

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 31st 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. In spite 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:

A. Public (Government) Facilities:

Category	Breakage of the Compensation package	Accept or	Motivator	Drugs and dressings	Surgeon charges	Anesthetist	Staff nurse	OT technician/ helper	Refreshment	Camp management	Total
*High focus 18 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 17 States/UTs	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 17 States/UTs	Tubectomy (NON BPL + NON SC/ST only) i.e. APL	250	150	100	75	25	15	15	10	10	650

B. Accredited Private/NGO Facilities:

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

***HIGH FOCUS STATES-** Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Jharkhand, Chattisgarh, Uttarakhand, 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.

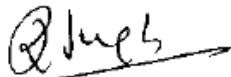
7. **The States/ UTs may also ensure that the compensation for acceptors, motivators and all categories of the providers be made on the same day at the facility where procedures have taken place.** The health facility should ensure conducive environment for the acceptors and enabling environment for 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.

10. This issues with the approval of Mission Steering Group on National Rural 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.
2. All Accountants General.
3. Regional Directors, Health and Family Welfare, Government of India

Copy also for information to :

1. All Joint Secretaries/Programme Officers, Ministry of Health and F.W.
2. PS to Minister for Health and F.W.
3. PS to Minister of State for Health and F.W.
4. PPS to Secretary, Health and F.W.

ANNEXURE A

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 FACILITIES

Procedure	Acceptor	Motivator	Drugs & dressings	Surgeons' charges	Anesthetist charges	Staff nurse	OT technician	Refreshments	Camp management	Total
Vasectomy (ALL)	1100	200	50	100	-	15	15	10	10	1500
Tubectomy (ALL)	600	150	100	75	25	15	15	10	10	1000

2. ACCREDITED PRIVATE/ NGO FACILITIES

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

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

Procedure	Acceptor	Motivator	Drugs & dressings	Surgeons' charges	Anesthetist charges	Staff nurse	OT technician	Refreshments	Camp management	Total
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
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

Annexure B

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.
2. 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**.
3. 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**.
5. **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.
9. **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.**

11. 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 surgeon himself **in the absence of an anesthetist, the component earmarked for the anesthetist may be paid to the operating surgeon.**

Annexure C

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

(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, 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

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 providers are not available for providing sterilization services. In the camp situations where the tubectomy cases are being conducted under local anesthesia administered by the 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.

Annexure D

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)

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, 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.
3. 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.
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 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.
9. 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.

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 checks and random checks by the States. The State Government should devise appropriate mechanism to ensure quality of service, 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 providers are not available for providing sterilization services. In the camp situations where the tubectomy cases are being conducted under local anesthesia administered by the 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.

BY SPEED POST/REGD.POST

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

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

**Nirman Bhavan, New Delhi-110011
29th October, 2007**

To

**Secretary/Principal Secretary
Health and Family Welfare,
All Non-High Focus States/UTs**

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

Sir/Madam,

I am directed to refer to this Ministry's letter of even number dated 7th September 2007 (copy Enclosed) regarding revision of compensation for loss of wages to persons who undergo sterilization, conveying 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.

2. It has been pointed out that there are some discrepancies in the ANNEXURE-D attached with the above mentioned order dated 7th Sept. 2007, i.e. detail guidelines for sterilization at public and accredited private/NGO facilities in the Non-High Focus States. The same has been corrected and modified ANNEXURE-D is enclosed herewith. You are requested to issue suitable instructions to District Health authorities for accreditation of the private/NGO facilities for Sterilizations.

Yours faithfully,


(Dr. Ravendra Singh)
Director (Policy)

Annexure D (Modified)

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

(A) Sterilizations done at Accredited Private/NGO facilities (Vasectomy for all categories and tubectomy for BPL/SC/ST only)

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 neighboring 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 vasectomy and tubectomy services in these private centers. Out of this 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 existing Rs150 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 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.
9. 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.

10. The Private/NGO facility should display prominently its accreditation certificate as well as the range of services provided and the quantum of compensation for the motivators. It should also display that sterilization services are provided free to all clients (who furnish voucher issued by a competent authority) with no user charges whatsoever levied on any client.

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/monitoring 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

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 providers 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.

BY SPEED POST/REGD. POST

No.N.11019/2/2006-TO/Ply
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Department of H&FW

Nirman Bhavan, New Delhi-110011
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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.**

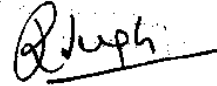
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8. **For IUD insertions, the existing scheme would continue wherein Rs 20 would be admissible to all the States for each IUD insertion in the public facilities and Rs 75, inclusive of the cost of the IUD, in the accredited private/ NGO facilities in 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.**

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(Dr. Ravendra Singh)
Director (Policy)

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3. Regional Directors, Health and Family Welfare, Govt. of India

ANNEXURE A

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 FACILITIES

Procedure	Acceptor	Motivator	Drugs & dressings	Surgeons' charges	Anesthetist charges	Staff nurse	OT technician	Refreshments	Camp management	Total
Vasectomy (ALL)	1100	200	50	100	-	15	15	10	10	1500
Tubectomy (ALL)	600	150	100	75	25	15	15	10	10	1000

2. ACCREDITED PRIVATE/ NGO FACILITIES

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

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

Procedure	Acceptor	Motivator	Drugs & dressings	Surgeons' charges	Anesthetist charges	Staff nurse	OT technician	Refreshments	Camp management	Total
Vasectomy (ALL)	1100	200	50	100	-	15	15	10	10	1500
Tubectomy (BPL/ SC/	600	150	100	75	25	15	15	10	10	1000

ST only)										
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

Annexure B

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.
2. 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.
3. 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.
5. 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.
9. 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.

11. **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.**

Annexure C

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

(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

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 providers 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.

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)

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 neighboring 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 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.**
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 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.
9. 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.

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 providers 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.