

Strengthening Information Systems and Reporting Patterns

Strengthening systems and structures that support reporting and strategic use of data (SUD) for effective implementation of interventions is an important component of the AMB program. This practice insight encapsulates learnings from Chhattisgarh based on interventions undertaken by the National Health Mission (NHM) in the state with the support of development partners to strengthen reporting and capturing of information for improved availability of data on coverage.

Overview

According to the AMB scorecard, till March 2020, Chhattisgarh was one amongst the only eight states in India to have systems instituted and enhanced for streamlining monthly Health Management Information System (HMIS)¹ reporting for AMB indicators and enabling quarterly upload of data to HMIS for reflection on the AMB dashboard.

The launch of AMB program in 2018, with clear set of guidelines on reporting, monitoring and review propelled the state to develop new systems and strengthen existing ones for a more structured reporting at all levels to enable strategic use of data (SUD).



Figure 1: HMIS

1. In India, HMIS is a Government to Government (G2G) web-based Monitoring Information System (MIS) instituted by the Ministry of Health & Family Welfare (MoHFW), Government of India to monitor the NHM and other health programs, including the interventions for tackling anemia. The data fed into HMIS by various states is intended to be used as key inputs for policies governing implementation of public health interventions.

Key Interventions and Processes Undertaken

Alignment to AMB Reporting Guidelines

With the roll out of the AMB guidelines, existing programs countering anemia prevalence came under a single umbrella. This called for modifications in the directives issued for reporting of coverage data. One of the first steps undertaken by NHM, Chhattisgarh was to share the modified directives for reporting, monitoring and review of program to the state, district and block nodal officers for AMB program. The new guidelines call for improved reporting structures, uploading of data in the HMIS at the state level on a quarterly basis and provisions for all districts to be reviewed based on the key performance indicators (KPIs)² mentioned in the AMB.

Bridging Gaps in Reporting

With children between the ages of 5-9 years and adolescents between 10-19 years of age being beneficiaries of the WIFS component of the AMB program, the schools are both implementing and reporting units for WIFS implementation. The gap analysis in the implementation of IFA supplementation was done in 2018 along with WIFS report validation in by Nutrition International (NI). Data was collected from 15 districts, 30 blocks, 30 clusters (sankul) and 150 schools. It was evident from the analysis that Sankul is the missing link, yet very important stakeholder in the IFA supplementation program. NI worked on building the capacity of Cluster Coordinator (Sankul Samanwayak) in one district i.e. Kawardha on pilot basis. The intervention showed promise and eventually NI advocated the same with state AMB nodal departments. Once budgetary allocations were approved by the government for capacity building of Sankul Samanwayaks across the state, NI worked along with other development partners to develop training modules on similar lines to the one used in Kawardha.

Chhattisgarh at present is implementing a data management plan using alternative sources for reporting. (Fig 2).

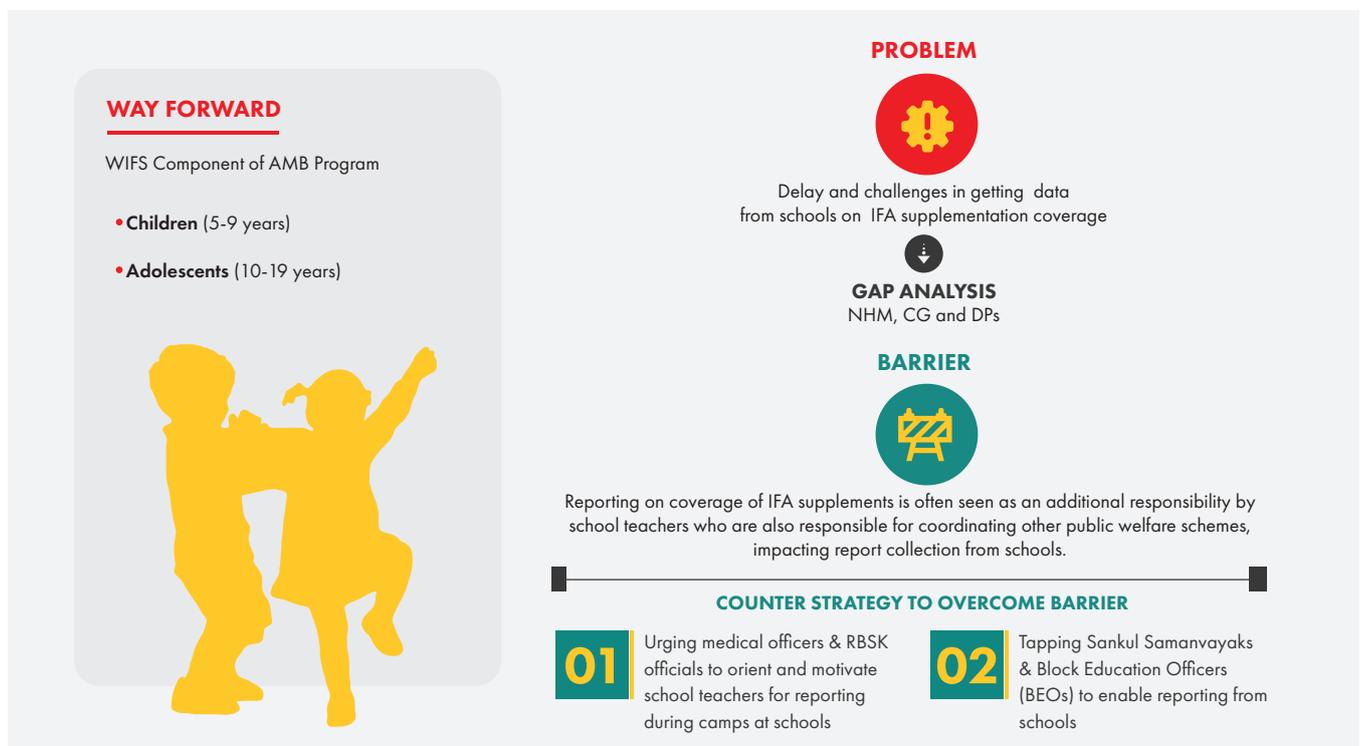


Figure 2: Each sankul samanwayak has a set number of schools under him or her. These coordinators are being tapped to improve the availability of reporting data from schools in Chhattisgarh

2. The KPIs of AMB can be accessed @ <https://anemiamukt Bharat.info/key-monthly-performance-indicators>

Institutionalising Review of KPIs

Data management plans and review of indicators were made a part of the overall implementation right from the initial stage of AMB rollout in Chhattisgarh in April 2019. This was followed by extensive engagement at the state level by Nutrition International, UNICEF and other development partners to institutionalise review of the six KPIs in the AMB program design, at the steering committee meetings. The steering committee in the state is spearheaded by the NHM and Chaired by the Secretary Health and also includes Secretary, Education and Secretary, WCD, Chhattisgarh. Apart from the government officials, it also comprises of the development partners supporting the program implementation in the state. A strategy for review of the indicators has been institutionalised under the aegis of the committee (Fig 3). Every month NHM releases the HMIS Monthly bulletin, Swasthank in CG. NI advocated with NHM for adding at least two indicators of IFA program, so that it could be reviewed at district level during CMHO review meeting.

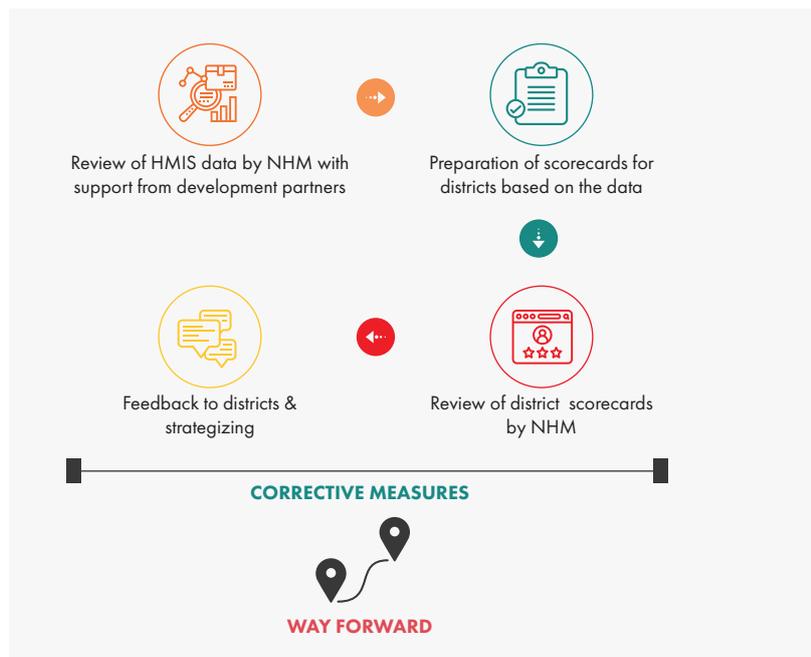


Figure 3: Monitoring and review strategy for districts using HMIS

Inclusive Capacity Building

Chhattisgarh took an inclusive and convergent approach to capacity building of officials and field functionaries from Health Department, Department of Women and Child Development (DWCD) and Education Department. Training of trainers (ToT) was conducted at the state level on AMB operational guidelines by the State Institute of Health and Family Welfare (SIHFW) and NCEAR-A Delhi, with dedicated sessions on testing, treatment of anemia, data management, reporting formats and MIS. Subsequently, the training sessions were conducted at the district and sub-district level. So far, training of field functionaries has been completed in 140 out of 146 blocks across 27 districts.

In order to enable data collection at the schools, a stepwise data management plan was developed for District Education Officers, Block Education Officers and the Sankul Samanvayaks. These officials were invited along with health and WCD officials to the trainings, where queries on recording and reporting data for HMIS indicators were resolved along with hands-on training.

Monitoring & Reporting During the Programme Cycle

At present data is being collected by ANMs from the school on the coverage of IFA supplementation under AMB. Monitoring of the programme has been initiated by state and district officials during field visits. The development partners such as Nutrition International, UNICEF, and Evidence Action are supporting the state in field monitoring at the ground level through their representatives. During each field visit a short refresher on the guidelines for reporting is held for the FLWs. The monitoring teams in the field work towards closing any gaps identified in the knowledge or processes of reporting during field visits.

Provisions for Coverage, Monitoring and Reporting during COVID-19

- Lockdown in March 2020 after the pandemic severely impacted physical monitoring and reporting at the field level. In order to mitigate the setback, the development partners' under the Nutrition Network Alliance came together to support the state government by developing tools to monitor nutrition interventions including those under the AMB program. This tool enumerates the programs and analyses the landscape in the state to determine which interventions are continuing and which ones are completely or partially stopped. Telephonic surveys at the district and block levels were conducted to collect data on continuance of services, and coverage of each indicator in context of the IFA supplementation, among other nutrition program indicators.
- Since schools have closed down, the IFA supplements for the school going children and adolescents are now being distributed directly to the homes by anganwadi workers during home visits.

AMB Block Ranking Initiative

The Block Ranking Exercise is an intervention being implemented by Nutrition International to support the NHM in strengthening reporting of data at the field-level. The intervention is being implemented in 12 districts of Chhattisgarh at present.

Under the Block Ranking initiative, a scorecard has been prepared for each of the 12 NI intervention districts. After the pilot, the intervention will be proposed to AMB nodal departments for scale-up. The score card uses critical process indicators directly related with output indicators of AMB program as benchmark for scoring. The main output indicator is coverage of IFA. NI had addressed the process indicators in score card are associated with the coverage like; organising quarterly convergence meeting, submission of coverage reports within timeline, adequacy of supplies at the block level, among others.

Scoring includes tracking the process indicators with reference to the guidelines provided along with the scorecard. On a monthly basis the field coordinators from NI conduct situational analysis by using the scoring guidelines to develop district specific score card. This score card is used by the field teams as a review tool during the advocacy meetings with district authorities and nodal officers for the AMB program. Along with the scorecard, this exercise is also being used to determine bottlenecks and solutions in the 12 districts impacting the effective implementation of the AMB program.

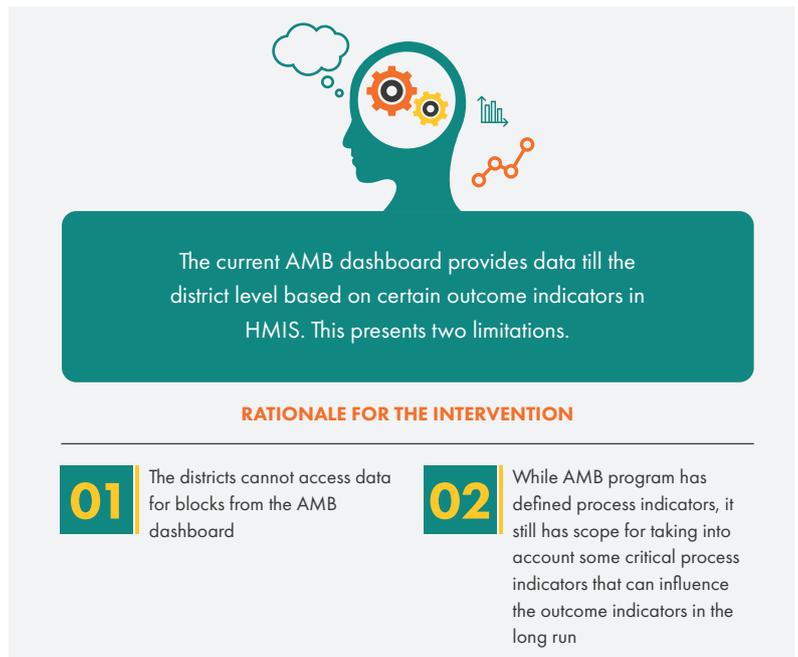


Figure 4

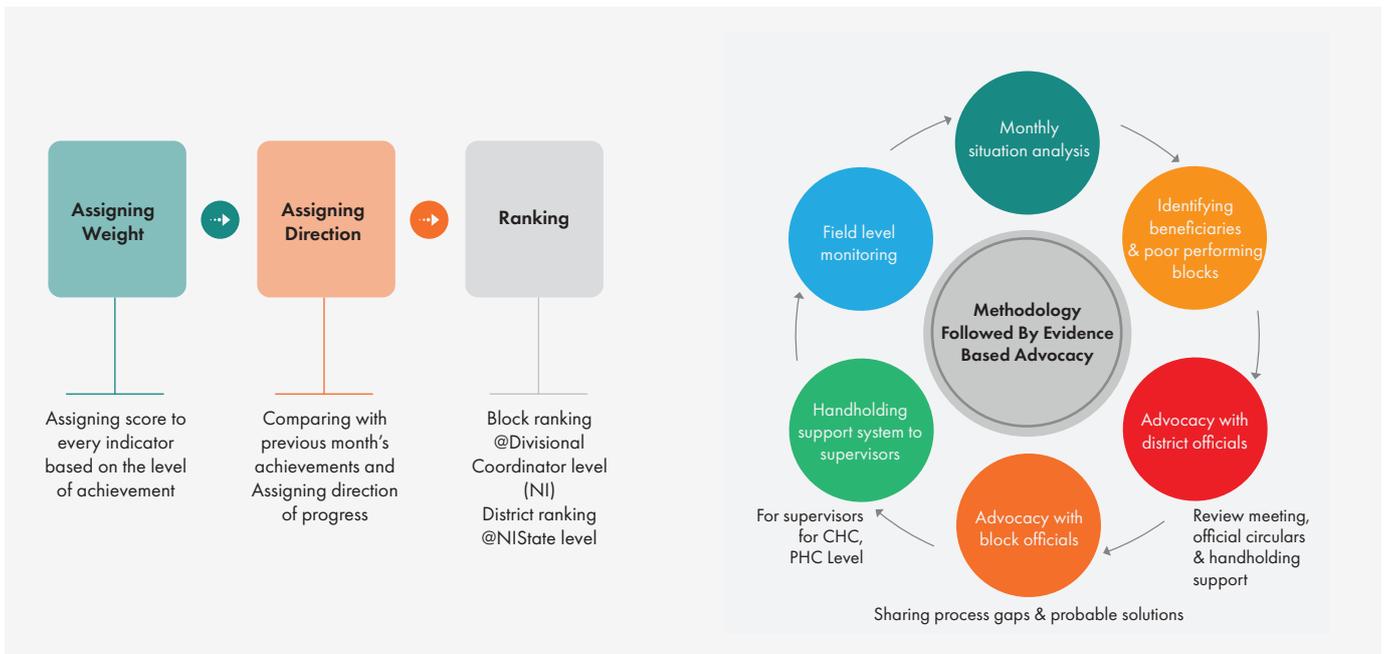


Figure 5 A

Figure 5 B

Figure 5 : Methodology adopted to assign ranking & Methodology for evidence-based action. The district coordinators of NI who conduct the assessment are given a set of guidelines for each indicator to assess the progress. The indicators are divided into three categories, program monitoring, awareness about AMB and program implementation

The intervention can be sustained by building capacity of the existing NHM officials and field functionaries. The tool used for the intervention is simple and user-friendly. Since the AMB guidelines form the foundation for the tool, it can be used across the states to strengthen the program implementation and to scale up this initiative across all the districts of Chhattisgarh.



Leveraging Convergence Action Plan (CAP) for POSHAN Abhiyaan

The state program management unit (SPMU) for POSHAN Abhiyaan was leveraged for AMB implementation in Chhattisgarh. The program team identified the key line departments and developed a list from AMB indicators corresponding to each department. In the last six months, three convergence meetings have been held for joint review of indicators and development of shared goals and strategies to improve implementation at the state level. The districts were also encouraged and directed to hold these meetings for further consolidation of the action plan and resulting benefits.



Raipur-Performance by indicator

| | September 2020 | October 2020 | Direction |
|---|----------------|--------------|-----------|
| Anaemia Mukht Bharat (AMB) Program | 32 | 35 | ↑ |
| Program Monitoring | 15 | 18 | ↑ |
| District coordination committee met during last quarter | 2 | 3 | ↑ |
| Block coordination committee met during last quarter | 1 | 2 | ↑ |
| District submitted their WIFA reports last month | 1 | 2 | ↑ |
| Insufficient MN for next quarter and indent placed | 2 | 3 | ↑ |
| Blocks submitting coverage reports to state | 3 | 1 | ↑ |
| Submitting WIFS Report | | | ↓ |
| a) District | 2 | 2 | — |
| b) Block | 1 | 2 | ↑ |
| Facilities with MNS stockouts in last 3 months/1 month | 0 | 0 | — |
| Monitoring visits by Health Officials during last month/quarter | | | |
| a) Block level officials | 1 | 2 | ↑ |
| b) District level officials | 2 | 1 | ↓ |
| Awareness about AMB | 11 | 9 | ↓ |
| ANM trained on AMB | 3 | 3 | ↑ |
| ANM aware of age-appropriate IFA doses | 3 | 2 | ↑ |
| ANM aware of IFA compliance improvement | 2 | 2 | ↑ |
| AWW trained on AMB | 2 | 2 | — |
| AWCs submitted WIFS monthly reports for last 3 months/ 1 month | 1 | 0 | ↓ |
| Program Implementation | 6 | 8 | ↑ |
| Receipt and consumption of IFA | | | ↑ |
| a) Pregnant women | 2 | 3 | ↑ |
| b) Lactating mothers | 1 | 2 | ↑ |
| c) Adolescent Girls | 3 | 3 | — |

| | September 2020 | October 2020 | Direction |
|---|----------------|--------------|-----------|
| Shishu Sanrakshan Maah (SSM) | 21 | 21 | - |
| VHSND sessions held as per micro plans | 3 | 3 | — |
| Target estimation in micro plan done as per due list | 2 | 2 | — |
| Health workers aware about services to provide during SSM | 3 | 3 | — |
| Availability of supplements: | | | |
| a) Vitamin A | 3 | 3 | — |
| b) IFA Red Tabs | 2 | 2 | — |
| c) IFA Syp. | 2 | 2 | — |
| d) ORS | 3 | 3 | — |
| e) Zn tab | 3 | 3 | — |
| Childhood Diarrhea Management Program (CDMP) | 7 | 7 | — |
| Balance stock of ORS & Zinc available at block level | 2 | 3 | ↑ |
| Total number of Health facilities reporting stock-out of Zinc & ORS | 2 | 2 | — |
| % of diarrheal cases treated with Zn & ORS both | 3 | 2 | ↓ |
| Total Score | 62 | 65 | ↑ |

Figure 6: Scorecards with process indicators for blocks (an instance from Raipur)

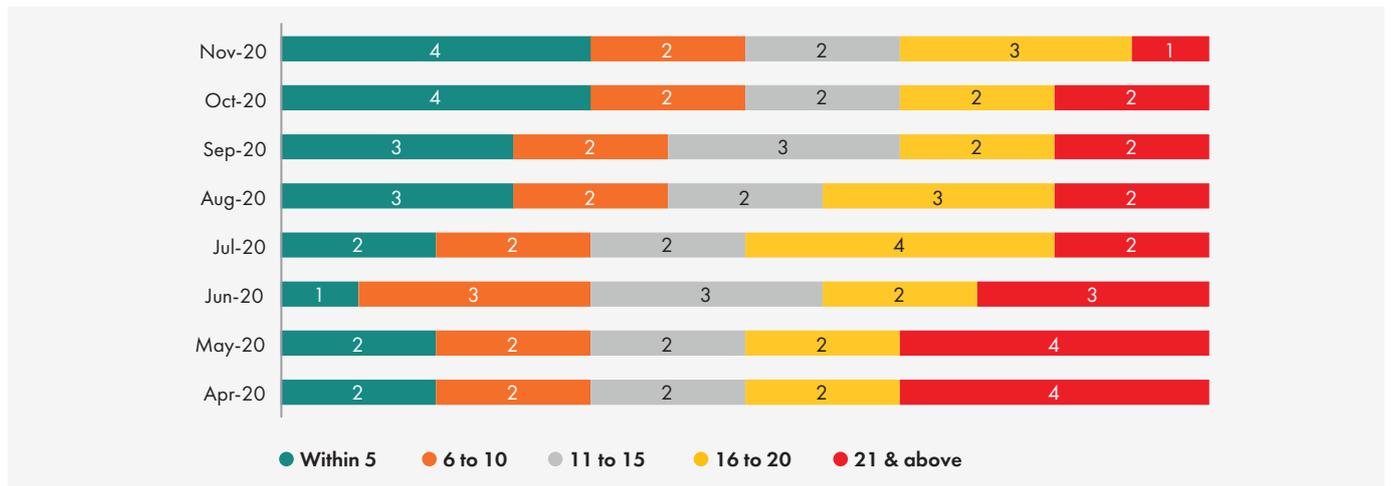
Key Outcomes

- » **Improved Reporting:** The interventions have helped to emphasize significance of the data management in the state, leading to the districts reviewing indicators at a regular periodicity. This has helped in real-time identification of gaps in reporting, followed by corrective actions.
- » **Capacity Building:** AMB guidelines mandate quarterly update of data on the performance indicators. Regular training at all levels has helped in orienting state and district level data managers and field functionaries on the HMIS and AMB indicators. It has helped to build capacity on reporting formats and processes with a focus on accuracy in reporting and quality of data. While this is not the only factor that helped in improved knowledge and awareness on indicators, it certainly has played a significant role in this direction.
- » **Improvements after AMB Block Ranking Initiative (BRI):** Most of the districts, except a few out of the 12 districts where BRI is being conducted have shown improved ranking as per AMB scorecards and the state level scoring of districts.

Table 1: Ranking of 12 districts as per AMB Scorecard

| Ranking | Districts | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 |
|---------|--------------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1 | Kondhagaon | 7 | 6 | 8 | 3 | 2 | 1 | 1 | 1 |
| 2 | Narayanpur | 1 | 3 | 2 | 2 | 3 | 2 | 2 | 2 |
| 3 | Bastar | 24 | 13 | 11 | 11 | 8 | 6 | 4 | 4 |
| 4 | Gariaband | 6 | 7 | 6 | 9 | 10 | 9 | 8 | 5 |
| 5 | Bijapur | 11 | 25 | 27 | 19 | 12 | 11 | 5 | 6 |
| 6 | Mahasamund | 5 | 4 | 7 | 7 | 4 | 4 | 7 | 8 |
| 7 | Raipur | 25 | 24 | 20 | 13 | 14 | 13 | 13 | 13 |
| 8 | Dhamtari | 21 | 20 | 22 | 16 | 16 | 15 | 14 | 14 |
| 9 | Sukma | 16 | 27 | 26 | 20 | 20 | 21 | 18 | 17 |
| 10 | Baloda Bazar | 19 | 15 | 16 | 17 | 17 | 18 | 19 | 19 |
| 11 | Dantewada | 12 | 21 | 15 | 25 | 22 | 20 | 21 | 20 |
| 12 | Kanker | 22 | 19 | 21 | 22 | 24 | 24 | 23 | 21 |

Table 2: AMB Ranking (State level) of 12 intervention districts



Key Learnings

What helped?

- » The AMB program team in Chhattisgarh built upon the knowledge on the gaps in data management from previous IFA supplementation programs. Hence, data management was identified as an integral part of the AMB implementation plan since its roll out. Integration of a data management plan has helped to improve efficiencies in reporting of coverage and consequently impacted the quality of data.
- » Planning was supported by extensive training programs with emphasis on recording and reporting of data at the field level. This helped in building capacity across the blocks, districts and state level for reporting and management of data.
- » Another key learning from the state has been tapping the BEOs and Sankul Samanvayaks to get data for the WIFS component of the AMB program. This has helped in reducing the dependence on school teachers for reporting on IFA coverage for beneficiaries under this component.
- » While district level data helps in making comparisons at the state level, the Block Ranking Exercises and subsequent reporting can make a vital difference at the field level implementation, strengthening the overall AMB program.
- » POSHAN Abhiyaan is a multisectoral program with some of the shared indicators with AMB program. Leveraging the CAP developed by the SPMU of POSHAN Abhiyaan helped in strengthening the convergence with other line departments required for effective reporting of data and review of indicators.

What are the challenges?

- » At present data reviews are conducted at the state level. However, challenges are indigenous to various districts and blocks. Data reviews in smaller groups at divisional levels to solve queries of district and block level data managers can help in overall improvement of the MIS.
- » With the outbreak of COVID-19, schools have closed down and the community-based events have been impacted. The touchpoints for reaching the beneficiaries have reduced. The burden of reporting for the beneficiaries between 5-9 years and 10-19 years has once again fallen to ASHAs and Mitanins.
- » COVID has also posed a challenge to mobility, especially in far-flung tribal areas and naxal affected regions in the state, impacting both coverage and reporting. A lack of human resources and limited number of field functionaries also pose a challenge in effective reporting.
- » Capacity building measures in the state on the indicators has slowed down due to COVID. The directives and guidelines changed in the wake of the pandemic, so the process of making various implementations sustainable in the state is being gradually worked upon.

Anemia Mukht Bharat: Compendium of Learnings

Anemia is a grave cause of concern and a public health challenge of colossal proportions for the country despite concerted efforts being made by all the stakeholders involved. The Anemia Mukht Bharat (AMB) program intensified and added to the interventions and endeavours being made under the National Iron Plus Initiative, Weekly Iron Folic Acid Supplementation and other iron supplementation programs. The AMB Compendium of Learnings is anchored in the lessons learnt from efforts made to strengthen the various system pillars for implementation of AMB program in Chhattisgarh, Jharkhand, Madhya Pradesh and Uttar Pradesh. In addition, the compendium also consists of an intervention on Anemia Control implemented in Odisha, that showed promising results. The package consists of a total of seven documents- an introductory synthesis document and six practice insights.

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WeCan (We Collaborate for Nutrition) is a national level platform to foster cross-learning within the nutrition community, to collaborate and to leverage each other's experiences. WeCan facilitates scaling up of proven interventions for optimal utilization of resources and time to improve nutrition outcomes in India. Our goal is aligned with the overarching mandate of POSHAN Abhiyaan, a multisectoral nutrition flagship program of the Government of India. We work with a special focus on Maternal, Infant and Young Child Nutrition (MIYCN) and its key thematic areas.

About this Document

This document is a collaborative effort. It has been developed with inputs from National Center for Excellence for Advanced Research in Anemia (NCEAR-A), National Health Mission (NHM), Chhattisgarh, NHM-Jharkhand, NHM-Madhya Pradesh and contributions and inputs from the following development partners:

National Center for Excellence for Advanced Research in Anemia (NCEAR-A)

NCEAR-A is partner institute of the AMB program. To enable accelerated anemia control in India, under the aegis of Anemia Mukht Bharat – National Health Mission, National Centre of Excellence and Advanced Research in Anemia Control (NCEAR-A) has been established at Centre for Community Medicine, All India Institute of Medical Sciences (AIIMS), New Delhi. NCEAR-A is partner institute of the AMB program. To enable accelerated anemia control in India, under the aegis of Anemia Mukht Bharat – National Health Mission, National Centre of Excellence and Advanced Research in Anemia Control (NCEAR-A) has been established at Centre for Community Medicine, All India Institute of Medical Sciences (AIIMS), New Delhi.

UNICEF

UNICEF is the global leader promoting and protecting children's rights in 190 countries, including India.

Nutrition International

Nutrition International is leading the global fight against malnutrition for more than 25 years across countries, including India for a better world.



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