Date: 31st December, 2018
Reference: IND9/RAJ/3018

Dear Dr. Khanna,

Sub: AWP on AWP on System strengthening for evidence based planning and review through capacity building of the officials on use of data

Please find enclosed signed AWP on System strengthening for evidence based planning and review through capacity building of the officials on use of data. This is for your record.

With best regards,

Yours sincerely,

Sunil Thomas Jacob
State Programme Coordinator

Dr. Anoop Khanna
Professor & Dean (Research)
IIHMR University
1, Prabhu Dayal Marg
Sanganer Airport

Encl: Signed AWP

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GPS ID: 112061

United Nations Population Fund

System strengthening for evidence based planning and review through capacity building of the officials on use of data

Country: India

Implementing Partner: Indian Institute of Health Management Research University, Jaipur

UNDAF Outcome(s)

By 2022, institutions are strengthened to progressively deliver universal access to basic services, employment, and sustainable livelihoods to the poor and excluded, in rural and urban areas

Expected Programme Output(s)

CPAP Output 3: Strengthened national capacities to include population dynamics in sustainable development planning efforts and in rights based policies and programmes at national and state levels

Programme Cycle: CP-9

Start Date: 2019-01-01

End Date: 2019-12-31

Brief Summary of Activities

Evidence-based programming is crucial towards achieving desired outcome of health services. Rajasthan is one of the pioneer state which took an early lead in the facility reporting of HMIS and designing and implementing PCTS. Besides that, other MIS have been also developed in the State, which capture huge amount of data. However, the use of information is not optimal and there is need for improving the skills of officials at all levels for appropriate use of data. In this regard, UNFPA started work with IIHMR University in the state of Rajasthan, from 2018, to strengthen the system for evidence based planning and review through capacity building of the state, district and block level health officials on use of Data. In 2019, focus will be on strengthening the demography wing in the department and providing supportive supervision support at the field level. Also, a mechanism will be established to promote and sustain evidence based planning and monitoring in the State.

Estimated Total WP Budget (all years): 75,827 USD

Regular:	75,827
Government:	0
Other:	
Agreed Support Cost rate[%]:	7.00

Allocated Resources by Year*

2019: 75,827

* Amounts for subsequent years are subject to the availability of funds.

Dr. Jennifer Butler
Deputy Regional Director (Asia Pacific) and Officer-In-Charge for UNFPA India and Bhutan

Date

Dr. Pankaj Gupta
President

Date

17.12.18

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GPS ID: 112061
Budget in USD

United Nations Population Fund

Population dynamics included in sustainable development planning

Strengthened national capacities to include population dynamics in sustainable development planning efforts and in rights-based policies and programmes at national and state levels.

Input Indicators

1) Number of district and block level health officials oriented on the importance of data use (Baseline: 0; Target: 90; MOV: IP QPR)
2) Number of district and block level data manager provided hands on training on analysis and use of HMIS data for monitoring health programmes and decision making (Baseline: 160; Target: 220; MOV: IP QPR)
3) Web based mentoring support system finalized for hand holding support to the data managers (Target: Yes; MOV: Web based system)

Process Indicators

4) Percent of trained data managers provided with mentoring support though web-based and one to one contact for hand holding support (Baseline: 0; Target: 100%; MOV: IP QPR)
5) Number of champions of data management and use identified and trained to sustain the initiative on use of data (Baseline: 0; Target: 10; MOV: IP QPR)

Output Indicators

6) Increase in knowledge among data managers on quality, analysis and use of data after training (Target: at least 30% increase; MOV: Pre and post training tests)
7) Percentage of district monthly meetings used data during the review of the health programme implementation (Target: 100%; MOV: Minutes of the district monthly review meeting)

Proj/Act ID	Activity Description	Contractee/UNFPA	Funding Source	2019	Q1	Q2	Q3	Q4
IND09PDS/ IIHMRPDR01	Programme Management: Programme Management	IIHMR	FPA90	37,452	✓	✓	✓	✓
IND09PDS/ IIHMRPDR02	Training Cost: Training Cost	IIHMR	FPA90	16,893	✓	✓	✓	✓
IND09PDS/ IIHMRPDR03	Mentoring Cost: Mentoring Cost	IIHMR	FPA90	13,658	✓	✓	✓	✓
IND09PDS/ IIHMRPDR04	Office Costs: Office Costs	IIHMR	FPA90	2,863	✓	✓	✓	✓
IND09PDS/ SC_PN4821	Support Cost @ 7%: Support Cost @ 7%	IIHMR	FPA90	4,961	✓	✓	✓	✓
			SUBTOTAL	75,827				

Workplan Totals

Total for All years:	75,827

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System Strengthening for evidence based planning and review through capacity building of the officials on Use of Data

1. Background

Strengthening of health systems has been a priority of national health agendas as a way to improve health outcomes. The World Health Organization (WHO)'s framework [1] for health systems strengthening identifies six attributes or building blocks of a health system. Health information is not only one of the building blocks, but is foundation for the overall health system in terms of informed decision making in each of the other five building blocks. Because programs often fall short of efficient use of data to inform decisions, there is a need to strengthen the utilization of data to support evidence based decision-making at different levels of the health system[2]. Positive experiences using data in turn contribute to a demand for additional data and a continued commitment to improving the quality of data and continued data use.

To improve sustainable demand for and use of data in decision making, individual capacity in core competencies to demand and use data must exist at all levels of the health system. Competencies include skills in data analysis, interpretation, synthesis, and presentation, and the development of data-informed programmatic recommendations. The "use" of data is the analysis, synthesis, interpretation, and review of data as part of a decision-making processes, regardless of the source of data. Evidence based decision-making refers to the proactive and interactive processes that consider data for decision-making during program monitoring, review, planning, and improvement; advocacy; and policy development and review. The relationship of improved information, demand for data, and continued data use creates a cycle that leads to improved health programs and health outcomes[3].

Rajasthan is one of the pioneer state which took an early lead in the facility reporting of HMIS and designing and implementing PCTS (Pregnancy and Child Tracking System). PCTS is an online software used as an effective planning & management tool by Medical, Health & Family Welfare department, Govt. of Rajasthan. The system maintains online data of more than 13000 government health institutions in the state. Besides HMIS and PCTS, there are other information system software, like – 'Asha Soft' to capture beneficiary wise details of services given by ASHA to the community, 'e-Aushadhi' to deals with stock of various drugs, sutures and surgical items required by different district drug warehouses, 'e-Sadhan' for family planning logistics management etc. A huge amount of information is collected and managed through such information sources, that can be used for programme planning, management and monitoring at different levels. However, the use of information is not optimal, and inadequate of use of information for planning and management has been a major problem in the health system in Rajasthan[4]. It is felt that currently there is lack of capacity among supervisors for analysis and appropriate use of data for monitoring progress and for taking corrective actions locally. Because of this limited capacity, data is transmitted without proper understanding or analysis to higher reporting levels. There is a need for improving the skills of supervisors at all levels for appropriate use of data, received from lower levels, at their own level so that feedback could be provided to them and corrective action taken accordingly.

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[1] WHO. Framework. Geneva: World Health Organization; 2007. Everybody's business: strengthhening health systems to improve health outcomes: WHO's framework for action.

[2] Nutley T, Reynolds HW. Improving the use of health data for health system strengthening. Glob Health Action. PMC3573178. 2013.

[3] Forest K, Moreland S, LaFond A. Data demand and information use in the health sector: conceptual framework. Chapel Hill, NC: MEASURE Evaluation, Carolina Population Center; 2006.

[4] IIHMR. Short Programme Review: Child Health Programme in Rajasthan. 2009. http://www.searo.who.int/entity/child_adolescent/topics/SPR_Rajasthan.pdf?ua=1. (Accessed on May 17, 2018)

For strengthening of health system in evidence based decision making at different levels, UNFPA in collaboration with IIHMR University initiated an AWP in 2018 to build capacities of state, district and block level health officials and data mangers in Rajasthan on use of data. In 2019, focus will be on completing the training of remaining staffs and providing mentoring support.

2. Progress in 2018

In 2018, following activities were undertaken –

a) **Field visits to understand the field realities** – In order to understand the data reporting and entry system at the field level and different platforms available for sharing the analyzed data, field visits were undertaken by the faculties from IIHMR.

b) **Development of training modules** – Through a consultative process, a comprehensive training module was developed. The module was further modified based on the participant's feedback and the need. As part of the same, training modules for the district data managers, programme officers and block data managers were developed in consultation with UNFPA. Two meetings as part of the consultative meetings between UNFPA and IIHMR were organized for developing the training module. Apart from the development of the training module, steps are being taken to develop an e-version of the training module so that the same can be used to reach out to large number of health officers and data managers.

c) **Training of the officials** – Training of the officials were undertaken on the modules and during these trainings, participants were provided practice through the data and also their computer skills were strengthened. Till November approximately 50 District Data Managers training has been completed and rest 5 batches of the training will be undertaken in the month of December.

3. Objectives

The aim of this initiative is to strengthen the system for evidence based planning and review through capacity building of the state, district and block level health officials on Use of Data.
The specific objectives are:

1. To build the capacities of health officials and data managers on use of data for planning and monitoring
2. To establish a mechanism to promote and sustain evidence based planning, monitoring and mentoring

4. Strategies

Objective 1: To strengthen the capacities of health officials for use of data for planning and monitoring
The operational Strategy to achieve this objective will include training of state, district and block level health officials and data managers. After the training, they will be provided mentoring and hand holding for a period of around six months. At the end of the mentoring duration, a follow-up training will be imparted.

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The trainings will be conducted at IIHMR University, Jaipur in required number of batches for each type of training, considering each batch having a maximum of 30 participants. The types of trainings will be as follows:

- Training of health officials at state level: State nodal programme Officers
- Training of health officials at district level: CM&HO, Dy./Addl CM & Hos/DPM
- Training of block level officials: Block CM&HO, BPM
- Training Demography cell staff/Data managers at state level
- Training of Data Managers at district level
- Training of Data Managers at block level
- Others: may include UNFPA consultants….

Duration

a) Training of Health Officials (state, district & Block): 2 days
b) Mentoring and Hand holding (at all levels): 6 months
c) Follow-up training: 1 day for health officials and 2 days for data managers and demographers

Mechanism of Mentoring and Hand-holding

After the training, the state, district and block level officials and data managers will be provided with mentoring and hand-holding for a period of six months. The mentoring will include helping them use the skills of data analysis and use of data for planning and monitoring. For mentoring, IIHMR will develop a core team of mentors at IIHMR. The mentoring team members will visit the districts on a regular basis to provide necessary support. A web-based system will be developed for continuous exchange of case studies and exercises. State/district/block teams will develop analytical reports on a monthly basis. Appropriate formats and templates will be developed for this purpose. The mentors will be in continuous touch with the state/district/block teams, provide them necessary support for data analysis and use. Guidelines and tools will be developed for the mentors in order to streamline and standardize the mentoring process.
The State/district Champions will be identified, who will facilitate the mentoring process.

Objective 2: To establish a mechanism to promote and sustain evidence based planning and monitoring

Besides building the capacities, efforts will be made to establish a mechanism to promote and sustain evidence based planning and monitoring at different levels. Following strategies are proposed for this purpose:

Strategy 1: Strengthen the review and feedback mechanism using the platform of monthly meetings at different levels: Organizing review meeting once in a month at various levels is a routine process in the health system. In general, these meetings are used to introduce program changes, provide feedback to staff and address administrative issues at each level. These review meetings constitute a viable platform to address many of the challenges that face staff in the analysis and use of data. Efforts will be made to make these meetings more systematic and useful for performance review and feedback. The initiatives will include:

- Well defined process and agenda for organizing monthly meetings, with appropriate time-slots for review and feedback
- Identifying key indicators for performance review and feedback on a monthly basis.
- Introducing tools and processes for systematic review and feedback (For example: score card, charts for trend analysis, spatial variations, etc.)

Strategy 2: Identifying Champions of data management and use at the district and state level for continuously promoting and supporting evidence based planning and monitoring. The activities will include:

- Defining the roles and processes for champions
- Identification of champions
- Capacity building of champions

The champions would facilitate and advocate the use of data for planning and monitoring. For example, they will help developing display boards with performance trends and patterns on key indicators, developing score-cards, etc.

Strategy 3: Introducing a system of evaluating data use levels, and a method of 'data use score-cards'. A methodology and tools will be developed to evaluate the quality of data and level of use of data at different levels. Such evaluation may be done at a decided frequency (quarterly, half-yearly or annually). A system of appreciation may also be introduced for those who score high in data use.

5. Curriculum for Training

The curriculum of trainings was finalized through the consultation workshop, and the topics and contents were different and specific to the category staff. The broad topics covered in different categories of trainings were as follows:

For state/district/block officials:

- Overview of the concept of data, information, and evidence based decision-making
- Data quality concept and measures to ensure data quality
- Indicators – definitions and use of indicators
- Using data for programme planning
- Concepts of M&E and using data for monitoring
- Reviewing data and providing feedback

For data managers:

- Overview of the concept of MIS, data, information, and evidence based decision-making
- HMIS data consistency checks and using error reports
- Indicators – definitions and use of indicators
- Preparing tables and graphs, some useful advanced functions of MS-excel
- Concepts of M&E and using data for monitoring
- Doing monthly analysis for performance review and feedback

For Demography Cell:

- Data quality concept and measures to ensure data quality
- Basic demographic indicators
- Programme Indicators – definitions and use of indicators
- Basic techniques for projection and use of data for planning
- Preparing tables and graphs, some useful advanced functions of MS-excel
- Concepts of M&E and using data for monitoring, Evaluation designs and methods

6. Trainers/Facilitators and Mentors

Trainers: Two teams of trainers were raised – one for health officials and another for data managers. The teams will include faculty of IIHMR as well as external experts. Each team consist of six trainers/facilitators (considering that atleast 4 will be available on the training dates)

IIHMR created a mentoring team, which would have an interface with the district teams through web as well as through physical visits to the districts. The mentoring team consist of two faculties and two Research Officers. Besides core-team, mentors may be identified at divisional level (For example, faculties of medical collages) for mentoring and hand holding.

7. Major activities in 2019

In 2019, focus will be on continuing the training of the data managers and identified programme officers on the basis of the module developed in 2019. Apart from that mentoring will be initiated in 2019 for the trained programme officers and data managers. Also support will be provided for developing module for the state demography officials. Using technology, online mentoring will also be undertaken

8. Assessment

a. For each training programme

- Each training will have pre-test and post-test to assess the increase in knowledge and skills after the training.
- Feedback about the training quality will be taken from the participants (content, trainers, methodology, facilities, etc.) for each training.

b. After completion of Project

- At the end of all trainings/project, a qualitative assessment may be done to understand the change in data utilization patters at different levels
- Change in data quality will be assessed based on HMIS data (a baseline estimate should be taken on some key data quality indicators at the beginning)
- Change in some key service delivery indicators will also be assessed (like- antenatal care coverage, institutional deliveries, post natal care, immunization coverage, reduction in dropouts, etc.)

9. Expected Outcomes

- Health officials are capable in use of data for planning and monitoring
- A mechanism is in place to promote and sustain evidence based planning and monitoring
- Strengthened review and feedback mechanism using the platform of monthly meetings
- Improved data quality
- Improvement in some health indicators because of evidence based planning and monitoring

10. Sustainability

The mentoring and handholding for six months will be done in a way that a culture of evidence based planning and monitoring is established. It will ensure that the state, district, and block level teams are well equipped to use data on a regular basis. Specifically designed processes and tools for review and feedback

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in monthly meetings will be introduced as part of the system. The identified champions will continue to facilitate the process after completion of the project.

11. Monitoring Indicators

Input indicators

1) Number of district and block level health officials oriented on the importance of data use (Baseline: 0; Target: 90: MOV: IP QPR)
2) Number of district and block level data manager provided hands on training on analysis and use of HMIS data for monitoring health programmes and decision making (Baseline: 160; Target: 220: MOV: IP QPR)
3) Web-based mentoring support system finalized for hand-holding support to the data managers (Target: Yes; MOV: Web-based system)

Process indicators

4) Percent of trained data managers provided with mentoring support though web-based and one to one contact for hand holding support (Baseline: 0; Target: 100%; MOV: IP QPR)
5) Number of champions of data management and use identified and trained to sustain the initiative on use of data (Baseline: 0; Target: 10; MOV: IP QPR)

Output indicators

6) Increase in knowledge among data managers on quality, analysis and use of data after training (Target: at least 30% increase; MOV: Pre and post training tests)
7) Percentage of district monthly meetings used data during the review of the health programme implementation (Target: 100%; MOV: Minutes of the district monthly review meeting)

12. Activity plan for 2019 (Jan 2019 to Dec 2019)

No.	Activity	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
1.	Phase-1 Mentoring & Hand holding												
2.	Phase-1 Refresher Training												
3.	Training of state officials												
4.	Phase 2 Training of Demography cell												
5.	Phase-2 Trainings												
6.	Phase-2 Identification and orientation of champions												
7.	Phase-2 Mentoring & Hand holding												
8.	Phase-2 Refresher Training												
9.	Phase-3 Trainings												
10.	Phase-3 Identification and orientation of champions												
11.	Phase-3 Mentoring & Hand holding												
12.	Phase-3 Refresher Training												
13.	Evaluation and Documentation												

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Budget - System strengthening for evidence based planning and review through capacity building of the officials on Use of Data

IIHMR University

January - December, 2019

S. No.	Activity	Activity description	Unit cost	Units	Budget (INR)	Budget (US$) 69.85	Quarterly Budget (INR)				Nature of Transaction	Atlas Code
							Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec		
A	**IIHMRPDR01 - Programme Management**											
A1	Coordinator (50% time)	@ Rs. 75,000/- per month x 12 months	75,000	12	900,000	12,885	225,000	225,000	225,000	225,000	Employee salaries	71450
A2	Co-coordinator (50% time)	@ Rs. 75,000/- per month x 12 months	75,000	12	900,000	12,885	225,000	225,000	225,000	225,000	Employee salaries	71450
C4	Research Officer	Rs. 40,000/- per months x 12 months	40,000	12	480,000	6,872	120,000	120,000	120,000	120,000	Employee salaries	71450
A3	Programme Analyst	@ Rs. 28,000/- per month x 12 months	28,000	12	336,000	4,810	84,000	84,000	84,000	84,000	Employee salaries	71450
	Sub Total - IIHMRPDR01 - Programme Management				2,616,000	37,452	654,000	654,000	654,000	654,000		
B	**IIHMRPDR02 - Training Cost**											
B1	Trainers Honorarium - Training for district and block officials	5 programmes for 2 days @ Rs. 5,000 per prog./ per day	5,000	10	50,000	716	25,000	25,000			Training and capacity building activities: other costs (other than travel)	75710
B2	Trainees Accommodation - Training for district and block officials	150 persons for 2 days @ Rs. 1,200 per person/per day	1,200	300	360,000	5,154	180,000	180,000			Training and Capacity Building Activities: Travel Costs	75709
B3	Catering - Training for district and block officials	150 persons for 2 days each @ Rs. 1,200 per person/per day	1,200	300	360,000	5,154	180,000	180,000			Training and capacity building activities: other costs (other than travel)	75710
B4	Venue - Training for district and block officials	5 programs @ Rs. 10,000/- per programme for 2 days each	10,000	10	100,000	1,432	50,000	50,000			Training and capacity building activities: other costs (other than travel)	75710
B5	Training Kit - Training for district and block officials	150 kits @ Rs. 1,000 each	1,000	150	150,000	2,147	75,000	75,000			Training and capacity building activities: other costs (other than travel)	75710
B6	External Resource Person Honorarium - Training for district and block officials	5 programmes for 2 days @ Rs. 5,000 per person/ per day	5,000	10	50,000	716	25,000	25,000			Training and capacity building activities: other costs (other than travel)	75710
B7	Accommodation of Resource Persons - Training for district and block officials	5 programmes for 2 days each @Rs. 3,500 per day/per person	3,500	10	35,000	501	17,500	17,500			Training and Capacity Building Activities: Travel Costs	75709
B8	Resource Persons Travel - Training for district and block officials	5 programs @ Rs. 10,000 per programme	10,000	5	50,000	716	25,000	25,000			Training and Capacity Building Activities: Travel Costs	75709
B9	Banner, Stationery etc. - Training for district and block officials	5 programmes @ Rs. 5,000 per programme	5,000	5	25,000	358	12,500	12,500			Training and capacity building activities: other costs (other than travel)	75710
	Sub Total - IIHMRPDR02 - Training Cost				1,180,000	16,893	590,000	590,000	-	-		

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Budget - System strengthening for evidence based planning and review through capacity building of the officials on Use of Data

IIHMR University

January - December, 2019

S. No.	Activity	Activity description	Unit cost	Units	Budget (INR)	Budget (US$) 69.85	Quarterly Budget (INR)				Nature of Transaction	Atlas Code
							Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec		
C	IIHMRPDR03 - Mentoring Cost											
C1	Honorarium Mentors	2 persons x 3 days/ month @ Rs. 5,000/- per day	5,000	72	360,000	5,154	90,000	90,000	90,000	90,000	Training and capacity building activities- other costs (other than travel)	75710
C2	Travel cost - Mentors	Taxi - Rs. 5,000/- per visit	5,000	12	60,000	859	15,000	15,000	15,000	15,000	Training and Capacity Building Activities Travel Costs	75709
C3	Accommodation & Food	2 persons x 3 days/ month @ Rs. 3,000 per day	3,000	72	216,000	3,092	54,000	54,000	54,000	54,000	Training and Capacity Building Activities Travel Costs	75709
C5	Travel of Project Coordinators	Taxi charges - 15 trips @ 5000/- per trip	5,000	15	75,000	1,074	18,750	18,750	18,750	18,750	Travel: Tickets (Not Related to Capacity Building / Counterpart Participation)	71610
C6	Per Diem of Project Coordinators	Per Diem - 15 trips of 2 days each @ Rs. 2,100 per day x 2 project coordinators	2,100	30	63,000	902	15,750	15,750	15,750	15,750	Travel: accommodation, perdiem & incidentals (not related to capacity building / counterpart participation)	71620
C7	Travel of Research Officers/Programme analyst	Train/Bus fare - 30 trips @ 3000/- per trip	3,000	30	90,000	1,288	22,500	22,500	22,500	22,500	Travel: Tickets (Not Related to Capacity Building / Counterpart Participation)	71610
C8	Per Diem of Research Officers/Programme Analyst	Per Diem - 30 trips of 2 days each @ Rs. 1,500 per trip	1,500	60	90,000	1,288	22,500	22,500	22,500	22,500	Travel: accommodation, perdiem & incidentals (not related to capacity building / counterpart participation)	71620
	Sub Total - IIHMRPDR03 - Mentoring Cost				954,000	13,658	238,500	238,500	238,500	238,500		
D	IIHMRPDR04 - Office Costs											
D1	Communication Cost	Rs. 5,000/- per month x 12 months	5,000	12	60,000	859	15,000	15,000	15,000	15,000	Telephony services	72425
D2	Xeroxing (mentoring material, handouts etc.)	Lump sum Cost @ Rs. 20,000	20,000	4	80,000	1,145	20,000	20,000	20,000	20,000	Purchase of printing and media services and publications	74210
D3	Stationery	Rs. 5,000/- per month x 6 months	5,000	12	60,000	859	15,000	15,000	15,000	15,000	Purchases of office & IT supplies	72505
	Sub Total - IIHMRPDR04 - Office Costs				200,000	2,863	50,000	50,000	50,000	50,000		
	Total (A-D)				4,950,000	70,866	1,532,500	1,532,500	942,500	942,500		
E	SC_PN4821- Support Cost @ 7%											
E1	Support cost to IP @ 7%	Support costs as agreed in the WP	7%		346,500	4,961	107,275	107,275	65,975	65,975	IP support costs	75105
	Overall Total Budget				5,296,500	75,827	1,639,775	1,639,775	1,008,475	1,008,475		

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