



आयुष्मान भारत “निरामयम्” मध्यप्रदेश

(दीन दयाल स्वास्थ्य सुरक्षा परिषद्)

जय प्रकाश अस्पताल, आई.ई.सी. ब्यूरो प्रथम तल भोपाल



क्रमांक/एस.एच.ए/ए.बी/2025/5126

भोपाल, दिनांक 14/08/2025

// आदेश //

प्रधानमंत्री जन आरोग्य योजनांतर्गत आयुष्मान भारत “निरामयम्” म.प्र. के सफल क्रियान्वयन हेतु पूर्व में जिला क्रियान्वयन इकाई (DIU) का गठन आदेश क्र/ए.बी./2021/2809 भोपाल, दिनांक 22/12/2021 के अनुसार किया गया था। (संलग्नक-A) राष्ट्रीय स्वास्थ्य प्राधिकरण, भारत सरकार, नई दिल्ली से प्राप्त निर्देशानुसार नवीन जिला क्रियान्वयन इकाई (DIU) का गठन किया जाना है। पूर्व में जारी जिला क्रियान्वयन इकाई से संबंधित समस्त आदेशों को निरस्त करते हुए नवीन दिशा-निर्देशों के अनुपालन में नवीन जिला क्रियान्वयन इकाई (DIU) का निम्नानुसार गठन किया जाता है :-

क्र.	पदनाम	जिला क्रियान्वयन इकाई (DIU) में पदनाम
1	जिला कलेक्टर	अध्यक्ष
2	मुख्य कार्यपालन अधिकारी, जिला पंचायत	उपाध्यक्ष
3	अधिष्ठाता, चिकित्सा महाविद्यालय	आमंत्रित सदस्य
4	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी	सदस्य सचिव
5	सिविल सर्जन सह मुख्य अस्पताल अधीक्षक	सदस्य
6	जिला स्वास्थ्य अधिकारी (DHO-2)	आयुष्मान नोडल अधिकारी
7	जिला मॉनिटरिंग एण्ड इवेलुएशन अधिकारी (M&E officer) राष्ट्रीय स्वास्थ्य मिशन	सदस्य
8	जिला कार्यक्रम प्रबंधक (DPM) राष्ट्रीय स्वास्थ्य मिशन	सदस्य
9	जिला कम्युनिटी मोबिलाइजर (DCM) राष्ट्रीय स्वास्थ्य मिशन	सदस्य

जिला क्रियान्वयन इकाई (DIU) जिला स्तर पर आयुष्मान भारत “निरामयम” योजना क्रियान्वित करने हेतु मुख्य इकाई के रूप में कार्य करेगी।

यह राज्य स्वास्थ्य एजेंसी द्वारा योजनांतर्गत आवंटित किए गए कार्यों को जिला स्तर पर समन्वय कर सुचारु रूप से क्रियान्वित करेगी, जिनमें मुख्य गतिविधियाँ निम्नानुसार हैं :—

1. जिले में स्थित सभी आयुष्मान हितग्राहियों को शत-प्रतिशत आयुष्मान योजना में सम्मिलित करना तथा उनके इलाज संबंधित कार्यों की निगरानी करना। (संलग्नक—B)
2. जिला अंतर्गत कार्यरत निजी एवं शासकीय चिकित्सालयों को जिला इम्पेनलमेंट समिति द्वारा सम्बद्ध कराना। (संलग्नक—C)
3. योजना संबंधी शिकायतों को संज्ञान में लेकर समय सीमा में निराकरण करना तथा राज्य स्वास्थ्य एजेंसी से समन्वय करना। (संलग्नक—D)
4. योजनांतर्गत पाए गए धोखाधड़ी के मामलों की समय-सीमा में जांच कर राज्य स्तर पर सूचित करना तथा ऐसे मामलों का नियंत्रण एवं रोकथाम करना।
5. शासकीय चिकित्सालयों को प्रोत्साहित करने हेतु संचालित की जा रही “निरामयम प्रोत्साहन योजना” (NPS) संबंधित क्रियाकलापों की जिला स्तर पर समीक्षा करना तथा योजना के सफल क्रियान्वयन हेतु निगरानी करना। (संलग्नक—E)
6. आयुष्मान भारत “निरामयम” योजनांतर्गत संचालित समस्त योजनाएं जैसे— सड़क दुर्घटना पीड़ितों का नकदी रहित उपचार स्कीम (CTRAV), आयुष्मान भारत डिजिटल मिशन (ABDM), एवं वय वंदना योजना (VVS) इत्यादि के क्रियान्वयन में आवश्यक कार्य करना।
7. आयुष्मान भारत “निरामयम” योजनांतर्गत व्यापक प्रचार-प्रसार करना तथा योजना के सफल क्रियान्वयन हेतु जन-जागृति करना।
8. आयुष्मान योजनांतर्गत पात्र हितग्राहियों को जोड़ने हेतु आशा/जीआरएस/सचिव तथा अन्य शासकीय सेवक द्वारा किये गये कार्यों के मानदेय वितरण की समीक्षा करेगी।


उक्त इकाई हेतु सामान्य निर्देश :—

1. मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी इस आदेश के जारी होने के 15 दिवस के भीतर जिला स्तर पर “जिला क्रियान्वयन इकाई” हेतु उचित स्थान चिन्हित करेंगे तथा राज्य

स्वास्थ्य एजेंसी से समन्वय कर आवश्यक सामग्री जिसमें प्रचार-प्रसार सामग्री, कम्प्यूटर, प्रिंटर इत्यादि की व्यवस्था करेंगे।

2. जिला स्वास्थ्य अधिकारी (DHO-2) की रिक्त स्थिति में जिला स्वास्थ्य अधिकारी (DHO-1) नोडल अधिकारी रहेंगे, साथ ही दोनों ही पदों की रिक्त स्थिति में अन्य कोई स्वास्थ्य अधिकारी जिसे CMHO नामांकित करेंगे, आयुष्मान नोडल हेतु प्रभारी रहेंगे।
3. योजनांतर्गत प्रोत्साहन राशि के वितरण हेतु शासकीय चिकित्सा महाविद्यालयों में अधिष्ठाता एवं जिला चिकित्सालयों में प्रोत्साहन वितरण हेतु सिविल सर्जन उत्तरदायी रहेंगे साथ ही रोगी कल्याण समिति के खाते के विवरण को संधारण करेंगे।
4. मुख्य स्वास्थ्य एवं चिकित्सा अधिकारी, जिला नोडल अधिकारी के माध्यम से जिला क्रियान्वयन इकाई की समस्त गतिविधियों को संचालन करने में उत्तरदायी रहेंगे।

(आदेश तत्काल प्रभाव से लागू)



(संदीप यादव)
प्रमुख सचिव
लोक स्वास्थ्य एवं चिकित्सा शिक्षा
मध्यप्रदेश

क्रमांक/एस.एच.ए/ए.बी/2025/5127

भोपाल, दिनांक 14/08/2025

प्रतिलिपि :-

1. आयुक्त, लोक स्वास्थ्य एवं चिकित्सा शिक्षा, मध्यप्रदेश।
2. संचालक, स्वास्थ्य सेवायें सतपुड़ा भवन।
3. मिशन संचालक, राष्ट्रीय स्वास्थ्य मिशन, मध्यप्रदेश।
4. समस्त जिला कलेक्टर, मध्यप्रदेश।
5. मुख्य कार्यपालन अधिकारी, आयुष्मान भारत निरामंथम् भोपाल मध्यप्रदेश।
6. समस्त क्षेत्रीय संचालक, स्वास्थ्य सेवायें मध्यप्रदेश।
7. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, मध्यप्रदेश।
8. समस्त जिला स्वास्थ्य अधिकारी, (DHO-2), मध्यप्रदेश।
9. समस्त सिविल सर्जन सह मुख्य अस्पताल अधीक्षक, मध्यप्रदेश।


प्रमुख सचिव
लोक स्वास्थ्य एवं चिकित्सा शिक्षा
मध्यप्रदेश

S-12018/277/2022-NHA
Government of India
Ministry of Health & Family Welfare
(National Health Authority)

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Connaught Place, New Delhi -110001
Date: 13th June, 2023

Guidelines for District Implementation Units

Ayushman Bharat Pradhan Mantri – Jan Arogya Yojana (AB PM-JAY) was launched on 23rd September 2018 and is currently being implemented in 33 States and Union Territories (UTs) across the country. A three-tier implementation framework has been setup to operationalize the scheme – National Health Authority at national level, State Health Agencies (SHAs) at States / UTs, and District Implementation Unit at district level.

2. At the national level, National Health Authority (NHA), provides the policy directions, Central share of funding and monitors the mission across the country. At the level of the State / UTs, SHAs are in the pre-eminent position when it comes to implement the scheme. District implementation units (DIUs) are responsible for co-ordinating between various stakeholders at the grass-roots level. An illustrative list of the activities performed by DIUs are as follows:

- a. Co-ordinate and execute Ayushman Card creation
- b. Support in empanelment of hospitals
- c. Ensure active participation of empanelled hospitals under the scheme
- d. Address grievances raised by beneficiaries / hospitals
- e. Support in conducting beneficiary awareness campaigns
- f. Capacity development of various stakeholders – Pradhan Mantri Arogya Mitras, frontline health workers, resources from card creation agencies
- g. Effective engagement with the empanelled hospitals
- h. On-ground coordination related to anti-fraud initiatives

3. The wide variety of engagements anchored by DIUs calls for the deployment of technically qualified resources at the district level. Further, DIUs have to work in close collaboration with a variety of institutional stakeholders ranging from the District Collector to State's National Health Mission. It has been generally observed that cutting edge level resources play a pivotal role in the successful implementation of any scheme.

4. The on-ground implementation architecture of AB PM-JAY also consists of bodies such as District empanelment committee (DEC), District grievance redressal committee (DGRC). The DEC is tasked with conducting on-ground inspections of hospitals and recommend those meeting PM-JAY criteria for empanelment. Likewise, the DGRC is mandated to resolve grievances. The functioning of these bodies can be further streamlined by subsuming them within DIUs.

5. In view of the above, the Governing Board of NHA in its meeting held on 12th April 2023, directed NHA to set-up a framework for establishing uniform district implementation units across States. Further, vide OM No. S-12018/277/2022-NHA dated 12th April, 2023, NHA has requested SHAs to create a revolving fund of Rs. 1 Lakh to be operated at DIU level for carrying out activities related to PM-JAY implementation at District.

6. Accordingly, all States / UTs implementing AB PM-JAY shall notify rules & regulations for setting up of DIUs. Certain exceptions can be made in case of States and Union Territories (UTs) where number of eligible beneficiaries is less than 100,000. In such cases, SHAs may designate district wise nodal person who will carry out roles and responsibilities of DIUs.

7. **Constitution of DIUs**

DIUs will have an executive council and an operational set-up. DIUs shall work under the guidance of a district level Executive Council, which shall meet frequently to take stock PM-JAY's performance. The EC shall be chaired by the District Collector. The EC should meet at least once in every 4 months.

I. The Executive Council shall consist of following officials:

- a. District Collector/ Deputy Commissioner as chairman,
- b. Hon'ble Member of Parliament (local constituency) as Patron,
- c. Hon'ble MLA as Member
- d. Chief Medical Officer as Member Secretary,
- e. District Program Co-ordinator (DPC),
- f. District Programme Manager (DPM NHM)
- g. Any other member as indicated in the orders of SHA or any official/individual co-opted/invited by committee shall constitute the Executive Council.

II. In States, where the parliamentary constituency extends beyond one district, the respective Hon'ble MPs may represent in the executive council of all such districts.

- III. The engagement with Govt. health facilities will be guided by DPM (NHM).
- IV. Any proceedings related to DGRC may also be conducted during EC meeting. However, EC may choose to organise another meeting for DGRC.
- V. The Chief Medical Officer shall be the administrative head of the operational set-up of the DIU. The operation set-up DIU shall consist of the following resources:
 - o District Program Coordinator (DPC) (beneficiary identification, IEC, hospital engagement / empanelment)
 - o District Operations Manager (DOM) (*grievance redressal, fraud control, capacity building*)
 - o District information System Manager (DISM) – (*technology readiness, monitoring, reporting*)
- VI. The DPC shall assist the CMO in managing the day-to-day function of the DIUs.
- VII. While deployment of DPC and DOM is mandatory, SHA may examine the deployment of DISM based on the local requirement.
- VIII. State may decide on the mode of employment of DPC, DOM and DIM. Either existing Govt. officials may be designated as the members of DIUs, or SHA may engage private consultants. It is desirable that DPC and DoM should be available on a fulltime basis with DIUs.

8. **Establishment and administrative costs**

To ensure that DIU is able to function in an effective manner, it is proposed that the following facilities may be made available to DIUs:

- I. DIU may be housed at District Hospital, or at the office of the Chief Medical Officer or any designated place in district as stipulated by the SHA
- II. Adequate infrastructure including laptops, printers, office-furniture etc maybe provided to DIU
- III. DIU may be provided with a vehicle to undertake field visits as required
- IV. DIUs are being provided with a revolving fund of Rs. 1 Lakh for operational activities
- V. SHAs may provide up to Rs 2 lakhs upfront for setting up of each DIU. State Health Agencies may release funds for the DIU establishment and operations from funds received for the administration of AB PM-JAY.

- VI. The Governing Board of NHA has approved the provision of revolving fund of Rs 1 Lakh to existing DIUs for carrying out activities related to AB PM-JAY implementation at the district level. SHAs is releasing this fund to DIUs from the Grant-In-Aid Administrative component of grants. SHAs have also framed detailed guidelines for the utilization of revolving funds and monitoring the expenditure.

9. Key responsibility areas

As mentioned above, the DIU shall be composed of three key resources: District Program Coordinator, District Operations Manager and District Information System Manager. The indicative list of key roles and responsibilities of each are outlined as follows:

a. District Program Coordinator (DPC)

- I. Working under the guidance of Chief Medical Officer and responsible for smooth implementation of PM-JAY
- II. Responsible for beneficiary identification by ensuring implementation of mobilization drives (Aapke Dwar Ayushman, State specific drives)
- III. Identifying gap areas in the beneficiary identification and support in implementing localized drives
- IV. Engage with hospitals as part of District empanelment committee
- V. Anchor engagement with hospital associations, local chapter of IMA etc. for co-ordination related to scheme implementation
- VI. Ensure implementation of beneficiary awareness campaigns including advertisements through local media
- VII. Engaging with beneficiary facilitation agency, if engaged by SHA
- VIII. Any other activity as directed by NHA, SHA or Executive Council

b. District Operations Manager (DOM)

- I. Handle grievances related to beneficiary / hospitals from the district
- II. Tackle fraud / abuse incidents of the district
- III. Anchor capacity building activities for resources across all PM-JAY related entities (EHCPs, ISAs, BFAs, card creation agencies)
- IV. Any other activity as directed by NHA, SHA or Executive Council

c. District Information System Manager (DISM)

- I. Ensure smooth adoption and functioning of IT platform across the district

- II. Ensure regular troubleshooting for issues faced by frontline operators
- III. Prepare detailed report for Executive council, DC, CMO on performance of scheme along key parameters
- IV. Any other activity as directed by NHA, SHA or Executive Council

10. Monitoring and Supervision

- I. DIUs shall work under direct supervision of respective SHAs.
 - II. The notification issued by SHAs regarding constitution of DIUs shall clearly indicate the roles and responsibilities of DIUs
 - III. SHAs shall meet with DIUs at regular interval to take stock of scheme implementation
 - IV. Necessary training and capacity building of DIU officials must be done
 - V. Necessary Government order must be passed in co-ordination with other departments of State Govt. regarding engagement of DCs, DPM (NHM) etc.
 - VI. In case of existing DIUs, SHA may issue notification to align the existing DIU structure in line with this guideline for uniformity of implementation ecosystem and smooth communication
- 11.** This issues with the approval of the competent authority.

(Rohit Deo Jha)
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