Technical Assistance Provider to the Uttar Pradesh Health Systems Strengthening Project

Quarterly Progress Report

December 16 2012 - March 15 2013

Client: Uttar Pradesh Health Systems Strengthening Project (UPHSSP)

Lucknow and Rotterdam, 18 March 2013

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Acknowledgement

Submission of the First Quarterly Progress Report of Ecorys-TAP to the PSU gives the TAP team an opportunity to express its gratitude to all senior officers and colleagues who have contributed in the initial phase of the project. We are thankful to the dynamic and encouraging leadership of Shri Sanjay Agrawal, Principal Secretary; MH&FW, GoUP, and look forward to an equally fruitful engagement with Shri Pravir Kumar, Principal Secretary; MH & FW, GoUP. Shri Amit Kumar Ghosh, MD NRHM and former PD-UPHSSP, has been of tremendous support to the team. We are also thankful for the support and cooperation extended by Dr Yashod Hrishikesh Bhaskar, who has recently been assigned the responsibility of the Project Director and look forward to his leadership and guidance to the team.

The TAP is very thankful for the support extended by the knowledgeable and experienced team at the PSU. We are grateful to the senior staff at the PSU, in particular, the leadership of Dr G. P. Shahi, ably supported by Mr. S. K. Pandey, Mr S. S. Singh and Mr. K.N. Singh who have provided exemplary guidance, mentoring and constant encouragement to the TAP team and fostered collaborative functioning between the TAP and the PSU. The team would also want to thank the 'counterpart officers', Dr Shipra Pandey, Dr Praveen Srivastava and Mr Shiv Charan Singh who have very kindly and cordially contributed to supporting the range of subcomponents of the project. The institutional memory vested with the PSU has been of help to the TAP in guiding the course of actions. The multiple documents which have been drafted by the TAP in the previous quarter have all been possible with the unfailing support of the PSU.

We are also indebted to The World Bank team which has been equally supportive, providing necessary directions, guidance and support to the TAP team, directly and indirectly. The Bank's review mission in December and few meetings thereafter enhanced our understanding of the project requirements.

The Directorate, in our perception, the most important stakeholder of the project, has been supportive despite the multiple constraints. The leadership provided by the DG, Directorate of Medical & Health Services; Dr Rama Singh has been encouraging of the efforts of the project.

All in all, the previous quarter has been gratifying for the TAP team and it looks forward to a still more satisfying, an activity filled ensuing quarter wherein the plans would translate into operations. We look up to the PSU, the Bank and the Directorate for their constant support and guidance in the future as well.

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Executive Summary

This is the first quarterly report being submitted to the Project Support Unit; UPHSSP for the quarter December 16 2012 to March 15, 2013. The Technical Assistance Provider (TAP) team has been able to understand the requirements of the project and the manner of functioning which it necessitates with enormous support and cooperation of the PSU team. A collaborative functioning with the PSU has been augmented with the supportive leadership in the PSU.

Inputs generated from the World Bank Review Mission in December 2012 and consultation with the stakeholders have led to detailed and intensive planning, also bringing about certain changes in the way some subcomponents are to be rolled out.

A review of current status of the several functions of the Directorate followed by indepth planning and designing for strengthening the same has been a salient feature of the activities of this quarter. With a focus on sustainability of the initiatives undertaken by the project, Terms of reference have been drafted for the several cells to be established in the Directorate on which a final approval is awaited from GoUP subsequent to which deputation / recruitments will be done. These will specifically be for the Environment Management Cell, Quality Assurance Cell, the Data Resource Centre, Planning Unit and the PPP Cell.

A detailed implementation plan is in place for the Enterprise Resource Planning (ERP) system proposed under the DRC after multiple consultations with the PSU, the Bank and the Directorate. Facility and District Health Report Cards with User Manuals have been drafted. A study proposal for developing ‘dashboard of financial information’ has been submitted.

Draft baseline study report on procurement cycle of the CMSD was submitted to the PSU and the Bank. Terms of reference for an agency for capacity building of supply chain management of CMSD was prepared. A preliminary drug indenting and monitoring software for CMSD was developed among various other activities for providing technical support to the procurement function of the Directorate.

A pilot has been designed to test the effectiveness of Social Accountability / Community Monitoring mechanisms in improving the quality of health service delivery under the Social Accountability subcomponent. This has been done by TAP and consortium partners of Ecorys in consultation with GoUP, World Bank, the Directorate and the PSU. The pilot once completed will inform guidelines for implementation of these mechanisms at scale in the state.

For the quality assurance subcomponent of the project, facilities for NABH accreditation in the second phase have been selected, the agencies which might be assigned the task of providing consultancy services for accreditation and also for gap analysis in the remaining district level health facilities have been shortlisted, terms of reference and RFPs have been drafted for the same.

A needs assessment study has been conceptualized for the Environment Management subcomponent with development of Terms of reference and a Proposal. A training and consultation plan with different stakeholders at different levels has been developed by TAP. The consultations are planned to be undertaken for arriving at a consensus on several issues pertinent to the implementation of the subcomponent in the state.

Engagement of a HR agency is imperative to streamline all recruitments required to be done; at the level of the Directorate (the various cells) or at the facility level in the districts of UP, a Survey agency which will provide the necessary background information on the current status of infrastructure, manpower and processes at the facilities is a strongly felt need and an event management agency which will serve to organize the various trainings, seminars and workshops is also required. Terms of reference and bid documents have been developed for hiring these agencies.

Hiring of an agency for the validation of the status of Disbursement Linked Indicators (DLIs) is supported with the development of terms of reference for the same. Also, on request of the PSU, a concept note was drafted for the establishment of a multispecialty hospital in the state on the PPP model.

As the planned recruitments are done for the Cells in the Directorate and in the facilities, TAP will be engaged in enhancing the capacity of the staff, facilitating the roll out of the various activities under the different subcomponents. The effort and time invested in the planning will be successful as the plans translate into operations in the coming quarter. Field level operations will start providing the project with its due visibility. The TAP is hopeful of the same with the unflinching support of the PSU.

1 Background

The activities undertaken as part of technical assistance to the UP Health Systems Strengthening Project (UPHSSP) by Ecorys Technical Assistance Provide (TAP) team during the quarter beginning 16 December, 2012 (with submission of the inception report of the project) and culminating 15 March, 2013 are reported in this 'Quarterly Progress Report'.

Interaction, discussion and consultation with multiple key stakeholders including the PSU and the Directorate of Medical and Health and NRHM has been the highlight of the quarter which has contributed in bringing greater clarity in terms of the milestones and the roadmap for the several subcomponents of the project.The three month duration has been primarily focussed on the planning of activities as mentioned in the year one work plan as approved vide the December 2012 Aide memoire of the World Bank with the required ground work for the same by the concerned TAP experts and extensive support of the PSU team. The support provided by the PSU team has been enormous in day to day functioning of the TAP team giving clarity about the requirements of the project as also handholding of the team in providing an indepth understanding of the functioning of the Government system.

The mentioned quarter witnessed multiple changes in the leadership of the health system of UP and of the UPHSSP. There were changes in leadership at the level of the Principal Secretary of the Department of Health and Family Welfare, the Project Director, UPHSSP and senior officers in the Directorate with concern to the components of the project. These shifts had a direct or indirect bearing on the functioning of the TAP team.

With a full time Team Leader of the TAP team coming on board in January 2013 and the Quality Assurance Consultant, IT & HMIS Consultant, and the Junior Quality Assurance Expert having joined the team in December 2013, the TAP team has been functioning in its near to full strength. Considering the delay in selection of a procurement agent to support the UPHSSP project, on specific request from the Bank and the UPHSSP, a Consultant- Procurement (Goods) was hired under the TAP team whose role is primarily to build the capacity of the CMSD and the Directorate of Medical & Health for the procurement of drugs and equipments. There are few positions which are yet to receive clearance from the PSU particularly for Expert-Procurement of Services and Expert-Social Accountability.

The World Bank review mission of the UPHSSP was conducted from the 11th to 19th of December 2012, wherein multiple issues of relevance for each of the sub components were discussed and decisions were taken on timelines and other modalities in joint consultation with the World Bank, the PSU and the TAP. Also, the TAP had been assigned the responsibility to design and develop a Social Accountability intervention model for the statewhich will be piloted by TAP in 8 blocks of the state.

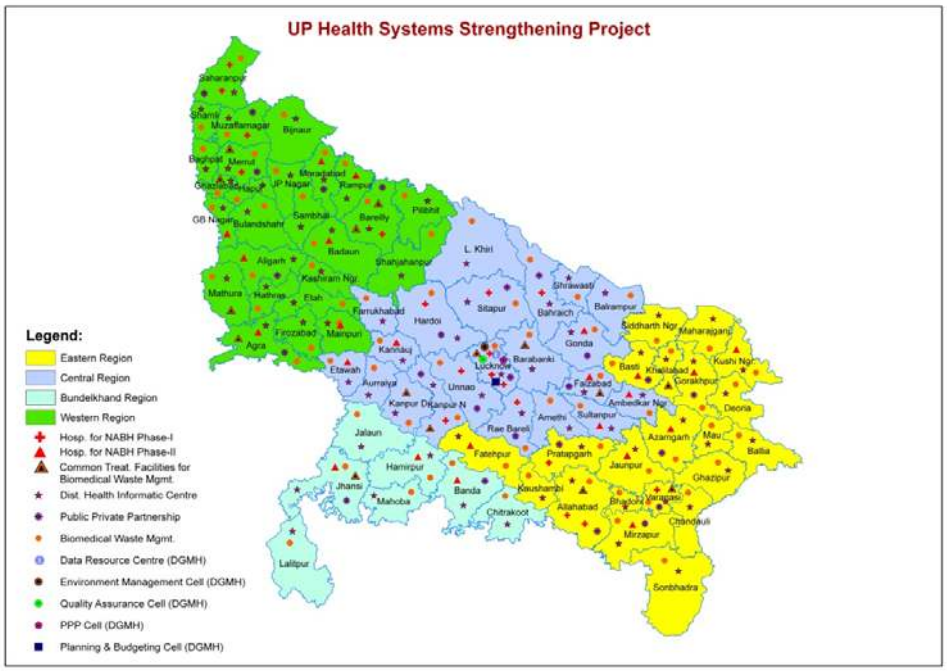
Some subcomponents have undergone major changes in the way they had been earlier conceived and the way they are now expected to be rolled out. These

changes have been subsequent to discussions with the PSU and the Directorate for enhanced efficiency and effectiveness. The IT and HMIS subcomponent has seen the most significant change with learning from previous experiences of Uttar Pradesh Health Systems Development Project (UPHSDP) and National Rural Health Mission (NRHM) to work with the 'turnkey approach' for a more comprehensive design and implementation. This quarterly report defines the strategy for this sub-component and overtakes the approach stipulated in the inception report.

Each of the two components of the project requires establishment and strengthening of several cells in the Directorate with a vision to sustain the gains achieved under the concerned subcomponents of the project. Effort has been made in the direction with drafting structures for Quality Assurance, Environment Management, Planning & Budgeting Cells and the Data Resource Centreand developing clear terms of reference with roles and responsibilities of the proposed staff.

The activities undertaken / completed by TAP during the quarter are presented in the work plan matrix (Chapter2) followed by the narrative on the progress made under each of the project components (Chapter 3). This chapter also captures the additional technical support provided by the TAP. A brief account on the status of the disbursement linked indicators and the annual targets for FY 2013 is also presented in Chapter 4of the report. Learning and Key Issues have been summarized in Chapter 5.

As mentioned earlier, the current quarter was significant in understanding the magnitude of the task, the spread and scale of the project subcomponents. With the objective of visual clarity on the envisaged geographic spread of the project, the subcomponents were plotted on a map of Uttar Pradesh which is given below.



2 Status Overview of the Work Plan Activities as on March 15 2013 supported by Ecorys-TAP team

WP SL	Sub Component	Activity	Time-line	Brief Description of Achievement
1.1.1	Planning & Budget	Conduct comprehensive assessment of planning process for the Department of MH&FW and other Departments that affect health outcomes	Feb 2013	• Planning Function under PIP originally included studies. The Inception Report (Ecorys) proposed review of current status of Planning Function. • The agreed date during discussions with Bank was April 2013 after wider consultations with officials during regional Workshops. • The structure of the proposed Planning & Budgeting Cell has been developed.
1.1.1		Provide staff profiles and TORs for Strategic Planning	Jan 5, 2013	
1.1.1		Consultations with officials drawn from Districts, Hospitals and Programs to assess planning needs and requirements at local level (organization of meetings/ workshops at regional and central level)	Feb 28, 2013	
1.1.1		Prepare concept paper(s) on Planning Process, including use of data, methodologies (Cost, CEA, CBA, Financial Analysis) and review of literature on various topics.	Mar 31-Dec, 2013	
1.1.3	Action Research	Facilitate Consultative Workshop on priorities for action research (short quick studies may be 1-2 per year).	Done	
1.1.3		Mapping of potential institutions and individuals in country who can take up studies.	Feb 25, 2013	• Brief consultation held during the Workshop of 30th November, 2012. • To be taken up.
1.1.3		Drafting TOR and Hiring Medical College/ Institute to implement research study.	Mar 28, 2013	
1.3A	Financial Information	Draft TOR for collection of financial information	Dec 10, 2012	• ToR prepared. • Draft Proposal prepared. • Actions being taken to undertake the study.
1.3A		Hiring of consultant to conduct study	Jan 15, 2013	
1.3A		Supervision of implementation TOR	Feb – July, 2013	

WP SL	Sub Component	Activity	Time-line	Brief Description of Achievement
3.3	Operations Research	Develop hands-on plan for approach including draft research agenda.	Mar 15, 2013	• TBD
1.2.1	DRC Establishment	GO for merger of Computer Cell and Monitoring Cell into newly formed EDP Cell.	Jan 20, 2013	• File submitted for approval
1.2.1		Assessment of Objectives, resources, responsibilities, structure, role, infrastructure, etc.	Jan 15, 2013	• Completed and Report submitted
1.2.1		GO for DRC positions	Mar 15, 2013	• File submitted for approval
1.2.1		TOR for staff	Jan 5, 2013	• Completed
1.2.1		Staff positioning done	Mar 30, 2013	
1.2.2	Health Report Card	Finalization of Design and testing of Health Report Card.	Jan 30, 2013	• Completed
1.2.2		Pilot testing of the draft design of the health card	Feb 28, 2013	• File submitted for starting the same
1.2.2		GO for Health Card to be issued by the govt	Mar 30, 2013	• File submitted for starting the same
1.2.2		Prepare and issue Guidelines/User Manual/ Data dictionary	Mar 15, 2013	• Completed
1.2.3	HMIS	Review of existing formats in DG Cell	Feb 28, 2013	• Completed
1.2.3		Exposure visit to TN to learn about HMIS of TNHSSP	Jan 13, 2013	• Planned from 18 March to 21 March, 2013
1.2.4	PIS	Study of NHSRC software at Bihar/Jharkhand	Feb 10, 2013	• Studies at Bihar
1.2.4		Study of PIS software	Feb 5, 2013	• Completed
1.2.4		Understanding salary disbursement process linked with PIS and challenges	Feb 5, 2013	• Done
1.2.4		Software Maintenance/ monitoring of data	On going	

WP SL	Sub Component	Activity	Time-line	Brief Description of Achievement
1.2.5	IT/ HMIS	Cover forms, reports, periodicity, source, destination, existing computing resources, existing IT skills, pains of end-users for all sections; meetings with all stakeholders and understanding their information needs	Mar 30, 2013	• In progress; Systems Analyst cum Programmer required for the same, which are not yet on board; Formats for existing resources studied and new formats developed – their circulation to Field or survey is yet to be decided
1.2.5		Visiting different types of offices in and around Lucknow	Jan 30, 2013	• Visited VJB, Lucknow, Raebareli and SantKabir Nagar
1.2.5		Visiting different types of offices in four regions to understand gaps in study made at Lucknow offices	Feb 28, 2013	• In progress; visited Varanasi
1.2.5		Meeting senior officers of the Directorate and Govt. on their expectations and direction	Mar 15, 2013	• Meetings held
1.2.5		Draft assessment report preparation	Mar 30, 2013	• Submitted
1.2.7	HIS	Exposure visit to TN	Jan 13, 2013	• Planned from 18 March to 21 March, 2013
1.2.7		EOI	Feb 15, 2013	• Based on the Assessment Report, Enterprise Resource Planning (ERP) system has been proposed under DRC which has to be done on a 'turnkey' basis – decision is awaited at GoUP.
1.3B	Procurement	Update UPHSSP procurement plan for goods, works, non-consultancy and consulting services	Dec 2012	• Prepared and sent to World Bank for NO
1.3B		Assist with all tasks related to procurement plan of goods under UPHSSP	Jan 10, 2013	• Providing support to PSU and CMSD for procurement related issues.
1.3B		Collect baseline data on the procurement cycle time against which performance can be measured	Jan 10, 2013	• Baseline data collected from CMSD • Discussed with CMSD staff in the procurement cycle • Draft Baseline study report prepared and send to PSU for approval
1.3B		Set-up a database for items and suppliers	Mar 15, 2013	• EOI prepared • file put up for advertisement in news paper • Formats developed for supplier database

WP SL	Sub Component	Activity	Time-line	Brief Description of Achievement
1.3.C	CMSD	Preliminary drug indenting and monitoring software for CMSD developed	Done	
1.3.C		Training of staff from districts, CMSD office and vendors	Mar 15, 2013	• Done for all offices of the State
1.4	Social Accountability	Assist Bank IE team to design incentive program for provider payment incentives.	Jan – Mar, 2013	• First discussion with the IE team alongwith the PSU officials held on March 11 to 14, 2013. TAP will support the IE team in developing 'Approach Paper' capturing global evidences on provider incentives and its impact & suggest options for the provider incentive package in the context of UP.
1.4		Conduct a literature review of Social Accountability mechanisms / Community Monitoring mechanisms to identify a package of interventions to be introduced	Jan 15, 2013	• A comprehensive literature / evidence review initiated which will capture various National and International experiences of community monitoring (CM) which will inform the package of interventions contextualized for the state for the pilot and the subsequent scale up.
1.4		Conduct fieldwork to explore feasibility of developing CM mechanisms and availability of social institutions.	Feb 10, 2013	• Field visit undertaken with consortium partners and WB IE Team. Field observations provided assessment of the current situation on availability of social institutions and community monitoring mechanisms which will be incorporated in the design.
1.4		Selection of intervention PHCs for both interventions	Feb 15, 2013	• Based on the recent discussions (Mar 11 to 14, 2013) with the Bank IE team, the PSU and Development Partners, it was agreed that the block level facilities will be the unit of study. • Selection modalities for the same have been decided, process for selection initiated. List of districts and blocks shared with IE team. • List of districts where NRHM will initiate the CM intervention have been shared with the IE team which will be excluded from the sample frame.

WP SL	Sub Component	Activity	Time-line	Brief Description of Achievement
1.4		Prepare and develop questionnaires for baseline survey	Jan 10, 2013	• Areas of inquiry discussed during the recent meeting with the WB/IE team. Tools will be developed based on the areas of inquiry.
1.4		Recruitment of survey firm	Jan – Mar, 2013	• EOI for survey agency drafted, TOR being developed in consultation with the IE team.
1.4		Conduct Baseline surveys	Mar –May, 2013	• Yet to begin
1.4		Develop EOIs and TORs for recruitment of NGO's to implement the project.	Mar-Apr, 2013	• This will be subsequent to the pilot.
2.1.1	QA Cell	Assessment of QA cell for staff requirement	Dec, 2012	• Requirement was assessed based on discussion with officials in the PSU and the Directorate.
2.1.1		Draft Terms of Reference for QA Cell including staff structure and profiles	Jan 5, 2013	• The terms of reference were drafted done in consultation with the PSU and the World Bank representative. The draft was submitted as per the mentioned timeline & multiple revisions took place post submission of the initial draft.
2.1.1		Equip office for QA Cell - Procurement of equipment, furniture, computer for strengthening the QA cell	Mar 31, 2013	• Per the PSU, this is underway.
2.1.1		Recruitment of QA cell staff (75% min. by Mar 31, 2013)	Mar 31, 2013	• Detailed job profiles for the proposed positions of the Cell were prepared and shared with the PSU & file processes for further decision. The decision is under consideration at GoUP/MoHFW.
2.1.2	QA Cell Trg.	Training of QA Cell Staff + PSU & TAP QA staff	Jan- Feb, 2013 for first batch	• This is yet to be done, had been proposed as per the timeline but due to multiple conflicting official priorities of the two officers in the QA Cell (who hold other charges also) this has not materialized. Was being planned for March, may get pushed to April.

WP SL	Sub Component	Activity	Time-line	Brief Description of Achievement
2.1.3.	NABH Accreditation	Hiring of the firm for 'handholding' of first 20 hospitals for NABH accreditation	A) Feb, 2013 B) Apr, 2013	• It was learnt informally that GoUP may prefer considering the previous consultants for handholding of 20 hospitals. File was moved for clearance of any contractual issues of the Consultants and the handholding to be resumed.
2.1.3.		Preparation of action plan by 20 hospitals on the basis of the gap analysis	Mar 31, 2013	• Gap analysis report and action plan for the previous 20 hospitals was prepared by the Consultants - may be revised once the Consultants are on board.
2.1.3.		Data Matrix of all district hospitals of the state for Impact Assessment design	Jan 15, 2013	• Facility specific data does not exist with the Directorate/NRHM. One page format was sent to the district level health facilities seeking basic information. After repeated reminders, 57 facilities responded, data was compiled and utilized for selection of the facilities.
2.1.3.		Selection of second batch of 20 hospitals based on long list	Feb 10, 2013	• Data from all 157 facilities was not available since it was only 57 facilities which sent the required information, other criteria were arrived at with inputs from the PSU which include regional representation and divisional headquarters besides case load. 23 hospitals have been proposed, file has been processed, decision is awaited.
2.2.1	EM Cell	Issuance of Government Order for EMC	Done	• Done
2.2.1		Development and agreement on job descriptions of key staff for EMC, organogram and coordination mechanisms	Dec 31, 2012	• EM Cell structure at Directorate-M & H developed. • Shared with PSU & suggestions incorporated. • Need for identification of nodal officers for the EM Cell as earlier identified officials resigned / declined for the post.

WP SL	Sub Component	Activity	Time-line	Brief Description of Achievement
2.2.1		Development of Consultation Plan for conducting Consultation workshops on a. coordination arrangements and responsibilities of EMC and b. development of Roadmap at state level, regional level & district level	Jan 15, 2013	• Draft consultation plan developed covering stakeholders and points for consultations with each and schedule for consultations at state and divisional level • Proposal for first state workshop submitted for approval to PSU.
2.2.1		Development of Training Plan for EMC (Directorate-M&H, regional & district levels)	Jan 31, 2012	• Draft training Plan developed, covering need analysis for key categories of employees at different functional levels. • Training schedule for next one year developed. • Training content on EM for Medical Officers Induction Training Programs conducted by State Training Institute developed and training session conducted
2.2.1		Hiring of appropriate staff for EMC	Mar 31, 2013	• Need for identification of nodal officers for the EM Cell as earlier identified officials resigned / declined for the post.
2.2.1		Renovation of infrastructure required as per need of EMC	Mar 31, 2013	• Construction work in progress at Directorate
2.2.2	EM Study	Preparation of TOR EM Needs assessment Study	Dec 31, 2012	• Change in responsibilities for conducting study as suggested by PSU and WB incorporated
2.2.2		Development of proposal	Jan 15, 2012	• Proposal developed by TAPEM that includes conduction of Common Treatment Facilities and Institutional capacity assessments by TAP and review of HCWM at State and Private facilities by External Agency and validation by Field Consultants and TAP
2.2.2		Evaluation of Proposal	Feb 10, 2013	• Feedback from PSU incorporated and revised proposal submitted
2.2.2		'NO' from World Bank and internal approval for selection of consultants	Feb 15, 2013	• NO from World Bank Awaited

WP SL	Sub Component	Activity	Time-line	Brief Description of Achievement
2.2.2		Inception report by Consultant	Mar 31, 2013	• Report on Training of Field Consultants and Survey Agency on EM shall be submitted by TAP once approval is provided on study
2.4	HR for Hosp Mgmt.	Hiring of HR agency for staffing of clinical and managerial staff	Jan-Apr, 2013	• Draft TOR prepared in discussion with PSU • Draft TOR shared with PSU on Jan 18th 2013 • Draft TOR shared with World Bank Jan 21st 2013 • World Bank comments received on TOR from PSU on 28th Feb 2013 • A decision making committee has been constituted to discuss various comments received from World Bank • Draft TOR for HR Agency revised as per committee's suggestions
		Workshop with key stakeholders (e.g. CMOs, health managers from private hospitals, QA Cell staff) to define the roles and responsibilities of a professional health manager and public health expert within public hospitals	Apr 15, 2013	• Agenda for workshop is being prepared
		Competency mapping / career (HR) development. Draft options for introducing a professional health manager / public health expert including training requirements.	May 20, 2013	• Concept note being drafted for engaging an agency for hospital management needs assessment, gap analysis, capacity building and continued mentoring
		Hiring of Survey Agency for Health Systems survey	Not mentioned in work plan	• TOR for Survey Agency for Health Systems survey drafted in discussion with PSU • Interim support provided in preparing Bid Document for Survey Agency for Health Systems survey • Suggestions / NO awaited.

WP SL	Sub Component	Activity	Time-line	Brief Description of Achievement
		Hiring of an Event Management Agency	Not mentioned in work plan	• TOR for Hiring an Event Management Agency drafted in discussion with PSU • Interim support provided in preparing Bid Document for hiring an Event Management Agency • Suggestions / NO awaited
		Concept Note for Super Specialty Hospital	Not mentioned in work plan	• Support Provided in preparing Concept Note for Establishment of a Super Specialty Hospital as "Centre of Excellence" for Cardio Vascular, Nephrology and Cancer Diseases under PPP Model
3.1.1	DLI Verification	Assign nodal points in PSU and TAP with responsibility for DLI tracking and M&E component	Dec 31, 2012	• Done
3.1.1		Preparation of necessary procurement documentation for selection of the independent party	Jan 31, 2013	• Detailed TOR for the Hiring of a Third Party Institution/ Agency prepared and shared with the PSU and the World Bank. • Detailed inputs and comments received from the Bank and the same have been incorporated and resubmitted to the PSU for the needful
3.1.1		Appointment of independent agency	Feb 15, 2013	• Under process at the level of PSU
3.1.1		Preparation of necessary project documentation verification of the DLI due in 2013/14.	Mar 31, 2013 Baseline DLI Jan 3, 2013	

3 Progress on Project Components

3.1 Strategic Planning & Financial Management Systems in the Medical & Health Directorate (Subcomponent 1.1 & 1.3 a)

The Inception Report proposed a review of the current status of Planning Function and suggested strengthening of the same with inputs from the Directorate as well as from the regions, districts, programmes and facilities.

A series of studies was envisaged as a part of generating evidence based situational analysis per the project implementation plan. A brief consultation was held during the workshop of 30th November, 2012. It was suggested to schedule 4 one-day consultations at the regional level in the state to receive inputs regarding elaborating processes required, coordination with peripheral units and facilities. Stakeholder Consultations are underway to develop the Planning function.

An objective analysis of the current situation reveals that despite the presence of an established unit of Planning and Budgeting at the Directorate of Medical & Health Services which is led by Director, Planning & Budgeting, the budgetary function is not led by the unit. The Comptroller, Finance is independent of Planning and Budget Unit and the Director, Planning and Budget is receives the plan drafted by other units. Planning and finance function is undertaken by the individual departments and vertical programs in the Directorate. It is essential that the budgetary function be led by the planning and budgeting unit in a planned, synergized manner with inputs from the various departments/units in the Directorate.

A draft terms of reference of the Planning & Budget Cell at the Directorate of Medical & Health Services has been prepared and shared with the PSU and the same is enclosed. It includes the proposed structure and functions of Planning Unit, the roles and responsibilities of the staff *(Annex 1).*

While drafting the terms of reference for the Planning and Budget Cell, reference was made to an Office Memorandum of Uttar Pradesh Administration (Medical Division 2 number 5136/SEC 2-5-05-7 (226)/05 was issued on 05 August 2005), which provided for Duty and Responsibilities of Director (Planning and Budget) under Directorate-General Health Services/Directorate-General Family Welfare. This provided for, implementation, coordination and control of all activities related to plan, plan budget, non-plan budget and accounts department.

Dashboard of financial information:

Terms of reference for the study were prepared and cleared by the World Bank *(Annex 2)*.

Draft Proposal for undertaking the study has been prepared delineating the modalities, resource persons required for the study and budget *(Annex 3)*. The draft of the same was shared with the PSU, inputs have been incorporated and approval is awaited. Once approved by the PSU and the World Bank, the study will be

undertaken. Consultations are in progress with the finance section of the Directorate on the modalities regarding collation of data.

3.2 Improving use of data for program management by Strengthening EDP Cell as Data Resource Centre in Medical Directorate (Subcomponent 1.2 a & 1.2 b)

For the above mentioned subcomponent, TAP has developed the following design with a clear strategy, implementation plan, implementation components and a feasible schedule. A brief account is as follows.

Strategy:

The aim of Information Technology strategy is to provide better health services to citizens by facilitating optimum utilization of resources and availability of information on services, help employees to improve their efficiency and provide information to the top management for better decision making. Further, it would facilitate timely settlement of benefits to employees. Information Technology shall be used for conversion of manual processes to IT based processes in which data/records are to be stored, using user-friendly and simple systems with minimal changes as decided by the end-user in a definite time frame (preferably, six months) to be used by the end-user and are continuously improved and maintained by Data Resource Centre Cell. The end-user shall be empowered through suitable training programmes/ refresher courses.

The Assessment Report cum Project Plan has been prepared and annexed *(Annex 4)*. Basis the assessment, a structure for the DRC has also been proposed *(Annex 5)* with detailed terms of reference and job description for the proposed positions. It is proposed to have an integrated system instead of stand-alone systems to act as an Enterprise Resource Planning (ERP) system. Salient points of the ERP approach are as given below:

Implementation Plan:

Enterprise Resource Planning (ERP) system proposed under the DRC will cover the following:

1. Health Management Information System (HMIS)
2. Health Geographical Information System (HGIS)
3. Hospital Information Management System (HIMS)
4. Personnel Information System (PIS)
5. Central Medicines Stores Department (CMSD)
6. Financial Management System (FMS)

Servers and related equipment shall be installed in Data Centre of State Govt./NIC/ Private with a Disaster Recovery (DR) Centre located in a different seismic zone. The entire database of the Department shall be stored in the Data Centre. All applications shall also reside in the Data Centre. The Department, Directorate, Divisional Offices, CMO Offices, District Hospitals shall directly access the data from Data Centre. CHCs may also enter their progress data through internet (alternatively, they can submit their offline reports at CMO Office for further online upload in the system). PHCs and Sub-Centres shall send the important parameters daily using IVRS (Interactive Voice Response System) facility and phone/mobile. Flow of data will be from Sub-Centres to respective PHCs and PHCs shall consolidate and submit to CHC alongwith their reports.

Implementation components and execution of the Turnkey Approach by System Integrator:

The implementation involves Servers and related equipment at Data Centre/DR Centre, Desktops, Printers, UPS, Networking equipment, Networking Service Provider, Application software for HMIS, HIMS, HGIS, PIS, CMSD & FMS, Data migration & initial data entry, GIS data capturing, Training, Operations of the system for three years and Site preparation including network cabling, electric wiring, air-conditioners &earthing. These equipment and products are manufactured by different manufacturers. The services are also provided by different vendors. The design of the system is specialized and complex, including server sizing, network bandwidth calculation and application software design and development. These applications have to be integrated, services and products have to work in an integrated manner. In view of the above, it is proposed to opt for a System Integrator as an Executing Agency on a turnkey basis.

Implementation Schedule

Activity	Description	Duration (in months)	
		Activity	Cumulative
Procurement	Selection of System Integrator: from Consultative workshop through RFP to signing of Agreement	6	6
Execution	Procurement of equipment, installation and Application Software development, commissioning, data migration & digitisation	6	12
Pilot	covers Headquarter, Division, District and 4 District hospitals	6	18
I Rollout	covers balance 17 Divisions, 74 Districts, 36 hospitals of UPHSSP	6	24
II Rollout	covers 60 District hospitals	6	30
Final rollout	covers balance 57 District hospitals	6	36
Facility Management	covers implementation assistance and training for 24 months and shall start with I Rollout	24	42
Handover	Handover by System Integrator to DRC	6	48

Once the procurement process is initiated, the entire process of establishing the turnkey model could be completed in 48 months and handed over to the Directorate of Medical & Health, UP.Recommendations have been submitted to the PSU for further consultation within the government leadership and decision on the proposed plan is awaited.

Facility Health Report Card and District Health Report Card have been designed alongwith the User Manual for starting the pilot. Multiple rounds of state level consultation on the proposed format and indicators were held and draft formats were field tested in select districts. Final draft shared with the PSU alongwith detailed user manual and data dictionary. Facility and District Health Report Cards have been annexed *(Annex 6 & 7 respectively)*.

Pilot for inventory control of drugs & medicines in Field Offices has been started as part of Strengthening CMSD for Procurement & Supply Chain Management in 9 health facilities in Lucknow district.

3.3 Strengthening CMSD for Procurement & Supply Chain Management (Subcomponent 1.3 b)

The procurement arrangements for the project required that the procurement of goods and works was to be handled by a procurement agent (PA) and the procurement of services was to be assisted by a TAP. However, given that the appointment of procurement agent was delayed, the Bank agreed to the appointment of a procurement consultant under the TAP team whose role is primarily to build the capacity of the CMSD and the Directorate of Medical & Health for the procurement of drugs and equipment as an interim arrangement. TAP has been assisting the PSU in the procurement of goods and works funded by UPHSSP till the Procurement Agent is on board.

In the quarter under consideration, a detailed procurement plan of goods, works, non-consultancy and consultancy services was prepared with inputs from the PSU. Baseline study on procurement cycle was designed, data was collected from CMSD and a draft baseline report was submitted to the PSU and the Bank. Inception report/Comparative study with suggestive framework and an EOI for supplier database for procurement of MMU was drafted and submitted. A TOR for an agency for capacity building of supply chain management of CMSD was prepared and submitted. A preliminary drug indenting and monitoring software for CMSD was developed.

Additionally, support was provided to the PSU/CMSD for procurements and for development of the following documents:

- Procurement of 150 Rashtriya Mobile Medical Units (RMMU) for NRHM
- Procurement of Consultancy services
- Draft guidelines for disposal of unserviceable items
- Standard Indent format for procurement of goods under World Bank fund
- Procurement checklist: a ready reckoner on procurement steps for the PSU and Directorate staff to follow when preparing procurement related files and documents Formats for supplier database
- Training module for Training on procurement of goods, works , consultancy and non-consultancy services for the PSU, TAP and Directorate staff
- Format for collecting supplier data base
- Presentation for procurement and operation of 150 MMU's
- Draft document prepared and shared on procedure for disposal of unserviceable items

For the procurement of 150 Rashtriya Mobile Medical Units (RMMU) for NRHM, TAP assisted with the following:

a) FacilitatedConsultation Workshop of MMU
b) Prepared the Minutes and Outcomes of the Consultation Workshop on MMU
c) Reviewed the existing MMUs in the various States
d) Visited Madhya Pradesh for reviewing the MMU operations
e) Prepared the Inception reports and suggestive frame works for procurement of MMU and operations
f) Prepared the bidding documents of Procurement of 150RMMUs and sent to NRHM for approval
g) Preparing the bidding documents for selection of Private Providers for Operation of 150 RMMUs
h) Prepared the Presentation for meeting with Principal Secretary, NRHM, Law departments and other departments. Meeting date not yet finalised.

3.4 Introducing and Strengthening Social Accountability in the Public Sector (Subcomponent 1.4 a)

Institutionalizing social accountability for primary care is an important component of the UPHSS project. Social accountability (SA) /Community monitoring mechanisms have the potential to improve the quality of services provided by public sector health facilities. One such mechanism that could be used to improve the quality of health services at the local level is performance monitoring by the communities that are served by the block level health facilities. As per the approved workplan and the WB aide memoire, December 2012 review mission, the TAP has been assigned the responsibility to design and develop a Social Accountability intervention model for the state which will also be piloted by the TAP in 8 blocks of the state.

TAP is executing this assignment with the consortium partners (TRIOS & PHFI). A detailed proposal for execution of the pilot with the human resource and budgetary requirements had been submitted to the PSU (Annex 8) Following is the scope of work for the pilot phase:

Specific scope of work of the Pilot Phase for the Study assignment includes:

- Detailed desk review on social accountability practices: Conduct a review of Social Accountability experiences in India and other countries to identify critical elements of the SA that could potentially be adopted in the proposed SA component in UPHSSP. This will take into account the local context in rural UP in reviewing previous experiences with SA.
- Suggest Monitoring Metrics: Prepare metrics to monitor and evaluate the SA mechanism.
- Develop the design of the SA intervention and guidelines for implementation: this will contain sufficient details on steps in order to establish the SA mechanism in the BPHC/CHC area. The objective of the guidelines is to establish a common set of steps that will be implemented in each BPHC/CHC catchment area, and to highlight other areas that will leverage local capacities to modify the SA intervention to best suit the local needs.
- Field Test of the SA mechanism in 8 BPHCs/CHCs in Uttar Pradesh: through the pilot study, the guidelines and implementation steps developed for SA would be tested in eight BPHC/CHC areas (two each from the Eastern, Western, Central and Bundelkhand regions).

Specific scope of work of the Pilot Phase for the Study assignment includes:
• Document experience, disseminate results, fine-tune and finalize guidelines for implementing SA mechanism in the state. • Draft TOR and RFA for contracting the civil society organizations for implementing SA in the state Program.

A state level multi-stakeholder consultation was held on March 11, 2013 with participation of GoUP, the Directorate, NRHM, Development Partners, World Bank Team including the Impact Evaluation team (IE team constituted by the World Bank) to elicit inputs and learning in the domain.The presentation made for the meeting is attached *(Annex 9).* The meeting generated inputs for refining the draft design. The **Evidence review** has been initiated on Social Accountability/ Community Monitoring mechanisms capturing various National and International experiences of which will inform the package of interventions for the pilot to be contextualized for the state and the subsequent scale up. The **guidelines** will be drafted subsequent to literature review. TAP will support the IE team in developing an 'Approach Paper' capturing global evidences on provider incentives and its impact & suggest options for the provider incentive package in the context of UP.

Field visit was undertaken to explore the feasibility of developing community monitoring mechanisms and availability of social institutions. Observations from the field visit with the IE team provided assessment of the current situation on availability of social institutions and community monitoring mechanisms which will be incorporated in the design.

Based on the discussions with the World Bank IE team, the PSU and Development Partners, it was reiterated that the block level facilities will be the unit of study. List of districts and blocks was shared with IE team. List of districts where NRHM will initiate the CM intervention have been shared with the IE team which will be excluded from the sample frame.The process for **identification of block level health facilities** has begun.Sampling frame is attached *(Annex 10)*.

Areas of inquiry for the baseline survey have been decided. Different modalities for implementation are under consideration. **Draft Invitation for EOI** has been developed for agencies for baseline survey. It has been decided that the pilot and the baseline survey will be undertaken simultaneously as a preparatory phase for the implementation.

3.5 Strengthening Quality Assurance & Improvement Cell in Medical Directorate (Subcomponent 2.1)

Quality Assurance (QA) is a critical subcomponent of the project under which it is mandated to establish quality management systems for the public health facilities of the state. National Accreditation Board of Hospitals & Healthcare Providers (NABH) accreditation of 40 district level health facilities is also planned to be completed during the project period. Quality assurance has been identified as one of the relevant subcomponents around which the impact of the project will be assessed.

Development of Terms of Reference of the QA Cell:

Reference to the approved work plan of the UPHSSP (World bank Aide memoire; Dec 2012), one of the key tasks of the project is strengthening the various cells in

the Directorate of Medical & Health Services including the quality assurance cell with the vision to sustain the gains in the quality of health service delivery by the UPHSSP. The process of strengthening, as envisaged, was initiated with an assessment of current staffing and proposing a structure for the QA Cell.

The TAP team undertook a systematic process to draft the terms of reference based on review of the current situation which included discussions with officials in the Directorate and the PSU. The draft terms of reference includes an organogram of the cell with job profiles of all proposed positions. A total of 20 positions have been proposed for the QA cell of which 17 are required to be filled in the first year (by 31.3.2013). 12 positions of the total proposed positions are government positions while the remaining 8 may be contractual or on deputation. A DLI is linked to 75% staffing of the QA Cell by March 31st. Terms of reference of the QA Cell is attached *(Annex 11)*.

Planning for capacity building of the QA Cell:

As mandated, the project will support and facilitate strengthening the QA Cell at the Directorate of Medical & Health for certain defined functions which will include improving the quality of service delivery at 40 district level hospitals to enable them to be accredited under the NABH. Per the terms of reference of the QA Cell, it has to be staffed with officers from multiple disciplines and different levels. It has been planned to conduct an orientation for QA Cell subsequent to the staffing of the cell. Orientation of the staff on aspects of Quality Assurance relevant for the project will be done which will include issues like Quality Management Systems; Quality Assurance initiatives in UP Health system; an overview of the Quality Council of India (QCI) and NABH; Expected roles of the QA Cell; Achievements & Challenges in RML Hospital Accreditation and about NABH Standards & Indicators.

NABH Accreditation of Phase 1 Government Health Facilities:

NABH Accreditation of health facilities requires conformance to standards for which continued capacity building and handholding is needed. Long term engagement of specialized agencies to provide technical support for the same is required. The process had been initiated for 20 facilities selected by GoUP in the first phase (Map with twenty Phase I facilities is given below). Two agencies; Octavo Solutions Private Limited and Astron Healthcare Limited had been hired by GoUP for providing the required technical support to 14 and 6 facilities respectively. Gap assessment had been done for each of the facilities, recommendations had been submitted and handholding/capacity building for accreditation had begun. The process of handholding was interrupted on account of certain contractual reasons. TAP in consultation with the PSU took the necessary steps for the task to resume with

clearance of pending issues. Per the information received from the PSU, 2 out of the 20 facilities have been dropped and it is a total of 18 facilities from the first phase which will be supported for NABH accreditation by the project.

Selection of district level health facilities for NABH accreditation in the second phase:
It was considered necessary basing the selection of district level health facilities for NABH Accreditation by the UPHSSP in second phase on an objective assessment of the current capacity, functioning, performance and regional representation.

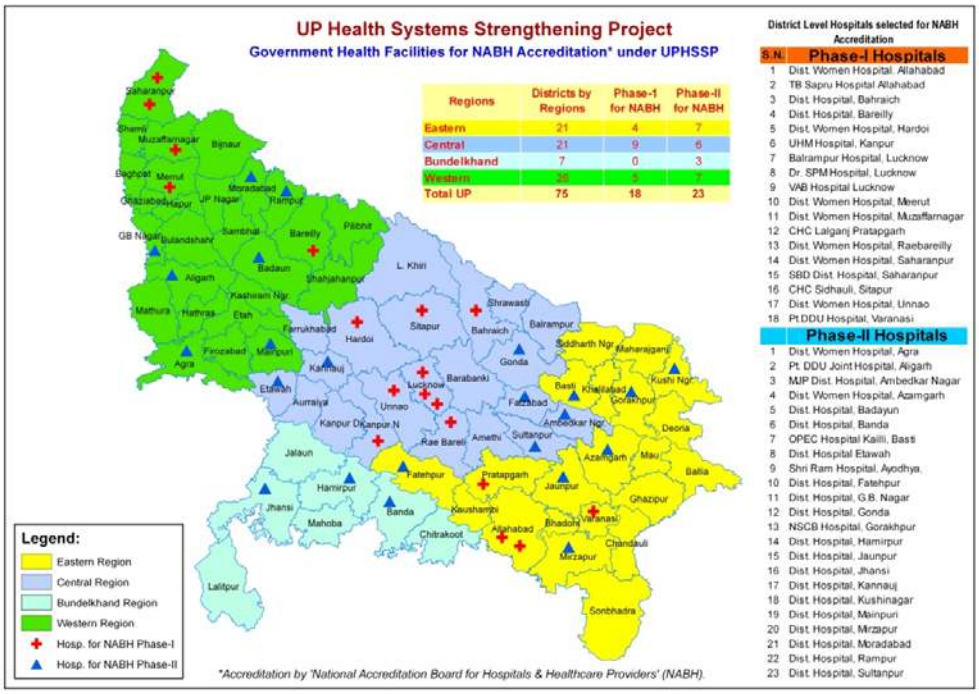
A set of parameters were worked out in consultation with the PSU and a one page format containing these parameters was sent to CMSs of all district level hospitals (male, female and combined hospitals) for obtaining the required information. The Format is attached *(Annex 12)*.

Information received from district hospitals on the format was compiled and analysed. While all parameters were taken into consideration, weightage was given to case load. Hospitals with high OPD, IPD, emergency cases and referrals were given high importance. District hospitals (male /female/combined) at Divisional Headquarters which were not included in the first phase were also given preference and have been included in the second phase on the premise that divisional headquarters have a relatively larger catchment area and quality health services if delivered from these hospitals, will have an exponential effect on the utilization of services by the community.

Regional spread of the hospitals for NABH accreditation was also considered and all four regions (East, West, Central and Bundelkhand regions) have been proportionately represented. For this, the spread of the phase I facilities (previous twenty) was also kept in mind and all regions have been adequately represented. The following matrix gives the number of hospitals/districts in a particular region included in the first and second phases vis-á-vis the total number of districtsin the region.

Regions	Total districts in the region	Hospitals in Phase I	Hospitals in Phase II
Eastern	24	4	7
Central	23	10	6
Bundelkhand	7	0	3
Western	21	6	7
Total	**75**	**20**	**23**

Based on the above criteria, a list of district level hospitals has been proposed for selection in the Phase-II for NABH accreditation. List is attached *(Annex 13)*. Following is a map of UP with depiction of phase 1 & 2 districts with an adjoining draft list of 23 hospitals for NABH accreditation.



Providing support for the processes in hiring of firms for NABH Accreditation of 23 district level health facilities in phase 2 and gap analysis of 117 district level health facilities.

Expression of interest (EOI) was invited by the project through an advertisement in five National Newspapers in November 2012 against which 12 agencies submitted their EOIs. TAP developed a set of assessment criteria in consultation with the PSUbased on which evaluation of the EOIs was done by an approved Committee. The evaluation was facilitated by TAP. 6 agencies were shortlisted based on the evaluation scores. Terms of Reference (TOR) and the Request for Proposal (RFP) for the prospective consultants to provide consultancy services for gap analysis were drafted by TAP in consultation with the PSU. Also, Terms of Reference & Request for Proposal for the prospective consultants to provide consultancy services for NABH accreditation were drafted. The shortlist of 6 agencies, the terms of reference and RFPs for the two assignments have been approved formally by the Procurement Committee. Issuance of the RFP to the shortlisted agencies will done on approval by GoUP. The evaluation criteria, terms of reference and request for proposal are annexed as follows:.

EOI Assessment criteria – *Annex 14*, TOR for Consultancy Services for Gap Analysis – *Annex 15*, RFP for Consultancy Services for Gap Analysis – *Annex 16*, TOR for Consultancy Services for NABH Accreditation – *Annex 17*, RFP for Consultancy Services for NABH Accreditation – *Annex 18*.

District Hospital Pathology Lab Function Assessment:

A format was adapted to assess the availability of various Pathology Lab services to be delivered at a district hospital as per Indian Public Health Standards (IPHS) for district hospitals. This was sent to the facilities selected for NABH accreditation in phase 1 for assessing the current status of pathology lab function. An assessment of lab function was also done for RML and Balrampur hospitals in Lucknow. This was per the request of the PSU to assess the Pathology Lab functions conducted at

district hospitals, the tests commonly prescribed by physicians/surgeons but not available at the district hospitals and the modalities for ensuring availability of the required tests. The format used for assessment is annexed *(Annex 19).*

3.6 Strengthening Environment Management Cell at Medical & Health Directorate (Subcomponent 2.2)

The current scenario in environment management (EM) in the health sector of Uttar Pradesh is characterized by elaborate existing regulations with weak implementation and monitoring and new regulations under development. This entails occupational health and safety risks for the workforce as well as risks to the environment. Management of such risks involves improvement of awareness and skills of health workers at all levels. Institutional mechanisms for treatment of healthcare wastes need strengthening with structured training and IEC. Both, the Training plan and the Consultation Plan have been identified and included in PIP as well as TAP Action Plan for the current year.

Development of terms of reference, structure and roles for Environment Management Cell at Directorate:

Establishment of Environment Management Cell at Directorate has been identified as one of the key activities at the start of the project besides an in-depth assessment of current status of healthcare waste management at all healthcare facilities and assessment of institutional capacities of key institutions involved in management and monitoring of such wastes from health facilities. The structure of the cell has been proposed with the view that environment management is an integral and important aspect of overall quality of healthcare services provided at the facilities. Therefore, the attempt has been to closely coordinate activities of the environment and the quality assurance cells at the Directorate to be achieved through bringing the two cells under the responsibility of a common head i.e. Director Medical Services.

The proposed cell is aimed to utilize services of human resources available with the Directorate; Civil and Electrical Assistant Engineers as well as Public Health Specialist, The services of an Environment Management Consultant will be hired to serve as domain specialist with the cell. Terms of reference of the EM Cell is annexed. *(Annex 20)*

Development of Terms of reference and proposal for Needs Assessment Study on Environment Management:

The terms of Reference for Needs Assessment study were developed and discussed with PSU and World Bank Environment Specialist during the review mission and subsequently TAP was assigned the overall responsibility for roll out of the study and its quality. The facility level survey on Health Care Waste Management (HCWM) status will be undertaken by the external agency which will collect baseline information on all subcomponents. The Environment Management Expert of TAP was assigned the responsibility for ensuring data quality related to the subcomponent. Proposal for the study was prepared by TAP basis revised TOR. Terms of reference and study proposal are attached *(Annex 21 & 22)*. Important aspects of the proposal include:

1. Assessment of Common Treatment Facilities and stakeholders institutional assessment by TAP-EM.

2. Survey of state and private facilities by the Survey Agency to be hired by PSU.
3. Monitoring and validation of survey data by three Field Consultants to be hired by PSU for assistance to Environment Management Expert at the TAP.
4. Data analysis and report writing to be done by TAP-EM Expert.
5. Development of road map for HCWM, incorporating the study report findings by TAP-EM Expert in consultation with stakeholders.

Development of Training Plan on Environment Management:

Draft training plan has been developed by TAP in discussion with the PSU and submitted to PSU. The PSU also suggested constitution of an IEC committee based on which TAP drafted a TOR for the same. The training plan has been developed after needs analysis on the basis of site visits, meetings with medical officers, nursing officials, state training institute officials and review of current module of training material for Induction Training of Medical Officers. Training Plan is attached *(Annex 23).*

Contents planned for the training are as follows:

Draft training plan contents
• Needs assessment of key categories of healthcare providers • Training plan for key categories - medical officers at facilities, Directorate functionaries of EM Cell, sanitation and other categories of healthcare providers etc. • Details of Training of Trainers (TOT) program for Medical Officers. • Development of Training content for module for Medical Officers Induction Training Program

Development of Consultation Plan on Environment Management:

The 'Draft Consultation Plan' for consultative meetings with different stakeholders at different levels has been developed by TAP. The consultations are planned to be undertaken for:

1. A consensus on structure and functions of Environment Management Cell at the Directorate and other functional levels,
2. Consensus on structure, role and responsibilities of State, regional and district level EM committees to be formed for achieving coordination and cooperation in environment management
3. Agreement on Final Road map on Environment Management, after review of results of needs assessment study by stakeholders.

The plan includes a list of key stakeholders, their role in Environment Management and issues for consultation with each of the stakeholders. It also includes a schedule of Consultation Workshops to be undertaken at Divisional levels in the state. *(Annex 24).*

Additional support extended under Environment Management:

A guidance note was developed to initiate urgent actions on Environment Management at facilities; Draft Tender Document was prepared for Rate Contract with Common Treatment Facilities for services and supply of consumables; Proposal for development and dissemination of Guidance Manual on Environment Management containing Infection Management and Environment Protection (IMEP) guidelines and copy of Biomedical Waste Management Rules, 1998, has been submitted to PSU for approval, with the objective to initiate actions on Environment

Management. Development of IEC Plan for organizing IEC activities on EM has been initiated. TOR of IEC committee to review IEC has been developed and submitted to PSU for approval.

Following documents are annexed - Guidance note on urgent actions on Environment Management *(Annex 25)*, Draft tender document for Rate Contract with Common Treatment facilities *(Annex 26)*, Terms of reference of IEC *(Annex 27).*

EM expert of TAP was given the honour of presiding as Chairperson on one of the technical sessions of National Dissemination Workshop of the Global Healthcare Waste Management Project, implemented by UNDP, GEF and Government of India. The workshop was organized on March 5, 2013 at KGMU, Lucknow.

3.7 Introducing Health & Hospital Management Professionals in hospitals and health facilities (Subcomponent 2.4):

To improve efficiency, quality and accountability of the health services delivery as also for strengthening the State Health Department's management and systems capacity, ensuring availability of requisite human resource at Government health facilities has been given top priority under the project. Following activities have been undertaken under this subcomponent.

Development of terms of reference for hiring of a HR Agency:

A detailed “Terms of Reference’ for Hiring a HR Agency which defines the broad scope of the assignment that the hired agency will recruit and manage required manpower as specified by UPHSSP was shared with the World Bank. This agency will recruit and manage medical, para-medical and other professional/technical/ skilled personnel to be placed at Government health facilities and at various levels in the State.It will develop detailed processes and criteria for screening of applications and a process for short listing applicants for each of the proposed positions. TheTOR was shared with the PSU & the Bank and revisions were made. Detailed TOR is annexed. *(Annex 28).*

Hiring of Survey Agency for Health Systems Survey:

UPHSSP considers engaging an agency which will conduct a facility survey with technical support from the TAP team. The objective of the survey will be to assess the available resources and current practices in the public healthcare system with specific reference to the project components, i.e; Health Care Waste Management, Quality Assurance, Health & Hospital Management Information Systems, Personnel Information Systems, Human Resources, Strategic Planning and Budgeting at district and sub-district levels. The data generated will inform subsequent plans to strengthen the health system. Terms of reference for hiring a survey agency and the Bid Document have been drafted by TAP in consultation with the PSU. These documents have been shared with the World Bank and response is awaited. Terms of reference and bid document are attached. *(Annex 29 & 30).*

Hiring of an Event Management Agency:

An event management agency is to be engaged for organizing the various kinds of events (trainings, workshops, conferences, meetings, seminars) at different levels in the state per the requirements of the UPHSSP. Terms of reference and bid document for the purpose have been drafted by TAP in discussion with the PSU and shared

with the Bank, response on the same is awaited. Terms of reference and bid document are annexed *(Annex 31 & 32).*

A workshop is planned with key stakeholders (e.g. CMOs, health managers from private hospitals, QA Cell staff) to define the roles and responsibilities of professional health managers and public health experts within public hospitals. A concept note for engaging an agency for hospital management needs assessment, gap analysis, capacity building and continued mentoring is under development.

3.8 Technical Support to the Public Private Partnership Initiatives (Subcomponent 2.3)

Providing technical assistance for the PPP initiatives of UPHSSP was not a mandate for TAP in the first year, need based support was extended to several tasks under PPP by the TAP team. A brief account of the same is as follows:

Draft Concept Note for Establishment of a Super Specialty Hospital as "Centre of Excellence" for Cardio Vascular, Nephrology and Cancer Diseases on PPP Model:
TAP drafted a concept note in response to a request made by the PSU for establishment of a 500 bedded Super Specialty Hospital as "Centre of Excellence" for Cardio Vascular, Nephrology and Cancer Diseases under PPP Model at Lucknow, Uttar Pradesh. It is an initiative taken by the Government of UP to increase the reach of health services in the state, to strengthen availability of specialized medical care for the general population with particular emphasis towards ensuring affordable access for the poorer segments of the population. The concept note includes an objective situational analysis; the need for establishment of a Super Specialty Hospital; role of the private and public sectors, the terms and conditions for engagement of a private partner; criteria for selection of private partner; the bidding parameters & process. Concept note is annexed *(Annex 37).*

Additionally, support was extended in drafting Bid Documents for Mobile Medical Units under NRHM; Bid Document for procurement of Hospital Cleaning Services and Bid Document for outsourcing of Hospital Laboratory services.

3.9 Contracting an institution/agency for independent verification of Disbursement Linked Indicators

It had been proposed in the WB December 2012 aide memoire that an institution/agency will be hired for independent verification of DLIs for any disbursement to take place. TAP developed a detailed terms of reference for hiring of an institution/agency for DLI verification in consultation with the PSU. The document has been further shared with the Bank for inputs and NO. TOR is attached *(Annex 38)*.

4 Status of Disbursement Linked Indicators for Year One

Disbursement Linked Indicators (DLIs); a results based financing mechanism that disburses against the achievement of agreed performance indicators; have been instituted by the World Bank for the UP Health Systems Strengthening Project as an incentive to achieve project results by disbursing a portion of the total project financing upon achievement of key results related to the implementation of the project components. Each Annual Target of the DLIs has a value of US$ 2.00 Million.

Out of the seven DLIs for the project, following are the three DLIs with corresponding annual targets for Year 1 (FY 2013) & the current status:

Table 1 Disbursement Linked Indicators (DLIs) & Annual Targets for FY 2013 and Current Status

DLI No	Indicator	Annual Target for FY 2013	Current Status
DLI 2	Percentage of districts with completed and published facility-based report cards detailing national health programs indicators and facility-level performance data	DRC established and 75% of staff in position with clear TOR District report card formats developed Guidelines issued to the districts	Terms of reference for the DRC drafted in consultation with the PSU, Directorate & the WB, submitted to the PSU District Health & Facility Report Cards & the Guidelines drafted Request for issuance of Government Order to initiate pilot in select districts processed
DLI 4	Percentage of Primary Health Centers participating in the social accountability pilots for which a service delivery assessment has been completed and at least one corrective action by government is verified by the community	Pilot design developed Baseline completed Evaluation framework developed	Draft design of the pilot developed, literature review initiated (this will inform the guidelines for the pilot and finalization of design). Modalities for Baseline survey decided, EOI developed for agency. Evaluation framework being developed. Selection process of blocks initiated
DLI 7	Percentage of hospitals under the accreditation program that have been certified for pre-entry level accreditation	QA Cell established and 75% of staff in position with clear TOR	Terms of reference drafted in consultation with the PSU and Bank and submitted to the PSU.

5 Learning and Key Issues

- Absence of counterparts for the TAP Consultants in the PSU or the Directorate or presence of counterparts with multiple additional charges challenges the level of engagement and the pace of activities. Absence of counterparts also implies lack of interface with the Directorate or the PSU.

- Initiating and processing files: Consultants of the TAP team had been sharing documents for review and decisions by the PSU. Since the PSU is understaffed, there were delays in further processing for decisions. As a Technical Assistance Provider, it is not binding on the Consultants in the TAP team to process files but the TAP, realizing the staffing constraint PSU faces resorted to processing these documents on files which has given momentum and facilitated fast tracking of the decision making process.

- Identification of potential staff of various cells: identification of officials with appropriate skills and experience have been delayed as a result of which, the orientation and handholding of these officials by TAP are delayed.

- Time lags: TAP has been able to generally maintain pace with workplan timelines, yet there are delays affecting the overall activity schedule and loss of opportunity. For example, delay in approval from Directorate for getting enrolled in the six months Certificate Course of IGNOU on Healthcare Waste Management led to loss of opportunity for key functionaries of the EM Cell, though the course details and admission requirements were long identified by TAP.

- Hiring of HR Agency is urgently needed to support hiring of required staff under various cells at the Directorate which is critical for achievement of the first set of DLIs (for FY 2013). The procurement process per the WB guidelines is long drawn which will affect the hiring of the firm. Consequently hiring of staff for the various cells and also at the district level health facilities will get delayed and this will delay the roll out of the various activities wherein their engagement will be required.

- Review of TAP's staffing norms: with the evolving role of the TAP in program planning, roll out, monitoring and documentation, the current staffing needs revision. Some of the positions that are urgently required include Consultant for Social accountability, Consultant for Monitoring, Evaluation and Research, Consultant for Program Communications and IEC. The TORs are being drafted and will be shared with the PSU for further approval.

6 Annexure

Following is a list of documents submitted to the PSU.

Strategic Planning

1. Terms of reference for Strategic Planning cell
2. Terms of reference for Financial Dashboard Study
3. Draft Proposal for Financial Dashboard

IT & HMIS

4. Assessment report cum Project Plan
5. Terms of reference for DRC Cell
6. Facility Health Report Card
7. District Health Report Card

Social Accountability

8. Study Proposal
9. Presentation
10. Sampling frame for Impact Assessment

Quality Assurance

11. Terms of reference of the Quality Assurance Cell
12. Format for basic information from District Hospitals
13. Draft list of proposed hospitals for NABH accreditation Phase 2.
14. EOI Assessment Criteria
15. Terms of reference for consultancy services for gap analysis in 117 district hospitals
16. RFP for consultancy services for gap analysis in 117 district hospitals
17. Terms of reference for consultancy services for NABH accreditation of 22 district hospitals
18. RFP for consultancy services for NABH accreditation of 22 district hospitals
19. Format for Lab assessment

Environment Management

20. Terms of reference of Environment Management Cell
21. Terms of reference of Needs Assessment Study on Environment Management.
22. Proposal of Need Assessment Study on Environment Management.
23. Training Plan including Training Content for Medical Officers Induction Training Program
24. Draft Consultation Plan
25. Guidance note on urgent actions on Environment Management
26. Draft tender document for Rate Contract with Common Treatment facilities.
27. Terms of reference of IEC committee

Human Resource

28. Terms of referencefor hiring of HR Agency
29. Terms of reference TOR for hiring Survey Agency
30. Bid document for hiring a Survey Agency
31. Terms of reference for hiring an Event Management Agency

32. Bid Document for hiring an Event Management Agency

Procurement

33. Indent forms for Procurement
34. Procurement Checklist
35. Draft guidelines on disposal of unserviceable items
36. Supplier management database format

Others

37. Draft Concept Note for Establishment of a Super Specialty Hospital
38. Terms of reference for hiring of agency for DLI verification

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