

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:3653
ANSWERED ON:14.12.2012
FUNDS TO STATES UNDER NRHM
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government proposes to cut certain percentage of funds allocated to States under the National Rural Health Mission (NRHM), if the States fail to provide healthcare services as provisioned under NRHM;
- (b) if so, the details thereof;
- (c) whether Government has also proposed to reward high performing States under NRHM; and
- (d) if so, the details thereof?

Answer

MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ABU HASEM KHAN CHOUDHURY)

- (a) & (b): Yes. Details are given at Annexure-I
- (c) & (d): Yes. Details are given at Annexure II.

ANNEXURE-I

In order to achieve the mission objectives under NRHM, the Ministry while giving the approval for NRHM State Programme Implementation Plan for the financial year 2012-13 has given key conditionalities to the States /UTs to avail full amount of allocation. These key conditionalities are :

- (a) Rational and equitable deployment of HR with the highest priority accorded to high focus districts and delivery points.
- (b) Facility wise performance audit and corrective action based thereon. Non-compliance with either of the above conditionalities may translate into a reduction in outlay up to 7 ½% and non-compliance with both translating into a reduction of up to 15%.
- (c) Gaps in implementation of JSSK may lead to a reduction in outlay up to 10%.
- (d) Continued support under NRHM for 2nd ANM would be contingent on improvement on ANC coverage and immunization as reflected in MCTS.
- (e) Vaccines, logistics and other operational costs would also be calculable on the basis of MCTS data.

ANNEXURE-II

In order to achieve the mission objectives under NRHM, the Ministry while giving the approval for NRHM State Programme Implementation Plan for the financial year 2012-13 has stated that Incentives in the following areas would draw additional allocations by way of incentivisation of performance. These areas are:

- (a) Responsiveness, transparency and accountability (upto 8% of the outlay).
- (b) Quality assurance (upto 3% of the outlay).
- (c) Inter-sectoral convergence (upto 3% of the outlay).
- (d) Recording of vital events including strengthening of civil registration of births and deaths (up to 2% of the outlay).
- (e) Creation of a public health cadre (by states which do not have it already) (upto 10% of the outlay)
- (f) Policy and systems to provide free generic medicines to all in public health facilities (up to 5% of the outlay)