

Format 3: Efficiency and Expandability

**Performance Improvement
Community Level Health and Nutrition Functionaries**

BACKGROUND INFORMATION

Project Name: **Reproductive and Child Health, Nutrition and HIV/AIDS program (RACHNA)**

EFFICIENCY OF THE INTERVENTION (COMMUNITY LEVEL HEALTH & NUTRITION FUNCTIONARY)

Efficiency Criteria	Numbers	Efficiency Factors	Comments
Human Resource Efficiency	<p>RACHNA program recruited about 250,000 change agents in about 65,000 villages. Additional human resources were in form of District Training Teams and Block Training teams</p> <p>It used the current cadre of ICDS and HFW Dept.</p>	<p>1. Are the people required for improving performance a scarce resource or are they easily available? <i>No</i></p> <p>2. Does it require involvement/ recruitment of people who are not already existing with the programme or is the resource internally present? <i>Yes, Change Agents and Training Teams</i></p> <p>3. Is there consistency between human resource competence and the job they are handling? <i>Yes, but after training</i></p>	
Materials Efficiency	<p>Take Home Food is an innovative concept introduced through RACHNA</p>	<p>1. Has the intervention increased the numbers of materials with CLHNF? <i>No. but streamlined</i></p> <p>2. Has the change in materials with CLHNF reduced the materials load at level above? <i>No</i></p> <p>3. Is the CLHNF overstocking or understocking? what is the evidence of stock-out with CLHNF?</p> <p>There are districts and blocks where supplies were irregular and deficient, but they were because of circumstances beyond RACHNA</p>	
Time Efficiency	<p>There is no information on this in the available documents</p>	<p>Not Applicable</p>	

Technology Efficiency	There is a software developed for commodity management	<p>1. Does the intervention use easily available gadgets and technology? <i>there is no information on this in the available documents</i></p> <p>2. Are the gadgets and technology user-friendly to CLHNFs? <i>there is no information on this in the available documents</i></p> <p>3. Are the gadgets portable? yes</p> <p>4. Is the technology universally compatible with other gadgets? <i>there is no information on this in the available documents</i></p> <p>5. Are the gadgets energy efficient? Less use of non-renewable fuels and scarcely available energy sources there is no information on this in the available documents</p>	
Financial Efficiency	Capacity building and supervision accounted 38 per cent of total cost of RACHNA. Capacity building of AWWSS and ANMs accounted for 20 per cent. Total Budget: USD 116 Million.	<p>1. Have DALYs and QALYs been calculated?: Yes</p> <p>2. If yes, does it show an improved cost per DALY/ QALY?: Cost per death averted is Rs.47209 & cost per DALY gained is: Rs.1656</p> <p>Cost per AWC per year: Rs. 4785.00</p>	

Sources of Information

1. Human Resource Efficiency: RACHNA Program 2001-06: Summary of Approaches and Results, 2007/ Andersen M A et al, RACHNA Final Evaluation, May 2006, CARE India.
2. Materials Efficiency: RACHNA Program 2001-06: Summary of Approaches and Results, 2007/ Andersen M A et al, RACHNA Final Evaluation, May 2006, CARE India.
3. Time Efficiency: RACHNA Program 2001-06: Summary of Approaches and Results, 2007/ Andersen M A et al, RACHNA Final Evaluation, May 2006, CARE India.
4. Technology Efficiency: RACHNA Program 2001-06: Summary of Approaches and Results, 2007/ Andersen M A et al, RACHNA Final Evaluation, May 2006, CARE India.
5. Financial Efficiency: A Cost Analysis of CARE/India's RACHNA Program, 2006/ Kitchen, C. June 2005. Available at :<http://hsprodindia.nic.in/prin.asp?SF=15&KI=2&OT=3>

EXPANDABILITY (COMMUNITY LEVEL HEALTH & NUTRITION FUNCTIONARY)

EXPANDABILITY FACTORS	EXPERT GROUP'S COMMENTS	SOURCE
Relevance to the existing problem	<p>Is this aspect of performance an issue of concern at national and state levels?</p> <p>Relevance of the performance improvement component in current programs?</p>	

Transferability	<ol style="list-style-type: none"> 1. Consistency (profile, job responsibilities) between the CLHNF under study and those with health systems and WCD Department? 2. Is the solution consistent to existing infrastructure and human resources? 3. Does the solution have multiple and complex components? How is it to transfer? 4. Did the implementation of the model face resistance (from the community, from the health workers', from the workers' union or the health systems)? 5. What are the groups that are most likely to resist the integration of this technique? Who are most likely to support it? 	
Robustness	<ol style="list-style-type: none"> 1. Has this performance improvement technique been tried over a wide range of population? Was it successful? 2. Has this technique been tried in EAG States? What was the success of it? 3. How dependent is this technique on political support from highest offices? Is it sustainable despite political change and change of office bearers? 4. Are the funds available to initiate it on a larger scale? Are there financial, technological, material and human resources available to sustain it at scale? 	
Comment of the Expert Group:		
Date of Review	Expert Group Member's Names:	

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