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



**Submitted by:** Sattva Consulting Pvt. Ltd.

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# BACKGROUND AND CONTEXT

The Indian health sector has 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-1) Despite the progress, communicable diseases such as Tuberculosis (TB) are a major public health concern in India. Globally, TB is the 13th leading cause of death and 3rd in India with approximately 25 lakh people infected according to the *WHO Global Tuberculosis Report 2021*. The increase in cases in conjunction with drug resistance necessitates intensified efforts towards eradication.[[2]](#footnote-2) India is committed to TB prevention and treatment through its National Strategic Plan 2017-2025 and has committed to eliminating TB by 2025. This multi-pronged plan consists of patient-centred care, transformative policies, supportive systems, and innovation.[[3]](#footnote-3)

According to recent evidence, the TB eradication program poses major state capacity risks. This includes inadequate budgetary allocation to the programs, lack of infrastructure and workforce, and poor implementation of programs. The onset of the pandemic in 2020 exacerbated these challenges and resulted in reversal of the progress of TB elimination. This includes closures of OPD services and redirecting available TB resources and workforce to COVID-19 responses. Between January and February 2020, the Nikshay application notified 4,11,0000 people. However, with the nation-wide lockdown restrictions, the notifications dropped by 38%. With the drop in TB case notifications through Nikshay during the COVID-19 pandemic, the gap between the number of people infected and the reported number of newly diagnosed patients widened drastically.[[4]](#footnote-4)

The frequent revisions of the TB elimination program have resulted in practical difficulties in the field according to health workers. Increased responsibilities, grey areas in logistics, inadequate knowledge dissemination amongst practitioners were some identified barriers.[[5]](#footnote-5) Furthermore, there are discrepancies in the Direct Benefit Transfer (DBT) scheme wherein monthly deposits of INR 500 are made to bank accounts of TB patients to provide nutritional support. A study identified that out of the 417 patients studied, only 208 (49.9%) received approvals for their payments. The average delay rate from TB diagnosis upto the payment was 173 days. This was attributed to the DBT process requiring multiple approvals, paper based documentation which overburdened the officers, bulk processing, and server issues of PFMS and NIKSHAY portals[[6]](#footnote-6)

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. The nuances of state incapacities in a system can be uncovered through an MMO (means, motives opportunity) analysis of the primary agents responsible for delivering state services in a particular system. 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.[[7]](#footnote-7)

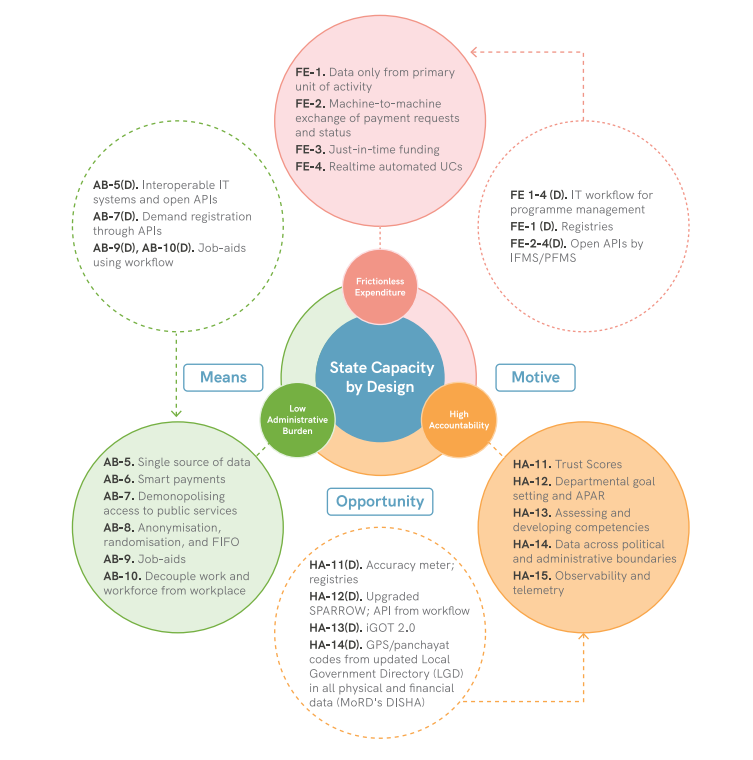


Fig 1. The Enabling Actions

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

Grantees and 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 health related program teams at ICO towards meaningful and effective collaboration in addressing the core state capacity challenges faced by the program team. Sattva aims to work closely with SS&P cluster to frame their theory of change, and with the program team to uncover core state capacity challenges respectively. Sattva will also facilitate convergence between SS&P and a health-related program team to enable collaborative solution building and alignment on a pilot intervention that addresses one or more state capacity challenges.

Sattva seeks to support and assist the SS&P cluster at ICO in working closely with one program team to understand the complex state capacity challenges they encounter and facilitate collaborative solution building with SS&P and the program team.

1. Uncover the major ‘pain points’ or challenges that the program team face with regards to state capacity
2. Facilitate convergence between SS&P and the program team towards prioritising potential pathways to solve for identified pain points
3. Co-design sustainable and feasible solutions that address the most critical pain points identified

# APPROACH

|  |  |
| --- | --- |
| **Deliverables** | **Key Activities** |
| **Stage 1: Uncovering pain points:** Sattva will work closely with one program team within BMGF ICO to uncover their ‘pain points’ or challenges in relation to State Capacity that impact health service delivery | |
| **SS&P high level theory of action consolidated** | Distil enabling actions from State Capacity framework and reframe them as outputs |
| Internal coordination with Sattva team working on SS&P strategy reframing to triangulate SS&P theory of change, BoWs and outputs |
| Consolidate high level theory of action for SS&P to be used as basis for convergence with program team |
| **Long list of state capacity pain points identified from program team** | Identify suitable program team and conduct one scoping exercise on identifying pain points |
| Background research to build framework with probes for capturing state incapacity pain points along the continuum of care for the program vertical |
| Conduct consultations with various members of the identified program team to uncover insights on key challenges related to state incapacity, impacting the work of program teams |
| Desk research through extensive review of existing literature to further contextualise and comprehensively understand the pain points uncovered |
| Consolidate long list of pain points based on key challenges uncovered from program teams |
| **Stage 2: Facilitating convergence between SS&P and program teams:** Sattva will facilitate a prioritisation and convergence building process between SS&P and the program team to align on one or more pathways to address the critical pain points identified | |
| **Matrix for prioritisation of potential pathways aligned** | Map identified pain points to envisioned outputs from the SS&P theory of action |
| Align criteria for prioritisation of pain points with program team and SS&P through 1 working session each |
| Build a prioritisation framework to narrow down on critical pain points which can be tackled through SS&P areas of work |
| **Pilot intervention chosen and aligned** | Conduct 2 working sessions between SS&P and program team to co-create pathway to address chosen pain points |
| **Stage 3: Designing implementation pathways for pilot intervention:** Once the program team and SS&P align on a solution that would be feasible to implement as a pilot, Sattva will support in building an initial implementation pathway | |
| **Implementation pathway and monitoring framework for pilot intervention** | Conduct 1 working session to understand internal investment strategy of the program team (*for example, current nature of engagement with state officials that ICO program team works closely with*) |
| Conduct 1 working sesion to understand external facing elements of program team’s strategy (f*or example, Identify the partners/grantees that ICO program team works with and how the proposed solution might be implemented through them or identify new partners/grantees who might be suitable for implementation*) |
| Conduct 1 working session with SS&P and program team to align on systems of collaboration, mapping roles and responsibilities and investment strategy for pilot intervention |
| Build implementation pathways and monitoring framework for pilot intervention |

# RISK AND MITIGATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk** | **Mitigation measures** | **Probability** | **Impact** |
| **Attaining buy-in from program teams on SS&P solution pathways** | * Developing a high level Theory of Action for SS&P based on the Means Motive Opportunity (MMO) framework and identified enabling actions * Conducting secondary research to consolidate case studies on how state capacity improvements have enabled better health service delivery (in the chosen program vertical) | **Medium** | **High** |
| **Aligning on feasibility of implementing solution pathway by program teams through their partner network** | * Identifying dependencies such as partner readiness and current nature of relationships with key state personnel * Identifying potential risks to existing relationships in the course of solution implementation * Creating matrix to identify how existing partners can embed solution pathways in their existing work | **Medium** | **Medium** |
| **Alignment on investment sharing for identified solutions between SS&P and program teams** | * Revisiting BoWs of both teams to identify scope for making new investments on the identified solution pathways * Breaking down identified solution pathways into a typology of investments relevant for program teams on one hand and SS&P vertical on the other * Facilitate consultations with the two teams to deliberate on typology of investments relevant to the two teams * Create a robust Program Management Unit structure to enable conducive knowledge and resource management between the program team and SS&P vertical | **Medium** | **High** |

# PROJECT GOVERNANCE AND MANAGEMENT

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

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| --- | --- | --- | --- | --- |
| **Type of meeting** | **Purpose** | **Participants** | **Duration and frequency** | **Criticality for project success** |
| **Co-creation meeting to devise a Theory of Action for SS&P vertical** | * Creating a high level theory of action with intended goals, potential outputs and activities in line with SS&P’s MMO framework | * Key stakeholders from SS&P cluster * Sattva team working on SS&P strategy reframing * Sattva team working on the proposed engagement with program team | **1.5 hour bi-weekly meetings in first week of the engagement** | **High** |
| **Initial alignment meeting with program team** | * Provide context for the engagement * Align scope, outcomes and investment required from program team * Align on which stakeholders within the program team to conduct consultations | * Key stakeholders from select program team * Key stakeholders from SS&P cluster * Sattva team | **1.5 hours at the start of the engagement** | **High** |
| **Consultations with all relevant members of program team** | * Background and context of program teams interactions with the State * Understand and uncover pain points | * Individual or multiple stakeholders within program team * Sattva team | **1.5 hours per consultation** | **High** |
| **Alignment on prioritisation criteria** | * Align on relevant criteria to be utilised to build prioritisation matrix for solution design | * Key stakeholders from program team * Key stakeholders from SS&P * Sattva team | **1 hour with program team and SS&P team individually** | **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** |
| **Solution design working session** | * Present potential solutions * Get feedback on proposed solutions | * Key stakeholders from program team * Key stakeholders from SS&P * Sattva team | **1.5 hours as required** | **High** |
| **Final alignment meeting** | * Presentation of final deliverables * Alignment on implementation roadmap and monitoring framework * alignment on next steps | * Key stakeholders from program team * Key stakeholders from SS&P * Sattva team | **1.5 hours at the final stage of the engagement** | **High** |

# KEY DELIVERABLES

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| --- | --- | --- |
|  |  | **Tentative Timelines** |
| **#** | **Deliverables** | **Week** |
| 1 | SS&P high level theory of action consolidated | 2 |
| 2 | Long list of state capacity pain points identified from program team | 6 |
| 3 | Matrix for prioritisation of potential pathways aligned | 9 |
| 4 | Pilot intervention chosen and aligned | 9 |
| 5 | Implementation pathway and monitoring framework for pilot intervention | 12 |

# KEY TRACKS & TIMELINES

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Key Tracks and Deliverables** | | **W**  **1** | **W**  **2** | **W**  **3** | **W**  **4** | **W**  **5** | **W**  **6** | **W**  **7** | **W**  **8** | **W**  **9** | **W**  **10** | **W**  **11** | **W**  **12** |
| **1** | **Stage 1: Uncovering pain points** | | | | | | | | | | | | |
| **1a** | **SS&P high level theory of action consolidated** | | | | | | | | | | | | |
|  | Distil enabling actions from State Capacity framework and reframe them as outputs |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Reframing and triangulate SS&P theory of change, BoWs and outputs |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Consolidate high level theory of action for SS&P to be used as basis for convergence with program team |  |  |  |  |  |  |  |  |  |  |  |  |
| **1b** | **Long list of state capacity pain points identified from program team** | | | | | | | | | | | | |
|  | Identify suitable program team and conduct one scoping exercise on identifying pain points |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Background research to build framework with probes for capturing state incapacity pain points along the continuum of care for the program vertical |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Conduct consultations with various members of the identified program team to uncover insights on key challenges related to state incapacity, impacting the work of program teams |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Draft a consolidated long list of pain points based on key challenges uncovered from program teams |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | **Stage 2: Facilitating convergence between SS&P and program teams** | | | | | | | | | | | | |
| **2a** | **Matrix for prioritisation of potential pathways aligned** | | | | | | | | | | | | |
|  | Map identified pain points to envisioned outputs from the SS&P theory of action |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Align criteria for prioritisation of pain points with program team and SS&P through 1 working session each |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Build a prioritisation framework to narrow down on critical pain points which can be tackled through SS&P areas of work |  |  |  |  |  |  |  |  |  |  |  |  |
| **2b** | **Pilot intervention chosen and aligned** |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Conduct 2 working sessions between SS&P and program team to co-create pathway to address chosen pain points |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** | **Stage 3: Designing implementation pathways for pilot intervention** | | | | | | | | | | | | |
|  | **Implementation pathway and monitoring framework for pilot intervention** | | | | | | | | | | | | |
|  | Conduct 1 working session to understand internal investment strategy of the program team |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Conduct 1 working session to understand external facing elements of program team’s strategy |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Conduct 1 working session with SS&P and program team to align on systems of collaboration, mapping roles and responsibilities and investment strategy for pilot intervention |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Build implementation pathways and monitoring framework for pilot intervention |  |  |  |  |  |  |  |  |  |  |  |  |
| **Key:** | | | | | | | | | | | | | |
|  | Planned activity | | | | | | | | | | | | |
|  | Completion of activity | | | | | | | | | | | | |
|  | Milestone deliverables | | | | | | | | | | | | |

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# TENTATIVE TEAM STRUCTURE AND PROFILES

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role on project** | **Percentage of project time** | **Key Responsibilities** |
| **Aarti Mohan** | Partner | 0.5 days a month | * Advise the overall engagement * Advise on overall theory of change and key outputs consolidation for SS&P * Lead initial scoping consultation with program team leads and working sessions between SS&P and program teams * Provide strategic direction and framing of prioritisation matrix * Advisory on implementation pathways and monitoring framework |
| **Kriti Barman** | Project lead | 50% | * Plan roadmap for engagement and ensure intended outcomes are met * Lead framing of high level theory of change and outputs for SS&P * Lead and frame research for the project * Lead alignment and consultations with program team members * Lead overall framing of consolidated insights * Lead framing of prioritisation matrix * Lead framing of implementation pathways and monitoring framework |
| **Mihika Chanchani** | Project Consultant | 50% | * Lead overall delivery of the engagement * Build high level theory of change and outputs for SS&P * Conduct relevant research for the project * Support in conducting alignment and consultations with program team members * Consolidate insights from consultations * Design prioritisation matrix based on aligned criteria * Build implementation pathways and monitoring framework |
| **Sucharitha Venkatesh** | Project Associate | 100% | * Support in development of all collaterals * Conduct and distil insights from extensive background research relevant for the project * Support in consolidate insights from consultations * Support in building prioritisation matrix * Support in building implementation pathways and monitoring framework |

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# SATTVA CREDENTIALS

Since March 2020, Sattva has developed a deep understanding of the State Capacity framework through working closely with Dr. Santhosh Mathew of SS&P cluster. Sattva has worked closely in providing platform advisory and strategy to organisations. Additionally, over the past 10 years, Sattva has worked on several engagements towards systems change, designing and implementing capacity building solutions at scale and facilitating convergence between diverse stakeholders. Details of these engagements are listed below:

|  |  |
| --- | --- |
| **State Capacity Research Support -** Research papers based on MMO framework | Between March 2020 and November 2021 Sattva supported in drafting short/long research papers to apply and provide evidence for Dr. Santhosh Mathew’s framework on improving state capacity within various state systems. So far, Sattva has worked on the following documents:   1. Research paper on improving the quality of drugs manufactured in India by enhancing state capacity 2. Research paper on improving the provision of services under the Integrated Child Development Services (ICDS) scheme by enhancing state capacity 3. Research paper on improving the provision of Family Planning services delivered in India by enhancing state capacity 4. Research paper on improving procurement in India by enhancing state capacity |
| **Providing platform advisory and strategy to Healing Fields Foundation and SEEDS** towards defining platform mission and implementing their strategy | Sattva is enabling Healing Fields Foundation and SEEDS to define their platform mission, ecosystem mapping and solution framing that can enable large scale feedback on women in rural areas towards positive health interventions and relief and resilience support to persons affected by natural disasters respectively. Sattva has also supported in developing the platform strategy and narrative for both organisations for whom platform is becoming a core strategy |
| **Advocacy and engagement with Atal Jal NPMU and states for Digital Transformation models by Arghyam + Societal Platforms in capacity building** for the Jal Jeevan Mission | Sattva has supported Arghyam from August 2020 to September 2020, as part of phase 1, to initiate the process to embed capacity-building assets and mechanisms aligned to Design@Scale into Atal Jal. As part of the engagement, Sattva brought together respective expertise in water security as well as program and ecosystem management to support NPMU, ABHY on imagination and design of the capacity building for the program at scale. From October 2020 to March 2021, as part of Phase 2, Sattve supported training and capacity building efforts of ABHY NPMU and evangelise adoption of Design@Scale with the central working team of NPMU, MoJS, World Bank, and central training institutes, and into the Atal Jal policy |
| **PLA and FLAG model for community empowerment in Maternal and Child Health -** support in taking the model to states for embedding in their health programmes under NHM | From December 2020, Sattva aided CIFF in their ongoing policy engagement with Government of India to drive adoption of the FLAG model by states based on learnings from CIFF and partners experience of implementation in Jharkhand. Sattva assisted in facilitating key stakeholder engagements towards uptake of the FLAg model among 10 states and supported selected states in successfully submitting their State Project Implementation Plan (PIP) to the Government of India. Further, Sattva supported CIFF in contextualising operational models in 3 select states based on adoption of the PLA model. |

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# BUDGET

**Sattva Fees :** This fee is exclusive of any travel (flight, train and bus travel, local conveyance, stay, per-diem etc.), third-party and logistics costs for the engagement.

|  |  |
| --- | --- |
| Total Personnel expenses | $25,304 |
| Taxes GST @18% | $4,555 |
| **TOTAL FEES inclusive of GST** | **$29,859** |

Travel cost will be separately billed on actuals. Indicative budgets for travel are mentioned below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Travel cost heads** | **No. of people** | **No. of units** | **Cost/unit** | **Total cost** |
| Return travel via domestic flight | 2 | 3 | $132.10 | $792.60 |
| Local conveyance | 2 | 3 | $6.60 | $39.63 |
| Local stay | 2 | 3 | $26.42 | $158.52 |
| Per diem allowance | 2 | 3 | $13.21 | $79.2 |
| **Total** | | | | **$1069.95** |

|  |  |  |
| --- | --- | --- |
| # | **Invoice Schedule** | **Subtotal Fees** |
| 1 | *Signing the Contract (100%)* | **$29,859** |
|  | **TOTAL inclusive of GST** | **$29,859** |

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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-1)
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3. Ministry of Health and Welfare (2021). India TB program 2021. National Tuberculosis Elimination Program. Retrieved from <https://tbcindia.gov.in/showfile.php?lid=3587> [↑](#footnote-ref-3)
4. Thakur et al (2020). Status and challenges for tuberculosis control in India – Stakeholders' perspective. *Indian Journal of Tuberculosis*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7550054/> [↑](#footnote-ref-4)
5. Nirgude et al. (2019). ‘I am on treatment since 5 months but I have not received any money’: coverage, delays and implementation challenges of ‘Direct Benefit Transfer’ for tuberculosis patients – a mixed-methods study from South India.’*Global Health Action, 12(1)*. <https://www.tandfonline.com/doi/full/10.1080/16549716.2019.1633725> [↑](#footnote-ref-5)
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7. Mathew, S. (2020). State Capacity by Design, enabling officials to succeed [↑](#footnote-ref-7)