Internship
at
UP-TSU Indian Health Action Trust (IHAT) Organization

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MBA Hospital & Health Management
2013-2015

Institute of Health Management Research,
Jaipur
2015

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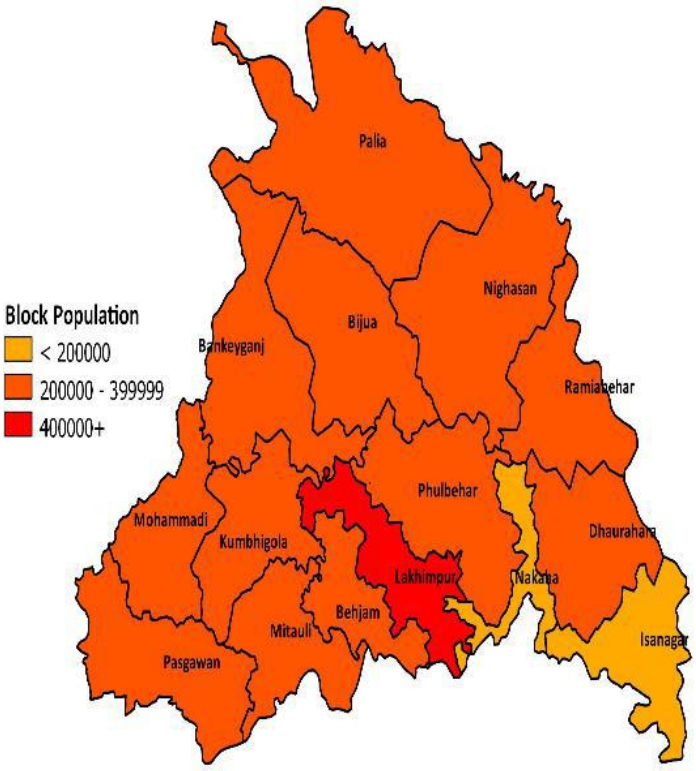
1.INTRODUCTION

Internship is an integral part of Masters Program in Hospital and Health Management (MBA), For my internship I was posted in Lakhimpur Kheri district,

1.1 About Lakhimpur district

Lakhimpur Kheri is the largest district in Uttar Pradesh, India, on the border with Nepal. Its administrative capital is the city of Lakhimpur. It has 15 blocks and gram panhayat

Lakhimpur Kheri district is a part of Lucknow division, with a total area of 7,680 square kilometres (2,970 sq mi). The national government designated Lakhimpur Kheri as a Minority Concentrated District on the basis of 2001 census data, which identifies it as requiring urgent aid to improve living standards and amenities



1.2 Geographic Location

The district is within the Terai lowlands at the base of the Himalayas, with several rivers and lush green vegetation. Situated between 27.6° and 28.6° north latitude and 80.34° and 81.30° east longitudes, and about 7,680 square kilometres (2,970 sq mi) in area, it is roughly triangular in shape, the flattened apex pointing north.. Lakhimpur Kheri is bounded on the north by the river Mohan, separating it from Nepal; on the east by the Kauriala river, separating it from Bahraich; on the south by Sitapur and Hardoi; and on t

he west by Pilibhit and Shahjahanpur

1.3 Demographic Profile

Indicator	Kheri	UttarPradesh
Population[1]	4 million	199.8 million
Population Growth Rate%(2001-2011)[1]	25.4	20.2
Sexratio[1]	894	912
%Urban[1]	11.5	22.3
%Literate–Total[1]	60.6	67.7
%Literate–Male[1]	69.6	77.3
%Literate–Female[1]	50.4	57.2
%SC/ST[1]	26.4	20.7
#of villages[1]	1812	107452
Indicator	**Kheri**	**UttarPradesh**
#of towns[1]	7	689
#of tehsils[1]	4	305
#of blocks[1]	15	820
Crude birth rate[2]	26.7	25
Maternal mortality ratio [2]	346	300
Infant mortality rate[2]	78	70
Neonatal mortality rate[2]	54	50
Under-5mortality rate[2]	96	92
1.Census of India,2011 2.AHS,2011-12 %- Percentage, # -number		

1.4 Health Care Set up

Infrastructure	
Beds in District Hospital	170
# of SC	386
# of 24X7 PHC	3
# of CHC	14
# of SNCU	1
Human Resource	
ASHA	2978
ANM	108
Medical Officers	46
Specialist	16
Indicators	
Women who have received 3 ANC (AHS 2011-12)	2.6
Newborn with birth weight less than 2.5kg (AHS 2011-12)	40
Couple using spacing method more than 6 months(DLHS 3)	13.8

2. ABOUT ORGANISATION

1.1 India Health Action Trust (IHAT)

The 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, Uttar Pradesh 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.

1.2 UP-TSU (Uttar Pradesh Technical Support Unit)

1.2.1 Goal

To provide techno-managerial support to the GoUP to improve the efficiency, effectiveness and equity of the delivery of key RMNCH+A services.

1.2.2 Objectives

1. Improve the quality and quantity of FLW interactions at the community level and within households to drive the 8 priority RMNCH+A behaviours.
2. Improve its RMNCH+A related primary care services at facilities.
3. Improve strategies and systems required to deliver improved FLW capabilities and services delivery at primary care facilities.

   3.a. Support GoUP to improve health system management capabilities to support efficient and effective execution

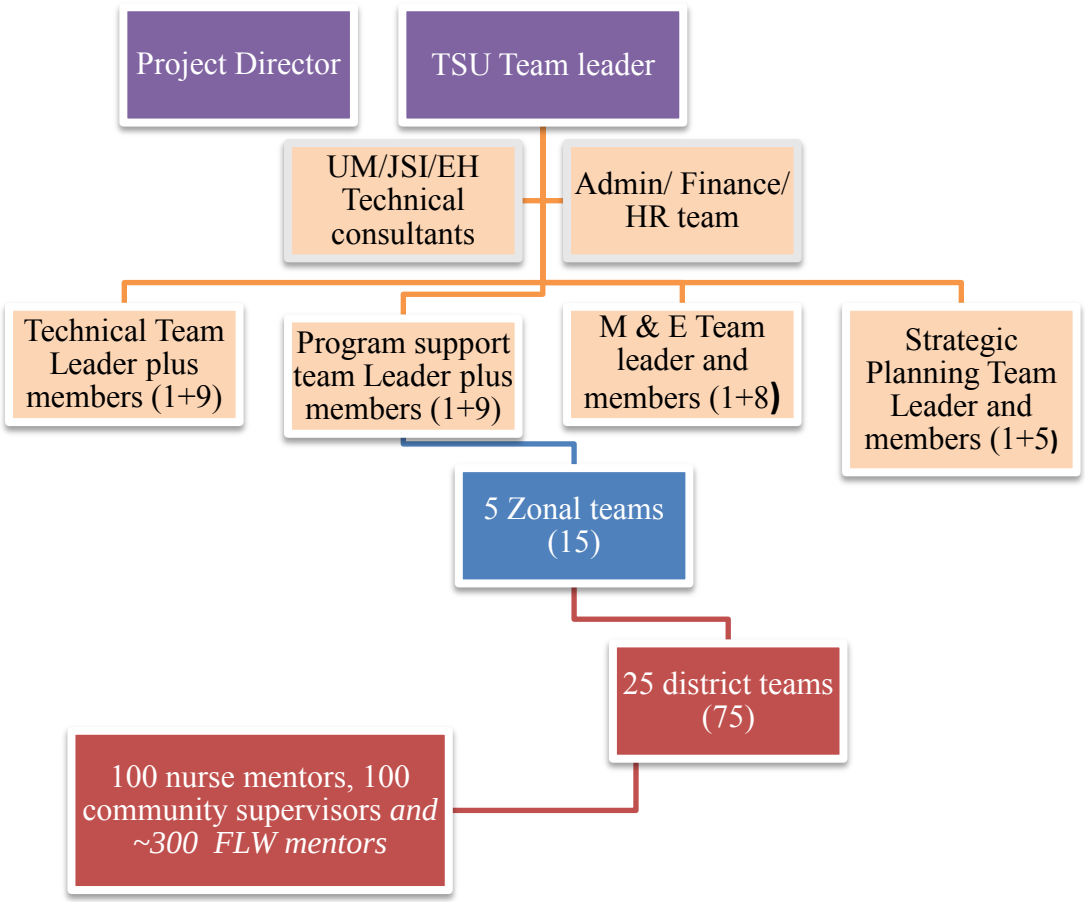
   3.b. Support GoUP to improve critical infrastructure at the health system level in collaboration with other DPs.

4. Improve its capacity to fund, contract, regulate/mandate private providers.
5. Improve the scale and quality of community accountability mechanisms.

1.2.3 Activities

1. Support GoUP to improve data quality and availability, and HR system:
   a. Develop strategies and protocols for improving the quality and use HMIS, MCTS and HRIS.
   b. Analyse its HR functions and capabilities and help the government develop a plan to adequately staff and support skill building of its critical primary care staff (aligned with GOI conditionality for UP-HRIS must be active in the state).
   c. Design and implement periodic rapid and facility and FLW surveys to monitor outcomes and to validate the HMIS and MCTS.
2. Establish concurrent monitoring systems and help the GoUP develop supervisory reviews
   a. Organize consultations and field testing of denominators based dashboards to review progress against key outputs/ outcomes at the state , district, block , PHC and SC levels.
   b. Support the GoUP at the state and district levels in concurrent monitoring and supportive supervisory systems for review and feedback.
3. Project planning support to ensure smooth funds flow, evidence based planning and adoption of innovation/ approaches based on learning's from the foundation and others.
   a. Support the GoUP at state and district levels, based on an analysis of facility mapping and other available data to prepare project implementation plans with clear strategies (introduction of appropriate technologies and products) and program focus
4. Support GoUP to design and implement appropriate ICT to enhance effectiveness, efficiency and equity of service delivery and utilization
5. Develop in consultation with the GoUP at state and district levels, strategies to ensure supplies, drugs and commodity management at facilities including support the GoUP to implement effective supply chain and cold chain management.

1.2.4. Organisation Structure



3.ROLES OF DISTRICT MONITORING AND EVALUATION SPECIALIST

Community Behaviour 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) Analyse 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.

4. 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	District Office, Sitapur, 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, Lakhimpur, UP	• Orientation with district health department. • Preparation of micro plan • Understand PIP and its various component.
4rth	District Office, Lakhimpur, UP	• Did field visit to four TSU blocks-Phardhan, Phoolbehar, Nighasan, Isanagar. • Orientation with government block health officials
5th	Lucknow & District office, Lakhimpur, UP	• Gave Divisional training on HMIS and MCTS to the Block and District level officials • HMIS follow up for data filled status of 15 blocks of Lakhimpur • Share it with CMO
6th	District office, Lakhimpur, UP	• Did the validation checks. • Visited the TSU blocks for handholding support for HMIS/MCTS. • Did back checks of the supportive supervision HMIS format
7th	District office, Lakhimpur, UP	• Given training to the ANM at Block level on HMIS Format

WEEK	LOCATION	LEARNING
8th	District office, Lakhimpur, UP	• Coordinated with DPM in rolling out HMIS/MCTS plan • Shared 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
9th	District office, Lakhimpur, UP	• Did Supportive supervision for HMIS
10th	District office, Lakhimpur, UP	• Prepared district level HMIS bulletin for 3 districts
11th	District office, Lakhimpur, UP	• Identified issues related to data filling • Shared it with CMO, DPM
12th	District office, Lakhimpur, UP	• Planned Action plan for Locking of USSD in registered ANMs
13th	District office, Lakhimpur, UP	• Analysed the success of Matru aevam Shishu Suraksha Karekram campaign.