



Manual for
**Family Planning
Indemnity Scheme**



March 2016



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



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Ministry of Health & Family Welfare

Government of India, Nirman Bhawan, New Delhi-110101

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Prologue

Quality of services plays a major role in acceptance of any service. Poor quality of services leads to unsatisfied clients resulting in under-utilization of services. To build the confidence of clients it is necessary to provide them safeguards against adverse events. Sterilization services are largely provided through public and accredited Pvt/NGO health facilities. 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 mitigate this, the Government of India introduced the National Family Planning Insurance Scheme which was later modified as Family Planning Indemnity Scheme “FPIS”, now operational through State NHM Program Implementation Plan instead of private sector insurance company.

This updated manual is the second edition of the “Manual for Family Planning Indemnity Scheme, October 2013” and is in accordance with the “Standards and Quality Assurance in Sterilization Services, Nov 2014”. This manual has been revised with a view to provide guidance to the state, district health authorities and service providers alike to process the payment of compensation for adverse events following sterilization and provide indemnity coverage to the service providers both in public and accredited private/NGO facilities. In addition to this, it will also be of assistance to program managers in assessing quality of sterilization services.

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ABBREVIATIONS

CMO	Chief Medical Officer
DBT	Direct Benefit Transfer
DISC	District Indemnity Sub-Committee
DQAC	District Quality Assurance Committee
EAG	Empowered Action Group
FOGSI	Federation of Obstetric and Gynaecological Societies of India
FPIS	Family Planning Indemnity Scheme
HFS	High Focus States
IAP	Indian Academy of Pediatrics
IAPSM	Indian Association of Preventive and Social Medicine
IMA	Indian Medical Association
IUD	Intra Uterine Device
MTP	Medical Termination Of Pregnancy
NGO	Non-Government Organization
NHM	National Health Mission
NPCC	National Program Coordination Committee
PIP	Program Implementation Plan
RCHO	Reproductive & Child Health Officer
RHFWTC	Regional Health & Family Welfare Training Centre
SIHFW	State Institute of Health & Family Welfare
SISC	State Indemnity Sub-Committee
SQAC	State Quality Assurance Committee
TFR	Total Fertility Rate
USG	Ultra Sonography
UT	Union Territory

Background

India was the first country to launch a National Family Planning Programme way back 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.

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 sterilization beneficiaries for the loss of wages for the period they require for recuperation following sterilization. This compensation scheme for beneficiaries of sterilization services was revised with effect from 31.10.2006 and was further improved upon with effect from 07.09.2007. The scheme has now been enhanced for 11 high focus states namely Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Jharkhand, Chhattisgarh, Uttarakhand, Odisha, Assam, Haryana and Gujarat where the TFR continues to be high. The scheme has been modified in the light of rise in cost of living and transportation costs.

Previously, 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 beneficiaries 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 was further raised from Rs.300/- to Rs.400/- per Tubectomy, Rs.200/- to Rs.400/- per Vasectomy if conducted in a public health facility or accredited private health facility and from Rs.20 to Rs.75 per IUD insertion, if conducted in an accredited private health facility.

Apart from providing cash compensation to the beneficiaries of sterilization for loss of wages, transportation, diet, drugs, dressing etc out of the funds released to States/UTs under this scheme, States/UTs apportioned some amount for creating a miscellaneous purpose fund. This fund was utilized for payment of ex-gratia to the beneficiary 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.

Under the then 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 death/failure/complication attributable to 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 death/failure/complication. This led to reluctance among the doctors/health facilities to conduct sterilization operations and the programme suffered.

To address this issue, the Government of India introduced the “National Family Planning Insurance Scheme” since 25th November, 2005 which has now been modified into “Family Planning Indemnity Scheme (FPIS)” with effect from 1st April, 2013.

The objective of the FPIS is to indemnify all beneficiaries of sterilization, doctors and health facilities (public and accredited private/NGO) conducting sterilization operation in the unlikely event of death/failure/complication following sterilization operation.

Introduction

This updated manual on “Family Planning Indemnity Scheme” will serve as a guide for the process of payment of compensation for death/failure/complication cases attributable to sterilization for beneficiaries and indemnity coverage for service providers both in the public and in the accredited private/NGO facilities. In addition to this it will also serve as a guide to program managers for assessing quality of sterilization services.

This updated manual is in accordance with the “Standards and Quality Assurance in Sterilization Services, Nov 2014” and sets out the guidelines for indemnity coverage to beneficiaries as well as service providers.

Target Audience

This document is meant to be used universally all over the country, by all stakeholders comprising of policy makers at the national and state levels, programme managers at the national, state, district and block levels, faculty of medical colleges, trainers at the national and state level, service providers at all levels as well as by the beneficiaries who want to get acquainted with the nuances of the programme and be aware of their rights and responsibilities.

Sterilization is still the most popular family planning method adopted by the clients to limit their family size. Family planning services are largely being provided through a network of public and private accredited facilities. However, persistent high unmet need for limiting methods and lack of trained providers at peripheral level leads to dependence on the camp approach. There has been growing concern about the quality of sterilization services being offered, particularly at the camp facilities. The continuing deaths, failures and complications following sterilizations also results in increased litigation being faced by the providers, which is another barrier in scaling up the sterilization services.

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) had, 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 uniformly 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 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 criteria for empanelment of doctors for conducting sterilization procedures.
2. Laying down of medical record and checklist to be followed by every doctor before carrying out sterilization procedures.
3. Laying down of uniform proforma for obtaining 'consent' of persons undergoing sterilization.
4. Setting up of Quality Assurance Committees at State and District level for ensuring enforcement of pre and postoperative guidelines regarding sterilization procedures.
5. **The Union of India brought into effect an Insurance Policy for all States/UTs with effect from 29th Nov, 2005 .**

Against the backdrop of the directions of the Hon'ble Supreme Court, the "NFPIS" was introduced from 29th Nov, 2005 so as to do away with the complicated process of payment of ex-gratia to the beneficiaries of sterilization for treatment of post-operative complications, failure of sterilization or death attributable to the procedure of sterilization. Since then, the scheme has witnessed changes in the insurers and modifications in limits and payment procedures.

Initially the scheme was operated by The Oriental Insurance Company Limited from 29th Nov, 2005 and renewed w.e.f. 29-11-2006 with modification in the limits and payment procedures.

Later, the scheme was operated by ICICI Lombard General Insurance company w.e.f. 01-01-08 up to 31-03-2013 with yearly renewals. The scheme thereafter has been modified as "Family Planning Indemnity Scheme" and is operational from 01.04.2013.

Settlement of cases not covered under 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 or the cases already pending in courts etc.

Liability in respect of such cases has to be met after the due clearance from SISC/DISC by the State Government/UTs Administration from the Miscellaneous Purpose 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.

1.1. Family Planning Indeminty Scheme

(Under NHM State Programme Implementation Plans (PIPs) w.e.f. 1st April ,2013)

Under the Family Planning Indemnity Scheme it has been decided that States/UTs would process and make payment of claims to beneficiaries of sterilization in the event of death/failure/complication and 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 Program Implementation Plans (PIPs) in the relevant head under the National Health Mission (NHM). The scheme is uniformly applicable for all States/UTs.

It will be the responsibility of the SISC/DISC 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 Health Mission (NHM), as per the approval in NPCC of respective State PIPs. The maximum fund allocated by Government of India to the States /UTs would be on the basis of average number of sterilization cases in the last three years multiplied by a premium amount of Rs. 50/- per sterilization case. However, if the State wishes to provide more or spends more than the allocation, the state may make payment of claims, from their state budget. States whose claims 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 for other activities. In smaller States and UTs where the average number of beneficiaries of sterilization is very low, a minimum amount to the extent of Rs 5 lakhs may be proposed.

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

Section	Coverage	Limits
SECTION I (A-D) : For Beneficiaries		
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 <i>in hospital and up to 60 days</i> 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/-
SECTION II: Empanelled Doctors under Public and Accredited Private/NGO Sector and Health Facilities under Public and Accredited Private/NGO Sector		
II*	Indemnity coverage up to 4 cases of litigations per doctor and per health facility in a year	Upto Rs. 2 Lakh per case of litigation

*Indemnity coverage for service providers/health facilities has been detailed in Chapter 3.

1.2. 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 or private/NGO facilities accredited by SQAC/DQAC for sterilization services are covered under Section- I-A, I-B, I-C and I-D of the scheme.
3. The Consent Form duly filled in by the beneficiary at the time of enrolling himself/herself for sterilization operation duly countersigned at the medical facility shall be a proof of coverage under the scheme (Annexure 2).
4. The medical records and checklist for female/male sterilization should also be duly filled in by the Doctors/Health Facilities (Annexure 3).
5. All the doctors/health facilities in public sector and private/NGO facilities empanelled/ accredited with SQAC/DQACs conducting such operations are covered under Section-II of the scheme. There is a stipulated criterion for empanelment of doctors/accreditations of health facilities for sterilization which can be referred from "Standard and Quality Assurance in sterilization services, Nov 2014"
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 convener of DISC (CMO or Equivalent) designated for this purpose at district level 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 files the claim with the DISC **within 90 days** from the occurrence of the event of death/failure/complication.
9. Every claim, writ and summons related to the event of death/failure/complication should be forwarded to SISC/DISC by the doctors/health facilities under Section II.

2.1. Quality Assurance Committee

Quality Assurance Committees (QACs) have been 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, operational facilities etc. The composition of the Committee would be as follows:

2.1.1 AT STATE LEVEL: State Quality Assurance Committee (SQAC)

2.1.1.1 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 ‘Standards & Quality Assurance In Sterilization Services’, Nov 2014 shall stand subsumed within the QAC mentioned above.

However a 5 member “State Indemnity Sub-Committee (SISC)” 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)

2.1.1.2 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.
- Share review report with all district committees and other stakeholders.
- Send the regular reports on sterilization related indicators (Death, Failure, Complication) to the Centre after ratification of the same by the Chairperson of the SQAC.
- **The “State Indemnity Sub-Committee(SISC)” would meet every six months or sooner if warranted.**
- **At least three members would constitute the quorum of this sub-committee.**

2.1.2 AT DISTRICT LEVEL: District Quality Assurance Committee (DQAC)

2.1.2.1 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 Indemnity Sub-Committee (DISC)” from within the DQAC would review and 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/ ACO/ equivalent (member secretary)
4. Empanelled gynaecologist (from public institutions)
5. Empanelled surgeon (from public institutions)

2.1.2.2 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 SISC under the National Family Planning Indemnity Scheme for cases of deaths, failure and complication following male and female sterilization procedures.
- In case facility reports sterilization related death, the convener of the DISC should inform the convener of the SISC within 24 hours.
- **Death audit** needs to be undertaken mandatorily for each case of death by the DISC.
- **The “District Indemnity Sub-Committee (DISC)” would meet every three months or sooner if warranted.**
- **At least three members would constitute the quorum of this sub-committee.**

3.1. Claims Procedure for Section I (Death/Failure/Complication)

1. In the event of death/failure/complication following sterilization, the beneficiary shall immediately fill up claim form (Annexure 1).

If such covered cause is detected "during examination of the beneficiary 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 DISC.

2. On receiving the claim papers, proper acknowledgement must be made by the DISC, for further processing and payment of the claims. Based on the submitted documents, claims shall be processed by the DISC under different sections of the scheme.
3. The claims processing under Section-I (death, failure and complication) following sterilization operation will be processed by the DISC and forwarded to SISC. The SISC can scrutinize the documents and ask for any new and relevant piece of information missing from the recommendation of the DISC. However, if the district is reporting suspiciously large number of claims for failure/complication, the SISC has the right to verify the claims and recommend the release of funds to the district accordingly.
4. **The SISC should review and examine every single case of death before endorsing.**
5. Verification and medical evaluation of the claim lodged by the beneficiary would be done by the DISC and for all purpose the authority shall be with the convenor of DISC (CMO or Equivalent) designated for this purpose at district level.
6. The Claims processing together with all the required documents should preferably be completed within 30 days of filing of claims by the beneficiary.
7. 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 completion of documentation.

3.1.1. Death Following Sterilization (Section I-A & B)

Claims under Section-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) and under Section I-B (death following sterilization within 8-30 days from the date of discharge from the hospital) shall be paid equally in favor of the spouse and unmarried dependent children whose names are entered in the relevant rows of Consent Form. In case there is no surviving spouse, the payment shall be made to the unmarried dependent children only.

If the death occurs within 7 days of discharge or during the process of sterilization operation the amount of Rs 50,000/- (in cash only if there is no accounts/Jan Dhan accounts) should be released immediately from the State or District Health Society funds. The balance amount of Rs 1.5 lakhs will be released through account payee cheque/DBT (wherever account number /Jan Dhan account is available) later only when the DISC recommends compensation under "Death attributable to Sterilization" to the SISC and the SISC endorses (Please refer D.O No. Y.11013/1/2016-FP dated 29th January, 2016 for further clarification).

If the death occurs beyond 7 days of discharge to one month, the DISC should examine the case and establish the cause. If death is attributed to sterilization and subsequently

endorsed by SISC, Rs 50,000/- (through account payee cheque/DBT, wherever account number /Jan Dhan account is available) should be paid to the kin of the deceased whose names are entered in the relevant rows of the Consent Form.

If the 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 beneficiary subject to production of legal heir certificate.

In case of filing claims for death under Section-I (IA & IB) following sterilization operation (inclusive of death during process of sterilization operation), **following documents are required to be submitted by the kin of the deceased beneficiary:**

- a) Claim Form Cum Medical Certificate in original,
- b) Copy of death certificate issued by hospital/ municipality or any other authority
- c) Copy of Post-Operative Instruction Card/Discharge Certificate

Documents required for processing of claims for death following sterilization under (Section I-A & B)

- a) Claim Form cum Medical Certificate in original duly signed and stamped by the convener of DISC (CMO or Equivalent) designated for this purpose at district level (Annexure 1).
- b) Copy of Consent Form & Medical Record and Checklist duly attested by the convener of DISC (CMO or Equivalent)designated for this purpose at district level (Annexure 2 & Annexure 3).
- c) Copy of Post-Operative Instruction Card /Discharge Certificate duly attested by the convener of DISC (CMO or Equivalent) designated for this purpose at district level (Annexure 5).
- d) Copy of Death certificate issued by Hospital/Municipality or authority designated duly attested by the convener of DISC (CMO or equivalent) designated for this purpose at district level.
- e) Proforma for Conducting Audit of Death by DISC (Annexure 6).

3.1.2. Failure of Sterilization (Section I-C)

In case of filing claims for failure of sterilization under Section I-C, **following documents are required to be submitted by claimant.**

- a) Claim Form cum Medical Certificate in original
- b) Copy of Sterilization Certificate
- c) Copy of any Diagnostic Report confirming Failure of Sterilization

Documents required for processing of claims for failure of sterilization under (Section I-C)

- a) Claim Form cum Medical Certificate in original duly signed and stamped by the convener of DISC (CMO or Equivalent) designated for this purpose at district level (Annexure 1).
- b) Copy of Consent Form & Medical Record & Checklist duly attested by the convener of DISC (CMO or Equivalent) designated for this purpose at district level (Annexure 2 & 3).
- c) Copy of Sterilization Certificate duly attested by the convener of DISC (CMO or Equivalent) designated for this purpose at district level (Annexure 4).
- d) Copy of any of the Diagnostic Reports (as given in Section 3.1.2.1, 3.1.2.2) confirming failure of sterilization duly attested by the convener of DISC (CMO or Equivalent) designated for this purpose at district level.
- e) Report on complication/failure following sterilization by District Quality Assurance Committee (Annexure 7).

3.1.2.1 In Case of Failure of Tubectomy following Documents can be Submitted

1. Urine test report supported by Physical Examination report/ANC Card/USG report
2. Physical examination report
3. USG report
4. Certificate of MTP /MTP report

3.1.2.2 In Case of Failure of Vasectomy

1. Semen Examination Report

NOTE: Any one of the diagnostic reports detecting failure of sterilization would be sufficient for processing the claim under this section.

3.1.3. Complications Arising Following Sterilization (Section I-D)

For claims arising due to complications following sterilization operation (inclusive of complication during process of sterilization operation) as per Section I-D, **following documents are required to be submitted by claimant.**

- a) Claim Form cum Medical Certificate in original
- b) Copy of Post-Operative Instruction Card/Discharge Certificate
- c) Original Bills/Receipts/Cash Memos along with Original Prescription and Case Sheet confirming treatment taken for complication due to sterilization.

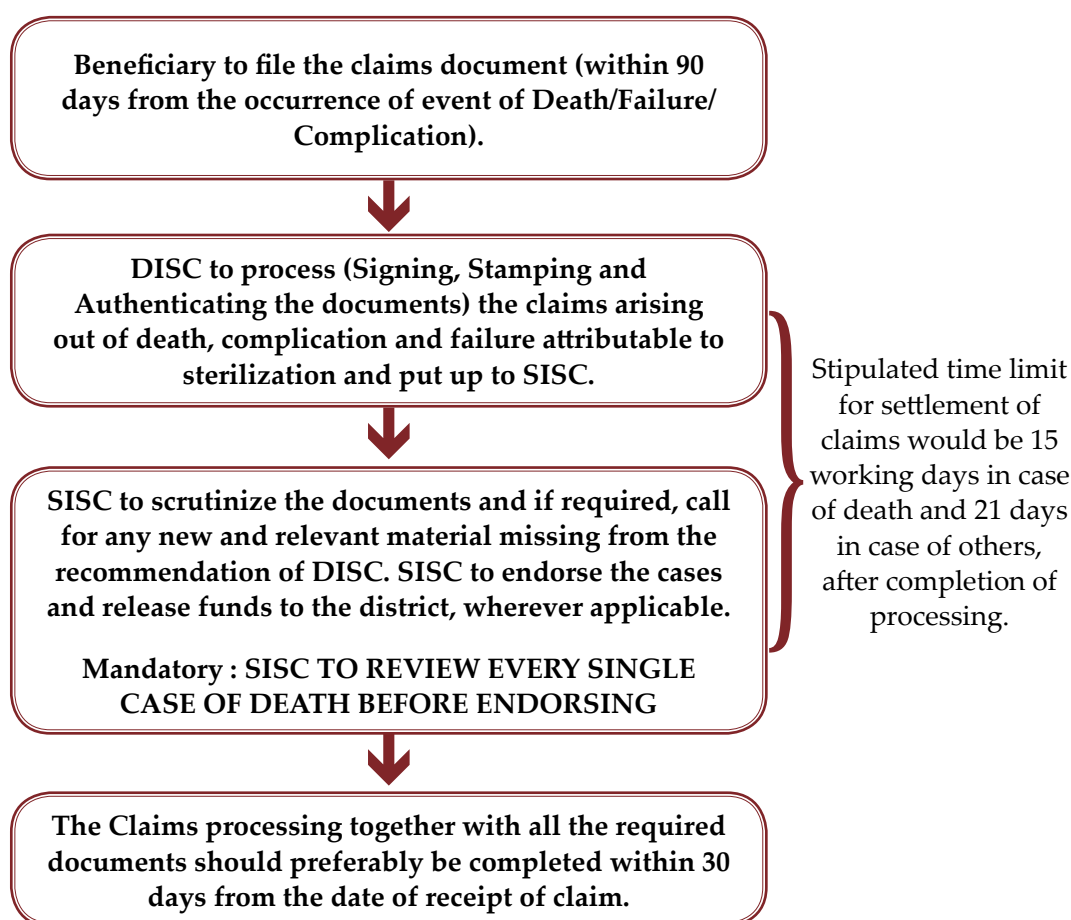
Documents required for processing claims of complications arising due to Sterilization under (Section I-D)

- a) Claim Form cum Medical Certificate in original duly signed and stamped by the convener of DISC (CMO or Equivalent) designated for this purpose at district level (Annexure 1).
- b) Copy of Consent Form & Medical Record & Checklist duly attested by the convener of DISC (CMO or equivalent) designated for this purpose at district level (Annexure 2 & 3).

- c) Copy of Post-Operative Instruction Card /Discharge Certificate duly attested by the convener of DISC (CMO or Equivalent) designated for this purpose at district level (Annexure 5).
- d) Original Bills/Receipts/Cash Memos along with Original Prescription and Case Sheet confirming treatment taken for complication following sterilization. Convener of DISC (CMO or Equivalent) designated for this purpose at district level shall certify the cost of treatment of such complications incurred by the beneficiary and or hospital.
- e) Report on complication/failure following sterilization by District Quality Assurance Committee (Annexure 7).

NOTE: No additional document should be solicited by the designated district level officer

Flowchart Illustrating the Steps of the Claims Process



3.2 Claims Procedure for Section II (Indemnity Coverage to Doctors/Facilities)

1. For claims under Section II of the scheme, it will be the responsibility of the doctor/health facility on receiving any Legal Notice/ Summons from the Court to immediately inform, in writing, to SISC/DISC, 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 SISC/DISC; the defence costs shall be limited to Rs. 5,000 per incidence for such cases under section II.
3. Liability of the State Health Society under Section -II would be limited to four cases of litigation in respect to every doctor and health facility in a year. Empanelled Doctors* under Public and accredited Private/NGO Sector and Health Facilities** under Public and Private/NGO Sector accredited with SQAC/DQACs for rendering sterilization services shall stand indemnified against the litigation cases arising out of death, failure or complication resulting therefrom, up to a maximum amount of Rs. 2 lakh per doctor and per facility upto 4 cases of litigation per year.

***For Empanelled Public/Private Providers: A maximum of 4 cases of litigation**

- Irrespective of the number of sterilization cases he/she performs.
- Irrespective of the number of health facilities where he/she conduct surgeries.

****For Public and Accredited Private/NGO Facilities: A maximum of 4 cases of litigation**

- Irrespective of the number of sterilization cases performed in that facility
- Irrespective of the number of empanelled providers conducting surgeries at that facility.

3.2.1 Documents Required Under Indemnity Cover (Section II)

- a) Intimation in writing
- b) Copy of summons/FIR
- c) Copy of Sterilization Certificate (Annexure 4)
- d) Copy of Consent Form (Annexure 2)
- e) Certificate from the convener of DISC (CMO or Equivalent) designated for this purpose at district level confirming that the sterilization operation was conducted by the doctor etc.
- f) Copy of the award given by the court along with the original receipts for which payment is made to the lawyer

In case any claim is found untenable, the reason for rejection of the claim will be communicated to the beneficiary/kin by the convener of DISC (CMO or Equivalent) of the district 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 (I-C & D).

4.1 Mechanism of Monitoring of the Scheme

4.1.1 At State/District Level-

- District Quality Assurance Committee (DQAC) shall review quarterly the status of accredited facilities, empaneled providers, claim status, period of pendency of claims and advise the district officials to respond/comply with the deficiencies, if any. In case the numbers of pending claims are high, the committees can meet sooner if warranted. Moreover, SISC may intervene to fast track the claim disbursement process.
- In case of death attributable to sterilization DISC should audit every single case as per procedure laid in Quality Assurance Guidelines issued by Ministry of Health and Family Welfare, GOI in compliance with the Hon'ble Supreme Court directions (Annexure 6).
- The claims after due diligence by the DISC should be put up to the SISC who would be the final arbiter for the same.
- SQAC/DQAC shall ensure that each district and health facility is provided with FPIS Manual and mandatory documents required for claims.
- SISC/DISC shall ensure that District Officials are filing the FPIS Claims well within the stipulated period as per the scheme.
- Convener of SISC (Director Family Welfare or Equivalent) designated for this purpose at state level shall review all pending matters including pending claims on monthly basis.
- State shall organize review meetings on biannual basis to review all pending matters including pending claims under the chairmanship of Mission Director (NHM) with the designated district machinery.
- State shall monitor the low/high reporting trend of FPIS claims from the districts; review the performance of the empanelled providers and issues necessary guidelines for corrective measures.
- The MOHFW, GOI shall conduct annual review on all matters relating to FPIS.

4.1.2 Reporting Mechanism

- State will collate the district wise beneficiary claim status as per the prescribed format and will furnish the details to the Government of India on quarterly basis (Annexure 9).
- District will submit Quarterly Report to the State showing claims pertaining to death, complication, failure of sterilization, including claims under Section II (Annexure 10).
- Copy of all death audit reports will be analysed by the state in a periodic manner and the same will be shared quarterly with FP Division at Central Level (Annexure 6 & Annexure 12).
- States/UTs will share the annual claim status pertaining to death, complication, failure of sterilization and the amount paid as compensation under each category (Annexure 11).

ANNEXURES

Claim Form for Family Planning Indemnity Scheme

1. This form "Claim Form cum Medical Certificate" 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 DISC (CMO or Equivalent) designated for this purpose at district level by the State Government.**

Claim no. : _____

PART A: Beneficiary/Claimant Information (To be Submitted by Claimant)

1. Details of the Claimant:

Name in full: _____ Present Age: _____ Years

Relationship with the beneficiary 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. Occupation/Business: _____

4. Details of Dependent children:

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

5. (a) Date of Sterilization Operation: _____

(b) Nature of Sterilization operation:

(i) Interval Tubectomy: _____

(ii) Vasectomy: _____

(iii) MTP followed by sterilization: _____

(iv) Post Partum Sterilization (Caesarean/ Normal Delivery): _____

(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 :

2) Complication due to Sterilization (state exact nature of complication):

a. Date: _____

b. Details of Complication: _____

c. Doctor /Health facility: _____

3) Death attributable to sterilization:

a. Date of Admission: _____ Time: _____

b. Date of Discharge : _____ Time: _____

c. Date of Death: _____ Time: _____

7. Give details of any disease suffered by beneficiary 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 or 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 Client/Claimant: _____

Place: _____ Signature (in full) or thumb impression

PART B: MEDICAL CERTIFICATE

(To be issued by CMO or Equivalent designated for this purpose at district level)

It is certified that Smt/Shri. _____

S/o/W/o: _____

R/o _____

had undergone _____ (Specify which procedure was done) sterilization operation on _____ at _____ (hospital) and conducted by Dr. _____ Qualifications _____ empanelled for _____ procedure posted at _____

Nature of Sterilization operation done:

(i) Interval Tubectomy: _____

(ii) Vasectomy: _____

(iii) MTP followed by Sterilization: _____

(iv) Post Partum Sterilization (Caesarean/ Normal Delivery): _____

(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 (Attach documentary evidence)

(b) 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)

(c) 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 (If applicable) ()
- (c) Attested copy of consent form ()
- (d) _____ ()
- (e) _____ ()

Date: _____

Seal:

Name _____

Designation _____

Tel/Mob. No. _____

Signature _____

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

Name of Health Facility.....

Client Hospital Registration Number:

Date:/...../20.....

1. Name of the Client: Shri/Smt.

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

3. Address

4. Contact No:

5. Names of all living, unmarried dependent Children

i) Age.....

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

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

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

6. Father's Name of beneficiary: Shri.....

7. Address:

8. Religion/Nationality:

9. Caste- SC/ST/General.....

10. Status- APL/BPL

11. Educational Qualifications.....

12. Business/Occupation:

13. Operating Centre:

I, Smt/Shri (client) hereby give consent for my sterilization operation. I am ever married. My age isyears 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.

- 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 **(not 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. I also give consent for any additional life-saving procedure, if required
- f) 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.
- g) 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. I shall be responsible for the consequences, if any.
- h) I understand that Vasectomy does not result in immediate sterilization. *I agree to come for semen examination **3 months after the operation** to confirm the success of sterilization surgery (Azoospermia) failing which I shall be responsible for the consequences, if any.

***Applicable for male sterilization cases)**

- i) **In case of complications, failure and the unlikely event of death attributable to 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 other compensation including compensation for upbringing of the child, if any, born on account of failure of sterilization, over and above the one offered, from any court of law in this regard.**

I have read the above information or 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.

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.

Date:

Signature or Thumb Impression of the Client

Name of client:

Signature of Witness (Clients side):

Full Name:

Full Address.....

I am aware that client is ever married and has 1 living child over one year of age

Signature of ASHA/Counsellor/Motivator:.....

Full Name:

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 sterilization/re-sterilization for the following reasons:

- 1.
- 2.

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

- 1.
- 2.

Signature of the Doctor making the decision

Date:

Name and full Address:

A checklist is to be filled by the doctor before conducting sterilization procedure for ensuring the eligibility and fitness of the client for sterilization.

Name of Health Facility:

Beneficiary Registration Number:

Date.....

A. Eligibility Checklist

Client is within eligible age	Yes..... No.....
Client is ever married	Yes..... No.....
Client has at least one child over one year of age	Yes..... No.....
Lab investigations (Hb, urine) undertaken are within normal limits (7.0 gms or more)	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 of a legal document	Yes..... No.....
Abdominal/Pelvic examination has been done in the female and is within normal limits	Yes..... No.....
Infection prevention practices as per laid down standards	Yes..... No.....

B. Menstrual History (for female clients)

Cycle Days	
Length	
Regularity	Regular..... Irregular.....
Date of LMP (DD/MM/YYYY)/...../.....

C. Obstetric History (for female clients)

Number of Spontaneous Abortions	
Number of Induced Abortions	
Currently Lactating	Yes..... No.....
Amenorrhic	Yes..... No.....
Whether Pregnant	Yes..... No..... If Yes (No. of weeks pregnancy)
No. of Children	Total No.....
Date of Birth of Last Child (dd/mm/yyyy)/...../.....

D. Contraceptive History

Have you or your spouse ever used contraception?	Yes..... No.....
Are you or your spouse currently using any contraception or have you or your spouse used contraception during the last six months?	None..... IUCD..... Condoms..... Oral Pills..... Any Other (specify).....
(✓) Tick the option	

E. 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 (Male sterilization)	Yes..... No.....
Epididymitis (Male Sterilization)	Yes..... No.....
H/O Blood Transfusion	Yes..... No.....
Gynecological problems (Female Sterilization)	Yes..... No.....
Currently on medication (if yes specify)	Yes..... No.....

Comments

.....

.....

F. Physical Examination

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

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

G. Local Examination (Strikeout whichever is not applicable)

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

Comments

.....

.....

H. Laboratory Investigations

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

Name:

Date:

Signature of the Examining Doctor

HOSPITAL SEAL

I. Preoperative Preparation

Fasting	Yes .....duration..... hrs. No.....
Passed urine	Yes..... No.....
Any other (specify)	

J. Anaesthesia/Analgesia

Type of anesthesia given (✓) Tick the option	<ul style="list-style-type: none"> • Local only • Local and analgesia • General, no intubation • General, intubation • Any other (specify)
Time	.....
Drug name	.....
Dosage	.....
Route	.....

*Signature of anaesthetist in case of regional or general anaesthesia

K. Surgical Approach

Male sterilization

Local anaesthesia	Lignocaine 2% .....cc/Other.....
Technique	Conventional..... NSV.....
Type of incision Conventional NSV	Single vertical..... Double vertical..... Single puncture
Material for occlusion of vas	2-0 Silk 2-0 Catgut.....
Fascial interposition	Yes No..... If no, give reasons.....
Length of vas resected	..... Cm
Suture of skin for conventional vasectomy	Silk Other
Surgical notes	
Any other surgery done at time of sterilization?	Yes No..... If yes give details.....
Specify details of complications and management	

Name.....

Signature of the Operating Surgeon

Date.....

Female sterilization

Local anaesthesia	Lignocaine % Other
Timing of procedure (✓) Tick the option used	<ul style="list-style-type: none"> • Within 7 days post-partum..... • Interval (42 days or more after delivery or abortion) .. • With abortion, induced or spontaneous..... <ul style="list-style-type: none"> • Less than 12 weeks • More than 12 weeks • Any other (specify)
Technique (✓) Tick the option used	<ul style="list-style-type: none"> • Minilap Tubectomy <ul style="list-style-type: none"> • With C section • With other surgery • Laparoscopy Tubal Occlusion <ul style="list-style-type: none"> • SPL/DPL
Method of occlusion of fallopian tubes (✓) Tick the option used	<ul style="list-style-type: none"> • Modified Pomeroy Laparoscopy: <ul style="list-style-type: none"> • Ring • Clip
Details of gas insufflation pneumoperitoneum created (CO2/Air)	Yes No.....
Insufflator used	Yes No.....
Specify details of complications and management	

Name

Signature Of The Operating Surgeon

Date.....

L. Vital Signs: Monitoring Chart (For Female Sterilization)

*Sedation: 0—Alert 1—Drowsy 2—Sleeping/arousable 3—Not arousable

Event	Time	Sedation*	Pulse	Blood Pressure	Respiratory Rate	Bleeding	Comments (Treatment)
Preoperative (every 15 in after premedication)							
Intra-operative (continuous)							
Post-operative							
1. Every 15 min for first hour and longer if the patient is not stable/awake	15 min 30min 45 min						
2. Every 1 hour until 4 hours after surgery	1 hr 2 hrs 3 hrs 4 hrs						

Name:

Signature of the Attending Staff Nurse

Date:

M. Post-Operative Information

Passed urine	Yes No.....
Abdominal distension	Yes No.....
Patient feeling well	Yes No.....
If no, please specify	

N. Instructions For Discharge

Male sterilization client observed for half an hour after surgery	Yes No.....
Female sterilization client observed for four hours after surgery	Yes No.....
Post-operative instructions given verbally	Yes No.....
Post-operative instructions given in writing	Yes No.....
Patient counselled for postoperative instructions	Yes No.....
Comments	

Name.....

Signature of the Discharging Doctor

Date:

Hospital Registration No. (IPD/OPD) _____

1. This is to certify that Smt/ Shri..... S/O; W/O Shri
 working asresiding at
 has undergone Minilap Tubectomy – (Interval/Post-
 Partum/Post Abortion/Concurrent with other procedures)/Laparoscopic Tubal Occlusion (Interval/
 Post Abortion/Concurrent with other surgeries)/Vasectomy Conventional/NSV) in this facility/
 hospital(Name of facility/Hospital) on
 by Dr.....

For Female Sterilization:

2. She has resumed her menstrual Cycle (LMP____) or she has not resumed her menses within the
 month of sterilization but pregnancy test is negative.

For Male Sterilization:

3. His semen examination undertaken on (Date)_____ revealed no sperm (azoospermia)

Strike out whichever is not applicable*She/ He is therefore certified to be sterile****Signature of Medical Officer I/c**

Name.....

Date

Seal

Note :

- Client should acknowledge 'received' on the duplicate copy before receiving the original copy. The duplicate to be maintained as a record in the facility as per state norms.

Name and type of hospital/facility	
Client's name	
Father's name	
Husband's name/Wife's Name	
Address	
Contact number (if available)	
Date of operation (dd/mm/yyyy)/...../.....
Type of operation	Minilap/Post-partum/Laparoscopic (SP/DP)/ Conventional Vasectomy/NSV.....

1. Follow-up:
 - a) After 48 hours, first contact is established
 - b) On the 7th day for stitch removal
 - c) **For Female Sterilization:** After one month or after first menstrual period, whichever is earlier
For Male Sterilization: After 3 months, for semen examination for sperm count
 - d) In an emergency, as and when required to the nearest health facility
2. Medication as prescribed
3. Return home and rest for the remainder of the day
4. **For Female Sterilization:** - Resume only light work after 48 hours and gradually return to full activity in two weeks following surgery.
5. **For Male Sterilization:** - Scrotal support or snug undergarment for 48 hours.
- Resume normal work after 48 hours and return to full activity, including cycling, within one week following surgery.
6. Resume normal diet as soon as possible.
7. Keep the incision area clean and dry. Do not disturb or open the dressing.
8. Bathe after 24 hours following the surgery. If the dressing becomes wet, it should be changed so that the incision area is kept dry until the stitches are removed.
9. Sexual intercourse:

Vasectomy/ Tubectomy does not interfere with sexual pleasure, ability, or performance

Female Sterilization: In the case of interval sterilization (Minilap and Laparoscopic), the client may have intercourse one week after surgery or whenever she feels comfortable thereafter.

In case of post partum sterilization (after caesarian or normal delivery) client may have intercourse 2 weeks after sterilization or whenever she feels comfortable.

Male Sterilization: The client may have intercourse whenever he is comfortable after the surgery but must ensure use of condom if his wife/partner is not using any method of contraception.

10. Report to the doctor or clinic if there is excessive pain, fainting, fever, bleeding or pus discharge from the incision, or if the client has not passed urine, not passed flatus and experiences bloating of the abdomen.
11. Contact health personnel or a doctor in case of any doubt.
12. **Female Sterilization:** Return to the facility if there is any missed period/suspected pregnancy, within two weeks to rule out pregnancy.
- 13 **Male Sterilization:** Return to the facility after three months for semen examination to see if azoospermia has been achieved. If semen still shows sperm return to facility every month till 6 months.

Follow-up report

Follow up	Time after surgery	Date of follow-up	Complications, if any	Action Taken
1 st	48 hours			
2 nd	7 th day			
3 rd	1 month after surgery or after the first menstrual period, whichever is earlier (Female Sterilization)			
	After 3 months for semen examination (Male Sterilization)			
Emergency				

Comment

.....

.....

Result of Semen Examination:

Name.....

Designation.....

Date

Signature of the Person Filling Out the Report

To be submitted within one month of sterilization by DISC and forwarded to SISC

Copy of this report has to be sent to the MOHFW Mandatorily

Name of the State/District/Union Territory:

Details of the Deceased		
1	Full name	
2	Age	
3	Sex	Female.....Male.....
4	Name of spouse (his/her age)	.....
5	Address of the deceased	..........
6	Number of living children (with details concerning age and sex)	..... ..... ..... .....
7	Whether the operation was performed after delivery or otherwise	..........
8	If after delivery: Date of delivery Place of delivery Type of delivery Person who conducted the delivery	.........................
9	Whether tubectomy operation was done along with MTP	..........
10	Whether written consent was obtained before the operation	..........
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution.	..... ..... .....
Details of Operations		
12	Place of operation	.....
13	Date and time of operation (D/M/Y)	
14	Date and time of death (D/M/Y)	
15	Name of surgeon	.....
16	Whether surgeon was empanelled or not	Yes No
17	If the operation was performed at a camp, who primarily screened the client clinically?	..... .....
18	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes No

19	Number of clients admitted and number of clients operated upon on the day of surgery	..........
20	Did any other clients develop complications? If so, give details of complications.	..... .....
Anaesthesia/Analgesia/Sedation		
21	Name of anaesthetist, if present	
22	Details of anaesthesia drugs used	
23	Type of anaesthesia/analgesia /sedation	.....
24	Post-operative complications(according to sequence of events)	
	A. Details of symptoms and signs	.....
	B. Details of laboratory and other investigations done	.....
	C. Details of treatment given, with timings, dates, etc. from time of admission until the death of the patient	...............
Details of Death Audit		
25	Cause of death (Primary cause)	.....
26	Has post-mortem been done? If yes, attach the post-mortem report	..........
27	Whether first notification of death was sent within 24 hours.	Yes No If not, give reasons
28	Details of the officers from the District Quality Assurance Committee (QAC) who conducted the enquiry	..........
29	In the opinion of the chairman of the DQAC, was death attributable to the sterilization procedure?	Yes No
30	What factors could have helped to prevent the death?	.....
31	Were the sterilization standards established by GOI followed?	Yes No
32	Did the facility meet and follow up the sterilization standards established by GOI? If no, list the deviation[s].	Yes No
33	Additional information	...............
34	Recommendations made	...............
35	Action proposed to be taken	...............

Date:

Signature

Name

Designation

Note: If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/herself from the proceedings of this audit.

Report on Complications/Failures following Sterilization

(To be filled in by the DISC)

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

Date of this report (D/M/Y)...../...../.....

1	Name and address of client	
2	Name of spouse	
3	Date of sterilization (D/M/Y)/...../.....
4	Place where surgery was performed	Camp..... PP Centre..... PHC/CHC..... District Hospital..... Medical College Hospital..... Accredited private/NGO facility..... (Also specify the name of the facility).....
5	Type of surgical approach	Minilap..... Laparoscopy..... Post-Partum Tubectomy..... Conventional Vasectomy..... NSV..... Any other specify.....
6	Level of experience of the person who performed the sterilization procedure	Trainee..... Empanelled surgeon.....
7	Type of anaesthesia	Local without sedation..... Local with sedation..... Spinal/Epidural/General.....
Part A: Complications attributable to sterilization requiring hospitalization		
8	Date when complication was first reported(D/M/Y)/...../.....
	Types of complication(s)	
	A. If complications were related to anaesthesia, list all anaesthetic agents, analgesics, sedatives and muscle relaxants	

	B Injury/Trauma <ul style="list-style-type: none"> • Injury to bladder • Injury to fallopian tube • Mesosalpinx • Injury to bowel • Uterine perforation • Testicular artery • Spermatic cord • Any other (specify) 	Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No
	i. What factors contributed to injury/trauma?	
	C Haemorrhage <ul style="list-style-type: none"> • Epigastric vessel • Fallopian Tube • Haematoma requiring intervention/hospitalization • Any other(specify) 	Yes No Yes No Yes No Yes No
	i. What factors contributed to the haemorrhage?	
	ii. Did the client have a blood transfusion?	Yes No
	D Infection <ul style="list-style-type: none"> • Wound Infection • Pelvic Infection • Epididymoorchitis • Generalized peritonitis • Any other (specify) 	Yes No Yes No Yes No Yes No Yes No
	E. Complications not mentioned in 8A-D (specify)** including need to abandon the procedure or adopt a change in approach	
	F. Was sterilization done postpartum or with MTP? If Yes, was hospitalization a result of complications arising from those procedures and not from sterilization?	Yes No Yes No
	G. Describe the procedure leading to the complication	
9	Describe the type of treatment administered attributable to complication Medical/surgical	Yes No
10	Date of recovery(D/M/Y)/...../.....
11	Number of days of hospitalization	
Part B: Pregnancy or Failure attributable to male sterilization (Pregnancy after certification of vasectomy)		
12	If Pregnant A. Estimate date of conception (D/M/Y)/...../.....
	B. Was semen examination done	Yes/No.....
	C. If yes, give date Result of analysis/...../.....

	D. In the opinion of Medical Officer	
	<ul style="list-style-type: none"> • Pregnancy was due to unprotected intercourse before azoospermia was achieved 	Yes/No.....
	<ul style="list-style-type: none"> • Pregnancy existed before vasectomy 	Yes/No.....
	<ul style="list-style-type: none"> • Cause of pregnancy could not be determined 	Yes/No.....
	<ul style="list-style-type: none"> • Any Other (Specify) 	Yes/No.....
Part C: Pregnancy or failure attributable to female sterilization		
13	A. Date pregnancy was detected (D/M/Y)/...../.....
	B. Estimated date of conception/...../.....
	C. Confirmation of pregnancy test done USG	Yes/No..... Yes/No.....
	D. Location of pregnancy (✓) Tick the option	<ul style="list-style-type: none"> • Intrauterine • Ectopic • Undetermined
	E. Was the women already pregnant at time of sterilization	Yes/No.....
	F. In opinion of the Committee Members, the pregnancy was due to:	

Names, designations and signatures of the Committee Members

.....

.....

.....

.....

Comments by QAC

In the opinion of the QAC:

(a) Were the sterilization standards established by GOI followed? Yes/No

(b) Was the complication/failure attributable to the sterilization procedure? Yes/No

(c) What factors contributed to the complication/failure.....

.....

.....

.....

(e) Was the woman already pregnant at the time of sterilization? Yes/No

(f) Does the facility meet all the physical and other requirements as laid down in the GOI Standards for Sterilization? Yes/No

If no, list the deviation[s]:.....
.....
.....

Additional information discussed, not presented in the report:.....
.....
.....

Based on the investigation report, the following recommendations are made:.....
.....
.....

Reviewed by	Signatures	Designation
.....
.....
.....

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

Section IA-IB	Section IC	Section ID	Section II
Death	Failure	Complication	Indemnity cover for Doctor/Facility
Original & duly Completed" Claim Form Cum Medical certificate"	Original & duly Completed" Claim Form Cum Medical certificate"	Original & duly Completed" Claim Form Cum Medical certificate"	Intimation in writing
Copy of Consent Form & Medical record and Checklist	Copy of Consent Form & Medical record and Checklist	Copy of Consent Form & Medical record and Checklist Copy	Copy of Consent Form
Copy of Post-Operative Card/ Discharge certificate	Copy of Sterilization Certificate	Copy of Post-Operative Card/ Discharge Certificate	Copy of Sterilization Certificate
Copy of Death certificate issued by hospital/municipality or any other designated authority.	Copy of any of the diagnostic Report confirming failure of Sterilization	Original Bills/ Receipts/Cash Memos along with Original Prescription and Case Sheet	Certificate from the convener of DISC (CMO or equivalent) designated for this purpose at district level confirming that the Sterilization Operation was conducted by the doctor etc.
			Copy of Summon/FIR
Proforma for Conducting Audit of Death by DISC	Report on Failure following sterilization by DQAC	Report on Complication following sterilization by DQAC	Copy of the Award given by the court along with the original receipts for which payment is made to the lawyer

Note: All the documents should be duly attested by the Convener of DISC (CMO or equivalent) designated for this purpose at district level

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 beneficiary 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 a beneficiary 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 beneficiary are same mentioned on Consent form.
4. Signature or thumb impression of beneficiary 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 or Equivalent designated for this purpose at district level has been placed.

C. Sterilization Certificate

1. Name of beneficiary 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 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 For Claims under Complication

1. The case sheet / prescription have the name of beneficiary.
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.

F. Death Certificate

1. Death certificate has been issued by the proper authority.
2. Name of deceased, 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.

G. Post-Operative Discharge Card

1. Name of beneficiary is same as filled in the Consent form.
2. Date and type of of sterilization is mentioned under specific column.
3. All columns of the post –operative discharge card should be properly filled.
4. Card should bear the name, designation, signature of the person filling the card.

Quarterly report on maintenance of quality, failure of sterilizations, complications or deaths attributable to sterilizations is to be sent by the Convener of DISC (CMO or equivalent) designated for this purpose at district level to the SISC in the format given below.

Name of the District / Name of the State:

To be submitted by DISC to SISC.

REPORTING QUARTER:

1	Number of sterilization conducted in the districts/States in the reporting quarter	
(i)	In Government Hospitals.	
(ii)	In Accredited Private/NGO Facility	
2	Death reported in hospital or within 7 days from discharge.	
3	No of cases where Rs. 50,000 paid from State/ District Health Society	
4	Death reported between 8 – 30 days from discharge.	
5	Number of claims accepted by District Health Society Failure..... Complications Death	
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: Number of Claims 30 days: 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)

State needs to submit this on annual basis to GoI

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																			

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