



**Government of Rajasthan  
National Health Mission  
Department of Medical, Health & Family Welfare  
Swasthya Bhawan, Tilak Marg, Jaipur-302005**

F2(28)/NRHM/SPM/2015/13

Date : 6/01/2015

**Chief Medical & Health Officer  
District Health Society  
All Districts**

**Subject : Approval of NHM District Programme Implementation plan for the FY 2014-15**

We have received approval of State NHM PIP in the last week of the month of October 2014 from MoHFW, Government of India and thereafter activity wise sanctions of all programmes have already been issued to you earlier. Now compiled District PIP of NHM has been approved and enclosed for implementation and monitoring of the program in the district for FY 2014-15. The overall resource for District Health Society shall comprise of unspent Balance of DHS account as on 31.03.2014 and releases of fund from Rajasthan State Health Society to District Health Societies. The above approval is subject to the following mandatory requirements.

**General Mandatory Requirements**

1. The District shall, within 10 days of issue of this letter, issue block wise PIP with a copy to the undersigned.
2. District shall not make any change in allocation among different components/activities without approval of State Health Society.
3. District shall follow all the financial management systems under operation under NHM and shall submit Balance Sheets, Quarterly Summary Concurrent Audit Report, FMRs, Statement of fund position, as and when they are due.
4. The accounts of the District Health Society shall be open to inspection by the sanctioning authority and audit by the Comptroller and Auditor General of India under the provisions of CAG (DPC) Act 1971 and internal audit by Principal Accounts Office of the Ministry of Health & Family Welfare, Gol.
5. District shall ensure submission of details of unspent balance indicating, inter alia, funds released in advance and funds available under District Health Society.
6. The District shall also intimate the interest amount earned on unspent balance.
7. District shall ensure 100% utilization of Untied Fund and monitor health facilities regularly.
8. District shall ensure submission of monthly consolidated financial & physical report 7<sup>th</sup> of every month.

9. Gaps in implementation of JSSK may lead to reduction in outlay up to 10% of RCH base flexi pool.
10. District shall set up implementation arrangement to monitor all civil works being undertaken on a monthly basis, to ensure quality of works and completion as per schedule.
11. District shall ensure that all operational guidelines relating to VHSC should be followed.
12. District shall ensure timely performance based incentives to ASHAs and to ensure that supportive supervision mechanism is put in place.
13. District shall ensure that RMRS meets as frequently as possible and mandatorily at least once in every quarter to review proper utilization of allocated funds for achievement of goals. The proceedings of such meetings should be maintained for scrutiny.
14. District shall ensure District Health Mission & District Health Society meets regularly to review proper utilization of allocated funds for achievement of goals and major policy decision.
15. District shall also ensure regular meetings of Block Health Mission & Block Health Society.

#### **B. Specific Programme Related**

16. District shall ensure the effective implementation of weekly Iron and Folic Acid Supplementation Program launched in the state on 25<sup>th</sup> July 2013 and also focus on Rastriya Bal Swasthya Karyakaram (RBSK) for screening and treatment of school going as well as anganwadi children.
17. District shall operationalise fixed day services in family planning in addition to periodic camps.
18. District shall henceforth provide only F-IMNCI training to doctors and staff nurses whilst IMNCI is to be provided only to ANMs/AWW and other field functionaries.
19. Sterilization failure cases may be mapped and service providers and facilities from which this emanates should be provided with training and quality improvement measures leading to quality certification.

#### **C. HMIS**


20. District shall undertake institution specific monitoring of performance of Sub Centre, PHCs, CHCs, DHS etc, in the prescribed format which is to be regularly uploaded as Monthly, Quarterly and Annual Date on the HMIS. The discrepancy between HMIS & reports forwarded to district should be resolved.

#### **D. Miscellaneous**

21. Facility wise performance audit will also include the facility wise score card being developed.
22. District shall ensure establishment of supportive supervisory structures for RCH and other national programmes and for ensuring quality services.

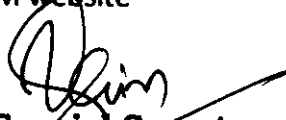
The district should ensure 100 % utilization of funds as per prescribed programme wise guidelines already issued earlier. The respective District PIPs shall also be available on NRHM Rajasthan Website.

Enclosed : Approved NRHM District PIP 2014-15

  
**(Naveen Jain)**  
**Special Secretary**  
**Medical Health & FW and**  
**Mission Director- NHM**

Copy to the following for information and necessary action :

1. PS to MD-NHM
2. AMD-NHM
3. District Collector – All Districts
4. Director-PH/RCH
5. PD-NRHM
6. Director-Finance
7. District Programme Manager – NRHM, all districts
8. CO-IT to email concerned and upload the same on the NRHM website

  
**Special Secretary**  
**Medical Health & FW and**  
**Mission Director- NHM**