

# State Health Society, Bihar राज्य स्वास्थ्य समिति, बिहार

परिवार कल्याण भवन, शेखपुरा, पटना - 800014

Pariwar Kalyan Bhawan, Sheikhpura, Patna-800014

Phone: 0612-3259447, 3259448, 2290321, 2290322, 2290328, 2290340

website: www.shsbihar.org, E-mail: info@shsbihar.org



File no. SHSB/PM | 42 | 2005 Letter No. 4437 Dated: 26. 05. 7

From,

Udai Singh Kumawat, IAS
Executive Director

To,

DMs/Civil Surgeons All District

Sub: Guidelines for Revised Compensation package for sterilization at Accredited Facilities.

Dear Sir/Madam,

With reference to the above mentioned subject and to increase the coverage of family planning operations it has been decided to include private facilities (who fulfill the criteria) under the Revised compensation package for Sterilization. Guidelines for, the Revised-Compensation package for sterilization at Accredited private Facilities are listed below-

- 1. DHS should accredit the private facility/NGO and empanel its doctors for providing sterilization services as per guidelines laid down by Government of India (copy attached, 1.Standards for female and Male sterilization Services, 2.Quality Assurance Manual for Sterilization Services)
- 2. QAC (Quality assurance committee) of the district will certify the private facilities.
- 3. The Accredited facility will receive Rs. 1300 for male sterilization and Rs.1350 for female sterilization.
- 4. No user fee shall be levied on any client.
- 5. No charges whatsoever for drugs and dressings or other incidental cost should be charged from the client.
- 6. It is the client's choice to go to a Government or an accredited private/NGO 'facility. However if the client chooses to go to a private institution, he or she shall not be entitled to any compensation money, but the client would be entitled to avail of cashless sterilization service at the private/NGO facility. The client shall be entitled to motivator's component if he or she is self motivated. A male acceptor will be given Rs 200 and a female acceptor will be given Rs. 150 as the motivator's package.



## State Health Society, Bihar राज्य स्वास्थ्य समिति, बिहार

परिवार कल्याण भवन, शेखपुरा, पटना - 800014 Pariwar Kalyan Bhawan, Sheikhpura, Patna-800014 Phone : 0612-3259447, 3259448, 2290321, 2290322, 2290328, 2290340 website : www.shsbihar.org, E-mail : info@shsbihar.org



7. The following mode of payment shall be followed at the private facilities Accredited to provide family planning services

i) The Civil Surgeon may get a Bank guarantee upto Rs. 50,000 from the accredited private facility and give advance (upto the bank guarantee received) to the facility against it. The Civil Surgeon shall also be free to increase or decrease the value of bank guarantee depending upon the capability of the facility. The Bank guarantee should be roughly equal to total compensation amount the facility can claim in a month.

ii) The civil surgeon shall depute an ANM/Health worker or any other staff of that level fulltime with the private agency

iii) The concerned staff will carry a register in the following format annexed at Annexure -I

iv) The payment to the acceptor shall be made as per para 6 of this letter.

v) The Accredited facility shall seek funds when only 10% of the funds released to it are available with it as advance in the format annexed as Annexure II This shall be corroborated by the register maintained by Government Staff deputed at the facility.

vi) Entries of operations done in the facility each day shall be done by the govt staff and and countersigned by the in charge of the private hospital on a daily basis.

Attachment: as above

4

(Udai Singh Kumawat)

Yours sincerely,

#### Format of the Register to be maintained by the Govt staff at Accredited private Facility

Name of Acceptor	Age of Acceptor	No. of living children	Father/ husban ds name	Complete address	Block/ PHC	Date of operati on	Type of operati on	Name motivator ASHA/AW' ANM/ Any other	of W/	Payment to motivator	Payment to acceptor (self motivated)	Name of Operating surgeon	Signature of in charge of the hospital
				70									

# Format for claim of money for sterilization operation done by the Accredited Private Agency

Name of the Accredited	Private Facility	
Name of Block/PHC		
Name of District		
Month	Year	

Fund received	Total fund received	No of Female sterilization done @ 1350	No of Male sterilization done @ 1300	Payment made to motivator ASHA/AWW/ ANM/Any other		to motivator ASHA/AWW/ ANM/Any other  made to acceptor		Closing Balance	
2	3	4	5	@ 150	@ 200	7	8 4+5+6+7	9 (3)-(8)	
								(3)-(8)	
	received	received fund received	Fund received Total fund received received 1350	Fund received Total fund received received 1350  Female sterilization done @ 1300	Fund received Total fund received 1350  Female sterilization done @ 1350  No of Male sterilization done @ 1300  ASH. AN	Fund received Total fund received 2 3 4 5 No of Male sterilization done @ 1350  Female sterilization done @ 1300  No of Male sterilization done @ 1300  ASHA/AWW/ ANM/Any other 6	Fund received Total fund received 2 3 4 5 No of Male sterilization done @ 1350  No of Male sterilization done @ 1300  No of Male sterilization done @ 1300  No of Male sterilization done @ 1300  ASHA/AWW/ ANM/Any other 6	Fund received Total fund received 2 3 4 5	

This is to certify that the funds provided for the purpose (sterilization operation) have been exausted in the purpose itself. Additional funds are required to carry out further activities for the abovementioned purpose.

Signature and seal of in -charge

Revised package for sterilization operation in Accredited private/NGO Facility

Procedure	Facility	Motivator*	Total
Vasectomy(All)	1300	200	1500
Tubectomy(All)	1350	150	1500

\* Beneficiary (Acceptor of sterilization) will not get any compensation for loss of wages if he/she prefers to get sterilization done in Accredited private facility. However he/she will get the motivators package if self motivated.

(460)

#### BY SPEED POST/REGD.POST

No.N.11019/2/2006-TO/Ply

Government of India
Ministry of Health and Family Welfare
Department of H&FW

Nirman Bhavan, New Delhi-110011
7th September, 2007

To

Secretary/Principal Secretary Health and Family Welfare, All States/UT.s

Subject:-Revised compensation package to acceptors of Sterilization and IUD insertions at public health facilities and private accredited health facilities reg.

Sir/Madam,

I am directed to refer to this Ministry's D.O.letter of even number dated 31<sup>st</sup> Oct. 2006 regarding revision of compensation for loss of wages to persons who undergo sterilization. The revised package was earlier approved with increase in compensation from Rs.400/- to Rs.800/- for EAG states for all categories and from Rs.300/- to Rs.800/- for tubectomy and Rs.200/- to Rs. 800/- for Vasectomy in Non-EAG states for Below Poverty Line(BPL) acceptors only. Inspite of the enhanced compensation package and also the fact that the Government of India has been providing sterilization services free of cost at all public health facilities and providing subsidy to the private accredited facilities in the EAG states, the performance in the sterilization services has shown a declining trend in the last few years and there has been a further fall of 4.3 % in sterilization performance in the country during 2006-07 in comparison to the previous year.

2. The Mission Steering Group of National Rural Health Mission (NRHM) has therefore considered and approved further revision in the compensation package to acceptors of sterilization with particular boost to male participation in family planning i.e. Vasectomy from existing Rs.800/- to Rs.1500/- and Tubectomy from Rs.800/- to Rs.1000/- in public facilities and to Rs.1500/- for both Vasectomy and Tubectomy in accredited private health facilities to all categories in High Focus States and BPL/ SC/ST in Non High Focus States. Breakup of the revised compensation package as per grouping of States in High Focus and Non High Focus and categorization of population as BPL, SC/ST and Above Poverty Line (APL) and health facilities at public/accredited private institutions is given below:

2 1/2/1/2 2 1/2/2 2 1/2/2 2 1/2/

#### A. Public (Government) Facilities:

Category	Breakage of the Compensation package	Accept	Moti vator	Drug s and dress ings	Surgeo n charge s	Anes thetis t	Staf f nur se	OT tec hni cia n/h elp er	Refre shme nt	Cam p mana geme nt	Total
*High focus 18 States	Vasectomy (ALL) Tubectomy	1100	200	50	100		15	15	10	10	1500
100	(ALL)	600	150	100	75	25	15	15	10	10	1000
**Non High	Vasectomy (ALL)	1100	200-	50	100		15	15	10	10	1500
focus 17 States/U	Tubectomy (BPL + SC/ST	600-	150	100.	75	25	15	15.	10	10	1000
Ts **Non	only)) Tubectomy	250	150	100	75	25	15	15	10	10	650
High	(NON BPL		o false	9.0		Masida Maga	10 To	1 1 CS	otuen.	T App 1	2006
focus 17 States/U	+ NON SC/ST		W		Telegis to			A SERVICE	yes and	I many	stenia
Ts.	only) i.e. APL	Roya	17.00	) A	oeso de			3 3	l bus		4 1 x 5

#### B. Accredited Private/NGO Facilities:

Category	Type of operation	Facility	Motivator	Total	
*High focus 18 States	Vasectomy(ALL) Tubectomy(ALL)	1300 1350	200 150	1500 1500	
**Non High focus 17 States/UTs.	Vasectomy (ALL) Tubectomy (BPL + SC/ST)	1300 1350	200 150	1500 1500	

\*HIGH FOCUS STATES- Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Jharkhand, Chattisgarh, Uttrakhand, Orissa, Jammu & Kashmir, Himachal Pradesh, Assam, Arunachal Pradesh, Manipur, Mizoram, Meghalaya, Nagaland, Tripura, Sikkim.

- \*\*NON-HIGH FOCUS STATES- Karnataka, Kerala, Tamil Nadu, Andhra Pradesh, Maharashtra, Goa, Gujarat, Punjab, Haryana, West Bengal, Delhi, Chandigarh, Puducherry, Andaman & Nicobar Islands, Lakshadweep & Minicoy Islands, Dadra & Nagar Haveli, Daman & Diu.
- 3. The component wise break-up of the compensation package as above may be strictly adhered to by the States/UTs and should be spent wholly for the purpose it is earmarked for.
- 4. The States/UTs are requested to ensure speedy transaction/flow of compensation money to District, Block and PHC level. Also regular audit with at least 10% sample checks for ensuring the validity of the cases reported may be done and returns may be furnished regularly to the Ministry of Health and Family Welfare, GOI.
- 5. The funds for the increased compensation package could be utilized from the NRHM /RCH-II Flexible pool available with states/UTs for the present. Requirement of funds for compensation scheme from the next financial year may be projected in the future PIPs of the respective States/UTs. The additional requirement, if any under this component during the current financial year may be intimated by 31st October 2007 so as to make additional allocation for this purpose.
- 6. The funds earmarked for compensation scheme in the State/UT PIPs of NRHM/RCH-II and allocation approved by National Programme Co-ordination Committee of NRHM cannot be utilised for the purpose of (1) Salaries of Staff,(2) Payment of TA/DA,(3) Construction Activity (4) Maintenance of Building, (5) Purchase of Office equipment and Furniture,(6) Purchase of Vehicle and POL and maintenance of Vehicle.
- 7. The States/ UTs may also ensure that the compensation for acceptors, motivators and all categories of the providers be made on the same day at the facility where procedures have taken place. The health facility should ensure conducive environment for the acceptors and enabling environment for the provider and follow the guidelines already issued in this regard.
- 8. For IUD insertions, the existing scheme would continue wherein Rs 20 would be admissible to all the States for each IUD insertion in the public facilities and Rs 75, inclusive of the cost of the IUD, in the accredited private/ NGO facilities in the EAG states only. It is the discretion of the States to apportion this compensation among various activities keeping the clients' interest and the quality of services as the uppermost.
- 9. The detailed guidelines for Sterilizations at public and accredited private/ NGO facilities in the High Focus /Non-High Focus States /UTs are given in the Annexure A to D. Implementation of the revised Compensation Scheme in your State/UT may be initiated with immediate effect.

This issues with the approval of Mission Steering Group on National Rural 10. Health Mission (NRHM) vide its 3rd meeting held on 17.07.2007 as well as with the concurrence of IFD vide Dy.No. C-779 dated 18.06.07.

Yours faithfully,

(Dr.Ravendra Singh) Director (Policy)

Copy to:-

- 1. Comptroller and Auditor General of India. is any doctor this conjuction of during the specie
- All Accountants General.
- Regional Directors, Health and Family Welfare, Govt. of India

The flinds extranced for companies where in the Sinte UT TRA of

## OVERVIEW OF THE REVISED COMPENSATION SCHEME

A. HIGH FOCUS STATES i.e. Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Jharkhand, Chattisgarh, Uttrakhand, Orissa, Jammu & Kashmir, Himachal Pradesh, Assam, Arunachal Pradesh, Manipur, Mizoram, Meghalaya, Nagaland, Tripura, Sikkim.

#### 1. PUBLIC FAILITIES

Procedure	Acce ptor	Moti vator	Drug s & dressi ngs	Surge ons' charg es	Anest hetist charg es	Staff nurse	OT techn ician	Refr esh men ts	Camp manag ement	Total
Vasectomy	1100	200	50	100		15	15	10	10	1500
(ALL)	(00	150	100	75	25	15	15	10	10	1000
Tubectomy (ALL)	600	150	100	75		- 3118		1		

### 2. ACCREDITED PRIVATE/ NGO FACILITIES

	Facility	Motivator	Total	
Procedure	racinty	000	1500	
Vasectomy (ALL)	1300	200	1500	
vascetomy ()		150	1500	
Tubectomy (ALL)	1350	. 130	1300	

B. NON HIGH FOCUS STATE i.e. Karnataka, Kerala, Tamil Nadu, Andhra Pradesh, Maharashtra, Goa, Gujarat, Punjab, Haryana, West Bengal, Delhi, Chandigarh, Puducherry, Andaman & Nicobar Islands, Lakshadweep & Minicoy Islands, Dadra & Nagar Haveli, Daman & Diu.

#### 1. PUBLIC FACILITIES

Acce	Motiv ator	Drug s & dressi ngs	Surge ons' charg es	Anest hetist charg es	Staff nurse	OT techn ician	Refr esh men ts	Camp manag ement	Total
1100	200	50	100	-	15	15	10	10	1500
600	150	100	75	25	15	15	10	10	1000
	1100	1100 200	ator s & dressi ngs	ator   s & ons'   charg   ngs   es	s & ons' hetist charg es   1100   200   50   100   -	ator s & ons' hetist charg es es 1100 200 50 100 - 15	ator s& ons' hetist charg es es es techn ician	ator s & ons' hetist charg es es es techn ician ts	Acce Motiv ator s& ons' hetist hetist charg es

ST only)	\$140 L M	77 (149 Pie								
Tubectomy (APL only)	250	150	100	75	25	15	15	10	10	650

# 2. ACCREDITED PRIVATE/ NGO FACILITIES

Procedure	Facility	Motivator	Total
Vasectomy (ALL)	1300	200	1500
Tubectomy (BPL/ SC/ ST)	1350	150	1500

The general guidelines and salient features of the new revised scheme are as follows:

1. Extension of the increased package for vasectomy to all categories in all states including APL of Non-High Focus states both for the public and accredited private/ NGO facilities.

In states where I IM's and A Made are mainting she

- Extension of the increased package for tubectomy to all categories in the High Focus states and BPL/SC/ST only in Non High Focus states in the public sector.
- Enhancement of the existing scheme for APL clients of tubectomy of Non High Focus States from Rs 300 to Rs 650 in the public facilities in line with the increase to the motivators and service providers for BPL/SC/ST categories to ensure that they don't discriminate between different categories of clients and provide the best possible service to all clients.
- 4. Extension of the increased package for tubectomy to all categories in the High Focus states and BPL/SC/ST only in the Non High Focus States in the accredited private/ NGO sector.
- No compensation scheme is admissible to APL clients for tubectomy in the Non High Focus states in the accredited private/NGO facilities.
- 6. Increasing the Compensation Package from the existing Rs.800 to Rs.1500 for vasectomy in public facilities.
- 7. Increasing the Compensation Package from the existing Rs.800 to Rs.1000 for tubectomy in public facilities.
- 8. Out of the compensation package of Rs.1500 for vasectomy, an amount of Rs.1100, and out of the package of Rs.1000 for tubectomy, an amount of Rs.600 is to be paid to an acceptor as compensation for loss of wages.
- No compensation is payable to the acceptor if he or she opts to avail of sterilization services in the accredited private/ NGO sector. However the accredited private/NGO facility is bound to provide the services free to such an acceptor.
- 10. As against the existing scheme of paying only to the ASHA/AWWs, it has been approved that whoever, whether from the government sector or from the community, motivates or brings a case for sterilization, would be paid the component earmarked for the motivator both in the public and accredited private/ NGO sector.

- A self motivated client is also entitled to the compensation earmarked for the motivator both in the public and accredited private/ NGO sector.
- 12. In states where LHVs and ANMs are manning the services in the camps in place of the regular staff nurses, the component earmarked for Staff Nurse may be paid to the LHV/ ANMs.
- 13. In the camp situations where the tubectomy cases are being conducted under local anesthesia administered by the operating surgeon himself in the absence of an anesthetist, the component earmarked for the anesthetist may be paid to the operating surgeon.

Guidelines for Sterilizations done at Accredited Private facilities/ NGOs in HFS (High Focus States)

BECONTROLLED AT A CASE A GLASS COME COME AND A SHEET

- (A) Sterilizations done at accredited private centers (Both Vasectomy & Tubectomy)
  - 1. The State should accredit the private facility/ NGO and empanel its doctors for providing sterilization services as per the qualification requirements and criteria for accreditation (Please refer to the manual on Standards for Female and Male Sterilization Services, oct., 2006. GOI the Red Book).
- 2. A minimum of 2 private facilities (can be more) should be accredited per block for provision of these services. If the block has only one private center for accreditation, the centers from the neighbouring blocks could be recognized for this purpose.

  Accrediting more private facilities would bring in healthy competition thereby ensuring quality services.
  - 3. An amount of Rs. 1500 instead of the existing Rs. 800 would be available for the tubectomy and vasectomy services in these private centers. Out of this the accredited private facilities would receive Rs. 1300 for each case of male sterilization and Rs.1350 in each case of female sterilization as against the existing Rs. 630.
  - 4. Rs. 200 for vasectomy and Rs.150 for tubectomy as against the existing Rs.150 is towards the payment of the Motivator/ ANM/ ASHA/ AWW/ link worker for counseling, motivating and follow up visit of the cases who have undergone sterilization.
  - 5. The package of Rs. 1500 is the government subsidy towards transactional costs of such procedures.
  - 6. No user fee shall be levied on any client.
  - 7. No charges whatsoever for drugs and dressings or other incidental costs should be charged from the client.
  - 8. It is the clients' choice to go to a Government or an accredited private/ NGO facility. However if the client chooses to go to a private institution, he or she shall not be entitled to any compensation money, but the client would be entitled to avail of cashless sterilization service at the private/ NGO facility. The client shall also be entitled to the motivator's component if he or she is self motivated.

9. The upper age for men undergoing vasectomy in private institutions is 45 years and it is the responsibility of the facility/ motivator/ANM/ ASHA/ AWW/ link worker to ensure this.

Mode of payment: For availing sterilization services at accredited private/ NGO facilities the Motivator/ ANM/ ASHA/ AWW/ link worker should facilitate the acceptor in obtaining a voucher from the district CMO's office/ DH/ SDH/ CHC/ PHC/ SC, which should be deposited with the private facility providing the service. However a self motivated client should take the voucher directly from the district CMO's office and deposit the same with the private facility where the services are to be availed so as to be entitled for the motivators component as well as the sterilization operation. The private facility would then encash the voucher from the District Health Society on production of proof of the sterilization operation. The validity of cases should be ensured by conducting at least 10% sample checks and random checks by the States. The State Government should devise appropriate mechanism to ensure quality of services, maintenance of records and accounting procedures and payment of compensation promptly at the accredited health facilities...

#### B. Sterilizations done at Government Institutions by Empanelled Private Doctors

provinces of these services. If the block has only one provide dealer for accreationing,

from the adiabourne blocks could be ideognized for this nuclose.

sidelis va ad bloow 008 257 and ale set to be size The empanelled private provider would receive an amount of Rs. 100/- per case of vasectomy and Rs. 75/- per case of tubectomy in a government facility. This would optimize utilization of government institutions where qualified and empanelled service provides are not available for providing sterilization services. In the camp situations where the tubectomy cases are being conducted under local anesthesia administered by the operating surgeon himself in the absence of an anesthetist, the component earmarked for the anesthetist may be paid to the operating surgeon. The fund for this would be meted out from the surgeons' and anesthetists' component in the total compensation package for vasectomy and tubectomy available with the government facility. The neckage of Rs. 1500 is the government subside towards

# Guidelines for Sterilizations done at Accredited Private centers/ NGOs in NHFS (Non High Focus States)

- (A) Sterilizations done at Accredited Private/NGO facilities (Only Vasectomy cases)
  - The State should accredit the private facility/ NGO and empanel its doctors for providing sterilization services as per the qualification requirements and criteria for accreditation (Please refer to the manual on Standards for Female and Male Sterilization Services, Oct. 2006. GOI the Red Book).
  - 2. A minimum of 2 private facilities (can be more) should be accredited per block for provision of these services. If the block has only one private center for accreditation, the centers from the neighboring blocks could be recognized for this purpose. Accrediting more private facilities would bring in healthy competition thereby ensuring quality services.
  - An amount of Rs 1500 would be available for vasectomy services only in these
    private centers. The accredited private facilities would receive Rs. 1300 for each case
    of male sterilization.
  - 4. Rs. 200 is towards the payment of the motivator ANM/ ASHA/ AWW/link worker for counseling, motivating and follow up visit of the cases who have undergone male sterilization.
  - 5. The package of Rs. 1500 is the government subsidy towards transactional costs of such procedures.
  - 6. No user fee shall be levied on any client.
  - No charges whatsoever for drugs and dressings or other incidental costs should be charged from the client.
  - 8. It is the clients' choice to go to a Government or an accredited private/ NGO facility. However if the client chooses to go to an accredited private institution, he shall not be entitled to any compensation money, but the client would be entitled to avail of cashless sterilization service at the private/ NGO facility. The client shall also be entitled to the motivator's component if he is self motivated.
  - The upper age limit for men undergoing vasectomy in private institutions is 45 years and it is the responsibility of the facility/ motivator/ANM/ ASHA/ AWW/ link worker to ensure this.

3 ED6/49

Mode of payment: For availing sterilization services at accredited private/ NGO facilities the Motivator/ ANM/ ASHA/ AWW/ link worker should facilitate the acceptor in obtaining a voucher from the district CMO's office/ DH/ SDH/ CHC/ PHC/ SC, which should be deposited with the private facility providing the service. However a self motivated client should take the voucher directly from the district CMO's office and deposit the same with the private facility where the services are to be availed so as to be entitled for the motivator's component as well as the sterilization operation. The private facility would then encash the voucher from the District Health Society on production of proof of the sterilization operation. The validity of cases should be ensured by conducting at least 10% sample check and random checks by the States. The State Government should devise appropriate mechanism to ensure quality of services, maintenance of records and accounting procedures and payment of compensation promptly at the accredited health facilities.

NOTE: No subsidy to be provided to accredited private centers/NGOs for female sterilization in NHFS (non-high focus states).

# B. Sterilizations done at Government Institutions by Empanelled Private Doctors

The empanelled private provider would receive an amount of Rs. 100/- per case of vasectomy and Rs. 75/- per case of tubectomy in a government facility. This would optimize utilization of government institutions where qualified and empanelled service provides are not available for providing sterilization services. In the camp situations where the tubectomy cases are being conducted under local anesthesia administered by the operating surgeon himself in the absence of an anesthetist, the component earmarked for the anesthetist may be paid to the operating surgeon. The fund for this would be meted out from the surgeons' and anesthetists' component in the total compensation package for vasectomy and tubectomy available with the government facility.