

**GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA  
UNSTARRED QUESTION NO. 2226  
TO BE ANSWERED ON 28<sup>TH</sup> JULY, 2017**

**NRHM**

**2226. SHRI SUNIL KUMAR MONDAL:  
SHRI LAXMI NARAYAN YADAV:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government has received any proposals from the States and UTs for allocation of more funds under National Rural Health Mission (NRHM) to improve healthcare facilities and if so, the details of such proposals and the action taken by the Government thereon, State/ UT-wise;
- (b) whether cases of misuse of funds have been reported and if so, the details thereof along with the action taken by the Government in this regard;
- (c) the steps taken/being taken by the Government for proper utilisation of funds and continuous monitoring and implementation of NRHM at various levels;
- (d) whether the Government has fixed any monetary incentive regarding sterilisation under NRHM and if so, the details thereof;
- (e) whether the Government proposes to increase the monetary incentive in view of rising prices and if so, the details thereof and if not, the reasons therefor; and
- (f) the reaction of the Government thereto?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(SHRI FAGGAN SINGH KULASTE)**

- (a): The States/UTs regularly seek more allocation of funds under NRHM to improve health care facilities. However, allocation to a State/UT is determined by the budgetary provision for NRHM and the formula approved by the Mission Steering Group for allocation of NRHM-RCH flexi pool funds among States.
- (b): Certain instances of misuse of NRHM funds like mis-appropriation, misuse of untied funds, diversion of funds from one pool to another without authorisation, excessive and infructuous purchases etc. have come to light through Audit in States like Uttar Pradesh, Assam, Bihar, Haryana, Jammu & Kashmir, Odisha and Rajasthan. The observations have been duly communicated to the concerned States for taking necessary remedial action.

(c): Besides provision of annual CAG audit, following monitoring mechanisms are put in place for adherence to financial procedures and proper financial utilization for implementation of NRHM at various levels:

- Annual Statutory Audit by CAG empanelled major CA audit firm;
- Concurrent Audit by CAG audit firm;
- Implementation of Public Financial management System (PFMS) developed by the office of the Controller General of Accounts (CGA) of Ministry of Finance for monitoring and management of funds on just in time basis.
- Submission of Financial Management Reports (FMRs) by the States/UTs,
- Release of subsequent instalments is based on the extent of utilization of earlier funds released,
- Annual visits to States by Common Review Mission (CRM), which inter-alia, looks at financial system and mechanism.
- Integrated monitoring visits by senior officials of the Ministry and National Health System Resource Centre (NHSRC).
- 2 or more signatories for all NHM accounts and Double Entry Accounting system are followed.

(d): Yes, the Government has fixed monetary compensation regarding sterilisation under NRHM, the details of which are annexed at Annexure-I.

(e) & (f): Yes, the Government has increased the monetary compensation in view of rising prices in 11 High Focus States w.e.f. 20-10-2014, the details of which are annexed at Annexure-II.

**Compensation Scheme in Sterilisation for all the states**  
**w.e.f. 07.09.2007**

**A. Public (Government) Facilities: (all amounts in Rupees)**

<b>S.No.</b>	<b>Procedure</b>	Tubectomy	Vasectomy
1	Acceptor	600	1100
2	Motivator/ASHA	150	200
3	Drugs and dressings	100	50
4	Surgeons' compensation	75	100
5	Anaesthetist/ Assisting MO (if any)	25	-
6	Nurse/ANM	15	15
7	OT technician/ helper	15	15
8	Clerks/ documentation	-	-
9	Refreshment	10	10
10	Miscellaneous	10	10
	<b>TOTAL</b>	<b>1000</b>	<b>1500</b>

**B. Accredited Private/NGO Facilities: (all amounts in Rupees)**

<b>S.No.</b>	<b>Procedure</b>	Tubectomy	Vasectomy
1	Facility	1350	1300
2	Motivator	150	200
	<b>TOTAL</b>	<b>1500</b>	<b>1500</b>

**(Annexure - II)**

The revised scheme in 11 high focus states (UP, Bihar, MP, Chattisgarh, Rajasthan, Jharkhand, Orissa, Uttarakhand, Haryana, Assam, Gujarat) w.e.f. 20.10.2014 wherein Government has increased the monetary compensation in view of rising prices are:

1. Tubectomy compensations have been increased from Rs.1000 to Rs.2000. (public Facility)
2. Vasectomy compensations have been increased from Rs.1500 to Rs.2700. (public Facility)
3. Accredited Private/NGO compensations have been increased from Rs.1500 to Rs.3000 for both tubectomy and vasectomy.
4. More over a new post-partum sterilisation package has been introduced for Rs.3000.

**A. Public (Government) Facilities: (all amounts in Rupees)**

S.No.	Procedure	Tubectomy		Vasectomy
			PPS	
1	Acceptor	1400	2200	2000
2	Motivator/ASHA	200	300	300
3	Drugs and dressings	100	100	50
4	Surgeons' compensation	150	250	250
5	Anaesthetist/ Assisting MO (if any)	50	50	-
6	Nurse/ANM	30	50	30
7	OT technician/ helper	30	50	30
8	Clerks/ documentation	20	-	20
9	Refreshment	10	-	10
10	Miscellaneous	10	-	10
	<b>TOTAL</b>	<b>2000</b>	<b>3000</b>	<b>2700</b>

\*PPS: (Post Partum Sterilisation)

**B. Accredited Private/NGO Facilities: (all amounts in Rupees)**

<b>S.No.</b>	<b>Procedure</b>	<b>Tubectomy</b>	<b>Vasectomy</b>
	<b>Details of the package</b>		
1	Facility	2000	2000
2	Acceptor	1000	1000
	<b>TOTAL</b>	<b>3000</b>	<b>3000</b>