

Assessment of Knowledge and Utilization of Untied Funds by Stake Holders at Village Health, Sanitation and Nutrition Committees in Udaipur District, Rajasthan

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Abstract:

Introduction: Under National Rural Health Mission, Village Health, Sanitation and Nutrition Committees (VHSNCs) are formed at village level. An “untied” fund of Rs.10, 000/- per annum is given to VHSNC to empower them to address immediate health sanitation and nutrition needs of the community. **Objectives:** 1.To understand the current pattern of allocation and utilization of untied fund at VHSNCs and problems there in. 2. To assess knowledge of stakeholders regarding utilization of untied fund and their role. **Method:** A cross sectional descriptive study was done on thirty VHSNCs selected from three blocks, two tribal and one non tribal using multistage random Sampling Method.120 consenting stake holders were interviewed on a pretested semi structured questionnaire and records were reviewed. **Results:**73.33% non designated community members, and 46.67% Panchayati Raj Institute (PRI) members had no knowledge about Untied Fund flow to the VHSNCs. ASHAs and ANMs had significantly better knowledge. VHSNCs had received only 74.66% of the untied fund amount compared to norms. 81.54% received amount was actually utilized. 31% of the untied fund was used for administrative expenses and mandatory items. There was no significant difference between Tribal and Non Tribal blocks. **Conclusion:** The awareness and involvement of the non-designated community members and PRI in the utilization of Untied Fund at VHSNCs was less than adequate. Though Fund was released regularly to the VHSNCs but it was rather tied by being utilized for administrative and target centered activities.

Key Words : Non designated Community Members, Village Health, Sanitation and Nutrition Committee, Untied Fund

Introduction:

The Government of India (GOI) launched the National Rural Health Mission (NRHM) in April 2005. Under the NRHM, each village or habitation with an Accredited Social Health Activist (ASHA) is expected to have a Village Health, Sanitation and Nutrition Committee (VHSNC).^[1] VHSNCs are the first step towards communitisation of health care services and for making health a people's movement. Within a community empowerment approach, the NRHM envisages the VHSNC in charge of decentralized planning and monitoring at the village level.^[2]

The members of the VHSNC include the Auxiliary Nurse Midwife (ANM), Panchayati Raj Institution (PRI) members, ASHA, Anganwadi Worker (AWW),

community members, school teachers and members of Non-Governmental Organizations (NGOs), Community-Based Organizations (CBOs) and Self Help Groups (SHGs).^[2]

The roles of VHSNCs include development of the Village Health Plan (VHP), monitoring of health activities in the village (e.g. actively participating in Mother Child Health and Nutrition (MCHN) Day and Kishori Balika meeting).

To empower the VHSNC and to address immediate health needs of the community, the committee has been given the authority to utilize “untied” fund of Rs.10,000/- per annum. The purpose of this fund is to stimulate local action towards raising health awareness and organizing

village level meetings, sanitation drives and other identified health needs.^[2]

The members are given training for roles and responsibilities and utilization of untied fund.

Though, the guidelines have been laid by the GOI for functions of the VHSNCs and utilization of the untied funds, but many studies^[3-5] carried in different parts of the country show that utilization of untied funds deviates from the guidelines, this raises question on the purpose of this novel decentralized approach and the effective utilization of monitory resources.

Udaipur district is a tribal district, seven out of thirteen blocks are tribal with 5.09% of the population being Scheduled Cast (SC) and 57.47% population being Scheduled Tribe (ST)^[6], the outreach population has many unmet needs and depends mostly on local health care facilities and local community bodies like VHSNC. Till date no studies have been carried out in the district to assess the utilization of untied funds by the VHSNCs, this study is a step in this direction.

Objectives:

To understand the current pattern of allocation to and utilization of untied fund by the VHSNCs and related issues.

- To assess knowledge and awareness of different stakeholders of VHSNCs regarding its various aspects viz formation, functioning and utilization of untied funds and their role and responsibilities thereof.
- To assess the involvement of PRI members and non-designated members from the community in its utilization.

Method:

Study area- Udaipur district is situated in south of Rajasthan. It is third most tribal population district. The population is 30, 67,549 according to census 2011. Scheduled Tribe population is 57.47%.^[6]

A cross-sectional descriptive study was done using semi structured pre tested schedule and check list that were designed to capture the study objectives, after consulting guidelines for VHSNCs^[7]

and reviewing field studies done on VHSNCs by UNFPA^[8] and Public Health Resource Network.^[1]

Total duration of study was six months, from 1st April 2013 to 31st September 2013.

Using multistage random sampling method, three out of thirteen blocks (23%), two blocks each with tribal population (Kherwara and Sarada) and one block with non-tribal concentration of population (Badgaon) were selected. From each block three Primary Health Centre (PHC) areas (30%) were selected randomly and from all three selected PHC areas in each block ten VHSNCs per block were selected randomly (total 30) out of the VHSNCs, that were formed and functioning as per records (total 149). Random selection at all stages was done by lottery method. . Four members were selected from each of the VHSNC as respondents subjected to their availability. One PRI member (Sarpanch or ward panch), one ANM, one ASHA and one member representative from either the local community or CBOs or teacher (an effort was made to interview at least 50% of such representatives). 120 (62%) out of 193 members in the selected VHSNCs were interviewed. The VHSNCs were visited for data collection on their monthly meeting days. Program Schedule of meetings was taken from the records. The members were identified after procuring their names from the records.

Data collection:

Primary data was collected through an interview of consenting respondents (four per VHSNC). 120 respondents were interviewed using pretested semi structured questionnaire.

Secondary data was collected through review of records at VHSNCs and Blocks, all documentary evidence of fund flow and utilization were checked. Prior permission from Chief Medical and Health Officer (CMHO) was taken for it.

Study limitation:-

Block Chief Medical Officers (BCMO), Block Panchayati Raj Officers, CMHOs, District Nodal Officer, MO I/C PHC and service utilizers other than the members of the committee were not included as respondents in the study. The sample size is not big hence the results of this study cannot be generalized.

Data Analysis

Collected data were entered electronically and analyzed with MS-EXCEL, SPSS, and EP-16. Chi-square test was applied as test of significance, depending on the sample size, a p value <0.05 was considered statistically significant.

The study structure was examined and cleared by ethical committee of the institution.

Results:

Majority of the members in study VHSNCs, 140 (72.54%) and 90 (75%) respondents had not received any formal training. (Table 1)

Table 1: Training status of members in the study VHSNCs (Record review)

Members	Formally Trained	Untrained	Total
Total members n=193	53** (27.46)	140 (72.54)	193 (100)
Total Respondents n=120	30 (25)	90 (75)	120 (100)

*Figures in the parenthesis indicate percentage,

**Distributed only among eight out of thirty study VHSNCs

Only 37.5% respondents were affirmative on fund flow to the VHSNCs. More than one third (35.83%) of respondents did not know about the fund flow. Majority of other community members, 22 (73.33%) and 14 (46.67%) PRI members did not know about fund flow and more members from these

two groups denied receipt of untied fund at their VHSNC (33.33% and 26.67% respectively), whereas 23 (76.67%) ANMs and 16 (53.33%) ASHAs were affirmative on fund flow to VHSNCs. The difference in awareness among members was statistically highly significant ($p < 0.001$). (Table 2)

None of the respondents bore very good knowledge of utilization of Untied Fund, around half of respondents had no knowledge. Knowledge level of health workers was significantly better as compared to the remaining two groups of respondents. Significantly more PRI members and other members had poor knowledge score as compare to health workers. ($p < 0.05$) (Figure 1)

As per one year records (April 2012 to March 2013) majority 22 (73.33%) of study VHSNCs in all three blocks had received regular fund flow. Fund flow was irregular to 8 (26.67%) VHSNCs under study. The records showed that there was no significant difference in regularity of fund flow to non-tribal and tribal blocks. (Table 3)

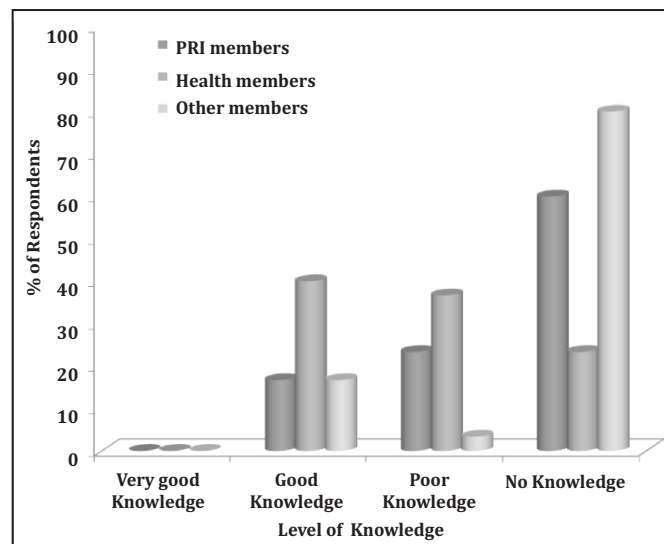
The study VHSNCs had received only about three fourth (74.66 %) of the untied fund amount that should have been received as per norms, most of the received untied fund (81.54%) was actually utilized by all the VHSNCs under study. More untied fund was utilized in Kherwara block (85.22%) than Badgaon (80.54%) and Sarada (78.73%) blocks. the Utilization certificate for around 12 % of actual received untied fund of VHSNCs under study were pending at the time of present study. There was no statistically significant

Table2: Awareness of the respondents about fund flow to VHSNCs

VHSNC receives fund	PRIs member n=30	Health Workers		**Other members n=30	Total n=120	p value
		ANMs n=30	ASHAs n=30			
YES	6 (20.00)	23 (76.67)	16 (53.33)	0 (0)	45 (37.50)	<0.0001
NO	10 (33.33)	7 (23.33)	7 (23.33)	8 (26.67)	32 (26.67)	0.7957
Do not know	14 (46.67)	0 (0)	7 (23.33)	22 (73.33)	43 (35.83)	<0.0001
Total	30 (100)	30 (100)	30 (100)	30 (100)	120 (100)	

*Figures in the parenthesis indicate percentage

**Other members= members from CBOs, Teachers and non-designated members from community

Figure 1: Level of knowledge of respondents regarding area of untied fund utilization by their VHSNC

* Figures in the parenthesis indicate percentage

** Health Workers= ANMs and ASHAs

*** Other members= members from CBOs, Teachers and non designated members from community

Score decided on areas of untied fund utilization as per guidelines provided by District Health Society (DHS).^[9] One mark for each area (maximum marks= 12) Level of knowledge classified according to marks obtained:- (Very good Knowledge =10-12, Good Knowledge=7-9, Poor Knowledge=4-6 and No Knowledge=<4.)

Table 3: Fund flow to VHSNCs in last one year (April 2012 to March 2013) (Record Review)

Fund flow	Badgaon n=10	Kherwada n=10	Sarada n=10	Total n=30	p value
Regular **	7 (70)	8 (80)	7 (70)	22 (73.33)	0.8432
Irregular ***	3 (30)	2 (20)	3 (30)	8 (26.67)	
Total	10 (100)	10 (100)	10 (100)	30 (100)	

* figures in the parenthesis indicate percentage

** Regular- fund was received in first quarter of year

*** Irregular- fund was received after first quarter of year

difference in fund received and utilized in nontribal and tribal blocks. (Table 4)

More than one third share (31%) of the untied fund was used for administrative expenses and mandatory

items followed by 23% utilization for sanitation and provision of safe water. Only 12.67 % of untied fund was utilized to meet health care and nutrition needs of the community and a meager i.e. 8.33% of the untied fund amount was used for imparting information and creation of awareness in the community. Same order was followed in the study VHSNCs of all the three blocks. (Figure 2)

Majority of respondents in the study 73 (60.83) said that the decision regarding utilization of received untied fund was taken solely by ANMs, 19 (15.83%) respondents opined that MO at PHC decided this matter. Joint decision making by the ANM and PRI member was opined by 17 (14.17%) respondents. Only 11 (9.17%) respondents said that such decisions were taken by common consensus through a meeting. This difference in opinion of respondents was statistically significant ($p < 0.0001$) and the nontribal and tribal blocks did not differ significantly in the trend ($p \text{ value} > 0.05$). (Table 5)

Discussion :

Majority of VHSNCs were formed three to five years back and most of the current members were in committees since then. Mean age of members was 38.17 years. More than 50% of CBOs and non-designated community members and 37% PRI members were women. 25% PRI members and 30%

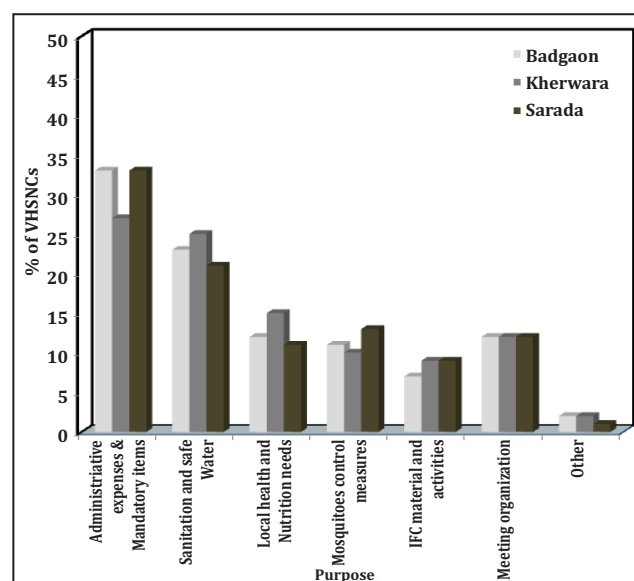
Figure 2: Purpose of Utilization of untied fund (in percentage) at the VHSNCs up to March, 2013

Table 4: Total Untied Fund (UF) received (in percentage) and utilized by VHSNCs in blocks under study in Udaipur district (Record Review)

Untied Fund	Badgaon	Kherwada	Sarada	Total	p value
As per guidelines, total UF(%) that should have been received	100	100	100	100	
Actual UF (%) Received	76.5	76.09	71.39	74.66	0.7147
Utilization (%) of actual UF Received	80.54	85.22	78.73	81.54	0.5361
Balance (%)	8.85	4.78	6.79	6.71	0.5409
UF(%) for which Utilization Certificate pending	10.88	10	14.48	11.75	0.6567

Table 5: Respondents opinion on decision makers for utilization of untied fund received by the VHSNCs

Decision maker	Badgaon n=40	Blocks		Total n=120	p value
		Kherwada n=40	Sarada n=40		
ANM alone	26 (65)	25 (62.5)	22 (55)	73 (60.83)	0.6346
MO at PHC	6 (5)	5 (4.16)	8 (6.66)	19 (15.83)	0.8592
ANM and PRI member	4 (10)	6 (15)	7 (17.5)	17 (14.17)	0.6189
By common consensus in the meetings	4 (10)	4 (10)	3 (7.5)	11 (9.17)	0.9047

*Figures in the parenthesis indicate percentage
 $\chi^2 = 111.11$, $df = 3$, $p < 0.0001$

of the other members (CBOs and non-designated) from the community were illiterate. This made it difficult for them to understand guidelines on fund utilization.

Majority of members (54%) were from General and OBC category, 40 % of PRI members belonged to ST category. Udaipur is third most tribal population concentration district in Rajasthan. As per 2011 census more than half (57.47%) population here belongs to ST category^[6], two out of three blocks covered in the present study were tribal, still, ST and SC representation in VHSNCs was not proportional to their population. It was observed that non designated community

shared only 16% of overall membership and of these only 19% were ST and 16% were SC. The concept of VHSNC is based on community participation and the allotment of untied funds reflects community ownership, poor participation from the marginalized community in a district where majority of the population is tribal does not fulfill the purpose of VHSNC.

Most of the respondents (75%) had received no formal training before joining the VHSNCs and out of the 30 VHSNCs under study, 22 had no formally trained member. Lack of training reflected in lack of awareness regarding functions of VHSNC and utilization of the Untied Funds. Keeping this in view

along with the poor literacy status of the VHSNC members, there is a strong need for regular refresher

reporting to higher authorities and for administrative purpose such as for purchasing of stationary, registers, furniture, mandatory items instructed by higher authority, etc. Other important activities like village survey and formulation of VHP were neglected. ($p < 0.001$) Availability of insufficient funds for the designated functions of VHSNCs is a matter of concern as it makes the untied fund rather tied up, there should be provision of a separate budget for administrative purposes.

There was no transparency in untied fund utilization. ANM was highlighted as sole decision maker for utilization of fund by more than 60% respondents. Only 11% respondents said that decision was made by common consensus through VHSNC meeting. ($p < 0.001$) The new guidelines (2012)^[7] recommend that PRI member and ASHA should operate a joint account in bank for the handling of untied fund, but all study VHSNCs were still following old guidelines and the account was in name of PRI member and ANM. This shows that there is a gap in coordination between health workers and the local community members about fund flow and its utilization. This trend compromises the autonomy and jeopardizes the objectives like community ownership and community monitoring. Same phenomenon was observed by Pramod Kumar Sah et al^[3], they found that majority of members were unaware of areas where fund was utilized and it was opined that president or secretary decided about the use of funds, without consulting other members.

The factual situation of the meetings also revealed that only five VHSNCs actually held a meeting on the scheduled day, member attendance was poor, with no participation from the PRI members and non-designated Members from local village. Average member attendance was 3.6, which is not in accordance with the guidelines that suggest a minimum quorum of seven members. In another study Singh et al^[12] also observed that PRI members and members from other sectors did not attend the meetings and in majority of the cases the decision regarding the utilization of untied fund was taken by ANM herself instead of VHSC meeting.

Based on these findings, there is an evident lack of transparency in utilization of funds which are more tied than untied.

Conclusion:

The concept of VHSNCs is based on local governance. Decentralization of health and sanitation services was planned to make them need based in local context. The findings of this study show that the participation of local marginalized community in the VHSNCs was less than adequate, though Untied Fund is released regularly to the VHSNCs but the awareness and involvement of the non-designated community members and PRI members regarding fund flow and decision making on its utilization was significantly low. Handling of Untied Fund is not in the hands of the local community rather, ANM emerged as the key person for the withdrawal of money and its utilization. The nature of fund was more tied as it was utilized mostly on buying stationary, furniture and on matters related to administration and target centered activities. The study reflects a need for sensitization and capacity building of the members for effective functioning and utilization of Untied Fund.

Recommendations:

Based on above findings, following recommendations are made for judicious and priority based utilization of the Untied funds by the VHSNCs:

- The participation of local marginalized community in VHSNCs should be increased and should be in proportion to their local population.
- Formal training and regular re orientation should be planned for the members to sensitize them about the objectives and priorities for untied fund utilization and their responsibility as a member of the committee.
- Meetings should be held regularly with adequate quorum and participation from local community should be ensured.

Declaration:

Funding: Nil

Conflict of Interest: Nil

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