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DIRECTORATE OF FAMILY WELFARE, GOVT. OF NCT OF DELHI
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DFW-3019/1/2017-SPO-FP(DFW)/ 2984-2996 **Dated:** 03.07.25

Minutes of Meeting

A meeting of the State Indemnity Sub Committee (22nd SISC Meeting) was held on 09.06.2025 at 11.00 AM in the conference hall, 9th floor, Delhi Secretariat under the chairmanship of Mission Director, DSHM.

The meeting was attended by following officers:

1. Dr.A.G. Radhika, Director, Directorate of Family Welfare (Convener)
2. Dr. Jyoti Sachdeva, State Program Officer (Family Planning and Maternal Health), DFW (Member Secretary)
3. Dr Rachna Sharma, FP, Nodal Officer, representing Dr Y. M Mala, Dir Prof (O & G), LN Hospital (Member)
4. Dr. Chandan Bortamuly, Empanelled NSV Surgeon (Member).

Initiating the proceedings, Dr. A.G. Radhika, Director, DFW, extended a cordial welcome to all committee members. She subsequently elucidated the core concept and purpose of the **Family Planning Indemnity Scheme (FPIS)**, effectively framing the main agenda of the meeting.

Following agenda were discussed:

Agenda 1: Action taken on proceedings of 21st SISC meeting.

Following was informed to all committee members:

1. Minutes of the meeting of 21st SISC held on 16.07.2024 were shared with all concerned officers and facilities.
2. Sanction orders for State and NHM shares as per recommendations of 21st SISC have been issued for the approved cases and payments cleared from both ends.
3. Advisories on recommendations and reiterations had been shared with all accredited hospitals through CDMOs.

Agenda 2: Scrutiny of the Eighteen cases of Sterilization Failure reported after the last meeting.

- The case summaries and submitted documents of all reported cases of failure of sterilization during the years 2023-24(07 cases) & 2024-25 (11 cases) were presented before the committee and discussed one by one.
- The committee members were disturbed with the cases of last FY and "sought" explanation for such delay in the submission of cases and at the same time directed that cases submitted **beyond**

30th June of subsequent year (in today's context -30.6.2025) would not be entertained and responsibility would be upon the district to settle the case/face the consequences. **Action: Districts S, W, Nd, NW.**

- The cases belonged to six districts.The respective District Quality Assurance Committees had submitted the cases after recommendation at their level for approval of SISC.
- All cases were reviewed with respect to eligibility for claim, adherence to standards during initial (failing) procedure and clinical management of failure.
- 15 cases of Female Sterilization failure were cleared for payment. While 01 case was not recommended for payment,02 cases were deferred for want of further details. **(Refer Tables 1 & 2** for recommended cases belonging to F.Y.2023-24 and 2024-25 respectively and **Table 3** for Not Recommended and deferred cases. 1 case of death claim was not recommended as per details mentioned in **Table 4.**

Table 1: Summary of 06 cases belonging to year 2023-24 which were recommended for compensation of an amount of Rs. Sixty Thousand) [Rs. Thirty Thousand each from NHM funds and State funds]:

S.No.	District	Name of Beneficiary/Claimant and husband	Facility
1.	South	Neetu Devi w/o Baij Nath	AIIMS
2.	South	Asmita w/o Prem Kumar	AIIMS
3.	West	Pooja Devi w/o Lal Babu Soni	ASBGH
4.	New Delhi	Ranju Devi W/o Sarwan	LHMC & SSKH
5.	North West	Sikil Devi w/o Sambhu Sahni	Bhagwan Mahavir Hospital
6.	North West	Sandhya W/o:- Parveen	PSS, Rohini

Table 2: Summary of 09 cases belonging to F.Y. 2024-25 which were recommended for compensation of an amount of Rs. Sixty Thousand) [Rs. Thirty Thousand each from NHM funds and State funds]:

S.No.	District	Name of Beneficiary/Claimant	Facility

1	West	Nagina w/o Tahir Husain	DDUH
2	West	Punam Devi w/o Umesh Thakur	DDUH
3	West	Deepali Dass w/o Subodh Chander Dass	GGSGH
4	West	Maninder Kaur w/o Manjit Singh	DDUH
5	Shahdara	Kavita w/o Pawan	GTBH
6	Southwest	Anju w/o Anil Kumar	SDDMASC
7	Northwest	Sonia Kapoor w/o Ravinder Kapoor	BSAH
8	Northwest	Pooja w/o Dinesh	PSS, Rohini
9	Northwest	Vijendri w/o Sanjay Kumar	PSS, Rohini

Table 3: Summary of **03 cases of Sterilization Failure not recommended/deferred** for compensation.

S. No.	Year	District	Name of Beneficiary/Client	Facility Name	Remarks
1	2023-24	South	Vimlesh Kumari w/o Lalta Prasad	Safdarjung Hospital	Claim submitted beyond 90 days. No valid/ acceptable explanation submitted by claimant/ QC/ DQAC **Not recommended.**
2	2024-25	North West	Neelam w/o Gourav	Sanjay Gandhi Memorial Hospital	While the USG shows no G-sac &. significant free fluid in pelvis,the **HPE report** suggestive of Ectopic Pregnancy(EP)says that both Fallopian tubes are unremarkable. No evidence of dysplasia or tubal gestation. QC and DQAC may justify the

					evidence of conception. **Case deferred.**
3	2024-25	North West	Jaya w/o Deepak	Sanjay Gandhi Memorial Hospital	While the USG shows cystic spaces with possibility of Partial mole, a repeat tubectomy was performed with suction evacuation (S/E) & tubes were not confirmed on HPE report of Product of Conception (PoC)not made available by the hospital. Need histopathology report. **Case deferred.**

Table 4: Summary of **01 Sterilization Death not recommended** for compensation.

S.No	District	Year	Name of beneficiary/Claimant	Facility Name	Remarks
1	**Shahdara**	**2024-25**	Naina w/o Om Prakash Ahirwar	GTBH	On the basis of the inspection report & committee report of quality circle and DISC-Shahdara, the cause of death was due to pulmonary embolism and not attributed to sterilization. The SISC committee agreed to the inspection report submitted. **Not Recommended** for compensation.

Following additional points were recommended by the committee:

The committee took serious view of some procedural/clinical issues in the submitted documents, management of the cases.The same are summarised below against the case in which the issues were observed. The committee recommended that the same be conveyed to the concerned facilities and service providers & also to all as a general advisory.

Table 5: Case wise remarks

Name of the client	Concerned person/facility/District/ Committee	Issue/Concerns	Recommendations	Remarks and Action
Manindar Kaur w/o Manjeet singh	DDUH, West District	Certificate issued after failure	1. Sterilization certificate should not be issued after failure of case. 2. HoD (OBGY)/MS/MD to verify such cases regarding the authenticity (History, scar and old records) on their letter head rather than issuing certificate post-failure 3.As such, Importance of collecting sterilization certificate to be emphasised to all clients before surgery as well as at the time of discharge. QC may monitor the collection rate and undertake CAPA, if necessary.	Letter to concerned facility and district and to be included in general advisory. -
Jaya w/o Deepak	SGMH, Northwest District			
Deepali Dass w/o Subodh Chandra Dass	GGSH, West District	Delivered after sterilization failure and document/discharge slip neither mentioned contraception given nor advised.	All clients to be offered contraception after termination or delivery post failure in case they do not	

			undergo repeat sterilization. The client must understand that she can get pregnant again. If the client refuses , the same to be documented in the casesheet without fail.	
Pooja Devi w/o Lal Babu Soni	ASBGH	Sterilization was performed in the pre-menstrual phase.	The committee pointed out an omission on part of surgeon conducting the procedure as despite doing sterilization in premenstrual phase, she did not document in file how she was reasonably sure that the woman is not already pregnant and why the woman was not called post menstrually for the procedure. HPE.	
Punam Devi W/o Umesh Kumar	DDUH	The woman took MTP Pills before reporting.	The committee observed that while the woman had reported with incomplete abortion, the case sheet does not mention evacuated products and same were not sent for HPE.	
Anju Devi w/o Anila Kumar	SDDMASC	Incomplete OT notes despite known bicornuate uterus during second procedure. PoC not sent for HPE for confirmation.	• OT notes should mention the per operative findings in details especially in uncommon/doubtful cases preferably with illustrations. For confirmation • PoCs and fallopian tube	

			bits sample should be sent for HPE in all cases.	
Puja w/o Dinesh	PSS Rohini	• Signature of claimant in claim and consent form are in Hindi and English languages respectively. • The reason for primarily doing Minilap was not documented.	• The affidavit should have already been submitted by QC/DQAC. • In this case DFW had to ask for it, wasting valuable time at all ends. • DQAC could have deliberated upon reasons upon Minilaprotomy. • The recommended case sheets are not in use at the time of failure.	
Asmita w/o Prem Kumar	AIIMS	Fimbrial end not visualized (buried in pelvis) .	Minilap/ HSG could have been considered to prevent higher chances of failure.	

General Observations:

1. It should be a practice to send products of conception (PoC) for Histopathological Examination (HPE) after MTP and D&E for confirmation of pregnancy, termination or any other finding. This was especially pointed out in cases where ultrasound findings revealed bicornuate uterus, suspicion of molar pregnancy, ectopic pregnancy and very early pregnancies. The committee also observed that some hospitals are not documenting gross examination of products of conception after suction evacuation and neither sending products for Histopathology. It was said that HPE services must be available in each hospital or tie up should be done and any removed/transacted Fallopian Tubes must be subjected to histopathological examination. Also, HPE of PoCs ,if sent, must be attached in file. Further, the reports must be collected & considered at the time of issue of Certificate. **Action: All Hospitals (Service delivery points).**
2. Per-operative findings both at the time of sterilization and subsequent procedures must be meticulously mentioned in the OT notes. This was viewed as a deviation from good practice earlier and also recommended and re-iterated. Several case sheets, especially the ones from PSS, Rohini did not mention OT notes properly. Reason for primarily doing minilap was also not documented. It was reiterated that it should be a practice to mention all steps including methods of occlusion, eg. Pomerey's Technique etc, pictorial diagrams of the procedure.and per-op findings.

3. For addressing missing columns in consent form & case record etc, it was recommended that regular check must be done by quality circles. 5-10% cases must be checked. **Action: MS/MD, Accredited Facilities**
4. Standard formats and case sheets to be used by all accredited facilities, and diagrammatic presentation of Per Op findings should be a practice. Concerned DISC to confirm the same during inspection of accredited facilities. **Action: All Accredited Facilities.**
5. The Committee recommended that districts must ensure **timely receipt & scrutiny** of reported cases of adverse events following sterilization & submit to SISC after due deliberations and logical recommendation **as soon as possible**. Similarly, forwarding of non-payable claims as per FPIS without documentation of justification in file is also to be avoided. On scrutiny, some cases submitted were found to be not clear -cut cases for FPIS compensation-what was not acceptable is that the facts were not highlighted and further needful not done before submitting the cases.
6. Simultaneous monitoring of failures, complications and deaths as reported by facilities must be done by districts so that there is no disparity and facilities can be asked to submit claims if there is a delay. Reporting of all such cases on **HMIS is absolutely mandatory** and non-triangulation is non-negotiable.
7. It was pointed out that the findings in the case sheet were not properly replicated in template slide presentations which not only reflected callous submission by FNOs and DPOs but also exhausted valuable time of POs at state level. The cases reported in current FY must be according to a comprehensive checklist to be shared in a short time. **Action: FP Section**

Agenda 4: Consideration of proposal to decentralize the claim settlements to DISCs

It was proposed that, as it is practiced in some States, only doubtful cases be submitted to SISC while the rest may be informed, after discussion in concerned DQAC/DISC. The committee went through the national guidelines and deliberated on the same.

Following was recommended :

For the time being, the same process of submission of all claims to SISC may be followed.

The members of DISC may be oriented by a selected group of experts so that proper scrutiny of casesheets and claims are done and the DQAC meetings are minutised accordingly.

The Director desired that SOPs for submission of claims may be further fine-tuned for ease of the SISC members. **Action: FP Section.**

Agenda-5: Quality issues faced for IM-MPA and roll out of SC-MPA

With the permission of the chair the quality issues faced in the State regarding IM-MPA injectable contraceptives were discussed. It was also informed that the FP division of MoHFW have been informed regarding the same and advice has been sought. As a corrective action, Delhi is scaling-up new contraceptive services across all districts. SC-MPA trainings have been expedited at both district and State levels. (In collaboration with WHO).

The meeting ended with a vote of thanks.

This issues with prior approval of the Mission Director, DSHM.

3.7.25

Dr. Jyoti Sachdeva
State Program Officer
Family Planning and Maternal Health

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Copy for information:

1. PS to Secretary, H&FW, 9th Floor, Delhi Secretariat, Delhi-02
2. PA to Mission Director, DSHM, 9th Floor, A wing, Delhi Secretariat, Delhi-02
3. PS to Director, DFW, B wing, 7th Floor, Vikas Bhawan-2, Civil Lines, Delhi-54
4. District Magistrates of concerned districts
5. CDMOs (South, West, Northwest, Southwest, Shahdara & New Delhi Districts)
6. Office copy

Copy for general information:

1. District Magistrates of all other districts too.
2. CDMOs of all other districts too.

Copy to:

1. Dr. Y M Mala, Dir. Proff.(Obs & Gynae), LN Hospital, Delhi / Dr.Rachna Sharma (Representative member)
2. Dr. Chandan Bortamuly, State NSV trainer, Lok Nayak Hospital, JLN Marg, New Delhi-02.
3. DPO (RCH), South, West, Northwest, Southwest, Shahdara, & New Delhi districts– **for release of funds.**
4. All concerned accredited facilities through CDMOs
5. DSHM programmer and SMISE for uploading the minutes on website as per Directives of Hon'ble Supreme Court of India.

3.7.25

Dr. Jyoti Sachdeva
State Program Officer
Family Planning and Maternal Health