

CHAPTER XIV

FAMILY WELFARE PROGRAMME

1401. The family welfare programme on Indian Railways was started in 1965, as a National Programme totally guided and financially assisted by the Ministry of Health for the Welfare of Railway population. From April 1994, Railway is implementing this programme without budgetary support from Ministry of Health & FW.

The components of the programme are:

- a) Prevention of unwanted birth and adoption of small family norm by all railway employees.
- b) Maternal and Child Health care.
- c) Immunisation of eligible children against six preventable diseases i.e. Diphtheria, Tetanus, Whooping cough, Polio, Measles and Tuberculosis under the universal immunisation programme.
- d) Immunisation of pregnant women against tetanus.
- e) Health Education.
- f) Prevention against diseases like Diarrhoea, etc.

Section A

Family Planning

1402. Strategy for Railways:

The objective of the Family Planning component is population stabilisation by bringing down the birth rate. As a prerequisite to proper planning randomised sample surveys to know the birth rates, proportion of eligible couples, contraceptive preferences should be done annually. Based on this data, innovative strategies have to be formulated locally.

Since Railways are not supported by Ministry of Health for staff salaries, the "Family Welfare" staff should be integrated with the "Health" Staff at all levels and they should provide an integrated and comprehensive welfare package including all preventive and promotive health services. Staff involved in family welfare work should be subjected to regular training and orientation.

Health Unit doctors need constant orientation and motivation to focus attention on "positive health" and act as effective team leaders in providing health care.

The salient features of the guidelines on current strategy are as follows:

- 1) *Easy accessibility and availability*
 - i) Cafeteria approach - The acceptor is given an informed choice of contraceptives.
 - ii) All methods should be easily and regularly available with prominent display of notice as to where they are available.
 - iii) Walk-in sterilisation counters in each hospital.
 - iv) Health counseling clinics on scheduled days.
- 2) *Quality of services*

- i) The norms laid down for rejection of sterilisation cases and for acceptors of other contraceptives must be strictly followed.
- ii) Complication free service
- iii) Immediate attention to the acceptor's medical problems.
- iv) Once a year "Health check up camps" for acceptors of family welfare methods.

3) *Education*

Intensive use of all information-education-communication (IEC) strategies so that the Railway population accepts the small family norm.

4) *Community participation*

Formation of 'Field Action Group' in each Railway colony. The FAG consist of volunteers from the community who will act as an interface between the administration and the community to provide the promotive Health services in the colonies. Opinion leaders, supervisors, trade union leaders, representatives of women's organisations, able bodied retired Railway employees, other volunteers interested in social work, volunteers of St.John Ambulance Brigade, Scouts, etc, should be encouraged to become members of FAG.

The success of FAG would depend on

- Proper selection.
- Training, orientation and motivation of groups.
- Provision of education material.
- Logistic support and professional medical support.
- Proper and close monitoring of their work.

5) *Miscellaneous*

- i) Enlisting support of charismatic specialists for camps;
- ii) Strengthening of the administrative machinery;

a) Initiative, guidance and active support from the Medical Officer in-charge of the division.

b) Zonal and Divisional Medical Officers in-charge of Family Welfare and Health must be those with exceptional qualities in interpersonal relationship and communications. They should be self-motivated, innovative and result oriented in approach.

(Railway Board letters No.96/H(FW)/6/1 dated 18.7.96, 23.7.97, 24.1.97 and No.96/DGTN/SERLY dated 15.1.97)

1403. Compensation Money for cases of sterilisation and IUD

a) The Ministry of Health and Family Welfare allocates an amount of Rs.200/- per case of female sterilisation, Rs.180/- per case of male sterilisation and Rs.16/- per case of IUD insertion conducted by the Railway Medical units. The break up of this amount, among the various components is as follows:

Component	(Amount in Rupees)		
	Rate per case		
	Male Sterilisation	Female Sterilisation	IUD Insertion
Amount to Acceptor	100	100	-

Drugs & Dressings*	25	60	16
<u>Misc. Purpose Fund</u>			
(a) Ex gratia/Comp*	20	20	-
(b) Org.of F.W. Camps & Misc.expenditure etc.	35	20	-
Total	180	200	16

* (To be deposited in Railway Revenue)

b) The Railways will bear the total liability, out of the amount of Rs.20/- per case of sterilisation credited to the Railway revenue, in the event of any order by any court awarding compensation for death/incapacitation/ post operative complication, as well as the liability for any compensation awarded by any court in the event of failure of sterilisation, leading to birth of a child after sterilisation.

c) Further, the Railway will also assure the following liabilities in regard to payments of ex-gratia and/ or compensation.

i) Death Rs.50000/-

ii) Incapacitation Appropriately up to Rs.30000/- depending on the level of incapacitation.

d) The following items will not be eligible for any expenditure from the amount available for miscellaneous purposes:

- i) Salaries of Staff
- ii) Payment of TA/DA
- iii) Construction activity
- iv) Purchase of office equipment (including computer hardware/software) and furniture.
- v) Purchase of vehicles.
- vi) POL and maintenance of vehicles.
- vii) Maintenance of buildings.

e) The funds available for organisation of camps and for miscellaneous expenditure will be maintained by the Medical Officer (Health & Family Welfare). It can be utilised for organisation of camps, health education, encouraging community participation and other purposes relating to the implementation of FW Programme (including MCH).

f) As a pre-requisite to payments of any ex-gratia, certification from the Medical Officer In-charge of the Division/Hospital (CMS/MS) is essential. Detailed enquiry by the Divisional Committee and the Zonal Committee for all cases of death subsequent to sterilisation would continue as per the instructions already in existence. Divisional and Zonal committees would also conduct enquiry in all cases in which compensation is claimed in a court.

g) Documentation and record maintenance should be strictly as per prescribed formats. This will facilitate defending the complication cases in the courts. Sterilisation and IUD consent forms should be complete in all respects.

h) All postoperative complications will be treated free of cost in the Railway Hospitals.

i) Payment of compensation money to cases of exceptional sterilisation - Compensation money can be paid for tubectomy operation to a woman whose husband is already sterilised or vice versa

In order to ensure that these transactions are suitably reflected in account and reimbursement from Ministry of Health & Family Welfare are properly watched, the following accounting should be followed:-

(i) The expenditure on payment to the acceptor @ Rs. 100/- per case for male /female sterilisation and on payment of Family Welfare camps, etc. for which Rs. 35/- & Rs. 20/- per case has been earmarked in the reimbursement made by Ministry of Health & Family welfare, shall be booked under Suspense i.e. Advance (Rev.) Demand No. 12 (Abstract N). This head will be cleared with an amount of Rs. 135/- & 120/- per case for male and female sterilisation respectively from the amount reimbursed by Ministry of Health & Family Welfare. To facilitate identification of these transactions an additional Detailed head N-114 reading on Misc. Adv. (Rev.) Ministry of Health & Family Welfare under the scheme of Family Welfare will be introduced against Minor Head 100 -suspense and sub head- 110- Misc. Advance (Rev) in abstract N(D. No. 12). The remaining amount of reimbursement made by Ministry of Health & Family Welfare i.e. Rs 145/- for male sterilisation, Rs. 80/- for female sterilisation and Rs.16/- for IUD insertion shall be credited to Miscellaneous earnings Z-650 (Other unclassified sundry earnings).

For the purpose of booking of expenditure on Ex gratia/ Compensation/Other incidental payment arising out of the above activities, the scope of existing Sub Head 320 in abstract K Demand No. 12 will be enlarged and new Detailed Head K -321 will be introduced as under:-

K-321 Ex-gratia and/ or compensation etc. arising of Family Welfare activities.

1404. Incentive increment

1) The Railway employees who have undergone sterilisation operation after 4.12.79 will be granted special increment in the form of 'personal pay' (now called Family Planning Allowance) not to be absorbed in future increase in pay, either in the same post or on promotion to the next higher post. The rate of Family Planning Allowance would be equivalent to the amount of the next increment due at the time of grant of concession and will remain fixed during the entire service. In case of the persons drawing pay at the maximum rate, the Family Planning Allowance would be equivalent to the amount of the increment last drawn. The grant of this allowance will be subject to the following conditions:-

i) The employee must be within the reproductive age group. In the case of a male central government employee, he should not be over 50 years and his wife should be between 20 to 45 years of age. In case of a female government employee, she must not be above 45 years and her husband must not be over 50 years of age.

ii) The employee should have not more than two living children (not more than three children prior to 21/07/1999).

iii) The sterilisation operation must be conducted and the sterilisation certificate must be issued by a central government hospital or other hospitals under the auspices of the Central Government Health Scheme. Where this is not possible the sterilisation certificate issued by a state government hospital or an Institute recognised by the central government for the purpose will suffice.

2) The sterilisation operation can be undergone either by the employee or his/her spouse provided the condition at para 1404 (1) (i) to (iii) above are fulfilled.

3) The allowance will be admissible only to the employees who undergo the sterilisation operation on or after 4.12.1979.

(Bd's No80/H(FW)/7/1 dated 7.2.1980 and [PC-V/99/1/7/6/2 dt 21/07/1999](#)).

1405. The clarifications on the incentive increment under family welfare programme when eligibility conditions are fulfilled as under:

1. Incentive increment on Deputation

i) An employee while serving outside the cadre on deputation, foreign service or transfer will also be entitled for special increment to be given in the form of family planning allowance which will be determined in reference to employees parent cadre only or pay in scale of deputation post. No deputation

allowance would be admissible on personal pay. This special increment will be in addition to NBRC benefit.

ii) Such employees would continue to draw special increment at the same quantum even on his reversion from a deputation post or from a higher official appointment.

2. Incentive increment & fixation of pay/EB

i) Such special increment granted as personal pay is not to be taken into account for fixation of pay on promotion and should continue to be available to him at the same rate throughout his service career.

ii) Such family planning allowance, if granted should not be stopped even if the employee is held up in EB stage. Once this benefit of special increment at a particular rate is granted, the employee would continue to get it at the same rate, even if his pay is reduced to a lower stage in his time scale or to a lower service grade or post by way of award of penalty under DAR Rules, 1968.

Where an employee is given promotion as a result of up gradation/ reclassification from retrospective effect, prior to sterilisation, the incentive increment for Family Welfare may be revised from the date of promotion based on the scale for the promotional post.

(Rly Bd.'s No.84/H(FW)/7/2 Pt. II dated 24.11.89)

3. *Incentive increment during Suspension/Leave*

i) If an employee becomes eligible during the period of suspension, the benefit of such increment is not admissible. However if he qualifies for the benefit before he is placed under suspension, the Family planning allowance would be taken into account in computation of subsistence allowance.

ii) During regular leave, the Government servants will not be given the benefit of special increment during the period. However, if he qualifies for the benefit before proceeding on leave, the special increment would be taken into account on computation of leave salary.

4. *Incentive increment during Training*

The benefit of Family planning allowance would be admissible to an employee if he is sent on training in public interest and he gets the pay and allowances of the post from which he is sent for training.

5. *Incentive increment to Casual labourers*

Casual labourers are entitled to Family Planning Allowance only if they are entitled to payment of wages in regular time scale at the time of sterilisation operation and not otherwise.

6. *General Clarification on Incentive increment*

i) This special allowance as Family planning allowance would be admissible over and above the other cash incentives.

ii) The benefit of Family Planning Allowance should be allowed from the first day of month following the date of sterilisation.

iii) Either the husband or the wife can draw the personal pay, the choice is being left to them so that they can choose the higher of the two increments available to them. The incentive allowed to an employee is not transferable from one spouse to another under any circumstances viz.. retirement, resignation or death.

iv) Family Planning Allowance can be granted to an employee when his wife dies due to sterilisation operation for Family Welfare postoperatively, if all other eligibility conditions are met. In cases where the spouse dies after the allowance has been granted, the benefit of allowance is continued even after the death of the spouse. However, on remarriage the Family Planning Allowance is stopped unless the employee or his spouse undergoes sterilisation operation without any further addition to family.

- iv) The head of the office sanctions the Family Planning Allowance by issue of a suitable office order after satisfying the eligibility of the employee for the same.

(Authority: No.80/H(FW)/7/1 dated 8.10.1980)

7. Incentive increment regarding failure of Sterilisation cases

In case of failure of sterilisation operation after three living children (two living children w.e.f.19/08/1999), Family Planning Allowance granted to the employee under Family Welfare Programme should be withdrawn from the deemed date of subsequent pregnancy. It may, however, be waived of, in case, either of the couple undergoes re-sterilisation.

(Rly Bd.'s letter.No.80/H(FW)/7/1/Pt.III dated 17.6.88)

8. Incentive to employees of canteens

The employees of all the statutory canteens and Delhi based non-statutory canteens treated as railway servants w.e.f. 22.10.90 in terms of letter No. B (W)/76 CNI.6 dated 8.6.81 are entitled to all FW programme benefits provided they fulfil all the other conditions laid down in this regard

(Rly Bd.'s No.85/H(FW)/2/3 dated 12.9.86)

9. Grant of Incentive increment on one child

Central Government employees or their spouse who undergo sterilisation operation on or after 6th December, 1985 after having one surviving child may also be granted Family Planning Allowance, subject to fulfillment of conditions laid down for this purpose.

(Rly Bd.'s No.85/H (FW)/2/3 dated 30.1.86)

10. Incentive to those operated in non government institutions

Railway employee or spouse who undergoes sterilisation operation in a Private Nursing Home or Private Hospital after 16.12.85 with two or three surviving children, on or after 5.8.86 after having one child, and up to two children on or after 06/07/99 may also be allowed Incentive increment for promoting small family norms, provided, he/she produces a certificate from the private medical practitioner/private hospital/private nursing home duly countersigned by a Civil Surgeon/District Medical Officer/Authorised Medical Officer (Under M.A. rule). Medical Officer of C.G.H.S./ Central Government Hospital, who would, before countersigning the certificate, satisfy himself/herself that the concerned Railway Employee or his/her spouse has actually undergone the sterilisation operation on the date mentioned in the certificate subject to fulfillment of other conditions.

(Rly Bd.'s.No.84/H(FW)/7/2 dated 6.2.84, [No.85/H\(FW\)/2/3 dated 13.10.86](#))

11. Incentive increment after twins/triplets

If a Railway employee who already has one living child and gets twins or triplets on subsequent delivery and thereafter he/she or his/her spouse undergoes sterilisation operation, he/she may be granted Family Planning Allowance provided all other conditions laid down in this regard are met.

(Rly Bd.'s.No.84/H/7/2 Pt.I dated 22.9.87)

12. Incentive increment to apprentices

Family Planning Allowance for promoting small family norms is not permissible to a person who has been selected as an apprentice in terms of Apprenticeship Act, 1961. However, if service training as apprentice, is a pre-requisite condition for joining the service in Railways and the employee is appointed on regular basis on completion of apprenticeship without break then the benefit of Family Planning Allowance may be allowed from the date of regular appointment. However, the cases prior to 1.10.1990 will not be re-opened for this purpose.

13. Incentive increment to those sterilised during previous service

In case of a Central Government employee appointed to Railways, the Family Planning Allowance already being drawn, if any, by him/her can be allowed if the past service is counted towards service under Railways. Similarly, the rate of Family Planning Allowance allowed by State Govt. can continue, provided State Govt. service is counted towards Railway Service. Since the service under Public Undertakings etc. is not counted towards service under Central Govt./Railways, no benefit of Family Planning Allowance earned during that service can be allowed.

14. Incentive increment on reemployment after retirement

Re-employment after retirement is a fresh employment. Family Planning Allowance for promoting small family norms available to a person while in active service cannot be allowed to continue on re-employment after retirement.

(Rly Bd.'s. letter No.90/H(FW)/7/9 dated 30.9.92)

1406. 1/2%(0.5%) Rebate in the rate of interest of House Building Advance

Railway employees who themselves or their spouses have undergone sterilisation operation on or after 1.9.79 after fulfilling conditions as have been laid down in Para 1404 (1) & (2) above are entitled to 0.5% rebate in the rate of interest on House Building Advance. The rebate is also admissible to employees fulfilling conditions laid down in Para 1405 sub para 9 and 10 above.

1407. Special Casual leave

(A) Vasectomy

i) Vasectomy of spouse

One-day special casual leave to a women railway employee (on the day when the husband of a women railway employee undergoes Vasectomy) will be given to her to attend to her husband.

ii) Vasectomy of Employee

a) 6 (six) working days special casual leave (if the operation is conducted for first time or second time due to failure of first operation) will be given to the employee. Sundays and closed holidays intervening should be ignored while calculating the period of this casual leave.

b) In self-hospitalisation due to post vasectomy complications, the employee is entitled to special casual leave for the full period of hospitalisation.

c) For out-door treatment for post-vasectomy complications, not more than seven days special casual leave on medical certification can be given.

(B) Tubectomy

i) Tubectomy of Spouse

Railway employee will be granted seven days special casual leave whether the tubectomy is for the first time or for the 2nd time (due to failure of first operation).

ii) Tubectomy of Employee

a) Fourteen days special casual leave in case of her tubectomy, whether for the first time or the second time due to failure of 1st operation.

b) In self-hospitalisation due to post tubectomy complication, the employee is entitled to special casual leave for the full period of hospitalisation.

c) For out-door treatment for self post-tubectomy complications, not more than fourteen days special casual leave on medical certification can be given to the women employee.

d) Women railway employees who undergo Salpingectomy/Tubectomy operation after MTP, will be entitled to six weeks Maternity Leave. However they will not be allowed additional 14 days special casual leave. Seven days special casual leave to her husband will be given.

(C) **I.U.D.**

Women Railway employee who undergoes IUD insertion or re-insertion is eligible for one day special casual leave on the day of insertion.

(D) **Recanalisation**

Railway employees going for recanalisation, are entitled to special casual leave up to twenty one days or actual period of hospitalisation whichever is less.

(Rly Bd.'s No.78/H(FW)/9/5 dated 17.1.81 & 11.6.81)

1408. Combination of Special Casual Leave with other kinds of leave

i) Special Casual Leave connected with Sterilisation/Recanalisation under Family Welfare Programme may be suffixed as well as prefixed to regular leave or casual leave but not with both.

ii) The intervening holidays and/or Sundays may be prefixed/suffixed to regular leave, as the case may be.

iii) A spell of special casual leave cannot be availed of between two periods of regular leave.

iv) Special casual leave as mentioned above can be sanctioned by authorities empowered to sanction regular leave to the employees involved.

1409. Charges for diet from sterilisation patients

Charges for diet for sterilisation cases would be as per extant rules applicable to indoor patients.

1410. Charges from outsiders under family welfare programme

h) Non Railway persons undergoing Vasectomy or Tubectomy are exempt from any charges including for consultation, routine investigations, operation, admission, medicines and treatment of postoperative complications.

(Railway Board's letter No.95/H(FW)/9/13 dated 31.5.96.)

ii) No charges will be recovered for insertion of IUD from Non Railway acceptors.

1411. Constitution and Function of Committees on Complications and Deaths

To ensure quality service in the delivery of Family Welfare Programme to the people it is essential that medical and paramedical staff take utmost care in rendering services. There may be some cases of complication after sterilisation operation/IUD insertion even after taking all possible care. Such cases should be attended to with sympathy and speed. To keep check on carelessness and negligence on the part of any medical or paramedical staff technical committees at the Divisional and Headquarters level should be constituted by the CMD as described below.

1) **Divisional Committee dealing with Complication**

a) **Members**

i) Suitable Surgeon of the Division.

- ii) Suitable Gynaecologist of the Division.
- iii) Medical Officer in- charge of Family welfare & Health.

b) **Functions**

This committee will investigate each case of complication arising out of sterilisation operation, medical termination of pregnancy, and IUD insertion. It will go into the reasons for the complication and fix responsibility, if any, for the same. This committee may also suggest action against officials and measures to prevent such occurrence in future.

2) **Divisional Committee dealing with Death Cases**

a) **Members**

- i) Division/Hospital in-charge i.e. MS/CMS.
- ii) Suitable surgeon of the Division/Hospital.
- iii) Suitable Gynaecologist of the Division Hospital.
- iv) Medical Officer in- charge of Family welfare & Health.
- v) Senior Anaesthetist of Division.

b) **Function**

This committee will investigate each case of death associated with sterilisation, Medical termination of pregnancy and IUD insertion, in the Division. It shall determine reasons for the death and fix responsibility, if any. The committee may also suggest action against officials, and measures to prevent such mishap in future.

3) **Zonal Committee dealing with complications**

a) **Members**

- i) Medical Director of the Zonal Hospital
- ii) Dy.Chief Medical Director(FW&H)
- iii) Chief/Senior Surgeon of the Zone
- iv) Chief/Senior Gynaecologist of the zone
- v) Senior Anaesthetist of Zonal Hospital

b) **Function**

As in para 4.b below.

4) **Zonal Committee dealing with death cases**

a) **Members**

- i) Chief Medical Director of the Zonal Railways
- ii) Medical Director of Zonal Hospital
- iii) Chief/Senior most Surgeon of the zone
- iv) Chief/Senior most Gynaecologist of the zone

v) Dy.Chief Medical Director (F.W&H)

b) **Function**

The committee will have the primary function of supervising and overseeing functioning of the Divisional Level Committee. If considered necessary, they can investigate any case directly and initiate preventive/corrective action for future. In addition, any other case considered to be examined by the committee may also form its original jurisdiction. All the cases are to be reported to Director/Health & FW, Railway Board, New Delhi along with findings, recommendation and action taken by the zonal level committee.

(No.88/H(FW)/7/19 dated 13.3.89 and 10.5.89, No.90/H(FW)/7/2 dated 28.11.90)

1412. Report on Death associated with Sterilisation operation

In case of death during or after sterilisation operation the following reports must be sent.

a) The preliminary report on death after sterilisation operation is to be submitted immediately on the prescribed proforma to Board's office by the medical In-charge of the Hospital/Division where death occurred, under intimation to the Ministry of Health and Family Welfare directly.

b) Detailed enquiry/ investigation report into the cause of death after sterilisation operation in the prescribed proforma is to be submitted to Board's Office within one month of the occurrence of the death.

(Board's letter No.88/H(FW)/7.19 dated 7.11.89)

1413. Pre and post sterilisation care

An effective and painstaking preoperative check up of all cases for sterilisation is essential. This is particularly relevant in asymptomatic individuals harbouring clinically silent diseases of Cardio Vascular system, etc. All cases, where any suspicion of under-lying disease is discovered, should be referred to the nearest hospital for complete work up. No such case should ever be operated in a camp situation. After complete clinical and laboratory work-up in a well-equipped hospital, a decision can be taken on whether or not to operate such cases. Where operation is considered undesirable, a conscious decision can be taken in consultation with the patient and his/her spouse about an alternative method of contraception. Whenever a Family Welfare camp is held, all cases must be kept at a single location. For a large camp a ward may be vacated, fumigated and prepared for post operative care of camp patients. One doctor must always be present in the ward till all patients are discharged. The records must be complete in all cases. The operation notes should be detailed and *inter alia* include the time of starting the operation and completing it.

No less important is the need for an extremely efficient postoperative care and observation. The initial few minutes up to about an hour after the operation, when the patient is recovering from effects of sedation/anaesthesia are very crucial. Most accidents are likely to occur during this period. While in the Family Welfare camps, acceptors are mostly discharged the same day, within a few hours of operation there should be no hesitation to make exceptions to this general pattern. In any case, where the patient does not appear or feel completely all right at the time of discharge, the same should be deferred and the period of observation prolonged till the next day or even more, if necessary. All vital signs should be recorded Post operatively every 20 minutes in the ward.

All acceptors of surgical family welfare procedures may invariably be re-examined in follow up, first after one week and then after one month in case of tubectomy and after three months in case of Vasectomy.

The senior officers of the Medical Department who visit/supervise family welfare camps must ensure that adequate arrangements for preoperative check-up, post operative care and the required documentation exist.

(Railway Board's letter No.96/H(FW)/7/1 dated 8.7.97, and [No. 97/H \(FW\)/3/7 dated 21.9.98](#))

Standards for male and female sterilisation (1996) have been issued by Ministry of Health & FW as guidelines for pre-operative and post-operative procedures and case selection criteria. They must be strictly adhered to. Guidelines for administration of oral contraceptives and for insertion of intrauterine devices have also been issued by Ministry of Health & FW, and should be referred to by the concerned Medical Officers.

Medical qualification of the doctors performing sterilisation operation is :

Any doctor having a MBBS degree can perform conventional vasectomy/tubectomy operations. For laparoscopic sterilisation the doctor should have post graduate degree in Obs.&Gynae. Or in General Surgery or MBBS with DGO having 3 years experience. Further the doctor should have undergone laparoscopic sterilisation training in one of the recognised centres

(Bd's Letter No. 97 /H(FW)/10/3 dt..2.2.98)

All cases of death after sterilisation operations should be subjected to autopsy. Whenever autopsy is refused by patient's family members, the refusal should be taken in writing from the party. Failure to do so should be taken as an attempt to suppress the truth by local team leader.

(Bd's Letter [No. 97/H/\(FW\)/3/7 dated 21.09.1998](#))

1414. Ex-gratia Payment in Death due to sterilisation operation

If any acceptor develops complication within the period of 4 weeks from the date of operation/IUD insertion, which subsequently results in death, he/she should be given an ex-gratia payment of Rs.50,000/- on verification of death due to complications coming to light. The ex-gratia assistance should be paid to the eligible persons as soon as possible without delay on receipt of the information/request for grant. Ex-gratia is also to be paid in case of death attributable to preoperative procedures for sterilisation operation.

(Ministry of Health & FW No.23011/16/95-PLY dated 17.5.95)

1415. Supply of Maternal Child Health items and conventional contraceptives

Maternal Child Health Care items including vaccines and Conventional Contraceptive are supplied by Ministry of Health & Family Welfare. However, no person should be deprived of any of these services for want of supply from Ministry of Health, even if they have to be locally purchased.

(No.90/H(FW)/1/1 dated 15.6.90, 96/H(FW)/6/1 dated 18.7.96)

1416. Service charges for distribution of Condoms

A service charge of Rs.1/- per 10 condoms is levied w.e.f. 1.4.97. This service charge is to be recovered at the last point in the service provider channel from where actual beneficiary receives the condom. The Depot holder/ Health Workers who distribute the condoms will be allowed to retain the service fee as an incentive for motivating the acceptor.

No receipt is to be issued as the money is not required to be deposited with the Government. However, information on the amount received should be maintained in the distribution register.

Record of stocks, distribution and list of acceptors should be maintained on the prescribed proforma.

1417. Maternity Leave

1) A female Railway employee (including an apprentice, temporary employee, casual labor with temporary status, irrespective of their length of service) with less than two surviving children may be granted maternity leave by an authority competent to grant leave for a period of 135 days from the date of its commencement. This leave shall not be debited against leave account.

2) Maternity leave may be combined with leave of any other kind. Any leave (including commuted leave up to 60 days and leave not due) up to a maximum of 1 year, may be granted, if applied for, in continuation of Maternity Leave, without production of a Medical Certificate.

(Railway Board's letter [No.E\(P&A\)I-96/CPC/LE-9 dated 27.1.89](#), dt. [25/06/91](#) & No.E(P&A)I-97/CPC/LE-6 dated 10.11.97)

3) Maternity leave may also be granted in case of miscarriage including abortion and Medical Termination of Pregnancy under the MTP Act 1971, irrespective of the number of surviving children subject to the following conditions:

i) Leave does not exceed six weeks.

ii) Application for leave is supported by a medical certificate from the Authorised Medical Officer.

iii) The total period of maternity leave on account of miscarriage/ abortion/ MTP should be restricted to 45 days in the entire career of a female railway servant. Maternity leave granted and availed prior to 12.9.94 by a female employee should not be taken into account for calculating the 45 days limit.

iv) In cases requiring longer duration of rest, leave of the kind due and admissible can be availed to cover the period of absence.

(Railway Board's letter [No.E\(P&A\)I-94/CPC/LE-6 dated 12.9.94](#))

1418. Paternity Leave

A male railway servant (including an apprentice) with less than two surviving children may be granted Paternity Leave for a period of 15 days during the confinement of his wife. During the period of such leave, he shall be paid leave salary equal to the pay drawn immediately before proceeding on leave. Paternity Leave shall not be debited against the leave account and may be combined with any other kind of leave (as in the case of Maternity Leave).

(Board's letter No.E(P&A)I-97/CPC/LE-6 dated 10.11.97)

1419 Medical Termination of Pregnancy

(MTP Act 1971, MTP Rules 1975 and MTP Regulations 1975)

1) When a pregnancy may be terminated (Section 3 of the Act)

A pregnancy may be terminated by a railway doctor/ railway doctors if he is/ they are of the opinion formed in good faith that:

i) Continuation of the pregnancy would involve risk to the life of the pregnant woman or grave injury to her physical or mental health; or

ii) there is substantial risk that if the child were born, it would suffer from such physical or mental abnormality as to be seriously handicapped;

a) where the length of pregnancy does not exceed 12 weeks, opinion of only one railway doctor is needed;

b) where the length of pregnancy exceeds 12 weeks, but does not exceed 20 weeks, opinion of not less than two railway doctors is needed.

Any pregnancy caused by a rape or as a result of failure of family planning device or method used by any married woman or her husband may be presumed to constitute a grave injury to the mental health of the pregnant woman.

In determining whether the continuation of pregnancy would involve such risk of injury to the health as mentioned above, account may be taken of pregnant woman's actual or reasonably foreseeable environment.

No pregnancy of a woman who has not attained the age of 18 years or who is a lunatic, shall be terminated except with the consent in writing of her guardian in Form 'C'. In other cases, no pregnancy shall be terminated except with the consent of the pregnant woman in Form 'C'. (As per Annexure II)

2) Places where a pregnancy may be terminated (Section 4 of the Act)

Pregnancy may be terminated in railway hospitals where the facilities for termination of pregnancy as required are available and which the Chief Medical Director considers suitable for this purpose.

The pre-conditions relating to the places approved for termination of pregnancy, the length of pregnancy and the opinion of not less than two railway doctors shall not apply in a case where termination of pregnancy is immediately necessary to save the life of the pregnant woman.

Note: In the case of railway hospitals, no separate certification is necessary

3) Experience or training required for termination of pregnancy under the Act

A railway doctor should, in order to be eligible for doing termination of pregnancy under the Act, should have one or more of the following experience or training in gynaecology and obstetrics, namely,

(a) In the case of medical practitioner who was registered in a State Medical Register immediately before the commencement of the Act, experience in the practice of gynaecology and obstetrics for a period of not less than three years.

(b) In the case of a medical practitioner who was registered in a State Medical Register on or after the date of the commencement of the Act -

i) If he/she has completed six months of house job in gynaecology and obstetrics; or

ii) where he has not done any such house job, he/she has experience at any hospital for a period of not less than one year in the practice of obstetrics and gynaecology; or

iii) If he/she has assisted a registered medical practitioner in the performance of at least twenty-five cases of medical termination of pregnancy in a hospital established or maintained, or a training institute approved for this purpose, by the Government.

(c) In the case of a medical practitioner who has been registered in a State Medical Register and who holds a post-graduate degree or diploma in gynaecology and obstetrics, the experience, or training gained during the course of such degree or diploma.

Note: It is no more necessary for any MTP Board to approve of a doctor for doing the MTP work, such Boards having been dissolved.

4) Form of certifying opinion or opinions (Regulation 3)

(a) Where one railway doctor forms or not less than two railway doctors form an opinion regarding the termination of a pregnancy, he or they shall certify such opinion in Form-I.

(b) Every railway doctor who terminates any pregnancy shall, within three hours from the termination of pregnancy, certify such termination in Form-I. (As per Annexure I)

5) Custody of forms (Regulation 4)

The consent of the pregnant woman or her guardian, as the case may be, together with the certified opinion, should be placed in a sealed envelope, which should be marked 'Secret' bearing the serial number assigned to the pregnant woman in the Admission Register, and the name of the railway doctor by whom the pregnancy was terminated and until that envelope is sent to the head of the railway hospital, it shall be kept in the safe custody of the concerned railway doctor. Every envelope shall be sent immediately after the termination of pregnancy to the head of the hospital, who shall arrange to keep the same in safe custody.

The head of the railway hospital shall send to the Chief Medical Director monthly statement of cases where medical termination of pregnancy has been done on the prescribed proforma. The Chief Medical Directors will send monthly returns to the Ministry of Railways.

6) Maintenance of Admission Register (Regulation 5)

Every head of a railway hospital approved for termination of pregnancy shall maintain a register in Form III.(As per Annexure III) recording therein the admission of women for termination of pregnancy.

Entries shall be made serially and fresh serial shall be given at the commencement of each calendar year. The serial number of a particular year shall be distinguished from the serial number of other years by mentioning the year against the serial number. For example, S.No.5 of 1995 and S.No.5 of 1996 shall be mentioned as 5/1995 and 5/1996.

7) Restriction on disclosure of information (Regulation 6)

The Admission Register shall be kept in the safe custody of the head of the railway hospital or by any person authorised by him. Further no such register shall be open for inspection except on authority of-

- i) in case of a departmental or other enquiry, General Manager of the Zonal Railway or
- ii) in case of an investigation into offence, a Magistrate of the First Class or
- iii) in case of a suit or action for damages, the District Judge under whose jurisdiction the hospital is situated.

provided that the railway doctor shall, on the application of an employed woman whose pregnancy has been terminated, grant a certificate for the purpose of enabling her to obtain leave from her employer.

provided further that any such employer shall not disclose information to any other person.

8) Entries in registers maintained in Railway hospital (Regulation 7)

No entry shall be made in any case-sheet, operation theatre register, follow-up card or any other document or register (except the Admission Register) maintained at any railway hospital indicating therein the name of the pregnant woman and reference to the pregnant woman shall be made by the serial number assigned to such woman in the Admission Register.

9) Destruction of the Register (Regulation 8)

In the absence of any order of the Central Government or first-class Magistrate or a District Judge, Admission Register shall be destroyed on expiry of a period of 5 years from the date of last entry in that Register, and other papers on the expiry of a period of 3 years from the date of the termination of the pregnancy concerned.

(Railway Board's letter No.75/H(FP)/10/1 dated 25.3.76)

1420: Intimation of birth of children by Railway employees to their respective supervisors

Railway authorities come to know of the birth/death only when a Privilege Pass/PTO is required to be issued or a medical card is prepared. For various welfare activities like the Immunisation programme, all births of children of Railway employees should be reported within a month of birth to the respective supervisors besides reporting it to Registrar of Births. The supervisor will pass on this information to the Medical and the Personnel Department quickly. Any delay in reporting may disentitle the staff for medical/Pass benefit for the child when the same is sought later.

(Railway Board's letter No.E(W)99PS5-2/Misc. dated 13.3.89)

1421 Reports and returns

All reports and returns should be submitted timely as per the scheduled target dates on the prescribed format. Care on accuracy of reporting must be taken. All reports must be analysed at all levels before submission to the next higher level. Feedback on the analysis should be sent down the line to the most peripheral level.

Periodicity of the Family Welfare reports are as follows:

S. No	Name of the return	Periodicity	Target date for submission to Board
1.	Family Welfare Activities	Monthly	by 15th of the following month
2.	Exceptional Sterilisation	Monthly	In case of occurrence alongwith monthly return (if any)
3.	Medical Termination of Pregnancy	Monthly	by 15th of the following month
4.	National Child Survival and safe Motherhood Programme	Monthly	-do-
5.	Expenditure return (compensation only)	Monthly	-do-
6.	Condom distribution	Monthly	-do-
7.	Oral Pills distribution	Monthly	-do-
8.	Laparoscopic & other Tubectomy techniques with occurrence of death & conception after sterilisation	Quarterly	by the end of the following month
9.	Stock & Distribution of Nirodh	Quarterly	-do-
10.	Detail report of conception after sterilisation	In case of occurrence	to be submitted with quarterly return (S.No.6)
11.	Community Education Activities	Quarterly	by the end of the following month
12.	Miscellaneous Purpose Fund	Quarterly	-do-
13.	Socio-demographic characteristics	Yearly	by the end of May
14.	Recanalisation statement	Yearly	by the end of May
15.	Staff position	Yearly	-do-
16.	Updating of T.C.R. etc.	Yearly	-do-
17.	Nomination for awards	yearly	-do-
18.	Requirement of Nirodh, oral pills, IUD, etc.	Yearly	-do-

Performance figures of sterilisation, IUD insertions, Oral pills and condoms acceptors should invariably be advised to Railway Board telephonically by 4th of the following month positively by the Dy.CMD(H&FW)

(Railway Board's letters No.94/H(FW)/Misc. dated 6.2.95, 96/H(FW)/3/1 dated 2.4.97 and 97/H(FW)/3/1 dated 11.8.97)

1422: Maintenance of records

To improve the quality of services and instill a sense of responsibility and accountability, proper record maintenance is essential. Essential records and registers should be maintained on prescribed formats.

(Railway Board's letter No.97/H(FW)/6/3 dated 14.4.97)

Consent forms for sterilisation and IUD must be filled carefully and no column should be left blank in view of its medico-legal importance.

(Railway Board's letter No.97/H(FW)/10/7 dated 21.4.97)

1423 Awards

To promote the family welfare activities on the Railways, instill a sense of competition and to provide incentives to outstanding workers, several awards have been instituted for family welfare programme. They are:

- 1) Running Shield and a cash award of Rs.10,000 for best performance in Family Welfare on Zonal Railways.
- 2) Award for outstanding performance in FW for the DRM- Rs.1000/-
- 3) Best FW centre on Indian Railways (cash award of Rs.6000/-)
- 4) Second Best FW center on Indian Railways (cash award of Rs.4000/-)
- 5) Third Best FW center on Indian Railways (cash award of Rs.2000/-)

Best doctors (Motivator and Surgeon), best Extension Educator, Best Field Worker and best senior subordinate are also awarded by each Zonal Railways

(letter No.96/H(FW)/2/1 dated 29.8.96 & 94/H(FW)/2/3 dated 2.12.94)

Section B

1424: Child survival and safe motherhood programme

The National Health Policy has set the following goals under this programme, to be achieved by 2000 AD.

- a) Reduction in Maternal Mortality to below 2 per 1000 live births.
- b) Reduction in infant mortality to less than 60 per 1000 live births.
- c) Reduction in child (1 to 4 years) mortality to 10 or less per thousand.
- d) Reduction in proportion of low birth weight babies (their weight less than 2500 gm) to 10% or less.

To achieve the above, the programme aims at

- a) Immunisation of all children and pregnant women against preventable diseases.
- b) Prophylaxis against anaemia due to Iron deficiency and blindness due to Vit.A deficiency.
- c) Oral rehydration therapy for control of deaths due to diarrhoeal diseases.
- d) Intensified programme for control of acute respiratory infections amongst children .
- e) Ensure safe deliveries by proper antenatal, natal and post-natal care in all pregnancies.

1425 Prophylaxis against nutritional anaemia among mothers and children

One tablet of Iron and Folic acid containing 60mg of elemental iron and 0.5mg folic acid daily for a period of 100 days is given to expectant and nursing mothers and women who have accepted family planning methods to prevent nutritional anaemia.

For children, one tablet containing 20mg of elemental iron and 0.1 mg of folic acid is given daily for prophylactic management of borderline cases of anaemia. All frank cases of anaemia are however required to be given active anti anaemic treatment.

1426 Prophylaxis against blindness due to Vit.A deficiency

Five doses of Vit.A are to be given to each child between 9 months to 3 years of age as per the following schedule.

- a) First dose of one lakh units at 9 months along with measles immunisation.
- b) Second dose of 2 lakh units at 16 months along with booster dose of DPT/OPV.
- c) Three more doses of 2 lakh units at 6 monthly intervals.

(Board's letter No.96/H(FW)/10/3 dated 9.4.96)

1427 Supply of MCH items

Iron Folic acid and vitamin A is supplied to Railways from the local district Family Welfare Officer along with the vaccines. The monthly consumption report is to be given to the district authorities on prescribed format. The monthly MCH report to Railway Board will also include these figures. In no case should a child or mother suffer from nutritional deficiency even if it requires purchase of MCH items from Railway revenue when there is difficulty in timely supply of these items by the State Governments.

(Board's letter No.96/H(FW)/6/1 dated 23.7.97)

1428 Antenatal Care

Antenatal Care must be given to all pregnant women. All hospitals and Health Units should nominate at least one day in a week for antenatal check up. A high intensity education campaign for safe motherhood should be followed up by intensive drives in the colonies for identification and referral of all antenatal cases to the hospitals/health units. Whenever specialist care services for high risk cases are not available, it would be important to identify institutions where cases needing specialist care are to be referred, e.g. Divisional/Zonal Hospitals. A special day for care of referred cases should be designated in each of the referral hospitals. On that day, services of specialist doctors should invariably be provided. Adequate publicity about the date for care of referred cases should be made.

All cases of maternal mortality should be investigated for systems correction and prevention of such unfortunate episodes.

(Board's letter No.97/H(FW)/10/3 dated 28.5.97)

1429 Universal Immunisation Programme

The Expanded Programme on Immunisation (EPI) was started in 1978 with the objective of reducing the morbidity and mortality due to Diphtheria, Pertussis, Tetanus, Tuberculosis, Polio and Typhoid by making vaccination services available to all children and pregnant women. In 1985 measles was included. Subsequently Typhoid was eliminated. The programme was taken up as the Universal Immunisation Programme.

NATIONAL IMMUNISATION SCHEDULE

TO WHOM	WHEN	VACCINE	NOs.	ROUTE
Women Infants	Pregnancy #	TT	2*	Intra-muscular
	6 wks-9 months	DPT	3	Intra-muscular
		Polio	3	Oral
		BCG	1**	Intra-dermal
	9 to 12 months	Measles	1	Sub-Cutaneous
Children	16 to 24 months	DPT	1***	Intra-muscular
		OPV	1***	Oral
	5 years	DT.	2*	Intra-muscular
	10 years	TT	2*	Intra-muscular
	16 years	TT	2*	Intra-muscular

* give one dose if vaccinated previously.

** if the child is born in the hospital, BCG vaccination may be administered after birth.

*** booster dose.

As early as possible

NOTE: Check label of the vial before use

DPT and Polio are given simultaneously. BCG can be given with DPT & Polio but on a different injection site from DPT. Measles vaccine is not given before 9 months of age (because of maternal antibodies). Interval between the doses of DPT/Polio should not be less than 4 weeks. If the child is brought late for subsequent dose, there is no need to restart the schedule but continue with the due doses. Older children may be given primary vaccination if not already immunised. In children older than 2 years DT. is given instead of DPT and above 6 years age TT instead of DT.. Malnutrition, low grade fever, mild respiratory diseases, diarrhoea and other minor illness are not a contraindication to vaccination. Do not deny vaccination unless absolutely necessary. OPV given in diarrhoea should not be counted and another dose is given at the first available opportunity.

Vaccines are effective only if a full course of a potent vaccine is given at the right age.

(Min. of H&FW letter No. Z-16025/1/87-EPI Dated 12.11.87)

1430 Cold Chain

Cold Chain consists of maintenance of the required temperature for the vaccines from the manufacturer to the mother or child including during transportation and storage at each level. To ensure that the vaccine is potent, cold chain system is essential. Vaccines lose their potency to protect individuals from disease on exposure to heat or sunlight. Potency once lost can not be regained even if the vaccine is returned to the refrigerator or freezer. All vaccines remain good at temperatures +2⁰ to +8⁰ C. For long term storage measles and Polio vaccines are kept in sub zero temperatures. They may be kept in freezer but repeated freezing and thawing should not be done. DPT, DT., TT & BCG should not be frozen. The vials of these vaccines should not be in direct contact of ice or ice packs. If the DPT & TT is frozen, on shaking the vial the solution will not be uniform and small granules or floccules will be seen. Such vials should be discarded. The diluent, syringes and needles should also be cooled before use. The vaccines must always be transported in vaccine

carriers with frozen ice packs or thermocol iceboxes with at least 1/3 volume of ice. The storekeepers should not issue vaccines if proper vaccine carrier is not available with the person deputed to collect the vaccine.

(Min. of H&FW letter No.T22011/2/87-UIP Dated 4.5.87 & 29.10.87 and No.T22020/1/87-UIP Dated 12.11.87)

1431 Cold chain equipment

Refrigerators, ice lined refrigerators, deep freezers, cold boxes, and vaccine carriers are the equipment used for carrying and storing vaccines. These equipment must be properly maintained.

1) To ensure proper storage of vaccines in a refrigerator and maintain its efficacy:

Keep the refrigerator in a cool room away from direct sunlight and at least 10 cms away from the wall.

- a) Keep the refrigerator on a horizontal level.
- b) Fix the plug permanently to the socket.
- c) Use a voltage stabiliser.
- d) Keep the vaccines neatly with space between the stacks for circulation of air.
- e) Keep the refrigerator locked and open it only when necessary.
- f) Keep ice packs in the freezer and water bottles in the shelves not utilised for the storage of vaccines to keep the temperature down for a longer period in case of power failure.
- g) Defrost periodically.
- h) Check the temperature twice a day and maintain a record, which should be supervised regularly. One dial thermometer should be kept in each fridge for this purpose.
- i) Take remedial action if the temperature is not maintained within the prescribed limits.
- j) Tape a sheet of paper outside the refrigerator that tells anyone finding the refrigerator not working:
 - Whom to contact
 - Where to check for a blown fuse.
 - Alternate place for vaccine storage.
- k) not to open the door unless necessary.
- l) not to keep vaccines in the door of the refrigerator. Polio and measles should be on the top shelf and DPT, DT. and BCG on 2nd shelf.
- m) Do not keep food or drinking water in the refrigerator.
- n) Do not keep more than one month's requirements in health units and three months requirements at divisional hospital.
- o) Do not keep "date expired vaccines."

2) To maintain the required temperature by vaccine carriers, do not leave vaccine carriers in direct sunlight, use frozen ice packs, check for any cracks and holes, do not leave the lid open and keep the carrier clean and dry when not in use.

1432 Vaccine maintenance

- a) Open the vaccine carrier only when necessary and secure lid tightly after use.

- b) Wrap BCG ampoules in a foil or dark paper to protect from heat and light.
- c) Keep opened vaccine vial in a cup with ice or on ice pack while you immunise.
- d) Use reconstituted vials of Measles and BCG within four hours after which they must be discarded.

(Min. of H&FW letter No.T22011/2/87-UIP Dated 4.5.87 & 29.10.87)

- e) First use the vaccines that were taken out for the last immunisation session but were not used. A special box in the refrigerator must be kept marked “returned”. Put a rubber band if the vial was taken out once or two bands if taken out twice. Alternatively a cross on label or dots on vial may be put for identification. Then use the vaccines with nearest expiry date. Then use vaccines which have been in the refrigerator the longest. Expiry date vaccines should not be kept in fridge but discarded as “wasted”.

1433 Quality control of vaccines

Oral Polio vaccine(OPV) has been taken as an indicator of quality of cold chain as this vaccine is the most heat labile vaccine. Random samples of OPV should therefore be sent periodically to the nearest vaccine testing institute. Vaccines must be picked from all levels and even opened vials can be sent. Ensure maintenance of cold chain during transport even when they are sent for testing of potency.

(Ministry of Health & FW letter No .T 22017/4/88 UIP dated 28.6.88)

1434 Immunisation Session

- a) Separate needle and separate syringe must be used for each injection
(Ministry of H & FW letter No. T 22020/7/87-UIP dated 29.4.97)
- b) Parents should be informed of the expected side effects so that they do not worry.
- c) Inform parents of the date of next visit.
- d) All vaccines should be available in all Health Units and hospitals so that the beneficiaries do not have to visit different places for different vaccines.
- e) The day and time of vaccination session should be fixed and should be prominently displayed and informed to the community.
- f) All efforts should be made to hold session regularly as scheduled.

1435 Record keeping

- a) Immunisation cards in UNICEF pattern in local language should be issued to all children. The counter foil must be kept in the clinic till the child is completely immunised.

(Min. of H&FW letter No. M12014/54/88-UIP dated 1.9.88)

- b) Immunisation register should be maintained as prescribed. It should be ensured that there are no dropouts from immunisation. High dropout rates are an indication of some problem in the area, which must be corrected immediately.

(Min. of H&FW letter No. M-12014/2/87-UIP dated 4.5.82)

- c) Batch number and expiry dates of vials should be noted in the stock registers.

1436 Surveillance

To evaluate the success of the immunisation programme, surveillance of vaccine preventable diseases must be done. This should be reflected in the monthly returns. All cases of such diseases should be investigated and followed up including detailed history of previous vaccinations.

All reports of untoward reactions/complications due to vaccinations should be immediately investigated to pin point the cause of reactions/complications so that specific corrective measures could be taken
(Ministry of Health & FW letter Nio.160 25/14/87 UIP dated 25.1.87)

1437 Pulse Polio Immunisation Programme

The Government of India has decided to implement the strategy of National Immunisation days i.e. Pulse Polio Immunisation (PPI) beginning 1995 to achieve Polio Eradication by the year 2000. Extra doses of OPV are administered simultaneously as a pulse to all children 0-5 years of age on two fixed dates, 6 weeks apart in the whole country.

Railways are to cover all children in Railway premises on these days including difficult to reach remote areas like gang chawls and gang huts. Children on transit in long distance trains are also covered. Detailed planning is to be done well in advance to make this programme a success.

Annexure I

Form-I

(See Regulation 3)

(Name and qualifications of the Registered Medical Practitioner

(In Block letters)_____

(Full address of the Registered Medical Practitioner)_____

I, _____(Name and qualifications of the Registered Medical Practitioner in block letters)_____ (Full address of the Registered Medical Practitioner) hereby certify that I/We am/are of opinion formed in good faith, that it is necessary to terminate the pregnancy of _____ (full name of pregnant woman in block letters) resident of _____ (full address of woman in block letters) for the reasons given below.**

I/We hereby give intimation that I/we terminated the pregnancy of the woman referred to above who bears the serial No. _____ in the Admission Register of the Hospital/approved place.

Signature of Registered Medical Practitioner

Place:

Date:

Signature of Registered Medical Practitioners

*Strike out whichever is not applicable.

**Of the reasons specified (i) to (v) write the one which is appropriate.

- i) In order to save the life of the pregnant woman.
- ii) In order to prevent grave injury to the physical or mental health of the pregnant woman.
- iii) In view of the substantial risk that if the child was born it would suffer from such physical or mental abnormalities as to be seriously handicapped.
- iv) As the pregnancy is alleged by pregnant woman to have been caused by rape.
- v) As the pregnancy has occurred as a result of failure of any contraceptive device or methods used by married woman or her husband for the purpose of limiting the number of children.

Note: Account may be taken of the pregnant woman's actual or reasonably foreseeable environment in determining whether the continuance of pregnancy would involve a grave injury to her physical or mental health.

Signature of the Registered Medical Practitioner

Place:

Date:

Signature of the Registered Medical Practitioners

Annexure II

Form C

I, _____ daughter/wife of _____ aged
about _____ years, of _____
_____(here state the permanent address) at present residing at _____
_____do hereby give my consent to the termination of my pregnancy, at _____
_____(state the name of place where the pregnancy is to be terminated).

Place:

Date:

Signature

(To be filled in by guardian where the woman is a lunatic or minor)

I, _____, son/daughter/wife of _____ aged about _____
_____years, of _____ at present residing at _____
_____do hereby give my consent to the termination
of the pregnant of my ward _____ who is a minor/lunatic, at _____
_____(place of termination of pregnancy)

Place:

Signature

Date

Annexure III

FORM III

(See Regulation 5)

ADMISSION REGISTER

(To be destroyed on the expiry of 5 years from the date of last entry in the Register)

The register should have the following columns

1. Date of Admission
2. Name of Patient
3. Wife/ daughter of
4. Age
5. Religion
6. Address
7. Duration of pregnancy
8. Reasons on which pregnancy is terminated
9. Date of termination of pregnancy
10. Date of discharge of patient
11. Results or remarks
12. Name of Registered Medical Practitioner(s) by whom the opinion is formed
13. Name of Registered Medical Practitioner by whom pregnancy is terminated.