

PROCEEDINGS OF 4<sup>TH</sup> TECHNICAL COMMITTEE MEETING  
OF KARNATAKA EVALUATION AUTHORITY

Venue: Room No 542, 5<sup>th</sup> Floor, MS Building

Date: 20<sup>th</sup> September 2013

Time: 11 AM

The 4<sup>th</sup> Technical Committee Meeting of Karnataka Evaluation Authority was convened to discuss two draft evaluation reports pertaining to Health and Family Welfare Department. Both the studies were undertaken by IIHMR-B. The list of technical members, representatives of Health and Family Welfare Department and IIHMR-B is given in the Annexure.

The Chief Evaluation Officer, Karnataka Evaluation Authority who presided over the meeting welcomed the members and briefly recalled that the Inception Reports of these studies were approved by the Committee in February, 2012. He then requested IIHMR-B to make the presentation of the draft report. To start with, Dr. Veena presented the reports on Arogya Bhandu Scheme (ABS) in great detail. Members expressed the views and comments on several technical issues keeping in mind the ToR and the suggestions given while approving the Inception Report. Some of the key issues are:

1. The consultant was asked to compare the ABS and non ABS PHCs on critical health indicators like IMR, MMR, TFR, infectious diseases etc. But same was not done as the required secondary data was not maintained appropriately in the facility level by the Department.
2. The quality of man power employed in the ABS PHCs required greater degree of probing. Actual staff employed, their qualifications, remuneration actually paid, attrition rates etc., could have been assessed against the contract conditions. These issues have implications for the quality or service delivered. However, the consultant pointed out that the required data was not available at the centers.
3. For good clarity and readability, at the end of SWOT analysis, the study should bring out the comparison between ABS and Govt run PHCs in the form of a table indicating parameters where both are performing equally well, where ABS is doing better and areas where Govt run PHCs are better. It should summarize all the findings.
4. Recommendations are very general in nature which is not very useful. The study should first point out whether ABS has been performing according to the expectations or not; if they are not, the Consultant should suggest whether the model should be continued or

not; and if it is to be continued, what reforms or changes are needed. The recommendations chapter is to be rewritten on these lines.

With respect to the second evaluation report of IIHMR-B on EMRI (108 Ambulances), the Technical Committee noted with satisfaction that the study proceeded according to the approved ToR and Inception except in respect of comparison with Ambulances run by private hospitals. Unwillingness of the private agencies was quoted as the reason which the Committee accepted. Following observations were made on the report:

1. To start with the committee noted that the sample selection for this study did not follow an independent process. Samples are the same as the previous study which the committee pointed out felt is incorrect. However, it is too late to do any correction.
2. Inter-district comparison of medical emergencies was made in terms of the absolute numbers. The Committee suggested that the data should be normalized by converting it as the rate per one lakh population so that the comparison becomes more meaningful. Secondly the Committee suggested that the findings should be generalized and should not be limited to only the surveyed districts.
3. Certain enhancements to the text in terms of eliminating or minimizing repetitions, giving a little bit of background to the PPP partnership in EMRI, substituting qualitative description with data wherever possible, enhancing the readability of the text by increasing the font size etc., were suggested.

With these observations, the Technical Committee approved the draft reports and suggested that the agency may incorporate the changes and submit the final reports to the Director, NRHM who commissioned the studies.

The meeting ended with a vote of thanks by the Chairman to all the members present.

Dated: 27/9/2013

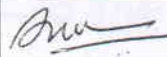
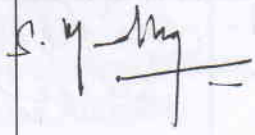
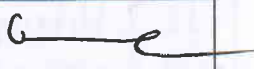

  
Chief Evaluation Officer  
Karnataka Evaluation Authority

Copy to the Principal Secretary, Health and Family Welfare Dept for information  
Copy to Commissioner, Health and Family Welfare Dept.  
Copy to Director NRHM  
Copy to all the Members present.

Meeting on " Fourth Technical Committee Meeting of KEA to approve the Two Draft reports of Health and Family Welfare Departments – reg." Chairmanship of Chief Evaluation Officer, Karnataka Evaluation Authority held on 21.09.2013 at 11.00 A.M. at the Meeting Room No.542, 5th Floor, 2<sup>nd</sup> Stage, M.S.Building, Bangalore.

**Members Present**

Sri/Smt

SL. No.	Name & designation	Department	Signature/Mobile number
1	K.N. Murthy APPCF & Chief Evaluation Officer, Karnataka Evaluation Authority	Government of Karnataka	Chaired the meeting
2	SIDDHARTH SWAMINATHAN	I SEC	 9663691743
3	S. Madhwaraj	Advisor - PD	
4	AHMED AYUB R DDG	NSSO	
5	S. Leena Deputy Advisor & Faculty	Fiscal Policy Institute	 9880427892

6	Dr. Manoj Kr. Gupta	<u>Manoj Kr Gupta</u>
7	Dr. Divya Debi	<u>Dr</u>
8	Dr. Veena R.	<u>Dr</u>
9	P. Sunil Kumar A.S.O. D. W X RW	<u>P. S</u> 21/9/13
10	K.P. Bhat, Marketing Officer IHMRR, B'lore	<u>K.P. Bhat</u> 21/9
11	Dr. Nethia Nani Director of HFW	<u>Nethia Nani</u>
12	VINUTHA RANI.B. Demographer Directorate of HFW	<u>V.R</u> 21/9
13	Dr. R. Bhanu Murthy Deputy Director Health & plan.	<u>R.B.M</u> 21/9/13