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MCH STAR
Sustainable Technical Assistance and Research

Maternal Child Health Sustainable Technical Assistance and Research (MCH-STAR) Initiative

Final Report

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Submitted by:
Cardno Emerging Markets USA, Ltd.

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Abbreviations and Acronyms

BCC	Behavior Change Communication
BU	Boston University
Cardno	Cardno Emerging Markets USA Ltd.
CBIS	Capacity Building and Institutional Strengthening
CEDPA	Centre for Development and Population Activities
CINI	Child in Need Institute
GHI	Global Health Initiative
GoI	Government of India
GSI	Gender and Social Inclusion
ICDS	Integrated Child Development Services program
IndiaCLEN	India Clinical Epidemiology Network
MCH-STAR	Maternal and Child Health Sustainable Technical Assistance and Research
MJSSA-JSY	Mukhya Mantri Janani Shishu Swasthya Abhiyan
MNCHN	Maternal, newborn, and child health and nutrition
NGO	Non-governmental organization
NHSRC	National Health Systems Resource Center
NRHM	National Rural Health Mission
P&A	Policy and Advocacy
PFI	Population Foundation of India
PHFI	Public Health Foundation of India
PIP	Program Implementation Planning
RCH II	Reproductive and Child Health II project
R&E	Research & Evaluation
SIFPSA	State Innovations in Family Planning Services Agency
TA	Technical Assistance
UP	Uttar Pradesh
USAID	United States Agency for International Development

Executive summary

From October 2007 to October 2012 the Maternal and Child Health Sustainable Technical Assistance and Research (MCH-STAR) Initiative through support by the United States Agency for International Development (USAID) worked with premier Indian institution to increase resource allocation, improve program and policies on maternal, newborn, and child health and nutrition (MNCHN) in India. MCH-STAR's aim was to leave a legacy of sustainable Indian institutions able to lead the implementation and execution of programs that address priority health and development issues and are guided by appropriate policies. The project worked at the national level as well as had a special focus in the states of Jharkhand and Uttar Pradesh (UP).

The MCH-STAR consortium partners[1] under the leadership of Cardno Emerging Markets USA Ltd. (Cardno), provided complimentary expertise in capacity building, institutional strengthening, academic skills in research and writing, and moving research results into a policy and advocacy framework for action based on standards of evidence. The MCH-STAR initiative was spearheaded by five premiere Indian institutions referred to as Star Supported Institutions (SSIs)—the Child in Need Institute (CINI), India Clinical Epidemiology Network (IndiaCLEN), the Population Foundation of India (PFI), the Public Health Foundation of India and the Uttar Pradesh based State Innovations in Family Planning Services Agency (SIFPSA). Through the MCH-STAR Initiative, these partner organizations received support to strengthen their capacity for evidence-based policy analysis and advocacy, applied and operations research, program evaluation and technical assistance for MNCHN so that they can more effectively and efficiently respond to government requests and requirements and provide sustainable technical leadership of global standards.

The SSIs' work supported the goals of the National Rural Health Mission (NRHM), the Integrated Child Development Services (ICDS) program, and the Reproductive and Child Health II (RCH II) project for MNCHN research, policy analysis and advocacy, and responsive technical assistance at the national level and in the states of Uttar Pradesh and Jharkhand. These activities focused on increasing the base of evidence on the major causes of maternal, neonatal, and child morbidity and mortality, and their proximate determinants, and then promoting evidence-based programs and policies which address MNCHN priorities.

Achieving MCH-STAR's Objectives

> *MCH-STAR is widely recognized as a challenging and innovative approach as USAID attempts to influence national MNCHN policy through evidence-based research and analysis in two of the largest and most needy states in India*. <MCH-STAR Mid-Term Review>

Several principles of implementation guided MCH-STAR's Strategic Approach [Box 1]. The initiative embodied the principles of USAID's Global Health Initiative and USAID Forward. At its' core the project was about building local capacity. Applying a "learning by doing" approach, MCH-STAR's capacity strengthening opportunities advanced skills, techniques and tools for generating and translating evidence that have been useful in opening doors and providing a seat at government planning tables for SSIs. Today the SSIs are given additional opportunities by state governments in Uttar Pradesh and Jharkhand to participate in maternal,

[1]Cardno Emerging Markets USA, Ltd. (Cardno), Boston University (BU) and the Centre for Development and Population Activities (CEDPA).

newborn, child health and nutrition (MNCHN) technical advisory groups, partnership meetings, program implementation planning (PIP), and review missions that monitor the NRHM progress. SSIs regularly provide input into priority setting, policy dialogue and planning, as well as research and budgeting for the health and nutrition sectors. SSIs are recognized by national and state counterparts as key resources and are frequently the "go to" organizations.

Over the five years of the project, the MCH-STAR Initiative conducted program evaluations of the NRHM Behavior Change Communication (BCC) Campaign in 11 states and the reach, effectiveness and impact of the Mukhya Mantri Janani Shishu Swasthya Abhiyan (MJSSA-JSY) a conditional cash transfer program to increase births in health facilities in Jharkhand. Findings from 20 research and technical assistance projects/studies and 15 national- and state-level consultations resulted in 16 improvements to laws, policies, regulations or guidelines that improved access to and the use of MNCHN services [Annex 1].

Box 1
MCH-STAR's Strategic Approach

Who and Where
Focus on poor, vulnerable and marginalized populations, applying a gender lens.

Work where there is an opportunity and commitment to build effective partnerships.

Focus efforts in Jharkhand and Uttar Pradesh.

What
Promote evidence-based programs and policies to address MNCHN needs.

Focus on major causes of maternal, neonatal, and childhood morbidity and mortality and malnutrition, and their proximate determinants.

Address critical gaps and constraints.

Prioritize programs and policies that benefit populations with the worst MNCHN indicators.

How
Build the capacity of Indian Institutions that can provide sustainable technical leadership in MNCHN

Apply a learning by doing approach.

Build on existing evidence.

Work with programs that can make a difference at scale in India.

Work closely and synergistically with other MNCHN activities and partners.

Lessons Learned and recommendations for future programming

1. **Capacity building must be aligned with the mission and vision of receiving organizations (SSI).**
   - Ensuring the buy-in of SSI chief executive officers (CEOs) for institutional change is important to sustainability. Senior leadership and commitment of SSI institutional strengthening is paramount to institutional change. Sometimes this was lacking during key phases of implementation. Interactions with CEOs were limited due to competing priorities, and availability. One of MCH-STAR's members observed that "*… when you build capacity it has to be with organizations that want change and are asking for change.*"
   - However, buy-in/involvement of top management is not enough. The organization as a whole needs to have an interest in and understanding of the need for the capacity building. This means that all levels of staff in the organization and across project should be included in the capacity building activities. Learning is institutionalized only when senior staff trust, participate and invest in the capacity-building approach.
   - Capacity building should include in-depth learning on the part of SSIs staff, not just one off workshops. Though workshops with participatory group learning activities can be useful for

introduction to the processes, they must be followed by intensive, consistent, hands-on mentoring and skills application over a period of time, not less than six months, and probably longer.

2. **Capacity building and institutional strengthening (CBIS) takes time.** The *learning by doing approach* adopted is an experiential methodology that works, however it is not without a downside. There is always a fine line between building the capacity of individuals and the organization as a whole and focus needs to be determined from the onset of a CBIS effort. Within MCH-STAR building capacity in the SSI as an institution rather than on individuals was the focus. However, capacity building workshops were with designated SSI staff working on the project. When these trained personnel moved to other projects or changed employment the potential for institutional learning was curtailed and also contributed toward slowing down the development of a critical mass of staff capable of moving project development forward more efficiently. If sustainable institutional development is to be realized, SSIs need to be made aware very early to anticipate transitions and therefore identify ways to train more SSI staff with or without project funding.

3. **MCH-STAR's experience with the *embedded consultant* approach should be further developed as a model for meaningful support of a host of public health and development issues**. The embedded consultant approach is responsive and provides the opportunity to reinforce new knowledge and skills over time and through the combination of workshops and one-to-one technical assistance (TA). Its participatory nature brings people together to learn from each other. The access and trust that evolved between expert, indigenous consultants and the staff of the SSIs point the way toward more successful capacity-building approaches. *Time is required* for institutions to build trust between one another and for participants to internalize what they've learned and apply it in a supported environment. *Embedded consultants* were used for the Gender and Social Inclusion and water, sanitation and hygiene activities.

4. **Synergy is developed by encouraging partnering and tapping into SSI strengths and capabilities.** MCH-STAR focused on creating an enabling environment for SSIs to develop sustainable partnerships and learn through working together. Through collaboration and interaction between SSIs during capacity building skills training and building workshops SSIs established mutually advantageous partnerships with each other for particular projects. The partnerships developed synergistically around comparative strengths of the SSIs. For example, PFI and IndiaCLEN partnered on the Study of Reach, Effectiveness and Impact of the JSY Scheme in Jharkhand. In Jharkhand, CINI and PHFI in particular benefitted from each other's strengths in field orientation and technical competence in the area of health system strengthening for improved MNCHN.

5. **Improvement to laws, policies, regulations and guidelines is complex and time consuming.** MCH-STAR's work on laws, policies regulations and guidelines is time consuming and requires support from government officials at every point. The delays in meeting the indicators on policy developments for technical areas and task order management are all related to the time-consuming process of working within bureaucratic structures. The process is difficult for large donors and bilateral agencies, let alone for small indigenous non-governmental organizations

(NGOs) who are trying to make a difference. Given that changing laws and policies within countries especially India can take anywhere from 5 years or more, the expectations for this type of deliverable may have been overly ambitious.

6. **The strategic communication of research findings to policy and decision-makers is a key component of implementation.** The process of transferring knowledge and research to policy and practice is a distinct activity that requires a specific skill set. The strategic communication of research findings to policy and decision-makers is a key component of implementation. The creation of systems that facilitate access to and sound interpretation of evidence is essential to meet the goal of an evidence based health care system. Knowledge brokering brings researchers and decision-makers together, facilitating their interaction so that they are able to better understand each other's goals and professional cultures, to influence each other's work, to forge new partnerships, and to use research-based evidence. Brokering is critical to support evidence-based decision-making in an organization and the management and delivery of health services and is highly encouraged.

7. **Unifying themes allow for synergy rather than fragmentation of SSI inputs**. With few exception, treating each area of activity—CBIS, research and evaluation (R&E), policy and advocacy (P&A) and TA—independently lead to small projects with limited potential to contribute to larger MNCHN dialogue in the country or individual states. Two exceptions were advocacy work around World Pneumonia Day at the national level and growth monitoring in Jharkhand. Projects should have a built in 'learning time' or 'a six month induction phase' which acknowledges that projects will be done at a slower pace because people are learning on the job.

8. **Policy information is extremely weak in Indian state.** Good examples of policy analyses, both review of existing policies and development of policies are needed in the Indian context. No research or technical assistance projects should be initiated without a thorough policy review or analysis of the topic that reflects the relevant level(s) of governance.

9. **Addressing gender and social exclusion (GSI) together not only broadens the reach and improves outcomes, but also reduces the backlash that gender interpreted as "for women only" often produces.** The opportunity to examine one's own beliefs and practices in this context can lead to individual and organizational change toward more equitable practices and policies. There were challenges, especially in getting the buy in from leadership, but overall, the approach appears to have been successful. Through the new model for capacity building, providing an "embedded" indigenous expert, tailored tools and a mix of workshop and mentoring, MCH-STAR hopes to demonstrate an approach consistent with country ownership, efficiency and effectiveness that could be applied in other contexts within India. The GSI approach has been embraced by all SSIs.

Bridging the Gap

The MCH-STAR Initiative

The MCH-STAR Initiative was designed to improve the capability of Indian institutions to fill gaps in the effective implementation of maternal, newborn and child health and nutrition (MNCHN) activities through the NRHM and ICDS. The Initiative focused on building the capacity of sustainable Indian institutions to provide technical leadership and critical technical inputs to public and private sector programs in India in MNCHN through technical assistance to programs, policy analyses and advocacy, operations research, and applied and policy research.

The MCH-STAR consortium partners[2] under the leadership of Cardno Emerging Markets USA Ltd. (Cardno), provided complimentary expertise in capacity building, institutional strengthening, academic research and writing, and moving research results into a policy and advocacy framework for action based on standards of evidence. The MCH-STAR initiative was spearheaded by five premiere Indian institutions referred to as Star Supported Institutions (SSIs) - the Child in Need Institute, India Clinical Epidemiology Network (IndiaCLEN), the Population Foundation of India (PFI), the Public Health Foundation of India and the Uttar Pradesh based State Innovations in Family Planning Services Agency (SIFPSA).[3] Through the MCH-STAR Initiative, these partner organizations received support to strengthen their capacity for evidence-based policy analysis and advocacy, applied and operations research, program evaluation and technical assistance for MNCHN so that they can more effectively and efficiently respond to government requests and requirements and provide sustainable technical leadership of global standards.

With the exception of PHFI, the SSIs had a long history of work with other donors, local and international NGOs, and Government of India (GoI) counterparts. For IndiaCLEN and PFI the new area of interface, in addition to a focus on MNCHN, was more substantive engagement within the states of UP and Jharkhand.

The SSIs' work supported the goals of the National Rural Health Mission (NRHM), the Integrated Child Development Services (ICDS) program, and the Reproductive and Child Health II (RCH II) project for MNCHN research, policy analysis and advocacy, and responsive technical assistance at the national level and in the states of Uttar Pradesh and Jharkhand. These activities focused on increasing the base of evidence on the major causes of maternal, neonatal, and child morbidity and mortality, and their proximate determinants, and then promoting evidence-based programs and policies which address MNCHN priorities.

MCH-STAR Star Supported Institutions Progress in Advancing MNCHN Issues

MCH-STAR's capacity strengthening opportunities advanced skills, techniques and tools for generating and translating evidence that have been useful in opening doors and providing a seat at government planning tables for SSIs. Today the SSIs are given additional opportunities at the

[2]Cardno Emerging Markets USA, Ltd. (Cardno), Boston University (BU) and the Centre for Development and Population Activities (CEDPA).

[3] Four of the five STAR-supported institutions (SSIs) were chosen based on their reputation for excellence, scope and scale of work, location and potential to make a significant contribution to improving MNCHN in India—IndiaCLEN, PFI, PHFI and SIFPSA. The fifth SSI, CINI, was selected in a competitive process.

national level and by state governments in Uttar Pradesh and Jharkhand to participate in maternal, newborn, child health and nutrition (MNCHN) technical advisory groups, partnership meetings, program implementation planning (PIP), and review missions that monitor the NRHM progress. SSIs regularly provide input into priority setting, policy dialogue and planning, as well as research and budgeting for the health and nutrition sectors. CINI and PHFI in particular are recognized by national and state counterparts as key resources and are frequently the "go to" organizations.

- CINI's MCH-STAR supported technical assistance to streamline flexi-funds utilization, led the Government of Jharkhand to request that they do the same for all funds under NRHM. Outcomes will include field level auditing mechanisms to ensure that funds are tracked and reviewed monthly for effective utilization and CINI mentoring and support the State and District Accounts Managers.
- CINI was instrumental to setting up and strengthening the Jharkhand State Health Resource Centre.
- PHFI was tasked with drafting the Government of India's 2012 *State of Children Report*.
- CINI, PFI and PHFI's work on accountability and client perspectives were key to the NRHM's shift from a focus on quantity (number of institutional deliveries) to one on quality and the Government of India's Ministry of Health and Family Welfare commitment to a quality improvement agenda for maternal health in 2012 and beyond.

Institutionally the MCH-STAR Initiative helped build the confidence of SSIs, inspiring them to be global competitors. The project was a catalyst to changes in the philosophy and geographic focus of PFI and contributed to its confidence in applying for and winning a large competitive grant. The initiative brought global recognition and a modest degree of financial support to PHFI in its early stages, before its meteoric rise to international recognition and also and winning a large competitive grant.

> *MCH-STAR proved to be a motivating factor. The handholding gave us confidence to jump into competitions where there are big players who have a long history of successfully obtaining funding. MCH-STAR helped put PFI on the global map.*
> <Former Executive Director of PFI>

MCH-STAR Activities and Accomplishments

I. Capacity Building and Institutional Strengthening

Throughout the life of project, MCH-STAR has built capacity of SSI's through a series of workshops, guest lectures, the provision of on-the-job facilitation and technical support during the implementation of R&E, P&A, and responsive TA, and by assisting with the setting up of systems to improve the efficiency and quality of work in MNCHN. The concept of learning by doing was introduced as a method to draft and execute applied research and technical assistance proposals. The operative model was to (i) establish government priorities; (ii) write concept notes on how to translate these priorities into viable MNCHN research topics or technical assistance interventions; (iii) formulate proposals through a continuous quality review process; and (iv) carry out the research or technical assistance. The results would then be used to create a platform for advocating changes in GoI policies and programs to improve MNCHN in India.

Government and SSI priorities were identified through a consultative process with the government—a) consultative meetings that generated a list of ideas that were shared with government; b) numerous discussions with policy makers development partners, and USAID partners; c) a survey of previous evidence reviews, gaps, demonstration and learning, d) outcomes of MNCHN technical advisory group (TAG)/partnership meetings, e) PIP gaps as presented by State governments, f) joint review recommendations, and g) interests of SSIs. Although setting priorities was often time-consuming, it also served as a capacity building exercise. SSIs that were initially reluctant to sit with government personnel to discuss programming needs were later actively engaged.

Making Government central. The initiative's insistence on all projects being at the behest of the government or having some form of government buy-in, so that results could be used as evidence to drive policy change was appreciated by most stakeholders at an individual level. The challenge was to get SSIs to dialogue with government authorities. A consortium member noted "When we started they [SSIs] did not even want to talk to government". Today many SSIs value the importance of including government perspectives in their work.

> *The best work in the world will have no value without government involvement. You have to involve systems at different levels… credit goes to MCH-STAR for helping us all get that.*
>
> <SSI stakeholder>

Learning by doing. One of MCH-STAR core strategies was the 'learning by doing' approach. Although this approach meant different things to different people, the terminology seemed to resonate with most SSI staff. "One of the greatest successes was the handholding that was done… when I was writing a grant I received assistance from senior technical staff in framing the most appropriate research questions and ways to articulate my concepts more clearly but the real help came when the project rolled out in tackling problems one by one. The 'learning by doing' process was substantiated by our project results". Another SSI member said "the thought processes I learned through my MCH-STAR project have been used in subsequent grants.

Hand holding and mentoring. Hand holding and mentoring means different things to different people. While most stakeholders were appreciative of the energy spent on this some felt that occasionally there was too much hand-holding. "Too much feedback is also difficult sometimes". In addition, some of the MCH-STAR team questioned the "willingness of the participants especially in the hand holding" and felt that there was an attitude of "Tolerating CBIS" among SSIs. This resulted in period of "hands off", however during that period, the MCH-STAR Team "should have spent much more time in the field and less time in the office".

Individual Responses from interviews. Successes of the capacity building came in different forms. Individual successes are astounding. Every SSI staff member that was interviewed who had experience of working directly on a project spoke of tremendous individual growth, both technical and non-technical. "I learned a lot especially in terms of the people skills." Institutional level achievements, though not as obvious, were also evident.

Gender and Social Inclusion. The 2010 MCH-STAR Mid-Term Review found a lack of attention to gender and social equity within the SSI MCH-STAR activities, as well as a need to engage indigenous

expertise in capacity building. In response, from October 2010 – September 2011, MCH-STAR introduced a tailored gender and social inclusion (GSI) capacity building initiative to CINI, PHFI and PFI. The initiative's goal was to increase consideration of gender and equity issues within each SSI, thus increasing the overall impact of MCH-STAR on MNCHN program outcomes.

The capacity building approach used to promote GSI issues and imperatives, and specific to the context and institutions involved, revealed that a tailored and hands-on approach to knowledge sharing is key to uncovering unmet demand for solutions to social equity gaps. Several important lessons emerged in developing and implementing this capacity-building approach.

- Using local "GSI Experts" was important for several reasons: they understand the socio-cultural barriers that needed to be addressed under GSI because they live within the Indian context and speak the language; because they are indigenous, they could tailor the tools and modify the facilitation to the SSI staff needs and understanding.
- GSI Experts were carefully selected, using specific criteria—substantial education and work experience in gender and equity, on issues related to public health and MNCHN, and excellent facilitation, training and mentoring skills, among others. The project considered it extremely important that they have strong communication and interpersonal skills, and the ability to work in a team setting with people of different backgrounds and points of view, and have a high degree of maturity, good judgment, negotiation and interpersonal skills.
- Toolkits designed for specific content and utility ensured that the GSI principles were easy to apply in SSI and MCH-STAR activities. Practical tools, such as checklists, meant that once staff were oriented to GSI principles, they didn't have to put out a great deal of effort or time to ensure GSI considerations were being applied in their work.
- "Embedded" or "on-call" consultants were available to SSI staff on a regular basis for necessary mentoring and coaching. As GSI was a very new concept for most staff, having an approachable, knowledgeable expert readily available to ask questions, discuss issues, explore ideas and navigate application of tools, was a unique opportunity for staff development. Ideally, institutions could adapt this strategy for in-house SSI staff to provide sustainable GSI capacity building and expertise by hiring an expert or creating a GSI division.
- Though the new model of having an on-call resource was useful, SSI staff still saw value in the "workshop" model of capacity building, specifically because one could focus on the subject matter without distraction and share ideas and learning with colleagues.
- SSI staff felt that all staff in the organization should go through the GSI orientation, at a minimum, so that there would be a common understanding and support for implementation of GSI across the institution, especially at the highest levels of management.

The embedded consultant approach was responsive and appropriate for the organization's needs; it provided the opportunity to reinforce new knowledge and skills over time and through the combination of workshops and one-to-one TA; and its participatory nature brought people together to learn from each other.

- The presence of the consultant on site for an extended time ensured that the methods and objectives of the capacity building responded to the organization's needs, and could be adapted as needed. Stakeholders felt that working with the GSI Expert gave them the opportunity to use examples from their day-to-day work and provided practical hands-on learning in their own activities. The presence of a consultant dedicated specifically to GSI also ensures that

participants are able to act upon and apply their knowledge, and can help make sure that GSI is incorporated into all programs.

- Unlike individual workshops, the embedded consultant approach extends over months, and it occurs in the participant's workplace. This created an opportunity to reinforce messages and skills over time, through small activities and discussions, not just formal training.

II. Applied and operations research, program evaluation and technical assistance

Over the five years of the project, the MCH-STAR Initiative conducted program evaluations of the NRHM Behavior Change Communication (BCC) Campaign in 11 states and the reach, effectiveness and impact of the Mukhya Mantri Janani Shishu Swasthya Abhiyan (MJSSA-JSY) a conditional cash transfer program to increase births in health facilities in Jharkhand. Findings from 11 research studies, nine (9) technical assistance projects and 15 national- and state-level consultations resulted in 16 improvements to laws, policies, regulations or guidelines that improved access to and the use of MNCHN services [Annex 1].

SSIs gravitated towards developing new/original research projects and gave short shift to secondary analysis. Annex 2 provides an overview of SSI research grants. A notable exception was SIFPSA's secondary data analysis of the National Family Health Survey (NFHS) 3 and other data sources for UP to analyze i) gender aspects of mortality and nutritional status among children, ii) health-care-seeking behavior for children under-five, iii) reproductive and child health (RCH) service utilization, and iv) violence and its effect on RCH service utilization. Findings from these studies were presented and action plans made at a regional advocacy workshop on gender and RCH held in UP in 2009.

Through MCH-STAR the SSIs have contributed to India's years of available research and evidence that reflect the best knowledge of key technical issues in delivering MNCHN services. Minimal emphasis is needed on original research, although support is still needed for implementation studies, policy analysis and evaluations. The strategic communication of research findings to policy and decision-makers is a key component of implementation. The creation of systems that facilitate access to and sound interpretation of evidence is essential to meet the goal of an evidence based health café system.

Traditionally the research transfer process has been seen as being one of translation—specifically the compilation, systematic critique, review and summarization of research findings into a more user friendly format. Given the need for accountability, however, the focus should shift to application of products in health care system decision-making.

III. Policy analysis, white papers, advocacy and technical assistance

The MCH-STAR initiative developed two white papers: i) White paper on rational use of antibiotics, and ii) Speeding up the spending on health facilities and community health programs: How to overcome poor utilization of flexi-funds in Jharkhand. MCH-STAR also developed 16 improvements to laws, policies, regulations or guidelines that enhanced access to and the use of MNCHN services [Annex 1].

Within MCH-STAR knowledge transfer activity most often focused on a 'push' model with the Principal Investigators/ Researchers disseminating their research and encouraging its use.

Researchers and policy makers often have different notions of what counts as evidence. [Lomas 2005] Policy-makers are quite prepared to look at evidence which is colloquial and highly contextual. Researchers' evidence tends to be obsessed with being scientific, and empirically proven or demonstrated. Researchers tend to emphasize the caveats and qualifications, but often tend to forget that getting a clear message across at the right time is just as important. [Fig. 1]

The important issue here is that the two – researcher and policy maker understand each other and how to use the evidence that has been produced to improve public health and MNCHN. Policy processes are complex and rarely linear or logical. Simply presenting information to policy-makers and expecting them to act upon it is unlikely to work in the short-term. While policy processes do involve sequential stages—some stages take longer than others, and several may occur more or less simultaneously.

Policy analysis and advocacy was a new area for all SSIs and MCH-STAR required more time to turn SSIs into "experts". Turning a researcher into a *knowledge broker/policy entrepreneur* or a research institute/department into a policy-focused think tank is not easy. It involves a fundamental re-orientation towards policy engagement rather than academic achievements; engaging much more with the *Knowledge brokers* need additional skills to influence policy. They need to be political fixers, able to understand the politics and identify key players. They need to be good storytellers, able to synthesize simple compelling stories from results of research, They need to be good networkers to work effectively with all other stakeholders, and they need to be good engineers, building program that pull all of this together. Or they need to work in multidisciplinary teams with others who have these skills. SSIs worked very hard with decision-makers to get the 16 improvements to laws, policies, regulations or guidelines in place.

IV. National and State Level Consultations

The MCH-STAR initiative convened 15 national and State Level Consultations on various MNCHN subject matters, some of them coinciding with global efforts to raise awareness on particular issues. Examples of national level consultations were on acute respiratory infections, world pneumonia day and safe mother days. State level consultations included consultations on growth monitoring, utilization of flexible-funds and deliberations on operationalization of first referral units [Annex 1].

Challenges

I. Selection Process of Indian Institutions

> *Having SSIs being preordained was a mistake. We really could have helped along smaller Indian institutions…a lot of time was spent on convincing SSIs that they needed this initiative.*
> <Key informant, Capacity Building Assessment>

MCH-STAR was designed to build the capacity of "sustainable Indian institutions" to provide technical leadership and critical technical inputs to public and private sector programs in India in MNCHN. Four of the five SSIs were pre-selected based on their reputation for excellence, scope and scale of work, location and potential to make a significant contribution to improving MNCHN in India—IndiaCLEN, PFI, PHFI and SIFPSA.[4] The fifth SSI, CINI, was selected in a competitive process. During the project lifespan it became apparent that the choice of four of the five SSIs through a noncompetitive process and the initial decision to accept all their proposals as long as there was government buy-in led to a degree of complacency and non-engagement among many counterparts within these SSIs. The certainty of funding tended to devalue the MCH-STAR technical input and engendered counterpart's annoyance rather than appreciation for the proposal vetting process [GHTAP Mid-Term Review, 2010]. The initiative was often regarded simply as a funding mechanism for small projects. These SSIs were premiere institutions that did not believe they needed capacity building. This is juxtaposed to the positive experience of capacity building with the SSI that was competitively selected (CINI) and highlights the importance of using the competitive process in choosing those institutions who desire change and with which the initiative will work.

II. Project Definitions

> *The single biggest problem with communication is the illusion that it has taken place.*

Though MCH-STAR had standard definitions [Annex 3] for key technical approaches and activities that were shared with SSIs, donor and government counterparts, there was no consensus as to what **capacity building** meant or what it comprised of. Almost all stakeholders/SSIs and those interviewed on capacity building felt that a "*definition of capacity building, how it is delivered, and quantitative indicators that showed progress (benchmarks) were not set adequately*." [MCH-STAR Capacity Building: Lessons Learned, 2012]. They also noted that there were no clear realistic indicators of success.

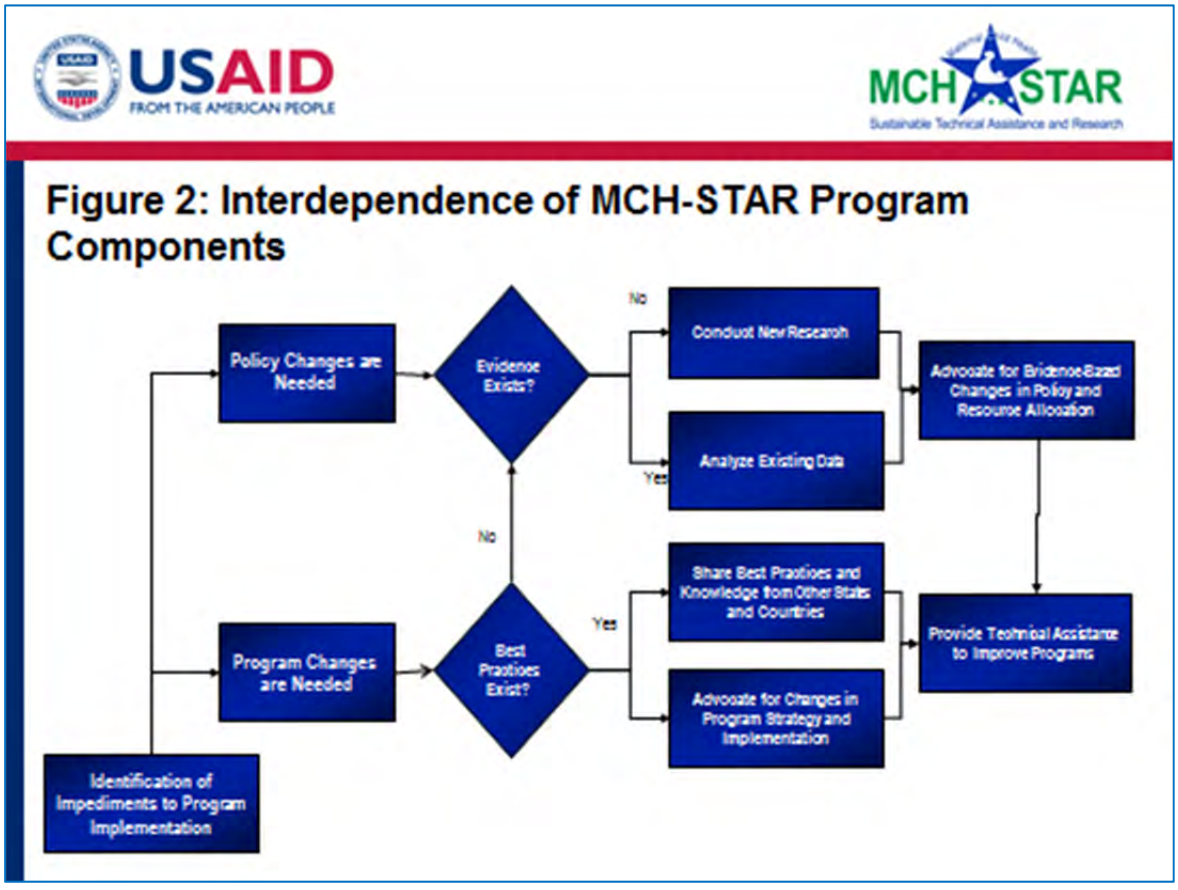
Several respondents to the capacity building assessment commented that the project often drifted between individual capacity with organizational capacity building and suggested that a more appropriate monitoring system and definition would have kept this in check. One respondent pointed out that PHFI was a new organization at the onset of MCH-STAR with a dynamic evolving agenda and its needs changed over-time, hence their capacity building needs changed, while at the same time project objectives had to be adhered to.

[4] In the original task order, USAID identified two premier Indian institutions to be part of the project—IndiaCLEN and PHFI. When the contract was awarded PFI was added as a third SSI. In August 2008, in consultation with the Secretary of Health for UP, SIFPSA was added as the UP-based SSI. SIFPSA's participation to the project, however, only lasted a year and was restricted to gender advocacy activities in 2009. In Jharkhand, MCH-STAR selected CINI through a competitive solicitation process.

Frustrations arose for both the MCH-STAR team members and the SSIs that indicators were deliverable based and not capacity building based. In other words, the initiative became product-focused often at the expense of building capacity. "*We should have been process oriented and not so product oriented"*. The focus more often became the donor deliverable, such as the white paper, report, publication, rather that the learning. This left some SSIs frustrated as some productive institutional strengthening activities (e.g. developing organizational strategic plans) were left at the implementation stage. However, the SSIs did at the same time benefit from technical assistance to strengthen their financial and administrative systems.

III. Connecting the dots

The critical links between research and evaluation and policy analysis and advocacy; with policy analysis and advocacy efforts to utilize research, evaluation and advocacy data requirements [Fig. 2] were not fully embraced by all SSIs. The sense of building independent institutional integrity based on world class research and policy analysis practices was often lost in the push for responsiveness to government interests and pursuing substantial donor funds.



IV. The Concept of Capacity Building

Capacity building often meant different things to different people as mentioned above under "Project Definitions". Was it capacity building of institutions or individuals?

SSIs were very proactive in responding to CBIS initiatives, but they often lost track of the basic goals and objectives of this initiative—to build the capacity of individuals and each institution as a whole so as to be able to efficiently and effectively respond to requests from state and national governments and other clients. As a result, some of the initial capacity-building activities were limited to SSI staff assigned to MCH-STAR funded projects. This slowed the progress of SSIs toward developing a critical mass capable of moving project development toward more efficiency.

That said, at an individual level, the initiative served as a confidence builder for SSI members. According to one PHFI staff member, "*personally I learned a lot. If not capacity building, it has definitely built my confidence*." A former CINI staff member said that "the learning of the people skills far outshone the technical learning's". An IndiaCLEN researcher acknowledged that "*it was the first project independently being handled by me from concept note to final report*" and accredited her confidence today in routinely doing that for other projects to MCH-STAR.

Lessons Learnt and Recommendations for Future Programming

Organizations do want assistance and there is a role and a place for what they want. "The original design – building the capacity of local institutions is more important now than ever before [USAID Forward]. This section explains the major recommendations that emerged from MCH-STAR stakeholders based on their lessons learned.

- **Capacity building must be aligned with the mission and vision of receiving organizations (SSI).**
  - Ensuring the buy-in of SSI chief executive officers (CEOs) for institutional change is important to sustainability. Senior leadership and commitment of SSI institutional strengthening is paramount to institutional change. Long-term structural changes and process improvements for better SSI governance and management require support and stewardship from top management. Sometimes this was lacking during key phases of implementation. Interactions with CEOs were limited due to competing priorities, and availability. One of MCH-STAR's members observed that "*… when you build capacity it has to be with organizations that want change and are asking for change.*"
  - However, buy-in/involvement of top management is not enough. The organization as a whole needs to have an interest in and understanding of the need for the capacity building. This means that all levels of staff in the organization and across project should be included in the capacity building activities. Learning is institutionalized only when senior staff trust, participate and invest in the capacity-building approach.
  - Capacity building should include in-depth learning on the part of SSIs staff, not just one off workshops. Though workshops with participatory group learning activities can be useful for introduction to the processes, they must be followed by intensive, consistent, hands-on

mentoring and skills application over a period of time, not less than six months, and probably longer.

- **Capacity building and institutional strengthening (CBIS) takes time.** The *learning by doing approach* adopted is an experiential methodology that works, however it is not without a downside. There is always a fine line between building the capacity of individuals and the organization as a whole and focus needs to be determined from the onset of a CBIS effort. Within MCH-STAR building capacity in the SSI as an institution rather than on individuals was the focus. However, capacity building workshops were with designated SSI staff working on the project. When these trained personnel moved to other projects or changed employment the potential for institutional learning was curtailed and also contributed toward slowing down the development of a critical mass of staff capable of moving project development forward more efficiently. If sustainable institutional development is to be realized, SSIs need to be made aware very early to anticipate transitions and therefore identify ways to train more SSI staff with or without project funding.

- **Measuring CBIS:** Indicators and measures of success need to be defined and agreed upon at the start of the project. Room should be made to review CBIS needs mid-way through a project.

- **MCH-STAR's experience with the *embedded consultant* approach should be further developed as a model for meaningful support of a host of public health and development issues**. The embedded consultant approach is responsive and provides the opportunity to reinforce new knowledge and skills over time and through the combination of workshops and one-to-one TA. Its participatory nature brings people together to learn from each other. The access and trust that evolved between expert, indigenous consultants and the staff of the SSIs point the way toward more successful capacity-building approaches. *Time is required* for institutions to build trust between one another and plan the capacity building through a consultative process, and for participants to internalize what they've learned and apply it in a supported environment.

- **Synergy is developed by encouraging partnering and tapping into SSI strengths and capabilities.** MCH-STAR focused on creating an enabling environment for SSIs to develop sustainable partnerships and learn through working together. Through collaboration and interaction between SSIs during capacity building skills training and building workshops SSIs established mutually advantageous partnerships with each other for particular projects. The partnerships developed synergistically around comparative strengths of the SSIs. For example, PFI and IndiaCLEN partnered on the Study of Reach, Effectiveness and Impact of the JSY Scheme in Jharkhand. In Jharkhand, CINI and PHFI in particular benefitted from each other's strengths in field orientation and technical competence in the area of health system strengthening for improved MNCHN.

- **Unifying themes allow for synergy rather than fragmentation of SSI inputs**. With few exception, treating each area of activity—CBIS, R&E, P&A and TA—independently led to small projects with limited potential to contribute to larger MNCHN dialogue in the country or individual states. Two exceptions were advocacy work around World Pneumonia Day at the national level and growth monitoring in Jharkhand.

- **Improvement to laws, policies, regulations and guidelines is complex and time consuming.** MCH-STAR's work on laws, policies regulations and guidelines was time consuming and requires support from government officials at every point. The delays in meeting the indicators on policy developments for technical areas and task order management are all related to the time-consuming process of working within bureaucratic structures. The process is difficult for large donors and bilateral agencies, let alone for small indigenous NGOs who are trying to make a difference. Given that changing laws and policies within countries especially India can take anywhere from 5 years or more, the expectations for this type of deliverable may have been overly ambitious.

- **The strategic communication of research findings to policy and decision-makers is a key component of implementation.** The process of transferring knowledge and research to policy and practice is a distinct activity that requires a specific skill set. The strategic communication of research findings to policy and decision-makers is a key component of implementation. The creation of systems that facilitate access to and sound interpretation of evidence is essential to meet the goal of an evidence based health care system. Knowledge brokering brings researchers and decision-makers together, facilitating their interaction so that they are able to better understand each other's goals and professional cultures, to influence each other's work, to forge new partnerships, and to use research-based evidence. Brokering is critical to support evidence-based decision-making in an organization and the management and delivery of health services. To be most effective, the knowledge broker must be engaged from the beginning.

- **Policy information is extremely weak in Indian state.** Good examples of policy analyses, both review of existing policies and development of policies are needed in the Indian context. No research or technical assistance projects should be initiated without a thorough policy review or analysis of the topic that reflects the relevant level(s) of governance.

- **Addressing gender and social exclusion together not only broadens the reach and improves outcomes, but also reduces the backlash that gender interpreted as "for women only" often produces.** The opportunity to examine one's own beliefs and practices in this context can lead to individual and organizational change toward more equitable practices and policies. There were challenges, especially in getting the buy in from leadership, but overall, the approach appears to have been successful. Through the new model for capacity building, providing an "embedded" indigenous expert, tailored tools and a mix of workshop and mentoring, MCH-STAR demonstrated an approach consistent with country ownership, efficiency and effectiveness that could be applied in other contexts within India.

- **The process of transferring knowledge and research to policy and practice is a distinct activity that requires a specific skill set**. Knowledge brokering brings researchers and decision-makers together, facilitating their interaction so that they are able to better understand each others' goals and professional cultures, to influence each other's work, to forge new partnerships, and to use research-based evidence. Brokering is critical to support evidence-based decision-making in an organization and the management and delivery of health services. To be most effective, the knowledge broker must be engaged from the beginning.

- **Make Government Central from the Get-Go.** Delays and challenges in executing capacity building projects and policy changes would have been minimized had government been involved in the initial design of MCH-STAR, and not at the priority setting stage. One respondent from the capacity building assessment put it, "policy is not a second thought. It needs to be thought about at the beginning…."

> *Talk to government first in original design not afterwards. For this to work there has to be co-ownership.* <Capacity-building assessment of lessons learned>

Conclusions

MCH-STAR was designed to fill an identified gap by supporting effective implementation of NRHM through evidence-based sustainable MNCHN activities. Accelerating development of the capacity of Indian institutions for research, policy analysis and TA in MNCHN would leave the Indian government with a sustainable system for making health programs improvements without a key development partner.

Star Supported Institutions are recognized as the go-to organizations by the GOI and State Governments. Through the SSIs MCH-STAR accomplished its objectives by achieving (a) 46 of its targeted 44 information gathering or research activities; (b) 16 of 16 improvements to laws, policies, regulations or guidelines related to improve access to and use of health services; (c) conducted one water and sanitation and hygiene baseline study and (d) organized 15 National and State Level Consultations.

The concept of the MCH-STAR initiative was hailed without exceptions by the all interviewees during the 2010 Mid-Term Review (MTR) and the 2012 assessment of CBIS lessons learned as an innovative and exciting approach that modernized capacity development, and offered a new way for a donor to build local capacity and respond to the needs of a rapidly developing nation. Stakeholders reported that MCH-STAR had significant accomplishments in a short-time in a highly complicated environment.

Excerpts of Capacity Building Experiences:

Gender and Social Inclusion

MCH-STAR's Gender and Social Inclusion capacity-building work promoted the notion that programs can be more successful; research more accurate; and health resources, service delivery and institutions themselves, more equitable, when social inclusion principles and techniques are better understood and incorporated by institutions. GSI can be a real solution for many of the problems that India faces in providing health services for its entire people. It represents an approach to improved health delivery that is consistent with the Global Health Initiative in that it "seeks to achieve significant health improvements and foster sustainable effective, efficient and country-led public health programs that deliver essential health care." Public health institutions taking up this approach can be in the vanguard for positive change.

Building Confidence

Institutionally, MCH-STAR has helped build the confidence of the SSI's with which they worked, inspiring them to be global competitors. According to the former Executive Director of PFI, "MCH-STAR proved to be a motivating factor. The handholding gave us confidence to jump into competitions where there are big players who have a long history of successfully obtaining funding. MCH-STAR helped put PFI on the global map".

At an individual level, the initiative also served as a confidence builder for SSI members. According to one PHFI staff member, "personally I learned a lot. If not capacity building, it has definitely built my confidence." A former CINI staff member said that the learning of the people skills far outshone the

technical learnings. An IndiaCLEN researcher acknowledged that "it was the first project independently being handled by me from concept note to final report" and accredited her confidence today in routinely doing that for other projects in addition to MCH-STAR.

Networking

MCH-STAR's capacity building activities "brought interesting people together." The initiative was seen as a great opportunity to work closely with partners in the States, especially Jharkhand, and at national level. Networking facilitated individuals to develop relationships through discussion forums, e-groups, advocacy events, trainings, projects etc. Several respondents felt that the networks formed through MCH-STAR will continue to help them grow long after the projects' completion. "Today I have a direct line with Jharkhand HR manager, NRHM. He calls me when he needs something and I call him when I need help, even outside of MCH-STAR." One respondent felt that out of all of these methods, e-groups were very useful but were introduced too late – "They should have been started at the beginning of the project rather than midway".

Creating the Next Generation of Researchers

Across the board all those interviewed who had directly worked on any project felt they had learnt and grown tremendously through their involvement with the MCH-STAR project. "It was the first project that I handled from concept note to final report." An opportunity was created for new investigators to come forth. PHFI members felt that their midlevel researchers were given an opportunity to "fine-tune" their skills and a cohort of junior researchers was created through the projects. Several IndiaCLEN members felt that there were no barriers for individuals within an SSI to submit a proposal so many investigators used this as a platform to launch their research leadership skills by becoming principal investigators. As one stake holder put it "capacity and skills of specific staff members associated with SSI's was definitely built."

Working with the Governments

It was clear at the onset of the initiative that MNCHN was emerging as a priority topic on the larger agenda of the country. The national government was engaged through events such as the two high level pneumonia consultations and the maternal health consultation commemorating Safe Mother Day (2012) in Jaipur. Though these events were universally recognized as useful a critique emerged that they should have occurred with more intensity earlier on in the project. Nevertheless the GoI is taking on the challenge to improve quality and access to reproductive, maternal, neonatal and child health services throughout India. They have embarked on a quality assurance cells checklist development to guide supportive supervision and quality improvement. This effort was supported by MCH-STAR and is expected to continue after the project ends.

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Annexes

Annex 1: Research and Technical Assistance Projects, National/State Consultations and Improvements to Laws, Policies, Regulations or Guidelines

	Research and Technical Assistance Projects
1	Study of Reach, Effectiveness and Impact of the JSY Scheme in Jharkhand
2	Study of the Social Determinants and Health Facility Management of Childhood Malnutrition in Jharkhand and UP
3	Multicentric trial of home vs. hospital Oral Amoxycillin for management of severe pneumonia (ISPOT)
4	Concurrent Evaluation of the NRHM BCC Campaign
5	Evidence review of Birth Preparedness/ Complicated Readiness (BPCR) leading to Advocacy
6	Needs Assessment Study for Periodic Training of ASHA under NRHM in Uttar Pradesh
7	Operations Research on introducing community-based Maternal Death Audits at FRUs in Uttar Pradesh
8	Evaluation of Malnutrition Treatment Centres and prospect of children after rehabilitation in Jharkhand
9	Development of Module on "Gender Equity in Health" for Post Graduate diploma In Public Health Management
10	Women's perception of Quality and Satisfaction with maternal Health Services
11	Assessing the needs for periodic training of Accredited Social Health Activist (ASHA) under the NRHM
12	Strategies to improve utilization of the National Rural Health Mission Flexi funds in Jharkhand (Flexi Funds II)
13	Technical assistance provided to CINI, PHFI and PFI to build capacity of staff to understand how to streamline Gender and Social Inclusion into development programs
14	Technical Assistance for the Identification of Barriers to effective implementation of the Integrated Child Development Service Scheme in Jharkhand to CINI (ICDS)
15	Technical Assistance for assessment and mapping of Human Resources in health in Jharkhand
16	Technical Assistance for improving functioning of the Institute of Public Health in Jharkhand
17	Technical Assistance for Operationalization of First Referral Units (FRUs) in Jharkhand Phase I
18	Technical Assistance for Operationalization of First Referral Units (FRUs) in Jharkhand Phase II
19	A Study of Global Best Practices in Providing High Quality and Responsive Technical Assistance
20	Secondary data analyses of National Family Health Survey 3 (NFHS 3)

	National and State Level Consultations
1	State Level Consultative meeting on MNCHN Research, Evaluation, Policy and Technical Assistance Priorities, Ranchi Jharkhand, 2008
2	State Level Consultation on Gender and Reproductive and Child Health in Lucknow, Uttar Pradesh, 2009
3	National Consultation on Acute Respiratory Infection, 2009
4	National Consultation commemorating World Pneumonia Day, 2009
5	National Consultation on Advanced Cookstoves, 2009
6	National Consultation on the NRHM-BCC Concurrent Evaluation, 2009
7	National Consultation to Commemorate Safe Motherhood Day - Making Lives Matter: Examining accountability of maternal and neonatal mortality in India, 2010
8	National Consultation on Water Sanitation and Hygiene, 2010
9	National Consultation on the IndiaCLEN Multicentre Trial of Home versus Hospital Oral Amoxicillin for Management of Severe Pneumonia in Children (ISPOT STUDY), 2011
10	State Level Consultation on Utilization of Flexi-funds, Government of Jharkhand, 2011
11	National Consultation commemorating World Pneumonia Day, 2011
12	A State level meeting was conducted with senior managers of NRHM and managers from First Referral Units (FRU) to share the lessons learned in the FRU operationalization process, 2011
13	State Level Consultation on Growth Monitoring and Promotion-Seizing Opportunities, 2012
14	National Safe Motherhood Day Consultation: Ensuring Quality Services for Safe Motherhood, 2012
15	State Level Consultation on Performance Needs Assessment of Integrated Child Development Services Scheme in Jharkhand, 2012

	Improvements to Laws, Policies, regulations or Guidelines
1	Management Development Program Training Modules for Medical Officers
2	Management Development Program Training Modules for Program Managers
3	Gender and Social Inclusion Training Modules (for PHFI)
4	Gender and Social Inclusion Toolkit (Advocacy, Best Practices in Inclusive Research and Proposal Writing)
5	Guidelines for State Quality Assurance Cells (Draft)
6	Checklists for State Quality Assurance Cells: Labor Room, Outpatient Department and Wards (Draft)
7	Decision Guide for Growth Monitoring and Promotion (To be used by Anganwadi workers)
8	Standardized Management Information System (MIS) to track utilization of NRHM flexi-funds in Jharkhand
9	Disbursement plan for timely release of NRHM flexi-funds in Jharkhand
10	Ensuring Jharkhand's First Referral Units Achieve National Operational Standards: A multi-stakeholder approach designed to realize results in fiscal year 2011-2012
11	Improving Utilization of Flexi-funds by Jharkhand Rural Health Mission: Training package
12	Integrated Delivery and Referral Register for First Referral Units (FRUs) submitted to the State RCH Officer, Government of Jharkhand
13	Directive for Reorganizing Trained Medical Officers in FRUs in Jharkhand
14	Directive for Release of additional funds for FRUs in Jharkhand
15	Guidelines for utilization of NRHM Flexi-funds, Jharkhand
16	Change in NRHM Behavior Change Communication (BCC) Campaign plan

	White Papers
1	White paper on rational use of antibiotics,
2	Speeding up the spending on Health Facilities and Community Health Programs: How to Overcome Poor Utilization of Flexi-funds in Jharkhand.

Annex 2: Research Grants Overview

SSI Name	Grant Activity	Total Grant Expenditure USD
IndiaCLEN	Study of Reach, Effectiveness and Impact of the JSY Scheme in Jharkhand	$90,646.00
IndiaCLEN	Study of the Social Determinants and Health Facility Management of Childhood Malnutrition in Jharkhand and UP	$157,113.00
IndiaCLEN	Capacity and Institution Strengthening (CBIS) of IndiaCLEN	$130,824.86
IndiaCLEN	WHITE PAPER On “Rational Use of Antibiotics for Pneumonia”	$2,200.00
IndiaCLEN	IndiaCLEN Multicentric trial of home vs. hospital Oral Amoxycillin for management of severe pneumonia (ISPOT)	$105,361.80
PFI	Study of Reach, Effectiveness and Impact of the JSY Scheme in Jharkhand	$105,142.00
PFI	Capacity and Institution Strengthening of PFI (CBIS)	$66,079.19
PFI	Concurrent Evaluation of the NRHM BCC Campaign	$79,837.43
PFI	Evidence review of Birth Preparedness/ Complicated Readiness (BPCR) leading to Advocacy	$25,420.89
PFI	Needs Assessment Study for Periodic Training of ASHA under NRHM in Uttar Pradesh (PFI)	$21,798.39
PHFI	Operationalization of First Referral Units (FRU) in Jharkhand	$130,829.00
PHFI	Capacity and Institution Strengthening (CBIS) of PHFI	$51,872.65
PHFI	Operationalization of First Referral Units in Jharkhand - Phase II (FRU II)	$105,230.39
PHFI	Operations Research on introducing community-based Maternal Death Audits (MDA) at FRUs in UP (PHFI)	$55,692.31
PHFI	Technical Assistance for assessment and mapping of Human Resources in health in Jharkhand	$40,011.16
PHFI	Technical Assistance for improving functioning of the Institute of Public Health in Jharkhand	$108,942.84
PHFI	Evaluation of Malnutrition Treatment Centers and prospect of children after rehabilitation in Jharkhand	$53,613.26
PHFI	Development of Module on "Gender Equity in Health" for Post Graduate diploma In Public Health Management	$3,242.85
PHFI	Women's perception of Quality and Satisfaction with maternal Health Services (QoC)	$27,796.78
CINI	Technical Assistance to Government of Jharkhand for effective utilization of NRHM Flexible funds in Jharkhand	$82,825.01
CINI	Capacity building and Institutional Strengthening (CBIS)	$25,030.63
CINI	Identification of Barriers to effective implementation of the Integrated Child Development Service Scheme in Jharkhand to CINI (ICDS)	$31,643.75
CINI	Strategies to improve utilization of the National Rural Health Mission Flexi funds in Jharkhand (Flexi Funds II)	$33,274.57
UHRC	Expanded Urban Health Program for the poor	$810,972.04
MISC	Total Disbursed from HO to SSIs directly	$112,037.67
TOTAL		$2,457,438.47

Annex 3: Definitions of Key Terms Used in MCH-STAR

Definitions of Key Terms Used in MCH-STAR
Capacity building and institutional strengthening is the development of technical expertise, skills, tools, grants management systems, procedures, standards, web-based resources, databases, networks, and institutional commitment of Indian Institutions to improve their ability to provide responsive, high quality research and evaluation, policy analysis and advocacy, and technical assistance in the areas of maternal health, newborn health, child health, and maternal and child nutrition among the poor and vulnerable populations in the EAG districts with the worst MCH indicators. ***Research*** is a systematic investigation designed to develop or contribute to the evidence of what works ["what work" to me implies a different kind of research than applied or operations – e.g., seeing the effect of meds on pneumonia deaths. Applied and operations research builds on that kind of knowledge to look at. Whether the policy or program is being implemented properly.to improve maternal and child health and nutrition and reduce maternal, neonatal and child mortality among the poor and vulnerable populations in the EAG districts with the worst MCH indicators. Research would include applied research that tests the efficacy of an evidence-based MNCHN intervention in rural India [again, this is different from what we are doing]or supports the scaling up of evidence-based MNCHN interventions; operations research to investigate how to best introduce, implement or remove barriers to evidence-based MNCHN interventions; policy studies that investigate implementation effectiveness and barriers of existing policies and programs, the need for policy change to allow for the introduction of evidence-based practices; and secondary data analysis of existing data sets or systematic reviews to answer specific MNCHN research questions. MCH-STAR related research would only include those investigations or data analyses that will lead to policy or programmatic changes to improve MNCHN outcomes and impact. For MCH-STAR, research would not include investigator-driven studies or non-community related clinical trials. ***Evaluation*** is a qualitative or quantitative appraisal or assessment to ascertain the effectiveness and value of a policy, program or intervention on MNCHN among the poor and vulnerable populations in EAG districts with the worst MCH indicators. This may include cost-benefit analyses of evidence-based interventions, program evaluations, impact assessments, case control studies, analyses of existing data sets using multi-variant analysis and other statistical methods to determine impact of an intervention. There is a fine line between what is research and evaluation and MCH-STAR will consider the broadest definition of both research and evaluation. ***Policy*** is a law, rule, regulation, strategy, guidelines, procedures, norms, or directives from a higher-level authority to guide a course of action. For the purpose of MCH-STAR, policy is defined and conceived in its broadest sense and would include: National and state level policies such as National Health Policy 2002, State Population and Health policies; Legislation and Acts that regulate health services; National and state programs and schemes such as NRHM, RCH II, ICDS, Janani Suraksha Yojana (JSY), Navjaat Shishu Suraksha Karyakram (NSSK); State Program Implementation Plans (PIP); Technical and Operational Guidelines and Norms; Clinical standards and protocols; Government Orders and Directives that have a system-wide or general application; and resource allocation documents such as budgets. ***Policy Analysis*** is the systematic assessment of the potential or actual impact of a proposed or existing policy on improving MNCHN. A policy in the MCH-STAR sense can be a decision to integrate a specific health intervention into practice or as part of the government service delivery, e.g. the provision of antibiotics presumptively to newborns to prevent infection, or a policy may be at a higher level. A policy analysis may identify a policy related problem, determine the effectiveness of a policy on its intended results, investigate how well a policy is being implemented and benefiting its target population, or may seek to gather information on a proposed policy and its potential for affecting positive change in programs, services and health seeking behavior. A ***White Paper*** is a concise policy or position paper that states a government's, organization's or group's position on maternal health, newborn health, child health and maternal and child nutrition. Typically, a white paper explains the results or conclusions from an organized committee or research collaboration or design and development effort. For MCH-STAR, all White Papers would center on critical MNCHN issues or policies. A

Definitions of Key Terms Used in MCH-STAR
Policy Brief is a concise, usually 2-page document that summarizes the findings and recommendations of a White Paper and is targeted at policy makers. ***Advocacy*** is a type of social activism or social mobilization targeting health care policy for system, program, service delivery, and health seeking behavior change. It includes speaking, acting and writing on behalf of the interests of disadvantaged persons or groups to promote, protect and defend their health. In the case of MCH-STAR, advocacy activities promote and influence evidence-based changes in policy, strategy, guidelines, approaches, programs, interventions, procedure, as well as health seeking behavior and practice for improved MNCHN. In contrast to lobbying, advocacy is not spearheaded by interest groups that would benefit or suffer financially from the change. ***Technical Assistance*** is the timely provision of specialized advice and customized support to resolve specific problems and increase clients' capacity. Technical assistance proceeds in three phases: planning, delivery, and follow-up. In MCH-STAR, technical assistance by SSI's or other Indian Institutions would be responsive to requests by government, development partners, civil society and the private sector in the area of MNCHN and would be based on the state-of-the-art technical evidence of what works.

Annex 4: MCH-STAR Performance Management Plan

Benchmark	Measurement Definition	Disaggregated by:	Measurement Tool	Annual Target	Frequency of Data Collection
Research priorities established & reviewed at the national level through consensus building exercise(s)	Through a consensus building approach, national research priorities are established and documented, and accessible by MCH-STAR, SSIs, and other stakeholders.	subject: • maternal health • neonatal health • child health • maternal nutrition • infant & child nutrition	• MCH-STAR Project records; • GOI approved documents		annual review
Research priorities established & reviewed at the state level in UP & Jharkhand, through consensus building exercise(s)	Through a consensus building approach, UP and Jharkhand research priorities are established and documented, and accessible by MCH-STAR, SSIs, and other stakeholders.	subject: • maternal health • neonatal health • child health • maternal nutrition • infant & child nutrition location: state	• MCH-STAR Project records; • UP gov't approved documents • Jharkhand gov't approved documents		annual review
Number of major research studies conducted by SSI	Number of major studies conducted by SSIs on MNCHN topics per year. Studies are defined as applied research, operations research and policy research.	subject: • maternal health • neonatal health • child health • maternal nutrition • infant & child nutrition location: state	• MCH-STAR M&E Database	2 or more	ongoing
Number of reports developed and disseminated by SSIs on findings of major research studies, within four months of completion of data collection.	Number of reports developed based on findings of major studies conducted by SSIs on MNCHN topics. Studies are defined as applied research, operations research and policy research. These reports are counted if disseminated within four months following the completion of data collection. Reports are developed by	subject: • maternal health • neonatal health • child health • maternal nutrition • infant & child nutrition location: state	• MCH-STAR M&E Database	2 or more	ongoing

Benchmark	Measurement Definition	Disaggregated by:	Measurement Tool	Annual Target	Frequency of Data Collection
	SSI with TA from MCH-STAR, as needed.				
Number of small scale research studies conduced by SSI	Number of small scale studies conducted by SSIs on MNCHN topics per year. Studies are defined as applied research, operations research and policy research.	subject: • maternal health • neonatal health • child health • maternal nutrition • infant & child nutrition state / location	• MCH-STAR M&E Database	4 or more	ongoing
Number of reports developed and disseminated on the findings of small scale research studies, within four months of completion of data collection	Number of reports developed based on findings of small scale studies conducted by SSIs on MNCHN topics. Studies are defined as applied research, operations research and policy research. These reports are counted if disseminated within four months following the completion of data collection. Reports are developed by SSI with TA from MCH-STAR as needed.	subject: • maternal health • neonatal health • child health • maternal nutrition • infant & child nutrition location: state	• MCH-STAR M&E Database	4 or more	ongoing
Number of consultations based on research findings	Number of consultations related to MNCHN research findings per year. A consultation is defined as an event or series of events designed as a platform discussion on MNCHN research findings to inform policy development.	subject: • maternal health • neonatal health • child health • maternal nutrition • infant & child nutrition location: state or national	• MCH-STAR M&E Database	1 or more	annual review ongoing ongoing
Number of new or modified policies attributable to contributions by MCH-STAR & its SSIs.	Number of policies at the national &/or state level designed to improve MNCHN, that have been developed/modified and approved. These new policies and changes to existing policies have occurred due to contributions by MCH-STAR and its	subject: • maternal health • neonatal health • child health • maternal nutrition • infant & child nutrition	• Key informant interviews with policy makers. • MCH-STAR M&E Database	1 or more	annual review

Benchmark	Measurement Definition	Disaggregated by:	Measurement Tool	Annual Target	Frequency of Data Collection
	SSIs.	location: state or national policy type: new / modified			
Number of 'white papers' or other policy analyses developed and disseminated to stakeholders.	Number of 'white papers' &/or policy analyses on MNCHN topics that are developed and disseminated to stakeholders by MCH-STAR &/or its SSIs.	subject: • maternal health • neonatal health • child health • maternal nutrition • infant & child nutrition location: state or national policy type: new / modified	• MCH-STAR M&E Database	2 or more	annual review ongoing
Number of articles, 'white papers' or other documents reporting research findings developed by SSIs reviewed and approved through peer review process.	Number of articles, 'white papers' or other documents reviewed and approved through peer review process that report research findings on MNCHN topics.	subject: • maternal health • neonatal health • child health • maternal nutrition • infant & child nutrition location: state or national policy type: new / modified	• MCH-STAR M&E Database	2 or more	annual review ongoing
Number of consultations on evidence-based policy development.	Number of consultations on evidence-based MNCHN policy development, findings per year. A consultation is defined as an event or series of events designed as a platform for evidence-based policy decision-making and development. The information exchanges and policy dialog that occurs within these consultations are based on research findings. These consultations are sponsored or co-sponsored by MCH-STAR or its SSIs.	subject: • maternal health • neonatal health • child health • maternal nutrition • infant & child nutrition location: state or national	• MCH-STAR M&E Database	1 or more	annual review ongoing ongoing
Number of full time equivalents of technical	Number of hours of technical assistance		• MCH-STAR	2 or more	monthly

Benchmark	Measurement Definition	Disaggregated by:	Measurement Tool	Annual Target	Frequency of Data Collection
assistance provided to the NHSRC.	(TA) provided by MCH-STAR and its partners to NHSRC. Full time equivalent (FTE) is calculated as 40 hours per week of TA for one month. The indicator will be reported in FTE per month as the year progresses.		Project records		ongoing
Number of SSIs who participate in NRHM/RCH II Joint Review Mission (JRM)	Number of representatives from SSIs who participate in MRHM/RCH-II JRMs.	SSI JRM	• MCH-STAR Project records	2 or more	annual review
Number of MOHFW and MWCD requests for MNCHN technical assistance are fulfilled with timely, responsive, and high quality assistance.	Number of requests for technical assistance (TA) on MNCHN made to MCH-STAR or its SSIs by MOHFW &/or MWCD. Requests will be counted only once quality TA has been provided and is deemed responsive to the specifics of the request.	subject: • maternal health • neonatal health • child health • maternal nutrition • infant & child nutrition GOI agency: MOHFW, MWCD, other	• MCH-STAR Project Records • QA Monitoring Tool		ongoing
Number of state level requests for MNCHN technical assistance are fulfilled with timely, responsive and high quality assistance	Number of requests for technical assistance (TA) on MNCHN made to MCH-STAR or its SSIs by a state level agency. Requests will be counted only once quality TA has been provided and is deemed responsive to the specifics of the request.	subject: • maternal health • neonatal health • child health • maternal nutrition • infant & child nutrition location: state state agency	• MCH-STAR Project Records • QA Monitoring Tool		ongoing
Number of program evaluations conducted by SSI(s).	Number of program evaluations conducted by SSIs. Programs evaluated will work on improving MNCHN.	subject: • maternal health • neonatal health • child health • maternal nutrition • infant & child nutrition	• MCH-STAR M&E Database	1 or more	ongoing

Benchmark	Measurement Definition	Disaggregated by:	Measurement Tool	Annual Target	Frequency of Data Collection
		location: state or national			
Number of SSIs working in collaboration with stakeholders, including GOI agencies, in the scope, design, and results interpretation of research and evaluation studies.	Number of SSIs who routinely get input from stakeholders on the scope, design, and interpretation of research findings.	SSI	• MCH-STAR Project records. • Key stakeholder informant interviews	2 or more	annual review
Number of SSIs who participate in national and EAG working groups or task forces	Number of representatives from SSIs who routinely participate national and EAG working groups &/or task forces.	SSI location: state or national	• MCH-STAR Project records.	2 or more	annual review
Percent of SSI budgets coming from USAID and its Primes.	For each SSI, percent of budget funds provided by USAID or a USAID-funded project.	SSI	• Review of SSI budgets	by Yr 4: 50% or less; by Yr 5 10% or less.	annual review
Average rating of institutional capacity and sustainability of SSIs.	For each SSI a panel (TBD) will rate the SSI's institutional and technical capacity. EMG will address critical technical and organizational development criteria of SSI in India.	SSI	• QA Monitoring Tool		annually

Annex 5: MCH-STAR Organizational Chart (positions only)