



OFFICE OF THE MISSION DIRECTOR  
NATIONAL HEALTH MISSION, ASSAM

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No: NHM/13019/5/2018-FP-NHM/2378  
(ECF : 82676)

Dated: 8/05/2020

From: Dr. Lakshmanan S, IAS  
Mission Director  
National Health Mission, Assam

To: The Joint Director of Health Services cum Member Secy  
District Health Society..... (All Districts)

Subject: District RoP & Operational Guidelines on Family Planning Services, FY-2020-21

Sir/ Madam,

With reference to the subject cited above, Based on GoI approvals, the district wise physical & financial allocation along with Operational Guidelines on Family Planning activities for the FY-2020-21, has been prepared and enclosed for your reference and programme implementation in the state. GoI has approved different Family Planning activities under the broad heads of Sterilization services, Compensation for Sterilization , PPIUCD/IUCD/ PAIUCD, Antara services, Incentives, Training, Orientation, Meetings, IEC/BCC, Printing, Equipments, Drop back service, Performance reward, mobility cost, observation of WPD/NSV fortnight etc for the FY 2020-21.

The districts should strictly follow all financial norms and guidelines for implementation of the approved activities. FMR owners of each activity are indicated in the District RoP 2020-21 and She/He is responsible for physical & financial performance of the activity within stipulated time schedule at district and block level. For any clarification on any activities, kindly contact respective FMR owner of the activities. In future if in case, any modification on implementation plan occurs, the matter will be communicated to districts.

You are directed to not to make any change in the FMR allocations without approval of the undersigned. You are also requested to circulate the District RoP on Family Planning along with the Operational Guidelines to all concerned immediately for timely implementation of activities.

Enclosure: As stated above.

Yours' faithfully

*(Signature)*  
(Dr. Lakshmanan S, IAS)  
Mission Director

National Health Mission, Assam  
Date: 8/05/2020

No: NHM/13019/5/2018-FP-NHM/2379-88  
Copy to for information:

1. Principal Secretary of the Autonomous Council/Deputy Commissioner cum Chairperson, District Health Society,.....(all districts)
2. The Executive Director, NHM, Assam
3. Addl. Dy. Commissioner/ Secretary (Health), ----- (all district)
4. Director Health Services, Assam, Hengrabari, Guwahati
5. Director Health Services (FW), Assam, Hengrabari, Guwahati
6. Director, Finance & Accounts, NHM, Assam
7. All SPO/SNO, SPM, Consultants, SFM, Component In-charges, SPMU, NHM, Assam.
8. P.S. to the Hon'ble Minister, H & FW, Assam, Dispur for kind appraisal to the Hon'ble Minister, H & FW.
9. The P.S. to the Principal Secretary to the Govt of Assam, Health & F. W. Dept, Dispur, for favour of kind information of the Principal Secretary.
10. District Programme Manager, NHM, .....(all districts) for necessary action.

*(Signature)*  
Mission Director

National Health Mission, Assam