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सचिव
C.K.Mishra
Secretary

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health & Family Welfare

D.O. No. N.11017/C/1/2012-FP (Pt)
Dated:4th October, 2016

स्पीड पोस्ट द्वारा
BY SPEED POST

As you are aware, in order to deliver quality family planning services in a spirit of voluntarism and within a rights and accountability framework, the Government of India has taken many steps including formulation of new technical guidelines and disseminated them widely across the country.

However in view of certain mishaps and violations of SOPs reported from some states in the past, the Hon'ble Supreme Court while disposing off the Civil Writ Petition No. 95/2012 (Devika Biswas v/s Union of India) has given specific directions in its order dated 14.9.2016, to be strictly followed by the Government of India, the State Governments and Union Territories for delivering quality family planning services in the country.

I would request you to please go through and implement the detailed directives mentioned in Annexure 1.

Some of the directives outlined below are time bound and States/UTs need to comply with these directives as per the stipulated timelines given in Annexure 2:

- Upload the list of empanelled sterilization providers and Quality Assurance Committee members with their names and full particulars in the State/UT website to be linked to the website of MOHFW, Government of India.
- Ensure that the updated consent forms and post-operative instruction cards are translated in the local language and clients are explained about the procedure so that an informed consent is obtained from them as per Government of India guidelines.
- In addition to the biannual report, QACs should prepare an annual report card, depicting statistical as well as non-statistical information like meetings held, enquiries conducted, remedial steps taken and achievement for the year and upload the same on State/UT website to be linked to the website of MOHFW, Government of India
- The same annual report should also contain details of death audits conducted, number of claims submitted for each category of death, complication and failure, claims paid, outstanding claims and claims rejected with reasons for rejection.
- The quantum of compensation fixed under the Family Planning Indemnity Scheme (FPIS) may be doubled with the balance being paid from the state health budget.
- States should phase out sterilization camps over a period of three years and provide services on fixed day mode by strengthening Primary Health Care Centers appropriately.

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- States to ensure target free approach for Family Planning services
- Implement the decisions taken in the high level meetings held on 15th May 2015, 17th November 2015 and National Summit on Family Planning held on 5th-6th April, 2016 scrupulously.
- Disseminate and ensure strict adherence to the updated guidelines of the Government of India.

The Government of India has enlisted the strategic actions to be undertaken under each of the above directives along with the timeline for the same as given in Annexure 2, and the compliance may be sent to Government of India within the stipulated time.

State/UT are also advised to create a separate webpage on their website with the caption "Quality in Family Planning" wherein the above mentioned Supreme Court deliverables be uploaded.

Yours sincerely,

(C.K. Mishra)

Encl: Annexure 1, 2, 2.1-2.5

Principal Secretaries (H) of all States

O/C

Annexure 1

Directions given by Hon'ble Supreme Court Order dated 14.9.2016 in Civil Writ Petition No. 95/2012 (Devika Biswas V/s Union of India)

1) The State-wise, district-wise or region-wise panel of doctors approved for carrying out the sterilization procedure, must be accessible through the website of the Ministry of Health and Family Welfare of the Government of India as well the corresponding Ministry or Department of each State Government and each Union Territory. The list should contain all necessary particulars of each doctor and not merely the name and designation. This exercise should be completed on or before 31st December, 2016 and thereafter the list be updated every quarter that is by 31st March, 30th June, 30th September and 31st December of every year.

2) The contents of the checklist prepared pursuant to the directions given in ***Ramakant Rai (I)*** should be explained to the proposed patient in a language that he or she understands and the proposed patient should also be explained the impact and consequences of the sterilization procedure. This can be achieved by (a) ensuring that the checklist is in the local language of the State; (b) it should contain a certificate duly signed by the concerned doctor that the proposed patient has been explained the contents of the checklist and has understood its contents as well as the impact and consequences of the sterilization procedure; (c) in addition to the certificate given by the doctor, the checklist must also contain a certificate given by a trained counselor (who may or may not be an ASHA worker) to the same effect as the certificate given by the doctor. This will ensure that the proposed patient has given an informed consent for undergoing the sterilization procedure and not an incentivized consent. Sufficient breathing time of about an hour or so should be given to a proposed patient so that in the event he or she has a second thought, time is available for a change of mind. The checklist prepared pursuant to the direction given in ***Ramakant Rai (I)*** with the aforesaid modifications should be prepared in the local or regional language on or before 31st December, 2016.

3) The Quality Assurance Committee (QAC) as well as the District Quality Assurance Committee (DQAC) has been set up in every State and District in terms of the directions given in ***Ramakant Rai (I)***. However, it is only the designation of its members that has been made available. The details and necessary particulars of each member of the QAC and DQAC should be accessible from the website of the Ministry of Health and Family Welfare of the Government of India as well the corresponding Ministry or Department of each State Government and each Union Territory on or before 31st December, 2016 and thereafter updated every quarter.

4) In addition to the six monthly reports required to be published by the QAC containing of the number of persons sterilized as well as the number of deaths or complications arising out of the sterilization procedure, as already directed in ***Ramakant Rai (I)***, the QAC must publish an Annual Report (on the website of the Ministry of Health and Family Welfare of the Government of India as well the corresponding Ministry or Department of each State Government and each Union Territory) containing not only the statistical information as earlier directed, but also non-statistical information in the form of a report card indicating the meetings held, decisions taken, work done and the achievements of the year etc. This will have a significant monitoring and supervisory impact on the sterilization program and will also ensure the active involvement of all the members of the QAC and the DQAC. The first such Annual Report covering the calendar year 2016 should be published on the websites mentioned above on or before 31st March, 2017.

5) As many as 363 deaths have taken place due to sterilization procedures during 2010-2013. This is a high figure. During this period, more than Rs. 50 crores have been disbursed towards compensation in cases of death. Apart from steps taken by Bihar and Chhattisgarh during the pendency of the writ petition to mitigate the sufferings of the patients, we have not been told of any death audit conducted by any State Government or Union Territory in respect of any patient, nor have we been informed of any steps taken against any doctor or anybody else involved in the sterilization procedure that has resulted in the death of a

patient or any failure or any other complication connected with the sterilization procedure. There is a need for transparency coupled with accountability and the death of a patient should not be treated as a one-off aberration. Therefore, it is directed that the Annual Report prepared by the QAC must indicate the details of all inquiries held and remedial steps taken.

6) With regard to the implementation of the Family Planning Indemnity Scheme (FPIS), there does not seem to be any definitive information with regard to the number of claims filed, the claims accepted and in which category (death, failure, complication etc.), claims pending (and since when) and claims rejected and the reasons for rejection. The QAC is directed to include this information in the Annual Report and the Ministry of Health and Family Welfare of the Government of India as well as the State Governments should make this information accessible on the website, including the quantum of compensation paid under each category and to the number of persons. We have mentioned above that the learned Solicitor General had assured us on 20th March, 2015 that full details of the funds utilized under the FPIS would be furnished but that information has not been given as yet, necessitating the direction that we have passed. In addition to the direction relating to the FPIS, the Ministry of Health and Family Welfare should conduct an audit to ensure that the funds given by the Government of India have been utilized for the purpose for which they were given for the period from 2013-14 onwards.

7) The quantum of compensation fixed under the Family Planning Indemnity Scheme (FPIS) deserves to be increased substantially and the burden thereof must be equally shared by the Government of India and the State Government. The State of Chhattisgarh has shown the way in this regard and it would be appropriate if others follow the lead. Every death or failure or complication related to the sterilization procedure is a set-back not only to the patient and his or her family but also in the implementation of the national campaign. We decline to fix the quantum of compensation but would suggest, following the example of the State of Chhattisgarh, that the amount should be doubled and shared equally.

8) The Union of India is directed to persuade the State Governments to halt the system of holding sterilization camps as has been done by at least four States across the country. In any event, the Union of India should adhere to its view that sterilization camps will be stopped within a period of three years. In our opinion, this will necessitate simultaneous strengthening of the Primary Health Care centres across the country both in terms of infrastructure and otherwise so that health care is made available to all persons. The significance of having well equipped Primary Health Centres across the country certainly cannot be over-emphasized. Therefore, we direct the Union of India to pay attention to this as well, since it is absolutely important that all citizens of our country have access to primary health care.

9) The Union of India should make efforts to ensure that sterilization camps are discontinued as early as possible but in any case within the time frame already fixed and adverted to above. The Union of India and the State Governments must simultaneously ensure that Primary Health Centres are strengthened.

10) Although the Union of India has stated that no targets have been fixed for the implementation of the sterilization program, it appears that there is an informal system of fixing targets. We leave it to the good sense of the each State Government and Union Territory to ensure that such targets are not fixed so that health workers and others do not compel persons to undergo what would amount to a forced or non-consensual sterilization merely to achieve the target.

11) The decisions taken in the high level meetings held on 15th May 2015 and 17th November 2015 as well as the National Summit on Family Planning held on 5th and 6th April 2016 should be scrupulously implemented by the Ministry of Health and Family Welfare of the Government of India. The said Ministry should also ensure effective implementation of the decisions taken keeping in mind that the sterilization program is a part of a national campaign.

12) The Union of India is directed to ensure strict adherence to the guidelines and standard operating procedures in the various manuals issued by it. The Sterilization program is not only a Public Health issue but a national campaign for Population Control and Family Planning. The Union of India has overarching

responsibility for the success of the campaign and it cannot shift the burden of implementation entirely on the State Governments and Union Territories on the ground that it is only a public health issue. As the Justice Sarkaria Commission put it "Population Control and Family Planning is a matter of national importance and of common concern of the Union and the States."

13) We are pained to note the extremely casual manner in which some of the States have responded to this public interest petition. What stands out is the response of the States of Madhya Pradesh, Maharashtra, Rajasthan and Kerala in respect of which States allegations were made concerning mismanagement in at least one sterilization camp. None of these States have given any acceptable response to the allegations and we have no option but to assume that the camps that have been referred to in the writ petition were mismanaged as alleged by Devika Biswas. However, the matter should not end here. We direct the Registry of this Court to transmit a copy of this judgment to the Registrar General of the High Court in the States of Madhya Pradesh, Maharashtra, Rajasthan and Kerala for being placed before the Chief Justice of the High Court. We request the Chief Justice to initiate a *suo moto* public interest petition to consider the allegations made by Devika Biswas in respect of the sterilization camp(s) held in these States (the allegations not having been specifically denied) and any other similar laxity or unfortunate mishap that might be brought to the notice of the Court and pass appropriate orders thereon. We also direct the Registry of this Court to transmit a copy of this judgment to the Registrar General of the Patna High Court for being placed before the Chief Justice of the High Court. We request the Chief Justice to ensure speedy completion of the investigations and proceedings relating to the mishap on 7th January 2012 in the sterilization camp in Kaparfora Government Middle School, Kursakanta, Araria district as well as the mishap in Chhapra in Saran district that led to cancellation of the accreditation of Gunjan Maternity and Surgical Clinic on 24th March 2012.

14) The State of Chhattisgarh is directed to implement the recommendations given in the Ms. Anita Jha Report at the earliest and with all sincerity.

Annexure 2

Strategic Actions for States to comply with the directions given by the Hon'ble Supreme Court Order dated 14.9.2016 in Civil Writ Petition No. 95/2012 (Devika Biswas V/s UOI)

S No.	Action	Timeline
1. Upload the list of empaneled sterilization providers and QAC members with their names and full particulars in the State/UT website to be linked to the website of MOHFW, GoI		
1.1	States to prepare and upload the district wise list of empaneled sterilization service providers with all necessary particulars as per ***Annexure 2.1*** in State/UT website.	31st Oct 2016
1.2	States to send the above list along with the webpage link to FP division, MoHFW (for linking it with MoHFW website)	4th Nov 2016
1.3	State to update the above list regularly (as per GoI guidelines- empanelled list to be updated every quarter or sooner, if warranted)	31st March, 30th June, 30th September & 31st December
1.4	States to submit status of empaneled sterilization service providers (performing and non performing) as per GoI format ***(Annexure 2.2)***	31st December 2016
2. Ensure that the updated consent forms and post-operative instruction cards are translated in the local language and clients are explained about the procedure so that an informed consent is obtained from them as per GoI guidelines.		
2.1	Sterilization Consent form *(as given in Standards and Quality Assurance in Sterilization Services-November 2014)* to be translated in local language in a manner that its sanctity is not lost.	15th Oct 2016
2.2	State to ensure the availability of translated consent form, medical record checklist, sterilization certificate and post-operative instruction card in all facilities conducting sterilization procedure. ***Note: Sterilization certificate to be issued as per GoI guidelines.***	20th Oct 2016
2.3	SQAC/DQAC to ensure that the above formats are used correctly by the facility. In this regard following actions to be undertaken by districts and regularly monitored by states: • Facility in-charge/service provider to ensure that before the procedure client has been explained the consequences of the procedure in a language she/he understands. Consent form should be filled and duly signed/ thumb impression by client and ASHA/Counsellor/Motivator. • Facility in-charge/service provider to ensure that the medical record checklist and post-operative instruction card has been filled and duly signed. • Facility in-charge or equivalent to ensure that there is sufficient time (more than 1 hour) between the counselling of the client and start of actual sterilization procedure. • States to maintain detailed monitoring plan with district wise monitoring calendar. • DQAC/DISC to monitor at least 5% fixed day services, 2 static services and 1 accredited service each month using facility audit checklists *(Annexure 6 and Annexure 17 in Standards and Quality Assurance in Sterilization Services-November 2014)* • DQAC/DISC to discuss the issues emerging out of monitoring visits and document it in 'minutes of the meeting' and 'action points' should be prepared and reviewed in subsequent meetings. • DQAC/DISC to conduct client exit interviews during each visit (10% clients in each public health facility visited (*Annexure 19 in Standards and Quality Assurance in Sterilization Services-November 2014).* States to further appraise responses to the client exit interviews and send it on quarterly basis to GoI in QPR format.	Ongoing

S No.	Action	Timeline
3. Upload the list of QAC members with their names and full particulars in the State/UT website to be linked to the website of MOHFW, GOI		
3.1	State to prepare and upload separate lists of SQAC, SISC, DQAC and DISC members with all necessary particulars as in ***Annexure 2.3***:	20th Oct 2016
3.2	State to send the above list along with the webpage link to FP division, GoI (for linking it with MoHFW website)	4th Nov 2016
3.3	State to update the above list quarterly.	31st March, 30th June, 30th September and 31st December
4. Prepare and upload the biannual report and annual report card, depicting statistical as well as non-statistical information like meetings held, enquiries conducted, remedial steps taken and achievement for the year and upload the same on State/UT website to be linked to the website of MOHFW, GOI		
4.1	State to timely submit the quarterly progress data on FP as per GoI QPR format	10th July, 10th October, 10th January, 10th April
4.2	State (SQAC/SISC)/ District (DQAC/DISC) to prepare six monthly and annual report on meetings held, enquiries conducted, remedial steps taken and achievement for the year as per ***Annexure 2.4***	12th October, 12th April
4.3	State to upload the six month report on State/UT website and send the webpage link to FP division, GoI (for linking it with MoHFW website)	20th November (for 2016 report) From 2016 onwards the uploading should complete by 20th October
4.4	State to upload the annual report on State/UT website and send the webpage link to FP division, GoI (for linking it with MoHFW website)	15th April
5. Prepare an annual report on details of death audits conducted, number of claims submitted for each category of death, complication and failure, claims paid, outstanding claims and claims rejected with reasons for rejection		
5.1	SQAC/SISC and DQAC/DISC to conduct death audits as per GoI guidelines *(Standards and Quality Assurance in Sterilization Services-November 2014).* The following necessary steps to be complied mandatorily: • Death Notification to be send by MO (at the institution where the death occurred) to the convener of the district quality assurance committee (DISC) within 24 hours of death (*Annexure 12 in Standards and Quality Assurance in Sterilization Services-Nov 2014)* • Operating surgeon to fill in the proforma for death following sterilization within 7 days of notification and to be submitted along with relevant records to DISC (*Annexure 13 in Standards and Quality Assurance in Sterilization Services-Nov 2014)* • DISC to conduct death audit within 1 month of receipt of proforma for death and relevant records and submit it to SISC (*Annexure 14 in Standards and Quality Assurance in Sterilization Services-Nov 2014).* • State to submit all death audit reports to FP division annually in the GoI prescribed format.	Ongoing
5.2	State to include the information on death audits including the details of enquiries held and remedial steps taken in the annual report (as mentioned above) ***(Annexure 2.4)***	15th April 2016
5.3	State to timely submit the quarterly FPIS data as per GoI QPR format	10th July, 10th Oct, 10th Jan, 10th Apr
5.4	State to include the information on Family Planning Indemnity Scheme including the information on claims submitted, claims paid, Outstanding claims, claims rejected,	15th April 2016

S No.	Action	Timeline
	reasons of rejection and details of compensation in the annual report (as mentioned above) ***(Annexure 2.4)***	
6. The quantum of compensation fixed under the Family Planning Indemnity Scheme (FPIS) may be doubled with the balance being paid from the state health budget		
6.1	State should double the compensation amount paid to client under FPIS **Note: The balance amount has to be borne by the state**	1st January2017
7. States should phase out sterilization camps over a period of 3 years and provide services on fixed day mode.		
7.1	States to immediately discontinue the traditional camp approach for provision of sterilization services. (Traditional camp approach means organizing the sterilization camp in the area/building with no functional OT) • State to ensure that camps are discontinued and only fixed day services are being carried out for provision of sterilization services. The necessary quality parameters are maintained at the fixed day service site as per GoI guidelines.	10th Oct 2016
7.2	State to develop the static centers for provision of sterilization services as per GoI camp phase out plan placed at **Annexure 2.5**.	
7.3	State to submit the district action plans and line list of high case load facilities (As per the DAP format)	30th Nov 2016
7.4	State to submit the district wise progress report on DAP to GoI	1st March 2016
8. Ensure strengthening Primary Health Care Centers appropriately for FP services		
8.1	States/Districts to ensure provision of all FP services as per the level of facility.	Ongoing
8.2	States/Districts to ensure provision of post-partum family planning services specially PPIUCD services in all the delivery points	Ongoing
8.3	States/Districts to ensure structured roll out of new contraceptives as per GoI guidelines.	Ongoing
8.4	States/Districts to ensure provision of post abortion FP services as per GoI guidelines and report the same on quarterly basis to GoI (*Letter vide No. N.11019/2/2015-FP, dated-24th Aug'2016)*	Ongoing
8.5	States/Districts to ensure FP logistic and supply chain management as per GoI letter dated 20th May 2015 *(Letter vide no. 11027/1/2015-FP)* on Strengthening & Stream lining the family planning logistics & Supply Chain Management.	30th Oct 2016
9. Ensure target free approach for Family Planning services		
9.1	• States/Districts to note that health worker/provider wise target should not be given and if any state/district is giving the person specific targets for Family Planning it should be immediately discontinued. • Mapping of operational facilities in districts and calculating facility/district wise expected level of achievements for logistic and budgetary estimations may however be done by District/State.	10th Oct 2016
9.2	States/Districts to immediately discontinue area wise reporting (if any) and family planning reporting should be strictly based on service delivery (facility based reporting). States may issue necessary orders to the districts in this regards.	10th Oct 2016
10. Implement the decisions taken in the high level meetings held on 15th May 2015, 17th November 2015 and National Summit on Family Planning held on 5th-6th April, 2016 scrupulously		
10.1	State to facilitate the Annual Review Workshops by GoI on Family Planning quality parameters and performance.	30th Nov 2016
10.2	State to plan for roll out of new contraceptives as per the prescribed DAP format shared by GoI during annual review workshops	30th Dec 2016
11. Disseminate and ensure strict adherence to the updated guidelines of the Government of India.		
11.1	State to print and ensure dissemination of GoI manuals and guidelines in all the districts of the respective states	31st March 2017
11.2	State to conduct quarterly divisional reviews for family planning. Session on quality parameters should be the part of agenda of the divisional reviews.	30th June, 30th Sep, 30th Dec, 31st March

Annexure 2.1

Annexure 2.1: Format for listing empaneled providers for uploading in State/UT website							
State							
Year							
Empanelment List for (Prepare separate list for Minilap, Lap and Vasectomy and indicate the same)							
SNo.	Name of District	Name of Empanelled Sterilization Provider	Qualification (MBBS/MS-Gynae/DGO/DNB/MS-Surgey/Other Speciality	Designation	Type of Facility Posted (PHC/CHC/ SDH/DH)	Postal address of facility where empaneled provider is posted	Contact number

Annexure 2.2 Line Listing Of Sterilization Trained/Empaneled Providers

S.No	Name of District	Name of trained/ Empanelled provider	Qualification	Place of Posting (Name of Facility and Level)	Contact Number	Trained/ Empaneled for			Services provided in last one year						Remarks
						Minilap	Laparoscopic Sterilization	NSV	Number of Minilap performed	If not performed surgery , please quote the reason for non-performance	Number of Laparoscopic Sterilization performed	If not performed surgery , please quote the reason for non-performance	Number of NSV performed	If not performed surgery , please quote the reason for non-performance	

Annexure 2.3: Format for listing SQAC/SISC/DQAC and DISC members in State/UT website						
State/District						
Year						
Type of Committee (Prepare separate list for SQAC,SISC,DQAC and DISC and indicate the same)						
SNo.	Name of Member	Designation in the Committee (Chairperson/Vice Chairperson/ Convener/Member Secretary/ Member)	Designation in the state (Secretary/MD/Director/ Joint Director/Deputy Director/Empaneled Gynaecologist/Surgeon etc)	Member Since (Month/year)	Address	Contact number

Annexure 2.4

Report Format

State

Report Type: (Annual /Biannual)

Reporting period

I. Family Planning performance

Services	Q1	Q2	Q3	Q4	Total
Interval Minilap					
Laparoscopy					
PPS					
Female Sterilization					
Male sterilization					
IUCD					
PPIUCD					
PPIUCD Acceptance (Out of total public health institutional deliveries)					

ASHA Scheme Performance:

Services	Q1	Q2	Q3	Q4	Total
HDC (percentage distribution of condoms, OCP and ECP)					
ESB Schemes (To be filled by states where scheme is implemented)					
PTK Utilization					

Status of Functionality of QAC

- Number of meetings held
- Frequency of meetings held(Quarterly/half yearly):
- Minutes of the meeting prepared (Yes/No)
- Number of deaths ,complication and failure reported
- Number of Enquiries conducted for each category
- Remedial steps taken

Status of FPIS Claims:

S.No	STATE	FRESH/NEW CLAIMS SUBMITTED IN 2015-16			OUTSTANDING CASES OF 2014-15			CLAIMS PAID IN 2015-16						CLAIMS REJECTED (2015-16)						OUTSTANDING CLAIMS TILL 31st MARCH 2016					
		Complication	Death	Failure	Complication	Death	Failure	Complication	Amount Paid	Death	Amount Paid	Failure	Amount Paid	Complication	Amount	Death	Amount	Failure	Amount	Complication	Amount	Death	Amount	Failure	Amount

Specify reasons for claim rejection (Death/complication/failure)

Status of Death Audit

Name of State	Number of Death reported	Number of death audits conducted	Number of deaths attributed to sterilization	Reason of death	Action taken

Annexure 2.5

Phase Out plan for sterilization camps

Objective: To ensure quality sterilization services by phasing out sterilization camps and replacing it by fixed day services. Sterilization services to be provided only in the facilities with functional OT.

Key Strategies:

1. Operationalization of facilities:

- Mandatory IUCD services at all levels of facilities.
- Mandatory PPIUCD services at facilities conducting deliveries.
- Post-partum Minilap and NSV services in high delivery case load facilities.
- Interval Minilap and laparoscopic sterilization and NSV in equipped facilities.
- Availability of all Contraceptives options at facilities and community.
- Plan preparation for operationalization of FP services in static manner.

2. Expanding pool of providers:

- Expanding the eligibility criteria for service providers for providing sterilization services
- Development of at least 1 training centre for sterilization services in each district

3. Ensuring Equipment and Supplies

Phases of Plan:

Duration for phase out: 3 Years

Phases	Criteria	Timeline
Phase 1	**Saturating facilities with >200 deliveries per month**	**2016-17**
Phase 2	**Saturating facilities >100 deliveries per month**	**2017-18**
Phase 3	**Saturating facilities >50 deliveries per month**	**2018-19**

Following activities are to be undertaken for ensuring FP services

- Line listing of facilities conducting deliveries according to the criteria mentioned above by the state.
  - Immediate operationalization of the high delivery load facilities with rational deployment of Human resources.
  - Mapping of resources (Human/infrastructure) in these facilities and budgeting for necessary equipment in the NHM PIP.
- SISC/DISC to ensure the implementation of plan to operationalize facilities in fixed day service and develop a plan of monitoring.
- Increasing the provider pool for family planning services by developing training plans
  Following actions may be taken to address human resource issues:
  - All MBBS doctors (Contractual/Regular) joining government services must be compulsorily trained for Minilap and NSV services.
  - Task shifting: allowing SBA trained AYUSH doctors, ANM for PPIUCD insertion after formal training.
  - Empanelment of providers performing sterilization operations for 3 years. Updating list of empanelment every quarter/ as soon as warranted.
  - Training of Minilap providers for Laparoscopic sterilization (MBBS and above), Specialists from other surgical fields (other than Obs/Gyn) may be taken for training in Minilap and Laparoscopy.
  - Identification of non-performers (those unable to provide services despite being trained) and reasons thereof. Regular analysis and taking administrative/corrective actions.

- Discontinuing the traditional camp approach and conducting sterilization services in fixed day or static manner.
    - Assessment of requirements for operationalizing facilities in FDS mode.
    - Categorizing the gaps/requirements in immediate, mid and long term in terms of action to be taken.
    - Appropriate budgeting for different FP services in NHM PIP.
    - Identifying hard to reach areas in every state and service provision through FDS can be explored.
- Following criteria to be followed for operationalization of FP services in static manner

Level of Facilities	Services for Operationalization
DH	Postpartum Minilap, Interval Minilap/Laparoscopy, NSV, PPIUCD, Interval IUCD, Post Abortion FP
SDH, CHC	Postpartum Minilap, Interval Minilap/Laparoscopy, NSV, PPIUCD, Interval IUCD, Post Abortion FP
PHC	NSV, Interval/Post-Partum Minilap, IUCD/PPIUCD
SC	IUCD/PPIUCD

- Development of district training centres for family planning services.
    - Identifying high case load facilities functional for Minilap/Lap/NSV services with all necessary infrastructure, equipment and supplies.
    - Prioritizing facilities conducting an average of 600 laparoscopic/ Minilap tubectomy cases per year (average 50 per month) or 300 NSV cases per year (an average of 25 cases per month) to enable demonstration by trainers and supervised hands on performance on clients by the trainee.
    - Ensuring availability of at least two trained providers in Minilap/Laparoscopic sterilization or NSV for respective training site.
    - Plan of monitoring and follow up of trained providers by District Training Coordinators or CMO.