Internship at Indian Health Action Trust, Uttar Pradesh

By

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INTERNSHIP REPORT

Introduction:

Uttar Pradesh is the most populous state having area of 4540.Sq.km with 199.8 million people and population growth 20.2%. Sex ratio 912 and having male population is 104.4 million and Female population is 95331831. Total no. of tehsil in UP is 316 and 821 Gram panchayat. Literacy rate of UP is 67.7%

Maternal mortality rate of UP is 258 and crude birth rate is 24.8.

High Priority District population is**69 million**, 100 Block population is **31 million**andExpected annual number of deliveries in 100 Blocksis approx**. 1 million.**

1. UP-TSU focus areas for RMNCH+A

Specific support systems rolled out in 100 blocks (4 blocks per district) for demonstration (2 with high and other 2 with lower proportion of institutional deliveries) and support the Go UP to diffuse/replicate/adapt beyond the 100 Blocks

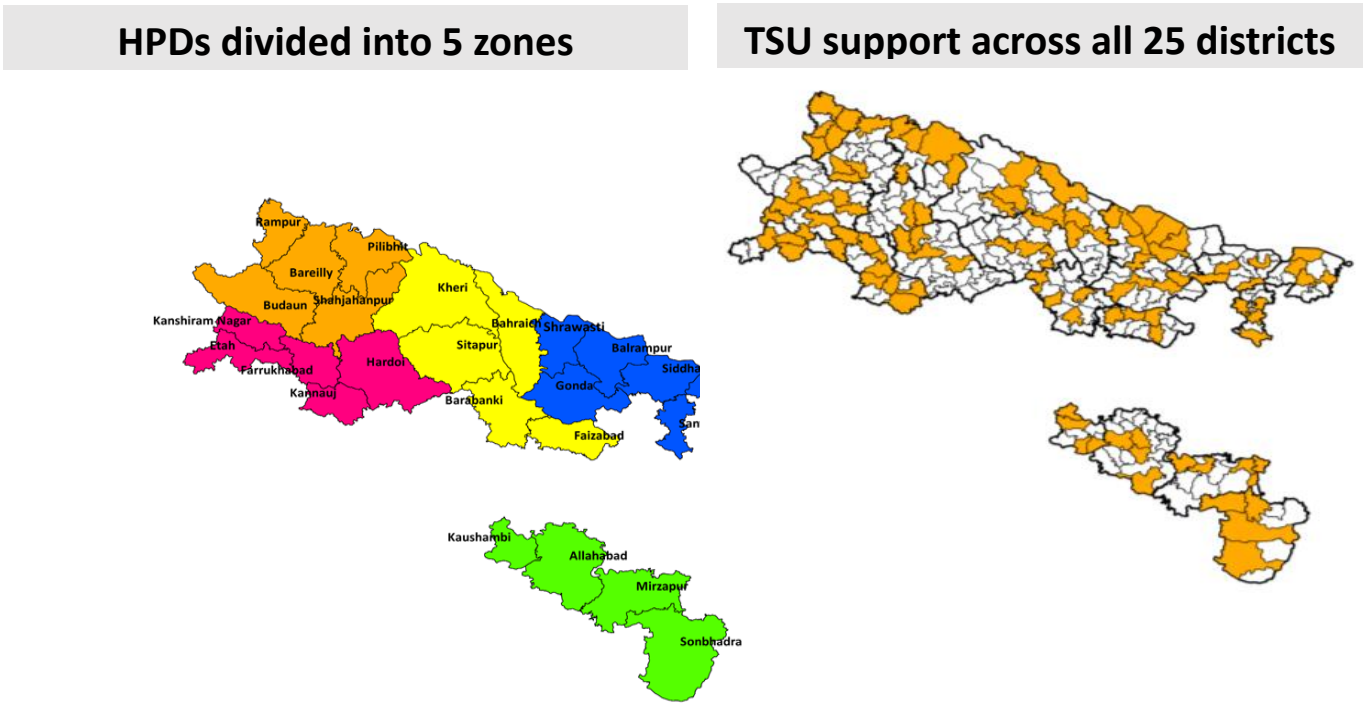

Figure 1 25 HPD District

- “Bill & Melinda Gates Foundation” provide techno-managerial assistance through the establishment of “Technical Support Unit” (TSU) focussed on supporting the Government of Uttar Pradesh to reach its goals mentioned in RMNCH+A.
- They agreed that the approach of the TSU would be supportive to the government in building the capacity of the health system to execute programs.

Goal:

TSU provide techno managerial support to Government of Uttar Pradesh to improve the efficiency, effectiveness and equity of delivery of key RMNCH+A intervention.

Objectives:

RMNCH+A (Sep 13-Oct 16): Support Go UP in improving

1. the quality and quantity of FLW interactions
2. the quality of RMNCH+A services at facilities
3. strategies and systems required to improve “capabilities” and “service delivery” at primary care facilities
4. TSU provide capacity to fund, contract, regulate, mandate private providers
5. To strong the scale and quality of community accountability mechanisms

Family planning (Nov 14 - Mar 17): Support Go UP in enhancing

1. availability and accessibility of FP services in public health facilities
2. quality of contraceptive services in public health facilities
3. Utilization of FP services

Nutrition project: (2016-2019)

1. Improve **ICDS capacity** for MIYCN services
2. Improve Health Systems **capacity** for MIYCN services
3. Strengthening of system

Pneumonia and Diarrhoea Pilot project (2014-2020)

1. Improved treatment and referral of childhood pneumonia and diarrhoea by **public and private FLWs** and **Block level facility** staff to reduce case fatality rate

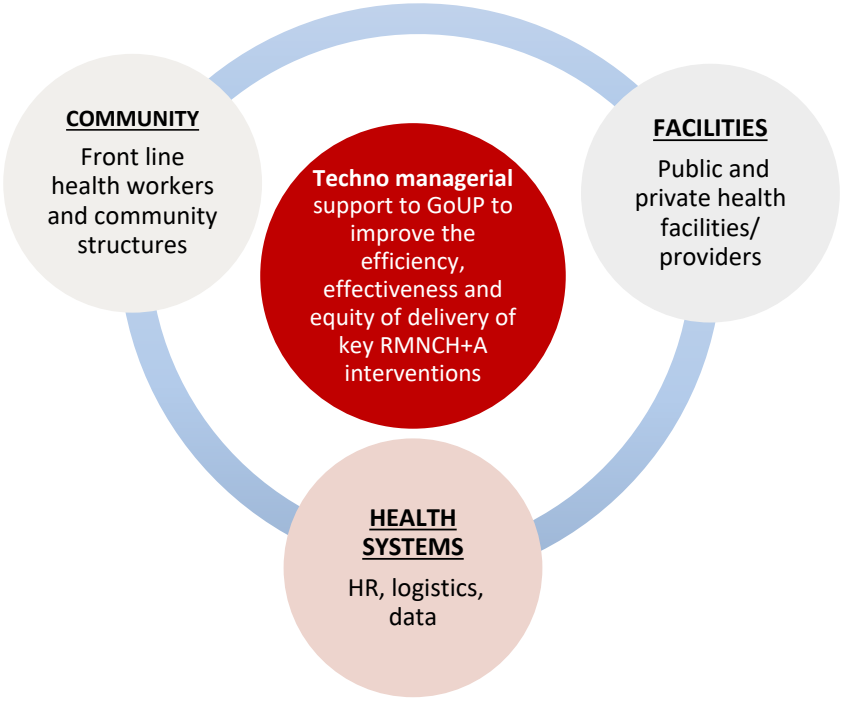

Figure 2:The TSU leverages three platforms to support the government at scale

Techno-managerial support to government aimed at "improving the use of data culture within government for decision making"

- In **Planning** TSU do Gap analysis based on needs, supplies and according to prioritization.
- During **Implementation** TSU team monitor the program and demonstrate the program and other activities and they also give handholding support to Staff nurse, MOI/C, BPM and other nodal officers.
- In **concurrent monitoring**, team track the implemented programs and measures the outcomes of the indicators and identifying the gaps and vis analysis of data and use of data we improve planning technique and service delivery based on the data.

2. ORGANOGRAM OF TSU

District Teams

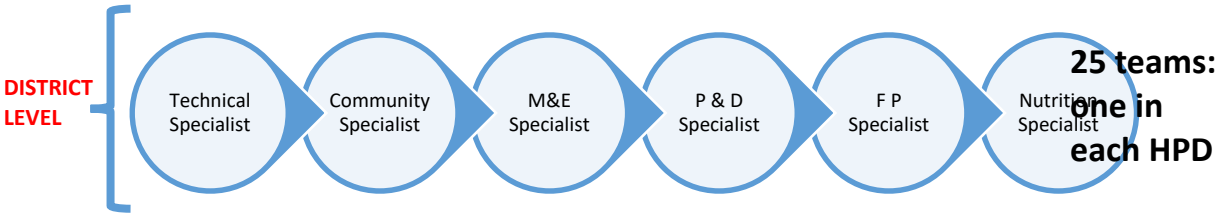

Figure 3: District teams

One of the team members identified as District Monitor for coordinating RMNCH+A activities

Block Teams

100 teams - one in each focus block

BLOCK LEVEL

Nurse Mentor
(one per block)

ASM
(One ASM per 4-5 AS)

3. MNCH – New Project Strategy:

Goal:

To provide techno-managerial support to government's health programs in UP.

Objective:

IMR decline to 40 per 1,000 live births (Current IMR UP=48)

Maternal mortality rate of 170 in the 25 high priority districts (HPDs) by 2020 (Current MMR UP=285)

Expected outcome:

To reduce maternal & neonatal mortality in **100 blocks** through enhanced learning, strategy development, testing and application.

To improve and sustain coverage rates of critical MNCH interventions in 194 additional blocks by scaling up the TSU interventions.

Community Process:

- KMC & VHND strengthening Pilot in 4 Blocks.
- District Level System Strengthening support in 194 Blocks
- ASHA Sangini Mentoring in 86 Blocks through ASM

<u>Strengthening different Community platforms by ASM Mentoring:</u>

- AAA (ANM, ASHA, Anganwadi) meeting
- Cluster meeting
- VHND
- Home Visits

<u>Nurse Mentoring:</u>

Nurse mentor is new cadre of nurses(MSc/ BSc) trained on clinical skills & quality improvement process in primary healthcare setup.

NM initiate monitoring, Rigorous onsite monitoring, reporting format.

M&E Activities:

1. HMIS/UPHMIS/MCTS:

   Strengthening HMIS/UPHMIS/MCTS, training/handholding district and block staff, supporting validation committee meeting ensuring quality data reporting, and analysing the data and sharing to CMO/MOIC for review.

2. Supporting program team:

   Ensuring support to program team (community and technical) by analysing program data

3. Supporting review meetings:

By analysing different data source like HMIS/MCTS/UPHMIS, survey data (CBTS) , GOI SS data and program data ensuring support to regular review meetings like MMRM & RMNCH+A meetings