

Death Notification Form		Form 1
Instructions:		
<ul style="list-style-type: none"> ▪ 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	Postpartum:..... 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-VII

Form 2

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

Instructions:

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

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

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

18	List all Aesthetic agents, Analgesics, Sedatives, and Muscle relaxants	<table border="0"> <tr> <td>Time given</td> <td>Drug Name</td> <td>Dosage</td> <td>Route</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </table>	Time given	Drug Name	Dosage	Route
Time given	Drug Name	Dosage	Route																							
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19	Vital signs during Surgery	<table border="0"> <tr> <td><u>Time BP</u></td> <td><u>Pulse Resp. Rate</u></td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table>	<u>Time BP</u>	<u>Pulse Resp. Rate</u>																
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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	<table border="0"> <tr> <td><u>Time BP</u></td> <td><u>Pulse Resp. Rate</u></td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table>	<u>Time BP</u>	<u>Pulse Resp. Rate</u>																				
<u>Time BP</u>	<u>Pulse 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

Signature:

Name:

Designation

Annexure-VIII

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

Name of the State/District/Union Territory:

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

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

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

Date:

Signature

Name

Designation

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

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

I. PERSONNEL REQUIREMENT:

1. Female Sterilization:

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

OR

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

2. Male Sterilization:

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

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

II. INFRASTRUCTURE REQUIREMENT:

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

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

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

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

S. No.		Female Sterilization	Male Sterilization
1	Facilities	<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 ➤ Counselling area which offers privacy and ensures avoidance of any interruptions ➤ Laboratory for blood & urine examination ➤ Clinical examination room for initial assessment and follow up ➤ Pre-operative preparation room for trimming of hair, washing, changing of clothes and pre medication ➤ Hand washing area near the OT for scrubbing ➤ Sterilization room, near the OT for autoclaving, washing and cleaning equipment, preparation of sterile packs ➤ Operation theatre should be isolated and away from the general thoroughfare of the clinic, if should be large enough to allow operating staff to move freely and to accommodate all the necessary equipment ➤ Lighting should be adequate ➤ Recovery room must be spacious and well ventilated, number of beds will be determined by the available space, should be adjacent to the OT. ➤ Adequate number of toilets: sufficient number of sanitary type toilets with running water for the clients and the staff ➤ Storage area ➤ Office area for keeping records 	<ul style="list-style-type: none"> ➤ Area for reception ➤ Waiting area ➤ Counselling area which offers privacy and ensures avoidance of any interruptions ➤ Laboratory for blood & urine examination ➤ Clinical examination room for initial assessment and follow up ➤ Pre-operative preparation room for trimming of hair, washing, changing of clothes and pre medication ➤ Hand washing area near the OT for scrubbing ➤ Sterilization room, near the OT for autoclaving, washing and cleaning equipment, preparation of sterile packs ➤ Operation theatre should be isolated and away from the general thoroughfare of the clinic, if should be large enough to allow operating staff to move freely and to accommodate all the necessary equipment. Lighting should be adequate. ➤ Recovery room must be spacious and well ventilated; number of beds will be determined by the available space, should be adjacent to the OT. ➤ Adequate number of toilets: sufficient number of sanitary type toilets with running water for the clients and the staff. ➤ Storage area ➤ Office area for keeping records

S. No.		Female Sterilization	Male Sterilization
3	EQUIPMENT AND SUPPLIES		
A	Examination room requirement	<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 	<ul style="list-style-type: none"> ➤ Patient's cot with mattress, sheet, pillow, pillow cover, and blankets ➤ Thermometers

FACILITY AUDIT REPORT

General Information				
i)	Date of inspection (D/M/Y)/...../.....		
ii)	Clinic Venue: PHC/CHC/DH/Medical College Hospital/Any other (specify)	..... .....	
iii)	Name of the block, District, State	..... ..... .....	
iv)	Name and Designation of Observer	..... .....	
Infrastructural Facilities				
		Yes/ No	Comments	Suggestions/ Recommendations
1	Is the building in good condition (walls, doors, windows, roof, and floor)?			
2	Is the facility clean?			
3	Is running water available at the Service points?			
4	Is clean and functional toilet facility available for staff			
	Is clean and functional toilet facility available for acceptors			
5	Is electricity available?			
6	If there is no running water or electricity, are alternatives available that permit the providers to deliver the available services hygienically?			
7	Is there a functional generator available?			
8	Is Petrol Oil & lubricants (PO1) available for the generator?			
9	Is there space earmarked for examination and counselling to assure privacy?			
10	Is a waiting area with adequate seating facility available?			
Facilities Available at OT				
11	Is there a proper OT facility available?			
12	Does the OT have running water available?			

13	Is an Operation Table with Trendelenburg's facility (for female sterilization) available?			
14	Is a functional shadow less lamp available?			
15	Is functional suction apparatus available?			
16	Is functional emergency light (through a functional inverter) available?			
17	Is an oxygen cylinder with gas and accessories available?			
18	Availability of: <ul style="list-style-type: none"> <input type="radio"/> Minilap instrument <input type="radio"/> Laparoscopic set <input type="radio"/> 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: <ul style="list-style-type: none"> <input type="radio"/> Oral pills <input type="radio"/> Condoms <input type="radio"/> Copper T <input type="radio"/> EC pills 			
26	Does the facility have adequate storage facility for contraceptives (away from water and sources of heat, direct sunlight, etc.) on the premises?			
27	Do stock-outs occur?			
28	Is there an effective logistics system that tracks stock levels and notifies staff when supplies need reordering?			
29	Are supplies in good condition (not expired, not damaged, etc.)?			
30	Are expired contraceptives destroyed to prevent resale or other inappropriate use?			
Availability of vehicle				
31	Does the facility have a vehicle/ ambulance in running Condition?			
32	Availability of PO1 for vehicle			

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

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

Date:

Signature

Name

Designation of Observer

**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:

Indicators

1 Claims Ratio

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

2 Paid Claims Ratio

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

3 Rejected Claims Ratio

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

4 Outstanding Claims Ratio

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

QUARTERLY REPORT FORM

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

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

Name of the District / Name of the State:

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

UPTO QUARTER ENDING:

JAN TO MARCH - , JAN TO JUNE - , JAN TO SEPT- , JAN TO DEC-

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

QUARTERLY CLAIMS STATUS (State-wise)

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