TRANSFORMING A HEALTHCARE SYSTEM THROUGH INTEGRATED SUPPORT

Bihar Technical Support Program

Innovation Brief No.7

Technical Support Unit (TSU) Model

care®

75 YEARS

THE CHALLENGE: STRENGTHENING THE PUBLIC HEALTH CARE SYSTEM

The government of the state of Bihar in India has suffered historical limitations to providing quality public healthcare services to its population of 104 million, resulting in maternal and child mortality rates significantly higher than the pan-India average. In 2011, in partnership with the Bill & Melinda Gates Foundation and the Government of Bihar, CARE began supporting the state government's vision to transform the family, maternal and child health scenario in the state, with several other development partners. CARE focused on improving the service delivery at health facilities and outreach levels through the Integrated Family Health Initiative (IFHI). The IFHI program focused on improving reproductive, maternal, newborn and child health, and nutrition services and outreach, state-wide. In 2015, CARE's work with the government then continued through the Bihar Technical Support Program (BTSP).
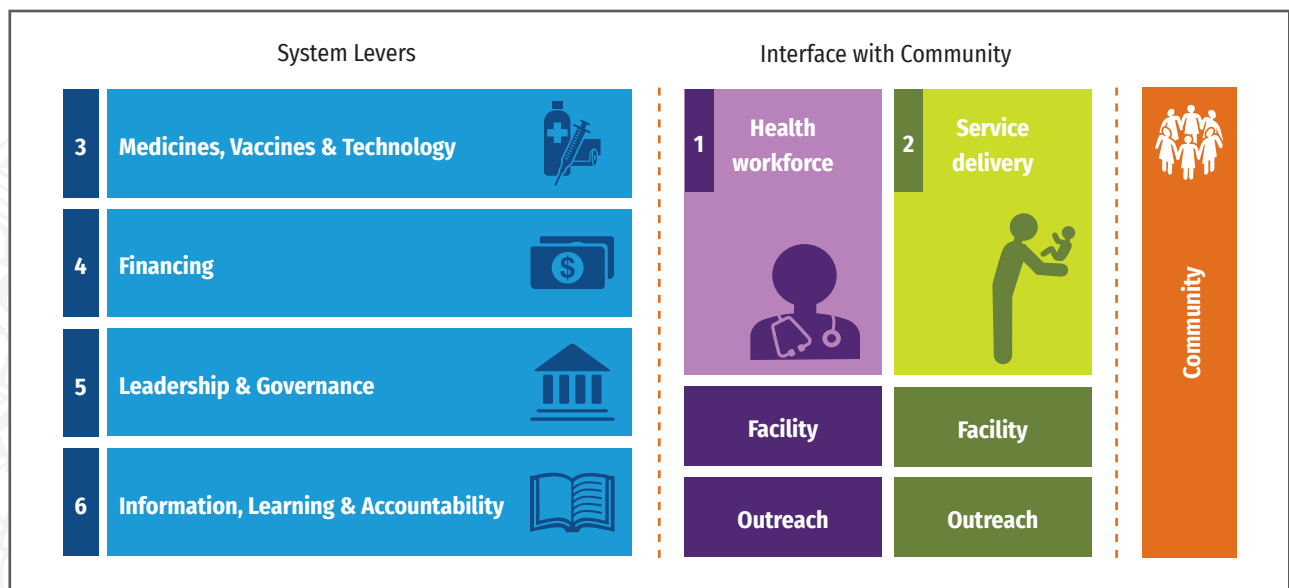
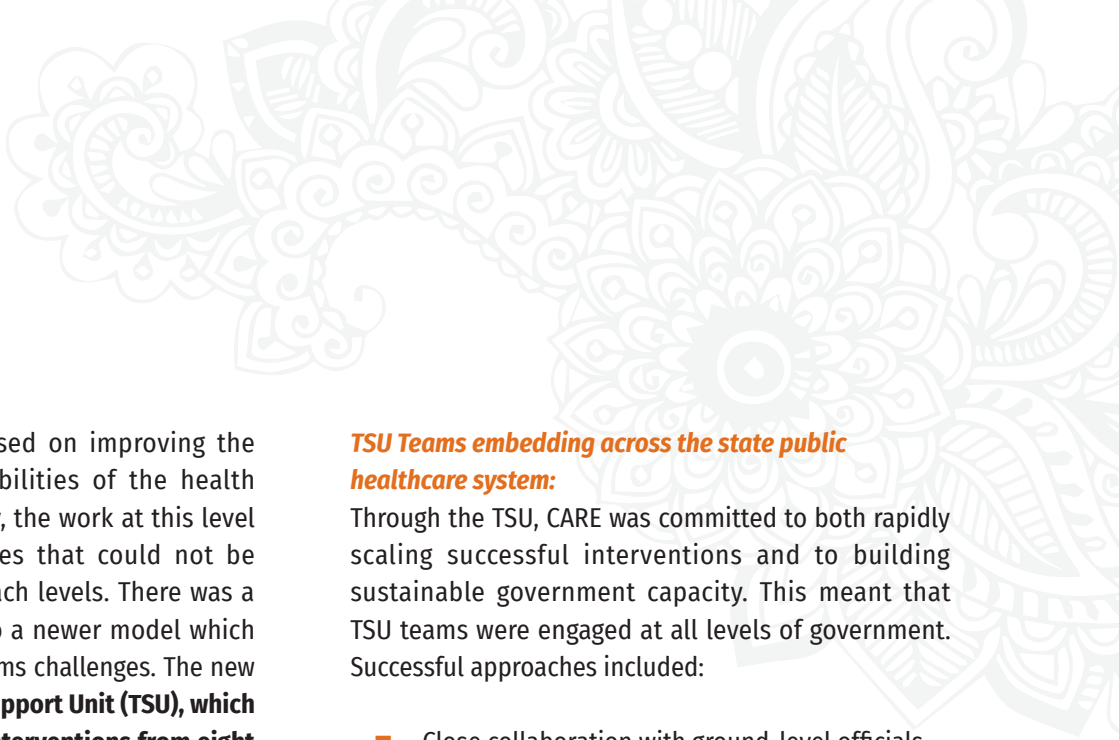## THE INNOVATION: TECHNICAL SUPPORT UNIT

IFHI delivered significant improvements through a set of service delivery interventions in eight pilot districts. However, it was apparent that to ensure sustainable impact of these innovations, it would be necessary to address broader health systems challenges, as well as build capacities (both of CARE and of the government) for transfer of ownership.

There was a need to provide catalytic support to the state level implementation of the Government of India's Health and Integrated Child Development Scheme with its objective to transform child and family behaviors, build state-level ownership, and improve the quality and coverage of maternal and child health, family planning, and nutrition interventions.

The adapted World Health Organization Health Systems Framework (Figure 1 below) describes the various systems levers which influence the ultimate delivery of services to the community.

Figure 1

System Levers

Interface with Community

3 Medicines, Vaccines & Technology

4 Financing

5 Leadership & Governance

6 Information, Learning & Accountability

1 Health workforce

2 Service delivery

Facility

Facility

Outreach

Outreach

Community

While the IFHI program focused on improving the facilities and outreach capabilities of the health workforce and service delivery, the work at this level surfaced persistent challenges that could not be addressed at facility or outreach levels. There was a need to evolve the program to a newer model which would tackle higher level systems challenges. The new model became the **Technical Support Unit (TSU), which aimed to scale up successful interventions from eight districts to all 38 districts in Bihar, support the state to drive on-the ground operations, and strengthen health system functions, such as medicines and consumables supply chain and financing.**

CARE's approach centered around effective problem solving and system capacity building. Techno-managerial and operational expertise and support thus became essential components of the Technical Support Unit strategy. This model prioritized close collaboration with other development partners in strengthening system components for better service delivery. **The TSU team provided support at all three levels: health systems, facilities, and outreach levels.** Three key features of the model include:

TSU teams embedding across the state public healthcare system

Accelerating scaling of successful interventions from the pilot eight to the entire 38 districts in the state

Establishing credible data-centered advocacy

TSU Teams embedding across the state public healthcare system:

Through the TSU, CARE was committed to both rapidly scaling successful interventions and to building sustainable government capacity. This meant that TSU teams were engaged at all levels of government. Successful approaches included:

- Close collaboration with ground-level officials for implementation of policies and programs

- Advocating policy shifts by leveraging frontline implementation experience and evidence

- Strengthening systems through process redesigns and leveraging Information Communication Technology (ICT)

This deep embedding across the system led to significant human resource growth. Between 2014-2017 CARE had 1500 staff, which increased to 2500+ from 2017 onwards. This included specialists from different technical domains.

The TSU model ensured that the government had a diverse set of viewpoints available to them via a multi-skilled CARE team. The CARE team included diverse experts with deep knowledge in technical and programmatic domains, as well as those skilled in cross-cutting areas such as data analytics. The close and long-running contact with these staff knowledgeable in a range of different areas enabled the consistent sharing of knowledge and know-how. Ultimately, this has led to the gradual transfer of ownership and expertise to the Bihar Health and Social Welfare departments.

Accelerating scaling of successful interventions

A unique success of the TSU model has been its ability to rapidly scale up. Much of the success was due to the agility of the team to rapidly identify key lessons learned on the ground and refine and adapt the strategy accordingly. At the same time, the TSU team boosted sustainability of successful innovations by honing government leadership and management capabilities and providing encouragement. During the relatively brief TSU phase of the program, several major program interventions such as Mobile Nurse Mentoring Program, Quality Improvement Program, and Indoor Residual Spray Program were quickly scaled up to benefit the state.

Credible data-centered advocacy

A key learning from previous phases of the program was that data must be credible and useful for it to be used by government officials to drive impact. To enable the Government of Bihar to make decisions based on data, CARE fervently advocated using data for decision-making and undertook data collection and analytics across all levels by creating an independent Concurrent Measurement Learning (CML) team.

This independent CML team includes experts in data design, analysis, and operations who leverage use of technology and engage in collaborative problem solving with other teams. The team has helped drive data use, improve data quality, and support the evaluation of innovations and approaches (please see Innovation Brief #8 for more on data for decision-making).

Data has become the central tool to support the government to make data-driven decisions when developing and implementing policies and programs. The CML team provides data-based evidence and insights to the government to help them make necessary adaptations and changes in the strategy or develop suitable policies. There is a perceptible shift in how government leadership understand and use data. In fact, many government officials across the hierarchy have started 'demanding' specific analysis; a critical indicator of cultural change and a more data-based mindset.

RESOURCE UNITS

Through the TSU model, CARE also created various **resource units** to provide technical assistance, program implementation and policy support. To enable cohesive policy and strategy support, the Government of Bihar invited CARE to create the **State Resource Unit** (SRU), an independent, technical wing that offered policy guidance and implementation assistance. The SRU helped Integrated Child Development Services in the Child Welfare Department to manage innovations.

The SRU also addressed system-level challenges by streamlining finance, procurement, and supply chain systems; functions that play a vital role in the effective functioning of the healthcare services.

The SRU also supported Bihar Medical Services and Infrastructure Corporation Limited to streamline the procurement processes to reduce the out-of-pocket expenditure. CARE helped create a partner registration system for easy online empanelment of vendors, instituting rewards, recognizing business partners, and streamlining the strategic purchasing and centralized rate contract of essential medicines.

District Resource Units also created by CARE were decentralized and empowered teams embedded within the district hospitals to lead facility and outreach program implementation at the district and block levels.

To mitigate duplication of efforts, CARE's **Strategic Program Management Team** within the TSU acted as the single point of contact for the Government of Bihar. An objective of this team was to increase senior Government of Bihar leaders' understanding of the progress on all initiatives and increase awareness of policy development and implementation.

THE RESULT: SUSTAINABLE CHANGES AND HEALTH IMPROVEMENTS

The TSU approach catalyzed systemic, multi-level change in the Bihar healthcare system, which in turn drove improvement in health outcomes. The collaboration between CARE and the Government of Bihar contributed to changes in key public health metrics, as shown in Figure 2 below.

There is also strong evidence that the TSU model has spurred durable improvements in the critical processes that influence healthcare cost for Bihari citizens. For example, the TSU helped streamline and digitize procurement, finance, human resources, and supply chain activities. Before the TSU and Government collaboration, drugs constituted 80%+ out-of-pocket expenditure in Bihar, which was the highest in India, primarily due to the unavailability of free medicines in government facilities. Out-of-pocket costs have now significantly been reduced; almost all essential drugs are available for free distribution due to centralized rate contracts, digital procurement, and an expanded drug list.

Prioritizing data-driven decision-making has meant that CARE invested in the development of several applications to monitor quality in facilities, support services provided to the citizens, and streamline systems and processes. For instance, approximately 16.24 million households (86% of total households in Bihar) are registered by Anganwadi workers through a Digital Application for Frontline Health Workers which enables these frontline workers to register, track patients and manage patient care electronically.

The Bihar Technical Support Program and its key model, the Technical Support Unit, successfully piloted and then scaled initiatives based on data analysis and on-the ground learnings. This in turn enabled the creation and refinement of policies which institutionalized strategies informed by strong evidence. This model was also people-centered; it enabled information sharing, expanded learning across multiple levels of government, bolstered accountability using data, honed leadership capabilities, and improved governance by focusing on outcomes. Ultimately, these systems level changes, implemented at scale across all 38 districts of Bihar, drove sustainable improvements in the health and wellbeing of its citizens.

Figure 2

Indicator	2010	2013	2019
Maternal mortality ratio* (Per 100,000 live births)	261	208	149
Neonatal mortality rate (Per 1000 live births)**	31	28	25
Infant mortality rate (Per 1000 live births)**	48	42	32
Under 5 mortality rate (Per 1000 live births)**	64	54	37
Total fertility rate**	3.7	3.4	3.2

SOURCE: * SRS 07-09, SRS 11-13, SRS 2017-19 ** SRS 2010, SRS 2014, SRS 2019

❓ WHAT'S NEXT

Though the program ends in 2021, the next phase will focus on promoting further government ownership and developing the required human resources. The focus will be on maintaining the quality of the healthcare services and management of the health system functions to ensure smooth functioning of the public health system of Bihar. The systems and processes successfully developed through the TSU model are flexible and adaptable enough to ensure ongoing improvement and the ability to respond to emerging requirements.

This brief is part of the Bihar Innovation Series, which highlights some of the innovations and models that make up the Bihar Technical Support Program. In partnership with the Government of Bihar, CARE has developed innovative solutions that are increasing access to high quality health services in Bihar.

The Bihar Technical Support Program is helping the Health and Social Welfare Departments of Bihar to achieve their goals of reducing rates of maternal, newborn, and child mortality and malnutrition, and of improving immunization and reproductive health services statewide.

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