



Mission Directorate
National Health Mission, Odisha
Department of Health & Family Welfare,
Government of Odisha.

Letter No. 14272 /NHM/2015

Date: 24 / 11 /2015

From

517/14

Shalini Pandit, IAS
Mission Director,
NHM, Odisha.

To

All CDMO-cum-District Mission Directors, Odisha

Sub: Revised Financial Guidelines for Release of Untied Funds to RKS.

Madam/ Sir,

With reference to subject cited above, please find attached herewith the detailed revised guideline for release of Untied Funds to Rogi Kalyan Samiti (RKS) of Public Health Facilities for information and necessary action.

You are therefore, requested to take up the activities as per the guideline.

Yours faithfully,


Mission Director,
NHM, Odisha.

Memo No. 14273

Date: 24.11.15

Copy submitted to the Principal Secretary, H & FW Deptt. Odisha for kind information.


Mission Director,
NHM, Odisha.

Memo No. 14274

Date: 24.11.15

Copy forwarded to the DHS/DFW/DPH for information and necessary action.


Mission Director,
NHM, Odisha.

Memo No. 14275

Date: 24.11.15

Copy forwarded to all the Collector and District Magistrates for information & necessary action.


Mission Director,
NHM, Odisha.

Memo No. 14276

Date: 24.11.15

Copy forwarded to all DPMs/DAMs for information and necessary action.


Mission Director,
NHM, Odisha.

Revised Financial Guidelines for Release of Untied Funds to RKS

1. Background:

Health Sector reforms under the NHM aims at increasing the functional, administrative and financial autonomy of each public health facilities for providing sustainable quality care with accountability and people's participation. To achieve this objective, Rogi Kalyan Samitis (RKS) have been formed under NRHM since 2005, as a forum to improve the functioning and service provision in public health facilities with increased participation and enhance accountability. To make RKSs more effective, corpus grants were released in the form of untied fund, annual maintenance grant & RKS grant to undertake any innovative or responsive facility specific and need based activity/ies. But due to various loopholes, it is observed that there are wide discrepancies in the performance of RKSs. So to eliminate the discrepancies and to improve the effectiveness of RKS, following 3 strategies are adopted in current financial year, in adherence to revised norms and guidelines issued by Govt. of India.

2. Strategies for strengthening performance of Rogi Kalyan Samiti:

2.1. Strategy:1-Merger of RKS, Untied & Annual Maintenance Grant: For effective financial management, all the three major pools of entitlement i.e. RKS, Untied & AMG has been merged in to a single grant.

2.2. Strategy:2-Increase in funding: The revision made in quantum of annual untied grant up to CHC level.

Revised Provisions to Facilities			
Sl. No	Level of Institutions	Existing Provisions/Annum	Revised Provisions/ Annum
1	DHH	Rs. 5,00,000 (RKS)	Rs.10,00,000
2	CHC/SDH	Rs.2,50,000 (RKS- Rs.1 lakh + AMG Rs.1 Lakh + UF- Rs.50000)	Rs.5,00,000
3	PHC*	Rs.75,000 (AMG Rs.50000 + UF Rs.25000)	Rs.75,000

*Considering the high case load, in the current financial year, the total allocation has been increased for DHHs and CHCs only. The PHCs across the state will receive Rs.75000/- per annum as earlier years but in the form of single "untied grant".

2.3. Strategy:3-Performance based funding: Initially, funds were allocated to RKS as non-negotiable annual grant which resulted poor utilisation of the funds. However, to improve the expenditure and judicious utilisation of available fund, the principle of funding to RKS was revised from non-negotiable to performance based funding since 2012-13. Accordingly, funds were allocated to RKS, basing on % of expenditure reported in the previous year. It was then observed that, those RKS have taken proactive steps and made 100% utilization of available funds, couldn't be given additional funds, even if they have received less amount of funds for the particular year as per entitlement. At the same time, there were no physical performance deliverables fixed for the institutions.

So in the current year, both physical & financial deliverables are introduced with conditionality for funding. This would expect to bring overall improvement of facilities in terms availability of basic essential & non clinical service provisions, and provisioning of range of services as per mandate.

3. **Modalities for releasing funds:** The Funds will be released to registered RogiKalyanSamities (RKS) in 2 tranche on following ways.

Tranche	Types of Funding	Performance Parameter/s	Total Allocation	Time line for release
1 st tranche	Assured fixed top up	Institution Specific performance on expenditure	50% of total fund earmarked for an Institution	1 st Quarter or within one month after receipt of PIP, whichever is earlier.
2 nd tranche	Performance based grant	Performance of individual institution vis-a-vis other institutions in the same category on selected output indicators	Rest 50% funds earmarked for institutions in same category (CHC/DHH) pooled under one head	Third quarter(Q-3)

3.1. 1st Tranche Envelop: Assured fixed top up

Out of the total allocation, 50% will be released to the facilities following the methodology mentioned below:

- Opening Balance (OB) for the year 2014-15 will be calculated
- Deducting the OB from 50% of assured fund, the rest amount will be released to the facility

e.g.: Suppose a CHC has ` Rs.50000/- as the OB (inclusive of RKS, Untied & AMG), so the facility is eligible to get ` Rs.200000/- without any conditionality.

3.2. 2nd Tranche envelop: Performance based funding:

The 2nd tranche will be released following the steps vmentioned below:

Step 1: Creation of Flexi pool for Untied Fund: As the new strategy aims at providing competitive and need based fund allocation, it is proposed to create flexi-pool for untied fund for different categories of health institution like DHHs and CHC. After releasing the 1st tranche total allotted untied fund will be pooled out of balance fund available & will be released for output indicators of performance.

- Different pools to be created for different level of facilities i.e CHC Pool /DHH Pool
- Release of funds from pooled funds to institutions would be based on institution specific score card duly approved by appropriate authority (CDMO for CHCs & MD, NHM for DHHs).

Step 2: Assessment of the facilities using Score card

The score card has to be developed for individual institution & Institutions of the same category as a whole for proportionate funding from the respective pool (CHC/DHH Pool). The performance assessment should be based on following indicators utilising authentic reports.

Sl No	Major Indicators	Weight age (In %)	Remarks
A	Desk Review		
A.1	Outpatient case load in the health facility	10	Detailed Evaluation process attached at Annexure-1
A.2	In Patient case load in the health facility	10	
A.3	Delivery load in the facility	5	
A.4	Patient load in the SNCU/NBSU	5	
B.	Physical Observation at Institution level		Calculation sheet at Annexure-2
B.1	Standardised Labour room as per MNH Tool kit (Scored 80% as per checklist and certified by ADMO (Medical) in case of DHH, SDMO in case of SDH, MO I/C in case of CHC)	5	
B.2	Fully functional RSBY/BK KY Help desk available at OPD.	5	
B.3	Fully Functional DDC available in Hospital as per provision. (Availability of Computer, Printer, Scanner, Internet in DDC, prescription scanned and uploaded in computer, Facilities of seating arrangement, Drinking water, sufficient waiting space for patients / attendants available at OPD DDC)	5	
B.4	IMEP including Cleanliness & Bio Medical Waste Management practices followed as per guidelines.		
B4.1	<ul style="list-style-type: none"> Floors, walls, roof, roof tops, sinks patient care and circulation areas are Clean Cleanliness of the campus maintained Proper Drainage & sewage facility available 	5	
B.4.2	IMEP Practices at OT & Labour Room <ul style="list-style-type: none"> Functional Autoclave and electrical sterilizer available and in use Functional wash basin available with Elbow tap and running water supply. Hand washing protocol displayed near hand washing area. 	5	
B.4.3	BMWM Practices at Hospital <ul style="list-style-type: none"> Colour coded bins, coloured polythene, needle syringe terminator available & segregation of Bio Medical Waste done as per norms. Availability of functional containment area. 	5	
B.5	Basic essential non clinical service provisions ensured:		

SI No	Major Indicators	Weight age (In %)	Remarks
B.5.1	Electrical Power back up available in OT, LR, OPD, SNCU/NBSU (if available), ILR Points	5	
B.5.2	Drinking water facility available at strategic points like OPD, IPD, SNCU etc. in the Hospital	5	
B.5.3	Adequate functional toilet available for male & female patients at Hospitals and are clean.	5	
B.5.4	Privacy maintained during examination in the OPD	5	
B.5.5	Clean bed sheet provided to patients and changed daily	5	
B.5.6	Free Diet provided to patients	5	
B.5.7	Adequate Signage's available in the hospital	5	
B.6	Functional Localised Grievance redressal system in place	5	
	Total	100	

N.B: Same checklist to be used for performance assessment at all levels i.e. CHC&DHH

3.3 Process for release of 2nd tranche funds:

- Nodal Officers/State Integrated Monitoring Team (SIMT) to submit performance report positively to appropriate authority after field verification by end of 3rd Qr.
- Necessary processing of performance report for release of funds to be done at SPMU & DPMU level for DHH & CHC respectively.
- Calculation procedures detailed at Annexure -2 to be used for finalisation of resource allocation.

Level of Facility	Validating Authority	Approval Authority for 2nd Tranche
DHH	State Integrated Monitoring Team	MD, NHM
CHC/SDH	District level Nodal officer for the respective block as assigned by CDMO	CDMO

Time line: Funds will be released to the facilities in the 4th quarter after receiving the assessment of all the facilities and after completion of the validation. The process must be completed within the given timeframe without fail in order to avoid non utilization of funds.

4. Supportive Supervision:

It is expected that with increased fund allocation the performance of RKS will improve and more patient friendly initiatives can be undertaken in the public health facilities. But to ensure uniform improvement by all the RKS, consistent supportive supervision is required. Hence to track the progress of the RKS and ensure that the fund is utilized for best purpose, a monitoring tool has been developed. **Any state/district/block level supervisor who will visit the facility will assess the performance of the respective RKS using the prescribed tool.**

All the observations collected through the tool will be compiled and analysed at district level and will be reviewed during the monthly meetings and roadmap for corrective actions will be developed. It is the ultimate responsibility of the district to ensure that the score of all the RKSs are improving over the period of time and will be the responsibility of the DPM to facilitate the entire process. **RKS Monitoring Checklist** is attached in the **Annexure- 3**.

5. Do's and Don'ts under Untied Fund:

5.1. Do's under Untied Fund:

Suggested areas where untied funds may be used which include:

- a) Cleaning up the facility especially in labour room and post- partum space, beautification of the campus
- b) Outsourcing/contracting in of clinical/non-clinical services
- c) Emergency Referral Transport in case unavailability of 102/108 services to save life with adequate justification.
- d) Transport of laboratory samples during epidemics
- e) Provision of safe drinking water to patients
- f) In organizing RKS Executive and Governing body meeting
- g) Minor Repairs of building and furniture
- h) Minor repair of Septic tanks/toilets
- i) Improved signage's in the facility
- j) Arrangement of stay for poor patients and their attendants
- k) Setting up of Rogi Sahayata Kendra/help desk- can be combined with JSSK help desk

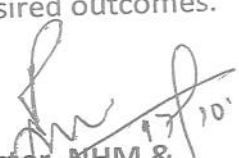
5.2. Don'ts under Untied Fund:

The following nature of expenditure should not be incurred out of the Untied Fund:

- a. Contractual engagement.
- b. Hiring of specialists like O & G, Paediatric, Anaesthetist etc. as provision is under NHM PIP.
- c. Office equipments, furniture, training-related equipments, vehicles, DOL etc.
- d. Payments towards advertisements in any Newspaper/Journal/Magazine.
- e. Organizing "SwasthyaMela" or giving stalls in any Mela for the purpose of awareness generation of health schemes/programmes.
- f. IEC related expenditure, outside Hospital Campus.
- g. Expenditure towards organizing meeting other than RKS GB/ EC
- h. Activities approved in the NHM PIP
- i. Any individual based activity like mobility cost to the RKS members/officials etc.

Barring above mentioned activities, RKS may take decision to take any initiatives for the development of the institution.

This initiative though embodies a statement of positive intent & growth oriented policy directions, it calls for timely & appropriate execution though peoples' participation by RKS for achieving desired outcomes.


**Mission Director, NHM &
Ex-Officio Addl Secretary to Govt.
Health & FW Department, Odisha**


**Principal Secretary
Health & FW Department, Govt. of Odisha**

RKS Monitoring Checklist

1	Name of Hospital:
2	District:
3	Registration Number of RKS:
4	Date of Visit:
5	Name of Visiting Officer:

Sl. No.	Indicators	Current Performance (Yes/No)	Remarks
A	Background Information		
A.1	RKS Meeting conducted as per norm (GB meeting quarterly once & EC Meeting monthly once).		
A.2	Approved Proceeding of each meeting conducted is available and disseminated.		
A.3	Last meeting proceeding reviewed in the succeeding meeting of RKS.		
A.4	Members of the committee are changing as per norm (Nominated members for duration of two years, Co-opted members for one year from the date of nomination).		
A.5	RKS, untied and AMG is merged into a single account.		
A.6	Books of Account and all the document maintained properly (Double entry book keeping, journal, ledger, cash book signed,)		
A.7	Vouchers are counter signed, passed for payment and kept in proper manner.		
A.8	In admissible expenditure are not made out of RKS fund.		
A.9	Approval of GB/EC is available for all major expenditure.		
A.10	Advances are not pending for settlement for more than one month after completion of the event.		
A.11	Annual Audit done on regular basis by Chartered Accountant.		
A.12	Annual Action plan (Hospital PIP) prepared and action taken accordingly, for each approved activity.		
B.	Performance of selected indicators required for releasing Untied fund:		
B.1	Labour room Standardised as per MNH Tool kit (Scored 80% as per checklist and certified by ADMO (Medical) in case of DHH, SDMO in case of SDH, MO I/C in case of CHC)		
B.2	Fully functional RSBY/BKKY Help desk available at OPD.		
B.3	Fully Functional DDC available in Hospital as per provision. (Availability of Computer, Printer, Scanner, Internet in DDC, prescription scanned and uploaded in computer, Facilities of seating arrangement, Drinking water, sufficient waiting space for patients / attendants available at OPD DDC)		

Sl. No.	Indicators	Current Performance (Yes/No)	Remarks
B.4	IMEP including Cleanliness & Bio Medical Waste Management practices followed as per guidelines.		
B.4.1	<ul style="list-style-type: none"> • Cleanliness of the patient care area, circulation area and campus maintained. • Proper Drainage & sewage facility available. 		
B.4.2	IMEP Practices at OT & Labour Room <ul style="list-style-type: none"> • Functional Autoclave and electrical sterilizer available and in use • Functional wash basin available with Elbow tap and running water supply. Hand washing protocol displayed near hand washing area. 		
B.4.3	BMWM Practices at Hospital <ul style="list-style-type: none"> • Colour coded bins, coloured polythene, needle syringe terminator available & segregation of Bio Medical Waste done as per norms. • Functional containment area available. 		
B.5	Basic essential non clinical services provision ensured		
B.5.1	Electrical Power back up available in OT, LR, OPD, SNCU/NBSU (if available) & ILR Point		
B.5.2	Drinking water facility available at strategic points in the Hospital like OPD, IPD, SNCU etc.		
B.5.3	Adequate functional toilet available for male & female patients at Hospitals and are clean.		
B.5.4	Privacy maintained during examination in the OPD		
B.5.5	Clean bed sheet provided to patients and changed daily		
B.5.6	Free Diet provided to patients		
B.5.7	Adequate Signage's available in the hospital		
B.5.8	Functional Localised grievance redressal system is in place		

Signature of the Supervisor/Team Members:

Evaluation Process

1. Achievement of each institution will be calculated based on detailed procedures and formula attached in **Annexure-2** (Calculation sheet).

2. Data Source for finalization of Intuitional performance report:

2.1 For Sub Component A.1-A.4: HMIS data for the period of 1st 6 months to be used

2.2 For Sub Component B: Physical observation reports

3. Evaluation responsibility:

Block Nodal Officers selected by CDMO concerned shall responsible for SDH & CHC level assessment.

State Integrated Monitoring Team (SIMT) of the concerned district shall be engaged for necessary assessment at DHH level

4. Scoring procedures

For Sub Component A.1-A.4:

Proportionate marking: Scoring shall be based on performance of a institution vis-à-vis institutions in the same category e.g. Number of OPD cases in CHC 1 / total of OPD cases of all CHCs of the same district

For Sub activities B.1-B.6: In case of it, score has to be either "5" or "0". No differential score to be given based on midterm progress.

Formula Table (Annexure-#)

Sl No	Major Indicators	Weightage (in %)	Total provision @Rs.2.50 lakhs per CHC x 4 CHCs=10.00 Amount	Performance of CHC-1		Performance of CHC-2		Performance of CHC-3		Performance of CHC-4		Performance/ Achievement of all CHCs in dist	Total Amount
				Achiv.	Amt	Achiv.	Amt.	Achiv.	Amt.	Achiv.	Amt		
1	Outpatient case load in the health facility	10	100,000	1000	10,000	3000	30,000	2000	20,000	4000	40,000	10000	100,000
2	In Patient case load in the health facility	10	100,000	100	10,000	200	20,000	300	30,000	400	40,000	1000	100,000
3	Delivery load in the facility	5	50,000	200	10,000	100	5,000	400	20,000	300	15,000	1000	50,000
4	Patient load in the SNCU/NBSU	5	50,000	100	5,000	200	10,000	300	15,000	400	20,000	1000	50,000
5	Standardised Labour room as per MNH Tool kit	5	50,000	1	12,500	1	12,500	1	12,500	1	12,500	4	50,000
6	Functional RSBY/BKKV Help desk at OPD	5	50,000	1	25,000	0	-	0	-	1	25,000	2	50,000
7	Fully Functional DDCs in Hospital as per provision	5	50,000	0	-	1	16,667	1	16,667	1	16,667	3	50,000
8	Cleanliness of the patient care, circulation areas and campus maintained & Proper Drainage & sewage facility available	5	50,000	0	-	1	25,000	0	-	1	25,000	2	50,000
9	Functional Autoclave and electrical sterilizer available and in use, Functional wash basin available with Elbow tap and running water supply. Hand washing protocol displayed near hand washing area.	5	50,000	1	12,500	1	12,500	1	12,500	1	12,500	4	50,000
10	Colour coded bins, coloured polythene, needle syringe terminator available & segregation of Bio Medical Waste done as per norms & functional containment area available.	5	50,000	0	-	0	-	1	50,000	0	-	1	50,000

L1.	Electrical Power back up available in OT, LR, OPD, SNCU/NBSU (if available), ILR Points	5	50,000	1	16,667	0	-	1	16,667	1	16,667	3	50,000
L2	Drinking water facility available at strategic points like OPD, IPD, SNCU etc. in the Hospital	5	50,000	0	-	1	50,000	0	-	0	-	1	50,000
L3	Adequate functional toilet available for male & female patients and are clean.	5	50,000	1	12,500	1	12,500	1	12,500	1	12,500	4	50,000
L4	Privacy maintained during examination in the OPD	5	50,000	1	50,000	0	-	0	-	0	-	1	50,000
L5	Clean bed sheet provided to patients and changed daily	5	50,000	0	-	1	16,667	1	16,667	1	16,667	3	50,000
L6	Free Diet provided to patients	5	50,000	1	50,000	0	-	0	-	0	-	1	50,000
L7	Adequate Signage's available in the hospital	5	50,000	0	-	0	-	1	25,000	1	25,000	2	50,000
L8	Functional Localised Grievance redressal system in place.	5	50,000	1	16,667	1	16,667	0	-	1	16,667	3	50,000
	Sub Total	100	1,000,000		230,833		227,500		247,500		294,167		1,000,000

Allocation procedures for Sub activity no 1-4: Achievement by an institution/ Total achievements by Institutions in the same category X Funds earmarked for same activity as per weightage

Example-Number of OPD cases in CHC 1 / total of OPD cases of all CHCs of the same district x Total funds available in sub activity 1 (Total allocation under 2nd tranche X weightage for same sub activity in %)

Allocation Procedures for Sub activity no 5-18: Allocation to an qualifying institution: Total allocation on the head / Total qualifying institutions as per criteria on respective activities