KNOWLEDGE PARTNER IN HEALTH
QUARTERLY PROGRESS REPORT

Agreement Number: 72038618CA00001

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: 31 January 2019

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

The name of this partnership is called " Learning for Impact" collaborative. The logo is marked here:

I. HIGHLIGHTS OF THE QUARTER

The highlights of the quarter are:

This quarter saw the implementation acceleration of several pieces of work that were only conceptualized and gathering momentum in the last quarter.

Key Personnel Grant Manager position saw the departure of Mr. Hemanth Kumar and arrival and induction of Ms Bhargavi Motukuri

III. MAJOR ACHIEVEMENTS

During Q4 the L4i team handled a total of 22 pieces of work, which included 6 studies 13 technical support pieces and 5 learning and communication pieces. Most of the work had commenced in earlier quarters and were in different stages of completion, with 5 completed, 16 work in process (WIP) during the quarter and 1 deferred.

1. The data analytics from NFHS on Health Status of the Urban Poor was completed for 11 states and India. Covering key indicators for maternal newborn and child health, marriage and fertility, family planning, TB, HIV/AIDS and non-communicable disease, the factsheets provide a comparison on 105 indicators between community groups - urban poor, urban non-poor and rural communities, and between time periods - NFHS 3 (2005-06) and NFHS - 4 (2015-16). The rich analytics is likely to be useful to states for planning urban programs and USAID has agreed to share this with one state, MP, to gauge the interest of states.

2. L4i participated in the Indian Association for the Study of Population (IASP) Conference on Population, Gender and Development in September 2018. The UP NFHS analytics on health status of the Urban poor was shared during the event. Discussions ensued on evidence and issues around urban health and raised the discourse on collaboration and multi-stakeholder roles on implementing urban health programs.

3. The L4i online platform took considerable shape during the quarter. While this is still work in progress, the overall structure and design were finalized. The segment on visualization of publicly available data (Census, NFHS, etc.) was built and shared with USAID as a draft. This segment has a lot of potential use for planners, decision makers at state and district levels and academics; and also opportunities to kick-start rich discussions around health status. As the platform gets developed L4i will explore ways to popularize the platform and the data visualization.

4. Mentorship support for NITI Aayog Health Index 2018: Towards the objective of nudging States towards an improvement in health outcomes, NITI Aayog has designed a

framework to measure the incremental improvements in States performances in Health and Nutrition. The Health Index is a weighted composite Index based on 23 indicators grouped in the domains of Health Outcomes, Governance and Information, and Key Inputs/Processes. L4i platform was identified by USAID to take the role of the mentoring agency in order to mentor 13 major states. Four consultants were engaged to mentor the states and one consultant to provide mentorship at the national level. The state level mentors support to the states included understanding on data definitions and data requirements for the Health Index 2018, necessary guidance for submission of data by visiting State Health Departments/ Directorates and follow up with States for timely submission of data/supporting documents on the on web portal. The national level mentor provided support in coordination, resolving issues, entry of national level indicators as well as initial support to the independent validation agency.

5. To enhance adolescent participation in key policy making spaces, a tweetathon was conducted to understand the space for social media as a platform for participation of youth. The tweetathon was conducted during the quarter on 'Engaging Adolescents on Healthcare Policy in India through Social Media'. It was conducted in collaboration with the YP Foundation. The overall reach and engagement (counting only likes, retweets and replies) was 400. At the same time, the total Twitter impressions totaled to 76,271. (An Impression is the total number of times tweets about the search term were delivered to Twitter streams, or the number of overall potential impressions generated). THis has far exceeded our expectations, as the tweetathon demand generation was only to targeted audience. We expected about 100 impressions only.

These engagements provided insights into the potential of social media for adolescent engagement, how to get adolescents have access to health policy and how to engage policy maker in social media dialogue. It also covered suggestions on linking offline to online engagements.

6. The study to calculate leverage of USAID investments was near completion during the quarter. Through this study USAID aims to standardize the method to calculate and report domestic resource mobilization for all the IPs. A standardised leverage calculator was developed for IPs to report leverage under their USAID projects, and shared with USAID. On incorporating feedback USAID will organize a workshop with IPs where they fill in the calculator for their projects, ready to report as per requirement.

7. Short term technical assistance assignment were delivered in this period:
    a. Chhattisgarh State profile of USAID investment in health (to support the USAID program launch in Chhattisgarh). Data on seven states already ready
    b. Family Planning market analysis
    c. Aspirational districts - USAID partners presence and portfolio

IV.   MAJOR PLAN (FOR THE NEXT QUARTER)

The plan for the next quarter include:

1. Finalizing the work plan for Year 2

2. Supporting USAID organize and facilitate Partner's meet
3. Webinar on social listening
4. Launch of L4i online platform
5. Completion of mainframe data collection
6. Completion the communication e-products for urban health legacy
7. Completion of Reaching the unreached study

V. PROJECT MANAGEMENT UPDATES

Personnel:

Grant Manager - Hemanth Kumar has been replaced by Bhargavi Motukuri

Capacity Building:

1. CB on photography for communication
2. How to develop a social listening report

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	15	17	22	X	3/3 medium blogs, Niti Ayog, NFHS state profiles, state decks,1/2 public media post, 0/1 webinar, dashboard/L4Iplatform, 1 tweetathon, FP market feasibility, state profile, state decks
# of timely and completed review meetings	3	3	9	3	In the first quarter as the work plan was being finalized, reviews with the entire team did not

					happen. Regular since second quarter onwards
Levels of satisfaction of the partner (USAID team) for each product delivered (Score of at least 4)	NA				

VII. FINANCIAL UPDATES

Period	TOTAL Obligation for Yr 1(USD)	Cumulative Expenditure at Quarter end (USD)	Balance at Beginning of Quarter (USD)	Actual Burn Rate (period)	% Qrly Spent against Qrly budget	% Cum Spent against Yr1 Budget
Qr 1*						
Qr 2						
Qr 3						
Qr 4						
Total						

*Quarter 1 started on November 21st 2017 and ends in December 31th 2017

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 - November 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 - November 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 in India: The story of NHFS	To chart out the process and results of USAID's investment in NHFS 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 - February 2019

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 NFHS-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
Evaluation of RMNCHA Alliance	To evaluate theRMNCHA alliance towards informing USAID on future investment	Mixed method: Fit For Purpose	April 2018 - September 2018
MCSP assessment	To learn what is 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
Private practitioners perspectives on implementing NHPS	To get insights on what private practitioners know about NHPS and their perspectives on participation in the scheme	Online study	September 2018- October 2018

IX. LEVERAGE/COST SHARE

None to report

X. CASE STUDIES

Reanalysis of NFHS-4 Data for status of urban poor

Urban poor constitute the fastest growing population segment in the urban areas in India. As per Census 2011, it is estimated that about 335 million people live in cities, of which 80 million are poor and there has been striking differentials in health among urban poor and non-poor groups. The disaggregated results from the national level survey estimates mask the inherent differences within urban areas. In view of this, L4i was commissioned to re-analyse the NFHS-

4 data (2015-16) to generate disaggregated key indicator outputs by urban poor and non-poor for 11 states and at the national level.

NFHS-4 household and individual data sets were used for the analysis purpose and the urban population was segmented using national wealth quintile index, which reflects the household level economic status. The bottom two quintiles were combined to define the urban poor and the top three quintiles represented the urban non-poor categories. To ensure consistency, an extensive validation exercise was undertaken for each indicator. National and state level fact sheets were generated for 11 states. The results are insightful, providing hard evidence in terms of programming at state level in urban areas. This is more robust than the slum vs non-slum analyses done earlier.

Further, thematic reports are being prepared on maternal and child health, family planning, TB and non-communicable diseases.

Joint learning exercise on the MCSP Quality Assurance tools for Female sterilisation services
Female sterilization is the most widely used method of family planning in India, yet there remain significant issues of quality in service delivery with this method. The Maternal and Child Survival Program, led by Jhpiego in India, seeks to strengthen the quality provision of female sterilization services at public facilities through two complementary interventions, the **Clinical Safety Checklist (CSC)** and the **Client Card.** After a year of implementation, USAID requested L4i to conduct a joint learning exercise with MCSP to learn about facilitating factors and hindering factors to the the success of the intervention and to seek mid-course correction.

The research design was developed and finalised in consultation with MCSP. A mixed methods assessment was carried out at 10 field sites, including interviews, group discussions and event narratives with stakeholders as primary data, and program monitoring reports as secondary data. The field sites selected covered both well-performing and poorly-performing facilities across all four states where the program is being implemented. The data was analysed to produce a learning report, which was shared with USAID and MCSP for strengthening the intervention. Subsequent to this MCSP has prepared an action plan based on these insights.

XI. ANNEX: 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
	Adolescent Health							
1	Adolescent health situation analysis synopsis							
1.1	Concept note					X		
1.2	Adolescent health Conference and products launch					X		Deferred as the ministry has not yet given a date for the event
1.3	Conference report					X		
2	**Dasra Collaborative ToC**							
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		
2.5	Final RA framework including indicators and PIR					X		
B.	**Health Financing**							
3	**Domestic Resource Mobilization: Leverage, cost-sharing**							
3.1	Finalized Concept note			X				
3.2	Data collection Complete				X			
3.3	Draft Report on Definitions and methods of measurement						X	
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	

No	Task							Notes
3.7	Final report on $ leverage through various USAID investments						X	
4	**Reaching the unreached - Batch 1 (3 adolescent projects, (Assam Tea workers- Saathi and (Refugees) Tibet fund)**							
	Develop a narrative on what we have done so far on reaching the unreached							
4.1	Concept note finalized			X				
4.2	Review and analysis of project reports and relevant literatures				X			
4.3	Stakeholder consultations (telephonic)				X	X	X	Scope changed. Delay in getting partner documents. Strategy and process designed; will be completed in Q4
4.4	Draft report				X	X	X	
4.5	Final report				X		X	
	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			delays- approval of sub-award
5.3	Draft report						X	
5.4	Final outputs						X	
E	**Evidence for Strategy**							
6	**State Decks/Profile**							
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**							
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		
765	Thematic papers					X	X	October
8	**Online MEL**							
8.1	Framework development				X			
8.2	Information Needs Assessment finalization including mechanisms for data collection, and development of indices				X	X		Completed
8.3	Mechanisms for data collection				X			Completed
8.4	Onboard platform vendor					X		Completed
8.5	Setup of tools on the platform						X	
8.6	Train team on usage of platform						X	
9	**L4I Learning Platform**							
9.1	Concept note				X			
9.2	Onboard vendor					X		
9.3	Detailed work plan finalization with vendor					X		
9.4	Platform Beta version					X		
9.5	Platform launch						X	
F	**MEL Help Desk**							
10	**Dasra Evaluation**							
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**							
11.1	Submission of Proposal/protocol				X			
11.2	Data collection				X			
11.3	Data analysis and draft report				X			

#	Task							Notes
11.4	Final report					X		
12	**Costing of Wellness Center**							
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**							Timelines and scope has to be discussed. Angela will take the initial lead, Dipankar will take over once the scope and the consultant is on-boarded
13.1	Proposal and Consultant on board					X		
13.2	Quality Assurances and Check-ins					X	X	
13.3	Final product						X	
14	**Private Practitioners Perspectives on implementing NHPS (OBGYN)/Private sector engagement**							Private OBGYN AND THEIR PERSPECTIVES
14.1	Concept note and tool					X		
14.2	Data Collection Complete					X		
14.3	Product finalized						X	
15	**Impact Modelling**							
15.1	Concept framework and commissioning					X		
15.2	Final impact calculator						X	
G	**Learning**							
17	**Webinar on Learning**							
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)**				X			

								Notes
18.1	Concept note				X			
18.2	Pre-workshop preps				X			
18.3	Conduct Workshop				X			
18.4	Workshop report				X			
19	**Workshop/conference (Partners' Meeting)**							
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.)**							
20.1	Concept note			X				
20.2	Identify, write, post 2 times a week				X	X	X	One per week blogs and twitter based on events
21	**Bite sized learning**							
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**							
22.1	Concept note			X				
22.2	Monthly online public media posting				X	X	X	Adolescent one will start but may not go in this month
G	**Knowledge Collective**							
23	**#Numbers2Narratives**							
23.1	Formation of the collective (Members, TOR, Name, Branding)				**X**			
23.2	Quarterly engagements				X	X	X	

Annex - Infographic on Tweetathon

Engaging Adolescents on Healthcare Policy in India Through Social Media: A Tweetathon

The Rashtriya Kishor Swasthya Karyakram seeks to include adolescents in the effort to improve their well-being. But how can government officials and program implementers best engage youth in policy dialogue? Rising social media use among young people suggests that this is one potential channel. To better understand how to effectively use this channel, Learning4impact in collaboration with the YP Foundation turned to Twitter.

Healthcare, a technical and often inaccessible and **taboo subject** could be **better discussed online** than in person

Democratic access to information and safety to speak **allows adolescents to take charge of the conversation**—and **allows listeners to gauge public opinion** around sensitive issues

Can **bridge the major age gap** and lack of horizontal conversation between most policy-makers and youth

Policymakers need to reach out to adolescents 'where they are'. The **reach** of social and participative (WhatsApp, community radio, etc.) media **is high** even in conventionally 'media-dark' spaces is huge.

Is social media is a good platform to involve adolescents in healthcare policy conversations?

Caution: **Inclusiveness needs to be thought through carefully** — excluding the digitally illiterate only multiplies their marginalization **Safety and privacy** need to be ensured

How can youth access healthcare policy to have informed engagement?

How should social media participation reflect offline?

How can government bodies get involved?

Policymakers can **share a poll or a question, or start a Tweet chat** with young people, and learn their views and responses to a specific issue or policy change.

Information around health policy should be **consistently, freely available, in all languages;** Reports and guidelines **translated into visual and other formats,** simplified in language, put into context.

The tone and language of the conversation should **not replicate power hierarchies** offline

Youth voices can and should **translate into more space in traditional policymaking processes** - through technology like Facebook's Townhall feature, as well as through policy consultations (from public consultations to school and college programs)

A Peek 👁 at the Tweets

76,271
Impressions
Delivery of a tweet to an account's user stream

622 Detail engagement
Likes, Media Engagements, Replies, Detail Expands, Retweets, Link Clicks, Profile Clicks, Follows and Hashtag clicks

400
Likes, retweets and replies