | District Training Coordinator |
| 7 | Certification of successful trainees | District Trainer/s |
| 8 | Quality assurance of trainings | District Training Coordinator and Trainer/s |
| 9 | Post training support and follow-up | District Training Coordinator/ CMO |
| 10 | Empanelment of trained & certified trainees | DQAC / CMO |

ANNEXURE NO. 2. Training Guidelines

| Type of training Details | Laparoscopic Female Sterilisation | MINI Lap Abdominal Tubectomy | No-Scalpel Vasectomy |
|--|--|---|--|
| Designation of the Training Centres | <p>The states should aim at developing at least 1 'Clinical Training Centre' (based in District/ Sub-district facilities providing RCH services) per district based on the following:</p> <ol style="list-style-type: none"> 1. Facilities conducting at least 50 laparoscopic sterilisation cases / month 2. The centres should have a training room and audio-visual learning aids | <p>The states should aim at developing at least 1 'Clinical Training Centre' (based in District/ Sub-district facilities providing RCH services) per district based on the following:</p> <ol style="list-style-type: none"> 1. Facilities conducting at least 50 Mini Lap Abdominal Tubectomy cases / month 2. The centres should have a training room and audio-visual learning aids | <p>The states should aim at developing at least 1 'Clinical Training Centre' (based in District/ Sub-district facilities providing RCH services) per district based on the following:</p> <ol style="list-style-type: none"> 1. Facilities conducting at least 25 NSV cases / month 2. The centres should have a training room and audio-visual learning aids |
| Designation of the trainers | Post-graduate Doctors [DGO, MD (OBGyn), MS (General Surgery)] providing laparoscopic sterilisation services and placed at the district. | Medical officer (MBBS or with PG degree) providing regular MINI Lap services and placed at the district. | Medical officer (MBBS or with PG degree) providing regular NSV service and placed at the district |
| Training Duration | 12 working days | 12 working days | 5 working days |
| Number of Trainees | <p>1-4 trainees per training batch according to the case load in the training centre.</p> <p>Note:</p> <ol style="list-style-type: none"> 1. The Districts may also propose to train a batch of Medical Officer+ Staff Nurse+ OT Technician from a particular health centre as a Team 2. The states/districts should plan for intensive IEC activities for a week prior to the training to increase the number of clients. | <p>1-4 trainees per training batch according to the case load in the training centre.</p> <p>Note:</p> <ol style="list-style-type: none"> 1. The Districts may also propose to train a batch of Medical Officer+ Staff Nurse+ OT Technician from a particular health centre as a Team 2. The states/districts should plan for intensive IEC activities for a week prior to the training to increase the number of clients. | <p>1-4 trainees per training batch according to the case load in the training centre.</p> <p>Note:</p> <ol style="list-style-type: none"> 1. The states/districts should plan for intensive IEC activities for a week prior to the training to increase the number of clients. |
| Qualification of Trainees | Gynecologist / Surgeon [DGO, MD(OBG), MS (General Surgery)] | Medical Officer (MBBS) | Medical Officer (MBBS) |
| Key Contents | <ul style="list-style-type: none"> ◆ Overview of family planning services under Public Health Care system ◆ Pre and Post procedure counseling ◆ Eligibility/ Clinical assessment and selection of prospective beneficiaries ◆ Clinical Procedures as per standards: Infection Prevention, Surgical procedure, Post surgical case management including early recognition and management of complications ◆ Post procedure follow-up ◆ Other program Management components like Information, Education and Communication (IEC)/ Behavioral Change Communication (BCC) activities, compensation scheme, Family Planning Insurance scheme, quality assurance and audit ◆ Management/maintenance of equipments and Management Information System (MIS) | | |

| Type of training Details | Laparoscopic Female Sterilisation | MINI Lap Abdominal Tubectomy | No-Scalpel Vasectomy |
|---|--|--|--|
| Number of Cases to be performed by the trainee | Assist at least 5 cases Perform at least 10 cases under supervision | Assist at least 5 cases Perform at least 10 cases under supervision | Assist at least 5 cases Perform at least 5 cases under supervision |
| Competency Certification | Trainer must evaluate the trainee using a checklist and by inspecting the dairy maintained by the trainee. Competency certificate should be issued by the trainer only after assessing the trainee skills. | Trainer must evaluate the trainee using a checklist and by inspecting the dairy maintained by the trainee. Competency certificate should be issued by the trainer only after assessing the trainee skills. | Trainer must evaluate the trainee using a checklist and by inspecting the dairy maintained by the trainee. Competency certificate should be issued by the trainer only after assessing the trainee skills. |
| Budget | As per RCH Training Guidelines & projection in the State PIP 2009-10 | As per RCH Training Guidelines & projection in the State PIP 2009-10 | As per RCH Training Guidelines & projection in the State PIP 2009-10 |