



USAID
FROM THE AMERICAN PEOPLE

KNOWLEDGE PARTNER IN HEALTH

QUARTERLY PROGRESS REPORT

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Activity Start Date and End Date: November 20, 2017 to September 30, 2018

Reporting Period: April 1, 2018 to June 30, 2018

Implemented by: Swasti

Partners: Catalyst Management Services Pvt Ltd

Knowledge Partner in Health

QUARTERLY PROGRESS REPORT

Date: 27 July 2018

ACRONYMS

KP: Knowledge Partnership

M and E: Monitoring and Evaluation

MEL: Monitoring, Evaluation and Learning

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I. INTRODUCTION

USAID India partners with national and state-level institutions and demonstrates high-impact best practices in the areas of family planning/reproductive health; maternal, newborn, and child health; and disease threats like HIV/AIDS, polio, and tuberculosis. USAID/India seeks to strengthen the health workforce, enhance the quality of data, strengthen management of India's supply chain for health commodities, and reduce out-of-pocket payments. USAID/India (Health) invests in over 50 projects from which significant learnings to Indian and other health systems can be delivered.

The **objective** of the Knowledge Partnership (KP) engagement between USAID and Swasti seeks to systematically facilitate learning and knowledge sharing within, among and outside the USAID Health Portfolio partners.

Generating data and analytics on the status of health in priority states, on gaps in knowledge of critical issues (e.g. health financing) and bringing together learning from partner interventions will provide the USAID Health portfolio with the insights and evidence to guide their strategic agenda.

As Knowledge Partner to USAID India, Swasti will:

- a) Understand learning and knowledge requirements of Projects/Programs, USAID and other global partners (emanating out of India);
- b) Develop framework, mechanisms and capacities to capture learning and knowledge within and across Projects/Programs;
- c) Facilitate learning and knowledge sharing through innovative methods, within and across Projects/Programs;
- d) Conduct rapid, incisive and insightful studies and evaluations which answer clearly framed and context questions;
- e) Summarize, synthesize and distil key sectoral /knowledge at Portfolio level through a variety of products and platforms.

The **Key Result Areas** are:

Result 1: USAID Health Portfolio Monitoring, Evaluation and Learning (MEL) system designed and developed for the portfolio

Result 2: Implementation support provided to USAID and partners for effective delivery of MEL both at Portfolio and at the grants level

Result 3: Portfolio Impact results available (including economic returns and modeling for program/portfolio)

Result 4: Strengthening global learning in identified thematic areas

II. HIGHLIGHTS OF THE QUARTER

The highlights of the quarter are:

- Candid discussions on the M&E reporting mechanisms between USAID and IPs as a first step towards fixing the challenges on making the investment case for USAID health investments in India
- Building the #Numbers2Narratives collaborative
- Generating interest and excitement among IPs M&E and research personnel, and the social media team on building narratives through new methods like infographics and social media

III. MAJOR ACHIEVEMENTS

During Q3 the L4i team was handling 13 pieces of work, which included 10 studies (6 research and 4 MEL), and social media, knowledge collaborative and the L4i learning platform.

1. Social media strategy rolled out

During the quarter the L4i team set-up and rolled out their LinkedIn, Twitter and Media blog accounts. On twitter, four events provided the opportunity to further the L4i social media footprint – (a) the USAID TB partner’s meet; (b) the UNICEF Five Year National Dissemination Seminar; (c) the #Numbers2Narratives; (d) the social media café with the USAID team. The first three events generated 238 tweets and gained 71 followers.

In the two months that the Learning4impact LinkedIn and Medium account has been up there have been 10 blogs posts and 39 followers.

The L4i Comms team is now geared to increase the number of followers on Twitter and LinkedIn and a more consistent twitter presence and get IPs to write on social media.

2. #Numbers2Narratives: The first workshop by L4i was a success story, bringing together M&E and research teams from IPs to build a knowledge collaborative that will work on building effective reporting mechanisms that capture the impact of USAID investments in health in India. The event got IPs excited about the use of infographics and social media to share their stories. The workshop report is Annexed to this QPR
3. The Social Media Café with the USAID team: The café, which brought 14 USAID staff together over lunch was meant to give an initial orientation to social media and address queries and concerns. The main concerns expressed were security and protocols on what can and cannot be written. A few participants expressed the need for close hand holding initially. The L4i team will work with USAID to share guidelines and help those who require more support to get active on social media.

IV. MAJOR PLAN (FOR THE NEXT QUARTER)

The plan for the next quarter include:

1. Completing the fact sheets on the health status of the urban poor in the major states and at the all India level
2. Completing the rapid learning exercise on the effectiveness of the quality assurance tools under MCSP program
3. USAID’s investments and legacy building in India - story of urban health
4. Completing the state level decks for some the major states
5. Moving the #Numbers2Narratives Learning collaborative forward
6. Co-organizing the Adolescent event
7. Expanding the social media footprint
8. Conducting one Webinar (topic to be decided in collaboration with USAID)
9. Completing the Reaching the Unreached study
10. Developing multiple communication products for Adolescent Health for International Adolescent Day on 12 August
11. Deeper engagement with USAID staff to bring them on social media

V. PROJECT MANAGEMENT UPDATES

Personnel: No changes to Key Personnel.

Capacity Building:

1. Brand building through social media
2. Health Financing and insurance
3. Monitoring and Evaluation - Randomized Control Trials and Impact Evaluations
4. Social Norms
5. Health financing
6. Canva software (for infographics)

Monthly Reviews:

On time and regular.

VI. TECHNICAL PROGRESS

Performance Reporting Table

Indicators as per PMP	Target (quarterly)	Achievements of the quarter	Cumulative Achievements (yearly)	Target for the next quarter	Additional Information
# of timely delivery of products	6	4	4	7	3 medium blogs, 1 launch ws/KC, Dasra ToC, Reaching unreached
# of timely and completed review meetings	3				
Levels of satisfaction of the partner (USAID team) for each product delivered (Score of at least 4)	NA				

VII. FINANCIAL UPDATES

Funds	TOTAL Obligation for Yr 1	Cumulative Expenditure at Quarter end	Balance at Beginning of Quarter	Actual Burn Rate (period)	% Qrly Spent against Qrly budget	% Cum Spent against Yr1 Budget
Qr 1		18,342	1,260,820	18,342	5.82%	1.45%
Qr 2		109,389	1,242,478	91,047	28.89%	8.68%
Qr 3		251,705	1,151,430	142,317	45.15%	19.96%
Total	1,260,820			251,705		

VIII. LIST OF STUDIES/ASSESSMENT (ONGOING/PROPOSED)

Title	Objectives	Type of Study (quantitative/qualitative)	Timeline
Domestic Resource Mobilization: Leveraging and Cost-sharing Study	Develop methodology to measure leverage and cost-share, and support IP to implement the same; towards identifying the values unlocked by USAID health investments	Mixed method	March 2018 - June 2018
'Reaching the Unreached' Study	To define "unreached" and build a narrative on USAID's investments on reaching the unreached towards learning on how to reach uniquely vulnerable populations	Qualitative: through secondary data analysis	March 2018 - June 2018
USAID's investments and legacy building in India: The story of Urban health	To chart out the process and results of USAID's investment in Urban Health towards informing key stakeholders on program impacts, successes, challenges, and areas requiring additional focus/strengthening on the road ahead	Qualitative: through secondary data analysis; key informant interviews	March 2018 - September 2018
USAID's investments and legacy building	To chart out the process and results of USAID's investment in NHFS towards informing key	Qualitative: through secondary data	March 2018 - February 2019

in India: The story of NHFS	stakeholders on program impacts, successes, challenges, and areas requiring additional focus/ strengthening on the road ahead	analysis; key informant interviews	
State Decks on Health	To understand the health status in priority states and identify specific areas for further investments	Qualitative: through secondary data analysis	March 2018 - June 2018
Analysis of NHFS-4 data for status of Urban Health	To understand the status of urban health in priority states and identify specific areas for further investments	Qualitative: through secondary data analysis	March 2018 - September 2018
Dasra Evaluation	To evaluate the Dasra adolescent collaborative towards informing USAID on future investment	Mixed method	April 2018 - September 2018
MCSP assessment	To learn what is it required to deliver a quality delivery of sterilization services through a QA package including the clinical safety checklist (CSC) and Client card and generate learning around this	Mixed method	April 2018 - September 2018

IX. LEVERAGE/COST SHARE

None to report

X. CASE STUDIES (OPTIONAL)

N/A

XI. ANNEXURE: DETAILED GANTT CHART OF ACHIEVEMENTS OF PLANNED ACTIVITIES

	Activities and Milestones	Lead	Dec 17	Mar 18	Jun 18	Sept 18	Sept 18-Feb 19	Remarks
A.	Adolescent Health							
1	Adolescent health situation analysis synopsis	Siddhi						
1.1	Concept note					X		
1.2	Adolescent health Conference and products launch					X		
1.3	Conference report					X		Further milestones on learning and communication products will be decided during the planning and included post-conference
2	Dasra Collaborative ToC	Angela						
2.1	Approach note			X				
2.2	Preliminary meeting with Dasra to finalize approach				X			
2.3	Literature review of data/reports from Dasra and collective				X			
2.4	Draft RA framework including indicators and PIR				X			Clarification of the scope of the assignment required
2.5	Final RA framework including indicators and PIR				X			
B.	Health Financing							
3	Domestic Resource Mobilization: Leverage, cost-sharing	Angela						
3.1	Finalized Concept note			X				
3.2	Data collection Complete				X			
3.3	Draft Report on Definitions and methods of measurement				X			Work in process: will get finalized after the Stakeholder workshop
3.4	Final Report on Definitions and methods of measurement				X			
3.5	Workshop with IPs					X		
3.6	Draft report on \$ leverage through various USAID investments						X	
3.7	Final report on \$ leverage through various USAID investments							
C.	Reaching the unreached - Batch 1 (3 adolescent projects, (Assam Tea workers-Saathi and (Refugees) Tibet fund)							
4	Develop a narrative on what we have done so far on reaching the unreached	Siddhi						
4.1	Concept note finalized			X				
4.2	Review and analysis of project reports and relevant literatures				X			Review of all the available project documents completed
4.3	Stakeholder consultations (telephonic)				X			Delay in getting partner documents. Strategy and process designed; will be completed in Q4
4.4	Draft report				X			
4.5	Final report				X			
D	USAID's investments and legacy building in India							
5	The story of Urban Health	Dipankar						
5.1	Concept note and partner onboarding				X			
5.2	Assessment of the documentation requirements				X			
5.3	Draft report					X		
5.4	Final outputs					X		
E.	Evidence for Strategy							

6	State Decks/Profile	Dipankar					
6.1	Concept note			X			
6.2	Draft PowerPoint template for one state shared for inputs			X			
6.3	State decks for all the priority states				X		
6.4	Integrate the state decks with online MEL					X	
7	NFHS Analysis for Urban Poor	Dipankar					
7.1	Concept note			X			
7.2	Resource identification and procurement				X		
7.3	Analysis framework				X		
7.4	Template for one state				X		
7.5	All priority states- State level 4 pagers					X	
7.5	Thematic papers					X	
8	Online MEL	Sankalp					
8.1	Framework development				X		
8.2	Information Needs Assessment finalization including mechanisms for data collection, and development of indices	Dipankar			X		
8.3	Mechanisms for data collection				X		
8.4	Onboard platform vendor					X	
8.5	Setup of tools on the platform						X
8.6	Train team on usage of platform						X
9	L4I Learning Platform	Sankalp					
9.1	Concept note				X		
9.2	Onboard vendor					X	
9.3	Detailed workplan finalization with vendor					X	
9.4	Platform Beta version						
9.5	Platform launch						
F.	MEL Help Desk						
10	Dasra Evaluation	Angela					
10.1	Consultant onboarding				X		
10.2	Submission of Proposal/protocol				X		
10.3	Data collection				X		
10.4	Data analysis and draft report				X		
10.5	Final report					X	
11	MCSP Assessment	Dipankar					
11.1	Submission of Proposal/protocol				X		
11.2	Data collection				X		
11.3	Data analysis and draft report				X		
11.4	Final report					X	
12	Costing of Wellness Center	TBD					
12.1	Concept note						
12.2	Data Collection completed						
12.3	Draft Report						
12.4	Feedback and consultation						
12.5	Final product						
13	TB Technologies on Medical Adherence	Dipankar					
13.1	Proposal and Consultant on board						
13.2	Quality Assurances and Check-ins						
13.3	Final product						
14	Private Practitioners Perspectives on implementing NHPS (OBGYN)	Angela					
14.1	Concept note and tool						
14.2	Data Collection Complete						

14.3	Product finalized							
15	Private Sector Engagement	Dipankar						
15.1	Concept note							
15.2	Secondary literature and data collection							
15.3	Draft Report							
15.4	Final Report							
16	Impact Modelling	Angela						
	TBD							
G.	Learning							
17	Webinar on Learning	Siddhi						
17.1	Concept note					X		
17.2	Webinar facilitator and panelists onboarded					X		
17.3	Pre-Webinar preps (marketing, registrations, presentations, etc.)					X		
17.4	Conduct Webinar						X	
17.5	Webinar report						X	
18	Launch workshop (M and E workshop)	Siddhi						
18.1	Concept note				X			
18.2	Pre-workshop preps				X			
18.3	Conduct Workshop				X			
18.4	Workshop report				X			
19	Workshop/conference (TBD)	Siddhi						
19.1	Concept note					X		
19.2	Pre-workshop preps						X	
19.3	Conduct Workshop						X	
19.4	Workshop report						X	
20	Weekly social media posting (LinkedIn, FB, Twitter, etc.)	Shrirupa						
20.1	Concept note			X				
20.2	Identify, write, post 2 times a week				X	X	X	
21	Bite sized learning	Siddhi						
21.1	Concept note			X				
21.2	Identify, write, post once a quarter (on bite size learning)				X	X	X	
22	Monthly public media posting	Rhea						
22.1	Concept note			X				
22.2	Monthly online public media posting				X	X	X	
H.	Knowledge Collective							
23	#Numbers2Narratives	Siddhi						
23.1	Formation of the collective (Members, TOR, Name, Branding)				X			
23.2	Quarterly engagements				X	X	X	



#Numbers2Narratives

OBJECTIVE:

For M&E professionals from USAID’s IPs to build a narrative around the numbers they collect—so that they can tell the story of their interventions, and of USAID’s health investments in India.



Date:	21/06/2018	Location:	India International Centre, Delhi
Time:	8:30 AM to 6:00 PM	Event Type:	Workshop

Attendees: 42

SESSIONS

Session 1: Hello! ***Marietou Satin***

Marietou Satin from the USAID Health office welcomed the group and set the tone for the event. She pointed out that Monitoring and Evaluation is not a vertical subject, but needed to be blended horizontally into programs, so that the entire partner team could pool in to tell the impact story of any particular intervention. USAID as a funder supports this approach, as they care much more about the story behind the numbers: “This is the impact we have made with your money in India.”

Yet the current reporting system only asks for numbers and success stories. Marietou indicated that this workshop was about breaking with that approach, and galvanizing the motivation to build trust, and tell the story of how these investments strengthen services and save lives.



Session 2: **The Larger Story**

Subrato Mondal

“We share results in technical conferences, feel happy and come back, and start preparing for the next conference. Our results don’t feed into the program.”

Subrato Mondal from the USAID Health office set the stage for the discussion about reporting on USAID-funded projects. He pointed out that we have the evidence that tells us the gravity and urgency of the challenge: we know, for instance, that 3000 children, 815 mothers and 1400 TB sufferers die every day. As data-driven professionals, this means that we need to collaborate, and do so efficiently: ‘like planes flying in formation’! Moreover, the need is for a shift from regular project management (which is like running on a treadmill) to program management (like running outside: actually going somewhere). Therefore both for advocacy and learning, M&E professionals need to ensure that their data is moving beyond their desks, being shared and understood by diverse audiences, and used to improve policies and programmes.



Session 3: **Heroes and Villains**

Dipankar Bhattacharya

Dipankar from Learning4Impact team next led a session in which the MEL professionals present carried out reflection in groups on the kinds of indicators that were currently reported by the partners: what worked, what didn't work, what to continue, and what to do differently. The larger group was divided into four smaller ones, based on themes (RMNCH+A or TB/HIV) and whether they carried out Technical Assistance or Direct Implementation. There was a lively hour-long discussion in the smaller groups, followed by reporting back key points to the plenary. Some of the issues discussed by the groups were:

1. **What worked:**
 - a. Frequent reporting allowed continuous learning (TB)
 - b. Standardization of indicators allowed transparency
 - c. Having data on hand facilitated advocacy work.

2. **What didn't work:**
 - a. **Current requirements important but mostly limited to** key indicators. There is not much motivation to be innovative in reporting.
 - b. **Logistics:** Lack of startup time to define project scope—and therefore appropriate indicators—in diverse implementation contexts. There is no buy-in from different (external and internal) stakeholders to these reporting requirements.
 - c. **Dynamism:** There are issues with external and internal environment changes and programs changing in response. If indicators change, they lose reporting period; if they stay constant they are inaccurate, and if they increase in number they become a burden. It is also difficult to prioritise between indicators.

- d. **Measurement:** Partners struggle with defining and measuring clear and appropriate **indicators**—basically data quality issues. For instance, in terms of reach, they face the challenge of unique count—and need strategy to deal with this.
- e. **Data Sourcing:** Dependent on external sources for data, like government HMIS, field functionaries. Validation of information becomes difficult.
- f. Periodicity of reporting vs **resources** available: Capacity issues arise.
- g. **Demand:** Sharing information is a challenge—not just with program team, but also with subgrantees, with government, and other stakeholders.

3. What we could do differently:

- a. PMP should take into account the multiple stakeholders and their reporting expectations; Flexibility built in.
- b. Capacity building of different stakeholders on different indicators and for use. Alongside program training.\
- c. Data quality guidelines need to be well-defined.
- d. To complete the data cycle, with feedback of findings and analysis to functionaries, it's important to increase ownership among them and increase relevance to them of the data being collected.
- e. To achieve d., numbers need to be translated into narratives.
- f. Process and challenge reporting regularly, not just success.
- g. Better Data Quality Assessment process internally—worked into project management.
- h. Regular qualitative data collection and story repository.

Session 4: **Twist in the Tale**

Angela Chaudhuri

In light of the group exercise, this session led by Angela Chaudhuri from the Learning4impact team led a large-group discussion on the purpose of motivation, and how reflecting on it could help improve the present situation. Highlights of the discussion:

1. *What is the motivation for reporting?*
 - a. “Proving and improving”
 - b. Summing up achievements for project itself
 - c. Moving towards knowledge management... beyond the 90% time spent currently on data collection and reporting.
 - d. Qualitative reporting should be kept separate
 - e. M&E people should not bear the whole responsibility of reporting. Learning too needs to be a team-wide effort.
 - f. Using the data and narratives to build an investment case for health, by highlighting investment gaps and potential gains to be made.

2. *What activities are at the heart of MEL? Does MEL have to be mechanical monitoring vis-a-vis what PMP promised, or can it be more?*

- a. Need to take initiative and go beyond mechanical reporting.
 - b. Private sector financiers see human interests stories as most appealing.
 - c. Primary audience is the program official: but they need insights rather than just data (since priority is action, not analysis).
 - d. Even 'stories' need to be linked to goals.
3. **Learnings:** Need to incorporate partnerships into reporting, increase process monitoring for less tangible and more long-term outcomes, involve program people at every stage to increase data optimity, change the 'us versus them' approach, and build a learning culture within and across organizations.



Session 5: Social Power

Saira Sayani

Saira Sayani from the Learning4impact team highlighted the potential of social media as a space to address some of the needs discussed in the previous sections: to engage end-users of data on the insights arising from it. Social media is a prominent space to spread awareness, mobilize communities and collaborate. It invites response and debate; helps connect to stakeholders and build relationships; inspires passion and action on critical issues; showcases achievements, values and expertise to build a brand around an individual, intervention or organization; and has been successfully used by social media influencers to reach unprecedented numbers of people.

One challenge is that social media posts often still needs to be vetted within organizations before dissemination, slowing down the process and creating access barriers.

Session 6: Story telling

Shrirupa Sengupta and Rhea John

To begin the process of helping the MEL professionals transition from data into insights and narrative, this session initiated a group exercise to illustrate how this could be done. The room was divided into three groups, and each group looked at one of the following three mediums to tell a story: infographics, blogposts and Twitter. Each group first completed a 'story circle' exercise, in which each member came up with a story from their experience that conveyed an important message. The group then collectively selected one story from among the pool, based on the objective of the communication. Finally, the group collectively produced an output: blogpost, Tweet, or infographic, based on the selected story.

This was a session that was greatly appreciated and received a lot of positive feedback. Many attendees reported feeling underconfident to create communications messages themselves, and to use social media platforms. Seeing the outputs posted on L4i sites or put down on paper also helped to break down the process into doable steps.

Session 7: Building a New Story

Angela Chaudhuri

In the final session, Angela Chaudhuri presented the Learning4impact collaborative to the attendees, and introduced the idea of a community of practice for MEL practitioners, along with the #Numbers2Narratives group on LinkedIn that would form a platform for this engagement.



LEARNINGS

1. **On M&E mechanisms:** The issues, when taken together, appear complex. Flexibility and sustained engagement to develop indicators were a key concern raised. This will also require internal changes in processes, approaches, attitudes—but requests for further help must come from the partner's side. This also means that greater engagement with partners is necessary while we work on the portfolio-level indicators, since they are so diverse.
2. **On Narratives:** The key audiences for the data include internal program personnel as well as funders, and outputs need to be tailored for these. Engagements with individual experts need to be followed up. Opportunity to encourage M&E people to link with others in their workplace Key point of contact for future engagement
3. **Overall:** Platform succeeded in putting the L4i brand front and centre and establishing our credibility among IPs. This will help us engage with them on the knowledge collaborative