Urban Health Index Register

Governments' tool to build data for decision-making capacities of frontline health workers

THE CHALLENGE INITIATIVE
HEALTHY CITIES INDIA

Background

The Urban Health Index Register (UHIR) is a comprehensive register maintained by an Accredited Social Health Activist (ASHA) for denoting records for immunizations, antenatal and prenatal care, institutional delivery, family planning and other health services that have been provided to households within her catchment area. In Uttar Pradesh, the UHIR is referred to locally as the 'ASHA diary'.

The UHIR has 19 sections. The main sections of interest for ensuring those with needs for family planning receive the services are:

- Section 2 includes the household survey, which informs total population covered in a particular catchment area of an ASHA.
- Section 9 details roles and responsibilities of the ASHA related to family planning, family planning related incentives and provides a format for maintaining records of eligible couple who can be prioritized based on their particular family planning need.
- Sections 9-a, 9-b, 9-c, 9-d and 10 capture family planning user data disaggregated by method, such as vasectomy, tubectomy, IUCD, PPIUCD, oral contraceptive pills and condoms.

Role of UHIR in informing family planning strategy

A systematically maintained UHIR informs an ASHA about the health needs of the people in her area for her to better serve them by providing the information and services that they need and want. It is particularly useful in devising a family planning due-list, which can help ASHAs and their supervisors, Auxiliary Nurse Midwives (ANMs), to plan efficiently to follow-up family planning clients and reach the non-users on the due-list. Finally, a completed UHIR also helps an ASHA to claim incentives as per the government schemes, like 'Ensuring spacing at birth (ESB)' scheme.

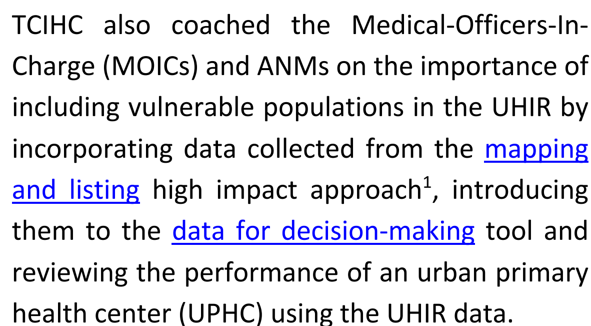
What were the gaps in UHIR

Government had devised the UHIR very objectively; however, its importance and the role it could play in family planning programming was not well understood by city level officials nor ASHAs and ANMs. In addition, the UHIR was not printed and readily available to all ASHAs nor was there any guidance provided on how and when to complete the UHIR and who should review it once it is completed by an ASHA.

Coaching techniques adopted by TCIHC

After identifying the gaps, TCIHC mapped out the coaching requirements for operationalizing UHIR across the different health system cadre.

TCIHC coached Urban Nodal Officers on the critical role the UHIR could play in family planning programming. With TCIHC's support, the Urban Nodal Officer made the case for the UHIR to the Chief Medical Officer (CMO). TCIHC supported city leadership in the management of UHIR by coaching them on how to estimate the printing needs state-wide and manage printing and distribution to make sure the UHIR is available to all the ASHAs in a timely manner.



TCIHC also coached the Medical-Officers-In-Charge (MOICs) and ANMs on the importance of including vulnerable populations in the UHIR by incorporating data collected from the mapping and listing high impact approach[1], introducing them to the data for decision-making tool and reviewing the performance of an urban primary health center (UPHC) using the UHIR data.

At the ASHA level, TCIHC had to first coach ASHAs on changing their fixed mindset. Initially, they viewed the UHIR as a burden and cumbersome requirement of their job. TCIHC motivated ASHAs to consider UHIR as a long-term investment plan that could help them to easily retrieve information to claim their rightful incentives per government schemes, like ESB. In addition, TCIHC reframed the UHIR as a critical tool that could help them achieve their estimated levels of achievement (ELAs) set by the government to meet the health needs of the community. Once the fixed mindset was addressed, TCIHC coached ASHAs and ANMs on how to complete the UHIR to ensure they could develop a family planning due-list that they could prioritize and follow-up with accordingly. During monthly ASHA-ANM meetings at the UPHC, TCIHC continued providing ASHAs and ANMs with coaching on:

- How to complete Section 2 by using the information derived from 'listing and mapping' tool[1]. This ensured that the vulnerable populations residing in slums were captured and would be connected to health services.
- How to collate data to make due-list per health area, and how to assess various data points to arrive at decisions like how to make a journey cycle, when to request an order for supplies, etc.
- How to properly fill and aggregate to come up with an eligible couple list for their catchment area. This eligible couple data is essential to prioritize household visits for mobilizing women to avail family planning services from Fixed Day Static services/Family planning day (FDS/FPD)/Antral diwas (spacing day), Urban Health & Nutrition Days (UHND) and Outreach Camps (ORC).
- How to devise a First-time Parents (FTP), ages 15-24, due-list and how to prioritize and reach younger cohorts which include large numbers of non-users. Then, how to derive a list of unmarried boys and girls to mobilize for Adolescent Health Days in support of Rashtriya Kishor Swasthya Karyakram (RKSK)'s Adolescent Health Days (AHDs).
- How and when to plan follow-up visits to ensure continued contraceptive use, based on method-wise user data aggregated in the UHIR.

As a result, ANMs are more equipped to provide ASHAs with this ongoing support.

Learnings

1. TCIHC's coaching on UHIR demonstrated the effectiveness of operationalizing and using a government tool to not only record but easily retrieve and use the information collected to:
    - Mobilize clients for FDS/FPD/Antral diwas at UPHCs

[1] *Mapping & Listing tool provides guidance to government officials on identifying all the slums and poverty clusters of the city and categorize them based on their vulnerability to achieve better planning of health services including family planning. For more information refer to https://tciurbanhealth.org/lessons/mapping-urban-slums/*

- Mobilize young first-time parents for special FTP-FDS/FPD
- Complete the 2BY2 prioritization matrix to prioritize family planning clients with tailored counseling messages, supplies and referrals
- Motivate ASHAs to claim incentives under the ESB scheme by using the information from the UHIR
- Meet the contraceptive needs of unmarried adolescents by identifying them and linking them with AHDs.

2. As a result of TCIHC's coaching, MOICs and ANMs now use the UHIR to review the progress of family planning along with other health service delivery in their area and assess the performance of ASHAs.
3. As a result of the completed UHIRs, district level health authorities were coached on how to use the data to assess the requirements of the population and have requested for the necessary funds and resources under the Project Implementation Plan (PIP) accordingly.

Limitations

On an average, one urban ASHA covers approximately 100-200 households or 2500 slum population, but the survey section of UHIR (i.e., section 2) has 80 pages with 20 rows, which means it can cover only 1600 population in her catchment area. Thus, giving no extra room for ASHAs to capture the remaining population in her area.

In addition, the eligible couple section has only four pages with 22 rows, which can only cover the details of 88 eligible couples from her area. As a result, TCIHC is advocating to state officials to explore possible improvements that could be made to the tool.

Sustainabilty

Given that the UHIR is a Government of India tool, there is no question as to its sustainability. And now that there is a real understanding of its usefulness by facility staff and frontline health workers, it is being completed. However, to further ensure that the data from it is actually used, TCIHC introduced the 2BY2 prioritization matrix to streamline the data from the UHIR into an actionable format. The ASHA is able to identify and segregate potential family planning clients on the basis of age and contraceptive use from the eligible couple data maintained in the UHIR in prioritizing her household visits. And as a result, MOICs and ANMs are using the tool to review ASHAs performance.