

**A STUDY ON UTILISATION OF UNTIED FUNDS IN SUB -
CENTRES IN INDORE DIVISION UNDER NATIONAL RURAL
HEALTH MISSION**

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PREFACE

Despite significant improvements made in the past few decades, the public health challenges are not only so huge in our country but are also growing and shifting at an unprecedented rate. The concerns shown by the organisations concerned at the global level indicate that in view of the resurgence of various epidemics, both infectious and non-infectious, the situation can be handled only through a more coordinated public health management approach. This urgency was realised and expressed in the Public Health Conference as the “Calcutta Declaration,” which called for the creation of an appropriate structure for public health professionals and for promotion of reforms in public health education and training.

The National Institute of Health & Family Welfare initiated a Public Health Education and Research Consortium (PHERC) with the objective of networking and partnership with public health institutions in the country with a view to enhance their research capacity. As the nodal agency for imparting in-service training to health personnel and conducting research under NRHM (National Rural Health Mission), the Institute is an ideal partner to facilitate mainstreaming of the Department of Community Medicine in medical colleges, nursing colleges and other public health education and training institutions in the healthcare delivery system in the country, and for providing a platform to build networks for capacity building of these institutions.

Currently, under the NRHM many innovations have been introduced in the states to deliver healthcare services in an effective manner. The state programme managers wish to know how well these innovations are performing so that in case of gaps corrective measures can be taken to achieve the stated objectives. There has been an increasing recognition for incremental improvements in the programme delivery by undertaking quick and rapid health systems research and engineering the feedback into the processes. An impending need has been discerned to develop a cluster of institutions and strengthen their capacities on rapid appraisal methodologies for generating programme-relevant information at local and regional levels.

The Rapid Assessment of Health Interventions (RAHI), a collaborative activity with the United Nations Population Fund (UNFPA), is a unique initiative taken under the wider umbrella of the Public Health Education and Research Consortium (PHERC) of the National Institute of Health and Family Welfare (NIHFW) for developing partnerships with different organisations working in the field of health and family welfare. The objective of the project is to accelerate programme implementation in identified states by organising timely and appropriate research inputs to address priority implementation problems.

The specific objectives of this initiative are to develop a network of state/regional institutions for conducting healthcare systems research and to provide technical support for steering locally relevant research based on the specific issues identified by the state/district programme managers.

During the first phase of the RAHI project, the UNFPA India supported 12 health system research projects. In this phase, five low-performing states -- Madhya Pradesh, Jharkhand, Chhattisgarh, Uttar Pradesh, and Orissa-- were included. Initially, proposals were invited from medical colleges, NGOs and other health institutions. After rigorous screening of the proposals by the Technical Advisory Committee (TAG) consisting of eminent public health experts, these 12 projects were finalised in a national workshop conducted at the NIHFWS. The NIHFWS faculty provided technical support for finalisation of the tools, training of investigators, and planning and monitoring of the data collection process. A quality assurance mechanism was developed in consultation with the TAG members and experts from the UNFPA. The progress of the projects was reviewed by TAG from time to time. A draft report entitled **“A Study on Utilisation of Untied Funds in Sub-Centres in Indore Division Under National Rural Health Mission”** by the Department of Community Medicine, MGM Medical College, Indore, Madhya Pradesh, was finalised by the NIHFWS in consultation with the UNFPA.

It is envisaged that the findings and recommendations of this study will trigger a series of follow-up measures by programme managers concerned in the state. We also feel strongly about continued need for optimum engagement of available human resources in Community Medicine, Paediatrics and Obstetrics/Gynaecology departments of the medical colleges in such assessments. Such initiatives by the programme managers will not only end current isolation of medical colleges but will also be conducive for incorporating such public health interventions during undergraduate and post graduate training.

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ACKNOWLEDGEMENTS

This report is an attempt to provide important insights into the operational mechanism of the scheme which policymakers and programme managers can use for further improvement in the management and implementation of the NHRM activities in the state.

We are thankful to Prof. Deoki Nandan, Director, NIHFW, for giving an opportunity to our institution to carry out this research. We are also thankful to Dr. Dinesh Agrawal, National Programme Officer, UNFPA India, for providing us with technical guidance at critical junctures of the research. We are also grateful to the chief medical health officers of the three districts and the block medical officers of the nine blocks, CHCs and other functionaries for their cooperation. The support provided by Dr. Manoj Agarwal and Dr. V. K. Tiwari of NIHFW is also acknowledged with thanks.

We are also grateful to Dr. M. K. Saraswat, Dean, MGM Medical College, Indore, who permitted us to undertake this study and extended all cooperation and support to make it possible.

We extend our warmest gratitude to all the ANMs, and members of Village Health Committee who spared their time for the exhaustive interviews and FGDs.

We would like to put on record our gratefulness to the team of field investigators, supervisors and computer data entry operators responsible for collecting the information from the field areas. We appreciate their unreserved devotion to the work.

With the support, guidance and assistance of all the above-mentioned, this research is well documented and ready for dissemination.

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ABBREVIATIONS

ANM	: Auxiliary nurse midwife [MPW female]
AWW	: Aanganwadi worker
BEE	: Block extension educator
BMO	: Block medical officer
CEO	: Chief executive officer
CMHO	: Chief medical and health officer
CO PI	: Co-principal investigator
DHS	: Director health services
DPM	: District programme manager
FGD	: Focus group discussion
FI	: Field investigator
GOI	: Government of India
MO	: Medical officer
MOH & FW	: Ministry of Health and Family Welfare
MPW (M)	: Multipurpose worker, male
MSW	: Master in Social Work
NRHM	: National Rural Health Mission
PHC	: Primary health centre
PI	: Principal investigator
SHC	: Sub-health centres
SOE	: Statement of expenditure
UC	: Utilisation certificate
UF	: Untied fund
VHC	: Village health committee

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EXECUTIVE SUMMARY

INTRODUCTION

The National Rural Health Mission proposes to provide funds to health centres to manage urgent and important activities that need relatively small amount of money, as against the allocated planned funds. There is a need to have funds for unforeseen expenditures that cannot be anticipated. This innovative approach provides funds for undertaking centre -specific, need-based activities.

General Objective

To analyse and understand the problems faced by the health centres in receiving and utilising these untied funds.

Methodology

For the purpose of this study, we selected three districts of the Indore division -- Dhar, Indore and Khandwa-- in western Madhya Pradesh. We used a sampling model called the Circular Systemic Sampling to select the study units i.e SHCs (sub-health centres). From each district, we selected three Blocks, and from each Block, three PHCs (primary health centres), and further from each PHC, three SHCs were included. Thus, we selected 27 sub -health centres from each district adding up to 81 SHCs.

Health functionaries at different levels (medical officer, BMO, CMHO, DPM regional director and DHS) were interviewed using in-depth interviews. The records related to the untied fund maintained at the SHC level were studied and analysed and the information was recorded on pre -designed proformas. Semi-structured interview schedules were used to collect information from ANMs. Focus group discussions were conducted with ANMs and members of the Village Health Committee.

Salient Findings

The UF money is given to the BMO as part of the NRHM fund and she/he issues a cheque of Rs 10,000 to the ANM (except where an MPW male is the

signatory). The cheque is then deposited into the joint account of the ANM and Sarpanch. But in 8 (10%) SHCs the signatories of the UF account are the ANMs. In majority of the cases the decision regarding the fund utilisation is being taken in the VHC (Village Health Committee) meeting. But at some of the SHCs the decision is being taken jointly by the ANM and Sarpanch, while at very few places the ANM decides alone (where the ANM is the only signatory).

The UF cheque is given to the ANM in the first quarter of the financial year in about half of the cases only. But some of the ANMs get it only in the last quarter of the financial year. At some of the SHCs in Khandwa, the fund for the financial year 2005-06 was received only in the beginning of the next financial year.

At most of SHCs more than 90% of the UF is spent. There is no significant difference in the percentage utilisation of UF at places where SHC building is present and at places where it is not. At places without the SHC building about one-fourth of the fund is shown to be spent on repair works as against 60% at places where there is a building. The money is spent on repairing of toilets, water tank and plumbing and electrical fittings. The second major expenditure is on furniture. At places where there is no government SHC building one-fourth of the fund is spent as rent. But at one of the SHCs more than half the fund is shown as rent.

The other main areas where fund is utilised are stationary, purchase of health-related articles [medicines, bandages, ointment] and cleaning of SHCs. At some of the SHCs 10-50% of the fund is left unspent for two main reasons. Firstly, the money is only for emergency purposes (46%) and secondly, the other works require larger sums of money (38%).

Almost all the ANM are aware of the areas where the fund can be utilised. But in many FGDs with VHC members, most of the Sarpanchs are not aware about the use of the fund. Guidelines on the use of the fund are explained only to the ANM in the Block meetings by the BMO.

Most significant problem faced by over half of the ANMs is the non-availability of the other signatory of the joint account i.e. the Sarpanch. Most of the ANMs have complained about the intention of monetary gain of the Sarpanch as the reason for his/her non-availability. Some of them are forced to give part of the

fund to the Sarpanch. Significantly, at some places where the Sarpanch is a female, the ANM and the VHC members do not face any significant problems.

Majority of the ANMs perceive the fund amount to be inadequate. The suggested amount, according to most of the ANMs, should be in the range of Rs. 15,000 to 20,000. In all the FGDs with VHCs, the members consider the fund amount to be inadequate. The main reason for this is the poor physical condition of the SHCs as mentioned by the ANMs. Most SHCs require large sum of money to upgrade them. Some members also mention that the fund is sufficient if the SHC building is maintained. The BMOs and MOs also mention the amount to be insufficient but the CMHO, DPM, regional director, health and the Directorate of Health Services consider the amount to be adequate. The DGHS stress the need for strict monitoring of the fund utilisation.

Mismanagement of the fund has been observed at various levels. For instance in some cases, the BMO takes a major portion of the amount from the ANMs for carrying out minor jobs at the SHCs which probably require only smaller amount of money.

Another problem encountered by the ANMs is bringing the VHC members together for meetings on funds. Distance of the bank from the SHC is also mentioned as a problem by some of the ANMs.

The participation of female members in the FGDs along with the VHC members is very poor. It has been observed in majority of FGDs that VHC members are not aware of the fund.

Key Recommendations

- The Untied fund should be used in upgrading the SHCs to a functional level rather than paying rent
- SHC should be located at places which have easy accessibility for people and the ANM
- It should not be mandatory to have the Sarpanch as the signatory of the fund account. Any other Panch/Sarpanch can be the signatory of the UF

account. This should be decided in the meeting by consensus and documented.

- Regular monitoring of utilisation of the fund should be done to ensure no mismanagement or pilferage. A transparent system of signing cheques by the signatories in the presence of a minimum of six VHC members should be initiated. A register should be maintained to monitor the expenses and spending through the UF. Effective involvement of the Janpad Panchayat should be ensured in the monitoring process.
- Printed guidelines on the fund utilisation in local language should be prepared and distributed to individuals concerned
- Orientation on the UF should be provided by the MO to the VHC members and the Panchas and Sarpanchas by the Janpad Panchayat
- An amount of Rs. 3000/- each should be provided to the Sarpanch and the ANM for emergency purpose
- The UF amount should be released timely to the ANM/VHC i.e. at the beginning of the financial year

CHAPTER-I

INTRODUCTION

The goal of the National Rural Health Mission is to improve the availability of and access to quality of healthcare especially for the rural poor, women and children. Strengthening of the health infrastructure, decentralisation of healthcare services, community participation and autonomy in functioning are a few of the many strategies that are adopted under the mission.

The UF is an innovative approach for provision of autonomy to the health centres. This fund is spent based on the local felt needs and is not bound to be spent for pre-defined purposes given by higher authorities. Provision of these funds is made in the NRHM to facilitate meeting urgent yet discrete activities that need relatively small sums of money. The UF can also be used for meeting unforeseen expenditures that are not defined. Under the UF, each sub-centre is being given Rs. 10,000/- per annum as untied grant for local health action and every PHC an annual maintenance grant of Rs. 50,000/- for infrastructure.

The NRHM attempts to strengthen the existing structures by infusing additional human resources at the state, district and block levels. Similarly, it also aims at establishing programme management structures/bodies at different levels starting from VHC at most peripheral level to the Mission Steering Group at the national level.

It is in this context and emerging programme environment that there is an increasing recognition of organising collateral inputs for incremental improvements in the programme delivery. Hence, undertaking such quick and rapid health system research using appropriate information such as on the UF will enable provision of feedback and suggestions.

Genesis of the Study

To undertake centre-specific, need-based activities for the overall development of the healthcare system, the UF is a well thought and innovative approach as

opposed to the centrally managed funds where the utilisation is limited due to its guidelines.

The UF is given to the SHCs with a view to improve their functioning. Whether the fund is able to serve the intended purpose or not is an issue of importance to all the stakeholders in the healthcare delivery system and the public at large. This study intends to observe, analyse and infer the problems/challenges faced by health centres in receiving and utilising the fund and approaches to smooth functioning of this scheme.

General Objectives

To find out the extent of availability, disbursement and utilisation of the UF at sub centres and identify the problems and constraints in the implementation of the scheme.

Specific Objectives

- To study the availability of guidelines for UF utilisation
- To assess the understanding of the ANMs regarding implementation of the guidelines
- To research on the funds flow, in terms of its availability and utilisation at the sub-centres
- To analyse the decision-making process for utilisation and expenditure of the UF
- To review problems and constraint in UF utilisation; and
- On the basis of the study to recommend measures for better utilisation and need (if there is any) for enhancing the UF amount at sub-centres.

CHAPTER-II

METHODOLOGY

Study Area: Dhar, Indore and Khandwa (Indore Division)

Study Design: Cross Sectional Study

Study Population

- (a) ANM and VHC members
- (b) Medical Officer and BMO [within the universe]
- (c) Chief Medical and Health Officer (CMHO), District Programme Manager (DPM), Regional Director/Director Health Services (DHS) [outside the universe]

Study Unit: Sub-Health Centres (SHCs)

Duration

Three months (October to December, 2007)

Sampling Frame

A Circular Systematic Sampling has been used to decide on the sample size for the study. From the three selected districts, three each block PHCs have been selected, totalling the number of PHCs to nine; and from each block PHCs three PHCs are selected i.e. 27 numbers and finally from each PHC three sub-centres are selected. The total sample size is 81 SHCs (figure 1). Only those SHCs have been included where the UF has been granted.

Reference Year: 2006-07

The utilisation of UF during the financial year 2006 -07 has been studied. (April 1, 2006 to March 31, 2007).

Study Details: Sample size, tools and techniques used for Data Collection

Stakeholder	Number	Data Collection method and Tools
ANM	81 [3 from each PHC, 3 PHC per block, 3 block per district – 27 from each district.] [3 district X 27 = 81]	Interview-Semi structured schedule
Directorate Health Services, Govt of MP Regional Director CMHO DPM BMO MOIC	1 1 3 (1 per district) 3 (1 per district) 9 (1 per block) 9 (1 per block)	Interview-In depth interview checklist
ANM Members of VHC	1 Per Block 1 Per Block	FGDs -FGD Checklist

Secondary data have been collected in a pre -designed recorded review check-list from the records maintained by the ANMs/VHCs at the SHC level.

Data Collection Methods

- **Semi-Structured Interviews** – The research team would visit the block level SHC on the day of the monthly meeting. The ANMs of the identified SHCs have been interviewed.
- **Focus Group Discussions** – ANMs other than those who have been interviewed are taken as respondents for the FGD. This is done with the view to have a larger representation of the study population. There are also FGDs with members of VHCs, conducted with the help of the ANMs. All FGDs have been conducted as per established norms (8).
- **Review of the Records at Sub-Centre** (Financial records – bank passbook, bills of expenditure, account register) – A pre-designed checklist has been

used to collect the information. Photocopies of the passbooks, account registers and meetings register are considered.

- **In-Depth Interviews:** One Medical Officer and BMO have been interviewed using a pre-designed in-depth interview schedule. Thus, nine MOs and nine BMOs have been interviewed in the study. Also CMHO and DPM (one each from three districts) and the Regional Director and DHS have been interviewed with the help of an in-depth interview guide.

Definitions

Complete Knowledge = ANM aware of all the areas where the untied can be utilised

Partial Knowledge = ANM not aware of the all the areas where UF canbe utilised

No Knowledge = Not aware of any area where UF can be utilised

Data Analysis Plan

The data collected in the form of recorded in terviews are coded and each interview with the help of field notes is transcribed and further translated by the RAs on the same day of the field study. Each interview is given an ID number to eliminate bias. The PI and the Co-PI have looked over the data handling and data analysis with the data operator.

Quantitative data are analysed using SPSS 11 software. For qualitative data a semi- quantification is done by coding the responses for different stakeholders and merging into different headings using qual ifiers and adjectives as per guidelines for qualitative data entry interpretation and report writing format provided by the NIHFW.

Ethical Clearance

The project structure has been examined and cleared by ethical committee of the institution and review board at the NIHFW for ethical considerations.

CHAPTER – III

FINDINGS AND DISCUSSION

A) Availability of the Untied Fund

The Directorate of Health Services releases the UF to the district CMHO, who in turn releases the fund to the BMO, which is a part of the overall NRHM fund. The UF is provided to SHCs as a part of the whole sum rather than a separate amount. Therefore, paucity of funds at the Block level is not a concern.

The UF is given as a cheque of Rs. 10,000 issued in the name of the ANM and the Sarpanch followed by name of the SHC village. This cheque in turn is deposited in the joint account of the ANM and Sarpanch, an account which is opened specifically for this purpose.

Table 1: Untied Fund amount Received (Year 2006 -07)

		No of SCs (N=81)	Percentage
1	< 3 months of beginning of financial year	41	50.6
2	3-6 months of beginning of financial year	12	14.8
3	6-9 months of beginning of financial year	17	21
4	9-12 months of beginning of financial year	10	12.3
5	No response	01	2.5

One ANM is a recent joinee and therefore she has not received any amount by the time of this study. One ANM has received the cheque in the first quarter itself but has not yet opened the account.

As the table shows, the UF cheque was given to ANM in the first quarter of the financial year in about half of the cases only. Some of them received it only in the last quarter of the financial year, while around half of them received the funds after the first quarter and around 12% received the money in the last

quarter of the financial year. Also, 11% of the ANMs are not aware of the fact that the cheque should be given to them in the first month of the financial year.

This irregular pattern of fund release not only affects the forward planning but also distorts the expenditure pattern of these funds. As the funds are released more close towards the end of the financial year, there are higher chances that they may be spent in a hurry and overlooking the local priorities and requirements. It has also been found that the delay in transferring the UF is normally between the BMO and ANM.

Table 2: Amount Received

		No of ANM(N=81)	Percentage
1	< Rs. 10,000	3	3.7
2	Rs. 10,000	78	96.3
3	> Rs. 10,000	0	0

Three ANMs received about Rs 8,000, the reason for which could not be ascertained. One ANM mentioned of having the cheques for two consecutive years. The money was unutilised due to delays in opening a bank account.

Table 3: Reasons for Delay

		No of ANM(n=9)	Percentage
1	Fund is released late by the government	8	80
2	Delay in submission of account of the previous year to BMO	0	0
3	Last year's budget is not fully unspent	2	20

A large majority, 80%, of the ANMs who have received the fund late blame the government for the delay, while 20% admit that the delay has been due to unspent balances in their accounts.

B) Availability of Guidelines on the UF Utilisation

The guidelines on UF are explained and disseminated to the BMOs at the district level meetings as per the DGHS directives. A letter of information stating the list of areas where the UF can be used and where it cannot be is also provided to them.

These guidelines in turn are verbally conveyed to the ANMs in the block meetings by the BMO. Some ANMs who said to have written guidelines are only having a letter given by the BMO in which the areas where the UF can be utilised are enumerated. Absence of a detailed guideline, (including the concept, detailed methodology of utilisation, procedures of opening and operating the bank account etc), hampers and weakens the knowledge about the scheme and impacts on the ANMs' advocacy potential with PRI members along with quality utilisation of the money.

Table No 4: Availability of Written Guidelines

	No of ANM(N=81)	%	BMOs (n=9)	%
Yes	11	13.6	4	45
No	70	86.4	5	55

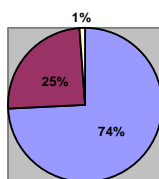
The table throws up a significant lacuna in the implementation as most of the ANMs and over half of the BMOs do not have written guidelines on the utilisation of UF.

C) Understanding about UF Utilisation

According to all stakeholders, the basic understanding of the UF is clear as that it is used for fulfilling the basic needs of the SHCs and improving the availability of health services at that level. About 85% of the ANMs are of the view that the fund can be used for improving the physical conditions of the SHC building (flooring, plastering, white washing, repair of toilets, doors, windows, buying furniture, making water and electricity arrangements etc.) They feel that the UF has brought a positive change at the SHC level.

Level of Knowledge of ANM about UF Utilization

Level of knowledge of ANM about utilization of untied fund



Complete knowledge Partial knowledge No knowledge

Knowledge about the utilisation of the untied fund is found to be 'good' in all the ANMs. Most the ANM are aware of the areas where the UF can be utilised.

Table No 5: Where Untied Fund can be Used, According to ANMs

	Category	No of ANM(N=81)	Percentage
1	Repair/maintenance of SHC building [cleaning, white wash, water and electricity fittings/repair, repair of boundary wall]	69	85.2
2	Purchase of furniture for SHC [table , chair, almirah]	51	63.0
3	Buy stationeries	21	25.9
4	Purchase health related articles [medicines, bandages, ointment]	33	40.7
5	For referral of patients in emergency situation	13	16.0

Most of the ANMs mention repair/maintenance of SHCs as one of the areas where UF can be utilised. Purchase of furniture is mentioned as another important area. But only a few ANMs consider it to best spend the UF on stepping up medical facilities and referrals for patients during emergency.

The information level of the ANMs about the UF is not found to be very accurate. They are unsure of its guidelines and usually thought of as fund which is utilised for improving the infrastructure of the SHCs. (repair work, construction, white washing etc).

“Koi bimar ho to davai ke liye, tut-fut ki marammat ke liye aur aaspass ki safai ke liye” (For medicine if somebody is sick, repair of breakdowns and for cleaning the surroundings) *an ANM expressed at an FGD.*

“Furniture ke liye, marij ke liye, davai ke liye aur sub centre ke rakh rakhao ke liye aur saf-safai ke liye” (For furniture, for patient, for medicine, for maintenance of sub centre and for cleanliness), another ANM at the FGD.

According to the DGHS, the UF has brought about a positive change in the functioning of SHCs and has been used for putting a display board at the SHC, white washing the building, making water and electric supply arrangements, buying furniture, medicines in emergency, delivery services etc.

D) Utilization of Untied Fund

Table 6: Signatories of the United Funds Bank Account

		No of ANM(N=80)	Percentage
1	ANM	8	10.0
2	ANM + Sarpanch/Parshad	71	88.7
3	MPW(M) + Sarpanch/Parshad	0	0
4	ANM + MPW(M)	0	0
5	MPW	1	1.2

Only eight (10%) ANM are having the account only in their name against the guideline to have a joint account with the Sarpanch. At one SHC, an MSPW male is the only one operating the account. The observation that in 10% of these places only ANMs are operating the bank account is significant because exclusion of the PRI member from the banking process not only goes against the regulatory guidelines fixed by the government but also is against the basic tenet of communitisation of the very process, i.e joint decision -making and ownership of the programme by the community, meaning that there has to be joint programme accountability. Findings of Table 7 substantiate this as in 3.7% of cases only the ANM and in 8.7% cases only the PRI member (Sarpanch) is deciding about the use of the fund.

Table 7: Decision-Making Process

		No of ANM(N=80)	Percentage
1	In VHC meeting by consensus	59	73.8
2	Jointly decided by ANM and Sarpanch*	10	12.5
3	By decision of ANM alone	03	3.7
4	By decision of Sarpanch* alone (whatever Sarpanch says has to be done)	7	8.7
5	By other persons [MPW(M) and/or Sarpanch and/or MO](when ANM is not signatory)	1	1.3

*Sarpanch or any other signatory (Parshad/MPW(M),

In majority of the cases the decision takes place during the VHC meeting by consensus. ***“Meeting ke dwara nirnaya liya jata hai. Yeh meeting tin mahine me hoti hai”*** (Decisions are made during meetings. They are held once in three months) says an ANM.

In some cases, the decision is jointly taken by the ANM and Sarpanch alone. In few cases ANM is said to be taking the decision alone. ***“Sarpanch kehte hein ki kahan per kharch karna hai pehle veh bataiye, phir sign karenge”*** (Sarpanch says that first tell where the money has to be spent then I will sign), informs another ANM.

As many as 50% of the VHC members are not aware of the fund but are aware of the physical/functional improvements at the SHCs. The Sarpanch himself is not aware of the use of UF. It has been observed that they are largely concerned about personal gains from the UF.

The absence of the Sarpanch, for signing the cheques, is also seen as a problem, as mentioned by the ANMs.

“Sarpanch ke anupasthiti ke karan paisa vilamb se mil pata hai.”

[“Due to the absence of the Sarpanch, there are delays in the disbursement of the money,” complained an ANM.

“Sarpanch ki anupasthiti sabse jyada badhak banti”

[“Sarpanch’s absence is a big hurdle,” said another ANM.

The only solution to this hurdle is that the ANMs should get the signatures of the Sarpanch during the VHC meeting, hence reducing the delay in the fund utilisation. In all probability there also seems to be a system error of the ANMs using the amount with their own decisions and signatures from the Sarpanch are considered just a formality. With these concerns in mind: (lack of awareness of the VHC members and the Sarpanch and his non -availability), it requires urgent action of orienting the PRI members and ensure proper utilisation of the money.

Table No 8: Amount of fund left unspent (2006 -07).

	Amount	No of SHCs 81	Percentage
1	< 1000	63	77.8
2	1000 – 2999	09	11.1
3	3000 – 5000	04	4.9
4	> 5000	----	----
5	No response	05	6.2

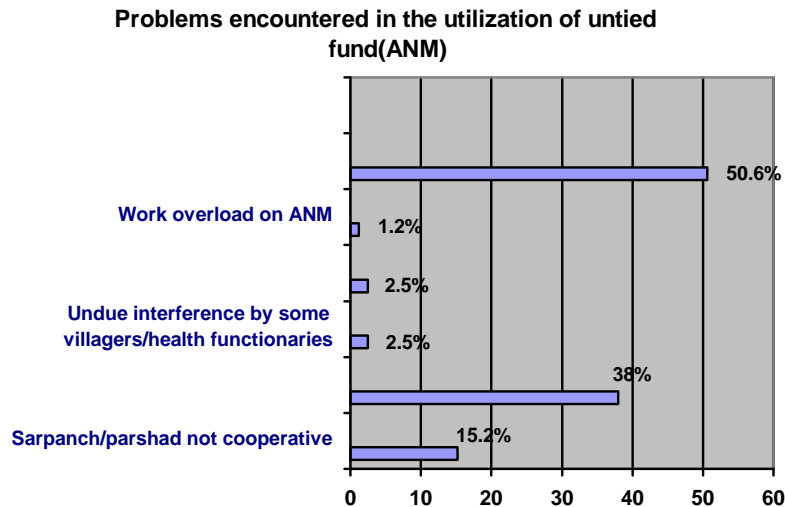
Table No 9: Reason for Amount Being Left Unspent

		No of ANM 13	Percentage
1	Wasn’t able to spent the money due to lack of felt need	2	16
2	Work felt to be carried out was of large magnitude which could not be accomplished with the remaining amount	5	38
3	Money saved for emergency	6	46

At a hefty 83% of the SHCs (whose data are available) over 90% of the fund amount has been left utilised. At 17% of the SHCs, a significant part of the fund is left unspent, for using it during emergencies or an activity required a larger sum of money, which could be covered under the fund. Other reasons are that

the SHC is practically non- functional and the absence of the ANM from the SHC or her occasional visits only (immunization, health camp etc) prevents effective utilisation. Lack of awareness, interest and community participation could be other reasons.

E) Problems Encountered by ANMs in the Utilisation of UF



The above diagram shows that according to 38% of the ANMs, the Sarpanchs want financial gratifications from fund, and 15% of the ANMs says that Sarpanchs are non- cooperative. However, over 50% of the ANMs do not find any problem in the fund utilisation.

Features from Focus Group Discussions

- ANMs perceive the concept of untied fund as **good**
- As mentioned by many of the ANMs, **at many places there is no SHC building**. At these places the ANM are confused as to where the fund can be used. At places where there is a building, the **physical condition of the building is very poor needing large sums of money for their repairs.**
- Some of the SHCs are **located outside the village** causing a **dual problem** of **accessibility** for the people and **security** for the ANM. Because of security reasons the ANM either stays in a rented house in the village or at a distant place (where her family stays). Consequently, VHC members say that the absence of the ANM at night is a common problem.

- Non-availability of water and electricity is a universal problem. Consequently, the areas where the fund has been utilised are for installation of water tanks, fitting water pipes and taps and fitting electrical appliances in addition to improving the physical condition of SHCs. Some people opine that generators should be provided and for which the UF money should also be increased.

- According to many ANMs, they are **overworked** and hence called for appointing a **helper** who can always stay at the sub-centre when she is out in the field or has gone for a meeting.

- Getting the signatures of the Sarpanch is as a big problem.

“...Sarpanch pareshan karte hein ”

Sarpanch troubles us, says an ANM.

“Khata khulwane ke liye panch paisa mangte hain aur kiraya bhi mangte hain ”

[“To open the account they ask for money and also the travel fare”], said an ANM.

“Sarpanch aath hajar rupay rakhta hai. Sarpanch ke sign karwane jate hain to veh kehtai hein ki aath hajar rupay mujhe de do, mein kharch karunga, do hajar rupay tum kharch karo ”

[“The Sarpanch keeps Rs. 8,000/-. When I go to the Sarpanch for signature he says, ‘Give me Rs. 8000, I will spend it, you spend Rs. 2000’,”] says another ANM.

Even the BMOs and the MOs complain of non-cooperation by the Sarpanch on this issue.

It is important here to note that where the Sarpanch is a female these problems are not being encountered.

“Gaon me mahila sarpanch hone se jyada samasya nahi aati.”

[“Since the Sarpanch is a female, no major problems are encountered”] says an ANM happily.

But at the same time, there is lack of participation on the part of the female members because of reluctance to speak among the male members due to

socio-cultural reasons and also because of lack of awareness and their involvement in the utilisation of fund.

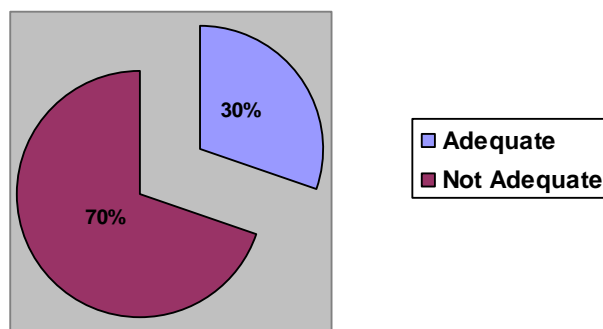
Adequacy of Untied Fund Amount

Majority of the medical fraternity (DGHS, MOs, BMOs, CMHO) as also ANMs and Sarpanchs consider the amount to be inadequate.

Table 10: Is the amount of Rs 10,000 given as UF Enough

		No of ANMs 79	No of BMOs 9	No of MOs 9
1	Yes	24(30.4)	2(22.2)	3(33.3)
2	No	55(69.6)	7(77.7)	6(66.6)

Is the amount of Rs 10,000 given as untied fund enough(ANM)



“Boundary nahi hai, tar fencing karvai lekin todh di. SHC mein farshi lagwai, lekin adhe mein lagai aur adhe mein nahin lagai. Chat chuti hai. Dus hajar rupay mein bhi nahi ban sakta”

[“There is no boundary. Wire fencing was put up but is broken now. Flooring of half of the SHC is done but half is still pending. Terrace is leaking. It is not possible to do all this in Rs 10,000,] points out an ANM.

Some VHC members are of the opinion that the fund amount is sufficient if the SHC building is in good condition, while at places where there is no SHC building, the members are confused as to what to do with the money.

“Bhavan hi nahin hai to kharch kahan karein”

[“Building itself is not there, where to spend then,”] asks an ANM in frustration.

Table No. 11: How much should be the UF Amount

		No of ANM 55	%	No of BMOs 7	%	No of MOs 6	%
1	11,000 – 15,000	11	20.0	1	14.28	0	0
2	16,000 – 20,000	35	63.6	3	42.85	2	22.2
3	21,000 – 30,000	6	10.9	3	42.85	2	22.2
4	31,000 – 40,000	0	0	0	0	1	11.1
5	> 40,000	4	7.2	0	0	1	11.1

Seven of the nine BMOs and the MOs at the PHC consider the UF amount is inadequate and suggest an increase varying from Rs. 15,000 to Rs. 30,000, because they feel that the poor infrastructure requires huge sums of money. At many places, a substantial portion of the fund is spent as rent.

Significant differences in certain aspects of the fund utilisation is found in areas where the Sarpanch is a male and where it is a female. The table below shows the differences.

Table 12: Effect of Gender of Sarpanch on the UF Utilisation

	Sex of the Sarpanch	No of Males 48	No of Females 31
	Variable		
1	Decision Making Process		
A	In VHC meeting by consensus	36(75)	22(71)
B	Jointly decided by ANM and Sarpanch	4(8.3)	6(19.3)
	By decision of ANM alone	1(2)	2(6.4)

C			
D	By decision of Sarpanch alone (What Sarpanch says has to be done)	6(12.5)	1(3.2)
E	By other persons[MPW(M) and/or Sarpanch and/or MO](When ANM is not signatory)	1(2)	0
2	Problems encountered in the UF utilisation		
A	Sarpanch/Parshad not cooperative	5(10.4)	7(22.6)
B	Sarpanch asks for money to sign the cheque	21(43.7)	9(29)

Decision regarding the utilisation of UF is jointly taken by the Sarpanch and ANM alone (not in the VHC meeting), 20% of the cases where Sarpanch is a female against about 8% of the cases where Sarpanch is a male. The percentage is higher among the female Sarpanchs because of their lack of understanding of the funds and absence of socio-cultural barriers with the ANMs, which are otherwise more likely to exist between ANM and male Sarpanch. Dominance of the male Sarpanch is very clear while making decisions on the UF. At some places, the ANM alone decides the fund utilisation. The financial interest of the Sarpanch is seen in both the categories but it is more often seen at places where the Sarpanch is a male (44% vs. 29%).

In one of the FGDs where the Sarpanch is a female one of the members said,
“Hamare yahan to mahila sarpanch hai, hamein koi pareshani nahi aati”
 [“At our place the Sarpanch is a female. So, we do not face any problem.”]

F) Analysis of Expenditure of UF

Table 13: Expenditure of UF

	Category	Percentage utilisation in Different Categories	
		SHC building present	SHC building absent

1	Maintenance of SHC building[white wash, water and electricity fittings, repair of doors, windows, toilets etc.]	58.4	25.7
2	Buy furniture for SHC [table , chair, almirah]	18.2	13.6
3	Buy stationary articles	2.7	7.7
4	Buy health-related articles [medicines, bandages, ointments]	1.1	4.1
5	VHC meetings	1.5	1.0
6	For cleaning up of sub-centres	4.3	7.3
7	Rent of SHC building	NA	25
8	Incentive to ASHAs	Nil	0.5
9	Miscellaneous	2.3	5.2
10	Unspent Balance	3.1	7.2

Almost two-thirds of the fund amount is spent on improving the physical condition of the SHC. The second major area of expenditure is the furniture. Even where there is no building, about 25% of the fund is spent on repair and maintenance and 25% on rent alone.

Due to the poor conditions of the SHC, the fund amount is considered inadequate. Once the physical condition of the SHCs is upgraded in terms of effective provision of services, facilities for the ANM and availability of medical supplies, consequently, it is expected that the trend of fund utilisation will change in the coming years.

G) Suggestions of Different Stakeholders for Better Utilisation of Untied Fund

Table 14: Suggestions of ANM for Better Utilisation of UF

Sl. No.	Suggestions Given by ANM	No of ANMs 79	Percentage
1	The system of joint account of ANM and Sarpanch should be abolished	27	34.2
2	The account should be jointly operated by ANM and MO/BMO/others	5	6.3

Sl. No.	Suggestions Given by ANM	No of ANMs 79	Percentage
3	Other health functionaries like Anganwadi worker, MPW(M) should be involved	9	11.4
4	Sub-centre building should be provided	14	17.7
5	UF amount should be increased	25	31.6
6	Untied Fund should not be provided because she faces problem in utilising it. (Purchase/repair maintenance etc should be undertaken by the higher authorities)	3	3.8
7	Basic facilities in sub-centre should be provided by the government(not by the UF)	5	6.3
8	Delivery facilities should be provided at SHCs	7	8.8
9	The UF should be provided on time	4	5.1

One-third of the ANMs are of the opinion that the joint account should be abolished and they given be full autonomy in the fund utilisation. Some are of the view that there should a joint account with MO or BMO or other health functionaries. About a third want the UF amount to be increased. Some ANMs don't want to have UF since they face problems in its utilisation and consider it as an unnecessary obligation.

Table 15: Suggestions of BMOs and MOs

		No of BMOs 9	No of MOs 9
1	Proper guidance regarding utilisation of UF should be given	2(22.2%)	2(22.2%)
2	System of joint account with Sarpanch should be abolished	6(66.6%)	6(66.6%)
3	SHC should be located such that it is approachable to villagers & staff	2(22.2%)	4(44.4%)
4	The amount provided as UF should be increased	7(77.7%)	2(22.2%)

5	Infrastructure of SHC should be improved	2(22.2%)	0
6	There should be an accountant to keep the accounts of the funds received at SHC.	1(11.1%)	0
7	Vacant post of ANMs should be filled	3(33.3%)	0
8	MOs should be consulted	NA	2(22.2%)
9	Better dealing with health related emergencies	1(11.1%)	0

The only notable suggestion in the above table is to abolish the system of joint account of the ANM and Sarpanch. The BMOs and MOs probably want to exercise a greater control on the UF. This is against the concept of UF. This may solve the problem faced due to the Sarpanch but will lead to other modes of fund misuse. The only solution that appears to be sustainable in the long -run is awareness and empowerment of the people and ensuring transparency in the way the fund is being spent.

The DGHS has suggested strict monitoring of the fund utilisation, besides expressing the need to change the outlook of the Sarpanch.

The Joint Director, Health feels that the 'CEO' of Janpad Panchayat should ensure dissemination of the guidelines about the fund utilisation to Sarpanchs.

The CMHOs and DPMs are of the view that the account should be jointly operated by the ANM and MO/MPW(M).

The DPMs favour that better physical condition of the SHCs can lead to proper fund utilisation.

Project Management

Human Resources

Six field investigators (two per district) have collected the data along with six supervisors (two per district) who monitored the activity.

Work Plan

Visits by the research team on the day of monthly block meeting and conducting interviews and FGDs with ANMs of identified SHCs.

Administration and Monitoring

Administration and monitoring has been carried out by PIs and Co -PIs and by the NIHFW faculty and the resource persons identified by it.

Plan for Fund Utilisation and Dissemination of Results

It is envisaged that the findings of the research will be shared with all the stakeholders such as the Principal Secretary, Health and Family Welfare Director Health, Services, Regional Director, Health; district administration and the field staff so that the recommendations and findings of the study will help them ensure timely availability and improvement in the fund utilisation.

CHAPTER – IV

RECOMMENDATIONS

Area of Concern	Actions Recommended
<p>Policy Issues</p> <p>No Govt. SHC building</p> <p>SHC buildings located away from the residential area of the village</p> <p>Basic facilities not available at SHCs (furniture, electricity, toilet, water supply etc.)</p> <p>Sarpanch not co-operative</p> <p>UF amount is being used for paying rent of SHCs</p>	<p>SHCs should have own buildings so that UF is not spent on rentals</p> <p>SHC should be at a prime location in the village so that it is easily accessible to the people and safe for ANM</p> <p>SHC infrastructure should be upgraded to a functional level Even water and electricity fittings, toilet facilities etc should be provided by the government. If getting electricity connection is not possible in the near future, then the government should provide generators to SHCs (and not from UF).</p> <p>It should not be mandatory to have the Sarpanch as the signatory of the UF account. Any other Panch or Sarpanch can be the signatory of the account. This should be decided in the meeting by consensus and documented in the register with signature of all the members. Such a provision should be made clear to the ANMs and VHC members in their orientation programme.</p> <p>The rent of the SHCs should not be paid from the UF amount instead it should be provided by the government separately as was being done previously.</p>
<p>Programatic Issues</p> <p>Documentation of the expenditure</p>	<p>Strict monitoring of fund spend should be carried out. All expenditures incurred from the fund should be approved by at least six VHC members. A standard register should be provided to the VHC for making proposals which should be signed by at least six VHC members. The signatures of the ANM and Sarpanch on the cheque should be taken at the VHC meeting. The members should also sign in the register after mentioning that a cheque of the proposed amount is signed by the ANM and Sarpanch in their presence. The entire expenditure should be entered in the register. The register should contain standard format for making all the</p>

<p>No written guidelines available at SHCs</p> <p>Purpose of the UF is not clear to most of VHC members</p> <p>No monitoring of UF spend at various levels</p> <p>No fund (cash in hand) to meet emergencies</p> <p>Delay in fund disbursal</p>	<p>above mentioned entries. The register should be used for monitoring the UF utilisation.</p> <p>The register should also contain printed guidelines on fund utilisation in the local language</p> <p>All VHC members should be oriented about the purpose and UF utilisation by the MO. The use of various formats in the register proposed to be introduced above should be explained to them. The Panchas and Sarpanchs should also be trained so that they are also oriented about the purpose and utilisation of UF by Janpad Panchayat.</p> <p>The Janpad Panchayat should be involved in monitoring the fund utilisation. Standard written guidelines for this and for the formation and responsibility of VHCs should be made available at all levels. The MO should ensure that the VHC has at least six members. He should also ensure that the VHC has at least two members from villages, outside the village headquarter and the proposal should be signed by at least one such member.</p> <p>An amount of Rs. 3,000 in cash should be kept by one of the signatories/members of VHC for use during emergency. The VHC, in its meeting should decide on the respective person and this should be documented in the register with signature of all members (at least six). An amount of Rs. 3,000 should be kept by the ANM in cash for contingency expenses since she runs the SHC. This will also give some degree of autonomy to the ANM. This amount may be increased if VHC approves for it but should be at least Rs 3,000. Minor repairs at SHC, purchase of stationeries, etc should be carried out by the ANM from this fund without consultation with other members of the VHC, but the expenditure should be documented in the register in detail.</p> <p>The UF amount should be timely provided to the ANM/VHC i.e. at the beginning of the financial year. The demand for bills should not be made by the BMO/higher authorities before releasing the fund of the successive year or for any other purpose.</p>
<p>Demand-side Issues</p> <p>ANM not staying at the SHC</p> <p>Delivery facilities at</p>	<p>ANM should stay at the SHC</p> <p>Development and maintenance of facilities for deliveries from the</p>

SHCs	UF should be encouraged
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Limitations of the Study

We could not ascertain whether the funds shown to be used for some stated purposes were actually used for fulfilling those needs and to what extent. Another constraint in the present study was the lack of time.

Directions for Future Research

At present, the fund is being spent on the basic infrastructure of SHCs. They are being made functional and habitable. What changes the present utilisation will bring about in the overall functioning of SHCs and delivery of healthcare services at the grassroots level gives a lot of scope for future research.

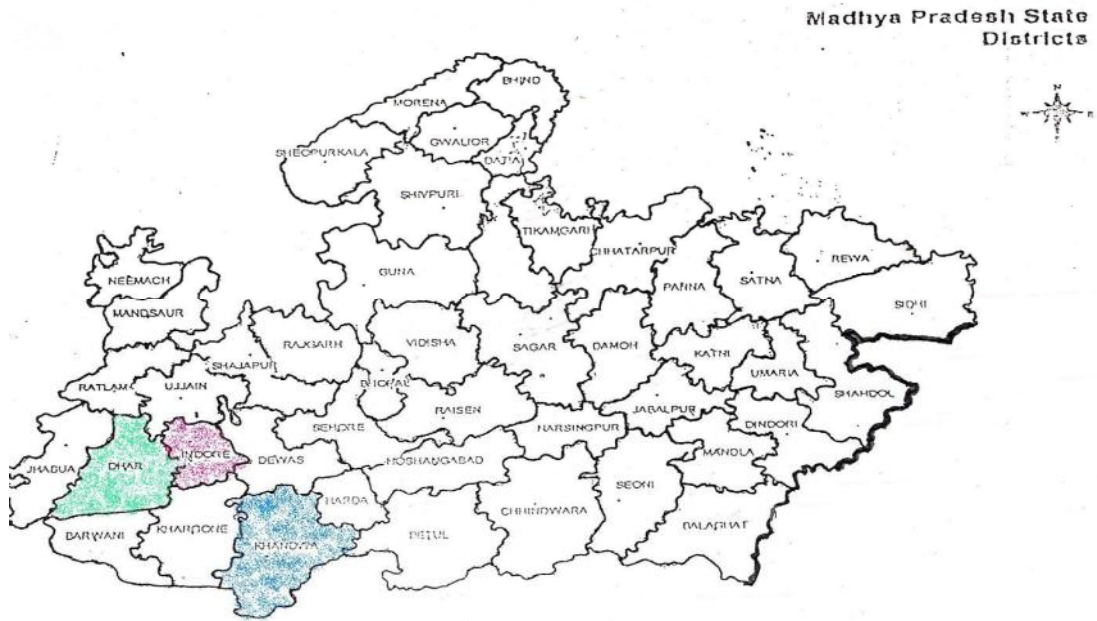
Once the SHCs are made functional and habitable, the fund utilisation trend will change. What will be the effect on the functioning of SHCs with this change will also have to be evaluated.

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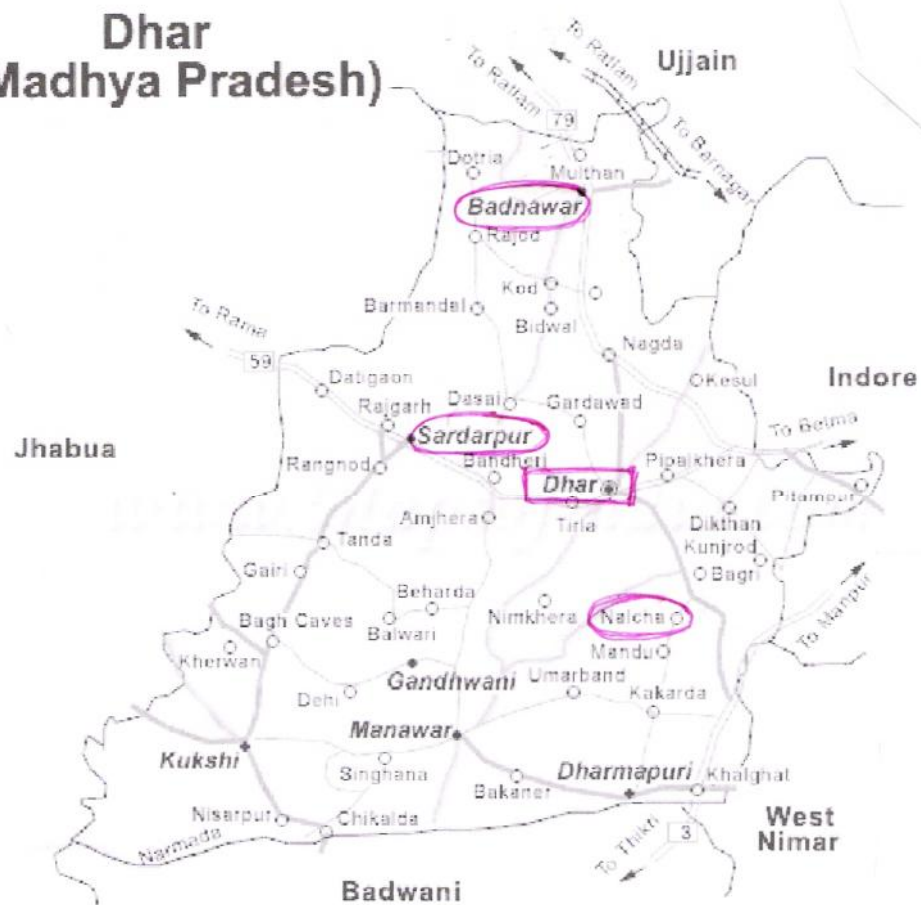
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Annexures

Site Maps of the Study Area



Dhar (Madhya Pradesh)



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