



**Comprehensive Project for NSV Trainings, Support
and Research in Uttar Pradesh
2017-18**

A Rapid Assessment

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LIST OF ABBREVIATION

ANC	Antenatal care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
BDO	Block Development Officer
CHC	Community Health Centre
CMO	Chief Medical Officer
Dy. CMO	Deputy Chief Medical Officer
FP	Family Planning
IFA	Iron and Folic Acid tablets
IFPS	Innovations in Family Planning Services
HR	Human Resources
IEC	Information Education & Communication
MCH	Maternal and Child Health Care
MIS	Management Information System
NC	Natal care
NGO	Non Governmental Organization
NRHM	National Rural Health Mission
PG	Post Graduate
PMU	Project Management Unit
PM	Project Manager
OBC	Other Backward Castes
OPD	Out-patients Department
OT	Operation Theater
PHC	Primary Health Centre
PNC	Post Natal Care
RH	Reproductive Health
RCH	Reproductive and Child Health
RTI	Reproductive Tract Infections
SC	Scheduled Caste
ST	Scheduled Tribe
STD	Sexually Transmitted Diseases
SIFPSA	State Innovations in Family Planning Services Project Agency
SC	Sub-centre
USAID	United States Agency for International Development
TT	Tetanus Toxide

A Rapid Assessment

Background

Vasectomy, though one of the most effective contraceptive methods, with no side effects, is little used around the world with only 2.4 percentage men sterilized globally. As per NFHS IV India findings, male sterilization is at an all time low with 0.3% vasectomies (a further 0.7% dip from NFHS III) in a population of 1.34 billion. Uttar Pradesh is no exception with a miserably low percentage of male sterilizations (0.1%) in a population close to 22 crores.

In its efforts to boost NSV in the state, SIFPSA supported the establishment of a Centre of Excellence (COE) for NSV at Urology Department of King George's Medical University for training and promotion of NSV way back in 1997. Additionally, three satellite NSV Centres were also established at GSVM Medical College Kanpur, LLRM Medical College Meerut and MLN Medical College Allahabad. SIFPSA has been supporting these training centres in the state with financial assistance from NHM. These centres have been playing a key role in imparting NSV training and service delivery in the state. However, gradual decrease was observed in number of clients accepting NSV over the years. This also had an adverse impact on the training outcome with insufficient clients for hands-on training for doctors undergoing NSV training and called for a dedicated strategy for enhanced client mobilization. Although the state had attempted to pitch in various development partners working in family planning program to support client mobilization, the effort did not yield the desired results due to their limited geographic reach.

Based on the learnings that emerged from the efforts made by SIFPSA and various development partners in the past in supporting the strategy for male engagement in FP in the state, SIFPSA decided to implement a comprehensive project to revitalize male engagement in family planning in 2016-17. The key objectives of the project were: increasing the pool of trained service providers in NSV technique (both in public as well as in private sector), supporting the existing four NSV training centres in terms of manpower, administrative and operational costs and effective implementation of a *targeted strategy* to support client generation at NSV training centres.

With a view to understand the effectiveness of the project, SIFPSA decided to carry out an internal rapid assessment of the project, covering all four NSV centres, on the following lines:

Study Objectives:

1. Usefulness of NSV centres, support staff during implementation of NSV training.
2. Client mobilization in field. Challenges faced and scope of improvement.
3. Documentation of best practices.

Broad Suggestive areas for the study:

- Views of divisional and state officers for NSV training centers.
- Contribution of Innovative coordinator, client mobilization activities conducted in field.
- Usefulness of NSV centres, support staff in implementation of NSV training.
- Support activities conducted in project period viz. IEC and advocacy activities for increasing number of NSV clients.
- Requirement of such centres in next financial year.
- Challenges faced and scope of improvement in NSV training centres.

Study Area:

NSV Training centres in Medical Colleges of districts Allahabad, Kanpur, Lucknow and Meerut.

Study Design:

- Interview with the Department Head - Department of Urology KGMU Lucknow; department of Surgery GSVM Medical College Kanpur; LLRM Medical College Meerut and MLN Medical College Allahabad on effectiveness of the NSV centres and suggestions for improvement.
- Interview with at least 05 service providers (public and private doctors) trained in NSV technique from each of the four NSV centres = total 20 service providers. Review of secondary data/records being maintained at the centres.
- Interview with Innovative Coordinators at the Centres-on their support to the project and motivation to make clients.
- Interview with the concerned Div. Project Managers in connection with the monitoring of the project and other support provided by them.
- Documentation of Success Story: Initiatives and special efforts by the Innovative Coordinator of Allahabad NSV Centre to enhance male participation in family planning.
- Role of ASHAs and ANMs in mobilizing NSV cases, challenges faced by them.
- Interview of DG-Family Welfare, Director-FW on their role in smooth functioning of NSV training centres.

Key Findings:

Following are the key findings from the internal assessment of the NSV project implemented by the Medical Colleges of Kanpur, Meerut, Allahabad and Lucknow:

I. KANPUR Medical College

NSV Training Centre GSVM Medical College Kanpur

Opinion of HOD of NSV Training Centre GSVM Medical College Kanpur:

Name of HOD: Dr. Sanjay Kala

As per the discussion with Dr. Sanjay Kala it was found that out of proposed training programmes, one Induction Training and 4 batches of Refresher Trainings have been conducted during FY 2016-17. In induction training 4 doctors were trained and in 4 refresher trainings 14 doctors were trained. It was also found that all the participants were trained from Public Sector.

As informed by HOD that 4 number of batches in a year is sufficient. It was revealed that the clients for the practical training were not available easily. The NSV training centre is fully operational and running properly.

Total 05 staff are engaged at NSV training Centre. The name, qualification, designation and experience are given below:

Sl	Name	Qualification	Designation	Experience
1	Mr. Sashil Kumar	MSW	Innovative Coordinator	8 Years
2	Ms. Shyamlee	B.Com	Training coordinator	4 Years
3	Mr. Indrajeet Kr. Yadav	BSc Nursing	O. T. Assistant	2 Years
4	Mr. Laxmi Shankar	Dip. O.T. Tech.	O. T. Assistant	10 Years
5	Mr. Ravindra Singh	10 th Class	Ward Boy	2 Years

As per the opinion of HOD the existing supporting staff is adequate. All the staff is working devotedly as per the requirement of NSV training Centre.

In response of question that, if the provided staff was withdrawn then can the Medical College still run the NSV Training Centre, Dr. Kala said that in that situation the training centre will be badly affected and may be closed.

In response of question that “What are the challenges faced during training?” HOD Dr. Kala said that number of clients are not sufficient for training during sessions. It was informed that after 2

months' semen analysis report found zero count then training centre issued the certificate to client. It was also informed that no. of clients increased after the appointment of Innovative co-ordinator.

The hoardings, Stickers, Pamphlets, E-Rickshaw, Newspaper inserts activities have been performed as IEC activities by the Innovative co-ordinator of the training centre. Due to IEC activities client load improved.

For co-ordination issue, he said that urban ASHAs are not motivating clients. He also said that if the staff is removed from the NSV training centre, will not be possible to run the project. A staff of minimum 5 is required for running the NSV training centre.

He also said that more support from CMO side is required for client motivation as well as nomination of more doctors for training when he sends the request to CMO.

Opinion of Innovative co-ordinator of NSV Training Centre GSVM Medical College Kanpur:

Mr. Sashi Kumar having MSW with experience of 08 years. He joined the NSV training centre Kanpur in the month of Nov. 2016. The activities conducted by him in the urban areas of Kanpur Nagar districts are as follows:

Sl. No.	Activity	# of meeting conducted	# of persons contacted	# of cases motivated	# of NSV cases accepted
1	Chauraha Meeting	58	980	50	2
2	Rickshaw pullers and auto drivers meeting	180	958	30	2
3	Meeting with fruits & vegetables vendors	0	0	0	0
4	Meeting at slums	24	144	30	1
5	Evening meeting at slum	0	0	0	0
6	Meeting with ASHA & ANM	20	1550	150	39
7	Meeting at small scale industries	12	72	8	0
8	Meeting at Govt. Officers	0	0	0	0
9	Poverty cluster meeting	146	448	18	2
10	CHC & PHC Meeting	20	180	0	0
11	Labour adda meeting	302	3360	568	38
12	Canopy	0	0	0	0
13	Meeting with AWW	8	160	0	0
14	Auto driver meeting	120	600	15	1
15	Meeting with HLPPT	6	50	10	32
16	Meeting with BCPM/BPM	7	140	0	0
17	Meeting with Railway dept.	0	0	0	0
TOTAL		903	8642	879	117

Mr. Sashi Kumar informed that Stickers, Pamphlets have been distributed during the meeting in the district. A good co-ordination established with ASHA, ANM and AWW of the district. For the better performance, discussed with Div. Project management unit from time to time. The clients were followed up by phone and semen test was conducted at NSV training centre and after nil count report a certificate was issued by the NSV training Centre.

It was informed by Mr. Sashi Kumar that it is very challenging to get the nomination of Doctors from the district CMO office for the training.

Opinion of Doctors trained at NSV training Centre Kanpur:

Total 5 doctors (those trained at NSV Training Centre) were interviewed during the survey. The names are given below:

1. Dr. Vinod Kumar Posted as resident GSVM
2. Dr. S. K. Katiyar Presently working at Aastha Health Centre Kanpur
3. Dr. Ajay Maurya, CHC Bhetergaon
4. Dr. Neeraj Singh, CHC Ghatampur
5. Dr. Arvind Kumar Sharma posted as resident doctor GSVM.

Material received during the training and Participation Certificate received:

S. N.	Type of training material/ Participation Certificate	Percentage
1	Male Sterilization Reference Manual	100%
2	Family Planning Indemnity Scheme (IPIS)	100%
3	Quality Assurance Manual	100%
4	Participation Certificate received	80%

Out of 5 doctors interviewed, it was found that 100% doctors are conducting NSV case after training and average 13 cases have been performed during last year.

As per the discussion it was found that follows up of clients was not conducted by the doctors. If the client came for semen's test they conducted the follow-up and after getting nil semen report doctors issued the certificate to the client.

The doctors interviewed are posted in present health facility from last 3 years(Avg.). As reported by them, 100% sites have NSV facility.

Training Quality:

As per the interview of the doctors it was found that 100% doctors have views that the Faculty/Trainers sessions were very good.

During the training, on average 6 cases were demonstrated among 5 doctors and avg. 4 cases were made available for hands-on practice among them.

In Context of training duration all doctors (100%) reported that the training duration was adequate.

As per the interview of 05 doctors, the satisfaction level regarding the training are as follows:

1. 04 doctors 80% stated that satisfaction level is Very good
2. 01 doctors 20% stated that satisfaction level is Good.

Confidence level of the doctors after the NSV training:

1. 03 doctors 60% stated that they are confident for conducting NSV cases.
2. 02 doctor 40% stated that they are average confident for conducting NSV cases.

Post Training Support:

CMO level

It was revealed that none of the trained doctors was aware about the empanelment for NSV after the training in NSV by the CMO office.

After the training in NSV all the doctors are working at their place of posting, where senior doctors are not available for confidence building/ skill increased.

MOIC level

As per the interview of 5 doctors the status of availability of NSV Kit, IEC material, support of ASHA/ANMs for case mobilization and availability of NSV clients are as follows:

S. N.	Type of availability and support	Percentage
1	NSV kit availability	100%
2	NSV related IEC material availability	100%
3	ASHA/ANM support/meeting for case mobilization	100%
4	NSV clients availability	100%

Challenges:

- Problem in motivation of the client at family level and religious causes, mostly women preferred their own tubectomy rather than their husband's NSV.

Suggestions for improvement:

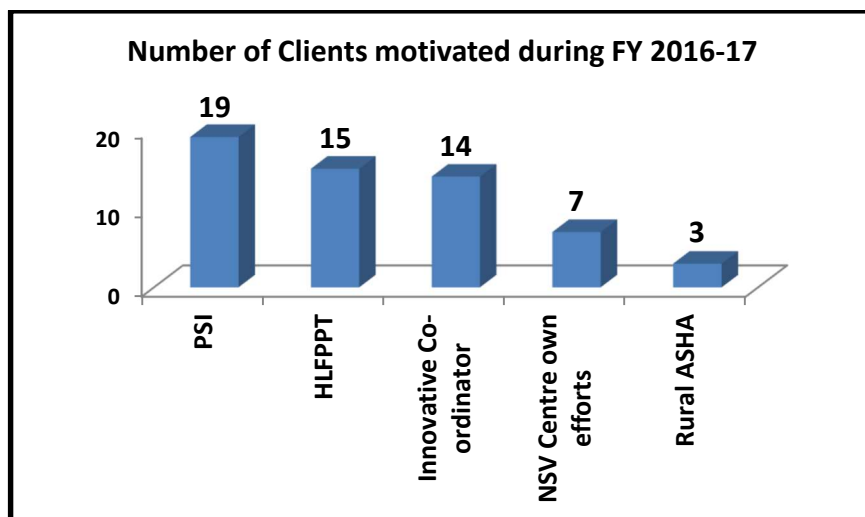
- Need refresher training and at-least 05 cases of NSV & minimum duration of training should be of 10 days.
- Intensive IPC on knowledge regarding NSV and their benefits.
- The payment should be in cash/bearer Cheque instead of Aadhar based (DBT) Payment.
- Motivational video display to the targeted beneficiaries.

Knowledge and performance of ASHA/ANM:

During survey/data collection total 5 ASHA/ANMs were interviewed. The responses on questions are as follows:

- All the ASHA/ANMs interviewed are well aware about the family planning permanent method for male (NSV).
- Average 3.6 case were motivated and NSV conducted at NSV training Centre and at CHC Sarsol camp.
- The cases conducted were referred and motivated by self, Husband, ASHA or ANM of CHC and conducted at NSV training centre and CHC Sarsol Camp.
- All ASHA/ANMs interviewed are well known to NSV training centre.
- 80% ASHA/ANMs stated that Mr. Sashi-Innovative Co-ordinator met at NSV training centre/Sarsol camp, however, 20% ASHA/ANMs stated that Mr. Laxmi Shankar-Training co-ordinator met at NSV training centre.
- Average 4 times ASHA/ANMs visited NSV training centre within one year.
- Average 5 meetings (Gosthi) were conducted by ASHA/ANMs in last year.
- The topic covered during the meeting were related to NSV.
- It was stated by all ASHA/ANMs during the interview that they are informed about the date of NSV training at NSV training centre and date for NSV camps.
- It was stated by the ASHA/ANMs that problems faced at the time of clients carried from village to NSV training centre are as follows:
 - Male client does not want to go with Female Worker.
- All the ASHA/ANMs reported that they are referring the clients to Govt. facility (NSV Training Centre) and they get Rs. 400/- per case.
- All ASHA/ANMs interviewed reported that they conducted client's follow-up.

Performance during FY 2016-17: Total 58 clients motivated for NSV:



During the FY 2016-17 only one Induction training conducted and 4 Doctors (2 MO and 2 Resident doctors of GSVM) were trained. However, 4 batches were conducted for re-fresher training and 14 doctors (10 MOs and 4 Resident doctors of GSVM) were trained.

The list of doctors trained during induction training is given below:

List of doctors trained in Induction Training			
S.N.	Name of trained Doctors	Type of Doctor	District
1	Dr. Om Prakash	Medical Officer	Farrukhabad
2	Dr. Pankaj Srivastava	Medical Officer	Bahraich
3	Dr. Vinod	Resident Doctor	GSVM
4	Dr. Arvind	Resident Doctor	GSVM

List of doctors trained in Refresher Training			
S.N.	Name of trained Doctors	Type of Doctor	District
1	Dr. Atul Verma	Medical Officer	Banda
2	Dr. Abhishek Katiyar	Medical Officer	Kanpur Nagar
3	Dr. Sameer Narayan	Medical Officer	Kanpur Nagar
4	Dr. Vinod	Resident Doctor	GSVM
5	Dr. Ganesh Prasad	Medical Officer	Kanpur Nagar
6	Dr. Abhishek Misra	Medical Officer	Jhansi
7	Dr. Vijaypal Singh	Medical Officer	Jhansi
8	Dr. Rajeshwer Singh	Medical Officer	Kanpur Nagar
9	Dr. Pradeep Kumar	Medical Officer	Kanpur Nagar
10	Dr. Kush Pathak	Medical Officer	Kanpur Nagar
11	Dr. Abu Talha	Medical Officer	Kanpur Nagar
12	Dr. Saud Ahmad	Medical Officer	Auraiya
13	Dr. Ravi Sharma	Medical Officer	Etawah
14	Dr. Arvind	Resident Doctor	GSVM

Statement of Fund received and expenditure (FY 2016-17)

NSV training centre (GSVM Medical College)

S.N.	Particulars	Budget Received (Rs.)	Exp. (Rs.)	Balance (Rs.)
1	Recurring Annual Cost Honorarium of Staff.	268620	164560	104060
2	Administrative cost	147050	22638	124412
3	NSV training load generation & Printing	197260	97079	100181
4	NSV Induction Training	221725	21777	199948
5	NSV Refresher Training	228760	59950	168810
6	Additional cost for NSV Induction of Pvt. Doctors	5600	0	5600
7	NSV Promotion Engaged INGO for Support.	533500	87719	445781
Sub Total		1602515	453723	1148792

- As per the statement it is clear that only 28% budget utilized in FY 2016-17. The total Rs. 11.48 Lacs is balance.
- Budget under Recurring Annual Cost
- Honorarium of Staff head 61% utilized.
- However, the Administrative cost utilized only 15%.
- Under the budget head “Additional cost for NSV Induction of Pvt. Doctors” utilization is nil.

II. MEERUT Medical College

NSV Training Centre LLRM Medical College Meerut

Name of HOD: Dr. Dheeraj Raj

As per the discussion with Dr. Dheeraj Raj it was found that as per the proposed training programmes all 4 batches have been conducted during FY 2016-17. In three batches only 2 participants were trained however in first batch 5 participants were trained. It was also found that all the participants were trained from Public Sector.

The view of HOD was that 4 number of batches in a financial year is sufficient. It was revealed that the clients for the practical training were not available easily. The NSV training centre is fully operation and running properly.

Total 5 staff are engaged at NSV training Centre. The name, designation, qualification and experience are given below:

Sl	Name	Qualification	Designation	Experience
1	Mr. Akhilesh Kumar	MSW	Innovative Co-ordinator	16Years
2	Mr. Amit Kumar	B.Com	Training co-ordinator	10 Years
3	Mr. Jogendra Singh	BSc Nursing	GNM	5 Years
4	Mr. Jogendra Kumar	Dip. O.T. Tech.	Dip. O.T. Tech	3 Years
5	Mr. Ravi Kumar	8 th Class	Ward Boy	10 Years

As per the opinion of HOD the existing supporting staff is adequate. All the staff is working fully as per the requirement of NSV training Centre.

In response of question that, if the provided staff was withdrawn then can the Medical College still run the NSV Training Centre, he responded that in that case the training centre will be badly affected and may be closed.

In response of question that “What are the challenges faced during training?” HOD Dr. Dheeraj Raj said that number of clients are not sufficient for training during sessions. It was informed that after

2 months' semen analysis report found zero count then training centre issued the certificate to client. It was also informed that no. of clients increased after the appointment of Innovative co-ordinator.

The hoardings, Stickers, Pamphlets, E-Rickshaw, News paper inserts activities have been performed as IEC activities by the Innovate co-ordinator of our training centre. Due to IEC activities client load improved.

For co-ordination issue, he said that urban ASHAs are not motivating clients. He also said that if the staff is removed from the NSV training centre, will not be possible to run the project. A staff of minimum 5 is required for running the NSV training centre.

He also said that more support from CMO side is required for client motivation as well as nomination of more doctors for training when he sends the request to CMO.

Opinion of Innovative Coordinator of NSV Training Centre LLRM Medical College Meerut:

Mr. Akhilesh Kumar having MSW with experience of 10 years. He joined the NSV training centre Meerut in the month of Dec. 2016. The activities conducted by him in the urban areas of Meerut district as follows:

S.N.	Activity	# of meeting conducted	# of persons contacted	# of cases motivated	# of NSV cases accepted
1	Chauraha Meeting	311	3711	325	50
2	Rickshaw pullers and auto drivers meeting	122	1046	119	22
3	Meeting with fruits & vegetables vendors	0	0	0	0
4	Meeting at slums	32	212	6	0
5	Evening meeting at slum	4	31	2	0
6	Meeting with ASHA & ANM	40	268	0	76
7	Meeting at small scale industries	8	115	19	6
8	Meeting at Govt. Officers	14	21	0	0
9	Poverty cluster meeting			0	0
10	CHC & PHC Meeting	19	186	0	0
11	Labour adda meeting	0	0	0	0
12	Canopi	9	260	40	7
13	Meeting with AWW	14	200	0	0
14	Auto driver meeting	6	38	5	1
15	Meeting with HLPPT	17	119	32	6
16	Meeting with BCPM/BPM	18	182	0	2
17	Meeting with Railway dept.	4	37	7	1
TOTAL		618	6426	555	171

Mr. Akhilesh Kumar inform that Stickers, Pamphlets have been distributed during the meeting in the district. A good co-ordination established with ASHA, ANM and AWW of the district. For the better performance discussed with Div. Project management unit time to time. The clients were follow up by phone and conducted the semen test at NSV training centre and after nil count report a certificate were issued by the NSV training Centre.

It was informed by Mr. Akhilesh Kumar that it very challenging to get the nomination of Doctors from the district CMO office for the training.

Opinion of Doctors trained at NSV training Centre Meerut:

Total 5 doctors (those trained at NSV Training Centre) were interviewed during the survey. The names are given below:

1. Dr. Ashish Garg posted at CHC Bhoorbaral, district Meerut.
2. Dr. Digvijay Kumar posted at PHC Babri, district Shamli
3. Dr. Sushil Kumar posted at CHC Thana Bhawan, district Shamli
4. Dr. Alok Kumar Naik, posted at CHC Machara, district Meerut
5. Dr. Aniesh Kumr Verma, posted at CHC Rohta.

Material received during the training and Participation Certificate received:

S. N.	Type of training material/ Participation Certificate	Percentage
1	Male Sterilization Reference Manual	100%
2	Family Planning Indemnity Scheme (IPIS)	80%
3	Quality Assurance Manual	60%
4	Participation Certificate received	60%

Out of 5 doctors interviewed, it was found that only 2 doctors are conducting NSV case after training and average 4 cases have performed during last year.

As per the discussion it was found that follow-up of clients was not conducted by the doctors. If the client came for semen's test the they conducted the followup and after getting nil semen report doctors issued the certificate to the client.

The doctors interviewed are posted in present health facility from last 4 years (Avg.). Out of 5 doctors interviewed it was found that the facility for NSV is available at only one site (20%). However, two doctors said that they are conducting NSV at other facility on demand.

Training Quality:

As per the interview of the doctors it was found that 80% doctors are in view that the Faculty/Trainers session taken was very good and 20% are in view that the quality of Faculty/Trainers session taken was good.

During the training average no. 2 cases demonstrated and average no. 2 cases were assisted/practice. However, 2 doctors (40%) reported that they have not done any case as assisted/practice.

For training duration 2 (40%) doctors reported that the training duration was adequate, however, 3(60%) told that the training duration was short.

As per the interview of 5 doctors it was found that the satisfaction level regarding the training are as follows:

- 2 doctors 40% stated that satisfaction level is good
- 2 doctors 40% sated that satisfaction level is satisfactory
- 01 doctor 20% sated that satisfaction level is poor.

As per the interview of 5 doctors it was found that how confident they felt after taking NSV training are as follows:

- 02 doctors 40% stated that they are confident for conducting NSV cases.
- 01 doctor 20% sated that he is average confident for conducting NSV cases.
- 02 doctors 40% stated that they are not confident for conducting NSV cases.

Post Training Support:

CMO level

It was revealed that all the trained doctors are not aware about the empanelment for NSV after the training in NSV by the CMO office.

After the training in NSV all the doctors are working at their place of posting, where no senior doctors are not available for confidence building/ skill increased.

MOIC level

As per the interview of 5 doctors the status of availability of NSV Kit, IEC material, support of ASHA/ANMs for case mobilization and availability of NSV clients are as follows:

S. N.	Type of availability and support	Percentage
1	NSV kit availability	60%
2	NSV related IEC material availability	80%
3	ASHA/ANM support/meeting for case mobilization	100%
4	NSV clients availability	60%

Challenges:

- Problem in motivation of the client at family level and religious causes, mostly women preferred their own tubectomy rather than their husband's NSV.

Suggestions for improvement:

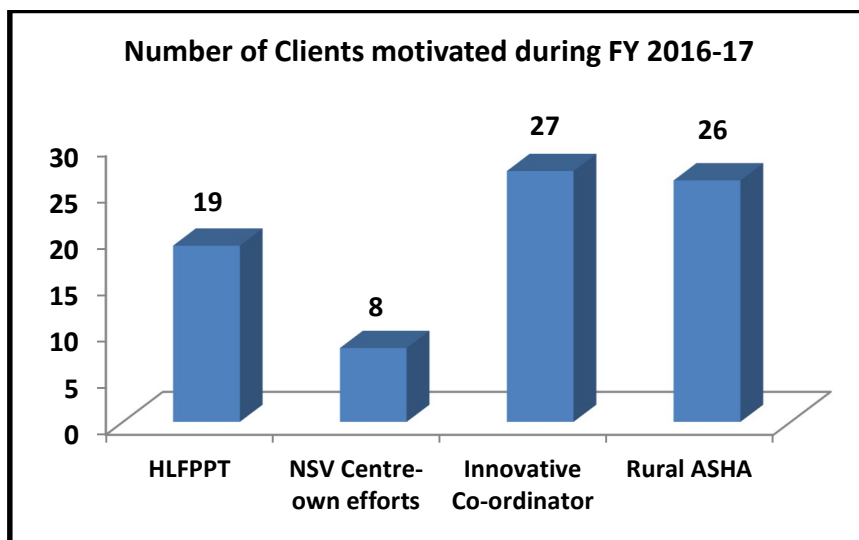
- Need refresher training and at-least 5 cases of NSV & minimum duration of training should be of 10 days.
- Intensive IPC on knowledge regarding NSV and their benefits.
- The payment should be in cash/bearer Cheque instead of Aadhar based (DBT) Payment.
- Motivational video display to the targeted beneficiaries.

Knowledge and performance of ASHA/ANM:

During survey/data collection total 5 ASHA/ANMs were interviewed. The responses on questions are as follows:

- All the ASHA/ANMs interviewed are well aware about the family planning permanent method for male (NSV).
- Average 3.7 case were motivated and conducted NSV at NSV training Centre.
- The cases conducted are by self 60% and by 40% Mr. Iswar (BCPM).
- All the cases motivated by ASHA/ANMs are conducted at NSV training centre.
- All ASHA/ANMs interviewed are well known to NSV training centre.
- 80% ASHA/ANMs stated that Mr. Akhilesh-Innovative Co-ordinator met at NSV training centre, however, 20% ASHA/ANMs stated that Mr. Amit Kumar-Training co-ordinator met at NSV training centre.
- Average 04 times ASHA/ANMs visited NSV training centre within one year.
- Average 05 meetings (Gosthi) were conducted by ASHA/ANMs in last year.
- The topic covered during the meeting were related to NSV.
- It was stated by all ASHA/ANMs during the interview that they are informed about the date of NSV training at NSV training centre and date for NSV camps.
- It was stated by the ASHA/ANMs that problems faced at the time of clients carried from village to NSV training centre are as follows:
- Male client does not want to go with Female Worker.
- All the ASHA/ANMs reported that they are referring the clients to Govt. facility (NSV Training Centre) and they get Rs. 400/- per case.
- All ASHA/ANMs interviewed 100% reported that they conducted clients follow-up.

Performance during FY 2016-17:



During the FY 2016-17 only Induction training conducted and 11 Doctors were trained. However, nil batch were conducted for re-fresher training. The list of doctors trained for induction training are given below:

S.N.	Name of trained Doctors	Posted at	District
1	Dr. Digvijay Kumar	CHC Babri	Shamli
2	Dr. Sushil Kumar	CHC Thanabhawan	Shamli
3	Dr. Munindra Kumar	CHC Kuraoli	Mainpuri
4	Dr. Raghvendra Pratap Singh	CHC Kuchela	Mainpuri
5	Dr. Javed Hafeez	PHC Ujhari	Amroha
6	Dr. Sheel Kumar Gautam	CHC Najimabad	Bijnor
7	Dr. Brijpal Singh	CHC Kiratpur	Bijnor
8	Dr. Antesh Kumar Verma	CHC Rohta	Meerut
9	Dr. Ashish Garg	CHC Bhoorbaral	Meerut
10	Dr. Chandan Anand	CHC Naujheel	Mathura
11	Dr. Virendra Kumar	LLRM MC MRT	Meerut

Statement of Funds received and expenditure (FY 2016-17)

NSV training centre (LLRM Medical College)

S.N.	Particulars	Budget Received (Rs.)	Expenditure (Rs.)	Balance (Rs.)
1	Recurring Annual Cost Honorarium of Staff.	5,37,240.0	4,95,293.0	41,947.0
2	Administrative cost	1,47,050.0	3,110.0	1,43,940.0

S.N.	Particulars	Budget Received (Rs.)	Expenditure (Rs.)	Balance (Rs.)
3	NSV training load generation & Printing	1,97,260.0	0.0	1,97,260.0
4	NSV Induction Training	2,15,150.0	48,234.0	1,66,916.0
5	NSV Refresher Training	2,28,760.0	0.0	2,28,760.0
6	Additional cost for NSV Induction of Pvt. Doctors	5,600.0	0.0	5,600.0
7	NSV Promotion Engaged INGO for Support.	5,33,500.0	1.06,000	4,27,500.0
Sub Total		18,64,560	6,52,637	12,11,923

- As per the statement it is clear that only 35% budget utilized in FY 2016-17. The total Rs. 12 Lacs is balance.
- Budget under Recurring Annual Cost Honorarium of Staff head 92% utilized.
- However, the Administrative cost utilized only 2%.
- Under the budget head (i) NSV training load generation & Printing, (ii) NSV Refresher Training and (iii) Additional cost for NSV Induction of Pvt. Doctors utilization is nil.
- As per the above table and analysis the cost for NSV training of one doctor is Rs. 49694/-.

III. ALLAHABAD Medical College

NSV Training Centre MLN Medical College Allahabad

The list of Interviewed persons are as follows:

Sl. No.	Type of Person	Name of Persons interviewed
1	HOD-NSV Training centre (MLN Medical College, Allahabad)	Dr. Dileep Chaurasia
2	Innovative Co-ordinator	Mr. Abhishek Kumar Trevedi
3	Div. PM, DPMU-Allahabad	Mr. Harit Saxena
4	NSV Trained Doctors	1. Dr. Sanjay Singh 2. Dr. A. P. Yadav 3. Dr. Santosh Singh 4. Dr. Raj Kumar 5. Dr. Devendra Shukla.
5	ASHAs	1. Ms. Urmila 2. Ms. Rohini Saxena, 3. Ms. Kausalya Srivastava 4. Ms. Ranjana Srivastava 5. Ms. Rekha Gupta
6	ANM	Ms. Usha Pande
7	Training Coordinator cum accountant	Ms. Shalini Srivastava

Opinion of HOD of NSV Training Centre MLN Medical College Allahabad:

Name of HOD: Dr. Dileep Chaurasia

As per the discussion with Dr. Dileep Chaurasia it was found that as per the proposed training programme all 4 batches have been conducted during FY 2016-17. In 4 batches total 9 participants were trained. It was also found that all the participants were trained from Public Sector.

The view of HOD was that 04 batches in a financial year is not sufficient and that provision of atleast 06 batches should be made. It was found that the clients for the practical training were available easily. The NSV training centre is fully operational and running properly.

Total 5 staff is engaged at NSV training Centre. The name, designation, qualification and experience are given below:

Sl.No.	Name of staff engaged at NSV training centre	Qualification	Experience in years	Date of Joining
1	Mr. Akhilesh Teewari, Innovative Co-ordinator	MSW	14 Months	9/12/2016
2	Ms. Shalani Teewari Training co-ordinator	M.A	08 Years	7/5/2010
3	Mr. Rohit, GNM	12 th	7 Years	10/2/2011
4	Mr. Santosh Yadav, O.T. Tech.	12 th + Dip. O.T. Tech.	14 Months	8/12/2016
5	Mr. Ramesh Kumar, Ward Boy	8 th Class	1 year	20/2/2017

As per the opinion of HOD the existing supporting staff is adequate and all worked hard as per the requirement of NSV training Centre.

On being asked if the staff provided was withdrawn, will the Medical College still be able to run the NSV Training Centre, he responded that they need supporting staff to run the NSV training centre and staff of minimum 5 would be required for running the NSV training centre.

To the question “What are the challenges faced during training” HOD said that funds did not reach on time. Presently the provision of Aadhaar Card identity is necessity for clients of NSV services, which has created problems because many times he had no Aadhar Card (especially labours).

The IPC, hoardings, Stickers, Handbills, Pamphlets, Posters and Group Meetings activities have been performed as IEC activities by the Innovate co-ordinator.

For co-ordination issue, he said that coordination with Div. PM, CMO and Health Partners etc. is satisfactory. It was also informed that number of clients were increased due to efforts of Innovative co-ordinator.

He suggested that coordination with army officers should be started through SIFPSA side to increase number of clients because many clients of army services came time to time to avail NSV service.

He also suggested Provision of Infection prevention for HIV/AIDS and Hepatitis-B has been made, as no routine screening is followed under infection prevention procedures. Funds should be released timely and staff salary should be paid on regular basis. IEC material for NSV promotion like handbills, brochures, flipbook, sort films and poster etc. should be given to training centres from time to time for publicity and motivation among community. The myths and misconceptions regarding NSV should also be removed through counseling and awareness generation

Opinion of Innovative coordinator of NSV Training Centre MLN Medical College Allahabad:

Mr. Akhilesh Kumar having MSW with experience of 14 months. He worked in PSI before joining the NSV training centre MLN, Allahabad.

Mr. Abhishek Kumar -Innovative Coordinator organized Chauraha meetings, slums meetings, meeting with Rickshaw pullers and auto drivers, meeting with ASHA & ANM, poverty cluster meeting etc. time to time for counseling, motivation and promotion of NSV.

The activities conducted by him in the urban areas of Allahabad district are as follows:

Innovative coordinator Details:

S.N.	Activity	# of meeting conducted	# of persons contacted	# of cases motivated	# of NSV cases accepted (18 months achievement)
1	Chauraha Meeting	70	1225	83	04
2	Rickshaw pullers and auto drivers meeting	237	1778	64	07
3	Meeting with fruits & vegetables vendors	57	627	72	02
4	Meeting at slums	32	240	66	05
5	Evening meeting at slum	24	264	51	02
6	Meeting with ASHA & ANM	29	1811	279	90
7	Meeting at small scale industries	35	172	42	0
8	Meeting at Govt. Officers	09	39	12	01

S.N.	Activity	# of meeting conducted	# of persons contacted	# of cases motivated	# of NSV cases accepted (18 months achievement)
9	Poverty cluster meeting	128	1152	146	01
10	CHC & PHC Meeting	22	405	83	24
11	Labour adda meeting	672	7654	574	131
12	Kanopi	05	70	09	01
13	Meeting with AWW	04	18	02	0
14	Auto driver meeting	161	702	26	02
15	Meeting with HLPPT	21	117	71	05
16	Meeting with BCPM/BPM	37	71	0	0
17	Meeting with Railways dept.	02	05	0	0
Total		1545	16350	1580	275

Mr. Akhilesh informed that Stickers, handbills & Pamphlets have been distributed during the meeting in the district. A good co-ordination established with ASHA and ANM of the district but coordination with AWWs was found to be low. For the better performance he coordinated with Div. Project management unit time to time. The clients were followed up by phone and the semen test conducted at NSV training centre and after nil count report a certificate were issued by the NSV training Centre.

- 1 Innovative Coordinator worked hard to motivate the NSV clients and coordinate with CHC, UPHC, PSI, HLPPT, IPAS and NGOs to make more clients.
- 2 NSV related IEC material was distributed by NSV training Centre staff and telephonic as well as face to face NSV client's follow-up also done by Innovative Coordinator.
- 3 The NSV cases motivated and referred only by ASHA/ANM, therefore AWW was not interviewed.

Opinion of Doctors trained at NSV training Centre Allahabad:

Total 5 doctors were interviewed during the survey, those are trained at NSV training centre Allahabad. The names and positioned are given below:

1. Dr. Sanjay Singh, posted at MLN Medical College, Allahabad
2. Dr. A.P.Yadav posted MLN Medical College/SRNH, Allahabad
3. Dr. SantoshSingh posted at MLN Medical College/Saroop Rani-Surgery Dept., Allahabad
4. Dr. Raj Kumar, posted at Surgery Dept.-MLN Medical College, Allahabad
5. Dr. Devendra Shukla, posted at MC,MLN Medical College, Allahabad

Material received during the training and Participation Certificate received:

S. N.	Type of training material/ Participation Certificate	Percentage
1	Male Sterilization Reference Manual	100%
2	Family Planning Indemnity Scheme (FPIS)	60%
3	Quality Assurance Manual	80%
4	Participation Certificate received	80%

Out of 5 doctors interviewed, it was found that all 5 doctors are conducting NSV case after training and total 652 NSV were conducted by them. Average 130 cases were performed by each after taking the training, which is quite a good performance.

As per the discussion it was found that follow-up of clients was not conducted by the doctors. If the clients came for semen's test then only the follow-up was conducted and after getting nil semen report doctors issued the certificate to the clients (only Govt. of India/ State employee came to get certificate for availing their salary special increment).

The doctors interviewed are posted in present health facility from last 4.5 years(Avg.). All 5 doctors reported they are giving their services only at Medical college.

Training Quality:

As per the interview of the doctors it was found that 100% doctors are of view that the sessions taken by Faculty/Trainers were very good and they all were fully satisfied.

During the training average no. of cases demonstrated are 5 (60%) and 4 (40%) average 4/5 cases were assisted/practice. However, all doctors reported that they have done one independent case as assisted/practice.

For training duration all 5 doctors (100%) reported that the training duration was adequate. As per the interview the satisfaction level regarding the training was mentioned very good by all 5 doctors (100%).

As per the interview of all 5 doctors regarding their confident level for conducting NSV cases they all (100%) mentioned that they are confident for conducting NSV cases.

Post Training Support:**CMO level**

It was revealed that all the trained doctors are not aware about the empanelment for NSV after the training in NSV by the CMO office. They all were MLN Medical Collage Allahabad staff.

After the training in NSV all the doctors are posted at Medical Collage Allahabad.

Note: Dr. A. P. Yadav felicitated by CMO Allahabad for conducting maximum number of (198) NSV in Allahabad.

MOIC level:

As per the interview of 05 doctors it was found that all trained doctors were not aware about the MOIC level support as they are Medical College Allahabad staff.

Challenges:

- Problem in motivation of the clients for NSV.
- Convincing people for NSV, make them assure regarding their sexual potential.
- Support from peripheral system should be improve.

Suggestions for improvement:

- Knowledge regarding NSV and their benefits should be interacted at personal level who wants their NSV.
- Makes camps at peripheral/outreach sites of village level.
- Focus on peripheral sites at all level.
- Requires screening of clients before NSV for STD screening of clients before NSV for STD
- Requires good equipment and thread for NSV.
- Pvt. Doctors shall be included in NSV training.

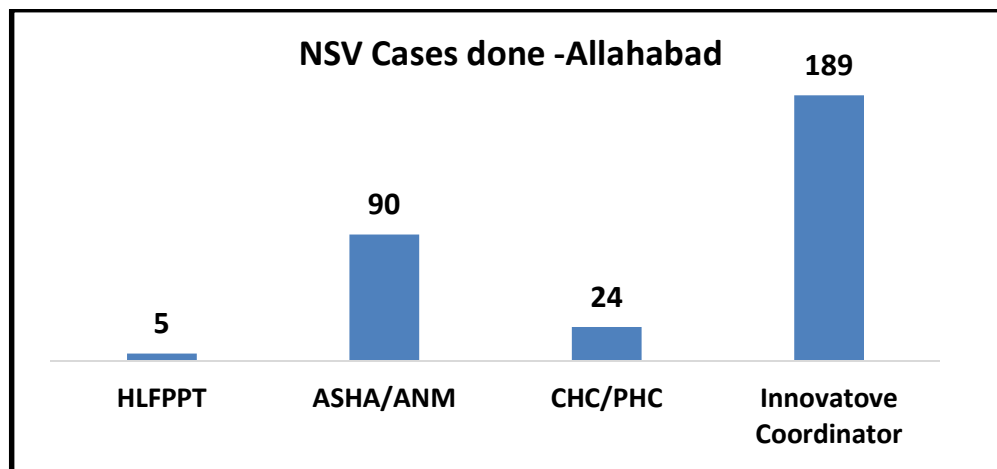
Knowledge and performance of ASHA/ANM:

During survey/data collection total 5 ASHA/ANMs were interviewed. The responses on questions are as follows:

1. All the ASHA/ANMs interviewed are well aware about the family planning permanent method for male (NSV).
2. Average 1.4 case were motivated and conducted NSV at NSV training center.
3. The cases conducted are by self-71% and by 29% BCPM.
4. All the cases motivated by ASHA/ANMs are conducted at NSV training Centre.
5. All ASHA/ANMs interviewed are well known to NSV training center.
6. 100% ASHA/ANMs stated that Mr. Akhilesh-Innovative Coordinator met at NSV training center.
7. Average 4 times ASHA/ANMs visited NSV training center within one year.
8. Average 5 meetings (Gosthi) were conducted by ASHA/ANMs in last Months.
9. The topic covered during the meeting were related to NSV.
10. It was stated by all ASHA/ANMs during the interview that they are informed about the date of NSV training at NSV training center and date for NSV camps.

11. It was stated by the ASHA/ANMs that problems faced at the time of clients carried from village to NSV training center all replied that no any problems to carried them to NSV training center.
12. All the ASHA/ANMs reported that they are referring the clients to Govt. facility (NSV Training Centre) and they get Rs. 400/- per case.
13. All ASHA/ANMs interviewed 100% reported that they conducted clients follow-up.

Performance during FY 2016-17:



During the FY 2016-17 only Induction training conducted and 9 Doctors were trained and 4 Batches of NSV Refresher were conducted.

The list of doctors trained for induction training is given below:

Sl.No.	Name of trained Doctors & Post	Posted at	District
1	Dr. Yateesh Bhuwan Pathak-MO	Medical Care Unit, Kutchury Parisar	Varanasi
2	Dr. Akhilesh Kumar Maurya-Senior Resident	MLN Medical Collage	Allahabad
3	Dr. Mohd. Rafiq Ansari-MO	CHC Kaneli	Kaushambi
4	Dr. Atul Verma- Senior Resident	MLN Medical Collage	Allahabad
5	Dr. Shashank Gupta-MO	New PHC Asrawalkalai	Kaushambi
6	Dr. Vipin Shukla-MO	CHC Amauli	Fatehpur
7	Dr. Ramesh Sonkar-MO	PHC Thekma	Azamgarh
8	Dr. Devendra Singh-MO	PHC Jhanaganj	Azamgarh
9	Dr. Sandeep-MO	PHC Asothar	Fatehpur

Statement of Fund received and expenditure (FY 2016-17)
NSV training centre (MLN Medical College)

Sl. No .	Particulars	Budget Received (Rs.)	Expenditure (Rs.)	Balance (Rs.)
1	Recurring Annual Cost Honorarium of Staff.	379645.00	237118.00	142527.00
2	Administrative cost	111025.00	37874.00	73151.00
3	Additional NSV training cost	5600.00	0	5600.00
4	NSV Induction Training	228300.00	116910.00	111390.00
5	NSV Refresher Training	49100.00	23154.00	25946.00
6	NSV Promotion Engaged INGO for Support.	533500.00	148248.00	385,252.00
Sub Total		1307170.00	563304.00	743,866.00

- As per the statement it is clear that only 35% budget utilized in FY 2016-17. The total Rs. 743866/- is balance.
- Under the budget head Additional cost for NSV Induction of Pvt. Doctors utilization is nil.

सफलता की ओर



किसी विद्वान ने सच ही कहा है कि अपने लिए तो सभी जीते हैं परन्तु सच्चा मनुष्य वही है जो 'वसुदैव कुटुम्बकम्' की भावना से कार्य करे। इसका एक प्रत्यक्ष उदाहरण हम सामाजिक कार्यकर्ता भी हैं, जो अपने जीवकोपार्जन का माध्यम एक ऐसे कार्य को चुनते हैं जिससे समाज का भला भी हो सके।

जैसा कि हम जानते हैं हमारे देश में बढ़ती जनसंख्या विकराल सुरसा की भाँति मुँह फैलाये खड़ी है जिसकी वजह से सामाजिक व आर्थिक गति अत्यन्त मन्द हो गयी है। ऐसे में इस समस्या की प्रभावी रोकथाम के लिए सरकारी एवं गैर-सरकारी संस्थाओं की तरफ से परिवार नियोजन से सम्बन्धित अनेक कार्यक्रम चलाये जा रहे हैं।

मैं अभिशोक त्रिवेदी, इनोवेशन कोऑर्डिनेटर, एन0एस0वी0 ट्रेनिंग सेन्टर, मोतीलाल नेहरू मेडिकल कालेज, इलाहाबाद, ऐसे ही एक कार्यक्रम का हिस्सा हूँ। यह कार्य इतना आसान भी नहीं है, इसका एक महत्वपूर्ण कारण यह है कि आज भी हमारे पुरुष प्रधान समाज में परिवार नियोजन की जिम्मेदारी महिलाओं की ही मानी जाती है। वर्तमान युग में भी पुरुष, नसबन्दी को अपनी मर्दानगी पर सीधा हमला ही समझते हैं। मेरे स्वयं के अनुभवों के आधार पर मैं यह बता सकता हूँ कि जब भी परिवार को नियन्त्रित करने के विषय में पुरुषों को जागरूक करने का अवसर आया तब उनका पहला प्रश्न यही होता है कि इसको अपनाने पर हमारे पुरुषत्व पर नकारात्मक प्रभाव तो नहीं पड़ेगा। इस भ्रान्ति को दूर करने के लिए हम निरन्तर प्रयासरत रहते हैं, जिसके तहत हम लेबर चौराहा मीटिंग, मलिन बस्तियों, कार्यस्थलों, रिक्शा/आटो स्टैण्ड आदि स्थानों पर प्रतिदिन पुरुषों

को हैण्डआउट्स व पम्पलेट्स इत्यादि के माध्यम से जागरूक करते हैं कि पुरुष नसबन्दी पूर्णतः सुरक्षित एवं आसान है।

परिवार को सीमित रखने की जिम्मेदारी सिर्फ महिलाओं की है और पुरुष नसबन्दी, पुरुषों के पुरुषत्व को हानि पहुँचाती है, यह भ्रान्ति इतनी गहराई से लोगों के दिमाग में पैठ कर चुकी है कि पुरुष ही नहीं बल्कि महिलायें भी पुरुष नसबन्दी के लिए आसानी से तैयार नहीं होती हैं। इसके अतिरिक्त जो पुरुष नसबन्दी अपनाने के इच्छुक भी होते हैं उनमें से कई के पास आवश्यक दस्तावेज उपलब्ध नहीं होते हैं जैसे कि आधार कार्ड, बैंक पासबुक आदि। ऐसी परिस्थितियों में हम उनका आधार कार्ड बनवाने तथा बैंक खाता खुलवाने में पूर्णतः सहयोग करते हैं। इसके साथ ही हमारे समक्ष एक और समस्या यह भी आती है कि ज्यादातर पुरुष कार्य की क्षतिपूर्ति हेतु दी जाने वाली धनराशि को नगद भुगतान के रूप में पाने की इच्छा जाहिर करते हैं। फिर भी मैं इसे एक चुनौती के रूप में स्वीकार करते हुए समाज को जागरूक करने का अपना कार्य पूर्ण ईमानदारी से कर निरन्तर कर रहा हूँ। जिसके परिणामस्वरूप धीमी गति से ही सही परन्तु बहुत से जागरूक पुरुष अब परिवार को सीमित रखने में अपनी भूमिका को समझने लगे हैं और पुरुष नसबन्दी को अपना भी रहे हैं। इस कार्य को सुचारु रूप से करने में मेरे पुराने कार्य अनुभव (PSI-Male Engagement) की प्रभावी भूमिका रही है। यदि कोई दम्पति मेरे परामर्श के उपरान्त पुरुष नसबन्दी को अपनाता है तो यह मुझे आत्म-सन्तुष्टि प्रदान करता है।

इसी क्रम में 'इनोवेशन कोऑर्डिनेटर' के रूप में दिसम्बर 2016 में नियुक्ति से लेकर वर्तमान तक हम 280 पुरुषों को परिवार नियोजन के इस स्थायी साधन से जोड़ने में सफल हुए हैं। इसमें सहयोगी के रूप में आशा/ए.एन.एम./आंगनवाड़ी कार्यकर्ती तथा अन्य सहयोगी संस्थाओं के प्रतिनिधियों का सहयोग भी निरन्तर प्राप्त होता रहा है। हमारी इस छोटी सी सफलता में एन.एस.वी. सेन्टर के समस्त स्टॉफ का महत्वपूर्ण योगदान रहा है जिसमें स्टॉफ नर्स श्री रोहित मसीह का सहयोग सराहनीय है। इस कार्यक्रम में हमारे कोर अफसर डा० दिलीप चौरसिया सर, मंडलीय परियोजना प्रबंधक श्री हरित सक्सेना सर का मार्गदर्शन अभिनन्दनीय है।

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कुछ नया कर दिखाने के जज़्बे ने की जिन्दगी की राह आसान



इस पुरुष प्रधान समाज में एक ओर जहाँ अधिकांश पुरुष परिवार नियोजन की जिम्मेदारी पूर्णरूप से महिलाओं की मानते हैं वहीं 29 वर्षीय मिथिलेश यादव निवासी हथिगहाँ, सोरांव, इलाहाबाद जैसे पुरुष भी हैं जो इस प्रकार की सोच से इत्तेफ़ाक नहीं रखते।

यह कहानी एक ऐसे परिवार की है जहाँ बेटों को बेटियों से बढ़कर माना जाता है। उनके अनुसार बेटे परिवार की लाठी के समान होते हैं और परिवार में लाठियां जितनी ज्यादा हो उनती ही भली। भादी के दो साल बाद बेटे के जन्म के बाद एक और बेटे की चाह में परिवार के दबाव के चलते मिथिलेश की पत्नी सावित्री पुनः गर्भवती हो गई परन्तु इस बार पुत्री के जन्म लेने पर परिवार उदास हो गया और फिर से मिथिलेश और सावित्री पर एक और पुत्र के लिए दबाव डालने लगा।

कम अन्तराल में लगातार दो प्रसव के बाद सावित्री भारीरूप से अत्यधिक कमजोर हो गयी थी। मिथिलेश अपनी पत्नी की भारीरूप दशा देखकर चिन्तित थे, वह यह समझ रहे थे कि उनकी पत्नी इतनी जल्दी फिर से गर्भवती होने की स्थिति में नहीं है और साथ ही पेशे से मजदूर होने के नाते उनकी आर्थिक स्थिति भी ऐसी नहीं थी कि एक और बच्चे की जिम्मेदारी उठायी जा सके। मिथिलेश और उनकी पत्नी सावित्री शिक्षित हैं, जिसके कारण वे बड़े परिवार के पक्ष में नहीं थे और समझ रहे थे कि ऐसी स्थिति में दो ही बच्चों को शिक्षित करने की जिम्मेदारी उठा पायेंगे। इसके लिए दम्पति ने आपस में बात की और यह निर्णय लिया कि अब उनका परिवार पूरा हो गया है और उन्हें परिवार नियोजन के किसी स्थायी साधन को अपना लेना चाहिये। इसके लिए

सावित्री आगे आयी और महिला नसबन्दी अपनाने की बात कही जिसकी जानकारी उसे आजादी से प्राप्त हुई थी। परन्तु परिवार की सहमति के बिना यह होना सम्भव नहीं था और परिवार इसके लिए कभी भी राजी नहीं होता। उधर मिथिलेश यह भी अच्छी तरह से समझ रहा था कि भले ही सावित्री महिला नसबन्दी के लिए तैयार है पर उसकी भारीरिक दशा एक और शल्यक्रिया की अनुमति नहीं दे रही है। इसी बीच मिथिलेश की मुलाकात लेबर चौराहे पर मुझसे (अभिषेक त्रिवेदी, इनोवेशन कोऑर्डिनेटर, एन0एस0वी0 ट्रेनिंग सेन्टर, मोतीलाल नेहरू मेडिकल कालेज, इलाहाबाद) हुई, तब मैंने उन्हें पुरुष नसबन्दी के बारे में बताया लेकिन वह इसके लिए तैयार नहीं हो पा रहे थे, उनका कहना था कि वे अपने परिवार में अकेले कमाने वाले हैं यदि नसबन्दी का पश्चात् किसी प्रकार की भारीरिक कमजोरी हो जाती है तो वे अपने परिवार का भरण-पोषण किस प्रकार कर पायेंगे। तब मैंने उनसे पुरुष नसबन्दी के बारे में विस्तार से चर्चा की और पुरुष नसबन्दी अपना चुके कुछ सन्तुष्ट व्यक्तियों से भी मिलवाया जो इस परिवार नियोजन साधन से जुड़ने के बाद भी पूर्ववत् अपना समस्त कार्य सुचारु रूप से कर रहे हैं तथा सुखी वैवाहिक जीवन भी बिता रहे हैं। इन प्रयासों के परिणामस्वरूप मिथिलेश ने परिवार नियोजन में पुरुष भागीदारी को समझते हुए पुरुष नसबन्दी को अपनाया जिसके फलस्वरूप उनकी पत्नी सावित्री की स्वास्थ्य में भी तेजी से सुधार हुआ। आज मिथिलेश और सावित्री दोनों अपने इस निर्णय पुरुष नसबन्दी से बहुत खुश हैं और सुखी वैवाहिक जीवन बिता रहे हैं।

IV. LUCKNOW Medical College

NSV Centre, Department of Urology, KGMU Lucknow

SIFPSA, through concerted efforts, supported the establishment of a Centre of Excellence (COE) for NSV at the Department of Urology- King George's Medical University, for training and promotion of NSV in the state. The project, currently being implemented by HoD- Department of Urology Dr. Shankhwar, involves the following team:

Sl	Name	Qualification	Designation	Yr of joining
1.	Dr. N. S. Dasila	NSV Master Trainer		1994
2.	Mr. Prakash Kr. Singh	MCom, MBA	TC cum Accountant	2008
3.	Mr. Vineet Kr. Singh	Intermediate	OT staff	2008
4.	Mr. Alok Kr. Mishra	(OT technician Diploma)	OT staff	2008
5.	Mr. Jaidev Singh	MA, Diploma in Database Mgmt & course in computer concepts	Data specialist	2008
6.	Mr. Pawan Kumar Sharma	B.A.	Innovative Coordinator	2017
7.	Mr. Surya Nath	Intermediate	Attendant	2008

- 50% of the administrative and support staff cost of the project is being borne by SIFPSA.

Discussion with Dr. Sankhwar, HoD, Department of Urology, KGMU Lucknow:

Dr. Sankhwar, HoD, Urology department acknowledged SIFPSA's support to the COE NSV project, without which, he said it might get difficult to run the centre. Talking about challenges being faced, he indicated both demand and supply side gaps. Number of clients for hands-on training has been inadequate. Clientele is also affected by the fact that clients' demand for cash payment/payment through bearer cheque is not met. He said that participation of GoUP doctors in the trainings was also discouraging.

However, he acknowledged the contribution made by the Innovative Coordinator in motivating men to adopt NSV and said that the number of NSV clients had gone up due to his efforts. IEC through mobile vans, hoardings, newspaper ads, wall painting etc. also helped in client mobilization. Certificate to the client is issued only after semen analysis resulting in zero sperm count after three months of vasectomy. He also informed that recanalization of surgery could be done in case needed. He felt that GoI should take the initiative of rigorously promoting NSV through mass media- advs on national TV channels etc. preferably between 9 and 10 PM, since IEC and advocacy activities are needed to promote NSV.

As per the records/secondary data received from the centre, during the year 2016-17: Induction training, participated by 41 doctors, was conducted over a period of 4 days in 13 batches. One refresher training was also conducted that was attended by 04 medical officers, while 02 ToTs were conducted involving 07 doctors.

Given below are the details of the Induction & Refresher Trainings conducted in 2016-17:

Batch no.	Training dates	Total no. of trainees	No. of NSV cases per batch (hands-on training)
Induction Training			
1.	July 11-15, 2016	05	03
2.	July 12-16, 2016	02	04
3.	Aug. 08-12, 2016	02	01
4.	Aug. 29-Sep.02, 2016	05	04
5.	Sep. 19-23, 2016	02	03
6.	Sep. 26-30, 2016	02	02
7.	Oct.24-28, 2016	04	04
8.	Dec.19-23, 2016	04	06
9.	Jan.02-06, 2017	04	03
10.	Jan.16-20, 2016	04	02
11.	Jan.17-21, 2017	02	01
12.	Feb.06-10, 2017	03	01
13.	March 06-10, 2017	02	04
		41	38
Refresher Training			
1.	Feb.20-22, 2017	04	02
		45	40

As per the above table, almost 50% of the 13 batches had only 2 trainees. All trainees were public sector doctors.

Gradual decrease in number of clients accepting NSV over the years has had an adverse impact on the training outcome, with insufficient clients for hands-on training for doctors undergoing NSV training, as clearly depicted by the above table. As per the table, on an average, number of cases per trainee/batch works out to be less than 01. Since this was a specialized skills training, it was important that each trainee got adequate hands-on training, which did not happen.

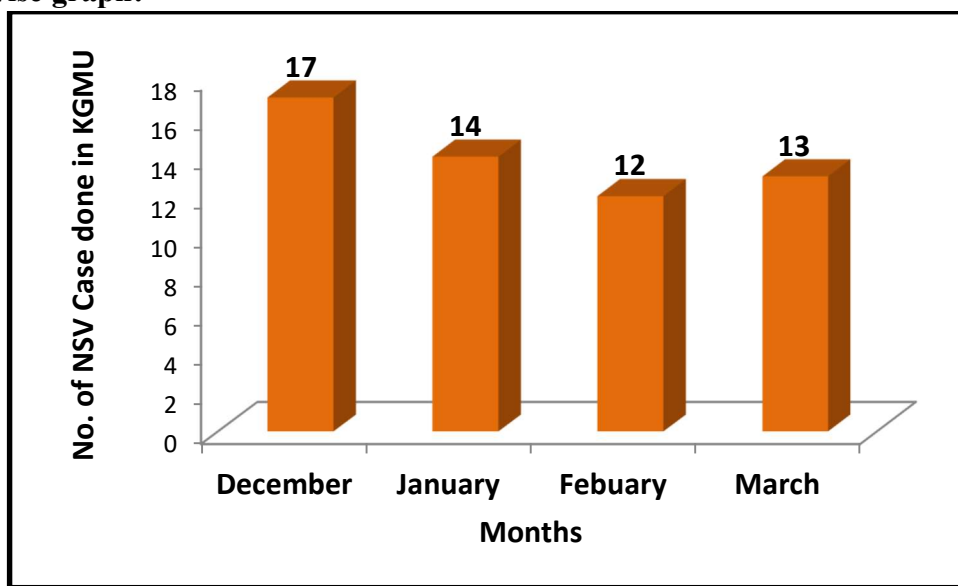
It seems from the above table that in three batches there was only 1 NSV case which must have been conducted by the trainer for demonstration during the induction training. Hence it is clear that none of the trainees got a chance to conduct NSV independently during training. During the FY 2016-17 only one refresher training was conducted.

For NSV client mobilization, SIFPSA introduced a dedicated cadre of *Innovative Coordinator* in Dec. 2016-17 for conducting specific innovative activities like holding labour chauraha meetings, meetings at bus and railway stations, meetings with rickshaw pullers, barbers, tea, paan and vegetable vendors etc. to encourage men to accept NSV.

Progress report submitted by Innovative Coordinator for Dec.2016- March 2017:

S.No.	Particular	Months			
		December, 2016	January, 2017	February, 2017	March, 2017
1.	No. of group meeting conducted	18	21	34	37
2.	No. of participant attended	145	208	390	356
3.	No. of client motivated	22	47	48	47
4.	No. of clients who accepted	11	08	04	07
5.	No. of NSV Cases done at KGMU	17	14	12	13
Total NSV Cases done in 4 months at COE Lko (Dec '16-March '17) = 56					
Total NSV Cases supported by Innovation coordinator = 30					

Month wise graph:



As per the above progress report of 2016-17 submitted by the Innovative Coordinator Mr. Manish Srivastava at SIFPSA for the period Dec. 2016 to march 2017, on average, more than 25 group meetings were conducted, reaching out to over 270 potential clients on average, every month. While 15% of these were motivated to adopt NSV, 3% actually adopted NSV. Of the total number of 56 NSV cases done during Dec. 2016 and March 2017 at the Lucknow NSV Training centre, as many as 30 (54%) were supported by the Innovative Coordinator.

Total NSVs conducted at the centre in FY 2016-17= 112 (as per client wise record submitted by the centre)

Discussion with the Innovative Coordinator:

As told by the current Innovative Coordinator Mr. Pawan Sharma who joined the centre on November 01, 2017, there were 48 NSV cases conducted between April 2017 and October 2017 at the centre. Between November and February 2017, through his efforts i.e. early morning chauraha meetings, labour adda meetings, meetings with rickshaw pullers etc., he motivated 164 cases out of which 94 accepted NSV:

Sl No.	Activity	# of meetings conducted	# of persons contacted	# of cases motivated	# of NSV cases
1.	Chauraha Meeting	19	205	16	02
2.	Rickshaw pullers and auto drivers meeting	39	234	11	01
3.	Meeting with fruits & vegetables vendors	02	15	01	0
4.	Evening meeting at slum	01	15	01	01
5.	Meeting with ASHA & ANM	0	0	0	0
6.	Poverty cluster meetings	17	181	02	02
7.	CHC & PHC meetings	01	32	129	
8.	Labour Adda meetings	134	380	02	86
9.	Canopi	03	35	0	0
10.	Meeting with auto drivers	02	12	02	02
11.	Meeting with HLPPT	0	0	0	0
12.	Meeting with BCPM/BPM	01	0	0	0
TOTAL		219	1109	164	94

Many BPL clients, he said, still do not have bank accounts and request for cash payment or payment through bearer cheque. He said there still exist mythslike men will become weak after NSV, family planning is a woman's responsibility etc. Women too discourage their husband to adopt NSV for the fear of loosing health/vitality. He said that ASHAs played a negligible role in motivating clients for NSV and said they should be trained in NSV client mobilization and clearing myths and misconceptions regarding NSV among both men and women. Rigorous IEC was also required in promoting NSV. He also felt that all MBBS doctors placed at the blocks should be trained in NSV technique.

ASHAs' contribution in motivating clients for NSV at the COE KGMU had been negligible, as told by the Innovative Coordinator. As per the records, only two ASHA Sanginis had motivated and referred a case each to the centre in 2016-17.

Discussion with ASHA Sangini:

As told by Malti, ASHA Sangini of Badagaon- block Kakori, she referred one NSV case in 2016 and two cases in April/May 2017 to the medical college. She said BCPM Kakori informed her about the dates of NSV camps and motivated her to encourage men to adopt NSV and that she got to know of the NSV centre at medical college through the then Innovative Coordinator also whom she met a number of times during meetings. She even accompanied the cases to the medical college and did many follow-ups of the clients. She said she preferred referring cases to a government health facility. However, ASHA Sangini was not aware that NSV Recanalization was possible. The other ASHA- Mamta of Allupur, Kasmandi kala, block Kakori could not be contacted even after several attempts. However, interview with ASHA Sangini reflected lack of co-ordination between ASHAs and the Innovative co-ordinator.

One NSV client Mr. Dashrath Chaudhary, a father of three sons and two daughters, was also met. He said he got to know about the NSV centre at the medical college through an advertisement in the newspaper and he made up his mind to get the operation done. While he received a cheque of Rs. 2000 as incentive, his wife, who had been mentioned as ASHA Sangini in the list carried by the Innovative Coordinator but turned out to be the client's wife and not ASHA sangini, got Rs.300 as motivator.

Discussion with Doctors trained in NSV technique at COE KGMC in 2016-17:

List of doctors contacted and other details:

Sl. No.	Name	Qualification	Training Dates	Present Place of Posting/Since	No. of NSV cases conducted after trg.	No of clients issued certificates
1.	Dr. Rajveer Singh	MBBS MS	Feb. 13-15 2017	SNM DH Firozabad/10 yrs	10	10
2.	Dr. Vikas Verma	MBBS	Aug.08-12 2016	PHC Usyani Firozabad/02yrs	00	00
3.	Dr. R. P. Singh	MBBS MS	Feb. 13-15 2017	DH Firozabad/02 yrs	*01	*01
4.	Dr. Chatrapal	MBBS	Aug.08-12 2016	CHC Bisalpur Pilibhit/04 yrs	00	00
5.	Dr. P. K. Yadav	MBBS MS	Feb. 13-15 2017	CHC Bichpuri Agra/03 yrs	01	01
6.	Dr. Vineet Kumar Yadav	MBBS	July 11-15 2016	APHCMadho Tanda Pilibhit/04 yrs	00	00

*Although Dr. R P Singh claimed conducting 15 NSVs after training and issuing the same number of certificates, as per CMO report, only 01 NSV had been conducted by the doctor and certificate issued to the client.

As clear from the above table, Dr. Rajvir Singh posted at DH Firozabad is the only one to have conducted a number of NSV cases after the NSV training in Feb.2017 at COE Lucknow.

Quality of Training & Post Training Support

Sl. No	Name	NSV during training		Confidence level after training	Certificate Issued as Service Provider	Post Training Support				
		Demo	Hands-on			CMO Level		MOIC Level		
						Empane lled for NSV	Handholdin g by sr. surgeon ensured	NSV Kit/IE C materi al	Ensuring FLW support/mee tings for client mobilization	Availabi lity of NSV clients
1.	Dr. Rajveer Singh	02	02	Confident	Yes	Yes	sr. surgeon himself	Yes	Yes	Yes
2.	*Dr. Vikas Verma	00	00	Not confident	No	No	No	No	No	No
3.	Dr. R. P. Singh	02	02	Confident	Yes	Yes	sr. surgeon himself	Yes	Yes	Yes
4.	Dr. Chatrapal	01	01	Not very confident	No	Yes	No	Yes	Yes	No
5.	Dr. P. K. Yadav	02	02	Confident	Yes	Yes	sr. surgeon himself	Yes	No	No
6.	Dr. Vineet Kr Yadav	03	03	Not confident	No	Yes	Yes	Yes	Yes	Yes

- As informed by Dr. Vikas Verma, he could not complete the training for personal reasons and requested for retraining

All found the training to be of good quality and the training duration adequate. However, most felt that number of clients for hands-on training was insufficient and that affected their confidence level. Support from NGOs to mobilize NSV clients was also suggested. All (but one-Dr. Vikas Verma) reported being empanelled with the CMO office for NSV. However, 50% of the doctors interviewed reported unavailability of NSV clients at their facility of posting. Provision of good quality equipment was also a concern of one of the doctors.

There were no refresher/follow up trainings reported.

Statement of funds received and expenditure incurred (FY 2016-17)

NSV training centre (KGMU Lucknow)

S.N.	Particulars	Budget Received (Rs.)	Expenditure (Rs.)	Balance (Rs.)	% Utilized
1	Recurring Annual Cost Honorarium of Staff.	1045440	1045440	0	100.0
2	Administrative cost	147050	66750	80300	45.4
3	NSV training load generation & Printing	197260	189965	7295	96.3
4	NSV Induction Training	152200	0	152200	0.0
5	NSV Refresher Training	228760	42921	185839	18.8
6	Additional cost for NSV Induction of Pvt. Doctors	5600	0	5600	0.0
7	NSV ToT	89830	75134	14696	83.6
8	Mobility support to camp site in adjacent district	50000	0	50000	0.0
9	NSV Promotion Engaged INGO for Support.	533500	120000	413500	22.5
		2449640	1540210	909430	62.8

- 62.8% Utilized in FY 2016-17, with Rs. 9,430.00 Lacs as balance.
- 100% utilization of budget under Recurring Annual Cost Honorarium of Staff head.
- Only 45% utilization of budget under Administrative Cost.
- Nil utilization of budget under “Additional cost for NSV Induction of Pvt. Doctors” .

Discussion with DG FW, Director FW, GM-FP NHM and Div. PM, Lucknow division:

Director Family Welfare, Dr. Badri Vishal, though acknowledged the NSV training projects being implemented in four medical colleges of the state, said much more was needed to promote NSV adoption among men and is of the view that NSV should be made incentive based, like the govt. scheme of linking various facilities with green card issued to the BPL on adopting NSV, which has been withdrawn now. He also suggested that these training should be included in mapping of health facilities being carried out by the TSU-IHAT. Also Suggested by both Dr. Neena Gupta, DG FW and Dr. Badri Vishal, parity-based incentive should be introduced for those adopting NSV, for instance NSV after 02 children- Rs.5000, after 03 -Rs.3000 and so on to maintain the quality of client. Resident doctors should also be trained in NSV technique. DGFW is of the view that there should be recognition of performance of the best training centre, as well as the doctor conducting maximum cases of NSV after training. The whole programme should be incentivized, IEC should be increased. Dr. Irfan Khan- GM-FP NHM, said a lot more effort is needed to be made in this direction. Out of the four training centres, he is most appreciative of the efforts being made by the Allahabad NSV Training Centre and assessment findings corroborate his views. Overall monitoring of the project activities is being done by the divisional PMU Lucknow, as told by Div. PM Mr. Rajaram Yadav.

Learnings from the NSV Training Project implemented by the 4 medical colleges:

Number of Training Batches held/No. of Doctors trained at the NSV Training centres in UP and no. of NSV cases conducted at the training centres in FY 2016-17:

District/ NSV Training Centre	No of Training Batches held			No of Doctors Trained			NSV Cases conducted (2016-17)	Average number of NSV Cases per Month
	Induction Training	Refresher	Total	Induction Training	Refresher	Total		
Allahabad	4	0	4	9	0	9	308	25.7
Kanpur	1	4	5	4	14	18	58	4.8
Lucknow	13	1	14	41	4	45	112	9.3
Meerut	4	0	4	11	0	11	80	6.7
Total	22	5	27	65	18	83	502	41.8

The Table above shows that in FY 2016-17 the four NSV training centers had undertaken 22 batches of induction training in NSV technique and 5 batches of refresher training. A total of 65 medical officers were given induction training while another 18 received refresher training to further augment their skills.

The training output greatly varied between these training sites with Kanpur having the least number (6%) of the total doctors receiving induction training in NSV during FY2016-17, followed by Allahabad (14%), and Meerut (17%), while a bulk of doctors were trained from Lucknow NSV training centre (63%).

This varying trend needs review and course correction. One of the critical quality aspects of the NSV training is the number of cases the trainee doctors get to perform during the training and that has a direct bearing on their confidence and performance post training.

Mobilizing sufficient number of NSV clients during each batch of training is critical in order to achieve this objective. As per the above table it is clear that on average, maximum no. of NSV cases per month (25.7) were conducted at Allahabad NSV training centre, followed by Lucknow (9.3), Meerut (6.7) and Kanpur NSV training centre (4.8) NSV cases conducted per month. Overall, in all 4 NSV training centres, on average 42 NSV cases were conducted per month.

A huge variation noted between sites on both these counts. Improved cost efficiency would have been achieved had these centres trained more doctors and served more clients, indicating issues pertaining to nomination of doctors by the CMOs and client mobilization efforts.

Other Key Observation across Training sites

Project Staff Support to the Training Sites: The Training In-charges at all the four training sites were unanimous in their opinion on the usefulness of the small project team (Innovative Coordinator, Training Coordinator, GNM, O.T. Technician and a Ward Boy) supported by SIFPSA

at each of the NSV training sites. All four felt these staff were extremely useful to manage the training batches at the training sites and felt if the project staff was withdrawn the training center would be badly affected and may even have to be closed in absence of client mobilization and other support. The role of Innovative Coordinator was specially highlighted by all in terms of their enormous support in mobilizing clients to the centre, even during the training days for hands on practice.

Low Client Load for Hands-on Training: The training centre in-charges across the sites mentioned 'low client load' as one of the major challenges in quality NSV training. The current practice of Client and Community Mobilization need major revamping. The current strategies seem to have plateaued in terms of their ability to get more clients mobilized. Fresh and more creative approaches are needed to reach better efficiencies in mobilizing clients.

The mid media IEC activities such as hoardings, stickers, pamphlets, e-Rickshaw and newspaper inserts, however, were useful in creating awareness.

Poor In-Clinic (OPD) based Client Mobilization: Majority of the clients were mobilized either by the innovative coordinator and/or the development partners working in the district, while the faculty and staff at the urology dept. and other training sites had mobilized very few clients for NSV inspite of having large clients in-flow at their OPD and on training days. Special efforts should have been made to provide informed choice counseling to every client walking into the OPD to have better in-clinic client conversion rate to complement the community based mobilization.

Mobilization by Urban ASHAs Poor: the urban ASHAs recruited at the UPHCs hardly mobilized NSV clients. They being a new cadre, need to be oriented and trained on result based NSV mobilization approaches, followed by IEC to reinforce counseling. In Meerut, however, of the 80 NSV clients, ASHAs had mobilized 27 cases (33%). This needs to be replicated for sustained flow of clients to these training centres during the training batches. Div. PMUs have an important overall role to play here.

Lack of Support from CMOs in Timely Nomination of Doctors for NSV Training: this has been a common concern raised by all training heads at the four training sites. More proactive support is needed from CMO Office in timely nomination of sufficient number of doctors to have frequent batches of training.

System of Payment to NSV Clients: An important observation noted across all 04 training sites, which also corroborates with the general NSV trend in the state, is that the majority of clients were from lower wealth quintile and a related challenge in mobilization of these clients was clients' demand for cash payment / payment through bearer cheque instead of DBT.

Poor Client Load for the Trainee Doctors at their facility of posting: the issue of poor client load continued to be a challenge for the newly trained doctors at their facility of posting. A large number of trained doctors have reported of either complete unavailability or mobilization of very few clients by the front line workers for NSV services at their facility of posting. This creates a challenge for them in practicing their newly acquired skill and gaining confidence in providing

quality services. Provision of good quality NSV kits is also a concern raised by some doctors trained in NSV skills.

Periodic Refresher Training Required for Improved Quality of Service delivery: There were no refresher/ follow up trainings planned at most training sites, except Kanpur, where 4 batches of refresher trainings were held and 14 doctors reoriented. However, in Kanpur only one Induction training was conducted.

Close monitoring and Follow-up for Betterment:

It is important that to run these NSV training centres smoothly and effectively, regular monitoring and hand-holding by the concerned program division be done.



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