

Ministry of Health and Family Welfare Government of India

# Training Module on "Financial Monitoring & Reporting"

June, 2011

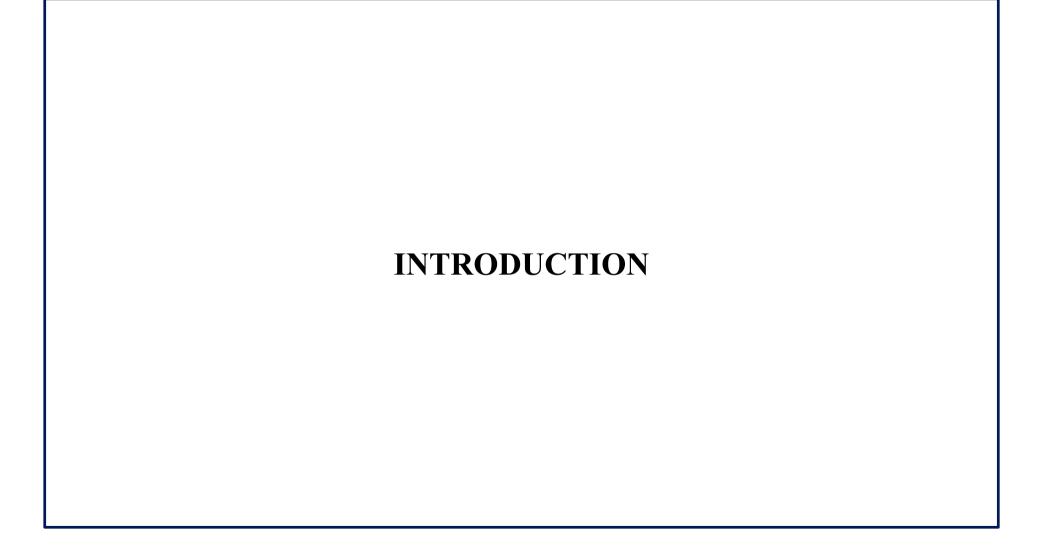
#### **Learning Objective of the Module**

The aim of this training module on "Financial Monitoring and Reporting" is to help the finance and accounts staff to develop an understanding of the following:

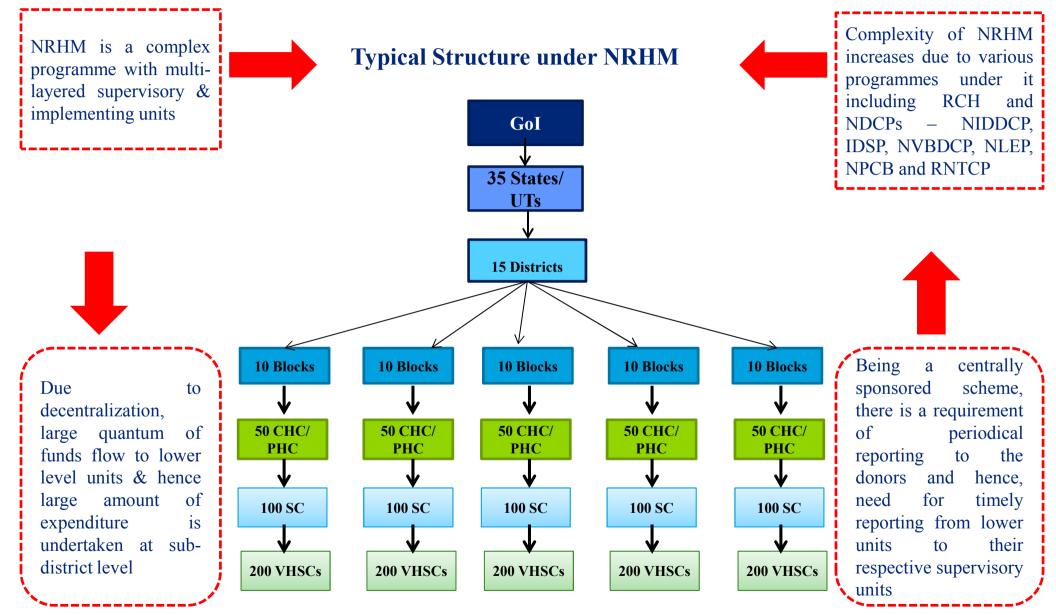
- ✓ Importance of monitoring and reporting mechanism under NRHM
- ✓ Monitoring activities that need to be carried out at various levels under NRHM
- ✓ Financial reporting requirements under NRHM at various levels including key responsibilities, formats to be followed etc.
- ✓ Key timelines for monitoring/ reporting activities
- $\checkmark$  Analysis of Reports and action required to be taken

#### **Contents of the Module**

- ✓ Need / Importance of a Robust Monitoring/ Reporting mechanism under NRHM
- ✓ Overview of existing Monitoring/ Reporting Requirements under NRHM
- ✓ Financial Reporting
  - ▶ Reporting: Expenditure and Fund Utilization
    - Understanding of key Financial Reports (FMR, UC, SoE etc.)
    - Unit-wise Reporting Requirements
      - Report content & Formats
      - o Timelines
      - o Responsibility
  - > Reporting: Overall status of Financial Management Aspects
    - Monthly MIS (including Content, Formats & Timelines)
    - Quarterly MIS (including Content, Formats & Timelines)
- ✓ Other Financial Monitoring Activities
  - ➢ Field Visits
    - Responsibilities & Frequency at various levels
    - Key aspects to be covered (along with Sample Checklists/ Templates)
  - Periodical Financial Analysis
    - Suggestive Financial Analysis
    - Illustration on FMR Analysis
- ✓ Case Studies
- ✓ Annexures



#### Need for a Robust Monitoring/ Reporting Mechanism under NRHM



Note: All number of Units are illustrative only.

#### **Importance of Monitoring**

Importance of Robust Monitoring/ Reporting Mechanism **To Ensure** 

Timely consolidation of reports/ financial information to meet requirements of GoI/ State/ Development Partners

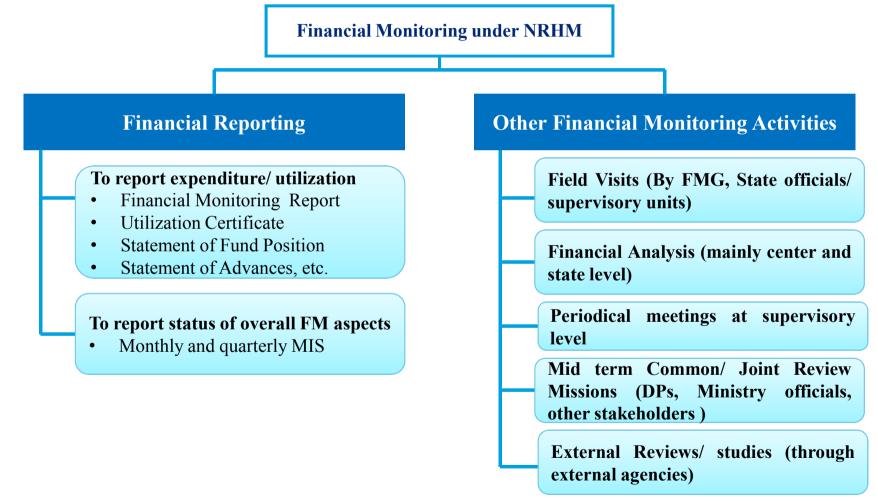
Effective and efficient utilization of funds under the programme (esp. at sub-district level units)

- No under/ over utilization
- Money is used for the intended purpose only
- Achieve value for money

Any lapse, misappropriation/ fraud, under/ over utilization, lack of capacity is identified & reported at supervisory level for prompt action

### **Overview of Financial Reporting/ Monitoring Requirements under NRHM**

- ✓ Monitoring and Reporting systems have evolved gradually over past few years under NRHM. FMG, GoI has issued various guidelines/ circulars/ formats to streamline the above mechanisms.
- ✓ Key Financial reporting / monitoring requirements under NRHM can be summarized as below:



> In addition, statutory & concurrent audit are also required to be conducted

# FINANCIAL REPORTING

#### **Reporting: Fund Utilization and Expenditure**

- ✓ All the units under NRHM are required to submit periodical reports on fund utilization and expenditure to their supervisory units
- ✓ Key Financial Reports under NRHM include
  - Financial Monitoring Report (FMR)
  - Utilization Certificate (UC) (Provisional & Final Audited)
  - Statement of Expenditure (SoE)
  - Statement of Fund Position (SFP)
  - Statement of Interest Earned (to be shown in SFP also)
  - Statement of Advances

In addition to these, there are few unit specific reports also, which are mentioned in unit specific sections

### **Financial Monitoring Report (FMR)**

Objective/ Purpose	FMR is one of the primary financial report which provides component-wise utilization against the budget allocated. It is also supposed to include physical progress against the target determined.
Key Features & Checks	<ul> <li>Provides detail of expenditure under each component/sub-components under following broad heads:         <ul> <li>Part A: RCH Flexible Pool</li> <li>Part B: Mission Flexible Pool</li> <li>Part C: Immunization</li> <li>Part D: NIDDCP</li> </ul> </li> <li>Provides both ToPathE: Specific period ('Monthly/ Quarterly') and cumulative 'Year to date' information.</li> <li>Has to be signed by Head of the unit &amp; counter signed by Finance Head of the unit.</li> <li>Should be prepared on the basis of books of accounts</li> <li>Only actual expenditures to be reported -Advances should not be reported as expenditure</li> <li>Proper classification of expenditure to be ensured</li> <li>Physical progress against targets determines under key schemes should also be mentioned</li> <li>FMR format has been rationalized recently, wherein the similar activities have been clubbed under common head to avoid overlap and misrepresentation of information</li> </ul>
Units to prepare the report	SHS & DHS (It may be taken upto the Block Level as per the requirement of the State)
Format	Common format for both State & District, however, activities for which expenditure will be reported might differ (Refer detailed formats attached)

### **Utilization Certificate (UC)**

Objective/ Purpose	UC is a form to be submitted by spending unit certifying the amount actually spent against the grant disbursed to it.
Key Features & Checks	✓ Provides sanction-wise details of grant received, purpose of the grant, amount spent and unspent balance
	✓ UCs not signed/ certified by the Auditor would be treated as Provisional UCs and it should be superscripted as "PROVISIONAL"
	✓ Needs to be signed by head of the unit and counter signed by the Chartered Accountant (in case of audited UCs).
	$\checkmark$ Should be prepared sanction wise
	✓ Should be as per Form 19 A
	$\checkmark$ Should be as per the expenditures certified in the Audit Report
	$\checkmark$ Annual UCs are to be signed by the Auditors
	$\checkmark$ UCs pertaining to various programmes (including NDCPs) are to be furnished separately
Units to prepare the report	Almost all units – SHS, DHS, Block, CHC/ PHC, SC & VHSC
Format	State, District, Block and CHC/PHC have a similar format while SC and VHSC have another format (Refer detailed format attached)

#### **Statement of Expenditure (SOE)**

Objective/ Purpose	SoE provides expenditure incurred against the funds received under various components of the programme.
Key Features & Checks	<ul> <li>This form of financial report is used to report expenditure mainly at sub-district level</li> <li>Has to be signed by Medical officer or drawing/ disbursing officer in charge at the facility and Finance/ Accounts incharge</li> <li>Should be prepared based on books of accounts and in the format prescribed</li> <li>Advances should not be reported as expenditure in the SoE</li> <li>Statement of fund position (SFP) should be sent along with SoE</li> <li>If in a particular month there is no expense at the CHC/ PHC, a nil SoE report is still required to be submitted</li> <li>In case funds are also received under NDCPs at the unit, the unit is supposed to submit a consolidated SoE (including information on NDCPs)</li> </ul>
Units to prepare the report	Block, RKS, CHC/PHC, SC &VHSC
Format	Common format for all units with difference in the activities carried out <u>(Refer Detailed</u> <u>format attached)</u>

#### **Statement of Fund Position (SFP)**

<b>Objective/ Purpose</b>	SFP provides details of the opening and closing balances of cash and bank along with funds received & expenditure incurred for the particular period under various pools.
Key Features & Checks	<ul> <li>✓ Should be prepared on the basis of books of accounts like Cash Book, Bank Book, Ledger, Advance Register etc.</li> <li>✓ Needs to be submitted along with the FMR</li> <li>✓ Amount reported in SFP should be reconciled with the FMR</li> <li>✓ Has to be signed by Head of the unit &amp; counter signed by Finance Head of the unit</li> <li>✓ Should include the Bank Reconciliation Statement also, wherein <ul> <li>Bank balance shown in SFP should tally with the books of accounts/ Bank Reconciliation Statement</li> <li>Interest earned should be shown in Bank account</li> <li>Any other funds (15% state contribution or others) should also be reflected</li> <li>✓ SFP should also reflect the status of advances</li> </ul> </li> </ul>
Units to prepare the report	SHS & DHS
Format	Common Format (Refer Detailed Format attached)

#### **Statement of Interest Earned**

Objective/ Purpose	Statement of Interest earned provides the details in respect of the amount of bank interest earned by a unit under its various bank accounts.
Key Features & Checks	<ul> <li>✓ Should include the interest earned on all the bank account of all DHS/ SHS.</li> <li>✓ Interest earned at State &amp; District level should be shown separately.</li> <li>✓ Interest earned on different bank accounts (for various programmes) should be shown separately.</li> <li>✓ To be reconciled with bank statements</li> <li>✓ Has to be signed by Head of the unit &amp; counter signed by Finance Head of the unit.</li> </ul>
Units to prepare the report	SHS, DHS & Block
Format	Common Format (Refer detailed format attached)

# UNIT-WISE REPORTING REQUIREMENTS

#### **Snapshot of Reporting activities**

Unit/ Frequency	Financ	cial Reports and the	ir Timelines
	Monthly	Quarterly	Annually
State to GoI	• SFP	<ul> <li>FMR</li> <li>Statement confirming State's contribution</li> </ul>	<ul> <li>UC (Audited)</li> <li>Provisional UCs on demand</li> <li>Statement of Interest Earned</li> </ul>
District to State	• FMR • SFP	-	• UC • Statement of Interest Earned
Block to District	• SoE	-	• UC • Statement of Interest Earned
CHC/PHC to Block/ District	• SoE	-	• UC
Sub Center to Supervisory unit	• SoE	-	• UC
VHSC to Supervisory unit	• SoE	-	• UC
<b>RKS to Supervisory unit</b>	• SoE	-	• UC

#### Note: In addition to above specific Financial Reports,

- Uploading of FMR on HMIS by States on a quarterly basis and Districts on monthly basis is compulsory
- Audit Report is required to be submitted Annually by District to States and States to GoI
- Executive Summary of Concurrent Audit report is to be submitted Quarterly by State to GoI

## **REPORTING REQUIREMENTS -"STATE LEVEL"**

#### **Reporting from States to Gol**

S. No	Report	<b>Basis of Preparation and key Checks</b>	Frequency/ Timelines	Responsibility	Assisted by	To whom
1	Financial Monitoring Report	<ul> <li>✓ Should be prepared from the books of accounts</li> <li>✓ Only actual expenditures to be reported</li> <li>✓ Proper classification of expenditure to be ensured</li> <li>✓ Should also be uploaded in the HMIS Portal</li> </ul>		Mission Director/ State Programme Officers	State Finance Manager (SFM)/ State Accounts	FMG, GOI
2	Statement of Fund Position	<ul> <li>✓ To be submitted along with FMR</li> <li>✓ Should be duly reconciled with FMR and books of accounts.</li> </ul>	Monthly		Manager (SAM)/ Accounts	
3	Utilisation Certificate	1 1			Officers (AO)	
4	Statement of Interest earned by DHS & SHS	<ul> <li>✓ Should include the interest earned on all the bank account of all DHS/ SHS.</li> <li>✓ Interest earned at State &amp; District level should be shown separately.</li> <li>✓ Interest earned on different bank accounts (for various programmes) should be shown separately.</li> <li>✓ To be reconciled with bank statements</li> </ul>	Annual			

#### **Reporting from States to Center**

S. No	Report	<b>Basis of Preparation and key Checks</b>	Frequency/ Timelines	Responsibility	Assisted by	To whom
5	Statement confirming State's Contribution	✓ Should provide details of instruments indicating the fund transfer to SHS	<b>Quarterly</b> Within a month of end of the quarter	Mission Director	State Finance Manager (SFM)/	FMG, GOI
6	Statement of Advances (Untied funds/ RKS/ VHSCs/ Sub-centre)	<ul> <li>✓ As per the format provided in the MIS</li> <li>✓ Should be reconciled with books of accounts</li> </ul>	Quarterly		State Accounts Manager (SAM)/	
7	Audited Statement of Accounts and Audit reports of SHS	✓ As per the Audit Format provided.	<b>Annual</b> By 31st July of the following year	Mission Director/ State Programme Officers	Accounts Officers (AO)	

\*Formats of key reports are provided in the following slides

Note: In addition to the above,

• Uploading of FMR on HMIS by States on a quarterly basis is compulsory

•Bank Reconciliation Statement should also be submitted on a Quarterly basis along with FMR

• Executive Summary of concurrent audit report should also be submitted on a Quarterly basis

#### **Format of Financial Monitoring Report**

	Format of Financial Management Rep <u>("Name of the State/UT"</u>	Nation	al Rural	Health I			ealth/RC ng NDCI		eties to C	centre o	n Quart	erly bas	is		
	FINANCIAL REPORT FOR THE	_					of the F	inancia	l Yoar						
may be co expenditu PHCs etc) relevant fu	1) The total budget and in Col. 1 and Exp planned as imprising one or more component (s), it can be shown re may be specified in case the amounts are material of only dissemination, monitoring and quality may be b inctional head as shown in FMR below. (5) Reasons Position Statement)	s per AW n under t (say, ex pooked u	P in Col he item ceeding nder A.1	2 may be where the 3% of the .1, while	e major ( e total bi procure	chunk of udget of ment of e	proved b it has tal the State equipme	y GOI. ( ken plac Society nts, drug	2) In cas e. (3) Bu r. (4) Ui is, civil w	idget an ider Ope ork and	d expend erational personn	diture un ization o el cost m	der Othe f Facilitie ay be bo	ers & Miso es (FRUs poked un	c. , 24x7 der the
														upees In	l Lakhs
S.	STRATEGY/ACTIVITIES				rting Qι						ar to Qu				
NO			hysical	Progres			kpenditu			hysical	Progres			kpenditu	
		Unit of Measure	) Target	Actual		Allotted as per	Actual Expendit ure	) Variance	Unit of Measure	Target	Actual		Allotted as per	Actual Expendit ure	Variance %
_		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
A	RCH - TECHNICAL STRATEGIES & ACTIVITIES														
	(RCH Flexible Pool)				_										_
<b>A.1</b> A.1.1	MATERNAL HEALTH Operationalise facilities (only dissemination, monitoring, and quality)														
A.1.1.1	Operationalise FRUs														
A.1.1.2	Operationalise 24x7 PHCs														
A.1.1.3	MTP services at health facilities														
A.1.1.4	RTI/STI services at health facilities														
A.1.1.5	Operationalise Sub-centres														
A.1.2	Referral Transport														
A.1.3	Integrated outreach RCH services														
A.1.3.1	RCH Outreach Camps														
A.1.3.2	Monthly Village Health and Nutrition Days		1			1	İ				1				
A.1.4	Janani Suraksha Yojana / JSY														
A.1.4.1	Home Deliveries														
A.1.4.2	Institutional Deliveries		1			1	İ				1				
A.1.5	24 Hours Deliveries		1			1	İ				1				
A1.6	Payment to Link Workers/AWW/AWS (other than ASHA)														
A.1.7	Maternal Death Audit														

S.	STRATEGY/ACTIVITIES	Reporting Quarter						Year to Quarter (Cumulative)							
NO		Pl	hysical	Progres	S	Ex	penditu	Ire	Р	hysical	Progres	S	Expenditure		
		Unit of Measure	Target	Actual		Budget Allotted as per PIP	Ш	Var	Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditu re	Vai
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
A.2	CHILD HEALTH														
A.2.1	IMNCI														
A.2.2	Facility Based Newborn Care/FBNC														
A.2.3	Home Based Newborn Care/HBNC														
A.2.4	School Health Programme														
A.2.5	Infant and Young Child Feeding/IYCF														
A.2.6	Care of Sick Children and Severe Malnutrition														
A.2.7	Management of Diarrhoea, ARI and Micronutrient Malnutrition														
A.2.8	Other strategies/activities														
A.2.9	Infant Death Audit														
A.3	FAMILY PLANNING														
A.3.1	Terminal/Limiting Methods														
A.3.1.1	Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services														
A.3.1.2	Female Sterilisation camps														
A.3.1.3	NSV camps														
A.3.1.4	Compensation for female sterilisation														
A.3.1.5	Compensation for male sterilisation														
A.3.1.6	Accreditation of private providers for sterilisation services														
A.3.2	Spacing Methods														
A.3.2.1	IUD camps														
A.3.2.2	IUD services at health facilities														
A.3.2.3	Accreditation of private providers for IUD insertion services														
A.3.2.4	Social Marketing of contraceptives														
A.3.2.5	Contraceptive Update seminars														
A.3.3	POL for Family Planning														
A.3.4	Repairs of Laparoscopes														
A.4	ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH / ARSH														
A.4.1	Adolescent services at health facilities.														
A.4.2	Other strategies/activities														
A.5	URBAN RCH														
A.6	TRIBAL RCH														
A.7	VULNERABLE GROUPS														
A.8	Other RCH Activities														

S.	STRATEGY/ACTIVITIES	Reporting Quarter								Year to Q	uarter (Cu	ımulative)			
NO			Physical	Progress			xpenditu	re			Progress			xpenditur	'e
		Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditure	Variance	Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditure	Variance %
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
A.9	INFRASTRUCTURE (MINOR CIVIL WORKS) & HUMAN RESOURCES														
A.9.1	Contractual Staff & Services(Excluding AYUSH)														
A.9.1.1	ANMs, Supervisory Nurses, LHVs,														
A.9.1.2	Laboratory Technicians,MPWs														
A.9.1.3	Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians, Dental Surgeons, Radiologist, Sonologist, Pathologist, Specialist for CHC)														
A.9.1.4	PHNs at CHC, PHC level														
A.9.1.5	Medical Officers at CHCs / PHCs														
A.9.1.6	Additional Allowances/ Incentives to M.O.s of PHCs and CHCs														
	Others - Computer Assistants/ BCC Co-ordinator														
A.9.1.7	etc Incentive/ Awards etc. to SN, ANMs etc.														
A.9.1.8	Human Resources Development (Other than				-				-						
A.9.1.9	above)														
A.9.1.10	Staff/ Supervisory Nurses for PHCs,CHCs (Only AYUSH)														
A.9.1.11	Medical Officers at CHCs/ PHCs (Only AYUSH)														
A.9.1.10	Other Incentives Schemes (PI.Specify)														
A.9.2	Minor civil works														
A.9.2.1	Minor civil works for operationalisation of FRUs														
A.9.2.2	Minor civil works for operationalisation of 24 hour services at PHCs														
A.10	TRAINING														
A.10.1	Strengthening of Training Institutions														
A.10.2	Development of training packages														
	Maternal Health Training														
	Skilled Birth Attendance / SBA								ļ						
A.10.3.2	EmOC Training														
	Life saving Anesthesia skills training														
A.10.3.4	MTP training														
	RTI / STI Training														
A.10.3.6 A.10.3.7	Dai Training Other MH Training (ISD Refresher )														
A.10.3.7 A.10.4	IMEP Training (ISD Refresher )														
A.10.4 A.10.7	ARSH Training														
A. 10.7			l		1			L	1	1		1			

S.	STRATEGY/ACTIVITIES			Repo	rting Qua	arter				,	Year to Q	uarter (Cu	umulative		
NO			Physical	Progress		E	xpenditur	e		Physical	Progress		Expenditure		
		Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditure	Variance	Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditure	Variance %
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
A.10.8	Programme Management Training														
	SPMU Training														
	DPMU Training														
A.10.9	Other training (pl. specify)														
A.10.10	Training (Nurshing)														
A.10.10.1	Strengthening of Existing Training Institutions/Nursing School														
A.10.10.2	New Training Institutions/School														
A.10.11	Training (Other Health Pesonnels)														
A.10.11.1	Promotional Trg of health workers females to lady health visitor etc.														
A.10.11.2	Training of AMNs,Staff nurses,AWW,AWS														
A.10.11.3	Other training and capacity building programmes														
A.10.11.3 <mark>A.11</mark>	PROGRAMME /NRHM MANAGEMENT														
A.11.1	Strengthening of SHS /SPMU (Including HR, Management Cost, Mobility Support)														
A.11.2	Strengthening of DHS/DPMU (Including HR, Management Cost, Mobilty Support, Field Visits)														
A.11.3	Strengthening of Block PMU (Including HR, Management Cost, Mobilty Support, Field Visits)														
A.11.4	Strengthening (Others)														
	Audit Fees														
A.11.6	Concurrent Audit system														
A.11.7	Mobility Support, Field Vists to BMO/MO/Others														
В	TIME LINE ACTIVITIES - Additinalities under NRHM (Mission Flexible Pool)														
B1	ASHA														
B1.1	Selection & Training of ASHA														
B1.2	Procurement of ASHA Drug Kit														
B1.3	Incentive to ASHAs under JSY														
B1.4	Incentive under Family Planning Services				-										
B1.5	Incentive under Child Health														
B1.6	Other Incentives to ASHAs									_	_				
B1.7	Awards to ASHA's/Link workers														
B2	Untied Funds														
B2.1	Untied Fund for CHCs														I
B2.2	Untied Fund for PHCs														I
B2.3	Untied Fund for Sub Centers														
B2.4	Untied fund for VHSC														
B.3	Annual Maintenance Grants														
	CHCs														
B4.2	PHCs Sub Contern														ł
B4.3	Sub Centers										l	L			

S.	STRATEGY/ACTIVITIES			Repo	orting Qu	arter					Year to Q	uarter (Cu	imulative		
NO			Physical	Progress			xpenditur	e			Progress			, xpenditur	e
		Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditur e	Variance	Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditur e	Variance %
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
<mark>B.4</mark>	Hospital Strengthening														
B.4.1	Upgradation of CHCs, PHCs, Dist. Hospitals to IPHS)														
B4.1.1	District Hospitals														
B4.1.2	CHCs														
B4.1.3	PHCs														
B4.1.4	Sub Centers														
B4.1.5	Others														
B 4.2	Strengthening of District,Su-divisional Hospitals,CHCs, PHCs														
B.4.3	Sub Centre Rent and Contingencies														
B.4.4	Logistics management/ improvement														
B5	New Constructions/ Renovation and Settingup														
B5.1	CHCs														
B5.2	PHCs														
B5.3	SHCs/Sub Centers														
B5.4	Setting up Infrastructure wing for Civil works														
B5.5	Govt. Dispensaries/ others renovations														
	Construction of BHO, Facility improvement, civil														
B5.6	work, BemOC and CemOC centers														
B.5.7	Major civil works for operationalisation of FRUS														
B.5.8	Major civil works for operationalisation of 24 hour services at PHCs														
	Civil Works for Operationalise Infection Management & Environment Plan at health														
B.5.9	facilities														
B.6	Corpus Grants to HMS/RKS														
B6.1	District Hospitals														
B6.2	CHCs														
B6.3	PHCs														
B6.4	Other or if not bifurcated as above														
B7	District Action Plans (Including Block, Village)														
B8	Panchayti Raj Initiative														
B8.1	Constitution and Orientation of Community leader & of VHSC,SHC,PHC,CHC etc														
B8.2	Orientation Workshops, Trainings and capacity building of PRI at State/Dist. Health Societies, CHC,PHC														
B8.3	Others														
B0.0 B9	Mainstreaming of AYUSH														
B9.1	Other Activities (Excluding HR)														

S.	STRATEGY/ACTIVITIES			Rep	orting Qua	arter					Year to Q	uarter (C	umulative)		
NO			Physical	Progress			xpenditur	e		Physical	Progress			xpenditur	e
		Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditure	Variance	Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditure	Variance %
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
B10	IEC-BCC NRHM Strengthening of BCC/IEC Bureaus (state and														
B.10	Strengthening of BCC/IEC Bureaus (state and district levels)														
B.10.1	Development of State BCC/IEC strategy														
B.10.1 B.10.2	Implementation of BCC/IEC strategy														
B.10.2.1	BCC/IEC activities for MH														
B.10.2.2	BCC/IEC activities for CH														
B.10.2.3	BCC/IEC activities for FP														
B.10.2.4	BCC/IEC activities for ARSH														
B.10.2.5	Other activities (please specify)														
B.10.4	Health Mela														
B.10.5	Creating awareness on declining sex ratio issue														
B.10.6	Other activities														
D.10.0															
B11	Mobile Medical Units (Including recurring expenditures)														
B12	Referral Transport														
B12.1	Ambulance/ EMRI														
B12.2	Operating Cost (POL)														
B13	School Health Programme														
B14	PPP/ NGOs														
B14.1	Non governmental providers of health care RMPs/TBAs														
B14.1 B14.2	PNDT and Sex Ratio														
B14.2 B14.3	Public Private Partnerships														
B14.4	NGO Programme/ Grant in Aid to NGO														
B14.5	Other innovations( if any)														
B15	Planning, Implementation and Monitoring														
	Community Monitoring (Visioning workshops at state, Dist,														
B15.1	Block level)														
B15.1.1	State level														
B15.1.2	District level														
B15.1.3	Block level														
B15.1.4	Other														
B15.2	Quality Assurance														
B15.3	Monitoring and Evaluation														
B15.3.1	Monitoring & Evaluation / HMIS														
B15.3.2	Computerization HMIS and e-governance, e-health														
B15.3.3	Other M & E														
B.16	PROCUREMENT														
B16.1	Procurement of Equipment														
B16.1.1	Procurement of equipment: MH												ļ		]
B16.1.2	Procurement of equipment: CH					-									
B16.1.3	Procurement of equipment: FP			ļ								ļ			]
B16.1.4	Procurement of equipment: IMEP											<u> </u>	<u>↓</u>		
B16.1.5	Procurement of Others Procurement of Drugs and supplies														
<b>B.16.2</b> B.16.2.1	Drugs & supplies for MH		-										-		
B.16.2.1 B.16.2.2	Drugs & supplies for CH		1	<u> </u>								<u> </u>			
B.16.2.3	Drugs & supplies for FP		-			-									
B.16.2.4	Supplies for IMEP		-			-									]
B.16.2.5	General drugs & supplies for health facilities		1			1									]
			1			1		1	1	1	1	I	1		

S.	STRATEGY/ACTIVITIES			Repo	rting Qu	arter				Y	ear to Q	uarter (C	umulative		
NO			Physical I				xpenditu	re		Physical				, kpenditu	re
		Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditure	Variance	Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditure	Variance %
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
B.17	PNDT Activities														
B.18	Regional drugs warehouses														
B.19	New Initiatives/ Strategic Interventions (As per State health policy)/ Innovation/ Projects (Telemedicine, Hepatitis, Mental Health, Nutition Programme for Pregnant Women, Neonatal) NRHM Helpline) as per need (Block/ District Action Plans)														
B.20	Health Insurance Scheme														
B.21	Research, Studies, Analysis														
B.22	State level health resources center(SHSRC)														
B23	Support Services														
B23.1	Support Strengthening NPCB														
B23.2	Support Strengthening Midwifery Services under medical services														
B23.3	Support Strengthening NVBDCP														
B23.4	Support Strengthening RNTCP														
B23.5	Contingency support to Govt. dispensaries														
B23.6	Other NDCP Support Programmes														
B.24	Other Expenditures (Power Backup, Convergence etc)														
C	IMMUNISATION														
C.1	RI strengthening project (Review meeting, Mobility support, Outreach services etc)														
C.2	Salary of Contractual Staffs														
C.4	Training under Immunisation														
C.2	Cold chain maintenance														
C.3	Pulse Polio operating costs														
D	IDD														
E	IDSP														
E.1	Civil Works (Renovation & Repair)														
E.2	Furniture & Fixtures														
E.3	Lab Equipments														
E.4	Lab Material & Supplies														
E.5	Office Equipments														
E.6	Consultants/Contract Staff														
E.7	IEC														
E.8	Training														
E.9	Operational Cost														
F	NVBDCP														
G	NLEP														

S.	STRATEGY/ACTIVITIES			Repo	orting Qu	arter				١	ear to Q	uarter (Cu	umulative	e)	
NO			Physical				xpenditu	re			Progress		E	, xpenditui	'e
							-					[	þ		
		Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditure	Variance	Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditure	Variance %
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
H	NBCP														
H.1	Cataract Performance														
H.1.1	Facility														
H.1.2	Medical College														
H.1.3	District College CHC/Sub District Hospital														
H.1.4	NGOs														
H.1.5 H.1.6	Pvt. Sector														
H.1.0 H.1.7	Others														
H.1.7	School Eye Screening														
H.2.1	No. of teachers trained in screening for Refractive errors														
	_														
H.2.2	No. of school going children screened														
H.2.3	No. of school going children detected with Refractive														
	errors					-						-			
H.2.4	No. of school going children provided free glasses														
H.3	Eye Donation														
H.3.1	No. of Eyes collected														
H.3.2	No. of Eyes utilized														
I	RNTCP														
1.1	Civil Works														
1.2	Laboratory Materials														
1.3	Honorarium														
1.4	IEC														
1.5	Equipment maintenance														
1.6	Training														
1.7	Vehicle Maintenance														
1.8	Vehicle Hiring														
I.9 I.10	NGO/PP Support														
	Medical College Miscellaneous														
I.11 I.12	Contractual Services														
I.12 I.13	Printing					}						}			
I.13 I.14	Research & Studies														
1.14	Salary of regular staff														
1.16	Procurement of drugs														
1.10	Procurement of vehicles														
1.18	Procurement of Equipment											1			
GT	Grand Total (A+B+C+D+E+F+G+H+I)														

#### **Format of Statement of Fund Position**

				æ			T OF FUND POSI		``				
							orting of Cash, Ban eports from the Dis						
NTarra	£41 \$4-4-/ITT.			(Stat	te may can i		ports from the Dis	strict rieatti Socie				1	
Name o	f the State/UT:												
Stateme	nt for the Fund Position for the Quarter ending:												
		OPEN		ANCE AT T IE QUARTE		NING OF		*ACTUTAL		UNSPENT BA	ALANCES AT THE	END OF THE QUA	RTER (RS.)
SL.NO	SCHEME	BANK BALA NCE	INCLU RELEA DISTR	SES TO	CASH BALANCE	TOTAL	FUND RECEIVED DURING THE QUARTER	EXPENSES INCURRED DURING THE QUARTER (RS.)	REFUND TO GOI (RS.)	BANK BALANCE	ADVANCES INCLUDING RELEASES TO DISTRICT & OTHER AGENCIES	CASH BALANCE	TOTAL
А	RCH Flexible Pool (Part A of PIP)												
В	Additionalities under NRHM												
С	Immunization (including Pulse Polio operating costs)												
D													
Е	IDD												
F	IDSP												
G H	NVBDCP NLEP								ł				
I	NPCB												
J	RNTCP												
	TOTAL												
* Actua	l expenditure includes expenditure incurred by St	ate Heal	th Society i	itself and Dis	strict Health	Societies. (	To be tallied with	FMR)		-			
Source	documents, which must be verified before showin	g figure:	s under eacl	h category, a	are: Cash Bo	ok, Bank b	ook and Advance F	Register (Ledger)					
	It is certified that:												
	1. Opening and Closing figures of Ban	k Balanc	e tally with	n the Bank B	ook of the S	ociety (Stat	e may call for simi	lar report from the	e districts.),				
	2. Opening and Closing figures of Adv	ances tal	ly with the	Advance Re	egister of the	e Society,							
	3. Opening and Closing figures of Cash												
	4. That expenditure shown in the quarter	ith the exp	enditure rep	orted in the	Financial M	Ionitoring Report (	FMR) for the Qua	urter.					
	Prepared and Checked by:												
	State Accounts Manager and/or												
	State Finance Manager								Si	gnature of the M	ission Director		

#### **Format of Statement of Interest Earned**

		S	TATEMENT OF IN	TEREST EAR	NED			
		(Forma	at for Half Yearly Re	porting of Inter	rest Fund)			
Name of	the State / UT:							
Statemer	nt for the Interest Earned for the p	eriod ended:						
			District			State H/Q		Total Accumulated Interest of District and State (HQ)(i.e.
Sl. No.	Activity	O/B	Interest earned during the period	C/B	O/B	Interest earned during the period	C/B	total of closing balance of District and state)
		1	2	4	5	7	8	Col. (4+8)
1	NRHM (Including Part A, Part B & Part C of PIP)							
2	IDD							
3	IDSP							
4	NVBDCP							
5	NLEP							
6	NBCP							
7	RNTCP							
	Prepared and Checked by: State Accounts Manager and/or							
	State Finance Manager					Signature of the Missio	n Director	

#### **Format of Utilization Certificate**

		Form No. GFR-19A		
Name of the SH				
Reproductive &	Child Health Programme Phase – II			
	Utilization (	Certificate for the year : Dated :		
	Sanction letter no. and date	Purpose	Amount	
	(Please give here details of Sanc. letters)	(Selected activity under priority scheme of		
	1.	RCH-II	(Amount of sanctions)	
	2.			
	3.			
be adjusted towards t Further certified that that the money was a <u>Checks exercised</u> : Examining of 1.Ledgers		grants-in-aid was sanctioned, have been duly fulfi		
	ed Accountant Executiv Accountancy firm with date I audited accounts & found correct)	ve Director SHS( With Seal of Office)		
	Unspent balance/Unutilized amount of previous year Closing balance of the year means "amount remained		ıdit are the "total funds availal	ble."

# **REPORTING REQUIREMENTS -"DISTRICT LEVEL"**

#### **Reporting from Districts to State**

S. No	Report	Basis of Preparation and key Checks	Frequency/ Timelines	Responsib ility	Assisted by	To whom
1 2		<ul> <li>✓ Should be prepared from the books of accounts</li> <li>✓ Only actual expenditures to be reported</li> <li>✓ Proper classification of expenditure to be ensured</li> <li>✓ To be submitted along with FMR</li> <li>✓ Should be duly reconciled with FMR and books of accounts.</li> </ul>	By 10 <sup>th</sup> of the following month Monthly By 10 <sup>th</sup> of the	CMO/ CDMO/ CMHO/ CS	District Accounts Manager/ Accounts Officer/ Accountant	Mission Director/ Programme Officers/ State Finance or Accounts Manager
3	Statement of Interest earned by District Health Society		following month Annual			
4	Utilization Certificate	<ul> <li>✓ Should be prepared sanction wise</li> <li>✓ Should be as per Form 19 A</li> </ul>	<b>Annual</b> By 30 <sup>th</sup> April of the following year			

#### **Reporting from Districts to State**

<b>S.</b>	Report	Basis of Preparation and	<b>Frequency</b> / <b>Timelines</b>	Responsi	Assisted by	To whom
No		key Checks		bility		
5	Statement of Advances	<ul> <li>✓ As per the format provided in the MIS</li> <li>✓ Should be reconciled with books of accounts</li> </ul>	Quarterly	CHMO/	District Programme Manager/ Accounts Officer/Accounta nt	Mission Director/ Programme Officers/ State Finance or Accounts Manager

Note: In addition to above,

- Uploading of FMR on HMIS by Districts on monthly basis is compulsory
- •Number/Frequency of meetings taking place should also be reported on periodical basis
- Major financial decisions taken during these meetings should also be reported
- Bank Reconciliation Statement should also be submitted on a Monthly basis

#### **Format of Financial Monitoring Report**

	Format of Financial Management Rep <u>("Name of the State/UT"</u>	Nation	al Rural	Health I			ealth/RC ng NDCI		eties to C	centre o	n Quart	erly bas	is		
	FINANCIAL REPORT FOR THE	_					of the F	inancia	l Yoar						
may be co expenditu PHCs etc) relevant fu	1) The total budget and in Col. 1 and Exp planned as imprising one or more component (s), it can be shown re may be specified in case the amounts are material of only dissemination, monitoring and quality may be b inctional head as shown in FMR below. (5) Reasons Position Statement)	s per AW n under t (say, ex pooked u	P in Col he item ceeding nder A.1	2 may be where the 3% of the .1, while	e major ( e total bi procure	chunk of udget of ment of e	proved b it has tal the State equipme	y GOI. ( ken plac Society nts, drug	2) In cas e. (3) Bu r. (4) Ui is, civil w	idget an ider Ope ork and	d expend erational personn	diture un ization o el cost m	der Othe f Facilitie ay be bo	ers & Miso es (FRUs poked un	c. , 24x7 der the
														upees In	l Lakhs
S.	STRATEGY/ACTIVITIES				rting Qι						ar to Qu				
NO			hysical	Progres			kpenditu			hysical	Progres			kpenditu	
		Unit of Measure	) Target	Actual		Allotted as per	Actual Expendit ure	) Variance	Unit of Measure	Target	Actual		Allotted as per	Actual Expendit ure	Variance %
_		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
A	RCH - TECHNICAL STRATEGIES & ACTIVITIES														
	(RCH Flexible Pool)				_										_
<b>A.1</b> A.1.1	MATERNAL HEALTH Operationalise facilities (only dissemination, monitoring, and quality)														
A.1.1.1	Operationalise FRUs														
A.1.1.2	Operationalise 24x7 PHCs														
A.1.1.3	MTP services at health facilities														
A.1.1.4	RTI/STI services at health facilities														
A.1.1.5	Operationalise Sub-centres														
A.1.2	Referral Transport														
A.1.3	Integrated outreach RCH services														
A.1.3.1	RCH Outreach Camps														
A.1.3.2	Monthly Village Health and Nutrition Days		1			1	İ				1				
A.1.4	Janani Suraksha Yojana / JSY														
A.1.4.1	Home Deliveries														
A.1.4.2	Institutional Deliveries		1			1	İ				1				
A.1.5	24 Hours Deliveries		1			1	İ				1				
A1.6	Payment to Link Workers/AWW/AWS (other than ASHA)														
A.1.7	Maternal Death Audit														

S.	STRATEGY/ACTIVITIES	Reporting Quarter Physical Progress Expenditure									umulati				
NO		Pl	hysical	Progres	S	Ex	penditu	Ire	Р	hysical	Progres	S	E>	penditu	re
		Unit of Measure	Target	Actual		Budget Allotted as per PIP	Ш	Var	Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditu re	Vai
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
A.2	CHILD HEALTH														
A.2.1	IMNCI														
A.2.2	Facility Based Newborn Care/FBNC														
A.2.3	Home Based Newborn Care/HBNC														
A.2.4	School Health Programme														
A.2.5	Infant and Young Child Feeding/IYCF														
A.2.6	Care of Sick Children and Severe Malnutrition														
A.2.7	Management of Diarrhoea, ARI and Micronutrient Malnutrition														
A.2.8	Other strategies/activities														
A.2.9	Infant Death Audit														
A.3	FAMILY PLANNING														
A.3.1	Terminal/Limiting Methods														
A.3.1.1	Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services														
A.3.1.2	Female Sterilisation camps														
A.3.1.3	NSV camps														
A.3.1.4	Compensation for female sterilisation														
A.3.1.5	Compensation for male sterilisation														
A.3.1.6	Accreditation of private providers for sterilisation services														
A.3.2	Spacing Methods														
A.3.2.1	IUD camps														
A.3.2.2	IUD services at health facilities														
A.3.2.3	Accreditation of private providers for IUD insertion services														
A.3.2.4	Social Marketing of contraceptives														
A.3.2.5	Contraceptive Update seminars														
A.3.3	POL for Family Planning														
A.3.4	Repairs of Laparoscopes														
A.4	ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH / ARSH														
A.4.1	Adolescent services at health facilities.														
A.4.2	Other strategies/activities														
A.5	URBAN RCH														
A.6	TRIBAL RCH														
A.7	VULNERABLE GROUPS														
A.8	Other RCH Activities														

S.	STRATEGY/ACTIVITIES			Rep	orting Qu	arter					Year to Q	uarter (Cu	ımulative)		
NO			Physical	Progress			xpenditu	re			Progress			xpenditur	'e
		Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditure	Variance	Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditure	Variance %
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
A.9	INFRASTRUCTURE (MINOR CIVIL WORKS) & HUMAN RESOURCES														
A.9.1	Contractual Staff & Services(Excluding AYUSH)														
A.9.1.1	ANMs, Supervisory Nurses, LHVs,														
A.9.1.2	Laboratory Technicians,MPWs														
A.9.1.3	Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians, Dental Surgeons, Radiologist, Sonologist, Pathologist, Specialist for CHC)														
A.9.1.4	PHNs at CHC, PHC level														
A.9.1.5	Medical Officers at CHCs / PHCs														
A.9.1.6	Additional Allowances/ Incentives to M.O.s of PHCs and CHCs														
	Others - Computer Assistants/ BCC Co-ordinator														
A.9.1.7	etc Incentive/ Awards etc. to SN, ANMs etc.														
A.9.1.8	Human Resources Development (Other than				-				-						
A.9.1.9	above)														
A.9.1.10	Staff/ Supervisory Nurses for PHCs,CHCs (Only AYUSH)														
A.9.1.11	Medical Officers at CHCs/ PHCs (Only AYUSH)														
A.9.1.10	Other Incentives Schemes (PI.Specify)														
A.9.2	Minor civil works														
A.9.2.1	Minor civil works for operationalisation of FRUs														
A.9.2.2	Minor civil works for operationalisation of 24 hour services at PHCs														
A.10	TRAINING														
A.10.1	Strengthening of Training Institutions														
A.10.2	Development of training packages														
	Maternal Health Training														
	Skilled Birth Attendance / SBA								ļ						
A.10.3.2	EmOC Training														
	Life saving Anesthesia skills training														
A.10.3.4	MTP training														
	RTI / STI Training														
A.10.3.6 A.10.3.7	Dai Training Other MH Training (ISD Refresher )														
A.10.3.7 A.10.4	IMEP Training (ISD Refresher )														
A.10.4 A.10.7	ARSH Training														
A. 10.7			l		1			L	1	1		1			

S.	STRATEGY/ACTIVITIES			Repo	rting Qua	arter				,	Year to Q	uarter (Cu	umulative		
NO			Physical	Progress		E	xpenditur	e		Physical	Progress		E	kpenditur	е
		Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditure	Variance	Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditure	Variance %
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
A.10.8	Programme Management Training														
	SPMU Training														
	DPMU Training														
A.10.9	Other training (pl. specify)														
A.10.10	Training (Nurshing)														
A.10.10.1	Strengthening of Existing Training Institutions/Nursing School														
A.10.10.2	New Training Institutions/School														
A.10.11	Training (Other Health Pesonnels)														
A.10.11.1	Promotional Trg of health workers females to lady health visitor etc.														
A.10.11.2	Training of AMNs,Staff nurses,AWW,AWS														
A.10.11.3	Other training and capacity building programmes														
A.10.11.5 <mark>A.11</mark>	PROGRAMME /NRHM MANAGEMENT														
A.11.1	Strengthening of SHS /SPMU (Including HR, Management Cost, Mobility Support)														
A.11.2	Strengthening of DHS/DPMU (Including HR, Management Cost, Mobilty Support, Field Visits)														
A.11.3	Strengthening of Block PMU (Including HR, Management Cost, Mobilty Support, Field Visits)														
A.11.4	Strengthening (Others)														
	Audit Fees														
A.11.6	Concurrent Audit system														
A.11.7	Mobility Support, Field Vists to BMO/MO/Others														
В	TIME LINE ACTIVITIES - Additinalities under NRHM (Mission Flexible Pool)														
B1	ASHA														
B1.1	Selection & Training of ASHA														
B1.2	Procurement of ASHA Drug Kit														
B1.3	Incentive to ASHAs under JSY														
B1.4	Incentive under Family Planning Services				-										
B1.5	Incentive under Child Health														
B1.6	Other Incentives to ASHAs									_	_				
B1.7	Awards to ASHA's/Link workers														
B2	Untied Funds														
B2.1	Untied Fund for CHCs														I
B2.2	Untied Fund for PHCs														I
B2.3	Untied Fund for Sub Centers														
B2.4	Untied fund for VHSC														
B.3	Annual Maintenance Grants														
	CHCs														
B4.2	PHCs Sub Contern														ł
B4.3	Sub Centers										l	L			

S.	STRATEGY/ACTIVITIES			Repo	orting Qu	arter					Year to Q	uarter (Cu	imulative		
NO			Physical	Progress			xpenditur	e			Progress			, xpenditur	e
		Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditur e	Variance	Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditur e	Variance %
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
<mark>B.4</mark>	Hospital Strengthening														
B.4.1	Upgradation of CHCs, PHCs, Dist. Hospitals to IPHS)														
B4.1.1	District Hospitals														
B4.1.2	CHCs														
B4.1.3	PHCs														
B4.1.4	Sub Centers														
B4.1.5	Others														
B 4.2	Strengthening of District,Su-divisional Hospitals,CHCs, PHCs														
B.4.3	Sub Centre Rent and Contingencies														
B.4.4	Logistics management/ improvement														
B5	New Constructions/ Renovation and Settingup														
B5.1	CHCs														
B5.2	PHCs														
B5.3	SHCs/Sub Centers														
B5.4	Setting up Infrastructure wing for Civil works														
B5.5	Govt. Dispensaries/ others renovations														
	Construction of BHO, Facility improvement, civil														
B5.6	work, BemOC and CemOC centers														
B.5.7	Major civil works for operationalisation of FRUS														
B.5.8	Major civil works for operationalisation of 24 hour services at PHCs														
	Civil Works for Operationalise Infection Management & Environment Plan at health														
B.5.9	facilities														
B.6	Corpus Grants to HMS/RKS														
B6.1	District Hospitals														
B6.2	CHCs														
B6.3	PHCs														
B6.4	Other or if not bifurcated as above														
B7	District Action Plans (Including Block, Village)														
B8	Panchayti Raj Initiative														
B8.1	Constitution and Orientation of Community leader & of VHSC,SHC,PHC,CHC etc														
B8.2	Orientation Workshops, Trainings and capacity building of PRI at State/Dist. Health Societies, CHC,PHC														
B8.3	Others														
B0.0 B9	Mainstreaming of AYUSH														
B9.1	Other Activities (Excluding HR)														

S.	STRATEGY/ACTIVITIES			Rep	orting Qua	arter					Year to Q	uarter (C	umulative)		
NO			Physical	Progress			xpenditur	e		Physical	Progress			xpenditur	e
		Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditure	Variance	Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditure	Variance %
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
B10	IEC-BCC NRHM Strengthening of BCC/IEC Bureaus (state and														
B.10	Strengthening of BCC/IEC Bureaus (state and district levels)														
B.10.1	Development of State BCC/IEC strategy														
B.10.1 B.10.2	Implementation of BCC/IEC strategy														
B.10.2.1	BCC/IEC activities for MH														
B.10.2.2	BCC/IEC activities for CH														
B.10.2.3	BCC/IEC activities for FP														
B.10.2.4	BCC/IEC activities for ARSH														
B.10.2.5	Other activities (please specify)														
B.10.4	Health Mela														
B.10.5	Creating awareness on declining sex ratio issue														
B.10.6	Other activities														
D.10.0															
B11	Mobile Medical Units (Including recurring expenditures)														
B12	Referral Transport														
B12.1	Ambulance/ EMRI														
B12.2	Operating Cost (POL)														
B13	School Health Programme														
B14	PPP/ NGOs														
B14.1	Non governmental providers of health care RMPs/TBAs														
B14.1 B14.2	PNDT and Sex Ratio														
B14.2 B14.3	Public Private Partnerships														
B14.4	NGO Programme/ Grant in Aid to NGO														
B14.5	Other innovations( if any)														
B15	Planning, Implementation and Monitoring														
	Community Monitoring (Visioning workshops at state, Dist,														
B15.1	Block level)														
B15.1.1	State level														
B15.1.2	District level														
B15.1.3	Block level														
B15.1.4	Other														
B15.2	Quality Assurance														
B15.3	Monitoring and Evaluation														
B15.3.1	Monitoring & Evaluation / HMIS														
B15.3.2	Computerization HMIS and e-governance, e-health														
B15.3.3	Other M & E														
B.16	PROCUREMENT														
B16.1	Procurement of Equipment														
B16.1.1	Procurement of equipment: MH												ļ		]
B16.1.2	Procurement of equipment: CH					-									
B16.1.3	Procurement of equipment: FP			ļ								ļ			]
B16.1.4	Procurement of equipment: IMEP											<u> </u>	<u>↓</u>		
B16.1.5	Procurement of Others Procurement of Drugs and supplies														
<b>B.16.2</b> B.16.2.1	Drugs & supplies for MH		-										-		
B.16.2.1 B.16.2.2	Drugs & supplies for CH		1	<u> </u>								<u> </u>			
B.16.2.3	Drugs & supplies for FP		-			-									
B.16.2.4	Supplies for IMEP		-			-									]
B.16.2.5	General drugs & supplies for health facilities		1			1									]
			1			1		1	1	1	1	I	1		

S.	STRATEGY/ACTIVITIES			Repo	rting Qu	arter				Y	ear to Q	uarter (C	umulative		
NO			Physical I				xpenditu	re		Physical				, kpenditu	re
		Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditure	Variance	Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditure	Variance %
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
B.17	PNDT Activities														
B.18	Regional drugs warehouses														
B.19	New Initiatives/ Strategic Interventions (As per State health policy)/ Innovation/ Projects (Telemedicine, Hepatitis, Mental Health, Nutition Programme for Pregnant Women, Neonatal) NRHM Helpline) as per need (Block/ District Action Plans)														
B.20	Health Insurance Scheme														
B.21	Research, Studies, Analysis														
B.22	State level health resources center(SHSRC)														
B23	Support Services														
B23.1	Support Strengthening NPCB														
B23.2	Support Strengthening Midwifery Services under medical services														
B23.3	Support Strengthening NVBDCP														
B23.4	Support Strengthening RNTCP														
B23.5	Contingency support to Govt. dispensaries														
B23.6	Other NDCP Support Programmes														
B.24	Other Expenditures (Power Backup, Convergence etc)														
C	IMMUNISATION														
C.1	RI strengthening project (Review meeting, Mobility support, Outreach services etc)														
C.2	Salary of Contractual Staffs														
C.4	Training under Immunisation														
C.2	Cold chain maintenance														
C.3	Pulse Polio operating costs														
D	IDD														
E	IDSP														
E.1	Civil Works (Renovation & Repair)														
E.2	Furniture & Fixtures														
E.3	Lab Equipments														
E.4	Lab Material & Supplies														
E.5	Office Equipments														
E.6	Consultants/Contract Staff														
E.7	IEC														
E.8	Training														
E.9	Operational Cost														
F	NVBDCP														
G	NLEP														

S.	STRATEGY/ACTIVITIES			Repo	orting Qu	arter				١	ear to Q	uarter (Cu	umulative	e)	
NO			Physical				xpenditu	re			Progress		E	, xpenditui	'e
							-					[	þ		
		Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditure	Variance	Unit of Measure	Target	Actual	Variance %	Budget Allotted as per PIP	Actual Expenditure	Variance %
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
H	NBCP														
H.1	Cataract Performance														
H.1.1	Facility														
H.1.2	Medical College														
H.1.3	District College CHC/Sub District Hospital														
H.1.4	NGOs														
H.1.5 H.1.6	Pvt. Sector														
H.1.0 H.1.7	Others														
H.1.7	School Eye Screening														
H.2.1	No. of teachers trained in screening for Refractive errors														
	_														
H.2.2	No. of school going children screened														
H.2.3	No. of school going children detected with Refractive														
	errors					-						-			
H.2.4	No. of school going children provided free glasses														
H.3	Eye Donation														
H.3.1	No. of Eyes collected														
H.3.2	No. of Eyes utilized														
I	RNTCP														
1.1	Civil Works														
1.2	Laboratory Materials														
1.3	Honorarium														
1.4	IEC														
1.5	Equipment maintenance														
1.6	Training														
1.7	Vehicle Maintenance														
1.8	Vehicle Hiring														
I.9 I.10	NGO/PP Support														
	Medical College Miscellaneous														
I.11 I.12	Contractual Services														
I.12 I.13	Printing					}						}			
I.13 I.14	Research & Studies														
1.14	Salary of regular staff														
1.16	Procurement of drugs														
1.10	Procurement of vehicles														
1.18	Procurement of Equipment											1			
GT	Grand Total (A+B+C+D+E+F+G+H+I)														

### **Format of Statement of Fund Position**

							T OF FUND POSI						
		r —		(Fo	rmat for	Quarterly Rep	orting of Cash, Bar	k and Expenditur	e)	1	<u>г</u>		
Name o	f the DHS:												
Stateme	ent for the Fund Position for the Quarter ending:												
		OPEN		ANCE AT T IE QUARTE		JINNING OF		*ACTUTAL		UNSPENT BA	ALANCES AT THE	E END OF THE QU	ARTER (RS.)
SL.NO	SCHEME	BANK BALA NCE	ADVA INCLU RELEA DISTR	ANCES JDING SES TO	CASH BALAN	1731 AL	FUND RECEIVED DURING THE QUARTER	EXPENSES INCURRED DURING THE QUARTER (RS.)	REFUND T GOI (RS.)	) BANK BALANCE	ADVANCES INCLUDING RELEASES TO DISTRICT & OTHER AGENCIES	CASH BALANCI	E TOTAL
А	RCH Flexible Pool (Part A of PIP)												
В	Additionalities under NRHM												
С	Immunization (including Pulse Polio operating costs)												
D	RCH (Provide separate details for each activity												
Е	IDD												
F	IDSP												
G	NVBDCP												
H	NLEP												
J	NPCB RNTCP												
J	TOTAL												
* Actua	l expenditure includes expenditure incurred by D	istrict He	alth Societ	y itself and l	blocks. (	To be tallied w	ith FMR)						
	documents, which must be verified before showing							Pegister (Ledger)					
Source	documents, when must be verified before shown		, under ede	n category, t		Dook, Dank o		(Leuger)	1				
	It is certified that:												
	1. Opening and Closing figures of Bar	k Balanc	e tally with	n the Bank B	ook of th	ne Society (Sta	te may call for similar	lar report from the	e districts.),				
	2. Opening and Closing figures of Adv	ances tal	ly with the	Advance Re	egister of	f the Society,							
	3. Opening and Closing figures of Cas	h tally wi	th the Cash	h Book of th	e Society	γ,							
	4. That expenditure shown in the quart	er tally w	with the exp	enditure rep	orted in	the Financial N	Ionitoring Report (	FMR) for the Qua	arter.				
	Prepared and Checked by:												
	District Accountant									ignature of the D	PM		

## **Format of Statement of Interest Earned**

DISTF	RICT WI	ISE SCH	EDULE	OF INT	FEREST	EARNE	D (Forma	t for rep	orting by	Districts	to State	)														
	1	-	-	1		1				(Forn	nat for H	alf Yearl	y Reporti	ng of Int	erest Fun	d)		1		1	-		-	1		
Name UT:	of the St	tate /																								
Statem	nent for t	he Intere	st Earned	for the	e period	ended:																				
			(Includin B & Par PIP)			IDD			IDSP			NVBDC	р		NLEP			NBCP			RNTCP			Total		
Sl. No.	District s	O/B	Intt. Earned during the period	C/B	O/B	Intt. Earned during the period	C/B	O/B	Intt. Earned during the period	C/B	O/B	Intt. Earned during the period	C/B	O/B	Intt. Earned during the period	C/B	O/B	Intt. Earned during the period	C/B	O/B	Intt. Earned during the period	C/B	O/B	Intt. Earned during the period	C/B	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Col.(1+ 4+7+10 +13+16 +19)	col.(2+5 +8+11+ 14+17+ 20)	col.(3+6 +9+12+1 5+18+21 )	
1	А																									
2	В																									
3	С																									<b> </b>
4	D																									
5	E																									
7	г G																									<b></b>
	Total																									
		Prepared	d and Ch	ecked b	y:																					L
		State Ac	counts N	lanager	r and/or																					
		State Fi	nance Ma	nager																			Signatu	e of the l	Mission D	virector

## **Format of Utilization Certificate**

		orm No. GFR-19A		
Name of the DI Reproductive &	HS c Child Health Programme Phase – II			
	Utilization Ce	rtificate for the year : Dated :		
	Sanction letter no. and date	Purpose	Amount	
	<ul><li>(Please give here details of Sanc. letters)</li><li>1.</li><li>2.</li></ul>	(Selected activity under priority scheme of RCH-II	(Amount of sanctions)	
adjusted towards the further certified the that the money was <u>Checks exercised</u> : Examining of 1.Ledgers	mily Welfare, Govt. of India vide letter nos. (given abov has been utilized for the purpose for which it as sanctione he grants-in-aid payable during the next year. Not I have satisfied myself that the conditions, on which the s actually utilized for the purpose for which it was sanctione terly statements of expenditure ports	e) and Rs on account ed and that the balance of Rs grants-in-aid was sanctioned, have been duly f	remained as unutilized at	ous year (s), a sum of Rs. the end of the year, will be
	ered Accountant d Accountancy firm with date nual audited accounts & found correct)	Executive Director DHS( With S	Seal of Office)	
	<ol> <li>Unspent balance/Unutilized amount of previous year</li> <li>Closing balance of the year means "amount remained</li> </ol>		r audit are the "total funds ava	ilable."

## **REPORTING REQUIREMENTS -"BLOCK LEVEL"**

## **Reporting from Blocks to Districts**

S. No.	Report	<b>Basis of Preparation and key Checks</b>	Frequency/ Timelines	Responsibility	Assisted by	To whom
1	Statement of Expenditure (SoE)	<ul> <li>✓ Should be based on books of accounts</li> <li>✓ Advances should not be reported as expenditure</li> <li>✓ Statement of fund position (SFP) should be sent along with SoE</li> <li>✓ In case any funds are received under NDCPs, SoE reporting for the same also needs to be done by the Block</li> </ul>	Monthly (By 30 <sup>th</sup> of the month)	BMO/ BMHO	Block Accountant / Block Programme Manager	District Health Society
2	Reporting of Interest Fund	<ul> <li>✓ Should include the interest earned on all the bank accounts</li> </ul>	Half-yearly (At the end of every six months)	BMO/ BMHO	Block Accountant/ Block Programme	District Health Society
3	Utilization Certificate	<ul> <li>✓ The blocks should decide on the deadline for receiving the UCs from the CHCs, PHCs &amp; Sub-Centers under their jurisdiction and send consolidated UCs to the DHS.</li> <li>✓ UCs also need to be submitted for any funds received under NDCPs</li> </ul>	Annual (30 <sup>th</sup> April of the following year)		Manager	

## **Reporting from Blocks to Districts**

S. No.	Report	<b>Basis of Preparation and key Checks</b>	Frequency/ Timelines	Responsibility	Assisted by	To whom
4	Statement of Advances	<ul> <li>✓ As per the format provided in the MIS</li> <li>✓ Should be reconciled with books of accounts</li> </ul>	- •	BMO/ BMHO	Block Accountant / Block Programme Manager	District Health Society

Note: In addition to the above,

•Number/Frequency of meetings taking place should also be reported on periodical basis

• Major financial decisions taken during these meetings should also be reported

• Bank Reconciliation Statement should also be submitted on a Monthly basis

## **Format of Statement of Expenditure**

			Α	В	C = (A+B)	D	Ε	$\mathbf{F} = (\mathbf{D} + \mathbf{E})$	G = (C-F)
Linkage of Heads to FMR Format (Eg.)	S.No	Activity	Amount Received Till the Beginning of the Month	Amount Received During the Month	Total Amount Received Till date	Expenditure at the Beginning of the Month	Expenditure During the Month	Total Expenditure Till Date	Closing Balance
	Α	RCH Flexipool							
	1	Salary to LT							
	2	Salary to PHN							
	3	Salary to Additional ANM RCH							
	4	Mobility at Block							
	5	Mobility at CHC							
	6	Mobility at PHC							
		Family Welfare							
A.1.4		JSY Payments to Mothers							
		JSY Payments to ASHAs							
		JSY Admin Cost							
	11	Any Other (to be specified)							
	В	NRHM Additionalities							
	1	MO Allowance							
	2	Salary to Accountants							
	3	Salary to Ayush							
	4	Salary to BPM							
	5	Salary to DEO							
	6	Salary to GNM at CHC							
	7	Salary to GNM at PHC							
	8	Salary to GNM at Sub-Center							
	9	OE IOI BI MIC							
		Mobility for BPMU							
		Office Furniture for BPMU							
		ASHA Monthly Meeting							
		AMG at CHC							
	14	AMG at PHC							
B.2.4		Untied Funds for VHSC							
B.2.1	16	Untied Funds at CHC							
B.2.2		Untied Funds at PHC							
B.2.3		Untied Funds at Sub-Centers							
	19	Any Other (to be specified)							
	С	R I Strengthening Projects (Immunization)							
	1	Alternate Vaccine Distribution System							
	2	Pulse Polio Programme							
	3	Social Mobilization							
	4	Any Other (to be specified)							

## **Format of Statement of Interest Fund**

Name	e of the I	Block:																							
Stater ended		the I	nterest	Earn	ed for (	the perio	od																		
		(Incl A, Pa	NRHM luding l art B & c of PIP	Part Part		IDD			IDSP		N	/BDCP		I	NLEP		ľ	NBCP		R	RNTCP			Total	
SI. No.	Name of the Facilit y	O/B	Intt. Earne d durin g the perio d	C/B	O/B	Intt. Earne d during the period	C/B	O/B	Intt. Earne d during the period	C/B	O/B	Intt. Earne d during the period	C/B		Intt. Earne d during the period	C/B	O/B	Intt. Earne d during the period	C/B		Intt. Earne d during the period	C/B	O/B	Intt. Earned during the period	C/B
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		Col.(1+4 +7+10+1 3+16+19 )	col.(2+5 +8+11+1	+12+
1	CHC																								
2	CHC																								
3	РНС																								
4	PHC																								
5	 Total																								

Prepared and Checked by: Block Accountant Signature of the Block Medical Officer In- Charge

#### **Format of Utilization Certificate**

	Form No. GFR – 19 A	
Name of the Block		
Reproductive & Child Health Programme F	Phase II	
Utilization Certificate for the Year:	Dated:	
Sanction Letter No. and Date	ductive & Child Health Programme Phase II         tion Certificate for the Year:       Dated:         Sanction Letter No. and Date       Purpose       Amount         se give here details of Sanction Letters)       (Activity under RCH Phase II)       (Amount of San         fied that out of Rs.       of grants – in – aids sanctioned during the Financial Year	Amount
(Please give here details of Sanction Letters)	(Activity under RCH Phase II)	(Amount of Sanctions)
1.		
2.		
3.		
of the Block by the Di on account of has been utilized for the purpose for whice as unutilized at the end of the year will be Further certified that I have satisfied mys	istrict Health Society vide of unspent balance of the previous year(s), the it was sanctioned and that the balance of adjusted towards the grants $-$ in $-$ aid paya self that the conditions, on which the gran	letter nos. (given above) and Rs.         a sum of Rs.         Rs.         remained         able during the next financial year.         nts – in – aid was sanctioned, have been
3. Signature of the Block Accountant	Signature of the Block Me	edical Officer

## **REPORTING REQUIREMENTS -**"CHC/PHC LEVEL"

## **Reporting from CHC/PHC to Supervisory Unit**

S. No.	Report	<b>Basis of Preparation and key Checks</b>	Frequency/ Timelines	Responsibi lity	Assisted by	To whom
1	Statement of Expenditure	<ul> <li>✓ Units in line should decide the cycle for FMR reporting</li> <li>✓ By the 26th of the month, monthly SoEs from the sub-centers &amp; VHSCs should be received / collected</li> <li>✓ If in a particular month there is no expense at the CHC/ PHC, a nil SoE report should be submitted to the block</li> <li>✓ In case any funds are received under NDCPs, SoE reporting for the same also needs to be done by the CHC/PHC</li> </ul>	Monthly (28 <sup>th</sup> of the Month)	Medical Officer in charge	CHC /PHC Accounta nt	Block/ Superviso ry unit
2	Utilization Certificate	<ul> <li>✓ To submit the yearly UC duly signed by the medical officer in-charge of the CHC / PHC.</li> <li>✓ UC also needs to be submitted for any funds received under NDCPs.</li> </ul>	Annual (30 <sup>th</sup> April of the following year)			
3	Statement of Advances	<ul> <li>✓ As per the format provided in the MIS</li> <li>✓ Should be reconciled with books of accounts</li> </ul>	Quarterly			

Note: In addition to the above,

• Number/ Frequency of meetings taking place should also be reported on periodical basis

• Major financial decisions taken during these meetings should also be reported

• Bank Reconciliation Statement should also be submitted on a Monthly basis

## **Format of Statement of Expenditure**

#### Name of CHC/PHC:

**Bank Account No:** 

									[
		Α	В	С	$\mathbf{D} = (\mathbf{B} + \mathbf{C})$	Е	F	G = (E+F)	$\mathbf{H} = (\mathbf{A} + \mathbf{D} - \mathbf{G})$
S. No	Activity	Opening Balance (Beginning of the FY)	Amount Received (in current FY) Till the Previous Month	Amount Received During the Month	Total Amount Received (in current FY) Till date	Expenditure (in current FY) Till the Previous Month	Expenditure During the Month	Total Expenditure (In current FY) Till Date	Unspent Balance
1	JSY								
a)	Paid to Beneficiary								
<b>b</b> )	Paid to ASHAs								
<b>c</b> )	JSY Admin Cost								
	Mobility Support for								
2	Doctors								
3	ASHA Monthly Meetings								
4	Immunization								
	Alternate Vaccine								
a)	Distribution System								
b)	Social Mobilization								
5	Annual Maintenance Grants								
	Family Welfare (Family								
6									
a)	Compensation for Sterilization to Beneficiary								
b)	Compensation to Motivator								

### **Format of Utilization Certificate**

Form No. (	GFR –	19	А
------------	-------	----	---

Name of the CHC/ PHC\_\_\_\_\_ Reproductive & Child Health Programme Phase II Utilization Certificate for the Year: \_\_\_\_\_

Dated:

Sanction Letter No. and Date	Purpose	Amount
(Please give here details of Sanction Letters)	(Activity under RCH Phase II)	(Amount of Sanctions)
1.		
2.		
3.		

Certified that out of Rs. \_\_\_\_\_\_ of grants – in – aids sanctioned during the Financial Year \_\_\_\_\_\_ in favour of the CHC/ PHC....... by the Block \_\_\_\_\_\_ vide letter nos. (given above) and Rs. \_\_\_\_\_\_ on account of unspent balance of the previous year(s), a sum of Rs. \_\_\_\_\_\_ has been utilized for the purpose for which it was sanctioned and that the balance of Rs. \_\_\_\_\_\_ remained as unutilized at the end of the year will be adjusted towards the grants – in – aid payable during the next financial year.

Further certified that I have satisfied myself that the conditions, on which the grants -in - aid was sanctioned, have been duly 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.

1.

2.

3.

Signature of the CHC/PHC Accountant

Signature of the Medical Officer In-charge of the CHC/PHC

## **REPORTING REQUIREMENTS -"RKS LEVEL"**

## **Reporting from RKS to Supervisory Unit**

S. No.	Report	Basis of Preparation and key Checks	Frequency/ Timelines	Responsibility	Assisted by	To whom
1	Statement of Expenditure (SoE)	<ul> <li>✓ Units in line should decide the cycle for SoE reporting.</li> <li>✓ To ensure that by 28th of the current month the monthly SoE is submitted to the supervisory unit.</li> <li>✓ If in a particular month, there is no expense at the RKS, a nil SoE report should be submitted to the supervisory unit.</li> </ul>	Monthly (28 <sup>th</sup> of the Month)	Superintendent / Medical Officer	RKS Accountant	Supervisory Unit
2	Utilization Certificate	✓ UC to be submitted along with the annual audit report to the CMHO at DHS and Mission Director at SHS	Annual (31st May of the following year)			
3	Statement of Advances (if any)	<ul> <li>✓ As per the format provided in the MIS</li> <li>✓ Should be reconciled with books of accounts</li> </ul>	Quarterly			

Note: In addition to the above,

•Number/Frequency of meetings taking place should also be reported on periodical basis

• Major financial decisions taken during these meetings should also be reported

### **Format of Statement of Expenditure**

	Activity	Α	В	С	<b>D</b> = ( <b>B</b> +C)	Е	F	G = (E+F)	H = (A+D- G)
S.No		Opening Balance (Beginning of the FY)	Amount Received (in current FY) Till the Previous Month	Amount Received During the Month	Total Amount Received (in current FY) Till date	Expenditure (in current FY) Till the Previous Month	Expenditure during the Month	Total Expenditure (In current FY) Till Date	Unspent Balance
1	RKS Corpus Grants								

#### **Details of opening and unspent balances**

	Cash Balance	Bank Balance	Advances	Total
Opening Balance at the beginning of the month				
Unspent Balance at the end of the month				

## **Format of Utilization Certificate**

		Form No. GFR – 19 A		
	Child Health Programme Phase II			
Utilization Cert	ificate for the Year:	Dated:		
	Sanction Letter No. and Date	Purpose	Amount	
	(Please give here details of Sanction Letters)	(Activity under RCH Phase II)	(Amount of Sanctions)	
	1.			
	2.			
	3.			
by the Block	vide letter nos. (given a has be	rants – in – aids sanctioned during t bove) and Rs een utilized for the purpose for at the end of the year will be adjusted	on account of unspent ba r which it was sanctioned an	alance of the previous year(s), a nd that the balance of Rs.
	l that I have satisfied myself that th	ne conditions, on which the grants – ey was actually utilized for the purp	in – aid was sanctioned, have been	
Signature of th	e RKS Accountant	S	ignature of Superintendent/ MC	)-in Charge

## **REPORTING REQUIREMENTS -"SUB CENTER LEVEL"**

## **Reporting from Sub Centres to Supervisory Units**

S. No.	Report	<b>Basis of Preparation and key Checks</b>	Frequency/ Timelines	Responsibility	Assiste d by	To whom
1	Statement of Expenditure (SoE)	<ul> <li>✓ Units in line should decide the cycle for SoE reporting.</li> <li>✓ To ensure that by the 25th of the month the monthly SoE are collected from the VHSCs, if applicable</li> <li>✓ If in a particular month, there is no expense at the Sub-centre, a nil SoE report should be submitted to the supervisory unit.</li> <li>✓ SoE reporting for funds received under NDCP should also be done.</li> </ul>	Monthly (26 <sup>th</sup> of the Month)	Supervisory Medical In Charge	ANM	Supervisory Unit
2	Utilization Certificate	<ul> <li>✓ UC should be annually duly signed by the ANM of the sub-centre along with the vouchers</li> <li>✓ ANM should review the UC prepared by the ASHA of the VHSCs for correctness and counter sign the same before submitting / forwarding it to the block / supervisory unit</li> <li>✓ Utilization Certificate also needs to be submitted for any funds received under NDCPs</li> </ul>	Annual (30 <sup>th</sup> April of the following year)			

## **Reporting from Sub Centres to Supervisory Units**

S. No.	Report	<b>Basis of Preparation and key Checks</b>	Frequency/ Timelines	Responsibility	Assiste d by	To whom
3		<ul> <li>✓ As per the format provided in the MIS</li> <li>✓ Should be reconciled with books of accounts</li> </ul>	Quarterly	Supervisory Medical In Charge	ANM	Supervisory Unit

*Note: In addition to the above,* 

•Number/Frequency of meetings taking place should also be reported on periodical basis

• Major financial decisions taken during these meetings should also be reported

• Bank Reconciliation Statement should also be submitted on a Monthly basis

## **Format of Statement of Expenditure**

S.No	Activity	A Amount Received Till the Beginning of the Month	B Amount Received During the Month	<b>Received Till</b>	D Expenditure at the Beginning of the Month	E Expenditure During the Month	F = (D+ E) Total Expenditure Till Date	G = (C- F) Closing Balance
1	JSY							
a)	Paid to Beneficiary							
b)	Paid to ASHAs							
2	United Fund of sub-centre							
3 a)	United Fund of VHSC VHSC - 1							
b)	VHSC - 2							
c)	VHSC - 3							
4	Annual Maintenance Grant of sub - centre							
	Signature of ANM							

#### **Format of Utilization Certificate**

Form No. GFR – 19 A						
Name of the Sub Center:						
Reproductive & Child Health Progra	amme Phase II:					
Utilization Certificate for the Year:	D	ated:				
		<b>T</b> 1 • 1•				
Sanction Letter No. and Date	<b>Opening Balance</b>	Funds received in Current Year	Expenditure in Current Year	Balance (If any)		
(Please give here details of	Opening Balance		-	Balance (If any)		
	Opening Balance		-	Balance (If any)		
(Please give here details of	Opening Balance		-	Balance (If any)		
(Please give here details of Sanction Letters)	Opening Balance		-	Balance (If any)		

Further certified that I have satisfied myself that the conditions, on which the grants - in - aid was sanctioned, have been duly 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.

1.

2.

3.

Signature of ANM

Supervisory Medical In-Charge

## **REPORTING REQUIREMENTS -**"VHSC LEVEL"

## **Reporting from VHSCs to Supervisory Units**

S. No.	Report	<b>Basis of Preparation and key Checks</b>	Frequency/ Timelines	Responsibilit y	Assisted by	To whom
1	Statement of Expenditure	<ul> <li>✓ Units in line should decide the cycle for SoE reporting</li> <li>✓ The ANM should review the SoE along with books of the VHSC to ensure correct reporting.</li> <li>✓ If in a particular month there is no expense form the VHSC, a nil SoE report should be submitted to the supervisory unit.</li> <li>✓ SoE reporting for funds received under NDCP should also be made.</li> </ul>	Monthly (25 <sup>th</sup> of the Month)	Supervisory ANM	ASHA	Supervisory Unit
2	Utilization Certificate	<ul> <li>✓ To submit the UC annually duly signed by the ANM of the sub-centre along with the vouchers.</li> <li>✓ ANM should review the UC prepared by the ASHA of the VHSCs for correctness and counter sign the same before submitting / forwarding it to the block / supervisory unit</li> <li>✓ Utilization Certificate also needs to be submitted for any funds received under NDCPs.</li> </ul>	Annual (30 <sup>th</sup> April of the following year)			

## **Reporting from VHSCs to Supervisory Units**

S. No.	Report	<b>Basis of Preparation and key Checks</b>	Frequency/ Timelines	Responsibilit y	Assisted by	To whom
3		<ul> <li>✓ As per the format provided in the MIS</li> <li>✓ Should be reconciled with books of accounts</li> </ul>	Quarterly	Supervisory ANM	ASHA	Supervisory Unit

*Note: In addition to the above,* 

- •Number/Frequency of meetings taking place should also be reported on periodical basis
- Major financial decisions taken during these meetings should also be reported
- Bank Reconciliation Statement should also be submitted on a Monthly basis

### **Format of Statement of Expenditure**

		Α	В	С	<b>D</b> = (B+C)	E	F	G = (E+F)	H = (A+D-G)
S. No	Activity	Opening Balance (Beginning of the FY)	Amount Received (in current FY) Till the Previous Month	Amount Received During the Month	Total Amount Received (in current FY) Till date	Expenditure (in current FY) Till the Previous Month	Expenditure During the Month	Total Expenditure (In current FY) Till Date	Unspent Balance
1	United Fund of VHSC							*Please fill Note 1	

\* Note 1: Out of the amount of Rs.10, 000 sanctioned for the year (Reporting Year) towards Untied Fund for VHSC, only Rs...... has been utilised and the remaining utilisation of Rs...... relates to the previous years.

#### **Details of opening and unspent balances**

	<b>Cash Balance</b>	Bank Balance	Advances	Total
<b>Opening Balance at the beginning of</b>				
the month				
Unspent Balance at the end of the				
month				

### **Format of Utilization Certificate**

#### Form No. GFR – 19 A

Name of the VHSC: \_\_\_\_\_\_ Reproductive & Child Health Programme Phase II: Utilization Certificate for the Year:

Dated:

Sanction Letter No. and Date	<b>Opening Balance</b>	Funds received in Current Year	Expenditure in Current Year	Balance (If any)
(Please give here details of Sanction Letters) 1. 2. 3.				

Further certified that I have satisfied myself that the conditions, on which the grants - in - aid was sanctioned, have been duly 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.

- 1. 2.
- 3.

Signature of ASHA

Signature of Supervisory ANM

# REPORTING: OVERALL STATUS OF FINANCIAL MANAGEMENT ASPECTS

## **Reporting: Overall Status of Financial Management Aspects**

- ✓ FMG has recently developed certain MIS formats for the states to report the status on some key financial management aspects such as audit, staff position, fund position etc. Separate set of information has to be provided on monthly and quarterly basis.
- ✓ These have been developed to strengthen the overall financial management & monitoring through identifying any substantial gaps at the state level and further the streamlining the process for collection of information on implementation of initiatives taken from time to time such as concurrent Audit, Tally, deployment of FM staff, training requirements, state share contribution etc.
- ✓ States are required to submit the requisite information in the prescribed formats (circulated in August 2010) to the FMG on monthly as well as quarterly basis

MIS	Timeline
Monthly	By 10 <sup>th</sup> of the following month
Quarterly	By 10 <sup>th</sup> of following quarter

## **Monthly MIS Reporting**

Parameter	Details to be provided
Concurrent Audit	• No. of districts covered by the Concurrent Auditor in the month
Information on Financial Management/ Workshops Planned by the state	<ul> <li>Financial Review Meeting held in the month with topics</li> <li>Trainings/ Workshops conducted by the state in the month with topics</li> <li>Further training requirements identified</li> </ul>
Vacancy Position of Finance & Accounts Staff	<ul> <li>Sanctioned posts of F&amp;A at State and District level</li> <li>Positions filled and names of respective personnel</li> <li>Vacant positions and reasons for vacancy</li> <li>Action taken &amp; tentative date for filling up the vacancy(s)</li> </ul>
Statement of Fund position	• Statement giving details of the opening balance of cash and bank at the beginning of the month, funds received during the month, expenditure incurred and closing balance, amount of state share contribution and bank interest earned

Detailed Format is Appended as Annexure I

## **Quarterly MIS Reporting**

Parameter	Details to be provided
Statutory Audit	• Date of State's reply to the DO letter on audit observation with reference no. (for the latest statutory audit submitted)
<b>Concurrent Audit</b>	<ul> <li>No. and names of districts where appointment of concurrent auditor is in process</li> <li>No. and names of districts that are providing monthly concurrent audit reports to the state</li> <li>Status of summary report to be provided by the state to the Center</li> </ul>
Tally ERP 9	<ul> <li>Status of procurement of Tally and training at state, district and block level</li> <li>Status of implementation of Tally ERP 9</li> <li>Is the FMR/ SoE being prepared through Tally</li> </ul>
RCH I- Unspent Balance	<ul> <li>Status of any RCH I unspent balance with State/ UT</li> <li>Tentative date of refund, if any balance available</li> </ul>

## **Quarterly MIS Reporting contd..**

Parameter	Details to be provided
15% State Contribution	<ul> <li>Amount contributed by State (into SHS main account)</li> <li>Date of Credit in Bank Account with copy of Bank Statement confirming the credit</li> </ul>
E- Banking	<ul> <li>Status of fund transfer through e-transfer</li> <li>Name of the bank through which funds are transferred</li> <li>MIS Generated</li> </ul>
Quarterly FMR Analysis	• Status of State's reply to FMR analysis of the last quarter
Status of Advances & Facilities	• Status of advances released and adjusted against expenditure as per the Performa <i>(attached as Annexure III a and b)</i>

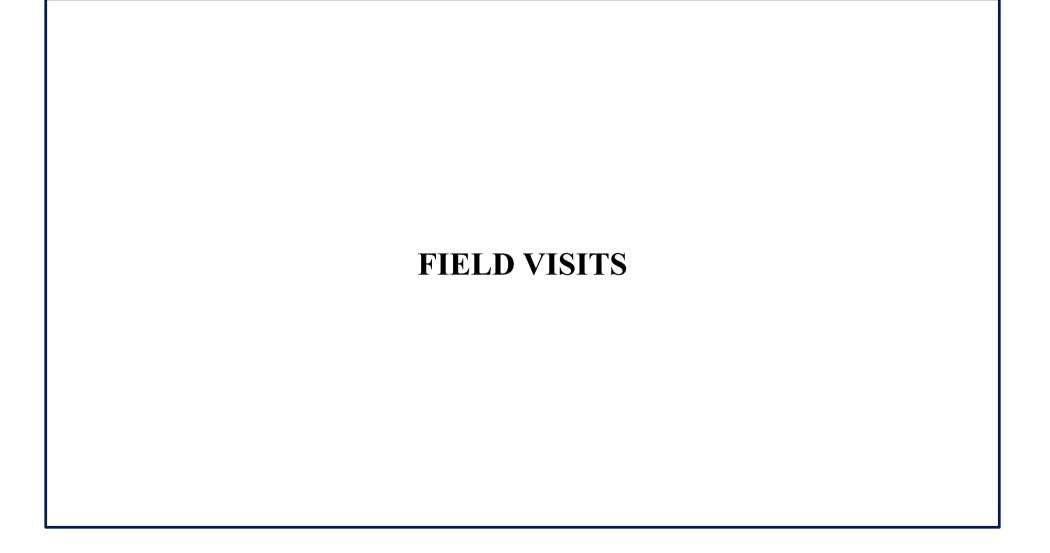
Detailed Format is Appended as Annexure II

# OTHER FINANCIAL MONITORING ACTIVITIES

## **Other Monitoring Activities**

In addition to the Financial Reporting requirements, certain ancillary monitoring activities need to be performed at each supervisory level and by various stakeholders. Some of the financial monitoring activities which are supposed to be carried out under NRHM include:

- a) Field visits by various Supervisory units to the units under their jurisdiction
- b) Periodical Financial Analysis by GoI and States
- c) Periodical meetings at supervisory level
- d) Common/ Joint Review Missions/ Mid term review
- e) External Reviews



- ✓ Officials of the supervisory units need to make periodic visits to their subordinate units to ensure that:
  - Efficient and sound financial management system is in place
  - Financial guidelines & policies are adhered to at units under their jurisdiction
  - Assist them in any difficulty being faced in implementation/ carrying out desired financial management compliances
  - Proper books of accounts are being maintained
- ✓ Following field visits are suggested at various levels:

Supervisory Unit	Subordinate unit	Frequency	Responsibility
GoI	State	Quarterly/As & when required	Team of finance Consultants from FMG
State	District	Monthly	State Accounts Manager, sometimes accompanied by State Finance Manager
District	Blocks	Monthly	District Accounts Manager
Blocks	CHC/ PHC/SC/ VHSC	Fortnightly	Block Accountant

- ✓ In order to facilitate & make field visits more effective:
  - Annual / periodical schedule of field visits should be prepared and followed
  - A team of finance personnel should be decided for the visits & responsibility assigned
  - Process of follow up on observations made during the field visits should be established & enforced

## Key Aspects to be covered during Field Visits

**Finance Staffing** 

Accounting and Fund Flow

**Internal Controls** 

**Financial Reports** 



Any vacancies in the finance staff, clear roles /responsibilities under taken by them, adequate understanding of Accounting/ Reporting requirements, any specific capability issues/ training needs, etc.

Funds are received on timely basis & as per approved budget, adequate understanding of booking keeping/accounting requirements, books of accounts are well maintained & up-to-date, appropriate accounting software has been implemented etc. E-banking/ electronic transfer has been adopted.

Overall environment of control & accountability exist, adequate compliance with internal controls procedures relating to cash, expenditure payments, safeguarding of fixed assets etc. Monitoring of unspent balances of programmes already closed, settlement of advances etc.

Adequate basis is used for preparation of financial reports, correct formats are used, timeliness for submission of these reports are adhered to, etc.

Timely appointment of auditors, fee/ coverage/ scope of work is as per guidelines, timely conduct & submission of reports with adequate quality, effective follow up & actions taken on issues identified.

A sample checklist for the field visits as provided in the NRHM Financial guidelines is appended as Annexure IV

## Monitoring Activities to be carried out by the block

There is a need to institutionalize the process of monitoring at the block level. Hence, the block accountant needs to constantly monitor the various CHCs, PHCs and sub-centres which fall under his jurisdiction For this, fortnightly visits should be made by the block accountant to the units under the block and carrying out the following activities:

S. No	Activity	Purpose	Frequency
1	Monthly / quarterly meetings with the CHC & PHC accountants	compliance with various accounting and reporting requirements	Monthly/ Quarterly
2	Meetings with the ANMs	<ul> <li>To monitor the utilization of funds (against budgets allotted) and compliance with various accounting and reporting requirements</li> <li>To clarify any accounting / financial management issues being faced by them</li> <li>To identify specific training/ capacity building requirements (if any)</li> </ul>	Quarterly/ Six Monthly

S. No	Activity	Purpose	Frequency
3	Conduct field visits to the peripheral units (An indicative checklist for the field visits has been appended as <b>Annexure</b> <b>V</b> )	• To identify issues at these units (e.g. staff vacancies, lack of	Monthly/ Quarterly
4	Detailed review of SoE/FMR received	<ul> <li>To ensure that the FMRs/ SoEs are submitted as per the prescribed format</li> <li>In case of non-compliance, the reports should be sent back for re-work</li> <li>To check the authenticity of the SOE/ FMRs received by applying certain checks, such as <ul> <li>Ensuring arithmetic accuracy</li> <li>Ensuring proper classification of expenditure</li> <li>Comparison of expenditure with physical achievements reported, expenditure reported under previous SOE/ FMR and budget, etc.</li> </ul> </li> </ul>	Monthly

#### **Field Visit Report**

### Name of the unit:

Date of visit:

### I. Key Observations/ Issues

(This section should highlight key issues/ observations made on various financial management aspects based on the checklist filled for field visit. Necessary factual data and analysis should also be provided under each point. It should highlight both the weaknesses and good practices being followed at the unit. In addition, it should also highlight the issues which are pending from the last visit to the same unit and no action has been taken to rectify them.)

#### > Issues/ Observations made during the current visits

### > Issues/ Observations from the last visit on which no action has been taken

#### II. Key Recommendations and timelines for implementation

(This section should provide recommendations/specific actions suggested to address the issues highlighted above and the expected timelines for implementing the recommendations.)

S. No	Issue/ Observation	<b>Recommendation/ Action suggested</b>	Expected timeline for implementation

#### Annexures to be attached to the report:

- Annexure I: List of people met
- Annexure II: List of Documents/ Records Reviewed
- Annexure III: Checklist for field visit

# PERIODICAL FINANCIAL ANALYSIS

## **Periodical Financial Analysis**

The state and central finance officials need to carry out certain financial analysis to understand the utilization levels and progress of programme implementation. Following kinds of analysis can be carried out by them:



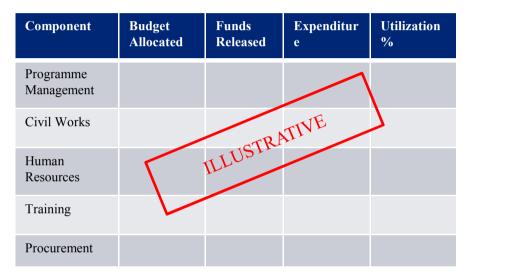
- Budget Vs. Expenditure Analysis
- Physical Vs. Financial Performance
- Specific Analysis on performance of certain important schemes
- Low/ High Performing districts

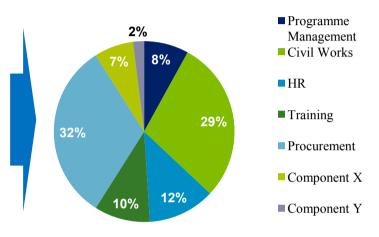
# **Periodical Financial Analysis**

## **Budget vs. Expenditure Analysis**

### **Indicative Analysis Templates**

✓ Following illustrative templates/ pie charts can be used to tabulate and present the data analysis





- ✓ Some hints for carrying out the analysis:
  - Compare total Budget allocated to the total expenditure
  - Analyze component wise expenditure incurred Vs. the respective Budget allocation to identify components which have exceeded the budget estimate and identify components with low/ nil utilization
  - Analyze component wise expenditure incurred Vs. the respective Funds released to identify high and low utilization components for the state
  - Specific explanations / clarifications should be sought in respect of abnormal variances
  - Check in case components exceed their prescribed limit e.g. in case programme management utilization exceeding 6% of the total utilization
     *Financial Management Group, NRHM*

## **Illustration- FMR Analysis**

An extract of 'Part A' of the FMR of state 'X' for the 3<sup>rd</sup> quarter (FY 2010-11) is presented below. Necessary Financial Analysis needs to be carried out at the state level before forwarding the same to the FMG **Rs. (In Lac)** 

	Ę		KS. (III La			
Activity No.	Activity	SPIP(2010-11)	Utilization (Dec.2010)	% Utilization		
A.1	Maternal Health(Other than JSY)	1396.37	880.32	63.04%		
A.2	Child Health	2023.72	605.56	29.92%		
A.3	Family Planning Services(Other than Compensation & Camps)	97.30	199.47	205.01%		
A.4	Adolescent Reproductive and Sexual Health/ARSH	199.20	63.11	31.68%		
A.5	Urban RCH	2853.06	1636.36	57.35%		
A.6	Tribal RCH	811.00	21.95	2.71%		
A.7	Vulnerable Groups	8.75	213.94	2445.03%		
A.8	Innovations/PPP/ NGO	629.80	197.09	31.29%		
A.9	Infrastructure & Human Resources	771.94	453.87	58.80%		
A.10	Institutional Strengthening	376.87	101.48	26.93%		
A.11	Training	1074.53	387.76	36.09%		
A.12	BCC / IEC	873.86	332.59	38.06%		
A.13	Procurement	375.40	132.56	35.31%		
A.14	Programme Management	876.15	459.10	52.40%		
	TOTAL RCH- Base Flexipool	12367.95	5685.16	45.97%		
A.1.4	Janani Suraksha Yojana	2237.86	1328.26	59.35%		
A.3.1.2-5	CompensationforFemale/MaleSterilisation/NSVandFemaleSterilisation CampsFemale	2371.58	796.08	33.57%		
	TOTAL RCH- Demand Side	4609.44	2124.34	46.09%		
	GRAND TOTAL	16977.39	7809.50	46.00%		

## **Illustration- FMR Analysis**

### **Illustrative Analysis**

1

Activity No.	Activity	SPIP(2010-11)	Utilization (Dec.2010)	% Utilization
A.1	Maternal Health(Other than JSY)	1396.37	880.32	63.04%
A.2	Child Health	2023.72	605.56	29.92%
A.3	Family Planning Services(Other than Compensation & Camps) Adolescent Reproductive and Sexual	97.30	199.47	205.01%
A.4	Health/ARSH	199.20	63.11	31.68%
A.5	Urban RCH	2853.06	1636.36	57.35%
A.6	Tribal RCH	811.00	21.95	2.71%
A.7	Vulnerable Groups	8.75	213.94	2445.03%
A.8	Innovations/PPP/ NGO	629.80	197.09	31.29%
A.9	Infrastructure & Human Resources	771.94	453.87	58.80%
A.10	Institutional Strengthening	376.87	101.48	26.93%
A.11	Training	1074.53	387.76	36.09%
A.12	BCC / IEC	873.86	332.59	38.06%
A.13	Procurement	375.40	132.56	35.31%
A.14	Programme Management	876.15	459.10	52.40%
	TOTAL RCH- Base Flexipool	12367.95	5685.16	45.97%
A.1.4	Janani Suraksha Yojana	2237.86	1328.26	59.35%
A.3.1.2-5	Compensation for Female/Male Sterilisation/NSV and Female Sterilisation Camps	2371.58	796.08	33.57%
	TOTAL RCH Demand Side	4609.44	2124.34	46.09%
	GRAND TOTAL	16977.39	7809.50	46.00%

• State has reported expenditure less than 30% under Institutional Strengthening (26.93%) and Child Health (29.92%) of the approved PIP.

- Further, breakup of expenditure under these heads should be analyzed.
- Reasons for low expenditure should be clarified.
- Actions need to proposed to improve the utilization in the qtr IV
- Negligible amount of expenditure has been reported by the State in the activity head of Tribal RCH (2.71%) of the approved PIP.

• The reasons for low expenditure needs to be clarified. Action needs to be proposed to improve the utilization in the 4<sup>th</sup> quarter.

- Expenditure of Rs. 213.94 Lakhs reported under Vulnerable Groups is 25 times of the approved PIP of Rs. 8.75 Lakhs.
- Reasons for this very high expenditure may be clarified and also if approval was taken in advance.

- Utilization under Janani Suraksha Yojna is low as compared to the general average performance of states/ national average.
- Specific reasons for low disbursal should be identified sytemic/ fund constraint, etc..

Out of the approved annual SPIP of Rs.169.77 cr, reported expenditure is only Rs 78.09 cr till  $3^{rd}$  Quarter of 2010-11 under RCH Flexi pool i.e. only 46% which is very low – Need to analyze key components where expenditure is low

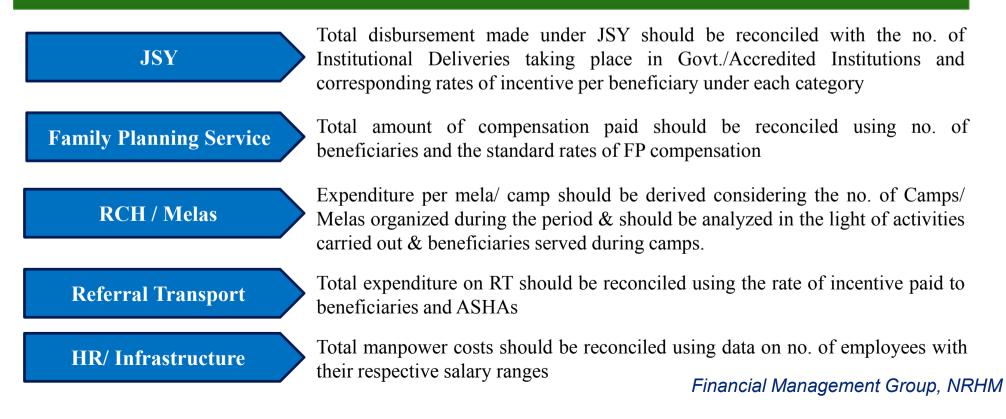
## **Periodical Financial Analysis**

In addition to the overall Budget Vs. Expenditure Analysis certain other qualitative analysis should also be attempted

### **Physical Vs. Financial Progress**

Physical and Financial performance independent of each other are not consequential to the success of the programme. The physical achievement as reported by the programme division needs to be reconciled with the financial progress to get a real picture of the level of programme implementation.

### Hints : Physical Vs. Financial Mapping for some of the Major Activities



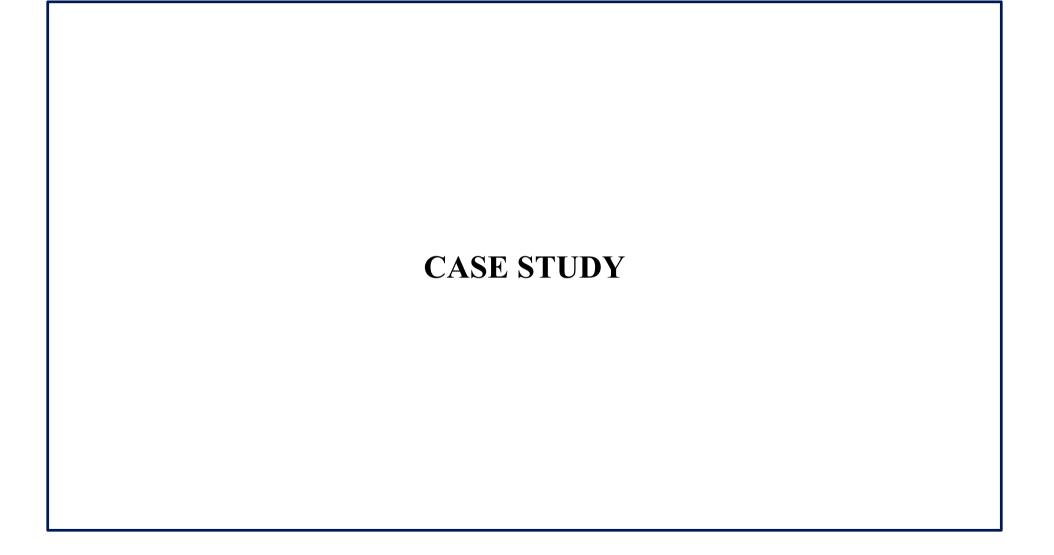
## **Periodical Financial Analysis**

## Specific analysis of certain important schemes

This analysis can be carried out the district/ sub district level to understand the quantum of funds disbursed under various schemes like JSY scheme at any point in time. This can help in determining the no. of beneficiaries and can be compared to the previous year's beneficiaries to realize the performance of the scheme

### **Analysis of Low/ High Performing Districts**

- A periodical analysis should be carried by the States to find out their low and high performing districts. This can be done by analyzing the FMRs sent by them monthly.
- This will aid in understanding reasons for low performance in certain districts which should be followed by visits by state officials to aid the districts in programme implementation.



## **Case Study - Financial Analysis of the FMR**

The GoI provides budgetary allocation for funding RCH programme under various heads to all states & UTs of India. Financial Monitoring Reports (FMR) for State A and for the country as a whole (for the financial year 2008-09) are provided below:

S.No	Activity	Budget	Utilization	%age Utilisation
State	$-\mathbf{A}$			
A.1	Maternal Health	17381.32	16180.81	93.09%
A.2	Child Health	79.50	123.31	155.11%
A.3	Family Planning Services	3794.24	3008.03	79.28%
A.4	Adolescent Reproductive and Sexual Health/Arsh	0.25	0.00	0.00%
A.5	Urban RCH	312.21	65.16	20.87%
A.6	Tribal RCH	0.00	0.00	0
A.7	Vulnerable Groups	0.00	0.00	0
A.8	Innovations/PPP/ NGO	1609.00	1395.19	86.71%
A.9	Infrastructure & Human Resources	2000.00	0.00	0.00%
A.10	Institutional Strengthening	958.80	0.00	0.00%
A.11	Training	1534.31	238.68	15.56%
A.12	BCC / IEC	805.14	269.80	33.51%
A.13	Procurement	1324.00	73.11	5.52%
A.14	Programme Management	848.70	1401.74	165.16%
A.15	Others	0.00	0.00	0
	Total	30647.47	22755.83	74.25%

Table 1 – FMR for State- A (Rs lakhs)

Particulars	<b>Opening Balance</b>	Closing Balance
Cash and Balances	6,500	8,000
Advances	5,000	6,600
Total	11,500	14,600

#### Table 2 - Opening and Closing Balance for the FY 2008-09 of State A

#### Table 3 – National FMR including all states and UTs (Rs Lakhs)

S.No	Activity	Budget	Utilization	%age Utilisation
Natio	nal Level			
A.1	Maternal Health	152877.84	137966.22	90.25%
A.2	Child Health	18911.82	9602.90	50.78%
A.3	Family Planning Services	54302.07	43886.80	80.82%
A.4	Adolescent Reproductive and Sexual Health/Arsh	2119.01	1145.75	54.07%
A.5	Urban RCH	14106.52	5435.11	38.53%
A.6	Tribal RCH	3675.06	2156.88	58.69%
A.7	Vulnerable Groups	1822.40	67.55	3.71%
A.8	Innovations/PPP/ NGO	13187.97	5720.53	43.38%
A.9	Infrastructure & Human Resources	52199.10	22963.84	43.99%
A.10	Institutional Strengthening	9094.17	3980.05	43.76%
A.11	Training	17072.67	10471.80	61.34%
A.12	BCC / IEC	11191.42	7044.48	62.95%
A.13	Procurement	31691.89	22345.71	70.51%
A.14	Programme Management	14181.76	9506.94	67.04%
A.15	Others	0.00	0.00	0
	Total	396433.70	282294.54	71.21%

#### Based on the data of FMR provided:

- 1. Analyse the performance of State A. Also, compare the performance of State A with the national level performance for the programme.
- 2. Comment on the opening and closing balance of State A.
- 3. Identify the queries which you may have from the Programme Manager/ Finance Manager of State A based on the above data.

### Solution- Case study

### Indicative Answers:

1. Analyse the performance of State A. Also, compare the performance of State A with the national level performance for the programme.

### 1. Performance of State A

- Utilization under Child Health, Maternal Health and Programme Management is very high.
- No allocation and hence no utilization is observed under Tribal RCH and vulnerable groups.
- Nil Expenditure has been reported under Infrastructure and Human Resources and Institutional Strengthening even after substantial budget allocation under these heads.
- Low utilization under important components of procurement and training.

### **Comparison to National Level Performance**

- Utilization under Child Health, Programme Management and Innovations and PPP is way beyond national average.
- Around 43% utilization can be observed under Infrastructure and HR and Institutional Strengthening on the national level as compared to Nil utilization in State A.
- Utilization under Procurement and Training is way below national average for State A.

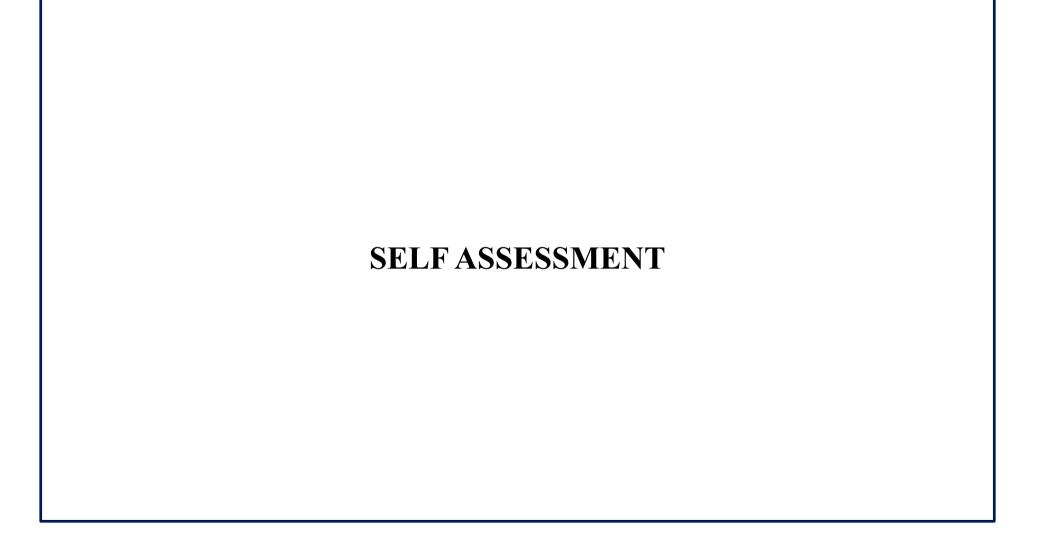
This shows that State A needs to improve upon/ look into reasons for nil/ minimal expenditure under components wherein national average seems to be reasonable. Though State A's overall utilization is close to the National Average of total utilization, it can be attributed only to 3 main components of Child Health, Maternal Health and Programme Management.

### 1. Cash & Bank and Advance Balances:

- a. Overall "Cash & Bank and Advance" Balances have increased by almost 27 % over the year.
- i. Cash & Bank Balances have increased by approx.. 23%
- ii. Advances have increased by approx.. 32%
  - b. Almost 50% of the fund received during the year remained blocked in unspent balance on an average (derived fund received Rs. 25,855 Lac)
  - c. Party-wise Age- analysis of the advances should be carried out in detail.
  - d. Major balances of advances outstanding above six months and all advances which are outstanding above one year should be re-confirmed and urgently recovered/pursued.

**3.** Identify the queries which you may have from the Programme Manager/ Finance Manager of State A based on the above data

- What is the reason for utilisation % greater than 100% for Child Health and Programme Management? Is it because the budget did not represent the actual requirement or is it payment for previous year's expenditure? Also, how were the funds arranged for the same (possible source unutilised advances lying at various levels).
- What is the reason for low procurement? Is it that the procurement guidelines are not clear or there is lack of participation by the contractors?
- What are the reasons for low training expenditure of only 16% as compared to the national average of 61.3%. Is it because the staff doesn't require training or lesser trainings were planned for them during the year?
- What are the reasons for almost nil expenditure under Infrastructure and Human Resources and Institutional Strengthening even after substantial budget allocation under these components? What are the constraints being faced in implementing activities planned under these heads?
- Why no budget has been allocated under Tribal RCH and Vulnerable groups? Is it because they have been neglected or there is no need for the same in the state?



## **Self Assessment**

Please tick mark the correct answers. A question can have more than one correct answer.

- Importance of Monitoring includes which of the following:

   a. To determine whether the funds are well utilized
   b. To ensure easy facilitation and timely completion of statutory audit
   c. To ensure timely consolidation of reports at the state level to provide timely reporting
   d.All of the above
- 2. MIS Formats have been developed to:
  - a. Strengthen the overall financial monitoring under NRHMb. Further streamline the process for collection of informationc. Only ad. Only b
- 3. What is the frequency for the state to submit the Financial Monitoring Report to the center?
  - a. Within 30 days
  - b. Within 60 Days
  - c. Within 90 days
  - d.None of the above

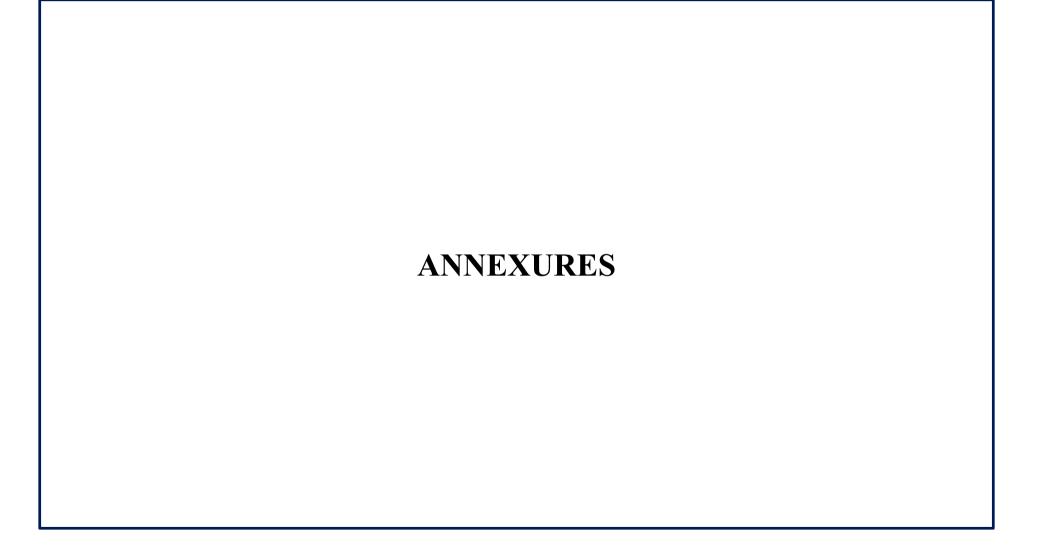
## Self Assessment

- 4. Which of the following reporting activities are generally to be performed annually?
  - a. Submission of SoEs / FMRs
  - b. Submission of UCs
  - c. Completion of BRS along with confirmation of balances from Bank
  - d.Closing of books of accounts
- 5. What is the frequency by which districts need to send the Statement of Interest Earned to the SHS?
  - a. Semi- annually
  - b. Annually
  - c. Quarterly
  - d. None of the above
- 6. What is the frequency of field visits to be made by the block accountant?
  - a. Fortnightly
  - b. Monthly
  - c. Weekly
  - d. Bi- monthly

## **Self Assessment**

- 7. Which of the following monitoring activities is not conducted by the block accountant?
  a. Conducting periodical field visits to the peripheral units
  b. Submission of Statement of Fund Position
  c. Conducting periodical meetings with CHC/PHC accountants
  d. Detailed review of SoE/ FMR reviewed
- 8. By when should RKS submit the SoE to its supervisory units?
  - a. 26th of the month
  - b.30th of the month
  - c.28th of the month
  - d.5th of the following month

Answers: 1 (d), 2 ( a & b), 3 (c), 4 (b), 5 (a), 6 (a), 7 (b), 8 (c)



# **Annexure I- Monthly MIS Format**

State Information	Name of State/ UT Number of Districts				Number of Blocks			
State mornation								
Status of	Concurrent Audit		<u>FMRs Meetings</u>	s/Workshops	Vacancy Position of Finance & <u>Accounts Staff</u>		Statement of Fund Position	
Concurrent Audit								
2010-11								
Number of Districts covered by Concurrent Auditor for 2010-11 in the month / SHS covered?								
Information on Financial Management Meetings / Workshops Planned by the State								
Financial review meeting held in the month with topics								
Trainings / Workshops conducted by the State in the month with topics								
Training requirement of the State may please be specified.								
Vacancy Position of Finance & Accounts Staff								
S.No.	Sanctioned Posts of F & A at State Level	Deputation / Contract	Name of Staff in position / Vacant	Vacant Since (date)	Reason for vacant position	Action taken & tentative date for filling up the vacancy	Contact Number	E-mail address
State Level :								
District Level:								
Statement of Fund Position	Proforma to be filled in							

				Statement o	f Fund Position	(new format)							
Scheme	Opening Balance at the beginning of the month				Fund recei	ved during the	month	*Actual Refund to Expenses GOI		Closing Ba	alance at the er	nd of the month	(Rs.Lakh)
	Bank Balance	Advances (including Releases to District & other agencies)	Cash Balance	Total	GOI	State Share	Bank Interest	Incurred during the month		Bank Balance	Advances (including Releases to District & other agencies)	Cash Balance	Total
<b>RCH Flexible Pool</b> (Part A of PIP)													
Additionalties under NRHM (Part B of PIP)													
Immunization (Part C of PIP) :													
RI Strengthening Project (Including Cold Chain Maintenance)													
Pulse Polio Operating Costs													
Total Immunisation													
<b>RCH– I</b> (Provide separate detail for each activity)													
RNTCP													
NLEP													
IDSP													
NVBDCP													
NPCB													
NIDDCP													
Other, if any (pls specify)													
TOTAL								-	-	-	-	-	-

\* Actual expenditure includes expenditure incurred by State Health Society itself and District health societies.

**Source documents,** which must be verified before showing figures under each category, are: Cash Book, Bank Book and Advance Register (Ledger).

#### It is certified that:

1. Opening and Closing figures of Bank Balance tally with the **<u>Bank Book</u>** of the Society (State may call for similar report from the districts),

2. Opening and Closing figures of Advances tally with the <u>Advance Register</u> of the

Society,

3. Opening and Closing figures of Cash tally with the **<u>Cash Book</u>** of the

Society.

4. That expenditure shown in the quarter tally with the expenditure reported in the Financial Monitoring Report (FMR) for the quarter.

## **Annexure II- Quarterly MIS Format**

e II- Quarterly N	IIS Format	(	
State Information	Name of State/ UT	Number of Districts	Number of Blocks
Particulars	Mission Director	Director Finance/SFM	State Accounts Manager
Name			
Office Phone Number			
Mobile Number			
Office Address			
E-mail ID			
	Statutory Audit	Concurrent Audit	Tally ERP 9
Status of	RCH 1 - Unspent Balance	15% State Contribution	E-Banking
	Quarterly FMR Analyses	Status of Adva	nces & Facilities

Statutory Audit			
2008-09			
Date of State's reply to the DO letter on audit			
observations with reference no.			
Concurrent Audit			
2010-11			
Number/names of Districts where appointment			
of concurrent auditor is in process			
Number / names of Districts that are providing			
monthly concurrent audit reports to the State			
Status of summary report to be provided by the			
State to the Ministry			
Tally ERP 9	Has Tally ERP9 been procured & Training is d	one Has Tally ERP 9 been implemented	Has the SOE/FMR been prepared through Tally
State Level			
District Level			
Block Level			
RCH I - Unspent Balance			
Does the State / UT have any unspent balance in			
RCH - I. If yes, kindly provide the tentative date of			
refund (proposed)			
15 % State Contribution	Amount contributed by State (Rs.)	Date of Credit in Bank Account	Remarks, if any
Year			
2009-10			
2010-11			
E- Banking	Are funds transferred through e-transfer?	Name of the Bank through which funds are transferred	MIS Generated?
State Level			
District Level			
Bock Level			
Quarterly FMR Analyses	State's Reply (Yes /No	) If Yes, pls provide ref no	If No, kindly provide tentative date of sending the same
Has the State sent a reply to FMR analyses of the			
last quarter?			
Status of Advances & Facilities	Proforma to be filled in		

Statement of Agewise outstanding advances for the quarter ending ------Name of the State: Advance Adjusted Funds released during Agewise outstanding advances Balance i.e. (Closing advances) for (Expenditure booked the year 2010-11 the quarter ending ------Opening )during the year Advances Total Less Balance Advanc Refund as on 01-FMR of e Outstandi Outstandi 04-2010 Head of accounts Remarks Code NO. availabl RCH-Funds Comulative Oustanding ng as per I/Other Expendiutre Comulative e at expenditure g advances advances Outstanding Total Released audit incurred Funds State S incurred advances more than more than advances more Outstanding during the report of eleased for during the Current during the Less than 3 Less 6 month than 12 month Advances 2009-10 the year quarter Less than Quarter year 3 month than 6 12 month month RCH - TECHNICAL STRATEGIES & ACTIVITIES (RCH Flexible Pool) Advance for Recurring Expenditure (Committed Expenditure) A.1 MATERNAL HEALTH A.1.4 Janine Suraksha Yojana / JSY A.2 CHILD HEALTH A.3 FAMILY PLANNING A.4 ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH / ARSH A.5 URBAN RCH TRIBAL RCH A.6 A.7 VULNERABLE GROUPS TRAINING A.11 A.12 BCC / IEC A.10 INSTITUTIONAL STRENGTHENING Advance for Non Recurring Expenditure (Committed Expenditure) INNOVATIONS/ PPP/ NGO A.8 INFRASTRUCTURE A.9 A.9.2 Major civil works (New constructions/ extensions/additions) A.9.3 Minor civil works A.13 PROCUREMENT A.13.1 Procurement of Equipment Procurement of Drugs and supplies A.13.2 Advance for Recurring Expenditure (Uncommitted Expenditure) 1 Advances to Districts (Other than above) 2 Advances to Staff 3 Advances (Other than above) Pls specify

		Opening Advances	Funds released 2010	during the year 0-11	Total	Less	Advance Adjuste booked)dur	ed (Expenditure ring the year	Agewise outs	tanding advance	es Balance i.e.(	Closing advances) for th	e quarter ending	-
FMR Code NO.	Head of accounts	Balance as on 01-04-2010 as per audit report of 2009-10	Funds Released during the Current Quarter	Comulative Funds released for the year	Advance available at State	Refund of RCH- I/Others	Expendiutre incurred during the quarter	Comulative expenditure incurred during the year	Oustanding advances Less than 3 month	Outstanding advances more than 3 Less than 6 month	Outstanding advances more than 6 month Less than 12 month	Outstanding advances more than 12 month	Total Outstanding Advances	Remarks
	TIME LINE ACTIVITIES - Additionalities under NRHM (Mission Flexible Pool)													
	ecurring Expenditure (Committed Expenditure)													
	ASHA									1				
B2	Untied Funds													
B2.1	Untied Fund for CHCs													
B2.2	Untied Fund for PHCs											-		+
	Untied Fund for Sub Centers													+
B2.4	Untied fund for VHSC Annual Maintenance Grants													
в4 В4.1	CHCs													+
	PHCs													+
B4.3	Sub Centers							1			1	1		+
	Mainstream of Ayush				İ						İ			
B10	IEC-BCC NRHM										1			
	Mobile Medical Units													
	Referral Transport													
	Additional Contractual Staff (Selection, Training, Remuneration)													
B14														
	PPP/ NGOs	-										-		
	Training													
B16.3 B6	Training and Capacity Building Under NRHM Corpus Grants to HMS/RKS (As details annexed)													
	Non Recurring Expenditure (Committed Expenditure)													+
i i u vunce i or i	(on recurring Experiance (committee Experiance)													
B3	Hospital Strengthening													
B3.1	Upgradation of CHCs, PHCs, Dist. Hospitals to IPHS)													
B3.1.1	District Hospitals													+
B3.1.2 B3.1.3	CHCs PHCs													
	Sub Centers													
	Others													+
B5.115	New Constructions/ Renovation and Settingup													+
B5.1	CHCs									1				
	PHCs													
	SHCs/Sub Centers													
	Setting up Infrastructure wing for Civil works													
B5.5	Govt. Dispensaries/ others renovations													
D.C.C	Construction of BHO, Facility improvement, civil work, BemOC and CemOC													
B5.6 B19	centers Programmento													+
D17	Procurements Drugs													+
B19.2	Equipments													
-	Others													-
	Recurring Expenditure (Uncommitted Expenditure)													
	Advances to Districts ( Other than above)			L						1	1			+
	Advances to Staff							1			1	1		+
	Advances (Other than above) Pls specify				İ						İ			
Advance for <b>F</b>	Recurring /Non Recurring Expenditure (Uncommitted /Committed				1				İ		1	1		
Expenditure)	for other programmes													
	IMMUNISATION													
	IDD									ļ				4
	IDSP													+
	NVBDCP NLEP	L												+
	NLEP NBCP													+
	NBCP RNTCP											<u> </u>		+
r	Total (A+B+C+D+E+F+G+H+I)				1					1	1	t		+
Notes: Advan	ces outstanding figure should match with the audit report of previous year	and with the	current year boo	ks of accounts of	State , Distr	ict Health S	ociety and statem	nent of funds posi	tion.					<u> </u>
			,		, 2.50									

							Status	s of Adv	vances	s in (na	me of S	State)							
		Untied Funds - Sub Centre								Funds	s - PHC	/ CHC	;	4	Annual	Mainte	enance	Grant	S
SI. No	Name of the District	Open. Bal. 1st April, 2009	Relea se 2009- 10	Refun d 2009- 10	funds	upto	Closi ng Balan ce 2009- 10	Bal.	Relea se 2009- 10	d	Total funds availa ble	upto 31st Mar.	Closi ng Balan ce 2009- 10	Bal. 1st April,	se	d	Total funds availa ble	upto	Closi ng Balan ce 2009- 10
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
	TOTAL :																		

						Stat	us of Ac	dvances	s in (naı	ne of S	state)						
	Ro	gi Kaly	an Sam	itis		Villag	je Healt	h & Sai	nitation	Comm	ittees	Grand Total					
Open. Bal. 1st April, 2009	Releas e 2009- 10	Refun d 2009- 10	Total funds availa ble	upto	Closin g Balanc e 2009- 10	Bal.	Releas e 2009- 10	Refun d 2009- 10	Total funds availa ble	upto	Closin g Balanc e 2009- 10	Bal.	Releas e 2009- 10	Refun d 2009- 10	Total funds availa ble	upto	Closin g Balanc e 2009- 10

## **Annexure IV- Checklist for Field Visits**

### Sample Checklist on Financial Management for Field Visits

### Name of the State:

S. No.	Item	<b>Remarks/ Response</b>
1	Finance Staffing:	
	<ul> <li>Has the finance staff received training on the RCH Finance Manual including revised FMR formats and when?</li> <li>If yes, has the state finance team in turn provided training to the district finance staff? Is there a training calendar?</li> </ul>	
	• Are finance staff from State Society visiting the districts to test check the internal controls and accounting transactions? If yes, how many districts have been covered and are there any serious issues.	
	• What is the role of the finance staff in SHAP/PIP formulation/ planning process?	
	• If vacancies in staff exist what are the reasons and what is the action plan for filling them?	
	At State Level:	
	State Finance Manager: If vacant then vacant	
	since when.	
	State Accounts Manager: If vacant then vacant since when.	
	At District level:	
	Number of Districts:	
	Number of District Accounts Manager in	
	Position	
	• Problems being faced/ outstanding issues on staffing/ staff matters	
	• Has State initiated the process of hiring of Block Level Accountants?	

· - ·		
2 4	Accounting and Funds flow	
	<ul> <li>Accounting and Funds flow</li> <li>Status in respect of guidelines issued in December 2006 on financial, accounting, auditing, funds flow &amp; banking arrangements at State &amp; district level</li> <li>Are the books being maintained as suggested in the Finance and Accounts Manual?</li> <li>Is any computerized accounting system in use and if yes, what are the outputs?</li> <li>Are there any delays in receiving funds from the centre to states and states to districts? Has the project or any component been out of funds in the last one year?</li> <li>Whether the State is transferring the funds to Districts electronically or by physical transfer?</li> <li>Whether the fund transfer by State to Districts is being done like RCH flexible pool or the State still resorting to activity wise fund transfer to the Districts?</li> <li>What is the average annual frequency of fund transfer?</li> </ul>	
-	• To what extent have financial powers been delegated at the state, district and block levels?	
	<ul> <li>Are they aware of the new draft guidelines circulated by the centre for delegation of administrative /financial powers under NRHM?</li> </ul>	
•	<ul> <li>Problems being faced/ outstanding issues on accounting or fund management or banking arrangements</li> </ul>	

<b>S. No.</b>	Item	<b>Remarks/ Response</b>
3	Internal Control	
	• Cash book and Bank book written up to date	
	(indicate date)	
	• Cash balance reconciles with physical cash in	
	hand. (Do cash count)	
	• General Ledger is written up to date and has	
	the relevant ledger heads (indicate date)	
	• All vouchers are serially numbered and filed	
	properly	
	<ul> <li>Bank reconciliation's has been done as at the</li> </ul>	
	end of the previous month	
	• Stock register for drugs, consumable and	

4 ]	Financial Reports:	
	<ul> <li>Awareness of the revised FMR formats? Are States familiar with the guidelines for preparation of Revised FMR?</li> </ul>	
	<ul> <li>Are the reporting heads in the FMR aligned with the AWP</li> </ul>	
	<ul> <li>Timeliness of Financial Reporting for:</li> <li>1. Financial Monitoring Reports (FMR): Delayed by how many days.</li> <li>2. Statement of Fund Position: Whether prepared or not? (Verify the figures from the books of accounts for any quarter as a cross-check measure).</li> </ul>	
	Are monthly FMRs submitted by the districts to states on a regular basis? Has the state consolidated the monthly FMRs from the districts for the first quarter of the FY? If so, has it been sent to the Centre? (a copy of the last financial report sent may be requested)	
	<ul> <li>Do the FMRs go to FMG and programme divisions</li> </ul>	
	<ul> <li>What are the checks being exercised while preparing FMRs?</li> </ul>	
· · ·	<ul> <li>Is physical progress being captured in time and consistently?</li> </ul>	
'	<ul> <li>Assess whether clubbing the physical and financial in the FMR is likely to delay the FMRs.</li> </ul>	
•	<ul> <li>Problems being faced/ outstanding issues on financial reporting</li> </ul>	

5	Audit:	
	<ul> <li>External:</li> <li>Is there a TOR for external auditors?</li> <li>Has the auditor(s) been appointed for State and District Societies for the year 2006-07?</li> <li>If yes/no, what tendering processes were followed /will follow to appoint the Auditors?</li> <li>Are the bids evaluated for contracting auditors based on technical inputs or are they cost based?</li> <li>What are the fee rates, the coverage and the time period for which auditors have been contracted?</li> <li>Has a single audit firm been appointed or have districts been divided amongst firms?</li> <li>Is there a concept of lead auditor to quality assure the audit?</li> <li>Has SPMU received the model audit report sent by FMG?</li> <li>Have the audit observations on the audit report for FY 2005-06 been shared by the FMG?</li> <li>What is the practice for follow up on audit observations?</li> <li>Did the auditor (for 2005-06) visit the districts or districts officials were called at the State along with the records?</li> </ul>	
	<ul> <li><u>Internal:</u></li> <li>Does the State have a system of internal audit?</li> <li>Does State plan to have internal or concurrent audit on monthly or quarterly basis?</li> <li>Are internal audit observations being received regularly and being acted upon?</li> </ul>	

## **Annexure V- Checklist for Field Visits for Block Accountants**

This checklist will be used by the block accountants for the field visits conducted by them to the reporting units like CHC/ PHCs, Sub Centers and VHSCs.

In addition to the block accountant, Block Programme Manager (BPM) should also refer to the checklist while conducting field visits. Also, BPM should ensure that the financial expenditure reported by respective unit is as per the progress reported on the physical indicators.

#### Block: Name of the Unit: Date/ Period of visit:

S. No.	Item	<b>Remarks/ Response</b>
1.	Finance Staffing:	
	• Which positions are vacant in the unit?	
	Previous efforts made to fill the vacancies	
	• Did the staff receive training on the relevant RCH/ NRHM	
	guidelines and updated formats?	
	Are there any specific training / capacity building needs?	
2	Funds flow	
	• Are there any delays / shortage of funds at units?	
	• Are there effective banking arrangements in place? Such as,	
	<ul> <li>Whether cheque books are issued on timely basis?</li> </ul>	
	• Whether cheques are issued on a timely basis?	
	• Whether salaries of staff are credited/ paid on a timely basis	
	• Are there any old unspent balances? (obtain ageing and identify	
3.	reasons) Accounting & Book Keeping	
5.	<ul> <li>Are adequate books being maintained as suggested in the Finance</li> </ul>	
	and Accounts Manual/ guidelines?	
	<ul> <li>Are the books updated regularly?</li> </ul>	
4.	Internal / Accounting Controls	
	• Is the Cash book and Bank book written up to date (indicate date)?	
	• Does the cash balance reconcile with physical cash in hand. (Do	
	cash count)?	
	• Is the General Ledger written up to date and has the relevant ledger	
	heads (indicate date)?	
	• Are all vouchers serially numbered and filed properly?	
	• Is the stock register for drugs, consumable and printed materials, if	
	any, up to date?	
	• Is the Fixed Asset Register up to date?	
	• Is there any pre-signed blank cheques or large cash withdrawals?	
	• Does the unit follow the system of single signatory or joint signatories? Who are the signatories to the bank account (s)?	
	• Are updated bank statements/ passbook available? Does the unit	
	prepare monthly bank reconciliation Statement?	
	• Problems being faced/ outstanding issues on internal controls	

5.	Financial Reports	
	• Is the unit staff aware of the revised/ updated FMR/ SoE format?	
	• Are the monthly SoEs/ FMRs collected timely from the periphery	
	units?	
	• Are monthly SoEs/FMRs submitted by the units on a regular basis?	
	Is physical progress being captured in time	
	and consistently?	
	• Is there a backlog in preparation of SOE, utilization certificate or	
	audit report?	
	Problems being faced/ outstanding issues on financial reporting	
	Comparison of Actual with the Planned/ Budgeted expenditure	
6.	JSY Disbursements	
	• Whether adequate JSY funds are available?	
	• Are there any backlogs of payments?	
	• Whether separate register has been maintained with proper details?	
	• Review sample JSY disbursements (5to10 days – considering the	
	volume) & ensure:	
	<ul> <li>Payments are made on timely basis (within 48 hrs, at the time of</li> </ul>	
	discharge)	
	<ul><li>Proof of identity is duly verified</li><li>Payment is made by cheque</li></ul>	
7.	Rogi Kalyan Samiti	
1.	• Discuss frequency of Governing Body / Executive committee	
	• Discuss frequency of Governing Body / Executive committee meetings	
	<ul> <li>Ensure proper records of minutes are maintained</li> </ul>	
	<ul> <li>Ensure proper records of minutes are maintained</li> <li>Ensure separate BoAs are being maintained for RKS and timely</li> </ul>	
	• Ensure separate BOAs are being maintained for KKS and timery audit is conducted	
Note	• Only the questions applicable to the unit should be responded to	

*Note: Only the questions applicable to the unit should be responded to.* 

*Filled by: Date:* 

