

A Fact Finding Report of the Sterilisation Camp Held at Manikchak Rural Hospital, District Malda, West Bengal on 05.02.2013

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Executive Summary

In 2000, as a response to the Government's signing of the ICPD Programme of Action, the Government of India passed the National Population Policy (NPP) within which elements of 'Quality of Care' were to be the main indicators to be monitored. Between 2006 and 2008, the Government of India introduced standard operating procedures and quality assurance mechanisms and a family planning insurance scheme to cover against failures, complications and deaths. Even at this juncture, advocacy required fact-finding in case of reported human rights violations.

However, despite policy provisions and quality checks, there have been numerous reported cases from various states of negligence and lack of compliance to quality assurance mechanisms in family planning camps in community health centres. In this backdrop, civil society fact-findings have played a significant role in terms of edifying how 'Good Quality' goes missing from provisioning of family planning services in India.

On February 5, 2013 a mega female Minilap Ligation operation camp was held at Manikchak rural hospital of in the district of Malda, West Bengal. On this particular day **103 women were sterilised**. It was reported in the local media that the women who were sterilised in this camp were kept on the open ground (hospital campus premises) in semi conscious state, and their relatives were asked to take them back home immediately after the operation. This was highlighted in the media (NDTV and other news channels) as gross human rights violation and later enquires were conducted by the state health department and the national human rights commission.

A civil society fact-finding was organised as this was a case of reported human rights violations. On April 6, 2013, an independent fact finding was conducted by a team comprising of public health experts, health activists, women's rights activists and members of networks including Healthwatch Forum Bihar, Coalition Against Two-Child Norm and Coercive Population Policies and Human Rights Law Network. The team members are working actively on issues related to reproductive health and rights – engaged in post ICPD processes in India. The team members included: Dr. Prabir Chatterjee, RCH Raiganj, West Bengal; Praveer Peter from HRLN, New Delhi; Kanti from Smokus local NGO Raiganj, Leena Uppal from Coalition Against Two-Child Norm and Coercive Population Policies, New Delhi; Devika Biswas from Health Watch Forum, Bihar. It was envisaged that this fact finding would contribute to verifying the events reported in the media and raise issues for advocacy.

"We were made to lie on the ground. I was in pain and could not move after the operation, but we had to go back, it was dark and my children were all alone"- Anita Mandal

The team visited six villages in the district including Niranjapur, Nawada Maheshpur, Fakirtola, Gopaltola, Bagditola and Najiruddinpur and interviewed families of women who

underwent the minilap operations in the camp on February 5, 2013. Meetings and interviews with the Chief Medical Officer of Health (CMOH), Block Medical Officer of Health (BMOH) of Malda district, five ANMs and four ASHAs were conducted.

This report describes the concerns and challenges faced by the women and their relatives, who underwent operations in the camp. It also throws light on the lack of basic minimum standards adhered by officials in the camp.

One of the key finding of this visit was the fact that the standard camp protocols of the GOI were not followed. Infection control practices were inadequate. Though the GOI guidelines emphasise maintenance of prevention of infection, however the health care providers are unable to monitor or maintain records of infection control mechanisms followed at such family planning camps, given the large number of operations that they conduct in a single day.

All women interviewed reported that they were not provided options for informed choice at the camp. All the women and their families voiced an environment of utter confusion and chaos at the camp. Women reported pain and minor complications after the operations, lack of complete knowledge about the operation procedure, consent being only in terms of thumb impressions and out of pocket expenditures during and after the operations.

The fact finding revealed the fact that sterilisation after two children leads to a squeeze in families with two or even one girl children. This is shown by a quick analysis of number and sex of children of all the women interviewed.

"if I know that my wife will be operated among 100 women, we would never have gone to the camp" – Kanu Basak husband of Dulati Basak

Women, who have undergone inhuman treatment where their dignity and rights have been denied, must be provided some form of redressal. The Family Planning Insurance Scheme which includes provisions for compensation to women who face failures and complications (and death) should be expanded to include humiliation of this nature. The Department of Family Welfare must also audit and ensure strict compliance of the quality assurance mechanisms it has already issued. The state government urgently needs to put the grievance redressal system/complaint box in place and ensure that such negligence is not repeated and the underlying deficits are addressed effectively.

It is hoped that the analysis from fact-finding will be of use to the larger community concerned with the experiences of women who have used family planning services and who are going to use them in future. It is also hoped that these findings will be deemed as relevant by the district officials at Malda, West Bengal who have been a part of this fact-finding process.

Background

On February 5, 2013 a mega female Minilap Ligation operation camp was held at Manikchak rural hospital of in the district of Malda, West Bengal. On this particular day 103 women were sterilised.

On April 6, 2013, a team of human rights and women's rights activists representing Coalition Against Two-Child Norm and Coercive Population Policies, Human Rights Law Network (HRLN) and Health Watch Forum, Bihar visited Malda to verify the reports in the local media about 103 women who were sterilised in a camp and left on the open ground (hospital campus premises) in semi conscious state. **This was highlighted in the media (NDTV and other news channels) as gross human rights violation.** The team members included Dr Prabir Chatterjee, RCH Raiganj, West Bengal; Praveer Peter from HRLN, New Delhi; Kanti from Smokus local NGO Raiganj, Leena Uppal from Coalition Against TCN and Coercive Population Policies, New Delhi; Devika Biswas from Health Watch Forum, Bihar.

Below is a detailed report on the sequence of events and interviews with the Medical Officers, frontline workers including the ASHAs and ANMs and women who underwent sterilisation operation and their relatives.

Objectives of the fact finding:

- To conduct an impartial fact finding of the adherence of the standard protocols specified in different guidelines of the Government of India (a) 'Quality Assurance Manual for Sterilisation Services, 2006', (b) 'Standard Operating Procedures for sterilisation services in camps, 2008' (c) 'Standards for Female and Male Sterilisation Services, 2008' and assess whether the providers are maintaining standards of care as specified in the service guidelines.
- Suggestions of the women and community members on key action to be taken to improve service delivery.
- Suggestions of the fact finding team towards systemic improvements to prevent such happenings in future; in case if there are any violations of standard protocols.

The Site visits:

Site	Date	People interviewed
Manikchak Rural Hospital	06.04.2013	<ul style="list-style-type: none">BHOH1 PHNDeputy III
Village Niranjapur of Nazirpur Sub centre	06.04.2013	<ul style="list-style-type: none">1 ANM1 woman who undergone sterilisation operation
Village Nawada Maheshpur of Lalbathani Sub Centre	06.04.2013	<ul style="list-style-type: none">1 ASHA2 women who undergone sterilisation operation

Village Fakirtola of Nurpur Sub Centre	06.04.2013	<ul style="list-style-type: none"> • 1 ANM • 1 woman who undergone sterilisation operation
Village Gopaltola of Sibutola Sub Centre of Hirinandpur GP in Bhutni PHC	07.04.2013	<ul style="list-style-type: none"> • 2 ANM • 1 ASHA • 3 women who undergone sterilisation operation
Village Bagdipara of Khosbartola Sub Centre	07.04.2013	<ul style="list-style-type: none"> • 1 women who undergone sterilisation operation
Village Najiruddintola , PO Uttarchandipur, Khosbartola Sub Centre	07.04.2013	<ul style="list-style-type: none"> • 1 ANM • 2 ASHA • 1 women who undergone sterilisation operation

Methodology and Tools:

I. Interviews and interaction with the following :

- ASHAs (Accredited Social Health Activists)
- ANMs
- Public Health Nurse (PHN)
- Block Medical Officer of Health (BMOH), Dr Joydeep Majumdar, Manikchak Rural Hospital
- Chief Medical Officer of Health (CMOH), Dr Bidhan Mishra, district Malda
- Interviews with nine women who had undergone the minilap operations
- Family members of the women who had undergone the operation

II. Documents reviewed:

- Statement regarding Mini Lap Operation at Manikchek RH, Malda (Memo Number 933) dated 07. 03.2013 addressed to the District Magistrate, Malda
- Official list and records of women who were operated on 05.02.13
- Screening slips for women undergone operation on 05.02.13
- Handwritten record of the total minilap operations conducted in the year 2012 - 2013
- Order issues by the CMOH to all the BMOs of Malda district to adhere to the Government Guidelines (Memo No. 526/15 dated 06.02.2013).

Key findings:

I. About RH Manikchak:

This facility is about 30 km away from district Malda and the campus includes many buildings such as the sub-centre, offices, quarters, ward-rooms and other facilities. There are 5 doctors and 2 PHN and other paramedical staff **but no anaesthetist**. The staffs include a Block Medical Officer of Health (BMOH) and a General Duty Medical Officer (GDMO, Dr Amal Krishna Paul); who have the necessary experience/qualification for Minilap operations.

The Rural Hospital (RH) Manikchak maintains its record of statistics giving a breakup of the number of the sterilizations carried out, particulars of the procedure followed, the age of the patients sterilized, the number of children of the persons sterilized. However, when enquired, both the Chief Medical Officer of Health (CMOH) and the BMOH reported that there is no specific maintenance of any records of number of failures or deaths of the persons sterilized either during the operation or thereafter, as they have not come across any such case till date.



II. Lack of attention to critical planning in a camp setting (including camp timings & logistics) as specified in the SOPs for Sterilisation in Camps, 2008 (MOHFW)

a. Camp timings

The Standard Operating Procedures for sterilisation services in camps 2008 addresses important areas like planning for a camp and monitoring quality of services provided. As per the SOPs the camp timings should preferably be between 9 a.m. and 4 p.m. The camp timings extended beyond the prescribed duration as is said in para number 5 of Memo number 36 (reply to the memo of the CMOH regarding 103 tubectomy operations held on 05.02.2013, [Annexure I](#)) that 23 participants were kept in adjacent to hospital building within the hospital premises till 6 p.m.

- b. **Logistics and review of infrastructure** Further, para number 5 ([Annexure I](#)) reveals that review of infrastructure was not done to accommodate such a large number of patients. Para number 5 of Memo number 36 says that 65 patients could be accommodated within the hospital premises. How and where the rest of the patients

were accommodated is not clear in the memo. In the interview with both the CMOH and the BMOH it was reported that the women and their attendants waited in the open ground and lawns of the RH Manikchak pre and post operations. Observation around the facility on the day of the visit by the fact finding team (April 5, 2013) suggested of lack of attention to maintaining environmental cleanliness, as the patients being given treatment (in patient) while lying on the ground within the facility.



Patient at the RH Manikchak



Female ward at the TH Manikchak

c. Signage for the different service areas

Signages were in Bengali for regular activities like OPD, Ward, OT but clear additional signage were missing especially with regards to the camp (e.g. Waiting area, registration area, counselling area, post-operative or recovery room/ward etc) indicating the different service areas as specified in the SOPs which could facilitate the smooth flow of clients.

d. Ensuring availability of compensation money

Ensuring availability of compensation money is another important critical camp activity specified in the SOPs. It was reported by all the women interviewed that all patients had come on the 7th day after the operation to collect their cash incentives for undergoing the operation.

III. Mismatch in documents maintained at the RH, with regard to client load as specified in the Standard Operating Procedures (SOPs) for Sterilisation in Camps, 2008 (MOHFW)

The total number of women who underwent minilap operations on 5.02.2013 was 103, which is a gross violation of the SOPs. The SOP clearly states that with additional surgeons, support staff, instruments, equipment and supplies, the maximum number of operations that are to be performed by a team in a day should not exceed 50.

The interviews and documents reviewed suggested poor management of **client load** on the day of the operation. The review of some of the documents done at the RH Manikchak pointed out to the same. A handwritten record of the total minilap operations conducted in the year 2012 - 2013 (though not signed and sealed by the

authorities, see [Annexure II](#)) revealed a **mismatch between the number of doctors** who operated upon 103 women on the day of operation when compared with the official statement regarding Mini Lap operation at Manikchak RH, Malda (Memo Number 933) dated 07. 03.2013 addressed to the District Magistrate of the total minilap operations conducted in the year 2012 – 2013 (see [Annexure III](#)).

As per the handwritten record of the total minilap operations conducted in the year 2012 – 2013 obtained at the facility, the total number of doctors who conducted 103 minilap operations on 5.02.2013 were three, including Dr Amal Krishna Paul, MO Manikchak, Dr Purnendu Rang, MO Manikchak posted at Ratna BPHC and Dr. Joydeep Mazumdar (BMOH). The name of the fourth doctor, Dr Kaushik Mistry (MO Nurpur) was not there in the handwritten record. However, the official report (Memo Number 933) dated 07. 03.2013 the name of the fourth doctor who conducted the operations in the camp is there. Table 1 describes the doctors as against the number of operations each doctor conducted as per the Memo Number 933.

Table 1

Sl. No	Name of the doctor	No. of operations
1	Dr Kaushik Mistry (MO Nurpur)	25
2	Dr Purnendu Rang MO Manikchak posted at Ratna BPHC	26
3	Dr Amal Krishna Paul MO Manikchak	26
4	Dr Joydeep Mazumdar (BMOH)	26
	Total	103

From the interview and the review of the two records, it was clear that rather a large number of female candidates were screened before the camp date. Though, as per the authorities, the number of women candidates that were screened was only 48, it was found out in an interview with one such planned candidate from Fakirtola village of Nurpur Sub-Centre (Angoori Bibi W/O Sahidul Sai) that her operation number was 97.

IV. Breach of physical requirements for female sterilisation specified in the Standards for Female and Male Sterilisation Services, 2006 (MOHFW)

Sl. No	Item	Requirements
1	Facilities	<ul style="list-style-type: none"> The rooms were not fly proof Cleaning of floors was not undertaken There was no running water in the hand wash area outside the OT on the day of visit
2	Space requirements	<ul style="list-style-type: none"> There was no waiting area, women were asked to wait outside the OT on chairs

		<ul style="list-style-type: none"> • There was no counselling area which offered any privacy to the women • There was no pre-operative preparation room for washing, changing of clothes or administration of premedication to the women • There was no recovery room-but other wards like the maternity ward, labour rooms and other sick children corners and nearby rooms which were turned into waiting halls on the day of the camp
3	Sterilisation room	<ul style="list-style-type: none"> • There was a specific sterilisation room adjoining the OT • Three autoclaves and one boiler were there
4	Operation theatre	<ul style="list-style-type: none"> • 12 operation instrument sets were there as per the BMOH, but how many times and for how long the sets were sterilised and autoclaved, given the large number of women that were operated upon that day, in the absence of any recordkeeping remains a point of concern

V. Lack of attention to prevention of infection: asepsis and antisepsis specified in Standards for Female and Male Sterilisation Services, 2006 (MOHFW)

a. Surgical scrub

In clause 3.1.2 of section III of the 'Standards for female and male sterilisation services, 2006' it is specified that in high case load settings, in order to prevent re-colonisation of the skin by micro-organisms, the surgical staff should do a three minute surgical scrub every hour or after every five cases. As per the same standard guidelines, 20 minutes is a mandatory duration for high level disinfection through boiling and steaming for the operations.

However, given the lack of any record keeping of the infection prevention adherence, it is difficult to assess how far the doctors and teams were able to follow these protocols given the large number of women they were to operate upon during the camp.

b. High-level Disinfection

The BMOH could not brief the team about the decontamination and high level disinfection procedures that the teams followed during the camp. The team was not informed about the duration and frequency of use of the boiler or steam sterilisation (autoclave) for high level disinfection of the sets used for operations in the camp as there was no record maintained of sterilisation and autoclaving of the operative equipment.

c. Disposal of waste and other materials

Clause 3.6 of section III of the 'Standards for female and male sterilisation services, 2006' emphasis the disposal of contaminated waste, which is a potential source of infection. It was observed that the soiled Linen from the last sterilisation camp held on 5.02.2012 was still lying around in the OT within a dumpster. It was clear that weekly cleaning of the OT room was not taking place at the Manikchak RH.



d. Post-operative recovery and prevention of infection

Though the authorities claimed that they made inpatient arrangements at different wards for 65 women out of the 103 women but except making them lie on the floors and open lawn there was no other arrangement. Beds in the maternity wards and other adjoining wards were turned into rest rooms and the beds had torn mattresses without any clean bed sheets.



VI. Lack of focus on providing range of services in the camp specified in the SOPs for Sterilisation in Camps, 2008 (MOHFW)

The SOPs mandate a range of services to be provided at the camp as a package of services including counselling, permanent methods and spacing methods, Emergency Contraceptives and Screening of STI and RIs.

a. Counselling

It was reported by all the eight women interviewed that there was no counselling regarding what will happen before, during, and after the surgery, its side effects, and potential complications, including failure.

The consent forms on which women gave their consent for the operations were not translated in the local language and they were in English, so they did not know what was in the consent form and just either signed or put thumb imprints.

b. Clinical Services

It was reported by all the eight women interviewed that there were no post-operative examinations conducted or any post-operative instructions given to the women. There were no discharge cards indicating the name of the institution, the date and type of surgery, the method used, and the date and place of follow-up as mandated by MOHFW given to the women after the surgeries.

VII. Challenges and barriers faced by women and key learnings

Name, Location and demographic details of women interviewed	Remarks/course of treatment in hospital
<ul style="list-style-type: none">• Shefali Mandol• Niranjanpur village, Nazirpur Subcentre• Operation serial number: 64• SC community• 23 years of age• 2 children (1 male/1 female)• Husband is migrant labourer	<ul style="list-style-type: none">• Consent form was not read to her• Continuous child birth is a problem, so she and her husband decided to opt for the operation together• Do not want to use any spacing methods• Experienced no pain during the operation• Left for home at 7 p.m.• No transport arranged for her and her family to go to facility and come back home after the operation• Staff asked her in the open field after the operation
<ul style="list-style-type: none">• Rekha Rajak• Village Nawada Maheshpur, Lalbathani Subcentre• Operation serial number: 37• 22 years of age• 2 children (2 males)• Husband is migrant labourer	<ul style="list-style-type: none">• Consent form was not read to her• No counselling on any other methods of contraception given at the camp or before the camp• No post operative counselling given to her except a few medicines• Husband, mother-in-law and sister-in-law decided for her to undergo the sterilisation operation• No transport arranged for her and her family to go to facility and come back home after the operation• Experienced minor pain• Staff asked her in the open field after the operation
<ul style="list-style-type: none">• Dulati Basak	<ul style="list-style-type: none">• She experienced pain during the

<ul style="list-style-type: none"> • Village Nawada Maheshpur, Lalbathani Subcentre • Operation serial number: 38 • 26 years of age • 3 children (3 males) 	<ul style="list-style-type: none"> • operation and she screamed • She developed infection at the operation site • She contacted a private doctor for treatment at home as she has small children and reported long travel time to reach the hospital • She had medicines for pain for 15 days following the operation at her own expenses • Left for home half an hour after the operation • Staff asked her in the open field after the operation • Husband reported that if they knew that 100 operations in a day would be conducted amid utter chaos, they would not have gone to the camp
<ul style="list-style-type: none"> • Angoori Bibi • Village Fakirtola, Nurpur Sub Centre • Operation serial number: 97 • Age not known • 5 children (4 male/1 female) • Husband is migrant labourer 	<ul style="list-style-type: none"> • She went for VCTC and mandatory HIV testing • She reached the facility at 9 a.m. • Her operation started at 6 p.m. • After the operation she was made to rest on the open field at the facility
<ul style="list-style-type: none"> • Mamata Mandal • Village Gopaltola, Sibutola Sub Centre • Operation serial number: 103 • 25 years of age • 3 children (2 males/1 female) • Husband is migrant labourer 	<ul style="list-style-type: none"> • Husband, mother-in-law and sister-in-law decided for her to undergo the sterilisation operation • Transport to the facility and back to home was organised by her family at their own expenditure
<ul style="list-style-type: none"> • Archana Mandal • Village Gopaltola, Sibutola Sub Centre • Operation serial number: 102 • 26 years of age • 2 children (2 males) • Husband is migrant labourer 	<ul style="list-style-type: none"> • Her clinical history was not recorded before the operation • She had reached the facility for operation at 10 a.m. but her operation was conducted at 8:00 p.m. • She developed infection at the operation site • She contacted a private doctor for treatment at home as she has small children and reported long travel time to

	<ul style="list-style-type: none"> reach the hospital Transport to the facility and back to home was organised by her family at their own expenditure
<ul style="list-style-type: none"> Anita Mandal Village Gopaltola, Sibutola Sub Centre Operation serial number: 101 25 years of age 3 children (2 males/1 female) Husband is migrant labourer 	<ul style="list-style-type: none"> She developed infection at the operation site She contacted a private doctor for treatment at home She spent an amount of Rs. 15,00/- for treatment She travelled back to her home immediately after the operation while she was in pain
<ul style="list-style-type: none"> Mamuni Das Village Bagtipara, Khosbartola Sub Centre Operation serial number: 21 3 children Husband is daily wage earner 	<ul style="list-style-type: none"> Transport to the facility and back to home was organised by her family at their own expenditure She developed pain at the operation site after the operation She contacted a private doctor for treatment at home
<ul style="list-style-type: none"> Smriti Saha Village Najiruddintola , PO Uttarchandipur, Khosbartola Sub Centre Operation serial number: 100 28 years 3 children (2 male/1 female) 	<ul style="list-style-type: none"> Reported that she was asked to lie on the open ground after the operation Travel to the facility and back to home was organised by her family on their own expenditure

Key learnings:

- All the women reported that there was chaos at the time of the operation and poor management of the patients.
- All the women repeatedly shared that they spend money on transportation. They added cost of travel and also the fact that they shared the transport facility (autos in most cases) with many number of people, which proved to be uncomfortable for them, especially after the operations were conducted.
- Most of the women who approached private doctors for treatment after they reported having developed infection and pain in the operation site, cited saving the time on

travel to the facility and the easy accessibility of the private doctor as the main reasons for not availing services at the public health facility.

- d. **The CMOH has issued an immediate response corrective measures in form of orders indicating adherence to government guidelines** (see [Annexure IV](#)), but there is a need for greater emphasis on the adherence to Union Government Guidelines on quality assurance during sterilisation services. As part of a regular review and long term correction system, all issues that are reported through the grievance redressal system/complaint box should be periodically discussed in joint forums and among the Quality Assurance Committee meetings (QAC) to ensure that such negligence are not repeated and the underlying deficits are addressed effectively.
- e. **Staff at all levels, should undergo sensitisation programmes** that could address issues of responding to patients needs and observing patient rights, sensitivity to people's demand for choices for family planning and respect for all individuals. The front line workers need intensive skills training with regard to promotion of spacing methods.
- f. Out of eight women interviewed, 7 women have at least 2 male children and only 5 women have only one female child. The proportion of women having female girl children is very low. Promotion of sterilisation after the two children on part of the health workers among the community members, coupled with the fact that there is a culture bias towards having at-least one male child is clearly showing son preference among the women interviewed. Insistence on restricting the family size by the health workers (reported by one of the woman interviewed) is an issue that needs to be explored in order to understand the impact of the two-child policy coupled with early sterilisations in communities.
- g. Women who have undergone this humiliation and inhuman treatment must be provided some form of redressal. The Family Planning Insurance Scheme which includes provisions for compensation to women who face failures and complications (and death) should be expanded to include humiliation of this nature. The Department of Family Welfare must also audit and ensure strict compliance of the quality assurance mechanisms it has already issued. The government needs to understand both population issues and health service delivery within in the perspective of 'women's rights'.

Annexure I: Reply letter to the Chief Medical Officer of Health regarding 103 minilap tubectomy operations held on 05.02.2013 by Block Medical Officer of Health

Government of West Bengal
Office of the Block Medical Officer of Health
Manikchak Rural Hospital, Manikchak, Malda

Memo No:- 36

Date:- 07.02.2013

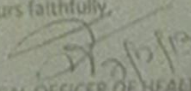
To,
The Chief Medical Officer of Health,
Malda.

Sub:- Reply of your letter memo no.-524 dated 06.02.2013 regarding 103 minilap tubectomy operation held on 05.02.2013 at Manikchak, Malda.

Respected Sir,
Received your letter memo no.- 524 dated 06.02.2013 regarding 103 minilap tubectomy operation held on 05.02.2013 at Manikchak, Malda in which I have been asked to clarify the situation. I, the undersigned, submitting you the clarification---

- 1) We planned for 48 patients who had been screened beforehand but suddenly a rush of additional no. of nearly 70 pts. (screened & unscreened) took place demanding hard that they should be operated on that day otherwise they would not report for operation in future with covert threatening that from next day they will not allowed their relatives also to do that. 15 no of unscreened patients sent back(not operated).
- 2) At that stage, we the surgeons had no other option but to oblige the beneficiaries although we tried our level best to console them that in near future they will be operated.
- 3) We, two surgeons, named Dr.J.Majumdar and Dr. A.K.Pal, planned for operation of 48 cases. But as there is near more than 103 patients we called on another two surgeons-named Dr.P.rang and Dr. K. Mistry for operation to avoid public agitation as public forced us to perform operation for their patients.
- 4) We the 4 surgeons named - a) Dr. J. Majumdar, BMOH, b) Dr. A.K. Paul, GDMO, c) Dr. P. Rang, GDMO, d) Dr. K. Mistry, GDMO, have performed minilap tubectomy operation on that day. We do all posses certificates for that operation.
- 5) Out of 103 cases, 65 patients provided shelter within the hospital buildings within hospital premises. Another 15 patients later on after 6 hours provide accommodation within the same area within hospital premises. But 23 patients are kept at adjacent to hospital buildings within the hospital premises till 6 pm. After thorough check up they allowed to move to their house/neighbours home. 9 patients were admitted because of further observation (Pain abdomen) out of which 6 patient released after 24 hours of observation and 3 patients stayed (still admitted till date 07.02.13).
- 6) From the very beginning we are in closed touch with the operated beneficiaries through ANMs and ASHA workers and till now, there is no information that any one fell sick. Patients who are in hospital are well also till now.
- 7) We are conducting surveillance through 4 Block level team- leded by Mos and Sr.PHN and PHN of Manikchak RH for seven days as instructed by you and we are hopeful that all will be in good health as after 72 hours.
- 8) Henceforth we are planning as instructed by the CMOH, Malda, 03 days a week minilap operation not conducting more than 15 to 25 patients per team with 24 hours closed monitoring of patients. Prior to operation we shall contact well ahead with the plan with Dy-CMOH-III, Malda and CMOH, Malda, So that this type of undesirable situation does not take place.

This is for your kind information & necessary action please.
Thanking you,

Yours faithfully,

BLOCK MEDICAL OFFICER OF HEALTH
MANIKCHAK RURAL HOSPITAL MALDA
Block Medical Officer of Health
Manikchak Rural Hospital

2013.04.07

Annexure II: A handwritten record of the total minilap operations conducted in the year 2012 - 2013

Minilap			
02/11/12	10 case	Dr. A.K. Paul	10
07/11/12	4 case	Dr. A.K. Paul	4
16/11/12	8 case	Dr. A.K. Paul - 6 Dr. J. Majum - 2	8
23/11/12	21 case	Dr. A.K. Paul	21
27/11/12	38 case	Dr. A.K. Paul - 16 Dr. J. Majum - 22	38
30/11/12	11 case	Dr. A.K. Paul	11
07/12/12	42 case	Dr. A.K. Paul - 15 Dr. Rang - 10 Dr. J. Majum - 17	42
12/12/12	23	Dr. A.K. Paul - 12 Dr. J. Majum - 11	23
15/12/12	40 case	Dr. A.K. Paul - 10 Dr. J. Majum - 30	40
21/12/12	51	Dr. A.K. Paul - 23 Dr. Majum - 28	51
20/01/13	44	Dr. A.K. Paul - 18 Dr. Majum - 26	44
05/02/13	105	Dr. A.K. Paul - 30 Dr. Rang - 33 Dr. Majum - 40	105
Dr. A.K. Paul - 176 Dr. J. Majum - 171 Dr. Rang - 43			

Annexure III: Statement regarding Mini Lap operation at Manikchak R.H, Malda, addressed to the District Magistrate

Government of West Bengal
Office of the Chief Medical Officer of Health,
Malda.

Memo. No. 933,

Dated, Malda, the 27/03/2013.

To
The District Magistrate,
Malda.

Sub: Statement regarding Mini Lap. Operation at Manikchak R.H., Malda.
Ref: Your Memo. No. 210-RM dated 01-03-13.

Madam,

I acknowledge receiving of your letter on 1.3.13 in regard to incident concerning Mini Lap. Operation at Manikchak R.H., Malda on 5.2.13, detailed facts as transpired during the course of investigation is noted below:

- 1) BMOH, Manikchak R.H. planned for Mini Lap. Operation for 48 patients on 5.2.13. All the cases have properly screened beforehand and Dr. Joydeep Majumdar, BMOH and Dr. Amal Krishna Paul, GDMO were engaged for operation.
- 2) On that very day on 5.2.13 around 70 (seventy) additional aspiring mothers have reached at the Manikchak R.H. and pressed hard for performing their operations on that day. BMOH, Manikchak RH initially refused to oblige on the ground of inadequate arrangement. But, to avoid chaos and disturbances, BMOH succumbed to pressure and arrange operation for another 55 patients.
- 3) In view of growing pressure, BMOH, Manikchak RH called on another two Medical Officers, namely, Dr. Purnendu Rang and Dr. Kaushik Mistri to perform operation of additional patients.
- 4) It transpires that in view of sudden rush of patients, accommodation of all the operative cases within hospital building could not be arranged. But, despite severe space crunch and lack of time, BMOH managed to keep 65 patients at hospital building for post operative observation and remaining patients kept at the adjacent premises of hospital building under proper supervision. Subsequently another 15 patients were arranged accommodation.
- 5) All the operative patients, except 9(nine), were released by the BMOH/attending doctor after observation of mandatory six hours.
- 6) Out of 9(nine) patients, 6(six) were discharged after staying of 24 hours and remaining 3(three) stayed at hospital till 7th February, 2013.
- 7) Meanwhile, BMOH formed four teams headed by MOs/BPHN/PHN for close monitoring of the cases at least for seven days.
- 8) There was no such report of further complication from any operated patients and it is noted that inspite of various limitations & constraints BMOH, Manikchak RH managed the situation with efficacy.
- 9) However, after getting information of such incident, I ask BMOH, Manikchak RH, Malda to detail the situation and sent ACMOH (Sadar), Malda for holding an enquiry, copies are enclosing for ready reference.

Besides, I issued one administrative direction to all BMOHs, copy of which is enclosing with, about guidance for undertaking such operations by observing all stipulated norms associated by GOI and intimation of such camp must be reached to the district authority beforehand.

Yours,
As noted

Yours,
Chief Medical Officer of Health, Malda.

2013.04.07

Annexure IV: Orders issued to take corrective measures in family planning camps by the Chief Medical Health Officer, Malda

URGENT

Government of West Bengal
Office of the Chief Medical Officer of Health,
Malda

Memo. No. 526/15 Dated, Malda, the 06/02/2013.

To
All BMOH(s),
Malda.

It is noted that at different blocks Lap. Operations are undertaken by organizing a camp or on day to day basis. To conduct such operation, you are directed to strictly follow the guideline issued by the Govt. from time to time. Therefore, all the concerned BMOH(s) are instructed to undertake maximum 25 ~~00~~ nos. Lap. Operation on each day after adequate logistic arrangement. It is also to be noted that before undertaking such operational camp/works, concerned BMOH must intimate to the District Authority as well as ACMOH of the respective sub-division.

Any deviation from the guideline will make liable the concerned BMOH.

Carman 06/02/13
Chief Medical Officer of Health,
Malda.

Memo. No. _____/15 Dated, Malda, the _____ 2013.

Copy forwarded for information and taking necessary action to:

1. Dy. CMOH-III, Malda.
2. D.M.C.H.O., Malda.
3. ACMOH (Sadar), Malda.
4. ACMOH (Chanchal), Malda.
5. DPHO, Malda.

Chief Medical Officer of Health,
Malda.

2013.04.07