



Taking Knowledge to Practice at Scale: An Overview of the Vistaar Project Results and Lessons

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Overview

Although there are success stories and parts of India which show great achievements, India still faces critical challenges in maternal, newborn and child health and nutrition (MNCHN). As a part of a longstanding partnership with the Government of India (GOI), the United States Agency for International Development (USAID) supported the Vistaar Project, a six-year technical assistance effort, which started in October 2006. The goal of the Project was to support key GOI health and nutrition programmes by taking knowledge to practice in large Indian public health programmes, with a focus on the states of Uttar Pradesh and Jharkhand. The Project team worked closely with the National Rural Health Mission (NRHM), the Reproductive and Child Health Programme (RCH II), and the Universalisation of Integrated Child Development Services (ICDS), which are major programmes guided by the GOI Five Year Plan and committed to achieving the Millennium Development Goals for maternal and child health and nutrition.

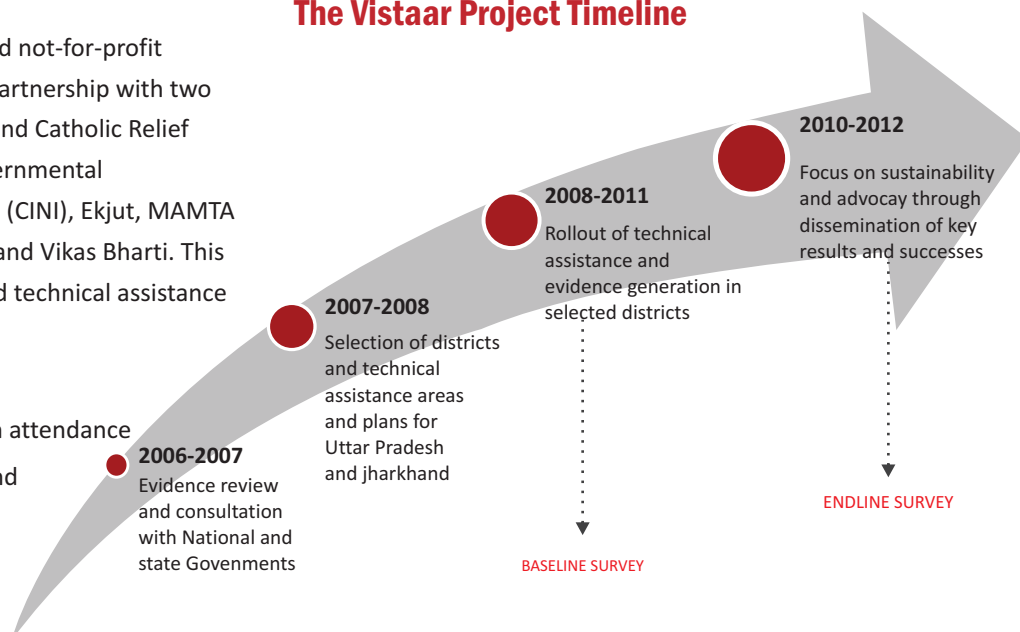
IntraHealth International, Inc., a US based not-for-profit organization, led the Vistaar Project in partnership with two US-based organizations, Abt Associates and Catholic Relief Services (CRS) and three Indian non-governmental organizations, the Child in Need Institute (CINI), Ekjut, MAMTA – Health Institute for Mother and Child, and Vikas Bharti. This partnership offered capacity-building and technical assistance in several high priority technical areas:

- newborn care
- maternal health, through skilled birth attendance
- nutrition (with a focus on anaemia and complementary feeding of infants)
- delayed age of marriage

The Project objectives were 1) to provide strategic technical assistance (TA) to the Governments of UP (GOUP) and Government of Jharkhand (GOJH), in selected priority areas, 2) to generate needed evidence about effective, efficient and expandable MNCHN approaches based on the TA experiences and 3) to advocate with GOI, GOUP and GOJH to continue scaling up evidence based approaches in MNCHN. Accordingly, the Vistaar Project worked closely with Government officials to help them scale up the selected approaches within each of the technical areas. The Project and Government officials agreed to work together to strengthen key systems, especially those that support essential frontline workers:

- In-service training of trainers
- Supportive supervision and motivation systems
- Program monitoring and the use of data for improved planning and decision making
- Human resources information systems (HRIS)

The Vistaar Project Timeline



Scale of Technical Assistance

The Project worked at large scale, supporting public sector health and nutrition programmes that serve 22 million people in eight districts of Uttar Pradesh and 20 million people in 16 districts of Jharkhand (Figure 1). In addition the Project provided targeted technical assistance to help the state of Bihar strengthen their human resources information. The Project team collected regular monitoring data as well as baseline and endline survey data, which revealed that these systems strengthening efforts led to improved frontline worker knowledge and skills, increased service quality and use, and improved health and nutrition practices.

Figure 1: Project Technical Assistance Districts



The Conceptual Framework

The Vistaar Project was influenced by the US Government's Global Health Initiative (GHI), which focuses on strengthening systems that support improved health care and building capacity to manage these systems. This was a particularly strategic approach for India, where there is adequate public sector investment in the health sector, but a need for systems strengthening to meet the major health and nutrition challenges facing the country. The Project's conceptual framework (or Theory of Change) is built on providing key inputs that are proven to lead to sustainable improvements in MNCHN and was influenced by the performance improvement approach. The Project focused on three key inputs, as described below.

1. An enabling environment

- Increasing reliance on evidence and data driven decision making
- Fostering a culture of consultation and collaboration
- Addressing equity and gender barriers in programme design and implementation
- Building the capacity of government programme officials in key areas (e.g., use of data, collaboration)

2. Quality service delivery

- Improving training quality (e.g., use of more participatory methods, increased focus on skill building)
- Improving supportive supervision
- Strengthening motivation and reward systems for frontline workers
- Improving key frontline worker skills, such as in counselling and interpersonal communication

3. System strengthening

- Improving frontline worker in-service training and supervision
- Improving programme monitoring and use of data
- Improving micro-planning by block level functionaries and frontline workers
- Improving interagency collaboration mechanisms within and between government programmes (especially between the Department of Health and Family Welfare and Department of Women and Child Development)

The Project expected these inputs to lead to three main categories of outputs; 1) improved performance of frontline workers in providing MNCHN interventions, 2) improved quality of MNCHN services, and 3) increased coverage of MNCHN services. These outputs are directly linked to critical health and nutrition outcomes and the Project baseline and endline survey data, as well as monitoring data, show that the Project did achieve increases across a number of outcome indicators, including:

- Increase in deliveries managed by a skilled birth attendant (SBA)
- Increase in mothers following correct newborn care practices
- Increase in mothers following correct breastfeeding practices
- Increase in consumption of Iron Folic Acid (IFA) by pregnant women and adolescent girls
- Increase in understanding the benefits of delayed marriage and in intention to delay age of marriage of adolescents, expressed by families and other decision makers

The Project data show the links and changes along the continuum from inputs (training, job aids, joint planning, collaboration meetings), to process changes (improved use of data, improved provider knowledge and skills), service delivery outputs (improved quality and coverage of services like antenatal care, postnatal care services and home visits), and on to outcomes (improved MNCHN behaviours and practices). The Project monitoring and evaluation efforts demonstrate the importance of systems strengthening to achieve sustainable outcome improvements at large scale.



Some examples of the Project's theory of change, from inputs to higher level health outcomes, are represented graphically.

Frontline Worker Performance

Improved supervisory skills & systems + improved training + improved supervision & use of monthly meetings

Improved knowledge & skills + more supported, motivated workers + more client contacts

Improved service access, quality and use + improved healthy behaviours

Stronger HR Information System

Improved HRIS data and reports + skills in data use

Improved recognition problems (e.g., maldistribution, low retention)

Right number of workers, with right skills, in the right place

Improved service access, quality and use + improved healthy behaviours

Improved Programme Monitoring and Use of Data

More focus on programme reviews + improved use of data in regular meetings

Improved recognition + collaborative solving of problems

Improved service quality, access and use

Key Results

The Project, working in partnership with Government officials, achieved results in terms of systems improvements, increases in service quality, access and use, and positive changes in healthy behaviours, across the targeted states and districts. Highlights of the Project results are presented below, and separate technical briefs provide more detailed results and data (also see the website IntraHealth.org/Vistaar).

Improved Newborn Health

In Uttar Pradesh, the majority of recently delivered women (90%) reported that their newborns received an initial check-up at the time of delivery at the facility (conducted by a doctor or Auxiliary Nurse Midwife (ANM)). There was a significant increase in the second newborn care visit conducted at home by an Accredited Social Health Activist (ASHA) worker, with the percentage of mothers reporting a second visit increasing from 21 percent to 60 percent. The mothers receiving a third newborn care visit by an ASHA increased from 8 percent to 40 percent.



Improved Maternal Health and Skilled Birth Attendance

In Jharkhand, the average number of institutional deliveries conducted by SBAs in the six months prior to the survey increased from 8.7 to 33, among SBAs who provide services at Health Sub-Centres (evaluation survey conducted in Deoghar district in Jharkhand). The quality of delivery care improved as indicated by the use of active management of third stage of labour (AMTSL) (including the three key components of administering misoprostol, controlled cord traction and uterine massage). The use of AMTSL was non-existent during the baseline survey and at endline 98 percent of SBAs reported they follow AMTSL as standard practice in every delivery.

Improved Nutrition

In Jharkhand, around half of adolescents and one-third of mothers interviewed knew that IFA supplementation could prevent or reduce anaemia, an increase from the baseline. Adolescent girls received, on average, 47.3 tablets, and reported that they consumed most of the tablets (46.3 tablets), compared to receiving 10.8 tablets and consuming 6.1 tablets at baseline. Further, 22 percent of the adolescents reported taking tablets to treat intestinal worms at endline, compared to three percent at baseline. On average, these girls had taken anthelmintics twice within the one year prior to the endline survey (which aligns with the public health protocol of deworming once every six months).

In Uttar Pradesh, the nutrition and anaemia related knowledge among pregnant and recently delivered women has improved. Awareness of anaemia among recently delivered women was high at baseline (78%) and further increased at endline (91%). More women also knew the causes of anaemia and how to prevent it (such as by increasing consumption of green leafy vegetables) than at baseline. This suggests that nutritional counselling is reaching beneficiaries. As noted earlier, receipt and consumption levels of IFA also increased. However, consumption of foods that can prevent anaemia did not show any significant gains.

Delayed Age of Marriage

In Jharkhand, at endline, adolescent girls, their mothers and community leaders were much more knowledgeable about the legal age of marriage for girls. Almost all mothers (92%) and community leaders (99%) interviewed at endline considered it important to ask for the girl's consent about the age at which she would like to get married and the timing of her marriage. This represents a significant change in mothers' attitudes compared to baseline (54%).

Improved Services and Support Systems

In Uttar Pradesh, the quality of Village Health and Nutrition Days (VHNDs), a critical rural outreach programme, increased, as indicated by the mean number of services offered during VHNDs increasing from 5.6 to 8.8 services. Support to the new ASHA cadre of workers increased significantly, as indicated by the quality and value of monthly ASHA meetings. The data show that capacity-building sessions were held in 93 percent of the ASHA meetings and ASHA attendance improved

significantly from 53 percent in September 2009 to 74 percent in March 2012 (Project monitoring system data). In addition, other important review and planning meetings improved, such as interagency “convergence meetings” between the Department of Health and Family Welfare and the Department of Women and Child Development increased from 58 percent to 94 percent at block level.



Lessons Learned

Be Responsive to Government Priorities

At the beginning of the Project, the team facilitated evidence reviews of approaches from India and the South Asian region (focusing on effectiveness, efficiency and expandability) to determine optimal interventions, and held consultations with government officials and other stakeholders to understand their priorities. The team also consistently used participatory and consultative approaches, such as the whole person process facilitation and open space technology.

These efforts led to:

- A stronger foundation for the Project's technical assistance efforts
- Better relationships and collaboration with Government and a range of partners
- Increased consensus on key recommendations and lessons learned
- More reliance on evidence based interventions, and the development of evidence based TA plans

Provide High Quality and Credible Technical Expertise

The Project focused on hiring staff with significant expertise and experience, as well as interest and willingness to work with

the Government. The Project also partnered with international and local Indian organizations, selected based on local presence and appropriate experience. Since the Project team knew the Indian and state context well and were able to contextualize the technical assistance and capacity-building offered, these efforts led to:

- Being respected and valued as partners by the Government
- Government willingness to work with the Project team to introduce or scale up innovative interventions such as improved use of monthly meetings for problem-solving, building the capacity of frontline workers, and motivating frontline workers
- Increased credibility and ability to promote district level lessons for state wide scale up

Promote Programme Monitoring and Use of Data

The Project promoted and demonstrated the use of (Project and government) data in regular meetings for progress reviews and problem-solving. These efforts led to:

- TA based on evidence and proven interventions
- Increased consensus and Government support for the chosen interventions
- Use of monitoring checklists and simplified data analysis (e.g., supervisors collected important process and quality data, used to monitor and improve programmes, such as VHNDs).
- Improved human resource information systems at state level, which provide data needed to improve human resources management in the health sector, including better deployment, distribution, continuing education and retention of health workers.



Vision

IntraHealth International believes in a world where all people have the best possible opportunity for health and well-being. We aspire to achieve this vision by being a global champion for health workers.

Mission

IntraHealth empowers health workers to better serve communities in need around the world. We foster local solutions to health care challenges by improving health worker performance, strengthening health systems, harnessing technology, and leveraging partnerships.

For more information, visit www.intrahealth.org

The Purpose of the Vistaar Project

To assist the Government of India and the State Governments of Uttar Pradesh and Jharkhand in taking knowledge to practice for improved maternal, newborn, and child health and nutritional status

Strengthen Existing Government Platforms and Systems

The team worked with Government officials to strengthen existing platforms, such as regular monthly meetings of ASHAs and Anganwadi Workers (AWWs), which were enhanced to include capacity-building sessions, performance feedback and problem-solving. They also strengthened inter-agency collaboration meetings.

These efforts led to:

- Revival and regularization of frontline worker meetings, which were previously irregular and not very effective
- Inclusion of capacity-building, supportive supervision, and problem-solving into the frontline worker meetings
- Better reviews of programme performance and better annual planning based on use of data, at block, district and state level
- Improved use of “convergence” meetings between government agencies, for joint planning, progress reviews and problem-solving, at block, district and state level
- Improved functioning of mechanisms such as Village Health and Nutrition Days and home visits
- Improvements in existing government training programmes, such as more emphasis on participatory methods, skill building, and the use of job aids and introduction of an innovative spaced education approach to

continuing education through monthly frontline worker meetings

- Expanding the focus from training to frontline worker performance, with more focus on performance factors beyond training such as supportive supervision and motivation
- Improved use of supervisor's time, for supportive supervision, continuing education and problem-solving, including through use of tools like a supportive supervision checklist

Conclusion

The Vistaar Project worked to provide capacity-building and technical assistance to help take knowledge to practice at large scale in major government programmes. The Project showed that selecting evidence-based and strategic approaches, like focusing on supporting the frontline worker, contributes to strong health outcomes. The Project also demonstrated that working closely with government priority programmes, focusing on systems improvements and strengthening existing platforms (such as training programmes and routine monthly meetings) yields strong results at scale and makes the results less dependent on Project inputs and more sustainable. The Vistaar Project model demonstrates the success of a technical assistance approach that emphasizes and combines capacity-building, system strengthening, collaboration, and alignment with government priorities.

IntraHealth International, Inc. is the lead agency for the Vistaar Project. For more information on the Vistaar Project, see: www.intrahealth.org/vistaar

Technical assistance partners:



¹Provisional Population Tables, Census of India 2011

²International Institute for Population Sciences (IIPS), 2010. District Level Household and Facility Survey (DLHS-3), 2007-08: India