

NL/NRHM/12/A/3/2012-13/

/ Dated Kohima, the.....May 2013

NOTIFICATION

Sub: Implementation of Family Planning Indemnity Scheme (FPIS)

In pursuance of Govt of India letter vide No: N-23011/68/2011 (Policy) (Pt) Dt. 13th Feb 2013, it is hereby notified that in place of the Family Planning Insurance Scheme which is being serviced through the ICICI Lombard General Insurance Company Ltd, the 'Family Planning Indemnity Scheme' (FPIS) shall be implemented wef 01.04.2013.

Under the 'Family Planning Indemnity Scheme', the Claim Processing has been decentralized at the State level and the Claim Settlement/Issue of Cheques to accepters of sterilization in the event of death/failure/complications/Indemnity cover to doctors/health facilities shall be done from the office of the respective district level machinery.

The 'Quality Assurance Committee (QAC) has been constituted in all districts vide letter No: NRHM/NL/12/A/3/2012-13/3369 Dt. 23rd March 2013 for the purpose of verification and medical evaluation of the claims lodged by the beneficiaries and for all purposes at the district level the authority shall be with the Chief Medical Officer.

For proper management and monitoring of the scheme at the State and District level, the SPO (RCH) and DPO (UIP/RCH) are hereby designated as the State and District Nodal Officer respectively.

The details of the Guideline on 'Family Planning Indemnity Scheme' (FPIS) is enclosed herewith for ready reference and guidance.

(DR. KHANLO MAGH)
Mission Director, NRHM

NL/NRHM/12/A/3/2012-13/

/ Dated Kohima, the...¹⁵th.....May 2013

Copy to:

1. The Commissioner & Secretary to the Govt of Nagaland, Department of Health & Family Welfare, Nagaland Kohima.
2. The Principal Director, Directorate of Health & Family Welfare, Nagaland Kohima.
3. The Deputy Commissioner & Chairman, District Health Society, Dimapur/ Kiphire/ Kohima/ Longleng/ Mokokchung/ Mon/ Peren/ Phek/ Tuensang/ Wokha/ Zunheboto/.
4. The SPO (RCH)
Directorate of Health & Family Welfare, Nagaland Kohima.
5. The Chief Medical Officer
Dimapur/ Kiphire/ Kohima/ Longleng/ Mokokchung/ Mon/ Peren/ Phek/ Tuensang/ Wokha/ Zunheboto/.
6. The DPO (UIP/RCH),
Dimapur/ Kiphire/ Kohima/ Longleng/ Mokokchung/ Mon/ Peren/ Phek/ Tuensang/ Wokha/ Zunheboto/.
7. The Managing Director/Medical Superintendent/Hospital Manager, District Hospital
Dimapur/ Kiphire/ Kohima (NHAK)/ Longleng/ Mokokchung/ Mon/ Peren/ Phek/ Tuensang/ Wokha/ Zunheboto for kind information.
8. Guard file / Office copy.

(DR. KHANLO MAGH)
Mission Director, NRHM

(27)

FTS-20610

SPEED-POST/URGENT

**N-23011/68/2011 (Policy)(Pt)
Government of India
Ministry of Health and Family Welfare
Nirman Bhawan, New Delhi**

Date: 13th February , 2013

To

**The Principal Secretary(H& FW)
All States/UTs**

Subject : Implementation of Family Planning Indemnity Scheme through States PIPs with effect from 1/4/2013 , (F.Y. 2013-14).

Dear Sir/Madam,

Your attention is drawn to D.O. No N-23011/68/2011(Policy) dated January 8th , 2013 with regard to extension of Family Planning Insurance Scheme(FPIS) with ICICI Lombard General Insurance Company Ltd., for a period of three months, ie upto 31st March ,2013. You would be aware that, as per the directions of Hon'ble Supreme Court of India, the Family Planning Insurance Scheme (FPIS) is being implemented in the country since 29/11/2005, in all States/UTs.

With effect, 01.04.2013, it has been decided that States/UTs would process and make payment of claims to accepters 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 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(tentative allocation of funds for States/UTs based on above parameters is attached for reference). However if the State wishes to provision 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 may consider making lower provision as per their requirement, so that resources within the approved envelope for their PIP could be better utilized. In those States/UTs where the average number of claims reported in the last 3 years is less, an amount to the extent of Rs 5 lakhs may be proposed. States are requested to make provisions for 'Family Planning Indemnity Scheme (FPIS)' as above, under budget head A.3.5.4 Other Strategies/activities sub head A.3.5.4.1. in the State PIPs.

In view of above, for the purpose of verification and medical evaluation, including payment of eligible claims lodged by the beneficiaries, the State/UT has formed /shall form

CMO/CDMO/CHMO/CDHMO/DMO/DHO/Joint Director designated for the purpose at district. The claims processing shall be decentralized at State level and the claim settlement/issue of cheques shall be done from the office of the respective district level machinery.

The benefits available under the scheme are as follows:

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 <i>in hospital and upto 60 days</i> 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

Detailed guidelines for implementation of the "Family Planning Indemnity Scheme" are enclosed for information and necessary action. The guidelines and manual are also available on the website www.mohfw.nic.in. All the States/UTs are accordingly requested to strictly adhere to the guidelines above, and process all cases of claims in respect of the scheme, wef 1st April, 2013, onwards.

This issues with approval of competent authority.
Enclosure: As above

Yours faithfully,


(Anuradha Vemuri)
Director
Tel: 011- 23062432

Copy to:

1. Mission Director(NRHM) (All States/UTs)
2. Director (Family Welfare) (All States/UTs)
3. Director(NRHM)
4. DC- I/C(FP)

FAMILY PLANNING INSURANCE SCHEME CLAIMS STATUS (PAID)				
State	Avg claims amount for last 3 years	Avg No of sterilization for last 3 years	No of sterilization cases per state multiplied by Rs 50/-	Tentative allocation of funds
ANDHRA PRADESH	57,44,268	5,88,139	2,94,06,933	57,44,268
A&N ISLAND	0	1,005	50,267	5,00,000
ARUNACHAL PRADESH	30,000	1,341	67,067	5,00,000
ASSAM	51,23,040	75,175	37,58,767	37,58,767
BIHAR	20,45,813	4,33,855	2,16,92,767	20,45,813
CHHATTISGARH	49,02,523	1,53,073	76,53,633	49,02,523
CHANDIGARH	0	1,969	98,467	5,00,000
DELHI	15,70,848	20,093	10,04,650	10,04,650
DADRA & NAGAR HAVELI	0	1,149	57,433	5,00,000
DAMAN & DIU	0	267	13,333	5,00,000
LAKSHADWEEP	0	29	1,450	5,00,000
GOA	60,000	4,507	2,25,333	5,00,000
GUJARAT	47,91,809	3,22,099	1,61,04,933	47,91,809
HARYANA	83,63,053	81,381	40,69,033	40,69,033
HIMACHAL PRADESH	22,44,217	24,704	12,35,200	12,35,200
JAMMU & KASHMIR	7,85,386	18,696	9,34,817	7,85,386
JHARKHAND	10,09,460	1,23,830	61,91,517	10,09,460
KARNATAKA	62,58,978	3,46,649	1,73,32,433	62,58,978
KERALA	36,74,736	1,01,407	50,70,350	36,74,736
MADHYA PRADESH	3,62,14,201	5,73,819	2,86,90,950	2,86,90,950
MAHARASHTRA	1,07,53,044	5,07,976	2,53,98,783	1,07,53,044
MEGHALAYA	0	2,213	1,10,633	5,00,000
MANIPUR	55,433	1,417	70,833	5,00,000
MIZORAM	5,40,000	2,207	1,10,367	5,00,000
NAGALAND	0	1,674	83,700	5,00,000
ORISSA	69,06,966	1,33,281	66,64,067	66,64,067
PONDICHERRY	4,56,667	10,188	5,09,383	4,56,667
PUNJAB	20,91,485	76,300	38,15,000	20,91,485
RAJASTHAN	5,17,91,653	3,33,150	1,66,57,483	1,66,57,483
SIKKIM	50,000	327	16,333	5,00,000
TAMIL NADU	1,39,14,423	3,21,556	1,60,77,800	1,39,14,423
TRIPURA	2,90,000	5,204	2,60,217	5,00,000
UTTAR PRADESH	4,02,29,983	4,06,162	2,03,08,117	2,03,08,117
UTTARANCHAL	43,00,280	25,808	12,90,417	12,90,417
WEST BENGAL	36,41,866	2,69,008	1,34,50,400	36,41,866
	21,78,40,134	49,69,657	24,84,82,867	15,02,49,142

MINISTRY OF HEALTH & FAMILY WELFARE



Guidelines for Preparation of Annual Programme Implementation Plan National Rural Health Mission

2013-14

Family Planning Indemnity Scheme:

The name of the scheme is "FAMILY PLANNING INDEMNITY SCHEME (FPIS)"

1. Objective:

The objective of "Family Planning Indemnity Scheme" is to take care of the cases of Failure of Sterilization, Medical Complications or Death resulting from Sterilization, and also to provide Indemnity Cover to the Doctor/Health Facility performing Sterilization procedure .

2. Eligible beneficiaries/ Doctors/ Health Services Providers:

- All persons undergoing 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.
- 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.
- All the Doctors/Health Facilities including Doctors/Health Facilities of Central, State, Local-Self Governments, other Public Sectors and all the Accredited 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.

3. Benefits:

The scheme shall provide coverage for Death following sterilization operation (inclusive of death during process of sterilization operation), Failure of sterilization, treatment expenses arising out of Complications due to sterilization operation and Indemnity Cover to Doctors/ Health Facilities due to sterilization operation.

The scheme shall provide the following benefits :

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

Section-I :

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. Claims pertaining to Section 1-A , Section 1-B, Sec 1-C (Failure of Sterilization) & Section 1-D (Complications arising out of Sterilization) shall be decentralized at State level and the claim settlement/issue of cheques shall be done from the office of the respective district level machinery.

Section-II :

States/UTs will indemnify all the Doctors/Health Facilities including Doctors/Health Facilities of Central ,State, Local Self Governments, other Public Sector and Private Sector Empanelled/Accredited with District Health Authority for rendering Family Planning Services conducting such operations 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 indemnification amount would also include the legal costs and actual modality of defending the prosecuted Doctor/Health Facility in Court, which would be borne by the States/UTs , within certain limits.

Liability of the State/District under Section II would be limited to four cases of litigation in respect of per Doctor/health Facility, beyond which the doctor/health facility concerned would be himself/herself responsible for his/her lapse, apart from any other action that may be taken by the Government against the doctor/health facility.

Note: Claims arising out of cases of sterilization operations conducted 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.

4. Accreditation of Hospitals and eligibility of Doctors:

Eligibility/Qualification of Doctors for conducting sterilization procedures and Criteria for Empanelment/Accreditations of the Private Doctors/Health Facilities has been done / shall be done by State Government as per norms laid down in the prescribed manual issued by Government of India.

5. Roles and Responsibilities

- 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 provision 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, so that resources within the approved envelope for their PIP could be better utilized.

- In those States/UTs where the average number of claims reported in the last 3 years is less, an amount to the extent of Rs 5 lakhs may be proposed.
- In view of above, for the purpose of verification and medical evaluation, including payment of eligible claims lodged by the beneficiaries, the State/UT has formed /shall form Quality Assurance Committee (QAC) and for all purposes, the authority shall be with CMO/CDMO/CHMO/CDHMO/DMO/DHO/Joint Director designated for the purpose at district. The claims processing shall be decentralized at State level and the claim settlement/issue of cheques shall be done from the office of the respective district level machinery.
- The State would designate a Nodal person at State and District level to manage and monitor the Scheme. The name, contact details of the concern Nodal Officers are to be provided to the MOHFW.
- The Nodal Officer would liaison between the Districts for processing and payment of claims and reporting the status of claims on monthly basis to the MOHFW.
- State Government would arrange the State level Workshops, to orient the CMOs of the districts and other related officials.
- Regular follow up of Court cases and monitoring of payments, if any, arising out of such cases.
- Monthly MIS to be shared by the Districts/State with the MOHFW regarding the claims paid, rejected, outstanding for Section I and Section II.
- For the purpose of verification and medical evaluation of the claims lodged by beneficiaries, the State Government has formed/shall form the District Level Quality Assurance Committee(QAC) and for all purpose the authority shall be with CMO/CDMO/CHMO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level designated by respective States/UTs.
- The quantum and conditionalities remain the same as in the existing insurance scheme except that the claims after due diligence by the district QAC should be put to the state QAC who would be the final arbiter for the same.

6. Implementation Procedure:

- a) On arising of any claim under Section- I of the scheme, the beneficiary, through their designated hospital and doctors, shall immediately fill up claim form. The claim form cum Medical Certificate in original shall be duly completed in all respects by the beneficiary and shall be Certified/Authenticated by the CMO/CDMO/ CHMO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.
- b) Claim form cum Medical Certificate in original along with supporting documents will be sent to the CMO/CDMO/ CHMO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.
- c) For claims under Section - II , the Doctor/Health Facility receiving any legal notice/summons from the court shall immediately inform in writing to the office of the District Health Society, for defence of the case in court .
- d) The claims processing shall be decentralized at State level and the claim settlement/issue of cheques shall be done from the office of the respective district level machinery.

7. Payment of claims:

States/UTs would plan for payment of compensation to accepters of sterilization, under Sec I & II under Budget Head A.3.5.4 Other Strategies/Activities Sub Head A.3.5.4.1, In their State Programme Implementation Plans(PIPs) under NRHM.

In cases of Death, as per Section -I A above , the Rogi Kalyan Samities(RKSs) at district level would be paying Rs 50,000/- as an ex gratia 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. The 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 rest amount shall be paid to other eligible dependents by the District Health Society as per procedures laid down in the manual subject to admissibility of the claim under Family Planning Indemnity Scheme. District authority designated for this purpose at district level shall clearly indicate the bifurcation of the reimbursement to beneficiary and RKS on the basis of Claim cum Medical Certificate.

Claims under Section 1B (Death following sterilization within 8 - 30 days from the date of discharge from the hospital) shall be settled in favour of the spouse and unmarried dependent children whose names are appearing in the claim form. In case of no spouse, the payment shall be made to the unmarried dependent children. State/District Health Society 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 as per the procedure.

For both Section IA and Section IB if dependent children are minor, the payment shall be made by the State/District Health Society in the name of minor children. The cheques in this case would be issued by the State/District Health Society in the name of minor beneficiary with the following endorsement :

"Amount to be deposited as FDR in the name of minor Sh /Kutill 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*.

In case of claims arising due to Medical Complications following sterilization operation, the CMO/CDMO/CHMO/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. Relevant bills/cash memos in originals, prescriptions and diagnostic reports shall support the cost of treatment. Any expenses incurred by the Government hospital for the treatment of the said complication in addition to the expenses incurred by the beneficiary, shall also be reimbursed by the State /District Health Society to the District Rogi Kalyan Samiti, subject to the limits mentioned in the scheme for such cases. District authority designated for this purpose at district level shall clearly indicate the bifurcation of the reimbursement to beneficiary and RKS on the Claim cum Medical Certificate.

In case of claims for Failure of Sterilization, the certification shall be done by the CMO/CDMO/ CHMO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district

level and the claim shall be paid in the name of the beneficiary. The detection shall be considered by any one of the following diagnostic reports confirming failure of sterilization.

A. In case of tubectomy(any one):

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

B. In case of vasectomy

- 2) Semen test report

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

- The claims processing under Section-I shall be decentralized at State level and the claim settlement/issue of cheques shall be done from the office of the respective district level machinery.
- Stipulated time limit for settlement of claims** under Section - I of the policy would be 15 working days in case of death and for others it would be 21 days after submission of all required documents.

For claims under Section - II, the Doctor/Health Facility receiving any legal notice/summons from the court shall immediately inform in writing to the office of the District Health Society, for defence of the case in court and or payment of Award as the case may be. However, State Health Society shall not be liable to pay more than the amount mentioned in the Section - II in any case, under all heads.

8. Mechanism for Awareness Generation:

State/UTs will create an awareness of the scheme and would take necessary steps as under:

- a) State/UTs will print sufficient number of copies of Claim Form, Medical Certificates in various languages and guidelines for District officials which are standardized and approved by MOHFW for distribution to the Districts and other authorities.
- b) MOHFW will arrange a National Workshop to disseminate the scheme to all the State Nodal Officers.
- c) State /UTs will likewise organize Orientation Workshops in the districts for the district officials and other stake holders.
- d) State will hold claim clearance camps at State level and District Level.
- e) Brochure, pamphlets shall be designed and printed by the State/UTs, as approved by GOI, shall be disseminated to designated officials/stakeholders.

9. Monitoring of the scheme:

The scheme will be monitored by GOI and State/ District Quality Assurance Committees on regular basis:

- a) State Quality Assurance Committee(SQAC) and District Quality Assurance Committee(DQAC) shall conduct biannual and quarterly reviews respectively of all pending matters including pending claims.
- b) The State Nodal Officer nominated by the State Government from the Directorate of Health & Family Welfare 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, MOHFW, GOI shall head this review meeting which will be represented by the State Nodal officers from State/UT Governments .
- d) The National Nodal Officer of Central Government will review all matters relating to Family Planning Indemnity Scheme including claims on monthly basis at National Level.
- e) State /UTs will provide the State wise district wise claim and payment statement to Central, State Government Office on monthly basis by 7th -10th of the following month in a prescribed format.
- f) The Central Committee will examine any pending/repudiated claims and to direct the State/District to pay the claims falling under the terms .

10. Standardization of formats

Standard format as prescribed by the Government of India shall be used for the purpose of scheme.

11. Requirement of documents for claims under the scheme:

Based on the following documents, claims shall be processed by the state under different Sections of the scheme:

A. Death following sterilization:

- a) Claim Form cum Medical Certificate in original duly signed and stamped by the CMO/ CDMO/CHMO/CDHMO/ DMO/ Joint Director designated for this purpose at district level.
- b) Copy of QAC report with their findings duly attested by CMO/ CDMO/ CHMO/ CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.
- c) Copy of Consent Form duly attested by CMO/ CDMO/ CHMO/ CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.
- d) Copy of proof of Post-Operative Procedure / Discharge Certificate duly attested by CMO/CDMO/ CHMO/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 CMO/CDMO/CHMO/ CDHMO/DMO /DHO/Joint Director designated for this purpose at district level

B. Failure of sterilization:

- a) Claim form cum Medical Certificate in original duly signed and stamped by the CMO/CDMO/CHMO/CDHMO/DMO/DHO/ Joint Director designated for this purpose at district level.
- b) Copy of Consent Form duly attested by CMO/ CDMO/ CHMO/ CDHMO /DMO/DHO/Joint Director designated for this purpose at district level.

- c) Copy of Sterilization Certificate duly attested by CMO/CDMO/CHMO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.
- d) Copy of any of the following diagnostic reports confirming failure of sterilization duly attested by CMO/CDMO/CHMO/CDHMO/DMO/ DHO/Joint Director designated for this purpose at district level:

A. In case of Tubectomy these reports may be:

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

B. In case of vasectomy

- 1) Semen test report

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

C. Complication arising due to sterilization:

- a) Claim Form cum Medical Certificate in original duly signed and stamped by the CMO/CDMO/CHMO/CDHMO/ DMO/ DHO/Joint Director designated for this purpose at district level.
- b) Copy of Consent Form duly attested by CMO/CDMO/CHMO/CDHMO/ DMO /DHO /Joint Director designated for this purpose at district level.
- c) Copy of Sterilization Certificate duly attested by CMO/CDMO/CHMO/CDHMO/DMO/DHO/Joint Director designated for this purpose at district level.
- d) Original bills/receipts/cash memos along with prescription/ case sheet confirming treatment taken for complication following sterilization operation.

NOTE: NO FURTHER DOCUMENT REQUIRED UNDER A, B & C above.

D. Claims under Indemnity cover:

- a) Intimation in writing
- b) Copy of summon/FIR
- c) Copy of sterilization certificate
- d) Copy of consent form
- e) Certificate from CMO/CDMO/CHMO/CDHMO/DMO/DMO/Joint Director designated for this purpose at district level confirming that the sterilization operation was conducted by the doctor etc.

12. Parameters for review the scheme:

1. Camps organized for settlement of claims for pendency beyond 60 days at state level.
2. Visits of State Officials made to districts for clearance of claims (more than 5 claims are pending).
3. Monthly meetings of District Nodal Officer in each State in the 2nd or 3rd week.
4. Responding to the communications received from Central/ State Government and beneficiaries, including Court Awards.
5. Claims arising due to Failure of Sterilization by the Doctors/Health Facilities including Doctors/Health Facilities of Central, State, Local-Self Governments, other Public Sectors and all the Accredited Doctors/Health Facilities of Non-Government and Private Sectors rendering Family Planning Services beyond a prescribed threshold limit should be thoroughly monitored and steps should be taken to reduce the number of failure cases.

a) Processing of claims:

- 1) On receiving the claim papers proper acknowledgement must be made by putting the stamp on all documents and process the claim.
- 2) In case the documents are incomplete, the specific deficiency(s) would be informed in writing, within 5 working days from the day of receiving the claim papers. If the desired documents / information does not reach the concern district level machinery within 15 days the first reminder to be sent, including subsequent reminders for relevant documents to be followed up.
- 3) If pendency of claims are more than 60 days, a deficiency clearance camp shall be organized at State level with the help of State Nodal Officer.
- 4) Such matters may also be brought to the knowledge of State officials during monthly/quarterly review meetings.

13. Strengthening quality of service delivery:

- QACs should be strengthened for monitoring adherence to following existing protocols/ guidelines/ manuals and monitoring of Family Planning Indemnity Scheme.
- Carry out a comprehensive third party evaluation of UHCs/ NGO performance including an assessment of reasons for low expenditure and gaps in implementation. State to clearly lay down challenges in implementation and actions taken to overcome them.
- On a quarterly basis, a progress report, including constraints faced and action proposed to be sent to MOHFW.
- Any additional staffing proposed needs to be substantiated with performance and case load data.