Internship at
India Health Action Trust, Lucknow, Uttar Pradesh

By

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1. About the organization

India Health Action Trust (IHAT) is a secular trust under the provisions of the Indian Trust Act, 1882. University of Manitoba (UM), established IHAT in 2003, as part of a five-year (2001 to 2006) bilateral development project between Canada and India.

IHAT originally focused on providing comprehensive technical assistance and training in programme planning and management to the states of Karnataka and Rajasthan. Over the years, the trust has supported the State AIDS Control Societies (SACS) in Maharashtra, Bihar, Rajasthan, Andhra Pradesh, Tamil Nadu and Goa. In 2009, IHAT was registered with the Ministry of Home Affairs (MHA) under the Foreign Contribution Regulation Act, 1976.

The GoUP approached the Bill & Melinda Gates Foundation (the Foundation) to provide techno-managerial assistance through the establishment of a comprehensive Technical Support Unit (TSU) focused on supporting the GoUP to reach its goals in RMNCH+A.

In November 2013, IHAT established a TSU to support the government of UP to increase the efficiency, effectiveness and equity of its execution vis-à-vis the three platforms identified in the Foundation's ICO (India Country Office) strategy for integrated delivery: the government, the private sector, and communities. (1)

2. Vision of the organization

To impact public health policy and programme in the country through the application of programme science.

3. Mission of the organization

Our mission is to enhance the wellbeing of communities through evidence-based, gender-transformative, innovative, sustainable and scalable programme.

4. Organization work

IHAT works to improve public health in India and abroad by using its expertise in technical support, program implementation, research and advocacy to enhance public health policy and programme. Some Successful projects of IHAT:

a) Preventing Parent to Child Transmission Of HIV/AIDS

Prevention of parent/mother to child transmission (PPCTC or PMTCT) refers to interventions to prevent the transmission of HIV from mother to child during pregnancy, Labour, delivery or breastfeeding. Successful clinical trials of single dose Neverapine and combination anti-retroviral prophylaxis have led to global interest in PPTCT as an HIV prevention activity. The new Multi Drug Resistant ART given to HIV positive women during pregnancy reduces transmission by at least 75 per cent. Ensuring that they receive treatment is critical not only to prevent MTCT but also to protect their own health and survival. IHAT partners with IL&FS implemented the project in eight districts in Rajasthan, India, from 2010 to 2015 with the aim to prevent HIV transmission from parent to child and to mitigate the impact of HIV by expanding access to services for HIV testing and counselling.

IHAT's PPTCT Programme eight district projects in Rajasthan have got above 84 per cent scores for their performance. Rajasthan is rated one out of the nine best performing IL & FS supported states implementing the PPTCT programme (2011-12). During the reporting period, these projects have been able to reach directly to 25916 pregnant women and babies as well as indirectly to 106509 family members through its outreach and service linkages strategies.

b) Link Workers Project

The Link Worker Scheme, initiated in district Tonk in Rajasthan, was part of the national response to reducing the risk and vulnerabilities to HIV of rural populations in the country. The project aimed to saturate coverage of high-risk groups through link worker outreach in areas not reached by the targeted intervention; identify and link bridge and vulnerable populations in remote areas with services; and support people living with HIV/AIDS in these areas. IHAT implemented the project from 2009 to 2012 funded by UNICEF.

The project covered 100 villages reaching high-risk groups, long-distance truckers and their associates who stop frequently in the project areas, and vulnerable young women, youth and adults.

The project conducted outreach to most at risk and especially vulnerable adolescents, promoted condom use, established Village Information and Education Centres (VIECs), formed Red Ribbon Clubs, trained link workers, organized street theatres and other

programme with messages on HIV/AIDS preventions and services, and counselled, treated and tested individuals with sexually transmitted infections.

Panchayati Raj Institutions (PRIs), medical and health functionaries, school management and students, youth clubs, self-help groups and the civil society organization's in the district now own the programme. They have shown the commitment to carry on with the activities as part of their departmental activities.

In three years, the project had directly or indirectly reached 3.75 lakh people (35 per cent of the rural population of the district), spreading awareness, and bridging gaps in HIV treatment, care services and community access.

c) Saving Children's Lives through Community Empowerment

The project aimed to reduce mortality and under nutrition rates among children aged 0 to 5 years through improving access and utilization of maternal, new born and child health and nutrition services; empower communities through better awareness of available services; enhance the skills and capacities of Accredited Social Health Activists (ASHAs) at the village level; and build the capacities of community based organizations, local non-government organizations and government systems.

5. Organizations strengths

a) Evidence based
b) Community centered
c) Life cycle approach
d) Context specific
e) Scale-up driven
f) Sustainability focused
g) Technical support

6. Work approaches

We adopt a Program Science approach which is the systematic application of theoretical and empirical scientific knowledge to improve the design, implementation and evaluation of public health programs. It includes research driven methodologies for intervention design and assessment ensuring the right mix of interventions for the right populations; translating knowledge for global dissemination and creating forums for interaction between scientists, programs & policy leaders, and implementers. In adopting a program science approach, IHAT work is based on four key pillars of integration, equity, embedded support, alignment & ownership that guide its focus, scale and functioning pattern.

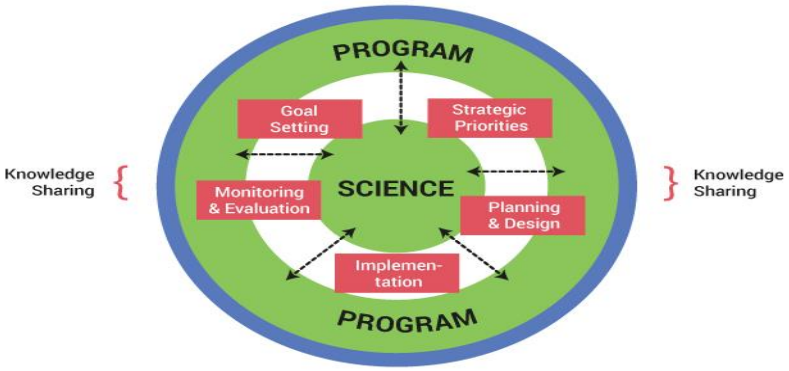

Figure 1

a) Integration

IHAT adopts a lifecycle focus recognizing the importance of continuum of care across the life leads to better health outcomes. Access to quality family planning services can empower adolescents and women to facilitate wanted pregnancy; appropriate antenatal care is needed throughout pregnancy for monitoring the health of mothers and their babies; skilled birth attendance and access to care during the postnatal period helps to ensure that survival of mothers and their newborns; and availability of basic health care services is critical for reducing preventable deaths amongst children under five. IHAT focus on improving all aspects of planning, implementation and monitoring of services.

b) Equity

Improving health indicators is a public health priority and recognizing that there are significant intra-state variations in the quality of health status and health services at the village and district levels. IHAT focuses its resources in High Priority Districts (HPDs) where health outcomes

are especially poor for women and children. These areas were strategically selected to ensure that the activities conducted can achieve population-level impacts in health status amongst those with the greatest need.

c) Embedded support

Health services are designed, planned, and implemented at the state, district and block levels. To support the Government, partners need to work alongside specialists at each of these levels of the health system. IHAT is therefore physically and operationally embedded at state, district and block levels of the government health system. At each level, IHAT staff support government staff in designing and planning program implementation, and in strengthening skills and practices amongst clinical and frontline workers (FLWs).

d) Aliment and ownership

By aligning its goals, objectives and work plans with government, IHAT promotes the adoption of new evidence-informed planning, implementation, and monitoring strategies that will help to achieve meaningful results.

7. Network and partners

IHAT has partnerships at the local, state, national and international levels. IHAT collaborates closely with the Centre for Global Public health of the University of Manitoba, Canada and the National AIDS Control Organization (NACO), AIDS Control Societies and Ministries of Health in various states in India. At the grassroots, IHAT partners with registered NGOs, CBOs and community service organizations. IHAT receives funding from the Bill and Mellinda Gates Foundation, Save, Infrastructure Leasing and Financial Services Education and Technology Services Ltd. The Positive Action for Children Fund of ViiV Health Care, Dimagi, and from Central and State governments.

8. UPTSU-Technical support

IHAT believes that strengthening the existing health system is the best way to achieve sustained health outcomes at scale. It has devel these gapsoped a “theory of change” to guide its support to government in improving these health outcomes and providing techno-managerial support lies at the core of this approach.

IHAT transfers skills and knowledge to partners through embedded techno-managerial support, including hands-on orientation to gap analysis and prioritization; developing standards, systems and processes; monitoring and evaluation; and problem solving.

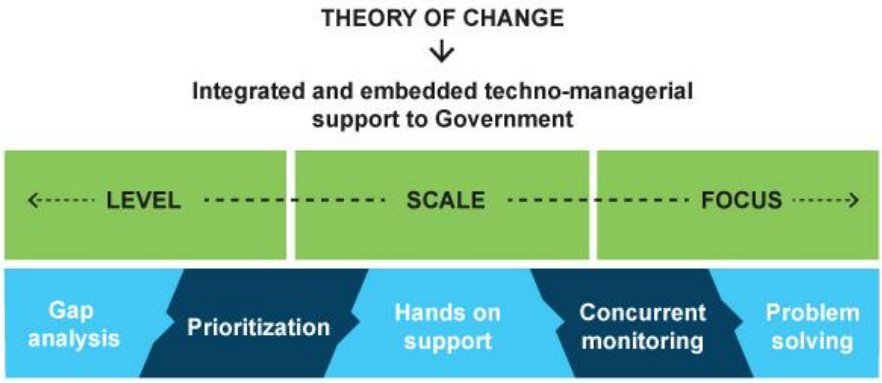

Figure 2

IHAT assesses partners' systems by reviewing their programme processes, outputs and outcomes, and shares objective feedback and constructive critique.

IHAT's specialists explain and demonstrate user- friendly solutions for technical challenges and impart innovative strategies and principles of programme design, implementation, and evaluation. Technical support is, thus, an advisory role and does not include direct involvement in programme implementation or execution.

Technical Managerial Support focuses on Identifying and prioritizing gaps in existing systems and practices, followed by providing hands-on support to health facility staff and frontline workers to resolve these gaps.

8.1. The Uttar Pradesh Technical Support Unit (UP TSU)

India has among the highest maternal mortality ratios and infant mortality rates in the world, at 178 maternal deaths per 100,000 live births and 42 infant deaths per 1,000 live births (Sample Registration System, 2013). Among all Indian states, Uttar Pradesh, with one sixth of India's population (200 million) has the highest maternal mortality ratio (292 per 100,000 births), and the highest infant mortality (53 per 1,000 live births). One of the main underlying causes of high morbidity and mortality among women and children is the health risk associated with early childbearing, short birth intervals and high parity, often higher than desired. Given this, the Government of India (GoI) has launched a renewed

campaign to improve RMNCH+A performance across India, and the GoUP has followed up the national launch with its own show of commitment through the state RMNCH+A effort, and the launch of the 'Hausla' campaign to save mothers and children across the state. A major emphasis of the Government of Uttar Pradesh (GoUP) has been investment in health and development focused on reproductive, maternal, newborn and child health, along with adolescent health (RMNCH+A) through the National Health Mission. To support this, the GoUP recognized that enhancement of the state's execution capacity through better planning and implementation could improve the efficiency, effectiveness and equity of RMNCH+A services, and thereby improve health and development outcomes.

To strengthen the reproductive, maternal, newborn, child health and adolescence (RMNCH+A) outcomes in the state, the Bill & Melinda Gates Foundation (BMGF) has been funding technical support to the Government of UP (GoUP) to improve the efficiency, effectiveness and equity on public sector delivery interventions critical for the survival of the newborn and the mother, under a Memorandum of Cooperation signed between BMGF and GoUP in December 2012. This is accomplished through the Technical Support Unit (TSU) which was established initially for 3 years, in November 2013, with University of Manitoba as the lead grantee, and support through other efforts and organizations. The TSU has been supporting GoUP to achieve the following targets: reduce MMR from 292 to 200, IMR from 53 to 32, NMR from 37 to 24, and total fertility rate from 3.3 to 3.0 by 2017. To achieve the goal, several key objectives were established for the TSU, including: supporting leadership to focus more on outcomes; improving the performance of front-line workers (FLW); improving facility performance, coverage and quality of care; enhancing accountability systems [internal and external] to ensure quality of service delivery at scale; and improving overall planning, policy formulation and coordination. (2)

8.2. TSU Theory of Action

The UP TSU uses a "program science" approach to RMNCH+A, which is founded on the application of evidence and scientific knowledge to inform program design, implementation, monitoring and evaluation. We believe that the most effective, sustainable way to tackle RMNCH+A challenges involves strengthening and scaling-up existing

systems and working with the people who operate on the frontlines of decision-making, implementation and service provision. The UP TSU's work has been based on four key components which guide the structure and focus of our areas of support. These components include integration, equity, embedded support, and alignment and ownership. While the components of integration and equity are directly informed by evidence, the elements of embedded support and alignment and ownership have been adopted to facilitate the translation and application of evidence and knowledge to strengthen existing government interventions. The UP TSU adopts an **integrated lifecycle focus** to RMNCH+A, distinguishing it from 'vertical' health programs that deliver disease-specific interventions (Figure 1). In recognizing that moments throughout the lifecycle offer opportunities for linking mothers and children with critical high impact interventions, the UP TSU is concerned with improving all aspects of planning, implementation and monitoring of RMNCH+A services. **Equity** is a cross-cutting principle that guides all areas of the UP TSU's work. The UP TSU focuses the majority of its resources in the areas of the state where health and development indicators for women and children are especially poor. These areas of Uttar Pradesh were strategically selected to ensure that the UP TSU's activities can achieve population level impacts in health status amongst those with the greatest need. The UP TSU is physically and operationally co-located and **embedded** across the state, district and block levels of the Uttar Pradesh health system. At each level, UP TSU staff support government staff in designing and planning program implementation, and in strengthening skills and practices amongst clinical and frontline workers. The UP TSU has been building capacity for the health system to implement according to its own mandate, with strong government **ownership** over the process at all levels. By **aligning** its goals, objectives and work plans with government, the UP TSU has been promoting the adoption of new evidence-informed implementation, planning and training strategies that will help the GoUP to achieve meaningful RMNCH+A results.

The UP TSU has been working to ensure utilization, quality and availability of critical RMNCH+A services across the lifecycle.

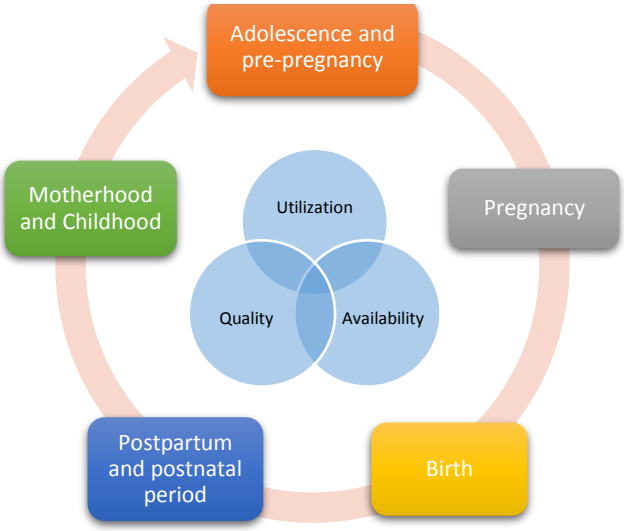

Figure 3

Given Uttar Pradesh's large population, activities need to be appropriately scaled according to need and geography to ensure the achievement of state-level improvements in health outcomes. Accordingly, the UP TSU provides both direct and diffused techno-managerial support at the various levels of the health system. Our direct mechanisms of support have been in 100 prioritized blocks across Uttar Pradesh. Containing a collective population of 31 million, these blocks have been selected in collaboration with the GoUP to ensure the achievement of health outcomes at scale. All 100 blocks are situated within the state's 25 high priority districts (HPDs). These districts have been identified by the GoUP based on health and development indicators and have a total population of 69 million. By focusing on 100 blocks within the districts with the greatest need, improvements in overall state results can be achieved. Affecting change at the block level requires enhancing techno-managerial capacity at the higher levels of health system. As such, the UP TSU also achieves impact by providing policy, planning, human resources, data and systems support to the GoUP at the state-level. In doing so, we aim to strengthen the mechanisms that shape health care delivery across Uttar Pradesh

8.3. TSU Platforms and Technical Interventions

At the **community level**, community resource persons (CRPs) have been working with frontline workers to strengthen existing community processes to improve the quantity and

quality of health care home visits to mothers and their children. The CRPs support the FLWs in the use of job aids that strengthen the existing service delivery platforms such as the Village Health and Nutrition Day (VHND) and home visits as well as the planning and review platforms such as the AAA forum (joint community planning meeting of three front-line workers: ASHA, Anganwadi Worker and Auxiliary Nurse Midwife, ANM) and Cluster meetings. The job aids include the Village Health Index Register (VHIR) and behavior change communication materials such as the Mobile Kunji. The VHIR helps ASHA (Accredited Social Health Activist) in managing outreach services to ensure entry of all beneficiaries in RMNCH+A continuum of care and ensure all receive key services. Through the VHIR, ASHA line-lists the 1000+ persons in the area covered by her, establishes the denominators for each category of services (family planning, antenatal and delivery care, postnatal care, immunization, adolescent health services etc.) and updates the services received by beneficiaries. The CRP summarises the core indicators from the VHIR and identifies the gaps along with ASHAs and ANMs at the Cluster and AAA meetings and supports ASHA's priorities. The Block Community Supervisor (BCS) consolidates and analyses the indicators in the monthly review meetings. The CRPs have also been a critical source for gaining knowledge about the constraints and opportunities for mobilizing community-level platforms to improve outcomes.

To enhance RMNCH+A primary care services at the **facility level**, nurse mentors (NM) provide on-site training support to staff nurses and ANMs. To support the delivery points for enhancing the quality of delivery and immediate postpartum care, the TSU has developed case sheets integrating the WHO safe birthing checklists and the GoI's Bed Head Ticket into a UP specific case sheet that provides guidance in the identification, management and referral of maternal and newborn complications. These case sheets have been approved by the GoUP and have been implemented in the 150 Blocks where the nurse mentors (NMs) are supporting the staff nurses and ANMs posted in labor rooms. A total of 150 NMs (100 from the TSU funds and 50 from the GoUP funds) are trained and posted to:

(1) facilitate a team-based self-assessment to explore gaps and solutions related to facility systems

(2) Provide clinical mentoring in safe delivery and postpartum care and IUCD insertions (including PPIUCD) to staff nurses by hands-on coaching

(3) Provide mentoring in how to improve the quality of services by building teamwork and introducing problem solving initiatives to address other aspects of service delivery (including especially referral processes).

More specifically, the NMs focus on improving 5 provider clinical competencies:

(1) Initial rapid critical assessment to identify complications.
(2) Labor monitoring through partograph
(3) Active management of third stage of labor
(4) Essential newborn care
(5) Frequent assessment of the mother and the newborn in the 4th stage of labor.

The NMs also support the providers in delivery points in improving the 5 facility systems:

1. Infection control including hand washing, sterilized equipment, and dis-infected labor room
2. Supply chain particularly with regard to the essential equipment, drugs and supplies in the labor room
3. Referral system that includes early detection of complications, pre-referral management and post-referral follow up
4. Service integration with the community particularly the antenatal care, birth planning and post-natal care home visits by ASHAs
5. Improved documentation including the use of case sheets and improving the GoUP's HMIS (health management information system) and MCTS (mother and child tracking system).

At the systems level, the TSU supports the GoUP to improve public health planning by developing innovative approaches to data management and utilization, supply chain management, strategic planning and strengthening existing monitoring systems. More specifically, the UP TSU has been supporting GoUP in three broad systems:

1. Improving the quality and use of data (HMIS, MCTS and other data) for program planning and review
2. Improving the preparation of annual project implementation plans

3. Strengthening the other systems such as human resources, procurement and supply etc.

The critical interventions surrounding birth that the UP TSU has been focusing are summarized in Table:

Technical interventions surrounding birth			
Pregnancy	Birth	Post-natal	Child
Screening and referral for high-risk pregnancy	• Early detection, management, referral and follow-up for complications • Partograph use for monitoring labor • Active Management of Third Stage of Labor • Essential newborn care: warmth, breastfeeding, Vitamin K, vaccine birth doses • Newborn resuscitation, referral, follow-up • Kangaroo Mother Care, referral and follow up of premature and low birth weight babies • Corticosteroids for preterm labor • Chlorhexidine for chord care	• Community based integrated maternal newborn care assessment • Community-based assessment, identification and referral for newborn illnesses • Exclusive and complementary breastfeeding • Management of Sepsis and Low Birth Weight babies	Improved vaccination coverage

Table 1

8.4. Programme implementation

IHAT adopts the Program Science approach, systematic application of scientific knowledge to improve the design, implementation and evaluation of public health programs.

The objectives are

- Support leadership to focus more on outcomes
- Improve the performance of front-line workers (FLW)
- Improve facility performance, coverage and quality of care
- Enhance accountability systems [internal and external] to ensure quality of service delivery at scale
- Improve overall planning, policy formulation and coordination

Figure 4

RMNCH+A project aims to support GoUP in improving the quality and quantity of frontline worker interactions at the community level and within households to drive the priority RMNCH+A behaviors. It also focuses on improving quality of RMNCH+A services at health facilities including supporting critical health systems level improvements.

The project leverages across three platforms of community, facility and systems to provide the necessary support to the functionaries for bringing in a holistic change in acceptance of health-promoting behaviors for RMNCH+A. At each level, techno-managerial support is provided to not only understand the bottlenecks but also undertake hand holding of the necessary intervention.

8.5. Impact of the project

The RMCNH+A project is supporting in strengthening integrated-service delivery platform called Village Health & Nutrition Day (VHND), where women and their children could access key nutrition and RMNCH+A services from frontline workers.

The CRP provides support on logistics, community mobilization, and quality of services being offered at the VHNDs. TSU's support has been instrumental in shaping the quality of VHND sessions with a large majority of them now having improved infrastructural provisions and service availability, thereby emerging as the single most important and easily accessible platform for receiving integrated health and nutrition services for pregnant women and children.