

क्रमांक
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सार्वजनिक आरोग्य सेवा व अभियान संचालक,
सी.पी.एस.एस.जी.जी.सी. राष्ट्रीय आरोग्य अभियान
सार्वजनिक आरोग्य विभाग, महाराष्ट्र शासन यांचे कार्यालय



दुरध्वनी - ०२२ - २२७१७५५००
फैक्स - ०२२ - २२६४२९५५
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आरोग्य भवन, द्वा भजला,
सेंट जॉर्ज स्पायलय अवार, पी. डिमेलो रोड,
सीएसटी जवळ, फाट, मुंबई ४००००२

जा.क्र - राआसोम/ आरकेएस कक्ष / अस्सी प्रपर ट्राल्क / प्र.क्र ३०/२०१९
विभाग/ शास्त्री ३०९८०-३३५७
दिनांक- ६/०७/२०१९ अंकोंत्य-

प्रति,

आयुक्त, महानगरपालिका, (सर्व)

मुख्य कार्यकारी अधिकारी, जिल्हा परिषद, (सर्व)

मुख्याधिकारी, NUHM अतंर्भुत नगरपालिका (सर्व)

मुख्याधिकारी, कटकमंडळे देवळाली, देहूरोड, पुणे, खडकी.

विषय :- राष्ट्रीय आरोग्य अभियान, अंतर्गत रुग्ण कल्याण समिती स्थापीत आरोग्य संशोच्या तिकाणी केस पेपर शाल्क आकारणी बाबत....

संदर्भ :- १. या कार्यालयाचे पत्र क्र. राआसोम/NUHM Cell/ User fees / २०१८-२४०१/ १७.१८, दि. ०६/०३/२०१८
 २. मा. आयुक्त (आ.से) व अभियान संचालक, राआअ, मुंबई यांचे कडील मंजूर टिप्पणी क्र.३६५, दि. २१/०६/२०१९

उपरोक्त संदर्भिय पत्र क्र.१ अन्वये, राष्ट्रीय नागरी आरोग्य अभियान अंतर्गत महानगरपालिका व नगरपरिषद अंतर्गत येणा-या नागरी प्राथमिक आरोग्य केंद्र, नागरी सामुदायिक आरोग्य केंद्राच्या ठिकाणी केस पेपर तसेच इतर User Charges च्या माध्यमातून जमा होणारी रक्कम कोठे जमा करावी. व कशा पृष्ठतीने त्या निधीचा पुर्णवापर करावा या संदर्भात कार्यालयमार्फत परिपत्रक निर्गमित केले होते. परंतु अद्यापही ब-याच संस्था रुग्णाकडून वेगवेगळ्या पृष्ठतीने बाह्य रुग्ण तपासणी फीस किती असावी त्या निधीचा कसा वापर करावा कोणत्या समितीची मान्यता घ्यावी या संदर्भात विचारणा केली जात आहे.

उपरोक्त नमूद प्रमाणे केंद्र शासन, राष्ट्रीय आरोग्य अभियान अंतर्गत, रुग्ण कल्याण समिती मार्गदर्शक तत्वे आणि आर्थिक व्यवस्थापन अंमलबजावणी मार्गदर्शक तत्वास अधिन राहून अंमलबजावणीच्या सूचना पुनश्च सुचना निर्गमित करण्यात येत आहेत.

१. राष्ट्रीय आरोग्य अभियान अंतर्गत, ज्या आरोग्य संस्थामध्ये रुग्ण कल्याण समिती स्थापन करण्यात आली आहे अशा नोंदणीकृत संस्थेच्या ठिकाणी समितीच्या नावे नजीकच्या बँकेत बचत खाते उघडण्यात यावे.

२. जननी शिशुसुरक्षा कार्यक्रमा अंतर्गत लाभार्थी वगळता राष्ट्रीय आरोग्य अभियान अंतर्गत नागरी कार्यक्षेत्र व ग्रामीण भागातील कार्यरत आरोग्य संस्थेने रुग्णाकडून बाह्यरुग्ण फीस किती

■■■■■ निरोगी गाव, निरोगी देश ■■■■■

आकारावी हे त्या-त्या संस्थेच्या अखत्यारातील बाब आहे. परंतु अपवादात्मक परिस्थितीत रुग्णाकडून बाह्य रुग्ण फीस व इतर User Charges आकारणी करित असल्यास सदरची जमा होणारी रक्कम ही रुग्ण कल्याण समितीच्या नावे असलेल्या बचत खात्यात जमा करावी.

3. दर दिवशी केस पेपरच्या व इतर User Charges च्या माध्यमातून जमा होणा-या रक्कम रुग्ण कल्याण समितीच्या बचत खात्यात महिन्याच्या प्रत्येक शुक्रवारी जमा करून बचत खाते असलेल्या बँक पासबुक मध्ये तशी नोंद घ्यावी.
4. केस पेपर व इतर User Charges च्या माध्यमातून जमा होणा-या रक्कमेचा खर्च केवळ रुग्ण कल्याणासाठी होणे अपेक्षित आहे. यासाठी Guidelines for Rogi Kalyan Samities in Public Health Facilities मधील प्रकरण ७ Rogi Kalyan Samiti Funds and Utilization मध्ये नमूद प्रमाणे करावयाचे आहे तसेच Annexure "X" नुसार खर्चाच्या वार्षिक नियोजनाची करणेस रुग्ण कल्याण समितीच्या नियामक समितीच्या बैठकीत मान्यता घेऊन त्याची अंमलबजावणी कार्यकारी समितीने करावयाची आहे.
5. रुग्णांच्या कल्याणासाठी फीसच्या माध्यमातून जमा होणारी रक्कम उपयोगात आणणे याकामी रुग्ण कल्याण समितीच्या नियामक सभेच्या बैठकीत खर्चाच्या नियोजनाचा प्रस्ताव सादर करून रितसर मान्यता घेण्यात यावी.
6. रुग्ण कल्याण समितीसाठी उपलब्ध होणारा निधी हा RKS /AMG/ UF या मध्ये बाब निहाय वर्गीकरण करून दिले आहे. या कार्यालयाचे परिपत्रक क्र. राआसो/आर.के.एस कक्ष/प्र.क्र. ८८८०३-९८४/२०१८, दि.०२/०९/२०१८ मध्ये तसे नमूद करण्यात आले आहे. OPD Fees & User Fees च्या माध्यमातून जमा केलेला निधी RKS या बाब मधील उपक्रमावर खर्च करण्यात यावा.
7. रुग्ण कल्याणासाठी झालेल्या खर्चाची नोंद नोंदवहीत अद्यावत ठेवणे ही संबंधीत आरोग्य संस्थेच्या प्रमुखाची राहील सोबत नोंदवही प्रारूप दिले आहे.
8. राष्ट्रीय आरोग्य अभियान अंतर्गत, शहरी व ग्रामीण भागातील आरोग्य संस्थेत रुग्ण कल्याण समिती स्थापीत आहे अशा ठिकाणी वरील प्रमाणे सुचना लागू आहेत.

सोबत :- केंद्र शासनाकडील दि. २७ मार्च, २०१७ रोजीच्या पत्राची प्रत तसेच Guidelines for Rogi Kalyan Samities या मार्गदर्शक पुस्तिकेतील Chapter ७ & Annexure "X" पुढील अमलबजावणीसाठी पाठवित आहे.

2017-03-27
डॉ. सतिश पवार
अति. अभियान संचालक (NUHM)
राष्ट्रीय आरोग्य अभियान
मुंबई, महाराष्ट्र

प्रतः-

१. मा. प्रधान सचिव, सार्वजनिक आरोग्य विभाग, महाराष्ट्र शासन, मुंबई यांना माहितीसाठी सविनय सादर.
२. मा. प्रधान सचिव, नगरविकास विभाग, महाराष्ट्र शासन, मुंबई यांना माहितीसाठी सविनय सादर.

■■■■■ निरोगी गाव, निरोगी देश ■■■■■

३. मा. सहाय्यक व्यवस्थापकिय संचालक, सिडको, नवी मुंबई यांना प्रत माहितीसाठी तथा पुढील योग्य त्या कार्यवाहीसाठी रवाना.
४. उपसंचालक, आरोग्य सेवा परिमंडळ कार्यालय, (सर्व)
५. कार्यकारी आरोग्य अधिकारी, बृहन्मुंबई महानगरपालिका, परेल मुंबई.
६. जिल्हा आरोग्य अधिकारी, जिल्हा रुग्णालय, (सर्व)
७. जिल्हा आरोग्य अधिकारी, जिल्हा परिषद, (सर्व)
८. वैद्यकिय आरोग्य अधिकारी, महानगरपालिका, सर्व यांना प्रत माहितीसाठी तथा पुढील कार्यवाहीसाठी रवाना.
९. वैद्यकिय अधिकारी, उपजिल्हा /ग्रामीण रुग्णालय, सर्व यांना प्रत माहितीसाठी तथा पुढील कार्यवाहीसाठी रवाना.
१०. तालुका आरोग्य अधिकारी, पंचायत समिती सर्व यांना प्रतमाहितीसाठी तथा पुढील योग्यत्या कार्यवाहीसाठी रवाना.
११. वैद्यकिय अधिकारी, NUHM अंतर्भुत नगरपरिषद सर्व यांना प्रत पुढील कार्यवाहीसाठी रवाना.
१२. वैद्यकिय अधिकारी, कटक मंडळे, देहूरोड, पुणे, खडकी, देवळाली यांना प्रत पुढील कार्यवाहीसाठी रवाना.
१३. विभागीय कार्यक्रम व्यवस्थापक, उपसंचालक आरोग्य सेवा परिमंडळ कार्यालये (सर्व)
१४. जिल्हा कार्यक्रम व्यवस्थापक, जिल्हा परिषद, (सर्व)
१५. शहर कार्यक्रम व्यवस्थापक, महानगरपालिका (सर्व)

===== निरोगी गाव, निरोगी देश =====





आयुक्त आरोग्य सेवा व अभियान संचालक,
राष्ट्रीय आरोग्य अभियान

सार्वजनिक आरोग्य विभाग, महाराष्ट्र शासन यांचे कार्यालय



पुरावनी - ०२२ - २२७१७५४००

फॅक्स - ०२२ - २२६४२२५५५५

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आरोग्य भवन, बंगलाजला,
सेंट जॉर्ज रुग्यालय आवाड, पी. ऐलो रोड,
सीपस्टी जवळ, फेट्ट, मुंबई ४०००११ २०१८ - २००९

जाक्र- राआसोम/NUHM Cell/User ०९९८/१७-१८

दि. ०६/०३/२०१८

प्रति,

मा. आयुक्त महानगरपालिका (सर्व)

मुख्याधिकारी, NUHM अतंर्भूत नगरपालिका सर्व

मुख्याधिकारी, कटकमडळे- देवळाली, देहूरोड, पुणे, खडकी.

विषय- राष्ट्रीय नागरी आरोग्य अभियान अतंर्गत नागरी प्राथमिक आरोग्य केंद्रात केसपेपरच्या
माध्यमातून जमा होणा-या रक्कमेवाबत...

संदर्भ- १. श्रीमती कविता सिंग संचालक (वित्त) केंद्र शासन, नवी दिल्ली यांचे पत्र क्र No. L.१९०१७
/१११/२०१६-NUHM Dated या ३०th March २०१७

२. वैद्यकीय अधिकारी, संगमनेर जि. अनगर यांचे पत्र एनयुएचएम/युपीएचसी/७४/ २०१७ दि.
२०/६/२०१७

३. कार्यालयीन मंजूर ई-नस्ती क्र ००७७-३४/२१/२०१७, दि. १८/२०१७ व दि. ६/३/२०१८

राष्ट्रीय नागरी आरोग्य अभियान अतंर्गत, राज्यातील २६ महानगरपालिका, ६५ नगरपरिषदा आणि ४ कटक मंडळ येथील जवळपास ६०५ नागरी प्राथमिक आरोग्य केंद्राचा समावेश करण्यात आलेला आहे.

राष्ट्रीय नागरी आरोग्य अभियानात नागरी प्राथमिक आरोग्य केंद्राच्या अतंर्गत केसपेपर फिरा व इतर User Charges कोठे जमा करावेत, तरसंच त्या निधीचा सुपर्याग कशा पद्धतीहो करावो, अशी विचारणा काही नागरी स्थानिक स्वराज्य संस्थांकडून होत आहे.

त्यानुसार केंद्र शासन राष्ट्रीय नागरी आरोग्य अभियान अतंर्गत आणि क्यांती व्यवस्थापन अंमलवजावणी मार्गदर्शक तत्वानुसार खालील प्रमाणे सुनना-देण्यात येत आहेत-

१. नागरी प्राथमिक आरोग्य केंद्रात लपकात लपकर रुग्ण कल्याण समिती स्थापना करून संदर समितीते नाजीकीच्या द्वासाठी वैकेत बघत खाते उघडण्यात यावे.

२. त्या नागरी आरोग्य संस्थेमध्ये अंद्याप उप कल्याण समिती स्थापीत जाहीत त्या संस्थानी वरील प्रमाण जमा होणारा निधी हा NUHM यांची नियमित बघत खात्यात जमा करावा व ज्यावेळी RKG स्थापित होइल व बघत खाते उघडण्यात येहील त्यावेळी संदरचा निधी रुग्ण कल्याण समितीच्या बघत खात्यात वर्ग करावा.

३. दर दिवशी केसपेपर व इतर User Charges च्या माध्यमातून जमा होणारी रुक्कम रुग्ण कल्याण समितीच्या बघत खात्यात महिन्याच्या प्रत्येक शुक्रवारी रुक्कम जमा करून बक पासवुकमध्ये नोंद घेण्यात यावी.

४. केसपेपर व इतर User Charges च्या माध्यमातून जमा होणा या रक्कमेचा खर्च फक्त रुग्णाच्या कल्याणासाठी होणे अपेक्षित आहे. या साठी Guidelines for Rogi Kalyan Samities in Public Health Facilities मधील Annexure- “X” नुसार खर्चाचे वार्षिक नियोजनाची नियामक समितीकडून मान्यता घेण्यात यावी व कार्यकारी समितीने त्याची अंमलवजावणी करणे आवश्यक राहील.
५. रुग्णाच्या कल्याणासाठी सदरच्या निधी उपयोगात आणजे याकामी रुग्ण कल्याण समितीच्या नियामक सभेच्या बैठकीत खर्चासहभात्तसाप्रस्ताव सादर करण्यात नियम सामान्यात घ्यावी.
६. रुग्ण कल्याणासाठी आलेल्या खर्चाची नांद नोंदवाहीत खर्चासह उक्त दोन सुबंधीत वैद्यकीय अधिकारी, नागरी प्राथमिक आरोग्य केंद्र व नागरी सामुदायिक आरोग्य केंद्र यांची जबाबदारी राहील. सोबत नोंदवाहीचे प्रारूप दिलेले आहे.

उपरोक्त प्रमाणे सुचना आपल्यास्तरावरून संविनियोगात घेण्यात येत आहे.

सोबत केंद्र आसांगाकडील वि. १९ पार्च २०१७ रोजी क्यायाची प्रत सोबत प्रारंभिक विषयात येत आहे.

डॉ. सतीजन पवार
अंती अभियान संचालक
राष्ट्रीय नागरी आरोग्य अभियान
मुंबई, महाराष्ट्र

प्रत :-

१. या प्रधान संचिव-सार्वजनिक आरोग्य विभाग महाराष्ट्र गव्हर्नर मुंबई यांना प्रत माहितीसाठी सविनिय सादर.
२. या प्रधान संचिव, चारसंवेककास विभाग महाराष्ट्र गव्हर्नर मुंबई यांना प्रत माहितीसाठी सविनिय सादर.
३. उपसंचालक, आरोग्य सेवा परिमळ सर्व यांना प्रत माहितीसाठी सविनिय सादर.
४. जिल्हा शाल्य चिकित्सक, समान्य रुग्णालय सर्व यांना प्रत माहितीसाठी सविनिय सादर.
५. उपकार्यकारी आरोग्य अधिकारी बहुन्मुंबई महानगरपालिका परले मुंबई.
६. सहाय्यक व्यवस्थापकिय संचालक, सिडको नवी मुंबई यांना पुढील योग्यत्वा कार्यवाहीसाठी रवाना.
७. वैद्यकीय आरोग्य अधिकारी, महानगरपालिका सर्व यांना पुढील योग्यत्वा कार्यवाहीसाठी रवाना.
८. वैद्यकीय अधिकारी, जिल्हा परिषद, सर्व यांना यांचे नियमात्मक योग्यत्वा कार्यवाहीसाठी रवाना.
९. वैद्यकीय अधिकारी, कठकमळे पुणे, वृक्षराड खडकी देवळाली यांना पुढील योग्यत्वा कार्यवाहीसाठी प्रत रवाना.
१०. विभागीय कार्यक्रम व्यवस्थापक, उपसंचालक आरोग्य सेवा परिमळ कार्यालय, सर्व यांना माहिती तथा मुंदील योग्यत्वा कार्यवाहीसाठी प्रत रवाना.
११. शहर कार्यक्रम व्यवस्थापक महानगरपालिका सर्व यांना पुढील योग्यत्वा कार्यवाहीसाठी रवाना.
१२. जिल्हा कार्यक्रम व्यवस्थापक, जिल्हा परिषद, सर्व यांना यांचे नियमात्मक योग्यत्वा कार्यवाहीसाठी रवाना.
१३. नगरपालिकाच्या बैठकीत उपरोक्त सुचनाचे पत्र हस्तांकित करून दोमुळ वजावणी करण्यास पुढील सुचना कराव्यात.

संसदीय गावत वित्तावाही



Arun Kumar Panda

Additional Secretary &
Mission Director, NHM
Tele : 23063155, Fax : 23063156
E-mail : asmd-mohfw@nic.in



सत्यम् वा जयते

०-४१

०४१

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण भंत्रालय
स्वास्थ्य एवं परिवार कल्याण विभाग
निर्माण भवन, नई दिल्ली-110011

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
DEPARTMENT OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI - 110011

D.O. No. 7(14)Y2017-NHM-I
17th February, 2016

Dear Secretary,

You are aware that one of the key institutional mechanisms for monitoring the activities and improving the quality of services in public health facilities is the Rogi Kalyan Samiti (RKS)/Patient Welfare Committee. The RKS/HMS is required to be registered under the Societies Registration Act and should have an account in a local bank. RKS can raise resources including through charges. The RKSs have been authorized to retain the user fee at the institutional level for use in patient welfare. The RKSs also receive untied grants under NHM and the financial resources available as untied grants and generated through levy of user fee are deposited in the account of RKS. Under section 12A of the Income Tax Act, 1961 organizations like trust, society and foundation can register with Income tax department for 12A certification. Income of an organization is exempted if it has 12A registration. The activities of RKS are in line with the definition of charitable purpose in Section 2(15) which includes relief to the poor, medical relief, advancement of any other object of general public utility among other.

2. To facilitate the RKS to raise resources through public contribution and also public involvement to address needs of patients, the Ministry has sought for exemption from Ministry of Finance under Section 80 G of the Income Tax Act, 1961 for contributions to RKS set up in public health facilities. This will enable donors to get a deduction from their taxable income. In the meanwhile, may I request you to ensure that all the RKS obtain Section 12 A certification if not already obtained.

Important
we need to write
to all Districts

To, 28/2/2017

JP (N)
JP (T)

Regards,

Yours sincerely,


(Arun Kumar Panda)

Additional Chief Secretary/Principal Secretary/Secretary (HFW) – All States/UTs

Copy to MD, NHM – All States/UTs

Healthy Village, Healthy Nation





मानव संवर्कन
राजस्थान परिवार कल्याण मंत्रालय
निर्माण अवन, नई दिल्ली-110011

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI - 110011

KAVITA SINGH

Director (Finance)

Tele 011-23052068

E-mail kavitasinh@dmfhm@gmail.com

No. L-1901/7/11/2016-NUHM

Dated 27th March, 2017

Dear All:

The National Urban Health Mission was launched in May, 2013 to address the health concerns of the urban poor population by strengthening the primary health care system in cities & towns. It also promotes participation of Municipal Corporations/ Urban Local Bodies through convergence in planning and management of the urban health programmes.

During the Video Conference/Workshops held with the States on NUHM, the States/UTs expressed the need for having guidelines related to financial management under NUHM. Therefore, the States/UTs have expressed their desire for a separate financial management guidelines under NUHM.

In view of the above, the Ministry has prepared a guideline for Financial Management under NUHM which is enclosed herewith for your ready reference. The guidelines have been made in consultation and inputs from some of the States. These guidelines may be referred regarding implementation of financial management under NUHM.

This is issued with the approval of competent authority.

Yours Sincerely,



(Kavita Singh)

Mission Director of 35 States/UTs (Except Lakshadweep)

Copy to: Principal Secretaries (Health) of 35 States/UTs (except Lakshadweep)

GUIDELINES FOR FINANCIAL MANAGEMENT UNDER NUHM

- 1) Operational Guidelines for Financial Management were issued by the Ministry of Health and Family Welfare (MoHFW) in 2012 which governs the financial management system of National Rural Health Mission (NRHM) program run by the MoHFW. The guidelines cover various aspects of the financial management activities including Planning, Budgeting, Funds flows, Accounting, Financial Reporting, Internal Controls and Audit.
- 2) These guidelines are also applicable to NUHM, however during the last 3 years of implementation of NUHM it has been noticed that there are certain issues that have arisen and needs further clarification.
- 3) This document has been prepared as a guidance note for the States and Cities to cater to such issues.

- 4) The structure of Programme Management under NUHM is as follows:
 - At the central level, for effective implementation and monitoring of NUHM, a National Programme Management Unit (NPMU) will be set up at the central level. The NPMU will also be expected to provide technical assistance to the Urban Health Division of the Ministry.
 - At the state level, for improving the Program Management under NUHM, a State Program Management Unit (SPMU) will be set up, which would essentially be an extension of the NHM SPMU, with a separate Urban Health Cell reporting to the State Mission Director.
 - At the City level, the States may decide to constitute a separate City Urban Health Missions/ City Urban Health Societies (under the overall guidance and control of ULBs). It is to be noted here that Urban Local Bodies (ULBs) have a major role to play at the city level and should drive the implementation at the city level. The ULBs should decide the appropriate strategy for implementation including setting up of implementation structure and flow of funds so that program activities and expenditure can be done without any delay. The ULB should appoint a Health Medical Officer or any other senior officer as the Nodal Officer for NUHM who shall be responsible for all activities and co-ordination related work for UPHC/ UCHCs at the city level.
 - The City PMU has an important role to play in the overall financial management related activities. The accounts personnel at the City PMU level may take overall guidance from the State Finance officials on the processes/ procedures followed under NHM. He/ She shall also provide all financial data to the Health Medical Officer/ Nodal officer of ULB and State finance officials.
 - At the District level, the existing structure of the District Health Society / Mission under NHM may be used for implementation of the programme with additional stakeholder members.

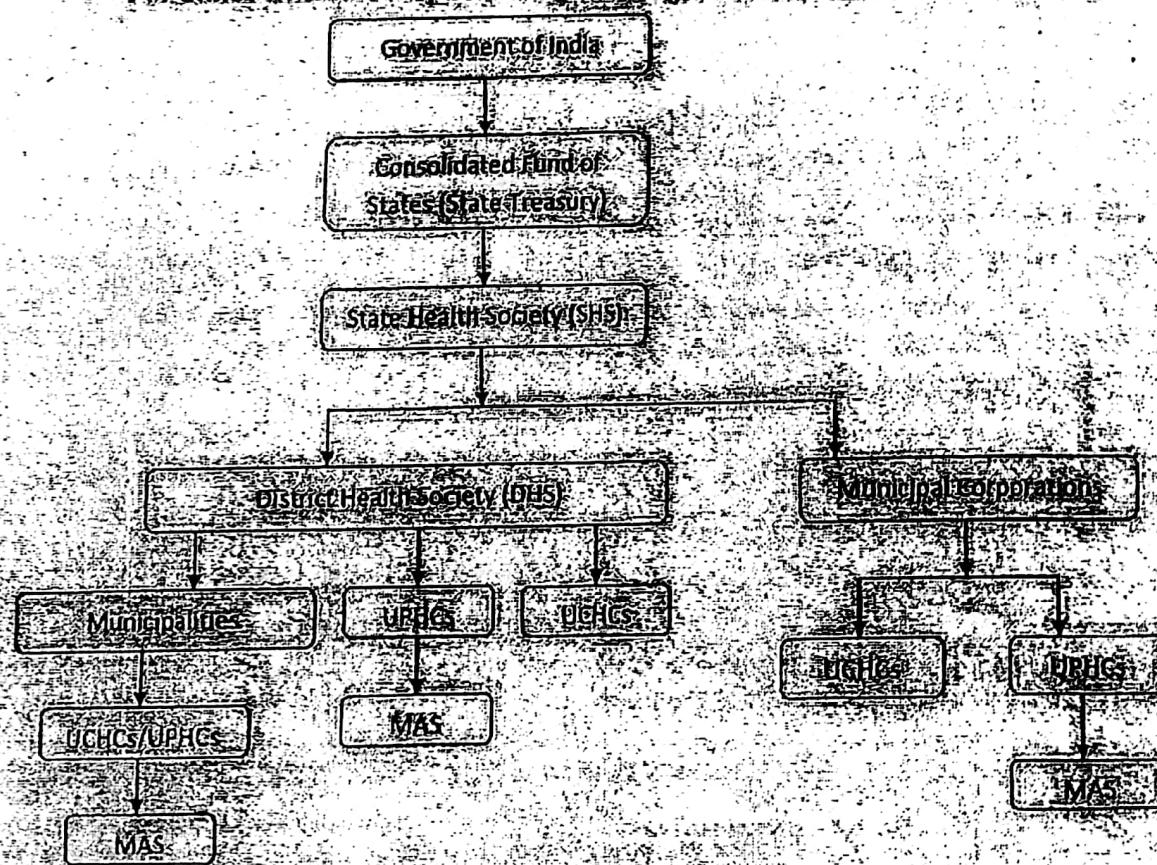
Planning and Monitoring

- 5) For NUHM, the PIPs developed by the States/UTs should include inputs from all stakeholders including cities (for NDHM). It must be ensured that in no case, the budget allocated to cities and other entities under NDHM, is less than the approval in ROP.
- 6) Since, separate ROPs are issued for the Municipal Corporations in seven metro cities, after dissemination of ROPs, the ULBs are authorized to implement the approved activities and need not to come to State for approvals again.

Financial Mechanism

- 7) There are variations in the fund flow structure followed in different States under the Mission. In some States, the funds received by the States are further dispersed to the Urban Local Bodies (at the City level), or to District Health Societies which then makes the expenditure. The suggested fund flow mechanism under NUHM is as under. However, the actual fund flow mechanism may differ between States.

- *For States which are implementing the programme through Urban Local Bodies:*



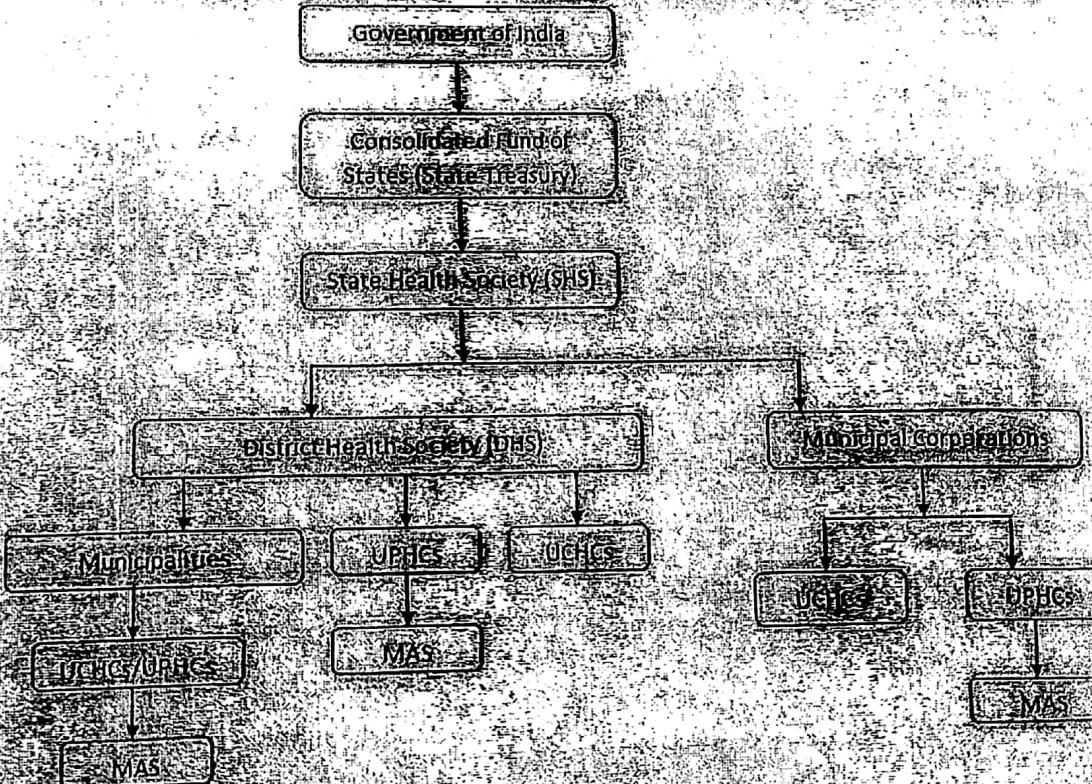
Guidelines for Submission of ROPs:

- For NUHM, the ROPs developed by the States/UTs should include inputs from all stakeholders including cities (for NUHM). It must be ensured that in no case the budget allocated to cities and other entities under NUHM is less than the approved ROP.
- Since separate ROPs are issued for the Municipal Corporations in seven metro cities, after dissemination of ROPs, the ULBs are authorized to implement the approved activities and need not go to State for approvals again.

Guidelines for Submission of ROPs:

- There are variations in the fund flow structure followed in different States under the Mission. In some States, the funds received by the States are further disbursed to the Urban Local Bodies (at the City level) or to District Health Societies which then makes the expenditure. The suggested fund flow mechanism under NUHM is as under, however the actual fund flow mechanism may differ between States:

- For States which are implementing the programme through Urban Local Bodies:*



(UCHC)

of a nearby block PHC)/ADMO (Public Health
Doubly Deputed Agent (Nearby District Hospital)
Additional Senior Medical Officer (District Level)
(regular official)

Public Financial Management System (PFMS)

9) The Controller General of Accounts (CGA), New Delhi has developed the Public Financial Management System (PFMS) formerly known as GPSMS. It is a web-based on line transaction system enabled to make Direct Benefit Transfer (DBT) and effect payments directly to the bank of accounts of intended beneficiaries. The system provides on-line status of fund availability and utilization on a real time basis and thus serves as an on-line decision support system for planning and monitoring schemes being implemented by the States for which Government of India is disbursing funds. One of the main benefits of PFMS is that funds can be tracked on a real time basis upto the beneficiary level. PFMS is that funds can be tracked on a real time basis upto the beneficiary level.

10) It is advised that all bank accounts under NUEHM, at all levels (including UPHCs), are mapped to the PFMS so that all releases can be tracked easily. All the funds transferred from the SHS and the UPHC level should be done through bank accounts mapped under PFMS. This will also enable tracking of date for releases and idle funds lying at all levels.

Delegation of Financial Powers

11) Since the framework of NUEHM provides for convergence with the Municipal Corporations and Local Bodies for implementation of the programme. Therefore, the Municipal Corporations (MCs) must also have separate Delegation of Financial Powers for the NUEHM funds.

12) For better financial discipline, the States may issue a separate Delegation of Financial Powers for the Municipal Corporations for NUEHM funds after approval of Executive Committee.

Accounting

13) The Operational Guidelines for Financial Management issued under NUEHM may be followed by the UPHCs and UCHCs and the rules formed under them.

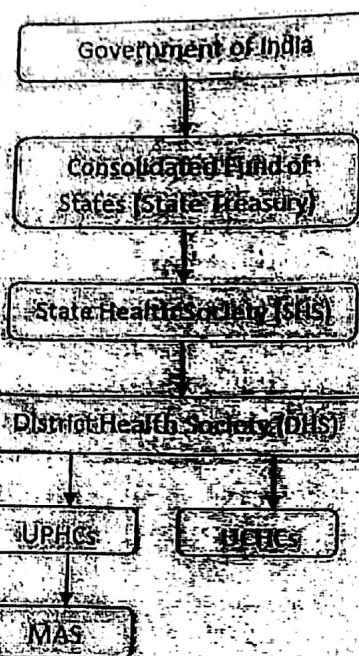
14) IT based accounting system should be followed in long run by the State.

Internal Audit

15) The State must ensure competitive bidding in case of procurement of goods, articles, services etc.

16) All sort of procurements should be in accordance with the new GFR, State Finance Rules, specific arrangement entered into with the funding agencies or donors, as the case may be. Where DGS&D rates are available, the State may follow the same. States are also

- For States which are directly implementing the NUHM programme themselves.



Banking Arrangements:

8) All the implementing units should open separate bank accounts for the NUHM funds. Some issues have been noticed for the urban health facilities with regard to the availability of joint signatories especially when the facilities are manned only by contractual staff. However, it must be ensured that all the bank accounts under NUHM should be operated under joint signature with both the signatories preferably from the regular Government service. However, in absence of regular Govt. service officials/ staff of sufficient seniority, at least one person must be from regular service. The following table provides the list of suggested joint signatories of the bank account at each level.

Level	Signatories
City Health Society (CHS)	<ul style="list-style-type: none"> • Health Officer (HO)/ Any other designated regular official • City Finance Manager/ City Programme Manager
Urban Primary Health Centres (UPHC)	<ul style="list-style-type: none"> • Medical Officer in Charge (or a Head of block PHC)/ ADMO/ Public Health Deputy Superintendent (Nearly District Hospital)/ Additional Chief Medical Officer (District level)/ regular official • Medical Officer of the UPHC (contractual staff)
Urban Community Health Centres	<ul style="list-style-type: none"> • Medical Officer of the UCHC/ Medical Officer in Charge

advised to take advantage of Government 'E Marketing' (GEM), which is online marketing system for common-use goods.

17) The States may also follow the GVC guidelines for tendering process to improve internal control mechanism.

18) All the units need to report their performance periodically on various financial parameters to the I-Supervisory units. However, it has been noticed that in many cases there is delay in submission of EMR by the implementing units or from the districts and cities. It is therefore recommended that the cities and NCHM need to develop their own timelines which are in line with NCHM reporting guidelines for timely submission of the financial reports to the Ministry. It should also be ensured that both physical as well as financial progress is reported by the cities.

19) Further, rigorous monitoring system should be introduced at all levels to avoid accumulation of un-used advances post completion of activities/civil works.

20) Online reporting format should be followed by States/Union Territories.

21) The States or UTs concerned with respect to the SHS and PHCs also need to cover the NCHM programme. The same set of auditors should also audit the City Urban Health Societies (CUHS) / UPHCs/PHCs whenever formed/operational.

Rogi Kalyan Samitis:

22) Rogi Kalyan Samiti (RKS) / Patient Welfare Committee / Hospital Management Society is required to be formed at the level of Urban Primary Health Centres (UPHC) and Urban Community Health Centres (UCHC) under the NCHM. In all the States / UTs on the basis of the urban population specified in the framework of the NCHM programme. A separate bank account for RKS should be opened. The flow of funds for the unit grant to RKS may differ between States / UTs as indicated in point 7 above.

23) Bank accounts of the RKS at UPHCs and UCHCs should be opened in Savings Bank Accounts of a nationalized bank. The interest earned in the bank account should be utilized for the purposes of the RKS.

24) Use of funds collected at UPHC level: In some States, the UPHCs collect a registration fee, although a small amount, but its usage need not be specified. These funds ideally should be deposited with the RKS at the UPHC level, which can decide on its utilizations. However, in case no RKS has been formed at the UPHC, the funds can be kept with the ULB and shall be made available to the RKS as and when it is formed and deposited in its bank account at least on a weekly basis.

25) Suggested areas for utilization of the allied grant for RKS are mentioned in Annexure X of the Guidelines for Rogi Kalyan Samiti (Public Health Facilities) issued under NHM in June, 2015.

Operational Expenses of UPHC/UCHC

26) UPHCs/UCHCs are given approvals for office expenses which can be spent by these units on recurring expenses such as office hire, stationery, etc.

Inter-pool re-appropriation/ temporary loan of funds:

It may be ensured that Inter-pool re-appropriation on a temporary loan basis is allowed only in exigency situations which should ideally be recouped within a financial year. Further expenditure should be settled through UC on the basis of actual utilization incurred in the original pool against approvals.

Maternal & Child Health (MAS)

27) MASs receive unified funds from the Ministry under NHM. These needs to be spent as per guidelines issued in this regard.

CHAPTER 7

ROGI KALYAN SAMITI FUNDS AND UTILIZATION

7.1 WHAT ARE THE SOURCES OF FUNDS FOR RKS?

1. Each RKS will be provided with untied funds under NHM by State Health Society/District Health Society based on the level of facility, its case load, fund utilization capacity and availability of previous year funds.
2. User fees* as determined by RKS for hospital services E.g. X-ray, Ultrasound scanning, laboratory services, private wards etc. Levying of user charges will depend on local circumstances and decided by the GB, and implemented by the EC.
3. Funds can also be raised from donations, grants from government and loans from financial institutions (with permission of State Government).
4. Leasing or Renting the walls, open space, hospital premises for activities like Canteen, long distance telephone booths, parking stands, rest house and tea shops which could be done without compromising on health facility set up and equity in service provision. Private laboratories or chemist shops should not be allowed in the premises. Suggestive steps for using hospital premises are at Annexure VIII.
5. Income on account of service provision under insurance/insurance like scheme/reward on account of quality certification etc.

*Levying of user charges will depend on local circumstances by RKS. User charges contribute to the overall corpus of the RKS which is the untied fund at the disposal of the facility for carrying out urgent patient -welfare activities. Funds received are deposited with the RKS and not in the government exchequer. This provides flexi-money for cross-subsidizing the poor/disadvantaged patients.

User Charges are to be kept minimum for the economically weaker sections of the society decided as per norm of government like persons/family below the poverty line would be exempted from the levy. A Minimum User fees can be successful in improving efficiency in the use of resources, quality of care and promoting participation and accountability of the users. When fees are introduced, a significant decline in service utilization can result in part due to a shift in user preferences and also due to the fee being a financial barrier to low income groups. Fee exemptions for certain groups may reduce the problem of user fees becoming barriers to access to services. Exemptions need clear criteria as they can be difficult to administer.

Tasks of RKS are to facilitate hospital management such as the patient satisfaction surveys, mechanisms of grievance redressal, monitoring of health facilities and to provide inputs on possible activities for utilizing the financial resources of the RKS. The decision of prioritizing these activities is finally undertaken by the Executive Committee. The Executive committee has to pass a resolution to spend money on the activities as decided by the committee.

Chairperson, member Secretary or MO in-charge of the health facility, etc. may also decide to spend RKS funds for patient welfare activity up to the authorized limit.

RKS funds may also be utilized for the interim period till government budget is released which can be reimbursed/adjusted after receiving budget from the Government.

Suggested areas where such untied grants can be used is at **Annexure IX**.

Table 7.1: Office bearers can sanction the amount mentioned in table below: In case of exigency/ emergency (Illustrative):

Office Bearer of Executive Committee	Type of expenditure	Block PHC/ CHC/AH & PHC	Sub Divisional Hospital	District Hospital
Chairperson	Non-recurring expenditure	50,000	100,000	200,000
	Recurring expenditure	25,000	50,000	100,000
Member Secretary	Non-recurring expenditure	25,000	50,000	100,000
	Recurring expenditure	10,000	25,000	50,000

Note: The state governments can amend the powers of office bearers.

7.3 CONTRACTING OUT BY RKS

By now it must be clear that on occasions RKS will need to contract in the services such as: services of specialists, Medical/Para medical staff, professional counsellors. You must remember that all these contracts would be approved by the EC and reviewed periodically (say one year) and renewed if appropriate.

RKS would outsource certain services, such as those for cleanliness, security, laundry and other supportive services. It may contract-in services of individuals for supportive service functions on a short term basis only and decide the remuneration of the maintenance and other support staff engaged out of RKS funds.

In all these kinds of contract, contract is to be done in name of Member Secretary of the Executive Committee of RKS. The indicative list of services that can be outsourced to increase efficiency and service quality:

- a. Food and catering services.
- b. Facility sweeping and cleaning.
- c. Management information system.
- d. Security
- e. Maintenance of equipments.
- f. Landscaping
- g. Patient billing and collection services.
- h. Pharmacy
- i. Diagnostic imaging and Lab services.
- j. Bio-medical waste disposal.

1. The member-Secretary on behalf of RKS shall have the power to enter into contract with any agency, firm or individual subject to the delegated Financial Power guideline as specified in the schedule IV.
2. All contracts and other instruments for and on behalf of the Society shall be subject to the provisions of the Societies Registration Act, 1860, be expressed to be made in the name of the Society and shall be executed by the persons authorized by the Governing Body.
3. No contracts for the sale, purchase or supply of any goods and material shall be made for and on behalf of the Society with any member of the Society or his/her relative or firm in which such member or his/her relative is a partner or shareholder or any other partner or shareholder of a firm or a private company in which the said member is a partner or director.
4. All contracts and other instruments for and on behalf of the RKS shall be subject to the provisions of the rules & regulations of the parent society, and to be made in the name of the RKS and shall be executed by the persons authorized by the RKS.
5. Unless approved by the Department or the State Nodal Officer to do so, the RKS shall not select or engage any manpower even on daily wage basis or enter into contract with any agency, firm or individual for outsourcing of manpower. No post-facto approval shall be given.

FINANCIAL MANAGEMENT AND ACCOUNTING

8.1 FINANCIAL RESOURCE

The funds of the Society shall consist of the following:

- a. Grant in aid/corpus from the State Government and/or State level Societies in the health Sector and/or District Health Society.
- b. Grants and donations from individuals, industry and trade.
- c. Receipts from user fees.
- d. Receipts from insurance or insurance like agencies.
- e. Receipts from rentals, disposal of assets.
- f. Miscellaneous eg. auction of RKS assets like old computers, equipment etc.

8.2 TRANSACTIONS

A separate account in the name of RKS is to be opened in a bank approved by the EC which is named after the facility. All funds shall be paid into the account of the Society with the appointed bank and shall not be withdrawn except by a Cheque, bill note or other negotiable instruments signed by the Member Secretary and such one more person from amongst the EC members as may be decided by the EC. Cheque book and counter foil must be kept with Member Secretary. Due stock entry certificate may be obtained before payments.

8.3 PETTY CASH

Member Secretary/appointed person of RKS at DH may keep maximum cash up to Rs.20,000 while Member Secretary/appointed person of RKS at CHC/SDH and Member Secretary/appointed person of RKS at PHC may keep Rs. 10,000 and Rs. 2500/- respectively to meet exigencies.

8.4 BOOKS OF ACCOUNT

The corresponding RKS Bank account should have a single cash book but a separate ledger account should be maintained for funds received from different Programmes so that fund position under

different heads can easily be monitored. All vouchers relating to expenditure should be kept in the facility along with proceedings of meetings of EC and GB of RKS.

8.5 RECORD MAINTENANCE

The following records and registers shall be maintained by the Society:

1. **Journal** (for transactions which do not involve any movement of funds).
2. **Cash book** (for transactions where there is movement of funds) should be balanced and closed every day and should be signed by the designated officer of the hospital.
3. All bank transactions should be entered in a pass book which shall remain in the custody of designated officer. The pass book shall be sent to the bank periodically for having it updated.
4. **Ledger** (account head-wise summary of expenditure).
5. **Register of Bank reconciliation.**
6. **Petty cash book** shall be balanced periodically.
7. **Stock register** for consumables.
8. A Statement showing the schedule of fixed assets (Register for fixed assets) held by the society at the end of each financial year should be sent to state govt. the value of assets to be shown at the original cost in the accounts. The society shall maintain an upto- date stock position of all items purchased indicating Description of items, Specific Identification (e.g. serial number), Date of purchase, Supply order no., Original value, Location/User and Person responsible for it. Separate stock registers shall be maintained for fixed assets, consumables and non-consumables.
9. **Dead stock register.**
10. **Record of audit and settlement of audit objections.**
11. **Utilization Certificate:** UC should be sent to Chief Medical and Health officer in case of District hospital and sub-district hospital and to Block Medical Officer in case of CHC and PHC on quarterly basis as per the prescribed format. It is mandatory to present the detailed half yearly expenditure to the GB of RKS.
12. **Income and Expenditure account and Statement of Expenditure.**
13. For all payments received (Receipts) by the Society in form of user charges, donations, etc, shall be acknowledged by a receipt given in the name of RKS. Serial numbered receipt books with counter foils shall be procured for the same.
14. A draft Annual Report and the yearly accounts of the Society shall be placed before the Governing Body at its ensuing meeting that may be held in the first quarter of every financial year. A copy of the annual report and as finally approved by the Governing Body shall be forwarded within six months of the closure of a financial year to all members of the society. Suggested formats are at Annexure X.

8.6 AUDIT OF ACCOUNTS

The accounts of the Society shall be audited annually by a Chartered Accountant included in the panel of Chartered Accountants drawn by the designated authority of the State Government and the audit report shall be submitted to District Health Society. It will be submitted to the State Government in case of RKS of district hospitals. The report and action taken report of such audit shall be communicated by the auditor to the GB of the Society. Any expenditure incurred in connection with such audit shall be payable by the Society.

All funds received by way of grants, gifts, donations, benefactions, transfers and in any other manner, from any source other than Government, the RKS should obtain necessary approval from the income tax authorities for tax benefits to the donors.

8.8 AUTHENTICATION OF ORDERS AND DECISION

Signature of the Chairperson or any other member authorized by the Governing Body shall authenticate all orders and decisions of the society.

8.9 PROCUREMENT

The procedure for procurement as applicable in the State Government should be followed. For this purpose, the Executive Committee should form a purchase committee (as mentioned in functions of EC) to purchase material, equipment, and drugs etc. The purchase committee should have at least one member/person from technical background/expertise.

Annexure IX

SUGGESTED AREAS WHERE UNTIED FUNDS MAY BE USED

1. Cleaning up of the facility **especially** in labour room and post- partum space, cleaning and maintenance of the campus to ensure a pleasing appearance.
2. Outsourcing/contracting in of clinical/non-clinical services.
3. Transport of emergencies to referral centres/Referral Transport.
4. Transport of laboratory samples during epidemics.
5. Provision of safe drinking water to patients.
6. Minor Repairs of building and furniture.
7. Building/repairing Septic tanks/toilets.
8. Improved signage in the facility.
9. Arrangement of stay for poor patients and their attendants.
10. Setting up of Rogi Sahayta Kendra/help desk.
11. Providing for Medicines and diagnostics for needy people.
12. Arrangement for hygienic environment for washrooms and toilets.
13. Making arrangement for proper disposal of wastage etc.
14. Repair/Maintenance of Government owned vehicles.
15. Purchase of medical equipment.
16. Providing security at hospital premises for safety/security of patients through outsourcing.

Source: Guidelines for Rogi Kalyan Samities in Public Health Facilities, National Health Mission, June-2015.

Annexure X

SUGGESTED FORMATS FOR MAINTAINING RECORDS

A. Format for Cash Book

Receipts						Payments					
Date	Particulars	Ledger Head	Ledger Folio	Cash Rs.	Bank Rs.	Date	Particulars	Ledger Head	Ledger Folio	Cash Rs.	Bank Rs.

B. Format for Standard Ledger

(Illustrative and not exhaustive)

Receipts

1. Grants from State/Central Govt
2. Receipts from User charges
3. Receipt from other agencies
4. Interest on bank account
5. Miscellaneous receipts

Payments

1. Medical and diagnostic consumable
2. Equipment
3. Drugs
4. Furniture
5. Linen
6. Maintenance contracts and repairs
7. Outsourcing

8. Rented Vehicle and P.O.T. maintenance
9. Printing
10. Training, IEC
11. Contingencies
12. Miscellaneous

C. Format for Petty Cash Book

Name of RKS:

Date	Particulars	Ledger Head	Ledger Head	Ledger Head	Ledger Head
Total					

D. Format for Balance Sheet

Name of RKS _____

Balance Sheet for the Year Ending 31-3-200....

Liabilities		Assets	
Particulars	Amount Rs.	Particulars	Amount Rs.
Opening Balance		Fixed Assets	
Add: Excess of Income over expenditure		Advance to peripheries/agencies	
		Outstanding Receipts Interest accrued and due from bank	
Other Liabilities		Current Assets	
Expenses outstanding		Loans/advances	
Other Fixed Assets Reserve Account		Cash in hand	
Total		Cash in bank	
<i>RKS B/S will be prepared in the same manner as NHM financial statements are prepared</i>			
Name of the RKS _____			

G GFR 19-A
[See Rule 212 (1)]
Form of Utilization Certificate
Letter No. & Date

Sl. No.	Letter No. & Date	Total	Amount	Form of Utilization Certificate	
				U.R.K 19-A	[See Rule 212 (1)]
				Certified that out of of grant-in-aid sanctioned to	
				of account of Und.	

Certified that out of of grant-in-aid sanctioned during the financial year in favour of under this Ministry/Department Letter No. given above and on account of un-spent balance of the previous year, a sum of has been utilized for the purpose of for which it was sanctioned and that the balance of 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 grants-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.

Signature of the RKS Member Secretary

Signature of Superintendent/MO in Charge

Signature of Accountant

E. Format for Income and Expenditure Account

Expenditure		Income	
Particulars	Amount Rs.	Particulars	Amount Rs.
Salary for contractual staff		Receipt from Govt.	
Consumables		Receipt from User Charges	
Drugs		Receipt from Rentals etc	
Equipments		Receipt from other agencies	
Linen		Miscellaneous	
Contingencies			
Training			
Maintenance & Repairs		Excess of Expenditure over in- come c/f to balance sheet	
Civil works			
Printing			
Miscellaneous			
Total		Total	

Statement of Income and Expenditure Account								
Activity	A Opening Balance (Begin- ning of the year)	B Amt Received (In current FY) till the previous Month	C Amt Received During the Month	D. (B+C) Total Amt Received (In current FY) till date	E Exp (In current FY) till the previous Month	F Exp During the Month	G. (E+F) Total Exp (In cur- rent FY) Till Date	H. (A+D) G Unspent Balance

G. Format for Receipts and Payments

Receipts and Payment Account For The Period 1-4-20... to 31-3-20..

दि. /१२/२०१८
०२१०२/२०१८

प्रति,

मुख्य कार्यकारी अधिकारी,
शिल्हा परिषद, (सर्व)

विषय : राष्ट्रीय आरोग्य अभियान अंतर्गत, सार्वजनिक आरोग्य संस्था स्तरावर वितरित केलेल्या वार्षिक देखभाल निधीच्या खर्चावावत..

संदर्भ : १. या कार्यालयाचे परिपत्रक क्र - राआसोम/ रुक्स कक्ष/ AMG/२२२९५-४४०/ १५-

१६, दि. ०३/०७/२०१५,

२. संचालक, आ.से यांचे पत्र क्र संआसे/ नियोजन(कक्ष ७वा/आढावा वैठक/ क ३०५/५७/१८, दि. २१/६/२०१८.

३. संचालक (वित्त व लेखा) यांचे पत्र क्र - राआसोम/एस-३२/ वीएफओ-११/७९७८७-८८/१८-१९, दि. ११/१२/२०१८.

उपरोक्त संदर्भाधिन विषयाच्ये राष्ट्रीय आरोग्य अभियान अंतर्गत, सार्वजनिक आरोग्य संस्थांमध्ये रुग्ण कल्याण समितीची स्थापना करून धर्मादाय संस्थेकडे नोंदवणी केलेल्या आहेत अशा आरोग्य संस्था/ प्राथमिक आरोग्य केंद्र यांना वार्षिक देखभाल व किरकोळ दुरुस्ती करिता वार्षिक रु. ५००००/- इतका निधी मंजूर करण्यात येतो.

सदरची रक्कम आरोग्य संस्थास्तरावर किरकोळ दुरुस्ती व देखभालीसाठी खर्च होणे अपेक्षित आहे. परंतु वहूतांश: आरोग्य संस्था ह्या वितरित केलेल्या वार्षिक देखभाल निधीतून विज, दुरध्वनी देयकांवर मोठ्या प्रमाणात खर्च होत असल्याने आरोग्य संस्थांमधील किरकोळ दुरुस्ती व देखभालीसाठी निधी शिल्हक राहत नाही.

केंद्र शासनाच्या मार्गदर्शक सुचनांनुसार आरोग्य संस्थांमधील ईलेक्ट्रीक साहित्ये (किरकोळ लाईट फिटिंग, विजवल्व, फॅन दुरुस्ती ई), किरकोळ दुरुस्तीवर खर्च होणे अभिप्रेत असल्याचे त्या अनुषंगाने संदर्भ क्र. १ च्या परिपत्रकाव्यारे कळविण्यात आले होते.

दि. ७/१२/२०१८रोजी लेखापरिकांसोबत झालेल्या वैठकीत अद्यापही या निधीतून वीज /दुरध्वनी देयके मोठ्या प्रमाणात अदा होत असल्याचे निर्दशनास आले आहे. रुग्ण कल्याण समितीच्या निधीतून केंद्र शासनाने दिलेल्या मार्गदर्शक सुचनास अनुसरून खालील वारीवर खर्च करणे अनुज्ञेय राहील.

रुग्ण कल्याण समिती निधीतून खालील वारीवर खर्च करणे.

- गरीव रुग्णासाठी किरकोळ औपची खरेदी करणे.
- प्रयोगशालेय चाचण्या करणेस वाहेरील संस्थेला मोवदला देणे.
- गरीव रुग्णास संदर्भ सेवा पुरविणे.
- गरीव रुग्ण व प्रसूती माता/ नवजात बालके यांना कपडे पुरविणे.
- रुग्णास पिण्याच्या पाण्याची व्यवस्था करणे.
- रुग्णालयात रुग्णासाठी वैठक व्यवस्था करणे.
- अंतर रुग्णाकरिता गरम पाणी उपलब्ध होणेस सोलर पावर हिटर वसविणे.
- किचन/धर्मशाळा किरकोळ दुरुस्ती व देखभाल करणे.
- गरीव रुग्णास भोजन व्यवस्था करणे.
- रुग्णालयातील आवश्यक उपकरणे/साहित्ये खरेदी करणे. व नाविन्यपुर्ण योजना रावविणे.

कृमा च

- सेप्टीक टॅक दुरुस्ती करणे.
- सांडपाण्याची पाईप दुरुस्ती करून सांडपाण्याची योग्यती विलेवाट लावणे.
- पिण्याच्या पाण्याची टाकी साफ करणे, व नळीची दुरुस्ती करणे.
- वॉश बेसिनची दुरुस्ती करणे.
- हात धुण्यासाठी वेसिनची व्यवस्था लावणे. (Hand Wash Basin)
- यांधरुमची आवश्यक दुरुस्ती करून रवच्छता ठेवणे.
- खिडक्या व दरवाज्याची दुरुस्ती करणे.
- डासांची उत्पत्तीस्थानके नष्ट करणे.
- परिसर स्वच्छता ठेवणे.

अबंधित निधीतून खर्च करणे.

- अत्यावश्यक औषधी खरेदी करणे व प्रयोग शालेय उपकरणे/ वरतू / साहित्ये खरेदी करणे.
- फर्निचर/ पडदे/ पलंग/ ड्रेसिंग टेबल, (मलगपट्टी / कॉटन) ई खरेदी करणे.
- आणीबाणीच्या वेळी रुग्णास संदर्भ सेया पुरविणे.
- साथीच्या रोगाचे नमूने तपासणीस पाठविताना झालेला खर्च, खर्ची टाकणे.
- रुग्णालयाचा दर्जा वाढविणेकरिता अभिनव योजना रावविणे.
- स्टेशनरी, रजिस्टर, कागदपत्राच्या छायाकिंत प्रतीकरिता खर्च करणे.

तरी, रुग्ण कल्याण समिती निधीतून उपरोक्त वार्षीवर खर्च करावा. तसेच आरोग्य संरक्षेची विज व दुरच्छवनी देयकांची अदायगी करताना कोषागार निधीतून खर्च करणेस प्रथम प्राधान्य द्यावे. केयल राज्य निधी प्रमाणपत्र सादर केल्यानंतरच सदरचा खर्च अनुज्ञेय राहील.

या अनुषगांने जिल्हाअंतर्गत आरोग्य संस्थास्तरावर उपरोक्त नमूद केल्याप्रमाणे अभियान अंतर्गत नियमांचे पालन करणे वावत आपल्या स्तरावरुन निर्देश द्यावेत.

डॉ. अनूप कुमार यादव (भा.प्र.से)

आयुक्त (आ.से) अभियान संचालक

राष्ट्रीय आरोग्य अभियान,

मुंबई, महाराष्ट्र

प्रत आवश्यक त्या कार्यवाहीसाठी :-

१. उपसंचालक, आरोग्य सेवा, परिमंडळ कार्यालय,.....(सर्व)
२. जिल्हा आरोग्य अधिकारी, जिल्हा परिषद,..... (सर्व)
३. जिल्हा शाल्य चिकित्सक, जिल्हा रुग्णालय, (सर्व)
४. जिल्हा कार्यक्रम व्यवस्थापक, जिल्हा परिषद, (सर्व)
५. जिल्हा लेखा व्यवस्थापक, जिल्हा परिषद, (सर्व)

प्रत माहितीस्तव सादर:-

६. मा. प्रधान सचिव, सार्वजनिक आरोग्य विभाग, महाराष्ट्र शासन, मंत्रालय, मुंबई.
७. संचालक, आरोग्य सेवा संचालनालय, मुंबई.
८. संचालक, (वित्त व लेखा), राष्ट्रीय आरोग्य अभियान, मुंबई.
९. अति. संचालक, आरोग्य व कुटूंब कल्याण कार्यालय, पुणे

निरोगी गाव, निरोगी देश