

## Chapter-6

### FAMILY WELFARE PROGRAMME

6.1. Family Welfare Programme is implemented as a people's programme involving the active co-operation of community at large to improve Maternal and Child Health Services and thereby to stabilize the population growth. Tamil Nadu is the model State in the introduction of "Community Needs Assessment Approach" to all the States in the country. The success of Family Welfare Programme in the State has been attributed to several factors including strong social and political commitments and good administrative back up.

#### 6.2. Demographic indicators:

As per 2001 census, the population of Tamil Nadu was 6.24 crores with decadal growth rate of 11.72 percent which is the second lowest in the country next to Kerala. Tamil Nadu is the sixth most populous State in India. It accounts for 6 % of the country's total population. The population of Tamil Nadu for 2008 is estimated as 6.7 crores. The demographic scenario of Tamil Nadu for 2006 (Sample Registration system), is furnished below:

Sl. No	Indicators	Current level
1	Crude Birth Rate	16.2 / 1000 population
2	Crude Death Rate	7.5 / 1000 population
3	Infant Mortality Rate	31 / 1000 live births
4	Maternal Mortality Ratio *	90 / 1,00,000 live births
5	Natural Growth Rate	0.87 percent

\* Based on the actual maternal deaths occurred in the State

#### 6.3. Goals:

Government have fixed the following demographic goals to be achieved at the end of Eleventh Five Year Plan i.e. 2012.

Sl. No	Indicators	Goals
1	Infant Mortality Rate	20 / 1000 live Births
2	Crude Birth Rate	15 / 1000 Population
3	Maternal Mortality Ratio	45 / 100000 Live Births
4	Total Fertility Rate	1.4
5	Couple Protection Rate	65 percent
6	Reduction of Higher Order Births	10 percent

#### 6.4. Family Welfare Centres:

Family Welfare and Maternal and Child Health activities are provided in Tamil Nadu through the following Centres:

Sl. No	Institution	Numbers
1.	Post Partum Centres	110
2.	Urban Family Welfare Centres	108
3.	Urban Health Posts	193
4.	Rural Family Welfare Centres	382
5.	Approved Nursing Homes	1706
6.	Voluntary Organisations	27

## 6.5. Family Welfare Performance:

6.5.1. The Family Welfare Performance for 2007-2008 (Provisional) with reference to Expected Levels of Demand is as follows.

Sl No	Programme	Annual ELD	Achievement	% Wrt ELD
1.	Sterilization	4,00,000	3,52,856	88.2
2.	I.U.D. Insertion	4,50,000	3,53,149	78.5
3.	Oral Pill Users	1,75,000	1,29,515	74.0
4.	C.C. Users	3,75,000	1,51,234	40.3
5.	M.T.P	1,50,000	61,435	41.0

ELD – Expected Level of Demand

6.5.2. The Sterilization Performance by various institutions in the State for 2007-08 is as follows:

Sl. No	Institution	% of Achievement
1.	Government Institutions	57.3
2.	Voluntary Organizations	6.5
3.	Approved Nursing Homes	29.3
4.	Local Bodies Institutions	4.2
5.	Unapproved Nursing Homes	2.7

## 6.6. Major thrust areas in the implementation of Family Welfare Programme:

- Out of 11.12 lakhs births occurring in the State 14.8 % (2006) of the births are higher order births ie.1.65 lakhs. To reach the goals fixed for 2012 these higher order births have to be reduced in a phased manner.
- The male participation under sterilization programme is only 0.4 %. This percentage will be improved. Non Scalpel Vasectomy camps are being organized in all the districts to improve male participation under Sterilisation Programme. The Vasectomy performance has improved compared to previous years. It is proposed to achieve 10 per cent of total sterilisation through male participation. Wide publicity is given through IEC personnel in all the districts to create awareness about the new technique of Non Scalpel Vasectomy.
- According to Sample Registration System, the infant mortality rate is 37 per 1000 live births (2006). Among this infant deaths nearly 75% are neo – natal deaths. If these neo – natal deaths are reduced, then our aim of the IMR of 20 per 1000 live births will be achieved.
- As per National Family Health Survey – III (2005-06), 53.3% of mothers and 72.5% of children are affected by any one form of anaemia in Tamil Nadu. Anaemia is the main indirect cause for the maternal deaths and neo-natal deaths.

- e) The unmet needs of family welfare service have been reduced from 13.0% in 1998-99 (NFHS – II) to 8.9% in 2005-06 (NFHS – III). The unmet needs under spacing method are 4.1 percent and permanent method are 4.8%.

#### 6.7. Strategies to be adopted to achieve the Goals:

The following strategies will be adopted to achieve the goals fixed in the Eleventh Five Year Plan period:-

1. Area specific approach will be adopted to identify village wise eligible mothers with three and above children and motivate them by a block level team to accept Family Welfare Sterilization.
2. At present 254 Operation theatres are functioning in the Primary Health Centres. Steps will be taken to make the Operation theatres in all the Primary Health Centres functional in a phased manner.
3. So far 1706 private nursing homes have been involved besides the Government institutions to provide family welfare services in the State. More number of unapproved private nursing homes will be approved to render Family Welfare services to the eligible couples.
4. The voluntary sectors, such as Self Help Groups, Magalir Mandram, Elected Representatives and the non-Government sector will be involved along with the Government to provide better Family Welfare services to the eligible couples.
5. All the untrained DGOs, M.D (Obstetrics & Gynaecology), M.S. (Surgery) will be trained in Laparoscopic Sterilization. All the untrained MBBS doctors will be trained in tubectomy sterilization and Non Scalpel Vasectomy.
6. All the doctors working in the Government Medical Institutions will be trained in Manual Vacuum Aspiration technique in the Medical Termination of Pregnancy.
7. All the untrained VHNs and ANMs will be given training in insertion of IUD.

#### 6.8. Group insurance scheme to sterilization acceptors:

The Government of India have renewed the family planning insurance scheme in tie up with ICICI Lombard Insurance Company Limited with effect from 1.1.2008 with the following insurance benefits for the family welfare sterilization acceptors:-

Death due to sterilization in hospital or within 7 days from the date of discharge from the hospital	Rs. 2,00,000
Death due to sterilization within 8 to 30 days from the date of discharge from the hospital	Rs. 50,000
Failure of sterilization leading/non-leading to child birth	Rs. 30,000
Cost of treatment up to 60 days arising out of complication from the date of discharge	Actual cost not exceeding Rs. 25,000
Indemnity insurance per doctor per facility but not more than 4 in a year	Up to Rs. 2.00 lakhs per claim

**6.9. Enhanced compensation to sterilization acceptors:**

Compensation to sterilization acceptor is now revised and enhanced by Government of India and the same will be implemented.

Acceptor of male sterilization in public health facilities	Rs. 1100
Acceptor of female sterilization belonging to Below poverty Line and SC / ST in public health facilities	Rs. 600
Acceptor of female sterilization belonging to Above poverty Line in public health facilities.	Rs. 250

**6.10. State Commission on Population:**

The Government of Tamil Nadu have constituted "State Commission on Population" under the Chairmanship of Hon'ble Chief Minister of Tamil Nadu. The Commission will review, monitor and give directions in the implementation of family welfare and maternal and child health programmes in this State with a view to meet the set goals.

**6.11. New Schemes for the year 2008-09:**

1. Provision of Photo copier machines to 12 District Family welfare Bureaux at a cost of Rs. 5.00 lakhs.
2. Provision of Fax machines to 20 District Family welfare Bureaux at a cost of Rs. 1.50 lakhs.
3. Provision of Telephone facilities to 5 District Family welfare Bureaux at a cost of Rs. 0.20 lakh.