



Government of Rajasthan  
**National Rural Health Mission**  
Department of Medical, Health and Family Welfare  
Swasthya Bhawan, Tilak Marg, Jaipur

F.13 (3) NRHM/Plan/2010/7589

Date: 22/07/2010

District Collector & Chairperson, District Health Society

District .....

**Subject: Approval of District Programme Implementation Plan of NRHM for the year  
2010-2011**

Please refer to the draft District Programme Implementation Plan of NRHM prepared and submitted by District Health Society for F.Y. 2010-11. The district PIP has been approved and enclosed for implementation of the program in the district for FY 2010-11. The respective District PIPs shall also be available on NRHM Rajasthan Website ([www.nrhmrajasthan@nic.in](http://www.nrhmrajasthan@nic.in)). The respective sanctions shall be issued from the State Government to carry out the activities mentioned in PIP.

The overall resource for District Health Society shall comprise of Unspent Balance of DHS account as on 01.04.2010 and Releases of Funds from Rajasthan State Health Society to District Health Societies. The above approval is subject to the following mandatory requirements:

**A. Planning**

1. The District shall, within 10 days of issue of this letter, issue block wise PIP approvals with a copy to the undersigned.

**B. Human Resource**

2. All Posts under NRHM shall be on contract and for the Plan period. All such appointments would be for a particular facility and non transferable in nature. Priority in contractual recruitments and placements would be for backward areas, difficult, most difficult and inaccessible health facilities. Residence at place of posting must be ensured.
3. District would ensure that appropriate skill mix of human resource is made available to ensure provision of minimum service guarantee to health facilities. All professionals multi skilled under NRHM shall be placed in facilities where the skills can be utilized.

**C. Infrastructure**

4. 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.

#### **D. Communitization**

5. District shall ensure that all operational guidelines relating to MCHN sessions are complied with.
6. District shall ensure timely performance based payments to ASHAs. District to ensure that supportive supervision mechanism is put in place within six months.
7. District shall ensure that RMRS meets as frequently as possible and mandatorily at least once in every quarter to review proper utilisation of allocated funds for achievement of goals. The proceedings of such meetings should be maintained for scrutiny.

#### **E. Financial**

8. District shall not make any change in allocation among different components/ activities without approval of State Government.
9. District shall follow all the financial management systems under operation under NRHM and shall submit Balance Sheets, Quarterly Summary Concurrent Audit Report, FMRs, Statement of Fund Position, as and when they are due.
10. 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, GOI.
11. District shall ensure submission of details of unspent balance indicating, inter alia, funds released in advance and funds available under District Health Society. The District shall also intimate the interest amount earned on unspent balance. This amount can be spent against activities already approved.

#### **F. Specific Programme Related**

12. District shall operationalise fixed day services in family planning in addition to periodic camps.
13. 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.
14. District would co-locate AYUSH in PHCs/CHCs, wherever feasible.
15. Facility based records should reflect BPL status of JSY beneficiaries, so that there can be adequate local monitoring of utilisation of facility by the BPL.
16. Sterilisation 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. This is particularly important in view of the fact that almost half of the compensations under Sterilisation failure insurance are accounted for cases from Rajasthan in the country.
17. In high Malaria, TB and Leprosy endemic areas, ASHA may be trained in these disease control programmes and involved in case detection and treatment follow-ups.
18. The low rate of new case detection (0.19) for leprosy in the District is appreciated, but pockets of high prevalence may be there, which needs to be identified an appropriate actions need to be taken for early case detection and complete treatment of leprosy cases, particularly in urban areas.
19. Monitoring and supervision of Disease Control Programmes by the CMHO of districts on a regular basis should be ensured.

**G. 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 Data on the HMIS.

**H. Miscellaneous**

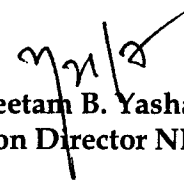
21. District shall ensure establishment of supportive supervisory structures for RCH and other national programmes and for ensuring quality services, within six months of the issue of the Order.

22. District shall ensure taking appropriate action to monitor the performance of the cold chain /ILR Points and implementation details of ProMIS.

I would like to sincerely thank you for co-operation extended in achievement of Financial Targets of NRHM in FY 2009-10. The financial expenditure of Rs. 993 crores is the highest expenditure in the country on the Mission Flexi-Pool and RCH-II Flexi-pool also state figures in the top performing State of the Union.

I would request you to disseminate the approved PIP in next DHS meeting and get the quarterly plan of action prepared to ensure 100% achievement of physical and financial targets envisaged in PIP.

Encl: 1. Approved District PIP 2010-11 for NRHM

  
(Dr. Preetam B. Yashavant)  
Mission Director NRHM

Copy to the following for information and necessary action:

1. Chief Medical & Health Officer .....
2. District Program Manager NRHM .....

  
Mission Director NRHM