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F. No. 7(80)/2014-NRHM-I

Government of India

Ministry of Health & Family Welfare

New Delhi, Nirman Bhawan

Dated the 5th June, 2014


Subject: Illustrative Guidelines for allocation of Untied Grant - regarding

The undersigned is directed to refer to OM F. No. P:17018/49/2013-NRHM-IV dated 17th January, 2014 vide which the approval of the Mission Steering Group was conveyed for merging of the three grants provided to facilities into a single Untied Grant, upward revision of the Untied Grant to CHC & equivalent and DH and differential allocation based on caseloads, fund utilisation and services delivery.

2. In this regard, please find enclosed Illustrative Guidelines for allocation of the Untied Grant amongst public health facilities.

3. Hindi version will follow.

Encl: as above


5/6/2014
(Limatula Yaden)

Director (NHM-I)
Tel. 011-23061360

Department of Health and Family Welfare (All States/UTs)
[Principal Secretaries (H&FW)]

Copy to:

- (1) MD (NHM) [All States/UTs]
- (2) JS (RCH)/JS (Public Health)/JS (NUHM)
- (3) Executive Director, NHSRC
- (4) All Deputy Commissioners (RCH Division)
- (5) Dir (PP)/Dir (RCD)/Dir (KC)/Dir (KS)/Dir (RCH) to share with all consultants
- (6) PPS to AS&MD
- (7) PPS to JS(P)

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**Illustrative Guidelines for allocation of Untied Grant amongst Public Health
Facilities
(PHCs, CHCs & Equivalent and DHs)**

1. The Mission Steering Group of the National Health Mission in its first meeting held on 6th December, 2013 approved the merger of the three grants provided to facilities, namely, Untied Grant, RKS corpus Grant and Annual Maintenance Grant into a single Untied Grant to the facility to provide additional flexibility to the facilities to prioritise need based expenditure on items which were hitherto covered under the three separate grants in addition to upward revision of Untied Grants to CHCs (& equivalent) from Rs. 2.5 lakh to Rs. 5 lakhs and District Hospitals from Rs. 5 lakhs to Rs. 10 lakhs. The MSG also further decided that, –

- (i) Annual allocation to a state and districts would continue to be based on actual utilization and the annual untied grants would be topped up to the extent of fund utilisation:
- (ii) Each Facility is to receive an assured fixed top up of upto 50% of the facility's entitlement and remaining 50% would be pooled and allocated amongst similar level facilities by the DHS/ SHS.
- (iii) State Health Societies and District Health Societies are expected to make responsive allocation to facilities based on caseloads, fund utilization etc. Further, the State governments are required to declare Essential Health Package for different level of facilities (SC/PHC/CHC/DH) and ensure its delivery.
- (iv) Not more than 50% of pooled funds should be spent on construction.

It was also decided that GOI should provide suggestive guidelines to the State/UTs on how to allocate the resources between similar level facilities. Accordingly, these guidelines have been prepared and explained through examples/illustrations.

2. Each facility is to receive an assured fixed top up of upto 50% of facility's entitlement and the remaining 50% would be allocated amongst similar level facilities by the DHS/SHS on rational principle of caseload and range of services.

Illustration:

- (i) Every PHC in the district will receive a top up of fixed entitlement upto 50% i.e. Rs.87, 500.

