

F. No. S-12021/070/2022-ABDM(Coord)
Government of India
Ministry of Health and Family Welfare
National Health Authority

**Expenditure Guidelines for Utilization of Incentives by Public
Facilities under Digital Health Incentive Scheme (DHIS)**

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1. These guidelines will be applicable for all public health facilities registered for Digital Health Incentive Scheme (DHIS) under Ayushman Bharat Digital Mission (ABDM). It is only applicable to the funds received from NHA under DHIS. These guidelines may be revised from time to time.
2. The main purpose of these guidelines is to enable proper and timely utilization of the incentives disbursed under the DHIS for increasing use of scan and share, creation of digital records and new use-cases of ABHA e.g. scan and share at pharmacy/labs, scan and pay, scan and share at doctor counters or any other digital initiative by the facility.
3. SMD office of the respective States/UTs can issue additional guidelines in this regard. However, it may be ensured that such additional guidelines are in consonance with overall objective of these guidelines.
4. The expenditure of the received incentive amount can be spent on one or more of the following heads:

S.N.	Fund Expenditure Heads	Examples*
A	Patient Facilitation	Free Wi-Fi at facility premises, having a backup internet connection (for improving reliability, uptime & speed), Convenient, shaded, proper ventilated seating arrangement, proper signages, wheelchair, stretcher, clean drinking water, clean and hygienic premises with clean toilet facility for Male/ Female/ Differently abled people.
B.	Software/Hardware	Hardware, display device e.g. TVs/ computer screens for displaying tokens, computer machines, tabs (for ABHA creation), printers, QR/Barcode scanners, software HMIS/ LMIS/CDSS, System Integrators, Anti-virus, MS Office etc), IT network, Cloud services, CCTV, face authentication/ biometric device, leased

		line for internet, LAN setup, Network Booster and any services outsourcing etc.
C.	Human Resources	Human resource [@] (Data Entry Operator, IT support / Guard /Other), Provide financial incentives [#] to the teams/individual staff/PHR app providers for ABDM transactions i.e Scan and Share Module, systematic digital record keeping on HMIS/LMIS. Examples of these incentives may be Rs.5-10 per scan and share transaction for direct individual measurable effort for the transaction and an additional Rs.5-10 for team effort (where multiple people like guards have helped). PHR app providers who are providing manpower to assist the scan and share transactions may also be paid Rs.5 - 10 per transaction.
D.	Capacity Building & IEC	Trainings for Doctors/Nurses/Tech Staff, Public Addressing Systems, ABDM Posters/ Standee/ Canopy/ printing ABDM leaflets for generating awareness about ABDM
E.	Administrative expenses	Meeting Hall, Stationary, Civil Infra, Subscription to medical journals, transport etc. Any other incidental expenditure as deemed fit by the facility etc.

*** It is clarified that the list is not exhaustive, the incentive fund remains untied and can be used by the public institution/organization to further Public good.**

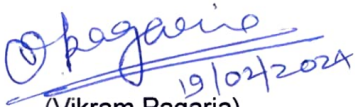
Incentives to the working staff should not be more than the monthly salary of the working staff.

@ - Human Resources may be considered through outsourcing agency/direct hire for a fixed and defined period.

5. The facility should ensure that prevailing financial and audit related rules (GFR) are followed, including maintenance of appropriate accounts, and supporting documentation.
6. The SMD of the respective States/UTs should support the public health facilities in resolving any difficulties faced by the facilities to utilize the DHIS incentives.
7. For the procurement of any digital device or computer systems, if any support on configuration or system specification is required, facility can find the hardware specification at https://abdm.gov.in:8081/uploads/Hardware_Guidelines_ABDM_e162cf7a7b.pdf. In case, any further clarification/support is required, facility can email to NHA at abdm.incentive@nha.gov.in and NHA will ensure the quick response of the same.

- 8.1 For DHIS incentives being disbursed to the bank account of Rogi Kalyan Samiti, the Executive Committee defined in the "Guidelines for Rogi Kalyan Samities in Public Hospitals" [https://nhm.gov.in/New_Updates_2018/communization/RKS/Guidelines_for_Rogi_Kalyan_Samities_in_Public_Health_Facilities.pdf] of the Ministry of Health and Family Welfare may take a decision on the heads in which the incentives are to be spent. However, if the cumulative incentive received under the DHIS, sought to be spent, is more than Rs 10 Lakhs at the level of the District Hospital/Medical College/Above, Rs 7 Lakhs at CHC & Rs 2 Lakhs at PHC, then the Governing Board (GB) may decide on the heads in which the incentives are to be spent. The SMD(ABDM) may be approached by the public health facilities in case in case of any clarification and such clarification may be resolved, preferably within 7 working days, along with a copy to NHA. If required, a consultation may be met with NHA to resolve such query. It is advised that the executive committee may meet once every month to decide the expenditure of DHIS incentives.
- 8.2 For DHIS incentives to AIIMS/central government hospitals, a three membered committee may be constituted with Director as the Chairperson and two members from the AIIMS. Such a committee may decide on the expenditure of DHIS incentives in accordance with these guidelines.
- 8.3 For DHIS incentives to other public health facilities, being disbursed to bank accounts other than RKS, it is advised that a three-member committee may be constituted from the members mentioned in the Executive committee for RKS, as defined in the above-mentioned "Guidelines for Rogi Kalyan Samities in Public Hospitals" and expenditure for DHIS incentives may be decided by such committee.
9. The details of expenditure made from DHIS incentives should be sent to the respective SMD, ABDM [for all facilities other than AIIMS/central government hospitals]. For AIIMS/central government hospitals, such details may be sent to NHA.
10. The SMD office should monitor that the incentives disbursed to the public hospitals are being utilized. The SMD should also include the details of the expenditure made by the health facilities in their state [excluding AIIMS/central government hospitals] while furnishing proposals for funds from NHA for HR, IEC&CB in their Utilization Certificate.

11. The DHIS has been extended till 30th June 2024. The facilities are requested to please visit www.abdm.gov.in/DHIS for full details and any updates of the scheme.
12. The public health facility should endeavor to utilize the incentives received under DHIS in a timely manner.
13. This issues with the approval of the Competent Authority of National Health Authority.


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