ABSTRACT

Family Welfare Programme – Family Planning Indemnity Scheme – With effect from 01.04.2013 - Implementation – Orders – Issued.

Health and Family Welfare (R1) Department

G.O (Ms) No.119 Dated:30.5.2013.
Thiruvalluvar Aandu – 2044
Vijaya Vaigasi - 16

Read:

1) G.O.(Ms)No.183, Health and Family Welfare Department, dated: 11.09.2006

Read also:

2) Govt. of India Letter ref.No.N.23011/682011/(Policy) (Pt),Ministry of Health and Family Welfare, New Delhi, dated 13.2.2013.

3) From the Director of Family Welfare (i/c), Chennai Letter Ref. No. 03833 /FW/ P&D1 /2013, dated: 13.2.2013

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ORDER:

In the Government Order 1st read above, the Government have issued the following orders:

(i) The Family Planning Insurance Scheme launched by the Government of India throughout the Country be implemented in the State of Tamil Nadu with effect from 29.11.2005

(ii) Payment of compensation from the Corpus Fund created in G.O.Ms.No.53, Health and Family Welfare Department dated: 31.3.2005 be dispensed with from the date on which the Family Planning Insurance Scheme was launched.

(iii) The Director of Family Welfare should follow the various features given in the scheme manual for the Family Planning Insurance Schemes communicated by Government of India.

2. In the reference 2nd read above, the Government of India, Ministry of Health and Family Welfare, New Delhi has informed that with effect, 01.04.2013, it has been decided that States / Union Territories would process and make payment of claims to

acceptors of sterilization in the event of death / failures / complications / Indemnity cover to doctors / health facilities. It is envisaged that States / Union Territories would make suitable budget provisions for implementation of the scheme through their respective State/ Union Territories Programme Implementation Plans (PIPs) under the National Rural Health Mission (NRHM) and the scheme may be renamed "Family Planning Indemnity Scheme".

3. The Director of Family Welfare (i/c), in his letter 3rd read above, has stated that based on the 2013-14 guidelines of Government of India, the Director of Family Welfare (i/c) has informed that the Govt. of India has changed policy in respect of implementation of Family Planning Insurance Scheme in the State/Union Territories which was in tie up with the private Insurance Company and decided that the States/Union Territories would continue an alternative new scheme, re-named as " Family Planning Indemnity Scheme" in the States/Union Territories Programme Implementation Plan (PIPs) under the National Rural Health Mission with effect from 01.04.2013. Accordingly, Government of India has envisaged the States to submit Proposal under the respective State Programme Implementation Plan under National Rural Health Mission scheme.

The allocation of funds by Government of India to the States/Union Territories would be on the basis of:

(i) either an average amount of claims paid during the last 3 years.
(or)

(ii) an amount not exceeding Rs.50/- per acceptor of sterilization,
Whichever is less

(iii) If the States wishes to spent more than the funds allocated, then the excess expenditure incurred to be met out by the State Government from its State Budget.

(iv) If the average number of claims reported by the State Govt. in the last 3 years is less, an amount to the extent of Rs.5 lakhs may be proposed and will be allotted by the Mission Director, State Health Society of the State.

4. The Director has also stated that as per the Govt. of India's claim and status report in respect of Tamil Nadu for the past three years reveals that the average claims amount for last 3 years is Rs.1,39,14,423/- average sterilization is 321556; and accordingly the tentative allocation of fund is fixed by the Govt. of India as of Rs.1,66,52,423/- (i.e number of sterilization cases x Rs.50/- per case) for the year 2013-14.

5. The Director of Family Welfare has therefore requested the Government to issue necessary orders.

6. The Government, after careful examination, have decided to accept the proposal of the Director of Family Welfare (i/c) and accordingly issues the following orders:

(1) the Director of Family Welfare, Chennai-6 is permitted to implement the Government of India's modified scheme of Family Planning Insurance Scheme in Tamil Nadu with effect from 1.4.2013.

(2) The Director of Family Welfare is permitted to include the scheme under State Programme Implementation Plan of National Rural Health Mission scheme and to make necessary budget provision as per Government of India's guidelines.

(3) The Director of Family Welfare is permitted to settle the claims arising out of death following sterilization operation (inclusive of death during process of sterilization operation), Failure of sterilization, treatment expenses arising out of complications due to sterilization and indemnity cover to Doctors/Health facilities as per the guidelines issued by Govt. of India as detailed below:

Section	Coverage	Limits
1A	Death following Sterilization(inclusive of Death during the process of Sterilization Operation) in Hospital or within 7 days from the date of discharge from the Hospital	Rs.2,00,000/-
1B	Death following sterilization within 8 to 30 days from the date of discharge from the Hospital.	Rs.50,000/-
1C	Failure of Sterilization	Rs.30,000/-
1D	Cost of treatment in Hospital up to 60 days arising out of complication following sterilization operation (inclusive of complication during process of sterilization operation) from the date of discharge	Actual not exceeding Rs.25,000/-
II	Indemnity per Doctor/Health Facilities but not more than 4 in a year	Up to Rs.2,00,000/- per claim.

(4) The Director of Family Welfare is permitted to make payments from the Tamil Nadu Miscellaneous purpose fund maintained in the Office of the Director of Family Welfare, Chennai.6, if and when the indemnity benefits provided to the beneficiaries exceeds the State's PIP's allocation for this Indemnity Scheme as envisaged by Govt. of India and also to meet the expenditures towards Lawyer's fees, Court fees and expenses towards preparation and filing of Counter affidavits, instead of sanctioning from State Budget so as to avoid extra expenditure to State Government.

Dr. J. RADHAKRISHNAN, I.A.S.,
Secretary to Government
Health and Family Welfare Department

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D.O.Letter No35906/R1/2012-7, Dated: 8.7.2013

Dear Dr. Jagannathan,

Sub: Family Welfare Programme – Family Welfare Sterilisation – Constitution of District Level Quality Assurance Committee – Monitoring the proper functioning of District Level Quality Assurance Committees - instructions, - Regarding.

Ref: G.O.Ms.No.164, Health and Family Welfare (R1) Department, dated 21/05/2007.

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I invite your attention to the Government Order cited, wherein State and District Level Quality Assurance Committees have been re-constituted to monitor the quality of Family Welfare Sterilization periodically based on the guidelines issued by Government of India, Ministry of Health and Family Welfare.

The District Level Quality Assurance Committee comprises of the following member:

District Collector	--	Chair Person
Joint Director of Health Services	--	Convener
Deputy Director of Medical and Rural Health Services and Family Welfare, District Family Welfare Bureau.	--	Member Secretary
Project Officer, Post Partum Centre, District Headquarters Hospital	--	Member
District NSV Trainer	--	Member
Chief Anesthetist, District Headquarters Hospital	--	Member
Nursing Superintendent, Grade I, District Headquarters Hospital	--	Member
Deputy Director of Health Services	--	Member
Government Pleader, District Court	--	Member

resulting in lack of standards of sterilization services in the districts causing to increase in sterilization deaths /failures and complications.

According to State Population Policy, certain effective monitoring measures have been prescribed to District Collectors to strengthen the role of the District Collector and thereby to prevent any set back in the Family Welfare Programme. They are as follows:

- Workload norms for the health department functionaries should be prescribed and monitored by the Collector.
- Upgradation as well as creation of health infrastructure in the district should also be monitored.
- Institutional and out-reach performance of Primary Health Centres, First Referral Units and Post Partum Centres should critically be reviewed.
- The Collector should lead the District team to co-ordinate and monitor inter departmental interventions in order to create positive synergy and achieve the goals of the programme.

Therefore, In view of the afore-mentioned role conferred on the District Collector and the District Collectors being the Chairperson of District Level Quality Assurance Committee, I request you to personally monitor the procedures prescribed for the District Level Quality Assurance Committee is adhered to strictly and followed up sincerely.

Regards

Yours sincerely,

To

Dr. D. Jagannathan, IAS.
District Collector,
Namakkal.

SCAN REPORT

Office Seal

Name of the Institution :

Date :

Patient Name :

Patient ID :

Age :

Referred By

Visit Date :

Scan Ref.No.

LMP

EDD :

IMPRESSION :

Signature of the Doctor / Sonologist and Seal

Attested By :

Test done by Signature of the

Lab. Technician

Lab. Medical Officer

Name and Signature

Name and Signature

Attestation by :

URINE GRAVINDEX REPORT

Institution Seal

Name of the Institution :

Date :

LAB Registration No :

Patient Name :

Patient ID :

Age :

Referred By

Investigation No :

Visit Date :

Investigation Report :

Test done by Signature of the

Lab. Technician

Lab. Medical Officer

Name and Signature

Name and Signature

Attestation by :