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 Maternal and Child
Survival Program

Cutting Edge Approaches to Strengthening Health Systems

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Results for Development

Disparities Across Countries and Services



MCSP HSS Legacy Goals



Costing to Inform Scale-up of Helping Babies Breathe Improvement Package in Rwanda

Motivation:

Costs to scale and sustain the training and mentorship package needed to advocate for funding from government

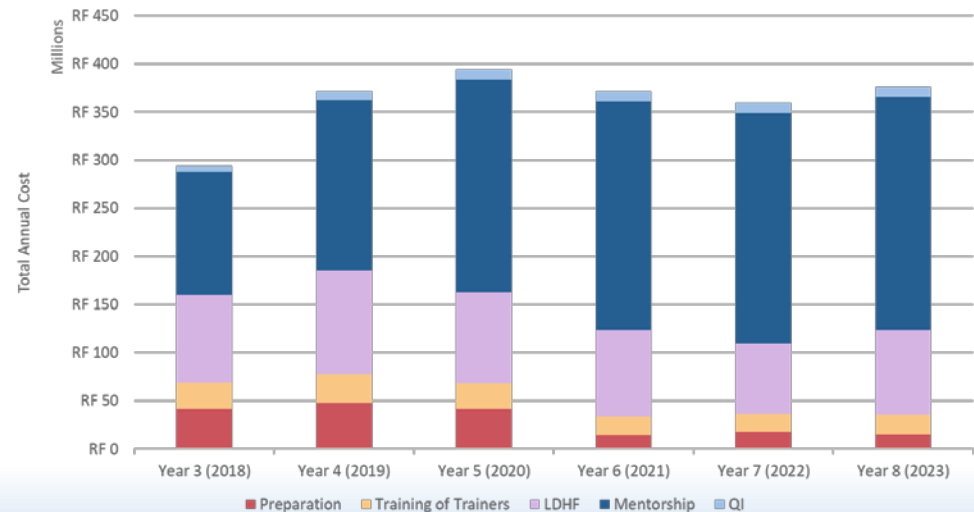
What we did:

Analyzed costs to roll-out package in four districts and then modeled costs to scale and sustain approach at national level

Results:

Costs approximately:

- \$16,000 per district to maintain approach annually
- \$1.25 per birth per year



Community Health Planning and Services (CHPS) Costing Tool in Ghana

Background:

- CHPS was introduced in 2000 but scale-up has been inconsistent
- CHPS is the core component of the GoG's PHC strategy

What we did:

- Analyzed cost of CHPS compounds in 10 districts
- Demonstrated national scale-up is feasible – with THE at \$58 per capita, annual CHPS costs approx. \$8/capita or 14% of THE per capita
- Developed CHPS Costing Tool to allow districts to plan scale-up given local costs and health needs

CHPS Costing Tool

One-time costs:

These costs are one-time costs, meaning that they are only utilized once. For one time costs, select whether the CHPS model you are modeling to (the default setting is "No").

Guidelines information here

Select whether to include various community mobilization activities here

	Model Your Own	Guidelines	Unit Cost	Model Your Own Total	Guidelines Total
	No	Yes	259.13		259.13
	No	Yes	289.89		289.89
	No	Yes	1,149.74		1,149.74
Other cost	No	Yes	349.00		349.00
Current cost of land titling	Yes	Yes	901.00	901.00	901.00
	No	No			
	No	No			

Quantity-linked costs:

These costs are linked to particular quantities, meaning that the number of items needed. For quantity-linked costs, determine the quantity of a particular item and enter it in the corresponding section that says "Quantity" (the default setting is 0).

Guidelines quantity here

Enter quantity of plots of land here

	Model Your Own	Guidelines	Unit Cost	Model Your Own Total	Guidelines Total
Plot of land	2	2	3,050.00	6100.00	6100.00
	0	4	1,104.20	0.00	4416.80
				0.00	
				0.00	
TOTAL				7001.00	13465.56

Totals for model outputs here

See funding gap here

Costs (GH¢)	Model Your Own CHPS: Outputs	CHPS Guidelines: Outputs	Funding Difference
Community mobilization	7,001.00	13,465.56	2,999.00
Building	209,199.54	221,383.54	(9,199.54)
Non-medical equipment	3,807.50	115,876.10	36,192.50
Medical equipment	65.50	17,351.39	9,934.50
One-time trainings	2,665.41	15,520.34	7,334.59
Investment Costs Total	222,738.95	383,596.92	47,261.05
Recurrent costs	913.85	3,883.88	4,086.15
Drugs and consumables	68.29	-	6,931.71
Professional staff	9,197.00	32,649.40	(1,197.00)
Non-professional staff	2,325.67	5,344.33	6,674.33
In-service trainings	1,142.32	3,426.96	6,857.68
Operating Costs Total	13,647.13	45,304.57	23,352.87

Cost Analysis Informs Decisions and Strengthens the Health System

- Cost analysis helped the GoR and GoG assess the affordability of targeted interventions and generated commitment to scale-up
- Costing helps to ensure the sustainability of partner investments, by providing data for financial planning and resource mobilization
- Scaling up of high impact interventions to underserved populations is pro-equity

Comprehensive Approach to Health Systems Management

What is the objective?

To strengthen district health management capacity to improve coverage, quality, and use of health services.

What is it?

A process developed by USAID's MCSP that aims to strengthen district health managers' ability to **identify and tailor local resources in the health system to serve local needs**. Through proactive and integrated planning, district health managers take the lead to work with a **variety of local partners to generate sustainable solutions** to their most dire health system challenges.

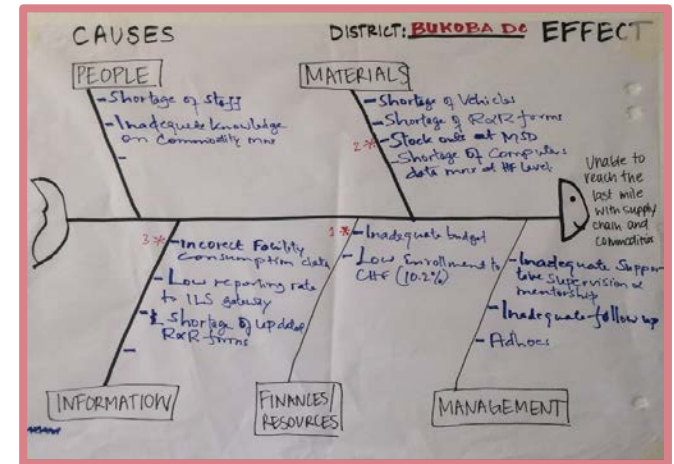
Where is it implemented?

Guinea & Tanzania.



Comprehensive Approach Implementation

- Identify health system challenges at the district level through activity review.
- Analyze and prioritize health system challenges and develop corrective actions to address them.
- Identify local resources and stakeholders for holistic planning.
- Develop action plans with allocated resources for implementation of HSS activities.
- Mentored implementation.



Key Achievements

Tanzania pilot

- 8 out of 17 districts reported increased enrollment in Community Health Funds
- 5 districts reported increased availability of key commodities
- 3 districts reported increases in facility deliveries



Guinea Implementation

- Districts identified actions that target root causes of their health system challenges and integrated these actions into their activity plans.
- With new skills in coordinating partners and mobilizing resources, districts developed funding requests for partners to finance priority activities.
- Guinea's MoH plans to integrate this approach into their national planning tools and scale-up across the country

Une requête complète



Exemple de Fatima

Directrice préfectorale de la santé du district Fatouh

A

Madame Toure de la mairie du district Fatouh

Objet : Requête de financement pour l'organisation d'une réunion pour sensibiliser les membres de CoSati

Contexte

Dans le cadre d'opérationnalisation du Plan National du Développement Sanitaire 2015-2024, le district sanitaire de Fatouh a élaboré son PAO 2017. Au vu du faible niveau d'exécution des PAOs des années précédentes lié en partie à la faiblesse des ressources financières, notre district envisage la mobilisation des ressources nécessaires en vue de la mise en œuvre de l'ensemble des activités planifiées.

Conformément à votre tradition d'appui au financement du système de santé (personnel, infrastructure, etc.), nous sollicitons votre contribution pour une plus grande mobilisation des ressources pour les activités décrites dans la requête suivante.

Enoncé de la Problématique

Dans notre district de Fatouh, on reconnaît un manque de conscience de l'importance de la CPN précoce parmi les femmes enceintes. Après avoir fait une analyse de cause à effet, l'ECO de Fatouh découvre que ceci est causé par un manque d'information et de sensibilisation parmi les femmes enceintes. Une des causes profondes de ce problème est le non-implication de la communauté dans la sensibilisation des femmes enceintes dû au non-fonctionnement du CoSati. La faible capacité du CoSati de jouer son rôle a un fort impact sur le bien-être des femmes et leurs familles qui font partie de la population dans cette zone.

Thank you!