GUIDELINES FOR
VILLAGE HEALTH AND SANITATION COMMITTEES
UNTIED FUNDS FOR SUB CENTRES, PHCs AND CHCs
ROGI KALYAN SAMITIS

MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA
Guidelines for

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GUIDELINES REGARDING
CONSTITUTION OF
VILLAGE HEALTH AND SANITATION COMMITTEES
AND
UTILIZATION OF UNTIED GRANTS TO THESE COMMITTEES
Guidelines Regarding Constitution of Village Health and Sanitation Committees and Utilization of Untied Grants to these Committees

The detailed Implementation Framework of the National Rural Health Mission [NRHM] approved by the Union Cabinet in July, 2006 provides for the constitution and orientation of all community leaders on Village Sub Centre, Primary Health Centre and Community Health Centre Committees. The NRHM implementation has been planned within the framework of Panchayti Raj Institutions [PRIs] at various levels. The Village Health and Sanitation Committee envisaged under NRHM is also within the overall umbrella of PRI.

2. Composition of the Village Health & Sanitation Committee

To enable the Village Health & Sanitation Committee to reflect the aspirations of the local community especially of the poor households and women, it has been suggested that:

- At least 50% members on the Village Health & Sanitation Committee should be women.
- Every hamlet within a revenue village must be given due representation on the Village Health and Sanitation Committee to ensure that the needs of the weaker sections especially Scheduled Castes, Scheduled Tribes, Other Backward Classes are fully reflected in the activities of the committee.
- Government employees and honorarium paid staff e.g. school teachers, ANMs, anganwadi workers could be members of the committee but should not be more than one thirds of its strength. Alternatively all of them could be special invitees.
- All members of the village committee whether government or non government should necessarily be resident in the village.
- Representation to women's self-help group or other development related community based organizations on these committees will enable the Committee to undertake women's health activities more effectively.
- ASHAs would be members of the committee and it is desirable to make her the member secretary of this committee, especially where she has been selected through due process by the community and has her ownership.

The relationship to the panchayats may vary. Ideally the sarpanch of the elected Panchayat chairs the VHSC. Or if the gram Panchayat is made of more than one village the representing Panchayat panch.
If there is a health subcommittee of the elected gram Panchayat body that is active than all those members should come into the VHSC so that there is no duplication and the decisions of the VHSC are binding on them. In many states these Panchayat health sub-committees are not functional and in which case the government order should specify the relationship between the VHSC and the gram Panchayat body as appropriate for that state.

- Notwithstanding the above, the overall composition and nomenclature of the Village Health & Sanitation Committees is left to the State Governments as long as these committees are within the umbrella of PRIs. State governments would have to issue an enabling order for constituting these committee and opening their bank accounts and a copy of this order as well as subsequent modifications of this as and when made should be shared with the Centre.

3. Orientation & Training

Every Village Health & Sanitation Committee after being duly constituted by the State Governments needs to be oriented and trained to carry out the activities expected of them. Since the numbers to trained are massive the state would need to work out how it would supplement its institutional capacities to offer such training. Part of this could be done by contracting in NGOs, part of it could be done by using the facilitatory and monitoring structure of the ASHA programme for this and part of it is done by identifying carefully key individuals within the health and related departments who can be spared to participate in this task for at lest a full year. There is also a mechanism needed to constantly document experiences of different village committees, learn from them and incorporate them into further training programmes in the future. This would be a continuous process as year after year there should be an incremental and cumulative learning and capacity building that should occur.

Village Health Fund

Every such committee duly constituted and oriented would be entitled to an annual untied grant of Rs.10,000/.-.

The untied grant is a resource for community action at the local level and shall only be used for community activities that involve and benefit more than one household.

The untied grant shall be preferentially used for areas concerning Public Health, Nutrition, Education & Sanitation, Environmental Protection.

Some of the common activities for which funds are already put into use are village level cleanliness drive, sanitation drive, school health activities, ICDS/Anganwadi level Health awareness activities or improvements of amenities in anganwadi, the conduct of household surveys, source reduction measures
for vector control, the building of transport communication links that could be used to summon/access emergency ambulance services, publication of IEC material or notices, etc.

Exceptions to the guidelines that the fund shall be used only for activities that benefit a group and not a single household are:

(a) When it is used as a revolving fund from which households could draw in times of need to be returned in installments thereafter.

(b) In extraordinary case of a destitute women or very poor or marginalized household or individual, where the Village Health & Sanitation Committee discusses and decides to make an exception.

Every village is free to contribute additional grant towards the Village Health & Sanitation Committee. In villages where the community contributes financial resources to the Village Health & Sanitation Committee untied grant of Rs.10,000/-, additional incentive and financial assistance to the village could be explored. The intention of this untied grant is to enable local action and to ensure that Public Health activities at the village level receive priority attention.

4. **Maintenance of Bank Account**

The Village Health & Sanitation Committee fund shall be credited to a bank account, which will be operated with the joint signature of ASHA/Health Link Worker/Anganwadi Worker along with the President of the Village Health & Sanitation Committee/Pradhan of the Gram Panchayat. The account maintenance of this joint account shall be the responsibility of the Village Health & Sanitation Committee especially the ASHA(or by the AWW wherever there is no ASHA). The Village Health & Sanitation Committee shall maintain a register of funds received and expenditure incurred. The register shall be available for public scrutiny and shall be inspected from time to time by the ANM/MPW/Gram Panchayat. The state government order in this regard and any subsequent modification thereof should be shared with the centre.

5. **Accountability**

- Every Village Health & Sanitation Committee needs to maintain a register recording significant activities undertaken and whatever health and sanitation related information it finds useful to guide its action. This may come from the household survey and it would be supplemented with data from ANM, AWW, ASHA registers.

- Every village health and sanitation committee needs to maintain a record of moneys received and expenditure incurred and relating it to the activities undertaken and this is available for placing
before the committee, for public scrutiny and for periodical reviewed by the health department representative and the next higher Panchayat body.

- The Block level Panchayat Samiti will review the functioning and progress of activities undertaken by the VHSC.

- The District Mission in its meeting also through its members/block facilitators supporting ASHA [wherever ASHA's are in position] would periodically elicit information on the functioning of the VHSC, and issue the appropriate guidelines to improve their functioning.

6. **Desirable Outcomes**

Each village health and sanitation committee is free to decide which outcomes it would prioritise. However, to facilitate central support to the programme, three actions are required:

a. Maintain accounts and timely submission of utilization certificate and statement of expenditure for the money received.

b. Ensuring 100% registration of all births and deaths (assuming registry side is optimally functional)

c. Making of a village health plan. The village health plan shall be understood to mean initially a simple list of health priorities and a list of what the committee intends to spend money for. As and when capacities to plan develop, this village health plan matures into a measurement of situation in health and access to health services and a participatory plan for a measurable improvement of these indicators using all available and mobilisable resources.

7. **Facilitation/Support**

a) The support structure meant for ASHA, the revised NRHM-NGO programme, NGOs involved in community monitoring, the health department supervisors would actively support and build capacity of the VHSCs.

b) A regular meeting of those involved in providing support would be essential for providing supportive supervision. These facilitators should also report to block panchayats and the district health mission.

c) One of the resource institutions at the state level should be charged with the function of developing the training material, of learning from wide number of experiences and using such learnings to provide feedback improvements to the programmes.
GUIDELINES FOR
USE OF SUB-CENTRE (SC) FUNDS UNDER NRHM
Guidelines for Use of Sub-centre (SC) Funds under NRHM

1. As part of the National Rural Health Mission, it is proposed to provide each sub centre with Rs.10,000 as an untied fund to facilitate funding for urgent yet discrete activities that need relatively small sums of money. There is also a sum of Rs.10,000 provided as maintenance grant, which would also be spent as per these guidelines.

2. Both these fund shall be kept in a joint bank account of the ANM and the Sarpanch.

3. Decisions on activities for which the funds are to be spent will be approved by the Panchayat sarpanch and the ANM and the village health and sanitation committee. This is the sub-centre fund expenditure committee and it only differs from the VHSC in that the ANM is included and the secretary for this function. In areas where the sub centre is not co-terminus with the Gram Panchayat (GP) and the sub-centre covers more than one GP, two representatives of each VHSC of the villages that fall under this committee, as decided by the VHSCs shall be part of the sub-centre fund expenditure committee. The chairperson of the committee would however be the sarpanch of the village where the SC is located and the member secretary of the SC fund expenditure committee is the ANM. For quick decisions expenditure may be done by the concurrence of chairperson and the secretary, but it should then be ratified or at least shared with the full committee. The funds can be used for any of the villages, which are covered by the sub-centre.

4. Untied Funds will be used only for the common good and not for individual needs, except in the case of referral and transport in emergency situations.

5. Suggested areas where Untied Funds may be used include:
   - Minor modifications to sub centre- curtains to ensure privacy, repair of taps, installation of bulbs, other minor repairs, which can be done at the local level
   - Ad hoc payments for cleaning up sub-centre, especially after childbirth.
   - Transport of emergencies to appropriate referral centers
   - Transport of samples during epidemics.
   - Purchase of consumables such as bandages in sub center
   - Purchase of bleaching powder and disinfectants for use in common areas of the village.
   - Labour and supplies for environmental sanitation, such as clearing or larvicidal measures for stagnant water.
• Payment/reward to ASHA for certain identified activities.

Any other activity that is part of the approved village health plan-or plans (if there are more than one VHSC under the sub-center).

6. The relationship of this untied fund with the untied fund of the VHSC needs to be clarified. Sub-center untied funds primarily to ensure that the sub-center provides the services as defined in the IPHS norms with sufficient quality. Secondarily they can be used to improve village level social mobilization and community level activities. VHSC funds are on the other hand meant primarily to promote community participation and collective action at the community level, and they should not be used for maintenance or equipment of the sub-center, through otherwise it could as a secondary priority for the sub-center activities. The united fund for strengthening the sub-center and the united funds for maintenance of the sub-center are overlapping to a degree that they can be treated as synonymous.

7. Untied funds shall not be used for any monthly salaries though they can be used to make payments for services rendered. They should not be used for motorized vehicle purchase, but smaller vehicles' fuel costs that the part of enabling the ANMs monthly tour of villages against a defined calendar would be useful. They should not substitute for recurring expenditures that were borne by the state government, though as a local initiative, without any general instruction that orders such an expenditure, as a response to gaps due to poor logistics or unexpected change in demand pattern, purchase of supplies to close temporary gaps are permissible. They should not be used to meet the expenses of the Gram Panchayat which do not relate directly or indirectly to health care. In particular they cannot be used to meet administrative or establishment expenses of gram Panchayats.
GUIDELINES FOR
UTILIZATION OF UNTIED FUND,
ANNUAL MAINTENANCE GRANT AND
GRANTS TO RKS FOR
PRIMARY HEALTH CENTRES (PHCs)
Guidelines for Utilization of Untied Fund, Annual Maintenance Grant and Grants to RKS for Primary Health Centres (PHCs)

Health sector reforms under the National Rural Health Mission (NRHM) aims to increase functional, administrative and financial resources and autonomy to the field units under which every PHC will get Rs. 25,000/- p.a. as untied grant for local health action. Similarly every PHC will get an Annual Maintenance Grant of Rs.50,000/- for improvement and maintenance of physical infrastructure and Rs. 1 lakh as grant to RKS for any activity to provide facility to patients. Provision of water, toilets, their use and their maintenance has to be the priorities. In addition, every PHC is being strengthened with provision of three staff nurses as against one at present and provision of two doctors (one male, one female) and Ayush practitioner.

2. Necessity of untied fund has been felt mainly due to unavailability of funds for undertaking any innovative or responsive facility-specific need-based activity, as the allotment of funds to the States has traditionally been of the nature of tied funds for implementing a particular programme / scheme and this hardly left any funds with the public health facilities. This centralized financing and schematic inflexibility in the use of funds allotted to the States, did not provide any scope for local initiative and flexibility for local action at block and down below level. Also most health facilities are provided all inputs in kind and where it relates to infrastructure it has to source it from the corresponding government department. However to these departments the very small value maintenance work of these highly dispersed facilities detracts from their achieving their main department targets. As a result of this most the Primary Health Centres have not been maintained properly due to lack of flexible fund, available locally for repair/refurbishing of infrastructure and basic facilities.

3. Since there would be substantial fund flow to the districts to be utilized for the facilities under NRHM / RCH-II and other programmes, the untied funds should not duplicate what is / can be taken up under other programmes. Each activity planned by the facility should have clear rationale so that the impact of the untied fund can be distinctively assessed. A separate register be maintained in the PHC/CHC giving sources of funds clearly for various activities.

4. PHC untied fund shall be kept in the bank account of the concerned Rogi Kalyan Samitti (RKS)/ Hospital Management Committee (HMC). This committee will have the mandate to undertake and supervise the work to be undertaken from Annual Maintenance Grant as well as the funds given to it under the head untied funds. Both the funds will be spent and monitored by RKS. The Panchayat raj institutions' are represented in a leading position in the RKS, but over the above this the elected PRI body under which the PHC falls - usually the block Panchayat committee must also be informed of the functioning of the RKS in their area and exercise supervision over them.
5. Suggested areas where Untied Fund, Annual Fund and grant to RKS may be used include:

- Infrastructure modifications to the Center- curtains to ensure privacy, repair of taps, installation of bulbs, other minor repairs, which can be done at the local level.
- Provision of running water supply.
- Provision of electricity or electrical fittings -lights, fans etc.
- Ad hoc payments for cleaning up the Centre, especially after childbirth.
- Transport of emergencies to appropriate referral centers.
- Transport of samples during epidemics.

- Minor Equipment Purchases: Patient examination table, delivery table, BP apparatus, hemoglobin meter, copper-T insertion kit, instruments tray, baby tray, weighing scales for mothers and for newborn babies, plastic/rubber sheets, dressing scissors, stethoscopes, buckets, attendance stool, mackintosh sheet or any of the equipment required for the full functioning of the PHC as per IPHS norms. For equipment purchase done from untied funds the following conditions shall apply: a) It shall not be done through bulk orders for all PHCs placed centrally, b) The district or state could facilitate their purchase by the PHC by issuing rates for each equipment and indicating a list of suppliers from where they can be procured. c) If needed such minor equipment could be stocked at a cooperative/government store or warehouse at the district or state level from which the PHC can place an order without going into the problems of procurement from the open market. d) Normally this provision shall be used to fill gaps, specific to each PHC. This is not to prevent the state from the option of centralized procurement of equipment. Where all PHCs or a large number of PHCs need an upgradation in some specific equipment -for example baby warmers or generators- then this would be part of the state PIP as a separate budgetary head and not sourced from the untied funds or annual maintenance grant. Untied funds are not to be diverted to centralized procurements.

- Purchase of consumables such as bandages or of drugs, or of bleaching powder and disinfectants, provided they are in the essential list approved for PHCs or in the IPHS standards and the provision is used only to tied over temporary gaps due to logistics failures and not as a substitute to state or central budgetary grants for drugs and supplies to PHCs. The same conditions as for minor equipment purchase from untied funds apply for these also.

- Labour and supplies for environmental sanitation, such as clearing or source reduction measures for vector control.

- Payment/reward to ASHA for certain identified activities.
- Repair/operationalising soak pits.
- Contracting in of specialists or skilled staff of any sort or of services of any sort required to meet the service guarantees as applicable to the facility and laid down in the NRHM framework for implementation and IPHS standards.

6. The following nature of expenditures should not be incurred out of the untied fund:
- Purchase of motorized vehicles etc.
- Payments towards inserting advertisements in any Newspaper / Journal / Magazine and IEC related expenditure.
- Hiring stalls in any Mela for ostensible purpose of awareness generation of health schemes/programmes.

7. The following shall not be done from the united fund as a routine, but in special circumstances with district health society approval, they could be considered.
   a. Incentives schemes to reward good performances or those working at higher work loads, or in difficult circumstances. This should be measurably shown to increase the quantity or quality of services provided and should be subject to verification by an agency external to that facility.
   b. Salaries of full time or part time staff- but only if this is of a temporary nature to keep to the service guarantees while more regular staff provision is being approved. The specific service guarantee whose delivery is compromised (in quantity and quality) and proof of having fulfilled those service guarantees by the appointment of such staff is required to be approved by the district health society on an annual basis. Also if the task is such that it is likely to be needed in perpetuity, either the creation of such a post is under process or there is a time frame within which funding under an appropriate state budget head to the RKS for this purpose would be put in place.
   c. Taking up any individual based activity, except in the case of referral and transport in emergency situations, where no prior permission is required.

8. The facilities are not required to take prior approval before implementing the schemes from the untied funds but shall have to send quarterly SOE and UC.
GUIDELINES FOR
UTILIZATION OF UNTIED FUND,
ANNUAL MAINTENANCE GRANT AND
GRANT TO RKS FOR
COMMUNITY HEALTH CENTRES (CHCs)
AND
ANNUAL CORPUS GRANT FOR DISTRICT HOSPITALS
Guidelines for Utilization of Fund and Annual Maintenance Grant for Community Health Centres (CHCs) and District Hospitals

Health sector reforms under the National Rural Health Mission (NRHM) aims to increase functional, administrative and financial resources and autonomy to the field units under which every CHC will get up to Rs. 50,000 p.a. for local health action. Similarly every CHC will get an annual Maintenance Grant of Rs. 1 lakh annually for its RKS for improvement and maintenance of physical infrastructure. Provision of water, toilets, their use and their maintenance has to be the priorities. In addition, every CHC is being strengthened with provision of nine staff nurses as against three or four at present and provision of a number of specialists and medical officers (from 6 to 11) and Ayush practitioners. Similarly every district hospital would get an annual corpus grant of Rs. 5 lakh for RKS. All other sub-district hospitals, sometimes called civil hospitals or divisional or sub-divisional hospitals or even as rural hospitals would be seen as equivalent to the CHC or district hospital for the purpose of this guidelines. Staff provisions in district hospital and other sub-district hospitals, have also been increased under NRHM and the staffing pattern is linked to the number of beds the facility has. There are IPHS guidelines for 30 to 50 bed hospitals, for 50 to 100 bed hospitals, for 100 to 300 bed hospitals and for hospitals over 300 beds.

2. Necessity of untied fund has been felt mainly due to unavailability of funds for undertaking any innovative or responsive facility-specific need-based activity, as the allotment of funds to the States has traditionally been of the nature of tied funds for implementing a particular programme/ scheme and this hardly left any funds with the public health facilities. Also most health facilities are provided all inputs in kind and where it relates to infrastructure it has to source it from the corresponding government department. However to these departments the very small value maintenance work of these facilities detracts from their achieving their main departmental targets. As a result of this most health facilities have not been maintained properly due to lack of a flexible fund available locally for repair/refurbishing of infrastructure and basic facilities.

3. Since there would be substantial fund flow to the districts to be utilized for the facilities under NRHM/RCH-II and other programmes, as well as from the state budget, the untied funds should not duplicate what is/can be taken up under other programmes or become a substitute for state funds. There are some states which have reduced routing state budgetary provision for staff or have let the posts remain vacant and then proceed to fill these posts through the funds given to the RKS. This goes against the spirit of the untied funds, which is meant to expand public expenditure on health, and therefore be additional to expanding state budgets and not a replacement for the same. However as temporary measures facilities can procure supplies or equipment or hire staff which though it has been provided for (should be provided for) in the state budget has not reached the facility seriously impeding the delivery of one
or more of the service guarantees as defined in the NRHM. In a situation where most of the inputs - human resource, infrastructure, equipment, drugs and supplies are supplied in the state budget, the main areas of use of untied funds should become improvement in hospital management processes leading to achieving a level of quality of services that can be accredited, using untied funds to reach the poorest by affirmative action, and using untied funds to improve amenities for patient and health providers which make the visit to facility a positive experience. All the above should be reflected in indicators that show increased wider range of services provided and utilized, and increased patient satisfaction with the services and increased access to the poorest sections of society.

4. Some states have pooled part or all the untied money at the state level and used it to procure equipment or drugs centrally. This is not permissible and states that do this would be asked to refund the money they have spent thus. The experience with central procurement has been that equipment are purchased and dispatched to facilities which are not in a position to use them either because they are already equipped with the same, or because they do not offer those services or do not have skilled human resources to operate the equipment. By letting the facilities’ need determine purchases such mis-matches are sought to be overcome. Each procurement planned by the facility should have clear rationale in terms of a service that would become available or whose quality would improve and these outputs should be measurably realized. Though the equipment or supplies should be procured by the facility, active assistance by the state or district or appropriate procurement agent can enable the purchase. Where the state has a transparent and efficient procurement and logistics system benchmarked to the TNMSC, the state can approach the center for making an exception to these rules and allowing central procurement of some items for realizing economies of scale and accelerating improvements, but even then the RKS should approve each purchase.

5. CHC untied fund and untied funds of the districts hospital shall all be kept in the bank account of the concerned Rogi Kalyan Samiti (RKS)/Hospital Management Committee (HMC). This Committee will also have the mandate to undertake and supervise the work to be undertaken from Annual Maintenance Grant given to these institutions as well as any other funds given from NRHM to strengthen the functioning of these institutions and all these funds should be kept in the same bank account. All the funds in this account will be spent and monitored by RKS. The funds collected by the RKS (from user fees, donations, lease of space for commercial activities etc.), could also be kept in the same bank account but if the RKS so decides it could be kept in a separate account also. A separate register needs to be maintained in the CHC/district hospital/Sub-district hospital giving sources of funds clearly for various activities.

6. The block panchayati raj institutions are represented in a leading position in the RKS, but over and above this, the block Panchayat committee must also be informed of the functioning of the RKS in their area and exercise supervision over them. Some mechanism of a feedback from the gram Panchayats serviced by the CHC should also be put in place, either through providing for representatives of gram
Panchayats in the RKS or by taking their inputs into a block Panchayat forum and then the block Panchayat representative channelising it to the RKS of the CHC.

7. Suggested areas where United Fund, Annual Maintenance Grant and grant for RKS may be used to include:

- Infrastructure modifications of the Centre: These could relate to interior decoration like curtains to ensure privacy, or to water supply and lighting or to civil work repairs or changes, or the provision of any amenities which make it more convenient for patients, their attendants or for health care providers. In case of civil works the hospital development committee would be the contracting and where needed tendering agency, unless the district health society records a reason for employing another agency hired centrally and gets the assent of the hospital development society to do so. The desirable level of infrastructure for each facility is specified in the IPHS guidelines and this could be aimed for, provided plans for finding the necessary human resource to use the infrastructure are also put in place.

- Contracting in of specialists or skilled staff or skills of any sort required to meet the service guarantees as applicable to the facility and laid down in the NRHM framework for implementation and IPHS standards.

- Any expenses that are to be incurred towards achieving quality standards—especially of NABH or ISO or any other recognized accreditation. Note that the ISO certification can be achieved for any given level of human resource availability and certifies that the available human resource is providing quality services.

- Provision of running water supply. Normally water costs should be paid from the state budget, but as a temporary measure, till the state budget is adequate for the purpose, it could be paid from the untied funds.

- Provision of electricity or electrical fittings—lights, fans etc.

- Labour and supplies for environmental sanitation, such as clearing or source reduction measures for vector control in the facility and its adjacent area. Ad hoc payments for cleaning up the Centre, especially in the labour room could also be made.

- Water coolers and water purifiers.

- Transport during emergencies to appropriate referral centres.

- Transport of samples during epidemics.

- Equipment Purchase: Equipment needed for each facility are specified in IPHS guidelines. Equipment purchase done from untied funds the following conditions shall apply: a) It shall not
be done through bulk orders for all CHCs/district hospitals placed centrally. b) the district or state
could facilitate their purchase by the CHC/district hospitals by issuing rates for each equipment
and indicating a list of suppliers from where they can be procured. c) If needed minor equipment
(eg BP apparatus, weighing machines etc) could be stocked at a cooperative/government store or
warehouse at the district or state level from which the CHC/district's hospital can place an order
without going into the problems of procurement from the open market. d) Normally this provision
shall be used to fill gaps, specific to each CHC/district hospital. This is not to prevent the state
from the option of centralized procurement of equipment. Where all facilities or a large number
of facilities need an upgradation in some specific equipment - for example ultrasound equipment
or generators- then this would be part of the state PIP as a separate budgetary head and not sourced
from the untied funds or annual maintenance grant.

- Purchase of consumables such as bandages or of drugs, or of bleaching powder and disinfectants,
provided they are in the essential list approved for that facility in the IPHS standards and the
provision is used only to tied over temporary gaps due to logistics failures and not as a substitute
to state or central budgetary grants for drugs and supplies. The same conditions as for minor
equipment purchase from untied funds apply for these also. In addition drugs are to be on the
essential drug list approved for that facility and must be purchased only by generic name.

- Purchase or repair or washing of clothing for patient use, bed-linen or mattresses or any other
amenities that is needed for patients or their attendants convenience and comfort.

- Health education or IEC activities or counseling done to reach out key health messages to those
who come to the facility for care of illness or as attendants.

- Payment/reward to ASHA and NGOs for certain identified activities which support the work of
the facility and help it reach its service guarantees.

- Repair/operationalising soak pits or drainage, sewage or sanitation systems for the facility.

- Reception and patient waiting hall amenities and services as well as patient assistance and
grievance redressal mechanisms.

- Improved signages in the hospital - so as to make it easier for patients to locate services and so
as to assist health care providers to provide quality services.

- Arrangements for stay of poor patients or their attendants. This also includes (in appropriate social
and rural context) arrangements where patients families can cook their own food.

- Establishing a kitchen or outsourcing of dietary arrangement for feeding in patients and where
needed their attendants.
• Measures that make the hospital baby - friendly and disabled friendly and safe for women.

• Security arrangement for the hospitals and its annexures including adequate provisions for women’s safety.

• Special measures to ensure against stray dogs, rats and other vermin entering or being resident in hospital premises.

• Any expenses that are in incurred towards affirmative actions that improve access and care for the poor. These would include a) purchase of medicines which are not available, b) provision of food for patients or their attendants, c) provision of linen, clothes where there is near destitution situations d) arrangement of social workers, volunteers. NGOs to attend to especially marginalized like children without adult protection, or HIV patients who have been abandoned by families, or poor patients whose attendants cannot afford to stay with them etc. e) provision of transport fares for the poorest to return home or come back for regular check up where this is essential and the poor cannot afford it f) hearse service for transport of dead bodies home. Though proof of BPL is essential, the medical officer in charge of the facility can be empowered by the RKS and/or district health society to assess the means of a person/family and either lend them money for such expenses, or exempt them from payment.

• Any consultancy costs it may incur to secure professional help for making its development plan or for planning in any of the above areas.

8. The following nature of expenditures should not be incurred out of the untied fund:

• Purchase of motorized vehicles.

• Payments towards inserting advertisements in any Newspaper/Journal/Magazine.

• Giving stalls in any Mela for ostensible purpose of awareness generation of health schemes/programmes.

9. The following shall not be done from the untied fund as a routine, but in special circumstances with district health, society approval, they could be considered:

• Incentives schemes to reward good performances or those working at higher work loads, or in difficult circumstances. This should be measurably shown to increase the quantity or quality of services provided and should be subject to verification by an agency external to that facility.

• Salaries of full time or part time staff: But only if this is of a temporary nature to keep to the service guarantees while more regular staff provision is being approved. The specific service guarantee whose delivery is compromised (in quantity and quality) and proof of having fulfilled
those service guarantees by the appointment of such staff is required to be approved by the district health society on an annual basis. Also if the task is such that it is likely to be needed in perpetuity, either the creation of such a post is under process or there is a time frame within which funding under an appropriate state budget head to the RKS for this purpose would be put in place.

- Taking up any individual based activity, except in the case of referral an transport in emergency situations, where no prior permission is required.

10. The facilitates are not required to take prior approval before implementing the schemes from the untied funds but shall have to send quarterly SOE and UC.

11. The Hospital Development committee/Rogi Kalyan Samitis also raise funds through user fees, through donation and though other means. These guidelines would also apply to all such funds which are not central government grants unless the state has made specific provisions or issued different guidelines for these. In the event of the latter the state is required to share these guidelines with the centre. If the local facility needs to exceed these guidelines it would need the approval of the district health society to do so.

12. The Hospital Development Committee/Rogi Kalyan Samiti must put in place a hospital development plan-which could be annual or three year or five year plan, by which it would achieve the following three goals.

a) Achieve the service guarantees expected of it as indicated in the NRHM framework for implementation and IPHS.

b) Reach a level of management and functioning that makes it eligible for being quality - certified by a suitable external agency (eg ISO, NABH).

c) Ensure equity of access, in particular ensure that the poorest sections, even destitute patients are able to access the facilities and receive quality care comparable to what all patients receive.

Increasingly all the expenditures of the facility whether from funds it raises locally or provided to it as grant, or in kind, must be directed towards achievement of these three goals.