



Grassroots Research and Advocacy Movement  
An SVYM Initiative

# Performance Evaluation Study of NRHM in Karnataka

## Summary of Recommendations

Grassroots Research and Advocacy Movement (GRAAM), Mysore, Karnataka, India

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Table 1. Summary of recommendations

Key Issues	Recommendations	Levels where changes are required	Possible impacts
Limited perceptions about roles and leadership in planning, monitoring and community participation.	<b>1. Mandatory capacity building of personnel</b>		
	NRHM and its activities, Community engagement, Administrative and financial procedures, computer training and other technical issues	State and District levels, within the health department.	Better understanding of duties, increase in efficiency and output
Lack of administrative and management skills among MOs.	<b>2. Make planning processes more meaningful and useful</b>		
	Prioritize epidemiological and population based health management interventions	Training and sensitization at state, district and taluk levels, strengthening district level planning processes	Realization of true decentralized planning and better targeting of vulnerable districts.
	Capture activities that address the heterogeneity of local health contexts		
Facility based approach, rather than need based approach is adopted for funding health institutions.  Hence, larger proportion of funds allotted to districts with more “low utilization PHCs”.	<b>3. Addressing regional disparities through NRHM.</b>		
	For the 6C and other vulnerable districts, focus on the improvement of infrastructure, field presence (specifically ASHAs and ANMs) and <i>larger facility based funds</i> .  If not feasible in the short run, supplement NRHM funds for these	Policy change in NRHM (at the centre), Recruitment strategies at the state and district levels, in the health department, Data collection processes w.r.t to comparative	Better targeting of expenditure, addressing regional imbalance

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	districts through special quotas at the state level.	needs and demands at the district and taluk levels	
	For other districts, focus on <i>demand/need based funding mechanisms</i> and optimization of HR based on rotation and shared responsibilities		

Key Issues	Recommendation	Levels where changes are required	Possible impacts
<p>Grave cases of aggravation of ANMs and ASHAs (by Grama Panchayath Presidents and members) reported</p> <p>ANMs and ASHAs have contributed significantly in the success of NRHM.</p> <p>Other field staff in PHCs restricted to admin work at PHCs due to lack of staff.</p>	<b>4. Providing better work environments for ANMs and ASHAs, increasing field presence of other health workers</b>		
	Instilling confidence and providing security	Sensitization at the district, taluk, PHC and village levels (PRIs and health department)	Increasing the reach and effectiveness of community health initiatives of NRHM
	Periodic increase in salaries and incentives	Policy change in NRHM (Centre, State)	
	Recruitment of clerical staff at PHCs	Health department and state government	

<p>Facility based approach, rather than need based approach is adopted for funding health institutions. Lack of readily useable data to implement need based funding mechanisms immediately</p>	<p><b>5. Shift from facility based funding to need based funding mechanisms</b></p>		
<p>A lot of resources consumed for collection of data. Confusion exists on reliability and usability of data</p> <p>In many cases, data collected for a particular report is not reused for other reports.</p> <p>Data collected not analysed, used</p>	<p>Drug procurement to health institutions based on need/demand (sufficient data and demand from MOs and THOs already exist)</p>	<p>Policy change in NRHM (Centre, State), data collection processes at district and taluk levels</p>	<p>Addressing local needs, increasing effectiveness of expenditures</p>
<p>Community's role in health not clear.</p> <p>Existing structures inadequate for long term empowerment of community members bodies</p>	<p><b>6. Implement a single, homogenous and well-defined data collection and monitoring system</b></p>		
<p>Community's role in health not clear.</p> <p>Existing structures inadequate for long term empowerment of community members bodies</p>	<p>Assimilation of facility based and area based reporting formats</p>	<p>Decision on how collected data can be used/reused at state and district levels, data collection processes at district, taluk &amp; PHC levels</p>	<p>Streamlining data gathering and analysis, reducing time spent on reporting at field level</p>
<p>Community's role in health not clear.</p> <p>Existing structures inadequate for long term empowerment of community members bodies</p>	<p><b>7. Clarify the role of community based committees like P&amp;MC, ARS and VHSCs (w.r.t governance and monitoring of health institutions)</b></p>		
<p>Community's role in health not clear.</p> <p>Existing structures inadequate for long term empowerment of community members bodies</p>	<p>Strengthen the role of community based institutions as effective monitoring bodies, rather than governing bodies of the health institutions.</p>	<p>Health department, PRIs and community representatives</p>	<p>Meaningful community engagement</p>



## A GRAAM Creation

Grassroots Research and Advocacy Movement (GRAAM),  
an organization that researches issues faced by communities,  
translates those into academic research questions for scholars to  
undertake empirically, and then advocates the research outcomes  
to ensure relevant and sound public policy.

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