

Government of Jammu and Kashmir
Health & Medical Education Department
Civil Secretariat, Srinagar/ Jammu

Subject: Guidelines for devolution of functions to Panchayat Raj Institutions (PRIs) in respect of Health Department.

Reference: Government Order No. 1126-GAD of 2011 dated 22.09.2011

Government Order No: 386 -HME of 2012

Dated: 05 -06 -2012

The Department of Health is entrusted with provision of preventive, promotive and curative health care services to the people of the Jammu and Kashmir. The services are being provided through various levels of the Health Institutions which provide primary, secondary and tertiary level of Health care.

The Sarpanch/Panch (PRI functionaries) at Panchayat Halqa level shall constitute Village Health Sanitation and Nutrition Committees for each village, as per the Constitution and functions of the Committee detailed in **Annexure-“A”**.

The Sarpanch of Panchayat shall constitute Sub-Centre Committees by including representatives from each village Committee in the Halqa Panchayat as per constitution and functions detailed in **Annexure-“B”**.

The Governing Body and Executive Committees of Rogi Kalyan Samities for CHC and PHC shall have constitution and functions as detailed in **Annexure-“C”**. The Member-Secretary of the Governing Body of Rogi Kalyan Samities with approval of Chairman of the Samities shall co-opt Block Level elected representatives of Block Development Council.

The District Health Mission, District Health Society and District Rogi Kalyan Samiti shall function with constitution and functions as detailed in **Annexure-“D”**. The Convener of the District Health Mission and District Rogi Kalyan Samities shall co-opt elected representatives of PRIs with approval of Chairman of the District Health Mission/ Rogi Kalyan Samities to give sufficient representation to PRIs at District Level.

A) - PREPARATION OF PLANS

Halqa Panchayat:

The collection of health related information and preparation of a Village database shall be done by the Village Health Sanitation and Nutrition Committee (VHSNC) on the basis of household survey. The data base shall be regularly updated as per functions/ duties assigned to the village committees, the village health action plan shall be prepared by the VHSNC in consultation with the Gram Sabha to utilize funds made available to the committee and also make projections for Panchayat plans. It shall be compiled at the Sub Centre level to formulate the Panchayat Level Plan. The Sub centre Committee shall compile the Panchayat level data base on the basis of Village Level data and update the same on regular basis. The committee shall also compile the Village Health Action Plans to formulate the Halqa Panchayat Plan and submit the same to Block Medical Officer.

Block Development Council:

The compilation of the Panchayat level data to prepare the Block Level data base and its updation on regular basis shall be done at the block level. The BMO shall compile the Panchayat Health Action Plans as approved by Sub-Centre Committee to formulate the Block Level Health Plan. Besides, the plan for PHCs and CHCs at the block level as approved by respective Rogi Kalyan Samities (RKSs) shall also be incorporated in the Block Development Council plan and shall be furnished to the District Planning and Development Board.

District Planning and Development Board:

Block Level data shall be compiled to formulate the district level data base for planning purpose and updated on regular basis. Block Health Action Plans shall be compiled at the district level to formulate the District Health Action Plans after taking into consideration the recommendations of District Planning and Development Board and furnished to the State/GoI as per the guidelines. Plans of district level hospitals shall also be included in the District plan with approval of competent Governing bodies.

B)- IDENTIFICATION OF BENEFICIARES:

Halqa Panchayat:

All Pregnant women, sick neonates upto 30 days of birth, children requiring immunization, patients suffering from various Communicable / Non Communicable Diseases and beneficiaries requiring family planning services shall be identified by Village Health Sanitation and Nutrition Committee for providing treatment under various programmes like Janani Shishu Suraksha Karaykram (JSSK), Janani Suraksha Yojana (JSY). In addition to this the patients identified in the Village Health Nutrition Days / RCH Camps / School Health checkups will be provided treatment as per the guidelines of the various programmes. The identification of these beneficiaries shall be done by the Village Health Sanitation and Nutrition Committees and shall be supervised by the Sub-Centre Committees at Panchayat Halqa Level to ensure that no eligible beneficiary is left out.

Block Development Council:

The patients requiring OPD / IPD Health services, the pregnant women and the sick neonates upto 30 days of birth requiring services under JSY / JSSK and the beneficiaries requiring family planning services shall be identified and provided treatment in the CHCs/ PHCs. The patients suffering from various Communicable / Non Communicable Diseases shall also be identified and provided treatment in the CHC / PHC. The identification of the beneficiaries done by the Sub Centre Committees / VHSNCs shall be supervised by the Block Development Council.

District Planning and Development Board:

The patients requiring various services at District Level in the Hospital as well as under various schemes shall be identified by the Block / Sub Centre Committees / VHSNCs and shall be supervised by the District Planning and development Board.

C) - SUPERVISION OF WORKS AND FUNCTIONARIES:

Halqa Panchayat:

The Village Health, Sanitation and Nutrition Committee shall supervise the conduct of Village Health and Nutrition Days, Immunization sessions and functioning of Anganwadi Centres with respect to nutritional aspects of women and children. The Sub-Centre Committee shall supervise the maintenance / repairs/ renovation and other works taken up at Sub Centre level and shall oversee the activities conducted at village level.

The Committee shall ensure that health functionaries working in the Sub Centres are residing at their place of posting. They shall ensure that one of the ANM posted at Sub Centre is on duty and second is on tour on rotational basis as per the schedule and the ANMs/ MMPHWs perform their scheduled duties. The Committee shall ensure that one of the ANM is available in the Sub Centre on gazetted holidays. They shall also oversee the functioning of ASHAs.

Block Development Council:

The supervision of the maintenance / repairs / renovation and other works / activities taken up at CHC / PHC level shall be done by the Block Development Council besides overseeing the works and other activities conducted at Sub Centre / Village level. Regular inspections shall be conducted for monitoring and supervision of works/ activities taken up at Sub Centre level.

Ensuring that specialists / doctors and other health functionaries posted in the PHC / CHC are residing at their place of posting. Overseeing the functioning of the staff posted at Sub Centre and ASHA at village level.

District Planning and Development Board:

The supervision of the maintenance / repairs / renovation and other works / activities taken up at District Hospital shall be done by the District Planning and Development Board besides overseeing the works and other activities conducted at CHC / PHC / Sub Centre / Village level. Regular inspections / shall be conducted for monitoring and supervision of works/ activities taken up at the CHC / PHC / Sub Centre level.

Ensuring that specialists / doctors and other health functionaries posted in the District Hospital are residing at their place of posting. Overseeing the functioning of the staff posted at CHCs/PHCs/Sub Centres and ASHA at village level.

D)- FLOW OF FUNDS:

Halqa Panchayat:

The funds received at village level as per the plan projections and under Centrally Sponsored Schemes shall be transferred to the joint account in the name of Sarpanch / Panch and ASHA. The funds shall be utilized as per the guidelines and the account shall be maintained by the ASHA. The reporting of expenditure / Utilization Certificates will be furnished to the Block Medical Officer on quarterly basis.

The funds received at Sub Centre level as per the plan projections and under Centrally Sponsored Schemes shall be transferred to the joint account in the name of Sarpanch / Panch and ANM. The funds shall be utilized as per the guidelines and the account shall be maintained by the ANM. The reporting of expenditure / Utilization Certificates will be furnished to the Block Medical Officer on monthly basis.

Block Development Council:

The funds received at Block level as per the plan projections under Centrally Sponsored Schemes shall be transferred to the accounts of Sub Centre Committee and VHSNCs. The funds received for CHCs / PHCs shall be utilized as per the guidelines and the account shall be maintained by the Block Medical Officer and Block Accounts Manager for NRHM funding. The reporting of expenditure / Utilization Certificates will be furnished to the Chief Medical Officer on monthly basis. The inspection / monitoring of the books of accounts maintained by Sub Center Committee and VHSNCs shall also be done at this level.

District Planning and Development Board:

The funds received at District level as per the plan projections and under Centrally Sponsored Schemes shall be transferred to the accounts of Block Level Committee. The funds received for Districts shall be utilized as per the guidelines and the account shall be maintained by the Chief Medical Officer and District Accounts Manager for NRHM funding. The reporting of

expenditure / Utilization Certificates will be furnished to the State / GoI on monthly basis. The inspection / monitoring of the books of accounts maintained by Block Level / Sub Center committee and VHSNCs shall also be done at this level.

E)- INFORMATION, COMMUNICATION & ADVOCACY:

Halqa Panchayat:

Conducting IEC activities at the Village /Sub Centre level like folk media activities for motivating community for adopting family planning methods, “Save the Girl Child” and generating awareness about full immunization of the children, registration and antenatal / post natal checkup of pregnant women etc., generate awareness about importance and uses of locally available medicinal plants for common ailments and schemes, benefits like JSY, JSSK etc. and Nutritional / Sanitation issues.

Block Development Council:

Ensuring conduct of IEC activities at the Block level like folk media activities, Sammelans, Camps, display of hoardings banners and other IEC material in and around the health institutions for motivating community for adopting family planning methods and for generating awareness about full immunization of the children, registration and antenatal / post natal checkup of pregnant women etc., generate awareness about importance and uses of locally available medicinal plants for common ailments and schemes, benefits like JSY, JSSK etc. and Nutritional / Sanitation issues, PC-PNDT Act/Save the Girl Child. The IEC activities taken up at Sub Centre / VHSNC level shall also be supervised.

District Planning and Development Board:

Ensuring conduct of IEC activities at the District level like folk media activities, NRHM Sammelans, Camps, display of hoardings banners and other IEC material in and around the health institutions for motivating community for adopting family planning methods, “Save the Girl Child” and for generating awareness about full immunization of the children, registration and antenatal / post natal checkup of pregnant women etc., generate awareness about importance and uses of locally available medicinal plants for common ailments and schemes, benefits like JSY, JSSK etc. and Nutritional / Sanitation issues. The IEC activities taken up at Block / Sub Centre / VHSNC level shall also supervised.

All concerned shall discharge their functions in conformity with the mandate given to the PRIs. The PRIs shall take into consideration the guidelines issued by the Government of India and by the State Government from time to time for formulation, execution and monitoring of various programmes at different levels indicated above.

By order of the Government of Jammu and Kashmir

s/d

(M. K. Dwivedi), IAS
Secretary to Government
Health and Medical Education Department.

No: HD/ Plan/ 68/2011-II

Dated: 05 -06-2012

Copy to the: -

Principal Secretary to Govt Finance Department.
Principal Secretary to Govt Planning and Development Department.
Commissioner/ Secretary to Govt Rural Development Department.
Secretary to Govt General Administration Department.
Mission Director, NRHM, J&K.
Director Family Welfare, J&K.
Director, ISM, J&K.
Director Health Services, Jammu/ Kashmir.
Controller Drug & Food Control Organization
Chief Medical Officer, _____
Block Medical Officer, _____
Principal Private Secretary to Chief Secretary
Private Secretary to Hon'ble Health Minister.
Government Order File (W. 4. S.C.)/ Stock File.
Concerned File

..... for information and
further necessary action.

ANNEXURE- “A”

Village level

Village Health Sanitation and Nutrition Committee (VHSNC):

Constitution:

- | | | | |
|----|------------------|---|------------------|
| 1. | Sarpanch / Panch | - | Chairperson. |
| 2. | ASHA | - | Member Secretary |

Members:

- i. Panch of the village/ ward.
- ii. Government employees and honorarium paid staff viz school teacher, ANM, Anganwari worker etc (should not be more than one third of its strength).
- iii. A provision of at least 30% representation from the Non- Government Sector.
- iv. Accredited Social Health Activist (ASHA) (If there are more than one ASHA in the village, all of them will be the members).
- v. Representative of women self help group or other development related community based organization.
- vi. At least 50% members in the Village Health and Sanitation committee should be women.
- vii. Representatives of weaker sections especially SC, ST, and other backward classes.
- viii. Adequate representation of the members of the Committee already constituted by other related departments at village (Education, rural development, Social welfare, etc.) so as to start the convergence at the desired level.

(The members of the Committee shall be nominated by Member Secretary with approval of Chairperson i.e. Sarpanch/Panch. However, the Committee should comprise a maximum of 8 to 10 members)

Functions of Village Health and Sanitation Committee:

- 1) Discuss and develop a Village Health Plan based on an assessment of the village situation and priorities identified by the village community.
- 2) To carry out cleanliness drives for health related activities, health awareness activities in schools and Anganwadi centres and conduct of household/health survey of families at village level. In addition to holding Village Health and Nutrition days at Anganwari centre, at least one health awareness and check up camp will be organized in every Government school once in a year.
- 3) To arrange transportation from home to hospitals for pregnant women and any child of below 30 days of age. The funds available as referral transport under Janani Shishu Suraksha Karayakaram (JSSK) shall be utilized for this purpose. They shall arrange the Govt. ambulances or private vehicles in case of non availability of Govt. ambulances on the standard rates fixed by the Department which shall be reimbursed by the Medical Officer / Block Medical Officer as per the guidelines.
- 4) To arrange transportation for carrying any patient in an emergent situation such as Road Accidents, Snake bite, electric shock, burn, or any other such incidence-falling into a well, falling from a tree etc. The payment shall be met out of the untied funds available with the VHSNC.
- 5) To mobilize relief during the natural calamities like Flood, Drought and earthquake etc.
- 6) To recommend the names of the eligible candidates for selection of ASHAs as per the guidelines.
- 7) Ensuring 100% registration of all births and deaths through village Chowkidars / Nambardars. However, ASHAs have to be involved for reporting of births and deaths to the Chowkidars / Nambardars. The committee shall ensure that the monthly reports of births and deaths are sent to the Block Medical Officer which shall be then compiled at block level for further submission to district/State as per the prescribed guidelines.
- 8) Ensure that the ANM and MPHW visit the village on the fixed days and perform the stipulated activities; oversee the work of village health and nutrition functionaries viz, MMPHW, FMPHW, ASHA and AWW.
- 9) To announce a prize for any courageous act performed by ASHA, ANM, Anganwadi Worker, any member of Women Group, local self-help group worker etc. who goes beyond the call of duty during the year.

- 10) Making arrangements for removal of dirty water, maintenance of cleanliness etc and to introduce sanitation related measures and spread information on simple but effective hygiene measures such as hand washing.
- 11) Monitoring and Supervision of Village Health and Nutrition Day to ensure that it is organized every month in the village with the active participation of the whole village.
- 12) Facilitate early detection of malnourished children in the community; tie up referral to the nearest health centre as well as follow up for sustained outcome.
- 13) Supervise the functioning of Anganwadi Centre (AWC) in the village and facilitate its working in improving nutritional status of women and children.
- 14) Maintain a register where complete details of activities undertaken, expenditure incurred etc. will be maintained for public scrutiny. This should be periodically reviewed by the Sarpanch/ANM.

ANNEXURE-“B”

Halqa Panchayat

Sub-Centre Committee

Constitution:

Sarpanch where the Sub Centre is located - Chairman

ANM of the SC (from regular side) - Member Secretary

Two representatives from every Village Health Sanitation and Nutrition Committee falling under the jurisdiction of the Sub Centre, one being the Chairperson of the VHSNC and another member to be nominated by the Chairperson of the VHSNC (preferably belonging to SC/ST/other weaker sections or a woman candidate).

(The representation of VHSN committee shall be nominated by Member Secretary with the approval of Chairman)

Functions:

- 1) Preparation of Halqa Panchayat plans on the basis of Village Health Action Plans received from the village level committees.
- 2) To direct resources for the up keep/maintenance of the Sub Centre, acquiring equipments etc., and carrying other activities to improve the functioning of the Sub-Center so as to provide quality health care services to the people.
- 3) To ensure compliance to Standard Operating Protocols (SOPs) issued by the Government.
- 4) To review service performance of the Sub Center and VHSNC.
- 5) To review the outreach (immunization sessions) work performed by the Sub Center and VHSNC.
- 6) Maintain accounts and timely submission of utilization certificate and statement of expenditure for the money received on monthly basis to the Block Medical Officer.

- 7) To ensure that the ANM and MPHW visit the village on the fixed days and perform the stipulated activities; oversee the work of village health and nutrition functionaries viz, MMPHW, FMPHW, ASHA and AWW.
- 8) To supervise the maintenance / repairs / renovations and other works taken up at Sub Centre level.
- 9) To help in identification of land for opening of new Sub Centre.

ANNEXURE-“C”

Block Level

Rogi Kalyan Samiti (RKS) at PHC Level:

A) Governing Body

Composition:

i.	MLA of the concerned constituency	-	Chairperson
ii.	Dy. Chief Medical Officer	-	Vice Chairperson
iii.	Senior Medical Officer of the PHC	-	Member Secretary

Members:

- 1) Naib Tehsildar
- 2) ISM Doctor
- 3) Block Development Officer
- 4) Supervisor ICDS
- 5) Junior Engineer, R&B/PDD/PHE
- 6) Representative of Education Department
- 7) Representative from Field NGO, if any
- 8) One eminent citizen to be nominated by SDM/Tehsildar.
- 9) Nambardar
- 10) Block level Elected members of PRIs (to be nominated by Member Secretary with the approval of Chairperson)

B) Executive Committee:

Composition:

Senior most Medical Officer	Chairperson
Next Senior Doctor	Member Secretary

Members:

- 1) Representative of ISM
- 2) CHO
- 3) LHV
- 4) JE,R&B,PDD,PHE
- 5) Supervisor ICDS
- 6) Two ASHAs to be nominated by Chief Medical Officer (CMO)

Rogi Kalyan Samiti (RKS) at CHC Level

A) Governing Body

Composition:

MLA of the concerned constituency	Chairperson
Chief Medical Officer	Vice Chairperson
Block Medical Officer	Member Secretary

Members:

- 1) ISM Doctor
- 2) Block Development Officer (BDO)
- 3) CDPO
- 4) AEE,R&B,PDD,PHE
- 5) Education Officer.
- 6) Tehsil Information Officer.
- 7) Any NGO, if available
- 8) One eminent citizen to be nominated by Deputy Commissioner.
- 9) Block level Elected members of PRIs (to be nominated by Member Secretary with the approval of Chairperson)

B) Executive Body:

Composition:

Block Medical Officer	Chairperson
Senior most specialist / Doctor of the CHC	Member Secretary

Members:

- 1) Representative of ISM
- 2) JE,R&B,PDD,PHE
- 3) Block level officer of ICDS / Sanitation / Education
- 4) Senior most Para Medico

Functions of Governing Body of RKS:

The Rogi Kalyan Samiti act as a group of trustees to manage the affairs of the hospital in such a way so as to meet the expectations of people especially for quality curative services.

The RKS shall direct its resources for the day-to-day up keep of the hospital, maintenance of hospital building, acquiring equipments etc., and carrying other activities to improve the functioning of the hospital so as to provide quality health care services to the people.

The following minimum business shall be brought forward and disposed off in every meeting of the Governing Body:

- 1) Compliance to Standards Operating Protocols (SOP) issued by the Government
- 2) Review of the OPD/IPD, service performance of the hospital,
- 3) Review of the outreach work performed during the last quarter and outreach work schedule for the next quarter
- 4) Review of efforts in mobilizing resources from the community, trade/industry and local branches of professional associations like FOGSI etc.

Functions of Executive Body of RKS:

1. Review of the OPD/IPD, service performance of the hospital in the last month and service delivery targets for the next month.
2. Review of the outreach work performed during the last month and outreach work schedule for the next month.
3. Consider reports of the Monitoring Committee for remedial action
4. Implementation of the Citizen's Charter

ANNEXURE-“D”

District Level

District Health Mission

Composition:

Chairman of the District Dev. Board
District Development Commissioner
Chief Medical Officer

Chairperson
Vice Chairman
Convener

Members:

- 1) District Social Welfare Officer
 - 2) District Programme Officer ICDS
 - 3) Asstt. Commissioner Rural Development
 - 4) District Supdt. Engineer PHE
 - 5) District Supdt. Engineer UEED
 - 6) District Information Officer
 - 7) Public Representatives, MLAs, MLCs & Chairman of Local Bodies
 - 8) Two Representatives of NGOs
 - 9) District level representatives of PRIs
- } To be nominated by DDC with approval of Chairperson

Functions:-

- 1) To act as the nodal forum for all the stakeholders-line departments, PRIs and NGOs/to participate in Planning, implementation & monitoring of the various Health and Family Welfare Programmes and projects in the Districts.
- 2) To strengthen the technical/management capacity of the District Health Administration through recruitment of individual /institutional experts from the open market.

- 3) To facilitate the preparation of integrated district health developments plans, for health and its various determinants like sanitation, nutrition and safe drinking water etc.
- 4) To guide the functions related to 'Total Sanitation Campaign' at the District level.
- 5) To mobilize financial and non-financial resources for complementing/ supplementing the Health and Family Welfare activities in the District.
- 6) To assist hospital management societies in the District.
- 7) To undertake such other activities for strengthening Health and Family Welfare activities in the District as may be identified from time to time, including mechanisms for intra and inter-sectoral convergence of inputs and structures.

District Health Society

Composition:

Deputy CommissionerChairperson
 Chief Medical OfficerVice Chairperson (Convenor)

Members:

- 1) Executive Engineer, PHE, UEED, Rural Development
- 2) District Social Welfare Officer
- 3) District Panchayat Officer
- 4) Programme officers ICDS
- 5) Med. Superintendent District Hospital
- 6) All BMOs
- 7) Programme Officers of the health
- 8) Representatives of Prominent NGO in the District (to be nominated by CMO with the approval of DDC)
- 9) District level representative of PRIs.

Functions:

- 1) To act as the nodal forum for all stake holders – line departments, PRI and NGOs/to participate in Planning, implementation and monitoring of the various health and Family Welfare Programme and projects in the districts.
- 2) To receive, manage and account for the funds received from the state Government (including State Level Societies in the health sector) for implementation of Centrally Sponsored Schemes in the district.
- 3) To strengthen the technical / Management capacity of the District Health Administration through recruitment of individual / institutional experts from the open market.
- 4) To facilitate preparation of integrated District Health Development Plans for health and its various determinants like sanitation, nutrition and safe drinking water etc.
- 5) To guide the functions related to ‘Total Sanitation Campaign’ at the District Level.
- 6) To mobilize financial and non – financial resource for complementing/ supplementing the health and family Welfare activities in the district.
- 7) To assist hospital management societies in the district.
- 8) To undertake such other activities for strengthening health and family welfare activities in the district as may be identified from time to time, including mechanisms for intra and inter- sectoral convergence of inputs and structures.

Rogi Kalyan Samiti (RKS) at District Level:

Governing Body

Composition:

- | | |
|--|------------------|
| 1) MLA of the concerned constituency | Chairperson |
| 2) Chief Medical Officer | Vice Chairperson |
| 3) Medical Supdt. of the District Hospital | Member Secretary |

Members:

- 1) Senior most specialist doctor or one who has undergone professional development post in health or MHA.
- 2) ADMO
- 3) One Municipal Council Member nominated by President of Municipal Council.

- 4) Ex. Eng, R&B/PDD/PHE
- 5) Programme Officer, ICDS.
- 6) District Information Officer.
- 7) One NGO/MNGO to be nominated by the Deputy Commissioner.
- 8) One eminent citizen to be nominated by Deputy Commissioner.
- 9) Any non political institution which donates Rs. 50000/- or more.

Executive Body:

Composition:

Medical Superintendent of the District Hospital	Chairperson
Senior most specialist / Doctor of the District Hospital	Member Secretary

Members:

- 1) Doctor from ISM.
- 2) AEE, R&B, PDD, PHE.
- 3) Matron

Functions of Governing Body of RKS:

The Rogi Kalyan Samiti act as a group of trustees to manage the affairs of the hospital in such a way so as to meet the expectations of people especially for quality curative services.

The RKS shall direct its resources for the day-to-day up keep of the hospital, maintenance of hospital building, acquiring equipments etc., and carrying other activities to improve the functioning of the hospital so as to provide quality health care services to the people.

The following minimum business shall be brought forward and disposed off in every meeting of the Governing Body:

- 1) Compliance to Standard Operating Protocols (SOPs) issued by the Government.
- 2) Review of the OPD/IPD, service performance of the hospital.
- 3) Review of the outreach work performed during the last quarter and outreach work schedule for the next quarter.
- 4) Review of efforts in mobilizing resources from the community, trade/industry and local branches of professional associations like FOGSI etc.

Functions of Executive Body of RKS:

- 1) Review of the OPD/IPD, service performance of the hospital in the last month and service delivery targets for the next month.
- 2) Review of the outreach work performed during the last month and outreach work schedule for the next month.
- 3) Consider reports of the Monitoring Committee for remedial action
- 4) Implementation of the Citizen's Charter.