



A study on effectiveness of ‘Hausala Training Centres’ (HTC)

Submitted to



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CONTRIBUTORS

B. S. Singh, PhD

Dhananjay Srivastava, MBBS, MPH

Manish Priyadarshi, PhD

Nitish Dogra, MBBS, MD, MPH

Anandhi Ramachandran, PhD

BACKGROUND

The term 'training' Points the process involved in increasing the aptitudes, skills, Knowledge and abilities to perform specific jobs. Training helps in updating old talents and developing new ones. 'Successful candidates placed on the jobs need training to perform their duties effectively'¹. The principal objective of training is to make sure the availability of a skilled and willing workforce to the project/program.

Training is said to be the acquisition of knowledge of skills, and the competencies. It has specific goals of improving one's knowledge, skills and their capacity, capability, performance and their productivity. It is said that only training & development is much important because it leads to maximize the utilization of the available resources. Thus the skills which were utilized by the human resource of any project or program can increase the output and quality of the project/program. Training & development increase in efficiency, morale of service providers, better human relations, reduction in supervision, increased in organizational liability & flexibility. Training is said that both physically, socially and intellectually are very essential in facilitating the level of productivity, it also increase the development of personal with that training is a systematic development of the knowledge, skills which is being required by service providers to perform adequately on a given task or a job. In summary, this importance and effectiveness of training and development is significant because it will be greatly impact the project/program outcome.

SIFPSA has been actively facilitating various clinical trainings for capacity building of doctors and paramedics in various techniques for more than two decades now. Committed to enhancing quality family planning services in the state, SIFPSA, through its 35 *Hausala Training Centres* (HTCs), aims to create large pool of practicing clinical family planning service providers in the state. Catering to the demand, 10 training sites were first established in 2007 at 10 divisional district women hospital i.e. Agra, Allahabad, Azamgarh, Meerut, Moradabad, Mirzapur, Jhansi, Kanpur Nagar, Saharanpur & Varanasi. The program since then has come a long way, covering all 18 division of Uttar Pradesh with setting up additional centres and expanding from 10 to 35 clinical facilities based centres known as *Hausala Training Centres* (HTCs) in 2016 – 17. The centre at districts/divisional women hospital/district combined hospital are technically and academically

¹ Aswathappa, K. *Human resource and Personnel Management*, New Delhi: Tata Mcgraw-Hill Publishing Company Limited, 2000, p.189

supported through two medical colleges i.e. KGMU, Lucknow and SN Medical Colleges, Agra. These HTC's hold regular training batches on female sterilization procedure by providing classroom and hands on training on Laproscopic and Minilap technique. Similarly, medical officers and paramedics are also provided training on no touch IUCD insertion, PPIUCD insertion technique and new contraceptive training. SIFPSA does complete hand holding of the clinical center in term of carrying out orientation and training, providing standardized training material, formats, protocols and also carrying out regular monitoring.

The main objective of *Hausala Training Centres* (HTCs) is to develop a pool of clinical family planning service provider in various family planning techniques across the state by supporting and strengthen all 35 HTCs with the following project strategies:

1. Facility based FP trainings at 35 HTCs.
2. Expansion of FP sterilization services time span i.e. from July onwards instead of October with support for adequate client generation and increase awareness of FP services through ASHA orientation, mobility support to ASHA and IEC activities.
3. To improve the quality of clinical training, positioning dedicated doctor as Training Quality Manager (TQM) at HTCs.
4. Strengthening of one block facility as Satellite Centre in HTC district with support of CMO for hands on practice of newly trained provider for building up the confidence.
5. Capacity building of public sector healthcare providers including contractual doctors posted at Urban Centres for expansion of service provider pool for various FP techniques.
6. Supporting the training of Private Doctors in FP techniques for increasing involvement of private sector in family planning services.
7. Performance tracking of trained service providers and recognition awards for contribution in FP services
8. Regular review of FP services by Commissioner at Divisional level and ED, SIFPSA/Principal Secretary at State level on quarterly basis.
9. Documentation of best practices, case studies, processes with evaluations.

BRIEF PROJECT DESCRIPTION

DWH/DMH/DCH of 33 FBCTCs and 2 Medical Colleges; OBGY Department, KGMU, Lucknow and SN Medical College, Agra will be engaged and supported for Female Sterilization, PPIUCD and New Contraceptive trainings.

I. Manpower Support:

- 33 TQM, 35 TC and 35 TA
- 33 HTC: Training Quality Manager-I, Training Coordinator- I & Training Assistant- I
- 2 Medical Colleges: Training Coordinator- I & Training Assistant -I
- The recruitment of staff will be done by CMSs/HODs following departmental rules and regulations.
- Contract will be given on annual basis for project duration and renewal will be done based on further funding and work performance.
- Eligibility criteria:
 - Training Quality Manager- Minimum MBBS and above with experience of at least 3 years, good communication & coordination skills, inclination to learn. Retired Doctors having training experience in female sterilization will 'be given preference. The honorarium will be paid to MBBS doctor @ Rs. 50000/-- per month, Rs. 65000/-- for MBBS DGO and Rs.75000/- per month for MD/MS, OBGY.
 - Training Coordinator- Graduate with experience in health sector, good coordination, communication skills, knowledge of accounting with sound computer knowledge will be given preference. Honorarium Rs.15000/- per month.
 - Training Assistant- Class 10 pass, basic knowledge of English & Hindi. Honorarium Rs.8000/-per month.
- Provision for support staff for 33 HTCs and 2 medical colleges with max 10% increase each year has been made for next two years.

2. Training Quality Manager: Capacity building of Training Quality Manager will be done to develop as trainer for various FP technique in due course of time (Depending upon qualification) in ongoing training batches. Post training, they will be registered as private provider under *Hausla Sanjhedaari* and will be empaneled in DQAC. TQM will assist in imparting training sessions.

3. Trainings:

- The main focus will be on Minilap but Laparoscopic Tubal Ligation trainings will also be conducted covering Training of trainers, Induction and Refresher trainings.
- Doctors of Public Sector health facilities both rural and Urban, regular and contractual will be trained in Female sterilization training following GOI guidelines and manuals. Staff Nurses of Government facilities will also be trained as team member in Laparoscopic Tubal Ligation.
- As per GOI guidelines, DGO/MD/MS OBGY doctor may not require any further training for Minilap. It is also proposed a three-day training of Specialist doctors in Minilap as refresher course may be done based on field requirement and funds for Minilap refresher may be utilized for same.
- District Trainers: Experienced service providers of > 100 surgeries in Lap/Minilap will be trained as district trainer, who will act as mentor of newly trained service provider in their respective districts.
- To promote Private Sector participation in FST, preferably Induction and refresher will be conducted at Medical Colleges. Interested doctor/organizations supporting private sector engagement in FP, will have to pay designated training fee to SIFPSA for each doctor. A tentative fee of Rs. 27,000 per participant for Induction and Rs. 9000/- per participant for Refresher training is proposed. Expenses on accommodation, travel and honorarium to private doctor will not be covered in training fee and it has to be arranged at their own. Names of private sector doctors will be communicated to concerned training sites after submission of training fee to SIFPSA with certified certificates of candidates. Although, training calendar usually developed in advance but there are chances that training batch may be cancelled at the last moment due to some unavoidable circumstance (< 50% of attendance / no turn up of medical officers/other govt/departmental program) in that case, SIFPSA will not be liable for payment of any TA/DA/Accommodation to private doctors but SIFPSA will ensure that these doctors will be trained in subsequent training batches. In case of more requirement of private sector provider trainings, funds from contingency will be utilized.
- PPIUCD: Provision for TOT & Induction training batches has been planned for making availability of trainers at new FBCTCs incl. some old ones and additional service providers.

Since, SIFPSA is implementing PPIUCD training funded by NHM which usually comes around August/Sept, 16, hence to support the state, provision of 20 batches for PPIUCD training is being made. One training batch at each Divisional FBCTCs & two batches at KGMU for private providers.

- Capacity building of TQM will be done in ongoing training batches held at FBCTCs to develop as trainer.
 - All trained provider in Induction trainings will be registered in their respective district for empanelment.
 - Printing of Training manuals: Printing of manuals required for training of Induction/refresher/district trainers for FST and PPIUCD will be done at SIFPSA and budget for it will be met from contingency funds available under the project. No separate head for printing of training material is being made.
4. Satellite Centre: One block CHCIFRU having adequate client load having experienced service provider in Female sterilization technique will be identified by Divisional PMs in consultation with District CMO. This site will be designated as Satellite centre to give opportunity for more hands on practice to newly trained doctors. Further, doctors who were previously trained and are not able to conduct FP surgeries due to lack of confidence, will be attached on fixed day to these site within a district to conduct surgeries in supervision of district trainer for more hands on experience. Doctors who by any reason after attachment at Satellite centres are not able to conduct FST then only they will be nominated for Refresher training. Provision for mobility support and additional incentive for 33 satellite centre in 33 training centre district has also been made for 50 cases per week, because six months in year-1 and nine months each in year-2 and year-3. TQM/trainer/senior service provider will visit these satellite sites for handholding of newly trained, if required. Provision for mobility has been made.
 5. Minor Repair/Renovation (QER): Provision for Minor repair/renovation has been made for 10 old FBCTCs and 2 medical colleges as they were strengthened way back in 2008 or before. Provision of lumpsum funds under this head for 35 centres for year-2 & 3 has also been made.
 6. Strengthening of 7 Divisional DWHs: Provision of strengthening of DWH of Aligarh, Basti, Bareilly, Gonda, Gorakhpur, Lucknow (Veerangna Avanti Bai) & Faizabad for developing it as HTC has been made. The strengthening will be done on the same line as of recently

sanctioned new 16 FBCTCs where in strengthening of training hall, training equipment and renovation & repair has been made.

7. Activities for awareness creation and support client generation at **HTCs**: State has seasonality for sterilization cases besides choice hence to address this in gradual manner for generating adequate client load from July onwards following provisions have been made:
- Print Media: Awareness creation through 2 Hoardings per **HTCs**, monthly advertisement in newspaper, 3 Posters per block, Handbills/ Brochure for frontline workers have been made.
 - Orientation meeting with ASHA, ANMs and ASHA Sangini: at block level by BCPM, MOIC for 820 blocks @ 30 participants in 5 batches per block has been made. In year-1, 401 blocks of training 'centres district will be covered and in year-2 remaining 413 blocks will be covered. Divisional PMs of concerned division will train the district level and will be responsible for implementation of this activity and regular monitoring.
 - Block level Review for Family Planning: Regular meeting with review of ASHA and ANMs for FP performance will be done by concerned block level team. Div. PMs of concerned division will train the district level team and will be responsible for implementation of this activity and regular monitoring. This activity is planned from year- 2.
 - Mobility support to ASHA for mobilizing client to training centre @ Rs. 100/- per case during training days for maximum 100 cases per month for 9 months have been made for 35 training centres, 150 cases for 9 months per site in Yr-2 and 100 cases per site for 9 months in Year-3.
8. Provision for additional incentive for Service providers as Rs. 200/- per case during training days for minimum 100 cases per month for 9 months have been made for 35 training centres, 150 cases for 9 months per site in Yr-2 and 100 cases per site for 9 months in Yr-3 has been made as they are conducting additional work of training besides service delivery.
- Additional Incentive on Female Sterilization: As of now for every female sterilization case, provision of Rs. 2000 is there for interval and Rs. 3000 for Postpartum in which amount allocated for client, motivator, team of surgeon/assistant and medicine etc. It is proposed that amount may be reworked for better involvement and motivation of team to improve FP outcome. An additional amount of Rs. 1250 per sterilization client

is proposed which will be distributed among all category of staff involved in FST for motivation.

- Thus considering amount of Rs.2000/-for each FST given by NHM, as applicable, an additional amount of Rs, 1250/- will be paid for every FST client.

9. Mobile Trainer: Since, new 16 FBCTCs are at district level and considering the possibility of shortage of trainer, provision of hiring private/ Govt. doctor as trainer is being made for 10 Induction/refresher batches which includes travel Rs. 2500 to & fro, lodging and fooding @Rs. 2000/- and Honorarium @ Rs. 7000/- per training day. In case there will be availability of in service trainers, then Honorarium will be paid as Rs. 2000/- per training day to Govt trainer for supporting training in district outside to place of posting. If, required, the fund may also be utilized for supporting FP training/services activities in other district as well and will be done on approval of SIFPSA management.

10. Review:

District Level:

- Service Provider Meet: Six monthly meeting at district level will be conducted under chairmanship of CMO and Div PMs. Doctors trained as service providers in FST, MST, District trainer will be called in meeting and problems, performance will be reviewed and solution may be found for increase performance and service delivery Uptake. Provision of Rs. 16500/- including refreshment @ Rs. 250/- Per person, stationary Rs. 100/- for maximum 40 participants and lumpsum contingency as Rs. 2500/- per meeting has been made.

Divisional Level:

- All the project activities with Family planning program will be viewed by Commissioner on quarterly basis at respective divisions wherein CMO/ACMO, Nodal of FP, Divisional PMs, SIC/CMS of FBCTC and DPM will participate.

State Level:

- FP program will be reviewed under chairmanship of Principal Secretary MH & FW/ED, SIFPSA MD, NHM on quarterly basis. No separate budgetary provision has been made.

11. Service provider Performance tracking: It is proposed that post training, all trained service providers esp. of FST will be tracked for performance. Tracking for new contraceptive at training sites will also be done in phase wise manner, initially from District and then block level in the span of project duration.
12. Performance Recognition: Districts of concerned HTC's will also conduct regular review and performance recognition will be done on annual basis for highest number of cases mobilization by ASHA, conducted by Surgeon, > 80% completion of target of training for HTC's, SIC/CMS of respective district/division, Division PM and district PMs, will be facilitated at district and state level. The criteria for recognition will be defined and refined later. Provision of Rs 1 Lac per district and Rs. 2.5 Lacs at state has been made. Provision for 33 training districts has been made for rest period all 75 district will be covered.
13. Manpower support at State: To support the implementation of activities, provision for manpower under project has been done as One (1) State Health Coordinator (Clinical Training) @Rs. 70000/- per month, -Two (2) Project Coordinators @ Rs. 40000/- per month, Two (2) Data operator @Rs. 20000/-, One Data Analyst Rs. 40000/- per month at state level.
- These staff will support all FP trainings facilitated by SIFPSA from NHM funds as well.
 - To support manpower, provision of 6 Laptop/Desktop have been made.
 - SHC, PC/Consultant will monitor the FP activities in field and provision of mobility support for 5 visits for 2 days each per month has been made.
 - Provision of nominal amount of Rs. 500/- per month for communication has been made for these positions.
14. Data Base Management: Regular data base will be maintained for all trainings.
15. Research & Evaluation: Study related to skill assessment, performance, barriers and processes adopted for increase uptake will be done on regular basis. Midterm and end line evaluation of project will also be done. Budgetary provision for same is being done. This will be done centrally as well as through internal agency with support of REMI division of SIFPSA.
16. Dissemination: Sharing of project findings will be done on regular basis at state/ national/ international level through workshop, participation in workshops and publishing of research paper/document in well-known national/international journals.

Advocacy & Review at State and district level:

1. To achieve the project targets on time based manner and improve FP services, advocacy at state level decisions will be done for:
 - a. Priority of FP at State/District level review.
 - b. Designated days i.e. 2nd & 3rd week of each month for Family Planning trainings at 35 districts at centres
 - c. Ensure 100% participation of nominated candidate with right selection of candidate for training
2. Quarterly review by Principal Secretary at state level of the program.
3. Support of health department at state and district level in implementation of activities and regular review with corrective action
4. Monthly review of project with concerned officers at SIFPSA & Div PMs

Reporting:

1. Support staff at FBCTCs & MC will report to concerned SIC/CMS, DH and HOD, OBOY, Medical colleges. They will indirect report to Div PMs as well and will coordinate for smooth functioning of project.
2. Project Staff posted at SIFPSA HQ will report to concerned SIFPSA HQ officer AED/ED.

Outcome:

1. It is expected that at the end of three years, one provider of Minilap at each block will be available
2. Fully functional 33 FBCTCs including 2 medical colleges qualifying GoI norms of CTC
3. Increase pool of service providers in Laparoscopic Ligation Techniques
4. Systemic review of family planning conducted

OBJECTIVE AND SCOPE OF THE STUDY

Training programs will be providing multiple benefits for human resource and the project/programs, but only if they are carefully planned and properly implemented. Training is a means to a specific end, so keeping goals in mind during the development and implementation stages of your training program will assist in creating a clearly defined and effective program. SIFPSA has been granted an awarded to IIHMR for 'A Study on Effectiveness of Hausala Training Centres (HTC). The objectives of the evaluation study were:

1. To assess the effectiveness and contribution of HTCs for clinical FP trainings
2. To assess the challenges faced and scope of improvement at HTC
3. To document the best practices

Scope of the study:

- Usefulness of support staff in implementation of clinical training
- Contribution made by TQM in improvement of Quality and FP services
- Contribution of support activities in project (Additional honorarium to service providers, mobility support to ASHA, IEC, Advocacy utilities) in clinical FP training & services
- Best practices and documentation
- Challenge and scope of improvement

METHODOLOGY OF THE STUDY

Secondary data were looked for the overall performance of training of human resource i.e. What is the performance of trained man power in the district (% trainer who is performing family planning services in which they are trained). This indicator has been given overall effectiveness of this program.

Semi structured interview schedule was designed to capture the required information for the said objective in RFP. At each level (State, Divisional, District and Satellite Center) all the stakeholders had been asked for usefulness of support staff, usefulness of training managers, usefulness of support activities i.e. Mobility, Honorarium etc. and overall perceived effectiveness of program. They had also been asked for the perceived challenges and scope of the improvement. After capturing the information at each level, we have been developed the perspective regarding program at each level.

Stakeholders at district and satellite level had also asked for the best practices or innovative intervention and if there were any such innovation or best practices we had documented the detail process of that innovation/best practices which can be replicated to other place to achieve the desired outcome.

All data collection tool had developed under guidance of SIFPSA and prior approval will be taken from SIFPSA for the use in study.

INTERVIEWER/SUPERVISOR TRAINING APPROACH

Data collection had been done by IIHMR faculty. IIHMR faculties were provided a comprehensive training programme for two days at IIHMR Delhi. The training curriculum had cover the overall aim of the study and study objectives, detailed methodology, data collection tools and techniques, data collection plan, movement in the field, conduct in the field, monitoring and research ethics. The training methodology was consisted of lecture discussions, role plays etc. After training, trained IIHMR faculty had been visited 12 study district of UP for the recruitment of participants and interview.

Table 1: Sample Size and Sampling Plan

SN	State/Division/District Level	Person to be interviewed	Number per district	Total number of interview expected	Actual number of Interview
1.	State Level	GM & DGM Family Planning (NHM), Director, Joint Director and Partners for FP trainings	-	10	9
2.	Division Level	AD health, Divisional Project Manager	2*5	10	10
3.	District Level	CMS of the District Women Hospital	1*12	12	12
		Training Quality Manager and Training Coordinator	2*12	24	22
		At least 5 trained personnel of each type of training conducted at selected HTC's	5*12	60	47
		At least 5 ASHA's from each of the selected HTC's	5*12	60	48
4.	MOIC of satellite Centres		2	2	2
5.	Total			178	150

11 HTC districts of UP and 2 Medical college covered under study are as follows:

Table 2: Sample HTCs Districts and Medical College

S.N.	Region	Proposed Sample Divisional District HTC	Proposed Sample District HTC	Medical College
1.	Eastern	Allahabad, Varanasi	Jaunpur, Sonbhadra	-
2.	Western	Meerut, Agra	Gaziabad	S. N. Medical College, Agra
3.	Central	Kanpur Lucknow	Nagar, Sitapur	KGMU Medical College, Lucknow
4.	Bundelkhand	Jhansi		

QUALITY ASSURANCE PLAN FOR DATA COLLECTION

In order to maintain the quality of all required work including maintaining the integrity of the study design and methodology, all related data collection and management, the management of perceived or real risks to study participants, and data storage and management including confidentiality measures, field teams, who is IIHMR Faculty, has been supervised by project coordinator, who is also an IIHMR Faculty member, who has monitored the day-to-day activities and team management with coordination and support from state field coordinator.

Trained IIHMR faculty had been present in different districts of UP throughout data collection, who had also been responsible for data collection. The planning and local coordination had been done by IIHMR faculty.

Regular feedback from IIHMR faculty had been taken by project coordinator to improve the quality of data collection in the field. The first few tools were reviewed in the field and inputs had been provided to the team members as and when till researchers are satisfied by the quality of the data collected.

Project coordinator, who was also part of team survey interviewers, had ensured that protocols designed by the SIFPSA had been followed strictly by each interviewers during the survey.

During the assessment the core principles of research ethics has been considered and applied. Confidentiality had been strictly maintained in the study. The information collected from the team had not been shared with anyone outside the study team.

Daily reporting of district level status by teams had been sent to IIHMR, New Delhi. In order to ensure quality of the all data, before leaving district headquarters the data had been vetted for completeness by divisional field coordinators.

DATA ANALYSIS & REPORT WRITING: The data entry and analysis was done through appropriate software tools. Content analysis had also been done. The draft report had also been shared with SIFPSA as per timelines and finalized in joint consultation.

KEY FINDINGS

EFFECTIVENESS AND CONTRIBUTION OF HTC_s FOR CLINICAL FP TRAININGS: In first phase 16 new districts had been developed as HTC_s along with 10 old HTC_s at divisional level. In training centres had been converted in to HTC_s and in second and third phase 16 and 7 new districts had been developed as HTC_s.

Total 761 providers from different districts had been trained by HTC_s. 536 out of 761 i.e. 70.4% service providers had been trained only from the districts where HTC_s are located. Though the objective of HTC_s is to provide training of service providers from all the districts specially those districts which are located in same division but only 29.6% trained providers are from non HTC_s districts. However only 65% induction training and 53% refresher training had been conducted for LAP Ligation against targeted. Induction training for Minilap is and only 54% and refresher training is 43% against targeted training for Minilap.

Table 3: Training Status: FY 2016-17 & FY 2017-18

Clinical Training Status: FY 2016-17 & FY 2017-18					
Type of Training	2016-17		2017-18		Total
	LAP	Minilap	LAP	Minilap	
TOT	34	18	21	19	92
District Trainer	7	-	35	25	67
Induction Training	126	240	136	259	761
Refresher Training	5	3	3	6	17
New Contraceptives Service Providers: FY 2016-17 & FY 2017-18					
Type of Training	2016-17		2017-18		Total
TOT	81		158		239
Service Providers	-		2850		2850
PPIUCD Trained Providers: FY 2016-17 & FY 2017-18					
Year	Type of Trained Provider				Total
	Doctor	AYUSH	Staff Nurse	ANM/BHW/LHV	
2016-17	187	1	962	32	1182
2017-18	73	0	366	154	593

Source: SIFPSA; Training Status: FY 2016-17 & FY 2017-18; Retrieved 20 June 2018 from <http://www.sifpsa.org/hausala-link.php>

Table 4 (a): District-wise Sterilization Training Status: FY 2016-17 & FY 2017-18

S.N	District	2017-18				2016-17				TOTAL	Proportion of training
		LAP	Mini lap	Total	Proportion of training	LAP	Mini lap	Total	Proportion of training		
1	Agra	6	26	32	8.1	6	46	52	14.2	84	11.0
2	Jhansi	0	31	31	7.8		30	30	8.2	61	8.0
3	Varanasi	0	34	34	8.6		24	24	6.6	58	7.6
4	Allahabad	13	11	24	6.1	15	14	29	7.9	53	7.0
5	Mirzapur	10	12	22	5.6	4	15	19	5.2	41	5.4
6	Lalitpur	0	17	17	4.3		24	24	6.6	41	5.4
7	Lucknow	12	16	28	7.1	8	4	12	3.3	40	5.3
8	Banda	0	19	19	4.8		18	18	4.9	37	4.9
9	Ambedkarnagar	0	20	20	5.1		15	15	4.1	35	4.6
10	Ballia	0	19	19	4.8		12	12	3.3	31	4.1
11	Jaunpur	15	0	15	3.8	16		16	4.4	31	4.1
12	Kanpur Nagar	10	0	10	2.5	11		11	3.0	21	2.8
13	Aligarh	5	6	11	2.8	4	4	8	2.2	19	2.5
14	Sonabhadra	0	11	11	2.8		7	7	1.9	18	2.4
15	Deoria	6	3	9	2.3		9	9	2.5	18	2.4
16	Sitapur	4	3	7	1.8	4	7	11	3.0	18	2.4
17	Firozabad	5	7	12	3.0	5		5	1.4	17	2.2
18	Ghaziabad	4	8	12	3.0		4	4	1.1	16	2.1
19	Badaun	5	3	8	2.0	8		8	2.2	16	2.1
20	Azamgarh	10	0	10	2.5	4		4	1.1	14	1.8
21	Faizabad	1	6	7	1.8		7	7	1.9	14	1.8
22	Pratapgarh	4	0	4	1.0	9		9	2.5	13	1.7
23	Hathras	0	4	4	1.0	7		7	1.9	11	1.4
24	Meerut	10	0	10	2.5			0	0.0	10	1.3
25	Bareilly	0	3	3	0.8	5		5	1.4	8	1.1
26	Gorakhpur	6	0	6	1.5			0	0.0	6	0.8
27	Basti	5	0	5	1.3			0	0.0	5	0.7
28	Gonda	5	0	5	1.3			0	0.0	5	0.7
29	St. Kabir Nagar	0	0	0	0.0	8		8	2.2	8	1.1
30	Etawah	0	0	0	0.0	4		4	1.1	4	0.5
31	Moradabad	0	0	0	0.0	4		4	1.1	4	0.5
32	Saharanpur	0	0	0	0.0	4		4	1.1	4	0.5
33	Bijnor	0	0	0	0.0			0	0.0	0	0.0
Total		136	259	395	100	126	240	366	100	761	100

Table 4 (b): Breakup of District-wise Sterilization Training Status: FY 2016-17 & FY 2017-18

S.N	District	2017-18				2016-17				TOTAL	Proportion of training
		LAP	Mini lap	Total	Proportion of training	LAP	Mini lap	Total	Proportion of training		
1.	17 Divisional HTC's	93	145	238	60.3	65	144	209	57.1	447	58.7
2.	10 Old HTC's	59	114	173	43.8	48	129	177	48.4	350	46.0
3.	16 HTC's	43	114	157	39.7	61	96	157	42.9	314	41.3
4.	7 Additional HTC's	34	31	65	16.5	17	15	32	8.7	97	12.7

The above table depict that 49.7 % sterilization training have been conducted by 7 HTC's (Agra, Jhansi, Varanasi, Allahabad, Mirzapur, Lucknow and Lalitpur) during the period of 2 years i.e. FY 2016-17 and FY 2017-18. In last FY 2017-18, 48.4% training have been conducted by 7 HTC's (Varanasi, Agra, Jhansi, Lucknow, Allahabad, Mirzapur, and Ambedkarnagar) whereas in the FY 2016-18, 48.7% training have been conducted in 6 HTC's (Agra, Jhansi, Allahabad, Varanasi, Lalitpur and Mirzapur).

58.7% sterilization training has been conducted in 17 divisional HTC's only. In 2017-18, out of 395 trained providers 60.3 percent training have been conducted in 17 divisional HTC's. 46 percent training have been conducted in 10 old HTC's as against of 12.7 percent in 7 additional HTC's. 8 HTC's (Varanasi, Agra, Jhansi, Lucknow, Allahabad, Mirzapur, Lalitpur and Ambedkarnagar) are more efficient as compared with other HTC's.

As per table 3 & 5, 1182 and 593 service providers have been trained for PPIUCD in the year 2016-17 and 2017-18 respectively and out of these providers, 55 percent and 61.6 percent providers trained in 33 HTC's districts. Out of total trained providers in 33 districts (2016-17: 650, 2017-18: 365), 66.9 percent and 58.6 percent PPIUCD training conducted in 17 divisional districts.

Table 5: District-wise PPIUCD Training Status: FY 2016-17 & FY 2017-18

S.N	District	2016-17	2017-18	S.N	District	2016-17	2017-18
1	Agra	51	10	18	Gorakhpur	37	29
2	Aligarh	8	7	19	Hathras	5	1
3	Allahabad	71	23	20	Jaunpur	21	11
4	Ambedkarnagar	12	0	21	Jhansi	9	9
5	Azamgarh	42	14	22	Kanpur Nagar	34	8
6	Badaun	42	5	23	Lalitpur	5	3
7	Ballia	21	10	24	Lucknow	37	13
8	Banda	2	5	25	Meerut	16	15
9	Bareilly	31	10	26	Mirzapur	11	17
10	Basti	11	3	27	Moradabad	14	4
11	Bijnor	12	1	28	Pratapgarh	14	8
12	Deoria	21	25	29	Saharanpur	23	22
13	Etawah	5	1	30	Sitapur	12	43
14	Faizabad	5	6	31	Sonabhadra	14	3
15	Firozabad	11	9	32	St. Kabir Nagar	6	4
16	Ghaziabad	12	22	33	Varanasi	28	18
17	Gonda	7	6	Total		650	365
Proportion of Training in 33 HTCs Districts						55.0	61.6
Proportion of Training in 17 Divisional HTCs						66.9	58.6

Table 6: District-wise New Contraceptive Training Status: FY 2016-17 & FY 2017-18

S.N									
	District	New Contraceptive (SIFPSA)	New Contraceptive (NHM)	New Contraceptive	S.N	District	New Contraceptive (SIFPSA)	New Contraceptive (NHM)	New Contraceptive
1	Agra	62	50	112	18	Gorakhpur	30	0	30
2	Aligarh	30	78	108	19	Hathras	18	80	98
3	Allahabad	84	69	153	20	Jaunpur	33	0	33
4	Ambedkar Nagar	15	0	15	21	Jhansi	31	0	31
5	Azamgarh	31	71	102	22	Kanpur (Nagar)	73	0	73
6	Badaun	17	78	95	23	Lalitpur	30	40	70
7	Ballia	14	0	14	24	Lucknow	160	0	160
8	Banda	20	0	20	25	Meerut	21	0	21
9	Bareilly	46	48	94	26	Mirzapur	40	0	40
10	Basti	17	64	81	27	Moradabad	19	0	19
11	Bijnor	19	0	19	28	Pratapgarh	15	0	15
12	Deoria	15	62	77	29	Saharanpur	43	77	120
13	Etawah	26	80	106	30	Sant Kabir Nagar	16	36	52
14	Faizabad	21	0	21	31	Sitapur	30	58	88
15	Firozabad	22	0	22	32	Sonbhadra	14	0	14
16	Ghaziabad	23	0	23	33	Varanasi	50	0	50
17	Gonda	18	51	69	Total		1103	942	2045
Proportion of Training in 33 HTCs Districts							62.8	86.1	71.7
Proportion of Training in 17 Divisional HTCs							70.4	53.9	62.8

As per above table 3 and 6, 1756 and 1094 service providers have been trained for New Contraceptive in the year 2017-18 by SIFPSA and NHM funding and out of these providers, 62.8 percent and 86.1 percent providers trained in 33 HTC districts by SIFPSA & NHM. Out of total trained providers in 33 districts (SIFPSA: 1103, NHM: 942), 70.4 percent and 53.9 percent New Contraceptive training conducted in 17 divisional districts by SIFPSA and NHM.

Table 7: Sterilization Performance of HTCs districts 2016-17 & 2017-18

SN	Training Centres WH/DCH	Number of Providers trained at HTCs	Female Sterilization		SN	Training Centres WH/DCH	Number of Providers trained at HTCs	Female sterilization	
			2016 - 17	2017 - 18				2016 - 17	2017 - 18
1	Agra	35	1006	1162	19	Hathras	11	400	343
2	Aligarh	13	249	196	20	Jaunpur	30	1307	806
3	Allahabad	31	947	1267	21	Jhansi	4	1506	1228
4	Ambedkarnagar	30	93	99	22	Kanpur Nagar	39	458	468
5	Azamgarh	12	1775	2077	23	Lalitpur	37	225	484
6	Badaun	18	166	195	24	Lucknow	27	162	218
7	Ballia	23	1012	816	25	Meerut	5	1240	1335
8	Banda	17	367	309	26	Mirzapur	37	882	525
9	Bareilly	4	632	275	27	Moradabad	2	638	837
10	Basti	9	122	237	28	Pratapgarh	17	2493	2188
11	Bijnor	1	-	-	29	Saharanpur	8	1784	1804
12	Deoria	18	1638	1522	30	Sitapur	16	2210	1998
13	Etawah	3	102	65	31	Sonabhadra	19	287	474
14	Faizabad	1	-	-	32	St. Kabir Nagar	4	32	209
15	Firozabad	17	197	415	33	Varanasi	32	1360	876
16	Ghaziabad	10	192	138	34	KGMU, Lucknow	0	1109	335
17	Gonda	3	445	387	35	SNMC, Agra	0	72	119
18	Gorakhpur	3	142	84	36	Total	536	25250	23491

Capacity building of public/private sector healthcare providers: HTC's are expected to build capacity of public sector healthcare providers including contractual and doctors posted at urban centres for expansion of service providers pool for Minilap and Laparoscopic Tubal Ligation and private provider as well.

The distribution of trained providers in rural and urban was 78% and 22% respectively in year 2017 – 2018 in compare to year 2016 – 17 whereas rural urban distribution was 61.5% and 38.5%. Though training for private providers at HTC's are very few.

In State of UP 4.6 Sterilization per 1000 Women of reproductive age group had been conducted in 2017 – 18. In 33 HTC's districts the rate is 5 sterilizations per 1000 women of reproductive age group as against 4.2 sterilization in rest of the districts. performance of sterilization in old HTC's districts is relatively better as compared to other 10 HTC's districts (4.9) and other additional 7 HTC's districts (3.8).

Table 8: Training status as per Residence

SN	Type of Residence	2017-18			2016-17		
		LAP	Minilap	Total	LAP	Minilap	Total
1	Rural	78 (57.4)	230 (88.8)	308 (78.0)	54 (42.8)	171 (71.3)	225 (61.5)
2	Urban	58 (42.6)	29 (11.2)	87 (22.0)	72 (57.2)	69 (28.7)	141 (38.5)
3	Total	136	259	395	126	240	366

In HTC's districts the rate was 4.7 Sterilization per 1000 Women of reproductive age group in year 2015 – 16 which increased to 5.8 in the year 2016 – 17 (1st year of implementation) but its dropped down to 5 in year 2017 – 18.

Table 9: Sterilization Performance: 2015-16, 2016-17 & 2017-18

Area	2017-18			2016-17			2015-16		
	#LAP	#Minilap	Total	#LAP	#Minilap	Total	#LAP	#Minilap	Total
Phase –I (OLD HTC Districts)	43882	18414	62296	52036	19856	71892	46394	11098	57492
(Phase-II) HTC Districts	34957	26040	60997	39946	26124	66070	37049	19468	56517
Phase-III Additional HTC Districts	17990	8828	26818	24770	8325	33095	18352	4522	22874
Divisional HTC	61872	27242	89114	76806	28181	104987	64746	15620	80366
District HTC	34957	26040	60997	39946	26124	66070	37049	19468	56517
HTC Districts	96829	53282	150111	116752	54305	171057	101795	35088	136883
Non HTC Districts	69519	32036	101555	82128	33660	115788	63834	24264	88098
Total	166348	85318	251666	198880	87965	286845	165629	59352	224981

Table 10: No of Sterilization per 1000 Women of reproductive age group 2015-16, 2016-17 & 2017-18

S N	Area	2017-18			2016-17			2015-16		
		LA P	Minila p	Tot al	LA P	Minila p	Tot al	LA P	Minila p	Tot al
1	Phase –I (OLD HTC Districts)	4.1	1.7	5.8	5.0	1.9	6.9	4.5	1.1	5.6
2	(Phase-II) HTC Districts	2.8	2.1	4.9	3.3	2.2	5.4	3.1	1.6	4.7
3	Phase-III Additional HTC Districts	2.6	1.3	3.8	3.6	1.2	4.8	2.7	0.7	3.4
4	33 HTC Districts	3.2	1.8	5.0	4.0	1.8	5.8	3.5	1.2	4.7
5	Non HTC Districts	2.8	1.3	4.2	3.4	1.4	4.8	2.7	1.0	3.7
6	Total	3.1	1.6	4.6	3.7	1.6	5.4	3.2	1.1	4.3

Female sterilization by LAP Ligation is increased from 3.5 Sterilization per 1000 Women of reproductive age group in year 2015 – 16 to 4 in year 2016 – 17 (1st year of implementation) but in second year of implementation it comes down to 3.2 Sterilization per 1000 Women of reproductive age group. On the other side female sterilization by Minilap has been increased from 1.22 Sterilization per 1000 Women of reproductive age group in year 2015 – 16 to 1.8 in year 2017 – 18.

Service Provision at HTC (including new technology in OPD) –239 Trainers 2850 service providers (1756 by SIFPSA and 1094 by NHM) has been trained for new technology i.e. *Antra and Chhaya* in 57 districts of Uttar Pradesh in 2017 – 18. Service providers recently started providing the services regarding new technology through their OPD. Project has the scale up plan in 13 medical colleges in State and up to block level in all 75 districts of Uttar Pradesh.

CHALLENGES FACED AND SCOPE OF IMPROVEMENT AT HTC

- **Planning and Management of HTC**

- Training Calendar and Nomination of Participants: training calendar is to be made by each HTC against target (number of batches and nature and number of participants) provided by SIFPSA. HTC plan the training batch as per given target CMS of HTC request to concerned CMO for the nomination of participants. Number of participant to be nominated is also decided by CMS of HTC as per target provided by SIFPSA. CMO nominate the participants as per request and send the detail to CMS of HTC. HTC has to follow up all the nominated participants for the training. Following are the challenges faced during this process:
 1. TQMs/TCs from all the visited HTCs told that when they follow up the nominated participants over telephone; participants were not aware about their nominations for training as they have not consented by concerned official before nomination.
 2. Not interested and show their inability to participate in training,
 3. There are last minute drop outs of participants and replacement cannot be possible in these situations.
 4. Nomination of freshly joined Medical Officer. They don't have basic surgical skills and nodal person and TQM told us that it's very difficult to develop surgical skills during the training period required for FP services. these fresh participants are not very confident to perform the FP services even after good quality training due to lack of basic surgical skills.
- Empanelment with DQAC: All the visited HTCs has raised the issues with empanelment and challenges faced.

- Satellite Training Centre: Satellite Training Centre had been identified in 30 HTC districts but they are not functional in majority of districts at time of visits due different reasons such as transfer of surgeon as in Sitapur HTC.
- Mobility support and Incentive to ASHA/ANM and Service Provider: Provided for 1180 FST cases to the ASHAs and additional honorarium to services provider for 1544 cases.
- **Human Resource (HTC and State Level)**
 - There are 16 TQMs, 32 TCs and 33 TAs in position. There are more than 50% vacancy of TQMs which is the position which drive the whole program.
 - Capacity building of Training Quality Manager as potential trainer to support HTC: There are some places where TQM is conducting about 90% of total cases at HTCs and there are another extreme where TQM is not performing at all. Both extreme are not positive for program as where TQMs are performing most of the case reflects that s/he are not giving the opportunity to other service providers which ultimately leads low performance as TQMs is contractual and project based position. Where TQMs is not performing at all showed the incapability of TQMs for training of others.

Table 11: TQM Performance in Female Sterilization

S.N	District	Total Female sterilization in HTC	TQM Performance in Female Sterilization	
			Number	Percentage
1	Ballia	816	730	89.5
2	Jaunpur	486	257	52.9
3	Amedkarnagar	99	33	33.3
4	Firozabad	415	127	30.6
5	Moradabad	837	180	21.5
6	Agra	1162	224	19.3
7	Lucknow	218	24	11.0
8	Banda	309	32	10.4
9	Varanasi	1104	98	8.9
10	Allahabad	1267	31	2.5
11	Kanpur Nagar	468	11	2.4
12	Sonabhadra	474	11	2.3
13	Jhansi	1228	19	1.5
14	Sitapur	1998	8	0.4
15	Ghazibad	138	0	0
16	Lalitpur	484	0	0
17	Mirzapur	525	0	0
18	Pratapgrah	2188	0	0

- **Performance tracking of trained service providers:** Telephonic tracking of performance has been started after the intervention from SIFPSA by TCs but still not in

systematic way, as documentation is relatively poor at district HTC's as compared to HTC's of Medical Colleges and information is not being used for the corrective action and improvement of performance. The main reason for not conducting cases were lack of confidence for conducting surgery as trained providers did not have sufficient hands on practice specially after training, lack of interest and non-empanelment of trained providers. As per below table, 85 percent respondent said lack of confidence is main reason followed by lack of interest (58 percent). 43 percent respondent also said non-empanelment of trained providers as reason for not conducting cases.

Table 12: Main Reason for not conducting cases

Reason	TQM/Nodal/ TC (22)	Trained Providers (31)	Total (53)
Lack of confidence for conducting surgery as trained providers did not have sufficient hands on practice specially after training	20 (90%)	25 (81%)	45 (85%)
Lack of interest	13 (59%)	18 (58%)	31 (58%)
Non-empanelment of trained providers	8 (36%)	15 (48%)	23 (43%)

Documentation need to be strengthen and performance tracking should be action oriented. Frequency should be fixed for performance tracking (monthly/quarterly) and report should be shared with CMO/Commissioner/State through DPM for action. Empanelment process should be aggressively follow up by HTC and DPM. Currently HTC's inform the concerned CMO about the successfully trained providers and request for empanelment in DQAC of their respective districts. DPM should follow up this process with concerned CMO to facilitate empanelment. Certification of service providers after empanelment can also be a motivational factor for good performance and these certificate can be provided in the recognition award ceremony at divisional level. DPM may also share the list of service provider who had successfully completed

the training to the State/SIFPSA and State/SIFPSA (Executive Director) may issue a letter to respective CMOs for empanelment of the service providers and status update. Presently State/SIFPSA (Executive Director) used to issue an instructive letter to CMSs/HoD of HTC districts only.

- **Recognition awards for contribution of FP services:** Ceremony for recognition award conducted at 16 divisions. It's a good initiative which recognize and motivate the service providers but service providers who are not doing the cases after successful completion of training and empanelment should also be highlighted. We may learn from an initiative of Government of India, Ministry of Health and Family Welfare and National Health Resource Centre (NHSRC) which they practice in their 'National External Assessors Training Program' for National Quality Assurance Standard (NQAS) assessment. This intensive training doesn't charge any fee for the training; however successful candidate will have to undertake assessment of at least 3 public health facilities in a year as per request of NHSRC. Failing which the empanelment may be cancelled. In similar line State/SIFPSA may develop some criteria which push the trained service provider to perform.
- **IEC:** IEC activities found visible in the visited HTCs but IEC activities should be more intensive in field through ASHAs/ANMs which help in motivating the client. Sustainability of the hording should also be ensured and location of Hording should also in Public Place rather than only in hospital premises.
- **Orientation and Mobilization of ASHA/ANM:** 6982 cases had been motivated by ASHAs to the HTCs of 23491 total cases conducted at HTCs in 2017 – 18 and this reflect 30% motivation of cases by ASHAs. In compare to previous year 2016 – 17 the proportion of motivation has been increased by 16% to 30%. But total number of cases has been decreased by 7.5% i.e. 25250 in 2016 – 17 to 23491 in 2017 – 18.
18843 ASHA has been oriented under this project in 17 HTCs districts in 2017 – 18 and 37368 ASHAs has been oriented in 2016 – 17 in 25 HTCs district. 7 districts still had not conducted orientation of ASHA i.e. Balia, Jaunpur, Banda, Agra, Firozabad, Aligarh and Hathras. Except in Jaunpur and Banda where motivation by ASHAs is 70.8% and 62%

respectively all other 5 districts have poor motivation by ASHAs i.e. Aligarh – 9%, Agra – 14%, Ballia – 23%, Firozabad – 31% and Hathras – 37%.

Table 13: Female sterilization motivated by ASHAs

SN	Training Centres DWH/DCH	Female sterilization		Motivated by ASHAs			
		2016-17	2017 – 18	2016-17	%	2017 – 18	%
1	Agra	1006	1162	0	0.0	164	14.1
2	Aligarh	249	196	11	4.4	18	9.2
3	Allahabad	947	1267	0	0.0	155	12.2
4	Ambedkarnagar	93	99	0	0.0	28	28.3
5	Azamgarh	1775	2077	0	0.0	287	13.8
6	Badaun	166	195	48	28.9	65	33.3
7	Ballia	1012	816	0	0.0	187	22.9
8	Banda	367	309	147	40.1	194	62.8
9	Bareilly	632	275	56	8.9	40	14.5
10	Basti	122	237	62	50.8	165	69.6
11	Bijnor						
12	Deoria	1638	1522	546	33.3	675	44.3
13	Etawah	102	65	0	0.0	0	0.0
14	Faizabad						
15	Firozabad	197	415	28	14.2	129	31.1
16	Ghaziabad	192	138	0	0.0	18	13.0
17	Gonda	445	387	287	64.5	153	39.5
18	Gorakhpur	142	84	21	14.8	19	22.6
19	Hathras	400	343	231	57.8	127	37.0
20	Jaunpur	1307	806	0	0.0	571	70.8
21	Jhansi	1506	1228	244	16.2	380	30.9
22	Kanpur Nagar	458	468	0	0.0	4	0.9
23	Lalitpur	225	484	225	100.0	462	95.5
24	Lucknow	162	218	18	11.1	14	6.4
25	Meerut	1240	1335	73	5.9	142	10.6
26	Mirzapur	882	525	0	0.0	11	2.1
27	Moradabad	638	837	15	2.4	114	13.6
28	Pratapgarh	2493	2188	200	8.0	800	36.6
29	Saharanpur	1784	1804	472	26.5	349	19.3
30	Sitapur	2210	1998	1164	52.7	1237	61.9
31	Sonabhadra	287	474	130	45.3	176	37.1
32	St. Kabir Nagar	32	209	18	56.3	74	35.4
33	Varanasi	1360	876	0	0.0	160	18.3
34	KGMU,Lucknow	1109	335	44	4.0	64	19.1
35	SNMC,Agra	72	119	0	0.0	0	0.0
Total		25250	23491	4040	16.0	6982	29.7

Quality of ASHAs orientation must be looked for as services are not improving even after orientation of ASHAs. DPM should facilitate the active involvement of Community Mobilizer and MoIC in the orientation of ASHA through CMO of respective districts.

- **Monitoring and Supportive Supervision and Program Review:** Regular review at State and Sub State level is a very helpful tool for successful implementation of project. There were only 16 HTC's which had been reviewed at least once in a year 2017 – 18. Out of 16 only 2 HTC's (Gonda and Jhansi) had been reviewed thrice, 4 HTC's (Basti, Meerut, Bijnor and Moradabad) had been reviewed twice and 10 HTC's (Gorakhpur, Deoria, Ambedkarnagar, Faizabad, Bareilly, Allahabad, Pratapgarh, Kanpur, Aligarh and Saharanpur) had been reviewed only once in a year. HTC's should be quarterly reviewed as per project description but no HTC had been reviewed on quarterly basis which ultimately hamper the effectivity of project.

Table 14: Performance of HTC's districts as per review status

<i>Status of Review (# of Districts)</i>	<i>Number of Total Female Sterilization in 2017 – 18</i>	<i>No of Sterilization per 1000 Women of reproductive age group</i>
Reviewed (16)	72466	5.3
Not Reviewed (17)	77645	4.8
Total	150111	5.0

There are also lack of review at CMO/district level and HTC level which need to be strengthen and monthly HTC level review (specially for performance tracking, nomination process and empanelment) should be conducted by CMS, TQM and TC and review report must be share with CMO through DPM. DPM should facilitate the review by CMO/Commissioner on the basis of submitted review reports by HTC's on at least quarterly basis and action taken report should be shared with State and HTC's as well. State had conducted 3 workshop/review to orient the project staff about new initiative, status update and action plan. There are some issues which need State level intervention such as nomination process, empanelment and action oriented performance tracking and State may plan more frequent review to address these issues.

- **Provider Meeting:** Six monthly meeting at district level should be conducted under chairmanship of CMO and Div PMs. Doctors trained as service providers in FST, MST and District trainer should be called in meeting and problems, performance should be reviewed to find out solution for improvement in performance and service delivery. But trained provider meet had been held only once in 30 districts in year 2017 – 18. Kanpur, Agra, Bijonr had not conducted provider meeting in the year 2017-18. Trained provider meet had been held only twice in Ambedkar Nagar, Faizabad and Basti in the year 2017-18.

- **Programmatic perspectives of different stakeholders**

All State official (NHM, Directorate of Family Welfare) has said HTC program is effective to increase the Family planning services in the state. The main contribution of HTC program is to develop pool of service providers for various FP technique. All state official has said these 35 HTCs is enough to full-fill the requirement of trained one service provider for female sterilization at every block of state. All state official has said HTCs should be continued after the withdraw the support by SIFPSA and it should be continued with the support from NHM/state funding once funding from SIFPSA stop.

Representative of UPTSU said HTCs is very effective to provide quality training at District level because one person/agency is designated and responsible for training. They said HTCs should be continue in future and other training should also club with LAP/Minilap training. Other representative of Jhpiego said after training mentoring of service provider of sterilization is required.

Medical college does not require TQM support but they said TC is require to continued the HTC because all the coordination, logistics, which is important, is done by TC i.e one designated person.

District level- Main concern regarding the program is the nomination of the trainees for the program. It has been felt by all district level stakeholders interviewed that most of the providers attending the training are not interested. Their interest should be considered during nomination. It takes great effort to motivate them to learn the techniques. After training many return back confident.

According to Divisional Manager of Jhansi for the training and follow up to be effective there should be a quality based facility audit. Availability of instruments especially at

peripheral hospitals, cleanliness of housekeeping workers etc are still a problem and need to be addressed. Quality based training in support of HTC training should be provided to paramedics (OT in charge).

In the words of CMS of Jhansi the trained providers are unable to practice as expected of them after training due to difficulties in coordinating with their MOIc to get cases. If there are experience doctors are already available then newly trained providers may not get cases assigned. But HTC training has helped the providers to understand the step that needs to be considered, infection control and also how to counsel the clients. ACMO of Sitapur said if new trained service provider is interested and arrange 4-5 case then he can mentor the service providers.

The same sentiment was echoed by JD of Jhansi that good facilitation needs to be provided by the MOIcs for the newly trained providers to practice. Also supportive supervision through experienced doctors is necessary. ACMO of Jhansi expressed his concern that success of the training depends how well the providers are able to handle cases on their own so that the load at District level can be reduced. During the peak time when more cases are available from late October the service of the ligation surgeons are not available. The shortcomings are the trainees interest is not considered while they are nominated for the training program. Few go back without any intention of handling the cases. The program is scalable and improves the quality of the providers that indirectly benefits the beneficiaries.

ASHA workers are now aware of the trained doctors and send the clients to the trained doctors for counseling or for service instead of general doctors. The doctors are able to answer the client queries and allay their fears. This has motivated people further to go for FP services.

Every ASHA worker contacted felt that they should be prior intimated regarding the training. This would help them to motivate clients to come forward for FP services. his would also help them to bring more cases during training. One Asha from Sitapur said sterilisation by LAP technique is more popular compare to Minilap due to unaware of Minilap technique and since sterilization of Female in the village was done by LAP technique and people in that area feel less complication (stitches) as compare to Minilap.

Nomination of trainee, empanelment of service provider, performance tracking, documentation of project activities is main concern of HTC.

BEST PRACTICES

Inclusion of newly trained providers in FP Camps for hands on practice

Varanasi Division

Family Planning Service provider meet for Varanasi and Jaunpur was organized on 13th June 2018 under the chairmanship of AD, Medical Health & Family Welfare of Varanasi to discuss the challenge faced by service providers and solution to increase the performance and service delivery uptake. In the meet, it was reported that in the Varanasi district, out of 38 service providers, only 9 service providers (5: Minilap & 4: Lap Ligation) are providing service whereas in Jaunpur district out of 43 service providers, only 20 service providers (11: Mini lap & 9: Lap Ligation) are providing service. In the meet, problem faced by service providers such as empanelment of service providers, hand holding of newly trained doctors have been discussed and finally AD has directed, Chief Medical Officer (CMO) of Varanasi and Jaunpur to assign duty to newly trained doctors along with senior trained doctors to increase their confidence so that trained doctors trained from HTC can handle the case independently. After the meet, quarterly calendar for fixed day statics approach in FP services for July-Sep, 2018 have been made by CMO of Varanasi and Jaunpur district. Minutes of meeting and quarterly calendar for fixed day statics approach in FP services for July-Sep, 2018 for Varanasi and Jaunpur is enclosed at annexure-II.

QUARTERLY CALENDAR FOR FIXED DAY STATICS APPROACH IN FP SERVICES- JULY 2018 TO SEP. 2018- VARANASI									
S. NO.	ANCHOR	NAME OF DAYS WITHIN				DATE THE NAME OF SURGEON	CONTACT NUMBER OF SURGEON	NAME OF CHARGE/STATION OF SURGEON	CONTACT NO. OF CHARGE/STATION
		1st WEEK OF MONTH	2nd WEEK OF MONTH	3rd WEEK OF MONTH	4th WEEK OF MONTH				
1	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
2	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
3	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
4	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
5	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
6	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
7	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
8	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
9	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
10	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
11	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
12	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
13	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
14	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
15	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
16	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
17	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
18	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
19	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
20	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
21	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
22	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
23	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
24	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
25	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
26	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
27	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
28	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
29	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
30	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
31	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
32	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
33	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
34	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
35	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
36	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
37	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
38	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
39	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
40	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
41	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
42	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000
43	Dr. P.P. Gupta	1st MONDAY	3rd MONDAY	4th MONDAY	5th MONDAY	Dr. P.P. Gupta	8800000000	Dr. P.P. Gupta	8800000000

Identification of self-motivated 'New Champions'

Jaunpur

Most of trained service providers are not providing sterilization service. For example, in Jaunpur district out of 43 service providers, only 20 service providers (I I: Mini lap & 9: Lap Ligation) are providing sterilization service. As per information presented during Family Planning Service Providers Meet on 13th June 2018, only 4 service providers conduct most of cases, for example, out of 20 service providers, only 4 service providers has been conducted more than 1000 case each whereas remaining 16 service providers has been conducted less than 250 case each and out these 16 service providers, 14 service providers has been conducting less than 100 case each during the FY 2017-18. Main reason for not providing sterilization service are lack of confidence for conducting surgery as trained providers did not have sufficient hands on practice specially

after training, lack of interest and non-empanelment of trained providers. Self motivated service providers in Jaunpur can be documented as “Best Practice”.

During the assessment, team has met a self motivated service provider- Dr Amar Nath Yadav, who are posted at CHC Machalishahar of Jaunpur district, received Minilap training during 26.12.16 to 06.01.17 at HTC Varanasi. After training has conducted 157 cases for FY 2017-18 and more than 200 cases till May 2018. During interaction. Dr Yadav mention that after receiving Minilap training at Varanasi, he started providing service with the support from CHC staff and planning to conduct more and more case at CHC. We may identified such self motivated service providers in other district also, encourage them through apriciation/award and call them ‘New Champions’.

Supportive Supervision and Hand Holding by Seniors

Jhansi

HTC training program is focused on providing training to all providers both public and private in family planning services of Minilap, Lap, PPIUCD and New Contraceptives. For the training program to be effective it is important to track the progress of the trained providers. The trained providers after undergoing the training should be capable of handling the cases on their own. The providers should not have adequate knowledge and skill should also be confident enough to handle the cases and be confident to perform the services. To gain such a confidence, skill and knowledge, the support and training provided by the trainer(s) should be more than adequate. The practice adopted by the ACMO in Jhansi can be documented as “Best Practice” and has been recognized through award for family planning services.

Dr N.K. Jain, ACMO is a training provider for Minilap. During one of the earlier training sessions, ACMO came across two trainees (CHC Badagaon) who were not motivated to practice Minilap during training and conduct cases after returning. Dr N. K. Jain spoke to the trainees independently motivated them to learn during training. The trainees stood by the doctor while he performed. He allowed them to try the case on their own time without rushing them to complete. When they were unable to identify the fallopian tube for ligation, he demonstrates by showing them the process. He then asked the providers to perform the process by drawing out the tube on their own, cut the tube, tie and reposition. All the time he provided supportive

supervision by standing beside the trainees and allowing them to work instead of handling cases on his own. In addition, he asked the trainees to assist him in his cases too and also allowed the providers to work on many cases as they choose to. This infused confidence in the trainees so that while initially they had performed one to two cases after 1.5 months they handles roughly 20 cases on their own. Even after training period the providers are still in contact with the doctor and contact him for any doubts or complications they face.

The supportive supervision adopted by the ACO while hands on training can be considered as the Best Practice. It is important for the trainers and trainees to gel with each other.

Community Participation

Jhansi

Convincing female beneficiaries to accept Family Planning services is difficult in certain section of community. When a woman decides to undergo family planning temporarily or permanently she needs the support of the family friends etc. In-laws and husband need to be on same platform. They need to understand the nature of Family Planning services, their benefits, effective period, side-effects if any. The practice adopted by the ASHA worker Mrs X can be considered as the 'Best Practice' in FP motivation.

Mrs Ramjanaki has nearly 12 years of experience in the village Madora, block Badagaon. When a young couple got married in her village Mrs Ramjanaki first approached the couple. She explained to them the benefits of waiting for a brief period before starting family both to the girl and the boy. She also explained to them the various procedures including new contraceptives. To resist any opposition that may arise in the family, she approached the head of the household (father in law) and explained about FP services benefits of spacing etc. In addition to this she explained about how the girl needed to be healthy to give birth, repercussions of having malnourished child etc. She counseled the in-laws frequently so they could support the newly married and encourage them to go for FP services. Based on her tireless work of counseling, the newly married went ahead for new contraceptive procedure. This she follows with all the beneficiaries in her area. She explains to family, brings them to DWH or CHC for meeting the counselor. She also arranges them to meet the trained provider who can further counsel the couple, clear their doubts and

perform the procedure. This practice has enabled her to motivate more number of women for FP services and has also earned her an award of Best Performing ASHA in the Block.

KEY RECOMMENDATIONS

- It is expected that at the end of three years, one service provider for female sterilization at each block will be available but 70.4% (i.e 536 out of 761) service providers had been trained only from the districts where HTC are located. In addition to HTC districts, more and more service provider from non HTC districts should be trained to achieve the target i.e availability of service provider at every block of state.
- Percentage increase in female sterilization in Divisional headquarters HTC (1st year: 30.6% and 2nd year: 10.9%) is more as compare to non- Divisional headquarters HTC (1st year: 16.9% and 2nd year: 7.9%). We should trained more service provider in non- Divisional headquarters HTC districts to increase the availability of trained service providers in those district.
- Though HTCs are being used for other trainings such as IYCF but informally. But HTCs can be used as training center for all training activities in the district in a formal way. Govt also have mandate to set up district level training center.
- We may learn from an initiative of Government of India, Ministry of Health and Family Welfare and National Health Resource Centre (NHSRC) which they practice in their 'National External Assessors Training Program' for National Quality Assurance Standard (NQAS) assessment. This intensive training doesn't charge any fee for the training; however successful candidate will have to undertake assessment of at least 3 public health facilities in a year as per request of NHSRC. Failing which the empanelment may be cancelled. In similar line State/SIFPSA may develop some criteria which push the trained service provider to perform.
- Quality of ASHAs orientation must be looked for as services are not improving even after orientation of ASHAs. DPM should facilitate the active involvement of Block Community Mobilizer and MoIC in the orientation of ASHA through CMO of respective districts. In the meeting, MoIC and Block Community Mobilizer also brief ASHAs about Benefit/side effect of

adopting Minilap technique so that ASHAs can counsel the villagers to accept female sterilization by adopting minilap technique.

- Telephonic tracking of performance has been started after the intervention from SIFPSA by TCs but information is not being used for the corrective action and improvement of performance. Performance tracking should be action oriented. Frequency should be fixed for performance tracking (monthly/quarterly) and report should be shared with CMO/Commissioner/State through DPM for action.
- Empanelment process should be aggressively follow up by HTC and DPM. Currently HTCs inform the concerned CMO about the successfully trained providers and request for empanelment in DQAC of their respective districts. DPM should be follow up this process with concerned CMO to facilitate empanelment. Certification of service providers after empanelment can also be a motivational factor for good performance and these certificate can be provided in the recognition award ceremony at divisional level.
- DPM may share the list of service provider who had successfully completed the training to the State/SIFPSA and State/SIFPSA (Executive Director)/DG-Family Welfare may issue a letter to respective CMOs for nomination, empanelment of the service providers, mentoring of trained service provider and performance reviewed by CMO to find out solution for improvement in performance and service delivery

Annuxre I:

Table I: Sterilization Performance: 2015-16, 2016-17 & 2017-18

S.N	Area	2017-18			2016-17			2015-16		
		No of Sterilization (LAP)	No of Sterilization (Minilap)	Total	No of Sterilization (LAP)	No of Sterilization (Minilap)	Total	No of Sterilization (LAP)	No of Sterilization (Minilap)	Total
	UP	166348	85318	251666	198880	87965	286845	165629	59352	224981
1	Agra	5005	2243	7248	5901	2769	8670	5685	951	6636
2	Aligarh	1616	1250	2866	2723	1044	3767	1948	231	2179
3	Allahabad	13229	980	14209	13816	1758	15574	12015	635	12650
4	Ambedkar Nagar	0	1712	1712	0	1929	1929	0	1704	1704
5	Auraiya	1087	0	1087	1148	1	1149	716	12	728
6	Azamgarh	5363	633	5996	6845	290	7135	7465	231	7696
7	Bagpat	727	90	817	849	29	878	622	40	662
8	Bahraich	5333	164	5497	3841	666	4507	1744	145	1889
9	Ballia	4460	118	4578	4175	110	4285	2908	35	2943
10	Balrampur	640	83	723	867	37	904	706	63	769
11	Banda	0	2879	2879	13	3107	3120	0	2915	2915
12	Barabanki	4047	499	4546	4553	592	5145	3407	407	3814
13	Bareilly	3755	600	4355	4623	467	5090	4555	644	5199
14	Basti	996	27	1023	1756	71	1827	1494	77	1571
15	Bijnor	646	823	1469	512	1445	1957	1461	231	1692
16	Badaun	1703	187	1890	2241	54	2295	1314	58	1372
17	Bulandshahar	3153	204	3357	3422	233	3655	3582	22	3604
18	C S M Nagar (Amethi)	1887	283	2170	1883	897	2780	1809	148	1957
19	Chandauli	4	7107	7111	285	7929	8214	0	5693	5693
20	Chitrakoot	0	1947	1947	0	2385	2385	0	3429	3429
21	Deoria	3422	202	3624	4317	455	4772	2884	14	2898

22	Etah	1284	22	1306	1257	35	1292	589	10	599
23	Etawah	1739	279	2018	1812	362	2174	1680	129	1809
24	Faizabad	575	813	1388	476	911	1387	115	1248	1363
25	Farrukhabad	763	70	833	1018	210	1228	936	49	985
26	Fatehpur	1046	103	1149	1692	86	1778	2017	19	2036
27	Firozabad	2465	112	2577	2519	413	2932	3370	39	3409
28	Gautam Buddha Nagar	2232	759	2991	2570	486	3056	2347	318	2665
29	Ghaziabad	1520	287	1807	1902	533	2435	3149	8	3157
30	Ghazipur	5980	218	6198	6902	111	7013	3633	568	4201
31	Gonda	1939	402	2341	3683	405	4088	1486	363	1849
32	Gorakhpur	6165	3060	9225	6977	3439	10416	5564	805	6369
33	Hamirpur	0	2624	2624	0	2279	2279	0	1487	1487
34	Hapur	986	0	986	992	369	1361	1183	0	1183
35	Hardoi	3165	198	3363	3187	277	3464	2856	66	2922
36	Hathras	1554	52	1606	1955	41	1996	1080	29	1109
37	Jalaun	58	3400	3458	4	4003	4007	47	3673	3720
38	Jaunpur	6352	2434	8786	9983	1346	11329	7835	389	8224
39	Jhansi	60	7884	7944	72	8335	8407	0	6790	6790
40	Jyotiba Phule Nagar (Amroha)	2053	1	2054	2204	0	2204	0	0	0
41	Kannauj	109	451	560	16	818	834	4	812	816
42	Kanpur Dehat	504	79	583	690	68	758	862	214	1076
43	Kanpur Nagar	1807	1412	3219	3044	2440	5484	2838	320	3158
44	Kashi Ram Nagar (Kasganj)	676	73	749	979	69	1048	941	15	956
45	Kaushambi	2224	185	2409	2666	255	2921	2822	97	2919
46	Kushinagar	617	126	743	1091	1133	2224	621	7	628
47	Lakhimpur Kheri	5058	527	5585	7333	121	7454	5090	52	5142
48	Lalitpur	0	7012	7012	0	7009	7009	0	9592	9592
49	Lucknow	2944	2676	5620	4532	1988	6520	3190	1154	4344

50	Maharajganj	5495	228	5723	6023	345	6368	5707	183	5890
51	Mahoba	0	3248	3248	35	3110	3145	6	2801	2807
52	Mainpuri	940	45	985	715	9	724	1355	0	1355
53	Mathura	2938	3929	6867	4391	3015	7406	3241	181	3422
54	Maunath bhanjan	770	706	1476	858	799	1657	866	639	1505
55	Meerut	2116	771	2887	2878	833	3711	3534	825	4359
56	Mirzapur	6732	265	6997	7538	333	7871	4891	87	4978
57	Moradabad	934	755	1689	857	923	1780	434	411	845
58	Muzaffar nagar	1318	854	2172	2485	759	3244	1936	651	2587
59	Pilibhit	1627	315	1942	1911	359	2270	1711	117	1828
60	Pratapgarh	2898	1735	4633	3254	807	4061	4220	437	4657
61	Rae Bareli	2675	496	3171	3234	187	3421	2313	265	2578
62	Rampur	1090	152	1242	1204	110	1314	947	100	1047
63	Saharanpur	1748	835	2583	2485	214	2699	1783	46	1829
64	Sambhal	1288	54	1342	870	0	870	46	0	46
65	Sant Kabir Nagar	1280	137	1417	1653	230	1883	1391	323	1714
66	Sant Ravidas Nagar	3	3734	3737	2	3770	3772	128	2438	2566
67	Shahjahanpur	2764	264	3028	2988	228	3216	2250	58	2308
68	Shamli	739	10	749	967	0	967	727	0	727
69	Shrawasti	516	0	516	917	2	919	802	3	805
70	Siddharth Nagar	481	336	817	1640	27	1667	1496	23	1519
71	Sitapur	8187	246	8433	7255	988	8243	5325	350	5675
72	Sonbhadra	8	4228	4236	6	3755	3761	1695	1100	2795
73	Sultanpur	20	1615	1635	84	1230	1314	97	1534	1631
74	Unnao	1945	434	2379	2704	161	2865	2409	40	2449
75	Varanasi	6888	2636	9524	8600	1961	10561	7749	802	8551
	Total	166348	85318	251666	198880	87965	286845	165629	59352	224981

Annuxre II:

समस्त अधीक्षक / प्रभारी चिकित्सा अधिकारी

QUARTERLY CALANDER FOR FIXED DAY STATICS APPROACH IN FP SERVICES- JULY 2018- VARANASI											
SL NO.	FACILITY	NAME OF DAYS IN WEEK				WRITE THE NAME OF SURGON TEAM DEPUTES FOR FDS	CONTACT NUMBER OF EVERY TEAM MEMBERS	NAME OF CMS/SUPTD/MOK OF HOSPITAL WHERE FDS IS PLANNED	CONTACT NO.	TOTAL NO. ASHA POSTED	CONTACT NO. OF FPM
		1st WEEK OF MONTH	2nd WEEK OF MONTH	3rd WEEK OF MONTH	4th WEEK OF MONTH						
A	DISTRICT HOSPITAL- DANWADH/CHH/CL FDS/2018	1st TUESDAY	2nd TUESDAY	3rd TUESDAY	4th TUESDAY	Dr. R.P. Kushwaha	880853031	Dr. R.P. Kushwaha	880853031	0	0
1	CNC/FP/HC/FPDS SERVICES PER 15 DAYS PHC SEWAPUR	1st MONDAY	2nd MONDAY	3rd MONDAY		Surgen-Dr. P.D. Gupta ANM- Smt. Anita C/A- Mr. R.S. Mishra 4th Class- Shobha Devi	9839881866	Dr. Ramashish Ram	9918901774	231	9452135190
2	CNC/FP/HC/FPDS SERVICES PER 15 DAYS PHC ARABLINE		2nd MONDAY		4th MONDAY	Surgen-Dr. Sarika Rai S/N- Smt. Pushpa C/A- Mr. R.S. Mishra 4th Class- Chakko Devi	9839310989	Dr. Y.B. Singh	9918901482	370	7850874266
3	CNC/FP/HC/FPDS SERVICES PER 15 DAYS PHC HAPNCHA	1st TUESDAY		3rd TUESDAY		Surgen-Dr. Sarika Rai S/N- Smt. Rojimeri Botha C/A- Mr. R.S. Mishra 4th Class- Chakko Devi/ Shobha	9839881866	Dr. S.S. Kanaujia	9918901475	212	983669713
4	CNC/FP/HC/FPDS SERVICES PER 15 DAYS PHC CHOLAPUR		2nd TUESDAY		4th TUESDAY	Surgen-Dr. P.D. Gupta S/N- Amita Devi, Sunita Sriv., class Sanjay Kumar	9839881866	Dr. R.B. Yadav	9918901479	217	9839814766
5	CNC/FP/HC/FPDS SERVICES PER 15 DAYS PHC BADAAGARH	1st FRIDAY		3rd FRIDAY		Surgen-Dr. P.D. Gupta S/N- Smt. Rupa Brij C/A- Mr. R.S. Mishra 4th Class- Sobha Devi	9839881866	Dr. R.K. Singh	9918901475	222	9452135190
6	CNC/FP/HC/FPDS SERVICES PER 15 DAYS PHC CHIRGAHAT		2nd THURSDAY		4th THURSDAY	Surgen-Dr. P.D. Gupta S/N- Km. Arati C/A- Mr. R.S. Mishra 4th Class- Chakko Devi	9839881866	Dr. Amit Singh	9918901477	226	99423076

Sankar
DPM

दिनांक 13.06.2018 को अपर निदेशक, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, वाराणसी मण्डल की अध्यक्षता में परिवार कल्याण सेवा प्रदाता की जनपद वाराणसी एवं जौनपुर की समीक्षा बैठक की कार्यवृत्त

अपर निदेशक, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, वाराणसी मण्डल द्वारा दिनांक 13.06.2018 को जनपद वाराणसी एवं जौनपुर में परिवार कल्याण सेवा प्रदाताओं की समीक्षा बैठक मण्डलीय संयुक्त निदेशकों, सम्बन्धित मुख्य चिकित्साधिकारी, मण्डलीय परियोजना प्रबन्धक, एन0एच0एम0, सम्बन्धित जिला परियोजना प्रबन्धक, एन0एच0एम0 एवं सेवा प्रदाताओं के साथ की गई। बैठक की उपस्थिति पृथक से संलग्न है।

जनपद जौनपुर में समीक्षा कर मण्डलीय परियोजना प्रबन्धक द्वारा अवगत कराया गया कि जनपद में परिवार कल्याण सेवाओं के मिनीलैप विधि में 27 सेवा प्रदाता, लैप्रोस्कोपिक विधि में 16 सेवा प्रदाता, एन0एस0वी0 में 6 सेवा प्रदाता एवं पी0पी0आई0यू0सी0डी0 निवेशन में 65 सेवा प्रदाता उपलब्ध हैं।

मिनीलैप नसबन्दी सेवाओं में जिला स्तरीय चिकित्सालयों में 9 एवं मुख्य चिकित्साधिकारी के अधीन 2 प्रशिक्षित सेवा प्रदाताओं द्वारा अपनी सेवायें सक्रिय रूप से प्रदान की जा रही हैं परन्तु डा0 अनीता क्षेत्रपाल, सी0एच0सी0 डोभी, डा0 प्रियंका सिंह, सी0एच0सी0 केराकत, डा0 हिमाली अग्रवाल, नेवढ़िया, डा0 आलोक कुमार सिंह, रामनगर, डा0 अरुण कुमार भारती, मढ़ियाहूँ, डा0 जितेन्द्र कुमार गुप्ता, सी0एच0सी0 डोभी, डा0 अमर नाथ गुप्ता, सी0एच0सी0 मछलीशहर, डा0 विकास श्रीवास्तव, नेवढ़िया, डा0 देवेन्द्र पाल, सी0एच0सी0 रामनगर, डा0 अभय कुमार सिंह, सी0एच0सी0 बरसटी, डा0 एस0एन0 उपाध्याय, जिला महिला चिकित्सालय, डा0 मो0 रफीक, सी0एच0सी0 मुंगराबादशाहपुर, डा0 अद्वैत प्रताप सिंह, सी0एच0सी0 केराकत द्वारा माह अप्रैल, 2017 से मार्च, 2018 तक प्रशिक्षण प्राप्त करने के उपरान्त भी शून्य सेवायें प्रदान की गई हैं। अपर निदेशक द्वारा निर्देशित किया गया कि मुख्य चिकित्साधिकारी समीक्षा कर लें एवं यदि सेवा प्रदाताओं में प्रशिक्षण प्राप्त करने के उपरान्त भी सेवा प्रदान करने में विश्वास की कमी है, तो प्रशिक्षित सेवा प्रदान कर रहे शल्यक के साथ इनकी ड्यूटी लगायी जाये एवं प्रशिक्षण में इनकी हैंड-होल्डिंग की जाये जिससे वे आत्मविश्वास प्राप्त कर सकें एवं स्वतंत्र रूप से भविष्य में अपनी सेवायें प्रदान कर सकें। कतिपय सेवा प्रदाताओं द्वारा निश्चेतक की कमी बतायी गई जिस हेतु निर्देशित किया गया कि पहले वे सेवा स्थल पर लाभार्थियों को इकट्ठा कर लें फिर मुख्य चिकित्साधिकारी से सम्पर्क कर समस्याओं का निराकरण करा लें एवं सेवायें प्रदान करना शुरू करें। प्रशिक्षण प्राप्त करने के उपरान्त भी सेवायें प्रदान न करना किसी भी दशा में उचित नहीं है। भविष्य में मुख्य चिकित्साधिकारी नियमित रूप से इसकी समीक्षा करते रहें। आशा क्लस्टर मीटिंग में भी मिनी लैप सेवाओं की उपलब्धता के बारे में नियमित रूप से अवगत कराये एवं केस के प्रोत्साहन हेतु उन्हें प्रेरित करें। इस सम्बन्ध में यदि एल0एस0ए0एस0 के प्रशिक्षण की आवश्यकता है तो मुख्य चिकित्साधिकारी के माध्यम से मण्डलीय परियोजना प्रबन्धन इकाई को प्रशिक्षण हेतु प्रस्ताव प्रेषित करें।

लैप लाइगेशन में जनपद जौनपुर में 16 प्रशिक्षित चिकित्सकों में से डा0 योगेन्द्र, सी0एच0सी0 केराकत, डा0 जया राय, जिला महिला चिकित्सालय, डा0 एस0एन0 उपाध्याय, जिला महिला चिकित्सालय, डा0 शिल्पी सिंह, जिला महिला चिकित्सालय, डा0 आल्हा प्रसाद, सी0एच0सी0 केराकत, डा0 अभिषेक रावत, सी0एच0सी0 शाहगंज, डा0 श्रवण यादव, सी0एच0सी0 मुफ्तीगंज द्वारा माह अप्रैल, 2017 से मार्च, 2018 तक शून्य सेवायें प्रदान की गई हैं। मुख्य चिकित्साधिकारी, समीक्षा कर लें एवं आवश्यक हैंड-होल्डिंग कराते हुए प्रशिक्षित चिकित्सकों में विश्वास उत्पन्न करें एवं नियमानुसार कैम्पों में उनकी ड्यूटी लगाकर सेवायें लेना प्रारम्भ करें। मुख्य चिकित्साधिकारी जनपद में उपलब्ध लैप्रोस्कोप की क्रियाशीलता की समीक्षा कर लें एवं आवश्यकतानुसार ए0एम0सी0 आदि की कार्यवाही सुनिश्चित करें।

एन0एस0वी0 प्रशिक्षित चिकित्सकों में डा0 जावेद खान, सी0एच0सी0 मुफ्तीगंज, डा0 तरुण कुमार सिंह, सी0एच0सी0 खपरहा द्वारा शून्य सेवायें प्रदान की गई हैं। इन्हें अपनी सेवायें प्रदान करने हेतु प्रोत्साहित करें।

INTRODUCTION AND INFORMED CONSENT

Namaste! My name is I am working with IIHMR Delhi. We are conducting a study on **Effectiveness of Hausala Training Centres (HTC)** in different district of Uttar Pradesh. The information on HTC that we collect from you will help the SIFPSA/NHM-UP to develop a pool of clinical family planning service providers in various family planning techniques across the state by supporting and strengthening all 35 HTC. Objective of this study is to assess the effectiveness and contribution of HTCs for clinical FP training. Challenges faced and scope of improvement at HTC and Documentation of best practices.

You are selected for the study. The questions usually take about 30-40 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our study team. Your participation in the survey is voluntary. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

If you have any questions about this survey you may ask me.

GIVE CARD WITH CONTACT INFORMATION.

Do you agree to participate in this survey?

Signature of Interviewer/ Date/

RESPONDENT AGREES TO BE INTERVIEWED..... 1

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2

Begin Interview:

Background Information

Name (Optional)	
Sex	
Present Designation	

Program Review

STATE LEVEL

- Has program review being conducted? Yes/No
- If yes, was it regular? Yes/No
- How regular? Please tell us the frequency of review: Monthly/ Quarterly/ Half Yearly/Yearly
- Who chair those review meeting?
- What had been discussed in the program review at state level? (Please document in detail)

Challenges, Best Practices, Scope of Improvement

What are the challenges you are facing in implementation of HTC?

Have you remembered any innovation in HTC program to cope with challenges? If yes can you, please tell us in detail in the following lines:

What is the innovation?

How the innovation/best practices can cope with the challenge?

Is it scalable and cost effective?

Any other relevant information.

- How HTC is supporting the State in improvement of Family Planning Services?
- Do you think that HTC program is effective in providing services of FP? If yes, can you please tell us that what are the positive changes you observed as contribution of this program.
- Do you think that this program should be scaled up further in the State? Yes/No
If no, can you please tell us that what are the shortcoming you observed in this program.
- If SIFPSA withdraw the supporting HTC program then how it will continued ?
- Do you think NHM should replicate this Model from 33 Districts to all districts of UP

I. Interview Schedule for Project Staff at State Level

INTRODUCTION AND INFORMED CONSENT

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If you have any questions about this survey you may ask me.

GIVE CARD WITH CONTACT INFORMATION.

Do you agree to participate in this survey?

Signature of Interviewer/ Date/

RESPONDENT AGREES TO BE INTERVIEWED..... 1

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2

Begin Interview:

Background Information	
Name (Optional)	
Sex	
Highest Qualification	
Present Designation	
Total Year of Experience	
Duration of service at present designation	

Human Resource at State Level				
<ul style="list-style-type: none"> When this program has been started? Please provide the date: 				
<ul style="list-style-type: none"> Please tell us the process of recruitment (Please document the process and request for evidence such as vacancy advertisement/notification) 				
<ul style="list-style-type: none"> Tell us the status of human resource as per table below at State level: 				
Designation	Name	Qualification	Date of Joining	Date of Leaving
State Health Coordinator				
State Health Coordinator				
Project Coordinator – I & II				
Project Coordinator – I & II				
Data Operator – I & II				
Data Operator – I & II				
Data Analyst				
Data Analyst				

Program Review
DIVISIONAL LEVEL
<ul style="list-style-type: none"> Have you service providers meeting organized at divisional level? Yes/No Who is the responsible for these meeting? Divisional PM/TQM/Any Other (Please specify) If yes, provide the details of last 3 years (please provide copy of attendance sheet) District trainers were present in those meeting or not? Present/ Not Present

STATE LEVEL	
<ul style="list-style-type: none"> • Has program review being conducted? Yes/No • If yes, was it regular? Yes/No • How regular? Please tell us the frequency of review: Monthly/ Quarterly/ Half Yearly/Yearly • Who chair those review meeting? 	
<ul style="list-style-type: none"> • Do you have minutes of meeting and action taken reports for last 3 years? Yes/No • If yes, please show the minutes of meeting and action taken reports for last 3 years (Please take a copy of all the minutes and ATR) 	

Recognition and Awards: District				
Financial Year	Name of District	Achievement	Date of Award	Detail of Award
2016 – 2017				
2017 – 2018				

Challenges, Best Practices, Case Studies, Processes and Evaluations

What are the challenges you are facing in training of providers or implementation of program?

Is there any innovation in your facility to cope with challenges? If yes tell us in detail in the following lines:

What is the innovation?

(50)

How the innovation/best practices can cope with the challenge?

Is it scalable and cost effective?

Any other relevant information.

- Orientation about HTC project ?
- What is your role and responsibility ? (Work)
- Are you doing other Task also ? Please explain in detail (Behind SOW)
- What are problem you are facing in implementation of HTC ?
- Visit to Satellite centre or other site (field) ?
- How you are supporting Divisional PM ?
- What is reporting mechanism? (who monitor etc)

3. Interview Schedule for CMS/HoD Medical College/CMO/AD

INTRODUCTION AND INFORMED CONSENT

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You are selected for the study. The questions usually take about 30-40 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our study team. Your participation in the survey is voluntary. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

If you have any questions about this survey you may ask me.

GIVE CARD WITH CONTACT INFORMATION.

Do you agree to participate in this survey?

Signature of Interviewer/ Date/

RESPONDENT AGREES TO BE INTERVIEWED..... 1

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2

Begin Interview:

Background Information	
Name (Optional)	
Present Designation	
Duration of service at present designation	

Program Review	
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- Have you attended State Level Review Meetings? Yes/No
- If Yes,
 - How frequent?
 - What had been discussed in those meetings?

DIVISIONAL LEVEL

- | |
|---|
| <ul style="list-style-type: none"> • Have you service providers meeting organized at divisional level? Yes/No • Who is the responsible for these meeting? Divisional PM/TQM/Any Other (Please specify) • If yes, provide the details of last 2 years (please provide copy of attendance sheet) • District trainers were present in those meeting or not? Present/ Not Present |
|---|

DISTRICT

- Has program review being conducted? Yes/No
- If yes, was it regular? Yes/No
- How regular? Please tell us the frequency of review: Monthly/ Quarterly/ Half Yearly/Yearly
- Who chair those review meeting?

Challenges, Best Practices, Case Studies, Processes and Evaluations

What are the challenges you are facing in training of providers or implementation of program?

Is there any innovation in your facility to cope with challenges? If yes tell us in detail in the following lines:

What is the innovation?

How the innovation/best practices can cope with the challenge?

Is it scalable and cost effective?

Any other relevant information.

- How HTC is supporting in improvement of Family Planning Services?
- Do you think that HTC program is effective in providing services of FP? If yes, can you please tell us that what are the positive changes you observed as contribution of this program.
- Do you think that this program should be scaled up/continued further? Yes/No
If no, can you please tell us that what are the shortcoming you observed in this program.
- If SIFPSA withdraw the supporting HTC program then how it will continued ?

4. Interview Schedule for TQM/DPM

INTRODUCTION AND INFORMED CONSENT

Namaste! My name is I am working with IIHMR Delhi. We are conducting a study on **Effectiveness of Hausala Training Centers (HTC)** in different district of Uttar Pradesh. The information on HTC that we collect from you will help the SIFPSA/NHM-UP to develop a pool of clinical family planning service providers in various family planning techniques across the state by supporting and strengthening all 35 HTC. Objective of this study is to assess the effectiveness and contribution of HTCs for clinical FP training, Challenges faced and scope of improvement at HTC and Documentation of best practices.

You are selected for the study. The questions usually take about 30-40 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our study team. Your participation in the survey is voluntary. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

If you have any questions about this survey you may ask me.

GIVE CARD WITH CONTACT INFORMATION.

Do you agree to participate in this survey?

Signature of Interviewer/ Date/

RESPONDENT AGREES TO BE INTERVIEWED..... 1

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2

Begin Interview:

Background Information	
Name (Optional)	
Age (in completed year)	
Sex	
Highest Qualification	
Present Designation	
Total Year of Experience	
Duration of service at present designation	

- When your HTC started? Please provide the date:
- Please tell us the process of recruitment (Please document the process)

- Has PPIUCD training conducted at your HTC? Yes/No
- If yes, monitoring of training session: Done/Not Done
 - If done, please provide the name, designation, and mobile number of monitors

- Empanelment status of providers at district level: Empaneled/ Not Empaneled
- Have divisional PM trained district team for Block level orientation meeting with ASHA, ANMs and ASHA Sangini? Yes/No
- Has monitoring of training session conducted? Yes/No
- If yes, record the person who monitored the session along with his/her designation

<p><i>What is the process of nomination at your HTC? If there are any process exist please document it and request for evidence such as nomination list, notification for the upcoming training etc.</i></p>

Do you prepare training calendar in advance? If yes, please document the process.

How you select the participant for training? Please document the selection process.

Capacity Building of TQM (Ask only to TQM)

- Have you attended any training batch to build your capacity: Yes/No?
 - If yes
 - How many training batch attended?
 - When and where (please give the detail)

- Have you registered at district level as private provider? Yes/No, If yes, please provide the evidence of registration.
- How many training batch you assisted, please provide the date and venue of training:
- What kind of assistance you provided (please document in detail)

- Have you conducted cases (Minilap/Laprosopic/PPIUCD/OPD) during practice session of training to the participants? Yes/No
 - If yes, please provide the number of cases:

Type of Case	HTC		Satellite Centre		Adjoining District (NA)		
	<i>Date of Training</i>	<i>No of Cases</i>	<i>Date of Training</i>	<i>No of Cases</i>	<i>Name of District</i>	<i>Date of Training</i>	<i>No of Cases</i>
Laprosopic							
Minilap							
PPIUCD							
New Contraceptive							

Activation of Sites for FST on Regular Basis
<ul style="list-style-type: none"> Do you have site where FST has been provided on regular basis? Yes/No If Yes, How many? <ul style="list-style-type: none"> Please name the sites along with date of activation

Recognition and Awards
<ul style="list-style-type: none"> In your district do you provide RECOGNITION or/and AWARDS for contribution of FP services i.e. Highest number of case mobilization by ASHA and Conducted by Surgeon (district) and >80% completion of target of training for FBCTC (SIC/CMS of respective district and division (State): Yes/No If yes, please tell us the process of selection.

IEC
<ul style="list-style-type: none"> Do you have IEC activities for family planning services and training? Yes/No If yes, how you perform the IEC activities in your district? (Please document the details)
HORDING
<ul style="list-style-type: none"> Do you have hording to display in your district? Yes/No If Yes, please provide the details: <ul style="list-style-type: none"> How many hording? Where is the location of hording?
ADVERTISEMENT IN NEWSPAPERS
<ul style="list-style-type: none"> Do you give advertisement in newspapers? Yes/No If yes, please tell us how many advertisements has been given in newspaper in last 2 years? Do you provide the poster to the blocks? Yes/No

If yes,

- How many posters per block?
- How they use those posters? (document the details)

HANDBILLS/BROCHURES

- Do you provide the handbills/brochures to the frontline health workers? Yes/No

If yes,

- How many handbills/brochures per health worker?
- How you distribute those handbills/brochures to the health workers? (document the details)
- How they use those handbills/brochures? (document the details)

Program Review

DIVISIONAL LEVEL

- Have you service providers meeting organized at divisional level? Yes/No
- Who is the responsible for these meeting? Divisional PM/TQM/Any Other (Please specify)
- District trainers were present in those meeting or not? Present/ Not Present

DISTRICT/ DIVISIONAL LEVEL

- Has program review being conducted? Yes/No
- If yes, was it regular? Yes/No
- How regular? Please tell us the frequency of review: Monthly/ Quarterly/ Half Yearly/Yearly
- Who chair those review meeting?

- Do you have minutes of meeting and action taken reports for last 2 years? Yes/No

BLOCK LEVEL

- Were block level performance meeting conducted with ASHA and ANM for FP Performance?
Yes/No
- If yes how many meeting has been conducted in last 2 years?
- Do you have minutes of meeting and action taken reports for last 3 years? Yes/No

- What are mechanism HTC is following for post- training follow-up?
- How you inform CMO about trained doctor ?
- Have doctors trained from HTC are Empaneled, in no what is problem?
- How you track performance of trained doctors? (Also Ask for evidence)
- In addition to training, are you providing service also (Prob: female sterilization, OPD in DWH, new contraceptive, mentoring etc)

Challenges, Best Practices, Case Studies, Processes and Evaluations

What are the challenges you are facing in training of providers or implementation of program?

Is there any innovation in your facility to cope with challenges? If yes tell us in detail in the following lines:

What is the innovation?

How the innovation/best practices can cope with the challenge?

Is it scalable and cost effective?

Any other relevant information.

4. Interview Schedule for Trainer and Trained Providers

INTRODUCTION AND INFORMED CONSENT

Namaste! My name is I am working with IIHMR Delhi. We are conducting a study on **Effectiveness of Hausala Training Centres (HTC)** in different district of Uttar Pradesh. The information on HTC that we collect from you will help the SIFPSA/NHM-UP to develop a pool of clinical family planning service providers in various family planning techniques across the state by supporting and strengthening all 35 HTC. Objective of this study is to assess the effectiveness and contribution of HTCs for clinical FP training, Challenges faced and scope of improvement at HTC and Documentation of best practices.

You are selected for the study. The questions usually take about 30-40 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our study team. Your participation in the survey is voluntary. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

If you have any questions about this survey you may ask me.

GIVE CARD WITH CONTACT INFORMATION.

Do you agree to participate in this survey?

Signature of Interviewer/ Date/

RESPONDENT AGREES TO BE INTERVIEWED..... 1

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2

Begin Interview:

Background Information	
Name (Optional)	
Age (in completed year)	
Sex	
Highest Qualification	
Present Designation	
Total Year of Experience	
Duration of service at present designation	

Trainer
<ul style="list-style-type: none"> • Since when you are providing services for sterilization? • When you have been designated as District Trainer? • How many surgeries you have been done so far? <ul style="list-style-type: none"> ○ Mini Lap ○ Laproscopic ○ Vasectomy ○ Tubectomy
<ul style="list-style-type: none"> • Is there any event in which you had hired as a trainer for training in other district? Yes/No <ul style="list-style-type: none"> ○ If yes how many incidences?

Has PPIUCD training conducted at HTC? If yes, please provide the details:
<ul style="list-style-type: none"> • Number of Trainers involved in training:
<ul style="list-style-type: none"> • Monitoring of training session: Done/Not Done
<ul style="list-style-type: none"> • If done, please provide the name, designation, and mobile number of monitors

What is the process of nomination at your HTC? If there are any process exist please document it and request for evidence such as nomination list, notification for the upcoming training etc.

How you select the participant for training? Please document the selection process and request for evidence if any related to selection process.

SERVICE PROVIDERS MEETING

- Have you ever called for service providers meeting at divisional level? Yes/No
- If yes, how many times in last 2 years?
- What were your role in those meetings? (Please document in detail)

Challenges, Best Practices, Case Studies, Processes and Evaluations

What are the challenges you are facing in training of providers or implementation of program?

Is there any innovation in your facility to cope with challenges? If yes tell us in detail in the following lines:

What is the innovation?

How the innovation/best practices can cope with the challenge?

Is it scalable and cost effective?

Any other relevant information.

- How HTC is supporting the State in improvement of Family Planning Services?
- Do you think that HTC program is effective in providing services of FP? If yes, can you please tell us that what are the positive changes you observed as contribution of this program.

6. Interview Schedule for Training Coordinator **HTC District and Medical College**

INTRODUCTION AND INFORMED CONSENT

Namaste! My name is I am working with IIHMR Delhi. We are conducting a study on **Effectiveness of Hausala Training Centres (HTC)** in different district of Uttar Pradesh. The information on HTC that we collect from you will help the SIFPSA/NHM-UP to develop a pool of clinical family planning service providers in various family planning techniques across the state by supporting and strengthening all 35 HTC. Objective of this study is to assess the effectiveness and contribution of HTCs for clinical FP training, Challenges faced and scope of improvement at HTC and Documentation of best practices.

You are selected for the study. The questions usually take about 30-40 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our study team. Your participation in the survey is voluntary. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

If you have any questions about this survey you may ask me.

GIVE CARD WITH CONTACT INFORMATION.

Do you agree to participate in this survey?

Signature of Interviewer/ Date/

RESPONDENT AGREES TO BE INTERVIEWED..... 1

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2

Begin Interview:

Background Information	
Name (Optional)	
Age (in completed year)	
Sex	
Highest Qualification	
Present Designation	
Total Year of Experience	
Duration of service at present designation	

Human Resource at HTC				
<ul style="list-style-type: none"> When your FBCTC started? Please provide the date: 				
<ul style="list-style-type: none"> Please tell us the process of recruitment (Please document the process and request for evidence such as vacancy advertisement/notification) 				
<ul style="list-style-type: none"> Tell us the status of human resource as per table below since starting of FBCTC: 				
Designation	Name	Qualification	Date of Joining	Date of Leaving
TQM				
TQM				
TQM				
TQM				
TQM				
TC				
TC				
TC				
TC				
TC				
TA				
TA				
TA				
TA				
TA				

District Performance – Laparoscopic						
Month	2015 – 16		2016 – 17		2017 - 18	
	Target	Achievement	Target	Achievement	Target	Achievement
April						
May						
Jun						
July						
August						
September						
October						
November						
December						
January						
February						
March						
Total						
If they provide data on separate sheet/printout, please ensure that all the desired information are available in that sheet/printout.						

District Performance – Minilap						
Month	2015 – 16		2016 – 17		2017 - 18	
	Target	Achievement	Target	Achievement	Target	Achievement
April						
May						
Jun						
July						
August						
September						
October						
November						
December						

January						
February						
March						
Total						
If they provide data on separate sheet/printout, please ensure that all the desired information are available in that sheet/printout.						

District Performance – PPIUCD						
Month	2015 – 16		2016 – 17		2017 - 18	
	Target	Achievement	Target	Achievement	Target	Achievement
April						
May						
Jun						
July						
August						
September						
October						
November						
December						
January						
February						
March						
Total						
If they provide data on separate sheet/printout, please ensure that all the desired information are available in that sheet/printout.						

Has PPIUCD training conducted at your divisional/district HTC? If yes, please provide the details:

Name of District/Block	Number of Participants	Posted at		
		Medical College	District Level	Block Level
<ul style="list-style-type: none"> • Date of Training: 				
<ul style="list-style-type: none"> • Number of Trainers involved in training: 				
<ul style="list-style-type: none"> • Name and mobile number of Trainers: 				
<ul style="list-style-type: none"> • Monitoring of training session: Done/Not Done 				
<ul style="list-style-type: none"> • If done, please provide the name, designation, and mobile number of monitors 				
<ul style="list-style-type: none"> • Monitoring/evaluation report available? Yes/No 				
<ul style="list-style-type: none"> • If yes, please provide the copy of monitoring report 				

How many training batch conducted at your HTC in last 2 Financial Year (2016 – 17, 2017 – 18)?										
SN	Financial Year	Date of Training	Participants		Number of Cases Conducted during training (hands on practice)	Client Motivated by				
			Nominated	Attended		Trainer	ANM	ASHA	ASHA Sangini	Other

Trained Provider at District						
Name of Block	Government/Public				Private (NA)	
	Permanent		Contractual		Urban	Rural
	Urban	Rural	Urban	Rural		

Registration/Empanelment status of Private Trained Provider
<ul style="list-style-type: none"> Empanelment status of providers at district level: Empaneled/ Not Empaneled (If Empaneled please verify) If yes how many?

Performance Tracking of Trained Provider (Government/Public Sector)* <i>New Contraception also</i>												
Name of Trainer	Date of Training	Contractual or Permanent	Urban or Rural	2015 – 16			2016 - 17			2017 - 18		
				<i>Minilap</i>	<i>Laprosopic</i>	<i>PPIUCD</i>	<i>Minilap</i>	<i>Laprosopic</i>	<i>PPIUCD</i>	<i>Minilap</i>	<i>Laprosopic</i>	<i>PPIUCD</i>

Performance of Satellite Centre						
<ul style="list-style-type: none"> Name and location of Satellite Centre: Please mention the date when this site designated as Satellite Centre (please show the evidence such as notification) 						
Financial Year	Number of Trained Provider	Number of Practice Session conducted	Delivery Load	Minilap	Laposcopic	PPIUCD
2016 - 17						
2017 - 18						

Trained Provider at District						
Type of Trainer	Government/Public				Private (NA)	
	Permanent		Contractual		Urban	Rural
	Urban	Rural	Urban	Rural		
Mobile						
Fixed						
<ul style="list-style-type: none"> Is there any event in which you had to hire a trainer from Camp for training? Yes/No <ul style="list-style-type: none"> If yes how many incidences? Who were the trainers? <ul style="list-style-type: none"> Government Private 						

Activation of Sites for FST on Regular Basis

- Do you have site where FST has been provided on regular basis? Yes/No
- If Yes, How many?
 - Please name the sites along with date of activation (please show the notification/evidence for the date of activation)

Recognition and Awards

- In your district do you provide RECOGNITION or/and AWARDS for contribution of FP services i.e. Highest number of case mobilization by ASHA and Conducted by Surgeon (district) and >80% completion of target of training for FBCTC (SIC/CMS of respective district and division (State): Yes/No
- If Yes please provide the details of last 3 financial year

Recognition and Awards: ASHA

<i>Financial Year</i>	<i>Name and Contact Detail of ASHA</i>	<i>Achievement</i>	<i>Date of Award</i>	<i>Detail of Award</i>
2016 - 2017				
2017 - 2018				

Recognition and Awards: Surgeon

<i>Financial Year</i>	<i>Name and Contact Detail of Surgeon</i>	<i>Achievement</i>	<i>Date of Award</i>	<i>Detail of Award</i>

2016 - 2017				
2017 - 2018				

IEC
<ul style="list-style-type: none"> • Do you have IEC activities for family planning services and training? Yes/No • If yes, how you perform the IEC activities in your district? (Please document the details)
HORDING
<ul style="list-style-type: none"> • Do you have hording to display in your district? Yes/No • If Yes, please provide the details: <ul style="list-style-type: none"> ○ How many hording? ○ Where is the location of hording? (try to physically verify and capture the content to see whether that is as per SIFPSA norms or not?)
ADVERTISEMENT IN NEWSPAPERS
<ul style="list-style-type: none"> • Do you give advertisement in newspapers? Yes/No • If yes, please tell us how many advertisements has been given in newspaper in last 3 years? Please also show the paper cutting of advertised advertisement (Please check for content to see whether that is as per SIFPSA norms or not?)

- Do you provide the poster to the blocks? Yes/No

If yes,

- How many posters per block?
- How they use those posters? (document the details)
- Please also show the printed poster (Please check for content to see whether that is as per SIFPSA norms or not?)

HANDBILLS/BROCHURES

- Do you provide the handbills/brochures to the frontline health workers? Yes/No

If yes,

- How many handbills/brochures per health worker?
- How you distribute those handbills/brochures to the health workers? (document the details)
- How they use those handbills/brochures? (document the details)
- Please also show the handbills/brochures (Please check for content to see whether that is as per SIFPSA norms or not?)

- What are mechanism HTC is following for post- training follow-up?
- How you inform CMO about trained doctor ?
- Have doctors trained from HTC are Empaneled, in no what is problem?
- How you track performance of trained doctors? (Also Ask for evidence)

Challenges, Best Practices, Case Studies, Processes and Evaluations
<p>What are the challenges you are facing in training of providers or implementation of program?</p>
<p>Is there any innovation in your facility to cope with challenges? If yes tell us in detail in the following lines:</p> <p>What is the innovation?</p> <p>How the innovation/best practices can cope with the challenge?</p> <p>Is it scalable and cost effective?</p>

Any other relevant information.

- What is your role and responsibility ? (Work)
- Are you doing other Task also ? Please explain in detail (Behind SOW)
- What are problem you are facing in implementation of HTC ?
- Visit to Satellite centre or other site (field) ?

7. Interview Schedule for in – charge Satellite Centre

INTRODUCTION AND INFORMED CONSENT

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You are selected for the study. The questions usually take about 30-40 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our study team. Your participation in the survey is voluntary. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

If you have any questions about this survey you may ask me.

GIVE CARD WITH CONTACT INFORMATION.

Do you agree to participate in this survey?

Signature of Interviewer/ Date/

RESPONDENT AGREES TO BE INTERVIEWED..... 1

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2

Begin Interview:

Background Information	
Name (Optional)	
Since when you are the in – charge of satellite center?	
Are you also a provider for FP services?	

If yes, are you trained?	
If trained, please mention the date and venue	
During training have you practiced the procedure?	
If yes, how many cases?	
Please mention the date when this site designated as Satellite Centre (please show the evidence such as notification)	
Is this site a regular site for FST?	
If yes, since when? (please show the evidence such as notification)	

Performance of Satellite Centre						
<i>Financial Year</i>	<i>Number of Trained Provider</i>	<i>Number of Practice Session conducted (Please provide the date)</i>	<i>Delivery Load</i>	<i>Number of Cases Conducted during practice sessions</i>		
				<i>Minilap</i>	<i>Laprosopic</i>	<i>PPIUCD</i>
2016 – 17						
2017 – 18						

IEC
<ul style="list-style-type: none"> Have you provided any poster or IEC material for your Satellite Centre? Yes/No <p>If yes,</p> <ul style="list-style-type: none"> How you use those IEC material/posters? (document the details)

- Please also show the printed IEC material/poster (Please check for content to see whether that is as per SIFPSA norms or not?)

HANDBILLS/BROCHURES

- Do you provide the handbills/brochures to the frontline health workers? Yes/No
If yes,
 - How many handbills/brochures per health worker?
 - How you distribute those handbills/brochures to the health workers? (document the details)
 - How they use those handbills/brochures? (document the details)
 - Please also show the handbills/brochures (Please check for content to see whether that is as per SIFPSA norms or not?)

Program Review

- Have performance meetings conducted with ASHA and ANM for FP Performance? Yes/No
- If yes how many meeting has been conducted in last 2 years?

- Do you have minutes of meeting and action taken reports for last 2 years? Yes/No
- If yes, please show the minutes of meeting and action taken reports for last 2 years (Please take a copy of all the minutes and ATR)

Challenges, Best Practices, Case Studies, Processes and Evaluations

What are the challenges you are facing in training of providers or implementation of program?

Is there any innovation in your facility to cope with challenges? If yes tell us in detail in the following lines:

What is the innovation?

How the innovation/best practices can cope with the challenge?

Is it scalable and cost effective?

Any other relevant information.

- Purpose of Satellite centre?
- How much motivation money given to ASHAs and for what period it is given to ASHA?
- How much motivation money given to Service provider and for what period it is given to Service provider?

8. Interview Schedule for ASHA

INTRODUCTION AND INFORMED CONSENT

7.

Namaste! My name is I am working with IIHMR Delhi. We are conducting a study on **Effectiveness of Hausala Training Centers (HTC)** in different district of Uttar Pradesh. The information on HTC that we collect from you will help the SIFPSA/NHM-UP to develop a pool of clinical family planning service providers in various family planning techniques across the state by supporting and strengthening all 35 HTC. Objective of this study is to assess the effectiveness and contribution of HTCs for clinical FP training, Challenges faced and scope of improvement at HTC and Documentation of best practices.

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If you have any questions about this survey you may ask me.

GIVE CARD WITH CONTACT INFORMATION.

Do you agree to participate in this survey?

Signature of Interviewer/ Date/

RESPONDENT AGREES TO BE INTERVIEWED..... 1

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2

Begin Interview:

Background Information	
Name (Optional)	
Since when you are working as ASHA?	
Have you heard about 'Hausla Training Centre' for training of FP services?	
If yes, when, and where? (Please document the details)	
Have you ever called at block level for an orientation meeting regarding mobilization of clients to the 'Hausla Training Centre'?	
If yes, When? Where? Who led the orientation meeting? What was the duration of meeting? What was told in that meeting?	
Have you received any IEC material related to FP services? If yes, How much IEC Material you received? Type of IEC materials? How you used those IEC materials?	
Have you ever mobilized any client to the nearest 'Hausla Training Centre'?	
If yes, How many clients you mobilized till date? Have you received any incentive for this mobilization? If yes, How much incentive? When you received the incentive after mobilization of client?	
Is now, what was the reason?	
Challenges/Suggestion	
What are the challenges you are facing in mobilization of clients to the 'Hausla Training Centre'?	

Is there any suggestion to improve mobilization of clients to the 'Hausla Training Centre'?

Knowledge:

Q1. What is Family Planning ?

Q2. What is Antra?

Q3. What is IUCD and PPIUCD?

Q4. What is difference between Minilap and Lap method of Female sterilization.

Q5. What money given to beneficiary and motivators for female, Male sterilization, post partum sterilization

Q6. How much money you can get for condom pack, pill pack and Emergency Contraceptive Pill during home visit ?

Q7. What is money provided to ASHA and Service provider for motivation and service for PPIUCD?

Q8. When NSV day celebrated ? (Hint: 21 day of every month).

Q9. What is Nishay Kit ?

Q10. At Hausala Training Center (HTC) what type of training is provided ? (prob: Female Sterilization, IUCD and PPIUCD).

Q11. For Female Sterilization, ASHA can get Rs 100/- per beneficiary from training center. What period of month it can be given to you ? (Prob: 2nd and 3rd week of month)