सत्यमेव जयते

Manual for Family Planning Indemnity Scheme

October 2013

Family Planning Division
Ministry of Health and Family Welfare
Government of India

NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

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Ministry of Health & Family Welfare
Government of India, Nirman Bhawan, New Delhi-110011

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Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

Dated: 16th September 2013

FOREWORD

The National Population Policy 2000 specifies unmet need for contraception as a priority area to be addressed urgently. The surveys conducted in India indicate that only 47% of the eligible couples adopt any modern contraceptive method to plan their family. Although the government has brought about a paradigm shift in favour of spacing methods, there is still a large unmet need for sterilization services and it continues to be the most accepted method.

Sterilization services are largely provided through public facilities supplemented by private service providers. There is a continuing concern about the number of adverse events following sterilization as well as litigations faced by the facilities/doctors against such cases.

To partially mitigate this, the Government of India had introduced the National Family Planning Insurance Scheme in November 2005. The scheme has succeeded in enhancing the credibility of the programme as also compensate the clients against adverse events following sterilization.

To bring in more accountability the government has now partially modified the scheme wherein the state government would themselves handle such cases in future instead of an insurance company.

I congratulate the efforts of the Family Planning Division in unveiling a comprehensive manual on the scheme which would not only serve as a reference material but also as a guide for the programme managers as well as service providers in processing all the claims pertaining to the adverse events following sterilization.

Anuradha Gupta

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Preface

The National Population Policy 2000 advocated a holistic multispectral approach toward population stabilisation, with no targets for specific contraceptive methods except for achieving a national average of total fertility rate of 2.1 by the year 2010. The NRHM programme of the Government of India introduced in 2005 and since been extended to 2017, places population stabilisation as one of its goals to achieve a TFR of 2.1 by 2017. Surveys show that there is still a high unmet need for terminal methods in the country.

Quality of services plays a major role in acceptance of any service. Poor quality of services leads to unsatisfied clients with resulting under-utilization of services. To build the confidence of clients it is necessary to provide them safeguards against adverse events. With that view and the directions of the honourable Supreme Court of India, the Family Planning Insurance Scheme was introduced in the National Family Planning Programme in November 2005.

The scheme has now been modified into the 'National Family Planning Indemnity Scheme' which is now to be operated through the state governments and district health society route instead of the existing private sector insurance company.

There was therefore a need to revise the existing manual extensively to incorporate the various changes designed to smoothly operate the scheme.

I appreciate the efforts of the Family Planning Division in accomplishing this exhaustive exercise. I hope this manual serves the programme managers and the service providers at the state and district level in providing quality sterilization services as well as pay compensation for adverse events following sterilization wherever justified and establish the credibility of the programme.

Dr. Rakesh Kumar

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Acknowledgement

Quality of sterilization service is a major thrust area under the National Rural Health Mission of the Government of India for addressing the large unmet need in terminal methods. Improper methods of sterilization may result in high number of cases of failures, complications and even death in some instances. This may result in higher indemnification to the beneficiaries.

The manual for Family Planning Indemnity Scheme has been made possible with constant support and encouragement received from Shri Keshav Desiraju, Secretary (H&FW) and Ms. Anuradha Gupta, Additonal Secretary and Mission Director (NRHM), Ministry of Health and Family Welfare. I also thank Dr. Rakesh Kumar, Joint Secretary, for his support. Appreciation is also due to my colleagues Dr. Teja Ram, Deputy Commissioner (FP), Dr. Pragati, Dr. Mithila, Dr. Nimisha, Shobhana, Renuka and specially Mrunal for preparation of this manual. I also thank Ms. Celine Gomes, Jhpiego for designing and formatting this manual.

It is hoped that this manual facilitates the state and district health authorities in strengthening the process of compensation against adverse events following sterilization procedures as well as providing prompt indemnity cover to the clients/ doctors/ health facilities.

Dr. S. K Sikdar

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INTRODUCTION:

India is the first country that launched a National Family Planning Programme in 1952, emphasizing fertility regulation for reducing birth rates to the extent necessary to stabilize the population at a level consistent with the socio-economic development and environment protection. Since then the demographic and health profiles of India have steadily improved.

The NRHM provides a policy framework for advancing goals and prioritizing strategies during the next decade, to meet the reproductive and child health needs of the people of India, and to achieve replacement level of total fertility rate (TFR) of 2.1 by 2017 (12^{th} plan goal)

Sterilization as a component of family planning services are largely being provided through a network of public and private sector facilities. In most states, camps are still a major source of sterilization services. There has been growing concern about the quality of sterilization services being offered, particularly at the camp facilities. The continuing high number of complications, failures and deaths following sterilizations also results in increased litigation being faced by the providers, which is another barrier in scaling up the sterilization services.

To address this issue, the Government of India had introduced the "National Family Planning Insurance Scheme" since 25^{th} November, 2005 which has now been modified into "Family Planning Indemnity Scheme" with effect from 1^{st} April, 2013.

The Manual for "Family Planning Indemnity Scheme" has therefore been updated accordingly with the objective of providing a framework for the process of payment of compensation for death/failure/complications cases arising out of sterilization failures for acceptors as well as service providers.

1. JUSTIFICATION:

With a view to encourage people to adopt permanent methods of Family Planning, the Government has been implementing a Centrally Sponsored Scheme since 1981 to compensate the acceptors of sterilization for the loss of wages for the day on which he/she attended the medical facility for undergoing sterilization.

Under the Scheme, the Central Government released funds to States/UTs @ Rs.300 per Tubectomy, Rs.200 per Vasectomy and Rs.20 per IUD Insertion. The States/UTs had the flexibility to decide the amount of apportionment among various components, provided minimum amount of Rs.150 was paid to the acceptors of Tubectomy/Vasectomy and Rs.60 per Tubectomy, Rs.25 per Vasectomy and Rs.20 per IUD insertion was used by the medical facility towards drugs and dressing. This was intended to ensure quality of service in these procedures. Flexibility rested with the States for determining sub components of the remaining amount, within the total package. In the case of EAG States viz. Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and Uttaranchal, the compensation package for sterilization had been raised from Rs.300/- to Rs.400/- per Tubectomy, Rs.200/- to Rs.400/-per Vasectomy if conducted in a public health facility or approved private sector health facility, and from Rs.20 to Rs.75 per IUD insertion, if conducted in an approved private sector health facility.

The above compensation scheme for loss of wages for acceptors of sterilization services was revised with effect from 31.10.06 and has been further improved with effect from 7.9.07 which is as below:

a) For Public (Govt.) Facilities:

Category	Breakage of the Compensation package	Acceptor	Motivator	Drugs and dressing	Surgeon charges	Anes- thetist	Staff Nurse	OT technician /helper	Refreshment	Camp management	Total
High focus states	Vasectomy (ALL)	1100	200	50	100	-	15	15	10	10	1500
	Tubectomy (ALL)	600	150	100	75	25	15	15	10	10	1000
Non High focus states	Vasectomy (ALL)	1100	200	50	100	--	15	15	10	10	1500
	Tubectomy **(BPL + SC/ST only))**	600	150	100	75	25	15	15	10	10	1000
Non High focus states	Tubectomy **(APL only)**	250	150	100	75	25	15	15	10	10	650

b) For Private Facilities:

Category	Type of operation	Facility	Motivator	Total
High focus states	Vasectomy(ALL)	1300	200	**1500**
	Tubectomy(ALL)	1350	150	**1500**
Non High focus states	Vasectomy (ALL)	1300	200	**1500**
	Tubectomy (BPL + SC/ST)	1350	150	**1500**

Apart from providing cash compensation to the acceptor of sterilization for loss of wages, transportation, diet, drugs, dressing etc out of the funds released to States/UTs under this scheme, some States/UTs were apportioning some amount for creating a miscellaneous purpose fund. This fund was utilized for payment of ex-gratia to the acceptor of sterilization or his/her nominee in the unlikely event of his/her death or incapacitation or for treatment of post operative complications attributable to the procedure of sterilization, as under:

i) Rs. 50,000/- per case of death
ii) Rs. 30,000/- per case of incapacitation
iii) Rs. 20,000/- per case of cost of treatment of serious post operation complication

Any liability in excess of the above limit was to be borne by the State/UT/NGO/ Voluntary Organization concerned from their own resources.

1.1 DIRECTIVES OF HON'BLE SUPREME COURT:

The Hon'ble Supreme Court of India in its Order dated 1.3.2005 in Civil Writ Petition No. 209/2003 (Ramakant Rai V/s Union of India) has, *inter alia*, directed the Union of India and States/UTs for ensuring enforcement of Union Government's Guidelines for conducting sterilization procedures and norms for bringing out uniformity with regard of sterilization procedures by –

1. Introduce a system of having an approved panel of doctors and limiting the persons entitled to carry on sterilization procedure in the State to those doctors whose names appear on the panel. The panel may be prepared either State-wise, District-wise or Region-wise.

2. The State Government shall also prepare and circulate a checklist which every doctor will be required to fill in before carrying out sterilization procedure in respect of each proposed patient. The checklist must contain items relating to (a) the age of the patient, (b) the health of the patient, (c) the number of children and (d) any further details that the State Government may require on the basis of the guidelines circulated by the Union of India. The doctors should be strictly informed that they should not perform any operation without filling in this check list.

3. The State Government shall also circulate uniform copies of the proforma of consent. Until the Union Government certifies such proforma, for the time being, the proforma as utilized in the State of U.P. shall be followed by all the States ;and

4. Each States shall set up a Quality Assurance Committee which should, as being followed by the State of Goa, consist of the Director of Health Services, the Health Secretary and the Chief Medical Officer, for the purpose of not only ensuring that the guidelines are followed in respect of pre-operative measures (for example, by way of pathological tests, etc), operational facilities (for example, sufficient number of necessary equipment and aseptic conditions) and post-operative follow ups. It shall be the duty of the Quality Assurance Committee to collect and publish six monthly reports of the number of persons sterilized as well as the number of deaths or complications arising out of the sterilization.

5. Each State shall also maintain overall statistics giving a breakup of the number of the sterilizations carried out, particulars of the procedure followed(since we are given to understand that there are different methods of sterilization), the age of the patients sterilized, the number of children of the persons sterilized, the number of deaths of the persons sterilized either during the operation or thereafter which is relatable to the sterilization , and the number of persons incapacitated by reason of the sterilization programmes.

6. The State Government shall not only hold an enquiry into every case of breach of the Union of India guidelines by any doctor or organization but also take punitive action against them. As far as the doctors are concerned, their names shall, pending enquiry, be removed from the list of empanelled doctors.

7. **The state shall also bring into effect an insurance policy according to the format followed by the state of Tamil Nadu until such time the Union of India prescribes a standard format.**

8. The Union of India shall lay down within a period of four weeks from date uniform standards to be followed by the State Governments with regard to the health of the proposed patients, the age, the norms for compensation, the format of the statistics, check list and consent proforma and insurance.

9. **The Union of India shall also lay down the norms of compensation which should be followed uniformally by all the states. For the time being until the Union Government formulates the norms of compensation, the States shall follow the practice of the State of Andhra Pradesh and shall pay Rs 1 lakh in case of death of the patient sterilized, Rs 30,000/- in case of**

incapacity and in the case of post- operative complications, the actual cost of treatment being limited to the sum of Rs 20,000/-

The Union Government had complied with the orders of the Supreme Court as enumerated below:

1. Creation of panel of Doctors/Health Facilities for conducting sterilization procedures and laying down of criteria for empanelment of doctors for conducting sterilization procedures.
2. Laying down of checklist to be followed by every Doctor before carrying out sterilization procedure.
3. Laying down of uniform proforma for obtaining of Consent of person undergoing sterilization.
4. Setting up of Quality Assurance Committee at State and District level for ensuring enforcement of pre and postoperative guidelines regarding sterilization procedures.
5. **The Union of India had brought into effect an Insurance Policy as a prescribed standard format for all States/UTs with effect from 29th Nov, 2005 till 31st March, 2013.**

With a view to doing away with the complicated process of payment of ex-gratia to the acceptors of sterilization for treatment of post-operative complications, failure of sterilization or death attributable to the procedure of sterilization, the FPIS, was adopted as a national policy and was being implemented since 29th November, 2005 based on the directives of the Hon'ble Supreme Court. The scheme has since been modified as **"Family Planning Indemnity Scheme" and is operational from 01.04.2013.**

2. OBJECTIVE:

The objective of the FPIS is to indemnify all acceptors of sterilization as also doctors conducting sterilization operation in both public and accredited private/NGO sector health facilities for unlikely events of death/complications/failure following sterilization operations.

3. TARGET AUDIENCE:

The scope of the manual is limited to sterilization services. It has been prepared for program managers at various levels of the health system, including members of State and District Quality Assurance committee who are responsible for monitoring quality of care in terminal family planning methods. The service providers i.e. medical officers at the primary health centres (PHCs), Community Health Centres (CHCs), sub –district & district hospitals ,medical colleges, trainers from training institutes and private providers empanelled in the district as also beneficiaries opting for sterilization operation.

4. BACKGROUND:

Under the existing Government Scheme no compensation was payable for failure of sterilization, and no indemnity cover was provided to Doctors/Health Facilities providing professional services for conducting sterilization procedures etc. Moreover, no apportioning of the amount disbursed under the revised compensation scheme (2007) was admissible for creating a miscellaneous purpose fund for payment of compensation with respect to failures/complications/deaths arising out of sterilization operations.

On the other hand, there was a great demand in the States for indemnity insurance cover to Doctors/Health Facilities, since many empanelled Doctors/Facilities were facing litigation on account of claims filed by the beneficiaries for compensation following failures/complications/ deaths. This led to reluctance among the Doctors/Health Facilities to conduct Sterilization operations.

4.1 FAMILY PLANNING INSURANCE SCHEME W.E.F. 29TH NOVEMBER, 2005:

Against the backdrop of the directions of the Hon'ble Supreme Court the "NFPIS" was introduced, which had gone through some modifications over the years.

The scheme was operated by The Oriental Insurance Company Limited from 29th November, 2005. The benefits of the scheme were as follows:

Section I: (For Beneficiaries)

I A	Death **following sterilization** in hospital or within 7 days from the date of discharge from the hospital.	Rs.1,00,000/-
I B	Death **following sterilization** within 8-30 days from the date of discharge from the hospital.	Rs.30,000/-
I C	Failure of sterilization	Rs.20,000/-
I D	Cost of treatment upto 60 days arising out of complication from the date of discharge.	Rs.20, 000/-*
Total liability of the Insurance Company was not supposed to exceed **Rs. 9 crore** in a year under **each Section.**		

(*To be reimbursed on the basis of actual expenditure incurred, not exceeding Rs.20, 000.)

Section II: (For Doctors/ Health Facilities)

All the doctors/health facilities including doctors/health facilities of Central, State, Local-Self Governments, other public sectors and all the doctors/health facilities of non-government and private sectors empanelled /accredited with District Health Authority for rendering family planning services conducting such operations shall stand indemnified against the claims arising out of failure of sterilization, death or medical complication resulting there from upto a maximum amount of Rs. 2 lakh per doctor/health facility per case, maximum upto 4 cases per year. The cover would also include the legal costs and actual modality of defending the prosecuted doctor/health facility in Court, which would be borne by the Insurance Company within certain limits.

4.2 FAMILY PLANNING INSURANCE SCHEME W.E.F. 29TH NOVEMBER, 2006:

The scheme was renewed with Oriental General Insurance Company w.e.f. 29-11-06 with modification in the limits and payment procedure. The benefits in Section I A was increased from Rs 1 lakh to Rs 2 lakhs, for Section I B from Rs 30,000 to Rs 50,000, for Section I C from Rs 20,000 to Rs 25,000 and for Section I D from Rs 20,000 to Rs 25,000. All other terms and conditions remained unchanged.

4.3 FAMILY PLANNING INSURANCE SCHEME W.E.F. 1ST JANUARY, 2008:

The scheme was renewed with ICICI Lombard General Insurance Company and w.e.f. 01-01-08 with the same terms and conditions.

4.4 FAMILY PLANNING INSURANCE SCHEME W.E.F. 1ST JANUARY, 2009:

The scheme was again renewed with ICICI Lombard General Insurance Company and w.e.f. 01- 01-09. All the terms and conditions remained unaltered.

4.5 FAMILY PLANNING INSURANCE SCHEME W.E.F. 1ST JANUARY, 2010:

The scheme was again renewed with ICICI Lombard General Insurance Company w.e.f. 01-01-10 with all benefits available as mentioned under Policy-2009 above; however, **maximum Liability of the Insurance Company was amended and shall not exceed Rs. 14.00** crore in total inclusive of **both Section-I & II.**

4.6 FAMILY PLANNING INSURANCE SCHEME W.E.F. 1ST JANUARY, 2011:

The scheme with certain changes in procedure was renewed with ICICI Lombard General Insurance Company w.e.f. 01-01-11. The available benefits under Section I A included death during the process of sterilization operation also. Moreover, the Limit of Liability was increased to Rs 25 Crore under Section I and Rs 1 Crore under Section II.

4.7 FAMILY PLANNING INSURANCE SCHEME W.E.F. 1ST JANUARY, 2012:

The scheme was renewed with ICICI Lombard General Insurance Company, on existing terms and conditions, w.e.f. 01-01-12 to 31-12-2012. The total liability of the Insurance Company was not supposed to exceed Rs. 25 crore under Section-I and Rs. 1 crore under Section-II.

4.8 FAMILY PLANNING INSURANCE SCHEME W.E.F. 1ST JANUARY, 2013:

The scheme was then extended with ICICI Lombard General Insurance Company, on existing terms and conditions, w.e.f. 01-01-13 to 31-3-2013. The total liability of the Insurance Company was not supposed to exceed Rs.6.25 crore under Section-I and Rs. 25 lakh under Section-II.

4.9 SETTLEMENT OF CASES NOT COVERED UNDER THE FAMILY PLANNING INSURANCE SCHEME (FPIS):

There might be cases not covered by the Family Planning Insurance Scheme, viz. cases of sterilization operations conducted before coming into force of Insurance Scheme, i.e. prior to 29th November,2005,cases not covered under the National Protocol or the cases already pending in courts etc.

Liability in respect of such cases was to be met by the State Government/UTs Administration from the Miscellaneous Purpose Contingency Fund created in respective State/UTs by apportioning some amount from the grants released to them by the Union Government under the Scheme of Compensation for loss of wages for acceptors of sterilization/IUD insertions or under the Scheme of Flexible Funding for State Programme Implementation Plans (PIPs).

5. CURRENT SCHEME (Part of STATE PROGRAMME IMPLEMENTATION PLANS (PIPs) w.e.f. 1ST APRIL, 2013):

With effect from 01.04.2013, it has been decided that States/UTs would process and make payment of claims to acceptors of sterilization in the event of death/failures/complications /indemnity cover to doctors/health facilities. It is envisaged that States/UTs would make suitable budget provisions for implementation of the scheme through their respective State/UT Program Implementation Plans (PIPs) under the National Rural Health Mission (NRHM) and the scheme may be renamed **"Family Planning Indemnity Scheme"**. The scheme is uniformly applicable for all States/UTs.

It will be the responsibility of the District Official designated for the scheme by the State Government to ensure timely filing and processing of eligible claims. With effect from 1st April 2013, liability in respect of such cases would be met by the State Government/UT Administration from funds released by Government of India, under the National Rural Health Mission (NRHM), through State Programme Implementation Plans (PIPs). The allocation of funds by Government of India to the States /UTs

would be on the basis of either average amount of claims paid during the last 3 years, or an amount not exceeding Rs. 50/- per acceptor of sterilization, whichever is less. However if the State wishes to provide more or spends more than the allocation, the state may make necessary provision/undertake payment of claims, from their state budget. States whose claim ratios are less would also be free to allocate lesser funds than their due, so that resources within the approved envelope for their PIP could be better utilized. In smaller States and UTs where the average number of claims reported in the last 3 years is low, a minimum amount to the extent of Rs 5 lakhs may be proposed. **The States/UTs may plan for the payment of compensation to sterilization acceptors as per the scheme, under Budget Head A.3.5.4 –Other Strategies/activities Sub-Head A.3.5.4.1.**

Claims arising out of cases of sterilization operations which were detected and reported after 1st April, 2013, will come under the purview of State Programme Implementation Plans (PIPs). Claims arising out of cases of sterilization operations detected and reported before 1st April, 2013, will not come under the purview of State Programme Implementation Plans (PIPs). Such claims would be covered as per the respective guidelines of expired policies from 29th November 2005 to 31st March, 2013.

The available benefits under the Family Planning Indemnity Scheme are as under:

Section	Coverage	Limits
I A	Death following sterilization (inclusive of death during process of sterilization operation) in hospital or within 7 days from the date of discharge from the hospital	Rs. 2 lakh
I B	Death following sterilization within 8 - 30 days from the date of discharge from the hospital	Rs. 50,000/-
I C	Failure of sterilization	Rs 30,000/-
I D	Cost of treatment ***in hospital and*** **upto 60 days** arising out of complication following sterilization operation (inclusive of complication during process of sterilization operation) from the date of discharge	Actual not exceeding Rs. 25,000/-
II	Indemnity per Doctor/Health Facilities but not more than 4 in a year	Upto Rs. 2 Lakh per claim

This updated manual is available on the Ministry's website: www.mohfw.nic.in click www.nrhm.gov.in and then click http://nrhm.gov.in/nrhm-components/rmnch-a/family-planning/schemes.html

6. SALIENT FEATURES OF THE SCHEME:

1. The Family Planning Indemnity Scheme has all India coverage.
2. All persons undergoing/undergone sterilization operations in public health facility and health facilities of non-government and private sectors empanelled/accredited with District Health Authority are covered under Section- I–A, I-B, I-C and I-D of the scheme.
3. The Consent Form filled by the person at the time of enrolling himself/herself for sterilization operation duly countersigned at the medical facility shall be proof of coverage under the scheme. **(Annexure II)**
4. The medical records and checklist for female/male Sterilization should also be duly filled by the Doctors/Health Facilities**. (Annexure III)**
5. All the doctors/health facilities including doctors/health facilities of Central, State, Local-Self Governments, other public sectors and all the doctors/health facilities of Non-Government

and private sectors empanelled/accredited with District Health Authority and conducting such operations are covered under Section -II of the scheme. There is a stipulated criteria for empanelment of doctors/accreditations of health facilities for sterilization**. (Annexure IX)**

6. All claims arising under Section I and Section II shall be admissible from 1st April 2013, under the scheme.

7. Claims arising out of cases of sterilization operations which were detected and reported after 1st April, 2013, will come under the purview of State Programme Implementation Plans (PIPs). Claims arising out of cases of sterilization operations detected and reported before 1st April, 2013, will not come under the purview of State Programme Implementation Plans (PIPs). Such claims would be covered and processed as per the respective guidelines of expired policies from 29th November 2005 to 31st March, 2013 and the concerned CMO/CDMO/CMHO/ CDHMO/DMO/DHO/Joint Director of the district would be responsible for unpaid/time barred claims above. No provision will be made for unpaid claims in the State PIPs.

8. The claims will fall within the "Family Planning Indemnity Scheme" only if the beneficiary will file the claim with the DQAC within 90 days from the occurrence of the event of failure/death/complication.

9. Every claim, writ and summons related to the event of failure/death/complication should be forwarded to the District/State by the doctors/health facilities under Section II.

7. PROPOSED STRUCTURE FOR IMPLEMENTATION OF THE SCHEME: QUALITY ASSURANCE COMMITTEE

Quality Assurance Committee will be formed at the State and Districts level to ensure that the Standards for female and male sterilization as laid down by the GOI are followed in respect of pre-operative measures (for example by way of pathological tests, health and patient etc., operational facilities (for example, sufficient number of necessary equipment and aseptic condition and post operative follow ups). It shall be duty of the Quality Assurance Committee to collect and publish six monthly reports of the number of persons sterilized as well as the number of deaths or complications arising out of the sterilization. The Committee should meet at least once in three months. The composition of the Committee would be as follows:

AT STATE LEVEL:

State Level Quality Assurance Committee (SQAC):

Composition:

1. Secretary, Medical and Health (Chairperson)
2. Mission Director –NRHM (Vice Chairperson)
3. Director Family Welfare/Director Health Services/Director Public Health Equivalent (Convener): to be nominated by the Chairperson.
4. Additional/Joint Director (FW)/Deputy Director (FW)/Equivalent, designated by the state government as the nodal officer for the Quality Assurance (QA) Cell (Member Secretary)
5. Director, Medical Education
6. Director/Principal of state training institution e.g. SIHFW/ CTI/ RHFWTC
7. One Empanelled Gynaecologist (from public institutions)

8. One Empanelled Surgeon (from public institutions)
9. One Anaesthetist (from public institutions)
10. One Paediatrician (from public institutions)
11. State Nursing Adviser/ Equivalent
12. One member from an accredited private sector hospital/ NGO (health care sector)
13. One representative from the legal cell
14. One representative from medical professional bodies e.g. FOGSI/ IMA/ IAP/IAPSM/ Association of Public Health
15. Any other member or representatives of public health organisations of eminence as nominated by the state government

Note: The Quality Assurance Committee as laid down in the 'Quality Assurance Manual for Sterilization Services' shall stand subsumed within the QAC mentioned above.

However a 5 member "State Family Planning Indemnity Subcommittee" from within the SQAC would redress, dispose and disburse claims/complaints received through the DQAC, to the district health society as per procedure and time frame laid down in this manual.

The subcommittee would comprise of the following:

1. Mission Director –NRHM (Chairperson)
2. Director Family Welfare/Director Health Services/Director Public Health Equivalent (Convener)
3. Additional/Joint Director (FW)/Deputy Director (FW)/Equivalent (Member Secretary)
4. Empanelled Gynaecologist (from public institutions)
5. Empanelled Surgeon (from public institutions)

Terms of Reference of the Committee:

- Visit both public and private facilities providing family planning services in the state to ensure implementation of national standards
- Review and report deaths/complications following Sterilization in the state
- Review and report conception due to failure of sterilization in the state
- Give directions on implementation of measures to improve quality of sterilization services
- Review the implementation of the National Family Planning Indemnity Scheme / payment of compensation in the state
- **The "State Family Planning Indemnity Subcommittee" would meet as often as warranted**
- **At least three members would constitute the quorum of this sub-committee**

AT DISTRICT LEVEL:

District Level Quality Assurance Committee (DQAC):

Composition:

1. District Collector, Chairperson
2. Chief Medical Officer/District Health Officer (convener)
3. District Family Welfare Officer/RCHO/ ACMO/ equivalent (member secretary)

4. Nodal Officers of Programme Divisions at districts
5. One empanelled gynaecologist (from public institutions)
6. One empanelled surgeon(from public institutions)
7. One anaesthetist (from public institutions)
8. One paediatrician (from public institutions)
9. One representative from the nursing cadre
10. One representative from the legal cell
11. One member from an accredited private sector hospital/ NGO (health care sector)
12. One representative from medical professional bodies e.g. FOGSI/IMA/IAP/IAPSM/ Association of Public Health

However a 5 member "District Family Planning Indemnity Subcommittee" from within the DQAC would process claims received from the clients and complaints/ claims lodged against the surgeons and accredited facilities, as per procedures and time frame laid down in this manual.

The subcommittee would comprise of the following:

1. District Collector, (Chairperson)
2. Chief Medical Officer/District Health Officer (convener)
3. District Family Welfare Officer/RCHO/ ACMO/ equivalent (member secretary)
4. Empanelled gynaecologist (from public institutions)
5. Empanelled surgeon (from public institutions)

Terms of Reference of the committee:

- Conducting medical audit of all deaths related to Sterilization and sending reports to the State QA committee Office.
- Collecting information on all hospitalization cases related to complications following sterilization, as well as sterilization failure.
- Reviewing all static institutions i.e., Government and accredited Private/NGOs and selected Camps providing sterilization services for quality of care as per the standards and recommend remedial actions for institutions not adhering with standards.
- **Review, report and process compensation claims** for onward submission to the SQAC under the National Family Planning Indemnity Scheme for cases of deaths, complications and failures following male and female sterilization procedures (for detailed procedures to be followed please refer to the manual on "Family Planning Indemnity Scheme 2013, Ministry of Health & Family Welfare, Government of India").
- In case a facility reports a sterilization related death, the convenor of the DQAC should inform the convenor of the SQAC within 24 hours. Death audit needs to be undertaken by the DQAC and report sent to the state with a copy to the Govt. of India, within one month of the death being reported.
- **The "District Family Planning Indemnity Subcommittee" would meet as often as warranted.**
- **At least three members would constitute the quorum of this sub-committee.**

8. OPERATIONAL PROCEDURE FOR CLAIM SETTLEMENT FROM 1-4-2013:

SECTION I

8.1 CLAIMS PROCEDURE:

1. On receipt of the information of any claim from the acceptor of Sterilization under Section-I, the beneficiary, through their designated hospital and doctors, shall immediately fill up claim form.**(Annexure I)**

   If such covered cause is detected "during examination of the acceptor in health facility", the health facility shall ensure to get the claim form filled from the beneficiary on the spot without loss of time. The health facility shall forward the claim papers along with necessary documents to the designated officer of the district.

2. On receiving the claim papers, proper acknowledgement must be made by the designated district official by putting the stamp on all documents, for further processing and payment of the claims. Based on the following documents, claims shall be processed by the designated district level officer under different sections of the scheme. **(Annexure III)**

3. The claims processing under Section-I death, complications and failures following sterilization operation will continue to be processed by the District Quality Assurance Committee (DQAC) and put up to SQAC. The SQAC could perform the role hence carried out by the Insurance Company in terms of scrutinizing the documents and calling for any new and relevant material missing from the recommendation of the DQAC. The SQAC would thus review every single case in the state and recommend release of funds to the district wherever applicable**. (Annexure XI)**

4. For the purpose of verification and medical evaluation of the claim lodged by the beneficiary, the State Government has formed/shall form the Quality Assurance Committee (QAC) and for all purposes the authority shall be with CMO/CDMO/CMHO/CDHMO/DMO/DHO/ Joint Director designated for this purpose at district level designated by respective States/UTs.

5. The "Claim Form cum Medical Certificate" in original duly completed in all respects by the beneficiary submitted through their designated hospital and doctors shall be authenticated by the CMO/ CDMO/CMHO/ CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.**(Annexure I)**

6. Duly completed "Claim Form cum Medical Certificate" along with documents as specified below shall be the basis of lodging claims under Section-I of the scheme. The "Claim Form cum Medical Certificate" shall be duly completed in all respects by the beneficiary and shall be authenticated by the CMO/ CDMO/ CMHO/ CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.

7. The claims processing shall be decentralized at State level and District level, along with the required documents as specified below, preferably within 30 days from the date of detection of the covered cause is documented under the scheme.

8. Stipulated time limit for settlement of claims under Section-I of the scheme would be 15 working days in case of death and 21 days in case of others, after submission of all required documents.

8.1.1 DEATH FOLLOWING STERILIZATION (SECTION-I -A & I-B):

1. In case of claims for death of the acceptor under Section-I following sterilization operation *(inclusive of death during process of sterilization operation*), copy of death certificate issued

by hospital/ municipality or any other authority designated *and copy of Proof of Pre and Post Operative Procedure/Discharge Certificate* duly attested by the convener of QAC/CMO/ CDMO/CMHO /CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.**(Annexure VI)**

2. Claims under Section-1-A death following Sterilization *(inclusive of death during process of sterilization operation)* in hospital or within 7 days from the date of discharge from the hospital and under Section-1-B Death following sterilization within 8-30 days from the date of discharge from the hospital) shall be paid equally in favour of the spouse and unmarried dependent children whose names are appearing in the Consent Form/Claim Form. In case of no spouse, the payment shall be made to the unmarried dependent children. State Health Society/District Health Society under Section-I-A will first reimburse Rs 50,000/- to RKS of the district, in case this amount is paid by RKS as ex-gratia and the balance amount will be paid to other eligible members of the deceased.**(Annexure VII)**

3. In the event of death as per Section-I-A above, the State Health Society /District Health Society would be paying to the first kin of the deceased if, death of the acceptor has taken place following sterilization*(inclusive of death during process of sterilization operation),*during hospitalization or within the 7 days from the discharge of the hospital.

   If dependent children are minor, the payment shall be made by the District Health Society in the name of minor children. The cheques, in this case would be issued by the District Health Society in the name of minor beneficiary with the following endorsement (overleaf);

   "Amount to be deposited as FDR in the name of minor Sh /Ku ..... till the minor attains the maturity. No premature payment of FDR is allowed. Quarterly interest may be paid to the guardian".

   In case, there are no surviving spouse/unmarried dependent children, the claim shall then be payable to the legal heir of the deceased acceptor subject to production of legal heir certificate.

DOCUMENTS REQUIRED FOLLOWING STERILIZATION (SECTION-I -A & I- B):

a) **Claim Form cum Medical Certificate in original** duly signed and stamped by the convener of QAC/CMO/CDMO/CMHO/ CDHMO/ DMO/DHO/Joint Director designated for this purpose at district level.**(Annexure I)**

b) **Copy of Consent Form duly attested** by the convener of QAC/CMO/CDMO/CMHO/ CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.**(Annexure II)**

c) **Copy of Sterilization Certificate duly attested** by the convener of QAC/CMO/CDMO/CMHO/ CDHMO/DMO/DHO/Joint Director designated for this purpose at district level. **.(Annexure IV)**

d) **Copy of Proof of Post Operative Procedure/Discharge Certificate duly attested** by the convener of QAC/ CMO/CDMO/ CMHO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.

e) **Copy of Death certificate issued by Hospital/Municipality or authority designated duly attested** by the convener of QAC/ CMO/CDMO/ CMHO/ CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.

8.1.2 FAILURE OF STERILIZATION (SECTION-I-C)

The claims under Section-I-C (Failure of Sterilization) & I-D *[(*Complication following Sterilization operation (*inclusive of complication during process of sterilization operation)]*shall be paid in the name of beneficiary.

In case of a male beneficiary who has undergone sterilization operation and motility is noticed in the semen test report after 3 months of sterilization operation; the designated district level officer shall process and provide compensation to the person having undergone sterilization as per the limit specified in Section I C of the schedule.

DOCUMENTS REQUIRED FOR FAILURE OF STERILIZATION (SECTION-I-C):

a) **Claim Form cum Medical Certificate in original** duly signed and stamped by the convener of QAC/ CMO/ CDMO/ CMHO/ DMO/ DHO/Joint Director designated for this purpose at district level.**(Annexure I)**

b) **Copy of Consent Form duly attested** by the convener of QAC/CMO/CDMO/CMHO/CDHMO/ DMO/DHO/Joint Director designated for this purpose at district level.**(Annexure II)**

c) **Copy of Sterilization Certificate duly attested** by the convener of QAC/CMO/CDMO/CMHO/ CDHMO/DMO/DHO/ Joint Director designated for this purpose at district level.**(Annexure IV)**

d) **Copy of any of the following Diagnostic Reports confirming failure of sterilization duly attested by** the convener of QAC/CMO/CDMO/CMHO/ CDHMO/ DMO/DHO/Joint Director designated for this purpose at district level.

IN CASE OF TUBECTOMY THE REPORT MAY BE:

1. Urine test report ***supported by Physical Examination report / A N card/ USG report***
2. MTP report
3. Physical examination report
4. USG report
5. In extreme cases birth certificate in case of full term pregnancy

IN CASE OF VASECTOMY

1. Semen Test Report

NOTE: Any one of the above A or B document detecting failure of sterilization would be sufficient for processing the claim under this section.

8.1.3 COMPLICATION ARISING DUE TO STERILIZATION (SECTION-ID):

For claims arising due to medical complications following sterilization operation *(inclusive of complication during process of sterilization operation)*as per Section-I-D, the CMO/CDMO/CMHO /CDHMO/ DMO/ DHO/Joint Director designated for this purpose at district level shall certify the cost of treatment of such complications incurred by the beneficiary and or hospital, for which relevant original bills/cash memos, prescriptions and diagnostic reports confirming expenses incurred for treatment of complication following Sterilization are to be obtained.

DOCUMENTS REQUIRED FOR COMPLICATION ARISING DUE TO STERILIZATION (SECTION-ID):

a) **Claim Form cum Medical Certificate in original** duly signed and stamped by the convener of QAC/ CMO/CDMO/ CMHO/ CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.**(Annexure I)**

b) **Copy of Consent Form duly attested** by the convener of QAC/CMO/CDMO/CMHO/CDHMO/ DMO/DHO/Joint Director designated for this purpose at district level.**(Annexure II)**

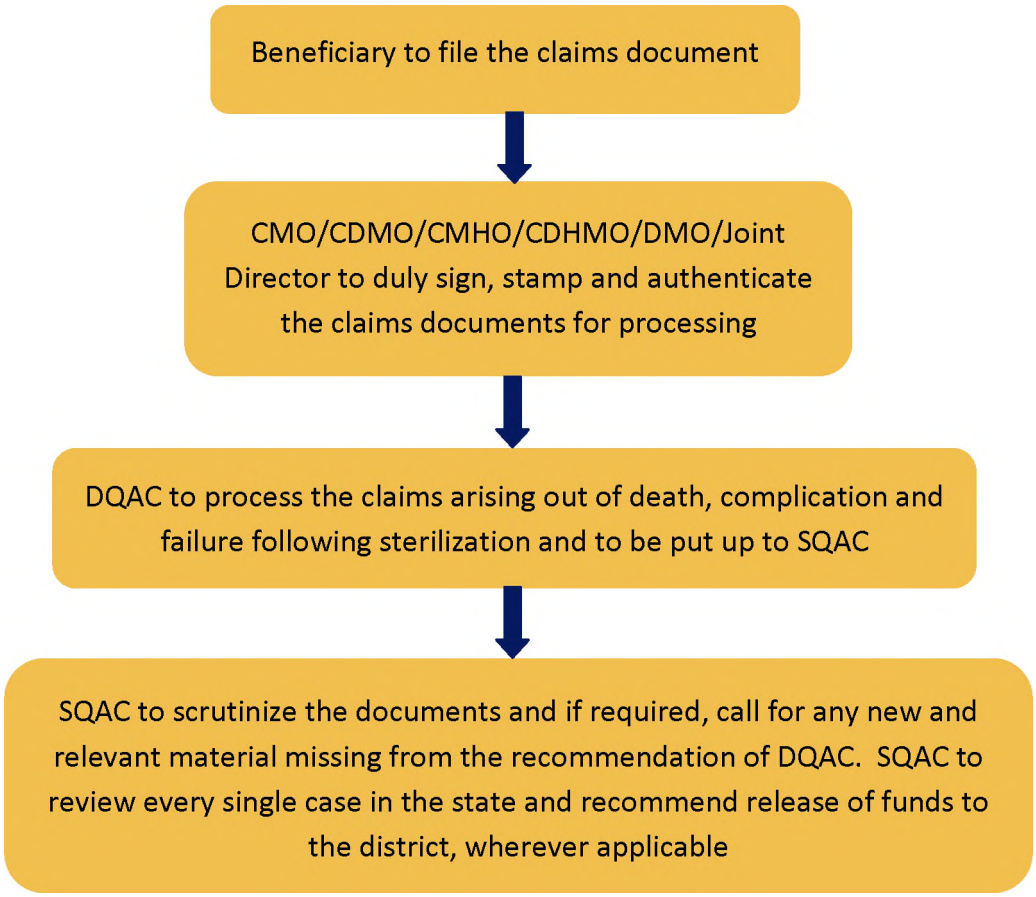
c) **Copy of Sterilization Certificate duly attested** by the convener of QAC/CMO/CDMO/CMHO/ CDHMO/DMO/DHO/ Joint Director designated for this purpose at district level.**(Annexure IV)**

d) **Original Bills/Receipts/Cash Memos along with Original Prescription and Case Sheet** confirming treatment taken for complication due to sterilization.

NOTE: NO FURTHER DOCUMENT SHOULD BE SOLICITED BY THE DESIGNATED DISTRICT LEVEL OFFICER.

Any claim received under **Section-I** of this scheme shall not prejudice other claims under other section in respect of the same person.

A DETAILED FLOWCHART SHOWING THE STEPS OF THE CLAIMS PROCESS



SECTION II:

8.2 CLAIMS PROCEDURE:

1. For claims under Section - II of the scheme, *it will be responsibility of the doctor/health facility* on receiving any Legal Notice/ Summons from the Court shall immediately inform, in writing, to State Health Society/District Health Society, who would thereafter, take over entire defense process of the case, including engagement of advocate and payment of legal expenses which would be paid later by State Health Society/ District Health Society. However, State Health Society/ District Health Society shall not be liable to pay more than the amount mentioned in the Section - II in any case, under all heads.
2. In emergent situation the defence costs incurred by the doctor/health facility shall be reimbursable, if incurred in consultation with the State Health Society/District Health Society; the defence costs shall be limited to Rs. 5,000 per incidence for such cases.
3. Liability of the State Health Society under Section -II would be limited to four cases of litigation in respect of every doctor or health facility in a year. All the doctors/health facilities including doctors/health facilities of Central, State, Local-Self Governments, other public sectors and all the doctors/health facilities of non-government and private sectors empanelled /accredited with District Health Authority for rendering family planning services and conducting such operations shall stand indemnified against the claims arising on them out of failure of sterilization, death or medical complication resulting therefrom upto a maximum amount of Rs. 2 lakh per case, maximum upto 4 cases per doctor/health facility per year. The cover would also include the legal costs and actual modality of defending the prosecuted doctor/health facility in Court, which would be borne by the Doctors/Health Facilities within the limit of Section- II.

DOCUMENTS REQUIRED UNDER INDEMNITY COVER (SECTION-II):

1. Intimation in writing
2. Copy of summon/FIR
3. Copy of Sterilization Certificate **(Annexure IV)**
4. Copy of Consent Form **(Annexure II)**
5. Certificate from the convener of QAC/CMO/CDMO/CMHO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level confirming that the Sterilization Operation was conducted by the doctor etc.
6. Copy of the reward given by the court along with the original receipts for which payment is made to the lawyer

In case of any claim is found untenable, the reason of rejection of claim will be communicated to the beneficiary by respective convener of QAC/CMO/CDMO/CMHO/CDHMO/DMO/DHO/Joint Director of the district for this purpose with a copy to the State Nodal Officer.

District Health Society shall not be liable under this scheme for compensation under more than one Section in respect of the same eventuality except under section (IC) & (ID).

9. MONITORING OF THE SCHEME:

The scheme will be monitored by **Central and State** Monitoring Committees on monthly / quarterly basis:

a) **State Quality Assurance Committee (SQAC) and District Quality Assurance Committee (DQAC)** shall conduct quarterly reviews for all pending matters including pending claims.

b) A **Senior Officer, nominated by the State Government** from the Directorate of Health & Family Welfare of the State as a **State Nodal Officer** shall review all pending matters including pending claims on monthly basis.

c) The MOHFW shall conduct annual review of all matters including pending claims. Joint Secretary, MOH&FW, GOI shall head this review meeting which will be represented by the State Nodal officers from State Government.

d) The **National Nodal Officer of Central Government** will review all matters relating to FPIS including claims on half yearly basis at National Level.

e) States will provide the district wise claim statement to Central, State Government on monthly basis by 7thth -10th of the following month in a prescribed format**.(Annexure XII)**

f) States will provide the state wise claim statement to Central, State Government on quarterly basis in a prescribed format**.(Annexure XIII)**

g) States will provide periodically the district wise Facility Audit Report to Central, State Government**(Annexure X)**

h) The quantum and conditionalities should remain the same in the existing insurance scheme except that the claims after due diligence by the district QAC should be put up to the state QAC who would be the final arbiter for the same.

10. ORIENTATION OF STAKEHOLDERS:

a) States/UTs will print sufficient number of copies of claim form cum medical certificates in local languages if required.

b) States/UTs will print sufficient number of copies of guidelines for District Officials approved by MOHFW for distribution to the districts and other authorities.

c) State Nodal Officer will organize orientation workshops in the States for the district officials and other stake holders, including organizing claim clearance camps at State level and District Level if required.

11. ROLE OF THE STATE NODAL OFFICERS OF STATE GOVERNMENT AND ROLE OF CMOs/CDMOs/CMHOs/CDHMOs/DMOs/DMOs/ Dy. DIRECTORS/ JOINT DIRECTORS ETC DESIGNATED FOR THE PURPOSE AT THE DISTRICT LEVEL

a) To organise the Orientation Programme at State level for District Officials & the State officials as well as other Government authorities for the Family Planning Indemnity Scheme once in a year.

b) To hold quarterly meetings with district level officers to monitor and review the claims, advice the district officials to respond/comply with deficiencies, if any.

c) To organize the review meeting at State level on biannual basis to review all pending matters including pending claims under the chairmanship of Mission Director (NRHM) with the designated machinery at district level and to issue necessary advice to District Officials under intimation to MOHFW, GOI.

d) To hold claim clearance camps at State level, if, the claim is still pending for the want of compliance for more than 60 days from the District, through a system of review meetings.

e) To Audit all death claims followed by sterilization operations, audit of health facilities etc as per procedure laid in Quality Assurance Guidelines issued by Ministry of Health and Family Welfare, GOI in compliance of directions of Hon'ble Supreme Court**. (Annexure VIII)**

f) To liaise with the District Officials designated by the State for the scheme and issue necessary guidelines in respect of the scheme.

g) To ensure that each health facility is provided with FPIS Manual.

h) To ensure that health facilities are having sufficient number of claim forms and using prescribed consent form, sterilization certificate and other documents for filing the FPIS claim as mentioned above.

i) To ensure that District Officials are filing the FPIS Claims well within the stipulated period as per the scheme.

j) To monitor the low/high reporting trend of FPIS claims from the districts, review the performance of the officials performing operation and issues necessary guidelines for corrective measures.

k) To ensure that consolidated Quarterly Report on maintenance of quality, failure of sterilizations, complications or deaths attributable to sterilizations is submitted to MOHFW, GOI . **(Annexure XIII)**

l) States/UTs will submit a Quarterly Report to the Central Government showing district wise number of claims pertaining to death, complication, failure of sterilization, including claims under Section II and the amount paid as compensation in each category, in each district.

ANNEXURES

Annexure-I

CLAIM FORM FOR FAMILY PLANNING INDEMNITY SCHEME

The State will ensure that Claim Form cum Medical Certificate required for submitting claims under the FPIS Scheme are made available with all medical facilities conducting sterilization procedures, Office of CMO/CDMO/CMHO/CDHMO/ DMO/DHO/ Joint Director designated for this purpose at district level etc. in local language along with their English version.

1. This form is required to be completed for lodging claim under Section-I of the scheme.
2. This form is issued without admission of liability and must be completed and returned to the District Health Society/State Health Society for processing of claim.
3. **No claim can be admitted unless certified by the convener of QAC/CMO/ CDMO/ CMHO/ CDHMO/DMO/DHO/ JOINT DIRECTOR designated for this purpose at district level by the State Government.**

Claim no. : _____

1. Details of the Claimant:

Name in full: _____ Present Age: _____ Years

Relationship with the acceptor of Sterilization: _____

Residential Address:

_____

_____ Telephone no. _____

2. Details of the person undergone sterilization operation:

Name in Full: _____ Age: _____ Years

Son /daughter of: _____

Name of the Spouse: _____ Age of the Spouse: _____Years

Address: _____

3. Permanent Business or Occupation: _____

4. Details of Dependent children:

S. No.	Name	Age (Yrs)	Sex (M/F)	Whether Unmarried	If unmarried, Whether dependent
1					
2					
3					
4					
5					

5. (a) Date of Sterilization Operation:_____

(b) Nature of Sterilization operation:

(i) Laparoscopic Tubectomy: _____

(ii) Vasectomy: _____

(iii) MTP followed by sterilization: _____

(iv) Caesarean operation followed by Sterilization: _____

(v) Any other surgery followed by sterilization: _____

6. (a) Name and address of the doctor who conducted the operation:

_____

(b) Name and address of the hospital where operation was conducted:

_____

(c) **Nature of claim:**

1) **Failure of sterilization** not leading to child birth :_____

2) **Failure of Sterilization** leading to child birth: _____

3) **Medical Complication** due to Sterilization (state exact nature of complication):

a. Date: _____

b. Details of Complication:_____

c. Doctor /Health facility: _____

(d) **Death following sterilization:**

a. Date of Admission: _____ Time:_____

b. Date of Discharge :_____ Time:_____

c. Date of Death:_____ Time:_____

7. Give details of any disease suffered by acceptor prior to undergoing sterilization operation:

_____

I HEREBY DECLARE that the particulars are true to the best of my knowledge and warrant the truth of the foregoing particulars in every respect, and I agree that if I have made, or shall make any false of untrue statement, suppression or concealment of fact, my right to the compensation shall be absolutely forfeited.

I hereby claim a sum of Rs._____/- under the scheme, which I agree in full settlement of my claim and shall have no further right whatsoever to claim under the scheme.

Date: _____ Name of Acceptor/Claimant: _____

Place: _____ Signature (in full) or thumb impression

MEDICAL CERTIFICATE ISSUED BY CMO/CDMO/CMHO/CDHMO/ DMO/DHO/JOINT DIRECTOR DESIGNATED FOR THIS PURPOSE AT DISTRICT LEVEL.

It is certified that Smt/Shri. _____

S/o/W/o: _____

r/o_____

had undergone sterilization operation on_____ at _____ (hospital)

and conducted by Dr. _____ Qualifications _____

posted at _____

Nature of Sterilization operation done:

(i) Laparoscopic Tubectomy: _____

(ii) Vasectomy: _____

(iii) MTP followed by Sterilization: _____

(iv) Caesarean operation followed by Sterilization: _____

(v) Any other surgery followed by Sterilization: _____

I have examined all the medical records and documents and hereby conclude that the sterilization operation is the antecedent cause of:

(a) **Failure of Sterilization** not leading to child birth: (____) **(Attach documentary evidence)**

(b) **Failure of Sterilization** leading to child birth: (____) **(Attach documentary evidence).**

(c) **Medical Complication:** (please give the details as under)

(i) Nature of Complication:_____ _____

(ii) Period: _____

(iii) Expenses incurred for treatment of complication Rs. _____ **(Attach Original Bills/Receipts/Prescriptions)**

(d) Death of Person (cause): _____

a. Date of Admission: _____ Time: _____

b. Date of Discharge:_____ Time: _____

c. Date of Death: _____ Time: _____ **(Attach death certificate)**

I have further examined all the particulars stated in the claim form and are in conformity with my findings and is eligible for a compensation of Rs..... due to..... (Cause).

Please pay Rs..... to the beneficiary.

Documents enclosed:

(a) Original Claim cum Medical certificate ( )
(b) Attested copy of sterilization certificate ( )
(c) Attested copy of consent form ( )
(d) _____ ( )
(e) _____ ( )

Signature:
Name:
Telephone no.:
Designation:

Date:..... **Seal:**

Annexure-II

APPLICATION CUM CONSENT FORM FOR STERILIZATION OPERATION

An informed consent is to be taken from all acceptors of sterilization before the performance of the surgery as per the consent form placed below

Name of Health Facility: .....

Beneficiary Hosp Registration Number: ..... **Date:** ...../...../20.....

1. **Name of the Acceptor:** Shri/Smt. .....

2. **Name of Husband /Wife:** Shri/Smt. .....

Address .....

Contact No: .....

3. **Names of all living, unmarried dependent Children**

i) .....Age.....

ii).....Age.....

iii).....Age.....

iv).....Age.....

4. **Father's Name of beneficiary**: Shri.....

   Address: .....

5. **Religion/Nationality**: .....

6. **Educational Qualifications:** .....

7. **Business/Occupation:** .....

8. **Operating Centre:** .....

I, Smt/Shri ..... (Beneficiary) hereby give consent for my sterilization operation. I am married and my husband/wife is alive. My age is **... years** and my husband/wife's age is **... years**. I have ... (Nos.) male and .... (Nos.) female living children. The age of my youngest living child is ..... years.

 # I am aware that I have the option of deciding against the sterilization procedure at any time without sacrificing my rights to other reproductive health services.

a) I have decided to undergo the sterilization / re-sterilization operation on my own without any outside pressure, inducement or force. I declare that I / my spouse has not been sterilized previously **(may not be applicable in case of re-sterilization**). **(....)**

(b) I am aware that other methods of contraception are available to me. I know that for all practical purposes this operation is permanent and I also know that there are still some chances of failure of the operation for which the operating doctor and health facility will not be held responsible by me or by my relatives or any other person whomsoever **(....)**

(c) I am aware that I am undergoing an operation, which carries an element of risk. **(....)**

(d) The eligibility criteria for the operation have been explained to me, and I affirm that I am eligible to undergo the operation according to the criteria. **(....)**

(e) I agree to undergo the operation under any type of anaesthesia, which the doctor/health facility thinks suitable for me, and to be given other medicines as considered appropriate by the doctor/health facility concerned. **(...)**

(f) If, after the sterilization operation, I experience a missed menstrual cycle, then I shall report within two weeks of the missed menstrual cycle to the doctor/health facility and may avail of the facility to get an MTP done free of cost. **(...)**

(g) **In case of complications following sterilization operation, including failure, and the unlikely event of death following sterilization, I/my spouse and dependent unmarried children will accept the compensation as per the existing provisions of the Government of India "Family Planning Indemnity Scheme" as full and final settlement and will not be entitled to claim any compensation over and above the compensation offered under the "Family Planning Indemnity Scheme" from any court of law in this regard or any other compensation for upbringing of the child.** **(...)**

(h) I agree to come for follow-up visits to the Hospital/Institution/Doctor/health facility as instructed, failing which I shall be responsible for the consequences, if any. **(...)**

(i) I understand that Vasectomy does not result in immediate sterilization. *I agree to come for semen analysis **3 months after the operation** to conform the success of sterilization surgery (Azoospermia) failing which I shall be responsible for the consequences, if any. **(...)**

(* Applicable for male sterilization cases)

I have read the above information.

#The above information has been read out and explained to me in my own language and that this form has the authority of a legal document.

Date: ..... **Signature or Thumb Impression of the Acceptor**

Name of acceptor: .....

Signature of Witness (Acceptors side):

Full Name: .....

Signature of witness: .....

Full Address.....

 # (Only applicable for those beneficiaries who cannot read and write)

Applicable to cases where the client cannot read and the above information is read out.

Shri/Smt ..... has read/have been fully explained about the contents of the Informed Consent Form in his/her local language.

Signature of Counselor: ……

Full Name: ……

Date: …… **Full Address: ……**

I certify that I have satisfied myself that -

a. Shri/Smt……is within the eligible age-group and is medically fit for the sterilization operation.

b. I have explained all clauses to the client and that this form has the authority of a legal document.

c. I have filled the Medical record–cum-checklist and followed the standards for sterilization procedures laid down by the Government of India.

Signature of Operating Doctor Signature of Medical Officer in-charge of the Facility

(Name of Operating Doctor) (Name of Medical Officer in-charge of the Facility)

Date: …… **Date: ……**

Seal **Seal**

DENIAL OF STERILIZATION

I certify that Shri/Smt……is not a suitable client for re-sterilization/ sterilization for the following reasons:

1. ……

2. ……

He/ She has been advised the following alternative methods of contraception.

1. ……

2. ……

Signature of the Counsellor or**

Doctor making the decision

Date: …… **Name and full Address: ……**

(** Counsellor can be any health personnel including doctor)

Annexure-III

MEDICAL RECORD & CHECK LIST FOR FEMALE / MALE STERILIZATION

(TO BE FILLED BEFORE COMMENCING THE OPERATION)

A checklist to be filled by the doctor before conducting sterilization procedure for ensuring the eligibility and fitness of the acceptor for sterilization. **This annexure is a part of Consent form.**

NAME OF HEALTH FACILITY: .....

BENEFICIARY REGISTRATION NUMBER: .....DATE: .....

A. ELIGIBILITY

Client is within eligible age	Yes..... No.....
Client is ever married	Yes..... No.....
Client has at least one child more than one year old	Yes..... No.....
Lab investigations (Hb, urine) undertaken are within normal limits	Yes..... No.....
Medical status as per clinical observation is within normal limits	Yes..... No.....
Mental status as per clinical observation is normal	Yes..... No.....
Local examination done is normal	Yes..... No.....
Informed consent given by the client	Yes..... No.....
Explained to the client that consent form has authority as legal document	Yes..... No.....
Abdominal/pelvic examination has been done in the female and is WNL	Yes..... No.....
Infection prevention practices as per laid down standards	Yes..... No.....

B. MEDICAL HISTORY

	Recent medical Illness	Yes..... No.....
	Previous Surgery	Yes..... No.....
	Allergies to medication	Yes..... No.....
	Bleeding Disorder	Yes..... No.....
	Anemia	Yes..... No.....
	Diabetes	Yes..... No.....
	Jaundice or liver disorder	Yes..... No.....
	RTI/STI/PID	Yes..... No.....
	Convulsive disorder	Yes..... No.....
	Tuberculosis	Yes..... No.....
	Malaria	Yes..... No.....
	Asthma	Yes..... No.....
	Heart Disease	Yes..... No.....
	Hypertension	Yes..... No.....

	Mental Illness	Yes..... No.....
	Sexual Problems	Yes..... No.....
	Prostatitis	Yes..... No.....
	Epididymitis	Yes..... No.....
	H/O Blood Transfusion	Yes..... No.....
	Gynecological problems	Yes..... No.....
	Currently on medication (if yes specify)	Yes..... No.....
	LMP	Date:

Comments.....

.....

.....

C. PHYSICAL EXAMINATION

BP.....Pulse.....Temperature.....

	Lungs	Normal..... Abnormal.....
	Heart	Normal..... Abnormal.....
	Abdomen	Normal..... Abnormal.....

D. LOCAL EXAMINATION

1. MALE STERILIZATION

	Skin of Scrotum	Normal..... Abnormal.....
	Testis	Normal..... Abnormal.....
	Epididymis	Normal..... Abnormal.....
	Hydrocele	Yes..... No.....
	Varicocele	Yes..... No.....
	Hernia	Yes..... No.....
	Vas Deferens	Normal..... Abnormal.....
	Both Vas Palpable	Yes..... No.....

2. FEMALE STERILIZATION

	External Genitalia	Normal..... Abnormal.....
	PV Examination	Normal..... Abnormal.....
	PS Examination	Normal..... Abnormal.....
	Uterus Position	A/V..... R/V..... Mid position..... Not determined.....
	Uterus size	Normal..... Abnormal.....
	Uterus Mobility	Yes..... No.....
	Cervical Erosion	Yes..... No.....
	Adnexa	Normal..... Abnormal.....

Comments.....

.....

.....

E. LABORATORY INVESTIGATIONS

	Hemoglobin level	.....Gms%	
	Urine: Albumin	Yes..... No.....	
	Urine- Sugar	Present..... Absent.....	
	Urine test for Pregnancy	Positive: ..... Negative:	
	Any Other (specify)	....	

Name:

Signature of the Examining Doctor

Date: **HOSPITAL SEAL**

Annexure–IV

STERILIZATION CERTIFICATE

Reg P.No

S.No

Year

This is to certify that Smt/Shri _____ (Hosp. No.) _____ S/o/W/o.Sri: _____. (He/ She is working as _____ residing at _____ has undergone Vasectomy/Tubectomy operation in _____(name of the facility/hospital) on_____ _____

Sperm count was undertaken on _____ and on the basis thereof it is certified that the Vasectomy operation has been completely successful.

(Para 2 only in case of Vasectomy operation only)

Signature

Medical Officer

Name

Date Seal

Annexure–V

CHECKLIST FOR SUBMISSION OF CLAIM UNDER FAMILY PLANNING INDEMNITY SCHEME

Before forwarding the Claim Form cum Medical Certificate and other required documents a checklist for assisting the CMO/CDMO/CMHO/ CDHMO /DMO/DHO/Joint Director designated for this purpose at district level has been prepared.

CHECK LIST

Before forwarding the Claim Form and other Required Document, it has to be checked that:

A. CONSENT FORM:

1. **Registration number of the beneficiary, date,** and signature or thumb impression of the acceptor are properly placed in respective columns.
2. **Examination of patient record** is filled in properly and doctor has put his signature and date.
3. **Details of dependents** of acceptor are filled in.
4. All columns of Consent form and Medical Record & Check List for female / male sterilization are filled properly

B. CLAIM FORM:

1. Claim is submitted in a prescribed **Claim Form in original.**
2. Claim **forwarded through Medical Officer/Health Facility** conducting sterilization procedures.
3. **Name and address of the acceptor** are same mentioned on Consent form.
4. **Signature or thumb impression of acceptor** is same as mentioned on Consent form.
5. **Date of sterilization** is same as mentioned in the Sterilization Certificate and Consent form.
6. **Other details filled in are tallied** with other relevant documents which are becoming part of claim form.
7. **All columns of Medical Certificate** which is a part of Claim Form are filled in and date, signature and seal of CMO/ CDMO/ CMHO/ CDHMO/ DMO/ Joint Director designated for this purpose at district level has been placed.

C. STERILIZATION CERTIFICATE:

1. **Name of acceptor** is same as filled in on Consent form.
2. **Date of sterilization** is mentioned under specific column.
3. **Certificate issued** have signature and date of issuing authority.
4. Sterilization Certificate is in **proper format as prescribed by the State** and having **Registration Number and date.**

D. DIAGNOSTIC REPORT ISSUED FOR FAILURE OF STERILIZATION:

1. **Report issued should be in a proper document** i.e. hospital case sheet/ proper diagnostic report.
2. It should have **registration number and date.**
3. Cause detected for **failure has been properly recorded** by the issuing authority on the document.
4. First **diagnostic report by which a failure is detected is attached**.

E. BIRTH CERTIFICATE:

1. Issued on a **proper format.**
2. **Name of the acceptor** tallies with other records.
3. **Date of birth** has been properly recorded.
4. The certificate is **signed and duly stamped** with date by proper authority.

F. COMPLICATIONS:

1. The case sheet / prescription have the **name of acceptor.**
2. Case sheet/ prescription have proper **hospital registration number and date.**
3. Case sheet/ prescription have a **date of sterilization.**
4. **Nature of post operative complication** has been recorded.
5. **Medicines prescribed** should tally with cash memo.
6. Case sheet/prescription and bills/cash memo **are in original.**

G. DEATH CERTIFICATE:

1. Death certificate has been issued by the **proper authority.**
2. **Name of diseased, date of death** etc are rightly filled in on the certificate.
3. Certificate should have **registration number and date of issue and signature** of issuing authority.

Form1

Death Notification Form

Instructions:

- The Medical Officer (MO) at the institution where the death occurred is responsible for filling out this form and notifying the convener of the District Quality Assurance Committee (DQAC) within 24 hours of death.
- The information is to be provided by telephone, telegram, or in person.

1	Date of this report (D/M/Y)	
2	Date of death (D/M/Y)	
3	Name of the deceased	
4	Age	
5	Sex	Female .....Male.....
6	Address of the deceased	.....
7	Name of husband/father	
8	Place where procedure performed (**specify name of site**)	Camp:..... PP Centre: ..... PHC/CHC: ..... District Hospital:..... MedicalCollegeHospital:..... Accredited private/NGO facility: .....
9 A	Type of procedure **Tubectomy**	Postpartum:..... Minilap:..... Laparoscopy: ..... Any other (specify):..... .....
B	**Vasectomy**	Conventional: ..... NSV: .....
C	**Other with MTP/CS, etc.**	Yes. .... .No..... **If yes**, give details:..... .....
10	Date of sterilization procedure (D/M/Y)	...../...../.....

11	Describe in detail what happened in chronological order. Include all symptoms and signs and describe all actions taken during the course of addressing the complication(s), beginning with the initial identification of the problem until the occurrence of death. Whenever possible record the time and date of each incident. (Use an additional sheet of paper if more space is required.)	....
12	Cause of death	....
13	Contributing factors (if any)	....
14	Was a post-mortem examination performed?	Yes..... No..... **If yes, describe the pertinent findings** ....
15	Name and designation of surgeon who performed the sterilization operation	....
16	Name and address of Institution where death occurred	....
17	Name and designation of reporting officer	....

Date Signature of Reporting Officer

Name Designation

Annexure-VII

Form2

Proforma on Death following Sterilization
{To be filled in by the Operating Surgeon}
(Death within one month of Sterilization)

Instructions:

a) The **surgeon who performed the sterilization operation shall fill out this form within 7 days** of receiving intimation of the death from the MO In charge (I/c) of the centre where the death occurred.
b) Copies of the records and the autopsy report, and other pertinent information
c) If available, shall be forwarded with this report (Form 2) to the convener of the DQAC.

1	**a.** Date of this report (D/M/Y) **b.** Type of Institution where the death occurred Name of the Institution Address village/Town/City District/State	...../...../..... Camp..... PP Centre..... PHC/CHC..... District Hospital..... Medical College Hospital..... Accredited Private Hospital/NGO facility..... ....
2	Name of the person filling the report Designation & Signature	....
3	Date of Sterilization (D/M/Y)	..... /...../.....
4	location where the procedure was performed	Camp..... PP Centre..... PHC/CHC..... District Hospital..... Medical College Hospital..... Accredited Private Hospital/NGO facility..... .....
5	Type of surgical approach	Minilap..... laparoscopy..... Post-partum Tubectomy..... Conventional Vasectomy..... NSV..... Any other (specify..... .....
6	Date of Death (D/M/Y)	...../...../.....
7	Time of Death	.....a.m./p.m.

Client Details		
8	Name	
9	Age	.....
10	Sex	Female .....Male.....
11	Spouse's name	.....
12	Address	....
13	Relevant past medical history	....
14	Pertinent preoperative physical and laboratory findings	....
Sterilization Procedure		
15	Timing of procedure (females only) as per standards	24 hours to 7 days post-partum..... ..... Interval (42 days or more after delivery or abortion..... ..... With abortion, induced or spontaneous less than 12 weeks..... More than 12 weeks..... Any other (specify ....
16	Type of Anaesthesia	local without sedation..... local with sedation..... Spinal/Epidural..... General.....
17	Endotrachael intubation	Yes..... No .....

18	List all Aesthetic agents, Analgesics, Sedatives, and Muscle relaxants	Time given Drug Name Dosage Route ....
19	Vital signs during Surgery	Time BP Pulse Resp. Rate ....
20	Duration of Surgery	Time of starting..... a.m./p.m. Time of closure..... a.m./p.m. Total time spent.....min/hrs
21	Vital signs after Surgery	Time BP Pulse Resp. Rate .....
22	Emergency Equipment/Drugs available in facility as per standards **If not available, give details**	Available..... Not available..... ....
23	Overall Comments	....
24	Name and Signature of Operating Surgeon	....

Date Signature:

Name: Designation

Annexure-VIII

PROFORMA FOR CONDUCTING DEATH AUDIT FOLLOWING STERILIZATION (to be submitted within one month of sterilization)

Name of the State/District/Union Territory: .....

1	**Details of the Deceased**	
i	Full name	.....
ii	Age	
iii	Name of spouse and his/her age	.....
iv	Address	....
v	Number of living children (with details concerning age and sex)	....
vi	Whether the operation was performed after delivery or otherwise	....
vii	If after delivery: Date of delivery Place of delivery Type of delivery Person who conducted the delivery	....
viii	Whether tubectomy operation was done along with MTP	....
2	Whether written consent was obtained before the operation	....
3	Whether the operation was done at a camp or as a routine procedure at the institution	....
4	**Details**	
a	Place of operation	.....
b	Date and time of operation (D/M/Y)	
c	Date and time of death (D/M/Y)	
d	Name of surgeon	.....

e	Whether surgeon was empanelled or not	Yes..... No ....
f	If the operation was performed at a camp, who primarily screened the client clinically?	....
g	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes..... No..... ....
h	Number of clients admitted and number of clients operated upon on the day of surgery	....
i	Did any other clients develop complications? If so, give details of complications.	....
5	Anaesthesia/Analgesia/Sedation	
a	Name of anaesthetist, if present	
b	Details of anaesthesia drugs used	
c	Type of anaesthesia/analgesia /sedation	.....
6	Post-operative complications(according to sequence of events)	
i	Details of symptoms and signs	....
ii	Details of laboratory and other investigations done	.....
iii	Details of treatment given, with timings, dates, etc. from time of admission until the death of the patient	....
7	Cause of death (primary cause)	.....
8	Has post-mortem been done? If yes, attach the post-mortem report	....
9	Whether first notification of death was sent within 24 hours. If not, give reason:	Yes..... No..... ....

10	Details of the officers from the District Quality Assurance Committee (QAC) who conducted the enquiry	....
11	In the opinion of the chairman of the District QAC, was death attributable to the sterilization procedure?	Yes..... No..... .....
12	What factors could have helped to prevent the death?	....
13	Were the sterilization standards established by GOI followed?	Yes..... No.....
14	Did the facility meet and follow the sterilization standards established by GOI? If no, list the deviation[s].	Yes..... No..... ....
15	Additional information	....
16	Recommendations made	....
17	Action proposed to be taken	....

Date: Signature

Name Designation

Note: If any member of the QAC has performed the operation, he/she should not act as a chairman/member for this report.

Annexure-IX

CRITERIA FOR EMPANELMENT OF A DOCTOR / ACCREDITATION OF A HEALTH FACILITY FOR STERILIZATION

I. PERSONNEL REQUIREMENT:

1. Female Sterilization:

An MBBS Doctor trained to carry out Minilap Tubectomy may perform minilap tubectomy.

OR

Laparoscopic Tubectomy can be performed either by a Gynaecologist with DGO/MD/MS Degree and trained in Laparoscopic sterilization or by a surgeon with MS (Surgery) Degree and trained in Laparoscopic sterilization.

2. Male Sterilization:

Conventional Vasectomy can be performed by an MBBS Doctor trained in conventional Vasectomy. An MBBS doctor trained in no-scalpel vasectomy may perform no-scalpel vasectomy.

Female Sterilization Male	Male Sterilization
1. MBBS Doctor trained to carry out Minilap Tubectomy **OR** Gynaecologist with DGO/MD/MS qualification **or** a surgeon with MS Degree and trained in Laparoscopic sterilization. 2 One OT Staff Nurse/ LHV/ ANM 3. One OT Assistant/Helper 4. One Anaesthetist – can be hired if necessary.	1. MBBS doctor trained in Vasectomy 2. One Staff Nurse LHV/ ANM / 3. One OT Assistant /Helper 4. One Male worker for counselling and administrative work

II. INFRASTRUCTURE REQUIREMENT:

The Hon'ble Supreme Court of India, in the case of Ramakant Rai and Another versus Union of India and others has, *inter alia*, directed the Union of India and States to 'introduce a system of having an approved panel of doctors/health facilities and limiting the persons entitled to carry on sterilization procedures in the State to those doctors whose names appear on the panel'. Accordingly all State Governments and UT Administrations have been asked to prepare panel of doctors/health facilities State-wise, region-wise or district-wise in accordance with the Hon'ble Supreme Court's orders.

The Family Planning Indemnity Scheme covers not only Government doctors / Institutions but also private doctors/health facilities providing family planning services to people. Empanelment /Accreditation of the private sector doctors/health facilities are essential for getting the benefits under this Scheme.

The private doctor/health facility which is accredited for providing female and male sterilization i.e. tubectomy and vasectomy has to conform to the clinical standards as laid down below.

The basic requirements of a doctor/health facility in respect of infrastructure facilities and medical personnel are also given below which can be used as a checklist for recognition of the clinic. The accredited private doctor/health facility shall follow the guidelines laid down by government for male and female sterilizations in all respects.

S. No.		Female Sterilization	Male Sterilization
1	**Facilities**	➢ Well ventilated, fly proof room with concrete/tiled floor which can be cleaned thoroughly ➢ Running water supply through tap or bucket with tap ➢ Electricity supply with a stand by generator and other light source	➢ Well ventilated, fly proof room with concrete/tiled floor which can be cleaned thoroughly ➢ Running water supply through tap or bucket with tap ➢ Electricity supply with a stand by generator and other light source
2	**Space required**	➢ Area for reception ➢ Waiting area ➢ Counselling area which offers privacy and ensures avoidance of any interruptions ➢ Laboratory for blood & urine examination ➢ Clinical examination room for initial assessment and follow up ➢ Pre-operative preparation room for trimming of hair, washing, changing of clothes and pre medication ➢ Hand washing area near the OT for scrubbing ➢ Sterilization room, near the OT for autoclaving, washing and cleaning equipment, preparation of sterile packs ➢ Operation theatre should be isolated and away from the general thoroughfare of the clinic, if should be large enough to allow operating staff to move freely and to accommodate all the necessary equipment ➢ Lighting should be adequate ➢ Recovery room must be spacious and well ventilated, number of beds will be determined by the available space, should be adjacent to the OT. ➢ Adequate number of toilets: sufficient number of sanitary type toilets with running water for the clients and the staff ➢ Storage area ➢ Office area for keeping records	➢ Area for reception ➢ Waiting area ➢ Counselling area which offers privacy and ensures avoidance of any interruptions ➢ Laboratory for blood & urine examination ➢ Clinical examination room for initial assessment and follow up ➢ Pre-operative preparation room for trimming of hair, washing, changing of clothes and pre medication ➢ Hand washing area near the OT for scrubbing ➢ Sterilization room, near the OT for autoclaving, washing and cleaning equipment, preparation of sterile packs ➢ Operation theatre should be isolated and away from the general thoroughfare of the clinic, if should be large enough to allow operating staff to move freely and to accommodate all the necessary equipment. Lighting should be adequate. ➢ Recovery room must be spacious and well ventilated; number of beds will be determined by the available space, should be adjacent to the OT. ➢ Adequate number of toilets: sufficient number of sanitary type toilets with running water for the clients and the staff. ➢ Storage area ➢ Office area for keeping records

S. No.		Female Sterilization	Male Sterilization
3	**EQUIPMENT AND SUPPLIES**		
A	**Examination room requirement**	➢ Examination table ➢ Foot stool ➢ Blood Pressure apparatus ➢ Thermometer ➢ Stethoscope ➢ Examination light ➢ Weighing scale ➢ Instrument for pelvic examination	➢ Examination table ➢ Foot stool ➢ Blood Pressure apparatus ➢ Thermometer ➢ Stethoscope
B	**Laboratory**	➢ Haemoglobinometer and accessories ➢ Apparatus to estimate albumin and sugar in urine ➢ Reagents	➢ Haemoglobinometer and accessories ➢ Apparatus to estimate albumin and sugar in urine ➢ Reagents
C	**Sterilization room**	➢ Autoclave ➢ Boiler ➢ Surgical drums ➢ SS Tray ➢ Glutaraldehyde solution 2%	➢ Autoclave ➢ Boiler ➢ Autoclave drums ➢ Glutaraldehyde Solution 2%
D	**Cleaning Room**	➢ Hand Brushes ➢ Utility gloves ➢ Basins ➢ Detergents ➢ Chlorine solution 0.5%	➢ Hand Brushes ➢ Utility gloves ➢ Basins ➢ Detergents ➢ Chlorine solution 0.5%
E	**Operation Theatre**	➢ Operating table capable of Trendelenburg's position ➢ Step up stool ➢ Spot light in OT ➢ Instrument trolley ➢ Mini Laparatomy Kit ➢ Laparoscopy Kit ➢ Blood Pressure Instrument ➢ Stethoscope ➢ Syringe with needles ➢ Emergency equipment & Drugs ➢ Room heater ➢ IV stand ➢ Waste basket, storage cabinet, buckets, basins for decontamination ➢ Box for used linen ➢ Puncture –proof box for needles	➢ Operating table ➢ Step up stool ➢ Spot light in OT ➢ Instrument trolley ➢ Conventional Vasectomy Kit ➢ No- Scalpel Vasectomy Kit ➢ Emergency equipment & Drugs ➢ Room heater ➢ Blood Pressure Instrument ➢ Stethoscope ➢ Syringe with needles ➢ Waste basket, storage cabinet, buckets, basins for decontamination ➢ Box for used linen ➢ Puncture–proof box for needles ➢ IV stand
F	**Recovery room**	➢ Patient's cot with mattress, sheet, pillow, pillow cover, and blankets ➢ BP Instrument	➢ Patient's cot with mattress, sheet, pillow, pillow cover, and blankets ➢ Thermometers

S. No.		Female Sterilization	Male Sterilization
		➢ Stethoscope ➢ Thermometers ➢ IV stand ➢ Emergency equipment and drugs as per list	➢ Stethoscope ➢ Blood pressure instrument ➢ IV stand ➢ Emergency equipment and drugs as per list
4	**Emergency equipment & supplies**	➢ Stethoscope ➢ BP instruments ➢ Oral Airways guedel size 3,4,5 ➢ Nasopharyngeal airways size 6,6.5,7.0 ➢ Suction machine with tubing & two straps ➢ Ambu bag with mass size 3,4,5 ➢ tubing and oxygen nipple ➢ Oxygen cylinder with reducing valve and flow meter ➢ Blanket ➢ Gauge pieces ➢ Kidney tray ➢ Torch ➢ Syringes and needles, including butterfly sets, IV Cannula ➢ Intravenous infusion sets and fluids ➢ Sterile laparotomy instruments ➢ Endotrachael tube size 6, 6.5, 7, 7.5, 8.0 ➢ Laryngeal mask airway size 3,4,5 ➢ Combitube ➢ Cricothyroidectomy set	➢ Stethoscope ➢ BP instruments ➢ Oral Airways guedel size 3,4,5 ➢ Nasopharyngeal airways size 6,6.5,7.0 ➢ Suction machine with tubing & two straps ➢ Ambu bag with mass size 3,4,5 ➢ Tubing and oxygen nipple ➢ Oxygen cylinder with reducing valve and flow meter ➢ Blanket ➢ Gauge pieces ➢ Kidney tray ➢ Torch ➢ Syringes and needles, including butterfly sets, IV Cannula ➢ Intravenous infusion sets and fluids ➢ Sterile laparotomy instruments ➢ Endotrachael tube size 6, 6.5, 7, 7.5, 8.0 ➢ Laryngeal mask airway size 3,4,5 ➢ Combitube ➢ Cricothyroidectomy set
5	**Emergency drugs**	➢ Injection Adrenaline ➢ Injection Atropine ➢ Injection Hydrocortisone (Dexamethasone) ➢ Injection Physostigmine ➢ Injection Aminophylline ➢ Injection Diazepam ➢ Injection Deriphyline ➢ Injection Pheniramine Maleate ➢ Injection Promethazine ➢ Injection Ranitidine ➢ Injection Metoclopramide ➢ Injection Xylocard ➢ Injection Pentazocine	➢ Injection Adrenaline ➢ Injection Atropine ➢ Injection Hydrocortisone (Dexamethasone) ➢ Injection Physostigmine ➢ Injection Diazepam ➢ Injection Deriphyline ➢ Injection Pheniramine Maleate ➢ Injection Promethazine ➢ Injection Ranitidine ➢ Injection Metoclopramide ➢ Injection Xylocard ➢ Injection Pentazocine ➢ Injection Sodium Bicarbonate (7.5 %)

S. No.		Female Sterilization	Male Sterilization
		➢ Injection Sodium Bicarbonate (7.5 %) ➢ Injection Calcium Gluconate/Calcium Chloride ➢ Injection Frusemide ➢ Injection Methergine ➢ Injection Dopamine ➢ Injection Mephentermine ➢ Injection Oxytocin ➢ Electorde jelly ➢ Water –soluble jelly **IV fluids** ➢ Dextrose 5% ➢ Glucose 25% ➢ Ringer Lactate solution. ➢ 0.9% sodium chloride (normal saline) ➢ Heta Starch (HES 6 %)	➢ Injection Calcium Gluconate/Calcium Chloride ➢ Injection Frusemide ➢ Injection Dopamine ➢ Injection Mephentermine ➢ Electorde jelly ➢ Water –soluble jelly **IV fluids** ➢ Dextrose 5% ➢ Glucose 25% ➢ Ringer Lactate solution. ➢ 0.9% sodium chloride (normal saline) ➢ Heta Starch (HES 6 %)

Annexure-X

FACILITY AUDIT REPORT

General Information		
i)	Date of inspection (D/M/Y)	...../...../.....
ii)	Clinic Venue: PHC/CHC/DH/Medical College Hospital/Any other (specify)	....
iii)	Name of the block, District, State	....
iv)	Name and Designation of Observer	....

Infrastructural Facilities				
		Yes/ No	Comments	Suggestions/ Recommendations
1	Is the building in good condition (walls, doors, windows, roof, and floor)?			
2	Is the facility clean?			
3	Is running water available at the Service points?			
4	Is clean and functional toilet facility available for staff			
	Is clean and functional toilet facility available for acceptors			
5	Is electricity available?			
6	If there is no running water or electricity, are alternatives available that permit the providers to deliver the available services hygienically?			
7	Is there a functional generator available?			
8	Is Petrol Oil & lubricants (PO1) available for the generator?			
9	Is there space earmarked for examination and counselling to assure privacy?			
10	Is a waiting area with adequate seating facility available?			
Facilities Available at OT				
11	Is there a proper OT facility available?			
12	Does the OT have running water available?			

13	Is an Operation Table with Trendelenburg's facility (for **female sterilization**) available?			
14	Is a functional shadow less lamp available?			
15	Is functional suction apparatus available?			
16	Is functional emergency light (through a functional inverter) available?			
17	Is an oxygen cylinder with gas and accessories available?			
18	Availability of: ○ Minilap instrument ○ Laparoscopic set ○ NSV sets			
19	Instruments for laparotomy			
20	Emergency resuscitation equipment like Ambu bag, face mask, airways, etc.			
21	Emergency medicine tray			
22	Sterilized consumables in dressing drum			
23	Sterilized surgical attire such as apron, gloves, mask, and cap			
24	Other essential requirements			
Contraceptive Stock Position				
25	Buffer stock available for one month: ○ Oral pills ○ Condoms ○ Copper T ○ EC pills			
26	Does the facility have adequate storage facility for contraceptives (away from water and sources of heat, direct sunlight, etc.) on the premises?			
27	Do stock-outs occur?			
28	Is there an effective logistics system that tracks stock levels and notifies staff when supplies need reordering?			
29	Are supplies in good condition (not expired, not damaged, etc.)?			
30	Are expired contraceptives destroyed to prevent resale or other inappropriate use?			
Availability of vehicle				
31	Does the facility have a vehicle/ ambulance in running Condition?			
32	Availability of PO1 for vehicle			

Information, Education, Communication (IEC) Materials				
33	Clients' rights displayed at a prominent place at the facility			
34	Board displaying Service Timings			
35	Availability of free and paid services displayed on wall painting			
36	Signboard indicating the direction for each service point displayed			
37	Flip charts, models, specimens, and samples of contraceptives available in the counselling room			
38	IEC materials such as posters, banners, and handbills available at the site and displayed			
39	Suggestion and complaint system for clients (complaint box and/or a book)			
Management Information System				
40	Client registration record maintained			
41	Records on family planning (FP) (including the number of clients counselled and the number of acceptors)			
42	Sterilization records			
43	Follow-up records for FP clients			
44	Regular furnishing of Monthly Progress Reports(MPR)			
45	Does staff complete client records by including information essential for the continued care of clients?			
46	When clients return for follow-up services, can staff retrieve their records easily?			
Human Resources				
47	Availability of all staff as per sanctioned posts			
48	Are the various categories of staff adequate for the activities of the centre?			
49	Are the doctors empanelled in the state as per procedures laid by GOI?			
Infection Prevention				
50	Are the autoclave and instrument boiler functional?			
51	Are needle destroyers available?			
52	Is there a container for the disposal of sharp instruments available in the dispensing room?			
53	Mopping of floor by liquid bleach			

54	Utility gloves in use for cleaning floor, instruments, and linen			
55	Availability of proper waste disposal mechanisms (incinerator / other)			
56	**Final Remarks of Observer**			

Date:

Signature

Name

Designation of Observer

Annexure-XI

ASSESSMENT OF DISTRICT QUALITY ASSURANCE COMMITTEE
(To be used by officials visiting the Districts from the State/Centre)

Date of visit: ...../..../.....

Name of State:..... **Name of District: .....**

1. Is there a Quality Assurance Committee (QAC) existent in the district? **Yes/No**
2. Is it functional: .....**Yes/No**
3. Who are the members of the District QAC?

   A..... E.....

   B..... F.....

   C..... G.....

   D..... H.....

4. How many times has the District QAC met during the last one year: .....
5. What are the existing recording mechanisms: .....
   .....
   .....
   .....
6. Number of sterilization cases audited by the District QAC in the last one year – period: ..... to .....

   - *Deaths* .....
   - *Complications* .....
   - *Failures* .....

7. Out of the above, how many compensation payments have been settled?

   - *Deaths* .....
   - *Complications* .....
   - *Failures* .....

8. Are there any suggestions/remarks/recommendations made by the QAC?

……
……
……

9. What are the suggestions/remarks/recommendations made?.....

……
……
……

10. Have any corrective measures been taken in the district? **Yes/No**

11. What are the corrective measures/actions being taken up in the district?

……
……
……
……
……

12. Suggestions of Visiting Officer:

……
……
……
……
……

Signature Name:

Designation of the Visiting Officer Date:

STATE WISE MONTHLY REPORTING FORMAT

State	
Year	
Month	

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
S.No	Name of the District	S.No	Name of beneficiary/ claimant	Doctor's Name	Facility Name (PHC/CH/ District Hospital)	Type of Operation (Tubectomy/ Vasectomy)	Type of claim (Death/ Complication/ Failure)	Date of Claim	Date of Documents Received	BASIS OF CLAIMING (URINE TEST REPORT/ USG/ PER ABDOMINAL EXAMINATION/ MTP/ BIRTH CERTIFICATE/ SEMEN TEST REPORT)	Amount Claimed	Cheque No / Date	Amount Paid	Status of Claims (Paid / Outstanding/ Rejected)	Remarks (Reason for Rejection)

Indicators

1 **Claims Ratio**

$$\frac{\text{Column D}}{\text{(No of Sterilization operations for that month)}}$$

2 **Paid Claims Ratio**

$$\frac{\text{(Column O - Paid claims data)}}{\text{(No of Sterilization operations for that month)}}$$

3 **Rejected Claims Ratio**

$$\frac{\text{(Column O - Rejected claims data)}}{\text{(No of Sterilization operations for that month)}}$$

4 **Outstanding Claims Ratio**

$$\frac{\text{(Column O - Outstanding claims data)}}{\text{(No of Sterilization operations for that month)}}$$

Annexure–XIII

QUARTERLY REPORT FORM

Quarterly report on maintenance of quality, failure of sterilizations, complications or deaths attributable to sterilizations is to be sent by the concerned district level QAC/CMO/CDMO/ CMHO/CDHMO/DMO/ DHO/ Joint Director designated for this purpose to the State level QAC/State Health Directorate /State Health Secretary in the format given below.

The State will send a consolidated report to the Ministry of Health and Family Welfare, Government of India, Nirman Bhawan, New Delhi in the same format on a quarterly basis.

Name of the District / Name of the State: .....

To be submitted by District level QAC to State level QAC / State level QAC to MOH&FW, GOI.

UPTO QUARTER ENDING: .....

JAN TO MARCH - . JAN TO JUNE - . JAN TO SEPT- . JAN TO DEC-

1	**Number of sterilization** conducted in the districts / States.	
(i)	In Government Hospitals.	
(ii)	In Private Hospitals.	
2	Death reported in hospital or within 7 days from discharge.	
3	No of cases where Rs. 50000 paid from District RKS **(under 4 (i).**	
4	Death reported between 8 – 30 days from discharge.	
5	Number of claims accepted by District Health Society	
6	Number of cases where payment released by District Health Society	
7	Number of claims pending for settlement by District Health Society	
	Period of pendency: 30days: ... 31-90 days: ... More than 90 days: ...	
8	No. of Court cases against doctor/ health facility, if any.	
(i)	Action taken on court cases against doctor/ health facility:	
(ii)	Court cases for non-settlement of claims in consumer courts etc.	
9	Number of private doctors / health facilities empanelled/ accredited:	
10	Whether prescribed consent forms are available in local languages with all Doctors/ Health facilities in sufficient number **(as per manual**).	
11	Problem, if any, with general public reporting failures/ Complications / deaths etc. following sterilization:	
12	Details of enquiries held into each case of breach of guidelines by doctor or health facility, punitive action taken against them including names of doctors and health facilities removed from the panel.	**(To be given on separated Sheet)**
13	Any other information	**(To be given on separated Sheet)**

QUARTERLY CLAIMS STATUS (State-wise)

State	Claim Intimation				Paid					Rejected					Out Standing				
	Complication	Death	Failure	Grand Total	Complication	Death	Failure	Total	Amount	Complication	Death	Failure	Total	Amount	Complication	Death	Failure	Total	Amount
BIHAR																			
CHATTISGARH																			
HIMACHAL PRADESH																			
JAMMU & KASHMIR																			
JHARKHAND																			
MADHYA PRADESH																			
ORISSA																			
RAJASTHAN																			
UTTAR PRADESH																			
UTTARAKHAND																			
ARUNACHAL PRADESH																			
ASSAM																			
MANIPUR																			
MEGHALAYA																			
MIZORAM																			
NAGALAND																			
SIKKIM																			
TRIPURA																			
ANDHRA PRADESH																			
GOA																			
GUJARAT																			
HARYANA																			
KARNATAKA																			
KERALA																			
MAHARASHTRA																			
PUNJAB																			
TAMIL NADU																			
WEST BENGAL																			
A & N ISLANDS																			
CHANDIGARH																			
D & N HAVELI																			
DAMAN & DIU																			
DELHI																			
LAKSHADWEEP																			
PUDUCHERRY																			

Family Planning Division
Ministry of Health and Family Welfare
Government of India