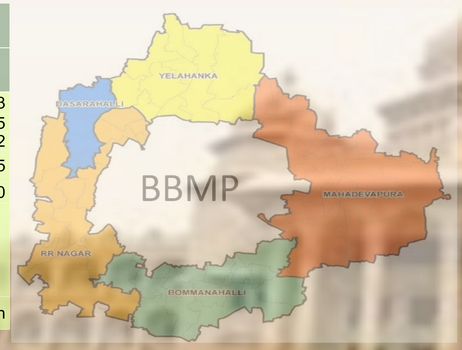
NATIONAL URBAN HEALTH MISSION– KARNATAKA

UNTIED FUNDS : UTILIZATION IN BBMP URBAN PRIMARY HEALTH CENTRES

Table-1: Bengaluru Urban District & Brihath Bengaluru Mahanagara Palike Demographic profile (relevant to NUHM)

Particulars	BBMP	Bangalore Urban District
No of Wards	135	63
Total Population #	55,52,296	33,79,815
No. of households	14,18,478	8,17,562
Total no of slums *	329	545
Total Slum population *	13,53,286	7,13,190
Birth rate	17.6/ 1000 Population	
Death rate	5.3/1000 Population	
IMR	31/1000 Live Births	
MMR	117 Per lakh Live Births	
Children Less then 5 years	6.8 Lakh	5.8 lakh



BBMP	Bangalore Urban
Implementation of NUHM program under 135 wards in BBMP	Implementation of NUHM program under 38 wards in BU
03 Zones namely	05 Zones namely
a) East,	a) Mahadevapura,
b) West and	b) Dasarahalli,
c) South	c) Yelahanka,
	d) RRNagar,
	e) Bommanahalli
75 UPHC , 26 Maternity Home, 06 Referal hospital working under NUHM	38 PHC working under BU

Untied Fund : Context & Meaning

- Traditionally, planning-granting funds and their utilization have been a centralized activity, usually pre-budgeted under/ for a pre-specified head/ purpose. The utilization procedure therefore called for need assessment from various dependent units, compiling, and a detailed procurement procedure through tendering. Pooling of needs, provided the scale to achieve desirable economy, while imposing severe resource constraints on the dependent units, mainly in the form of **unavailability of the 'Right thing at the right time for the right purpose'**. This compromised the units to ensure equity-access-quality, the prime objectives of an effective public health facility.
- Also, the utilization would mostly be partial since the need assessment was a challenge owing to its scale and would consume most part of the financial year.

- A fund granted to the dependent(user) unit (PHC/ CHC/SDH/ DH/RH) for utilization to suit their customized needs,
- A measure towards appropriate decentralization, at the dependent unit level, while not totally shedding away with the idea of centralized planning & procurement systems.
- While granting funds to the dependent units, the units are given the liberty to plan the utilization of the granted funds
- An elaborate set of guidelines is issued for the utilization of such fund.
- The funds come with sufficient flexibility regarding utilization, within the boundaries of the stipulated guidelines

Untied Fund: Scope (Objectives) of the Study

The following were included in the scope of the study:

- The amount granted and utilization
- General procedure followed
- Adherence to the guidelines for utilization of untied funds issued vide NHM-Karnataka letter No NHM/Suggestion/01/2015-16 dated 20th March 2017
- Problems faced, if any
- Reasons for partial utilization, if any

The following were **not** part of the study:

- Appropriateness, technical and/ or financial, of procurement procedure.
- Appropriateness of the need of the UPHC/ UFWC
- Stock taking (check)/ ascertainment of stock-book updating.

Untied Fund: Methodology for the study of utilization

a. Six UPHC/ UFWCs (in the BBMP Area) allotted were included in the study.

(i) AGHC (Anjanappa Garden Health Centre)
(II) KGHUPHC (Kadugondanahalli Urban PHC)
(iii) KPUPHC (Kamakshipalya Urban PHC)
(iv) NSPUPHC (N S Palya Urban PHC)
(v) Shanti Nagar UPHC
(vi) WGUFWC (Wilson Garden Urban FWC)

b. NUHM-Karnataka PIP (2016-17) was the basis for the determining the amount granted.

c. Funds granted and Expenses for the period FY- 2017 (April-16 to March-17) were considered for the study

d. UPHC documents (ARS A/c Passbook, ARS meeting minutes Register, Untied funds bills, UPHC/ UFWC Cash books) were perused to ascertain utilization.

e. Purpose (of the expense) was ascertained in consultation with the Assistant Surgeon/ Medical Officer In-charge.

f. The guidelines issued by the NHM Directorate formed the basis to classify the purpose of the expense.

Untied Funds: General Procedure Followed for Utilization

The untied funds are available for consumption the day they are credited to the User-Unit's SB A/c.

The fund is to be planned & utilized by the dependent unit directly.

A detailed set of guidelines is issued by the Mission Directorate for utilization of the grant, within the limits of which the need to obtain sanctions from the City/ District/ region/ State level approvals is dispensed with.

Untied Fund: Constitution of the Arogya Raksha Samithi (ARS)

The ARS is composed of the following members:

Chairman:	Corporator of the Ward
Member Secretary:	Medical Office In-charge
Member:	Jr/ Sr Health Assistant
Member:	Anganwadi Supervisor
Member:	CDPO
Member:	Head Master/ Mistress of the School
Member:	Representative of the local NGO
Member:	Local Community Leader
Member:	Representative of the Women Self-Help-Group
Member:	Representative of the local SC/ ST community
Member:	Representative of the Community-based Organization

Figure-1: Constitution of the Arogya Raksha Samithi (ARS) at the UPHC

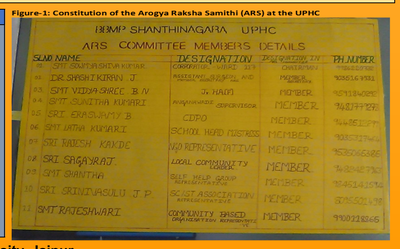


Table-2: Untied Funds: Grant & Utilization among six Urban PHCs.

	AGHC	KGHUPHC	MG(KP)UFWC	NSPUPHC	Shantinagar UPHC	WGUFWC	Grand Total
Total Funds Received (Rs) (2016-17)	175000	175000	175000	175000	175000	175000	1342893
Date NUHM Untied Funds Received	3-Nov-16	3-Nov-16	3-Nov-16	3-Nov-16	3-Nov-16	3-Nov-16	
Total Utilized	57054	95513	207315	180076	190589	201027	931574
% Utilization	33%	55%	118%	103%	109%	115%	69%
Balance as on 31 March 2017 (Rs)	180297	97798	52732	4632	60497	76853	

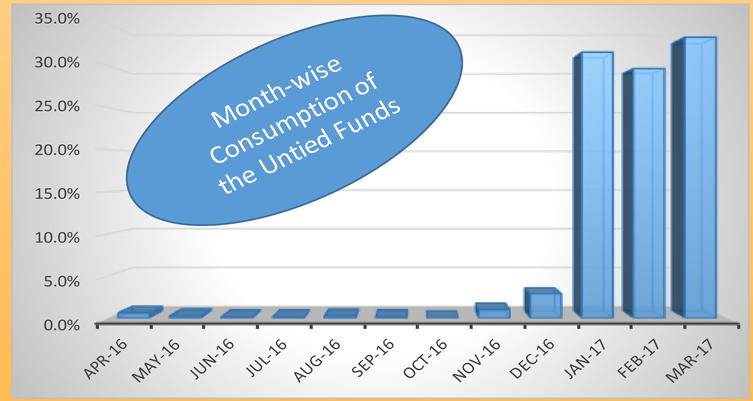


Table-3: Purpose of Untied Fund Expense Classified

Utilization - Purpose	AGHC	KGHUPHC	MG(KP)UFWC	NSPUPHC	Shantinagar UPHC	WGUFWC	Grand Total	%
IPHS Compliance	41475	56379	99553	139806	41627	141415	520255	55.8%
Others	13568	33503	101434	39720	140805	40988	370018	39.7%
Internet facility- running expenses	0	5631	6078	0	847	16034	28590	3.1%
Dressing equipments	0	0	0	0	4112	0	4112	0.4%
Drinking / potable water facility- reapir/ wastage elimination	0	0	250	0	3198	0	3448	0.4%
Electric supply/ electric eqpt/fans repair & maintt	0	0	0	0	0	2590	2590	0.3%
BP Apparatus	1530	0	0	0	0	0	1530	0.2%
Stationary expenses	0	0	0	550	0	0	550	0.1%
Macintosh	481	0	0	0	0	0	481	0.1%
Attendants seating/ drinking water facility	0	0	0	0	0	0	0	0.0%
Baby tray	0	0	0	0	0	0	0	0.0%
Baby weighing machine	0	0	0	0	0	0	0	0.0%
Bandage	0	0	0	0	0	0	0	0.0%
Bucket	0	0	0	0	0	0	0	0.0%
Disinfectants	0	0	0	0	0	0	0	0.0%
Dusting powder	0	0	0	0	0	0	0	0.0%
Glass/ Fabric screen- to promote patient privacy	0	0	0	0	0	0	0	0.0%
Hemoglobinometer	0	0	0	0	0	0	0	0.0%
IPHS/ implementation guidelines HR expenses-to acompany DHS approval	0	0	0	0	0	0	0	0.0%
Kelley's pad	0	0	0	0	0	0	0	0.0%
Labor table	0	0	0	0	0	0	0	0.0%
Mother weighing machine	0	0	0	0	0	0	0	0.0%
Mug	0	0	0	0	0	0	0	0.0%
Patient Examination Table	0	0	0	0	0	0	0	0.0%
Plastic/ rubber sheet	0	0	0	0	0	0	0	0.0%
Post-partum clean area- sundry payments	0	0	0	0	0	0	0	0.0%
Soakage pits repair and maintt	0	0	0	0	0	0	0	0.0%
Staff rewards- To accompany DHS aapprovals	0	0	0	0	0	0	0	0.0%
Stethoscope	0	0	0	0	0	0	0	0.0%
Stock-out medicines	0	0	0	0	0	0	0	0.0%
Stool	0	0	0	0	0	0	0	0.0%
Transport-Drugs/ vaccines trasnport & storage	0	0	0	0	0	0	0	0.0%
Transport-emergency free referral exp	0	0	0	0	0	0	0	0.0%
Transport-emergent trasport of lab ssamples	0	0	0	0	0	0	0	0.0%
Total Utilized	57054	95513	207315	180076	190589	201027	931574	

All these line items are clubbed under the head 'IPHS Compliance' above, due to inseparability of the bills.

Table-4: Purpose of Expense under "IPHS Compliance" explained

(refer to table-3 above)

IPHS Compliance Details	AGHC	KGHUPHC	MG(KP)UFWC	NSPUPHC	Shantinagar UPHC	WGUFWC	Grand Total	%
Medical Equipment, Instruments	41475	36503	64434	100170	41627	25710	309919	60%
Lab reagents/ eqpt, BMW necessities	0	14891	0	1899	0	39580	56370	11%
Drugs & Consumables	0	4985	13580	32039	0	0	50604	10%
R & M -Plumbing/ Water supply	0	0	21539	0	0	6740	28279	5%
R & M Carpentry	0	0	0	0	0	19600	19600	4%
R & M- Electric Supply	0	0	0	0	0	19600	19600	4%
Phenol for HK	0	0	0	5698	0	0	5698	1%
Medical Furniture	0	0	0	0	0	27924	27924	5%
Fire Extinguishers	0	0	0	0	0	2261	2261	0%
Total	41475	56379	99553	139806	41627	141415	520255	
%	8%	11%	19%	27%	8%	27%		

Gap	Suggestions
Book of account is termed 'cash-book'	•It may be termed as 'Book of account- Untied Fund' •May capture both cash and bank transactions.
There is no dedicated resource for book-keeping MO/ ANMs are not trained in book keeping	•MO & ANMs are to be trained in book keeping and accounting.
There is a substantial delay in the Untied Fund reaching the beneficiary-unit	•Timely disbursals, preferably in the first quarter will help the UPHCs to assure equity-access-quality.
Guidelines do not contain provisions, to justify expense, that are a priority at the UPHCs	•Review guidelines and consider suitable inclusions for fund utilization.
About 35% of the untied funds for theFY-17 have not utilized	•ARS to be accountable for such unspent amounts •Escalation matrix for such issues to be established. •Funds to be timely disbursed to encourage financial discipline.
	•Asset/ stock audits to be strengthened
	•Quality assurance, calibration of appropriate equipment to be included in the utilization guidelines. •(after due training on Quality Assurance Guidelines for the Public Health Facilities issued by the GoI)
There are frequent drug stock outs, frequent local purchase, inadequate stock keeping.	•Drug indenting, supply, stock-keeping, stock-checking, documentation processes needs a thorough audit.

Mentor: Dr Tanjul Saxena, Associate Professor, The IIHMR University, Jaipur

Submitted by Dr. Santosh S Gad, MBA (HM-21/ 2016-18), Roll No-487