



**Manoj Jhalani**

Additional Secretary & Mission Director, NHM

Telefax : 23063687, 23063693

E-mail : manoj.jhalani@nic.in



भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

निर्माण भवन, नई दिल्ली - 110011

GOVERNMENT OF INDIA

MINISTRY OF HEALTH & FAMILY WELFARE

NIRMAN BHAVAN, NEW DELHI - 110011

DO No: N: 11023/2/2016-FP

Date: 12<sup>th</sup> December, 2017

**Subject:** 'Compensation Scheme in Sterilisation' for Clinical Outreach Teams (COTs) operated by accredited organizations in 146 Mission Parivar Vikas (MPV) districts in 7 states.

*Dear Principal Secretary,*

The government has recently launched the Mission Parivar Vikas (MPV) scheme in 146 high fertility districts of seven high focus states to give a boost to the Family Planning services. One of the main reasons for high fertility in these districts is the scarcity of providers in public health facilities and a dearth of private sector facilities for provision of Family Planning services.

In order to address this issue, the states have been engaging Clinical Outreach Teams (COT) comprising a mobile team of trained health care personnel and equipment, engaged through private accredited organizations/NGOs, providing sterilization services in far-flung and underserved areas. These COTs perform a significant number of cases and that too in geographically difficult and low human resource settings.

Unfortunately, at present there is no compensations scheme available for this category and the states have been implementing a mix of the present compensations scheme available for the 'public sector' and 'accredited private sector' leading to a situation where it has become almost unviable for the COTs to deliver services.

In order to sustain the provision of the quality Family Planning services through the mechanism of COT, the Government has carved out an extension from the existing 'Compensation Scheme in Sterilisation', for Clinical Outreach Teams (COT) operated by accredited organizations in the 146 MPV districts, as per guidelines attached herewith.

It is anticipated that this scheme will not only go a long way in substantially contributing to the states' performance, address issues of high fertility and equity but also attract more genuine organizations to participate in this important endeavour.

This is in nature of an entitlement scheme for the MPV districts. The States may therefore reappropriate funds for this activity from its savings, after approval of the EC of the state. The reappropriation, if any should be communicated to NHM-Finance in GOI. From 2018-19, the State should budget funds for COTs under Budget heads A3.1.3 and A3.1.4.

This issues with the approval of competent authority.

Yours Sincerely

(Manoj Jhalani)

Principal Secretaries, Health & Family Welfare, 7 MPV states

स्वच्छ भारत-स्वस्थ भारत

**Copy to:**

- Mission Directors (Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Chhattisgarh, Jharkhand, Assam)
- Directors Family Welfare (Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Chhattisgarh, Jharkhand, Assam)

**Copy for information to:**

- PS to Hon'ble HFM
- PPS to Secretary (HFW)
- JS (RCH)
- JS (Policy)

**‘Compensation scheme in sterilization’ for Clinical Outreach Teams (COTs) operated by private accredited organizations/NGOs for Mission Parivar Vikas (MPV) districts**

**Date of Notification-** From the date of issue of letter

**Brief guidelines:-**

- The scheme will be applicable in 146 MPV districts in 7 high focus states (Bihar, Uttar Pradesh, Jharkhand, Chhattisgarh, Rajasthan, Madhya Pradesh, Assam)
- The organisations operating the COT must be accredited by the states.
- The surgeons performing in the COT must be empanelled by DQAC/DISC.

**Types of services to be provided under COT:-**

- Family planning counselling
- Female sterilisation and Male sterilisation

**Modalities of providing services:-**

COT is envisaged to provide the following:-

- The COT should share their route plan/FDS calendar in consultation with the state/district FP nodal officer on a monthly basis and adopt the most sustainable model as per state specific needs.
- The deployment of COTs should be prioritized in those areas where there are no trained manpower for providing sterilization services.

**Compensation package:-**

	<b>Female sterilization</b>	<b>Male sterilization</b>
Client	2000	3000
Motivator	300	400
COT cost	2200	1600
<b>Total</b>	<b>4500</b>	<b>5000</b>

**Fund flow:-**

- The funds for the scheme would be sourced from NHM flexipool and routed through State PIPs.
- All the payments are to be made through Direct Benefit Transfer (DBT) mechanism.
- COT should submit relevant records and claims of all beneficiaries on a monthly basis, duly approved by FP nodal officer to District Health society for release of payment.

**Monitoring and verification:-**

- The COTs should be monitored regularly and be an essential part of FP program review.
- At least 10 % beneficiaries are to be verified by DQAC/DISC.
- At least 10 % FDS are to be monitored by DQAC/DISC for Quality Assurance