



सत्यमेव जयते

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राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

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

D.O. No. N-11012/7/2008-FP

Dated the 25th November, 2008

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 :-

(Amount in Rs.)

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

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.

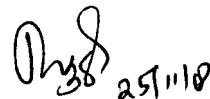
However, while organising such camps all out efforts should be made so that

- 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,

Handwritten signature of G.C. Chaturvedi, dated 25/11/18.

(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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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, very 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.)



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