Dear Principal Secretary,

Family Planning is one of the key pillars of RMNCH+A strategy and for addressing the prevailing huge unmet demand, increasing services proportionately is vital. Post-partum Family Planning is the most effective mode to deliver the services to a large number of women accessing public health facilities for their deliveries.

While PPIUCD has been accepted well in the states as the preferred method of spacing there is also a pressing need to look into the matter of limiting methods in terms of post-partum sterilization (PPS) by the Minilap mode and NSVs. Unfortunately, the provider base for PPS including Minilap and NSV has been steadily shrinking and consequently the performance too is declining on that account.

To address this issue, the Government of India has devised a guidance note on phase wise human resource generation and operationalization of facilities for Minilap and NSV Services (Annexure-A).

This strategy would be instrumental in increasing the provider base for PFPF, especially Minilap services as well as NSV services, activation of district training centres and stimulating demand generation activities.

The activities highlighted in the annexure should be started with immediate effect.

With regards,

Encl : As above.

Yours sincerely,

(B.P. Sharma)

Principal Secretary (Health)
(Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Odisha,
Uttarakhand, Jharkhand, Chhattisgarh, Assam, Gujarat and Haryana)

Copy to: Mission Directors (NHM)
Annexure A

1) **Selected States:** The activities are proposed for 11 high focus states (including the EAG states) where TFR continues to be high:

1. Uttar Pradesh
2. Rajasthan
3. Madhya Pradesh
4. Chhattisgarh
5. Haryana
6. Gujarat
7. Assam
8. Odisha
9. Uttarakhand
10. Bihar
11. Jharkhand

2) **Objective:**

Provision of assured Family Planning services in high delivery load facilities through:

- Mandatory operationalization of all the high delivery load facilities for post-partum sterilization services, specifically Minilap and PPIUCD.
- Emphasis may also be put on Vasectomy services in the identified facilities.
- Establishing district training centres as per GOI norms
- Conduct Demand generation activities.

3) **Implementation plan:**

It will be carried out in three phases

**Phase 1:**

*Activity 1: Facility Mapping*

- Identification of Facilities with more than 200 deliveries per month – Source: HMIS
  *The segregated list will be provided by FP Division, MoHFW, which needs to be verified and finalized by the state and shared with GoI.*
- Identification of Facilities performing more than 50 sterilisations per month (segregated for Minilap, Lap and NSV) - Source: HMIS
  *The segregated list will be provided by FP Division, MoHFW, which needs to be verified and finalized by the state and shared with GoI.*
- Number of functional training sites for sterilisation- Source: DAP 2014-15
  *The information will be provided by the FP division based on the DAPs submitted by the states which needs to be verified and finalized by the state and shared with GoI.*
- Identification of non-performers (those unable to provide services despite being trained) and reasons thereof.
Activity 2: Demand Generation Activities:

- Orientation of counsellors on PPFP including minilap and NSV
- Wall Paintings for the available FP services in all the identified facilities. Posters for PPFP in the ANC/PNC ward.
- VHND to be utilized for the dissemination of PPFP messages.

Phase II:

Activity 1: Increasing Provider Base:

- All MBBS doctors (Contractual/Regular) joining government service must be compulsorily trained for Minilap and NSV services (as per minutes of the meeting on consensually agreed points in the meeting held by Secretary (HFW) Govt. of India with state health secretaries on 15th May 2015 at Vigyan Bhawan).
- States to empanel the doctors performing sterilization for the last 3 years based on recent GOI guidelines.
- State should upload the empanelment list, category wise, in their official website
- For the identified high delivery load facilities:
  - Training of all doctors (MBBS and above) conducting deliveries in the identified high case load facilities for Minilap services.
  - Ensuring availability of at least 1 trained provider in Vasectomy in the identified facilities.
  - Retraining of providers who are either short on confidence or have high failure rates.
  - TOT of at least one provider from the facility conducting more than 50 female sterilization cases per month (Minilap / Lap, whichever is applicable for that facility) and 25 male sterilization cases per month.

Phase III:

Activity 1: Establishing training sites in high case load facilities

By the end of Phase 3, every state should strive to have one training centre for sterilisation services in each district.

Following needs to be ensured for activating the training sites:

- Functional service delivery site with all necessary infrastructure, equipment and supplies, providing sterilization services (minilap/laparoscopic sterilization).
- Have high client load of female sterilization at an average of 600 female sterilization (laparoscopic and or minilap tubectomy) cases per year (an average of 50 cases per month) or 300 NSV cases per year (an average of 25 cases per month), to enable demonstration by trainers and supervised performance on clients by the trainee.
- Offering full range of family planning counselling and services.
- Availability of at least two trained providers in Minilap/Laparoscopic sterilization or NSV for the respective training site.
- Have training room close to the OT for at least 10 persons (trainers, trainees and observers/state visitors) with chairs, tables, light source, fans/AC, audio-visual facility and alternate source of power.

Monitoring and Follow up of trained providers should be conducted within 2 to 3 months by District Training Coordinator or CMO.

**Activity 2: Facility Operationalization:**

- Mandatory operationalization of all the high delivery load facilities** for post-partum sterilization, specifically Minilap and PPIUCD.
- Special Emphasis on operationalization of facilities for Vasectomy services in the identified facilities.
- States may submit district-wise biannual progress reports on the status of operationalization to FP division.

**These identified facilities may be taken up for operationalization plan under DAP (2015-16) for FP2020.

*States may project the requirements for equipments/trainings and training sites in their State Annual/Supplementary PIPs.*

**Timeline for completion of activities:**

<table>
<thead>
<tr>
<th>Phases</th>
<th>Activity</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td><strong>Activity 1:</strong> Facility Mapping</td>
<td>One month (M1) from the receipt of this letter.</td>
</tr>
<tr>
<td></td>
<td><strong>Activity 2:</strong> Demand Generation Activities</td>
<td>Five months (M2- M5) On-going Activity. Ensure orientation of counsellors on PPFP including minilap and NSV is completed before Phase II</td>
</tr>
<tr>
<td>II</td>
<td><strong>Activity 1:</strong> Increasing Provider Base</td>
<td>Seventh months onwards (M7) after completion of Phase I</td>
</tr>
<tr>
<td>III</td>
<td><strong>Activity 1:</strong> Establishing training sites in high case load facilities</td>
<td>Thirteenth months onwards (M13) after completion of Phase II</td>
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<tr>
<td></td>
<td><strong>Activity 2:</strong> Facility Operationalization</td>
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