

MANUAL

FOR

***FAMILY PLANNING
INDEMNITY SCHEME***

IMPLEMENTED THROUGH NRHM-PIPs

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE**

2013

(1/4/2013 to 31/3/2014)

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FAMILY PLANNING INDEMNITY MANUAL - 2013

A. 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.

B.1 GOVERNMENT OF INDIA SCHEME TO COMPENSATE ACCEPTORS OF STERILIZATION FOR LOSS OF WAGES:

With a view to encourage people to adopt permanent method of Family Planning, 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.

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.

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. The revised rates are as follows:

a) For Public (Govt.) Facilities:

Category	Breakage of the Compensation package	Acceptor	Motivator	Drugs and dressing	Surgeon charges	Anesthetist	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

No apportioning of the above amount is admissible for creating a miscellaneous purpose fund for payment of compensation in case of Deaths, Complications and Failure of sterilization as these are already covered under the National Family Planning Insurance Scheme implemented w.e.f. 29th Nov, 2005 on Pan India basis.

B.2 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. 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 for ensuring enforcement of pre and postoperative guidelines regarding sterilization procedures.
5. The State shall also bring into effect an Insurance Policy etc., until such time the Union of India prescribes a standard format.

The above all directions have been taken into consideration and consolidated in the updated manuals on Standards and Quality Assurance in

Sterilization Services available on the Ministry's website (www.mohfw.nic.in) under "Family Welfare Activities". The Family Planning Insurance Scheme is one of the initiatives launched under direction from the Hon'ble Supreme Court w.e.f. from 29th November, 2005, which has been modified as the Family Planning Indemnity Scheme effective from 01.04.2013.

C. APPLICABILITY OF THE FAMILY PLANNING INDEMNITY SCHEME (FPIS): w.e.f 1st APRIL 2013.

The Family Planning Indemnity Scheme is uniformly applicable for all States/UTs.

With effect, 01.04.2013, it has been decided that States/UTs would process and make payment of claims to accepters 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".

It will be the responsibility of the District Official designated for the scheme by the State Government to ensure timely filing and processing, including payment 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 provision 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 those States/UTs where the average number of claims reported in the last 3 years is less, an amount to the extent of Rs 5 lakhs may be proposed. The States/UTs may plan for the payment of compensation to sterilization accepters as per the scheme, under budget head A.3.5.4 -Other Strategies/activities Sub-Head A.3.5.4.1.

D. 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, ie 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 would be met by the State Government/UT Administration from the Miscellaneous Purpose Contingency Fund created in respective State/UT by apportioning some amount from the grants released to them by the Union Government under the Scheme of Compensation for loss of wages for accepters of Sterilization/IUD insertions or

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

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. There was a great demand in the States for Indemnity Insurance cover to Doctors/Health Facilities, since many Govt. Doctors are currently facing litigation due to claims of clients for compensation due to failure of sterilization. This has led to reluctance among the Doctors/Health Facilities to conduct Sterilization operations.

2. With a view to do 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 **Family Planning Insurance Scheme(FPIS)** was **introduced w.e.f 29th November, 2005 with Oriental Insurance Company**, to take care of the cases of Failure of Sterilization, Medical Complications or Death resulting from Sterilization, and also provide Indemnity Cover to the Doctor/Health Facility performing Sterilization procedure, as follows:-

Section I:

a)	Death due to Sterilization in hospital:	Rs.1,00,000/-
b)	Death due to Sterilization within 30 days of discharge from hospital	Rs.30,000/-
c)	Failure of Sterilization (including first instance of conception after sterilization).	Rs.20,000/-
d)	Expenses for treatment of Medical Complications due to sterilization operation (within 60 days of operations	Rs.20,000/-*
Total liability of the Insurance Company shall not 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:

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.

F. REVISED SCHEME W.E.F. 29TH NOVEMBER, 2006:

This scheme was renewed with Oriental Insurance Company w.e.f. 29-11-06 with modification in the limits and payment procedure. The benefits with revised package are as under:

Section		Coverage	Limits
I	IA	Death due to Sterilization in hospital or within 7 days from the date of discharge from the hospital.	Rs. 2 lakh.
	IB	Death due to Sterilization within 8 - 30 days from the date of discharge from the hospital.	Rs. 50,000
	IC	Failure of Sterilisation	Rs 25,000
	ID	Cost of treatment upto 60 days arising out of Complication from the date of discharge.	Actual not exceeding Rs 25,000
II		Indemnity Insurance per Doctor/facility but not more than 4 cases in a year.	Upto Rs. 2 Lakh per claim
Total liability of the Insurance Company shall not exceed Rs. 9 crore in a year under each Section .			

G. REVISED SCHEME W.E.F. 1ST JANUARY, 2008:

This scheme was improved and renewed with ICICI Lombard Insurance Company and w.e.f. 01-01-08 with modification in the limit and payment procedure. The benefits areas under:

Section		Coverage	Limits
I	A	Death due to Sterilization in hospital or within 7 days from the date of discharge from the hospital.	Rs. 2 lakh.
	B	Death due to Sterilization within 8 -30 days from the date of discharge from the hospital.	Rs. 50,000
	C	Failure of Sterilization	Rs 30,000
	D	Cost of treatment upto 60 days arising out of Complication from the date of discharge.	Actual not exceeding Rs 25,000
II		Indemnity Insurance per Doctor/facility but not more than 4 cases in a year.	Upto Rs.2 Lakh per claim
Total liability of the Insurance Company shall not exceed Rs. 9 crore in a year under each Section .			

H. REVISED SCHEME W.E.F. 1ST JANUARY, 2009:

This scheme with modification in procedure renewed with ICICI Lombard Insurance Company w.e.f. 01-01-09 with following benefits:

Section		Coverage	Limits
I	IA	Death following Sterilization in hospital or within 7 days from the date of discharge from the hospital.	Rs. 2 lakh
	IB	Death following Sterilization within 8-30 days from the date of discharge from the hospital.	Rs. 50,000
	IC	Failure of Sterilization	Rs 30,000
	ID	Cost of treatment upto 60 days arising out of complication from the date of discharge.	Actual not exceeding Rs 25,000/-.
II		Indemnity Insurance per Doctor/facility but not more than 4 cases in a year.	Upto Rs. 2 Lakh per claim

Total liability of the insurance Company shall not exceed **Rs. 9 crore** in a year under each Section.

I. REVISED SCHEME W.E.F. 1ST JANUARY, 2010:

This scheme was renewed with ICICI Lombard 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.**

J. REVISED SCHEME W.E.F. 1ST JANUARY, 2011:

This scheme with modification in procedure is renewed with ICICI Lombard Insurance Company w.e.f. 01-01-11. The available benefits are as under:

Section		Coverage	Limits
I	IA	Death following sterilization (<i>inclusive of death during process of sterilization operation</i>) in hospital or within 7 days from the date of discharge from the hospital.	Rs. 2 lakh.
	IB	Death following sterilization within 8-30 days from the date of discharge from the hospital.	Rs. 50,000
	IC	Failure of Sterilization	Rs 30,000
	ID	Cost of treatment in hospital and upto 60 days arising out of Complication following Sterilization operation (<i>inclusive of complication during process of sterilization operation</i>) from the date of discharge.	Actual not exceeding Rs 25,000
II		Indemnity Insurance per Doctor/facility but not more than 4 cases in a year.	Upto Rs. 2 Lakh per claim
Total Liability of the Insurance Company shall not exceed Rs.25.00 crore under Section-I and Rs. 1.00 crore under Section-II.			

Section-1:

The claim under **Section-1-C (Failure of Sterilization) & Section-1-D (Complications arising out of Sterilization)** shall be paid by the Insurer in the name of **beneficiary.**

However, 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.

Section- II:

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.

Liability of the Insurance Company under this **Section -II** would be limited to **four cases of litigation in respect of per Doctor/Health Facility**, beyond which the doctor/health facility concerned would be himself/herself responsible for his/her lapse, apart from any other action that may be taken by the Government against the doctor/health facility.

K. REVISED SCHEME W.E.F. 1ST JANUARY, 2012:

This scheme with modification in procedure is renewed with ICICI Lombard Insurance Company w.e.f. 01-01-11. The available benefits are as under:

Section		Coverage	Limits
I	IA	Death following sterilization (<i>inclusive of death during process of sterilization operation</i>) in hospital or within 7 days from the date of discharge from the hospital.	Rs. 2 lakh.
	IB	Death following sterilization within 8-30 days from the date of discharge from the hospital.	Rs. 50,000
	IC	Failure of Sterilization	Rs 30,000
	ID	Cost of treatment in hospital and upto 60 days arising out of Complication following Sterilization operation (<i>inclusive of complication during process of sterilization operation</i>) from the date of discharge.	Actual not exceeding Rs 25,000
II		Indemnity Insurance per Doctor/facility but not more than 4 cases in a year.	Upto Rs. 2 Lakh per claim
<i>Total Liability of the Insurance Company shall not exceed Rs.25.00 crore under Section-I and Rs. 1.00 crore under Section-II.</i>			

Section-I:

The claim under **Section-1-C (Failure of Sterilization) & Section-1-D (Complications arising out of Sterilization)** shall be paid by the Insurer in the name of **beneficiary**.

However, 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.

Section- II:

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.

Liability of the Insurance Company under this **Section -II** would be limited to **four cases of litigation in respect of per Doctor/Health Facility**, beyond which the doctor/health facility concerned would be himself/herself responsible for his/her lapse, apart from any other action that may be taken by the Government against the doctor/health facility.

L. REVISED SCHEME W.E.F. 1ST JANUARY, 2013:

This scheme has been renewed with ICICI Lombard Insurance Company, on existing terms and conditions, w.e.f. 01-01-13 to 31-3-2013. The total liability of the Insurance Company shall not exceed Rs.6.25 crore under Section-I and Rs. 25 lakh under Section-II.

M. REVISED SCHEME (PART OF STATE PROGRAMME IMPLEMENTATION PLANS (PIPS) W.E.F. 1ST APRIL, 2013:

This scheme with modification in procedure w.e.f. 01-04-13 to 31-3-2014, would be a part of State Programme Implementation Plans (PIPs) under NRHM and renamed as Family Planning Indemnity Scheme. The available benefits 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

Eligible beneficiaries/ Doctors/ Health Services Providers:

- a. All persons undergoing sterilization operations and signed the Consent Form are covered under **Section IA, IB, IC and ID** .
- b. All the Doctors/Health Facilities including Doctors/Health Facilities of Central, State, Local-Self Governments, other Public Sectors and all the Accredited Doctors/Health Facilities of Non-Government and Private Sectors rendering Family Planning Services and conducting such operations shall be indemnified against the claims arising on them 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 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 respective State/UTs within the limits of **Section II**.

Accreditation of Hospitals and eligibility of Doctors:

Eligibility/Qualification of Doctors for conducting sterilization procedures and Criteria for Empanelment/Accreditations of the Private Doctors/Health Facilities has been done / shall be done by State Government as per norms laid down in the prescribed manual issued by Government of India.

N. OPERATIONALIZATION OF PROCEDURE FOR CLAIM SETTLEMENT FROM 1-4-2013 :

- 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.
- 4 **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.
- 5 **The claims processing under Section-I** shall be decentralized at State level and the claim settlement/issue of cheques shall be done from the office of the respective district level machinery.
- 6 **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/CHMO/CDHMO/DMO/DHO/ Joint Director designated for this purpose at district level designated by respective States/UTs**. The proposed constitution of QAC is at **Annexure IV**.
- 7 **On receipt 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**.

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.

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 and approved for payment** by the CMO/ CDMO/CHMO/ CDHMO/DMO/DHO/Joint

The claims processing shall be decentralized at State level and the claim settlement/issue of cheques shall be done from the office of the respective district level machinery, along with the required documents as specified at **Sr. No. 19 (i), (ii) and (iii)**, as soon as possible preferably within 30 days from the date of detection of the covered cause is documented under the scheme.

- 8 Duly completed Claim Form Cum Medical Certificate** along with documents as specified at **Sr. No. 19 (i), (ii) & (iii)** 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/ CHMO/ CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.**
- 9 All claims arising under Section I and Section II** shall be admissible from 1st April 2013, under the scheme.
- 10** 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 CMO/CDMO/CHMO /CDHMO/DMO/DHO/Joint Director **designated for this purpose at district level.**
- 11 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 50000/- 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.
- 12 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.

- 13 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/ CHMO /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 .
- 14 The claims under **Section-1-C(Failure of Sterilization)&1-D(*Complication following Sterilization operation(inclusive of complication during process of sterilization operation)*)** shall be paid in the name of beneficiary.
- 15 Any claim received under **Section-I** of this scheme shall not prejudice other claims under other section in respect of the same person.
- 16 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.
- 17 In **emergent situation** the defense costs incurred by the Doctor/Health Facility shall be reimbursable, if incurred in consultation with the State Health Society/District Health Society; the defense costs shall be limited to Rs. 5,000 per incidence for such cases.
- 18 **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 there from 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** with certain limits within **the limit of Section- II**.
- 19 **Requirement of Documents for Claim under Family Planning Indemnity Scheme:**

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 and paid by the designated district level officer under different sections of the scheme:

i. **DEATH FOLLOWING STERILIZATION (SECTION-I -A & I-B):**

- a) **Claim Form cum Medical Certificate in original** duly signed and stamped by the CMO/CDMO/CHMO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.
- b) **Copy of Consent Form duly attested** by CMO/CDMO/CHMO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.
- c) **Copy of Sterilization Certificate duly attested** by CMO/CDMO/CHMO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.
- d) **Copy of proof of Post Operative Procedure/Discharge Certificate duly attested** by CMO/CDMO/CHMO/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 CMO/CDMO/ CHMO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.

ii. **FAILURE OF STERILIZATION (SECTION-I-C):**

- a) **Claim Form cum Medical Certificate in original** duly signed and stamped by the CMO/CDMO/CHMO/DMO/DHO/Joint Director designated for this purpose at district level.
- b) **Copy of Consent Form duly attested** by CMO/CDMO/CHMO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.
- c) **Copy of Sterilization Certificate duly attested** by CMO/CDMO/CHMO/CDHMO/DMO/DHO/ Joint Director designated for this purpose at district level.
- d) **Copy of any of the following Diagnostic Reports confirming failure of sterilization duly attested** by CMO/CDMO/CHMO/CDHMO/ DMO/DHO/Joint Director designated for this purpose at district level:

A. 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

B. 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.

iii. COMPLICATION ARISING DUE TO STERILIZATION (SECTION-ID):

- a) **Claim Form cum Medical Certificate in original** duly signed and stamped by the CMO/CDMO/CHMO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.
- b) **Copy of Consent Form duly attested** by CMO/CDMO/CHMO/CDHMO /DMO/DHO/Joint Director designated for this purpose at district level.
- c) **Copy of Sterilization Certificate duly attested** by CMO/CDMO/CHMO/CDHMO/DMO/DHO/ Joint Director designated for this purpose at district level.
- 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 WOULD BE ASKED BY THE DESIGNATED DISTRICT LEVEL OFFICER UNDER 23 (i, ii, iii) ABOVE.

iv. CLAIMS UNDER INDEMNITY COVER (SECTION-II):

1. Intimation in writing
2. Copy of summon/FIR
3. Copy of Sterilization Certificate
4. Copy of Consent Form
5. Certificate from CMO/CDMO/CHMO/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 .

20 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.

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

22.In case of male 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 Item 4 Section I C of the schedule.

23 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 4 (IC) & 4 (ID).

24 Claims pertaining to expired Policies 2008,2009,2010 would be processed as per the terms and conditions of the Policies in respective years 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.

25 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 biannual and quarterly reviews respectively 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 monthly basis at National Level.
- e) States will provide the district wise claim statement to Central, State Government on monthly basis by 7th -10th of the following month in a prescribed format.
- f) 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.

26. Mechanism for Awareness Generation:

State Nodal Officer will create an awareness of the scheme on all India bases and would take necessary steps as under:

- a) States/UTs will **print sufficient number of copies of Claim Form cum Medical Certificates** in various languages and Guidelines for District officials approved by MOHFW for distribution to the Districts and other authorities.
- b) MOHFW will arrange a **National Conference** to create awareness of this scheme to all the State Nodal Officers.
- c) State Nodal Officer will organize likewise **Orientation Workshops in the States** for the district officials and other stake holders, including organizing **Claim Clearance Camps** at State level and District Level.
- d) **Brochure** shall be designed and printed by the State/UTs, as approved by GOI, and shall be distributed to district authorities.

27. Role of the State Nodal Officers of State Government:

- 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 monthly meetings with district level officers to monitor and review the claims, advice the district officials to respond/comply with deficiencies, if any.
- c) *To hold the **monthly meeting with State Officials, State Health Society/District Health Society in the 2nd /3rd week of the month***

to monitor **and review the claims, advise the District officials** to respond/comply the deficiency of FPIS claims and to submit a **monthly statement** in the prescribed format approved by the GOI to MOHFW . The **minutes** of the meeting shall be drawn by State Nodal Officer and the same will be sent directly to State and Central Government.

- d) 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.
- e) 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.
- f) To **Audit all Death Claims followed by Sterilization Operations, Audit of Health facilities etc** as per procedure laid in **Quality Assurance Guidelines (refer annexure)** issued by Ministry of Health and Family Welfare, GOI in compliance of directions of Hon'ble Supreme Court.
- g) To **liaison** with the District Officials designated by the State for the scheme and issue necessary guidelines in respect of the scheme.
- 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 **at Sr. No. 19 above.**
- i) To **ensure** that each health facility is **provided with FPIS Manual. Brochure, Pamphlets** printed by States are also made available to them.
- j) To **ensure** that District Officials are **filing the FPIS Claims well within the stipulated period** as per the scheme.
- k) 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.
- l) To **ensure** that **consolidated Quarterly Report** on maintenance of Quality, Failure of Sterilizations, Complications or Deaths attributable to sterilizations is **submitted to MOHFW, GOI** as per **Annexures.**

28. Role of CMOs/CDMOs/CHMOs/CDHMOs/DMOs/Dy. Directors/ Joint Director etc designated for this purpose at district level:

- a) To attend the **Orientation Programme** organized at State level for District Officials & the State officials for the Family Planning Indemnity Scheme minimum once in a year.
- b) To hold the **monthly meeting with the In-charges of health facilities in the 2nd /3rd week** of the month or at a suitable day to **monitor and review the FPIS claims, advising them** to respond/comply with the deficiencies highlighted on the basis of **monthly statement** sent by **State Nodal Officer** to State Govt /as well as GOI. The **minutes** of the same shall be drawn at district level and the same will be sent directly to State Nodal Officer.
- c) To ensure that "notification of death claim" and Proforma on Death following Sterilization" as per procedure laid in **Quality Assurance**

Guidelines (refer annexure) are filled at Facility level and sent to district for necessary action. **Death Claims must be reported to State Nodal Officer** of the State Govt., **without any delay.**

- d) **To participate in review meeting at State level on biannual basis** to review all pending claims **under the chairmanship of Mission Director (NRHM)** which will be represented by the State Nodal Officer of the State Govt., Designated Officers of the districts etc. and to follow up on the necessary instructions.
- e) **To hold a Claim Clearance Camps** at District level, if, the claim is still **pending for the want of compliance for more than 60 days** from the health facilities by calling concerned Officials at District level.
- f) **To Audit all Death Claims followed by Sterilization Operation, Audit of Health facilities etc,** as per procedure laid in **Quality Assurance Guidelines (refer annexure)** issued by Ministry of Health and Family Welfare, GOI in compliance of directions of Hon'ble Supreme Court.
- m) **To monitor the low/high reporting trend of FPIS claims** from health facilities under FPIS, **review the performance of the officials** performing operation and issues necessary guidelines for corrective measures.
- g) **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 **at Sr. No. 19 above.**
- h) **To ensure** that each health facility is **provided with FPIS Manual. Brochure, Pamphlets** printed by States are also made available to them.
- i) **To ensure** that **health facilities are filing the FPIS Claims immediately** with the district and the same is filed well **within the stipulated period** as per terms and condition of the Policy.
- j) **To maintain file of each claim including document received from health facility for filing the FPIS Claims.**
- k) **To ensure** that **consolidated Quarterly Report** on maintenance of quality, failure of sterilizations, complications or deaths attributable to sterilizations is **submitted to State Nodal officer at State level** as per **Annexures** .
- l) States/UTs will submit a Quarterly Report to the Central Government showing clearly districtwise the number of claims pertaining to Death, complication, failure of sterilisation, including claims under Section II and the amount paid as compensation in each category, in each district.

LIST OF ANNEXURES:

O. Quality Assurance Committee:

Quality Assurance Committee (QAC) will be formed at State and District levels to objectively and systematically monitor and evaluate Family Planning Services in accordance with established National Standards on Male and Female Sterilization and Standards established for other contraceptive services under the Family Welfare Programme; resolve identified problems; and pursue opportunities to improve overall quality of services and client care. State Government will ensure that State level and District level Quality Assurance Committees are in position and operational, sending monthly reports on cases of failure of sterilizations and compliance of quality standards in sterilization procedures as per protocol issued by Government of India, etc placed at **(Annexure - I)**.

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

P. Claim Forms 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/CHMO/CDHMO/ DMO/DHO/ Joint Director designated for this purpose at district level etc. in local language along with their English version is placed as **Annexure - II**.

Q. 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 as **Annexure - III**.

R. Medical Record & Check List for Female / Male Sterilization:

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

S. ELIGIBILITY / QUALIFICATION OF DOCTORS CONDUCTING STERILISATION PROCEDURES:

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. **(Annexure - V)**

T. CRITERIA FOR EMPANELMENT/ACCREDITATIONS OF THE PRIVATE DOCTORS/ HEALTH FACILITIES:

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 at **Annexure-VI.**

The basic requirements of a doctor/health facility in respect of infrastructure facilities and medical personnel are also given at **Annexure - VII**, 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.

U. CHECKLIST FOR SUBMISSION OF CLAIMS AND REQUIRED DOCUMENTS UNDER FPIS:

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

V. QUARTERLY REPORT

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/ CHMO/CDHMO/DMO/ DHO/ Joint Director designated for this purpose to the State level QAC/State Health Directorate /State Health Secretary in the format placed at **Annexure-IX.**

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 **(Annexure - X)** on a quarterly basis.

W. Important Formats required to carry out Audit of Death Claims followed by Sterilization and Health Facility etc as given in Quality Assurance Guidelines issued by Ministry of Health and Family Welfare, GOI in compliance of directions of Hon'ble Supreme Court.

- a. Annexure- VIII of Quality Assurance Guidelines "Facility Audit Report"
- b. Annexure -IX of Quality Assurance Guidelines "Death Notification Form".
- c. Annexure -X of Quality Assurance Guidelines "Proforma on Death following Sterilization".
Annexure -XI of Quality Assurance Guidelines "Proforma for conducting Death Audit following Sterilization"
- e. Annexure -XII of Quality Assurance Guidelines for "Assessment of District Quality Assurance Committee"
- f. Annexure -XIII Reporting Format
- g. Annexure -X IV Monthly Reporting Format

ANNEXURE- I
QUALITY ASSURANCE
COMMITTEE

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:

- Secretary, Medical and Health
- Director Family Welfare (Convener)
- Director (Med. Education)
- One Empanelled Gynecologist
- One Empanelled Vasectomy Surgeon
- One Anesthetist
- State Nursing Advisor
- Joint Director (FW)/Deputy Director (FW) or any other as determined by the Department of Family Welfare
- One member from accredited private sector
- One representative from the legal cell

Terms of Reference for 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.
- Meet once in three months.
- A minimum of three members will constitute the quorum.

AT DISTRICT LEVEL:

- District Collector, Chairperson.
- Chief Medical Officer /District Health Officer (convener)
- One Empanelled Gynecologist
- One Empanelled Vasectomy Surgeon
- One Anesthetist
- District Family Welfare Officer / RCHO
- One representative from Nursing cadre
- Any other as determined by the Department of Family Welfare
- One representative from the legal cell

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.
- Processing all cases of failures, complications requiring hospitalization and deaths following sterilization for payment of compensation with the State Health Society.
- 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.
- Meet once in a month.
- A minimum of three members will constitute the quorum.

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

ANNEXURE -II

CLAIM FORM FOR FAMILY PLANNING INDEMNITY SCHEME

CLAIM FORM FOR FAMILY PLANNING INDEMNITY SCHEME

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 CMO/ CDMO/ CHMO/ 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) Tubectomy: _____
- (ii) Vasectomy: _____
- (iii) Laparoscopy: _____
- (iv) MTP followed by sterilization: _____
- (iv) Caesarian 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: _____
- 4) **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 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 Acceptor/Claimant: _____

Place: _____ Signature (in full) or thumb impression

MEDICAL CERTIFICATE ISSUED BY CMO/CDMO/CHMO/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) Tubectomy: _____
- (ii) Vasectomy: _____
- (iii) Laparoscopy: _____
- (iv) MTP followed by Sterilization: _____
- (iv) Caesarian 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 () Signature:
- (b) Attested copy of sterilization certificate () Name:
- (c) Attested copy of consent form () Telephone no.:
- (d) _____ () Designation:
- (e) _____ ()

ANNEXURE –III& IV

CONSENT FORM

FORM

STERLIZATION OPERATION

CUM

MEDICAL PECORDS

& CHECK LIST

FOR FEMALE/MALE

STERLIZATION

**APPLICATION CUM CONSENT FORM FOR STERILISATION
OPERATION**

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 anesthesia, 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:
Acceptor

Signature or Thumb Impression of the

Name of acceptor:

Signature of Witness (Accepters 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
Facility

Signature of Medical Officer in-charge of the

(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 Counselor or
Doctor making the decision**

Date:

Name and full Address:

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

Annexure - IV

**MEDICAL RECORD & CHECK LIST FOR FEMALE / MALE
STERILIZATION**

(TO BE FILLED BEFORE COMMENCING THE OPERATION)

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

HOSPITALSEAL

Date:

ANNEXURE –V

CRITERIA

FOR

EMPANELMENT

OF A DOCTOR/

ACCREDITATION

OF A HEALTH FACILITY

FOR

STERILIZATION

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

I. PERSONNEL REQUIREMENT:

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 counseling and administrative work

II. INFRASTRUCTURE REQUIREMENT:

Sr. No.		Female Sterilization	Male Sterilization
1	Facilities	<ul style="list-style-type: none"> ➤ 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 	<ul style="list-style-type: none"> ➤ 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	<ul style="list-style-type: none"> ➤ Area for reception ➤ Waiting area ➤ Counseling 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 	<ul style="list-style-type: none"> ➤ Area for reception ➤ Waiting area ➤ Counseling 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

		<p>determined by the available space, should be adjacent to the OT..</p> <ul style="list-style-type: none"> ➤ 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. 	<p>be determined by the available space, should be adjacent to the OT.</p> <ul style="list-style-type: none"> ➤ 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
3	EQUIPMENT AND SUPPLIES		
A	Examination room requirement	<ul style="list-style-type: none"> ➤ Examination table ➤ Foot stool ➤ Blood Pressure apparatus ➤ Thermometer ➤ Stethoscope ➤ Examination light ➤ Weighing scale ➤ Instrument for pelvic examination 	<ul style="list-style-type: none"> ➤ Examination table ➤ Foot stool ➤ Blood Pressure apparatus ➤ Thermometer ➤ Stethoscope
B	Laboratory	<ul style="list-style-type: none"> ➤ Haemoglobinometer and accessories ➤ Apparatus to estimate albumin and sugar in urine ➤ Reagents 	<ul style="list-style-type: none"> ➤ Haemoglobinometer and accessories ➤ Apparatus to estimate albumin and sugar in urine ➤ Reagents
C	Sterilization room	<ul style="list-style-type: none"> ➤ Autoclave ➤ Boiler ➤ Surgical drums ➤ SS Tray ➤ Glutaraldehyde solution 2% 	<ul style="list-style-type: none"> ➤ Autoclave ➤ Boiler ➤ Autoclave drums ➤ Glutaraldehyde Solution 2%
D	Cleaning Room	<ul style="list-style-type: none"> ➤ Hand Brushes ➤ Utility gloves ➤ Basins ➤ Detergents ➤ Chlorine solution 0.5% 	<ul style="list-style-type: none"> ➤ Hand Brushes ➤ Utility gloves ➤ Basins ➤ Detergents ➤ Chlorine solution 0.5%
E	Operation Theatre	<ul style="list-style-type: none"> ➤ Operating table capable of Trendelenburg's position ➤ Step up stool ➤ Spot light in OT ➤ Instrument trolley ➤ Mini Laparotomy 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 	<ul style="list-style-type: none"> ➤ 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	<ul style="list-style-type: none"> ➤ Patient's cot with mattress, sheet, pillow, pillow cover, and blankets ➤ BP Instrument ➤ Stethoscope ➤ Thermometers ➤ IV stand ➤ Emergency equipment and drugs as per list 	<ul style="list-style-type: none"> ➤ Patient's cot with mattress, sheet, pillow, pillow cover, and blankets ➤ Thermometers ➤ Stethoscope ➤ Blood pressure instrument ➤ IV stand ➤ Emergency equipment and drugs as per list

4	Emergency equipment & supplies	<ul style="list-style-type: none"> ➤ 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 ➤ Endotracheal tube size 6, 6.5, 7, 7.5, 8.0 ➤ Laryngeal mask airway size 3,4,5 ➤ Combitube ➤ Cricothyroidectomy set 	<ul style="list-style-type: none"> ➤ 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 ➤ Endotracheal tube size 6, 6.5, 7, 7.5, 8.0 ➤ Laryngeal mask airway size 3,4,5 ➤ Combitube ➤ Cricothyroidectomy set
5	Emergency drugs	<ul style="list-style-type: none"> ➤ 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 Sodium Bicarbonate (7.5 %) ➤ Injection Calcium Gluconate/ Calcium Chloride ➤ Injection Frusemide ➤ Injection Methergine ➤ Injection Dopamine ➤ Injection Mephentermine ➤ Injection Oxytocin ➤ Electorde jelly ➤ Water –soluble jelly <p><u>IV fluids</u></p> <ul style="list-style-type: none"> ➤ Dextrose 5% ➤ Glucose 25% ➤ Ringer Lactate solution. ➤ 0.9% sodium chloride (normal saline) 	<ul style="list-style-type: none"> ➤ 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 %) ➤ Injection Calcium Gluconate/ Calcium Chloride ➤ Injection Frusemide ➤ Injection Dopamine ➤ Injection Mephentermine ➤ Electorde jelly ➤ Water –soluble jelly <p><u>IV fluids</u></p> <ul style="list-style-type: none"> ➤ Dextrose 5% ➤ Glucose 25% ➤ Ringer Lactate solution. ➤ 0.9% sodium chloride (normal saline)

		➤ Heta Starch (HES 6 %)	➤ Heta Starch (HES 6 %)
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ANNEXURE – VI

**CHECKLIST
FOR SUBMISSION OF
CLAIM
AND
DOCUMENTS
REQUIRED

UNDER
FAMILY PLANNING
INDEMNITY SCHEME**

**CHECKLIST FOR SUBMISSION OF CLAIM AND DOCUMENTS
REQUIRED UNDER FAMILY PLANNING INDEMNITYSCHEME**

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/ CHMO/ 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.

REQUIREMENT OF DOCUMENTS FOR CLAIMS UNDER THE SCHEME

Based on the following documents, claims shall be processed by the State Health Society/District Health Society

DOCUMENTS UNDER SECTION I:

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

- a. **Claim Form cum Medical Certificate in original** duly signed and stamped by the CMO/CDMO/CHMO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.

b. **Copy of Consent Form duly attested** by CMO/CDMO/CHMO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.

c. **Copy of Sterilization Certificate duly attested** by CMO/CDMO/CHMO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.

d. **Copy of proof of Post Operative Procedure/Discharge Certificate duly attested** by CMO/CDMO/CHMO/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 CMO/CDMO/CHMO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.

ii. **FAILURE OF STERILIZATION (SECTION-I-C):**

1. **Claim Form cum Medical Certificate in original** duly signed and stamped by the CMO/CDMO/CHMO/DMO/DHO/Joint Director designated for this purpose at district level.

2. **Copy of Consent Form duly attested** by CMO/CDMO/CHMO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.

3. **Copy of Sterilization Certificate duly attested** by CMO/CDMO/CHMO/CDHMO/DMO/DHO/ Joint Director designated for this purpose at district level.

4. **Copy of any of the following Diagnostic Reports confirming failure of sterilization duly attested** by CMO/CDMO/CHMO/CDHMO/ DMO/ DHO/Joint Director designated for this purpose at district level:

iii. **IN CASE OF TUBECTOMY THE REPORT MAY BE:**

- a. Urine test report ***supported by Physical Examination report / A N card/ USG report***
- b. MTP report
- c. Physical examination report
- d. USG report
- e. In extreme cases birth certificate in case of full term pregnancy

B. 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.

iv. **COMPLICATION ARISING DUE TO STERILIZATION (SECTION-ID):**

a. **Claim Form cum Medical Certificate in original** duly signed and stamped by the CMO/CDMO/CHMO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.

b. **Copy of Consent Form duly attested** by CMO/CDMO/CHMO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.

c. **Copy of Sterilization Certificate duly attested** by CMO/CDMO/CHMO/CDHMO/DMO/DHO/ Joint Director designated for this purpose at district level.

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 WOULD BE ASKED BY THE INSURER UNDER 23 (i, ii, iii) ABOVE.

v. **CLAIMS UNDER INDEMNITY COVER (SECTION-II):**

1. Intimation in writing
2. Copy of summon/FIR
3. Copy of Sterilization Certificate
4. Copy of Consent Form
5. Certificate from CMO/CDMO/CHMO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level confirming that the Sterilization Operation was conducted by the doctor etc.

ANNEXURE –VII

QUARTERLY REPORT FORM

QUARTERLY REPORT FORM

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 sterilisation conducted in the districts / States.	
(i)	In Government Hospitals.	
(ii)	In Private Hospitals.	
2	Number of cases of failures of sterilization reported/ noticed.	
3	Number of cases of post-operation complications arising out of Sterilisation procedure reported/ noticed.	
4	Number of Deaths following sterilisation procedure reported / noticed.	
(i)	Death reported in hospital or within 7 days from discharge.	
(ii)	No of cases where Rs. 50000 paid from District RKS (under 4 (i).	
(iii)	Death reported between 8 – 30 days from discharge.	
5	Number of claims received from health facilities.	
6	Number of claims forwarded to designated district official	
7	Number of claims accepted by District Health Society	
8	Number of cases where payment released by District Health Society	
9	Number of claims pending for settlement by District Health Society	
	Period of pendency: 30days: ... 31-90 days: ... More then 90 days: ...	
10	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	
11	Number of private doctors / health facilities empanelled/ accredited:	
12	Whether prescribed consent forms are available in local languages with all Doctors/ Health facilities in sufficient number (as per manual).	
14	Problem, if any, with general public reporting failures/ Complications / deaths etc. following sterilization:	
15	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).
16	Any other information	(To be given on separated Sheet).

**Important Formats
Required for Audit of
Death Claims & Health Facilities
given in
Quality Assurance Guidelines
Issued by MOH&FW, GOI
in compliance of Directions of
Hon'ble Supreme Court**

ANNEXURE - VIII

FACILITY AUDIT REPORT

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 accepters			
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 (POL) available for the generator?			
9	Is there space earmarked for examination and counseling 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 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 Laparoscoc 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 PO I 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 off 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 - IX

DEATH NOTIFICATION FORM

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:..... Medical College Hospital:..... Accredited private/NGO facility:
9	Type of procedure	Post-partum:..... Minilap:..... Laparoscopy: Any other (specify):.....
A	Tubectomy	
B	Vasectomy	Conventional: NSV:
C	Other with MTP/CS, etc.	Yes. No..... If yes, give details:
10	Date of sterilization procedure (D/M/Y)/...../.....

ANNEXURE –X

PROFORMA ON

**DEATH FOLLOWING
STERLIZATON**

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 fillout 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 DOAC.

1	<p>a. Date of this report (D/M/Y)</p> <p>b. Type of Institution where the death occurred</p> <p>Camp.....</p> <p>PP Centre.....</p> <p>PHC/CHC.....</p> <p>District Hospital.....</p> <p>Medical College Hospital.....</p> <p>Accredited Private Hospital/NGO facility.....</p> <p>Name of the Institution</p> <p>Address</p> <p>village/Town/City</p> <p>District/State</p>	
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

19	Vital signs during Surgery	<u>Time</u> <u>BP</u> <u>Pulse</u> <u>Resp. Rate</u>
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	<u>Time</u> <u>BP</u> <u>Pulse</u> <u>Resp. Rate</u>
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
Name:

Signature:
Designation

ANNEXURE -XI

PERFORMA FOR CONDUCTING DEATH AUDIT FOLLOWING STERILIZATION

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	Anesthesia/Analgesia/Sedation	
a	Name of anesthetist, 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	.....
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 – XII

**ASSEMENT OF DISTRICT
QUALITY ASSURANCE COMMITTEE**

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:

ANNEXURE – XIII

**QUARTERLY REPORTING OF
ACTIVITIES**

ANNEXURE – XIV -XVI

MONTHLY REPORTING FORMAT

Annexure-XIV-Monthly Reporting Format

Year			
State	Claims Paid	Sterilization	claims percentage
	Grand Total	Grand Total	
ANDHRA PRADESH			#DIV/0!
A & N ISLANDS			#DIV/0!
ARUNACHAL PRADESH			#DIV/0!
ASSAM			#DIV/0!
BIHAR			#DIV/0!
CHHATTISGARH			#DIV/0!
CHANDIGARH			#DIV/0!
DELHI			#DIV/0!
DADRA & NAGAR HAVELI			#DIV/0!
DAMAN & DIU			#DIV/0!
LAKSHADWEEP			#DIV/0!
GOA			#DIV/0!
GUJARAT			#DIV/0!
HARYANA			#DIV/0!
HIMACHAL PRADESH			#DIV/0!
JAMMU & KASHMIR			#DIV/0!
JHARKHAND			#DIV/0!
KARNATAKA			#DIV/0!
KERALA			#DIV/0!
MADHYA PRADESH			#DIV/0!
MAHARASHTRA			#DIV/0!
MEGHALAYA			#DIV/0!
MANIPUR			#DIV/0!
MIZORAM			#DIV/0!
NAGALAND			#DIV/0!
ORISSA			#DIV/0!
PONDICHERRY			#DIV/0!
PUNJAB			#DIV/0!
RAJASTHAN			#DIV/0!
SIKKIM			#DIV/0!
TAMIL NADU			#DIV/0!
TRIPURA			#DIV/0!
UTTAR PRADESH			#DIV/0!
UTTARANCHAL			#DIV/0!
WEST BENGAL			#DIV/0!
	-	-	

