

GRAAM's performance evaluation study of NRHM in Karnataka provides evidence that there are no clear trends of prioritizing funds to districts identified as vulnerable and a change in funding pattern to districts is a step towards addressing regional disparities in health.

Background

The National Rural Health Mission (NRHM) was launched by the Government of India in 2005 with the goal of "improving the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children". This essentially means that regardless of the socio-economic status of the people in different districts, access to quality health care must be provided on an equitable basis. However, the presence of regional disparities in health care in Karnataka is a reality and the Karnataka State Health Policy 2004 describes them in great detail.

GRAAM conducted a performance evaluation study of NRHM in Karnataka analyzing the planning, structure and design of fund flows, patterns in fund allocation and expenditures, and the prevalence of regional disparities in the state.

The analysis shows that though the fund utilization levels in Karnataka are appreciably high, the planning processes in NRHM in Karnataka do not show a long-term practical strategy and commitment to reduce regional disparities within the state.

What are regional disparities?

Regional disparities in health refer to the differential status of health services and facilities in districts of Karnataka that are socio-economically and politically backward. Despite programs such as NRHM, these disparities continue to prevail as the evidences below indicate

- In districts with better health indicators such as Chikkamagaluru, Hassan, Mysore, etc., rural population coverage by PHCs has improved compared to the vulnerable districts like Bagalkote, Gulbarga and Raichur.
- Districts like Mysore and Hassan have an excess of up to 81 PHCs vis-à-vis Indian Public Health Standards and while the districts continue to draw higher funds, field evidence indicates that the PHCs remain under-utilized and under-staffed.
- In some North Karnataka Districts like Bagalkote, Bellary and Bijapur, the coverage of rural population by Sub-Centers has actually deteriorated.



- Districts identified to be vulnerable like Gulbarga, Raichur, Bijapur, etc have received lesser funds than districts like Bangalore Urban, Hassan and Shimoga (with comparatively lesser rural population) despite having greater needs.

Districts with more PHCs than specified by IPHS guidelines

District	Excess PHCs
Mysore	81
Hassan	81
Tumkur	74
Davanagere	64
Mandya	64

Range of population covered by PHCs in various Districts

PHC	District	Population covered
Savalagi	Bagalkote	65167
Hipparagi	Bagalkote	45000
Thurvihala	Raichur	62000
Chowdanakuppe	Tumkur	4500
Somanathapura	Mysore	5410

Why Regional Disparities Prevail

Programmes like the NRHM in essence are meant to recognize and tackle regional disparities, but have failed to do so. An analysis indicates that funding patterns to the districts are a major contributing factor for the continued prevalence of disparities.

- Planning documents recognize disparities, but the operational processes do not show any distinction.
- Per capita expenditure patterns under NRHM (except RCH Flexipool) do not show any prioritization towards vulnerable districts
- NRHM fund flows are facility based. This means that districts with more facilities get more funds than districts with lesser number of facilities, regardless of the utilization levels and the needs.
- Setting up new health facilities are often political decisions and regions that are not politically dominant lose out.



Per capita NRHM spending on health in select districts (taking into account rural population) - State per capita spending is Rs. 76/-

District health Rank (2001)**	District	Per capita Spending (in Rs.)
1	Udupi	88
2	Belgaum	54
3	Dakshina Kannada	72
5	Bangalore Urban	111
14	Raichur	64
16	Koppal	95
17	Bidar	73
27	Bagalkote	88

**District Health Rank is based on the computation of District Health Index (Source: Karnataka Human Development Report 2005).

Recommendations

1. Shift from facility based approach to need based approach for funding health institutions.
2. A two fold approach for addressing the regional disparities is recommended.
 - For the 7C* and other vulnerable districts,
 - The facility based funds must be enhanced (viz. Untied funds, Maintenance and Corpus funds)
 - There must be a greater focus on the improvement of infrastructure and field presence of staff viz. ASHAs and ANMs.
 - In the short-term, the NRHM funds may be supplemented by special quotas at the State level
 - For other districts, focus must be on creation of the demand or need based funding mechanism and optimization of human resources based on rotation and shared responsibilities.
3. Need based procurement of drugs for the health institutions to cater to local requirements and increased efficiency of expenditures.
4. Capacity building of personnel at the State and District level in the health department in
 - Administrative, financial and technical procedures that allow representation of local needs in a significant way
 - Planning processes that clearly identify service delivery gaps in vulnerable districts based on which targeted approach to expenditure can be adopted

*7C Districts: Bagalkote, Bidar, Bijapur, Gulbarga, Koppal, Raichur and Yadgir

About GRAAM

GRAAM (Grassroots Research And Advocacy Movement) is a public policy research and advocacy initiative based in Mysore, India focusing on research incorporating grassroots perspectives and advocacy based on empirical evidence that reflects community 'voice' and is characterized by a collaborative approach. Incubated in Swami Vivekananda Youth Movement (SVYM) for about 3 years since January 2011, GRAAM has undertaken research, evaluation, consultancy projects and advocacy initiatives in the sectors of public health, education, sanitation, nutrition, human development, livelihoods, disabilities, CSR and media. For more information, please visit www.graam.org.in

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