

File No.15 (2) FC-XV/FCD/2020-25
Ministry of Finance
Dept of Expenditure
Finance Commission Division

Block No. 11,5th Floor,
CGO Complex, Lodhi Road,
New Delhi-110003
Dated:-16/07/2021

To

The Chief Secretary,
(All State Governments)

Subject:- Operational Guidelines for implementation of the recommendations of the Fifteenth Finance Commission (FC-XV) on Health Sector grants contained in Chapter 7 (Empowering Local Governments) of FC-XV Final Report.

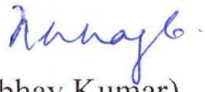
Sir,

The recommendation of the Fifteenth Finance Commission (FC-XV) contained in Chapter-7 (Empowering Local Governments) of FC-XV Final Report inter-alia, include grant-in-aid for Health Sector to be channelized through Local Governments during the award period 2021-22 to 2025-26.

2. In this regard, the undersigned is directed to forward herewith a copy of the Operational Guidelines for implementation of the recommendations of the FC-XV on Health Sector grants for further necessary action.

Yours faithfully,

Encl.: as above


(Abhay Kumar)
Director(FCD)

Copy to:-

- (i) The Secretary, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi.
- (ii) The Secretary, Ministry of Panchayati Raj, Krishi Bhavan, New Delhi.
- (iii) The Secretary, Ministry of Housing & Urban Affairs, Nirman Bhawan, New Delhi.



No. 15(2)FC-XV/FCD/ 2020-25

Government of India
Ministry of Finance
Department of Expenditure
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Operational Guidelines for implementation of the recommendations of the Fifteenth Finance Commission (FC-XV) on Health Sector grants contained in Chapter 7 (Empowering Local Governments) of FC-XV Final Report.

Introduction

The Fifteenth Finance Commission (FC-XV) in Chapter 7 (Empowering Local Governments) of its Final Report has recommended a total grant amounting to Rs. 4, 27, 911 crore for local governments for the award period 2021-22 to 2025-26 out of which the Commission has inter-alia decided to provide grants amounting to Rs. 70,051 crore to strengthen and plug the critical gaps in the health care system at the primary health care level. FC-XV has also identified interventions that will directly lead to strengthening the primary health infrastructure and facilities in both rural and urban areas.

2. In the Eleventh Schedule to the Constitution, Health and Sanitation including hospitals, Primary Health Centers & Dispensaries, Family Welfare are listed for Panchayats. Similarly, in the Twelfth Schedule to the Constitution, Public Health, Sanitation conservancy and solid waste management are listed for Municipalities. In order to achieve the objective of Universal Health, rural and urban local bodies can play a key role in the delivery of primary health care services especially at the 'cutting edge' level. Strengthening the local governments in terms of resources, health infrastructure and capacity building can enable them to play a catalytic role in health care delivery including in crisis times. Therefore, involving Panchayati Raj institutions as supervising agencies in these primary health care institutions would strengthen the overall primary health care system and involvement of local governments would also make the health system accountable to the people.

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3. In the light of aforesaid, the Fifteenth Finance Commission has decided to provide a part of the grants earmarked for the third tier for support to primary healthcare. State-wise and year-wise total fund allocation on health Sector spread over the award period of five years starting from 2021-22 to 2025-26 is given in the **Annexure (I)**. The components identified by the Fifteenth Finance Commission for upgradation of primary health care infrastructure in Rural and Urban areas along with the summary of the amount earmarked year-wise are given below;

For Rural Areas

(Rs. in crore)

S. No.	Total Health Grants	2021-22	2022-23	2023-24	2024-25	2025-26	Total
1	<i>Support for diagnostic infrastructure to the primary healthcare facilities</i>	3084	3084	3238	3400	3571	16377
	(i) Sub centres	1457	1457	1530	1607	1687	7738
	(ii) PHCs	1627	1627	1708	1793	1884	8639
2	<i>Block level public health units</i>	994	994	1044	1096	1151	5279
3	<i>Building-less Sub centres, PHCs, CHCs</i>	1350	1350	1417	1488	1562	7167
4	<i>Conversion of rural PHCs and sub centres into health and wellness centre</i>	2845	2845	2986	3136	3293	15105
	Total Health Grants	8273	8273	8685	9120	9577	43928

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For Urban Areas:-

(Rs. in crore)

S. No.	Total Health Grants	2021-22	2022-23	2023-24	2024-25	2025-26	Total
1	<i>Support for diagnostic infrastructure to the PHC facilities in Urban PHCs</i>	394	394	415	435	457	2095
2	<i>Urban health and wellness centres (HWCs)</i>	4525	4525	4751	4989	5238	24028
	Total Health Grants	4919	4919	5166	5424	5695	26123

4. Brief details about each recommended component is given hereunder;

(i) Support for diagnostic infrastructure to the primary healthcare facilities in Rural and Urban Areas

Under the vision of comprehensive primary health care, FC-XV has provided support for diagnostic infrastructure in Sub-Centers & Public Health Centres(PHCs) in rural areas and for Urban PHCs. Diagnostic services are critical for the delivery of health services, and these grants are intended to fully equip the primary health care facilities so that they can provide some necessary diagnostic services. *(State-wise & Year-wise grants allocated for diagnostic infrastructure in Sub-Centers and PHCs in Rural Areas are provided in Annexure-II & III and for Urban PHCs in Annexure-VII).*

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(ii) Block level public health units :-

Block public health units (BPHU) would integrate the functions of service delivery, public health action, strengthen laboratory services for disease surveillance, diagnosis and public health and serve as the hub for health-related reporting. The BPHUs will also improve de-centralised planning and the preparation of block plans that feed into district plans. In addition, they will improve accountability for health outcomes. Given that the block health facility is co-terminus with the Block Panchayat /Panchayat Samiti/Taluka Panchayat, this has the potential to facilitate convergence with the panchayati raj institutions and the child development project officer of the Integrated Child Development Scheme (ICDS) programme. The FC-XV proposes to provide support to BHPUs in all the 28 States. *(State-wise & Year-wise grants allocated for Block level public health units in Rural Areas are provided in Annexure-IV).*

(iii) Urban Health and Wellness Centres

Universal comprehensive primary health care is planned to be provided through urban Ayushman Bharat-Health & Wellness Centres (AB-HWCs) and polyclinics. Such urban HWCs would enable de-centralised delivery of primary health care to smaller populations, thereby increasing the reach to cover the vulnerable and marginalised. It is envisaged that the urban HWCs would create a mechanism for representatives of the Medical Administrative Staff and Resident Welfare Associations to disseminate information on public health issues at least once a month. FC-XV has recommended financial support for setting up urban HWCs in close collaboration with urban local bodies *(State-wise & Year-wise grants allocated for Urban Health and Wellness Centers are provided in Annexure-VIII).*

(iv) Building-less Sub centres, PHCs, CHCs

After assessing infrastructure gaps in the rural PHCs/Sub-Centres based on Rural Health Statistics, FC-XV has recommended financial support for development of necessary infrastructure for 27,581 HWCs at the sub-centre level and 681 HWCs at the

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PHC level in rural areas in close collaboration with rural local bodies. (State-wise & Year-wise grants *allocated for Building-less Sub centres, PHCs, CHCs are provided in Annexure-V*).

(v) **Conversion of Rural PHCs and Sub Centres into Health and Wellness Centre**

The Union Government has envisaged the creation of 1,50,000 HWCs by transforming existing sub-centers and PHCs as the basic pillar of Ayushman Bharat to deliver comprehensive primary health care. 15th Finance Commission propose to provide support for necessary infrastructure for the conversion of rural PHCs and sub-centers into HWCs so that they are equipped and staffed by an appropriately trained primary health care team, comprising of multi-purpose workers (male and female) and ASHAs and led by a mid-level health provider. PHCs linked to a cluster of HWCs would serve as the first point of referral for many disease conditions (State-wise & Year-wise grants *allocated for Conversion of Rural PHCs and Sub Centers into Health and Wellness Centre are provided in Annexure-VI*).

5. **Institutional mechanism for administration of the Health Sector grants:-**

- (i) At the **national level**, a Committee called National Level Committee (NLC) headed by the Secretary, Ministry of Health & Family Welfare (MoHFW), and comprising Principal Secretaries of Health of all States shall be set up to draw a time line of deliverables and outcomes for each of the five years along with a definite mechanism for flow and utilisation of these grants. Composition of the NLC and the Terms of Reference shall be decided by the Ministry of Health and Family Welfare (MOH&FW) for which the nodal Ministry will issue separate orders. NLC shall consider and if found fit, approve the State level plans received from State Level Committees. It shall also issue necessary technical guidance to the States from time to time which shall include items to be procured/services to be provided under each recommended component, their specifications, price range, names of the standard brands available in the market

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etc. etc. along with the formats in which proposals/information from State Level Committees (SLCs) / District Level Committees (DLCs) is required to be sought.

- (ii) Similarly in each State, a **State Level Committee (SLC)** headed by the Chief Secretary and comprising officials of the State Department of Health, Panchayat Raj (or nodal for Autonomous District Councils) and Urban Affairs and select representatives from all three tiers of rural and urban local bodies shall be set up. Based on the Action Plans received from District Level Committee (DLC), SLC shall prepare a State Plan for presentation/consideration/approval to NLC. Composition of the SLC and the Terms of Reference along with the Role and Responsibilities shall be as decided by the Ministry of Health and Family Welfare (MOH&FW) for which the nodal Ministry will issue separate orders/advisory to the States.
- (iii) Similarly, in each district, a **District Level Committee (DLC)** shall be set up under the District Collector/Deputy Commissioner. The Committee will comprise of officials of Health, Panchayati Raj and Urban Affairs and select representatives from all three tiers of rural and urban local bodies in the District. Chief Medical Officer of the District shall be the convener of the Committee. Responsibilities of the Committee shall be as decided by the Ministry of Health and Family Welfare (MOH&FW) and the State Government concerned (SLC) for which the nodal Ministry/State Government will issue separate orders/advisory to the States. Based on the plans received from nominated local body entities, the DLC shall prepare a District Level Plan for submission to State Level Committee for consideration/approval.

6. Thereafter, subsequent steps shall be taken at both the Union and State levels in line with plans agreed upon in the National Level Committee / State Level Committee. The Committees shall meet as frequently as required for the early disposal and smooth working of the proposed mechanism so that the objective of the Fifteenth Finance

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Commission recommended Health Sector grants are fulfilled in a fair and transparent manner. The persons charged with this responsibility at each level of the Union and State Governments will ensure strict adherence to timelines and outcomes as set out in the agreed policy.

7. Implementing entities for the Fifteenth Finance Commission recommended Health Sector grants to Local Bodies:-

The components identified by the Fifteenth Finance Commission for strengthening primary health care infrastructure and facilities in both rural and urban areas are mostly technical in nature and require experience as well as exposure in the relevant subject. Since, in all States, local bodies have not hitherto handled primary public health functions directly therefore, suddenly transferring the responsibility of the delivery of primary health care services to the local bodies especially at the lower levels during these critical times may not produce the desired results. Further, Fifteenth Finance Commission has also recommended that representatives of the urban local bodies and all three levels of Panchayati Raj institutions (wherever applicable) should be involved by entrusting them, in a phased manner, with the responsibility of supervising and managing the delivery of health services.

Therefore, at district level, Zilla Parishad/ Autonomous District Councils shall handle / implement the rural component of health sector grants in close coordination with the District Health Department under the overall supervision of the District Collector. The district level Rural Local Bodies/ Zilla Parishad is better equipped in terms of having a health and engineering resources, that could undertake the functions entailed. However, it is emphasized that Rural Local Bodies below the District level(as the case may be) such as Block/Taluk Level Panchayats and Gram Panchayats/Village Councils must be involved in planning and monitoring of these components for the health facilities located in their jurisdiction.

For implementing urban components of health sector grants, the Urban Local body concerned will be entrusted with implementation of these components. The urban bodies shall handle/implement the urban components of health sector grants (as per component-

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wise details in para-3 above) in close coordination with the District Health Department under the overall supervision of the District Collector.

8. **Procurement of medicine, medical equipment, diagnostics and other consumables etc. :-**

Procurement of medical equipments/items of stores for providing diagnostic services etc. are essential part of the health services. Like other items of stores, they are also dependant on the economies of scale, standard processes, quality assurance and require technical expertise in addition to adherence to the Rules, practices and procedures on the subject. As local bodies hitherto have largely not handled such public health functions, therefore, the State Level Committee (SLC) may decide about the procurement of the approved components of medical equipment, diagnostics etc. under 'Support for diagnostic infrastructure' component through a mechanism which may include central purchase(at State level) with the aim to ensure purchase of quality products at reasonable/competitive prices in an efficient manner after following the due processes, procedures and practices with the prior approval by the National Level Committee. For the centrally (at State level) procured items, it must be ensured that the selected vendors/companies do deliver the items of store at the intended destination (where these are required to be installed/utilized). State Level Committee may also work out a mechanism for the payment for centrally procured items of stores to the concerned vendors/companies.

9. **Convergence of FC-XV recommended Health Sector Grants:-** The Fifteenth Finance Commission in Chapter 7 of its Final Report for the period 2021-22 to 2025-26 has inter-alia recommended Health Sector Grants (HSG) to strengthen and plug the critical gaps in the health care system at the primary health care level. The Fifteenth Finance Commission has assessed the gaps in the existing health care interventions made through different programmes /schemes like National Health Mission and Aysuhman Bharat. After assessment, the Fifteenth Finance Commission has identified interventions that will directly lead to strengthening the primary health infrastructure and facilities in both rural and urban areas. The implementing local bodies/entities may utilise the health sector grant

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components in convergence with any other scheme aided by the Union Government with similar outcomes or with other type of funds available with them. While avoiding duplication, the ultimate aim for convergence should be to cover maximum population/area within the jurisdiction of the concerned local body or to improve the quality of the assets proposed to be constructed for the purpose. However, 15th Finance Commission recommended health sector grant should not be used as a State share/contribution towards any particular scheme.

10. **Role of State Health Department :-**

- (i) State Health Department (SHD) in collaboration with the State Panchayati Raj Department shall work out the District-wise distribution of funds / resources, including physical deliverables and targets - for all the components (separately for rural and Urban) of the *Fifteenth Finance Commission – Health Grants through Local Governments* as per the public healthcare facilities available in the districts, based on the technical guidance provided by the National Level Committee (NLC) and submit it to State Level Committee for consideration / approval.
- (ii) The district-wise allocations for health sector grants as a whole may be done keeping in view the rural population factor and ensuring preferential allocation to the aspirational /Tribal districts/ insurgency affected areas/Hill areas with the aim to make health facilities available to even far flung areas/backward areas.
- (iii) State Health Department shall compile the Annual District Health Action Plan-FC-XV (DHAP) received from the District Level Committee (DLC) and after examination will place it before State Level Committee for consideration. It is the responsibility of State Health Department to ensure, before forwarding the Fifteenth Finance Commission proposals to State Level Committee that there is **no duplication between the proposals** submitted to the State Level Committee under Fifteenth Finance Commission grants and proposals for funding under National Health Mission or any other schemes of the Govt. of India/State Government.

- (iv) The State Health Department shall forward the **approved** District Health Action Plans / compiled State Action Plan to National Level Committee for concurrence/approval.
- (v) After approval by State Level Committee & National Level Committee, State Health Department shall communicate the approved District Health Action Plan to the Panchayati Raj Department (for rural grant components) and the Urban Development Department (for Urban grant components) alongwith other relevant details for smooth implementation of the approved plans/components along with the activities/works to be executed by each entity as decided by the State Level Committee and place the same in public domain within 2 weeks of approval by National Level Committee. The State Health Department shall also inform each District Level Committee / Zila Panchayats/ Urban Local bodies about the works/activities approved for their districts alongwith the year-wise budget for further action at their level.
- (vi) The State Health Department shall get monthly progress (physical and financial) from all District Level Committees-FC-XV and submit the progress quarterly to the State Level Committee for review and directions.
- (vii) State Health Department shall work in close coordination with State Panchayat Raj(PR) Department / Urban Development Department(UDD) in implementation as well as decision making for Fifteenth Finance Commission recommended Health Grants through Local Governments. On the basis of Utilization Certificates collected from different entities, State Health Department alongwith the Panchayat Raj Department shall prepare a joint Utilization Certificate with the signatures of the Secretaries of both the Departments and submit the same to the State Finance Department for onward transmission to the Department of Expenditure, Ministry of Finance and the Ministry of Health & Family Welfare.
- (viii) With the permission of the Chairman, State Level Committee, State Health Department shall convene State Level Committee meetings as frequently as required and shall also function as the Secretariat for State Level Committee.

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11. **Role of State Panchayat Raj(PR) Department and Urban Development Department(UDD) :-**

- (i) State Panchayat Raj Department/Nodal Department for Autonomous District Councils and Urban Development Department(UDD) shall release funds to the local bodies (and to the agency decided by SLC for procurement, if any) and work in close coordination with State Health Department. They will provide all the assistance for implementation of Fifteenth Finance Commission recommended Health Grants through Local Governments ear-marked for Rural Local Bodies/Urban Local Bodies.
- (ii) On the basis of information received from State Health Department, State Panchayat Raj Department/ Urban Development Department shall communicate the resource allocation, physical deliverables and targets on a year wise basis, to all the concerned Rural Local Bodies/Urban Local Bodies and shall also seek their Annual proposals in the form of District Health Action Plan (DHAP-FC-XV) from the District/Zila Panchayats and Urban bodies(for their concerned components) .
- (iii) State Panchayat Raj Department/ Nodal Department for Autonomous District Councils and Urban Development Department shall pursue with all the Rural Local Bodies/Urban Local Bodies for the proper implementation of the approved District Health Action Plans.
- (iv) State Panchayat Raj Department/ Urban Development Department, in active collaboration with the State Health Department, shall take necessary actions for capacity building of the Rural Local Bodies/Urban Local Bodies (officials and elected members) for effective implementation and will utilize all their available resources and institutions for the purpose.
- (v) State Panchayat Raj Department/ Urban Development Department shall collect the Utilization Certificates of the amount released to nominated entities (Rural Local Bodies/Urban Local Bodies). It has the responsibility to submit the Utilization Certificates of Fifteenth Finance Commission -Health Grants, with the joint signature of the State Health Department to the State Finance

Department, which will be subsequently submitted to the Department of Expenditure, Ministry of Finance and the Ministry of Health & Family Welfare

12. Role of District Level Committee (DLC-FC-XV) :-

- (i) District Level Committee (DLC) shall be responsible for providing overall guidance to the Rural Local Bodies/Urban Local Bodies on the implementation of the Fifteenth Finance Commission – *Health Grants through Local Governments*, including preparation of the proposals, component wise as per the Guidelines on the subject and ensuring timely completion of each project.
- (ii) The District Level Committee would appraise the proposals received from the Rural Local Bodies/Urban Local Bodies, as per the guidelines on the subject and recommend to the State Level Committee for consideration.
- (iii) After receipt of final approved District Health Action Plan -FC-XV from State Level Committee through State Health Department, the District Level Committee shall guide the concerned Rural Local Bodies/Urban Local Bodies and monitor the implementation of the approved activities of various components of District Health Action Plan -FC-XV.
- (iv) District Level Committee shall also take necessary steps to guide and handhold the Rural Local Bodies/Urban Local Bodies including capacity building of Rural Local Bodies/Urban Local Bodies (all tiers available within their jurisdiction).
- (v) The District Level Committee would mobilize the district health team, (and the state health Department if required) to support Rural Local Bodies/Urban Local Bodies in planning and to provide technical support required in implementation and monitoring.
- (vi) The District Level Committee would meet on a monthly basis to review progress and identify issues coming in the way of smooth delivery of primary health care to the intended population and take appropriate remedial measures.

- (vii) The District Level Committee shall ensure that the concerned Rural Local Bodies/Urban Local Bodies submit the Utilization Certificates to the Panchayat Raj Department/ Urban Development Department so that further action on these Utilization Certificates can be taken at the appropriate level.

13. Role of Rural & Urban Local Bodies :-

- (i) Zila/District Panchayats or District Councils or Municipal Corporations (in case of Urban Local Bodies) shall in collaboration with the District health Department, assess the existing gaps in the health care delivery system within rural and urban areas and prepare a programme for fixing such gaps after taking existing interventions through different centrally sponsored programmes or state sponsored programmes into consideration. On the basis of interventions/components recommended by the Fifteenth Finance Commission as per details given above in para -3 above and District-wise allocations worked out by the State Level Committee, Zila/District Panchayats or District Councils or Municipal Corporations shall prepare annual programmes for a five year period after taking required inputs from all tiers available in the State through their representatives.
- (ii) Annual / five year plan thus finalized, shall be submitted to the District Level Committee in the format as prescribed by State Level Committee / National Level Committee for their scrutiny/ approval and further transmission to State Level Committee for necessary action.
- (iii) On the basis of the approval received, the Zila /District Panchayats/ Autonomous District Councils or Urban Local Bodies shall implement the activities/projects, in close coordination with the District Health Department, and ensure timely completion, submit UCs to the District Level Committee and Panchayati Raj Department/Urban Development Department (as the case may be).

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14. **Release of Grants:-**

On the basis of recommendations received from the Ministry of Health & Family Welfare, Department of Expenditure, Ministry of Finance, Govt. of India shall release Fifteenth Finance Commission recommended health grants to the State Finance Department on PFMS as per the State-wise & component-wise allocation given in **Annexure-II & VIII**. Subsequent installment of the these grants shall be released to the concerned States during the award period of five years on the basis of recommendation received from the Ministry of Health & Family Welfare, submission of Grant Transfer Certificates in the format prescribed at Annexure-IX. A separate Account may be opened for the purpose of monitoring health sector grant transactions. This will also enable in simplification of the processes and ensure no duplication happens with any other scheme for the same subject. The same also needs to be linked with the PFMS.

15. **Distribution of health Sector grants by the States :-**

State Finance Department shall transfer the grant to the Panchayat Raj Department/ Urban Development Department or nodal Department for Autonomous District Councils within ten working days without any deduction.

Panchayat Raj Department/ Urban Development Department or nodal Department for Autonomous District Councils shall transfer the grant to the Zila/District Panchayats/ District Councils or Urban Local Bodies or other tiers in the Panchayati Raj system **based on the items / projects approved by the State Level Committee for execution at their level.**

16. **Mode of payment by the executing entities:-**

Payments made to suppliers/vendors/companies by any executing entity shall be transferred through PFMS or any electronic system fully integrated with PFMS. Therefore, every entity shall have to register either their existing or new bank account with the PFMS or the system integrated with PFMS. Grant transfer and utilization shall be centrally verified through PFMS, therefore, it must be ensured that there is no discrepancy. State Level Committee and District Level Committees shall ensure that all executing entities have linked their bank account with the PFMS.

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17. **Capacity Development of the Representatives of local bodies:-**

Consequent upon the enactment of the 73rd & 74th Constitution Amendment Acts, (and as per the Legislation passed by each State), Panchayats were primarily given the responsibility for the delivery of basic services. Involvement of local bodies/third tier in the delivery of primary health care is a new responsibility proposed for transfer in a phased manner and hitherto not managed by the rural local bodies in most of the States. Health being a sensitive subject and the responsibilities required in the delivery of health services require some basic knowledge on the subject. Therefore, Ministry of Health & Family Welfare in coordination with the Ministry of Panchayati Raj / Ministry of Housing and Urban Affairs and the concerned State Governments may consider Capacity Development of the Representatives of local bodies so as to equip them with the new challenges and the new responsibilities being assigned to them.

In order to make the new initiative a success, National Level Committee may consider organizing a short duration training programme for a select group of local body representatives of all the States to be known as 'Training of Trainers' which can further train representatives upto all the available tiers in a State within their jurisdiction or through any other mechanism that National Level Committee may deem fit for their capacity development.

18. **Allocation of State-wise and component-wise health Sector grant for the award period 2021-22 to 2025-26.**

Allocation of State-wise, year-wise and component-wise health Sector grant for the award period 2021-22 to 2025-26 is provided in Annexure-I to VIII.

19. **Accounting procedure:-** A budget line at Budget Stage 2021-22 has been provided under major head 3601, Sub- major head(07). Health Sector Grant being a new addition in the local body grants therefore, new Minor Head for Health Sector grant & Sub-heads is being opened for each component separately. Similarly, while booking expenditure, actual expenditure incurred shall be booked under these newly created Sub-heads under Minor head (Health Sector grant).

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Annexure-I

Total Health Grants for the award period 2021-22 to 2025-26

(Rs corore)							
SI. No.	State	2021-22	2022-23	2023-24	2024-25	2025-26	Total
1	Andhra Pradesh	490.00	490.00	514.00	540.00	567.00	2601.00
2	Arunachal Pradesh	49.00	49.00	51.00	54.00	56.00	259.00
3	Assam	280.00	280.00	293.00	308.00	323.00	1484.00
4	Bihar	1133.00	1133.00	1190.00	1249.00	1312.00	6017.00
5	Chhattisgarh	339.00	339.00	356.00	373.00	392.00	1799.00
6	Goa	31.00	31.00	33.00	35.00	37.00	167.00
7	Gujarat	629.00	629.00	661.00	694.00	728.00	3341.00
8	Haryana	305.00	305.00	320.00	335.00	352.00	1617.00
9	Himachal Pradesh	98.00	98.00	103.00	108.00	114.00	521.00
10	Jharkhand	446.00	446.00	469.00	492.00	517.00	2370.00
11	Karnataka	552.00	552.00	579.00	608.00	638.00	2929.00
12	Kerala	559.00	559.00	587.00	616.00	647.00	2968.00
13	Madhya Pradesh	923.00	923.00	969.00	1018.00	1069.00	4902.00
14	Maharashtra	1331.00	1331.00	1397.00	1467.00	1541.00	7067.00
15	Manipur	44.00	44.00	46.00	49.00	51.00	234.00
16	Meghalaya	59.00	59.00	61.00	64.00	68.00	311.00
17	Mizoram	31.00	31.00	33.00	35.00	36.00	166.00
18	Nagaland	57.00	57.00	60.00	63.00	66.00	303.00
19	Odisha	462.00	462.00	485.00	510.00	535.00	2454.00
20	Punjab	401.00	401.00	421.00	443.00	465.00	2131.00
21	Rajasthan	833.00	833.00	875.00	918.00	964.00	4423.00
22	Sikkim	21.00	21.00	22.00	23.00	24.00	111.00
23	Tamil Nadu	806.00	806.00	846.00	889.00	933.00	4280.00
24	Telangana	419.00	419.00	441.00	463.00	486.00	2228.00
25	Tirpura	85.00	85.00	90.00	94.00	99.00	453.00
26	Uttar Pradesh	1830.00	1830.00	1921.00	2017.00	2118.00	9716.00
27	Uttarakhand	150.00	150.00	158.00	165.00	174.00	797.00
28	West Bengal	829.00	829.00	870.00	914.00	960.00	4402.00
Total		13192.00	13192.00	13851.00	14544.00	15272.00	70051.00

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Annexure-II

Support for diagnostic infrastructure to the primary healthcare facilities- Sub centres

(Rs corore)							
Sl. No.	State	2021-22	2022-23	2023-24	2024-25	2025-26	Total
1	Andhra Pradesh	54.76	54.76	57.50	60.37	63.39	290.78
2	Arunachal Pradesh	2.84	2.84	2.98	3.13	3.28	15.07
3	Assam	46.93	46.93	49.28	51.74	54.33	249.21
4	Bihar	157.11	157.11	164.96	173.21	182.02	834.41
5	Chhattisgarh	39.19	39.19	41.15	43.21	45.37	208.11
6	Goa	1.61	1.61	1.69	1.78	1.92	8.61
7	Gujarat	67.49	67.49	70.87	74.41	78.13	358.39
8	Haryana	25.48	25.48	26.75	28.09	29.49	135.29
9	Himachal Pradesh	15.38	15.38	16.15	16.80	17.81	81.52
10	Jharkhand	49.83	49.83	52.33	54.94	57.69	264.62
11	Karnataka	71.85	71.85	75.44	79.22	83.18	381.54
12	Kerala	39.61	39.61	41.60	43.68	45.86	210.36
13	Madhya Pradesh	102.61	102.61	107.74	113.13	118.78	544.87
14	Maharashtra	103.91	103.91	109.11	114.56	120.29	551.78
15	Manipur	3.95	3.95	4.15	4.36	4.58	20.99
16	Meghalaya	6.05	6.05	6.23	6.68	7.01	32.02
17	Mizoram	2.72	2.72	2.86	3.08	3.15	14.53
18	Nagaland	3.19	3.19	3.35	3.52	3.69	16.94
19	Odisha	61.72	61.72	64.81	68.05	71.45	327.75
20	Punjab	26.23	26.23	27.54	29.11	30.36	139.47
21	Rajasthan	100.45	100.45	105.47	110.75	116.28	533.40
22	Sikkim	1.30	1.30	1.36	1.43	1.50	6.89
23	Tamil Nadu	64.16	64.16	67.36	70.73	74.27	340.68
24	Telangana	34.93	34.93	36.68	38.51	40.44	185.49
25	Tirpura	7.16	7.16	7.61	7.89	8.28	38.10
26	Uttar Pradesh	255.70	255.70	268.48	281.91	296.00	1357.79
27	Uttarakhand	13.60	13.60	14.28	14.99	15.74	72.21
28	West Bengal	97.39	97.39	102.26	107.37	112.74	517.15
Total		1457.15	1457.15	1529.99	1606.65	1687.03	7737.97

Range

Annexure-III

Support for diagnostic infrastructure to the primary healthcare facilities- PHCs

(Rs corore)							
Sl. No.	State	2021-22	2022-23	2023-24	2024-25	2025-26	Total
1	Andhra Pradesh	57.61	57.61	60.49	63.55	66.92	306.18
2	Arunachal Pradesh	6.96	6.96	7.31	7.68	8.06	36.97
3	Assam	50.65	50.65	53.18	55.84	58.56	268.88
4	Bihar	172.79	172.79	181.42	190.50	200.22	917.72
5	Chhattisgarh	41.06	41.06	43.11	45.22	47.53	217.98
6	Goa	1.17	1.17	1.23	1.29	1.39	6.25
7	Gujarat	71.88	71.88	75.48	79.25	83.21	381.70
8	Haryana	28.05	28.05	29.45	30.64	32.40	148.59
9	Himachal Pradesh	28.54	28.54	29.96	31.46	33.04	151.54
10	Jharkhand	52.55	52.55	55.17	57.93	60.83	279.03
11	Karnataka	103.58	103.58	108.76	114.20	119.91	550.03
12	Kerala	49.58	49.58	52.06	54.66	57.39	263.27
13	Madhya Pradesh	108.75	108.75	114.18	119.89	125.89	577.46
14	Maharashtra	111.96	111.96	117.56	123.44	129.61	594.53
15	Manipur	4.38	4.38	4.60	4.83	5.08	23.27
16	Meghalaya	6.04	6.04	6.34	6.46	6.99	31.87
17	Mizoram	2.87	2.87	3.02	3.22	3.22	15.20
18	Nagaland	6.14	6.14	6.44	6.76	7.10	32.58
19	Odisha	65.50	65.50	68.78	72.41	75.83	348.02
20	Punjab	28.88	28.88	30.32	31.84	33.51	153.43
21	Rajasthan	116.25	116.25	122.06	128.16	134.57	617.29
22	Sikkim	1.41	1.41	1.48	1.56	1.64	7.50
23	Tamil Nadu	69.25	69.25	72.71	76.35	80.17	367.73
24	Telangana	35.60	35.60	37.49	39.48	41.21	189.38
25	Tirpura	5.26	5.26	5.63	5.80	6.09	28.04
26	Uttar Pradesh	281.53	281.53	295.61	310.39	325.91	1494.97
27	Uttarakhand	12.52	12.52	13.14	13.80	14.49	66.47
28	West Bengal	106.02	106.02	111.32	116.88	122.73	562.97
Total		1626.78	1626.78	1708.30	1793.49	1883.50	8638.85

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Annexure-IV

Financial Requirement for establishing Block Level Public Health Units

(Rs corore)							
SI. No.	State	2021-22	2022-23	2023-24	2024-25	2025-26	Total
1	Andhra Pradesh	134.42	134.42	141.14	148.20	155.61	713.79
2	Arunachal Pradesh	22.94	22.94	24.09	25.29	26.56	121.82
3	Assam	5.31	5.31	5.58	5.86	6.15	28.21
4	Bihar	49.47	49.47	51.94	54.54	57.27	262.69
5	Chhattisgarh	13.56	13.56	14.24	14.95	15.70	72.01
6	Goa	2.41	2.41	2.53	2.66	2.79	12.80
7	Gujarat	50.31	50.31	52.82	55.46	58.24	267.14
8	Haryana	28.58	28.58	30.00	31.50	33.08	151.74
9	Himachal Pradesh	1.85	1.85	1.95	2.05	2.15	9.85
10	Jharkhand	24.44	24.44	25.66	26.95	28.29	129.78
11	Karnataka	38.23	38.23	40.15	42.15	44.26	203.02
12	Kerala	30.59	30.59	32.12	33.72	35.41	162.43
13	Madhya Pradesh	28.99	28.99	30.44	31.96	33.56	153.94
14	Maharashtra	70.83	70.83	74.37	78.09	82.00	376.12
15	Manipur	14.09	14.09	14.79	15.53	16.31	74.81
16	Meghalaya	9.25	9.25	9.72	10.20	10.71	49.13
17	Mizoram	5.23	5.23	5.49	5.77	6.06	27.78
18	Nagaland	14.89	14.89	15.63	16.42	17.24	79.07
19	Odisha	29.08	29.08	30.53	32.06	33.66	154.41
20	Punjab	30.18	30.18	31.69	33.28	34.94	160.27
21	Rajasthan	27.40	27.40	28.77	30.21	31.72	145.50
22	Sikkim	6.44	6.44	6.76	7.10	7.45	34.19
23	Tamil Nadu	77.47	77.47	81.35	85.42	89.69	411.40
24	Telangana	118.52	118.52	124.45	130.67	137.21	629.37
25	Tirpura	11.67	11.67	12.26	12.87	13.51	61.98
26	Uttar Pradesh	76.53	76.53	80.36	84.37	88.59	406.38
27	Uttarakhand	2.22	2.22	2.33	2.44	2.57	11.78
28	West Bengal	69.22	69.22	72.69	76.32	80.14	367.59
Total		994.12	994.12	1043.85	1096.04	1150.87	5279.00

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Annexure-V

Grants for Building-less sub-centres, PHCs, CHCs

							(Rs corore)
Sl. No.	State	2021-22	2022-23	2023-24	2024-25	2025-26	Total
1	Andhra Pradesh	1.17	1.17	1.23	1.29	1.36	6.22
2	Arunachal Pradesh	1.06	1.06	1.10	1.16	1.22	5.60
3	Assam	13.32	13.32	13.98	14.69	15.41	70.72
4	Bihar	329.29	329.29	345.6	363.00	381.10	1748.28
5	Chhattisgarh	10.75	10.75	11.28	11.85	12.45	57.08
6	Goa	1.54	1.54	1.61	1.70	1.78	8.17
7	Gujarat	1.17	1.17	1.24	1.29	1.36	6.23
8	Haryana	29.51	29.51	30.97	32.53	34.15	156.67
9	Himachal Pradesh	2.68	2.68	2.81	2.96	3.11	14.24
10	Jharkhand	118.54	118.54	124.41	130.67	137.19	629.35
11	Karnataka	10.06	10.06	10.56	11.09	11.64	53.41
12	Kerala	0.50	0.50	0.52	0.55	0.58	2.65
13	Madhya Pradesh	30.03	30.03	31.52	33.10	34.75	159.43
14	Maharashtra	50.07	50.07	52.55	55.21	57.96	265.86
15	Manipur	2.03	2.03	2.12	2.24	2.35	10.77
16	Meghalaya	3.21	3.21	3.37	3.54	3.72	17.05
17	Mizoram	0.56	0.56	0.58	0.61	0.64	2.95
18	Nagaland	1.03	1.03	1.08	1.13	1.19	5.46
19	Odisha	72.83	72.83	76.43	80.28	84.29	386.66
20	Punjab	20.26	20.26	21.26	22.33	23.45	107.56
21	Rajasthan	191.39	191.39	200.87	210.98	221.51	1016.14
22	Sikkim	0.53	0.53	0.55	0.58	0.60	2.79
23	Tamil Nadu	71.21	71.21	74.73	78.50	82.41	378.06
24	Telangana	2.81	2.81	2.96	3.11	3.26	14.95
25	Tirpura	0.25	0.25	0.26	0.27	0.29	1.32
26	Uttar Pradesh	333.68	333.68	350.22	367.84	386.18	1771.60
27	Uttarakhand	1.43	1.43	1.49	1.57	1.65	7.57
28	West Bengal	49.04	49.04	51.46	54.05	56.75	260.34
Total		1349.95	1349.95	1416.76	1488.12	1562.35	7167.13

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Annexure-VI

Financial requirement for Conversion of Rural PHCs and SCs into Health and Wellness Centre

							(Rs corore)
Sl. No.	State	2021-22	2022-23	2023-24	2024-25	2025-26	Total
1	Andhra Pradesh	124.67	124.67	130.55	137.45	144.32	661.66
2	Arunachal Pradesh	6.67	6.67	7.01	7.36	7.72	35.43
3	Assam	80.70	80.70	84.74	88.98	93.42	428.54
4	Bihar	195.81	195.81	205.60	215.88	226.68	1039.78
5	Chhattisgarh	90.13	90.13	94.64	99.37	104.34	478.61
6	Goa	4.00	4.00	4.20	4.41	4.63	21.24
7	Gujarat	160.01	160.01	168.01	176.41	185.23	849.67
8	Haryana	46.61	46.61	48.94	51.38	53.95	247.49
9	Himachal Pradesh	44.13	44.13	46.34	48.65	51.08	234.33
10	Jharkhand	68.71	68.71	72.14	75.75	79.54	364.85
11	Karnataka	188.86	188.86	198.3	208.22	218.63	1002.87
12	Kerala	105.43	105.43	110.70	116.23	122.04	559.83
13	Madhya Pradesh	197.76	197.76	207.64	218.03	228.93	1050.12
14	Maharashtra	191.95	191.95	201.54	211.62	222.2	1019.26
15	Manipur	8.73	8.73	9.17	9.63	10.11	46.37
16	Meghalaya	9.29	9.29	9.75	10.24	10.75	49.32
17	Mizoram	7.36	7.36	7.73	8.11	8.52	39.08
18	Nagaland	8.19	8.19	8.60	9.03	9.49	43.50
19	Odisha	125.33	125.33	131.6	138.18	145.09	665.53
20	Punjab	46.70	46.70	49.04	51.49	54.06	247.99
21	Rajasthan	263.19	263.19	276.35	290.17	304.67	1397.57
22	Sikkim	2.96	2.96	3.10	3.26	3.42	15.70
23	Tamil Nadu	148.61	148.61	156.04	163.85	172.04	789.15
24	Telangana	85.09	85.09	89.34	93.81	98.5	451.83
25	Tirpura	17.89	17.89	18.78	19.72	20.71	94.99
26	Uttar Pradesh	387.35	387.35	406.72	427.05	448.4	2056.87
27	Uttarakhand	35.52	35.52	37.29	39.16	41.11	188.60
28	West Bengal	192.98	192.98	202.63	212.76	223.40	1024.75
Total		2844.63	2844.63	2986.49	3136.20	3292.98	15104.93

Range

Annexure-VII

Support for diagnostic infrastructure to the primary Healthcare facilities - UPHCs

(Rs corore)							
Sl. No.	State	2021-22	2022-23	2023-24	2024-25	2025-26	Total
1	Andhra Pradesh	14.29	14.29	15.21	15.84	16.63	76.26
2	Arunachal Pradesh	3.07	3.07	3.30	3.38	3.55	16.37
3	Assam	12.66	12.66	13.30	13.96	14.66	67.24
4	Bihar	43.20	43.20	45.36	47.63	50.01	229.40
5	Chhattisgarh	10.23	10.23	10.74	11.27	11.84	54.31
6	Goa	0.24	0.24	0.26	0.27	0.28	1.29
7	Gujarat	17.63	17.63	18.51	19.44	20.41	93.62
8	Haryana	7.01	7.01	7.36	7.73	8.12	37.23
9	Himachal Pradesh	4.24	4.24	4.45	4.67	4.91	22.51
10	Jharkhand	13.10	13.10	13.75	14.44	15.16	69.55
11	Karnataka	16.02	16.02	16.82	17.66	18.55	85.07
12	Kerala	11.05	11.05	11.61	12.19	12.80	58.70
13	Madhya Pradesh	27.17	27.17	28.53	29.96	31.46	144.29
14	Maharashtra	27.96	27.96	29.35	30.82	32.36	148.45
15	Manipur	1.12	1.12	1.17	1.23	1.29	5.93
16	Meghalaya	1.51	1.51	1.59	1.67	1.75	8.03
17	Mizoram	0.44	0.44	0.46	0.48	0.51	2.33
18	Nagaland	1.02	1.02	1.08	1.13	1.19	5.44
19	Odisha	18.36	18.36	19.28	20.24	21.26	97.50
20	Punjab	7.21	7.21	7.57	7.95	8.35	38.29
21	Rajasthan	27.81	27.81	29.20	30.66	32.19	147.67
22	Sikkim	0.15	0.15	0.15	0.16	0.17	0.78
23	Tamil Nadu	18.75	18.75	19.69	20.67	21.70	99.56
24	Telangana	8.86	8.86	9.31	9.77	10.26	47.06
25	Tirpura	1.27	1.27	1.33	1.40	1.47	6.74
26	Uttar Pradesh	70.37	70.37	73.89	77.58	81.46	373.67
27	Uttarakhand	3.26	3.26	3.42	3.60	3.78	17.32
28	West Bengal	26.49	26.49	27.82	29.21	30.67	140.68
Total		394.49	394.49	414.51	435.01	456.79	2095.29

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Grants for Urban Health and Wellness Centres (UHCs)

							(Rs crore)
Sl. No.	State	2021-22	2022-23	2023-24	2024-25	2025-26	Total
1	Andhra Pradesh	102.88	102.88	108.02	113.48	119.17	546.43
2	Arunachal Pradesh	5.24	5.24	5.50	5.78	6.07	27.83
3	Assam	69.93	69.93	73.43	77.10	80.95	371.34
4	Bihar	185.43	185.43	194.71	204.44	214.66	984.67
5	Chhattisgarh	133.88	133.88	140.58	147.60	154.99	710.93
6	Goa	20.48	20.48	21.50	22.58	23.71	108.75
7	Gujarat	260.73	260.73	273.76	287.45	301.83	1384.50
8	Haryana	139.33	139.33	146.30	153.62	161.30	739.88
9	Himachal Pradesh	1.41	1.41	1.48	1.56	1.64	7.50
10	Jharkhand	119.21	119.21	125.17	131.42	138.00	633.01
11	Karnataka	122.93	122.93	129.08	135.54	142.31	652.79
12	Kerala	322.22	322.22	338.34	355.25	373.01	1711.04
13	Madhya Pradesh	427.83	427.83	449.22	471.68	495.27	2271.83
14	Maharashtra	774.13	774.13	812.84	853.48	896.16	4110.74
15	Manipur	9.83	9.83	10.32	10.84	11.38	52.20
16	Meghalaya	23.30	23.30	24.47	25.69	26.98	123.74
17	Mizoram	12.01	12.01	12.61	13.24	13.90	63.77
18	Nagaland	22.61	22.61	23.74	24.93	26.18	120.07
19	Odisha	89.19	89.19	93.65	98.34	103.25	473.62
20	Punjab	241.75	241.75	253.83	266.52	279.85	1283.70
21	Rajasthan	106.49	106.49	111.82	117.41	123.28	565.49
22	Sikkim	8.19	8.19	8.60	9.03	9.48	43.49
23	Tamil Nadu	356.48	356.48	374.30	393.01	412.67	1892.94
24	Telangana	133.60	133.60	140.28	147.29	154.66	709.43
25	Tirpura	41.68	41.68	43.76	45.95	48.25	221.32
26	Uttar Pradesh	424.55	424.55	445.83	468.07	491.47	2254.47
27	Uttarakhand	81.57	81.57	85.65	89.93	94.42	433.14
28	West Bengal	287.92	287.92	302.31	317.43	333.30	1528.88
Total		4524.80	4524.80	4751.10	4988.66	5238.14	24027.50

Range

Annexure –IX

**GRANT TRANSFER CERTIFICATE FOR THE FIFTEENTH FINANCE COMMISSION
RECOMMENDED HEALTH SECTOR GRANTS (contained in Chapter 7) DURING ITS
AWARD PERIOD 2021-22- TO 2025-2026.**

Name of State:-

S. No.	Components of Health Sector Grants	Year/ Installment	Amount received from GOI (Rs. in lakh)	Date of Receipt (00/00/00)	Date of transfer by SFD to Local Body Nodal Department	Amount transferred (Rs. in lakh)	Amount transferred by Nodal Depart. to Local Bodies
1	Support for diagnostic infrastructure to the Sub centres in rural areas.						
2	Support for diagnostic infrastructure to the PHCs in rural areas.						
3	Block level public health units in rural areas.						
4	Building-less Sub centres, PHCs, CHCs in rural areas.						
5	Conversion of rural PHCs and sub centres into health and wellness centre in rural areas.						
6	Support for diagnostic infrastructure to the primary healthcare facilities in Urban PHCs						
7	Urban health and wellness centres (HWCs).						

Certified that the grants have been utilized / proposed to be utilized for the purpose for which these have been provided and if any deviation is observed, the same will be intimated.

**Signature with seal of
Secretary (Nodal department)**

**Countersigned:
Signature with seal of the Finance Secretary**

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