

# **An Assessment of Utilization of Untied Fund Provided under National Rural Health Mission in Uttar Pradesh**



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**An Assessment of Utilization of Untied Fund Provided under  
National Rural Health Mission in Uttar Pradesh**

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## PREFACE

The National Rural Health Mission (NRHM) was launched by the Government of India on 12<sup>th</sup> April 2005 to carry out necessary architectural correction in the basic health care delivery system, with a plan of action that includes a commitment to increase public expenditure on health. The mission envisages an additionality of 30% over existing annual budgetary outlays every year to fulfill the mandate to raise the outlays for public health from 0.9% of GDP to 2-3% of GDP. Under the Mission, multifarious activities have been initiated to strengthen the rural health care delivery system for the improvement of health of the rural population.

NRHM implementation framework does not envisage significant engagement of medical colleges in delivery of mission interventions. The role of medical colleges in RCH-II is largely limited to conduction of clinical skill-based trainings. In the absence of any systematic engagement of medical colleges, faculty members of departments are clueless about the evidence based technical strategies being pursued in the implementation of various National Health Programmes. There is a huge potential available in medical colleges of the country for undertaking innovations, facilitating programme interventions and conducting health systems research, which largely remain s untapped.

The Rapid Appraisal 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 NRHM delivery in identified states by organising timely, quality and appropriate inputs through rapid assessments/reviews to address priority implementation problems. During the first phase of the RAHI project, the UNFPA supported 12 health systems research projects in five low-performing states viz. Madhya Pradesh, Jharkhand, Chhattisgarh, Uttar Pradesh, and Orissa. During the second phase, another 12 health system research projects from 6 low performing states viz. Uttar Pradesh, Uttarakhand, Madhya Pradesh, Jharkhand, Bihar and Rajasthan were taken up.

The rationale for supporting such rapid assessments stems from the discussions during the periodic Joint Review Missions and Common Review Missions. An impressive number of innovations have been supported by the states to improve access and enhance service quality. Many innovations are currently underway in the states and districts to deliver health care services in an effective manner. The state and district 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. As an institutional response to such demand an attempt has been made to develop a network of institutions and strengthen their capacities on rapid appraisal methodologies for generating programme -relevant information at local and regional levels.

The rapid appraisal of some of the interventions taken up in the second phase of RAHI -project covered the issues of contribution of indigenous system of medicine in operationalisation of 24x7 services, interface of ASHAs with the community and service providers, logistics and supply management system of drugs at different levels, functioning of mobile medical units, birth preparedness and complication readiness as a tools to reduce MMR, quality assessment of institutional deliveries , performance based incentives to ASHA Sahyogini, Referral transport systems, functioning of programme management units, functioning of RKS, utilisation of untied funds at various levels and utilisation and client satisfaction of RCH service. The present study report entitled “**An Assessment of utilization of Untied Fund Provided**

**under National Rural Health Mission in Uttar Pradesh”** by the Department of Community Medicine, U.P. RIMS and R, Saifai, Etawah, Uttar Pradesh, was finalized by NIHFW in consultation with UNFPA.

The findings and recommendations of these studies will trigger a series of follow-up measures by programme managers in the state. We strongly feel availability of such a resource to the programme managers will provide necessary evidence based inputs enabling them to make any mid course corrections and also scaling up. An added benefit will be incorporation of information about newer programmatic interventions in the medical curriculum.

Dr. Dinesh Agarwal  
National Programme Officer, UNFPA

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Director, NIHFW

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## ABBREVIATIONS

ANM	Auxiliary Nurse Midwife
AWW	Aangan Wadi Worker
BEE	Block Extension Educator
BMO	Block Medical Officer
CEO	Chief Executive Officer
CMO	Chief Medical 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
IDI	In-depth Interview
MO	Medical Officer
MOH and FW	Ministry of Health and Family Welfare
MOIC	Medical Officer In Charge
MPW (M)	Multipurpose Worker, Male
MSW	Master in Social Work
NA	Not applicable
NRHM	National Rural Health Mission
PHC	Primary Health Centre
RA	Research Assistant
PI	Principal Investigator
SC	Sub Centers
SOE	Statement of Expenditure
UC	Utilization Certificate
UF	Untied Fund
VHSC	Village Health Sanitation Committee

## EXECUTIVE SUMMARY

### Introduction

The National Institute of Health and Family Welfare (NIHFW), with financial assistance from UNFPA initiated capacity building workshops on rapid appraisal methodologies and concurrently undertook appraisals of health interventions under NRHM in collaboration with its academic partners in low performing states of India.

Over the years health-centres located in a rural setup have been facing the deficiency in managing contingencies arising out of lack of drugs, disinfectants, un-cleanliness, lack of funds for an emergent referral etc. The situation is further worsened due to damage of old building which need minor repair. Activities at these centres which also include organizing small meetings and orientation session require an expenditure of contingent nature which was hardly available. In order to overcome these problems Government of India has already approved provision of untied grant to Community Health Centre (CHC), Primary Health Centre (PHC), Sub-Centre (SC) and Village Health and Sanitation Committee (VHSC). Clear guidelines have been issued to these Centres and Committee from the state as to how to utilize the fund.

### General objective:

To study the different aspects of utilization of untied fund provided to health centres and Village Health and Sanitation Committee in selected districts of UP.

### Specific objectives:

1. To assess the availability of untied fund to different health centres and VHSC.
2. To assess whether the untied funds are being utilized as per guidelines of NRHM.
3. To find out the prioritized area of expenditure.
4. To find out the process and persons responsible for prioritization of expenditure.
5. To find problems in utilization of untied fund.
6. To suggest measures to programme managers for better utilization of untied fund.

### Methodology

Under the methodology a multistage random sampling design was followed. One district each from four geographical region viz. Eastern, Central, Western and Bundelkhand region of Uttar Pradesh was selected randomly and from each district one CHC and from each CHC one PHC was selected randomly. From each PHC two SCs, and from each SC two VHSCs were selected randomly.

### The Study Respondents

- a) District Level : CMO, DPM, Accountant
- b) CHC Level : BMO, Accountant
- c) PHC Level : MOIC, Accountant
- d) SC Level : ANM

e) VHSC Level : VHSC member (ASHA, Pradhan, AWW etc.)

### **Salient Findings**

- Guideline for utilization of untied fund was either not available or if it was available then it was not clear to concerned personnel.
- The fund was given to the CMO as part of NRHM fund and he/she issued the untied fund to different BMOs for CHC, PHC, SC and VHSC.
- It was revealed that at every level the fund was made available in second and third quarter of the financial year.
- The decision of expenditure of untied fund of CHC and PHC was taken in the meeting of Rogi Kalyan Samiti but members from other sectors (BDO, SDM, CDPO etc) usually do not attend the meeting.
- It was also observed that in RKS meetings usually BMO and second MO use to take decision regarding expenditures due to unavailability of PRI and other administrative members.
- In most of the districts MOIC of PHC was not aware regarding availability of untied fund and expenditures incurred for his PHC.
- About half of ANM were not able to spend the money due to non co-operation of Pradhan and lack of awareness regarding where and how to utilize.
- In FGD with ANM, most of them opined that the joint account should not be with Pradhan but it may be with other person of health sector.
- Those who utilize the fund, in majority of the cases the decision regarding the utilization of UF was taken by ANM herself instead of VHSC meeting.
- It was observed that VHSC of 3/4<sup>th</sup> districts received Rs. 5000/- only instead of Rs. 10000/-.
- In spite of getting the money only 1/3<sup>rd</sup> VHSC has expended the money due to delayed availability, lack of co-operation of PRI members and lack of awareness of fund utilization.
- In most of places VHSCs are not formed, in places where VHSCs are formed most of the members except account holders were neither aware about their membership in VHSC nor about untied fund therefore decision regarding utilization of untied fund is being taken either by ANM/ASHA herself or with consent of Pradhan.

### **Key Recommendations**

Based on the study finding a set of suggestions have been formulated for better utilization of untied fund provided under NRHM.

- Ongoing and regular update and orientation to the service providers about the untied fund and its efficient utilization.
- According to the existing policy, Pradhan is mandatory to be a signatory of the untied fund account. Other members of PRI or member of an NGO may also be considered as a signatory depending upon consensus of VHSC.
- Strict monitoring of utilization of UF should be carried out at each and every level.

- Printed and clear guidelines on utilization of UF should be made available in local language at every level (Annexure- 1).
- The UF amount should be timely provided at every level in the beginning of the financial year.
- A committee like RKS should be formed for each PHC. Untied fund of Rs. 25,000/- should be at the PHC level instead of CHC and expenditure of its should be made by MOIC after approval of that committee
- There should be provision of internal auditing. The audit may be done by just higher institution e.g. Audit of sub-centre can be done by person from PHC level.

## CHAPTER 1

### INTRODUCTION

The Government of India launched the National Rural Health Mission (NRHM) in April 2005 to carry out necessary architectural correction in the basic health care delivery system, with a plan of action that includes a commitment to increase public expenditure on health. The mission envisages an additionality of 30% over existing annual budgetary outlays every year to fulfill the mandate to raise the outlays for public health from 0.9% of GDP to 2 -3% of GDP. Under the mission, there is a provision of innovative funds such as annual maintenance grant, annual corpus grant to Rogi Kalyan Samitis, and untied grant to health facilities and Village Health and Sanitation Committees under community watch are being used for maintaining infrastructure, patient welfare and other day-to-day needs which were not being addressed in the traditional funding.

#### Genesis of Study

Necessity of untied fund has been felt mainly due to unavailability of funds for undertaking any innovative centre specific need-based activity, as the allotment of funds to the states has traditionally been of the nature of tied for implementing a particular activity/ scheme and this hardly left any funds for specific public health facilities. This centralized management and schematic inflexibility for local action at block and down below level was often a barrier for development of field units. Further it has been observed that most of health centres have not been maintained properly due to lack of steady fund, available locally for repair of infrastructure and basic facilities. Therefore, health sector reforms under the National Rural Health Mission (NRHM) aims to increase functional, administrative and financial resources and autonomy to the field units. No study particularly in this area has been conducted to evaluate the utilization of untied funds. We do not know how this fund is being utilized. What are hurdles in the proper utilization of untied fund? Therefore a comprehensive analysis and evaluation is justifiable to answer these questions. This study intends to observe, analyze and infer the actual problems faced by the health centers in receiving and utilizing these untied funds.

Whether the untied fund is able to serve the intended purpose is an issue of importance to all the stakeholders in the health care delivery system and the public at large. This study is intended to address these issues.

#### Research Questions

- (i) What extent the untied fund is being utilized as per guidelines of NRHM ?
- (ii) What are the priority areas of expenditure ?
- (iii) How often funds are made available ?
- (iv) How and who sets the priority of expenditure ?

## **Objectives:**

### **A) General objective**

To study the different aspects of utilization of untied fund provided to health centres and Village Health and Sanitation Committee in selected districts of UP.

### **B) Specific objectives**

1. To assess the availability of untied fund to different health centres and V HSC.
2. To assess whether the untied funds are being utilized as per guidelines of NRHM.
3. To find out the prioritized area of expenditure.
4. To find out the process and persons responsible for prioritization of expenditure.
5. To find problems in utilization of untied fund.
6. To suggest measures to programme managers for better utilization of untied fund

### **Organisation of the Report**

The report has four chapters. The first chapter includes background along with the rationale and the objectives of the study. The second chapter provides a detailed note on methodology including sample design, rationale for selection sample and various methods and tools that have been adopted in the study. The third chapter reflects the results and analysis of the study along with discussion of major findings. Fourth chapter contains conclusion and recommendations emerging from the study.

## CHAPTER 2

### METHODOLOGY

#### Study Area

Four districts i.e. Azamgarh, Hathras, Auraiya and Lalitpur from different regions (East, West, Central and Bundelkhand) of Uttar Pradesh

#### Study Design

Cross sectional descriptive Study

#### Research Population

- a) ANM and members of VHSC
- b) Block Medical Officer and Medical Officer
- c) Chief Medical Officer and DPM
- d) Accountant at different levels (CMO, DPM, BMO, MOIC)

#### Study Unit

Health Centers i.e. Community Health Centre, Primary Health Centre, Sub-centre and Village Health Sanitation Committee (VHSC)

#### Duration of Project

**4 months:** September to December, 2008

#### Sampling Frame:

A multistage random sampling design was followed. One district each from four geographical region viz. Eastern, Central, Western and Bundelkhand region of Uttar Pradesh was selected randomly and from each district one CHC and from each CHC one PHC was selected randomly. From each PHC two SCs, and from each SC two VHSCs were selected randomly. The total sample size came out to be 16 VHSCs, 8 SCs, 4 PHCs, 4 CHCs and 4 District head-quarter.

#### *List of selected Districts, CHCs, PHCs, SCs and Villages*

<i>District</i>	<i>CHC</i>	<i>PHC</i>	<i>Sub-centre</i>	<i>VHSC</i>
Eastern Region				
Azamgarh	Lalganj	Devgaon	Navipur	Sekhpur Bacholi
			Devgaon	Mirzapur

				Devgaon
				Naunipur
Western Region				
Hathras	Sadabad	Jaitai	Kariya	Koopa
			Koopa	Karaiya
				Karkoli
				Nagala Kali
Central Region				
Auraiya	Ajeetmal	Uncha Bahadurpur	Muhari	Dahiyapur
			Jaganpur	Phoolpur
				Sanori
				Anantram
Bundelkhand Region				
Lalitpur	Talbehat	Hingaura	Khandi	Churavani
			Sanari	Sanora
				Targwa
				Bamhorisar

***Study Tools and methods of Data Collection:***

- ***Semi-structured interview with ANM and members of VHSC*** – The research team visited the SC and VHSC and conducted interview with ANM and responsible members of VHSC using pretested semi-structured interview schedules.
- ***FGDs with ANMs*** – One FGD per district was conducted with ANMs other than those who were interviewed. This was done with the view to have a larger representation of the study population. The audio recording of FGD was done.
- ***FGDs with Members of Village health committee*** – One FGD per district was conducted with the members of VHSC other than those who were interviewed. The research team arranged and conducted the FGD with the help of local facilitators and ANM of that VHSC. The audio recording of FGD was also done.
- ***Review of the records of Health Centres and VHSCs*** (Financial Records – bank passbook, bills of expenditure, account register etc.) – A pre-designed checklist was used to collect the information. Checklist was pre-tested in one of the CHCs, PHCs, SCs and VHSCs. Photocopy of passbook, account register and meetings register etc. were taken.
- ***Interviews of MOIC and Block Medical Officer (BMO)*** – The interview of MOIC and Block Medical Officer was done using a pre-designed in-depth interview schedule.
- ***Interviews of CMO and DPM*** – One each from the four districts were interviewed. Thus 4 CMOs and 4 DPMs were interviewed by PI or Co-PI in the study.

- ***Interview of Accountants*** – Interview of person at CMO, DPM, BMO and MOIC level was conducted, who is dealing the accounts of Untied Fund.

Secondary data was collected from the available reports and the records available at district, block, sub-centre and VHSC levels regarding the utilization of untied fund. All the data collected were triangulated to have more clarity on the findings at the time of analysis .

The study maintained all research ethics throughout. All in-depth Interviews and FGDs were recorded after taking prior consent from the respondents and were transcribed.

### **Definitions**

Complete Knowledge	=	ANM aware of all the areas where the untied can be utilized.
Partial Knowledge	=	ANM not aware of the all the areas where untied fund can be utilized.
No Knowledge	=	Not aware of any area where UF can be utilized.

### **Project Management**

#### ***Manpower:***

The required data was collected by two team each comprising of 2 field investigator and one supervisor. Supervisor was also developed liaison with higher level for facilitating data collection.

#### ***Selection of Investigators and Supervisors:***

The field staff was selected as per discussion in the workshop (RAHI -2). Personnel having master degree in Sociology/Social work/Psychology/Anthropology and having experience of doing interview, FGD and field research work were preferred.

#### ***Training and Field Testing:***

The intensive two day training both theories as well as skill-based was given to field staff by the PI, Co-PI and two experienced facilitators of the subject. The training part was included interview techniques, organization and assessment of FGD as well as record keeping. They were also trained about development of field micro plan and maintenance of financial record as per guideline given by NIHFV. After the completion of the training field testing of all the study tools was done and required correction was made.

### **Work Plan:**

The team one and team two worked simultaneously in two different districts for about 15 days and after the completion of data collection moved to next two districts. In this manner the field work was completed in one month.

During the course of study field investigators and supervisors provided their feedback to PI/Co-PI through phone or Fax and PI/CO-PI provided feedback to NIHFW weekly.

### **Supervision and Monitoring:**

The PI and Co-PI were continuously supervising and monitoring the work of field investigators and supervisors throughout the study.

### **Quality Assurance Mechanism:**

In order to ensure the quality of data intensive training of Investigators and supervisors was conducted by PI and Co-PI/NIHFW nominee. The principal investigator/Co- principal investigator conducted the FGDs at Sub-centres and VHSC level and in-depth interview at district level, while the supervisors conducted remaining in-depth interviews along with investigators. The investigators facilitated in ensuring the availability of respondents for the interviews and FGDs. Ten percent of the schedules were randomly checked by PI/co -PI/NIHFW nominee. IDIs and FGDs were recorded and transcribed on the same day.

### **Data Analysis Plan**

The data collected in the form of recorded interviews was coded and each interview with the help of field notes was transcribed and further translated by the RAs on the same day of the field study. Each interview was given an ID number to eliminate bias. The PI and the Co -PI looked over the data handling and data analysis with the data operator. The audio recording and transcription of FGDs was done by RAs and supervisors.

For qualitative data semi quantification was done by coding the responses for different stakeholders and merging into different headings using qualifiers and adjectives as per guidelines for qualitative data entry interpretation and report writing format provided by NIHFW. Quantitative data was analysed in terms of number and percentages.

### **Ethical Clearance**

The project structure was examined and cleared by ethical committee of the U.P. RIMS and R. Saifai, Etawah and the Institutional Review Board at NIHFW for ethical considerations.

## CHAPTER 3

### FINDINGS AND DISCUSSION

#### A). Understanding about UF and its Utilization

According to all the chief medical officers and Block medical officers the concept of Untied Fund is very good. Most of them think that this fund is good for emergency, cleaning and sanitation, minor repair works and referral, ultimately it will improve the quality of health services provided if it will be utilized properly at every level.

**Table No. 1: Area where Untied Fund can be Used According to BMOs**

S.No	Items (*Unscheduled)	Yes	No	Don't know
1.	Maintenance of taps, tube light, fans, curtains etc	3 (75%)	1 (25%)	0
2	Equipment like patient examination table delivery table Weighting machine, Instrument tray etc.	2 (50%)	1 (25%)	1 (25%)
3.	Running water supply	4 (100%)	0	0
4.	Electricity	3 (75%)	1 (25%)	0
5.	Cleaning of the centre especially after child birth	3 (75%)	1 (25%)	0
6	For the transportation of serious patients	4(100%)	0	0
7.	Purchase of useful articles like bandage, ointment etc	4(100%)	0	0
8.	Bleaching powder and disinfectant	4(100%)	0	0
9.	Transportation of samples during epidemics	4(100%)	0	0
10.	Labour and supplies for environmental sanitation such as cleaning or larvicidal measures for stagnant water	3(75%)	0	1 (25%)
11.	Payment/Reward to ASHA	2(50%)	1(25%)	1(25%)
12.	For the salary of workers employed in the centre*	0	4(100%)	0
13.	Purchase of medicines, consumable*	2 (50%)	2(50%)	0
14.	Purchase of furniture*	2(50%)	2(50%)	0
15.	Vehicle hiring*	3 (75%)	1(25%)	0
16.	Organizing Swasthya Mela*	1(25%)	2 (50%)	1(25%)
17.	Payments towards inserting advertisement and IEC activities*	2 (50%)	1(25%)	1(25%)

Overall knowledge of BMOs about area of utilization of untied fund was good except few areas like purchase of furniture, medicines and in organizing Swasthya Mela etc where about 50% wrongly reported that they can expend the money for it (Table -1).

Most of the Medical Officers in-charge of the PHC were unaware of the untied fund and Rogi Kalyan Samiti (Table -2).

**Table No. 2: Area where Untied Fund can be Used According to MO I/Cs**

S.No	Items (*Unscheduled)	Yes	No	Don't know
1.	Maintenance of taps, tube light, fans, curtains etc	1(25%)	0	3(75%)
2	Equipment like patient examination table delivery table weighting machine, instrument tray etc.	0	1(25%)	3(75%)
3.	Running water supply	1(25%)	0	3(75%)
4.	Electricity	0	1(25%)	3(75%)
5.	Cleaning of the centre especially after child birth	1(25%)	0	3(75%)
6	For the transportation of serious patients	1(25%)	0	3(75%)
7.	Purchase of useful articles like bandage, ointment etc .	0	1(25%)	3(75%)
8.	Bleaching powder and disinfectant	1(25%)	0	3(75%)
9.	Transportation of samples during epidemics	0	1(25%)	3(75%)
10.	Labour and supplies for environmental sanitation such as cleaning or larvisidal measures for stagnant water	0	1(25%)	3(75%)
11.	Payment/Reward to ASHA	0	1(25%)	3(75%)
12.	For the salary of workers employed in the centre*	0	1(25%)	3(75%)
13.	Purchase of medicines, consumable *	0	1(25%)	3(75%)
14.	Purchase of furniture*	0	1(25%)	3(75%)
15.	Vehicle hiring*	0	1(25%)	3(75%)
16.	Organizing Swasthya Mela*	1(25%)	0	3(75%)
17.	Payments towards inserting advertisement and IEC activities*	0	1(25%)	3(75%)

All the ANM were either fully or partially aware about untied fund and area of its utilization except some area like hiring of vehicle (50%) and purchase of drugs (37.50% ) (Table-3).

**Table No. 3: Area where Untied Fund can be used according to ANMs**

S. No.	Items (*Unscheduled)	Yes	No	Don't know
1.	Maintenance of taps, tube light, fans etc. for SC	8(100%)	0	0
2	For the cleaning of SC	8(100%)	0	0
3	For the transportation of serious patients	7(87.5%)	0	1(12.5%)
4	Transportation of samples during epidemics	4 (50%)	2 (25%)	2(25%)
5	Purchase of useful articles like bandage, ointment etc.	7 (87.5%)	0	1 (12.5%)
6	Bleaching powder and insecticide	4 (50%)	2 (25%)	2 (25%)
7	Cleaning and sanitation related work in the village	6 (75%)	0	2 (25%)
8	Vehicle hiring*	4 (50%)	2 (25%)	2 (25%)
9	For buying drugs*	3 (37.50%)	2 (25%)	3 (37.50%)
10	For the salary of workers employed in the SC*	0	5 (62.50%)	3 (37.50%)

In this study it was observed that most of the members of Village Health Sanitation Committee (75%) do not know about the untied fund and its utilization, about 16% were partially aware and only 9% of VHSC member were fully aware.

Since untied fund at VHSC level is being utilized by ANM and Pradhan therefore other members of VHSCs were not aware about it. As depicted in table no. 4 that the responses of the most of the questions are don't know.

**Table No. 4: Area where Untied Fund can be Used According to VHSC Members**

S. No.	Items (*Unscheduled)	Yes	No	Don't know
1	For sanitation work of the village	12 (18.75%)	0	52 (81.25%)
2	For health awareness in schools	12 (18.75%)	0	52 (81.25%)
3	For house to house survey work	7(10.93%)	4 (6.25%)	53 (82.81%)
4	For the health of very poor and divorced women	12(18.75%)	0	52 (81.25%)
5	For Community Nutritional, education and environmental security	10(15.66%)	1(16.67%)	53(82.81%)
6	Purchase of medicines*	9(14.06%)	2 (3.13%)	53(82.81%)
7	Purchase of vehicle*	1(16.67%)	11 (17.19%)	52 (81.25%)
8	For salary of person who is working for committee*	1(16.67%)	9(14.06%)	54 (84.38%)
9	Loan can be given to needy person*	5 (7.81%)	5 (7.81%)	54 (83.38%)

### B) Availability of untied fund

The fund is released from the directorate health services to the CMO of the district at the beginning of the financial year which in turn is released to the BMO. In this study it was observed that most of the BMOs get the money in second or third quarter of financial year even after facilities of electronic transmission of Fund are there (Table No. 5). BMO releases the money to different sub centres and Village Health Sanitation Committees, once he gets the money late it become impossible to provide the money in time at peripheral level. As per guideline of NRHM every CHC should get Rs. 50,000/- as untied fund but it was observed in this study that CHC Sadabad of Hathras district get only Rs. 25,000/-. In this study it was observed that even after implementation of NRHM from 2005 the untied fund was made available to CHCs 1<sup>st</sup> time in late 2007 and 2008. As per record, no fund was available at the all studied PHCs.

**Table No. 5: Availability and Expenditure of Untied Fund at CHC Level**

CHC	Financial Year	Amount Received (Rs.)	When Received	Total Expenditure (Rs.)	Balance (Rs.)
Lalganj	2007-08	Nil	-	-	-

(Azamgarh)	2008-09	50,000/-	July' 08	13,000/-	37,000/-
Ajeetmal (Auraiya)	2007-08	Nil	-	-	-
	2008-09	1,00,000 (50,000X2)	May' 08 and Oct.' 08	75,000/-	25,000/-
Sadabad (Hathras)	2007-08	25,000/-	Feb' 08	Nil	25,000/-
	2008-09	Nil	-	-	25,000/-*
Talbehat (Lalitpur)	2007-08	50,000/-	Dec.' 07	50,000/-	Nil
	2008-09	50,000/-	Sept.' 08	Nil	50,000/-
<b>Total</b>	<b>-</b>	<b>2,75,000/-</b>	<b>-</b>	<b>1,38,000/-</b>	<b>1,37,000/-</b>

\*this amount is cumulative amount

In the financial year 2005-06 only 12.50% of sub-centre got their untied fund and till 2007-08 Untied Fund was available at the most (75%) of the Sub-centres. In one district (Hathras) it was not available with ANM for sub centre as account was not opened till 2007 -08, they got this fund 1<sup>st</sup> time in 2008-09. As per NRHM document untied fund should be made available in the 1<sup>st</sup> month of financial year but in this study it was observed that it was mostly made available in 2<sup>nd</sup> and 3<sup>rd</sup> quarter of financial year. All the sub-centre received Rs. 10,000/- as untied fund and it was as per guideline of NRHM. At the some sub -centre the amount of previous financial year was remain unspent even though they got the money of second financial year (Table no. 6).

**Table No. 6: Availability and Expenditure of Untied Fund at Sub centre level**

District	Sub-centre	Financial Year	Amount Received (Rs.)	When Received	Total Expenditure (Rs.)	Balance (Rs.)
Azamgarh	Devgaon	2006-07	Nil	-	-	Nil
		2007-08	10,000/-	Dec.' 07	Nil	10,000/-
		2008-09	10,000/-	Aug.' 08	Nil	20,000/-*
	Naunipur	2006-07	10,000/-	Feb.' 07	Nil	10,000/-
		2007-08	Nil	-	-	10,000/-*
		2008-09	10,000/-	Sept.' 08	Nil	20,000
	<b>Total</b>		<b>40,000/-</b>	<b>-</b>	<b>Nil</b>	<b>40,000/-</b>
Auraiya	Muhari	2006-07	10,000/-	Dec.' 06	10,000/-	Nil
		2007-08	Nil	-	-	Nil
		2008-09	Nil	-	-	Nil
	Jaganpur	2006-07	10,000/-	Dec.' 06	Nil	10,000/-
		2007-08	Nil	-	-	10,000/-*
		2008-09	Nil	-	-	10,000/-*
<b>Total</b>		<b>20,000/-</b>	<b>-</b>	<b>10,000/-</b>	<b>10,000/-</b>	
Hathras	Koopaa	2006-07	Nil	-	-	Nil
		2007-08	Nil	-	-	Nil

	Karaiya	2008-09	10,000/-	Aug.' 08	4,045/-	5,955/-
		2006-07	Nil	-	-	Nil
		2007-08	Nil	-	-	Nil
		2008-09	10,000/-	Oct.' 08	Nil	10,000/-
	Total		20,000/-	-	4,045/-	15,955/-
Lalitpur	Khadi	2005-06	10,000/-	March' 06	10,000/-	Nil
		2006-07	10,000/-	Feb.' 07	Nil	10,000/-
		2007-08	Nil	-	-	10,000/-*
		2008-09	Nil	-	-	10,000/-*
	Sanori	2006-07	20,000/- (10,000X2)	June' 06 and Feb.' 07	10,000/-	10,000/-
		2007-08	Nil	-	-	10,000/-*
		2008-09	Nil	-	-	10,000/-*
Total		40,000/-	-	20,000/-	20,000/-	
G. Total		-	1,20,000/-	-	34,045/-	85,955/-

\*this amount is cumulative amount.

In FGD of ANM situation of untied fund was similar as it was not available in district Hathras till 2007-08 and in rest of district it was available. Where it was available, it was not made available in time. Most of the ANM were even not aware of the fact that the fund should be available to them in the first month of the financial year. One ANM said “*Paisa mila hai lekin yah nahi pata ki samay se mila hai ki nahi*” (Money has been received but it is on time or not, I don't know).

**Table No. 7: Availability and Expenditure of Untied Fund at VHSC level**

District	VHSC	Financial Year	Amount Received (Rs.)	When Received	Total Expenditure (Rs.)	Balance (Rs.)
Azamgarh	Sekhpur Bacholi	2007-08	Nil	-	-	-
		2008-09	10,000/-	Sept.' 08	Nil	10,000/-
	Mirzapur	2007-08	Nil	-	-	-
		2008-09	10,000/-	Sept.' 08	Nil	10,000/-
	Devgaon	2007-08	Nil	-	-	-
		2008-09	10,000/-	Sept.' 08	Nil	10,000/-
	Naunipur	2007-08	Nil	-	-	-
		2008-09	10,000/-	Sept.' 08	Nil	10,000/-
Total		40,000/-	-	Nil	40,000/-	
Auraiya	Dahiyapur	2007-08	Nil	-	-	-
		2008-09	5,000/-	Aug.' 08	4,000/-	1,000/-
	Phoolour	2007-08	Nil	-	-	-

	Sanori	2008-09	5,000/-	Sept.' 08	700/-	4,300/-
		2007-08	Nil	-	-	-
	Anantram	2008-09	Nil	-	-	-
		2007-08	Nil	-	-	-
		2008-09	Nil	-	-	-
	Total			10,000/-	-	4,700/-
Hathras	Koopaa	2007-08	Nil	-	-	-
		2008-09	5,000/-	Aug.' 08	Nil	5,000/-
	Karaiya	2007-08	Nil	-	-	-
		2008-09	5,000/-	Aug.' 08	Nil	5,000/-
	Karkoli	2007-08	Nil	-	-	-
		2008-09	5,000/-	Aug.' 08	Nil	5,000/-
	Nagalakali	2007-08	Nil	-	-	-
		2008-09	5,000/-	Aug.' 08	Nil	5,000/-
Total			20,000/-	-	-	20,000/-
Lalitpur	Churavani	2007-08	5,000/-	July' 07	Nil	5,000/-
		2008-09	Nil	-	-	5,000/-*
	Sanora	2007-08	5,000/-	June' 07	4,000/-	1,000/-
		2008-09	Nil	-	-	1,000/-*
	Targwa	2007-08	5,000/-	Oct.' 07	5,000/-	Nil
		2008-09	Nil	-	-	-
	Bamhorisar	2007-08	5,000/-	Aug.' 07	5,000/-	Nil
		2008-09	Nil	-	-	-
Total			20,000/-	-	14,000/-	6,000/-
G. Total		-	90,000/-	-	18,700/-	71,300/-

\*this amount is cumulative amount

At the most (75%) of VHSCs, the fund was not available till the 2007-08 financial year. Only in one district it was available and the amount was Rs. 10,000/-. All the studied VHSCs could get their untied fund in financial year 2008-09 although more than three year of implementation of NRHM has been passed. This study revealed that all the VHSCs received their untied fund in 2<sup>nd</sup> and 3<sup>rd</sup> quarter of financial year. As per guideline of NRHM every V HSC should get Rs. 10,000/- as untied fund but it was observed that out of four district only one district i.e. Azamgarh has provided Rs. 10,000/- for VHSC and rest of the three districts provided only Rs. 5,000/- for their each VHSCs (Table No. 7).

In FGD with VHSC members, it was observed that most of VHSC members were not aware about untied fund and its utilization. Only ANM and Gram Pradhan upto some extent were aware as they are signatory of account.

### C) Availability of written Guidelines:

The guidelines regarding utilization of untied fund were disseminated to the BMOs in the orientation program on NRHM. Guidelines on the use of untied fund were explained to the BMOs in district level meetings and a letter was given to them with a list of areas where the UF can be used and where it cannot be used.

In this study it was observed that all the MOIC do not have written guidelines. What they know about utilization of untied fund is only through some meeting held at different levels (Table No.-8).

Situations of ANM was also not very good only half ( 50.00%) of the ANM have written guidelines and other reported that guidelines were verbally conveyed to them in the block meetings by the Block Medical Officer. ANMs who said to have written guidelines were only having a letter given by the BMO in which the areas where untied fund can be utilized were enumerated.

Though some of the VHSC members were aware about utilization of untied fund but **no one had written guidelines**. Those who were aware most of them told that ANM had communicated something about utilization of untied fund.

Since lack of detailed guidelines which include the concept and detailed methodology of utilization including the inherent powers of utilization and procedures of opening and operating the bank account, absence of such important tool will not only weaken the knowledge about the scheme but also reduces the understanding of the true spirit of this scheme.

**Table No 8: Availability of Written Guidelines with Functionaries**

S.No.	Respondents	Yes		No		Total	
		No.	(%)	No.	(%)	No.	(%)
1	BMO	4	100	0	0	4	100
2	MOIC	0	0	4	100	4	100
3	ANM	4	50	4	50	8	100
4	VHSC members	0	0	64	100	64	100

### D) Utilization of Untied Fund

#### 1. Signatories of the untied fund account in bank

At the CHC level there is no separate account for untied fund this money remains in RKS account in which other funds like user charges and Annual Maintenance grant are kept. This account is being operated by BMO and Member secretary (second MO).

The untied fund of PHC is also being kept in above mentioned account. Since there is no RKS and untied fund at PHC level therefore MOICs of PHC are facing lots of problems in the expenditure of contingent nature.

At the all sub-centre level account was jointly operated by ANM and Pradhan. Accounts which were opened at the VHSC level were in the name of ANM and Pradhan but in one district i.e. Laltipur most (75%) of the accounts were in the name of ASHA and Pradhan as per initial guidelines of NRHM which was modified later that a/c should be with ANM and Pradhan. It was also observed that ANM serving more than 3-4 villages under her jurisdiction she was operating same number of VHSC accounts with respective Pradhan.

## 2. Process and persons responsible for prioritization of expenditure

At the all studied CHCs and PHCs decision regarding expenditure of untied fund were taken by consensus of every one in RKS meetings but it was also observed that some time BMO and second medical officer takes the decision and get it signed by other RKS members later. All of the MOIC were not involved in decision-making process of their PHC neither they were called in the meeting of RKS nor their opinion were asked for expenditures.

**Table no 9: Persons Responsible for Prioritization of Expenditure**

Level of Institution	RKS	BMO	In-charge and 2 <sup>nd</sup> MO	Only PHC MO	Only ANM	ANM and Pradhan	VHSC members
CHC	100%	0%	0%	NA	NA	NA	NA
PHC	100%	0%	0%	0%	NA	NA	NA
SC	NA	NA	NA	NA	25%	62.50%	12.50%
VHSC	NA	NA	NA	NA	4.68%	92.20%	3.12%

In majority (62.50%) of cases the decision for fund utilization at sub centre level is being taken jointly by ANM and Pradhan (Table No. 9). In FGD conducted with ANM most of the ANM opined that she herself and Pradhan jointly takes the decision and expend the money. Some statements of ANMs are –

*“Pradhan ki sahamati se kharch karate hain. Jis cheej ki jaroorat hoti hai use kharid lete hain”* (We decide with consent of Pradhan and expend where it needed)

*“Hum to aise hi kharch kar lete hain, Pradhan ji ke saath milkar”*

*“Pradhan se baat karke paisa nikalenge, Jaha jaroorat hogi vah a kharch karenge”*

*“Apas main Pradhan ko batayenge aur unse milkar kharch karenge”*

Only in 12.50% cases decision is being taken by VHSC meeting. One ANM said that – *“Kabhi kabhi Meeting karwate hain gaon ki aurate aati hain nasta paani magati hain”* (Some time I call the VHSC meeting but the women who attend the meeting ask for breakfast). In one forth cases ANM herself decides where and how to expend the money which is not fulfilling the guideline of NRHM to involve the PRI members in decision -making process.

At the village level mostly (92.20%) Pradhan and ANM decides where and how to expend the money and in 4.68% cases ANM herself decides about the expenditure. In only 3.12% cases decision regarding expenditures is being taken in VHSC meetings (Table no. 9). This shows poor involvement of PRI and others sectors (ASHA, AWW, Siksha Mitra, NGO

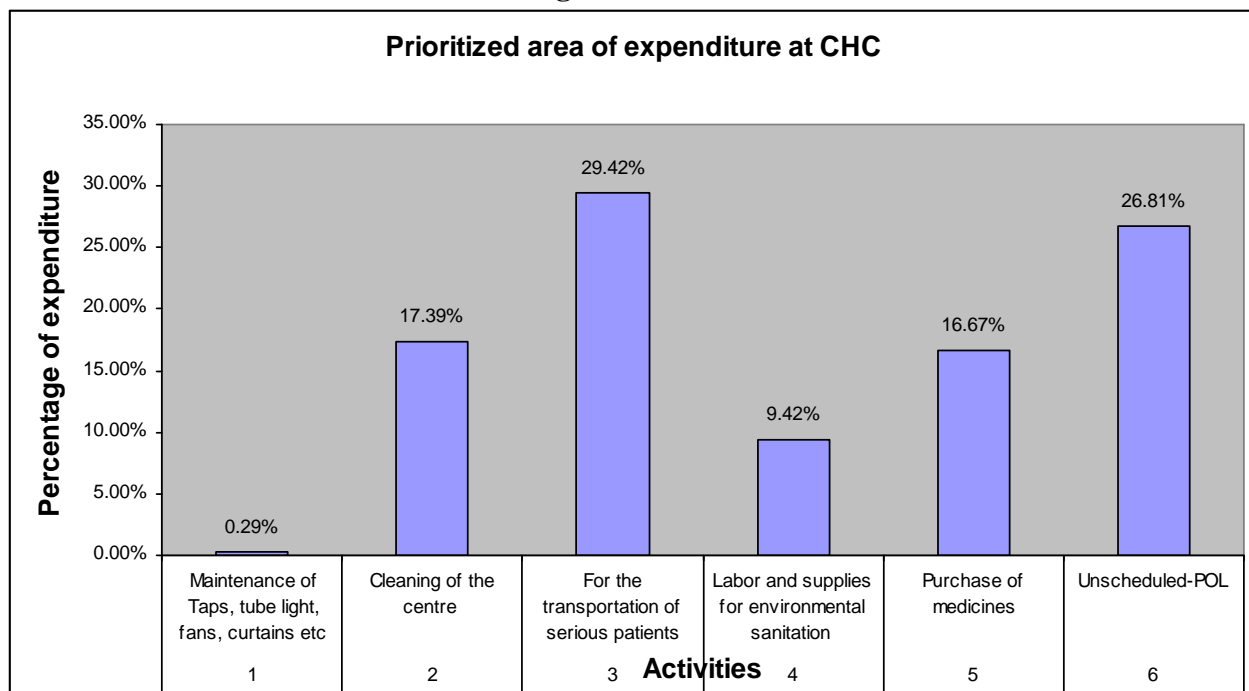
members and members of self help group etc.) and again not fulfilling the aim of NRHM to involve sectors other than health in decision making process and community ownerships of the programme.

### 3. Prioritized Area of Expenditure:

#### a) At Community Health Centre

Out of four CHC studied the expenditure of untied fund was made by BMOs of three CHC. On clubbing the data of all the four CHCs studied it was observed that maximum expenditure (29.42%) of untied fund was made for transportation of serious patients followed by unscheduled activity (26.81%) for purchase of Diesel (Fig. No.-1). Though there are different funds for Diesel and maintenance of generator but about 1/3<sup>rd</sup> of expenditure from Untied Fund are being carried out for the same.

Figure No. – 1



At studied CHC of district Hathras, money remained unutilized due to non co-operation of members of other sectors. Hundred percent of expenditure at studied CHC of district Azamgarh was on labor and supplies for environmental sanitation, where as about half (49.33%) of expenditure in Auraiya district was on unscheduled activity i.e. POL. In Lalitpur district maximum expenditures (51.20%) was made for the transportation of serious patients followed by cleaning of the centre (48.0%) (Table No. -10). On analyzing the district wise data, no similarity was found in different districts regarding prioritized area of expenditure of untied fund.

**Table no. 10: District-wise Expenditure Details of Untied Fund at CHC Level**

Prioritized Area	Name of Districts				Total
	Azamgarh	Auraiya	Hathras	Lalitpur	
Maintenance of taps, tube light, fans, curtains etc	0.00%	0.00%	0.00%	Rs. 400 (0.8%)	Rs. 400 (0.29%)
Cleaning of the centre	0.00%	0.00%	0.00%	Rs. 24,000 (48%)	Rs. 24,000 (17.39%)
For the transportation of serious patients	0.00%	Rs. 15,000 (20%)	0.00%	Rs. 25,600 (51.20%)	Rs. 40,600 (29.42%)
Labor and supplies for environmental sanitation	Rs. 13,000 (100%)	0.00%	0.00%	0.00%	Rs. 13,000 (9.42%)
Purchase of medicines	0.00%	Rs. 23,000 (30.67%)	0.00%	0.00%	Rs. 23,000 (16.67%)
Unscheduled-POL	0.00%	Rs. 37,000 (49.33%)	0.00%	0.00%	Rs. 37,000 (26.81%)
Total	Rs.13,000	Rs.75,000	Rs. 0	Rs. 50,000	Rs. 1,38,000

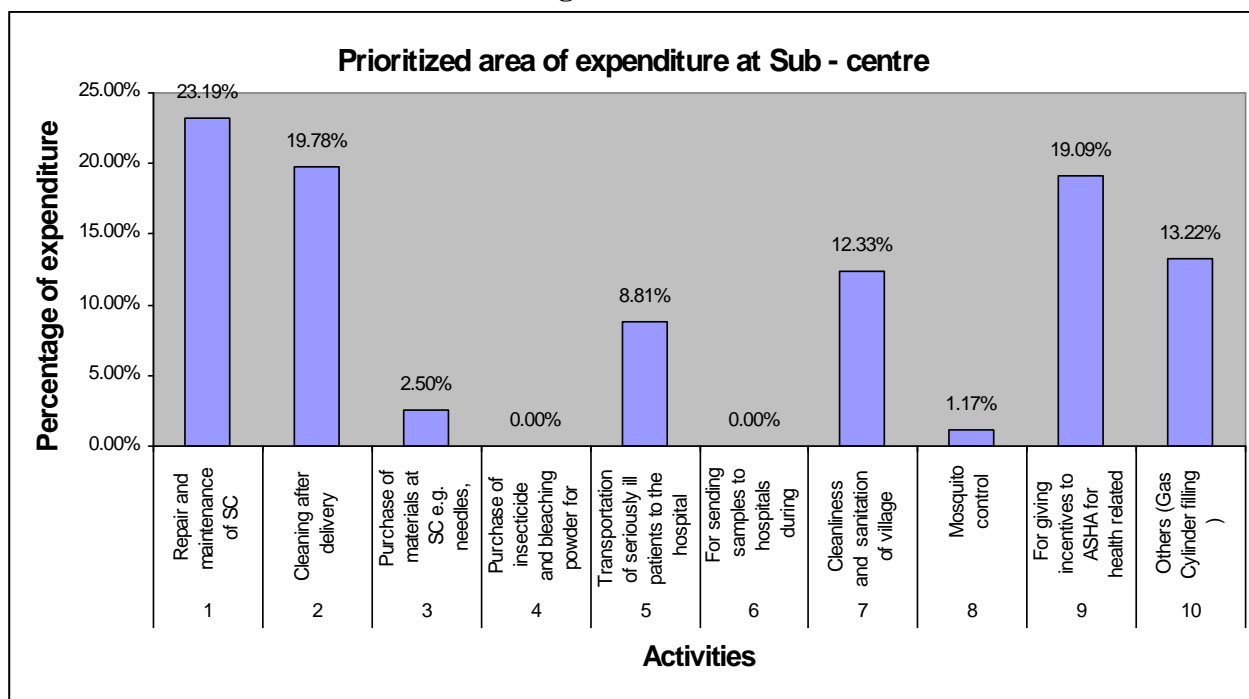
**b). At Primary Health Centre**

Unfortunate situation exist regarding expenditure of Untied Fund at the level of PHCs. Out of four PHCs studied no expenditure was made at three PHC. As per record of CHC and verbal communication with BMO of concerned PHC it was observed that expenditure was made for one PHC but it could not verified by MOIC of that PHC.

**c). At Sub-centre:**

Out of eight Sub-centre studied the expenditure of Untied Fund was made only in 50% Sub-centers due to non co-operation of Pradhan and uncertainty about where and how to utilize. Prioritized areas of expenditure were repair and maintenance of SC (23.19%) followed by cleaning after delivery (19.78%) and incentives to ASHA for health related activities (19.09%). One thing was good to observe that most of the expenditures (86.78%) were made on areas were it was supposed to be made except filling of gas cylinder (13.22%) (Figure No. 2).

Figure No. - 2



In district Azamgarh, untied fund of sub-centre was not utilized due to non co-operation of Pradhan. In district Auraiya only one ANM has expended the money and as per prioritized areas are concerned expenditures were made on repair and maintenance of SC (30.00%), for the transportation of seriously ill patients to the hospital (30.00%), for cleanliness and sanitation of village (30.00%). In Hathras district both of the ANM received only Rs. 5000/- each as untied fund and only one of them expended the money (80.90%) and it was on repair and maintenance of SC (100%). In Lalitpur district most of the expenditure at Sub-centre level was made on cleaning after delivery (33.50%) followed by incentives to ASHA for health related activities (32.50%) (Table No. 11).

Table No.-11, District-wise Expenditure Details of Untied Fund at Sub-centre Level

Prioritized Area	Name of Districts				Total
	Azamgarh	Auraiya	Hathras	Lalitpur	
Repair and maintenance of SC	0	Rs.3,000 (30.00%)	Rs.4,045 (100%)	Rs.850 (4.25%)	Rs.7,895 (23.19%)
Cleaning after delivery	0	0	0	Rs.6,700 (33.50%)	Rs.6,700 (19.78%)
Purchase of materials at SC e.g. needles, bandages etc	0	0	0	Rs.850 (4.25%)	Rs.850 (2.50%)
Purchase of insecticide and bleaching powder for the village	0	0	0	0	0
For the transportation of	0	Rs.3,000	0	0	Rs.3,000

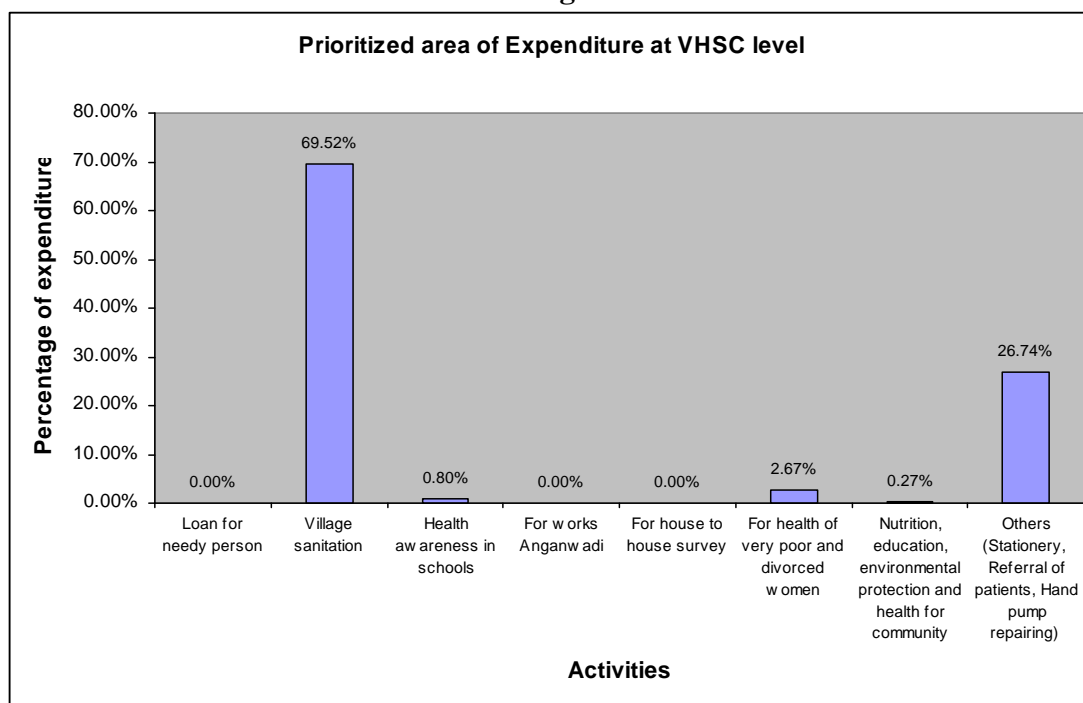
seriously ill patients to the hospital		(30.00%)			(8.81%)
For sending samples to hospitals during epidemic	0	0	0	0	0
For cleanliness and sanitation of village	0	Rs.3,000 (30.00%)	0	Rs.1,200 (6.00%)	Rs.4,200 (12.33%)
Mosquito control	0	0	0	Rs.400 (2.00%)	Rs.400 (1.17%)
For giving incentives to ASHA for health related activities	0	0	0	Rs.6,500 (32.50%)	Rs.6,500 (19.09%)
Other expenditures (Gas Cylinder filling)	0	Rs.1,000 (10.00%)	0	Rs.3,500 (17.50%)	Rs.4,500 (13.22%)
<b>Total</b>	<b>0</b>	<b>Rs.10,000</b>	<b>Rs.4,045</b>	<b>Rs.20,000</b>	<b>Rs.34,045</b>

**e) At Village Health Sanitation Committee:**

**f)**

In this study it was observed that out of sixteen VHSCs, 14 got the money and only five (35.71%) VHSCs have utilized it. As per guideline of NRHM every VHSC will get Rs. 10,000/- as untied fund but it was observed that out of four district only one district i.e. Azamgarh has provided Rs. 10,000/- for VHSC and rest of the three districts provided Rs. 5,000/- only for there VHSCs. As prioritized areas of expenditures are concerned it was village sanitation (69.52%). Since only five VHSCs have expended the money therefore pattern of Utilization can not be assess very clearly (Figure No. 3)

**Figure No. - 3**



In district Azamgarh and Hathras all of eight VHSCs have provided the untied fund but it was not utilized due to lack of awareness regarding its utilization and non co-operation of Pradhans. In district Auraiya the untied fund was provided only in two VHSCs by Community Health Centers and these both VHSCs expended the money on village sanitation (97.87%) and stationery (2.13%). More than half (60%) of the untied fund has expended on the village sanitation activities followed by others-“stationery, referral of patients, hand pump repairing” (32.50%) in Lalitpur district (Table No. 12). Those VHSCs which expended their funds, it was as per guideline of NRHM therefore it seems that lack of awareness was major factor behind non utilization of untied fund.

**Table no. 12: District-wise Expenditure Details of Untied Fund at VHSC level**

Prioritized area	Name of Districts				Total
	Azamgarh	Auraiya	Hathras	Lalitpur	
Loan for needy person	0	0	0	0	0
Village sanitation	0	Rs.4,600 (57.87%)	0	Rs.8,400 (60%)	Rs.13,000 (69.52%)
Health awareness in schools	0	0	0	Rs.150 (1.07%)	Rs.150 (0.80%)
For works Anganwadi	0	0	0	0	0
For house to house survey	0	0	0	0	0
For health of very poor and divorced women	0	0	0	Rs.500 (3.57%)	Rs.500 (2.67%)
Nutrition, education, environmental protection and health for community	0	0	0	Rs.50 (0.36%)	Rs.50 (0.27%)
Others (Stationery, Referral of patients, Hand pump repairing)	0	Rs.100 (2.13%)	0	Rs.4,900 (35%)	Rs.5,000 (26.74%)
<b>Total</b>	<b>0</b>	<b>Rs.4,700</b>	<b>0</b>	<b>Rs.14,000</b>	<b>Rs.18,700</b>

#### 4. Adequacy of Untied Fund

**Table No. 13: Whether the Amount Given as Untied Fund is Enough?**

S. No.	Responding Person	Yes	No	Can't say	Total
1	BMO	3 (75%)	1 (25%)	0	4 (100%)
2	MOIC	0	0	4 (100%)	4 (100%)
3	ANM	6 (75%)	2 (25%)	0	8 (100%)
4	VHSC member	1 (1.56%)	8 (12.50%)	55 (85.9%)	64 (100%)

Most (75%) of the BMO consider the amount of untied fund given to them is adequate. One BMO told that it should be around 1 to 1.5 lakh. Since MOICs are not dealing with the untied fund therefore they were not able to comment. Most (75%) of the ANM were also in view of that untied fund is adequate for expenditure of their sub-centre. Only 25% considered it as inadequate. One ANM said “*Sub centre ki halat bahut kharab hai 10,000 rupaye main kya kya Karen darwaja lagavaye ya boundary banavaye*” (Sub-centre is in very poor condition there is need door and fencing, so what can be done with these Rs. 10,000/- only). Some of the ANM told that this should be increases Rs. 10,000/- to Rs. 15,000/- or Rs. 20,000/- (Table No. 13).

**E) Problems Encountered in Utilization of Untied Fund:**

As per utilization of untied fund is concerned, it was observed that it is being very poorly utilized. The major problems realized by CMO for poor utilization of untied fund are as follows:

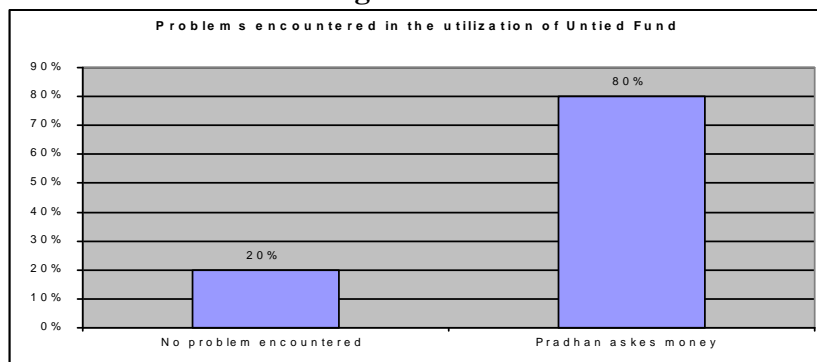
1. Vacant posts of District Programme Management Unit.
2. Pradhan as a signatory at the sub-centre and VHSC level.
3. Lack of monitoring system from periphery to district level.
4. Excess of work load and lack of human resources at every level due to vacant positions.
5. Lack of effective training and at every level particularly at periphery level.

One CMO said “*Pradhan samsyaye paida karate hain. Hum unko kaise control kar sakate hain. Enaki jagah par koi sarkari aadami ko liya ja sakata hai.*” (Pradhan creates lots of problems, how we can control them, any other parson of govt. can be involved instead of Pradhan).

Though most of the BMO responded there is no problem in utilization of untied fund so far his/her CHC is concerned but at peripheral level the problems were same as of CMO. Only one BMO told that he is getting problem in organizing the meeting of RKS due to non co-operation of members of other sectors (BDO, SDM, CDPO etc.) as they most of time do not come to participate in RKS meetings.

As per MOICs of PHCs are concerned they told since they are not getting the money and not being asked for RKS meeting therefore they have no problems.

**Figure No. - 5**



Most common (80%) problem faced by ANMs is asking for commission by the Pradhan for signing the cheque. Twenty percent ANM did not encounter any problem because Pradhan of her area was Female.

In focus group discussion with ANM involvement of Gram Pradhan was again major problem. Most of them opined that :

1. “*Kharch karane main Pradhan ko paisa dena padata hai*”  
(We have to give money to Pradhan if we have to utilize the money)
2. “*Jab tak Pradhan ko paisa nahi dete Pradhan sign nahi karte*”  
(Pradhan do not sign the cheque until he gets the money)
3. “*Pradhan apana commission magate hain, Bhugatana to humko padega*”  
(Pradhan asks for commission but we have to suffer)
4. “*Samay se Pradhan nahi milate hain*”  
(Timely availability of Pradhan is not there)
5. “*Khata khulwane jane ke liye bhi kiraya magata hai*”  
(Pradhan asks money to go to the bank for opening the account)
6. “*Sarakari paisa hai kharch karane main dar lagata hai*”  
(Since it is government Money therefore we are afraid in expending it.)

Most of the VHSC members were not aware about untied fund and its utilization. Since account is between ANM and Pradhan and most of time decision of expenditure is also being taken by ANM and Pradhan either mutually or individually instead of VHSC meeting therefore other VHSC member don't have any problem in utilization of untied fund.

## **F) Monitoring and Supervision**

Since district programme management unit is not in the place therefore responsibility of monitoring and supervision is mainly with CMO, Dy. CMO, BMO and MOIC. Most of the CMO responded that due to lack of Medical Officers the monitoring and supervision activities are not up to the mark. Some time when they go to the field they ask for untied fund also. Otherwise there is no systematic monitoring and supervision of untied fund.

When question was asked to ANM that does anybody monitor the activity of VHSC related to utilization of untied fund? The most of time (87.5%) answer was no except 12.5% ANM told that monitoring is done some time by BMO.

## **G) Suggestions of different stakeholders for better utilization of UF**

### **1. CMO:**

- Regular training and orientation should be there for those who are involved in fund management.
- Account of untied fund should be jointly operated by the ANM and other person from health sector instead of Pradhan
- District and block project management unit should be there.
- Vacant post of different health service provider should be urgently filled.

## 2. BMO:

- Regular training and orientation should be there for those who are involved in fund management.
- Account of untied fund should be jointly operated by the ANM and other person from health sector instead of Pradhan
- Vacant post of ANM should be filled.

## 3. MOIC:

Most of the MOIC were not aware about untied fund therefore they were unable to suggest any thing for better utilization. One thing what they needed is that they should get untied fund for their PHC therefore the expenditures of contingent nature can be made by them selves only.

## 4. ANM:

- Account of untied fund should be either with BMO or clerk of CHC / PHC instead of Pradhan
- We should get the training and orientation about utilization of untied fund.
- Fund should be available timely

### Suggestions revealed in FGDs with ANMs

Most of the ANMs suggested that joint account with Pradhan should not be there. One ANM said “*Pradhan kahate hain ki tumane kharch kiya hai ki nahi hamase matalab nahi hai hame chadhauti chdhao*” ( Pradhan told that it is immaterial to me whether you have expended the money or not, I need my commission). Another ANM said “*Pradhan aksar milat nahi hai use dhoodhaney ke liye vahan mile ya vahan bhatta mile*” (Pradhan is usually not available the refore there should be either vehicle or transport allowance to searching him)

Some of the ANMs have suggested to make provision for having the untied fund amount in which they are the only signatory so that they have full autonomy to expend it. One ANM said “*Pradhan apana commission magate hain Adhikari apana commission magate hain esliye paisa kharch karane kei ajadi hone chahiye*” (Pradhan and Officers asks for their commission therefore we should have autonomy to expend it ). Another ANM said “*Hame adhikar diya jana chahiye ki jisase hum akele kharch kar saken*” (we need authority to expend the fund by own dicission). Another ANM said “*Jaise bhi kharch kare poorna ajadi hone chahiye*” (We need complete independence for the expenditure as we wish).

Some ANM suggested that joint account should be with the other person from health sector like BMO, MOIC, and clerk of CHC. As one ANM said “*Pradhan ko sign karane ke liye dhoodhana padata hai es liye MS ke saath khat hona chahiye*” (we have to search the Pradhan to get the signature therefore account should be with medical superintendent (BMO)).

## 5. VHSC

Though most of the VHSC members were ignorant about the Untied Fund and its utilization except ANM, the only suggestion at this time is that they should also get training and orientation.

## Discussion

The concept of untied fund has been perceived to be a very good one at all levels of facilities covered under the study. It was found during the study that guideline for utilization of untied fund was either not available or if it was available then it was not clear to concern personnel. The fund was given to the CMO as part of NRHM fund and he/she issued the untied fund to BMOs for CHC, PHC, SC and VHSC<sup>3</sup>. It was revealed in this study that at every level the fund was made available in second and third quarter of the financial year.

Regarding awareness about availability of untied fund, the present study revealed that about 98% ANMs were aware about untied fund. Similar findings were reported in the study conducted in Indore division of Madhya Pradesh State<sup>4</sup>. As far as VHSCs are concerned, most of the members of VHSC (75%) do not know about the untied fund and its utilization, about 16% were partially aware and only 9% of VHSC member were fully aware. In another study conducted by NIHFV, it was found that majority of the community members were not aware about the availability of untied fund. Even some of the members of village health committees were ignorant about provision of untied fund at village level<sup>5</sup>.

The decision of expenditure of untied fund of CHC and PHC was taken in the meeting of Rogi Kalyan Samiti, but members from other sectors (BDO, SDM, CDPO etc.) usually do not attend the meeting. About a half of ANMs were not able to spend the money due to non co-operation of Pradhan and lack of awareness regarding where and how to utilize. Due to lack of detailed guidelines which include the concept and detailed methodology of utilization including the inherent powers of utilization and procedures of opening and operating the bank account, absence of such important tool will not only weaken the knowledge about the scheme but also reduces the understanding of the true spirit of this scheme. In most of places, VHSCs are not formed, in places where VHSCs are formed, most of the members except account holders were neither aware about their membership in VHSC nor about untied fund therefore decision regarding utilization of untied fund is being taken either by ANM/ASHA herself or with consent of Pradhan. However, in Indore study it was found that in 3.7% of cases only ANM and in 8.7% cases only the PRI member (sarpanch) was deciding about the use of untied fund<sup>4</sup>.

Regarding adequacy of untied fund, most (75%) of the ANMs were of the view that untied fund is adequate for expenditure of their sub-centre. Only 25% considered it as inadequate. The study in Indore division showed that 55% of ANMs were not satisfied with the current amount of untied fund and they suggested to enhance the amount<sup>4</sup>.

About utilization of untied fund, the only hurdle faced by the ANMs was that they face problems in getting the signatures of the sarpanch during the VHC meeting, hence increase in the delay in utilization of the untied fund. 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 VHSC members and sarpanch, their non-availability), requires urgent action of orienting the PRI and VHSC members to ensure proper utilization of the untied fund.

## CHAPTER 4

### CONCLUSION AND RECOMMENDATIONS

The concept of untied fund was perceived to be a very good one at all levels. The study revealed that guideline for utilization of untied fund was either not available or if it was available then it was not clear to concern personnel. The decision of expenditure of untied fund of CHC and PHC was taken in the meeting of Rogi Kalyam Samiti (RKS), but members from other sectors such as PRI, education, revenue department etc. usually did not attend the meeting. Most of Medical Officer In charges (MOICs) were not aware regarding availability of untied fund. About 50% of ANMs were not able to expend the money due to non co-operation of Pradhan. The purpose and utilization of the untied fund is not clear to most of VHSC members. In majority of the cases the decision regarding the utilization of untied fund was taken by ANM herself instead of VHSC meeting

Based on the study finding a set of suggestions have been formulated for better utilization of untied fund provided under NRHM.

<b>Area of Concern</b>	<b>Actions Recommended</b>
<p><b>Required changes in the Guidelines</b> Pradhan not co-operative</p> <p>Non-availability of fund at PHC level</p>	<p>According to the existing policy, Pradhan is mandatory to be a signatory of the untied fund account. Any other PRI or NGO member may also be considered as a signatory depending upon consensus of VHSC.</p> <p>A committee like RKS should be formed for each PHC (new). Untied fund of Rs. 25,000/- should be at the PHC level instead of CHC and expenditure of its should be made by MOIC after approval of that committee</p>
<p><b>Programatic Guidelines</b> Decision of expenditure is not being taken by VHSC</p>	<p>All the expenditures incurred from UF should be approved by at least 6 members of the VHSC. A standard register should be provided to the VHSC for making proposals for use of UF which should be signed by at least 6 members of the VHSC. The signatures of the ANM and Pradhan on the cheque should be taken in the presence of VHSC members. The members should also sign in the register after mentioning that a cheque of the proposed amount is signed by the ANM and Pradhan in their presence. The entire expenditure of the UF should be entered in the register. This register should be kept with ASHA/AWW .</p>

<p><b>Capacity building interventions</b>  Purpose and utilization of the untied fund is not clear to most of VHSC members</p> <p>VHSC members are not aware about their membership</p> <p>No written guidelines available at SC and VHSC</p>	<p>All the members of VHSC should be oriented about the purpose and utilization of untied fund. The use of various formats in the register proposed to be introduced above should be explained to them.</p> <p>Written consent should be taken from every VHSC member that they are the part of VHSC.</p> <p>Clear and written guidelines preferably in local language should be made available and it should be kept in the register.</p>
<p><b>Programme Management issues</b>  Systematic monitoring of the utilization of untied fund is not there</p>	<p>Strict monitoring of utilization of untied fund should be done with the help of Jila Panchayat members.</p>
<p><b>Financial Issues</b>  Delay in provision of untied fund</p> <p>No Internal auditing system in place</p>	<p>The untied fund should be timely provided to every level preferably in the first month financial year. The demand of bills and vouchers should not be a pre-requisite for releasing of money for successive year.</p> <p>There should be provision of Internal Auditing. The audit may be done by just higher institution eg. Audit of sub-centre can be done by the person from PHC level.</p>

### Limitation of the study

1. As the study duration was less therefore large sample could not be attempted.
2. Number of study districts could have been increased in order to ensure more generalization of the findings.
3. Whether the funds shown to be used for different purposes are actually being used for fulfilling those needs and to what extent, could not be ascertained.

### Direction for the future research

Presently the utilization of untied fund is in early stage in Uttar Pradesh. Some of the Sub-centers and VHSCs are still not getting the money and in some even after getting the money funds are not being utilized due to one or more reasons. Once the wide spread utilization take place then trend of utilization of can be better assessed.

The improvement in health care system due to provision of untied fund leaves lot of scope for future research.

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**GUIDELINES OF UNTIED FUND FOR VHSC, SC, PHC s AND CHCs UNDER NRHM  
MINISTRY OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF INDIA**

**GUIDELINES FOR USE OF UNTIED FUND FOR VILLAGE HEALTH SANITATION  
COMMITTEE (VHSC)**

Every such committee duly constituted and oriented would be entitled to an annual untied grant of Rs.10,000/-, which could be used for any of the following activities:

- (i) As a revolving fund from which households could draw in times of need to be returned in installments thereafter.
- (ii) For any village level public health activity like cleanliness drive, sanitation drive, school health activities, ICDS, Anganwadi level activities, household surveys etc.
- (iii) In extraordinary case of a destitute women or very poor household, the Village Health and Sanitation Committee untied grants could even be used for health care need of the poor household.
- (iv) The untied grant is a resource for community action at the local level and shall only be used for community activities that involve and benefit more than one household. Nutrition, Education and Sanitation, Environmental Protection, Public Health Measures shall be key areas where these funds could be utilized.
- (v) Every village is free to contribute additional grant towards the Village Health and Sanitation Committee. In villages where the community contributes financial resources to the Village Health and Sanitation Committee untied grant of Rs.10, 000/-, additional incentive and financial assistance to the village could be explored. The intention of this untied grant is to enable local action and to ensure that public health activities at the village level receive priority attention.

**Maintenance of Bank Account**

The Village Health and Sanitation Committee fund shall be credited to a bank account, which will be operated with the joint signature of ASHA/Health Link Worker/Anganwadi Worker alongwith the President of the Village Health and Sanitation Committee/Pradhan of the Gram Panchayat. The account maintenance of this joint account shall be the responsibility of the Village Health and Sanitation Committee especially the ASHA/AWW [wherever no ASHA]. The Village Health and Sanitation Committee, the ASHA/AWW shall maintain a register of funds received and expenditure incurred. The register shall be available for public scrutiny and shall be inspected from time to time by the ANM/MPW/Gram Panchayat.

**GUIDELINES FOR USE OF UNTIED FUND FOR SUB-CENTRES (SCs)**

1. As part of the National Rural Health Mission, it is proposed to provide each sub-center with Rs.10, 000 as an untied fund to facilitate meeting urgent yet discrete activities that need relatively small sums of money.

2. The fund shall be kept in a joint bank account of the ANM and the Sarpanch.
3. Decisions on activities for which the funds are to be spent will be approved by the Village Health Committee (VHC) and be administered by the ANM. In areas where the sub-centre is not co-terminus with the Gram Panchayat (GP) and the sub-centre covers more than one GP, the VHC of the Gram Panchayat where the SC is located will approve the Action Plan. The funds can be used for any of the villages, which are covered by the sub-centre.
4. Untied funds will be used only for the common good and not for individual needs, except in the case of referral and transport in emergency situations.
5. Suggested areas where untied funds may be used include:
  - Minor modifications to sub-centre- curtains to ensure privacy, repair of taps, installation of bulbs, other minor repairs, which can be done at the local level
  - Ad hoc payments for cleaning up sub-centre, especially after childbirth.
  - Transport of emergencies to appropriate referral centres
  - Transport of samples during epidemics.
  - Purchase of consumables such as bandages in sub-centres.
  - Purchase of bleaching powder and disinfectants for use in common areas of the village.
  - Labour and supplies for environmental sanitation, such as clearing or larvicidal measures for stagnant water.
  - Payment/reward to ASHA for certain identified activities.
6. Untied funds shall not be used for any salaries, vehicle purchase, and recurring expenditures or to meet the expenses of the Gram Panchayat.

### **GUIDELINES FOR USE OF UNTIED FUND FOR PRIMARY HEALTH CENTRES (PHCs)**

Health sector reforms under the National Rural Health Mission (NRHM) aims to increase functional, administrative and financial resources and autonomy to the field units under which every PHC will get Rs. 25,000/- p.a. as untied grant for local health action. Similarly every PHC will get an Annual Maintenance Grant of Rs.50,000/- for improvement and maintenance of physical infrastructure. Provision of water, toilets, their use and their maintenance has to be the priorities. In addition, every PHC is being strengthened with provision of three staff nurses as against one at present and provision of two doctors (one male, one female) and Ayush practitioner.

PHC untied fund shall be kept in the bank account of the concerned Rogi Kalyan Samitti (RKS)/Hospital Management Committee (HMC). PHC level Panchayat Committee/Rogi Kalyan Samiti will have the mandate to undertake and supervise the work to be undertaken from Annual Maintenance Grant. Both the funds will be spent and monitored by RKS.

#### **Suggested areas where Untied Fund may be used include:**

- Minor modifications to the Centre curtains to ensure privacy, repair of taps, installation of bulbs, other minor repairs, which can be done at the local level.
- Patient examination table, delivery table, BP apparatus, hemoglobinometer, copper-T insertion kit, instruments tray, baby tray, weighing scales for mothers and for newborn

babies, plastic/rubber sheets, dressing scissors, stethoscopes, buckets, attendance stool, mackintosh sheet.

- Provision of running water supply.
- Provision of electricity.
- Ad hoc payments for cleaning up the Centre, especially after childbirth.
- Transport of emergencies to appropriate referral centres.
- Transport of samples during epidemics.
- Purchase of consumables such as bandages in the centre.
- Purchase of bleaching powder and disinfectants for use in common areas under the jurisdiction of the centre.
- Labour and supplies for environmental sanitation, such as clearing or larvicidal measures for stagnant water.
- Payment/reward to ASHA for certain identified activities.
- Repair/operationalising soak pits.

**The following nature of expenditures should not be incurred out of the untied fund:**

- Purchase of office stationery and equipments, training-related equipments, vehicles etc.
- Engagement of full time or part time staff and payment of honorarium/incentives/wages of any kind.
- Purchase of drugs, consumables and furniture.
- Payments towards inserting advertisements in any Newspaper/Journal/Magazine and IEC related expenditure.
- Organizing “Swasthya Mela” or giving stalls in any Mela for ostensible purpose of awareness generation of health schemes/programmes.
- Payment of incentives to individuals/groups in cash/kind.
- Meeting any recurring non-plan expenditure.
- Taking up any individual based activity except in the case of referral and transport in emergency situations.

The Centres are not required to take prior approval before implementing the schemes from the untied funds but shall have to send quarterly SOE and UC.

**GUIDELINES FOR USE OF UNTIED FUND FOR COMMUNITY HEALTH CENTRES (CHCs)**

Under NRHM in every CHCs an amount of Rs.50,000/- per annum will address the unmet need reflected in the Community Health Centre Area. Untied funds will be used only for the common good not for individual needs, except in the case of referral and transport in emergency situations.

**Suggested areas where Untied Fund may be used include:**

- Minor modifications to the center curtains to ensure privacy, repair of taps, installation of bulbs, other minor repairs, which can be done at the local level.
- Patient examination table, delivery table, BP apparatus, hemoglobino meter, copper -T insertion kit, instruments tray, baby tray, weighing scales for mothers and for newborn

babies, plastic/rubber sheets, dressing scissors, stethoscopes, buckets, attendance stool, mackintosh sheet.

- Provision of running water supply .
- Provision of electricity .
- Ad hoc payments for cleaning up the centres, especially after childbirth.
- Transport of emergencies to appropriate referral centres.
- Transport of samples during epidemics.
- Purchase of consumables such as bandages in the Centre.
- Purchase of bleaching powder and disinfectants for use in common areas under the jurisdiction of the centre.
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