

Government of Jammu and Kashmir
Health and Medical Education Department

Sub:- Launching of National Rural Health Mission in the State

Government order No:- 665- HME of 2005

Dated: 08- 12.2005

Sanction is hereby accorded to the constitution of: -

- i) State Rural Health Mission
- ii) State Rural Health Society
- iii) State Programme Management Support unit
- iv) District Rural Health Mission and
- v) District Rural Health Society

With composition and Job functions annexed herewith.

By Order of Government of Jammu and Kashmir

Encl = three leaves

Sd/-

(Sonali Kumar)

Prpl. Secy. to the Government
Health and Medical Education Deptt.

Dated: 8.12.2005.

No:- HD/Plan/14-IMP/04

Copy to the:-

1. Secretary to G.O.I. Ministry of H&FW Nirman Bhawan New Delhi
2. Ms. S. JALAJA Additional Secretary, Govt of India, Ministry of Health and Family Welfare, Nirman Bhawan New Delhi..
3. Financial Commissioner, Finance Department
4. Prpl. Secy. to the Government, Plg. & Dev Deptt.
5. Prpl. Secy. to Government, GAD.
6. Prpl. Secy. to the Govt. ARI & Trgs. Deptt.
7. Prpl. Secy. to the Government, RDD
8. Prpl. Secy. to the Govt. SWD
9. Prpl. Secy. to the Govt. Educ. Deptt.
10. Spl. Secretary to HCM
11. Accountant General J&K
12. Director, Health Services Jammu/Kashmir
13. Director, Family Welfare J&K
14. Director, ISM J&K
15. Project Director, RCH
16. Project Director, AIDS Control Organization.
17. All District Development Commissioners.
18. All Chief Medical Officers _____ District
19. Pvt. Secy. to HM (H&ME)
20. Pvt. Secretary to Chief Secretary.
21. Government Order file (w2sc)
22. Stock file

Joint Director (P&S)
Health and Med. Edu. Deptt.

8/12/05

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12/11/06

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Composition and Job functions of the Committees
Constituted for launching of National Rural
Health Mission in the state.

i. State Rural Health Mission.
Composition..

- | | |
|---|------------------|
| a) Hon'ble Chief Minister | Chairperson |
| b) Hon'ble Minister for Health & FW | Vice Chairperson |
| c).Hon'ble Minister incharge of Planning,
Finance, Social Welfare, PHE,UEED,
Rural Development & Forest. | Members |
| d) Principal Secretary H&ME | Convenor |
| e) Four Public Representatives from Jammu
and Four from Kashmir & one each from Leh
and Kargil of the political status as MP,MLA,
Chairman Zilla Prashad & Urban Local Bodies
With 33% representation for females to be nominated
By Hon'ble Chief Minister. | Members. |
| f). Official Representatives: | |

Chief Secretary
Principal Secretaries Social Welfare, PHE, UEED
Rural Development Planning & Dev. Finance,
Forest and Divisional Commissioners of Kashmir
And Jammu.

- g). Two Non-official members such as Health Experts, Representatives of Medical Associations one from Jammu & one from Kashmir.
h). Three Representatives of leading NGOs to be nominated through a Penal.

Frequency Meeting.

At least once in every six months

Functions::

Providing health system oversight, consideration of Policy matters related with health sector (including determinants of good health), review of progress in implementation of NRHM, inter-sectoral coordination, advocacy measures required to promote NRHM visibility.

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ii). State Rural Health Society:-

Composition:

i). Governing Body.

Chief Secretary

Principal Secretary, H&ME

Director General Health, FW, RCH, & NRHM

Chair person

Vice-Chairperson

Convenor

Members.

Principal Secretaries of Social Welfare, PHE

UEED, Rural Development, Planning, Finance,

Forest

Directors of Health Services

Director I.S.M.

Representatives from Government of India to be nominated by GOI

Non Official Members.

One Faculty Member each from Govt Medicals College Jammu/ Srinagar.

Representatives from MNGO

Frequency of Meetings.

At least once in every six months.

Functions.

- . Approval/endorsement of Annual State Action Plan for the NRHM.
- . Consideration of proposals for institutional reforms in the H&FW Sector.
- . Review of implementation of the Annual Action Plan.
- . Inter-sectoral co-ordination. All NRHM related sectors and beyond (e.g. administrative reforms across the State under Health Sector.
- . Status of follow up action on decisions of the State Health Mission.
- . Co-ordination with NGOs/Donors/other agencies/organizations.
- . Health Sector Reforms.
- . Receive, manage (including disbursement to implementing agencies e.g. Directorate, District Societies, NGOs etc) and account for the funds received from the Ministry of Health and Family welfare, Government of India.
- . Manage the NGO/PPP (Public Private partnership) components of the NRHM in the State, including execution of contracts, disbursement of funds and monitoring of performance.

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. Function as a Resource Centre for the Department of Health & Family Welfare in Policy./situational analysis and policy development (including development of operational guidelines and preparation of policy change proposals for the consideration of Government).

. Strengthen the technical/management capacity of the State Directorate as well as of the Districts Societies by various means including through recruitment of individual/institutional experts from the open market (with total programme management costs for the State as a whole not exceeding to 6% of the total programme costs).

. Mobilize financial/non-financial resources *for complementing/supplementing the NRHM activities in the state.*

. Undertake such other activities for strengthening NRHM in the State as may be identified from time to time, including mechanisms for intra and inter-Sectoral convergence of inputs and structures.//For performing the above tasks, the Society shall: -

. Establish and carry out the administration and management of the Society's Secretariat, which will serve as the implementation arm of the Society.

. Create administrative, technical and other posts in the Secretariat of the Society as deemed necessary.

Establish its own compensation package and employ retain or dismiss personnel as required.

. Establish its own procurement procedures and employ the same for procurement of goods and services.

Make rules and by- laws for the conduct of the Society and its Secretariat and add rescind or vary them from time to time as deemed necessary.

Executive Committee.

Principal Secretary Health & M.E:-

(*) Director General Health, FW, RCH & NRHM

Senior most Special Secretary/Addl.Secretary

Director I.S.M.

Director Social Welfare

Director Rural Development

Chief Engineer PIIE & UEED

A representative of Planning, Finance to be

Nominated by Hon'ble Minister Incharge of

The Department.

Chairperson

Vice Chairman

Convenor

Member

Member

Member

Members

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(*) The issue regarding creation of post of D G HFW, RCH + NRHM by upgradation of the post of Dir, FW taken up separately.

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Frequency of meetings.

Functions *At least once in every month.*

Detailed expenditure and implementation review.

Approval of proposals from districts and other implementing agencies/District Action Plans.

Execution of the approved State Action Plan, including release of funds for programmes at State level as per Annual Action Plan.

Release of funds to the District Health Societies.

Finalization of working arrangements for intra-sectoral and inter-sectoral co-ordination.

Follow up action on decisions of the Government Body.

iii) State Programme Management Support Unit.

Composition:

Principal Secretary H&ME
Sr. most Special Secretary & Addl. Secretary
Director General Health, FW, RCH & NRHM
FA/CAO
Joint Director, H&ME

Chairperson
Vice Chairperson
Member
Member Finance
Member Planning.

Functions:-

The SPMSU will act as the Secretariat to the State Health Mission as well as the State Society. Headed by an Executive Director/ Mission Director, the SPMSU will have experts in the areas of human resources, BCC, M&E and other technical areas, recruited from the open market. The SPMSU will provide the technical support to the State Health Mission through its pool of skilled professionals like MBA, CA, MIS Specialist and Consultants for RCH and other National Disease Control Programmes. This technical pool would be accessed by all programmes under NRHM for providing specific programme support related to logistics, financial management, MIS, tracking of funds etc.

After sanction of State Action Plan by the Governing Body of State Health Society and of District Plans by the Executive Committee, funds could be released through joint signatures of two authorized signatories (viz. State Programme Managers)/ DHS and Secretary (HFW/Mission Director). The actual release of funds could either be made by the

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concerned programme Management Unit with a copy of the sanction letter to the SPMSU or vice-a-versa as per the decided State model. However the responsibility of financial management, including tracking of funds, preparation of Utilization Certificates and audit of the Society, shall be overseen by the SPMSU.

iv. District Rural Health Mission:

Composition:

Chairman of the District Development Board	Chairperson
District Development Commissioner	Vice Chairman
District Social Welfare Officer	Member
District Programme Officer ICDS	Member
Asstt. Commissioner Rural Development	Member
District Supdt. Engineer PHE	Member
District Supdt. Engineer UEED	Member
District Information Officer	Member
Public Representatives, M.L.As, M.L.Cs & Chairmans of Local Bodies	Members
Chief Medical Officer	Convenor
Two Representatives of NGOs	

Functions:-

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 programmes and projects in the district.

To strengthen the technical/management capacity of the District Health Administration through recruitment of individual/institutional experts from the open market.

To facilitate preparation of integrated district health development plans, for health and its various determinants like sanitation, nutrition and safe drinking water etc.

To guide the functions related to Total 'Sanitation Campaign' at the District level.

To mobilize financial and non-financial resources for complementing/supplementing the health and Family Welfare activities in the district.

To assist hospital management societies in the district.

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.

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v). District Health Society.

- Deputy Commissioner
- Chief Medical Officer
- Executive Engineer, PHE, UEED
- Rural Development
- District Social Welfare Officer
- District Panchayat Officer
- Programme Officer ICDS
- Med. Superintendent District Hospital
- All BMOs
- Programme Officers of the Health.
- Representatives of prominent BGO
In the District
- Sarpanch of each Panchayat in the District
by rotation financial year wise (to be
provided by District Panchayat Officer).

- Chairperson
- Vice Chairperson (Convenor)
- Members:
- Member
- Member
- Member
- Member
- Members
- Members
- (Non official members)
- Member

Functions:-

- 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 programmes and projects in the district.
- 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.
- To strengthen the technical/management capacity of the District Health
Administration through recruitment of individual/ institutional experts from the
open market.
- To facilitate preparation of integrated district health development plans, for
health and its various determinants like sanitation, nutrition and safe drinking
water, etc.
- To guide the functions related to ' Total Sanitation Campaign' at the District
level.
- To mobilize financial and non-financial resources for complementing /
supplementing the health and Family Welfare activities in the district.
- To assist hospital management societies in the district.
- 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.

[Signature]
Joint Director (P&S)
Health and Med.Edu.Deptt.
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v). District Health Society.

Deputy Commissioner	Chairperson
Chief Medical Officer	Vice Chairperson (Convenor)
Executive Engineer, PHE, UEED	Members:
Rural Development	
District Social Welfare Officer	Member
District Panchayat Officer	Member
Programme Officer ICDS	Member
Med. Superintendent District Hospital	Member
All BMOs	Members
Programme Officers of the Health.	Members
Representatives of prominent BGO In the District	(Non official members)
Sarpanch of each Panchayat in the District by rotation financial year wise (to be provided by District Panchayat Officer).	Member

Functions:-

- 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 programmes and projects in the district.
- 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.
- To strengthen the technical/management capacity of the District Health Administration through recruitment of individual/ institutional experts from the open market.
- To facilitate preparation of integrated district health development plans, for health and its various determinants like sanitation, nutrition and safe drinking water, etc.
- To guide the functions related to ' Total Sanitation Campaign' at the District level.
- To mobilize financial and non-financial resources for complementing / supplementing the health and Family Welfare activities in the district.
- To assist hospital management societies in the district.
- 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.

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