**Annexure I**

**PROJECT TITLE:** Capacity Building of Grantees on Transversal Issues in State Capacity and Finance

**BACKGROUND AND CONTEXT**

The Indian health sector and Sanitation have made significant strides over the past few years. The average life expectancy has increased, diseases such as polio and yaws have been eradicated and the rate of infections such as kala-azar are on the decline.[[1]](#footnote-2) According to the World Contraceptive Use data maintained by the UN, contraceptive prevalence among women aged 15-49 years in India increased from 38.6 percent in 2000 to 56 percent in 2020[[2]](#footnote-3). Despite the progress, communicable diseases such as Tuberculosis (TB) are a major public health concern in India. Additionally, the number of people defecating in the open in India has reduced significantly by an estimated 450 million people. However, each of the national efforts such as setting up private sector partnerships[[3]](#footnote-4) to increase universal health coverage; improving procurement and market reach to improve contraceptive options and their information for family planning; and outsourcing collection, segregation, and treatment of garbage; are rife with state capacity issues. Misalignment in clarity of roles and know-how to perform them, having the incentives to perform well, and the conducive conditions for efforts to deliver cause state capacity issues. Such misalignments can be uncovered through the MMO (means, motives, opportunity) of all primary agents responsible for delivering state services in a particular system.4

The State Capacity framework identifies three transversal issues of state capacity: impediments in the public finance architecture, high administrative burden, and ineffective accountability systems. The various complex and interconnected challenges of state capacity in any state system, including health service delivery, can be divided into these three broad categories. Further, a combination of fifteen enabling actions is suggested, which when applied independently or in any suitable combination, work towards addressing the transversal issues of state capacity.[[4]](#footnote-5)

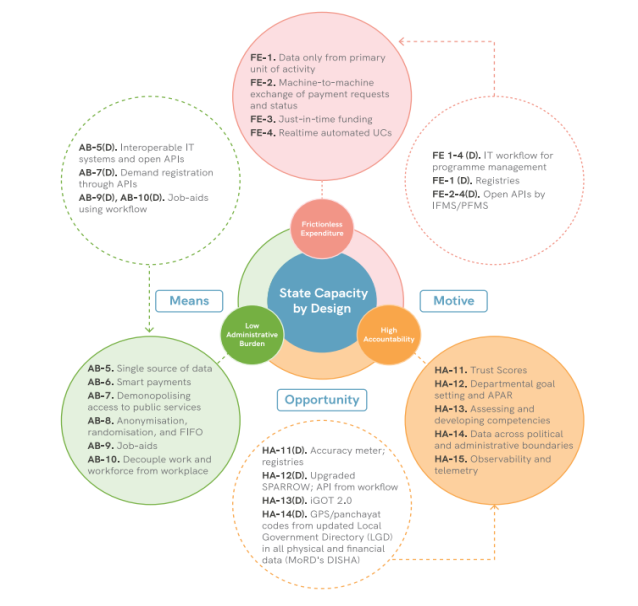


Fig 1. The Enabling Actions

One of the core bodies of work of the SS&P cluster is to build the execution capacity of the state, specifically for health service delivery in India. In furtherance of this, the State Capacity framework can be employed by diverse stakeholders to transform the capacity of the state to deliver services to citizens.

# GOALS OF THE ENGAGEMENT

Program teams at BMGF ICO that work on health-related issues (for example the TB program team) face a number of challenges in relation to state capacity in their work. There is a need build convergence between SS&P, relevant grantees and TB, Family Planning and Sanitation teams at ICO towards meaningful and effective collaboration in addressing the core state capacity challenges faced by the program teams. Sattva aims to work closely with SS&P cluster to frame to uncover pain points in the innovations being driven by investments of each of the program teams. Sattva will also provide illustrative examples of how the state capacity framework and its offerings could be actualised to enable sustained achievement of outcomes of the program teams.

Sattva seeks to support and assist the SS&P cluster at ICO in working closely with SS&P to understand the complex pain points the three program teams encounter and provide knowledge and strategic support through the following scope:

1. Uncover the major ‘pain points’ or challenges that the program team face with regards to state capacity though secondary research
2. Facilitate knowledge sessionswith SS&P towards identifying potential pathways to solve for identified pain points
3. Provide illustrative examples of sustainable and feasible solutions that address the most critical pain points identified

# APPROACH

|  |  |
| --- | --- |
| **Deliverables** | **Key Activities** |
| **Stage 1: Research on state capacity pain points and innovations** whereSattva will work to uncover challenges and innovative solutions in relation to State Capacity that impact service delivery in Tuberculosis(TB), Family Planning and Sanitation programmes | |
| **Knowledge Deck on pain points in state capacity** | Identify stakeholders, programmatic interventions, government department workflows and key priorities of the government |
| Secondary research on State Capacity pain points impacting central and state led programs in TB, Family Planning and Sanitation |
| Lead knowledge transfer sessions with the SS&P team to build tacit knowledge on transversal state capacity pain points and areas of intervention |
| **Knowledge Deck on solution ecosystem for transversal state capacity issues** | Secondary research on scope, outcomes and potential impact of investments made by program teams at ICO in TB, Family Planning and Sanitation |
| Identify innovations by GoI and technical support being provided by private sector and civil society organizations to mitigate state capacity issues |
| Identify areas of convergence between the work of SS&P and the verticals, that can mitigate state capacity pain points that cause inefficiencies in service delivery |
| Provide illustrative examples of how SS&P’s models can enhance impact of current investments of the program teams |
| Lead knowledge transfer session of how some of SS&P’s state capacity offerings can contribute to each of the three programme verticals’ outcomes |
| **Stage 2: Convergence building between SS&P and program teams:** Sattva will participate in a prioritization and convergence building process between SS&P and the program teams | |
| **Prioritization of potential pilots for convergence between SS&P and the 3 program verticals** | Align criteria for prioritization of pain points with program team and SS&P through 1 working session each |
| Participate in convergence building meetings between SS&P and vertical teams |
| Consolidate pathways for convergent investments into different engagement models between program verticals and SS&P |

# 

# RISK AND MITIGATION

|  |  |  |  |
| --- | --- | --- | --- |
| Risks | Suggested mitigation strategies | Probability | Impact |
| Understanding of pain-points may not be current or up to date due to do limitations of data from secondary sources | * Latest annual reports of the program area released by Central Government bodies will be referred to for up-to-date insights * Convergence areas will primarily be anchored on the broader/systemic pain points of the sector | **High** | **Medium** |
| Sattva’s understanding of SS&P’s investment outcomes and progress will be limited | * Sattva will conduct secondary research to study scope and impact of investments and grants made by each of the three verticals and identify scope for state capacity | **High** | **Medium** |
| * SS&P team’s internal staffing limitations might make regular governance and working sessions difficult | * Time required to be spent by SS&P will be optimized through: * Pre-read decks will be shared with SS&P with visualized summary of complex pain points and state capacity innovations * Post-reads and alignment questions after each knowledge transfer session will be discussed offline on follow up excel sheets | **High** | **Medium** |

# PROJECT GOVERNANCE AND MANAGEMENT

In order to ensure high quality of support and timely deliverables, Sattva proposes an agile and collaborative governance routine.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of meeting** | **Purpose** | **Participants** | **Duration and frequency** | **Criticality for project success** |
| **Knowledge sharing session on pain points in state capacity** | Sattva to conduct sessions on insights pain points from secondary research | * Key stakeholders from SS&P * Sattva team | **1 hour every fortnight** | **High** |
| **Knowledge sharing session on solution ecosystem for transversal state cap issues** | * Present research on potential solutions * Get feedback on proposed solutions | * Key stakeholders from SS&P * Sattva team | **1.5 hours as required** | **High** |
| **Convergence building meetings with verticals** | * Capture discussions on potential areas where the program verticals and SS&P team can work together | * Key stakeholders from SS&P * Sattva team * SPOCs from program verticals | **2 meetings with each program vertical** | **High** |
| **Progress and milestone check in** | * Update on progress made, insights uncovered * Check in on status of deliverables * Align on next steps | * BMGF SPOC leading engagement * Sattva team | **1 hour every month** | **Medium** |
| **Final alignment meeting** | * Presentation of final deliverables * Alignment on implementation roadmap, and * alignment on next steps | * Key stakeholders from SS&P * Sattva team | **1.5 hours at the final stage of the engagement** | **High** |

# KEY DELIVERABLES

|  |  |  |
| --- | --- | --- |
|  |  | **Tentative Timelines** |
| **#** | **Deliverables** | **Month** |
| 1 | Summary of Secondary research in TB | 1 |
| 2 | Knowledge transfer deck with illustrative examples of convergence of SS&P with TB team | 2 |
| 3 | Summary of Secondary research in Family Planning (FP) | 3 |
| 4 | Knowledge transfer deck with illustrative examples of convergence of SS&P with FP team | 3 |
| 5 | Summary of Secondary research in Sanitation | 4 |
| 6 | Knowledge transfer deck with illustrative examples of convergence of SS&P with Sanitation | 5 |
| 7 | Deck with consolidated discussion pointers and next steps from meetings with 3 program verticals | 6 |

# KEY TRACKS & TIMELINES

|  | **Key Tracks** | **April** | | | | **May** | | | | **June** | | | | **July** | | | | **August** | | | | **September** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **W1** | **W2** | **W3** | **W4** | **W5** | **W6** | **W7** | **W8** | **W9** | **W 10** | **W 11** | **W 12** | **W 13** | **W 14** | **W 15** | **W 16** | **W 17** | **W 18** | **W 19** | **W 20** | **W 21** | **W 22** | **W 23** | **W 24** |
| **A** | **TB Knowledge Building** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1** | **Deck with research on investments and pain points** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1a | Based on TB pain points articulate indicative convergence projects |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1b | Create summary slides on BOWs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1c | Paraphrase SS&P offerings and BOWs to cater to TB pain-points |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1d | Create illustrative examples on state capacity reform areas for TB |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | **Knowledge transfer of TB pain-points and innovations** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2a | Consolidate all research in a deck |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2b | Workshop 1 with SS&P for knowledge transfer on pain points in TB |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2c | Create deck with illustrative examples of how SS&P offerings can solve for state capacity challenges in TB investments |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2d | Workshop 2 with SS&P for knowledge transfer on solution ecosystem for transversal state capacity issues in TB |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **B** | **Family planning (FP) Knowledge Building** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1** | **Research on pain points** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1a | Get list of FP investments |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1b | Perform secondary research on pain points and summarize findings |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | **Knowledge transfer on pain points** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2a | Consolidate all research on FP ecosystem and pain-points |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2b | Workshop 1 with SS&P for knowledge transfer on pain points in FP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2c | Create deck with illustrative examples of how SS&P offerings can solve for state capacity challenges in FP investments |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2d | Workshop 2 with SS&P for knowledge transfer on solution ecosystem for transversal state capacity issues in FP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C** | **Sanitation Knowledge Building** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1** | **Research on pain points** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1a | Get list of Sanitation investments |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1b | Perform secondary research on pain points and summarize findings |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | **Knowledge transfer on pain points** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2a | Consolidate all research on Sanitation ecosystem and its pain-points |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2b | Workshop 1 with SS&P for knowledge transfer on pain points in Sanitation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2c | Create deck with illustrative examples of how SS&P offerings can solve for state capacity challenges in Sanitation investments |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2d | Workshop 2 with SS&P for knowledge transfer on solution ecosystem for transversal state capacity issues in Sanitation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **D** | **Alignment between SS&P and 3 verticals** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1a | Participate in alignment meetings |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1c | Get decks and material from all 3 verticals |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1b | Consolidate discussion conclusion and next steps from alignment meetings |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **E** | **Engagement Closure** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1a | Handover and closure meeting |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Deliverables & Payment Schedule**

|  |  |  |
| --- | --- | --- |
|  | **Deliverables** | **Payment Schedule** |
| 1 | Signing of Contract | April 2022 (50 percent) |
| 2 | Final Report | September 2022 (50 percent) |

1. Narain, P.J. (2016). Public Health Challenges in India: Seizing the Opportunities. *Indian Journal of Community Medicine, 41(2): 85-88*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4799645/> [↑](#footnote-ref-2)
2. *United Nations Population Division, 2020* [↑](#footnote-ref-3)
3. [Report of the Joint Monitoring Mission: Revised National Tuberculosis Control Programme](https://www.indiaspend.com/wp-content/uploads/2020/06/Report-of-JMM-RNTCP-Nov-2019_Mobile.pdf), November 2019. New Delhi: World HealthOrganization, Country Office for India; 2020. Licence: CC BY-NC-SA 3.0 IGO. [↑](#footnote-ref-4)
4. 7Mathew, S. (2020). State Capacity by Design, enabling officials to succeed [↑](#footnote-ref-5)