

**Strategic Action for the State to comply with the directions given by the Hon'ble Supreme Court
Order dated 14.09.2016 in civil writ Petition No. 95/2012 (Devika Biswas V/s UOI):**

Strategic Action Point	Time line	State's plan for execution
1.Upload the list of empanelled 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 to the empanelled sterilization service providers with all necessary particulars as per annexure 2.1 in state /UT website	31 st Oct 2016	District wise empanelled sterilization service providers list has been uploaded at state website.
1.2 State to send the above list along with the webpage link to FP division, MOHFW (For linking it with MOHFW website)	4 th Nov 2016	Web page link : http://health.tripura.gov.in/family-planning
1.3 State to update the above list regularly (as per GOI guideline- empanelled list to be updated every quarter or sooner, if warranted.)	31 st March, 30 th June 30 th Sep 31 st Dec	It will be updated regularly as per direction.
1.4 State to submit status of empanelled sterilization service providers (Performing and non performing) as per GOI format.(Annexure 2.2)	31 st Dec,2016	State has uploaded empanelled service provider as per as per GOI format.(Annexure 2.2) Web page link : http://health.tripura.gov.in/family-planning
2. Ensure that the updated consent forms and post operative instruction cards are translated in the local language and the clients are explained about the procedure so that an informed consent is obtained from them as per GOI Guideline		
2.1 Sterilization Consent form (as given in the standards and quality assurance in Sterilization services- Novembar 2014) to be translated in local language in a manner that its sanctity is not lost.	15 th Oct 2016	Sterilization consent form has already been translated in the local (Bengali) language
2.2 State to ensure the availability of translated consent form, medical record checklist, sterilization certificate and post operative instruction n card in all the facilities conducting sterilization procedure	20 th Oct 2016	Consent form and post operative instruction has already been translated into local (Bengali) language. Procedure for translating sterilization certificate will be completed by 31st Dec 2016.
2.3 SQAC/DQAC to ensure that above formats are use correctly by the facility. In this regard following action to be undertaken by the districts and regularly monitored by the state:		

<ul style="list-style-type: none"> • Facility in-charges/service provider to ensure that before the procedure client has been explained the consequence 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-charges / Service Providers to ensure that before the procedure client has been explained the consequence of the procedure • Facility in-charges or equivalent to ensure that there is sufficient time (more than 1 hr) between the counselling of the client and start of actual sterilization procedure • State to maintain detail monitoring plan with district wise monitoring calendar • DQAC/DISC to monitor at least 5% fixed day services, 2 static services, 1 accredited services each month using facility audit checklist. • DQAC/DISC to conduct client exist interview during each visit (10% client in each public health facility visited (Annexure 19 i standards and quality assurance in sterilization services- November 2014). State to further appraise responses to the client exist interview and send it on quarterly basis to GOI in QPR format 	<p>On -going activity</p> <p>On -going activity</p> <p>On -going activity</p> <p>On -going activity</p> <p>On -going activity</p> <p>On -going activity</p>	<ul style="list-style-type: none"> • Already in practice • Already in practice • Already in practice • Already in practice • Instruction from SQAC has already been issued. (Copy enclosed) • Instruction from SQAC has already been issued. (Copy enclosed)
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3. Upload the list of QAC members with their name and full participants in the State/UT website to be linked to the website of MOHFW,GOI		
3.1 State to prepare and upload separate list of SQAC,SISC,DQAC,DISC members with all necessary particulars	20 th oct 2016	List of SQAC, SISC members have already been uploaded. List of DQAC/DISC will be uploaded by 2 nd week of Jan. 2017.
3.2 State to send the above list along with the webpage link to FP division,GOI(For linking it with MOHFW)	4 th Nov 2016	Web page link : http://health.tripura.gov.in/family-planning
3.3 State to update the above list quarterly	31 st march 30 th June 30 th sep 31 st Dec	It will be updated quarterly.
4.Prepare and upload the biannual report and annual report card, depicting statistical as well as non statistical information like meeting held, enquires conducted, remedial step taken and achievement for the year and upload the State/UT website of MOHFW,GOI		
4.1 Sate timely submit the quarterly progress data on FP as per GOI QPR format	10 th July 10 th oct,10 th January,10 th April	Sending of Quarterly data related to progress on FP as per GOI QPR format is in practice.
4.2 State (SQAC/SISC) District(DQAC/DISC) to prepare six monthly and annual report on meetings held, enquiries conducted,remedial step taken,and achievement for the year as per annexure 2.4	12 th Oct, 12 th April	Already been uploaded.
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)	20 th Oct.2016	Web page link : http://health.tripura.gov.in/family-planning
4.4 State to upload the annual report on state/UT website and send the web page link to FP division, GOI(For linking it with MoHFW guideline)	15 th April	Web page link : http://health.tripura.gov.in/family-planning
Prepare an annual report on the details of the death audit report conducted, number of claims submitted for each category of death, complication and failure, claim paid, outstanding claims and claims rejected with reasons for rejection.		

<p>5.1 SQAC/SISC and DQAC/DISC to conduct death audit as per GOI Guidelines(Standards and quality Assurance in sterilization services- Nov 2014)</p> <p>The following necessary steps to be complied mandatory:</p> <ul style="list-style-type: none"> • Death notification to be sent by MO(at institution where the death has occurred)to the convener of the district quality committee(DISC) with in 24 hr of death.(Annexure 12 in standards and quality assurance i sterilization services) 		<ul style="list-style-type: none"> • System established. But no death occurred till date.
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<ul style="list-style-type: none"> • Operating surgeon to fill in the proforma for death following sterilization within 7 days of the notification and to be submitted along with relevant record to DSIC (Annexure 13 in standards and Quality Assurance in sterilization services –Nov 2014) 		<ul style="list-style-type: none"> • System established. But no death occurred till date.
<ul style="list-style-type: none"> • DISC to conduct death audit with in 1st month of receipt of the proforma for death and relevant records to DSIC. 		<ul style="list-style-type: none"> • System established. But no death occurred till date.
<ul style="list-style-type: none"> • State to submit all the death audit reports to FP division annually in GOI prescribed format. 		<ul style="list-style-type: none"> • System established. But no death occurred till date.
<ul style="list-style-type: none"> • State to include the Family planning indemnity scheme including the information of the claims submitted, claims paid, outstanding claims, claims rejected, reasons of rejection and details of compensation in the annual report (as mentioned above) (annexure 2.4) 	<p>By 15th April 2016</p>	<ul style="list-style-type: none"> • It is already been practiced in the state. In the annual report the details of Family Planning Indemnity scheme are usually sent.
<ul style="list-style-type: none"> • 6 The quantum of compensation fixed under family planning indemnity scheme(FPIS) may be doubled with the balance 		
<p>6.1 State should double the compensation The balance amount will be borne by the state</p>	<p>1st Jan 2017</p>	<p>File will be processed very soon.</p>
<ul style="list-style-type: none"> • State should phase out sterilization camps over a period of 3 years and provide services on fixed day mode. 		
<p>7.1 States to immediately discontinue the traditional</p>		

<p>camp approach for the provision of sterilization services.(Traditional camp approach means organizing the sterilization camp in the area/building with no functional OT)</p> <ul style="list-style-type: none"> 7.2 State should ensure that camps are discontinued and only fixed day services are being carried out for provision of sterilization services. 	10th Oct 2016	It has already discontinued in the state. Sterilization camps are organized in the accredited centres having functional OT.
<ul style="list-style-type: none"> 7.3 State to develop the static centers for provision of sterilization services as per GOI camp phase out plan placed at Annexure 2.5 		Already been developed
<ul style="list-style-type: none"> 7.4 State to submit district action plan and line list of high case load facilities. (As per DAP format) 	30th Nov 2016	Line list of high caseload facilities has been annexed.
<ul style="list-style-type: none"> 7.5 State to submit district wise progress report on DAP to GOI 	1st March 2016	It will be submitted by of March 2017.
8. Ensure the strengthening of primary health care centres appropriately for FP services		
<ul style="list-style-type: none"> 8.1 State /Districts to ensure provision of all FP services as per the level of the facility 	On going	Already in practice
<ul style="list-style-type: none"> 8.2 State /Districts to ensure provision of all FP services especially PPIUCD services in all the deli vary points. 	On going	Already in practice
<ul style="list-style-type: none"> 8.3 State/ Districts to ensure the structured roll out of new contraceptives as per the GOI guideline 	On going	Already in practice
<ul style="list-style-type: none"> 8.4 State/Districts to ensure provision of post abortion FP services as per GOI guideline and report the same on quarterly basis to GOI(letter vide No. N.11019/2/2015-FP,dated24th Aug 2016. 	On going	Already in practice
<ul style="list-style-type: none"> 8.5 State and District to ensure FP logistic and supply chain management as per GOI letter dated 20th May 2015(Letter vide 11027/2/2015-FPdated 24th August 2016) 	On going	Already in practice
9. Ensure target free approach for Family Planning Services		
<ul style="list-style-type: none"> 9.1 State/District to note that 	10th oct 2016.	Already in practice

<p>health worker/provider wise target should not be given ad if any state/district is giving the person specific targets family planning it should be immediately discontinued.</p> <ul style="list-style-type: none"> Mapping of operational facilities in the district and calculating facility /district wise expected level of achievement for logistic and budgetary estimations may however be done by District/State 		
<ul style="list-style-type: none"> State /District to immediately discontinue area wise reporting(if any) and family planning reporting should be strictly based on the service delivery(facility based reporting). States issue necessary orders to the districts in this regards. 	10th oct 2106	No area wise reporting is being practised. Facility wise reporting are done
10.Implement the decision taken in the high level meeting held on 15 th may 2015,17 th Nov 2015 and national summit on family planning held on 5 th -6 th April,2016scrupulously		
<ul style="list-style-type: none"> 10.1 State to facilitate the annual Review Workshop by GOI on Family Planning quality Parameters and performance 	30th Nov 2016	It will be observed.
<ul style="list-style-type: none"> 10.2State to plan for roll out of new contraceptives as per the prescribed DAP format shared by GOI during annual review workshop. 	30 th Dec 2016	It will be completed by due time
11.Disseminate and ensure strict adherence to the updated guidelines of the Government of India.		
<ul style="list-style-type: none"> 11.1 State to print and ensure dissemination of GOI manuals and guidelines in all the districts of respective states. 	31 st march 2017	It will be completed by due time
<ul style="list-style-type: none"> 11.2 State to conduct quarterly divisional reviews fro family planning. Session on quality parameters should be the part of agenda of the disional reviews 	30th June,30th sep,30th Dec,30th March	It will be conducted accordingly.

Annexure 2.1: Format for listing empanelled providers for uploading in state/UT website							
State	Tripura						
Year	2015-16						
Empanelment list for (Prepare separate list for Minilap, Lap and Vasectomy and indicate the same)							Vasectomy
Sl no	District	Empanelled sterilization provider	Qualification	Designation	Type of the facility Posted(PHC/CHC/SDH/DH)	Postal address of service provider where he posted	Contact No
1	West	Dr.Mainiram Reang	MS	Surgeon	SH	AGMC&G BPH	
2	North	Dr. Asish Kr Sen	MS	Surgeon	DH	Dharama nagar DH	
3	Gomati	Dr. Chandan Mallik	MS	Surgeon	DH	Gomati DH	
4	West	Dr. Dhruva Banik	MS	Surgeon	SH	IGM hospital	9436134524
5	West	Dr. Tapan Saha	MS	Surgeon	SH	IGM hospital	

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State	Tripura						
Year	2015-16						
Empanelment list for (Prepare separate list for Minilap, Lap and Vasectomy and indicate the same)							Lap
Sl no	District	Empanelled sterilization provider	Qualification	Designation	Type of the facility Posted(PHC/CHC/SDH/DH)	Postal address of service provider where he posted	Contact No
1	West	Dr.Aparajit Pal	MD(Obs and Gynae)	Gynaecologist	SH	AGMC &GBPH	
2	Dhalai	Dr. Narayan Pal	DGO	Gynaecologist	SDH	BSMH Kamalpur	
3	Gomati	Dr.Kajal Kumar Das	MD(Obs and Gynae)	Gynaecologist	DH	Gomati DH	9436084313
4	West	Dr. M.M Debnath	DGO	Gynaecologist	SH	IGM hospital	9436139199
5	Unakotti	Dr. Dilip Kumar Das	MS	Gynaecologist	DH	Unkotti DH	
6.	South	Dr.Arpan Bhattacharya	DGO	Gynaecologist	SH	Belonia SDH	
7.	West	Dr.Narayan ch Ghosh	MD (Obs and Gynae)	Gynaecologist	SH	IGM hospital	
8.	west	Dr. Achinta Kumar Nath	DGO	Gynaecologist	SH	IGM hospital	
9.	west	Dr.Debdulal Das	Ms (Obs and Gynae)	Gynaecologist	SH	IGM hospital	
10.	Sepahijala	Dr. Gopal Krishana Debanath	MD,(Obs and Gynae)	Gynaecologist	SDH	Melaghar SDH	
11.	west	Dr. Mantosh Debnath	DGO	Gynaecologist	SH	IGM hospital	

