Dissertation Training

At

UNICEF, Bihar

Monitoring the KPIs of Health Theme: Study of 2 Aspirational Blocks of district Gaya, Bihar from April 2020 to March 2024

by

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PG/22/019

Under the guidance of
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PGDM (Hospital & Health Management) 2022-24

International Institute of Health Management Research

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CERTIFICATE

OF INTERNSHIP

THIS CERTIFICATE IS AWARDED TO

AVANTIKA BAKSHI

For his completion of the internship program through SIHFW-DHS Gaya Under Unicef project in the Aspirational Districts of Gaya from 15th February 2024 to 30th June 2024.

Throughout the above mentioned session, he performed his duties sincerely and enthusiastically. I found him a hardworking and sensible person. I wish him all the very best in his future endeavor.

(Dr. Poonam Raman)

Director

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **AVANTIKA BAKSHI** student of **PGDM (Hospital & Health Management) from the International Institute of Health Management Research**, New Delhi has undergone internship training at "**UNICEF, Bihar**" from **Feb to June 2024.** The Candidate has successfully carried out the study designated to her during the internship training and her approach to the study has been sincere, scientific, and analytical. The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

Dr. Sumesh Kumar   **Dr. Sumesh Kumar**
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Academics and Student Affairs

Certificate of Approval

The following dissertation titled **"Monitoring the KPIs of Health Theme: Study of 2 Aspirational Blocks of district Gaya, Bihar from April 2020 to March 2024"** at **"UNICEF Bihar"** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of PGDM (Hospital & Health Management) for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

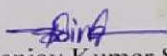**Dissertation Examination Committee for evaluation of dissertation.**

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This is to certify that **Ms.Avantika Bakshi,** a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision.She is submitting this dissertation titled **"Understanding the trend of maternal and child health pre and post launch of ADP: Study of 2 aspirational blocks of Gaya"** at **"Unicef-SIHFW"** in partial fulfillment of the requirements for the award of the **PGDM (Hospital & Health Management).**

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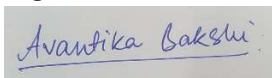Associate Dean, Academic and Student Affairs

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This is to certify that the dissertation titled Monitoring the KPIs of Health Theme: Study of 2 Aspirational Blocks of district Gaya, Bihar from April 2020 to March 2024and submitted by **AVANTIKA BAKSHI** Enrolment No. **PG/22/019** under the supervision of **Dr. SUMESH KUMAR** for the award of PGDM (Hospital & Health Management) of the Institute carried out during the period from **Feb 2024 to June 2024** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

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FEEDBACK FORM

Name of the Student: Avantika Bakshi

Name of the Organisation: Unicef- SIHFW,Bihar
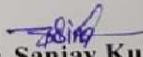
Area of Dissertation: Public health

Attendance: 15th Feb 2024 to 30th June 2024

Objectives achieved: Ms Avantika work closely with District & Block health officials and NHM/NUHM officials under the guidance of Unicef & is providing technical support in facility preparedness for State and National certification for NQAS/LaQshya including capacity building of the staff and documentation. She is providing support in preparation of Aspirational Block Action-plan, Supportive supervision of VHSND & SNCU. She plays a major role during planning, organizing & facilated the World Menstural hygiene Day, other than above mentioned activities Avantika is providing overall support to District & Blocks in other essential activities under RMNCHA+AN.

Deliverables: She always meets all deliverables within the timeframe as quality manners assigned by the supervisor without any excuse.

Strengths: She is one of the Best individuals to achieve the goal of the organization with the dedication, hard-work with enthusiasm of any time bound. She adhere the organizational ethics, & code of conducts.

Suggestions for Improvement: She should update himself with new guidelines released by MoFHW & LANCET regarding RMNCH+AN.

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Acknowledgement

This dissertation would not have been possible without the support, guidance, and encouragement of many individuals and institutions.

First and foremost, I would like to express my deepest gratitude to my college mentor, Dr Sumesh Kumar, for his unwavering support, invaluable guidance, and insightful feedback throughout this research journey. His expertise and dedication has been instrumental in shaping the direction and quality of this dissertation.

I am also profoundly grateful to the members of my dissertation committee, Dr. Pijush Kanti Khan, Dr. Vinay Tripathi, and Mr. Naveen Vashisht, for their constructive criticism, suggestions, and encouragement. Their input has been crucial in refining my research and enhancing the overall quality of this work.

A special thank you goes to my organization mentor, Dr Siddharth Reddy, and my supervisor, Mr. Sanjay Kumar Singh, for their guidance, encouragement, and for providing me with the opportunities and resources to balance my professional responsibilities with my academic pursuits. Their support has been critical in allowing me to complete this dissertation.

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Contents

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List of Abbreviations

1. WASH: Water and Sanitation, Hygiene
2. ADP: Aspirational District Programme
3. ABP: Aspirational Block Programme
4. ANC: Antenatal Care
5. LBW: Low Birth Weight
6. TB: Tuberculosis
7. NQAS: National Quality Assurance Standards
8. HMIS: Health Management Information System
9. KPIs: Key Performance Indicators
10. CoC: Champions of Change
11. BRGF: Backwards Regions Grant Fund
12. NITI: National Institution for Transforming India
13. SDG: Sustainable Development Goals

The United Nations Children's Fund, or UNICEF, is an international organisation whose mission is to enhance the lives of women and children everywhere. It was founded in 1946 with the main goals of advocating for the defence of children's rights, offering aid to those in need, and advancing fair access to healthcare, nutrition, education, and safety from exploitation and violence. In order to execute programmes that address the particular difficulties encountered by women and children, especially in low-income and conflict-affected areas, UNICEF also works with local governments and non-governmental organizations. The Convention on the Rights of the Child, which emphasises the significance of children's rights and well-being, serves as its guidance.

The goal of UNICEF is to guarantee every child's right to life, development, and potential. The organization emphasizes equity and inclusivity in its vision of a society where every child's rights are realized.

In Bihar, UNICEF has been aggressively pursuing improvements in women's and children's protection, health, and educational results. Its campaigns emphasize nutrition and immunization to prevent malnutrition, with a focus on mother and child health. UNICEF works to promote access to high-quality education via teacher training and infrastructural upgrades, especially for females. Along with addressing child safety concerns, the organization works to increase community awareness and prevent child labor and trafficking. Additionally, UNICEF uses WASH programs to advance access to clean water and sanitation. In general, UNICEF wants to improve community involvement and local government to foster an atmosphere that is conducive to the welfare of Bihar's children and families.

Abstract

India's health system encountered numerous difficulties prior to the Aspirational Districts Program's 2018 debut, particularly in rural and disadvantaged areas. High rates of maternal and newborn mortality were the consequence of poor infrastructure and a lack of medical experts, which restricted access to healthcare. Many families were forced into poverty as a result of the reliance on private healthcare, which frequently resulted in significant out-of-pocket costs. Even while there were many national health efforts, they were not always implemented well, and a tendency existed to prioritise isolated illnesses over the demands of overall health. In order to alleviate these gaps, the Aspirational Districts Programme prioritised health, nutrition, and other vital sectors while promoting complete development in a few chosen districts. The Indian government's Aspirational Districts Programme was introduced in 2018 with the goal of improving 112 districts that are falling behind in terms of infrastructure, health, and education. The programme emphasises quantifiable results and community involvement while concentrating on enhancing these areas through coordinated efforts from several government ministries.

The Aspirational Block Programme was created in response to its success in order to expand comparable programmes to particular blocks within states and target even smaller administrative divisions. Through improving local government, health care, and education, this programme seeks to improve underperforming blocks and promote inclusive development at the local level. Both initiatives place a strong emphasis on working together and seek to lessen regional differences across the nation.In order to understand the trends in the data before and after the launch of the Aspirational Block Programme within the three main performance metrics, the research is conducting a trend analysis of the data collected quarterly by the facility on the HMIS site. Interventions focused on enhancing the facility's capacity and improving its quality modify the services it offers both before and after the ABP launch. The study focuses on the changes in the maternal and child health status of the two aspirational blocks—Konch and Wazirganj—among the four blocks in the district of Gaya State, Bihar, following the implementation of the Aspirational District Programme in 2018.

This is the first time the government has introduced a programme of this size and scope, with the goal of accelerating progress through improved data-driven governance, strict monitoring, transforming development into a mass movement, collaborating with stakeholders outside the government, and working as Team India (the Centre and the States).

The research is conducting a trend analysis of quarterly data collected by the facility on the HMIS portal to better understand the pattern in data before and after the implementation of the Aspirational block programme within the three main performance parameters. Intervention focused on facility capacity building and quality improvement changes the facility's service offering between before and after the ABP launch.

The study focuses on the progress in maternal and child health status of two aspirational blocks among four, namely Konch and Wazirganj in Gaya District, Bihar, following the commencement of the Aspirational District Programme 2018.

The trend demonstrates the challenges facilities have in reaching the objectives of the Aspirational Block Programme while applying fresh tactics and priorities to achieve or meet the anticipated results following the baseline used to begin the comparison.

The degree of strategies used for facility capacity growth to achieve the stated goal of the various indicators is demonstrated by the data's difference or near to the target.

The consistency/absence of a major disparity between the attainable goal and the current state of the data reflects the facility's ability to alter working interventions as well as its resistance to change.

Introduction

The Indian government established the Aspirational District Programme under the leadership of Hon'ble. Prime Minister of India in January 2018 with the goal of expediting the economic and social progress of 112 districts throughout the country. These districts are classified as "aspirational" because their development indicators are lower than the national average. The programme aims to enhance the standard of living for the people living in these districts and reduce regional disparities by concentrating on their development needs and integrating federal, state, and local government initiatives and resources around five major pillars: health and nutrition, education, financial inclusion and skill development, agriculture and water resources, and basic infrastructure.

The plan includes 112 districts around the country that had previously lagged behind in terms of socioeconomic indices. With the aim of speeding progress through enhanced data-driven governance, rigorous monitoring, turning development into a mass movement, cooperating with stakeholders beyond the government, and working as Team India (the Centre and the States), this marks the first time that a programme of this size and scope has been introduced by the government.(1) The programme places more of a focus on improved governance than on a significant financial injection in order to improve performance. India's Aspirational District Programme, established by NITI Aayog in January 2018, has now introduced the Aspirational Block Program in 2023 for a more targeted approach and intends to accelerate and successfully improve the country's 500 under developed blocks. This programme functions in three dimensions: convergence, collaboration, and competitiveness. The programme views states as accountable agents for capacity building, employing data-driven methodologies to record and analyse difficulties and identify bottlenecks. NITI Aayog tracks the development of each aspirational district using robust statistical models and ICTs, and grades them based on their accomplishments. The research looks at the progress made by the 2 blocks within the health status topic. The Aspirational District Programme has enabled governments to assume responsibility for the improvement of district administration using data-driven methods.(2) The program's emphasis on district convergence, teamwork, and competitiveness leading to advances in health and skill development.

The current objective spelled out is the saturation coverage of Key Performance Indicators(KPIs) in least performing 100 blocks among 500 within a year. Out of 100 blocks all over India, 4 blocks are selected from Gaya district. 7 KPIs of health from "Health and Nutrition" theme have been decided to be monitored to track the progress of the selected blocks and rank them on the basis of their performance to encourage a healthy competition among the blocks.

The 7 KPIs are:

- Percentage of ANC registration within the first trimester against total ANC registrations.
- Percentage of institutional deliveries against total reported deliveries.
- Percentage of LBW babies less than 2500 grams.
- Percentage of TB cases treated successfully against TB cases notified a year ago.
- Percentage of NQAS certified facilities in block.
- Percentage of persons screened for Hypertension against targeted population in the block.
- Percentage of persons screened for Diabetes against targeted population in the block.

Among the 7 KPIs we are observing 3 KPIs:

- Percentage of ANC registration within the first trimester against total ANC registrations
- Percentage of institutional deliveries against total reported deliveries.
- Percentage of LBW babies less than 2500 grams

Figure 1: Aspirational Blocks Programme

Figure 2: HMIS Portal

Even though the Aspirational Block Programme has introduced its own website "Champions of Change" to monitor the progress of the blocks, The HMIS or Health Management Information System is used originally by the data entry operators of the health facilities to upload data on various indicators on this portal which can be used for timely monitoring of any health facility.

There is no open access to the data and the data has been collected from the Block Monitoring and Evaluation Officers with due permission from their respective supervisors.

Rationale

The purpose of this study is to observe the various approaches taken by the government with the help of development partners via strengthening the health programmes/interventions to enhance the quality of life of the citizens of Gaya and identify the bottlenecks and challenges to provide suggestions for the same. The blocks – Wazirganj and Konch has been selected as they are under the 100 least performing blocks that have been identified for intensive interventions by the Government. There is a need of an assessment in order to provide sustainable ideas and approaches to establish this programme as a success.

Study Objective:

- To compare the data of the Key Performance Indicators(KPIs) before and after the launch of Aspirational block program in Konch and Wazirganj and to see the trend of data of Maternal and Child health.
- Identify the bottlenecks and challenges to provide suggestions for the same.
- To provide evidence based constructive suggestions as a step towards achieving the set target of improving the KPIs.

Literature Review

Many data sources were examined in order to conduct a thorough literature assessment. However, there are few studies carried out by third-party organizations because the Aspirational Blocks Programme was only put into effect last year. Of these majorly all the reports are focused on the Aspirational Districts Programme.

Similar Programme

The Backwards Regions Grant Fund, or BRGF, was established in India to alleviate regional disparities by pooling already-existing funding and development resources to lessen overall backwardness and enhance district livelihood conditions. Although these elements closely align with the Aspirational Block Programme, there are important distinctions between the two in terms of scope, regions of development, emphasis, and evaluation procedures.

First off, just 500 blocks are the focus of the ABP, compared to 250 districts in the BRGF. Second, the ABP aims to strengthen five important sectors in a comprehensive way, whereas the BRGF concentrated mostly on livelihood and infrastructure programs. Moreover, Panchayats can use a distinct funding system established by the BRGF to develop infrastructural amenities; the ABP has not embraced this idea. Rather than creating new, distinct units at every level of governance, the goal of ABP is to operate on the convergence of central and state plans at the grassroots levels (2).

The methods used by the two programs for monitoring and assessment, however, differ the most. The ABP results are updated continuously on the CoC portal in the form of composite scores and ranks, along with regular evaluation and follow-up reports issued to provide insights on the development. In contrast, the BRGF was dependent on evaluating its results every year or every five years. Constant monitoring is a feature that has never been used by any government development project or program. The goal is to encourage accountability, competition, and learning among the blocks as well as to help them learn from each other's practices.

In a similar vein, in addition to initiatives started by the government, there seem to be additional pertinent initiatives that target underprivileged areas or groups of people. One such initiative is the Bill and Melinda Gates Foundation's "Champions for Change (C4C)" program in Nigeria. The Champions for Change program in Nigeria largely focuses on providing funding to local Nigerian programs that enhance the health of women, children, and youth, notwithstanding the ABP's diversification into several theme sectors. Additionally, it makes investments in organizations, advocates, and visionary leaders of Nigeria's civil society to give them the networks, resources, and assistance they require to effect real change. Champions for Change, like the ABP, focuses on empowering grassroots organizations to effect change.

Methodology

- **Study design:** Observational Study design

- **Study population:** Women and children of the blocks namely Wazirganj and Konch.

- **Inclusion Criteria:** Women and children of the blocks namely Wazirganj and Konch.

- **Exclusion Criteria:** Other population.

- **Research instrument:** 3 KPIs Identified from the "Champions of Change" website and HMIS.

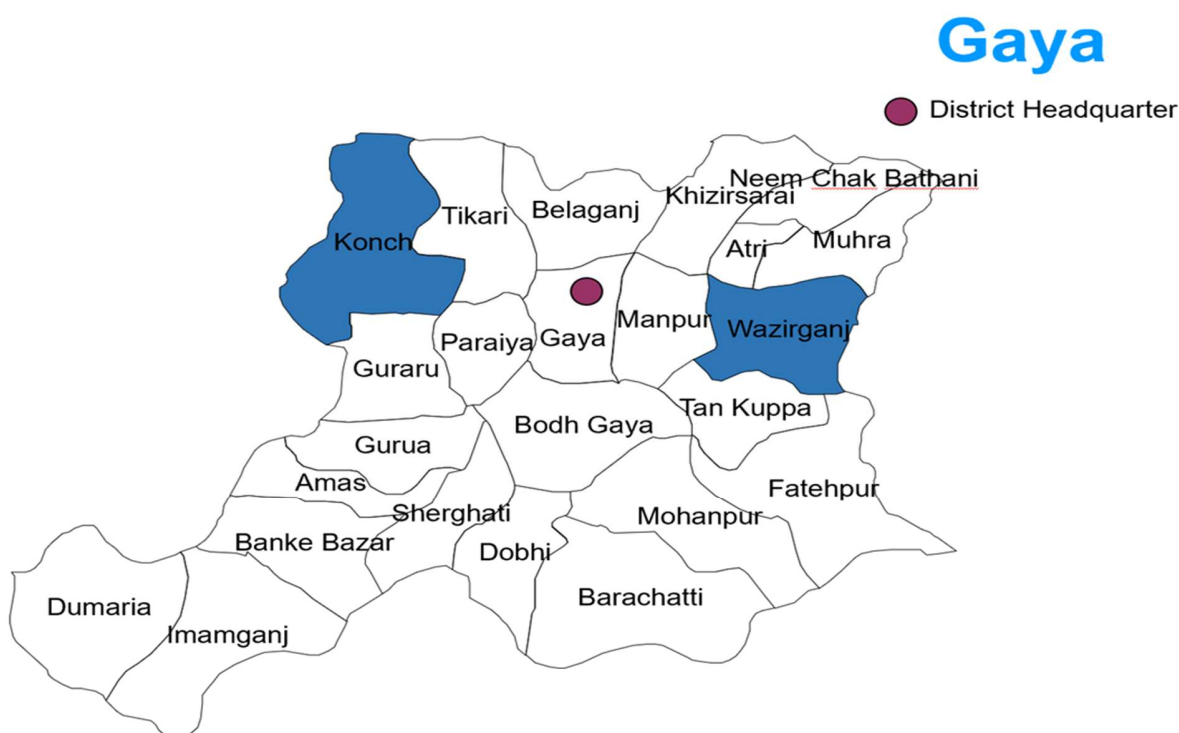- **Data Analysis Plan:** Data analysis by using excel and Distance To Frontier Analysis to show how far are the blocks from their set target.

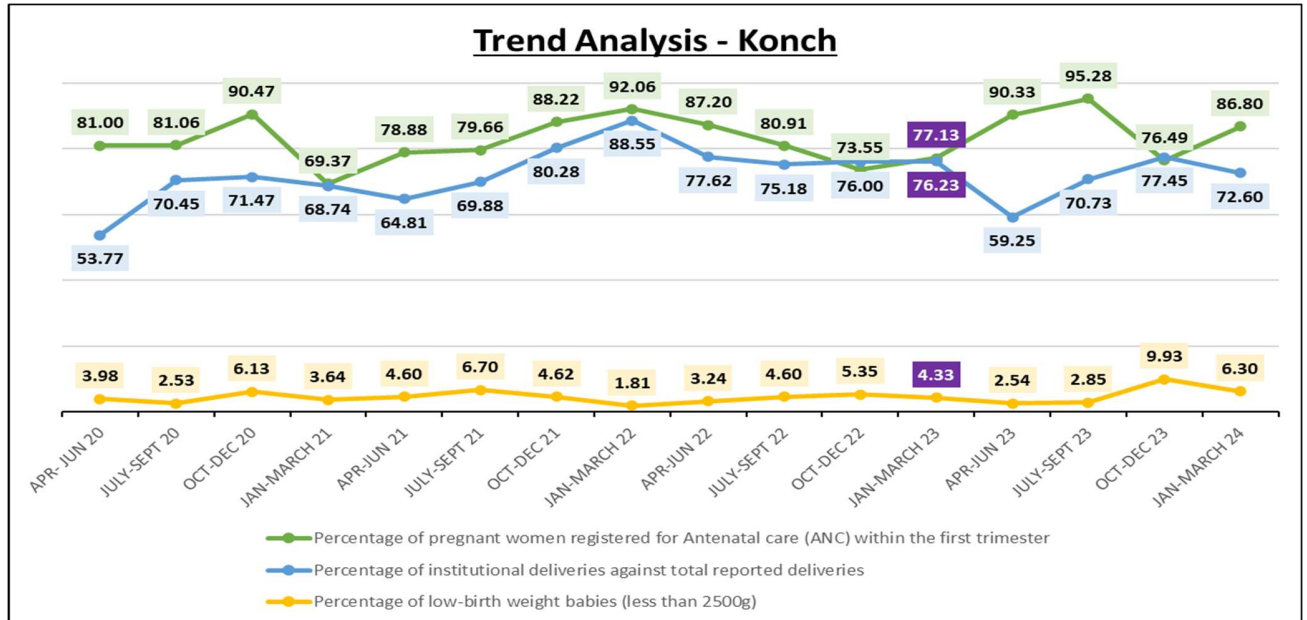*Figure 3: Block Map of Gaya*

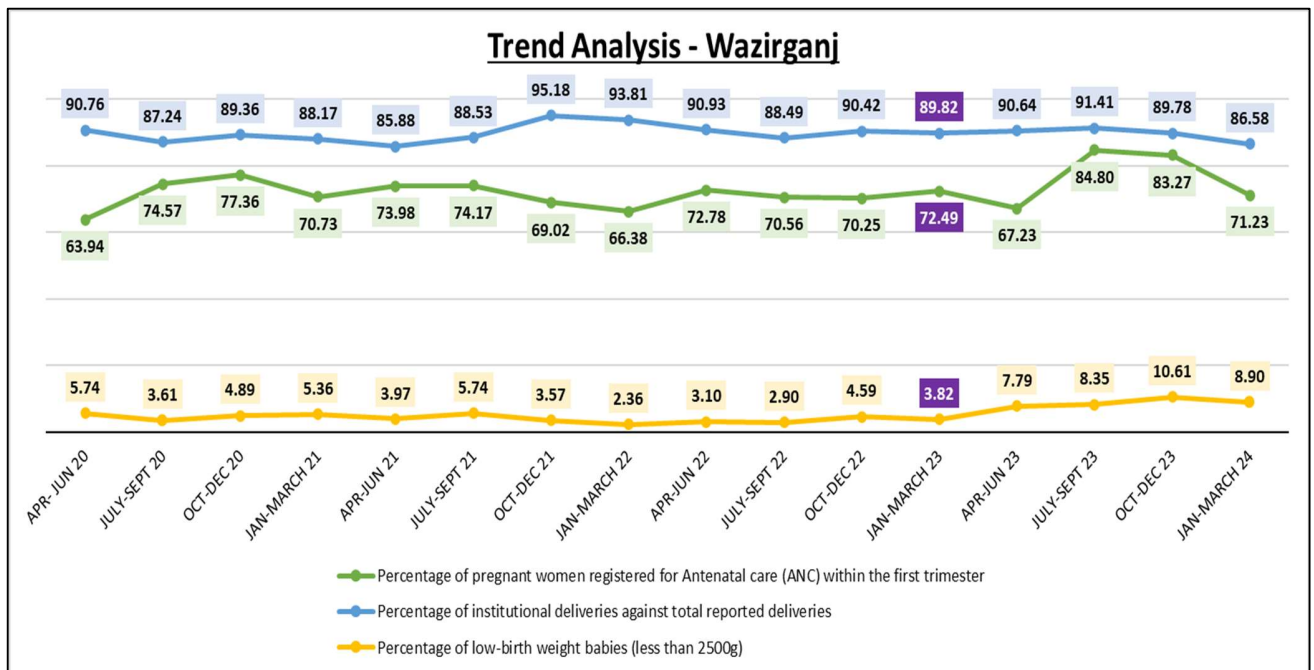## Results

Figure 4: Trend Analysis of Block - Konch

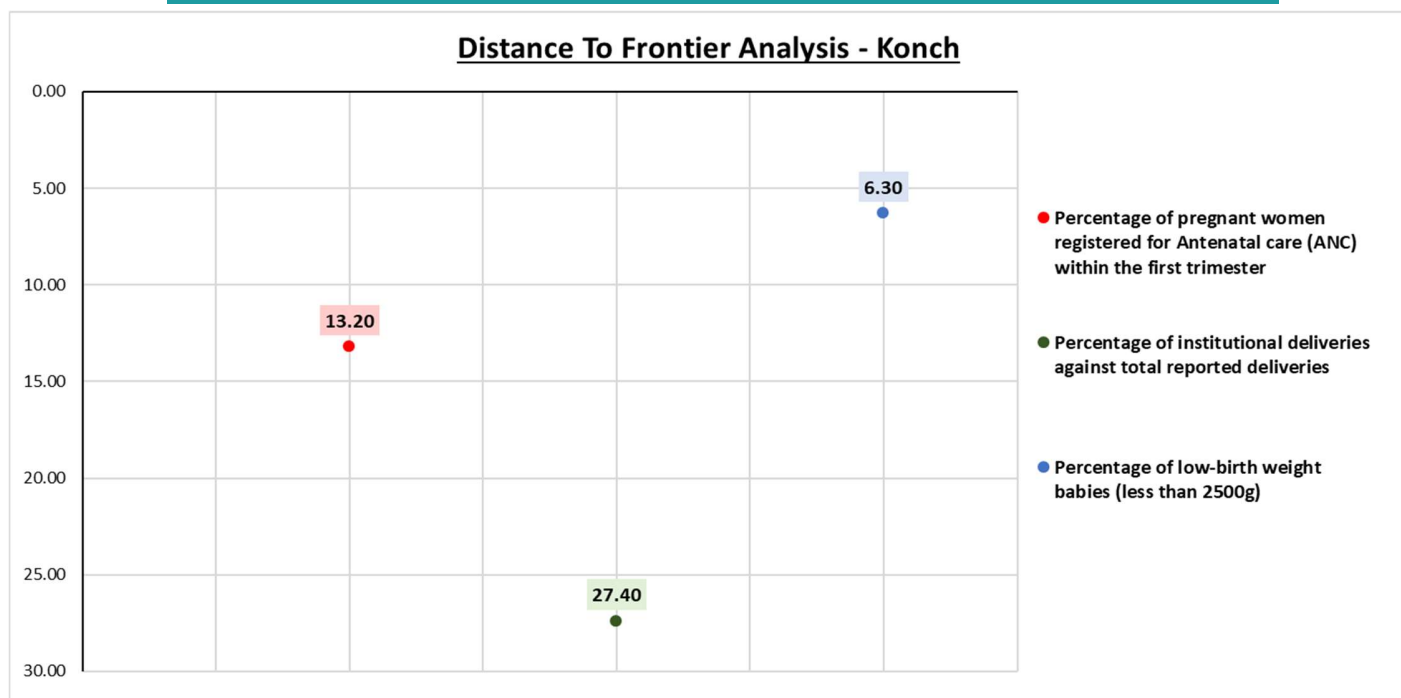*Figure 5: Trend Analysis of Block - Wazirganj*

Figure 6: Distance To Frontier Anslysis - Konch

Distance to Frontier: How far are you from your target? 0: Achieved ; Positive: Further away; Negative: Over achieved
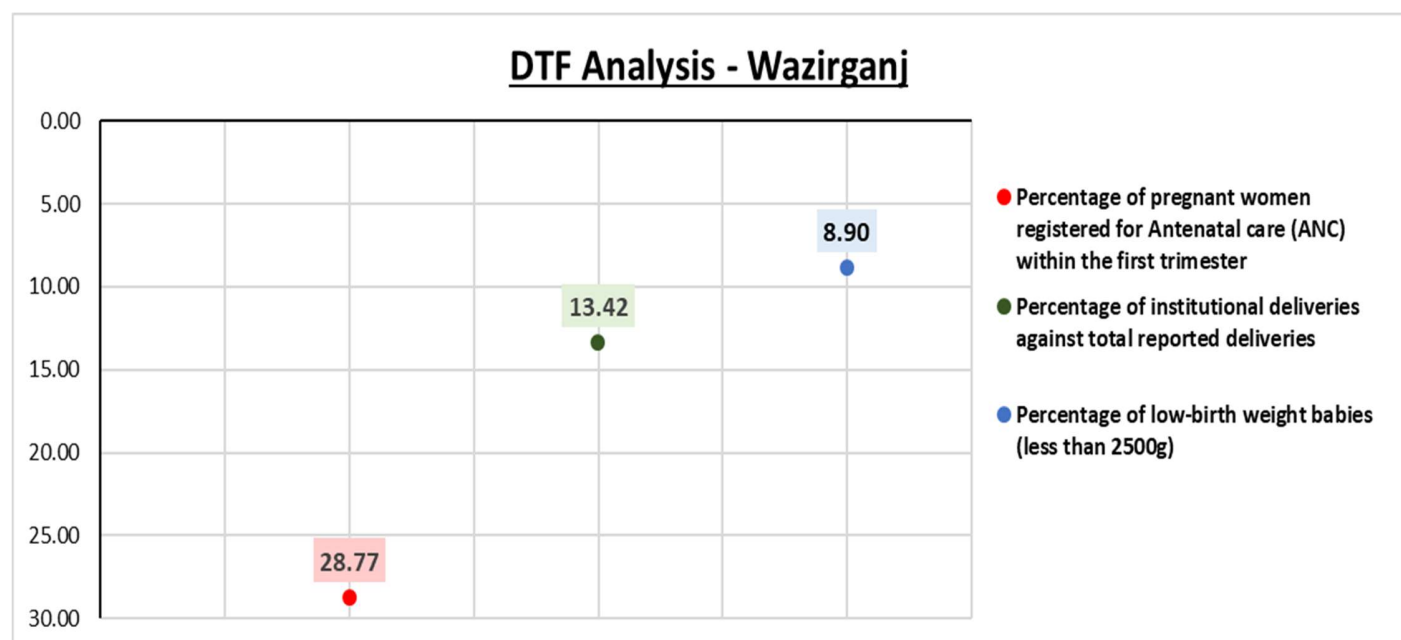

Figure 7: Distance To Frontier Analysis - Wazirganj

Discussion

- The data's trend demonstrates the challenges facilities have in achieving the Aspirational Block Programme's goals while putting new strategies and priorities into practice in order to reach or surpass the expected outcomes after setting a baseline for comparison.

- The inconsistency or existence of a sizable disparity between the feasible target and the data at this point indicates the facility's unwillingness to adapt to new changes in public health systems and its incapacity to modify as per the operational interventions.

- That merely indicates that the rate of development under the program has not outpaced natural trajectories, not that the indicators have not improved.

- Not all indicators show change at a similar frequency, frequency of data collection should be adjusted.

- The growth rates of each indicator differ from one another. It should be noted that the growth rates of long-term and medium- and short-term indicators are different.

- The trajectory of the percentage of LBW babies has not changed significantly, suggesting that the methods' implementation and sustainability have not been up to pace.

- The Distance to Frontier analysis was done to identify where there is a lagging for more focused interventions.

- Post implementation of the programme in Konch, ABP has had a positive impact on ANC registrations that shows that the people are trusting the new approaches undertaken by the health system. In case of institutional deliveries, there may be seen a downfall but later the programme has shown a relatively significant impact, similar for percentage of low birth weight babies indicating that the interventions are reaping slower results.

- Post implementation of the programme in Wazirganj, ABP has providentially shown no negative impact in the block for the first two indicators. But in case of percentage of low birth weight babies, post implementation of the programme has not shown any positive impact indicating that this indicator should be highlighted for focused interventions and should be measured after a significant term.

Challenges

- One of the issues associated with the implementation of ABP is the disparity between the data recorded and the data that was monitored. A competitive approach should be less of a priority, as discussions with many stakeholders have shown, as this could lead to blocks reporting data incorrectly. Additionally, indicators should be revised. Additional trainings and educational initiatives are also required in addition to this.(3)

- A common problem identified in all blocks, regardless of their performance, is the shortage of human resources and technical skills at the block level. Despite receiving assistance from NITI Aayog, there's still a necessity to develop skills at the grassroots level.

- There has been discontinuation of prioritization of engagement activities owing to leadership change in districts.

- Inability to create behavioral change within the district administration has been one of the biggest challenges.

- Even after successful implementation of interventions, there has been a major challenge in sustaining the change.

- There were inconsistencies in program implementation due to bureaucratic delays, lack of coordination among various departments, and insufficient local capacity.

- Limited financial and human resources hindered effective execution of initiatives, particularly in remote areas where infrastructure is weak.

- Inadequate data collection and monitoring mechanisms made it difficult to assess progress and impact, leading to challenges in accountability.

- While community participation is essential, there were challenges in mobilizing local populations and ensuring their active involvement in programs.

Conclusion

The 2 blocks have shown that there is a significant distance to achieving the target and it shall take a significant amount of time along with support from the development partners for a strategic approach to intensify the interventions. The challenges as discussed above

It has been only a year since the inception of the programme and thus impact of the targeted interventions cannot be measured for such a small interval of time, we can thus only assess and identify the potential gaps for better multimodel approach towards the shortcomings.
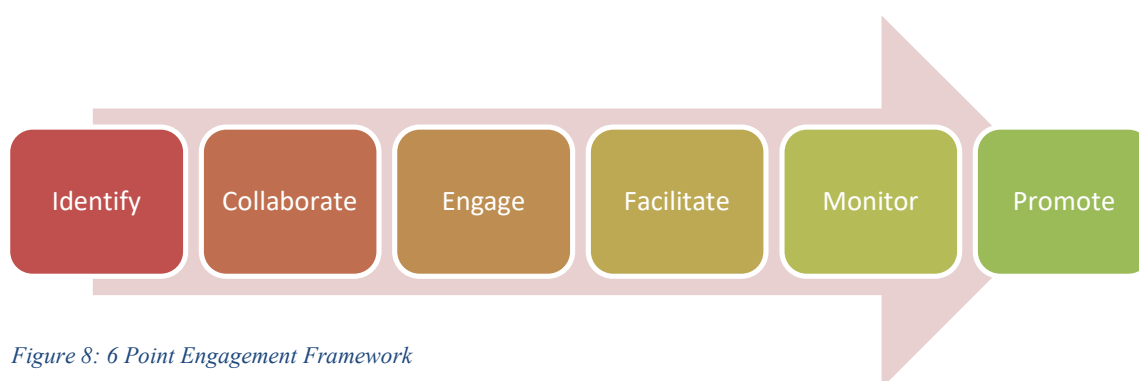
Important lessons from the ABP initiative's past experiences can also be applied to future iterations of the program, assisting in its revitalization. Regional teams are organized such that changes in leadership won't interfere with the program's successful implementation. They are also directed by the timely collection of streamlined result data.(4) District-to-district partnerships can be strengthened and help important interventions spread more widely. In addition to formalizing procedures for cooperation and learning from other districts and higher-performing ones, districts can narrow their focus to the areas that require the most attention. The need of robust, shared economic development along with social progress has become even more apparent as the globe struggles to deal with the aftermath of the COVID-19 public health disaster.

This report has the potential to spark action across India in addition to offering an early assessment of the ABP. ABP may serve as a model for india's future economic and social development strategy by centralizing on "what works" in advancing inclusive growth and social progress.

Leveraging The Partner Ecosystem

A 6 point partner engagement framework can be discussed to maximize the benefits of partner interactions for human and social development. This framework bridges the highlighted difficulties or best practices to the major guiding principles that can be recommended.(6)

Figure 8: 6 Point Engagement Framework

1. **Identify:** Use evidence-based analysis, like DTF, to pinpoint the area, point of intervention, and domain. Determine whether the block's needs are more focused on innovative models or on implementation. Prevent mismatch issues in engagement. This approach enables Niti Aayog to precisely specify the partner's role after the engagement is determined therefore preventing any conflict between the partner's objectives and the district's objectives in which the partner will interfere.

2. **Collaborate:** To help with the institutionalization of the partner organization within the district administration, the framework advises the partners to work with NITI Aayog or the nodal ministry after determining the appropriate level of engagement. Second, the framework suggests that the partners should make every effort to enable the presence of a human resource within the district administration. If the size and breadth of the engagement are constrained, partners may not necessarily need to assign a human resource to a post inside the district administration. For medium- to long-term high-intensity engagements, it is advised to work with partners who have already established a human resource within the district administration office, or to have a human resource present within the district administration itself.

3. **Engage:** Better program continuity and prioritization are made possible even in the event of a change in leadership because to the district's wide engagement, which extends beyond the District Collector/District Magistrate. This is crucial because, as the previous section of the research noted, a change in leadership can frequently have a negative impact on the ongoing partner engagements in a particular district. Furthermore, by breaking down specific challenges at a smaller scale that are relatively easier to manage, particularly for very large geographic districts, the granular engagement at the block/panchayat level further enables the partners to leverage better social and human development outcomes.

4. **Facilitate:** By providing knowledge support to the district administration at all levels, the partner's role may concentrate more on assisting the operational improvements. Connect district officials' tasks with engagement activities (e.g., motivating ASHA staff to advocate for early ANC registrations and promote nutritious eating habits etc.) and make it easier for the district administration to adopt engagement activities.

5. **Monitor:** The duty of keeping an eye on the modified procedures throughout the districts and stepping in only when necessary to address obstacles or provide operational input to the district administration.
   This lessens the administration's reliance on the partner's resources and enables it to progressively integrate the modified policy activities. (7)
   This strategy successfully creates a positive feedback loop that encourages the district administration to adopt new behaviors. As a result, the procedures are shared among the district officials. In addition, by including monitoring in the engagement framework, partners can address the problem of open supervisory positions in districts. Now that partners are involved, these jobs may be filled, allowing for the district administration's operations to be assimilated sustainably.

6. **Promote:** When a district fully adopts and integrates policy measures that address capacity and governance gaps, partners may highlight this as a 'proof of concept' or 'best practice.'(8) Other districts can then learn from and replicate similar strategies. Besides, it would save the district from losing a number of important unofficial lessons that are transferable to other areas with comparable niche difficulties.

Further recommendations are indicative of the way forward for the programme :-

- **Customize the frequency of data collection according to the type of the indicator -** Not every indicator exhibits change as frequently as the study suggests. Therefore, survey procedures should be modified in light of this. Long-term indicators that show change should be evaluated annually, while short-term indicators should still be evaluated every three months. Additionally, this would increase survey dependability.

- **Updating plan of action based on new information -** They can determine if they have succeeded in improving the status quo, failed to do so, or maintained it by using an assessment method like trend analysis. These successes and failures can be linked to the policies in order to determine What Works.

- **Collaborating with locals -** Working together with individual functionaries improves the district administration's ability to reach out to the community and leverage the social network for population integration. Additionally, it makes way for the implementation of community-based intervention methods, which encourage involvement from stakeholders. For example, women-led organizations like Anganwadis and Self-Help Groups have been especially important in implementing programs.

The Aspirational Block Programme, which is targeted at the block level and implemented by districts and states, is based on the strengths of local governments to accelerate the realisation of SDG aspirations for communities, households, and individuals, especially to

those who are at risk of falling behind. This is largely achieved through e-monitoring the real-time data. Another hallmark of the programme is the importance of partnerships and collective action, as it brings in various development partners with a range of expertise to support the district administrations. These partnerships underscore the significance of combining our strengths to make the spirit of Agenda 2030 come to life for everyone. With these and other characteristics, the Aspirational Block Programme stands as a global model for involving sub-national governments in multi-stakeholder partnerships to guarantee that SDG development materializes in people's everyday perceptions. The program can be replicated not only in India but also globally.

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