

JSI India: Contribution to **Uttar Pradesh** State Technical Support Unit



Background

The Government of India (GoI) launched the RMNCH+A Strategic Approach to improve coverage and quality of service delivery across India with a specific focus on 184 High Priority Districts (HPDs) distributed across all states of the country. The Government of Uttar Pradesh (GoUP) is committed to the national RMNCH+A effort. The Bill & Melinda Gates Foundation (BMGF) has supported University of Manitoba (UM) and assigned the responsibility to provide techno-managerial assistance for improving the efficiency, effectiveness and equity of delivery of key RMNCH+A interventions in 25 HPDs of the state. In order to address the GoI and GoUP's RMNCH+A agenda, UM established a Technical Support Unit (TSU) in consortium with JSI Research & Training Institute, Inc. (JSI) and Engender Health to support the government to build the capacity of the health system. The functions of the State RMNCH+A Unit (SRU), mandated by the GoI, has been integrated into the TSU's overall function and is being led by JSI's Strategic Planning team.

Role and deliverables of JSI Research & Training Institute, Inc. at state level:

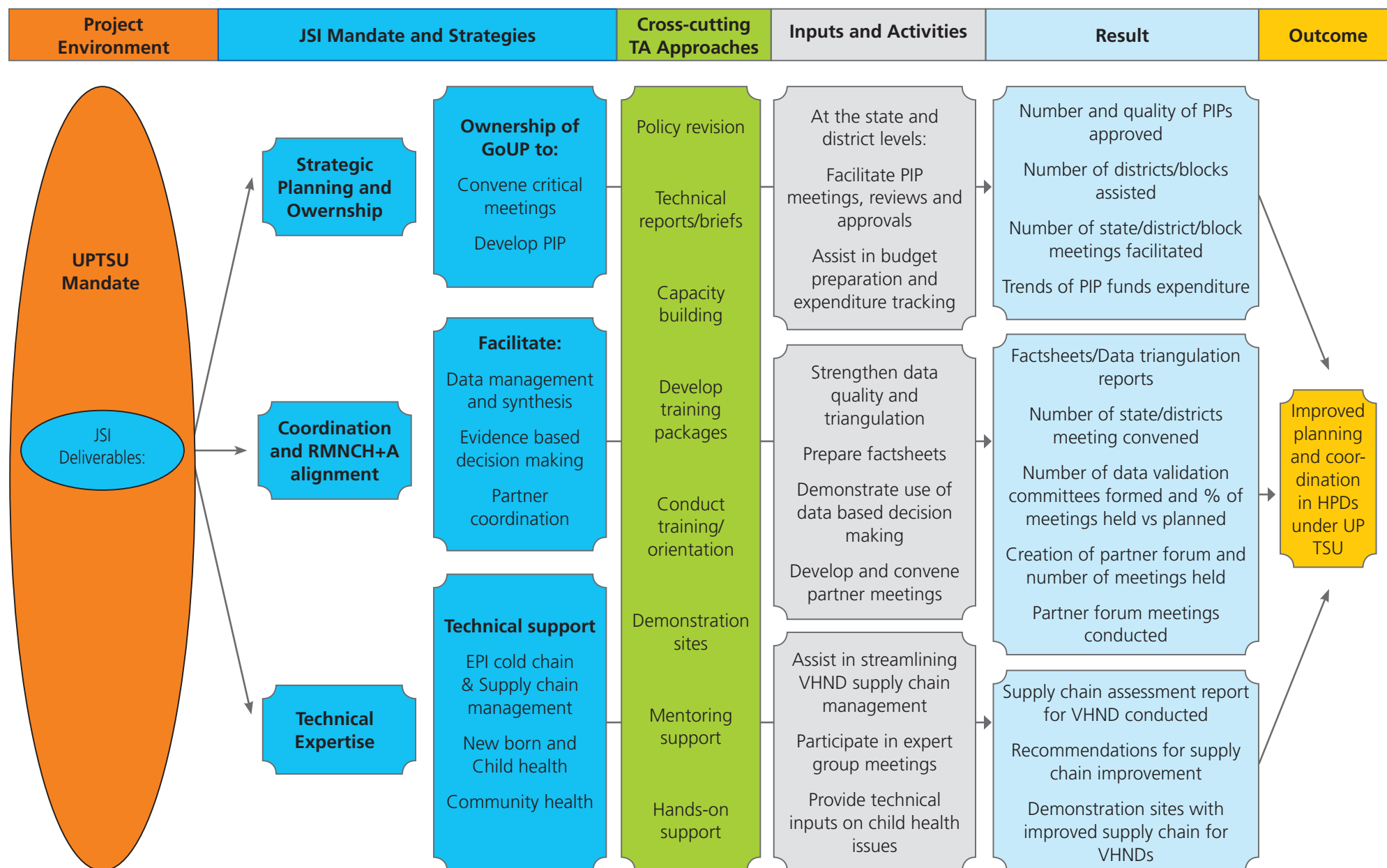
Strategic planning and ownership: Ensure ownership by the GoUP of critical interventions, approaches and innovations. This includes providing assistance in development of Program Implementation Plan (PIP) budget by convening critical meetings and fostering support for PIP development, as well as by supporting other planning processes.

Coordination and RMNCH+A alignment: Assist the TSU program team to analyse monitoring system results and provide feedback to the GoI and other relevant stakeholders. Coordinate with other state entities (e.g. UP HSSP, SIFPSA) and other donors (e.g. UNICEF, USAID, World Bank, WHO) to share project activities, results and outcomes.

Technical Assistance (TA): Provide expertise in selected areas such as immunization, supply chain management (including data quality and use), newborn and child health, and community health programming, while leveraging JSI's India and global experience.

At national level, JSI facilitates linkages with MoHFW divisions to ensure alignment of project activities with GoI policies.

UP TSU project: Conceptual Framework for JSI Deliverables*



A) Strategic Planning and Ownership

Strategy 1: Strengthening Planning and Budget Utilization Process

Objectives

- Provide TA to the state planning division to improve the process of District Health Action Plan (DAP) preparation with special focus in 25 HPDs and state PIP including budget allocation and utilization.
- Assist TSU in identification, implementation of RMNCH+A innovations and documentation of best practices.

Inputs and Processes

- Developing tools for facility gap assessment.
- Translating gap assessment findings into district health planning.
- Improving technical quality of DAPs submitted.
- Integrating DAPs and consolidating into State PIP.
- Planning and budgeting for innovations and best practices identified by TSU and incorporating it into the State PIP.
- Facilitating district resource allocation of approved activities.
- Planning the leveraging of TSU resources for implementation of approved activities and tracking budget utilization.

- Facilitating the development of Special Integrated Action Plan exclusively for the districts affected by Left Wing Extremism (3 from 25 HPDs), funded by Ministry of Home Affairs Tribal Department.

- Village Health and Nutrition Day (VHND) micro planning.
- Mission IndraDhanush (Immunization campaign) - planning and monitoring.
- State Integrated Action Plan for Prevention and Control of Pneumonia and Diarrhoea (IAPPD).
- Intensive Pulse Polio Program Planning.

Results at System Level

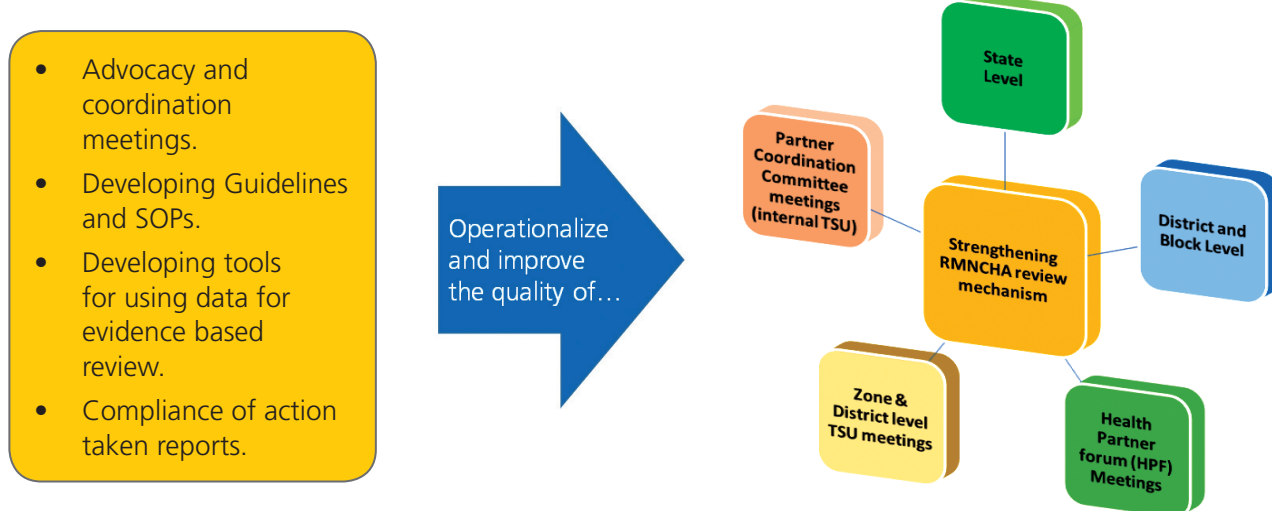
- Improvement in the quality of DAP developed as per the needs arising from gap assessment exercise.
- Increase in budget allocation to the state by MoHFW, GoI by 19.6% for FY 2014-15 (INR 3640.68 cr. approved in 2014-15 against INR 3043.88 cr. in 2013-14).
- 17 proposals on best practices focusing on HPDs worth INR 93.32 cr. incorporated in State PIP 2015-16, of which 7 proposals worth INR 65.24 cr. (69.9%) got approved by MoHFW, GoI.
- Developed plans for facilitating implementation of 113 select activities (apart from TSU identified best practices) worth INR 915.41 cr. (approved in state PIP 2015-16) by NHM through leveraging TSU resources.
- 18 proposals on best practices worth INR 410.15 cr. incorporated in State PIP 2016-17.

Strategy 2: Strengthening RMNCH+A Review Mechanism

Objective

Providing TA to the state in streamlining RMNCH+A program review mechanism at various levels as per the NRHM and RMNCH+A strategy framework.

Inputs and Processes



Results at System Level

State Level Meetings	District Level Meetings	Health Partner Forum	Internal TSU meetings
<p>Quarterly review meeting for 25 HPDs streamlined (Three such meetings held till March).</p> <p>Sixteen major gaps in RMNCHA programs were identified for compliance by districts after the 1st meeting and five of them were accomplished by next quarterly meeting, similarly out of the twenty gaps identified during 2nd meeting fourteen were accomplished before the 3rd quarterly CMO meeting for 25 HPDs.</p>	<p>Eighteen advocacy meetings were conducted by team with District Magistrates for thier engagement and ownership. District level meetings now regularised in 18 (out of 25 districts).</p> <p>Aproximately 25percent of block level meetings regularised.</p>	<p>Six weekly, Health Partner Forum meetings streamlined - 3 of then organised and coordinated by Strategic Planning Team</p> <p>13 Technical support groups (TSG) formed with engagement of various partner representatives - monthly TSG meetings regularised</p> <p>Additional RMNCH+A sub committees formed with maximum engagement of government officials</p>	<p>Quality of the TSU Zonal review meeting improved with fixing of accountability for every TSU staff.</p>

B) Coordination and RMNCH+A Alignment

Strategy 1: Strengthening RMNCH+A Supportive Supervision

Objective

Streamline Supportive Supervision system in 25 HPDs to address gaps in program implementation.

Inputs and Processes

Institutionalized the RMNCH+A supportive supervision system for 25 HPDs through assisting the TSU in rollout of a complete set of capacity building activities for the TSU District Level Monitors (DLMs) on 1) use of the supportive supervision tool, 2) planning supervision visits, 3) compiling and analysing supervision data, and 4) providing effective feedback to those being supervised. Supportive Supervision data fact sheets were developed every month and shared during every review meetings at state and district level to take corrective actions on the gaps identified.

1

- Out of 294 Blocks in HPDs- all delivery facilities (1620) from 290 blocks visited at least once.
- 671 (41%) of facilities – one Supportive Supervision visit
- 429 (26%) of facilities – two Supportive Supervision visits
- 520 (33%) of Facilities – three or more Supportive Supervision visits

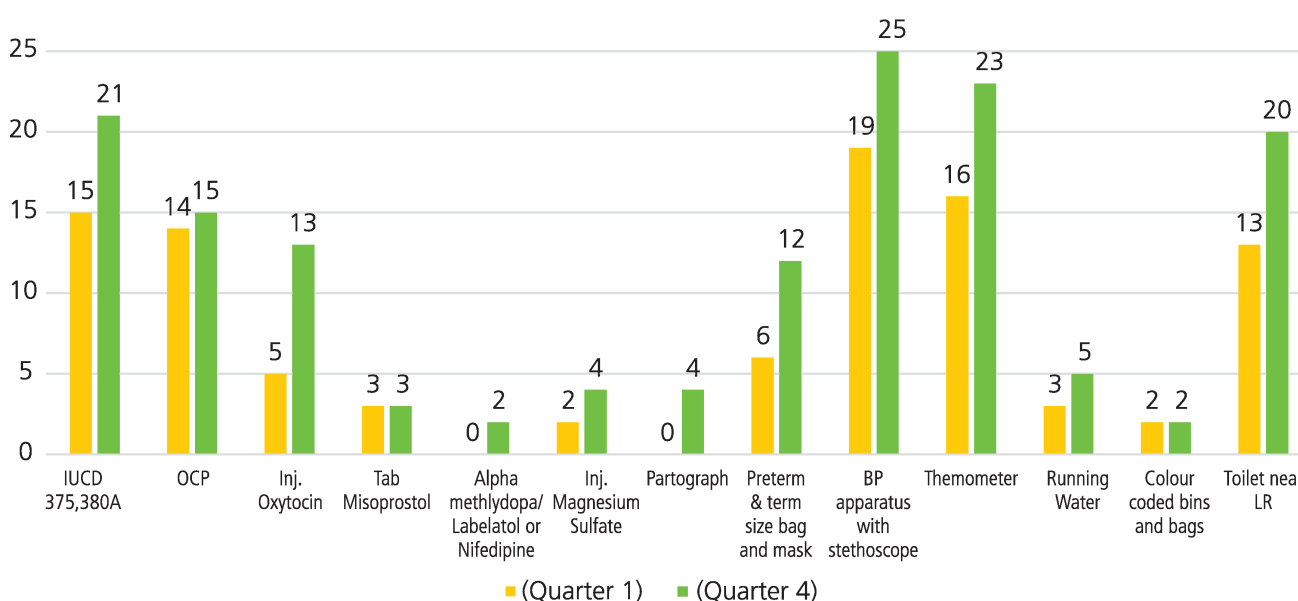
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- On an average 185 facilities visited every month since April 2015
- Involvement of Government Officials (Health Education Officers) started from October 2015 – On an average 58 facilities (31% of total) visited under SS every month

Results at System Level

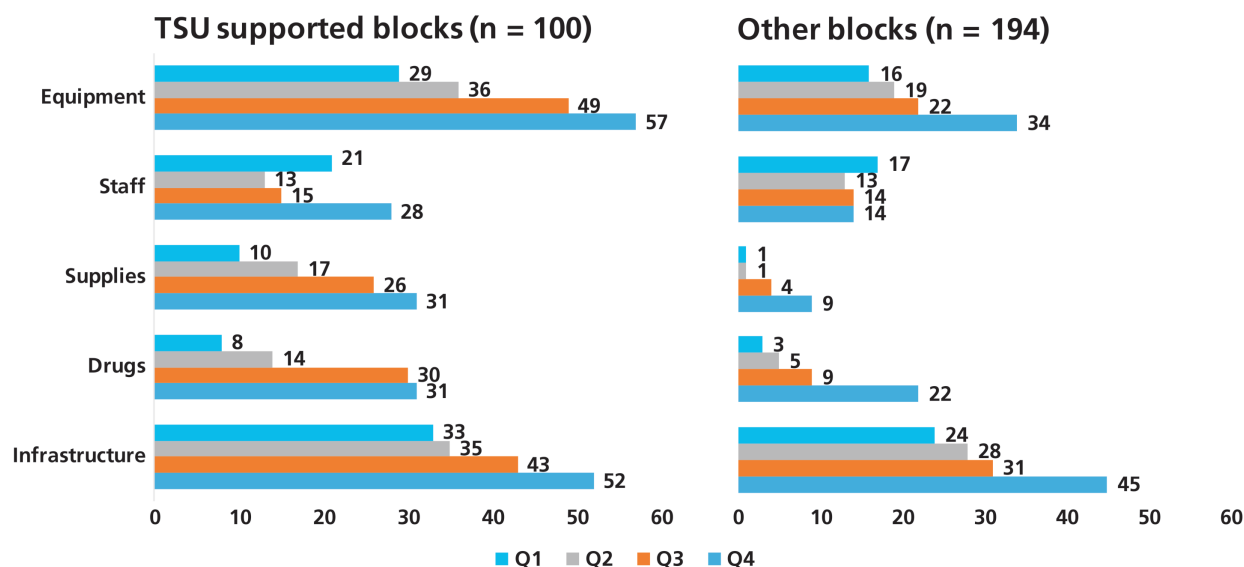
Changes after RMNCH+A Supportive Supervision visits during Quarter 1 (Apr – June 2015) to Quarter 4 (Jan – Mar 2016)

No. of districts with availability of product / service in more than 75% of its facilities (n = 25)



The overall mandate of the TSU was to implement specific interventions in 100 focused blocks (TSU blocks) of 25 HPDs. Health Systems related strategies were directed either towards all 75 districts or in all 25 HPDs. RMNCH+A Supportive supervision was one such strategy directed for all the 294 blocks in the 25 HPDs. The graph below depicts the changes observed.

Percentage of facilities with availability of logistics in the Delivery Points



Supportive supervision influenced logistics availability in non-TSU supported blocks where there was an absence of intensive support by Nurse Mentors

Strategy 2: Strengthening Government Monitoring & Evaluation System

Objective

Provide TA to state MIS division to improve the quantity and quality of reported HMIS and MCTS data in their portals and to increase its use for evidence based planning.

Inputs and Processes

Identification, mapping and incorporation of missing facilities into HMIS reporting system

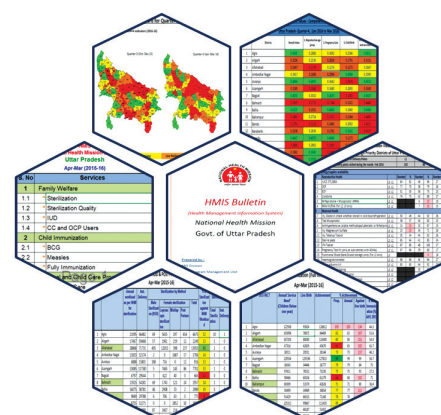
Formation of validation committee for improving the timeliness, regularity and the quality of data

Building capacity of district and block M&E persons on improving the reporting and the quality of the data reported.

State-wise and district-wise HMIS DASHboard, HMIS Bulletin, and Supportive Supervision Fact Sheets developed

Designing and developing an integrated state specific web portal, Uttar Pradesh Health Management Information System (UPHMIS); integrating data from National HMIS portal and other state specific health information resources.

Planning and implementation of a campaign to improve the registration of pregnant women and children that included the updating of services received into the MCTS tool

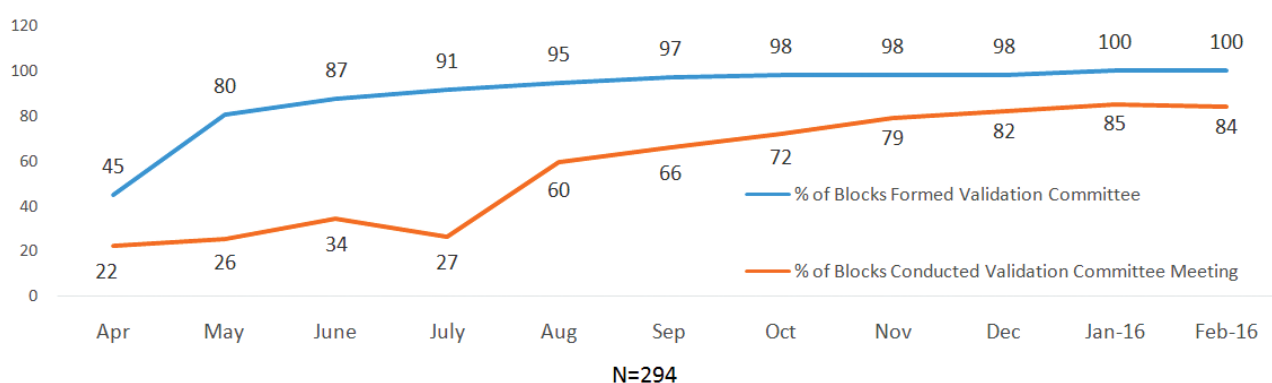


Results at System Level

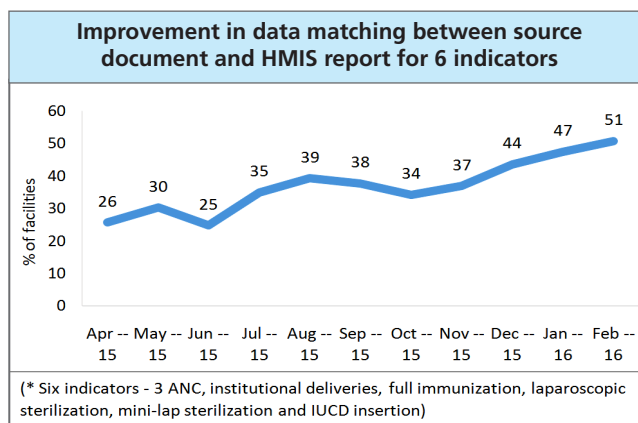
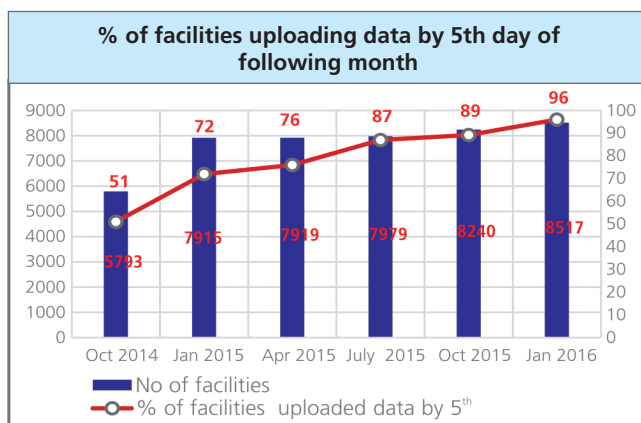
Improvements in facilities reporting in the HMIS Portal

Facility type	2013-14	2015-16	% facilities increased (No. of facilities)
Sub center	6362	6943	9% (581)
Primary Health Center	552	1034	87% (482)
Community Health Center	178	221	24% (43)
District Hospital	36	48	33% (12)
Private Health Facility	4	145	3525% (141)
Total	7132	8391	18% (1259)

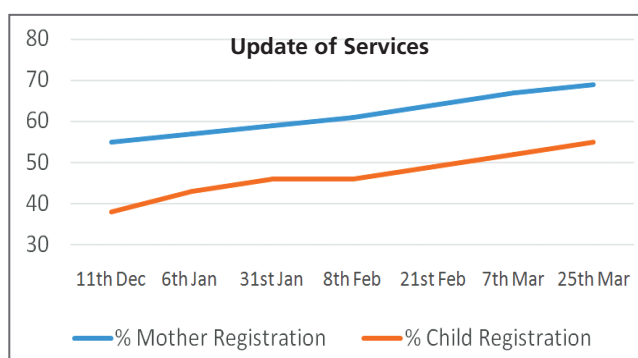
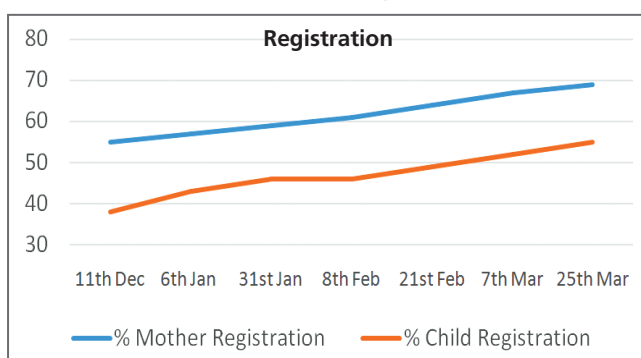
Status of formation of HMIS Block Validation Committees and their monthly meetings



Improvement in the HMIS reporting



Improved MCTS reporting



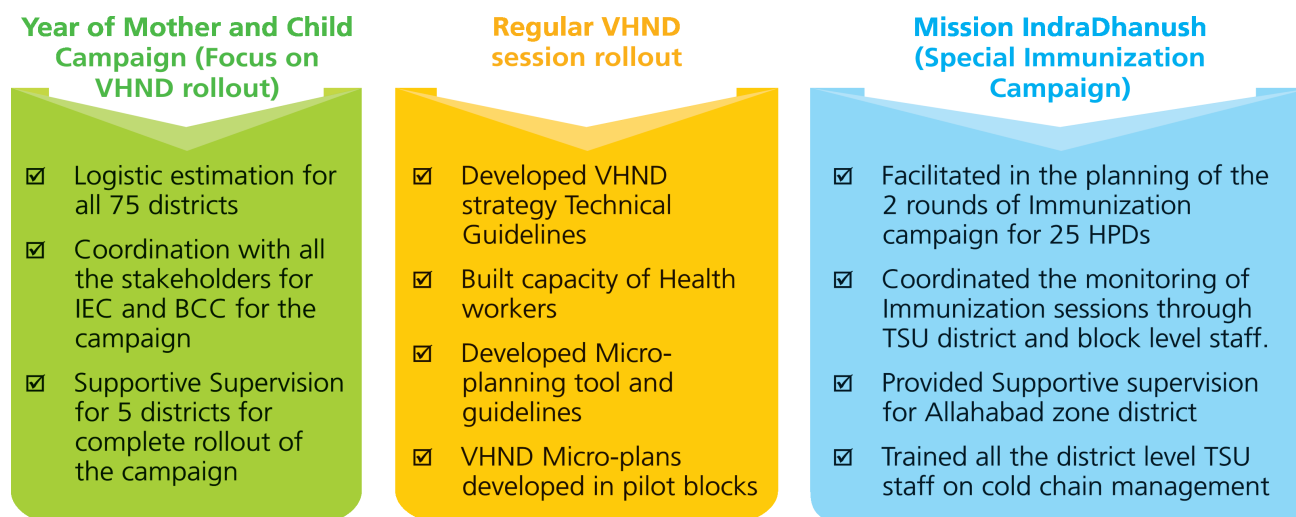
C) Technical Expertise

Strategy 1: Strengthening Village Health and Nutrition Day (VHND)

Objective

Providing TA to rollout VHND, integrating various MCH services with the existing Routine Immunization platform.

Inputs and Processes



Results at System Level

VHND: JSI provided TA in creating a pool of master trainers (engaging partners and government officials) and through a cascade model, all the health workers from all 25 districts were trained on the VHND strategy. In rest of the 50 districts, GoUP facilitated the training s for the health workers.

Through cascade model of training Health workers trained	
21800	ANMS trained
136441	ASHAs trained
aprx. 200000	Anganwadi Workers trained

Coordinated with Oxfam to Pilot micro-planning process	
5 Blocks 5 HPDs	Micro-plan completed
25 HPDs	Guidelines issued (work in progress)

VHND service data (compiled from 75 district)

	Sessions held in 75 districts	<ul style="list-style-type: none"> Started in April 2015 1.8 Lakh sessions till March 2016
	Planned Versus held	<ul style="list-style-type: none"> December 2015 – 95% January 2016 – 96% February 2016 – 96%
	Supportive Supervision Visits in HPDs	<ul style="list-style-type: none"> Average 2 districts per month by JSI team In all 100 blocks in 25 HPDs through Block level TSU staff Engagement of WHO-NPSP and UNICEF staff in VHND monitoring (instead of only for Immunization sessions)
	% of PW received 3 ANC services (in all 75 districts)	<ul style="list-style-type: none"> December 2015 – 68% January 2016 – 70% February 2016 – 65%
	% of High Risk Pregnancies identified and managed* (in all 75 districts)	<ul style="list-style-type: none"> December 2015 – 4% January 2016 – 6% February 2016 – 8%
	*There was no mechanism for identification of High Risk Pregnancy at outreach sessions prior to the launch of the VHND strategy	

Mission IndraDhanush (Immunization Campaign)

Approximately 4800 Immunization sessions monitored through the TSU staff from 8 months of the 2 rounds of the campaign.

Based on the data of the first two months of the campaign (data of last 6 months is still in the process of analysis):

No. of sessions planned	No. of sessions held as per micro-plan
693	663

Key findings – Mission IndraDhanush

