

Agenda Item No. 1.1**Welcome the members and consider to ratify the constitution of Governing Body as notified by the State Govt.****Agenda Note:**

In April-05, Nation wide, National Rural Health Mission (NRHM) was launched by the Govt. of India. The State Govt. of Punjab, signed on 15.12.2005 a Memorandum of Understanding (MOU) with the Govt. of India to implement the various activities envisaged under NRHM to bring radical improvement in the delivery of healthcare services specifically relating to Reproductive Child Health Care Services and Disease Control. The State Govt. has agreed in principle to set up "State Health Society (SHC) Punjab" as one of the Institutional arrangement at State Level. This society is to receive funds for the implementation of the NRHM from MoH&FW and other sources by overtaking State Level Vertical Societies in the Health Sector previously created. As per the understanding arrived with the GOI, the State has got registered "State Health Society (SHS) Punjab" on 26th February, 2007. A copy of the registered Memorandum of Association of the SHS, Rules & Regulations along with By Laws of SHS are enclosed as **Annexure- I, II & III**.

2. With the concurrence of the chairman, the State Govt. in Department of Health & Family Welfare vide notification No. NRHM-Pb-06/145, dated 16.1.06 (copy enclosed as **Annexure - IV**) has constituted the Governing Body of the SHS.

3. All the Hon'ble members of the Governing Body are welcomed to the 1st meeting of the Governing Body.

4. The Hon'ble members may kindly peruse the objectives of the society detailed on Page 2-4, powers of the Governing Body on Page 11-12.

5. The Governing Body constituted may be confirmed.

Agenda Item No. 1.2.

To consider up to date report of Mission Director as regard to progress made in implementation of NRHM in the State of Punjab.

Agenda Note:

Hon'ble Chairman, Vice Chairman and Members.

The State Govt. of Punjab under the 100% Centrally Sponsored Government of India project implemented Reproductive and Child Health Programme (RCH) from FY 97 /98 to 04/05 in order to reduce Infant, Maternal Mortality, Morbidity and unwanted fertility. The RCH Programme was a composite programme incorporating the inputs of the G.O.I. as well as funding support from external donor agencies including World Bank and the European Commission. However, implementation of this programme started in the State of Punjab from the FY 99/00 on the release of funds by the State Govt. on 31.03.1999. Under this programme, the GOI released designated amount on the designated interventions. The district Sangrur was covered under RCH Sub-Project and rest of 16 districts were taken under National Component. As against the total allocation of Rs. 38.36 crore, an amount of Rs. 32.00 crore was spent. In April 2005, the State Govt. started implementation of RCH-II project. This project was articulated to be implemented with the modifications that States were asked to bring State specific interventions under RCH Flexi Pool, which is still one of the components of the project.

2. Hon'ble Prime Minister on 12th April, 2005 nationwide launched National Rural Health Mission (NRHM) to provide effective, affordable and accessible quality healthcare to the rural population in the country and the RCH-II (2005-10) is a key component of NRHM. In fact RCH-II has now been brought under the overall umbrella of the NRHM. NRHM is an integrated vision on Maternal Health, New-Born/Child Health, RTI/STI,

Behaviour Change Communication (BCC), Adolescent Health, Gender Issues, Family Planning etc. within a comprehensive approach involving both public and private/ NGO sectors. It will support the paradigm shift in Family Welfare Programme by promoting state ownership with a pro-poor focus. It encompasses programmes

in rural and urban areas and addresses a significant proportion of mortality and morbidity burden among women and children, and also contributed to strengthening of public health systems. Thus it includes many of the key strategies proposed under NRHM and contributes to several of its key outcomes. In order to achieve the Millennium Development Goals, the State is expected to achieve following targets by FY 09/10 by implementing NRHM.

| INDICATORS | AT STRAT OF RCH SRS 98/99 | PRESENT STATUS 07/08 | TARGET BY 09/10 |
|--|--|-------------------------------------|----------------------------|
| Total Fertility Rate | 2.5 | 2.1 | 1.8 |
| Infant Mortality Rate (per 1000 live births) | 49 | 44 | <30 |
| Maternal Mortality Ratio (per 100000 live births) | 199 | 178 | <100 |
| Institutional Deliveries | 37.5% (NFHS II) | 52.5 | 80% |
| ANC Check-up with 03 contacts | 58.4% (NFHS II) | 72.5 | 100% |

The present status of the State of Punjab as compared to neighbouring States and all India is as under;

| INDICATORS | PUNJAB | HRY | HP | RAJASTHAN | INDIA |
|---|---------------|------------|-----------|------------------|--------------|
| Birth Rate (SRS 2005) | 18.1 | 24.3 | 20.0 | 28.6 | 23.8 |
| Death Rate (SRS 2005) | 6.7 | 6.7 | 6.9 | 7.0 | 7.6 |
| Sex Ratio (Census 2001) | 876 | 861 | 968 | 921 | 933 |
| IMR (SRS 2005) | 44 | 60 | 53 | 68 | 58 |
| TFR (SRS 2005) | 2.1 | 2.8 | 2.2 | 3.7 | 2.9 |
| Ante Natal Care (at least 3 checkup) (%) (SRS 2005) | 72.5 | 58.8 | 62.6 | 41.2 | 50.7 |
| Institution Delivery (%) (SRS 2005) | 52.5 | 39.4 | 45.3 | 32.2 | 40.7 |
| Maternal Mortality Ratio | 178 | 162 | - | 445 | 301 |
| Contraceptive Use (%) | 63.3 | 63.4 | 72.6 | 47.2 | 56.3 |
| Vaccine coverage (%) | 60.1 | 65.3 | 74.2 | 26.5 | 43.5 |

3. The State Govt. on 15.12.06 has signed a Memorandum of Understanding (MoU) with Govt. of India (copy enclosed as **Annexure-I**) for their respective obligations for implementation of NRHM. In brief, the State Govt. obligations and action taken so far are as under;

| STATE OBLIGATIONS | ACTION TAKEN |
|---|--|
| Setting up of the State Health Mission under the chairmanship of Hon'ble CM | On 26th October 2005 constituted. |
| Incorporation of State Health Society | Incorporated; On 4th January 2006 notification was issued and society was registered on 26th February 2007 |
| Setting up of District Health Missions | Done; On 17th August 2005 DHMs were notified. |
| Incorporation of District Health Societies | Done; From 29th August 2005 to January 2006, district level societies were got registered. |
| Preparation of Programme Implementation Plan (PIP) for the | Already submitted to GoI. Final approval by GOI received on |

| | |
|--|--|
| FY 07-08 | 25.9.2007. Details are being discussed in subsequent agenda Item No. 1.3. |
| Integration of all vertical programmes of Health & Family Welfare Department | Integrated |
| Merger of all vertical societies in State Health Society | Being taken up in the subsequent Agenda Item No. 1.6. |
| Merger of all District level vertical societies in District Health Society | Instructions have been issued to all Civil Surgeons, to be undertaken after merger of societies at State level |
| Constitution of Rogi Kalyan Samitis | Already constituted for District level Hospitals |
| Enhancement of at-least 10% of State Share on health | The State share for the FY 07/08 has increased by 12% over FY 06/07 |
| Recruitment of staff at State, District and Block level Programme Management Units. | Recruitment completed at State level PMU and process is under way for the district & block level PMUs. |
| Decentralization and promotion of District level planning and implementation of various activities to Panchayti Raj Institutions | <p>For preparation of District Plan EPOS Health India Ltd. New Delhi have been appointed as a Technical Support Agency on 29.5.2007. The consultants have already supported the Department in preparation of PIP for the FY 07/08 on the basis of block level consultations in three districts. Presently, agency is involved in facility survey which will be completed by 5.12.2007. Thereafter, the process for preparation of village level, block level, district level and State level plans will be taken up by adopting the process of bottom up planning. The Total Plans will be ready by 15.1.2008.</p> <p>Village Health Sanitation Committees were setup on 21.10.2007</p> <p>Block level Health Committees being setup</p> |

As already elaborated, the State Govt. has already submitted the Project Implementation Plan (PIP) with an outlay of Rs. 222.00 crore under the NRHM for the FY 07/08 which has been approved by the GOI with an outlay of Rs. 186.98 crore. Apart from this, State has been allowed to utilize the balance unutilized amount for the current activities and also for the ongoing activities being carry forward from FY 06/07. A detailed agenda highlighting the interventions which will be taken up during the FY 07/08 is separately being brought before the Governing Body.

It is envisaged that during the 11th Five Year Plan, under NRHM, total amount of Rs. 2227.75 crore will be spent on various interventions. The State Govt. as well as the GOI will contribute in the ratio of 15:85.

Thanking you,

Date: 3.12.2007.
Sarangal
Place: Mohali.

Tilak R.
Mission Director

Agenda Item No. 1.3.

To consider and approve the State Implementation Plan for the FY 07/08

Agenda Note:

In August, 2006, the GOI issued the Broad Framework for Preparation of District Health Action Plans (DHSP). The Broad contours of DHAP expected that DHAPs should be formulated through participation at every level and bottom up planning process. The GOI provided Rs. 10.00 lakh per district for preparation of DHAPs. The State Govt. initiated the process for engagement of Technical Support Agency (TSA) for preparation of DHAPs. As the process for DHAPs with the bottom up planning was taking time because of non existence and formulization of the Village Health Sanitation Committees, Block level Health Committees, District Health Societies, etc. as per the subsequent communications received from the GOI, the State initiated the process for preparation of State PIP for the FY 07/08 by holding Block level consultations in three districts (Gurdaspur, Nawanshahar and Muktsar). Simultaneously, the State has initiated the process for preparation of the DHAPs and the State PIP with the bottom up planning. The State was expected to submit the PIP for the FY 07/08 by 30.6.07. The State was able to meet this target. The GOI in its appraisal note recorded that PIP submitted by the State of Punjab is an ideal PIP ever received, which has been formulated with a perfect planning and as per the NRHM and RCH model PIP.

2. As per the broader framework for the preparation of DHAPs, the State prepared the State PIP for the FY 07/08, with the following components. A copy of the State PIP is placed on the table for kind perusal of Hon'ble members of the Governing Body. Brief highlights of the State PIP are enclosed as **Annexure**.

| PART | PARTICULARS | BRIEFS ON PAGE NO. |
|-------------|---|-----------------------------------|
| A) | New Interventions under NRHM. | 46-47 |
| B) | RCH - II | 48-52 |
| C) | Strengthening of Immunization | 53 |
| D) | Disease Control / Surveillance Progrmames | 54-55 |
| E) | Intersectoral convergence activities including Nutrition, Safe Drinking Water etc. | 56-57 |

3. The Governing Body may kindly approve the State PIP for the FY 07/08.

PART – A**NEW INTERVENTIONS UNDER NRHM.****UNTIED FUNDS****FOR SUB CENTRES**

- Rs. 10,000/ p.a. per Sub Centres for 2858 sub centres.
- Joint account of Sarpanch and ANM
- For day to day local needs
- Utilization in consultation with local health committee
- Rs. 285.00 lacs approved by GOI for the FY 07/08

FOR PHCs

- Rs. 25,000/- p.a. per PHC for 484 PHCs
- For day to day local needs
- Rs. 121.00 Lacs approved by GOI for the FY 07/08
- Utilization in consultation with PHCs, Committee/Rogi Kalyan Samiti

FOR CHCs

- Rs. 50,000/- p.a. per CHC for 128 CHCs
- For day to day local needs
- Rs. 64.00 Lacs approved by GOI for the FY 07/08
- Utilization in consultation with Rogi Kalyan Samiti

UPGRADATION OF CHCs TO IPHS

(Approved subject to submission of facility surveys)

- 40 CHCs in which adequate infrastructure could not be provided under the world bank project due to constraint on funds will be taken up for upgradation Rs. 100.00 lac has been provided.
- New 8 CHCs will be constructed. @ Rs. 270.00 Lacs per CHC in the 8 blocks where there is no CHC.
- Total Rs. 170.00 crore will be spent 5% activities to be covered in the year 2007-08. 43% in 08/09 and rest in 09/10.
- Rs. 90 lacs has been provided for supply of Drugs for these CHCs during the year 07/08
- In these upgraded CHCs Physicians, Gynaecologists, Eye Surgeons and MOs are to be hired. Provision for salary has been made in the PIP
- PHNs, SNs, Dressers, Ophthalmic Assistants, Ward Boys, Sweepers, Chowkidars, OPD Attendants, OT Attendants, Statistical Assistants and Registration Clerks are to be provided in these upgraded CHCs. Provision for salary has been made in the PIP

UPGRADATION OF PHCs for 24 hrs SERVICES

{Approved Subject to Submission of Facility Survey}

- PHCs to be upgraded for 24 x 7 services, Rs. 30.00 crore approved by GOI for FY 07/08
- New buildings for PHCs (where buildings are inadequate) and in 240 PHCs staff quarters to be constructed.
- Provision of Rs. 210.00 crore in the project period 07-12.
- 82% activities to be covered in the year 2007-08.
- 7% in 08/09, 30% in 09/10, 33% in 10/11 and rest in 11/12.
- Rs. 93.90 lac approved for supply of equipment and furniture
- Rs. 1452.00 lac approved for supply of drugs
- Rs. 1118.91 lac approved for hiring of PHN and Class-IV in these institutions
- Rs 720.90. lac approved to meet operational expenses

UPGRADATION OF SUB CENTRES

{Approved Subject to Submission of Facility Survey}

- The State has 2858 sub centres. 50% (appx.) are in private or Panchayat Buildings for which new buildings are required.
- Provision of Rs. 210.00 crore for the project period 2007-12
- 5% activities to be covered during the year 2007-08, 39% in 08/09 and rest in 09/10.
- Additional requirement of 360 new sub centres with staff quarters.
- Rs. 27.20 lacs for supply of drugs in FY 07/08.
- Rs. 25.20 lacs for hiring of ANMs in FY 07/08

UPGRADATION OF SHCs

{Alternate Health Delivery System}

- Total 1310 SHCs in the State out of which 1187 handed over to the PRI under Alternate Health Delivery Services Scheme.
- Provision of Rs. 26.20 crore for the project period 2007-12
- Rs. 2.00 lacs per SHC for upgradation, 50% activities to be covered in the year 2008-09 and 50% in 09/10.
- Provision of Rs. 600.00 lacs for purchase of drugs in FY 07/08 for Alternate Health Delivery Services.

UPGRADATION OF DISTRICT HOSPITALS

{Approved Subject to Submission of Facility Survey}

- Three new Districts created where the existing SDHs to be upgraded to 100 bedded DHs. Hospitals at Gurdaspur, Ludhiana and Mohali to be upgraded to 200 bedded hospitals
- Provision of Rs. 37.00 crores in the project period 07-12
- 10% activities to be covered during the year 2007-08
- 40% in 08/09 and 50% in 09/10.

PART – B

REPRODUCTIVE CHILD HEALTH PROGRAMME- II (RCH-II)

MATERNAL HEALTH

- Early registration of pregnancies and ensuring institutional delivery
 - Incentive to link workers @ Rs. 200/- respectively
- Minimum 3 ANCs by ANM or MO and 3 PNCs
- Ensuring safe delivery at home
 - TBAs/ ANMs equipped with Dai kits
- **24 hr delivery services in identified 75 PHCs- (50 already identified)**
 - Recruitment of 225 Staff Nurses to be done- 84 already recruited
 - 75 Safe Motherhood Consultants to be recruited
 - Generator facilities to be provided – *procurement under process*
 - Provision of Telephone facilities– *already done*
- **24 Hr EmOC services in 50 selected CHCs**
 - 25 CHCs identified, 25 being identified
 - 250 Staff Nurses to be recruited- *75 recruited*
 - 50 Obstetrician, 50 Pediatrician, Anesthetist (on call basis)
 - 50 OT Assistants
 - New Born Care Corners
 - Blood Storage Units

Trainings under Maternal Health

- Training of Skilled Birth Attendants (SBAs) –
 - TOTs- MOs- SNs, ANMs, LHVs
- 12 Weeks training of MOs in Life Saving Anesthesia Skills in 6 Medical Colleges. Training started in 1 Medical College, one batch over, second started.
- IEC/BCC – Advocacy workshops for sensitization of providers
 - Focused group discussions with community through MPHWs (M & F)
 - Sensitization of Panchayats through letters from the desk of Hon'ble Health Minister
 - Printing of poster, wall writings, radio programmes, folk media etc

JANANI SURAKSHA YOJNA

- Cash assistance scheme for BPL and SCs/STs mothers (age 19 and above upto 2 living children) on birth in Public or Private accredited health units.
Rural area Rs.700/-
Urban area Rs. 600/-
 - Non Institutional delivery- Rs.500/-
 - Rs.1500/- to be provided for hiring the services of specialists to carry out the caesarean in a Govt. Institution
 - Total no. of beneficiaries till September 07- 8896 (Institutional deliveries-4218, Home deliveries-4678)

CHILD HEALTH

- New programme of Integrated Management of Neonatal and Childhood Illnesses (IMNCI) in 4 Districts (Amritsar, Taran Taran, Ludhiana and Paitala)- already launched
- Strengthening IMNCI Cell at State & 4 Districts by providing Data recording & analysis support and training facilities.
- IMNCI Training (identified Districts) for 55 TOTs, 360 MOs, 76 SNs, 335 LHVs and 967 ANMs, & DIOs of all 20 Districts
- Strengthening of Immunisation Services (details under Immunization)
- 25 New Born Care Centres established at CHC level, 25 more are in pipeline
- Distribution with training of Manual Mucus Suckers to SBAs (supply by GoI)
- Promotion of Exclusive Breast Feeding through IEC and focused group discussions
- Promotion of deliveries by SBAs by providing trainings and sensitization through IEC activities

FAMILY PLANNING

- Dissemination of revised manuals on sterilization standards and quality assurance of sterilization services -
- Organizing female sterilization & IUD Insertion camps in Districts -one camp per month per block- *Sterilization 51% and IUD- 55% of the Annual ELA achieved till October 07*
- Organizing NSV camps - 40 camps per month in the State- 10,000 NSVs planned during 2007-08- *2912 NSV done till October 07*
- Printing of sterilization files- Completed; printing of cards, Insurance manuals and purchase of computers- *Under process*
- Procurement of NSV sets & Laparoscopes- to be provided by GoI in kind, repair of laparoscopes in process
- Compensation package for
 - Vasectomy Rs.1500 per case
 - Tubectomy (BPL) Rs.1000 per case
 - Tubectomy (APL) Rs.650 per case
 - IUD Insertion Rs.20 per case (In kind from GoI)

ADOLESCENT REPRODUCTIVE & SEXUAL HEALTH (ARSH)

- New Programme introduced by GoI from year 2007-08.
- In first phase 6 Districts (Amritsar, Jalandhar, Ludhiana, Ferozepur, Bhatinda, Sangrur) taken up.
- Adolescent Friendly Health Services through 442 special clinics (PHCs, CHCs, Civil Hospitals and Selected Sub Centres) to be provided i.e. Management and treatment of Anemia, Menstrual disorders, TT immunization, Nutrition counseling, Management & treatment of RTIs/STIs and reducing the incidence of HIV/AIDS
- Printing of ARSH IEC material for dissemination to Health Care Providers & Stakeholders
- Printing of guidelines, handouts, facilitator guides for MOs done
- Translation of handouts and facilitators guide for ANMs, LHVs done and printing in process
- State level workshop being convened
- Under IEC activities advocacy workshop at 6 Districts & all blocks in the selected Districts being done.

URBAN RCH

- Contractual appointment in slum areas of the State already done --- 115 MPHWs (Male)--- 115 MPHWs (Female)

VULNERABLE GROUPS

- 28.9% SC population in the State
- Supply of Nutrients (Iron, Calcium, B-Complex, MV and de-worming tablets) to pregnant mothers & children belonging to SC/ST classes by GoI in kind.

PNDT & SEX RATIO

- Third Party Survey for sex ratio at birth
- Organization of Seminars, Workshops of Prominent Personalities on the declining Sex Ratio
- Manpower & operational support for PNDT cell at the State HQ
- Annual Analysis of Sex - Ratio in the State on the basis of Institutional deliveries and civil registration data
- Monitoring of enforcement of PNDT Act through mobility support to State & District level officers (POL)
- Award money for informers & provision for decoy patients- Rs.5000 each case
- Award to panchayats - Rs. 1 lac for SR 950, Rs. 1.5 lac for SR 1000 Eleven panchayats already given awards

INNOVATIONS / PPP / NGO

MNGO & NGO (SNGO)

- Finalizing/forwarding of Selection of MNGOs and SNGOs for different Districts - 3 MNGOs selected covering 6+1 Districts (Ropar, Mohali, Patiala, Nawanshahar, Fatehgarh Sahib, Ferozepur and Muktsar)

- Training for management of waste
- Training of staff for segregation & treatment of medical waste
- Enactment of Nursing Home Registration Act

TRAININGS

- Repair & renovation of SIHFW, ANMTCs DTCs and providing training aids
- Preparation of training material and operational cost of SIHFW
- Trainings planned for the year 2007-08 and achievements till date :
 - PDC training for 80 District level officers- 20 trained
 - BCC skill building trainings for 300 MOs – yet to be trained
 - BCC skill building trainings 600 ANMs+ LHVs+ HW(M)+ HS (M) + BEE + Dy. MEIO- yet to be trained
 - Leadership trainings for 500 MOs- 212 trained
 - ISD Training for 200 MOs (100 at SIHFW, 100 at HFWTTC)- 9 trained
 - Lapro Sterilization Training for 60 MOs+SN+OTA- 9 trained
 - Mini Lap Sterilization Training for 60 MOs+SN+OTA- yet to be trained
 - IUD insertion training for 1000 ANMs/LHVs- 161 trained
 - ARSH Training for 24 State and District Managers, 288 MOs, 180 ANM, LHV, MPHW (M), AWW- yet to be trained
 - SBA training for 60 ANM, 60 LHV, 60 SN – 15 ANM, 15 LHV, 15 SN trained; 100 MO (PHC)- 80 trained
 - Training of 72 MBBS doctors in Life Saving Skills- 1 batch conducted(4 MOs), 2nd batch is ongoing at CMC Ludhiana
 - Orientation of training of 40 District Anesthetist- 20 trained
 - Contraceptive update training for 2340 LHV/ANM – 811 trained
 - Contraceptive update training for 2340 HW (M)- 601 trained
 - MTP training for 120 MOs- 47 trained
 - RTI/STI trainings for 30 District Programme Officers, 800 MOs, 1200 SNs/ANM/LHV

BEHAVIOUR CHANGE COMMUNICATION

- 5716 exclusively girl child competitions for the cause of girl child - two per sub centre per year
- Printing of booklets for Adolescents on ARSH issues.
- Implementation of BCC Strategy as per GOI guidelines
- Focus group discussions, Wall paintings, Hoardings, Folders, Posters, Radio/TV Coverage, Newspapers Adds & Folk Media for components of Maternal Health, Child Health, Family Planning, JSY, ARSH, Water and Sanitation, Gender and Sex Ratio
- Advocacy workshop at State, District & Block Level on issues of early registration of pregnancy, ANC and Institutional Delivery
- Flip Book for Neonatal Care and NSV etc.
- Strengthening of BCC/IEC Bureau (State & District level)
- Purchase of exhibition stand and digital camera

STATE PROGRAMME MANAGEMENT UNIT

| | | |
|---------------------------------------|---|-----------|
| Maternal Health Specialist | 1 | Recruited |
| Child Health Specialist | 1 | Recruited |
| Family Welfare Specialist | 1 | Recruited |
| Procurement Manager | 1 | Recruited |
| Manager Human Resource Development | 1 | Recruited |
| Manager Finance & Accounts | 1 | Recruited |
| Manager (Monitoring & Evaluation) | 1 | Recruited |
| State NGO Coordinator | 1 | Recruited |
| Programme Coordinator - ARSH & Gender | 1 | Recruited |
| Programme Coordinator - BCC | 1 | Recruited |
| Procurement Assistant | 2 | Recruited |
| Statistical Assistant | 2 | Recruited |
| Accountant / Cashier | 2 | Recruited |
| Office Assistant | 8 | Recruited |

DISTRICT PROGRAMME MANAGEMENT UNIT

| | | |
|---------------------------------|----|---------------------------|
| District Programme Coordinator | 20 | Recruitment under process |
| District Procurement Officer | 20 | |
| District Account Officer | 20 | |
| Monitoring & Evaluation Officer | 20 | |
| Maintenance Engineer | 20 | |
| District Accountant / Cashier | 20 | |
| District Statistical Assistant | 20 | |
| District Procurement Assistant | 20 | |

BLOCK PROGRAMME MANAGEMENT UNIT

| | | |
|------------------------------|-----|---------------------------|
| Block Statistical Assistant | 121 | Recruitment under process |
| Block Accountant cum Cashier | 121 | |

PART – C

STRENGTHENING OF IMMUNIZATION

- Alternate Vaccine Delivery, Mobilization of Children, Slums and under served areas, Strengthening and Monitoring, Computerization as per GOI guidelines.

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STATE SPECIFIC STRATEGIES

- Social Mobilization to increase awareness to serve uncovered and leftover children
- Enhanced immunization coverage and urban and peri urban colonies
- Waste disposal plan at PHCs level

BUDGET PROPOSED

- 07/08..... Rs. 200.00 lakh
- 07/12..... Rs. 1000.00 lakh

BUDGET APPROVED BY GOI

- 07/08..... Rs. 200.00 lakh
- Totally Micro-plan based at the Sub-centre level
- Visiting uncovered areas both urban and rural through mobile teams
- Pulse-Polio Drive strategy used in uncovered urban areas
- Monitoring and Supervision at State, District and PHC level
- Identification & coverage of slums areas
- State wide immunization in partially covered/ uncovered areas on Saturdays
- As per WHO / GOI survey undertaken recently in District Ferozepur, Punjab qualifies to be declared Maternal and Neonatal Tetanus eliminated state.

PART – D

DISEASE CONTROL / SURVEILLANCE PROGRAMMES

- National Vector Borne Disease Control Programme (NVBDCP) and National Integrated Disease Surveillance Programme (NIDSP)
- National Tb Control Programme
- National Leprosy Eradication Programme
- National Programme for Control Of Blindness
- National Iodine Deficiency Disorder Control Programme

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

- Punjab is maintaining cure rate more than 85%
- Case detection rate is 60%, target to increase it to 70% during 07/08.
- To make functional/Operational by 12/07 the IRL Lab at STDC Patiala
- DTCS in 3 new Districts (Barnala Mohali & Tarn Taran), Six new T.B. Units to be operationalized
- 28327 new TB Cases detected upto Sept 2007 against the annual target of 67547 (achievement of 42% of the annual target).
- 11199 new Sputum positive cases detected upto Sept. 2007 against the annual target of 24972 (achievement of 45% of the annual target).
- BUDGET FOR THE FY – 07/08: Rs. 531.15 Lac 07/12: Rs.5360 lac

NATIONAL LEPROSY ERADICATION PROGRAMME

- Punjab is the low endemic State because of PR 0.32 per 10,000 population which is much below the National PR of 0.7.
- 960 new cases recorded in the year 06-07 recorded, out of which only 157 relate to Punjab.
- 629 new cases detected upto October 2007 ,out of which 133 relate to Punjab.
- Programme strategy as per GOI Guidelines.
- BUDGET FOR THE FY – 07/08: Rs. 97.15 Lac 07/12: Rs.774 Lac

BLINDNESS CONTROL PROGRAMME

- PR in State is 0.7% (National PR is 0.8%)
- Cataract surgical coverage more than 100% in 06-07 – 1,71,007 Cataract operations against target of 160000
- 62696 Cataract Operations performed against the target of 80000 (achievement 78%) till Sept. 2007
- Under School Health Programme 6,10,077 students screened for any eye defects in the school in 06-07.
- Usages of GoI provided IOL– 100%
- BUDGET FOR THE FY – 07/08: RS. 320 Lakh 07/12: RS. 2650 Lakh

IODINE DEFICIENCY DISORDER CONTROL PROGRAMME

- Punjab is the low endemic State for Iodine Deficiency Disease
- State has established an IDD Monitoring Lab in Chandigarh for Iodine estimation of salt samples
- State has conducted survey for detection of Iodine Deficiency Disorders in 2007 in four District namely Ropar, FG Sahib, N.Shahar and Bathinda: IDD : 5.33% in Ropar, 0.02% in Nawanshahar, 0.2% in F.G. Sahib and 2.33% in Bathinda.
- **BUDGET FOR THE FY - 07/08: Rs. 12.50 Lac, 07/12: Rs. 69.07 Lac**

VECTOR BORNE DISEASE CONTROL PROGRAMME (VBDGP)

- Active & Passive Surveillance ... 10-12% Slide Collection
- Malaria Clinics - 673 as per national norms complete
- 13 towns covered under Urban Malaria Scheme
- 100% coverage of malaria +ve cases
- Strategy - as per GOI Guidelines
- Augmentation of manpower, training and introduction of PPP & provision of logistics
- **BUDGET FOR THE FY - 07/08 RS. 800 Lakh 07/12: RS.5288 Lakh**

INTEGRATED DISEASE SURVEILLANCE PROGRAMME

- Syndromic Surveillance for communicable diseases launched
- Reporting of early warning signals of outbreaks on weekly basis started
- Identification of District health laboratory done
- Edusat Centre and Video conferencing unit established at State HQ and Edusat Centre in 3 Medical Colleges
- **BUDGET FOR THE FY - 07/08:RS. 5.50 Lakh**

PART – E

INTERSECTORAL CONVERGENCE ACTIVITIES INCLUDING NUTRITION, SAFE DRINKING WATER ETC.

CONVERGENCE WITH AYUSH

To meet the health needs and harness the potential of indigenous health knowledge convergence with AYUSH

AYURVEDA

- Contractual appointment of two post graduate AYUSH Doctors and three para-medics each for seven District hospitals
- Contractual appointment of one AYUSH Doctor and one para-medics each for 12 speciality clinics
- Contractual appointment of one AYUSH Doctor and one Pharmacist each for AYUSH Clinics in 40 PHCs and 20 CHCs
- Publication distribution of IEC material in Gurmukhi Script
- Three day integrated training of in-service AYUSH Doctors on National Health & Disease Control Programme at CHC level.
- One day integrated training of ANMs on AYUSH remedies.

HOMEOPATHY

- Contractual appointment of two post graduate AYUSH Doctors and three para-medics each for District Allopathic Hospitals (Faridkot, Moga, Kapurthala and Amritsar)
- Contractual appointment of one AYUSH Doctor and one Pharmacist each for AYUSH Clinics in six Civil Hospitals (Dhuri, Goniana, Samrala, Giddarbaha, Tarn Taran & Rajpura)
- Contractual appointment of one post graduate AYUSH Doctors and three Para-Medics each for specialized therapy centre (Sangrur & Kharar)
- Infrastructure development of AYUSH Clinics as per IPHS in 20 PHCs and 10 CHCs.
- Contractual appointment of two Drug Analysts alongwith supporting staff for starting of Govt. Homeopathy Pharmacy, Phase – VII, Mohali.
- Setting up of NRHM wing under the Directorate of Homeopathy

VILLAGE HEALTH & SANITATION COMMITTEE

- NRHM implementation has been planned within the frame work of PRIs at different levels
- Village Health & Sanitation Committees are to be formed in coordination with PRIs at each Gram Panchayat level
- The committee consists of ideally 11 member under the chair of Sarpanch/Panchayat Member and ANM or AWW as Member Secretary with 50% representation of women and due representation to weaker sections.

- Committee members will be given orientation training to perform
- Committee will be provided with annual grant of Rs 10,000/- to be used as untied grant to meet village level public health activities.

ACCREDITED SOCIAL HEALTH ACTIVIST (ASHA)

- ASHA - a female health activist in the community to create awareness on health and mobilize the community for utilization of the existing health services.
- One ASHA to cover 1000 population
- ASHA to be a woman resident of the village-Married/Widow/Divorced preferably in the age group of 25 to 45 years with the formal education up to eighth class.
- Selection of ASHA to be made by the District Health Society under the supervision of Deputy Commissioner, and Civil Surgeon to be as District Nodal Officer
- SMO at block level to be the Block Nodal Officer

INCENTIVES TO ASHA

| ACTIVITY | COMPENSATION |
|---|--|
| Training & Meetings | Rs 100/- per day |
| Registration of Early Pregnancy and ANC Checkup | Rs 200/- per case and Rs 25/case for 2nd 3rd ANC |
| Institutional Delivery | Rs 200/-per case and Rs 400/- for accompanying |
| Full post natal checkup | Rs 50/- |
| Vaccination | DPT/Polio/Measles-Rs 25/- for each dose Rs 20/- and Rs 10/- for boosters |
| Sterilisation | Rs 150/- for female & Rs 200/- for male |
| IUD insertion | Rs 25/- |
| Safe MTP | Rs 100/- |
| Cataract Operation | Rs 150/- |
| DOT provider | Rs 250/- |
| Other Compensations as approved under schemes | |

Agenda Item No. 1.4.

To consider and review the financial status of the National Rural Health Mission

Agenda Note:

The GOI for the FY 07/08 had tentatively allocated an amount of Rs. 161 crore as the NRHM budget. The State Govt. submitted the Project Implementation Plan (PIP) with an outlay of Rs. 222 crore for the FY 07/08 to the GOI for implementation of NRHM envisaging that the State Govt. will contribute its Share of Rs. 28.61 crore on the basis of 85:15 sharing by the GOI and State respectively. Tentative approval against the same as per the communication received from GOI is Rs. 186.98 crore. So far, during the FY 07/08, funds amounting to Rs. 42.33 crore has been released. Major portion of the same is under Centrally Sponsored Schemes for the Family Welfare Programme amounting to Rs. 40.01 crore, which has been released through State Treasury pertaining to salaries. The GOI so far has not released any amount during the FY 07/08 for the RCH and NRHM flexi pool. Minor amount of Rs. 2.02 crore has been released under Immunization and National Disease Control Programmes.

2. At the close of FY 06/07, an amount of Rs. 90.07 crore was lying unspent under NRHM, major portion of which was released by the GOI during the last quarter FY 06/07. During the current FY 07/08, the available balance amounts have been allowed or spent on the allocated heads. Total amount of Rs. 97.91 crore has been spent /released for the committed allocations. The works are under progress. As against the amount released during the FY 07/08 amounting to Rs. 42.33 crore and balance available from the FY 06/07 amounting to Rs. 90.07 crore, an amount of Rs. 97.51 crore has been spent/ released for the works, which is 73% of the available funds. A detailed component wise statement is enclosed as **Annexure** for kind perusal.

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3. The Governing Body may kindly peruse the financial position.

Agenda Item No. 1.5.

To consider and approve the constitution of Executive Committee of the State Health Society.

Agenda Note:

As per the Rule 5.6.1. of State Health Society, Punjab, the Governing Body has to constitute an Executive Committee which will be responsible for acting for and doing all deeds on behalf of the Governing Body and for taking all decision and exercising all the powers vested in the Governing Body, except those which the Governing Body may specifically specify to be excluded from the jurisdiction of the Executive Committee. The composition of the Governing Body and the functions as per Rule 5.6.2 to 5.6.7 is enclosed as **Annexure**. Keeping in view the changed scenario, following Executive Committee is suggested.

| Name / Designation | Status in Committee |
|---|-------------------------------|
| Administrative Secretary to GOP, Deptt. of Health & Family Welfare | Chairperson |
| Administrative Secretary to GOP, Deptt. of Finance or his nominee not below the rank of Addl./Special Secretary. | Member |
| Administrative Secretary to GOP, Deptt. of Planning or his nominee not below the rank of Addl./Special Secretary. | Member |
| Administrative Secretary to GOP, Deptt. of Social Security and Women and Child Development or his nominee not below the rank of Addl. /Special Secretary. | Member |
| Mission Director NRHM cum Secretary Health & F.W. cum Project Director AIDS | Vice Chairperson cum Convener |
| Commissioner AYUSH | Member |
| Managing Director Punjab Health Systems Corporation | Member |
| Regional Director Ministry of Health & F.W., GOI | Member |
| Director Health & Family Welfare | Member |
| Director Health Services (FW) | Member |

Director AYUSH

Member

Three eminent specialist in the field of Gyanecology,
Paediatric and Social Sciences to be nominated by the Govt.
for the period of three years.

Member

2. The Executive Committee will enjoy all the powers as vested through Rules or delegated by Governing Body from time to time and will perform all the functions as per Rules already framed subject to the modification that 1/3rd members of the Executive Committee will form the quorum.

3. The Governing Body may kindly consider the revised Executive Committee and approve.

ANNEXURE

5.6.2.

| Name / Designation | Status in Committee |
|--|-----------------------------|
| Principal Secretary / Secretary Health & Family Welfare | Chairperson |
| Secretary Health & F.W. cum MD PHSC | Vice Chairperson |
| Project Director AIDS | Member |
| Director Health Services (FW) | Member |
| State Programme Officers of State /National Health Programmes | Members |
| Technical Officer from NRHM related sectors | Members |
| Director AYUSH | Member |
| Representative (s) of Development Parnters | Member (s) |
| Representative of Ministry of Health & Family Welfare, Govt. of India | Member |
| Regional Director, Ministry of HJealth and Family Welfare, GOI | Member |
| State Programme Manager /State Nodal Officer, NRHM (State RCH Programme Officer) | Joint Secretary |
| Mission Director / Executive Director (Director Health & F.W.) | Member Secretary (Convener) |

5.6.3. The Executive Committee may co-opt additional members and / or invite subject experts to its meetings from time to time.

5.6.4. Meetings of the Executive Committee shall be convened by the Convener by giving clear seven days notice in writing along with the Agenda specifying the business to be transacted, the date, time and venue of the meeting.

5.6.5. Meetings of the Executive Committee shall beheld at least once every two months or more frequently if necessary

- 5.6.6.** The minutes of the Executive Committee meetings will be placed before the Governing Body at its next meeting.
- 5.6.7.** The various committees constituted by the Governing Body shall submit their reports to the Executive Committee which shall be empowered to take decision on their recommendations.

Agenda Item 1.6.

To consider and approve taking over of assets and liabilities of the other Health Societies / Organization as per the requirement of Govt. of India.

Agenda Note:

As per the Memorandum of Understanding dated 15.12.2006 signed by the State Government of Punjab with the Govt. of India for the implementation of NRHM (copy enclosed as Annexure - I with Agenda Item No. 1.2. **Page 30-44**). The State Govt. is under obligation to merge existing state level vertical societies in the Health Sector to form an integrated society called State Health Society Punjab. The said society now shall receive the funds from MoH&FW and other sources. In the State of Punjab, there are following state level vertical societies and organizations in the health sector.

- i) State RCH Project Society, Punjab.
- ii) State Tuberculosis Society, Punjab, Chandigarh.
- iii) State Leprosy Society, Punjab.
- iv) State Blindness Control Society, Punjab.

i) State RCH Project Society: This society was registered on 21.8.1998. At present, the Society is having cash and bank balances to the tune of Rs. 3.16 crore in Bank of Baroda, Sector 34, Chandigarh, Account No. 37500, which may be allowed to be transferred to ICICI Bank, Sector 35, Chandigarh Account No. 622201019059 under the name & style of State Health Society, Punjab. After the transfer of the money, the matter will be placed in the Governing Body of the RCH Society for formal dissolution of the society.

ii) State Tuberculosis Society, Punjab, Chandigarh: This society was registered on 27.4.2000. At present, the Society is having cash and bank balances to the tune of Rs. 59.81 lakh in Bank of Baroda, Sector 34, Chandigarh, Account No. 37677, which may be allowed to be transferred to ICICI Bank, Sector 35, Chandigarh Account No. 632201019054 under the name & style of State Health Society, Punjab - RNTCP. After the

transfer of the money, the matter will be placed in the Governing Body of the STS Society for formal dissolution of the society.

- iii) State Leprosy Society, Punjab: This society was registered on 12.1.2001. At present, the Society is having cash and bank balances to the tune of Rs. 1.20 lakh in Bank of Baroda, Sector 34, Chandigarh, Account No. 84071, which may be allowed to be transferred to ICICI Bank, Sector 35, Chandigarh Account No. 632201019055 under the name & style of State Health Society, Punjab - NLEP. After the transfer of the money, the matter will be placed in the Governing Body of the SLS Society for formal dissolution of the society.

- iv) Punjab State Blindness Control Society: This society was registered on 29.4.2002. At present, the Society is having cash and bank balances to the tune of Rs. 14.53 lakh in Bank of Baroda, Sector 34, Chandigarh, Account No. 37845, which may be allowed to be transferred to ICICI Bank, Sector 35, Chandigarh Account No. 632201019057 under name & style of State Health Society, Punjab - NPCB. After the transfer of the money, the matter will be placed in the Governing Body of the PSBC Society for formal dissolution of the society.

2. The Governing Body may kindly consider and approve the taking over of the assets and liabilities along with staff of the above mentioned societies with immediate effect.

Agenda Item No. 1.7.

To consider and approve delegation of administrative and financial powers to the Executive Committee and to other officers of the Health Society / Department

Agenda Note:

Keeping in view the guidelines given in Chapter-4 “Framework for delegation of administrative and financial powers at the State level” communicated by MoH&FW, Govt. of India vide DO No. 37018/6/2003-EAG(Part-IV) dated 20.6.2005, the financial powers of the Governing Body, Executive Committee and other office bearers of the State Health Society / Department may be considered as enclosed as **Annexure** .

2. The Governing Body may kindly approve the delegation of Administrative & Financial Powers as enclosed as Annexure.

ANNEXURE

| ITEM | AUTHORITY | EXTENT OF POWER |
|--|--|--|
| A-1: Approval of the State Programme Implementation Plan (State PIP) for submission to GOI | Governing Body | Full powers |
| A-2: One time approval of the activities in the State PIP approved by GOI and approval of Program-wise, District-wise allocations | Executive Committee | Full powers |
| A-3: Approval of Service Rules, Governing Body Business Rules and any other Rules for the State Health Society. Note: Such Rules & Regulations be placed before the Governing Body with the recommendations of the Executive Committee. | Governing Body | Full Powers |
| A-4: Constitution of Programme Committees in place of dissolved different vertical Health Societies. | Executive Committee | Full Powers |
| B-1: Financial sanctions for release of funds to District Health Societies. | Vice-Chair, Executive Committee cum Mission Director | Full powers |
| B-2: Approval of proposals for reappropriation of the funds beyond 10% of the original allocation at the District level GOI Governing Principle. | Vice-Chair, Executive Committee cum Mission Director | Full powers |
| C: SPECIFIC EXPENDITURE PROPOSALS | | |
| C-1: Approval of procurement of goods, medicines, medical equipments, etc. approved in the State PIP. Also delegation for getting it procured through PHSC. | Chairperson, Executive Committee (Administrative Secretary) | Full Powers for C-1 and C-2 |
| C-2: Approval of procurement of services (including hiring of auditors) for specific tasks including outsourcing of support services for the Directorate. Also delegation for getting it procured through PHSC. | Vice Chair, Executive Committee Cum Mission Director | Upto Rs. 1.00 crore per case for C-1 and upto Rs. 50 lakh per case for C-2 |
| C-3: Financial sanctions for major/ new civil works. Also delegation for getting these executed through PHSC. | Chairperson, Executive Committee (Administrative Secretary) | Full Powers |
| | Vice Chair, Executive Committee (Mission Director) | Up to Rs. 1 crore |

| ITEM | AUTHORITY | EXTENT OF POWER |
|---|---|-----------------|
| <p>C-4: Minor Civil Works at the State Level: repairs and renovations (including civil & electrical works). Also delegation for getting these executed through PHSC.</p> <p><i>Note-1: Any civil work related to already existing structure and amounting upto Rs. 20 lakhs per institution/structure should be considered as Minor Civil Works.</i></p> <p><i>Note-2: Minor civil works should generally be delegated to the concerned hospital management society (Rogi Kalyan Samiti)</i></p> | Chairperson, Executive Committee (Administrative Secretary) | Full Powers |
| | Vice Chair, Executive Committee (Mission Director) | Full Powers |

| | | |
|---|---------------------|--|
| <p>C-5: Hiring of contractual staff against approved posts in the State PIP, including sanction of compensation package, eligibility, ToR etc.</p> <p><i>Note: The posts under the State Health Society can be filled up through hiring from the open market or through appointment of regular officers on deputation basis [ref:MoHFWDO no. 37018/6/2003-EAG (part IV) dated 20th June 2005]</i></p> | Executive Committee | Full powers |
| <p>C-6: Approval/sanction of payment of monthly remuneration/ honorarium / wages for approved contractual staff</p> <p><i>Note : All contracts will be subject to review and renewal on an annual basis and will require approval of the Executive Committee.</i></p> | Mission Director | Full powers to the extent of the budget in the approved State PIP. |
| <p>C-7: Sanction of TA/DA and other admissible allowances</p> <p><i>Note-1: TA/DA should be regulated in accordance with the bye-laws of the State Health Society which can be defined on the lines of the norms suggested in Appendix 4.1.</i></p> <p><i>Note-2: The Society funds can be used for payment of TA/DA only for the personnel who are drawing salaries from the State Health Society, unless otherwise provided in the specific programme included under the NRHM.</i></p> | Mission Director | Full Powers |

| | | |
|--|---|-----------------------------|
| <p>C-8: Approval for hiring of Vehicles/Taxis for supervisory visits by state level programme officers or office bearers/officials of state health society.</p> <p><i>Note-1:</i> Provision for hiring is only available where vehicles are not available from the State Government or from the project/programme.</p> <p><i>Note-2:</i> Hiring charges have to be met from the 6% management costs along with salaries, TA/DA and office expenses.</p> <p><i>Note-3:</i> The state PIP should indicate the overall distribution of provisions for vehicle hiring at state, district and sub district levels.</p> <p><i>Note-4:</i> The State Health Society should create a panel of accredited taxi operators through open tendering for hiring vehicles.</p> | Mission Director | Full Powers . |
| <p>C-9: Expenditure on office expenses such as stationary, computer accessories, office equipments, office furniture, broadband internet connection, etc.</p> | Mission Director | Full Powers |
| <p>C-10: Expenditure on approved workshops, meetings etc. (excluding training), including associated expenses incurred as per programme guidelines</p> | Chairperson, Executive Committee (Administrative Secretary) | Full Powers |
| | Mission Director | Up to Rs. 2 lakhs per case. |
| <p>C-11: Expenditure on approved Training activities: including payment of TA/DA as per approved norms and purchase of training material and other associated Expenses.</p> | Chairperson, Executive Committee (Administrative Secretary) | Full Powers |
| | Vice Chair, Executive Committee (Mission Director) | Upto Rs. 5 lakhs per case. |

| | | |
|--|---|--------------------------|
| <p>C-12: Miscellaneous expenses not specifically covered above.</p> <p><i>Note:</i> No assets shall be acquired under this head. Any proposal for acquiring assets should be specifically provided for in the State PIP under the provisions laid down in Para C-9 or other relevant provisions above (as the case may be), and approval sought for the same.</p> | Chairperson, Executive Committee (Administrative Secretary) | Full powers |
| | Vice Chair, Executive Committee (Mission Director) | Upto Rs. 1 lakh per case |

Note: In the interest of the work, Mission Director by passing specific orders can further delegate above powers to the extent delegated to him to any of the officer reporting to him.

Agenda Item No. 1.8.

To consider and approve delegation of bank operation powers to the officers of the Health Society / Department

Agenda Note:

As per the Section D, Govt. of India guidelines, Appendix 1.1. "The Guidelines on financial, accounting, auditing, fund flow and banking arrangements as approved by Empowered Programme Committee of NRHM" issued vide circular No. 107/FMG/2005-06, dated 14.12.2006, the procedures for issuance of sanctions and signing of the cheques has been laid down. A copy of the relevant portion is enclosed as **Annexure**.

2. Presently, there is one main account and six sub accounts of the State Health Society, Punjab. These accounts have been opened as per the guidelines of GOI in the ICICI Bank for Electronic Transfer of the funds from the GOI to the Society. Details of the newly opened accounts are as follow.

| Sr. No. | Name of the Society | Saving Bank Account No. |
|----------------|---------------------------------------|--------------------------------|
| 1 | State Health Society, Punjab | 632201019059 |
| 2 | State Health Society, Punjab - RNTCP | 632201019054 |
| 3 | State Health Society, Punjab - NLEP | 632201019055 |
| 4 | State Health Society, Punjab - NVBDCP | 632201019056 |
| 5 | State Health Society, Punjab - IDDCP | 632201019058 |
| 6 | State Health Society, Punjab - NPCB | 632201019057 |
| 7 | State Health Society, Punjab - IDSP | 632201019053 |

3. The Vice Chairman (Administrative Secretary) and Mission Director severally be allowed to open and operate all the main and sub bank accounts of the Society. Further, they are also authorized to open & operate other accounts of the Society i.e. Saving/Current/Term Deposits/Overdraft /Loan Accounts. In the interest of the work, the

Mission Director can further delegate bank operation powers to any of the officers working under him. Such delegation will be made to the officers who will operate the bank accounts as a joint signatories as per the Government of India guidelines enclosed.

4. The Governing Body may kindly consider and approve the same.

D. ISSUE OF SANCTIONS AND SIGNING OF CHEQUES:

The GOI will shortly issue detailed generic guidelines on delegation of administrative and financial powers at each implementation level in the SHS. It will prescribe substantive delegation of powers to the State Programme Officers. Each State Programme Officer looking after individual National Disease Control Programmes and RCH, Immunization, Additionalities under NRHM, etc. will process the files for making expenditure under their respective programmes as in the existing system based on the delegated powers. If the expenditure is within their own powers, they may issue the sanction letter at their own level. However, if the instant expenditure is beyond their delegated powers, they will submit the files to the concerned authorities for taking required approvals. After approval, the Programme Division would issue sanction letters, a copy of which will be marked to the FMG functioning under the State PMSUs. Thus, the issue of sanction order would be the exclusive responsibility of the Programme Divisions.

The issue of sanction orders and cheque signing process will be de-linked. Cheque signing will be an in-house affair of the Secretariat of the Mission Director (i.e., the State PMSU). The signing of cheques/electronic transfer would be done under joint signatory/authority for all the components under NRHM. The mechanism of the release of funds, whether for RCH-II or NRHM Additional ties or NDCPs would, therefore, be the same.

Three Joint Signatories would be notified:

- (i) The Mission Director (in whatever capacity s/he is in the SHS).
- (ii) A member from the State PMSU (either the State Finance Manager or the State Accounts Manager or the State Programme Manager).

- (iii) In-charge of the Programme Division at the State level. (The authority of an in-charge of a Programme Division to sign a cheque/authorise electronic transfer of funds would be linked to his/her own programme/sub-account). Of these, two signatories would be sufficient with the provision that the member of the State PMSU must be a signatory. However, in the States where the PMSUs are under the process of being established, the Joint Signatories may be the (i) Mission Director (in whatever capacity s/he is in the SHS) or his/her nominee and (ii) In-charge of the Programme Division.
- (iv) On receipt of the Sanction Letter the FMG of the State PMSU will issue cheques/Demand Drafts/electronic funds transfer through e-Banking within two working days. Funds to District Health Societies will be sent to the respective bank account maintained for individual programmes, i.e. for parts (A) RCH, (B) Additionalities under NRHM, (C) Immunization to the main bank account and for NDCPs to the individual bank accounts maintained for them.
- (v) The FMG will maintain separate ledger accounts for each activity separately for parts (A) RCH, (B) Additionalities under NRHM, (C) Immunization (D) RNTCP (E) NVBDCP (F) Other National Disease Control Programmes. Registers and ledgers for Parts (D) to (F) shall further be detailed under separate registers and ledgers under individual disease control programmes according to their respective guidelines and (F) would further be sub-divided into (F.1) National Blindness Control Programme, (F.2) Iodine Deficiency Disorder Control Programme, (F.3) National Leprosy Eradication Programme, and (F.4) Integrated Disease Surveillance Programme.
- (vi) All funds transfers to District Health Societies for all the programmes under NRHM will be centrally done by the State PMSU as per the approved NRHM PIP and Annual District Plans as approved by the Governing Body/Executive Body of the SHS.
- (vii) The FMG will compile the funds transfer/expenditure data centrally for all programmes. Wherever possible, the respective Programme Officers will be entitled to have electronic viewing rights to their bank account. In addition, they will get a printed copy of the bank statement. The FMG will also share the expenditure/funds transfers to districts details with all programme officers on a regular basis.
- (viii) All accounting for all programmes will be the responsibility of the FMG. It will also be responsible to send all the Financial Monitoring Reports, Utilization Certificates and Audited Reports for entire

NRHM to the Central FMG at GOI level. In case of NDCPs, the State FMG will also send FMRs, UCs, ARs etc as per the requirement of specific programmes to their respective programme divisions.