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HFG INDIA FINAL REPORT



USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions.



ABOUT THE HEALTH FINANCE AND GOVERNANCE PROJECT 2012-2018

The Health Finance and Governance (HFG) Project works to address some of the greatest challenges facing health systems today. Drawing on the latest research, the project implements strategies to help countries increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. The project also assists countries in developing robust governance systems to ensure that financial investments for health achieve their intended results.

With activities in more than 40 countries, HFG collaborates with health stakeholders to protect families from catastrophic health care costs, expand access to priority services – such as maternal and child health care – and ensure equitable population coverage through:

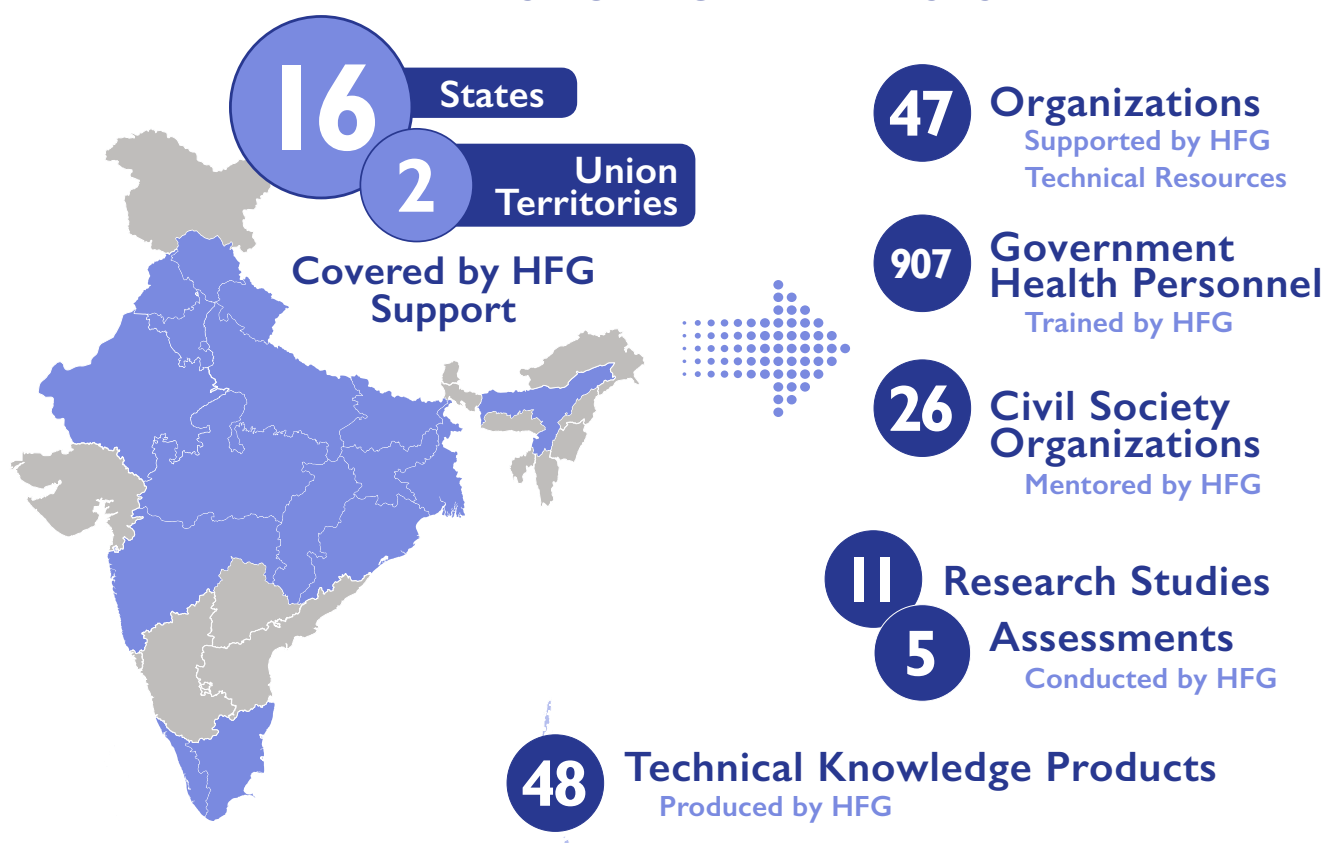
- Improving financing by mobilizing domestic resources, reducing financial barriers, expanding health insurance, and implementing provider payment systems;
- Enhancing governance for better health system management and greater accountability and transparency;
- Improving management and operations systems to advance the delivery and effectiveness of health care, for example, through mobile money and public financial management; and
- Advancing techniques to measure progress in health systems performance, especially around universal health coverage.

The HFG project (2012-2018) is funded by the U.S. Agency for International Development (USAID) and is led by Abt Associates in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., the Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

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To learn more, visit www.hfgproject.org

SUSTAINED TECHNICAL SUPPORT TO STRENGTHEN INDIA'S PUBLIC HEALTH SYSTEM





CHALLENGES

India is one of the fastest growing economies in the world. These gains have not, however, translated into commensurate progress on the health front. In its *Eleventh Five Year Plan 2007–2012*, the Government of India (GoI) called attention to India's health outcome indicators' continued weakness relative to the country's level and pace of development. India launched several large-scale health programs and significantly expanded its health services coverage during 2005–2012, resulting in good progress on such indicators as child immunization, antenatal care, and institutional deliveries (National Family Health Survey-4, 2017). But sustaining and accelerating progress on key health indicators continues to be an uphill task. India contributes about one-fifth of the global burden of absolute maternal deaths (WHO 2012) and reports the highest number of under-five deaths in the world (UNICEF 2012). Out-of-pocket (OOP) health expenses by

households in India rank among the highest in Southeast Asia (WHO 2012), pushing millions into poverty each year.

The GoI is committed to strengthening health governance and making its public health investments deliver results on the ground for its 1.3+ billion and growing population. The government recognizes that countering the high prevalence of communicable and, increasingly, non-communicable diseases will require the public health apparatus to rid itself of systemic weaknesses that keep it from more effectively responding to health needs. The USAID-supported Health Finance and Governance (HFG) project has collaborated with the government to tackle such systemic issues as access to quality health services, poor health resource allocation and fund management, lack of a skilled health workforce, and limited availability and use of quality health data for effective decision making.



CHANGE

In its six years of implementation, HFG worked in close partnership with India's national and state governments, local institutions, and civil society organizations (CSOs) to improve access to quality public health care. Its sustained technical support helped strengthen government strategies to improve health financing, governance, management, and monitoring. All these efforts will positively impact how easily Indians can get quality, affordable care from public health facilities. HFG used several cross-cutting strategies to this end: building technical capacity of government health staff; fostering local solutions; promoting data-informed policy and practice through research on emerging health areas; and strengthening civil society to promote transparent, accountable service delivery. HFG lent on-the-ground technical expertise for successful implementation of several of the GoI's new health initiatives in priority areas of maternal and child health, family planning (FP), adolescent health, and tuberculosis (TB). These include the hands-on support it provided for operationalization

of India's first health index, rollout of the Family Planning Logistics Management Information System (FP-LMIS), assessment of data quality in the country's Health Management and Information System (HMIS), comprehensive assessment of India's TB diagnostic network, and review of menstrual hygiene management schemes.

Supporting India in health financing reform also was a major objective of the project. HFG's work in health financing led to the first-ever production of state health accounts (HA) in Haryana state and supported scale up of innovative community-owned micro-insurance initiatives. These efforts laid the groundwork for improved management of public health funds and development of financial risk protection instruments that enable the poor to access quality health care without risking financial ruin.

This report highlights a few of HFG's major accomplishments, which will, among the other wide-ranging activities the project undertook, shape the direction of a strengthened health system in India and improve health outcomes for its people.

“It is important to rank states on the basis of the (health performance) improvement they have achieved... This index is expected to nudge states toward further achieving a rapid transformation of their health systems and population health outcomes.”

~ Amitabh Kant, CEO, NITI Aayog
The Hindu, February 09, 2018



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MAKING A DIFFERENCE



RESULT AREA I Sharper focus on health performance of states

HFG supported the Indian government in the successful rollout of the national health index, a first of its kind effort in the country to track how the different states perform on health outcomes. The Performance on Health Outcomes index measures year-on-year incremental progress each state makes on 28 key indicators and ranks the states based on their performance. Results of the comparative assessment will play a major role in determining the allocation of central resources to each state, spurring competition among states to improve their health performance. The GoI regards the health index as a major initiative that will motivate states to plug gaps in service delivery and improve health outcomes. Importantly, the initiative is expected to reduce the large interstate variations in health performance in India, evident from the vastly different progress different states made on Millennium Development Goals (GoI 2015).

Development and implementation of the index was an enormous exercise that involved different government agencies and development partners. NITI Aayog, the GoI's policy think-tank, developed the tool together with the Ministry of Health and Family Welfare (MoHFW) and the World Bank. HFG took on the critical role of supporting its implementation in 12 states and one union territory.

Public health staff mentored on India's first national health index

HFG's technical experts mentored state health officials for several months to develop their understanding of the health index tool, build their capacity on data requirements and data sources, support them in data collection and verification, and enable submission of data on the NITI Aayog portal (<http://social.niti.gov.in/>).

HFG's support was vital in ensuring that the states collected the required data and submitted them correctly in a timely manner to enable compilation of the country's first health index report. As a result of HFG's support, state governments are now equipped to undertake successive annual implementations of the health index tool.

Mainstreaming health as a priority agenda

Titled *Healthy States, Progressive India*, the health index report was released in February 2018. It ranks all states and union territories based on their absolute performance and year-on-year progress on such health indicators as neonatal mortality rate, under-five mortality rate, full immunization coverage, and institutional deliveries.

Results of the assessment have been made available to the public on the NITI Aayog web portal. The entire exercise has raised public awareness and mainstreamed health care as a political issue. This will encourage states to give

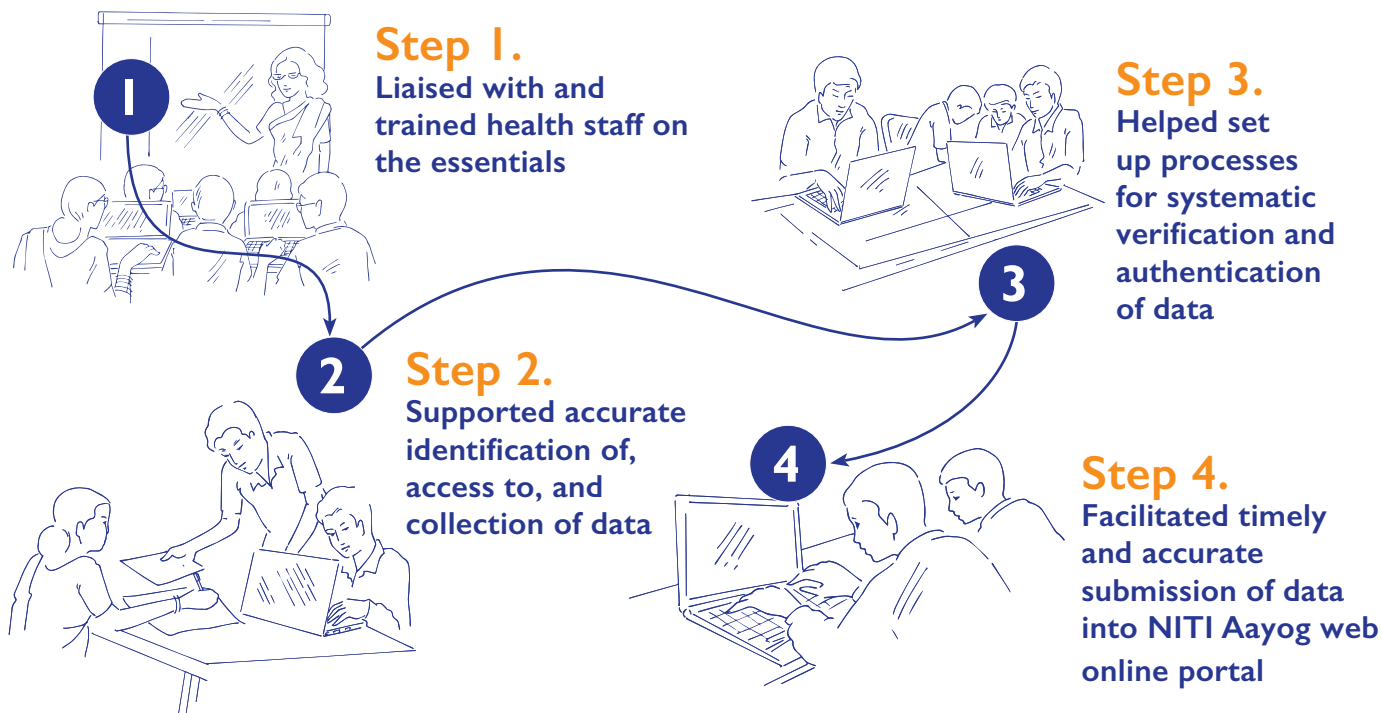
due priority to their health sector and bring about meaningful change.

Linking financing with health outcomes

Importantly, the health performance index has ushered in a strong movement toward outcome-based financing by linking budgetary flows from the national government to states more rigorously to incremental gains in health. This is expected to evoke competition among states on health performance, an important result because most of the action on health program implementation happens at the state level. The linking of incentives with performance is expected to begin in the budget process for 2018/19. The system of resource allocation will tie in with annual health index results going forward.

Successful implementation of the health index has paved the way for a sharp and rigorous focus on health performance and outcomes. NITI Aayog is already working on the next report, which will also rank district hospitals based on performance.

HOW HFG ENABLED SUCCESSFUL ROLLOUT OF INDIA'S FIRST NATIONAL HEALTH INDEX



“Jharkhand is a tribal-majority and heavily-forested state. We have unique challenges, be they in the area of health, education, or poverty. HFG’s support has strengthened the base, the capacity of grassroots organizations that work with marginalized communities.”

*~ Shanti Kindo, Former Chairperson,
Jharkhand State Child Labour Commission*



RESULT AREA 2

Stronger grassroots organizations to advance reproductive health and rights

Delivering on India’s ambitious FP2020 goal of providing 48 million additional women and girls access to contraceptives by the year 2020 requires joint action by government and non-government actors, particularly CSOs, who work as agents of change at the local community level. India is home to a large number of CSOs, but weak organizational capacity and limited funding opportunities for most impair their ability to sustain their programs.

HFG provided capacity-building support to strengthen organizational and financial sustainability of 26 CSOs working on FP, reproductive health, and social accountability issues in the states of Jharkhand and Rajasthan. The overall aim of HFG’s support to these CSOs was to strengthen and sustain the role they play in advocacy and in improving the voice and participation of communities in securing access

to quality, accountable FP services. Support for CSOs in Jharkhand and Rajasthan is particularly important as both states have a high prevalence of poverty and generally poor indicators for FP and reproductive health, with limited government capacity to address these challenges.

HFG partnered on this initiative with White Ribbon Alliance of India, a prominent network of grassroots CSOs working across India to advance women’s health and rights. The supported CSOs—15 from Jharkhand and 11 from Rajasthan—are part of this network. The size of the supported CSOs varied widely, from Rajasthan’s Society for Public Education Cultural Training & Rural Action (SPECTRA), with health-related operations limited to only five blocks of a district, to Jharkhand’s Ekjut, which has a pan-state reach covering a population of about 33 million.

Capacity gaps addressed

HFG targeted its capacity-building support at gaps it identified in the CSOs' management systems and processes. The project mentored and trained CSO leadership and staff on a broad range of organizational development themes, equipping them with practical skills and knowledge to undertake their day-to-day operations more effectively and secure sustainability for their organizations. Post-training review visits revealed enhanced ability, confidence, and commitment in these CSOs, some operating at a very basic level, to expand their work and contribute more effectively to improve the health and advocate for the rights of their communities.

Using inputs from the training and technical resources HFG provided, several of the CSOs have already initiated changes in their way of working. In Jharkhand, the Network for Enterprise Enhancement and Development Support (NEEDS) has revised its five-year strategic plan, developed an anti-fraud policy, conducted gender training for its staff, and developed two in-house gender experts. Navachar Sansthan in Rajasthan has put in place a systematic plan for resource mobilization and already submitted five new proposals. Many CSOs

have developed robust human resource and finance manuals, guidelines, and policies that will bring structure and orderliness to their operations.

Financial linkages initiated

Ensuring financial sustainability of CSOs working on the ground on reproductive health and rights issues was a major objective of HFG's support. The project helped the CSOs analyze their current and potential funding sources, staffing requirements, and opportunities for and risks to sustainability.

HFG helped initiate the CSO network's linkages with potential funding sources. In Jharkhand, HFG opened a channel between the CSO network's state chapter and the Confederation of Indian Industry State Council to explore future collaboration. The project networked with major corporations to explore corporate social responsibility (CSR) and philanthropy funds for the CSOs working in and around their industrial belts. Seven corporations showed keen interest in joining hands with the CSO network in Jharkhand. In Rajasthan, HFG networked extensively, as a result of which Save the Children Fund (SCF) and Deutsche Bank expressed interest in forging long-term partnerships to support CSOs' activities.

STRENGTHENING CSOs: THE WIDE GROUND COVERED BY HFG'S CAPACITY-BUILDING SUPPORT





RESULT AREA 3

First-ever state HA production in Haryana

HFG brought its international resource tracking expertise into play to help Haryana undertake its first state HA¹ production. A globally accepted methodology for mapping health fund flows, HA provides understanding and evidence on why the available resources may not be yielding better health outcomes. This understanding is important for Haryana, which paradoxically ranks among the states with the highest per capita income in the country yet reports poor progress on some important health indices.

HFG supported the Haryana State Health Resource Centre (HSHRC), where the state's HA activity is housed, in its maiden HA production for 2014/15. The project stationed technical experts in the state to provide the state HA team close support, giving it training, tools, and

materials and assisting in HA production and results interpretation.

Evidence for action

The HA gave Haryana's policymakers reliable state-level information on how much was being spent on health, where, and by whom. Crucial among its many important findings were the high OOP spending in Haryana and the predominant spending on curative care.

The Haryana government accepted the HA report's key recommendations to strengthen primary care and implement strategies to bring down OOP expenditures. The data from the HA was an important piece of evidence that informed the state government's subsequent planning and budgeting decisions. In 2016–2017, Haryana launched a

¹ Health Accounts (HA), an internationally accepted methodology for resource tracking, is widely regarded as a powerful tool to produce critical evidence that can inform policy decisions on resource allocation and health systems reform. The Haryana HA was conducted using the most recent Systems of Health Accounts (SHA) framework of 2011.

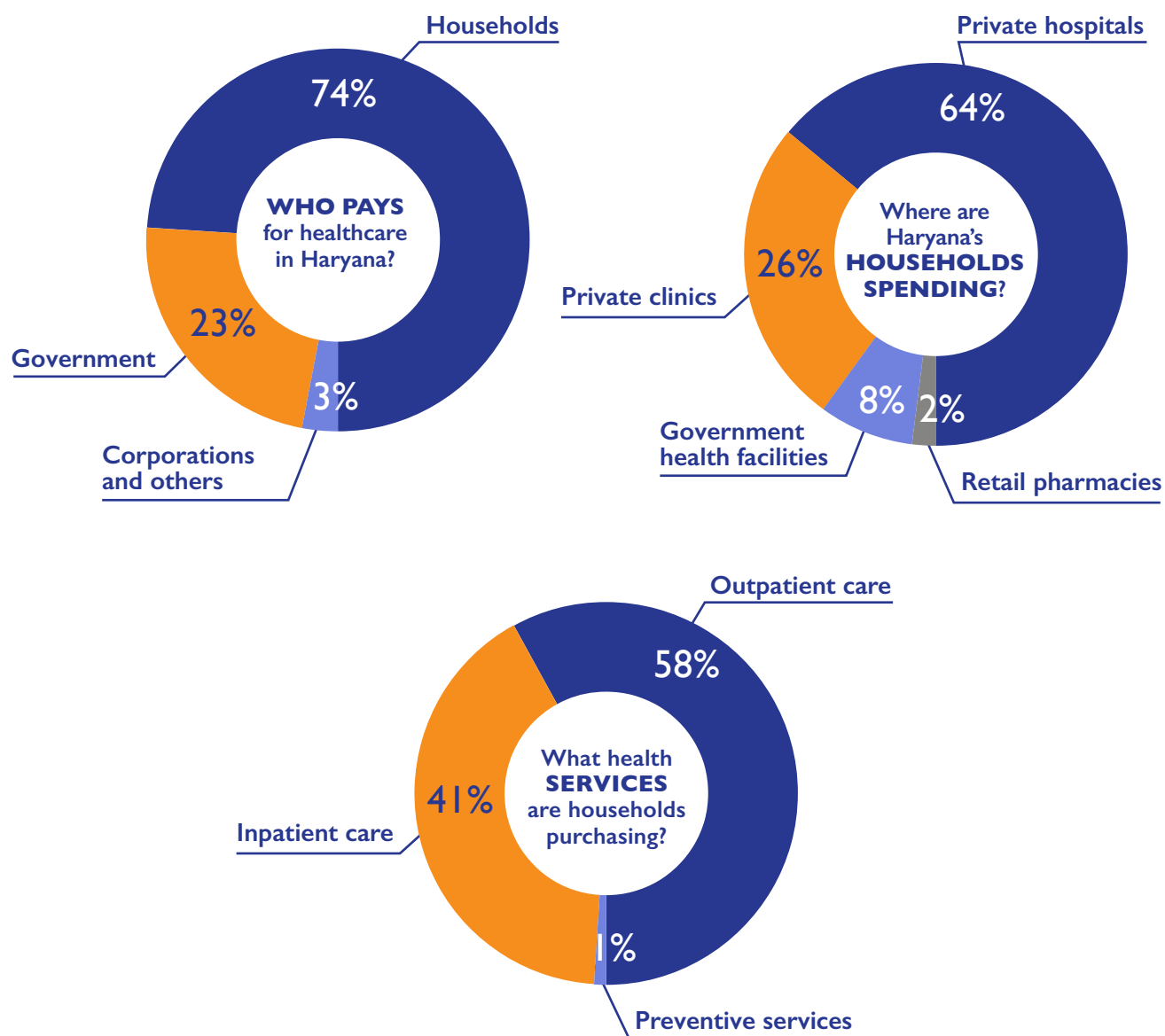
scheme for free supply of drugs and diagnostics at public health facilities to reduce OOP spending. Haryana also allocated more funds to reduce staffing gaps at primary health centers, a welcome move that will improve access to primary care.

Institutionalizing resource tracking

HFG's support strengthened capacity within the state to undertake HA. The state government has

expressed commitment to conduct HA in the future. HFG has equipped the HSHRC team with both tools and training to undertake this effort. HFG also trained and involved the Post Graduate Institute of Medical Education and Research, Chandigarh, in data analysis to equip it to become a regional expert on HA framework and support HA production in Haryana and neighboring states.

BRINGING HIGH OOP INTO FOCUS: HOW MUCH HARYANA'S HOUSEHOLDS PAY AND WHERE?



Source: Haryana 2014/15 State Health Accounts (Ahmed et al. 2016)

“Reliable data is the backbone of planning and is especially critical for the public health system. Health planners and practitioners can—and should—make decisions based on examination of timely and comprehensive data... HFG has contributed significantly to the MoHFW’s efforts to strengthen HMIS performance. The data quality assessment pilot is an important piece of work that will inform our efforts to address data quality problems and future independent third-party assessments.”

~ Dr. Vishnu Kant Srivastava,
Chief Director—Statistics Division, Ministry of
Health and Family Welfare, Government of India



RESULT AREA 4

Strong knowledge base on under-researched health-sector issues

HFG built a large body of evidence on the emerging public health issues India faces. Through its multiple research activities, rapid assessments, program reviews, and data improvement initiatives, the project has provided the government with evidence for an effective response to India’s health-sector challenges. This evidence will help India’s policymakers, development partners, and health program managers identify gaps, opportunities, and possible solutions to address priority and disease-specific needs.

An innovative model for flexible, short-term technical assistance

HFG introduced an innovative technical assistance model in India—the HFG Resource

Center—to provide the government fast, flexible, and focused research and analysis on current programmatic needs. The HFG Resource Center responded to urgent needs for evidence by conducting, among other activities, studies on fertility transition in India, primary and secondary research on adolescent FP behavior, a review of menstrual hygiene practices and innovations, and a political economy analysis to identify opportunities for private sector engagement in TB control. HFG’s support capitalized on the current government’s openness for policy and technical evidence exchange and contributed to more robust health policies and programs in such areas as menstrual hygiene, TB control, and adolescent health.



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Enhancing the quality of health data

Improving the quality and use of health data is critical for establishing an evidence-informed and accountable public health delivery system. HFG implemented a number of activities to strengthen India's health information system, conducting data quality assessments and training health staff on generating and using reliable health data.

A major accomplishment for HFG was its pilot implementation of the Routine Data Quality

Assessment tool (MEASURE Evaluation). HFG implemented the tool in five geographically dispersed districts of India to gauge the quality of data that the national HMIS captures. The pilot and its findings have supported government efforts to improve the quality of data available to policymakers and health program managers to monitor programs, make data-informed decisions, and initiate programmatic action to plug gaps.



LOOKING FORWARD



SUSTAINABILITY

Across its multiple activities, HFG collaborated closely with partners in national and state governments and other stakeholders to ensure long-term, sustainable, and country-owned responses to India's health system strengthening needs. HFG's major sustainability objective in India is that the Gol and the USAID/India Mission continue to deploy the enhanced public staff capacity, knowledge products, and innovative models that HFG created or piloted to improve health policies, systems, and services for the poor.

The project made significant investment in capacity building of public health staff at different levels. This will be a major lever for continuance and sustainability of the reform activity. HFG's mentorship to states on the health index will, for instance, contribute to NITI Aayog's long-term plans for moving India toward greater transparency and accountability in health governance. By contributing to civil society strengthening in collaboration with the White Ribbon Alliance of India, HFG has laid the foundations for robust community health governance accountability structures, which will benefit India over the long term.

Work on HFG's health financing portfolio, undertaken in close partnership with the government, will continue to strengthen evidence-

based health financing in India. In Haryana, HFG supported the HSHRC with capacity building and technical assistance for the state's first HA production. The HSHRC has been nominated as the nodal agency to conduct HA in the state. Funds were allocated for this in 2016/17 under the National Health Mission, and a nodal officer was appointed to continue HA implementation.

USAID has set up a Technical Support Unit (TSU) at MoHFW's Adolescent Health Division to take forward HFG's work of supporting the ministry in implementation of adolescent health and menstrual health management strategies and improving coordination and collaboration among line departments. Notably, the HFG-supported technical consultants working with the Statistics Division at MoHFW have been transitioned to the National Health Mission to continue working within the government system.

The USAID Mission plans to transition HFG's research and evidence-building role to the Population Council through the USAID-supported Evidence project and RAASTA initiative. Swasti, another USAID-funded organization in India, will act as the repository of all HFG knowledge products, disseminating them at various platforms and enabling easy access to the large evidence base HFG created.



LESSONS LEARNED

HFG's technical assistance approach—aligning support to emerging health priorities of the Gol—increased buy-in and placed ownership of the reform agenda with the government, thereby contributing to its sustainability. Establishment and operationalization of the HFG Resource Center proved to be an effective model for providing the government flexible, short-term research and analysis and capacity building support on emerging issues.

Another important lesson from HFG's implementation experience is that securing acceptance and credibility with the government

takes time and effort. The government needs assurance that the team has ground-level programming experience and is aware of the operational problems the public health system faces. It is, therefore, important to provide the government practical, accessible, implementable solutions rather than concepts and theories. HFG benefitted from packaging actionable insights in multiple innovative formats to promote easy uptake of information. Full-length technical reports, accompanied by short policy briefs, slide decks with action items, and tool kits, made the findings easy to understand and use.



REFERENCES

- Ahmed, Afaq, Karishmah Bhuwantee, Heather Cogswell, Tesfaye Dereje, Yann Derriennic, and Vikash Sharma. June 2016. *Haryana 2014/15 State Health Accounts: Main Report*. Bethesda, MD: Health Finance and Governance Project, Abt Associates Inc.
- International Institute of Population Sciences. 2017. *National Family Health Survey-4 - 2015/16: India Fact Sheet*. Available from: <http://rchiips.org/NFHS/pdf/NFHS4/India.pdf>.
- Measure Evaluation: Routine Data Quality Assessment tool. Available from: <https://www.measureevaluation.org/resources/tools/health-information-systems/data-quality-assurance-tools>.
- Social Statistics Division, Ministry of Statistics and Programme Implementation, Govt. 2015. *Millennium Development Goals India Country Report 2015*. Available from: http://mospi.nic.in/sites/default/files/publication_reports/mdg_2july15_1.pdf.
- The United Nations Inter-agency Group for Child Mortality Estimation. 2012. *Levels & Trends in Child Mortality: Report 2012*. New York: UNICEF.
- WHO, UNICEF, UNFPA, World Bank. 2012. *Trends in maternal mortality: 1990 to 2010*. Geneva: WHO.
- WHO. 2012. *World Health Statistics 2012*. Available from: http://www.who.int/gho/publications/world_health_statistics/EN_WHS2012_Full.pdf.





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