

Impact analysis of some studies conducted by PRCs

PRC, Bengaluru

Building Knowledge Base on Aging in India: A Series of Programmatic and Research Studies – Increased Awareness, Access and Quality of Older persons Services

PRC, ISEC Bangalore in collaboration with UNFPA, Delhi, IEG, Delhi and TISS Mumbai has conducted a study on Building Knowledge Base on Ageing in India. This study was funded by UNFPA, India. As part of this study a survey was conducted in 7 states of India namely Himachal Pradesh, Punjab, West Bengal Odisha, Maharashtra, Kerala and Tamil Nadu covering different dimension of elderly such as socio economic and demographic profile, income and work, living arrangement and familial relations, subjective wellbeing, functionality and health care utilisation, and awareness and utilisation of social security schemes. Apart from national report, state reports were also prepared and disseminated in the respective states. The report on the status of elderly in Orissa was instrumental in bringing out a state policy for older persons in the state of Orissa.

An Assessment of Quality of Civil Registration System Data

The study focuses on assessing the quality of CRS data at the district level for all the states of India. This study was funded by UNFPA, India. The report considers the following indicators for assessing the quality of data: crude birth rate, crude death rate, infant mortality rate, still birth rate, sex ratio at birth and sex ratio at death. Overall, it may be pointed out that the CRS in India is still plagued by various deficiencies despite considerable improvement in recent years. Although the birth registration is better compared to other indicators, the district level analysis shows wide variation across districts both in terms of under registration and over registration. Thus the average for the state often conceals the variation across districts. For the use of this data for programme and planning purpose, it is important that the data are available in more detailed form including place of birth and place of residence. The death registration is, obviously, poor and the infant death registration is worst. Still birth rate, although, provides much better coverage, there are wide inter-district variation indicating the poor quality of the data. The sex selective under registration is comparatively less prevalent in recent years. The CRS needs strengthening both in terms of its coverage, reporting as well as publications so that it becomes an important source of information for programme and planning.

Public Health Infrastructure: A Study in Bagalakote District of Karnataka

This study is funded by Government of Karnataka. The study has six main components comprising the status of the physical infrastructure, availability of drugs, availability of health and laboratory equipment, services available for testing, human resource, training to health staff and turnover of in-patients and out-patients. The study has come out with recommendations that the government must concentrate on streamlining the public health infrastructure by way of increasing the quality and quantity of human resource, proper maintenance and repair of buildings, greater attention to cleanliness, ensuring supply of

drugs and consumables which are not available, proper maintenance of laboratory and medical equipment, offer facilities to conduct all types of laboratory tests and diagnosis services, periodic training to staff to upgrade their skills and knowledge. Report submitted to Karnataka state Government. GoK is expecting to initiate programmes to improve the health infrastructure and training at Bagalakote district.

PRC, Dharwad

Baseline & Endline Household Survey for Project Sukshema in Karnataka: Technical Assistance to Improve Maternal, Neonatal and Child Health (MNCH) Outcomes through National Health Mission in Karnataka.

The study is funded by KHPT Bangalore. Key findings of baseline and endline surveys indicate that both neonatal and infant mortality declined significantly during the project period; mortality rates are still comparatively higher among SC/ST group. During the 3 years project period, proportion of home deliveries reduced significantly from 26 to 18%. Quality of ANC and PNC services improved significantly.

Impressed by the result Bill & Melinda Gate Foundation awarded a grant to KHPT's Sister Concern IHAT to support Govt. of Uttar Pradesh's NHM in implementing the Nurse mentoring and frontline worker intervention across the high priority districts in UP. At present, all these Nurse mentors are absorbed as staff of NHM, Govt of UP. Govt. of Karnataka has scaled-up some of the tools developed by Sukshema project like comprehensive dairy for ASHA workers and supportive community monitoring tool for VHSNCs. Disseminated the Key findings at the National workshop "Strengthening Response to Enhance MNCH Outcomes" organized by GoK wherein Honorable Minister for Health & FW, GoK,; Mission Director, NHM, Karnataka; Principal Secretary and Higher Officials of Health Dept. GoK attended on 2-4 February, 2016 at Bangalore.

Human Resource for Health: A Causative Analysis for Better Dispersion of Skilled Health Professionals in Rural and Remote Areas, Karnataka

The study was Funded by NHSRC, New Delhi. The study has been conducted in 5 states by different organizations. The consolidated report act as a guiding tool for all these states for implementing strategy for HR retention in rural and remote areas. Key findings indicate that financial incentives combined with non-financial incentives are important to attract and retain skilled manpower in public health sector. Better residential facilities and educational facilities for children are important for retention at rural and remote areas. Majority of the officials especially Specialists were not happy with the existing incentives both financial and non-financial. As such, incentive scheme for working in rural and remote areas is discontinued in the state since April, 2014.

PRC, Delhi

Economic Survey, 2018-19, Chapter 7: India's Demography at 2040

The study was funded by the Ministry of Finance. As part of the Economic Survey, several implications of ageing in India were analysed and charted out. The majority of these implications fall under the ambit of three broad domains – Education, Health and Social Security System. In light of the projected decline in elementary school-going children, the number of schools per capita will rise significantly in India across all major states even if no more schools are added. If India's hospital facilities remain at current levels, rising population over the next two decades (even with slowing population growth rates) will sharply reduce the per capita availability of hospital beds in India. States with high population growth are also the ones with the lowest per capita availability of hospital beds. Hence, there is a straightforward case for expanding medical facilities in these states.

Based on the extensive research undertaken and the results submitted for the Economic Survey, 2018-19, increased investment in geriatric healthcare have been proposed by the Ministry. Policies for expanding education and medical facilities for older adults in states set to witness ageing population are also being discussed.

Evaluation of Prime Minister's Special Scholarship Scheme for Jammu and Kashmir

The study was funded by the Ministry of Human Resource Development (MHRD) Govt. of India. The study evaluated the performance of 'Prime Minister's Special Scholarship Scheme (PMSSS) for Jammu & Kashmir'. The students in rural and remote areas of Kashmir still face problems related to internet accessibility. There is a delay in the disbursement of academic fee due to differences in the fee structure format. However, this scholarship has enabled the youth of lower income group to pursue higher education from good quality education outside J&K.

The results from the said assessment were accepted by the Ministry to decide the continuation of the scheme. As recommended, the total scholarship amount for the students was increased under this scheme. Timely disbursement of the scholarship amount was also facilitated after considering the recommendations of the study. Access of the online portal has been significantly increased after it was recommended to increase the facilitation centers in the state.

Resource Sharing between Centre and States and Allocation across States: Some Issues in Balancing Equity & Efficiency

This study looked into the various aspects of the vertical and horizontal devolution adopted under different Finance Commissions, in view of trends and patterns in the fiscal space and the socio-economic developmental needs of the country. The study was funded by The Fifteenth Finance Commission of India.

It was noted that some of the states lagging in population stabilization were also the ones with high share of population and, further, that population shares were used to weigh all the constituents of the horizontal transfer formulae. The study recommended to devise an indicator based on state level performance in population stabilization based on the TFR criteria, with replacement level of fertility at 2.1. As fertility is a complex multifactorial

phenomenon, the study recommended the use of TFR as an indicator for horizontal resource distribution formula. The same was considered for the Final Formula of the Finance Commission.

Evaluation of Central Sector Scheme of Scholarship for College and University Students

PRC Delhi conducted an evaluation of the Central Sector Scheme of Scholarship (CSSS) commissioned by the Department of Higher Education (DoHE) under MHRD (Ministry of Human Resource and Development). The study was sponsored by the MHRD and assessed the performance of the scheme in India across states. This scheme has been deemed crucial for the meritorious students hailing from economically and socially vulnerable sections. The recommendations put forth by the authors were accepted to pass for the continuation of the scheme for another year. Timely disbursement of the scholarship amount, preferably at the beginning of the year to purchase books, etc., was noted to be among the most serious concern of the students. Efforts to ensure the same were recommended to the Ministry. The study further recommended allocation of seats without any discretion in the ratio of 1:1:1 across the three streams – science, humanities, and commerce. The recommendation was accepted positively at the Ministry and its implementation will be reflected as a change in the scheme guidelines, beginning from next year.

PRC, Kerala

Documentation of best practices of State Health Systems in Kerala: CHIS-PLUS scheme

The implementation of CHIS-PLUS scheme and its reach was documented in this project funded by SHSRCK. The Comprehensive Health Insurance Scheme CHIS PLUS implemented by Government of Kerala is truly a boon to the economically weaker sections of the society who suffer from serious life threatening illness. The scheme has been successful in providing financial support to over one lakh patients in Kerala since its inception. It pointed out the features, gaps in coverage and the limitations in eligibility criteria. Lower amount in surgical packages was highlighted as a lacunae for serving the needy population who had no resource at all to meet the treatment cost. Increased work load of administrative staff due to several schemes had also been highlighted. The study suggested adopting measures to ensure timely transfer of money from the agency and to include the left out categories of workers who deserve the benefits of the scheme

Based on the suggestion and recommendation, the excluded categories of beneficiaries like construction labourers, EPF pensioners who were not covered under RSBY are now included in the RSBY scheme and hence are covered under CHIS-PLUS scheme too.

Fertility among Scheduled Tribes in India: Application of Brass P/F Method (2016-17)

Lack of fertility estimates among Scheduled Tribe population necessitated indirect estimation of fertility among tribal population using Brass P/F Ratio method. Fertility thus estimated pointed out the substantial decline in fertility among tribal population. The differentials between general population and tribals were found to be insignificant in small States with

greater representation of tribals. TFR among tribals was more by 0.5 children than general population in India.

Singulate Mean Age at Marriage estimates and TFR estimates provided data backup for planning as intended in the study.

School Health Programme (SHP) to Rashtriya Bal Swasthya Karyakram (RBSK): Role of School Health Nurses in Kerala (2017-18)

This study traced the journey from School Health Programme now merged to RBSK or Arogyakiranam in Kerala. Kerala introduced the Arogyakiranam in October 2013 as a modified form of RBSK subsuming SHP. The programme widened its horizon further with the coming up of District Early Intervention Centre (DEIC) in all the districts. The performance of the programmes assessed brought out the efficiency of JPHNs/School Health Nurses in screening activities. A sample based evaluation of work of SHNs pointed out their difficulties in coverage due to large population under each SHN and the lesser turnout for screening activities at AWCs due to fixing screening on Saturdays.

The findings were helpful in rescheduling the day of screening at AWCs easing the task of SHNs and greater coverage. Also based on the findings that pointed out the necessity of hands on training to SHNs, the State is now providing hand on training to identify diseases among children.

Utilization of Health Care Services of Urban Primary Health Centres in Kerala

This study was the first evaluation of utilization of UPHC services by any organization in Kerala. It covered all 83 UPHCs located in 14 districts of the State and analysed the performance of the UPHCs based on data provided by NUHM. The findings reflected the increasing utilization of services of UPHCs by urban poor especially in those located in slums and coastal areas. An assessment of beneficiary satisfaction and their suggestions reflected the demand for services and scope of improvement in utilization with better infrastructure facilities. The lack of fund availability in the form of untied fund to UPHCs posed as a serious limitation in functioning. The location of the UPHC was pointed by majority of the JPHNs to be one among the different reasons for the lesser utilization of the centres. Ward allocation under the UPHC hindered the utilization and area activities of the JPHN. Beneficiary level overall satisfaction on the services of UPHCs reveal that 88.4 percent of the patients are satisfied on the services which includes satisfaction on services rendered by the staff, timing of OP, time spent by doctor, treatment received for their illness, infrastructure etc.

Discussion and review of performance of UPHCs based on the project report was done at the Two day Dissemination Workshop organized by NUHM Arogyakeralam. The project report formed the base document for identifying gaps and adopting measures for further improvement of the UPHCs. NUHM Kerala adopted measures to overcome this limitation and now the untied fund to UPHCs have been enabled, wards under UPHCs were reallocated easing the area activities. Suggestions on salary limitations of JPHNs were taken up and there has been a hike in salary. The involvement of Local body members improved after the evaluation.

Estimate the burden of TB among the tribal population and develop an innovative health system model to strengthen TB control 2017-19

The project of ICMR in collaboration with NIRT Chennai and SRM University was to provide estimate for burden of TB among tribal population in India.. PRC Kerala carried out the project in Kerala. The project was implemented in 3 phases: qualitative assessment that captures the life style of the tribal population, quantitative phase that accounts for estimating the burden of TB by using two sputum samples of chest symptomatic patients and the third intervention phase which concentrates on the chest symptomatic patients with an aim to eliminate the disease. No positive cases were obtained during the 6 month survey period. Five patients in the region were under ATT. The tribal population depended heavily on the Government health facilities but some hamlets had more access to private hospitals, traditional healers due to location. The disease prevalence among tribal population seldom differed from that of the general population with NCDs contributing to a major share. An inter-sectoral approach in development of tribal population has brought many changes to the tribal population. The geographical terrain remains the biggest challenge and some hamlets are located quite distant from the health facilities. Since the cultural taboos continue to prevail, they remain vulnerable to livelihood and economic security. Risk factors like alcohol use, tobacco use prevail and the younger cohort are at risk of ill-health.

This project provided a supportive role to the State intervention in zero TB drive by 2020. The Nikshay Portal data validation and analysis helped to point out gaps in data capturing and uploading and completeness of information was restored. Developing and imparting knowledge in the language familiar to the tribal population through volunteers among the tribals made IEC more effective in the intervention phase.