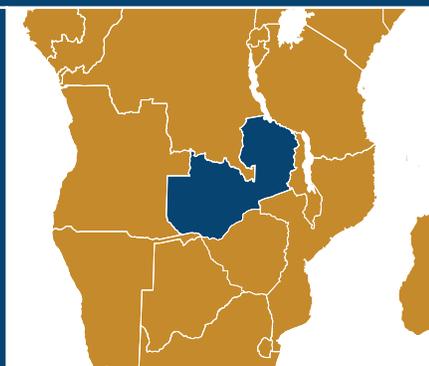


# policy

July 2015

## LIVES SAVED TOOL (LiST) TRAINING REPORT



*Kabwe, Zambia,  
April 23–24, 2015*

This publication was prepared by Tom Fagan and  
Tewodros Bekele of the Health Policy Project.

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## **JULY 2015**

This publication was prepared by Tom Fagan and Tewodros Bekele of the Health Policy Project.

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## BACKGROUND

The Saving Mothers, Giving Life partnership (SMGL) is a global partnership between governments, donors, and the private sector to accelerate reduction in maternal and neonatal mortality in sub-Saharan African countries. SMGL was launched in 2012 as a pilot program in four districts of Zambia, by USAID and Zambia's Ministry of Health, with the goal of rapidly reducing maternal mortality through implementation of the Maternal and Newborn Health Roadmap (2007–2014). The first phase of SMGL was completed in 2014 and led to a 35 percent reduction in institutional maternal mortality in SMGL facilities. Based on the success and lessons learned from the pilot program, the second phase of SMGL was expanded to 12 additional districts to further accelerate reduction of maternal mortality and improve newborn health by broadening the partnership and expanding its package of services to include newborn health. However, Zambia's maternal mortality rate (MMR) of 280 per 100,000 live births is still far from the Millennium Development Goal of an MMR of 162.

As part of the SMGL program, the USAID-funded Health Policy Project (HPP) has worked with Zambia's Ministry of Community Development, Mother and Child Health (MCDMCH) and its Ministry of Health (MOH) to develop their capacity to use the OneHealth Tool (OHT) to model reproductive, maternal, neonatal, and child health (RMNCH) program scale-up and resource needs. HPP conducted the first OHT training in October 2014 with MCDMCH program staff to support RMNCH program planning to reach national and global targets. In order to make further progress toward reducing maternal, neonatal, and child mortality, MCDMCH requested that HPP conduct a training on the Lives Saved Tool (LiST) (a component of OHT) with programmatic staff from the ministry's maternal health, child health, and nutrition units. LiST is a computer-based modeling tool that uses input data such as demographic and service coverage levels to estimate the number of deaths that can be averted as a result of expanding effective maternal and child health interventions. While the initial OHT training focused on introducing the tool and enabling MCDMCH staff to acquire basic costing skills, the LiST training focused on analysis of the potential impacts of scaling up MNCH interventions through the SGML program and the overall national RMNCH program. This report summarizes the content and format of the LiST training, as well as preliminary discussions of next steps for solidifying the ministry's capacity to use LiST and analyze the results to inform RMNCH program and policy.

## DESCRIPTION OF TRAINING

The HPP-led LiST training was conducted over two days (April 23–24, 2015) in Kabwe, Zambia. HPP facilitators led participants through a series of exercises designed to develop their capacity to use LiST and to inform their understanding of its applications in their work. There were a total of 12 participants between the two days, with 10 in attendance each day. Of the 12 participants, 10 were from the MCDMCH, with one from the MOH and one from USAID. Bill Winfrey, senior economist and president of Avenir Health, presented an overview of the LiST, including its role in the OHT package, its interaction with other modules, and its inputs and outputs. He was supported by three facilitators: Tewodros Bekele, senior MNCH policy and financing advisor; Tom Fagan, health policy analyst; and a local consultant, Peter Hangoma. The facilitators led individual groups of 3–4 participants through the creation of projections for various scale-up scenarios, on which each group presented at the conclusion of the training. A description of each day of the training is provided in more detail below.

### Day 1

The first day of the training focused on understanding the purpose and usefulness of the LiST, as well as its inputs and outputs. The training began with an introduction of participants, including their respective positions and areas of focus. HPP facilitators Bill Winfrey and Peter Hangoma presented on the background of the LiST module, its role within OneHealth, and the current status of Zambia's population data and updates. For the first exercise, participants were instructed on installing the Spectrum software and accompanying country data package on their laptops. Participants were then shown how to review and edit epidemiological coverage data in LiST. They completed two exercises involving comparisons of baseline epidemiological and coverage data in LiST with the 2013–2014 Demographic and Health Survey. Participants also identified action items for validating and updating data moving forward. In the first day's final session, participants were introduced to LiST's treatment of the "effectiveness" of interventions and the concept of the "affected ratio." They completed an accompanying exercise, using LiST to identify the most important causes of death and the most effective interventions for addressing each cause. The session concluded with a discussion of these findings and how they were aligned or misaligned with MCDMCH's priorities.

### Day 2

Participants were divided into three groups on the second day—maternal health, child health, and nutrition—based on their respective areas of expertise or interest. As an exercise to strengthen participants' skills, an HPP facilitator worked with each group to achieve two scale-up targets by 2018: a moderate target (25 percent decrease in the maternal or child mortality rate), and an aggressive target (50 percent decrease). The nutrition group aimed to reduce child mortality, with a specific focus on nutrition interventions. However, in order to achieve its targets, particularly the aggressive target, the group realized it had to include non-nutrition interventions. Facilitators used this opportunity to highlight the need for a broad range of interventions to reach RMNCH targets, the important interaction between nutrition and other interventions, and how nutrition's effect on mortality is modeled by OHT. Once each group had achieved its targets, it presented on how it had done so (i.e., which interventions it had scaled up, and by how much) and on the key results from the LiST outputs, including mortality rate and lives saved. To conclude the training, facilitators and participants discussed next steps in building capacity in and applying LiST. Facilitators described how LiST can be used to estimate the impact of intervention scale-up on reducing maternal, neonatal, and child mortalities. They also explained other OHT capabilities, including FamPlan, a module that helps project family planning program scale-up requirements needed to reach national fertility targets and reduce unmet need. Participants provided feedback on what they believed were the next steps for developing a full LiST or OHT application.

## DISCUSSION

The LiST training, in conjunction with an OHT training conducted in October 2014, was intended to develop the capacity of MCDMCH on using OHT to inform program planning for meeting RMNCH goals. To solidify the ministry's capacity to apply LiST and OHT in its planning, participants expressed an interest in continued training on a full application of the tools. In particular, they discussed using OHT and LiST to cost and set targets for MCDMCH's annual plan. Zambia is currently at the midpoint of its five-year strategic plan for RMNCH (RMNCH Roadmap, 2013–2016), so a renewal and potential application for the plan are not currently needed. HPP's OneHealth costing analysis currently underway will also show estimates of RMNCH program costing and funding requirements for implementation of the current RMNCH Roadmap. This OHT costing analysis will also be useful to inform subsequent strategic planning beyond 2016, after the conclusion of the current Roadmap. Participants also expressed interest in a validation workshop to review the LiST data—once the tool is fully populated—which HPP views as an important next step. Currently, the Zambia LiST file contains all available baseline coverage data. Any baseline data not currently in the populated file is either unavailable or uncollectable. Data for scale-up targets remain to be collected.

## NEXT STEPS

Due to scheduling and time restrictions, HPP was unable to conduct a one-day LiST workshop with partners and donors involved in supporting SMGL and implementation of the Maternal and Newborn Health Roadmap; this had originally been planned in conjunction with the two-day training. However, the workshop is still part of HPP's workplan, and will be held at the same time as the dissemination workshop (tentatively scheduled for August 2015). HPP is prepared to support USAID/Zambia in delivering a presentation on OneHealth, and its value and potential application, at an upcoming partners meeting.

HPP has documented success in supporting other countries in Africa on the OHT capacity development process, including training of trainers, direct technical assistance, and mentoring to estimate resource requirements and understand the impact of health sector development plans.

# APPENDIX 1: AGENDA

**LiST Training  
April 23–24, 2015  
Tuskers Hotel, Kabwe**

Time	Activity	Person(s) Responsible
<b>Thursday, April 23, 2015</b>		
8:30–9:00	Registration	MCDMCH/FG Zambia
9:00–9:30	Spectrum software installation	Health Policy Project
9:30–9:45	Participant introduction	Participants
9:45–10:00	Opening remarks	Director, MCDMCH
10:00–10:15	Workshop objectives and agenda	MCDMCH
10:15–10:30	Workshop “big picture”	Bill
10:30–10:45	Tea/coffee break	
10:45–11:30	Update on application of OHT in Zambia, and orientation to planning process	Edmond/Erick, Peter
11:30–12:30	<b>Introduction and overview of LiST tool</b>	Health Policy Project (HPP)
12:30–13:30	Lunch	
13:30–14:30	<b>Exercise 1a: Evaluation of baseline information and discussion</b>	Participants
14:30–14:45	Short demonstration of coverage features	Health Policy Project (HPP)
14:45–15:45	<b>Exercise 1b: Evaluation of baseline coverage</b>	Participants
15:45–16:00	Tea/coffee break	
16:00–17:00	<b>Introduction:</b> <ul style="list-style-type: none"> <li>• Effectiveness concept</li> <li>• Editing effectiveness</li> </ul>	Health Policy Project (HPP)
17:00–18:00	<b>Exercise 2 Discussion of Zambian health planning goals</b>	Participants

Time	Activity	Person(s) Responsible
<b>Friday 04/24/2015</b>		
8:30–9:00	Day 1 recap	
9:00–11:00	<b>Exercise 3: Scale up of priority interventions, breakout groups</b> <ul style="list-style-type: none"> <li>• Moderate improvement</li> <li>• Aggressive improvement</li> </ul>	Participants
11:00–11:15	Tea/coffee break	
11:15–12:30	<b>Report out on Exercise 3</b> <b>Viewing LiST projection results</b> <ul style="list-style-type: none"> <li>• Mortality outputs</li> <li>• Lives saved</li> </ul> <b>Presenting LiST outputs</b> <ul style="list-style-type: none"> <li>• Comparison of results</li> <li>• Summarizing outputs</li> </ul>	Health Policy Project (HPP)
12:30–13:30	Lunch	
13:30–14:15	Additional topics <ul style="list-style-type: none"> <li>• Intervention costing</li> <li>• FamPlan and LiST</li> </ul>	Health Policy Project/HPP
14:15–15:15	Plenary discussion of programmatic and health system needs for scenarios	Participants + Health Policy Project/HPP
15:15–15:30	Tea/coffee break	
15:30–16:30	Presentation of workshop PowerPoint and feedback	Participants + Health Policy Project/HPP
16:30–17:00	Next steps	

## **APPENDIX 2: PARTICIPANT LIST**

1. Trust Mufune, principal M&E officer, MCDMCH Department of Planning and Information
2. Melina Tumbila, administrative officer, MCDMCH Human Resources Administration
3. Sambaliya Tambatamba, senior human resource development officer, MCDMCH Human Resource Administration
4. Henry Matimuna, principal planner–M&E, MCDMCH Department of Planning and Information
5. Tobias Musonda, chief planner–planning and budgeting, MCDMCH
6. Alfred Namutulo, human resources management officer, MOH
7. Dynes Kaluba, chief family planning officer, MCDMCH Maternal Health Unit
8. Francesca M Mubamba, principal nutrition officer–child health and nutrition, MCDMCH
9. Collen Zulu, health care financing advisor, USAID
10. Erick Musenga, senior ICT officer–Department of Planning and Information, MCDMCH
11. Dr. Francis Mwansa, deputy director–child health and nutrition, MCDMCH-Child Health Unit



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