Manual for

Family Planning Indemnity Scheme

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Family Planning Division
Ministry of Health and Family Welfare
Government of India

Family Planning Indemnity Scheme-Overview

Sterilization is still the most popular family planning method adopted by the clients to limit their family size. Family planning services are largely being provided through a network of public and private accredited facilities. However, persistent high unmet need for limiting methods and lack of trained providers at peripheral level leads to dependence on the camp approach. There has been growing concern about the quality of sterilization services being offered, particularly at the camp facilities. The continuing deaths, failures and complications following sterilizations also results in increased litigation being faced by the providers, which is another barrier in scaling up the sterilization services.

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) had, 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 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 criteria for empanelment of doctors for conducting sterilization procedures.
2. Laying down of medical record and checklist to be followed by every doctor before carrying out sterilization procedures.
3. Laying down of uniform proforma for obtaining 'consent' of persons undergoing sterilization.
4. Setting up of Quality Assurance Committees at State and District level for ensuring enforcement of pre and postoperative guidelines regarding sterilization procedures.
5. **The Union of India brought into effect an Insurance Policy for all States/UTs with effect from 29th Nov, 2005 .**

Against the backdrop of the directions of the Hon'ble Supreme Court, the "NFPIS" was introduced from 29th Nov, 2005 so as to do away with the complicated process of payment of ex-gratia to the beneficiaries of sterilization for treatment of post-operative complications, failure of sterilization or death attributable to the procedure of sterilization. Since then, the scheme has witnessed changes in the insurers and modifications in limits and payment procedures.

Initially the scheme was operated by The Oriental Insurance Company Limited from 29th Nov, 2005 and renewed w.e.f. 29-11-2006 with modification in the limits and payment procedures.

Later, the scheme was operated by ICICI Lombard General Insurance company w.e.f. 01-01-08 up to 31-03-2013 with yearly renewals. The scheme thereafter has been modified as "Family Planning Indemnity Scheme" and is operational from 01.04.2013.

Settlement of cases not covered under 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 or the cases already pending in courts etc.

Liability in respect of such cases has to be met after the due clearance from SISC/DISC by the State Government/UTs Administration from the Miscellaneous Purpose 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.

1.1. Family Planning Indeminty Scheme

(Under NHM State Programme Implementation Plans (PIPs) w.e.f. 1st April ,2013)

Under the Family Planning Indemnity Scheme it has been decided that States/UTs would process and make payment of claims to beneficiaries of sterilization in the event of death/ failure/complication and 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 Program Implementation Plans (PIPs) in the relevant head under the National Health Mission (NHM). The scheme is uniformly applicable for all States/UTs.

It will be the responsibility of the SISC/DISC 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 Health Mission (NHM), as per the approval in NPCC of respective State PIPs. The maximum fund allocated by Government of India to the States /UTs would be on the basis of average number of sterilization cases in the last three years multiplied by a premium amount of Rs. 50/- per sterilization case. However, if the State wishes to provide more or spends more than the allocation, the state may make payment of claims, from their state budget. States whose claims 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 for other activities. In smaller States and UTs where the average number of beneficiaries of sterilization is very low, a minimum amount to the extent of Rs 5 lakhs may be proposed.

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

Section	Coverage	Limits
SECTION I (A-D) : For Beneficiaries		
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 up to 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/-
SECTION II: Empanelled Doctors under Public and Accredited Private/NGO Sector and Health Facilities under Public and Accredited Private/NGO Sector		
II*	Indemnity coverage up to 4 cases of litigations per doctor and per health facility in a year	Upto Rs. 2 Lakh per case of litigation

*Indemnity coverage for service providers/health facilities has been detailed in Chapter 3.

1.2. 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 or private/NGO facilities accredited by SQAC/DQAC for sterilization services are covered under Section- I–A, I-B, I-C and I-D of the scheme.
3. The Consent Form duly filled in by the beneficiary at the time of enrolling himself/herself for sterilization operation duly countersigned at the medical facility shall be a proof of coverage under the scheme (Annexure 2).
4. The medical records and checklist for female/male sterilization should also be duly filled in by the Doctors/Health Facilities (Annexure 3).
5. All the doctors/health facilities in public sector and private/NGO facilities empanelled/ accredited with SQAC/DQACs conducting such operations are covered under Section-II of the scheme. There is a stipulated criterion for empanelment of doctors/accreditations of health facilities for sterilization which can be referred from "Standard and Quality Assurance in sterilization services, Nov 2014"
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 convener of DISC (CMO or Equivalent) designated for this purpose at district level 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 files the claim with the DISC **within 90 days** from the occurrence of the event of death/ failure/complication.
9. Every claim, writ and summons related to the event of death/failure/complication should be forwarded to SISC/DISC by the doctors/health facilities under Section II.

2.1. Quality Assurance Committee

Quality Assurance Committees (QACs) have been 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, operational facilities etc. The composition of the Committee would be as follows:

2.1.1 AT STATE LEVEL: State Quality Assurance Committee (SQAC)

2.1.1.1 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 'Standards & Quality Assurance In Sterilization Services', Nov 2014 shall stand subsumed within the QAC mentioned above.

However a 5 member "State Indemnity Sub-Committee (SISC)" 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)

2.1.1.2 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.
- Share review report with all district committees and other stakeholders.
- Send the regular reports on sterilization related indicators (Death, Failure,Complication) to the Centre after ratification of the same by the Chairperson of the SQAC.
- **The "State Indemnity Sub-Committee(SISC)" would meet every six months or sooner if warranted.**
- **At least three members would constitute the quorum of this sub-committee.**

2.1.2 AT DISTRICT LEVEL: District Quality Assurance Committee (DQAC)

2.1.2.1 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