Internship
at
India Health Action Trust,
Uttar Pradesh

By

Narendra Patel

MBA Hospital and Health Management
2014-2016

The IIHMR University, Jaipur
2016

Internship Training

At

Indian Health Action Trust, Lucknow

A Study on Implementation and Gap Analysis of AAA Model (ANM, Aganwadi Worker, ASHA) of District Farrukhabad UP.

By

Narendra

Under the guidance of

Priyanshu Sharma

MBA Hospital and Health Management

Year 2014-16

The IIHMR University, Jaipur

Chapter 1:

Abbreviations

TSU	Technical Support Unit
ANC	Ante Natal Check
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	AnganWadi Worker
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha, SowaRigpa and Homeopathy
BPO	Block Program officer
CHC	Community Health Center
CLMIS	Contraceptive Logistic Management Information System
AAA	Anganwadi ASHA ANM
DHH	District Health Hospital
GIS	Global Information System
GODMAN	Govt. Doctor's Information Management
HBPNC	Home Based Post Natal Care
HRMIS	Human Resource Management Information System
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IMR	Infant Mortality Rate
ITEMS	Integrated Training & Evaluation Management System
JSSK	Janani ShishuSurakhshaKaryakram
LBW	Low Birth Weight
MAS	MahilaArogyaSamitis
MDG	Millennium Development Goals
MoHFW	Ministry of Health and Family Welfare
NGO	Non-Governmental Organization
NHM	National Health Mission
NHSRC	*National Health Systems Resource Centre*
NRC	Nutrition Rehabilitation Centre
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
OSMIS	Odisha State Malaria Information System
OVLMS	*Odisha Vaccine Logistic Management* System

PHC	Primary Health Center
PRI	Panchayati Raj Institutions
RKS	RogiKalyanSamiti
RMNCH+A	Reproductive Maternal Newborn Child Health+ Adolescent
SAM	Severe Acute Malnutrition
SC	Sub Center
SDH	Sub Divisional Hospital
SHSRC	State Health Sytems Resource Center
SIHFW	State Institute of Health and Family Welfare
TFR	Total Fertility Rate
IFA	Iron & Folic Acid
TT	Tetanus Toxoid
UHC	Universal Health Coverage
ULB	Urban Local Bodies
UPHC	Urban Primary Health Centre
HPD	High Priority District
VHND	Village Health & Nutrition Day
IHAT	Indian Health Action Trust
VHSNC	Village Health Sanitation& Nutrition Committee
WHO	World Health Organization

1.1 Objectives of Internship

a) To understand the work pattern of IHAT(UP TSU)
b) To learn various managerial and administrative skills which can effectively implement all the health related programmes, overall benefit of the community.
c) To identify existing gaps in, service delivery equality, data collection, analysis and implementation of health programs in the district and to propose probable solutions to them.

1.2 The key responsibilities undertaken were :

a) Delivery of quality and effective trainings and meetings to be conducted under the project.
b) Provide technical support to district ICDS and health officials in holding field visits, supportive supervision of VHNDs and other tasks pertaining to strengthening of VHNDs.
c) Work in close with training teams at different levels in order to identify the support and resources they need for strengthening training mechanisms.
d) Regularity and quality of monthly meetings and other project related activities.
e) Develop close working relationships with all project participants and stakeholder at various levels to establish a shared vision of the project objectives and envisaged outputs.
f) Facilitate compiling of the data on trainings, review meetings and VHND assessments and quality monitoring.

1.3 Organization Profile

About India Health Action Trust (IHAT)

- IHAT was established in 2003 to improve public health in India and abroad
- Supported by UoM's Centre for Global Public Health to extend Karnataka Health Promotion Trust's success
- ICHAP and UoM's have successfully designed and implemented several large, complex HIV/AIDS projects in Rajasthan and Karnataka
- Extensive experience in building the capacity of NGOs and other civil society organizations
- Developed advocacy programs from the grassroots to the senior political level through media advocacy workshops, large-scale police sensitization programs, and the establishment of crisis response programs

1.4 About Uttar Pradesh Technical Support Unit (UP TSU)

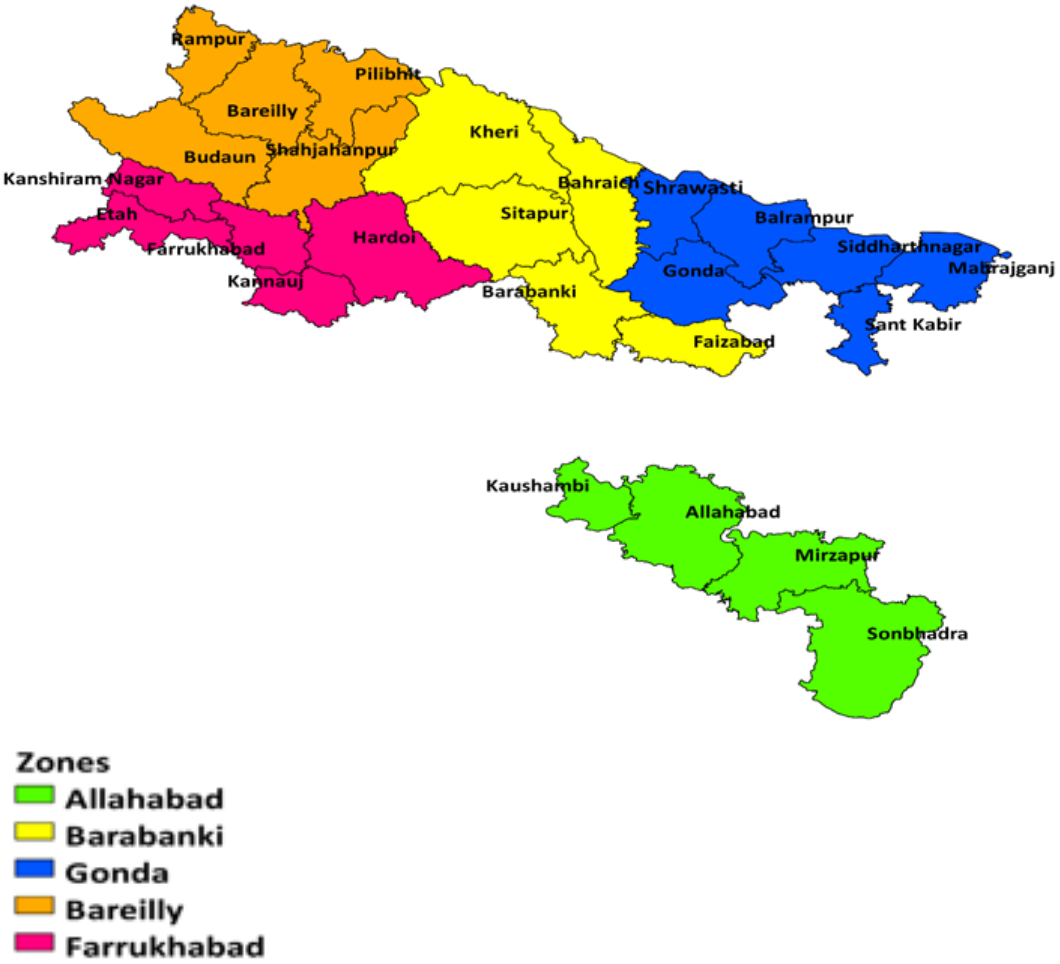
Established by the University of Manitoba and the **India Health Action Trust (IHAT)** with support of the Bill and Melinda Gates Foundation, UP TSU was created to support GoUP in enhancing its capacity to plan and implement RMNCH+A programs with increased efficiency, effectiveness and equity, in line with the Memorandum of Cooperation signed between the Foundation and GoUP in December 2012.

1.5 What is UP TSU?

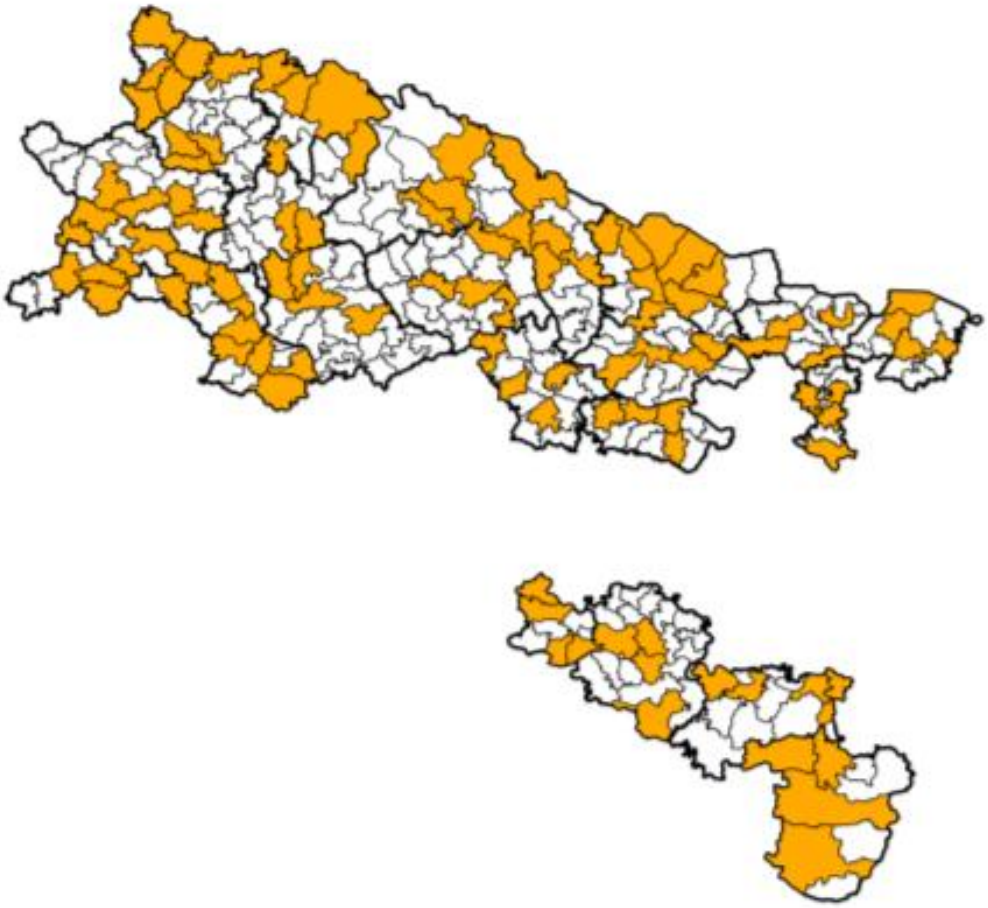
We are a consortium of global health organizations who work together to support GoUPand NHM in improving the lives of women, children and their communities by improving state's planning and execution capacity to enhance the efficiency, effectiveness and equity in health and development.

1.6 UP TSU focus areas for RMNCH+A interventionsHigh Priority Districts (HPDs) divided into 5 zones

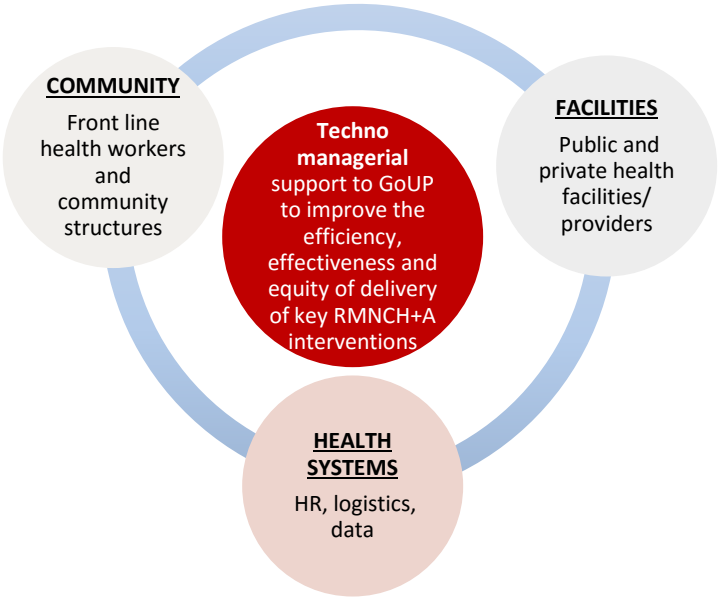
Map1:



1.7 UP TSU support across all 25 districts of Uttar PradeshMap2:



1.8 UP TSU Framework



1.9IHAT provides technical support through various mechanisms

- At the National level, IHAT has been involved in Data Triangulation Project under the leadership of NACO. In this project, IHAT was primarily responsible for HIV data triangulation in the states of Karnataka and Maharashtra and provided technical support to Indian Institute of Public Health (IIPH), Hyderabad, and Andhra Pradesh. The project was undertaken to enhance evidence-based programming and policy in dealing with the HIV epidemic. The project was initially implemented in selected states as a pilot. Learning's from these pilots have guided NACO to scale up the process in other states and encouraged an environment of evidence based planning.
- Additionally in Karnataka, IHAT has continued to extend technical assistance to Karnataka State AIDS Prevention Society through the Technical Support Unit (TSU) to support the scale up of quality Targeted Interventions(TIs) in the State and help it achieve the goals and objectives of NACP III.

IHAT in collaboration with UoM and SIHFW initiated the State Training Resource Centre which was successful in ensuring standardized and high quality training of TIs as per NACP III operational guidelines. Besides this, IHAT, along with Centre for Global Health, University of Manitoba provided technical support to South Asian Association for Regional Cooperation (SAARC) countries like Bhutan and Sri Lanka to help them initiate and scale up the HIV prevention programmes.

1.10Policy analysis, advocacy and communication

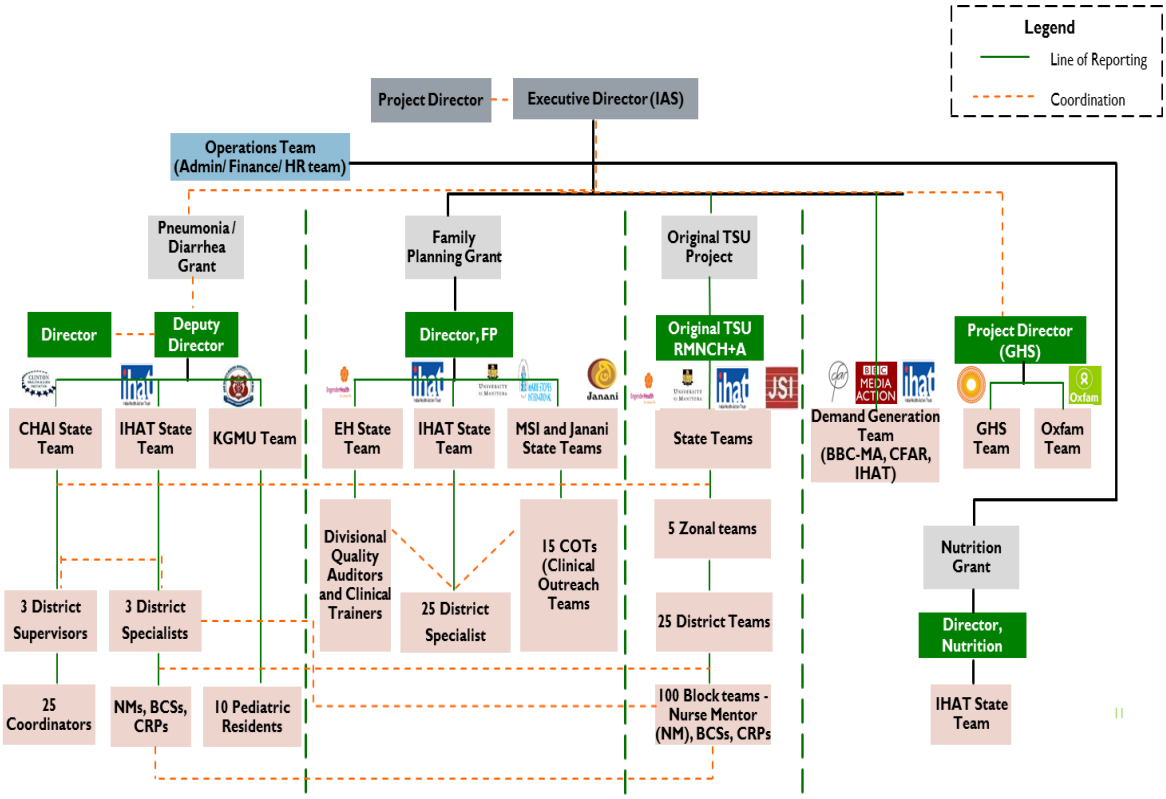
IHAT worked closely with RSACS and KSAPS to develop advocacy programmes that are effective at different levels, ranging from the grassroots, to the senior political level. We have a well-defined advocacy strategy for marginalized groups that includes three main elements:

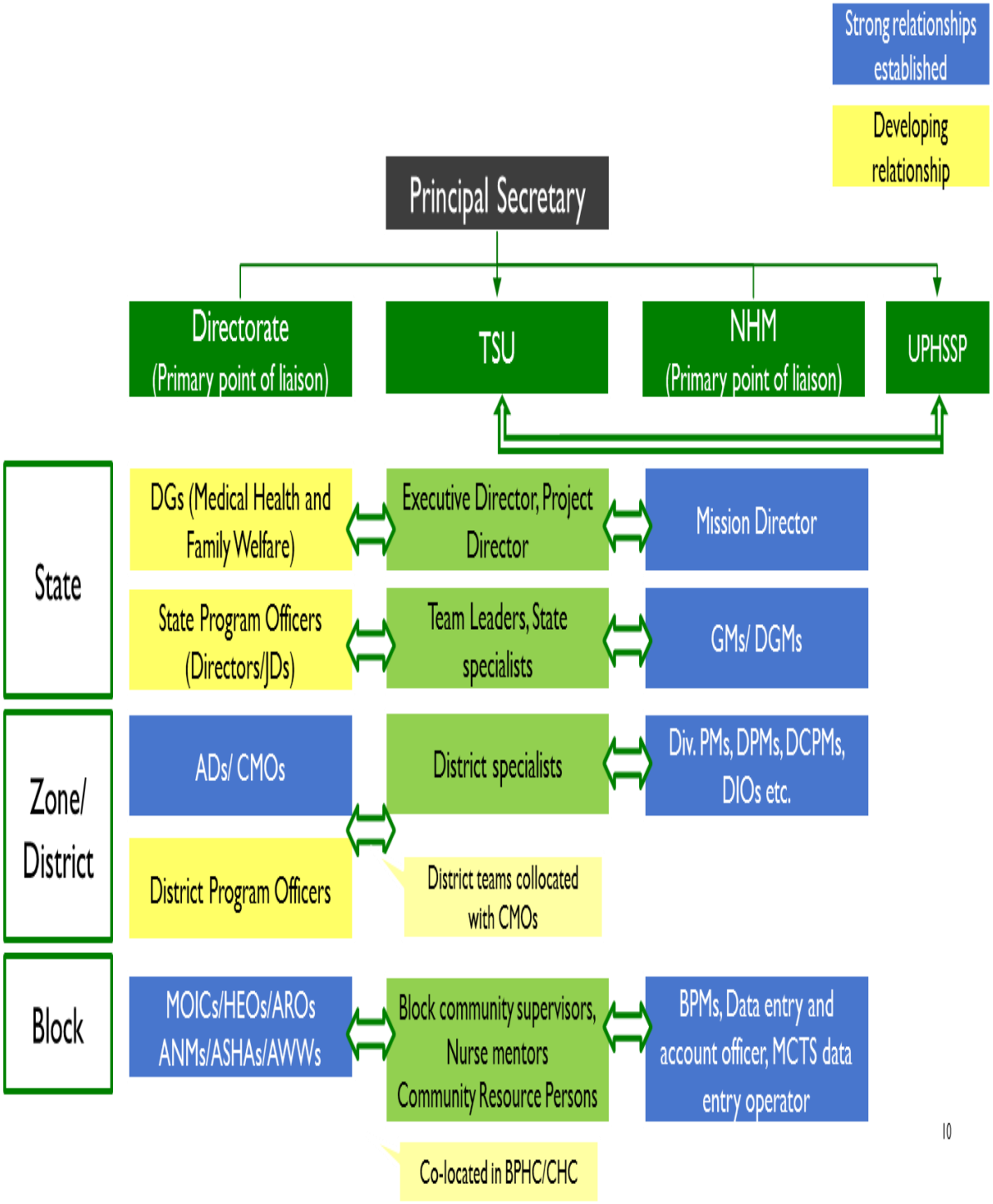
- Reducing stigma and discrimination;
- Reducing violence and responding effectively to violence;
- Improving access to social entitlements.

To achieve these objectives, we have developed strategies such as media advocacy workshops, large-scale police sensitization programmes and the establishment of crisis response programmes in each district.

For communication, we have employed unique strategies, such as a systematic awareness and education programmes with RSACS at all major fairs and festivals and the use of folk media to mobilize rural populations. We emphasised dialogue-based interpersonal communication techniques with sex workers and MSM.

1.11 UP TSU Organogram




Strong relationships established
Developing relationship
Principal Secretary
Directorate (Primary point of liaison)
TSU
NHM (Primary point of liaison)
UPHSSP
State
DGs (Medical Health and Family Welfare)
Executive Director, Project Director
Mission Director
State Program Officers (Directors/JDs)
Team Leaders, State specialists
GMs/ DGMs
Zone/ District
ADs/ CMOs
District specialists
Div. PMs, DPMs, DCPMs, DIOs etc.
District Program Officers
District teams collocated with CMOs
Block
MOICs/HEOs/AROs ANMs/ASHAs/AWWs
Block community supervisors, Nurse mentors Community Resource Persons
BPMs, Data entry and account officer, MCTS data entry operator
Co-located in BPHC/CHC

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1.12 TSU's engagement with Government

- Supporting the government in drafting evidence-based Program Implementation Plans (PIP) for relevant RMNCH+A areas based on local district and block needs.
- Supporting the government in strengthening its information systems such as the MCTS, HMIS and HRIS.
- Supporting the government strengthen and reinvigorate implementation of existing schemes. For instance, the TSU may assist the government to execute existing incentive schemes at scale by improving data management, planning and streamlining payment systems.
- Supporting the government launch and scale proven innovations in the area of RMNCH+A health delivery. For instance, clinical mentors who travel to public facilities to provide on-the-job training to MOs and nurses are being introduced.
- Supporting the government in strategically engaging private and non-government organizations to improve development outcomes. For instance, in association with the World Bank's HSSP project, the TSU will support the government in designing guidelines for PPP projects. Other example activities could be supporting the government in the launch of social marketing schemes for ORS/Zinc, contracting of management agencies for FRU, etc.
- Supporting the government in creating effective ICT-based solutions to empower the health machinery at all levels, from the FLW to state planners. For instance, support for rolling out mobile-phone based job-aids for ASHAs will be provided. Another area of support in this category could be through the introduction of an integrated call-center that acts as a resource for FLWs and a mechanism for grievance redressal.
- Supporting the government by providing regular survey data to be used for planning and concurrent monitoring purposes
- Selectively supporting the government in improving the in-facility availability of essential RMNCH+A commodities such as Magnesium Sulphate, dispersible amoxicillin ,uterotonics, etc.
- Supporting the government with demand generation activities that improve the access of public services
- Supporting the government with strengthening existing grassroots mechanisms such as Village Health and Sanitation Committees (VHSCs) and RKS (RogiKalyanSamiti)
- Support the government in implementing transformational pilots in areas such as UHC.