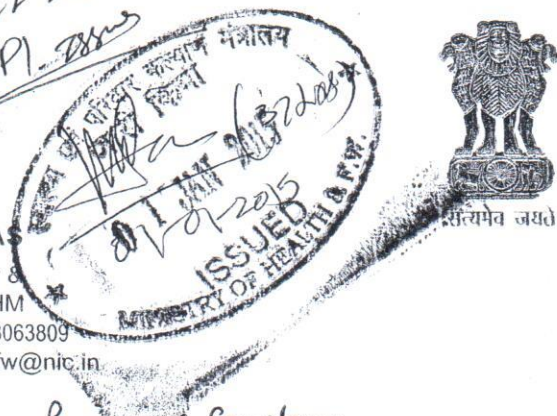




R&Z Sec.  
PI. 22/12/14

C.K. Mishra, IAS

Additional Secretary &  
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भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110011  
Government of India  
Ministry of Health & Family Welfare  
Nirman Bhavan, New Delhi - 110011  
DO. No. N 11017/DT/2014-FP  
Dated: 30<sup>th</sup> December, 2014

Dear Principal Secretary,

To deliver quality family planning services in a spirit of voluntarism and within a rights and accountability framework, the government of India has widely disseminated the Standards for female and male sterilisation services:2006, Quality assurance in sterilisation: 2006, SOPs for sterilisation services in camps: 2008 and Operational guidelines on 'Fixed Day Static' services in sterilisation: 2008, across the country.

However in view of some mishaps and violations of SOPs coming to light from some states in the immediate past it is hereby emphasized that the following directives must be followed at all levels in the states to prevent and pre-empt such incidents from recurring in future:

- Re-orient all programme officers and service providers on the above manuals.
- Follow the standards strictly laid down by the GoI.
- Empanel the surgeons as per eligibility criteria.
- Camps be held only in health facilities with functioning OTs
- Infection prevention practices be strictly followed.
- All services be delivered in a client friendly manner with due sensitivity.
- Clients be properly counselled and screened as per eligibility criteria for case selection prior to surgery.
- 'Application cum Consent form' and 'Medical record and checklist for female and male sterilisation' be signed and filled in before the start of the procedures.
- Camp managers and surgeons should stick to the stipulations mandated in the SOP.
- Clients be discharged after at least four hours post-surgery once the vitals have been checked by the doctor at the facility with clear instructions to return for follow up.
- All cases of sterilisation deaths must be audited.
- DQAC should depute 1-2 members to conduct quality assessment of at least two 'fixed day static' and one 'accredited private/ NGO' facilities every month and 5% of camps every quarter.
- SQAC should mandatorily meet at least twice a year and DQAC four times a year or more if needed to review all issues pertaining to Family Planning especially quality.

It must be kept in mind, that sterilisation is one of the options in the bouquet of family planning choices and every client should be provided her/his choice in a spirit of volunteerism.

You may share the advisory with all CMOs/ Equivalent and other stakeholders at the state/ district/ block level including programme managers and service providers.

With regards,

Yours sincerely,

  
(C. K. Mishra) 30/12/14

Principal Secretaries, Health and Family Welfare of all the States/UTs

o/c