

Scheme of Financial Assistance for Corrective Surgery and Rehabilitation of Polio Affected Children.

1. INTRODUCTION

Poliomyelitis is one of the causes of childhood disability in India. Due to mass Polio Vaccination Programme launched by the Ministry of Health & Family Welfare in 1997, the fresh cases of polio have decreased significantly. However, there are a large number of children afflicted with polio prior to introduction of mass Polio Vaccination Programme in 1997. Such children with established deformities are living in rural and semi urban areas in various parts of the country. Due to low socio-economic status as well as non-availability of comprehensive rehabilitation services including surgical interventions in State/ District Hospitals uniformly, a large number of such children are still living with physical deformities. The Ministry of Social Justice and Empowerment has done some work in this regard by providing financial support through the NGOs under their ADIP Scheme for undertaking corrective surgeries of polio affected children. However, the efforts made so far have not been commensurate to the enormity of the requirements and all the affected children have not been able to get the much needed support. Moreover, most of the polio affected disabled children belong to low socio-economic status, and are unable to afford corrective surgery in private medical hospitals. Accordingly, the Ministry of Health and Family Welfare has decided to provide financial assistance to enable the polio disabled children in the age group of 3-18 years to have their polio corrective surgery undertaken including fitment of aids/appliances required in the State / District Hospitals / autonomous health institutions.

2. MAGNITUDE OF THE PROBLEM

As per the latest report of National Sample Survey the number of polio affected children in the age group of 3-18 years are in the range of 3-4 lakhs. As per Rotary International estimates the polio affected children in the age group of 3-18 years are about 1 lakh. Based on the surveillance data available with the National Polio Surveillance Project (NPSP) from 1997, polio affected disabled children are about 6,000. However, from data available from Central Bureau of Health Intelligence, the estimated number of children in the age group of 3-18 years, who could be benefited by corrective surgery is

corrective surgeries under this scheme. The NGO may be paid upto a maximum of Rs.2,000/- per case for aids & appliances only once and upto a maximum of additional Rs. 2,000/- per case for food, stay, transportation, physiotherapy, etc. of the patient. This amount of Rs. 4,000/- per case is required to be accounted for by the NGO separately in the prescribed proforma (Annexure-III).

Corrective Surgery/Rehabilitation of 20,000 Polio affected children as a pilot project will be carried out within a period of two years . In the year 2006-07 the proposed target is to perform about 6,000 polio corrective surgeries. The remaining 14,000 corrective surgeries would be performed during 2007-08, and left over, if any, during 2008-09. The break up of the package is as under :-

Sl. No.	Support	Estimated Cost per case
1	Corrective Surgery (To be paid to the Government Hospital)	Rs. 6000/-
2*	Fitment of light weight aids/appliances of good quality (To be paid to the NGO)	Rs. 2000/-
3.	Expenditure on food, stay, physiotherapy etc. during pre and post corrective surgery as well as during the period of stay for actual surgery and transportation (patient and attendant) (To be paid to the NGO)	Rs. 2000/-
	Total	Rs. 10,000/-

** Aids/appliances under this scheme are required to be procured by the selected NGOs only from the Government manufacturing units.

Note:1 - The selected NGOs may be allowed flexibility in utilizing the amount on the above two component of the Scheme on actual expenditure basis subject to the stipulation that reimbursement of expenditure to the NGO shall not exceed the total amount of Rs. 4,000/- per case.

Note 2 - Under the scheme, fitment and supply of aids and appliances may be allowed only once along with the corrective surgery. Subsequent supply/provision of the aids/appliances is not covered under this scheme.

around 85,000. Details of polio affected disabled children in the country in the age group of 6-14 years are also available with the State Project Directors of Sarva Shiksha Abhiyan(SSA) and District Project Coordinators of SSA under the Department of Elementary Education and Literacy. Therefore, a close rapport with the State/District SSA authorities is required to be maintained in this regard.

3. THE SCHEME & ITS OBJECTIVES

The main objective of the scheme is to assist the Polio disabled children having established deformity of the limbs in their physical, social and psychological rehabilitation by reducing the effects of disabilities through corrective surgery and fitment of aids/appliances; thus enhancing their educational and economic potential.

Under the Scheme of Corrective Surgery and Rehabilitation, existing Polio affected children in the age group of 3-18 years in the country which is the ideal age group for benefiting from corrective surgery, will be covered. The scheme will be made functional through the States/UTs Health & Family Welfare Societies which will use State/District level hospitals for corrective surgeries. The States/UTs Health & Family Welfare Societies may entrust the work relating to identification, assessment of polio patients requiring corrective surgery, arrangement for their transportation, food, stay etc. during pre, post and at the time of actual surgery to the NGOs who are already engaged in this field and having a good reputation and proven record of at least five years of work and established all India network.

The Ministry of Health & FW will release funds to the Health & Family Welfare Societies of the States/UTs included in the Scheme. The States/UTs H&FW Societies, in turn, reimburse upto a maximum of Rs. 6,000/- per case to the concerned Government Hospital for undertaking corrective surgery. This amount of Rs 6,000/- per case is required to be accounted for by the Government Hospital separately in the prescribed proforma (Annexure-V) and can be used for capacity building of the Operation Theatres / Indoor Wards of the Hospital as well as for meeting the cost of medical and surgical consumables required during the corrective surgery. The State/District Hospitals/autonomous health institutions will not charge any fee for treatment/service/supply of surgical and medical consumables from the patients for undertaking their polio

Note 3- Subsequent follow up, including supply/provisioning of the aids and appliances shall be undertaken by the respective agency out of its own financial resources raised from other channels.

Note-4 - Any detected polio affected child, not requiring surgery, but requiring only aids/appliances for his/her mobility, shall be provided with the same by the respective agency out of its own financial resources raised from other channels.

4. ELIGIBILITY CRITERIA FOR SELECTION OF NGOs UNDER THE SCHEME

The States/UTs Health & Family Welfare Societies shall ensure that the NGOs having all India network and fulfilling the following eligibility criteria are selected for the job:-

- i. Societies, registered under the Societies Registration Act, 1860 and their branches, if any, separately.
- ii. Registered Charitable Trusts .

The selected NGOs should possess/organise professional/technical expertise for the identification/assessment of the polio cases requiring corrective surgery, prescription of the required aids/appliances , fitment and post fitment care and physiotherapy services and should also maintain close liaison with the State/District hospitals for speedy undertaking of the polio corrective surgeries of the identified children..

5. ELIGIBILITY OF THE BENEFICIARIES

The following categories of Polio affected children are eligible for free of cost polio corrective surgery and supply/ fitment of aids/appliances under the Scheme:

- i. He/She should be an Indian citizen.
- ii He/She should be in the age group of 3-18 years.

In the first phase of the implementation of the scheme, about 6,000 polio affected children whose complete addresses and other details are available with the NPSP may be assessed and those requiring corrective surgery may be taken up. Simultaneously, the selected NGOs will establish a close rapport with the District Project Coordinators under the Sarva Siksha Abhiyan launched by the Deptt. of Elementary Education,

Department of Handicap Welfare/Social Welfare, District Rehabilitation Centres, etc. to identify the children affected by polio before 1997 in the age group of 3-18 years and requiring polio corrective surgery.

6. PROCEDURE FOR RELEASE OF FINANCIAL GRANT TO THE STATES/UTs HEALTH & FAMILY WELFARE SOCIETIES UNDER THE SCHEME

The Health & Family Welfare Societies of the State Governments / UTs Administration will send their proposals to the Immunization Division of the Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi for release of financial grant during the year 2006-07 in accordance with the Scheme detailed at S.No.3, at their earliest convenience. The first installment of the grant will be released to the Health and Family Welfare Societies of the States/UTs in the form of a Revolving Fund as decided by the Ministry of Health and Family Welfare on the basis of the proposals received. This Revolving Fund would be recouped subsequently every quarter on the basis of receipt of Statement of Expenditure from the State/UT Health Societies.

The Health & Family Welfare Society of the concerned State Government/UT Administration shall invite applications in the prescribed format (Annexure I & II) from the interested and eligible NGOs. The application should be accompanied with following documents/information(duly attested):-

- a. A copy of Registration Certificate under Section 51/52 of Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995.
- b. A copy of Registration Certificate under Societies Registration Act , 1860 and their branches, if any, separately, or Charitable Trust Act.
- c. A copy of Rules , Aims and Objectives of the Organization
- d. A copy of certified audited accounts and Annual Report for the last three years.
- e. Names & particulars of members of the Management Committee of the Organization.
- f. Expenditure incurred for undertaking corrective surgeries/fitment of aids /appliances amongst the identified Polio affected children during the past three years(State/District wise)
- g. An undertaking that the funds will not be utilized for any other purposes.

- h. An undertaking to maintain a separate account of the funds received from the Ministry of Health & Family Welfare.
- i. A calendar of activities for entire financial year which should also indicate their publicity strategy for successful/timely implementation of the scheme.
- j. An undertaking that the organization will strictly follow the scheme, including the instructions at Note 1 to 4 mentioned at S.No. 3 of the Scheme..
- k. An undertaking that the organization is financially sound and has requisite capability to mobilize the resources.
- l. An undertaking that the organization shall maintain a close rapport with the State/District Administration and SSA authorities and shall have the capacity to utilize the expertise available with the State/District Administration for undertaking polio corrective surgeries expeditiously in the State / District Hospitals/autonomous health institutions

The State/UT Health and Family Welfare Societies may, with the approval of the Chairman/CEO of the Society, relax any of the above requirements in exceptional cases. They are also empowered to add any additional stipulation /condition for release of financial grant to the NGOs/Government Hospitals under the Scheme.

7. SANCTION/RELEASE OF FINANCIAL ASSISTANCE

The Health & Family Welfare Society of the concerned State/UT may sanction and release financial grant for the first time to the selected NGOs after receiving all the required documents. The subsequent financial grant may be sanctioned by the Health & FW Societies of concerned State / UT to the selected NGOs after receipt of audited accounts/SOEs/Utilisation Certificate in the prescribed proforma (Annexure-VI) and list of beneficiaries with their permanent addresses in the prescribed proforma(Annexure III) for the previous year. A copy of the sanction and release orders of the financial grant to the NGOs as well as to the State/District Hospitals/autonomous health institutions by the Health & Family Welfare Societies of the concerned States/UTs shall invariably be endorsed to the Immunization Division of the Ministry of Health & FW, Nirman Bhawan, New Delhi for record/necessary action.

Officers of the Ministry of Health & FW / State Governments shall conduct sample checking of 5 to 10% of the Polio affected children who underwent corrective surgery under the Scheme.

8. **CONDITIONS FOR ASSISTANCE**

- a. The selected NGOs will maintain a register in the prescribed proforma (Annexure -III) indicating the details of the polio affected children who underwent corrective surgery under the scheme; district-wise along with the photos(before corrective surgery and after surgery)of the patient.
- b. The State/UT Health & FW Societies, the selected NGOs and the Govt hospitals shall maintain a separate account of funds received from the Ministry of Health & Family Welfare and utilized under the scheme. The funds should be kept in a separate Bank Account to be operated under the scheme.
- c. A certificate from the head of the implementing organizations to the effect that the funds have been / will be utilized for the purpose for which these were sanctioned.
- d. The final accounts for a financial year will be rendered through utilization certificate as per prescribed proforma (Annexure-VI) and audited accounts signed by Chartered Accountant within six months of the close of the financial year.
- e. The organizations implementing the scheme will be open to inspection by the officers of the Ministry of Health & FW / State Government.
- f. When the Government of India has reasons to believe that the financial assistance is not being utilized for the approved purpose, the amount would be recovered from the implementing organizations with interest and no further assistance would be given to the organization.
- g. The quantum of financial assistance to be given to the Health & FW Societies of the States / UTs for distribution to the respective selected NGOs and the State / District Hospitals /autonomous health institutions for undertaking corrective polio surgeries and fitment of aids/appliances during a particular year will be decided by the Ministry of Health & Family Welfare. The implementing organizations would therefore not incur any liability under the scheme unless the funds have been sanctioned to them for the purpose.

The State/UT Health and Family Welfare Societies may, with the approval of the Chairman/CEO of the Society, relax any of the above requirements in exceptional cases. They are also empowered to add any additional stipulation /condition for release of financial grant to the NGOs/Government Hospitals under the Scheme.

Annexure-1

Application for Financial Grant for Corrective Surgery and supply/fitment of aids/appliances to the Polio disabled children in the age group of 3-18 years.

From : _____

_____ (Name of Org., complete address, FAX No., e-mail etc.)

To

The Member-Secretary,
Health & Family Welfare Society
Government of _____

Subject:- Financial Assistance for Corrective Surgery and Supply/ fitment of aids/appliances to the polio disabled children in the age group of 3-18 years

Sir,

I submit herewith an application for grant of financial assistance for the year ----- under the scheme of financial assistance of the Ministry of Health & FW for corrective surgery and rehabilitation of polio affected children . I certify that I have read the rules and regulations of the Scheme and I undertake to abide by them, on behalf of the Management. I further agree to the following conditions:-

- (a) All assets acquired wholly or substantially out of this financial assistance shall not be encumbered or disposed off or utilized for purpose other than those for which the grant is given. Should the Institution/Organization cease to exist at any time, such properties shall revert to the Government of India.
- (b) The accounts of the grant shall be properly and separately maintained. They shall always be open to check by officers of the Govt. of India/State Govt. They shall also be open to a test check by the Comptroller and Auditor General of India at his discretion. If the State or the Central Govt. have reasons to believe that the grant is not being utilised for approved purpose, the Govt. of India/State Govt. may stop payment of further instalments and recover earlier grants in such manner as they may decide.
- (d) The Institution shall exercise reasonable economy in the implementation of the scheme.
- (e) The Institution/Organization will obtain an undertaking/consent from the beneficiaries before undertaking polio corrective surgery and fitting of aids/appliances.
- (f) The Institution/Organization shall not charge any fee from the beneficiary for organizing/providing the services under the scheme.

Yours faithfully,
(Signature)
Designation (Office Stamp)

Copy To:- The Deputy Secretary (Immunization),
Govt. of India, Ministry of Health & FW,
Nirman Bhawan, New Delhi-110011

**Financial Assistance for Corrective Surgery and Supply/
fitment of aids/appliances to the polio disabled children in the age
group of 3-18 years**

1. Name of the Institution/Organisation.
2. (i) Name of the Act under which registered
(ii) Registration No. and date of Regn.
3. Registration under Foreign Contribution Act : (Yes/No)
4. Memorandum of Association & Bye Laws (attach photo copy)
5. Name & address of the Members of Board/
Management/Governing Body
6. List of Documents to be attached:
 - (a) Certified copies of Audited Accounts and Annual Reports of last three years.
 - (b) Expenditure incurred for undertaking corrective surgeries and fitment of aids/appliances to the identified polio affected children during the last three years(State/District wise).
 - (c) A calendar of activities for the entire financial year including publicity strategy
7. Amount of grant-in-aid applied for in the current financial year
8. Details of beneficiaries: (for subsequent year's grant)
 - (a) Number of polio disabled children benefited from previous year's grant
 - (b) Proposed No. of polio disabled children proposed to be covered during the current financial year
9. Details of the staff available
10. Details of Grant-in-Aid received under other Schemes of:
State Government/Central Govt/Other sources, and the purpose thereof.
11. List of additional papers given, if any.

I have read the scheme and fulfill the requirement and conditions of the Scheme. I undertake to abide by all the conditions of the Scheme.

Signature
Office Stamp

Annexure III

Register to be maintained by the agencies (NGOs) implementing the scheme of financial grant to polio affected children for Corrective Surgery and fitment of aids/appliances.

Sl. No.	Name of Beneficiary	Name of Father	Address	Male/ Female	Age	Limb(s) affected & Type of Deformity
1	2	3	4	5	6	7

Date of Corrective Surgery	Type of Corrective Surgery	Place of Corrective Surgery	No. of Corrective Surgeries	Type of Aid provided	Cost of Aid
8	9	10	11	12	13

Expenditure on Transportation Food, Stay etc.	No. of days of Stay in hospital	Name of Escort, if any	Signature of Beneficiary	Signature of Official of NGO
14	15	16	17	18

Note

Pre and post operation photographs with name of the patient on the slate duly signed by the treating surgeon and anesthetist and counter signed by the Chief Medical Superintendent on the backside of the photo are required to be preserved in the Register serially numbered for inspection by officials of the Ministry of Health and Family Welfare /State Government.

Annexure IV

Register to be maintained by the State/District Hospital/autonomous health Institution where polio corrective surgeries/fitment of aids/appliances are/were undertaken under the scheme.

Name and address of the State/District Hospital/ autonomous health institution where polio corrective surgery/fitment of aids/appliances were undertaken

Sl. No.	Name of Beneficiary	Name of Father	Address	Male/ Female	Age	Limb(s) affected & Type of Deformity
1	2	3	4	5	6	7

Date of Corrective Surgery	Type of Corrective Surgery	No. of Corrective Surgeries	Type of Aid Provided	Cost of Aid	Name and Address of the NGO which incurred expenditure on food, stay, transportation, etc.
	9	10	11	12	13

No. of days of stay in hospital.	Expenditure on Surgical/Med. Consumables	Name of Escort, if any	Signature of Beneficiary
14	15	16	17

Signature of Treating Surgeon
With Stamp

Note

Pre and post operation photographs with name of the patient on the slate duly signed by the treating surgeon and anaesthetist and counter signed by the Chief Medical Superintendent on the back side of the photo are required to be preserved in the Register serially numbered for inspection by officials of the Ministry of Health and Family Welfare /State Government.

Annexure-V

Amount of financial grant paid to the Government Hospital for capacity building etc. and details of expenditure by the hospital out of the financial grant received

(a) Name of the Hospital/Institution : .

(b) Details of amount of financial grant received from the H&FW Society of the State/UT under the scheme

Amount received ----- Rs. _____

Date of receipt ----- _____

(c) Details of expenditure out of the grant received

Amount spent on capacity building of the Hospital/-----Rs. _____
Institution on Operation Theatres/Indoor Wards
(Details given in the enclosed list -1)

Amount spent on purchase of surgical instruments----- Rs. _____
(Item-wise expenditure given in the enclosed list-2)

Amount spent on purchase of bed sheets/linen etc.-----Rs _____
(Item-wise expenditure given in the enclosed list-3)

(d) Amount spent on purchase of medical/surgical Consumables (Itemwise expenditure given in the enclosed list - 4)

(e) Details of other expenditure incurred, if any ----Rs. _____
(Details given in the enclosed list -5)

Total expenditure as on (date) _____ -----Rs. _____

Signature of the Chief Medical Superintendent/Head of the Hospital/Institution with stamp.

Annexure VI

Scheme of Assistance to Polio affected children for Corrective Surgery and fitment of aids/appliances.

UTILIZATION CERTIFICATE .

(See Government of India's Decision (1) below Rule 150)

S.No	Letter number and date	Amount

Certified that out of Rs..... of grant-in-aid sanctioned during the year----- in favour of----- under this Ministry/Department letter No. given in the margin and Rs..... on account of unspent balance of the previous year, a sum of Rs..... has been utilized for the purpose of..... for which it was sanctioned and that the balance of Rs..... remaining unutilized at the end of the year has been surrendered to Government vide No..... dated..... will be adjusted towards the grant-in-aid payable during the next year.

2. Certified that I have satisfied myself that the conditions on which the grant-in-aid was sanctioned have been duly fulfilled/ are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Kinds of checks exercised:

- 1.
- 2.
- 3.
- 4.
- 5.

Duly certified by a
Chartered Accountant/Auditor

Signature.....
Designation.....

Date.....