Internship
at
India Health Action Trust,
UP-TSU

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UTTAR PRADESH TECHNICAL SUPPORT UNIT

INDIA HEALTH ACTION TRUST, UTTAR RADESH

BACKGROUND

A Technical Support Unit (TSU) is established for the Government of Uttar Pradesh (Go UP),with the **goal** of providing techno-managerial support to the Go UP to improve the efficiency, effectiveness and equity of delivery of key RMNCHA interventions. This will be accomplished by supporting the state in the implementation of the nationally launched NRHM RMNCH+A strategy, and in the scale-up of agriculture and financial inclusion services.

The TSU's activities will be focused on the twenty-five most underserved districts in the state, where the aim is to improve RMNCHN service delivery and outcomes within 100 priority blocks. These districts have been selected and agreed upon jointly by GOI, Go UP and the foundation.

The India Health Action Trust (IHAT) will have overall responsibility for executing the TSU project in Uttar Pradesh. The University of Manitoba (UM) will provide key technical and managerial support to all RMNCH+A areas, and financial inclusion/agriculture. John Snow International Research & Training Institute Inc. (JSI) will provide technical inputs in the areas of strategic planning and donor/stakeholder coordination, supply/cold chain management, new born care, and immunization. The JSI will also facilitate linkages and alignment of project activities to the Government of India (GoI) policies by providing support at national level.

ORIGIN AND HISTORY

Uttar Pradesh is India's most populous state, with approximately 200 million people, and with weak health infrastructure and poor health outcomes. There is a tremendous opportunity to improve the state execution capacity to enhance the efficiency, effectiveness and equity in health and development. This is the basis upon which the Bill & Melinda Gates Foundation (the foundation) has collaborated to provide techno-managerial assistance to the Government of Uttar Pradesh (Go UP) and this proposed to set up a Technical Support Unit (TSU) to execute against the Memorandum of Cooperation (MoC) signed by the foundation and Go UP in December 2012. The Government of India (GoI) has launched a renewed campaign to improve RMNCH+A performance across India, and the Go UP has followed up the national launch with its own show of commitment through the state RMNCH+A effort.

VISION

To reduce the adverse health and development outcomes to families, mothers, new-borns and children by achieving high reach, coverage and quality of effective interventions and services

for health (reproductive, maternal, neonatal and child health and nutrition in communities and at health facilities), agriculture and financial inclusion

MISSION

The mission of the TSU is to support the government, not to implement on its own. Building the capacity of the health system to execute according to its own mandate, with strong political, bureaucratic and administrative ownership

OBJECTIVES:

The key **objectives** of the project are to:

- Support the Go UP to improve the quality and quantity of FLW interactions at the community level and within households to drive the eight priority RMNCHN behaviors
- Support GoUP in improving its RMNCHN related primary care services at facilities.
- Support GoUP to improve strategies and systems required to deliver improved FLW capabilities and service delivery at primary care facilities
- Support the GoUP in improving its capacity to fund, contract, and regulate/ mandate private providers
- Support the GoUP in improving the scale and quality of community accountability mechanisms

CORE VALUES:

The four core values to address the major barriers like poor accountability, poor focus on outcomes, lack of skillful planning and poor policies are as follows:

1. Efforts to improve leadership and outcome-focus by ensuring bureaucratic ownership of innovations, strong political will under the foundation-GoUP MOU.
2. Strengthening of internal and external accountability mechanisms through developing strong coaching, mentoring and supervisory systems within NRHM and the Directorate of Health/Family Welfare in the GoUP and by creating concurrent monitoring systems using data, dashboards and feedback loops to effect mid-course corrections.
3. Improving the skills and capabilities for FLW and primary care performance by ensuring trainings are conducted with high quality by GoUP and the skills and practices are enhanced through appropriate supportive supervision mechanisms and use of Information Communication Technology (ICT) based solutions to improve FLW and facility performance.
4. Improving policy, planning and coordination by improving private sector stewardship, funding and contracting processes (such as providers for family planning services, developing new incentive schemes and contracting more management capacity out to the private sector for issues like accreditation), supply chain and G2P (Government to person) payment improvements, select human resource and infrastructure improvements at the field level, better annual planning and fund flow mechanisms.

STRATEGIES

Six structural components which define the *modus operandi* of the TSU have been identified as follows:

1. Strengthen FLW skills/capabilities: Strengthen FLW skills/capabilities through supportive supervision and job-aids to improve quality and quantity of interactions in households, at VHNDs and facilities, to increase service access and improve the eight key behaviors around MNCH, nutrition, and FP.
2. Build skills/capabilities of providers at facilities: Improve availability of services and quality of care at first level facilities (e.g., block PHCs) and referral facilities by offering improved training and on-site skills building (e.g., nurse mentors and skills labs) combined with improved case sheets, checklists and workflow management tools.
3. Improve health system management capabilities to support efficient and effective execution to support the above two areas.
    - Ensure robust project planning and funds flow (e.g., PIP processes)
    - Establish appropriate roles and responsibilities for supportive supervision at the block, district and state levels
    - Leverage ICT to improve data, dis-intermediation, demand and to drive performance efficiencies, especially among FLWs and facilities
    - Create robust systems for data collection, analysis, and planning to improve management of the program (e.g., MCTS, HMIS)
    - Create robust concurrent monitoring systems to validate data collection by the system and feedback information for immediate and mid-course correction
    - Assist the government to execute existing incentive schemes at scale by improving data management, planning and streamlining payment systems
4. Support critical infrastructure improvements at the health system level in collaboration with other DPs: support select cross-cutting areas of the health system that act as critical bottlenecks to the first two areas listed above

- Improve supply chain and cold chain management to minimize stock out of essential drugs
- In our role as the state lead partner, ensure alignment with donor/partner efforts in the state; coordinate with other 'units' to catalyze the overall response especially around creating critical infrastructure (e.g. PHCs, FRUs) and HR (staff nurses, supervisors, etc.)

5. Improve the government's ability to be better stewards of the private sector, through better management and contracting approaches:

- Assist the government with devising and executing schemes and contracts to outsource select provision to the private sector (e.g., ORS/Zinc scheme to improve distribution, institutional deliveries, clinical services for FP, 'outsourced' management of FRU staff through 'mother NGOs')
- Assist with improving accreditation and payment systems to enable private providers to be paid by the government to increase coverage – e.g., contracting of agencies (such as Public Private Interface Agencies) to oversee accreditation processes and to streamline their function.

- Explore potential options for a primary care pilot involving government and private providers under a capitation-based model
- Work with the World Bank, UNICEF and other partners to ensure harmonization of efforts with other public private partnership (PPP) efforts in the state

6. Enable accountability measures to provide feedback on quality of services, improve external accountability and hence drive program change.

- The NRHM construct includes an external accountability framework that includes social audits and involvement of democratic grass root institutions (Panchayati Raj Institutions) and grievance redressal mechanisms. While progress has been slow, senior politicians and bureaucrats are committed to this vision.
- We would support government to strengthen the functioning of existing government-mandated accountability structures such as Village Health and Sanitation Committees (VHSCs), RKS (RogiKalyanSamiti) and grievance redressal mechanisms, where beneficiaries can directly register/log their complaints. Our grants would provide state level technical assistance for the state government to contract NGOs to build VHSC capabilities as has been done in other states.