Internship at India Health Action Trust, U.P.T.S.U, Lucknow

By

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Uttar Pradesh Technical Support Unit

Background-

The Government of Uttar Pradesh (GoUP) and Bill & Melinda Gates Foundation (BMGF) have signed a Memorandum of Cooperation on December 13th 2012, the objectives of which are:

- to reduce maternal, neonatal and child morbidity and mortality, total fertility and improve key nutrition and health outcomes by scaling up existing and new innovative solutions through public and private sectors through techno-managerial support to the public health system to improve the reach, coverage and quality of essential primary health, immunization and nutrition services for children under five years and women of reproductive age especially pregnant women, newborns and children under five years – as per targets in the State Program Implementation Plan in the areas mentioned above;
- to improve agricultural productivity by improving indigenous state capacity to conduct research into critical areas and supportive innovations in extension;
- to enhance financial inclusion (e.g., by improving government to person payments through digitization); and
- to document and disseminate results and lessons to influence related health and nutrition programs within India and other developing countries.

In pursuance of the MOC, BMGF has contracted the University of Manitoba (UoM)/India Health Action Trust (IHAT) to set up a Technical Support Unit (TSU) that will report to the Principal Secretary Health, Government of Uttar Pradesh in Lucknow. The TSU will have the support structures in select divisions, districts, and blocks to advice and support government structures (state/district/divisional level machinery, PHCs, sub-centers, and ICDS centers, etc.), frontline workers (FLW) and other service delivery points. The TSU's **goal** is to support the government to increase the efficiency, effectiveness and equity of the delivery of key RMNCH+A services to improve RMNCH+A outcomes in UP.

Objectives and Goals

The specific objectives and the support to be provided by the UP Technical Support Unit under each objective are outlined below:

TSU Objective	Support to be provided to the GoUP
Objective 1: Improve the quality and quantity of FLW interactions to drive household and community RMNCH+A behaviour change	1. Support to develop and implement a clear plan to complete FLW trainings 2. Support to develop and implement simple-to-use tools and job aids to improve quality and quantity of interactions 3. Support to develop and implement a FLW mentoring and supportive supervision system 4. Support in the design and implementation of appropriate communication and messaging to communities.
Objective 2: Improve the quality of primary care services at health facilities	1. Support to develop and implement a clear plan to complete SN/MO trainings 2. Support to develop and implement on-site clinical mentoring 3. Support to improve systems of referral and service integration between community and different levels of care
Objective 3(a): Improve health system management capabilities	1. Ensure robust project planning and funds flow (e.g., PIP process) 2. Establish appropriate roles and responsibilities for supportive supervision at the block, district and state levels 3. Leverage ICT to improve data, dis-intermediation, demand and to drive performance efficiencies, especially among FLWs and facilities 4. Create robust systems for data collection, analysis and planning to improve program management

	5. Create robust concurrent monitoring systems to validate data collection by the system and feedback information for immediate and mid-course correction 6. Assist the government to execute existing incentive schemes at scale by improving data management, planning and streamlining payment systems
Objective 3(b): Improve critical infrastructure at the health system level	1. Improve supply chain and cold chain management to minimize stock out of essential drugs 2. Ensure alignment with donor/partner efforts in the state and coordinate with other 'units' to catalyse the overall response, especially around creating critical infrastructure (PHCs, CHCs etc.) and HR (staff nurses, supervisors, etc.)
Objective 4: Improve the GoUP's capacity to fund, contract, regulate / mandate private providers	1. Assist the government with devising and executing schemes and contracts to outsource selection provision to the private sector. 2. Assist with improving accreditation and payment system. 3. Explore potential options for a primary care pilot involving government and private providers under a capitation-based model. 4. Work with the World Bank, UNICEF and other partners to ensure harmonization of efforts with other PPP efforts in the state.
Objective 5: Improve the scale and quality of community accountability mechanisms.	1. Capabilities of NRLM at the state level 2. Efforts to mobilize existing community structures (e.g., PRIs, RKS, VHSCs, mothers groups) 3. Establish public grievance systems

UP TSU - Organizational Partners

University of Manitoba	• Lead Grantee Provide oversight as well as technical/ programmatic backstopping.
ihat India Health Action Trust	• Lead implementer of the TSU and the technical and managerial support provided to the GoUP in all health related thematic areas • Daughter entity of the University of Manitoba
EngenderHealth	• Provides support in the area of family planning
JSI	• Provides support in areas of strategic planning and RMNCH+A alignment

India Health Action Trust

India Health Action Trust (IHAT) was established in 2003 to improve public health in India and abroad by extending proven techniques, insights and principles pivotal to the success of the University of Manitoba's and Karnataka Health Promotion Trust's projects. IHAT specializes in providing comprehensive technical assistance and training in programme planning and management. With emphasis on incorporating science in programme design and monitoring, it aims to maximize both efficacy and efficiency of interventions. With the University of Manitoba's (UoM) Centre for Global Public Health, IHAT has assisted the national governments of Bhutan and Sri Lanka to initiate and scale up HIV prevention. IHAT manages the designated

Technical Support Unit (TSU) for the Karnataka State AIDS Prevention Society. It has provided technical assistance to government agencies in Maharashtra, Bihar, Rajasthan, Andhra Pradesh, Tamil Nadu, and Goa. IHAT has also received support from UNICEF and Save the Children India, for projects in Rajasthan to protect infants from HIV, to provide life skill education for adolescents, and to provide community outreach services to rural children.

PRESENT ROLE AS A DISTRICT MONITORING AND EVALUATION SPECIALIST

- **Community Behavior Tracking Survey**

1) Ensure CBTS data is used in different review meetings
2) Share the block level findings with MOICs, BCS/BCPM and CRPs for prioritization and planning.

- **Rolling Facility Survey (RFS)**

1) Conduct facility level feedback meetings with DTS.
2) Ensure RFS data is used in different review meetings.
3) Share the district/block level findings with MOICs, BCS/BCPM and CRPs for prioritization and planning.

- **Program Monitoring (Community& Facility)**

1) Share the district/block level findings with District officials, MOICs, BCS/BCPM, TSU District team, CRPs and NMs for prioritization and planning in review meetings (internal and government)

- **BLOCK MONITORING VISIT**

1) Conduct block monitoring visits and share the results in different review meetings
2) Analyze BMV data.

- **STRENGTHEN HMIS AND MCTS/RCH IN THE STATE**

1) Download and clean data from HMIS/ MCTS portal.
2) Prepare district level HMIS bulletin for 3 districts.
3) Handhold BPM and computer operators on HMIS/MCTS.
4) Coordinate with DPM in rolling out HMIS/MCTS plan.
5) Participate in ANM meetings and training for facilitation.
6) Back check HMIS supportive supervision work (10% of SS done by BCS and NMs)

7) Follow-up and update CMOs/ACMOs/DPMs/ on timeliness of HMIS/MCTS data entry.
8) Conduct need based analysis on request from CMOs and DPMs.
9) Participate in the review meeting on HMIS and all the other meetings.
10) Facilitate in formation of district and block level HMIS validation committee.

- **ICT ROAD MAP**

1) Rollout the training for ICTpilot
2) Build capacity of the FLWs
3) Monitor the progress and shre data with the state.

- **DASHBOARD**

1) Conduct training and monitor the implementation of dashboards.

ORGANIZATION LEARNINGS

WEEK	LOCATION	LEARNING
1st	STATE OFFICE, LUCKNOW	• Organizational structure OF Indian health action trust • About RMNCH+A program run by health department of Uttar Pradesh, and technical support provided by the UP-TSU.
2nd	Zonal office, Bareilly, UP	• Service delivery at PHC CHC and SC. • Technical Support provided at block level. • Various reports and records. • Orientation on various software used

3rd	District office, Rampur, UP	• Orientation with district health department. • Preparation of micro plan • Understand PIP and its various component. • Supportive supervision visit.
4rth	. District office, Rampur, UP	• Did field visit to four TSU blocks Orientation with government block health officials. • Supportive supervision visit.
5th	. District office, Rampur, UP	• Supportive supervision visit. • HMIS follow up for data filled status of 6 blocks of Pilibhit • Share it with CMO
6th	. District office, Pilibhit, UP	• Do the validation checks. • Visit the TSU blocks for handholding support for HMIS/MCTS. • Do back checks of the supportive supervision HMIS format
7th	. District office, Pilibhit, UP	• Given training to the ANM of 10 Blocks on HMIS Format
WEEK	**LOCATION**	**LEARNING**

8th	. District office, Pilibhit, UP	• Coordinate with DPM in rolling out HMIS/MCTS plan • Share the district/block level findings with District officials, MOICs, BCS/BCPM, TSU District team and NMs for prioritization and planning in review meetings(internal and government)
9th	. District office, Pilibhit, UP	• Did Supportive supervision for HMIS
10th	. District office, Pilibhit, UP	• Prepare district level HMIS bulletin for 3 districts
11th	. District office, Pilibhit, UP	• Identified issues related to data filling • Shared it with CMO, DPM
12th	. District office, Pilibhit, UP	• Data analysis
13th	. District office, Pilibhit, UP	• Report drafting