

Institute of Health Management, Pachod

Dasra Giving Circle

April - December 2015 (Q1 – Q3) progress report



I. Summary

A highlight for the last nine months has been the extensive ground-work undertaken for fulfilling IHMP's evidence building objective.



Program location:	Pachod, Maharashtra	Organization staff size:	73 people
Annual funding commitment:	INR 85 lakh	Funding disbursed (YTD):	INR 77 lakh
Program budget (Year 1):	INR 122 lakh	Org budget (2015-16):	INR 220 lakh

Recent highlights:

- **Evidence building:** A significant element of this project is to create evidence on the efficacy of IHMP's program systems and processes. As a part of the evidence building objective, IHMP has completed extensive baseline data collection across the intervention area, after a robust census data collection and mapping process that captured the socio-economic demographics of the population in the region.
- **Program Delivery:** In December 2015, the frontline staff made their first household visits to married adolescent girls, through which the health needs of 1,000 girls were assessed.
- **Government Advocacy:** From the early days itself, IHMP has had sustained efforts to engage with the state government to advocate for the scale-up of best practices codified by IHMP. These efforts have led to positive traction with the Gov. of Maharashtra, who is looking to pilot IHMP's work at a district-level.
- **Dasra Capacity Building:** The focus of the Dasra team has been on (i) delivering leadership development opportunities via Dasra's Leadership Program and Accelerator program, (ii) helping IHMP think through its external communications and (iii) having a deeper understanding of IHMP's program.

Phases and progress to date

Preparatory phase
(Q1-Q2)

Baseline study
(Q2-Q4)

Program Delivery
(Q3-Q12)

Program scale-up
(Q12 onwards)



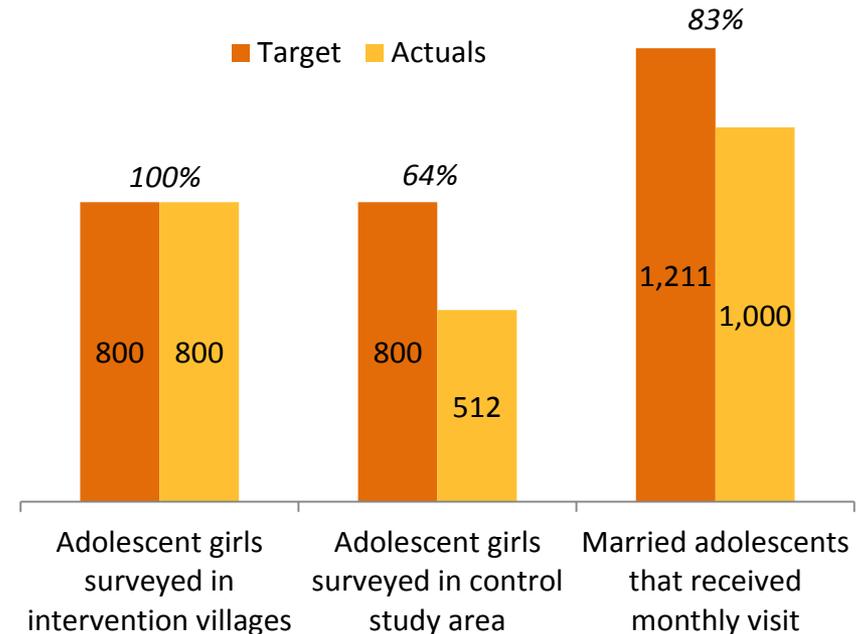
II. Program Overview

Training of frontline workers has been completed and program delivery for married adolescent girls has been initiated, as of December 2015.



Program Highlights:

- **Evidence building efforts on-going:** Baseline data collection for the entire sample of 800 married and unmarried adolescent girls in the intervention area has been completed. Additionally, 64% of the sample in the control area has been surveyed, with the rest expected to be completed in Q4. The control area is where the intervention will not be delivered and will be used for comparing results.
- **Training of frontline workers:** 64 government frontline workers (of 70 that are functioning in the region) underwent a 5-day training in November. The training was targeted towards the ASHA's work with married adolescents and the modules covered the skills required for - (i) identification of danger signs during and after pregnancy and (ii) monthly surveillance and need-specific health counseling.
- **Program delivery initiated:** After the training, the ASHA workers made their first household visit to married adolescents in December. One thousand girls were visited to assess their health needs. They will receive need-specific counseling and referrals in the following months.



- As per the plans presented to the Giving Circle, the ASHAs were to complete three monthly visits to married adolescents by December. However, due to the initial delay in recruiting and training staff, there is a **two month delay** in the program – due to which only the first monthly visit was completed in December.

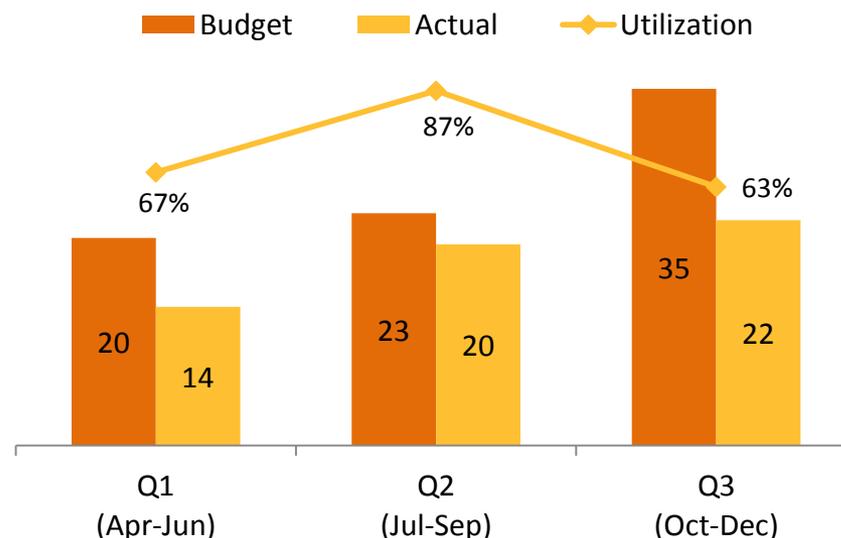
III. Financial Assessment

IHMP's financial utilization is at 71%, with the underspend contributed primarily by the delay in program roll out.



Financial Utilization

- IHMP spent **71% of the INR 78 lakh budgeted** for the period April-December. The greatest variation of utilization in rupee amounts was seen in the Program costs and Impact Assessment costs:
- Program Costs:** INR 21 lakh or 61% of the program cost was underspent in the nine month period. This was driven by:
 - A two-month delay in hiring program staff and frontline workers, leading to a INR 10 lakh reduction in the program personnel costs.
 - A INR 7 lakh rupee saving on training frontline workers, as boarding & lodging expenses were incurred only for five frontline workers who stayed overnight at the IHMP campus.
- Impact Assessment (IA) costs:** The IA expenses were INR 5 lakh or 38% higher than the budgeted costs. This was driven by:
 - Under-budgeting of personnel costs relating to data collection and,
 - Increased cost of transportation due to the requirement of an additional leased vehicle and driver.



YTD (Apr-Dec)			
Financials INR lakh	Budget	Actual	% diff.
Personnel Costs	16.8	16.4	-2%
Program Costs	33.9	13.3	-61%
Impact Assessment	12.6	17.4	+38%
Advocacy	4.5	2.9	-36%
Admin & Overheads	7.8	5.3	-20%
Capex	2.4	0.0	-100%
Total Project Cost	77.9	55.3	-29%

IV. Financial Health

As of December, IHMP has a surplus of INR 11.2 lakh, due to a 29% lower spend of the program budget. The surplus will be utilized in Q4.



Financial Health

- This year (Apr-Dec), IHMP has spent INR 55.3 lakh in the delivery of the program. This is **29% lower than the budgeted** amount, contributed by the points mentioned on the previous slide.
- IHMP has received Year 1 DGC funding of INR 76.5 lakh, of which INR 57.4 was budgeted for use in the April-December period.
- There was an anticipated deficit of INR 5.5 lakh. However, due to the underspend of 29%, there is a **surplus of INR 11.2 lakh** in this period.
- With the Q4 expenditure expected to be ~INR 40 lakh, the remaining DGC funds for the year, along with the current surplus of INR 11 lakh is expected to be exhausted by March 2016.
- IHMP has a Year 2 budget of INR 146 lakh and the funds currently available are INR 85 lakh. Therefore, there is a **need to raise additional funds to the tune of INR 61 lakh** for the next year.

<i>April - December</i> INR lakh	Budget Y1	Budget Q1-Q3	Actual Q1-Q3	% diff.
Funding	96.5	72.4	66.5	-8%
<i>DGC funding</i>	76.5	57.4	57.4	0%
<i>Internal corpus*</i>	20.0	15.0	9.1	-39%
Expenditure	121.6	77.9	55.3	-29%
Surplus/Deficit	(25.1)	(5.5)	11.2	

**IHMP has committed to spending INR 20 lakh per annum towards this project, from their internal corpus.*

V. Dasra's Capacity Building

The focus of Dasra's capacity building in the last nine months was on leadership building, communications and government relations.



Time committed: 75 days
(Apr - Dec)

Time disbursed: 68 days
(Apr - Dec)

Dasra Team: Harpreet, Nishita,
Pratik



Leadership & Human Resources

- Dr. Dyalchand has attended 15 days across three modules of the **DSI Leadership Program**. The modules have focused on transformational leadership, organizational change, and branding & marketing.
- Some recent highlights from the program include (i) a session on “**Founder’s Mentality**”, which was focused on the need to scale without losing the insurgent mindset and (ii) use of the **Birkman Method** to better understand individual behaviors and needs.
- The program is being attended by senior management of **35 strong social-sector organizations** in India, with a cumulative outreach of 9.7 million beneficiaries.



Fundraising & Communications

- Secured **commitments of INR 30 lakh** from a consortium of givers in Houston, US.
- Dr. Ashok also spoke at a panel at **Dasra Philanthropy Forum London***, which was attended by 80+ people, thereby creating visibility for the organization.
- Dasra worked with IHMP on the content and design for **IHMP’s new website**.



Government Relations

- Dasra leveraged its network of institutional agencies (such as USAID and the Canadian Fund for Local Initiatives), to **assist IHMP in opening doors with the state government**. This is key in the organization’s long-term plan of scaling efforts through government replication of the program.

VI. Dasra's reflections

The Capacity Building team at Dasra continues to periodically participate in field-level activities for better understanding of the program.



- **Training of frontline workers:** Dasra had the opportunity to be a part of the training for the ASHAs (government frontline workers) for two days in November 2015. After observing the training and engaging with the ASHAs first-hand, below are a few observations:
 - IHMP effectively engaged various **levels of staff for the delivery of sessions**. For example, while the sessions on day-to-day operations were delivered by the program supervisors, the Founder Director himself facilitated one motivational session, which focused on the impact that a single ASHA can have on her community, when working effectively.
 - The ASHAs attending the training seemed to be signing up to this responsibility with **diverse motivations** – some seemed to be in it primarily for being able to **improve the quality of life** in their communities, while others seemed to be enrolling purely for the **monetary benefit** from the program.