सत्यमेव जयते

Manual for Family Planning Indemnity Scheme

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Family Planning Division
Ministry of Health and Family Welfare
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NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

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INTRODUCTION:

India is the first country that launched a National Family Planning Programme in 1952, emphasizing fertility regulation for reducing birth rates to the extent necessary to stabilize the population at a level consistent with the socio-economic development and environment protection. Since then the demographic and health profiles of India have steadily improved.

The NRHM provides a policy framework for advancing goals and prioritizing strategies during the next decade, to meet the reproductive and child health needs of the people of India, and to achieve replacement level of total fertility rate (TFR) of 2.1 by 2017 (12^{th} plan goal)

Sterilization as a component of family planning services are largely being provided through a network of public and private sector facilities. In most states, camps are still a major source of sterilization services. There has been growing concern about the quality of sterilization services being offered, particularly at the camp facilities. The continuing high number of complications, failures and deaths following sterilizations also results in increased litigation being faced by the providers, which is another barrier in scaling up the sterilization services.

To address this issue, the Government of India had introduced the "National Family Planning Insurance Scheme" since 25^{th} November, 2005 which has now been modified into "Family Planning Indemnity Scheme" with effect from 1^{st} April, 2013.

The Manual for "Family Planning Indemnity Scheme" has therefore been updated accordingly with the objective of providing a framework for the process of payment of compensation for death/failure/complications cases arising out of sterilization failures for acceptors as well as service providers.

1. JUSTIFICATION:

With a view to encourage people to adopt permanent methods of Family Planning, the Government has been implementing a Centrally Sponsored Scheme since 1981 to compensate the acceptors of sterilization for the loss of wages for the day on which he/she attended the medical facility for undergoing sterilization.

Under the Scheme, the Central Government released funds to States/UTs @ Rs.300 per Tubectomy, Rs.200 per Vasectomy and Rs.20 per IUD Insertion. The States/UTs had the flexibility to decide the amount of apportionment among various components, provided minimum amount of Rs.150 was paid to the acceptors of Tubectomy/Vasectomy and Rs.60 per Tubectomy, Rs.25 per Vasectomy and Rs.20 per IUD insertion was used by the medical facility towards drugs and dressing. This was intended to ensure quality of service in these procedures. Flexibility rested with the States for determining sub components of the remaining amount, within the total package. In the case of EAG States viz. Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and Uttaranchal, the compensation package for sterilization had been raised from Rs.300/- to Rs.400/- per Tubectomy, Rs.200/- to Rs.400/-per Vasectomy if conducted in a public health facility or approved private sector health facility, and from Rs.20 to Rs.75 per IUD insertion, if conducted in an approved private sector health facility.

The above compensation scheme for loss of wages for acceptors of sterilization services was revised with effect from 31.10.06 and has been further improved with effect from 7.9.07 which is as below:

a) For Public (Govt.) Facilities:

Category	Breakage of the Compensation package	Acceptor	Motivator	Drugs and dressing	Surgeon charges	Anes- thetist	Staff Nurse	OT technician /helper	Refreshment	Camp management	Total
High focus states	Vasectomy (ALL)	1100	200	50	100	-	15	15	10	10	1500
	Tubectomy (ALL)	600	150	100	75	25	15	15	10	10	1000
Non High focus states	Vasectomy (ALL)	1100	200	50	100	--	15	15	10	10	1500
	Tubectomy **(BPL + SC/ST only))**	600	150	100	75	25	15	15	10	10	1000
Non High focus states	Tubectomy **(APL only)**	250	150	100	75	25	15	15	10	10	650

b) For Private Facilities:

Category	Type of operation	Facility	Motivator	Total
High focus states	Vasectomy(ALL)	1300	200	**1500**
	Tubectomy(ALL)	1350	150	**1500**
Non High focus states	Vasectomy (ALL)	1300	200	**1500**
	Tubectomy (BPL + SC/ST)	1350	150	**1500**

Apart from providing cash compensation to the acceptor of sterilization for loss of wages, transportation, diet, drugs, dressing etc out of the funds released to States/UTs under this scheme, some States/UTs were apportioning some amount for creating a miscellaneous purpose fund. This fund was utilized for payment of ex-gratia to the acceptor of sterilization or his/her nominee in the unlikely event of his/her death or incapacitation or for treatment of post operative complications attributable to the procedure of sterilization, as under:

i) Rs. 50,000/- per case of death
ii) Rs. 30,000/- per case of incapacitation
iii) Rs. 20,000/- per case of cost of treatment of serious post operation complication

Any liability in excess of the above limit was to be borne by the State/UT/NGO/ Voluntary Organization concerned from their own resources.

1.1 DIRECTIVES OF HON'BLE SUPREME COURT:

The Hon'ble Supreme Court of India in its Order dated 1.3.2005 in Civil Writ Petition No. 209/2003 (Ramakant Rai V/s Union of India) has, *inter alia*, directed the Union of India and States/UTs for ensuring enforcement of Union Government's Guidelines for conducting sterilization procedures and norms for bringing out uniformity with regard of sterilization procedures by –

1. Introduce a system of having an approved panel of doctors and limiting the persons entitled to carry on sterilization procedure in the State to those doctors whose names appear on the panel. The panel may be prepared either State-wise, District-wise or Region-wise.

2. The State Government shall also prepare and circulate a checklist which every doctor will be required to fill in before carrying out sterilization procedure in respect of each proposed patient. The checklist must contain items relating to (a) the age of the patient, (b) the health of the patient, (c) the number of children and (d) any further details that the State Government may require on the basis of the guidelines circulated by the Union of India. The doctors should be strictly informed that they should not perform any operation without filling in this check list.

3. The State Government shall also circulate uniform copies of the proforma of consent. Until the Union Government certifies such proforma, for the time being, the proforma as utilized in the State of U.P. shall be followed by all the States ;and

4. Each States shall set up a Quality Assurance Committee which should, as being followed by the State of Goa, consist of the Director of Health Services, the Health Secretary and the Chief Medical Officer, for the purpose of not only ensuring that the guidelines are followed in respect of pre-operative measures (for example, by way of pathological tests, etc), operational facilities (for example, sufficient number of necessary equipment and aseptic conditions) and post-operative follow ups. It shall be the duty of the Quality Assurance Committee to collect and publish six monthly reports of the number of persons sterilized as well as the number of deaths or complications arising out of the sterilization.

5. Each State shall also maintain overall statistics giving a breakup of the number of the sterilizations carried out, particulars of the procedure followed(since we are given to understand that there are different methods of sterilization), the age of the patients sterilized, the number of children of the persons sterilized, the number of deaths of the persons sterilized either during the operation or thereafter which is relatable to the sterilization , and the number of persons incapacitated by reason of the sterilization programmes.

6. The State Government shall not only hold an enquiry into every case of breach of the Union of India guidelines by any doctor or organization but also take punitive action against them. As far as the doctors are concerned, their names shall, pending enquiry, be removed from the list of empanelled doctors.

7. **The state shall also bring into effect an insurance policy according to the format followed by the state of Tamil Nadu until such time the Union of India prescribes a standard format.**

8. The Union of India shall lay down within a period of four weeks from date uniform standards to be followed by the State Governments with regard to the health of the proposed patients, the age, the norms for compensation, the format of the statistics, check list and consent proforma and insurance.

9. **The Union of India shall also lay down the norms of compensation which should be followed uniformally by all the states. For the time being until the Union Government formulates the norms of compensation, the States shall follow the practice of the State of Andhra Pradesh and shall pay Rs 1 lakh in case of death of the patient sterilized, Rs 30,000/- in case of**

incapacity and in the case of post- operative complications, the actual cost of treatment being limited to the sum of Rs 20,000/-

The Union Government had complied with the orders of the Supreme Court as enumerated below:

1. Creation of panel of Doctors/Health Facilities for conducting sterilization procedures and laying down of criteria for empanelment of doctors for conducting sterilization procedures.
2. Laying down of checklist to be followed by every Doctor before carrying out sterilization procedure.
3. Laying down of uniform proforma for obtaining of Consent of person undergoing sterilization.
4. Setting up of Quality Assurance Committee at State and District level for ensuring enforcement of pre and postoperative guidelines regarding sterilization procedures.
5. **The Union of India had brought into effect an Insurance Policy as a prescribed standard format for all States/UTs with effect from 29th Nov, 2005 till 31st March, 2013.**

With a view to doing away with the complicated process of payment of ex-gratia to the acceptors of sterilization for treatment of post-operative complications, failure of sterilization or death attributable to the procedure of sterilization, the FPIS, was adopted as a national policy and was being implemented since 29th November, 2005 based on the directives of the Hon'ble Supreme Court. The scheme has since been modified as **"Family Planning Indemnity Scheme" and is operational from 01.04.2013.**

2. OBJECTIVE:

The objective of the FPIS is to indemnify all acceptors of sterilization as also doctors conducting sterilization operation in both public and accredited private/NGO sector health facilities for unlikely events of death/complications/failure following sterilization operations.

3. TARGET AUDIENCE:

The scope of the manual is limited to sterilization services. It has been prepared for program managers at various levels of the health system, including members of State and District Quality Assurance committee who are responsible for monitoring quality of care in terminal family planning methods. The service providers i.e. medical officers at the primary health centres (PHCs), Community Health Centres (CHCs), sub –district & district hospitals ,medical colleges, trainers from training institutes and private providers empanelled in the district as also beneficiaries opting for sterilization operation.

4. BACKGROUND:

Under the existing Government Scheme no compensation was payable for failure of sterilization, and no indemnity cover was provided to Doctors/Health Facilities providing professional services for conducting sterilization procedures etc. Moreover, no apportioning of the amount disbursed under the revised compensation scheme (2007) was admissible for creating a miscellaneous purpose fund for payment of compensation with respect to failures/complications/deaths arising out of sterilization operations.

On the other hand, there was a great demand in the States for indemnity insurance cover to Doctors/Health Facilities, since many empanelled Doctors/Facilities were facing litigation on account of claims filed by the beneficiaries for compensation following failures/complications/ deaths. This led to reluctance among the Doctors/Health Facilities to conduct Sterilization operations.

4.1 FAMILY PLANNING INSURANCE SCHEME W.E.F. 29TH NOVEMBER, 2005:

Against the backdrop of the directions of the Hon'ble Supreme Court the "NFPIS" was introduced, which had gone through some modifications over the years.

The scheme was operated by The Oriental Insurance Company Limited from 29th November, 2005. The benefits of the scheme were as follows:

Section I: (For Beneficiaries)

I A	Death **following sterilization** in hospital or within 7 days from the date of discharge from the hospital.	Rs.1,00,000/-
I B	Death **following sterilization** within 8-30 days from the date of discharge from the hospital.	Rs.30,000/-
I C	Failure of sterilization	Rs.20,000/-
I D	Cost of treatment upto 60 days arising out of complication from the date of discharge.	Rs.20, 000/-*
Total liability of the Insurance Company was not supposed to exceed **Rs. 9 crore** in a year under **each Section.**		

(*To be reimbursed on the basis of actual expenditure incurred, not exceeding Rs.20, 000.)

Section II: (For Doctors/ Health Facilities)

All the doctors/health facilities including doctors/health facilities of Central, State, Local-Self Governments, other public sectors and all the doctors/health facilities of non-government and private sectors empanelled /accredited with District Health Authority for rendering family planning services conducting such operations shall stand indemnified against the claims arising out of failure of sterilization, death or medical complication resulting there from upto a maximum amount of Rs. 2 lakh per doctor/health facility per case, maximum upto 4 cases per year. The cover would also include the legal costs and actual modality of defending the prosecuted doctor/health facility in Court, which would be borne by the Insurance Company within certain limits.

4.2 FAMILY PLANNING INSURANCE SCHEME W.E.F. 29TH NOVEMBER, 2006:

The scheme was renewed with Oriental General Insurance Company w.e.f. 29-11-06 with modification in the limits and payment procedure. The benefits in Section I A was increased from Rs 1 lakh to Rs 2 lakhs, for Section I B from Rs 30,000 to Rs 50,000, for Section I C from Rs 20,000 to Rs 25,000 and for Section I D from Rs 20,000 to Rs 25,000. All other terms and conditions remained unchanged.

4.3 FAMILY PLANNING INSURANCE SCHEME W.E.F. 1ST JANUARY, 2008:

The scheme was renewed with ICICI Lombard General Insurance Company and w.e.f. 01-01-08 with the same terms and conditions.

4.4 FAMILY PLANNING INSURANCE SCHEME W.E.F. 1ST JANUARY, 2009:

The scheme was again renewed with ICICI Lombard General Insurance Company and w.e.f. 01- 01-09. All the terms and conditions remained unaltered.

4.5 FAMILY PLANNING INSURANCE SCHEME W.E.F. 1ST JANUARY, 2010:

The scheme was again renewed with ICICI Lombard General Insurance Company w.e.f. 01-01-10 with all benefits available as mentioned under Policy-2009 above; however, **maximum Liability of the Insurance Company was amended and shall not exceed Rs. 14.00** crore in total inclusive of **both Section-I & II.**

4.6 FAMILY PLANNING INSURANCE SCHEME W.E.F. 1ST JANUARY, 2011:

The scheme with certain changes in procedure was renewed with ICICI Lombard General Insurance Company w.e.f. 01-01-11. The available benefits under Section I A included death during the process of sterilization operation also. Moreover, the Limit of Liability was increased to Rs 25 Crore under Section I and Rs 1 Crore under Section II.

4.7 FAMILY PLANNING INSURANCE SCHEME W.E.F. 1ST JANUARY, 2012:

The scheme was renewed with ICICI Lombard General Insurance Company, on existing terms and conditions, w.e.f. 01-01-12 to 31-12-2012. The total liability of the Insurance Company was not supposed to exceed Rs. 25 crore under Section-I and Rs. 1 crore under Section-II.

4.8 FAMILY PLANNING INSURANCE SCHEME W.E.F. 1ST JANUARY, 2013:

The scheme was then extended with ICICI Lombard General Insurance Company, on existing terms and conditions, w.e.f. 01-01-13 to 31-3-2013. The total liability of the Insurance Company was not supposed to exceed Rs.6.25 crore under Section-I and Rs. 25 lakh under Section-II.

4.9 SETTLEMENT OF CASES NOT COVERED UNDER THE FAMILY PLANNING INSURANCE SCHEME (FPIS):

- There might be cases not covered by the Family Planning Insurance Scheme, viz. cases of sterilization operations conducted before coming into force of Insurance Scheme, i.e. prior to 29th November,2005,cases not covered under the National Protocol or the cases already pending in courts etc.

  Liability in respect of such cases was to be met by the State Government/UTs Administration from the Miscellaneous Purpose Contingency Fund created in respective State/UTs by apportioning some amount from the grants released to them by the Union Government under the Scheme of Compensation for loss of wages for acceptors of sterilization/IUD insertions or under the Scheme of Flexible Funding for State Programme Implementation Plans (PIPs).

5. CURRENT SCHEME (Part of STATE PROGRAMME IMPLEMENTATION PLANS (PIPs) w.e.f. 1ST APRIL, 2013):

With effect from 01.04.2013, it has been decided that States/UTs would process and make payment of claims to acceptors of sterilization in the event of death/failures/complications /indemnity cover to doctors/health facilities. It is envisaged that States/UTs would make suitable budget provisions for implementation of the scheme through their respective State/UT Program Implementation Plans (PIPs) under the National Rural Health Mission (NRHM) and the scheme may be renamed **"Family Planning Indemnity Scheme"**. The scheme is uniformly applicable for all States/UTs.

It will be the responsibility of the District Official designated for the scheme by the State Government to ensure timely filing and processing of eligible claims. With effect from 1st April 2013, liability in respect of such cases would be met by the State Government/UT Administration from funds released by Government of India, under the National Rural Health Mission (NRHM), through State Programme Implementation Plans (PIPs). The allocation of funds by Government of India to the States /UTs

would be on the basis of either average amount of claims paid during the last 3 years, or an amount not exceeding Rs. 50/- per acceptor of sterilization, whichever is less. However if the State wishes to provide more or spends more than the allocation, the state may make necessary provision/undertake payment of claims, from their state budget. States whose claim ratios are less would also be free to allocate lesser funds than their due, so that resources within the approved envelope for their PIP could be better utilized. In smaller States and UTs where the average number of claims reported in the last 3 years is low, a minimum amount to the extent of Rs 5 lakhs may be proposed. **The States/UTs may plan for the payment of compensation to sterilization acceptors as per the scheme, under Budget Head A.3.5.4 –Other Strategies/activities Sub-Head A.3.5.4.1.**

Claims arising out of cases of sterilization operations which were detected and reported after 1st April, 2013, will come under the purview of State Programme Implementation Plans (PIPs). Claims arising out of cases of sterilization operations detected and reported before 1st April, 2013, will not come under the purview of State Programme Implementation Plans (PIPs). Such claims would be covered as per the respective guidelines of expired policies from 29th November 2005 to 31st March, 2013.

The available benefits under the Family Planning Indemnity Scheme are as under:

Section	Coverage	Limits
I A	Death following sterilization (inclusive of death during process of sterilization operation) in hospital or within 7 days from the date of discharge from the hospital	Rs. 2 lakh
I B	Death following sterilization within 8 - 30 days from the date of discharge from the hospital	Rs. 50,000/-
I C	Failure of sterilization	Rs 30,000/-
I D	Cost of treatment ***in hospital and*** **upto 60 days** arising out of complication following sterilization operation (inclusive of complication during process of sterilization operation) from the date of discharge	Actual not exceeding Rs. 25,000/-
II	Indemnity per Doctor/Health Facilities but not more than 4 in a year	Upto Rs. 2 Lakh per claim

This updated manual is available on the Ministry's website: www.mohfw.nic.in click www.nrhm.gov.in and then click http://nrhm.gov.in/nrhm-components/rmnch-a/family-planning/schemes.html

6. SALIENT FEATURES OF THE SCHEME:

1. The Family Planning Indemnity Scheme has all India coverage.
2. All persons undergoing/undergone sterilization operations in public health facility and health facilities of non-government and private sectors empanelled/accredited with District Health Authority are covered under Section- I–A, I-B, I-C and I-D of the scheme.
3. The Consent Form filled by the person at the time of enrolling himself/herself for sterilization operation duly countersigned at the medical facility shall be proof of coverage under the scheme. **(Annexure II)**
4. The medical records and checklist for female/male Sterilization should also be duly filled by the Doctors/Health Facilities**. (Annexure III)**
5. All the doctors/health facilities including doctors/health facilities of Central, State, Local-Self Governments, other public sectors and all the doctors/health facilities of Non-Government

and private sectors empanelled/accredited with District Health Authority and conducting such operations are covered under Section -II of the scheme. There is a stipulated criteria for empanelment of doctors/accreditations of health facilities for sterilization**. (Annexure IX)**

6. All claims arising under Section I and Section II shall be admissible from 1st April 2013, under the scheme.

7. Claims arising out of cases of sterilization operations which were detected and reported after 1st April, 2013, will come under the purview of State Programme Implementation Plans (PIPs). Claims arising out of cases of sterilization operations detected and reported before 1st April, 2013, will not come under the purview of State Programme Implementation Plans (PIPs). Such claims would be covered and processed as per the respective guidelines of expired policies from 29th November 2005 to 31st March, 2013 and the concerned CMO/CDMO/CMHO/ CDHMO/DMO/DHO/Joint Director of the district would be responsible for unpaid/time barred claims above. No provision will be made for unpaid claims in the State PIPs.

8. The claims will fall within the "Family Planning Indemnity Scheme" only if the beneficiary will file the claim with the DQAC within 90 days from the occurrence of the event of failure/death/complication.

9. Every claim, writ and summons related to the event of failure/death/complication should be forwarded to the District/State by the doctors/health facilities under Section II.

7. PROPOSED STRUCTURE FOR IMPLEMENTATION OF THE SCHEME: QUALITY ASSURANCE COMMITTEE

Quality Assurance Committee will be formed at the State and Districts level to ensure that the Standards for female and male sterilization as laid down by the GOI are followed in respect of pre-operative measures (for example by way of pathological tests, health and patient etc., operational facilities (for example, sufficient number of necessary equipment and aseptic condition and post operative follow ups). It shall be duty of the Quality Assurance Committee to collect and publish six monthly reports of the number of persons sterilized as well as the number of deaths or complications arising out of the sterilization. The Committee should meet at least once in three months The composition of the Committee would be as follows:

AT STATE LEVEL:

State Level Quality Assurance Committee (SQAC):

Composition:

1. Secretary, Medical and Health (Chairperson)
2. Mission Director –NRHM (Vice Chairperson)
3. Director Family Welfare/Director Health Services/Director Public Health Equivalent (Convener): to be nominated by the Chairperson.
4. Additional/Joint Director (FW)/Deputy Director (FW)/Equivalent, designated by the state government as the nodal officer for the Quality Assurance (QA) Cell (Member Secretary)
5. Director, Medical Education
6. Director/Principal of state training institution e.g. SIHFW/ CTI/ RHFWTC
7. One Empanelled Gynaecologist (from public institutions)

8. One Empanelled Surgeon (from public institutions)
9. One Anaesthetist (from public institutions)
10. One Paediatrician (from public institutions)
11. State Nursing Adviser/ Equivalent
12. One member from an accredited private sector hospital/ NGO (health care sector)
13. One representative from the legal cell
14. One representative from medical professional bodies e.g. FOGSI/ IMA/ IAP/IAPSM/ Association of Public Health
15. Any other member or representatives of public health organisations of eminence as nominated by the state government

Note: The Quality Assurance Committee as laid down in the 'Quality Assurance Manual for Sterilization Services' shall stand subsumed within the QAC mentioned above.

However a 5 member "State Family Planning Indemnity Subcommittee" from within the SQAC would redress, dispose and disburse claims/complaints received through the DQAC, to the district health society as per procedure and time frame laid down in this manual.

The subcommittee would comprise of the following:

1. Mission Director –NRHM (Chairperson)
2. Director Family Welfare/Director Health Services/Director Public Health Equivalent (Convener)
3. Additional/Joint Director (FW)/Deputy Director (FW)/Equivalent (Member Secretary)
4. Empanelled Gynaecologist (from public institutions)
5. Empanelled Surgeon (from public institutions)

Terms of Reference of the Committee:

- Visit both public and private facilities providing family planning services in the state to ensure implementation of national standards
- Review and report deaths/complications following Sterilization in the state
- Review and report conception due to failure of sterilization in the state
- Give directions on implementation of measures to improve quality of sterilization services
- Review the implementation of the National Family Planning Indemnity Scheme / payment of compensation in the state
- **The "State Family Planning Indemnity Subcommittee" would meet as often as warranted**
- **At least three members would constitute the quorum of this sub-committee**

AT DISTRICT LEVEL:

District Level Quality Assurance Committee (DQAC):

Composition:

1. District Collector, Chairperson
2. Chief Medical Officer/District Health Officer (convener)
3. District Family Welfare Officer/RCHO/ ACMO/ equivalent (member secretary)

4. Nodal Officers of Programme Divisions at districts
5. One empanelled gynaecologist (from public institutions)
6. One empanelled surgeon(from public institutions)
7. One anaesthetist (from public institutions)
8. One paediatrician (from public institutions)
9. One representative from the nursing cadre
10. One representative from the legal cell
11. One member from an accredited private sector hospital/ NGO (health care sector)
12. One representative from medical professional bodies e.g. FOGSI/IMA/IAP/IAPSM/ Association of Public Health

However a 5 member "District Family Planning Indemnity Subcommittee" from within the DQAC would process claims received from the clients and complaints/ claims lodged against the surgeons and accredited facilities, as per procedures and time frame laid down in this manual.

The subcommittee would comprise of the following:

1. District Collector, (Chairperson)
2. Chief Medical Officer/District Health Officer (convener)
3. District Family Welfare Officer/RCHO/ ACMO/ equivalent (member secretary)
4. Empanelled gynaecologist (from public institutions)
5. Empanelled surgeon (from public institutions)

Terms of Reference of the committee:

- Conducting medical audit of all deaths related to Sterilization and sending reports to the State QA committee Office.
- Collecting information on all hospitalization cases related to complications following sterilization, as well as sterilization failure.
- Reviewing all static institutions i.e., Government and accredited Private/NGOs and selected Camps providing sterilization services for quality of care as per the standards and recommend remedial actions for institutions not adhering with standards.
- **Review, report and process compensation claims** for onward submission to the SQAC under the National Family Planning Indemnity Scheme for cases of deaths, complications and failures following male and female sterilization procedures (for detailed procedures to be followed please refer to the manual on "Family Planning Indemnity Scheme 2013, Ministry of Health & Family Welfare, Government of India").
- In case a facility reports a sterilization related death, the convenor of the DQAC should inform the convenor of the SQAC within 24 hours. Death audit needs to be undertaken by the DQAC and report sent to the state with a copy to the Govt. of India, within one month of the death being reported.
- **The "District Family Planning Indemnity Subcommittee" would meet as often as warranted.**
- **At least three members would constitute the quorum of this sub-committee.**

8. OPERATIONAL PROCEDURE FOR CLAIM SETTLEMENT FROM 1-4-2013:

SECTION I

8.1 CLAIMS PROCEDURE:

1. On receipt of the information of any claim from the acceptor of Sterilization under Section-I, the beneficiary, through their designated hospital and doctors, shall immediately fill up claim form.**(Annexure I)**

   If such covered cause is detected "during examination of the acceptor in health facility", the health facility shall ensure to get the claim form filled from the beneficiary on the spot without loss of time. The health facility shall forward the claim papers along with necessary documents to the designated officer of the district.

2. On receiving the claim papers, proper acknowledgement must be made by the designated district official by putting the stamp on all documents, for further processing and payment of the claims. Based on the following documents, claims shall be processed by the designated district level officer under different sections of the scheme. **(Annexure III)**

3. The claims processing under Section-I death, complications and failures following sterilization operation will continue to be processed by the District Quality Assurance Committee (DQAC) and put up to SQAC. The SQAC could perform the role hence carried out by the Insurance Company in terms of scrutinizing the documents and calling for any new and relevant material missing from the recommendation of the DQAC. The SQAC would thus review every single case in the state and recommend release of funds to the district wherever applicable. **(Annexure XI)**

4. For the purpose of verification and medical evaluation of the claim lodged by the beneficiary, the State Government has formed/shall form the Quality Assurance Committee (QAC) and for all purposes the authority shall be with CMO/CDMO/CMHO/CDHMO/DMO/DHO/ Joint Director designated for this purpose at district level designated by respective States/UTs.

5. The "Claim Form cum Medical Certificate" in original duly completed in all respects by the beneficiary submitted through their designated hospital and doctors shall be authenticated by the CMO/ CDMO/CMHO/ CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.**(Annexure I)**

6. Duly completed "Claim Form cum Medical Certificate" along with documents as specified below shall be the basis of lodging claims under Section-I of the scheme. The "Claim Form cum Medical Certificate" shall be duly completed in all respects by the beneficiary and shall be authenticated by the CMO/ CDMO/ CMHO/ CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.

7. The claims processing shall be decentralized at State level and District level, along with the required documents as specified below, preferably within 30 days from the date of detection of the covered cause is documented under the scheme.

8. Stipulated time limit for settlement of claims under Section-I of the scheme would be 15 working days in case of death and 21 days in case of others, after submission of all required documents.

8.1.1 DEATH FOLLOWING STERILIZATION (SECTION-I -A & I-B):

1. In case of claims for death of the acceptor under Section-I following sterilization operation *(inclusive of death during process of sterilization operation*), copy of death certificate issued

by hospital/ municipality or any other authority designated *and copy of Proof of Pre and Post Operative Procedure/Discharge Certificate* duly attested by the convener of QAC/CMO/ CDMO/CMHO /CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.**(Annexure VI)**

2. Claims under Section-1-A death following Sterilization *(inclusive of death during process of sterilization operation)* in hospital or within 7 days from the date of discharge from the hospital and under Section-1-B Death following sterilization within 8-30 days from the date of discharge from the hospital) shall be paid equally in favour of the spouse and unmarried dependent children whose names are appearing in the Consent Form/Claim Form. In case of no spouse, the payment shall be made to the unmarried dependent children. State Health Society/District Health Society under Section-I-A will first reimburse Rs 50,000/- to RKS of the district, in case this amount is paid by RKS as ex-gratia and the balance amount will be paid to other eligible members of the deceased.**(Annexure VII)**

3. In the event of death as per Section-I-A above, the State Health Society /District Health Society would be paying to the first kin of the deceased if, death of the acceptor has taken place following sterilization*(inclusive of death during process of sterilization operation),*during hospitalization or within the 7 days from the discharge of the hospital.

   If dependent children are minor, the payment shall be made by the District Health Society in the name of minor children. The cheques, in this case would be issued by the District Health Society in the name of minor beneficiary with the following endorsement (overleaf);

   "Amount to be deposited as FDR in the name of minor Sh /Ku ..... till the minor attains the maturity. No premature payment of FDR is allowed. Quarterly interest may be paid to the guardian".

   In case, there are no surviving spouse/unmarried dependent children, the claim shall then be payable to the legal heir of the deceased acceptor subject to production of legal heir certificate.

DOCUMENTS REQUIRED FOLLOWING STERILIZATION (SECTION-I -A & I- B):

a) **Claim Form cum Medical Certificate in original** duly signed and stamped by the convener of QAC/CMO/CDMO/CMHO/ CDHMO/ DMO/DHO/Joint Director designated for this purpose at district level.**(Annexure I)**

b) **Copy of Consent Form duly attested** by the convener of QAC/CMO/CDMO/CMHO/ CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.**(Annexure II)**

c) **Copy of Sterilization Certificate duly attested** by the convener of QAC/CMO/CDMO/CMHO/ CDHMO/DMO/DHO/Joint Director designated for this purpose at district level. **.(Annexure IV)**

d) **Copy of Proof of Post Operative Procedure/Discharge Certificate duly attested** by the convener of QAC/ CMO/CDMO/ CMHO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.

e) **Copy of Death certificate issued by Hospital/Municipality or authority designated duly attested** by the convener of QAC/ CMO/CDMO/ CMHO/ CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.

8.1.2 FAILURE OF STERILIZATION (SECTION-I-C)

The claims under Section-I-C (Failure of Sterilization) & I-D *[(*Complication following Sterilization operation (*inclusive of complication during process of sterilization operation)]*shall be paid in the name of beneficiary.

In case of a male beneficiary who has undergone sterilization operation and motility is noticed in the semen test report after 3 months of sterilization operation; the designated district level officer shall process and provide compensation to the person having undergone sterilization as per the limit specified in Section I C of the schedule.

DOCUMENTS REQUIRED FOR FAILURE OF STERILIZATION (SECTION-I-C):

a) **Claim Form cum Medical Certificate in original** duly signed and stamped by the convener of QAC/ CMO/ CDMO/ CMHO/ DMO/ DHO/Joint Director designated for this purpose at district level.**(Annexure I)**

b) **Copy of Consent Form duly attested** by the convener of QAC/CMO/CDMO/CMHO/CDHMO/ DMO/DHO/Joint Director designated for this purpose at district level.**(Annexure II)**

c) **Copy of Sterilization Certificate duly attested** by the convener of QAC/CMO/CDMO/CMHO/ CDHMO/DMO/DHO/ Joint Director designated for this purpose at district level.**(Annexure IV)**

d) **Copy of any of the following Diagnostic Reports confirming failure of sterilization duly attested by** the convener of QAC/CMO/CDMO/CMHO/ CDHMO/ DMO/DHO/Joint Director designated for this purpose at district level.

IN CASE OF TUBECTOMY THE REPORT MAY BE:

1. Urine test report ***supported by Physical Examination report / A N card/ USG report***
2. MTP report
3. Physical examination report
4. USG report
5. In extreme cases birth certificate in case of full term pregnancy

IN CASE OF VASECTOMY

1. Semen Test Report

NOTE: Any one of the above A or B document detecting failure of sterilization would be sufficient for processing the claim under this section.

8.1.3 COMPLICATION ARISING DUE TO STERILIZATION (SECTION-ID):

For claims arising due to medical complications following sterilization operation *(inclusive of complication during process of sterilization operation)*as per Section-I-D, the CMO/CDMO/CMHO /CDHMO/ DMO/ DHO/Joint Director designated for this purpose at district level shall certify the cost of treatment of such complications incurred by the beneficiary and or hospital, for which relevant original bills/cash memos, prescriptions and diagnostic reports confirming expenses incurred for treatment of complication following Sterilization are to be obtained.

DOCUMENTS REQUIRED FOR COMPLICATION ARISING DUE TO STERILIZATION (SECTION-ID):

a) **Claim Form cum Medical Certificate in original** duly signed and stamped by the convener of QAC/ CMO/CDMO/ CMHO/ CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.**(Annexure I)**

b) **Copy of Consent Form duly attested** by the convener of QAC/CMO/CDMO/CMHO/CDHMO/ DMO/DHO/Joint Director designated for this purpose at district level.**(Annexure II)**

c) **Copy of Sterilization Certificate duly attested** by the convener of QAC/CMO/CDMO/CMHO/ CDHMO/DMO/DHO/ Joint Director designated for this purpose at district level.**(Annexure IV)**

d) **Original Bills/Receipts/Cash Memos along with Original Prescription and Case Sheet** confirming treatment taken for complication due to sterilization.

NOTE: NO FURTHER DOCUMENT SHOULD BE SOLICITED BY THE DESIGNATED DISTRICT LEVEL OFFICER.

Any claim received under **Section-I** of this scheme shall not prejudice other claims under other section in respect of the same person.

A DETAILED FLOWCHART SHOWING THE STEPS OF THE CLAIMS PROCESS

Beneficiary to file the claims document

↓

CMO/CDMO/CMHO/CDHMO/DMO/Joint Director to duly sign, stamp and authenticate the claims documents for processing

↓

DQAC to process the claims arising out of death, complication and failure following sterilization and to be put up to SQAC

↓

SQAC to scrutinize the documents and if required, call for any new and relevant material missing from the recommendation of DQAC. SQAC to review every single case in the state and recommend release of funds to the district, wherever applicable

SECTION II:

8.2 CLAIMS PROCEDURE:

1. For claims under Section - II of the scheme, *it will be responsibility of the doctor/health facility* on receiving any Legal Notice/ Summons from the Court shall immediately inform, in writing, to State Health Society/District Health Society, who would thereafter, take over entire defense process of the case, including engagement of advocate and payment of legal expenses which would be paid later by State Health Society/ District Health Society. However, State Health Society/ District Health Society shall not be liable to pay more than the amount mentioned in the Section - II in any case, under all heads.

2. In emergent situation the defence costs incurred by the doctor/health facility shall be reimbursable, if incurred in consultation with the State Health Society/District Health Society; the defence costs shall be limited to Rs. 5,000 per incidence for such cases.

3. Liability of the State Health Society under Section -II would be limited to four cases of litigation in respect of every doctor or health facility in a year. All the doctors/health facilities including doctors/health facilities of Central, State, Local-Self Governments, other public sectors and all the doctors/health facilities of non-government and private sectors empanelled /accredited with District Health Authority for rendering family planning services and conducting such operations shall stand indemnified against the claims arising on them out of failure of sterilization, death or medical complication resulting therefrom upto a maximum amount of Rs. 2 lakh per case, maximum upto 4 cases per doctor/health facility per year. The cover would also include the legal costs and actual modality of defending the prosecuted doctor/health facility in Court, which would be borne by the Doctors/Health Facilities within the limit of Section- II.

DOCUMENTS REQUIRED UNDER INDEMNITY COVER (SECTION-II):

1. Intimation in writing
2. Copy of summon/FIR
3. Copy of Sterilization Certificate **(Annexure IV)**
4. Copy of Consent Form **(Annexure II)**
5. Certificate from the convener of QAC/CMO/CDMO/CMHO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level confirming that the Sterilization Operation was conducted by the doctor etc.
6. Copy of the reward given by the court along with the original receipts for which payment is made to the lawyer

In case of any claim is found untenable, the reason of rejection of claim will be communicated to the beneficiary by respective convener of QAC/CMO/CDMO/CMHO/CDHMO/DMO/DHO/Joint Director of the district for this purpose with a copy to the State Nodal Officer.

District Health Society shall not be liable under this scheme for compensation under more than one Section in respect of the same eventuality except under section (IC) & (ID).

9. MONITORING OF THE SCHEME:

The scheme will be monitored by **Central and State** Monitoring Committees on monthly / quarterly basis:

a) **State Quality Assurance Committee (SQAC) and District Quality Assurance Committee (DQAC)** shall conduct quarterly reviews for all pending matters including pending claims.

b) A **Senior Officer, nominated by the State Government** from the Directorate of Health & Family Welfare of the State as a **State Nodal Officer** shall review all pending matters including pending claims on monthly basis.

c) The MOHFW shall conduct annual review of all matters including pending claims. Joint Secretary, MOH&FW, GOI shall head this review meeting which will be represented by the State Nodal officers from State Government.

d) The **National Nodal Officer of Central Government** will review all matters relating to FPIS including claims on half yearly basis at National Level.

e) States will provide the district wise claim statement to Central, State Government on monthly basis by 7thth -10th of the following month in a prescribed format.**(Annexure XII)**

f) States will provide the state wise claim statement to Central, State Government on quarterly basis in a prescribed format.**(Annexure XIII)**

g) States will provide periodically the district wise Facility Audit Report to Central, State Government**(Annexure X)**

h) The quantum and conditionalities should remain the same in the existing insurance scheme except that the claims after due diligence by the district QAC should be put up to the state QAC who would be the final arbiter for the same.

10. ORIENTATION OF STAKEHOLDERS:

a) States/UTs will print sufficient number of copies of claim form cum medical certificates in local languages if required.

b) States/UTs will print sufficient number of copies of guidelines for District Officials approved by MOHFW for distribution to the districts and other authorities.

c) State Nodal Officer will organize orientation workshops in the States for the district officials and other stake holders, including organizing claim clearance camps at State level and District Level if required.

11. ROLE OF THE STATE NODAL OFFICERS OF STATE GOVERNMENT AND ROLE OF CMOs/CDMOs/CMHOs/CDHMOs/DMOs/DMOs/ Dy. DIRECTORS/ JOINT DIRECTORS ETC DESIGNATED FOR THE PURPOSE AT THE DISTRICT LEVEL

a) To organise the Orientation Programme at State level for District Officials & the State officials as well as other Government authorities for the Family Planning Indemnity Scheme once in a year.

b) To hold quarterly meetings with district level officers to monitor and review the claims, advice the district officials to respond/comply with deficiencies, if any.

c) To organize the review meeting at State level on biannual basis to review all pending matters including pending claims under the chairmanship of Mission Director (NRHM) with the designated machinery at district level and to issue necessary advice to District Officials under intimation to MOHFW, GOI.

d) To hold claim clearance camps at State level, if, the claim is still pending for the want of compliance for more than 60 days from the District, through a system of review meetings.

e) To Audit all death claims followed by sterilization operations, audit of health facilities etc as per procedure laid in Quality Assurance Guidelines issued by Ministry of Health and Family Welfare, GOI in compliance of directions of Hon'ble Supreme Court**. (Annexure VIII)**

f) To liaise with the District Officials designated by the State for the scheme and issue necessary guidelines in respect of the scheme.

g) To ensure that each health facility is provided with FPIS Manual.

h) To ensure that health facilities are having sufficient number of claim forms and using prescribed consent form, sterilization certificate and other documents for filing the FPIS claim as mentioned above.

i) To ensure that District Officials are filing the FPIS Claims well within the stipulated period as per the scheme.

j) To monitor the low/high reporting trend of FPIS claims from the districts, review the performance of the officials performing operation and issues necessary guidelines for corrective measures.

k) To ensure that consolidated Quarterly Report on maintenance of quality, failure of sterilizations, complications or deaths attributable to sterilizations is submitted to MOHFW, GOI . **(Annexure XIII)**

l) States/UTs will submit a Quarterly Report to the Central Government showing district wise number of claims pertaining to death, complication, failure of sterilization, including claims under Section II and the amount paid as compensation in each category, in each district.