

## QUARTERLY REPORT FORM

(To be submitted by District level QAC/State level QAC.)

NAME OF THE STATE / DISTRICT: .....

Quarter: .....

1	Number of sterilisation conducted in the districts / States.	
2	Number of cases of failures of sterilisation/ incapacitation reported/ noticed.	
3	Number of cases of post-operation complications arising out of Sterilisation procedure reported/ noticed.	
4	Number of Deaths following sterilisation procedure reported / noticed.	
(i)	During the sterilisation operation.	
(ii)	After the sterilisation operation.	
5	Number of claims received.	
6	Number of claims forwarded to Insurance Company.	
7	Number of claims accepted by Insurance Company	
8	Number of cases where payment released.	
9	Number of claims pending settlement with Insurance Company	
	<b>30days: ..... 31-90 days: ..... More then 90 days: .....</b>	
10	No. of Court cases, if any.	
11	Number of private doctors / health facilities empanelled/ accredited:	
(i)	<b>During the Quarter:</b>	
(ii)	<b>Total upto the end of the Quarter:</b>	
12	Whether consent forms are available in local languages with all Doctors / health facilities in sufficient number.	
13	Any problem with insurance company:	
14	Problem, if any, with general public reporting failures/ Complications / deaths etc. following sterilization:	
15	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).
16	Details of Doctor(s)/health facility (ies) (indicating names & registration No. of doctor(s)/health facility (ies), No. of failure / complications / deaths etc. reported / noticed doctor-wise and health facility-wise, action taken against each doctor/health facility, names of doctors / health facilities removed from the panel, etc.	(To be given on separated sheet).

**Statement of the Quarterly Reports sent by the various States/Union Territories for acceptors of Sterilisation in respect of the Family Planning Insurance Scheme**

Name of State/Union Territory	Quarterly Report for the period ending	Whether Report received (Yes/No)	Number of Sterilisations done			Number of deaths reported due to Sterilisation in hospital or within 7 days from discharge	Number of deaths reported due to Sterilisation in hospital or within 8 to 30 days from discharge	Number of reported cases of medical complications	Number of failures of Sterilisation reported from operations conducted since 29.11.2005	Number of claims submitted to ICICI Lombard in respect of Sterilisation	Number of claims settled by ICICI Lombard during the Quarter	Number of claims that have not been settled by ICICI Lombard in respect of Sterilisation	Number of Court cases against accredited doctors arising out of failure of Sterilisation, etc.
			In Govt. Hospitals	In Accredited Hospitals	Total								
1	2	3	4	5	6	7	8	9	10	11	12	13	14

Signature of Nodal Officer