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Maternal and Child Survival Program

The Comprehensive Approach to Health Systems Management Resource Compendium

Review of Existing Approaches, Programs and Materials to Support Implementation of the Comprehensive Approach to Health Systems Management

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List of Acronyms

ASSIST	Applying Science to Strengthen and Improve Systems
BASICS	Basic Support for Institutionalizing Child Survival
BID	better immunization data
C3	CHW Capacity and Coverage Tool
CAS	complex adaptive systems
CBID	Center for Bioengineering Innovation and Design
CBHI	community-based health insurance
CBO	community-based organization
CCM	community case management
CDC	Centers for Disease Control and Prevention
CEDAW	The Convention on the Elimination of all Forms of Discrimination Against Women
CHP	community health platform
CHPS	community-based health planning and service
CHW	community health worker
CIDA	Canadian International Development Agency
CLD	causal loop diagram
CSO	civil society organization
DFAT	Australia's Department of Foreign Affairs and Trade
DFID	The United Kingdom's Department for International Development
DHMT	district health management team
DHSS	District Health Systems Strengthening
DIVA	Diagnose, Intervene, Verify, and Adjust
DQA	data quality assessment
DRC	Democratic Republic of Congo
eLMIS	electronic Logistics Management Information System
EPCMD	Ending Preventable Child and Maternal Deaths
EPHS	Essential Package of Health Services
FMI	full market impact
GAVI	Global Alliance for Vaccines and Immunization
HFG	Health Finance and Governance Project
HRH	human resources for health
HRHIS	Human Resources for Health Information System
HSS	Health Systems Strengthening
iCCM	integrated community case management
IMCI	Integrated Management of Childhood Illness
K4Health	Knowledge for Health
KAP	Knowledge, Attitudes, and Practices
KPC	Knowledge, Practices, and Coverage
M4P	Making Markets Work for the Poor
MCH	Maternal and Child Health
MCHIP	Maternal and Child Health Integrated Program
MCSP	Maternal and Child Survival Program
MDGs	Millennium Development Goals
MDSR	Maternal Death Surveillance Response
mHealth	mobile health

MOH	ministry of health
MOST	Management and Organizational Sustainability Tool
MSH	Management Sciences for Health
NGO	nongovernmental agency
NORAD	North American Aerospace Defense Command
PATH	Program for Appropriate Technology in Health
PBF	performance-based financing
PBI	performance-based incentives
PDSR	Perinatal Death Surveillance and Response
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PIAT	Policy Impact Assessment Tool
PIPA	Participatory Impact Pathways Analysis
PMNCH	Partnership for Maternal, Newborn, and Child Health
PMTCT	Prevention of Mother-to-Child Transmission
PPP	public-private partnership
PSI	Population Services International
QI	quality improvement
R4D	Results for Development Institute
RBF	results-based financing
RED/REC	Reaching Every District/Community
RMNCH	reproductive, maternal, newborn and child health
SARA	Service Availability and Readiness Assessment
SCMS	Supply Chain Management Systems
SDC	Swiss Agency for Development and Cooperation
SDGs	sustainable development goals
SES	socioeconomic status
SHaRP	Strengthening Human Resources in Partnership
SHM	Strengthening Health Management
SHOPS	Strengthening Health Outcomes through the Private Sector
SIAPS	System for Improved Access to Pharmaceuticals and Services
Sida	Swedish International Development Agency
SPA	service provision assessment
SRH	sexual reproductive health
TMA	total market approach
TRAction	Translating Research Into Action
UHC	universal health coverage
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNFPA	United Nation Population Fund
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
WHO	World Health Organization
WASH	water, sanitation, and hygiene
WMA	whole market approach

Introduction

Purpose of this Resource Compendium

Aim: Review existing approaches, programs, and materials to inform the design of the Comprehensive Approach to Health Systems Management and identify applicable resources that may be useful to the implementation of the approach in countries

This compendium serves two purposes. First, it has informed the design of the Maternal and Child Survival Program's (MCSP) Comprehensive Approach to Health Systems Management by gathering information from programs that are often used for similar aims or that employ comparable methodology. It is important to learn from these programs that also seek to improve health systems management at the subnational level, drawing on their lessons and resources.

The second purpose is to serve as a resource for those implementing the Comprehensive Approach to Health Systems Management in countries. The approaches, programs, and materials in this document are all relevant to subnational health systems strengthening and can be utilized by MCSP staff and subnational health managers while implementing the approach. The document provides information and resources related to specific challenges a district or other subnational unit may be facing that implementers can draw on based on the priorities of a given health system. The intention of compiling these resources in one place is to provide those implementing the approach with a first look at available resources specific to the areas identified by health managers as priorities for health systems strengthening.

The intended audience for these resources includes MCSP staff and country implementers of the Comprehensive Approach to Health Systems Management who support subnational health managers to prioritize, plan, implement, and monitor health systems–strengthening activities. The topics included in this compendium focus on issues most relevant to the subnational health system, for which there is an opportunity to affect local change. To keep the scope of this compendium manageable and useful, certain topics, such as human resource recruitment and production, are not included, as they are typically the purview of national stakeholders.

The compendium is not intended to be an exhaustive document. Instead, it is a "light touch" reference guide, providing basic information on a wide variety of resources to those implementing the Comprehensive Approach to Health Systems Management, which will serve as a jumping-off point for further information gathering.

What Is the Comprehensive Approach to Health Systems Management?

The Comprehensive Approach to Health Systems Management is a process innovation developed at the global level by MCSP to help countries (often beginning at the subnational level) to accelerate and sustain increases in coverage, quality, and equity. It does this by supporting local decision makers to make deliberate and orchestrated choices of a set of initiatives from a menu of assets that fit the local context, thereby attaining greater impact than applying a single or only a few items and doing so on an ad hoc or reactive basis.

Hypothesis: If subnational health managers employ a locally tailored combination from a holistic menu of health system assets, the local health sector will work more efficiently and effectively, leading to better health outcomes.

This menu includes engagement of the full set of potential service delivery actors, such as those in the voluntary and commercial private sector and the community, as well as public sector providers, to alleviate human resources for health (HRH) constraints in the public sector and give consumers broad choices of where to obtain services. It can also involve strategic integration of technical interventions. In addition, the menu includes mobilizing the community in multiple capacities, including as a mechanism for service delivery, a source of feedback on how the health system is performing, and a means of accountability.

Illustrative menu of health system assets:

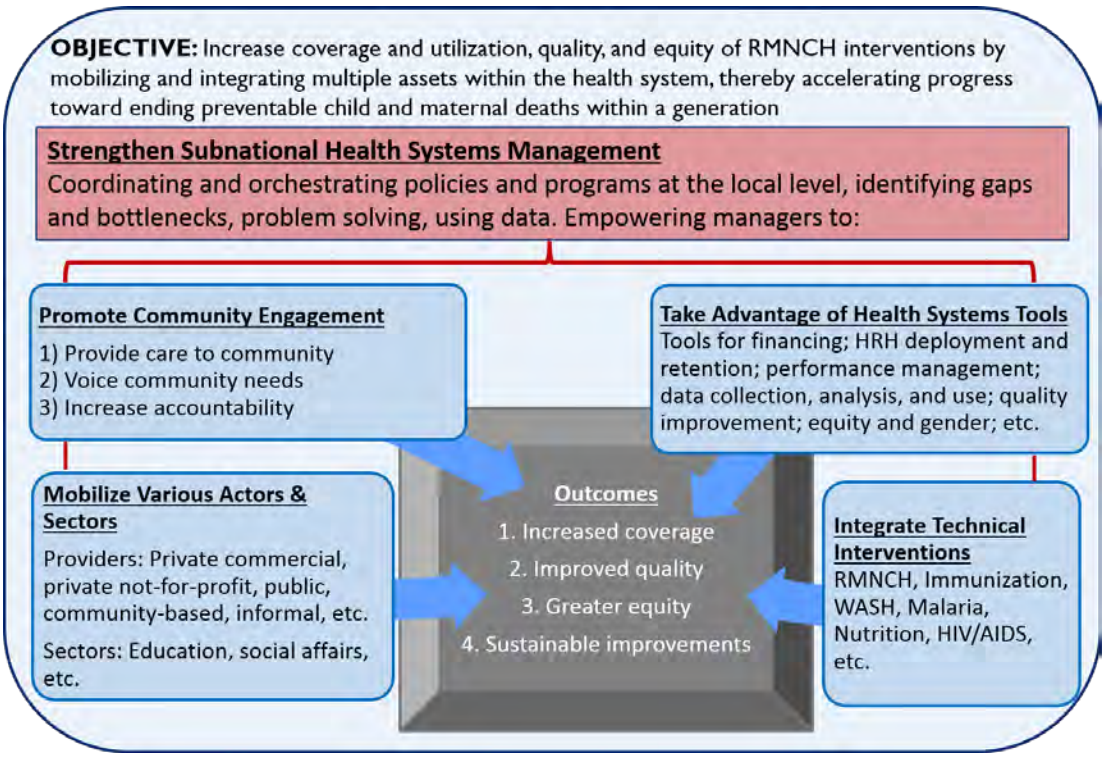
- Promote community engagement
- Take advantage of health systems tools
- Mobilize various actors and sectors
- Integrate technical interventions

Further, the menu involves leveraging available health systems and health financing tools, such as performance-based incentives and other provider-payment, financing, and incentive mechanisms to enhance HRH motivation, productivity, retention, and quality; universal health coverage benefits to reduce financial barriers and thereby improve equity and protection from health-related impoverishment; conditional cash transfers to encourage the uptake of services and to provide purchasing power to disadvantaged consumers; and tools to effectively plan and manage financial resources and commodity supplies.

Each one of the items on the menu of health system assets has demonstrated added value to scaling and sustaining use of reproductive, maternal, newborn, and child health (RMNCH) services. However, it is rare that anything close to a full package of the menu items is applied together or that deliberate, orchestrated, strategic choices are made about the combination of menu items to employ.

The approach is working to strengthen health systems management and managers so that they take the lead and make the choices to orchestrate holistic and aggregated implementation of the chosen menu items. This includes leveraging locally specific activities and also drawing on national programs and policies and tailoring them to serve local needs, focusing on how the system helps to deliver and ensure uptake of integrated RMNCH services. Local health managers working under the approach identify gaps and bottlenecks to the delivery and uptake of RMNCH care, develop contextualized systems strategies to solve problems, and monitor and use available data to track progress and adjust plans.

Figure 1: Comprehensive Approach to Health Systems Management Framework



Compendium Structure and Methodology

Because the purpose of the Comprehensive Approach to Health Systems Management is to strengthen subnational health managers to draw on a menu of health systems assets in order to address their priority health systems strengthening challenges, this resource compendium includes an umbrella category of "Strengthening Subnational Health Systems Management," as well as a section for each major asset category:

1. Promoting Community Engagement
2. Taking Advantage of Health Systems Tools
3. Mobilization of Various Actors and Sectors
4. Integration of Technical Interventions

The compendium briefly summarizes each approach, program, or material; outlines its relevancy to the Comprehensive Approach to Health Systems Management; highlights its relevant tools and resources; and provides links to additional information.

To compile the compendium, MCSP's Health Systems Strengthening and Equity team conducted research around each of these topic areas. This involved an Internet search using key terms, a review of relevant databases, and consultation with MCSP technical teams to identify additional key resources. The team targeted resources from major global health programs and projects led by United States Agency for International Development (USAID), United Nations Children's Fund (UNICEF), World Health Organization (WHO), and others; international guides and frameworks; and commonly used tools.

It should be noted that there is wide variability in the types of resources that may be of value when implementing the approach at the subnational level. This document contains summaries of approaches,

programs, and materials that range from large global projects to specific manuals and tools. This inclusive methodology accounts for the fact that different types of resources will be useful in different settings, and it provides implementers with a broad range of resources to draw upon, based on their context. Despite this inclusive methodology, countless tools and resources developed by global health programs, projects, and organizations are not able to be included in this compendium, which strives to cover the most commonly used resources related to the Comprehensive Approach to Health Systems Management framework.

Strengthening Subnational Health Systems Management

The Comprehensive Approach to Health Systems Management is focused on strengthening the capacity of subnational health managers to effectively manage and orchestrate the assets of a local health system. There are many approaches, programs, and materials aimed at strengthening the capacity of subnational health managers. This section highlights several of these resources, including situational assessments to help managers identify current challenges/bottlenecks or strengths within the health system; microplanning, a strategy involving a detailed planning process to tackle a specific issue; and other common management tools and approaches.

Global USAID Health Systems Strengthening Projects

What is it?

The Health Systems 20/20 Project was USAID's flagship project for strengthening health systems and was the predecessor to the ongoing Health Finance and Governance (HFG) Project. It launched in 2006 and ran until 2012, supporting more than 50 countries to improve their health financing, governance, operations, and institutional capacities. Its successor, HFG, is a five-year (2012–2017), $209 million global project aimed at improving health finance and health governance systems in 14 partner countries. In addition, HFG's project partners have on-the-ground presence in 96 countries worldwide.

How does it relate to the Comprehensive Approach to Health Systems Management?

Although neither Health Systems 20/20 nor the HFG Project are focused specifically at the subnational level, the health systems assessment methodology developed under the former provides a solid framework for analyzing and understanding a country's current health system and its strengths and weaknesses. Health Systems 20/20 used a "whole of system" approach to develop organizational capacity, meaning it looks at technical expertise, resource mobilization, coordination, management systems, leadership and management, and governance. The HFG Project has continued this work, recently publishing a compendium of health systems indicators related to health financing, human resources, and leadership and governance. These tools and related publications made available through Health Systems 20/20 and the HFG Project could be useful resources for subnational health managers.

Resources

Health Systems Assessment Reports
These reports use a health systems assessment methodology based on the six building blocks of the health systems (defined by the WHO), identifying strengthens and challenges that need to be addressed. This approach has been implemented in more than 25 countries, and the accompanying reports are published on the HFG website.
• Type: Reports • Organization: Health Systems 20/20 • Publication Dates: 2007–2014

Health Systems 20/20 Final Project Report
The report identifies eight main strategies developed over the course of Health Systems 20/20's operation to address capacity constraints that block access to and use of priority health services. It also identifies 13 main health systems strengthening lessons to share with the global health community.
• Type: Report • Organization: Health Systems 20/20 • Publication Date: 2012

Health Systems 20/20 and Capacity Building
This publication outlines the Health Systems 20/20 approach to organizational capacity building, including a framework with six core organizational competencies: technical expertise, resource mobilization, coordination, management systems, leadership and management, and governance.
• Type: Brief • Organization: Health Systems 20/20 • Publication Date: 2011

Health Systems Strengthening Indicators
This compendium of indicators covers three of the WHO health system building blocks: health financing, human resources, and leadership and governance. The indicators are drawn from monitoring-and-evaluation plans of 34 USAID-funded projects that targeted those three areas. The compendium includes a reference sheet for each indicator, including the rationale for its inclusion, the role of the indicator, any relevant terminology definitions, and suggested data samples.
• Type: Compendium • Organization: HFG • Publication Date: 2015

Essential Package of Health Services Country Snapshot Series
A series of country profiles that analyze the governance dimensions of Essential Packages of Health Services (EPHS) in the 24 Ending Preventable Child and Maternal Deaths (EPCMD) priority countries. Each country profile includes any information available on the country's most recently published EPHS, a comparison of that country's EPHS to the list of priority RMNCH interventions developed by the Partnership for Maternal, Newborn, and Child health (2011), and a health equity profile for that country.
• Type: Briefs • Organization: HFG • Publication Date: 2015

Reaching Every District/Community Approach

What is it?

In 2002, WHO launched a strategy for district capacity building called Reaching Every District (RED) to address common obstacles to increasing immunization coverage. This approach was aimed specifically at district- and national-level global immunization coverage goals, and it included five core operational components necessary to achieve routine immunization: 1) effective planning and management of resources, 2) reaching all target populations, 3) supportive supervision, 4) monitoring for action, and 5) linking services with communities. The approach also incorporates the use of "microplans," which are detailed plans developed at the local level to reach every community. These plans are updated regularly (every six months).

Many international organizations became partners of this approach, including the Global Alliance for Vaccines and Immunizations (GAVI), UNICEF, USAID, the Canadian International Development Agency (CIDA), the United States Centers for Disease Control and Prevention (CDC), and the UN Foundation. The strategy has been implemented in several countries, including Nigeria, Ethiopia, Democratic Republic of Congo (DRC), Tanzania, Kenya, Uganda, Angola, Ghana, and Niger.

How does it relate to the Comprehensive Approach to Health Systems Management?

RED (or REC, Reaching Every Community) should be considered one of the tools in the approach's toolbox. Like the Comprehensive Approach to Health Systems Management, the primary implementation level of RED/REC is the district (or equivalent administrative level). While RED/REC focuses on immunization planning and the Comprehensive Approach to Health Systems Management focuses on the full range of RMNCH services, the RED/REC planning tools could be used by local leaders implementing the approach to improve their management skills, develop strategic targets, and plan based on local contexts. RED/REC provides information about the root causes of common health systems weaknesses in the areas of financing, empowering managers, and supportive supervision, as well as the tools to address those barriers. RED/REC has already seen success in several countries, including five MCSP priority countries (including Tanzania, where the Comprehensive Approach to Health Systems Management is currently being implemented). This provides promising opportunities for collaboration between the two initiatives.

Resources

The RED Strategy
This three-page information sheet published by the WHO lays out the five RED operational components, goals and accomplishments, and key challenges.
• Type: Fact Sheet • Organization: WHO • Publication Date: 2006

Implementing the RED Approach
This guide is for district health management teams and outlines the RED/REC approach.
• Type: Guide • Organization: WHO • Publication Date: 2008

Microplanning for Immunization Service Delivery Using the RED Strategy
This guide outlines successful country experiences with microplanning aimed at strengthening capacity at the district and health facility levels. Microplans are detailed plans to reach every community and are updated every 6 months to provide a clear roadmap for local health management. The guide advocates for a bottom-up approach (microplans are developed at the health facility level, and then put together to create a cohesive district microplan).
• Type: Guide • Organization: WHO • Publication Date: 2009

RED Immunization Monitoring Charts
These downloadable charts can be used to track immunizations for Non antigen, [AU: Is the term "Non antigen" correct here?] [Yes, but it should not be capitalized] *measles and yellow fever, and TT2 (total immunized, drop-out numbers and percentages per month) and are available in English and French.*
• Type: Charts • Organization: WHO • Publication Date: No date listed

District Health Systems Strengthening

What is it?

The UNICEF District Health Systems Strengthening (DHSS) method is an equity-focused programming and monitoring approach aimed at enhancing subnational health system performance for better maternal and child health outcomes. This approach, developed by UNICEF, focuses on improving skills for managing human resources, finances, information, supplies, and services. DHSS involves a flexible, outcome-based four-step approach—Diagnose, Intervene, Verify, and Adjust (DIVA)—and has already been successfully implemented in Rwanda, Ghana, Vietnam, Bangladesh, Botswana, DRC, Mali, Malawi, Sierra Leone, Uganda, Zambia, and Kenya.

How does it relate to the Comprehensive Approach to Health Systems Management?

The DHSS method is comprehensive and covers the strengthening of health management at the subnational level, community engagement in the planning and monitoring of activities, and the integration of different programs and health interventions. It has been implemented in several of the key MCSP countries, and has published reports and country case studies sharing these experiences. The approach can be tailored based on local health priorities and programs and has therefore not always been focused specifically on an integrated package of RMNCH interventions (in some countries, for example, DHSS has instead focused on topics such as the prevention of mother-to-child transmission [PMTCT] of HIV). Unlike the Comprehensive Approach to Health Systems Management, DHSS does not involve work with private health service providers and does not focus on taking advantage of health systems tools.

DHSS has achieved several successes that could be applicable to the approach, including synchronizing its program activities with the planning and monitoring cycles of the district and obtaining buy-in from stakeholders, including communities, civil society organizations, the private sector, and development partners. DHSS has been successful in the latter by using a combination of national-level consultations, followed by consultations at the subnational level, and has found that interest and buy-in among stakeholders can be particularly variable at the subnational level. DHSS identified the coordination and harmonization of stakeholders and different types of health interventions as an ongoing challenge, highlighting that incentives and accountability mechanisms are critical to ensure alignment and harmonization between partners, stakeholders, and various managers leading health programs.

Resources

Diagnose, Intervene, Verify, Adjust (DIVA) Guidebook
This manual was developed specifically for district health officials. It outlines the objectives of DIVA, gives an overview of the approach, lays out key roles and responsibilities for regional/provincial leaders and key partners, and provides strategies for implementation. The DIVA approach has been used to build district capacity for equity-focused programming in Uganda, South Sudan, and Botswana.
• Type: Manual • Organization: UNICEF, MSH • Publication Date: 2012

DIVA Bottleneck Analysis
This bottleneck analysis was developed for the district and subdistrict level. The analysis lays out a series of steps to identify specific obstacles to effective coverage of selected interventions. It looks at determinants of coverage relating to both the supply side (commodities, HR, geographic access) and the demand side (initial utilization, continuous utilization), as well as quality (quality and effective coverage).
• Type: PowerPoint • Organization: UNICEF, MSH • Publication Date: 2014

Enabling District Health Teams to Identify Barriers to Equitable Access
This working paper synthesizes existing findings on how equity can be operationalized as a central objective of universal health coverage through the DHSS approach. The paper found that there is a need for better approaches to generate actionable data for subnational health managers (existing approaches are aimed at the national level, examine only financial access barriers, and do not provide a comprehensive assessment with both quantitative and qualitative methods).
• Type: Working Paper • Organization: UNICEF • Authors: O'Connell, Thomas, Bedford, Thiede, and Di McIntyre [AU: Authors are not included elsewhere; OK?] [No, delete please] • Publication Date: 2014

Reaching Health Coverage through District Health Systems Strengthening
This working paper proposes a modified version of the Tanahashi model (1978 model to evaluate the effectiveness of coverage) to be used sub-nationally to attain equitable and effective coverage. The paper applies the modified model to two case studies: Uganda and DRC.
• Type: Working Paper • Organization: UNICEF • Authors: O'Connell, Thomas and Alyssa Sharkey
• Time: 2013

Access to health services—Analyzing non-financial barriers in Ghana, Rwanda, Bangladesh and Vietnam using household survey data:
This literature review focuses on access barriers in Bangladesh, Ghana, Rwanda, and Vietnam. The findings are aimed at refining the diagnostic and monitoring and evaluation components of the DHSS approach.
• Type: Literature Review • Organization: UNICEF • Authors: Thiede, Michael, and Katharina C. Koltermann • Time: 2012

MaMoni Health Systems Strengthening

What is it?

MaMoni (meaning "mother-child") Health Systems Strengthening (HSS) project is a current four-year Associate Award in Bangladesh under MCSP, which was launched in September 2013. The goal of MaMoni HSS is "to improve utilization of integrated Maternal Newborn and Child Health (MNCH), Family Planning (FP), and Nutrition (N) services to increase the availability and quality of high-impact interventions." It follows the original MaMoni Associate Award under the Maternal and Child Health Integrated Program (MCHIP) (2009–2014), which aimed to increase the use of high-impact maternal and newborn health behaviors, including family planning, and to strengthen the Ministry of Health and Family Welfare (MOH&FW) systems to provide quality services. In Bangladesh, Save the Children runs MaMoni HSS in coordination with two local NGOs, Shimantik and FIVDB. The project works both at the national level, building consensus around policies and standards, and the local level, engaging with local government and NGOs to improve delivery of health services.

MaMoni HSS also supports Aponjon, a local initiative of the Mobile Alliance for Maternal Action, which sends pregnant women health messages through mobile phones.

How does it relate to the Comprehensive Approach to Health Systems Management?

One of the project's core initiatives is to improve the leadership and management capacity of the district- and upazila- (the subdistrict administrative level in Bangladesh) level managers. In Bangladesh, MaMoni HSS collaborated with the Health Research Challenge Initiative (HRCI) project to design a Strategic Leadership and Management Training Program (SLMTP). After the training, upazila- and district-level managers developed individual leadership action plans for improving MNCH/FP/N health. MaMoni HSS is developing a group mentoring follow-up program to provide support by sending senior and retired MOH&FW officials to visit or call the upazila and subnational health managers. Both the SLMTP and the group mentoring programs could be replicated in other countries as part of or in coordination with the approach

The Year One Annual Report for MaMoni HSS (see tools and resources) listed several challenges and lessons learned, including a need for greater buy-in at the national and district levels for quality assurance approaches, difficulties in low-resource settings (vacancy of positions, equipment/supply shortages, inconsistent electricity) that may require better collaboration from local and national authorities, frequent turnover of project staff, and gaps in essential commodities. To overcome supply chain challenges, MaMoni HSS is considering using private leveraged funds through implementing agencies to procure medical supplies.

Resources

MaMoni Evaluation: USAID/Bangladesh: Final Evaluation of the MaMoni Integrated Safe Motherhood, Newborn Care, and Family Planning Project
This 2013 report summarizes the performance of the first MaMoni Associate Award (2009–2014). The report found that MaMoni was overall successful in engaging and gaining commitments from stakeholders, including district health managers and providers, and attributed its success to having an adaptable approach, ensuring stakeholder coordination and commitment, involving an integrated approach to HSS, and engaging communities.
• Type: Evaluation Report • Organization: USAID Global Health Technical Assistance Bridge III Project • Publication Date: July 2013

MaMoni Health Systems Strengthening Activity Annual Reports: 2010, 2011, 2012, 2013
The yearly reports list major accomplishments to date, highlight key challenges, and outline solutions and actions taken to address them.
• Type: Reports • Organization: USAID, Jhpiego • Publication Date: 2010–2013

Strengthening Health Management

What is it?

The Strengthening Health Management (SHM) initiative in districts and provinces was originally developed by WHO in Ghana and then adapted to use in other countries, including Guinea, Guinea-Bissau, Lao People's Democratic Republic, Nepal, Sierra Leone, Vietnam, and Zambia. The process includes detailed strategies and a set of field-tested tools and techniques to identify problems, develop solutions, plan and implement action, and evaluate achievements. The SHM process is not intended to be a new project and shouldn't add significantly to recurrent health costs. It is a resource to help health personnel learn to overcome problems of efficiency and implementation within existing resource constraints. In Ghana, all 110 districts in 10 regions successfully completed a full SHM cycle over a period of 5 years.

How does it relate to the Comprehensive Approach to Health Systems Management?

Like the approach, the target group for the SHM process are subnational health managers (in addition to provincial/regional health management teams). Those implementing the approach could use SHM tools and techniques to help health managers to analyze day-to-day problems and come up with solutions, drawing on the resources available. Countries that have implemented the SHM process have seen management teams meeting more regularly for planning sessions, improved subnational-level financial management systems, and in some cases increased service delivery and utilization of health services due to better management. However, the SHM process is not a comprehensive management development program, as it doesn't address organizational reform, development and improvement of management and support systems, review and revision of standard operating procedures and regulations, or provision of skills and knowledge in management principles and methods.

Resources

Strengthening Health Management in Districts and Provinces: Handbook for Facilitators
This handbook provides an overview of the SHM process, planning facilitation and support (organizing workshops, guidelines for facilitation, adaptation of materials and handouts), and three modules for the SHM, including workshop handouts and notes for facilitators.
• Type: Handbook • Organization: WHO • Publication Date: 1995

District Health Management Training Modules

What is it?

WHO developed a set of four management training modules aimed specifically at District Health Management Teams (DHMTs) in Africa. Although other trainings for DHMTs exist, they don't necessarily take into account management requirements in recently or soon-to-be decentralized districts. The modules themselves are generic and are meant to be adapted to country-specific contexts. The approximate training time is 1 week for each of the first three modules and 2 weeks for the fourth (planning and implementation of subnational health services). Both WHO country offices in Zimbabwe and Tanzania helped to review the modules before publication.

How does it relate to the Comprehensive Approach to Health Systems Management?

The WHO District Health Management Training modules are valuable resources for District Health Management Teams, especially in countries that have recently undergone a process of decentralization, with additional responsibility at the subnational level of management. These tools and resources could be used in coordination with the Comprehensive Approach to Health Systems Management to identify current opportunities and challenges within subnational management, improve collaboration and partnerships across sectors, promote community participation, better manage health resources, and implement a comprehensive district health planning process.

Resources

Module 1: Health Sector Reform and District Health Systems
This module provides an overview of how health policies are developed, explains important health policies and strategies, introduces the concept of a district health system, describes the district health structure and functions, explains the relationship between national and district health systems, and provides an overview of the assessment of the operationally of district health systems.
• Type: Training Module • Organization: WHO • Publication Date: 2004

Module 2: Management, Leadership, and Partnership for District Health
This module gives an overview of important management and leadership concepts; discusses the features of an effective District Health Management Team; introduces multisectoral collaboration and partnership in health care; lays out factors that facilitate, constrain, or increase the coordination of partnerships; and suggests ways to promote community participation and partnerships.
• Type: Training Module • Organization: WHO • Publication Date: 2004

Module 3: Management of Health Resources
Module 3 is comprised of seven different units on management: Management of Human Resources for Health, Management of Finances, Management of Logistics, Management of Physical Infrastructure, Management of Drugs, Management of Time and Space, and Management of Health Information.
• Type: Training Module • Organization: WHO • Publication Date: 2004

Module 4: Planning and Implementation of District Health Services
Module 4 is comprised of six units: Basic Concepts of District Health Planning, Preparation for Planning, Health Systems Research, Steps in the Planning Process, Essential Health Package, and Disaster Preparedness.
• Type: Training Module • Organization: WHO • Publication Date: 2004

Facilitator's Guide
This guide is intended to assist the trainers of trainers and the trainers of DHMTs. This overarching document provides a guide for general approaches to facilitating district health management training, as well as specific information for each of the four main modules.
• Type: Guide • Organization: WHO • Publication Date: 2004

Management and Organizational Sustainability Tool

What is it?

The Management and Organizational Sustainability Tool (MOST) was developed by Management Sciences for Health (MSH) to assist organizations to map the development of key management components and use these results for planning improvements and monitoring progress. It is intended for public institutions and organization and NGOs, and it recommends a structured, participatory process for mapping and planning that allows organizations to assess their own management performance. Each MOST process includes a 3-day workshop where organizational leaders come together to build consensus about the stages of development of their organization's management practices, agree on improvements needed, and decide on an action plan for making those improvements.

How does it relate to the Comprehensive Approach to Health Systems Management?

The MOST tool is easy to use, requires very little training, and facilitates a clear identification of critical management components that need further development. It therefore could be a useful tool at the subnational level to be used in coordination with the approach. One limitation, however, is that implementation of MOST requires participation of outside facilitators.

Resources

Management and Organizational Sustainability Tool
The Management and Organizational Sustainability Tool (MOST) is a structured, participatory process that allows organizations to assess their own management performance, develop a concrete action plan for improvement and carry out their plan. The tool is available in English (3rd ed.), French (2nd ed.) and Spanish (2nd ed.).
• Type: Manual • Organization: MSH • Publication Date: First developed in 1999, second edition in 2004, third in 2010

Systems Thinking

What is it?

Systems thinking is an approach to understanding the context of complex issues and to holistic problem solving, drawing on local actors and community structures. It attempts to reveal underlying characteristics and relationships within a system. It is based on the idea that the behavior of systems is governed by common principles, structures, or relationships that can be studied, discovered, and expressed. Systems thinking tools are meant to address complexity—in many forms—which is an ever-present reality in global health. Using systems thinking to understand how health system components and actors interact with—and react to—each other can aid in the design and evaluation of health interventions. Systems thinking offers a comprehensive way to anticipate synergies and recognize negative feedback loops in order to overcome barriers to strengthening a health system.

Causal Loop Diagram (CLD)

The CLD is a systems thinking tool used to visually represent models of system structures in order to better understand the patterns of behavior that interact to form the system structure. The CLD itself involves (1) a visual model made up of variables—the items, actors, or issues of interest; causal links and polarity—representing the relationships between components; and (2) feedback loops to depict reinforcing or balancing mechanisms or interactions, which can be positive or negative.

Complexity-Aware Monitoring

Complexity-Aware Monitoring is similar to typical performance monitoring used to track results using outcome indicators present in a results framework, but it also includes an assessment of the complex aspects of development assistance, such as disagreement and uncertainty. A project is deemed "complex" when there is low certainty and low agreement among stakeholders about how to solve the problem. The key principles of complexity-aware monitoring are to synchronize monitoring with the pace of change; to attend to "blind spots" of traditional performance modeling, such as unintended outcomes or consequences, alternative causes, and nonlinear pathways that contribute to outcomes; and to consider relationships, perspectives, and boundaries of the systems in order to better understand the scope of a problem. Tools for complexity-aware monitoring include sentinel indicators, stakeholder feedback, process monitoring of impacts, most significant change analysis, and outcome harvesting.

Social Network Analysis

Studying networks is useful to describe how a system is working and how it changes over time, how one can engage in a system, and the broader implications of that engagement for the system. Social network analysis measures the centrality of any given actor to the most heavily connected and influential points of a system. It also looks at density, distance, reciprocity, and the degree to which actors form ties with others that are similar to themselves.

Participatory Impact Pathways Analysis (PIPA)

PIPA is a systems thinking tool used for project planning and monitoring and evaluation, which helps stakeholders involved in a project to make explicit their own theories of change and how they see themselves achieving their goals and having an impact. The PIPA process involves developing a vision for the network involved in a project, identifying actors and their relationships, mapping out current and ideal future network participation, identifying pathways and strategies to move the network towards the "ideal" future outlook, and developing plans to monitor progress.

Complex Adaptive Systems (CAS) Methodology

CASs are defined by their many elements and interactions that cause complexity and by changing relationships that influence the system. Linearity does not usually exist in CASs—many routes lead to the same outcomes, and there are unintended consequences and different outcomes from the same inputs. Different types of CAS tools and methods to help better understand and analyze complex systems include path dependence, scale-free networks, emergent behavior, and phase transitions.

How does it relate to the Comprehensive Approach to Health Systems Management?

Systems thinking tools have many uses and can be applied across a variety of contexts and challenges. They can be used to help groups come to agreement on a common understanding of a problem or to map out events, networks, or how components of a system are connected. They can help participants visualize processes and test models for how an intervention could result in different outcomes. These are all useful tools for a subnational health manager who needs to bring a team together to understand and prioritize complex problems and plan and implement solutions. Because of the large range of different stakeholders in a health system, systems thinking tools can be particularly relevant to mapping and understanding relationships and seeing how they change. Some tools, such as PIPA, can be particularly useful when involving actors outside the traditional district health planning sphere. For example, if the community is an underutilized resource, or if community activities are prioritized during implementation of the Comprehensive Approach to Health Systems Management, PIPA would be a good tool for subnational health managers to use to bring

community stakeholders into the district health systems strengthening process. While there is no one "best" systems thinking tool, they can be drawn on based on the context or specific challenges that a subnational health manager may be facing in order to diagnose, understand, and solve complex issues.

Resources

The Application of Systems Thinking in Health: Why Use Systems Thinking?
This scientific paper explores how systems thinking can add to the field of global health and provides summaries of the different theories, methods, and tools.
• Type: Article • Organization: Johns Hopkins University • Publication Date: 2014

Understanding Pathways for Scaling Up Health Services: Through the Lens of Complex Adaptive Systems
This article examines why traditional assumptions for scaling up health services are inadequate, as they do not treat the health sector as a complex adaptive system. It also provides better models of pathways for scaling up.
• Type: Article • Organization: Johns Hopkins University • Publication Date: 2011

Promoting Community Engagement

The community is a critical player in the subnational-level health system and can play an important role in strengthening the health system from the bottom up. The community is most often the target of health programs and services, and obtaining community acceptance and support can be critical for programs to achieve increases in service utilization and good health-seeking behaviors and improvements in health outcomes. Leveraging community health workers or health extension workers to deliver services to the community can be a major factor in achieving RMNCH goals. Community members are also an important voice to offer feedback on the performance of the health sector and to help diagnose health systems issues. Actively involving the community both in identifying needs and in providing solutions can help address gaps in the health system. If engaged in the appropriate ways, communities can also provide oversight for programs and hold health program managers and providers accountable for the scope and the quality of services provided.

Community Health Platform Approach

What is it?

In order to scale up community-based approaches, MCSP has set a goal to accelerate the institutionalization of community health as a central component of country health strategies. To achieve common direction, MCSP developed the Viable, Integrated Community Health Platform (CHP) as an approach to build on and sustain community health programs and promote community health in national strategies. Building on what community health programs have achieved, the CHP model uses a "looking glass" visual focused on essential elements that community health strategies need to include to achieve comprehensive services and sustainability at scale. A comprehensive community health platform requires alignment between a set of function, structures, and resources including interventions and outcomes; a community health workforce and community organizing structures; institutionalization, governance, and partnerships; local learning, adaptation, and information use for equity; and support services and functions.

How does it relate to the Comprehensive Approach to Health Systems Management?

The CHP is an approach to sustain effectiveness of CHW programs at scale, which necessitates responsiveness to local and national contexts—a goal of the Comprehensive Approach to Health Systems Management. The CHP would be valuable to subnational health managers dealing with multiple projects beginning and ending at different intervals, as the CHP design is meant to maintain the focus on the essential elements of CHW programs over time. The CHP should be considered by subnational health managers in any context with community health worker programs in order to create a comprehensive community health strategy.

Resources

Community Health Platform: Towards Viable and Integrated Community Health Platforms
This briefing document provides a framework on how to move toward viable, integrated community health platforms to institutionalize community health in national strategies and end preventable child and maternal deaths.
• Type: Web Resource and Brief • Organization: MCSP • Publication Date: Revised 2015

Managing Community Health Worker Programs

What is it?

Community health workers (CHWs) have been a growing force for extending health care services to the "last mile" of delivery and improving health at the local level. Many evaluations offer compelling evidence that CHWs are a critical aspect of the health system in low-income countries, especially for providing basic primary health care and RMNCH services. While CHWs play a crucial role in connecting local populations to the health system, CHW cadres and systems should be monitored for performance and quality, like any other component of the health system. Evaluating aspects of CHW programs such as recruitment, training, supervision, information management, and performance can ensure that they respond to population needs, offer quality community-based priority services, and continually improve.

How does it relate to the Comprehensive Approach to Health Systems Management?

Community health workers are a key asset that the health system can draw from at the community level. They offer a vital link between the health system and community populations and can strengthen buy-in and trust at the local level. If community services and worker cadres are identified by the approach as a priority area of focus for a district or region, there are many tools that can help managers to forecast needs and improve and streamline training, supervision, reporting, and performance.

Resources

Community Health Worker Assessment and Improvement Matrix (CHW AIM)
This assessment tool was developed by USAID's Health Care Improvement Project and updated by USAID's ASSIST Project. The tool defines and measures 15 programmatic components using a scale from nonfunctional to highly functional. The tool also includes lists of high-impact, evidence-based interventions to guide assessment of services provided by CHWs and offers an action-planning and resource guide to help program managers strengthen CHW services.
• Type: Assessment Tool • Organization: USAID ASSIST • Publication Date: 2013

Community Health Systems Catalog: CHW Resource Database
This database allows one to search for information on country community health systems covering USAID priority countries and their community health programs and CHW cadres.
• Type: Database • Organization: Advancing Partners and Communities, JSI • Publication Date: 2015

CHW Capacity and Coverage Tool: "C3 Tool"
This Excel-based tool allows managers to examine different options for CHW allocations and engagement in order to plan programming more rationally. It uses different scenarios and contextual inputs to provide information on CHW coverage, distribution, and workload to help managers make decisions and prioritize specific CHW services.
• Type: Tool • Organization: MCSP • Publication Date: 2015

Community Health Logic Model
This model can be used as a tool to guide continuous learning around CHW programs and to explore and test paths to improved performance and quality.
• Type: Framework • Organization: USAID's ASSIST Project • Publication Date: 2014

Promoting Sustainability through Community Engagement

What is it?

The ICF International Center for Design and Research in Sustainability (CEDARS) developed a "Sustainability Framework" for community engagement within health programs that emphasizes community agenda formation; appropriate technical inputs into information systems designed for the community level; alignment and evidence-led negotiation with authorities, professionals, and policy makers; intentional learning through involvement of community stakeholders; and monitoring, evaluating, and documenting lessons related to community engagement. Practical application of this framework during implementation requires building capacity and learning among key local actors; being culturally sensitive to local priorities, processes, and experiences; and acknowledging the complexity in social processes and development work.

How does it relate to the Comprehensive Approach to Health Systems Management?

This Framework aligns particularly well with the approach's methodology, as it draws on local assets and ensures that planning uses a bottom-up, instead of a top-down, approach. Like the Comprehensive Approach to Health Systems Management, it also notes the importance of health systems tools, integrated programming, strengthening management at all levels, and mobilizing diverse actors, especially the community.

Resources

Sustainability Framework: Sustainable Assessment Steps of Learning
The sustainability framework is a way to organize thinking about sustainability, as well as inform planning, management, and evaluation of activities in order to improve and maintain health outcomes at a population level.
• Type: Framework • Organization: ICF International • Publication Date: 2008

Resources: Sustainable Community Health
The IFC International Center for Design and Research in Sustainability provides a compilation of resources to achieve sustainable community engagement within health programs.
• Type: Resource Toolkit • Organization: IFC International • Publication Dates: Multiple

Social Accountability

What is it?

Accountability is critical to ensure appropriate management of programs and finances. Many health initiatives have built-in accountability mechanisms to track progress, but health care delivery at the local level often lacks accountability to service users. The theory behind social accountability is that with access to the right information and opportunities to use that information, citizens can influence the behavior of providers and the decisions made by managers. Through social accountability approaches, citizens and civil society can collect and scrutinize relevant information to hold the health system to account for delivering promised services at the community level.

There are many different categories of social accountability interventions that can be applied at the local level. The following is a list and description of relevant social accountability mechanisms:

- **Participatory budgeting** consists of citizen participation in the entirety of the budgeting and planning processes for health programs.
- **Public expenditure tracking** utilizes public resource monitoring tools, often to diagnose issues such as leakage of funds or goods.
- **Citizen report cards** most often take the form of participatory surveys to obtain feedback on performance of public services.
- **Social audits** involve engaging citizens, health care consumers, and civil society organizations in collecting and openly sharing information on the financial resources available and allocated to public services.
- **Community scorecards** are used to collect data from service users and providers in order to identify issues and solutions.
- **Citizen rights charters** are agreed-upon and documented guidelines on standards and expectations for service users.
- **Health committees** are groups of representative community members working with local government to provide input and feedback in local decision making to improve the effectiveness of the health system.
- **Information sharing or campaigns** can be led by a civil society organization or government and aim to inform health consumers of their rights and benefits.
- **Patient satisfaction surveys** are a formal channel to collect feedback on user satisfaction with health services, usually collected as an exit survey.

How does it relate to the Comprehensive Approach to Health Systems Management?

Social accountability tools can be used by subnational health managers to engage the community to resolve issues within the health system in order to improve outcomes. They are a relatively simple way to achieve results, by serving as an efficient mechanism through which managers can gather useful information about population needs and feedback on service coverage and quality—all important inputs into health planning. Social accountability tools are generally particularly effective for issues involving the use of funds and can help improve quality of services and increase service uptake by creating stronger linkages between communities and facilities.

Resources

Social Accountability Sourcebook: Methods and Tools for Social Accountability
This is chapter 3 of the World Bank Report "Social Accountability: Strengthening the Demand Side of Governance and Service Delivery." It provides a guide to tools and methods that are most frequently used as part of social accountability programs.
• Type: Sourcebook • Organization: World Bank • Publication Date: 2005

International Experiences in Social Accountability: The Role of Social Accountability in Improving Health Outcomes
These case studies present common themes, challenges, and recommendations to expand social accountability in the health and development context.
• Type: Case Studies • Organization: CORE Group • Publication Date: 2014

Social Accountability Lessons: A Review of the Literature
This literature review outlines lessons from family planning and reproductive health initiatives on how social accountability can improve health programming.
• Type: Literature Review • Organization: The Evidence Project, Population Council • Publication Date: 2014

Grassroots to Global: Seven Steps to Citizen-Driven Accountability
This report outlines steps and tools for developing locally led accountability in the context of the sustainable development goals.
• Type: Report • Organization: World Vision International • Publication Date: 2015

Increasing Community Demand and Utilization

What is it?

Many different mechanisms have been used to try to increase the demand for essential health services. The concept of demand-side financing in health originated in response to developing countries' need to improve access to and utilization of health services, particularly among the poor. Demand-side financing mechanisms have been shown to be effective where public health services, interventions, and innovations are not yielding the desired health outcomes due to serious issues concerning the efficiency, fairness, and quality of the health systems, or where the utilization and uptake of services has been very low among those who would benefit most from these services. Demand-side financing—and particularly conditional cash transfer (CCT) programs (programs that give money to poor people in return for specific behavioral conditions)—therefore is seen as a tool that could improve the utilization of services among vulnerable and underserved populations by giving them a means to purchase health services and choose providers (where possible). They can catalyze human development in contexts where basic social services are in place but demand is still inadequate and also create social pressure to improve service provision.

How does it relate to the Comprehensive Approach to Health Systems Management?

Increasing demand and utilization for health services is an important area for subnational health managers to think about if service coverage is low or if the health system does not have a strong link to community populations. Demand-side financing tools—including conditional cash transfer programs—are one way for health managers to increase community demand and utilization.

Resources

Demand-Side Financing in Health: How Far Can It Address the Issue of Low Utilization in Developing Countries?
This paper focuses on a global literature review of demand-side financing, examines the definitions around this mechanism, presents a schematic that can be used to classify programs, and applies the schematic to case studies.
• Type: Paper • Organization: WHO • Publication Date: 2010

Conditional Cash Transfers: A Global Perspective
This "MDG Insights" issue brief looks into key questions around conditional cash transfers in order to gain insights on how social protection systems can be used to increase coverage to vulnerable populations and improve governance.
• Type: Brief • Organization: UNICEF • Publication Date: 2010

Taking Advantage of Health Systems Tools

The Comprehensive Approach to Health Systems Management aims to enable subnational health managers to identify the full range of relevant health systems tools and assets at their disposal and to leverage the ones most appropriate for the local health needs and priorities. There are many health systems tools and mechanisms available to subnational health managers, including some that are managed at the national level (e.g., national-scale universal health coverage [UHC] reforms) and some that operate only at the subnational level (e.g., small-scale voucher programs). Each district may choose different tools and resources based on its context and priorities. The strategies used in one district do not necessarily have to be scaled or replicated but could certainly be adapted elsewhere if appropriate.

This section is divided up into various tool categories, based on the different types of challenges a subnational health manager may face. These include tools related to human resources for health, health financing, service delivery and quality, information and data, supply chains and commodities, and equity and gender.

Human Resources for Health Tools

Maintaining a strong health workforce that is able to meet the needs of local populations is critical to ensuring positive health outcomes. Many subnational health managers face difficulties related to human resources for health (HRH), from recruiting new health workers to incentivizing them to work in rural areas to ensuring that they feel adequately supported to provide high-quality care. It can also be challenging for subnational health managers to accurately predict their future HRH needs, making it hard to make well-informed policy decisions. Tools to address common HRH issues, including recruitment, deployment, retention, and performance, are in high demand at both the national and subnational level in many developing countries.

Managing Human Resource Programs

USAID's CapacityPlus Project

What is it?

USAID's CapacityPlus Project (2009–2015) was focused on helping countries to develop trained, motivated, and supported health workforces. Its goals included fostering global leadership and advocacy for human resources for health (HRH), enhancing HRH policy and planning, improving health workforce development, strengthening support to health workers to improve retention and productivity, and generating and disseminating knowledge to promote use of evidence-based HRH approaches.

CapacityPlus was led by IntraHealth and built on the work of the Capacity Project, which worked in 47 countries under a similar mandate.

How does it relate to the Comprehensive Approach to Health Systems Management?

CapacityPlus (and its predecessor, the Capacity Project) produced many tools and resources that could be used by subnational health managers who face problems related to HRH recruitment, deployment, retention, and performance. The project produced several case studies (including those in MCSP priority countries) as well as tools and training that could be useful to subnational health managers. Several of these are highlighted below, but the full list can be found at the CapacityPlus Knowledge Library.

Resources

Rapid Health Retention Survey Toolkit: Designing Evidence-Based Incentives for Health Workers
This toolkit is based on discrete choice experiment methodology (DCE), which helps countries determine what would motivate health workers to accept and remain in rural posts.
• Type: Toolkit • Organization: CapacityPlus • Publication Date: 2015

Human Resource Management (HRM) Assessment Approach
This tool is designed to guide policymakers, managers, and human resources practitioners toward a better understanding of and response to the HRM challenges facing their health system.
• Type: Approach • Organization: CapacityPlus • Publication Date: 2013

HRH Action Framework
This framework uses a comprehensive approach to help governments and health managers to address staff shortages, uneven distribution of staff, gaps in skills and competencies, low retention and poor motivation, and other HRH issues. The document provides an interactive overview of the framework with supporting tools, guidelines, and resources, as well as country examples.
• Type: Framework • Organization: CapacityPlus • Publication Date: 2013

Health Workforce Productivity Analysis and Improvement Toolkit
This is an online, interactive toolkit specifically intended for key stakeholders including district/regional/provincial health management teams. It includes a step-by-step process to measure the productivity of facility-based health workers, understand the underlying causes of productivity problems, and identify potential interventions to address them and improve health service delivery and achieve health goals. The site can be fully accessed without a user account, but those who register (by providing a name and email) can save the information they calculate on health workforce productivity as a data set for future use.
• Type: Toolkit • Organization: CapacityPlus • Publication Date: Updated in 2015

iHRIS Retain
This is an open source tool to cost [AU: By "cost" do you mean "produce a cost estimate"? Or is something else meant here?] [Yes, that is what it means, but the current wording is fine for our audience]*health worker retention interventions. iHRIS Retain is based on WHO's 2010 global policy recommendations on retention.*
• Type: Open source tool • Organization: CapacityPlus • Publication Date: 2012

Overview of HRH Projection Models
This technical brief compares various approaches to project future workforce needs and availability.
• Type: Technical Brief • Organization: CapacityPlus • Publication Date: 2008

Global Health Workforce Alliance

What is it?

The Global Health Workforce Alliance (The Alliance) was created in 2006 as a common platform for action to address the chronic health worker shortages faced by countries in the developing world. As a partnership of national governments, civil society groups, international agencies, finance institutions, researchers, educators, and professional associations, The Alliance acts as a global convener calling worldwide attention to the HRH crisis and generating political will and action for positive change.

How does it relate to the Comprehensive Approach to Health Systems Management?

The Alliance website includes a knowledge center for HRH policymakers, researchers, and Alliance members and partners, with the latest tools and resources for low- and middle-income countries facing HRH constraints. The Alliance itself produces toolkits and resources, but it also provides a forum for HRH

community members to share resources they've found helpful through the use of a contribution form. Subnational-level managers could access the knowledge center to find a wide variety of materials on the specific HRH issues they face, including accreditation and certification of health workers, entry into the workforce (preservice training, recruitment), workforce management and performance (supervision, in-service training, systems support, retention), and exit from the workplace (migration and retirement).

Resources

The Human Resources for Health Toolkit
This toolkit includes a comprehensive package of user-friendly tools to carry out HRH interventions, including those for situation analysis, planning, implementation, monitoring, and evaluation. The Human Resources for Health Action Framework (mentioned under CapacityPlus) influenced the development of this toolkit. The toolkit is intended to help countries in developing, implementing, and monitoring evidence-based HRH plans, but it can also be used to review or validate existing HRH plans and interventions.
• Type: Toolkit • Organization: Global Health Workforce Alliance • Publication Date: Last update in 2014

Resource Requirements Tool
This hands-on, Excel-based tool can be applied by countries to estimate and project the resources required for meeting their HRH plans; analyze the plans' affordability; simulate "what if" financial scenarios; facilitate the monitoring and scale-up of plans; and contribute to the development of the cost and financing component of human resources management information systems.
• Type: Excel-based tool • Organization: Global Health Workforce Alliance, Results for Development (R4D) • Publication Date: 2008

WHO Human Resources for Health Tools

What is it?

WHO compiles tools and guidelines related to human resources for health (HRH) and makes them available on their website. The resources are broken down into categories: situation analysis; planning; policies; education and training; nursing and midwifery; migration and retention; and management systems. The resources available include interactive online learning platforms, Excel-based tools and templates, suggested data indicators, reports and case studies, and HRH policies.

How does it relate to the Comprehensive Approach to Health Systems Management?

WHO regularly updates its webpage with tools and resources as they become available, and everything is free to access and download. Subnational managers can access the HRH tools to project future HRH needs, track key indicators, read about HRH strategies being employed elsewhere, and identify approaches to tackle key HRH problems face by their district, such as retention of health workers.

Resources

Data Mapping Template on Human Resources for Health
This tool is to be used as a starting point for the collation, analysis, and synthesis of data and evidence on human resources for health (HRH), as well as for monitoring the strengths and limitations of the underlying information systems. It has been developed as part of a series of efforts to enhance country capacities to generate, analyze, and use data to assess health workforce performance and track progress toward their HRH-related goals.
• Type: Spreadsheet template • Organization: WHO • Publication Date: 2010

Toolkit for Monitoring Health Systems Strengthening
This toolkit has been developed through collaboration between WHO, the World Bank, country health information and systems experts, and other organizations working in this field. It describes a set of indicators and related measurement strategies covering the core health system building blocks, including human resources.
• Type: Guide • Organization: WHO, World Bank • Publication Date: 2010

A Guide to Rapid Assessment of Human Resources for Health
This guide is designed to help users (such as health policy makers, planners, national and local health managers, researchers, etc.) to identify and assess existing HRH constraints and challenges to "scaling up" health interventions. The guide includes a list of crucial questions related to policy, regulation, and planning; management and performance improvement; labor market; education, training, and research; and monitoring and evaluation.
• Type: Guide • Organization: WHO • Publication Date: 2004

PIAT: Human Resources for Health Sub-National Policy Impact Assessment Tool
The Policy Impact Assessment Tool (PIAT) helps to collect and track core WHO HRH indicators (such as density of health workers per 10,000 population) so that relevant actors can make informed programming and resource allocation decisions.
• Type: Guide • Organization: WHO • Publication Date: 2004

Optimizing Health Worker Roles

Task Shifting

What is it?

Task shifting is a strategy to address human resource shortages in health services by optimizing the distribution of tasks and responsibilities among available cadres of health workers. For example, if certain tasks could be performed by a worker with less training, this can allow workers with more training to perform additional tasks. The USAID-funded TRAction (Translating Research into Action) Project has conducted research on task shifting and developed implementation guidance based on case studies in four countries that used different task-shifting approaches for cesarian sections. TRAction plans on using this implementation guidance to engage stakeholders in a community of practice to continue to improve the use of research and, where appropriate, promote the development of policies for task shifting of cesarean sections.

How does it relate to the Comprehensive Approach to Health Systems Management?

The implementation guidance and case studies developed by TRAction could be useful to subnational health managers facing HRH shortages in their districts. These resources could help them to plan a more rational and efficient distribution of tasks and responsibilities, improving health outcomes.

Resources

Global Resources:

WHO Video on Task Shifting to Improve Access to Maternal and Newborn Health (MNH) Interventions
This video discusses the importance of task shifting in improving access to lifesaving MNH interventions and promoting WHO recommendations to optimize health worker roles for MNH.
• Type: Video • Organization: WHO • Publication Date: 2012

WHO Recommendations: Optimizing Health Worker Roles to Improve Access to Key Maternal and Newborn Health Interventions Through Task Shifting
This WHO report includes key recommendations for each cadre of health workers.
• Type: Report • Organization: WHO • Publication Date: 2012

Overview of WHO Recommendations for Optimizing Health Worker Roles for MNH
This interactive graphic provides an overview of WHO recommendations for different roles of health workers by specific intervention type.
• Type: Interactive Graphic • Organization: University Research Co. • Publication Date: 2012

Country Cases:

Zambia and Kenya
The Strengthening Human Resources in Partnership (SHaRP) Project is conducting a retrospective case study in Zambia and a landscape analysis desk review in Kenya on their recent experience with the transition to task shifting within the health system.
• Type: Case Study (Zambia) and Landscape Analysis Desk Review (Kenya) • Organization: University Research Co. • Publication Date: Ongoing

Malawi and Tanzania
This study identifies facilitating factors that propelled Malawi and Tanzania to embark on task shifting at a relatively higher scale than other countries in the region. This project is still in the start-up phase.
• Type: Case Studies, Policy Briefs, Reports • Organization: University Research Co. • Publication Date: Ongoing

Employing Mobile Technologies

mPowering Frontline Health Workers

What is it?

mPowering Frontline Health Workers is an innovative public-private partnership designed to improve child health by accelerating the use of technology by millions of health workers around the world. The 2012 partnership includes 10 founding members: USAID, UNICEF, Frontline Health Workers Coalition, Qualcomm, Vodafone, Intel, MDG Health Alliance, GlaxoSmithKline, Praekelt Foundation, and Absolute Return for Kids. Using the combined resources and expertise of these 10 partners, mPowering Frontline Health Workers is working to crowdsource innovative multimedia health content, create an online library of downloadable digital health content, produce a digital dictionary to enable integration and standardized reporting across multiple mobile health (mHealth) applications, accelerate the sustainable expansion of mHealth for frontline health workers in at least three developing countries, rigorously evaluation partnership impact, and share these experiences through a virtual global platform.

How does it relate to the Comprehensive Approach to Health Systems Management?

The partnership is aimed at expanding the use of cost-effective and sustainable mobile technologies, which can be used by frontline health workers to support data collection, diagnosis, case management, referrals, and promotion of healthy behaviors. The online platform provides key information, tools, and resources that can be accessed by subnational managers looking to strengthen the use of mobile technology in their district or region. The website also includes a digital library (ORB) of online trainings, job aids, and toolkits for frontline health workers on a variety of topics, including family planning, antenatal care, labor and delivery, newborn care, child health, and nutrition. District health managers could use these training resources to address specific issues faced by the local level health workers in their district. For example, they might use some of the job aids or online videos to disseminate information when community health workers are brought together for initial or refresher trainings.

Resources

ORB Digital Library
This online hub connects frontline health workers with resources and with each other to expand their knowledge, organize content into courses, and share learning with the community. Resources are available on family planning, antenatal care, labor and delivery, newborn care, child health, and nutrition.
• Type: Library • Organization: mPowering • Publication Date: 2016 (version 2)

USAID Community Health Framework (Interactive PowerPoint)
This interactive presentation depicts the various actors and structures that make up a community health ecosystem and ways in which it can be strengthened. The framework can be downloaded as a PowerPoint or as a PDF.
• Type: Framework • Organization: mPowering • Publication Date: 2015

Health Financing Tools

Ensuring adequate health financing is crucial to providing comprehensive, equitable, and high-quality health care services to the population as a whole. Especially in countries undergoing decentralization, subnational health management may be responsible for critical aspects of health financing (e.g., designing or implementing a results-based financing scheme). Health financing is also receiving increased attention in the global health community and countries. The 2010 WHO World Health Report specifically focused on health financing and introduced many to the concept of universal health coverage. Understanding health financing is important to make informed health policy decisions that increase the effectiveness of health service delivery, optimize resource allocation, and maximize coverage.

Resource Mobilization

Mobilizing Local Resources

What is it?

Health financing policy, revenue generation, and resource allocation often take place at the national level, but there are ways to work at the subnational level to generate revenue and mobilize local resources to fund health care. Community health insurance models, community health funds, and local government revenue generation can all be the purview of the local health system and subnational health managers. Community in-kind resources can also be invaluable to a health system—both to support programs but also to create

accountability and buy-in from the community. Many countries have had success mobilizing local resources for health, including Tanzania, Ghana, and Nigeria.

How does it relate to the Comprehensive Approach to Health Systems Management?

While the Comprehensive Approach to Health Systems Management does not focus on the national level, where most health financing policy is made, subnational health systems and managers can have an impact on resource mobilization by mobilizing and managing local resources and revenue. Health managers can utilize lessons from countries that have been successful in mobilizing local resources and funds—whether through local government collection or community involvement in health financing. It is important for subnational health managers to be able to fund their health systems strengthening activities—and their priority health programming—and there are innovative way to do this at the local level.

Resources

Community Health Funds in Tanzania: A Literature Review
This literature review gives an overview of the existing community health fund projects in Tanzania, highlights their main challenges, and creates an overall base of information that can be used to develop a common understanding of community health fund issues and opportunities.
• Type: Literature Review • Organization: Tropical Consortium for Research on Equitable Health Systems
• Publication Date: January 2007

Local Public Sector Finances, Governance, and Service Delivery: Practices and Experiences in Measuring the Local Public Sector
This presentation explores why the local public sector matters for health financing and gives examples of local public sector initiatives.
• Type: Presentation • Organization: The Urban Institute • Publication Date: January 2012

A Review of Revenue Generation in Nigeria Local Government: A Case Study of Ekiti State
This article reviews the revenue collection of Nigerian local government to determine the impact of these resources.
• Type: Case Study • Organization: International Business Management (Journal) • Publication Date: 2009

Lessons Learned from Scaling Up a Community-Based Health Program in the Upper East Region of Northern Ghana
This article explains key lessons learned from scaling up Ghana's Community-Based Health Planning and Service (CHPS) initiative, with emphasis on the importance of mobilizing local resources.
• Type: Article • Organization: Global Health: Science and Practice (Journal) • Publication Date: 2013

Coverage

Community-Based Health Insurance

What is it?

Community-based health insurance (CBHI) models are generally used in settings that need to generate more resources for health from informal sector workers who are left out of the formal tax system. A CBHI scheme generates revenue through premiums paid by community members who usually voluntarily enroll. The scheme in turn pays health care providers for providing covered services to the enrollees. CHBI models can vary in design and the actors involved (private sector and public sector facilities, for both primary-level care and higher-level care). They can also employ different types of payment models, which may include fee-for-service payments for providers or bundled payments for a specific type of health condition.

How does it relate to the Comprehensive Approach to Health Systems Management?

CBHI models operate at the community level and often involve community-level officials as part of the management and oversight mechanisms for the scheme. Subnational-level officials could also be involved in the direct oversight and management of CBHI schemes. In the appropriate settings, subnational health management can use CBHI to promote preventive or other highly cost-effective services that tend to be underutilized by reducing the cost of that service at the point of care, removing a demand-side barrier. Subnational managers can also promote enrollment in CBHI schemes as a means to increase locally generated resources, which can be reinvested in the health sector.

Resources

Building Awareness to Health Insurance among the Target Population of Community-Based Health Insurance Schemes in Rural India
This article evaluates an insurance awareness campaign carried out before the launch of three community-based health insurance (CBHI) schemes in rural India, answering the questions: Has the awareness campaign been successful in enhancing participants' understanding of health insurance? What awareness tools were most useful from the participants' point of view? Has enhanced awareness resulted in higher enrolment?
• Type: Journal Article • Organization: Tropical Medicine and International Health • Publication Date: 2015

Provider Payment in Community-Based Health Insurance Schemes in Developing Countries: A Systematic Review
This article conducts a systematic review of the literature on provider payment methods used by CBIs in developing countries published up to January 2010. It covers a total of 32 CBI schemes in 34 reviewed publications.
• Type: Journal Article • Organization: Health Policy and Planning • Publication Date: 2012

Voucher Schemes

What is it?

In a health sector voucher scheme, vouchers are distributed to a target population, allowing the recipient to receive free or discounted health services. The public- or private-sector provider of the services is then reimbursed for each voucher they accept, either by the government or by a development partner. Common features of maternal health vouchers include establishing an objective of increasing the use of services among the poor, contracting out program management, contracting either exclusively with private facilities or with a mix or public and private providers, prioritizing community-based distribution of vouchers, and tracking individual claims for performance purposes.

How does it apply to the Comprehensive Approach to Health Systems Management?

Voucher schemes usually operate at the subnational or local level. Subnational and local health management may be directly responsible for voucher programs, or may serve a supporting or supervisory role for donor-led programs. Subnational health management may implement voucher schemes to increase access to RMNCH services, either for a specific services (e.g., prenatal care and institutional deliveries) or for generalized care. Subnational health management may also want to synchronize efforts between voucher schemes and community-based health providers by contracting with them to deliver services and ensure continuity of care for RMNCH services to vulnerable groups.

Resources

A Maternal Health Voucher Scheme: What Have We Learned from the Demand-Side Financing Scheme in Bangladesh?
This article analyzes lessons learned in the first two years of the maternal health voucher scheme in Bangladesh, implemented by the Ministry of Health and Family Welfare.
• Type: Journal Article • Organization: Population Council • Publication Date: 2011

Can Reproductive Health Voucher Programs Improve Quality of Postnatal Care? A Quasi-Experimental Evaluation of Kenya's Safe Motherhood Voucher Scheme
This study tests the causal relationship between the expansion of Kenya's Safe Motherhood voucher program and changes in quality of postnatal care (PNC) provided at voucher-contracted facilities.
• Type: Journal Article • Organization: Population Council • Publication Date: April 2015

Burnout at the Frontline: The Effect of a Reproductive Health Voucher Program on Health Workers in Uganda
This article highlights a study that evaluated whether providers at health facilities implementing voucher programs experience lower job satisfaction when workloads are increased without additional compensation. The authors used a semistructured survey including both closed- and open-ended questions to collect information on provider perceptions of changes in job satisfaction, workload, staffing, and salaries since the start of a health voucher program at facilities in 15 districts in western Uganda.
• Type: Journal Article • Organization: Population Council • Publication Date: 2015

Payment Models

Performance- and Results-Based Financing

What is it?

The umbrella term *results-based financing* (RBF) refers to an increasingly common form of financing that stipulates that payments will be made to health care providers and managers based on measurable results. While many existing payment models pay for inputs, RBF aims to pay for desired outcomes, including quantity and quality of health care provision. This term can be used describe several types of schemes that tend to use distinct labels (the umbrella can include vouchers and conditional cash transfer programs).

RBF can be used to do the following:

- Adjust the existing incentive environment and motivate recipients to achieve greater outcomes than are achieved under the current system.
- Generate demand for cost-effective health services by removing certain existing barriers to people seeking a service.
- Provide a compelling incentive to engage in a desired behavior.

How does it relate to the Comprehensive Approach to Health Systems Management?

Subnational officials could be involved in designing an RBF scheme or be responsible for its implementation or oversight. Moreover, because an RBF scheme rewards measurable results, existing data reporting and information systems may be strengthened as a result. Furthermore, RBF schemes necessitate verification for results, which could be an opportunity to engage and coordinate with other actors in the health system.

Examples of RBF applications within maternal and child health include the following:

- Encouraging the use of cost-effective maternal and child health services (e.g., institutional deliveries)
- Using incentives to motivate health workers to promote family planning services in their practice
- Incentivizing good management, governance, and high-quality care at health facilities

Resources

Performance-Based Financing Toolkit
This toolkit provides technical information on how to implement performance-based financing pilot projects and scale them up. The toolkit covers country experience from results-based financing (RBF) and performance-based financing (PBF) programs and outlines lessons learned and key takeaways. The toolkit is available in English, French, and Spanish.
• Type: Toolkit • Organization: World Bank • Publication Date: 2014

Performance-Based Incentives for Public Health Supply Chains
This is a training toolkit produced as part of the USAID | DELIVER PROJECT. The toolkit introduces the basics of performance-based incentives (PBI) for public health supply chains. It includes a PowerPoint presentation, facilitator notes, sample training agenda, PBI checklist, glossary of key PBI terms, list of further resources, and sample case study.
• Type: Training Toolkit • Organization: USAID, John Snow, Inc. • Publication Date: 2014

Performance-Based Financing: Examples from Public Health Supply Chains in Developing Countries:
This brief reviews real-life examples and experiences of PBF applications in the public sector (as part of the USAID | DELIVER PROJECT).
• Type: Technical Brief • Organization: USAID, John Snow, Inc. • Publication Date: 2012

The PBF Handbook: Designing and Implementing Effective Performance-Based Financing Programs:
This handbook provides an overview of PBF and covers key lessons learned in implementing PBF programs. The implementation section focuses on supply-side PBF (performance-based contracting, performance grants, and memoranda of understanding). The handbook was designed for use by both program design officers at US government agencies as well as PBF implementers at national and local levels.
• Type: Handbook • Organization: USAID, MSH • Publication Date: 2011

Performance-Based Incentives: Primer for USAID Missions
This primer gives an overview of performance-based incentives and types of performance-based programs, an argument for why USAID Missions and countries should consider utilizing these programs, and country experiences with performance-based incentives.
• Type: Primer • Organization: USAID • Publication Date: 2010

Contracting of Health Services

What is it?

Contracting of health services employs payment mechanisms that specify the terms by which the contracted entity will be paid. Contracts can serve as the mechanism for introducing financing that is tied to results achieved by the recipient. Recipients can be either public, nonprofit, or private sector. Two main contracting models exist: contracting-in, where NGOs act as financial managers and public employees provide health services, and contracting-out, where NGOs are responsible for all aspects related to the provision of a package of health services. Both types of contracting have the potential to delegate more responsibilities for management of health service delivery to facility managers or team leaders, to free up local government staff time for other tasks.

The literature argues that contracting redefines the role of government officials from health care services managers to health systems stewards, which could be positive if this change involves a more efficient use of government staff time and results in better provision of health care.

How does it relate to the Comprehensive Approach to Health Systems Management?

There are some examples of successful contracting schemes have been managed at the district or subnational level (e.g., in Cambodia). Subnational-level health managers can use contracting as a tool to achieve their objectives—for example, by basing payments on performance criteria or by engaging both the public and private sector providers and spurring competition. Subnational health managers may use contracting to improve service delivery across all types of care or specifically for RMNCH services.

Resources

Contracting Health Care Services for the Rural Poor
This case study describes a 5-year contracting experiment conducted between 1999 and 2003 in Cambodia. The Ministry of Health (MOH) contracted NGOs for the delivery of primary health care services, randomly assigning 12 rural districts with one of three health care delivery models: (1) contract-out, in which the contractors had complete management responsibility for service delivery; (2) contract-in, where contractors worked within the MOH system to strengthen the existing district administration structure and health care personnel with government supplied drugs and consumables; and (3) government, in which the management of services remained within the government district health management team (DHMT).
• Type: Case Study • Organization: World Bank • Publication Date: 2007

Performance-Based Contracting for Health Services in Developing Countries
This toolkit gives background on what performance-based contracting is and how and whether to contract. It also includes a checklist for contracting.
• Type: Toolkit • Organization: World Bank • Publication Date: 2008

Financial Management

Costing

What is it?

A comprehensive understanding of estimated and potential costs allows governments, donors, and implementers that are considering implementing or expanding health programs to advocate for necessary funding and to allocate sufficient funds at the appropriate levels of the health system. Having accurate cost information can also allow managers to control program costs and make informed financial decisions to promote efficient use of scarce resources. Appropriate use of costing tools can help shape national health policies, strengthen advocacy for increased investments to achieve health targets, and inform planning and budgeting processes.

To assist countries in the use of costing tools, several international development partners (including the North American Aerospace Defense Command [NORAD], the United Nations Population Fund [UNPF], UNICEF, the Joint United Nations Programme on HIV/AIDS [UNAIDS], the United Nations Development Programme [UNDP], WHO, World Bank, USAID through the Health Systems 20/20 and the Basic Support for Institutionalizing Child Survival (BASICS) Projects, and the Partnership for Maternal, Newborn and Child Health [PMNCH]) conducted a review of 13 costing tools relevant to the health Millennium Development Goals (MDGs) to help stakeholders select, and access, the most appropriate costing

tool for their particular objectives. Examples of common health costing tools include the OneHealth Tool, Child Health Cost Estimation Tool, CORE Plus, and many technical area-specific tools, including for integrated programming, immunization, tuberculosis care, reproductive health, and HIV/AIDS.

How does it relate to the Comprehensive Approach to Health Systems Management?

Managers at the subnational level need ways to get accurate information about the costs and resources required for implementing their programs and in order to plan and budget. Many costing tools are easy for health managers to use and can be adapted to individual community health programs, intervention packages, and health systems strengthening activities.

Resources

Interactive Costing Tool Guide
The Costing Tool Guide includes a review of 13 costing tools relevant to the health MDGs to help select an appropriate costing and resource planning tool for estimating the costs of specific health actions that may inform planning, programming, and budgeting processes.
• Type: Guide • Organization: Partnership for Maternal, Newborn, and Child Health • Publication Date: 2011

iCCM Costing and Financing Tool
This tool gives evidence-based data for implementing, scaling up, and maintaining integrated community case management (iCCM) activities that will be valuable for successful funding advocacy, for conducting feasibility or sustainability studies, for assessment of cost-effectiveness, and for planning financing strategies and mechanisms. The tool produces key data such as iCCM cases per capita, cost per service, cost per capita, number of CHWs needed per scale-up scenario, average number of iCCM cases per CHW per week, cost per CHW in terms of training and equipment, total and annual program costs, funding commitments, financing gaps by resource type, and program costs by national budget line item.
• Type: Too l • Organization: MSH • Publication Date: 2013

Budgeting and Planning Software

What is it?

There are a number of available cloud-based software packages for use by developing country governments and program managers to help budget and plan for different components of a health system. EPICOR Enterprise Resource Planning (ERP) and The Local Government Planning and Reporting Database (PlanRep) are examples of two such software systems that can offer financial management, planning, and reporting solutions. EPICOR is a computerized financial management and accounting system that is utilized by the government of Tanzania to help manage complex budgets, track incomes and expenditures, and generate reports, which would otherwise have to be completed manually. PlanRep is a database that is used by local authorities for planning, budgeting, reporting, and database management to track program budgets and implementation. The PlanRep software is further designed to import and export data to and from the EPICOR accounting systems.

How does it relate to the Comprehensive Approach to Health Systems Management?

Software tools such as EPICOR and PlanRep enable users to enter strategic plan components, create indicators and targets, produce reports, allocate revenue, enter budgets, and track expenditures. These are all important processes that have to be managed from the national to local levels, and subnational health managers play a critical role in supporting the financial management of their districts or other subnational

units. Utilizing these tools can support subnational managers to better plan and budget for their health programs, track finances, and utilize budgetary and planning data for decision making.

Resources

PlanRep
PlanRep is a software system used for program planning and reporting as part of a management information system. The software is most useful for managing project start-up, systems analysis, monitoring program rollout, and reporting on progress.
• Type: Software • Organization: PlanRep3 • Publication Date: Ongoing

EPICOR
EPICOR is a software system that automates accounting processes and manages budgets, funds, financial transactions, reporting, and procurements and commitments that can be utilized by developing country governments.
• Type: Software • Organization: Epicor Software Corporation • Publication Date: Ongoing

Costing and Budgeting Tools at the Decentralized Level: State of the Art
This presentation gives a brief overview of various software models available to help health planners and managers to estimate and project costs for various health services. These tools can be adapted for use at the state and local level and used to estimate costs to reach a specific goal or to expand or upgrade services
• Type: Presentation • Organization: USAID's Health Policy Project • Publication Date: 2011

Managing Resources at the Subnational Level

What is it?

There is much that goes into financial management at the subnational level, including managing people, processes, budget development, and expenditures. Many of these responsibilities fall on subnational management teams and managers, who may not have expert training in these areas. It is important for subnational managers to have tools at their disposal to help estimate costs, develop budgets, and manage expenditures and financial reporting. USAID's Health Policy Project and resources from WHO are particularly useful at the state and local level to assist subnational managers with resource management and understanding the economics of the health system.

How does it relate to the Comprehensive Approach to Health Systems Management?

Subnational health system managers must rely on available tools and assets to help manage the finances of the health system in order to plan, budget for, and carry out health programming. Financing is a key building block of the health system; yet it is an area in which many subnational managers may lack experience or expertise. In order to strengthen the health system, subnational managers can rely on outside resources to support their knowledge and management of health financing at the subnational level.

Resources

Economics and Financial Management: What Do District Managers Need to Know?
This working paper in the WHO series "Making Health Systems Work" goes over core topics in health economics and financial management essential for district managers and describes a limited number of financial management/health economics tools and what issues they cover. The paper also summarizes interviews with district managers to assess what they know and would like to know about financial management and economics.
• Type: Working Paper • Organization: WHO • Publication Date: 2005

Service Delivery Tools

Health care service delivery is the cornerstone of a health system. Assessing the availability, acceptability, timeliness, quality, and effectiveness of services is vital for health managers to be able to prioritize and plan. Service delivery assessment tools enable data-driven decisions to be made about what challenges to delivery are present and what changes should be made in order to improve services. While mostly based at the facility level, assessments can be useful to subnational health managers to improve management and supervision of facilities and to identify and address failings of the health system. Increasingly, service delivery assessments are also targeted to the subnational level, providing a more comprehensive view.

Service Delivery Assessments

Service Provision Assessment

What is it?

The Service Provision Assessment (SPA) is a health facility assessment that provides a comprehensive overview of a country's health service delivery. SPA surveys fill an urgent need for monitoring health systems strengthening in developing countries by collecting information on the overall availability of different facility-based health services in a country and facilities' readiness to provide those services. The SPA was developed by ICF International under the USAID-funded MEASURE DHS project, and in 2012 SPA questionnaires were updated in collaboration with international agencies to make them easier to use.

SPA surveys answer four broad groups of questions: What is the availability of different health services in a country? To what extent are facilities prepared to provide health services? To what extent does the service delivery process follow generally accepted standards of care? And are clients and service providers satisfied with the service delivery environment? The key services and issues addressed in SPA surveys are infrastructure and resources, child health, maternal and newborn health, family planning, HIV/AIDS, sexually transmitted infections, malaria, tuberculosis, basic surgery, and noncommunicable diseases.

How does it relate to the Comprehensive Approach to Health Systems Management?

The SPA surveys and tools are useful to diagnose service delivery issues at the health facility level and broader health systems issues in a subnational area. An SPA can alert subnational health managers to issues regarding availability, quality, and delivery of priority services and can be used to monitor health systems strengthening efforts.

Resources

Service Provision Assessment Questionnaires: Demographic and Health Survey Program
This document includes an overview of the Service Provision Assessment and related resources, including an inventory questionnaire, observation protocols, exit interview questionnaires, and health worker interview guides.
• Type: Questionnaires • Organization: Demographic and Health Survey Program • Publication Date: Updated 2015

Service Availability and Readiness Assessment

What is it?

The Service Availability and Readiness Assessment (SARA) is a health facility assessment tool designed to assess and monitor service availability and the readiness of the health sector to provide those services. It also generates evidence to support health system planning and management. The SARA methodology was developed through a joint WHO/USAID collaboration to fill critical gaps is measuring and tracking progress in health systems strengthening. SARA is a systematic survey that generates a set of tracer indicators on service availability and readiness. The objective of the survey is to generate reliable and regular information on service delivery; the availability of basic equipment, basic amenities, essential medicines, and diagnostic capacities; and the readiness of health facilities to provide basic health care interventions relating to family planning, child health services, basic and comprehensive emergency obstetric care, HIV, tuberculosis, malaria, and noncommunicable diseases.

How does it relate to the Comprehensive Approach to Health Systems Management?

SARA can be a useful tool for managers interested in health systems strengthening, as it can provide needed information on the availability of key human and infrastructure resources, quality and availability of care in key RMNCH areas, and service utilization. SARA provides information that can guide investments and promote data use for decision making. Health managers can look to SARA data to make decisions about how to allocate scarce resources. Repeated SARA surveys can also help track the results of investments in health systems. Moreover, SARA surveys can be utilized to measure and provide information on both public- and private-sector service delivery, to monitor community utilization and service integration efforts, and to identify health systems strengthening needs.

Resources

SARA Reference Manual: An Annual Monitoring System for Service Delivery
This manual includes an overview of the SARA survey process, tools, and indicators.
• Type: Manual • Organization: WHO • Publication Date: Revised 2015

SARA Implementation Guide
This guide provides step-by-step instructions for countries on how to implement a SARA survey.
• Type: Implementation Guide • Organization: WHO • Publication Date: 2015

Knowledge, Practice, and Coverage and Knowledge, Attitude, and Practices Surveys

What is it?

Knowledge, Practices, and Coverage (KPC) and Knowledge, Attitudes, and Practices (KAP) surveys are assessment tools that can help improve service delivery. The focus of these surveys is on collection of data at the household level to get information not readily available at health facilities, such as key changes in levels of patient knowledge and behaviors and coverage of important health interventions. These surveys are rapid, are based on relatively small populations, and can be customized to specific technical areas. They are intended to help implementers understand the local context to best plan health delivery and measure progress.

How does it relate to the Comprehensive Approach to Health Systems Management?

KPCs and KAPs are very useful to subnational managers, as they can be customized to specific technical areas of a program and be used to design surveys across integrated health programs. The tools are also compatible with the Demographic and Health Surveys (DHS), the Multiple Indicator Cluster Survey (MICS), and other internationally recognized surveys and initiatives. Their value lies in their ability to help implementers understand the health situation at a local level, measure progress toward goals, and use collected information for decision making.

Resources

KPC Resources, Modules, and References
This resource provides tools and references that are useful for countries and organizations implementing service delivery programs.
• Type: Website • Organization: USAID MCHIP • Publication Date: 2014

Quality Improvement

USAID's ASSIST Project

What is it?

The USAID Applying Science to Strengthen and Improve Systems (ASSIST) project is a 5-year program led by the Office of Health Systems of USAID's Global Health Bureau, with the goal of improving the delivery of health and social services in USAID-assisted countries. The project is aimed at building the capacity of service delivery organizations to improve the effectiveness, efficiency, client-centeredness, safety, accessibility, and equity of the health and family services they provide. It also focuses on institutionalizing this capacity through competency development during pre- and in-service training, as well as engaging at the policy level with host country governments. USAID ASSIST is grounded in improvement science, an approach the draws on psychology, organizational behavior, adult learning, and statistical analysis of variation in order to better understand systems and create sustainable improvements in modern health care.

How does it relate to the Comprehensive Approach to Health Systems Management?

Subnational managers can access valuable information on what has worked (or not worked) in terms of quality improvement strategies and methods in USAID ASSIST-supported countries. USAID ASSIST has also documented information about improvement science, including an improvement methods toolkit. Subnational managers can access this toolkit to find information about various improvement methods that could be applied to improve health care in their area.

Resources

Improvement Methods Toolkit
This toolkit provides information about improvement methods including accreditation; audit and feedback; certification; collaborative improvement; licensing and registration; organization of work; performance-based incentives; process improvement and redesign; reminders; standards; and evidence-based guidelines, supervision, and training.
• Type: Toolkit • Organization: USAID ASSIST • Publication Date: 2015

Core Competency Framework for Quality Improvement
This framework is designed to provide the competencies needed by health care workers and frontline quality improvement teams in order to continuously improve the care they provide. Managers, supervisors, evaluators, and trainers can use it to identify and address competency development needs for in-service training and continuing education.
• Type: Framework • Organization: USAID ASSIST • Publication Date: 2015

Practical Improvement Sciences in Healthcare: A Roadmap for Getting Results
This 6-week free course is open and free to all and includes short, online lectures; materials and resources; and a social network, including peer-to-peer feedback mechanisms.
• Type: Online course • Organization: USAID ASSIST • Publication Date: 2016

Age-Disaggregated Data Collection and Analysis Tool
This tool is a District Improvement Database, which allows for the analysis of maternal and reproductive health outcomes among females of different ages to identify gaps in outcomes among young females and older women. The Database has been designed to track and create charts for up to 30 improvement indicators for a single district containing multiple sites.
• Type: Data Collection and Analysis Tool • Organization: USAID ASSIST • Publication Date: 2015

SafeCare

What is it?

SafeCare was established in 2011 as a partnership between the Council for Health Service Accreditation of Southern Africa, PharmAccess Foundation of the Netherlands, and the Joint Commission International (a US-based quality standards authority). The aim was to develop standards to provide a sustainable, realistic framework to ensure patients receive safe and optimal care, even in the face of resource constraints. SafeCare currently acts as the custodian of internationally recognized sets of standards for defined categories of providers, including general practitioners, nurse- or clinical officer-driven health posts, mobile and semimobile facilities, primary care facilities, community health centers, primary health centers, and district hospitals. SafeCare is working to evolve as an international network that will eventually encompass NGOs, government representatives, and independent medical associations.

SafeCare has three key objectives: (1) support basic health care providers in resource-restricted settings to go through step-wise structured improvement programs to deliver safe and quality-secured care to their patients; (2) introduce standards that enable health care facilities in resource-restricted settings to measure and improve the quality, safety, and efficiency of their services and allow for rating and benchmarking of providers across the health system; and (3) help build the capacity within existing (national) programs to implement and measure health care quality improvement that eventually can lead to independent accreditation.

How does it relate to the Comprehensive Approach to Health Systems Management?

Subnational managers in resource-restricted areas can access the SafeCare standards to help measure and improve the quality of health care in their area. Since being launched in 2011, SafeCare has worked in Kenya, Ghana, Tanzania, and Nigeria, all of which are MCSP countries. In these countries, quality improvement efforts have been supported by innovative data collection and reporting tools, allowing for real-time clinic assessment and online monitoring. The data collected on clinical performance within these countries allows for better prioritization of financial resource allocation, enabling a more efficient use of available resources.

Resources

SafeCare Essentials
SafeCare Essentials is based on Junior Chamber International's (JCI) Essentials of Health Care Quality and Patient Safety™, which is a rapid assessment tool. It identifies five primary risk areas related to quality and safety. The Essentials may be used as a rapid screening tool or as a self-evaluation strategy for facilities wanting to enact quality improvement efforts but also as a basis for governments to help develop an inspectorate system (a system to ensure official regulations are obeyed) for public and private health care facilities.
• Type: Assessment Tool • Organization: SafeCare • Publication Date: 2011

SafeCare Standards
These are downloadable standards in management and leadership, human resource management, patient and family rights and access to care, management of information, risk management, primary health care services, inpatient care, operating theater and anesthetic services, laboratory services, diagnostic imaging services, medication management, facility management services, and support services.
• Type: Standards • Organization: SafeCare • Publication Date: 2011

Patient "Quality Work in Progress" Posters
This is part of a series of posters for the patients of the participating facilities to explain and visualize what quality improvement means. The posters are titled "Quality Work in Progress" and they use cartoons to address different before-and-after situations on topics such as hygiene, attitude toward patients, and administrative protocol to show what SafeCare means in practice and what changes the patient can expect. The posters have been developed in English, Swahili, and Nupe.
• Type: Posters • Organization: SafeCare • Publication Date: 2011

Standards-Based Management and Recognition

What is it?

Standards-Based Management and Recognition (SBM-R) is a practical management approach to performance and quality improvement developed in the field by Jhpiego. It consists of the systematic, consistent, and effective utilization of operational performance standards as the basis for the organization and functioning of health care services and for the rewarding of compliance with standards through recognition mechanisms. There are four basic steps to SBM-R:

1. Setting standards of performance in an operational way
2. Implementing the standards through a streamlined and systematic methodology
3. Measuring the progress to guide the improvement process toward these standards
4. Recognizing the achievement of the standards

How does it relate to the Comprehensive Approach to Health Systems Management?

SBM-R is an approach that could be implemented at the subnational level in MCSP countries as a strategy for performance and quality improvement. Jhpiego published a field guide (see the resource box) which can be used to implement all four steps of SBM-R; manage the change process by implementing activities to prepare, strengthen, and reinforce the approach; and increase demand and participation among clients and communities. The guide also includes a section on evaluating an SBM-R initiative and presents lessons learned from large-scale SBM-R efforts. The intended audience of the guide is provincial/regional or district health managers who want to improve the services for which they are directly responsible.

Resources

Standards-Based Management and Recognition: A Field Guide
This field guide outlines the Standard-Based Management and Recognition (SBM-R) approach. It is intended to provide guidance for improving health care delivery by using these standards of care, answering questions such as the following: What types of standards are the most useful to local providers and managers? How can they be implemented in a practical way? The guide has been developed for frontline providers of service delivery organizations and for central, provincial/region, or district health managers who want to improve the services for which they are directly responsible.
• Type: Field Guide • Organization: Jhpiego • Publication Date: Reprinted in 2007 (original 2005)

Standards-Based Management and Recognition for Improving Quality in Maternal and Newborn Care: Assessment Tool
This tool includes two sets of performance standards supporting the provision of basic emergency obstetric and newborn care (BEmONC): (1) at health centers and dispensaries and (2) at hospitals. The standards are comprised of six key sections: normal labor, delivery, and immediate newborn care; management of antenatal intrapartum and postpartum complication; postpartum newborn care; infrastructure and human resources; information, education and communication, and community; and support systems.
• Type: Performance Standards • Organization: United Republic of Tanzania, Ministry of Health and Social Welfare, USAID • Publication Date: 2011

WHO Quality of Care Framework

What is it?

This framework provides decision makers and managers at the country level with a systematic process that allows them to design and implement effective interventions to promote quality in health systems and to choose components of quality to focus on and prioritize. The process is divided into three stages: (1) analysis (involving stakeholders, conducting a situational analysis, confirming health goals), (2) building the strategy (developing quality goals, choosing interventions for quality), and (3) implementation (implementation, monitoring progress).

How does it relate to the Comprehensive Approach to Health Systems Management?

The framework proposes a simple, easy-to-understand process to designing quality improvement programs that can be adapted to take into account many different country-specific factors. Subnational managers can use the framework and the accompanying guide to prioritize and implement quality improvement activities. The guide also includes two additional tools: a self-assessment questionnaire and a matrix mapping various quality interventions with the different roles and responsibilities of actors in a health system.

Resources

Quality of Care: A Process for Making Strategic Choices in Health Systems
This WHO Quality of Care guide provides decision makers and managers with a systematic process to design and implement effective interventions to promote quality in health systems. The guide is divided into four sections: background and assumptions on for the process, basic concepts in quality (working definitions of what is meant by quality in the context of health and health care), a process for building a strategy for quality, and appendixes with additional tools.
• Type: Guide • Organization: WHO • Publication Date: 2006

Information and Data Tools

Data gathering, data quality, and the appropriate use of data for decision making are important responsibilities of the health system and, at the local level in particular, are the purview of health program managers. Information systems are often complex and can create barriers to effectively managing and prioritizing health systems activities if not working properly. Tools that can help alleviate data and information system challenges are, for these reasons, of great interest to subnational health managers. Data tools can help provide timely, accurate, and high-quality data, as well as assist in managing the health system as a whole. Further, many different priority health systems issues, such as commodities and supply chains, human resources for health, and financial management, can be addressed using data.

Health Information Systems

What is it?

Health information systems (HIS) that are performing well produce reliable and timely information on health determinants, health status, and health system performance. District and subnational managers should be enabled to utilize the information and data that health information systems provide to identify progress, bottlenecks, and gaps; make evidence-based decisions; and allocate resources in the most efficient way possible. There are many information systems available for use at the national and subnational levels focused on different areas, including service delivery data, logistics, human resources, and financial information.

How does it relate to the Comprehensive Approach to Health Systems Management?

While most health information systems are adapted by the national level and then utilized throughout a country, subnational managers can still utilize the information produced to enhance the management of their local health system. The information coming out of health information systems can be used by managers to identify gaps and challenges that inform health systems strengthening activities. Data can then be used to monitor progress of activities and to course-correct when indicators reveal that goals are still not being met.

Resources

Health Metrics Network: HMN Framework and Standards for Country Health Information System Strengthening
This toolkit outlines experiences from HIS experts throughout the world; it includes assessment tools, frameworks, and guidance for HIS strategic planning.
• Type: Toolkit • Organization: WHO Health Metrics Network • Publication Date: 2015

Roadmap for Health Measurement and Accountability: Measurement and Accountability for Results in Health
This roadmap and five-point call to action provide a platform for a shared strategic approach to support effective measurement and accountability systems for health programs at the country level.
• Type: Roadmap • Organization: WHO • Publication Date: 2015

Human Resources for Health Information Systems: Strengthening Management of Human Resources
This website provides open-source human resources information solutions.
• Type: Software and Toolbox • Organization: USAID's CapacityPlus Project • Publication Date: 2015

USAID's MEASURE Evaluation Project

What is it?

The MEASURE Evaluation Project is a USAID-funded effort to assist governments and institutions to generate and use information to make better decisions about improving health systems and scaling up what works. The goal of the project is to improve health by strengthening country capacity to generate and use high-quality health information and data to make strategic decisions at local, national, and global levels. MEASURE is also interested in building capacity to monitor and evaluate health programs in order to use quantifiable data; they do this by working with local partners to strengthen community-based and national health information systems. MEASURE works specifically on data and data tools by conducting assessments that identify areas for improvement in data demand and use; collaborating on data use infrastructure; building capacity on data analysis, interpretation, synthesis, and presentation; and developing sustainable data use plans.

How does it relate to the Comprehensive Approach to Health Systems Management?

Quality data and data use are important components of local health systems and often create complex problems for subnational health managers. Data may be identified as a priority for action using the approach and MEASURE offers many different data tools that can be utilized by subnational health managers.

Resources

Health Information Tools: To Strengthen Information Systems and Improve Decision Making
The MEASURE suite of tools and resources includes guides on data demand and use, frameworks for linking data and action, and assessments of data use constraints.
• Type: Suite of Resources • Organization: MEASURE Evaluation Project • Publication Date: Revised 2015

Routine Data Quality Assessment Tool: Capacity Building and Self-Assessment of Data Quality
This assessment toolkit is comprised of a data quality assurance suite of tools and methods that include both auditing tools designed for use by external teams and routine data quality assessment tools.
• Type: Assessment Toolkit • Organization: MEASURE Evaluation Project and K4Health • Publication Date: 2008

Maternal and Perinatal Death Surveillance and Response

What is it?

Death audit and autopsy tools are used to provide continuous surveillance of deaths at or in the vicinity of a health facility and to engage the health information system and quality improvement processes to respond with actions that will prevent future deaths. The tools and processes include the routine identification, notification, quantification, determination of cause, and assessment of preventability of deaths. The goal of these tools is to obtain and strategically use information to guide health actions and monitor their impact. Most often death audit tools are used in relation to maternal or perinatal deaths and help provide information that guides immediate and longer-term actions to reduce maternal and perinatal mortality—as well as record these deaths. Knowing information about perinatal and maternal deaths is useful to health program managers and policy and decision makers in allocating and prioritizing resources.

How does it relate to the Comprehensive Approach to Health Systems Management?

Subnational health managers need to know not only how and why maternal and perinatal deaths occur but how to respond to them programmatically as well. Maternal and perinatal death audit tools connect the information system needs surrounding a death with the service delivery and quality-of-care responses that can help prevent deaths in the future. They can be valuable both as tools for data collection and to improve the quality of clinical services.

Resources

MDSR: Maternal Death Surveillance and Response Tool
This tool provides technical guidance to move from maternal death reviews to surveillance and response. The tool is intended for health care professionals, planners, and managers working toward improving maternal health, and it builds off of the 2004 WHO publication "Beyond the Numbers: Reviewing Maternal Deaths and Complication to Make Pregnancy Safer" and prior work done in this area by WHO and other partners.
• Type: Audit Tool • Organization: WHO • Publication Date: 2013

Quality-of-Care Audits and Perinatal Mortality in South Africa
This article outlines quality of care audits and perinatal mortality in South Africa
• Type: Article • Organization: WHO • Publication Date: 2014

Better Immunization Data

What is it?

The Better Immunization Data (BID) Initiative—led by PATH and funded by the Bill & Melinda Gates Foundation—is working toward a goal of better data, for better decisions, leading to better health. It helps to empower countries to enhance immunization and overall health service delivery through improved data collection, quality, and use. BID operates around several core principles: coordinated approaches; country ownership and capacity development; interoperability; innovation; sustainability; openness; strategic re-use; and research, monitoring, and evaluation. The BID approach is to partner with countries and other global health stakeholders to deploy a holistic and scalable approach that involves people, policies and practices, and products. The interventions and systems they are targeting include national electronic immunization registries, supply chain systems, barcodes for registries and vaccine commodities, targeted supportive supervision, and community microtraining.

How does it relate to the Comprehensive Approach to Health Systems Management?

Subnational health managers are often unaware of why or how health services are not reaching portions of the populations—whether it is due to lack of awareness, accessibility, availability, or other issues. Better data is needed to understand why certain health indicators are, or are not, improving. The BID Initiative can help managers who are interested in this information, especially in regard to their immunization programs. BID has guidance available and is working in countries to support their approach to improving the quality and use of data.

Resources

Better Immunization Data Initiative
This website is designed to empower countries to enhance immunization and overall health service delivery through improved data collection, quality, and use.
• Type: Website • Organization: Better Immunization Data Initiative, PATH • Publication Date: Ongoing

Better Immunization Data Initiative Tanzania Case Study
This case study examines the BID Initiative work in Tanzania to collect better data to make better decisions, leading to better health outcomes.
• Type: Case Study • Organization: Better Immunization Data Initiative • Publication Date: 2015

Knowledge4Health

What is it?

Knowledge for Health (K4Health) is a USAID-funded knowledge management project that strives to meet the needs of health program managers and service providers by researching knowledge management as a health intervention, providing a global repository of essential knowledge management tools, and delivering solutions to the field. The K4Health website includes a set of over 75 toolkits covering a range of topics, from family planning program models and maternal and child health to cross-cutting technical areas and policy and advocacy; toolkits can be either global or country-specific. Toolkits include background and global evidence (such as published literature and presentations on the topic), country experiences where relevant, advocacy guides and tools, training materials and job aids, and key indicators. The tools are most often mobile or electronically based and designed for practical, everyday use by program managers and practitioners.

How does it relate to the Comprehensive Approach to Health Systems Management?

K4Health Toolkits can provide managers with quick access to health program information that can aid in developing policies, designing programs, and making evidence-based decisions on health services. These wide-ranging toolkits can be used by subnational health managers for many different health program and policy priorities, and there are many health systems strengthening-related toolkits that provide resource materials for leadership and management issues, health program planning, monitoring and evaluation, and service integration—all important health sector areas that could be prioritized using the approach.

Resources

K4Health Toolkits
These toolkits, intended for health program managers, policy makers, and service providers, provide quick and easy access to relevant and reliable health information in one convenient location. Examples include a Community-Based Family Planning Toolkit, a Family Planning and Immunization Integration Toolkit, and a Respectful Maternity Care Toolkit.
• Type: Toolkits • Organization: K4Health Project • Publication Date: Ongoing

Supply Chain and Commodities Tools

Health systems rely on a functioning supply chain and logistics management system, as well as the availability of commodities to provide care to populations. However, subnational managers often face many challenges in this area, including the lack of appropriate and high-quality medicines and supplies, frequent stock-outs at multiple levels, and ineffective tracking, management, and forecasting. There are many existing projects and resources that can aid subnational health managers in tackling their supply chain and commodity issues in order to better reach their populations with life-saving commodities and supplies.

USAID's DELIVER Project

What is it?

The USAID DELIVER project partners with ministries of health and other organizations to increase the availability of health supplies and commodities. DELIVER develops and implements logistics solutions, promotes commodity security, procures and transports health commodities, and works with local organizations to build capacity to maintain sustainable supply of important health commodities. The project is known for its work delivering family planning, reproductive health, HIV/AIDS, and malaria provisions. It also develops tools and resources aimed at many different stakeholders in the health system—from policy makers to health workers.

How does it relate to the Comprehensive Approach to Health Systems Management?

Health supplies and commodities are essential for a functioning health system, but their delivery systems are often complex and difficult for managers to oversee. Stock-outs, wastage, poor-quality commodities, and inefficient supply chains are just a few of the issues that subnational health managers could face. The DELIVER project has developed a number of tools useful to subnational health managers to help them alleviate supply chain and commodity challenges.

Resources

The Logistics Handbook
This handbook provides an introduction to logistics, as well as practical guidance for managing aspects of a public health supply chain, and is available in multiple languages.
• Type: Handbook • Organization: USAID DELIVER • Publication Date: Updated in 2011

Supply Chain Management Training Courses: Distance Learning
This is a series of free, computer-based courses in supply chain management. Topics include logistics management information systems, inventory systems, and storage and quantification of health commodities.
• Type: e-Learning • Organization: USAID DELIVER • Publication Date: Ongoing

Supply Chain Tools: Tools for Improvement of Public Health Supply Chains
This is a series of tools, guides, and briefs developed on topics critical to the improvement of public health supply chains.
• Type: Mixed • Organization: USAID DELIVER • Publication Date: 2013

USAID's Systems for Improved Access to Pharmaceuticals and Services Project

What is it?

USAID's Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program works to strengthen the management of essential medicines and health supplies, particularly pharmaceuticals. The program works with countries to build their capacity to procure and distribute high-quality medicines and with local partners to develop strong systems for ensuring adequate financing, human resources, governance, information, and delivery for product supply. SIAPS is particularly focused on improving metrics, monitoring, and evaluation, promoting local ownership and advocating for sustainable health systems. The program is committed to making pharmaceuticals more accessible, affordable, and of higher quality.

How does it relate to the Comprehensive Approach to Health Systems Management?

In many cases weak health systems can prevent populations from accessing basic medicines and commodities; or commodities may be of poor quality, intermittently available, or too expensive for a health system to procure. SIAPS looks at a pharmaceutical system comprehensively to ensure high-quality commodities, efficient distribution, sustainability of supplies, and adequate financing. If subnational health managers identify a need for assistance with medicines registration, tracking, forecasting, patient and inventory management, and avoiding stock-outs, the SIAPS project has many available resources.

Resources

Pharmaceuticals Tools and Guidance
This is a suite of electronic tools that can help pharmaceutical managers develop sound policies and monitor supplies and services. It includes specific tools on medicine dispensing and treatment adherence tracking, medicines registration, forecasting and quantification, and inventory management.
• Type: Electronic Tools • Organization: SIAPS • Publication Date: Ongoing

Partnership for Supply Chain Management

What is it?

The Partnership for Supply Chain Management brings together organizations working on supply chain systems in developing countries—including JSI, MSH, and private sector partners—to help ensure the reliable availability of essential products and to strengthen national supply chains so that they can become sustainable mechanisms for delivering products to clients. The Partnership also creates a platform for collaboration and sharing of resources and experiences related to procurement and supply chain management tools.

How does it relate to the Comprehensive Approach to Health Systems Management?

Managing supply chains is a vital responsibility of subnational managers—without the effective management of these systems, no health programming can take place. Subnational health managers who are facing challenges with supply chains, logistics, laboratory, pharmaceuticals, and human resources related to supply chains can utilize the resources that the Partnership has developed or made available on its resource platform.

Resources

Pipeline
These desktop software tools help program managers to plan optimal procurement and delivery schedules for health commodities and monitor orders throughout the supply chain.
• Type: Software • Organization: Partnership for Supply Chain Management • Publication Date: Ongoing

PFSCM Resources
The Partnership for Supply Chain Management organizes a resource portal for supply chain community members to share information and resources and collaborate on solving supply chain issues.
• Type: Website • Organization: Partnership for Supply Chain Management • Publication Date: Ongoing

Equity and Gender Tools

Understanding equity and gender issues is critical to improving health service delivery and extending coverage to previously unreached populations. It is crucial for subnational health managers to have information about existing gender dynamics and norms that affect equitable access to care, as well as on vulnerable subgroups and underserved populations within their coverage area. Subnational health managers can use gender and equity tools at many different points in program cycles, from assessing current constraints and opportunities; to strategic planning in order to strengthen the synergy between gender, equity, and health goals; to monitoring and evaluating the impact of program interventions.

Gender Analysis

What is it?

Gender analysis is defined as a systematic way of examining the differences in roles and norms for women and men, and girls and boys; the different levels of power they hold; their differing needs, constraints, and opportunities; and the impact of these differences in their lives. There are two fundamental questions a gender analysis tries to answer: (1) How will the different roles and status of women and men affect the work to be undertaken; and (2) How will anticipated results of the work affect women and men differently? These analyses closely examine power structures created by practices, roles, and participation; knowledge, beliefs,

and perceptions; access to assets and resources; and legal rights and status. Gender analysis goes beyond disaggregating data by sex, but it may use sex-disaggregated data to identify notable issues or patterns.

How does it relate to the Comprehensive Approach to Health Systems Management?

Gender analysis is an important tool because gender is a key cross-cutting issue that can affect equitable access to health care. Gender relations and norms affect individual, household, community, facility, and health policy dynamics that affect uptake and delivery of RMNCH services. Understanding existing power dynamics can help subnational managers to identify issues that affect how providers deliver care in their area. MCSP offers various frameworks and tools that managers can use to conduct assessments on gender dynamics and implications across all levels of the health system.

Resources

Gender Analysis Primer
This primer explains what a gender analysis is, provides the rationale for performing one, links to resources such as previous USAID gender assessments and sources of data (e.g., WomenStats Project, UN Convention of the Elimination of All Forms of Discrimination against Women country reports), and provides information on when gender analyses should be performed and by whom.
• Type: PowerPoint • Organization: MCSP, Jhpiego • Publication Date: 2014

Gender Data collection and Analysis Toolkit
This toolkit provides research questions to guide data collection when performing a project-level gender analysis. The toolkit provides illustrative questions related to the five domains described in USAID Automated Directive System (ADS). It also presents illustrative general and health area-specific questions organized in matrices related to different levels of the health system. At the subnational level, it provides guidance on questions about resource allocation, human resource issues, and referral and logistics systems.
• Type: Toolkit • Organization: MCSP, Jhpiego • Publication Date: November 2015

Gender Budget Analysis
This tool evaluates a budget's impact on women and men by identifying and prioritizing existing issues, assessing existing government policies and programs in relation to these priorities, assessing the extent to which the government budget is adequate to implement the policies and programs, monitoring the extent to which resources are used for their intended purpose and reach intended beneficiaries, and evaluating the impact of the resources spent on the problems identified.
• Type: Toolkit • Organization: MCSP, Jhpiego • Publication Date: November 2015

Gender Programming

What is it?

Gender programming systematically integrates a gender dimension into every step of the program process, from defining the problem to be solved; to identifying possible solutions; to developing the methodology and approach of implementation; to defining the objectives, outcomes, outputs, and activities, in program budgeting, and throughout the monitoring and evaluation process.

How does it relate to the Comprehensive Approach to Health Systems Management?

In addition to using the gender analysis tools identified in the previous section (which can be used both during the planning and during the monitoring and evaluation phases of a project), subnational managers can use gender programming tools such as the MCSP Gender Integration Pathway to identify common gender

issues and inequalities within their districts and to highlight possible interventions to address these issues and improve RMNCH outcomes.

Resources

Manual for Integrating Gender into Reproductive Health and HIV Programs
This manual includes guiding principles of a gender-integrated program, elements of a gender-integrated program, and a process for gender integration throughout program cycles.
• Type: Manual • Organization: USAID, Integration Gender Working Group • Publication Date: 2003

Gender Discrimination and Health Workforce Development: An Advocacy Tool
This tool is drawn from the CapacityPlus 2012 systematic review, Transforming the Health Worker Pipeline: Interventions to Eliminate Gender Discrimination in Preservice Education (Ng, Newman, and Pacqué-Margolis 2012).[AU: This reference doesn't appear in this document.] The authors compiled over 300 peer-reviewed articles, reports, program documents, and websites from around the world that documented interventions or strategies to counter gender discrimination in higher education. From these resources, 51 specific interventions were identified for review and ranking by an expert panel.
• Type: Systematic Review • Organization: USAID, Capacity Plus • Publication Date: 2015

MCSP Gender Integration Pathway
This diagram lays out common gender issues and inequalities, how they impact RMNCH outcomes, possible interventions to integrate in projects to address these issues, and expected outcomes and impacts of these interventions.
• Type: Diagram • Organization: MCSP, Jhpiego • Publication Date: 2014

Socioeconomic Profile Analysis

What is it?

The Socioeconomic Status (SES) Profile Tool provides a simple, low-cost method for assessing the socioeconomic profile of the beneficiaries of an intervention to determine whether the intervention is pro-poor. The analysis provides a frequency distribution of the beneficiaries across socioeconomic groups (usually socioeconomic quintiles). Ideally, a larger proposition of the beneficiaries will fall within the lower numbered quintiles (meaning the intervention is benefiting the poor more than the wealthy, who were already more likely to have access to essential services). The approach is relatively low-cost because the socioeconomic profile of beneficiaries can be compared to precalculated national asset indices by simply adding country-specific asset questions to planned household or facility exit surveys. The sample size for these surveys can be relatively small, as they are piggybacking off of much larger, established surveys such as the DHS.

How does it relate to the Comprehensive Approach to Health Systems Management?

The SES Profile Tool can be useful to subnational health managers who want to determine equitable access to health services. It can be used as a tool to advocate for policies and models that are truly pro-poor. Currently, the SES Profile Tool requires a small amount of technical assistance, but a more simplified model is under development that will make this tool even more accessible to subnational managers.

Resources

Assessing the Socioeconomic Profile of the Beneficiaries of an Intervention: A Step-by-Step Guide
This guide describes a simple, low-cost method for assessing the socioeconomic profile of the beneficiaries of an intervention to determine whether the intervention is pro-poor. The guide provides details on each step of the analysis.
• Type: Guide • Organization: MCSP, MCHIP • Publication Date: 2013

SES Profile Tool Webinar
This recorded webinar explains the SES tool's methodology and pilot implementation.
• Type: Webinar • Organization: MCSP • Publication Date: 2015

SES Case Studies
These case studies examine the use of the SES profile tool in Honduras and Uganda (available soon).
• Type: Case Studies • Organization: MCSP • Publication Date: 2016

MCHIP Health Equity Programming Checklist
This checklist was developed under MCHIP to be used either when designing a program to guide thinking about health equity or in the middle of project implementation to refine the program's response to existing health inequities. It is based on a six-step process to lead to a shared understanding by project staff and stakeholders about how to address inequities in health, how to track health equity situations over time, and how to explain improvements.
• Type: Checklist • Organization: MCHIP • Publication Date: 2013

Considerations for Incorporating Health Equity into Project Designs: A Guide for Community Oriented Maternal, Neonatal, and Child Health Projects
This reference document includes appendixes with worksheets to keep track of information needed to make key decisions about equity programming.
• Type: Guide • Organization: MCHIP • Publication Date: 2013

Equity Frameworks

What is it?

In 2010, the USAID Health Policy Initiative published its EQUITY Framework for Health, designed to help policy makers and advocates engage the poor throughout the policymaking process and integrate pro-poor strategies into health policies and plans. EQUITY represents the six components of the framework, each of which is accompanied by a corresponding policy brief:

- Engage and Empower the Poor
- Quantify Inequities in Access to Health Services and Health Status
- Understand and Address Barriers to Access among the Poor
- Integrate Equity Goals, Approaches, and Indicators into Policies, Plans, and Development Agendas
- Target Resources and Efforts to the Poor: Yield Public-Private Partnerships for Equity

The final component uses a "total market approach" to leverage resources across sectors in order to enhance the reach and impact of programs, expand client choices, and engender greater equity for underserved groups. This involves engaging subsidized NGOs, faith-based organizations, and the private sector in addition to government organizations to create public-private partnerships (PPPs) in the health sector. The brief includes examples of successful PPPs in India, Peru, Mexico, Mozambique, and Rwanda.

How does it relate to the Comprehensive Approach to Health Systems Management?

The EQUITY Framework and corresponding briefs provide practical guidance on engaging the poor in policy making and could be used at the subnational level to integrate pro-poor strategies. The framework is rooted in analysis, provides strategies to increase advocacy and dialogue, and ends with ideas for actions to improve equitable access to health services. Each brief includes lessons learned from applicable case studies.

Resources

EQUITY: Engage and Empower the Poor
The first component of the EQUITY Framework calls for engaging and empowering the poor. This brief explores ways to engage the poor throughout the policy process, using illustrative examples from Guatemala, Kenya, Vietnam, and India.
• Type: Brief • Organization: USAID Health Policy Initiative • Publication Date: 2010

EQUITY: Quantify Inequalities in Access to Health Services and Health Status
To illustrate an approach for quantifying inequalities, this brief summarizes a study that examined reproductive and maternal health indicators by relative wealth and place of residence in 16 countries.
• Type: Brief • Organization: USAID Health Policy Initiative • Publication Date: 2010

EQUITY: Understand Barriers to Access among the Poor
This brief explores barriers to family planning and reproductive health services in Guatemala and Kenya.
• Type: Brief • Organization: USAID Health Policy Initiative • Publication Date: 2010

EQUITY: Integrate Equity Goals, Approaches, and Indicators into Policies, Plans, and Development Agendas
This brief presents examples of how stakeholders integrated equity into health policies and strategies in Kenya and Uttarakhand, India.
• Type: Brief • Organization: USAID Health Policy Initiative • Publication Date: 2010

EQUITY: Target Resources and Efforts to the Poor
This brief presents examples from Jharkhand, India, and Guatemala on targeting policies and programs to the poor, indigenous populations, and other underserved groups.
• Type: Brief • Organization: USAID Health Policy Initiative • Publication Date: 2010

EQUITY: Yield Public-Private Partnerships for Equity
This brief presents examples from India, Peru, Mexico, Mozambique and Rwanda of a "total market approach" (taking advantage of resources across sectors so that government and/or subsidized NGO, faith-based, and private sector services cater to the needs of the poor, while clients who can afford to pay for health services patronize the commercial sector).
• Type: Brief • Organization: USAID Health Policy Initiative • Publication Date: 2010

Mobilizing Various Actors and Sectors

Multisector progress is key to accelerating positive results in health. Countries making accelerated progress in one sector are likely to be making progress in other sectors (e.g., improvements in health-related MDGs are likely to coincide with improvements in education MDGs, as healthier children are more likely to be able to attend school). Health sector investments are important but often insufficient; investments and gains made in other sectors are equally important. In addition, programs often focus exclusively on the public sector, ignoring the private sector, which often provides health care services to a substantial portion of the population in developing countries.

Low- and middle-income countries making rapid progress across sectors employ a diverse set of strategies for engaging different actors and sectors:

- Whole or total market approaches (delivering commodities through both public and private channels)
- Coordinated, multisectoral planning
- Public-private partnerships
- Facilitating systemic changes in market systems to make them more pro-poor
- Health franchising

Whole/Total Market Approaches

What is it?

USAID funds several "whole" or "total" (terms often used interchangeably) market projects led by PSI, PATH, SHOPS, and FHI 360. These projects are focused on delivering health commodities through both public and private channels (in other words, using the whole market).

The PSI Total Market Approach was launched in 2012, and it uses a comprehensive approach to working with health providers across all sectors (public, private, other) to deliver health commodities. The aim of the approach is to segment the commodity marketplace and reach users based on their ability to pay. The poorest are reached through free distribution, those somewhat better-off receive subsidized products, and those with greater ability to pay are reached by commercially distributed products. The approach uses evidence-based market planning and market analysis to ensure understanding of target population and needs.

The PATH and SHOPS versions of the total market approach are focused on social marketing for reproductive health products and commodities across health providers in public and private sectors. The aim is to grow the total market of health commodity users by reaching new users and increasing levels of use of target groups. The approach aims to address marketplace inequities and failures to enable more sustainable programs. Both PATH and SHOPS use market segmentation and analysis of the relative strengths and weaknesses of both the public and private sectors, targeting services in each that are most needed by the larger population. There is a strong emphasis on monitoring performance beyond simply looking at sales of commodities, recognizing the need to focus on equity and to analyze utilization across different market segments.

How do these programs relate to the Comprehensive Approach to Health Systems Management?

There may be opportunities for collaboration between the Comprehensive Approach to Health Systems Management and existing TMAs. For instance, TMA principles and tools can be utilized to help managers who prioritize public-private mobilization through the Comprehensive Approach to Health Systems Management. In addition, there are many complementarities between the two approaches, including the focus on HRH constraints and solutions, financial management, and community engagement and feedback. Managers prioritizing these areas through the approach can look to the TMA approach for additional resources.

Resources

UNFPA and PSI Case Studies Outlining In-Country Implementation
These case studies are part of a series that UNFPA and PSI produced over the course of a year. The series takes a critical look at the communities in which UNFPA and PSI operate and highlights ways in which both agencies can improve their support in those communities and their engagement with other stakeholders, to grow and strengthen the total market for condoms. This series of case studies is intended to inform appropriate evidence-based decisions that increase condom use equitably and sustainably through actions undertaken in all supply sectors. Employing such a total market approach means that all three sectors—public, social marketing, and commercial—work together to deliver health choices for all population segments.

Cases Include:
- Botswana: A Total Market Approach for Male Condoms
- Lesotho: A Total Market Approach for Male Condoms
- Mali: A Total Market Approach for Male Condoms
- South Africa: A Total Market Approach for Male Condoms
- Swaziland: A Total Market Approach for Male Condoms
- Uganda: A Total Market Approach for Male Condoms

• Type: Case Studies • Organization: UNFPA, PSI • Publication Date: 2013 • Countries: Botswana, Lesotho, Mali, South Africa, Swaziland, Uganda

The Role of Social Marketing Organizations in Strengthening the Commercial Sector: Case Studies for Male Condoms in Myanmar and Vietnam
This paper presents case studies from Myanmar (PSI/M) and Vietnam (PSI/V), examining the effectiveness and efficiency of their condom markets for reaching key populations at risk for HIV and presenting actions taken to strengthen the commercial sector.
• Type: Case Study • Organization: UNFPA, PSI • Publication Date: 2014

India: A Total Market Approach to IUD Provision in Three States of India: Issues and Lessons Learned
PSI/India promotes the use of intrauterine devices (IUDs) among women of reproductive age in 20 districts in three states—Uttar Pradesh, Rajasthan, and Delhi—through demand creation and the provision of IUDs to qualified private providers. This paper describes initial efforts to capture the size, composition, and subsidy support of the IUD market and trends and equity in use of IUDs in order to inform a future program strategy aimed at growing use of IUDs across all wealth quintiles while increasing efficiency in the use of public subsidies to support these efforts.
• Type: Case Study • Organization: UNFPA and PSI • Publication Date: 2013

Cambodia: Total Market Approach to Family Planning in Cambodia
This case study documents the experience in Cambodia with shifting to a TMA for FP methods, as a model for launching a total market approach.
• Type: Case Study • Organization: UNFPA and PSI • Publication Date: 2012

Resources (cont.)

Journal Articles and Working Papers:

A Total Market Approach for Condoms in Myanmar
Concerns about appropriate pricing strategies and the high market share of subsidized condoms prompted PSI/Myanmar to adopt a total market approach. This article presents data on the size and composition of the Myanmar condom market, identifies inefficiencies, and recommends methods for better targeting public subsidy.
• Type: Journal Article • Organization: PSI • Publication Date: 2014

Social Marketing and a Total Market Approach: Performance Measures
This article proposes a segmentation method and performance measures (effectiveness, cost-effectiveness, equity, efficiency and access) to monitor the performance of social marketing interventions.
• Type: Working Paper • Organization: PSI Research and Metrics Department • Publication Date: 2008

Total Market Initiatives for Reproductive Health
This primer documents the work of members of the Market Development Approaches Working Group of the Reproductive Health Supplies Coalition in defining and implementing total market initiatives (TMI). A TMI in reproductive health is a process in which the suppliers and financers of reproductive health products and services from across sectors—public, nonprofit, and commercial—develop a common strategic framework for maximizing use of reproductive health products and services to improve equity, efficiency, and sustainability in the health system. In addition to defining the concept and providing practical examples, the paper discusses when TMIs should be implemented, the process for implementation, and what indicators should be used to measure their success.
• Type: Primer • Organization: USAID SHOPS • Publication Date: 2012

Road-Mapping a Total Market Approach for Family Planning and Reproductive Health Commodity Security
These are materials from two 3-day workshops in April 2013 (one for English speakers, one for Russian speakers) conducted by PATH and UNFPA. The workshop was organized around TMA implementation steps: engaging stakeholders, gathering and applying evidence, and developing and implementing an action plan.
• Type: Workshop Materials • Organization: UNFPA, PATH • Publication Date: 2013

Full Market Impact

What is it?

FHI 360's Full Market Impact model provides a framework for public-private partnerships in programs. The FMI approach engages partners and leadership groups across sectors (public, private, other) to ensure synergy and collaboration on social marketing for health commodities and services. The FMI approach offers a social marketing strategy that encompasses the following aspects:

- Product and supply chain
- Price and affordability
- Distribution mechanisms
- Promotion and demand

The FMI approach has been implemented in FHI 360 programs with partners such as the Academy for Education Development, Abt Associates, and PSI.

How does it relate to the Comprehensive Approach to Health Systems Management?

The Full Market Impact model relates to the Comprehensive Approach to Health Systems Management in that it incorporates all sectors within the health system. Several case studies have been published that document the experience of using the model to increase the affordability of commodities, such as mosquito bed nets; encourage behavioral change to improve health outcomes; and generate demand for preventative health products. These resources may be particularly interesting to subnational managers working in districts facing similar challenges around the affordability of commodities, behavioral change, and demand creation. The approach has been implemented in several MCSP countries, including Nigeria, Ghana, and Tanzania.

Resources

FMI Fact Sheet
This two-page document on the FMI model lays out the strategies, components, and expected outcomes. It features the FMI flow chart combining the public and private sectors to achieve sustainable markets and equity leading to sustainable public health impacts.
• Type: Fact Sheet • Organization: FHI 360 • Publication Date: 2011

Demand Creation Video
This video explains the FMI strategy to create demand for health products through communication campaigns.
• Type: Video • Organization: FHI 360 • Publication Date: 2011

FMI Voucher Driven Program Video
This video gives examples of insecticide-treated net (ITN) voucher programs in Nigeria, Senegal, and Ghana.
• Type: Video • Organization: FHI 360 • Publication Date: 2011

NetMark:
This case study outlines the program that pioneered the FMI model. Netmark was a 10-year program with the goal of reducing malaria in Sub-Saharan Africa through the increased affordability and use of insecticide-treated mosquito bed nets.
• Type: Case Study, Brochure, Fact Sheet, Presentation • Organization: FHI 360 • Publication Date: 1999–2009

Tanzania Marketing and Communications Project (T-MARC)
These project reports document the 6-year, $23 million USAID Private Sector Program initiative with the goal of reducing transmission of HIV/AIDS. The project used the FMI model to encourage behavior change and generate new demand for affordable preventative health products.
• Type: Annual Project Reports (2005–2011), Outcome Evaluation Report • Organization: FHI 360 • Publication Date: 2004–2010

Point-of-Use Water Disinfection and Zinc Treatment (POUZN Project)
These materials document a USAID project implemented by the Academy for Education Development, Abt Associates, and PSI to leverage resources in the private sector to market life-saving products in India, Indonesia, and Tanzania.
• Type: Case Study, Brochure, Fact Sheet, Presentation • Organization: FHI 360 • Publication Date: 2005–2010

Nepal Social Marketing and Franchise (N-MARC)
These materials document a public-private partnership in which donor subsidies were used to support promotional efforts, increasing the demand for affordably priced condoms. Behavior change communications were targeting at most-at-risk populations to prevent HIV and AIDS.
• Type: Case Study, Brochure, Presentation • Organization: FHI 360 • Publication Date: 2006–2010

Making Markets Work for the Poor

What is it?

Making Markets Work for the Poor (M4P) is an overarching approach to development that provides agencies and governments with the direction required to achieve large-scale, sustainable change in different contexts. Donors such as the Department for International Development (DFID), Australian Department of Foreign Affairs and Trade (DFAT), the Swedish International Development Agency (Sida), and the Swiss Agency for Development and Cooperation (SDC) have been supporting this approach for the past several years. The approach is focused on the underlying constraints that prevent the effective development of market systems around poor people and includes five main steps:

1. Setting a strategic framework
2. Understanding the market system
3. Defining sustainable outcomes
4. Facilitating systemic change
5. Assessing change

How does it relate to the Comprehensive Approach to Health Systems Management?

The M4P approach is focused on changing market systems as a whole to work more effectively and sustainably to improve the lives of the poor. M4P's scope extends beyond the health sector and has been used to scale impact in agriculture, energy, and education among other programs. For managers looking to better engage other sectors outside of health, the M4P analytical framework can be used to develop a strategy and understand all elements of the market a manager is working within.

Resources

The Operational Guide for the M4P Approach
This guide aims to provide an accessible, operational resource to help practitioners put the market systems development approach into practice. It explains the key principles and frameworks that guide the process of effective intervention in, and development of, market systems.
• Type: Guide • Organization: SDC, DFID • Publication Date: 2014

Market Systems Approaches: A Literature Review
The purpose of this literature review is to help identify the key challenges for the research component of the BEAM Exchange. The review has five sections: the market systems approach, systemic change and systemic interventions, broadening application to other sectors, gender and market systems approaches, and measurement.
• Type: Literature Review • Organization: BEAM Exchange • Publication Date: 2014

Making Markets Work for Poor—Comparing M4P and Sustainable Livelihoods Approach Frameworks
This series of three papers (prepared on behalf of the FAUNO Consortium) explores synergies, complementarities, and divergences between the M4P and Sustainable Livelihoods approaches. The main paper outlines the conceptual framework used to assess the two projects as well as summarizing the discussion. The case studies compare two projects in Bangladesh: KATALYST for M4P and LEAF/SAAKTI for SLA, with a third case study reporting on a joint initiative between KATALYST and LEAF/SAAKTI.
• Type: Paper Series • Organization: Springfield Centre for Business in Development, FAUNO Consortium
• Publication Date: 2008

M4P: Comparative Approaches to Private Sector Development
This document was prepared by FAUNO Consortium and is intended to serve as a reference for SDC Employment and Income (E+I) Division discussions about the relationship between various private sector development fields.
• Type: Synthesis Document • Organization: Springfield Centre for Business in Development, FAUNO Consortium • Publication Date: 2006

Health Franchising

What is it?

The private health sector is often a major source of care and financing in countries; but subnational health managers do not frequently consider private health care providers and pharmacies when planning or implementing systemwide approaches to health systems strengthening. Social franchising—in this case, for health—organizes providers into networks that deliver services under a common brand, with the goal of assuring a standard of quality and name recognition (providers must meet an agreed-upon set of standards to be considered part of the franchise). Social franchising for health applies basic commercial franchising strategies to improve quality and expand service delivery capacity within a health system and to provide affordable and reliable health services.

Health franchising involves many different stakeholders and actors: the franchisee—a health provider or business operator that owns and runs a health franchise; investors—individuals or an organization that provide financial backing to start and operate a health franchise; and the clients—the local population served by health franchise services. Based on the need and demand for health services, private providers operating under social franchise systems should be included in human resources planning and efforts to strengthen the health system as a whole. Health franchising offers potential to deliver high-quality, integrated services and to develop large-scale systems to improve health.

How does it relate to the Comprehensive Approach to Health Systems Management?

Health managers may not take into account the full range of providers and distributors when planning their human resources investments and their health outreach and community health programs or when assessing demand for and utilization of public services. Health managers should explore health franchising efforts to gain a holistic view of the health system and health service delivery efforts. In addition, health franchising itself can be used to strengthen health systems by creating new markets for health services, helping communities outside of the reach of the public sector, improving health service quality standards and cost-effectiveness of services, and growing a strong health workforce. Lessons from health franchising efforts can provide valuable lessons to subnational health managers when they are prioritizing and planning health issues and strengthening efforts.

Resources

The Private Sector and Health Franchising in the African Region
This article presents evidence for health franchising based on societal benefit from publicly versus privately provided care. It also describes the evidence and theory on using franchise networks to supplement government programs, using examples from Africa and Asia.
• Type: Bulletin Article • Organization: WHO • Publication Date: 2005

Franchising for Health: Social Franchising Network
This resource page provides solutions, resources, and examples of social franchising networks supported by PSI.
• Type: Resource Page • Organization: PSI • Publication Date: Updated 2015

SF4Health: Social Franchising for Health
This site acts as a host for research, publications, technical assistance materials, and events related to franchising as a form of private health sector engagement.
• Type: Community of Practice • Organization: UCSF • Publication Date: Updated 2015

Integration of Technical Interventions

Integration of technical interventions serves many purposes: to improve management and coordination across different types of health services, to increase attention to the needs of the patients, to provide increased geographic coverage for patients, to enhance team collaboration among service providers, and to improve financial management and efficiency of services. WHO (2008) defines integrated service delivery as "the management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system." While integration is not a "fix" for inadequate health services, staff, or resources, it can be an approach to provide more coordinated and efficient programming.

Integration Models

What is it?

Integration should be considered along a continuum, rather than a dichotomy of "integrated versus nonintegrated" services, keeping in mind that there are many forms and combinations of integrating services. "Integrated health services" are commonly understood to be broken into the following categories: developing integrated packages of interventions, offering multiple types of services at a point of care, providing a continuum of care, integrating across levels of care and levels of the health system, integrating decision making and management of care, and working across different sectors to maximize health care services. Each category of integration is briefly described below:

Developing integrated packages of health interventions
An integrated package of health interventions for a specific population group refers to a "one-stop shop" for preventive and curative services for a specific health condition or for a category of care (e.g., childhood illness), most often based on a point in the lifecycle

- **Examples:** integrated management of childhood illness (IMCI); community case management of childhood illness (CCM); integrated TB/HIV services; essential packages of services for universal health care

Offering multiple types of services at a point of care
A clinic, health facility, or outreach service may provide patients with various types of services and comprehensive, coordinated care. This type of integration takes advantage of specific patient interactions with the health system to maximize the services available to them.

- **Examples: i**ntegration of FP/reproductive Health (RH) and immunization; postpartum family planning; community health worker home visits

Providing a continuum of care
Continuum of care is a concept involving a system that guides and tracks patients over time through a comprehensive array of health services spanning all levels and intensity of care. The continuum of care model can be applied to a specific health condition or across multiple types of care that a consumer will need throughout a lifecycle.

- **Examples:** long-term management of HIV or noncommunicable diseases through FP/RH, prenatal care, maternal health, and child care

Integrating across levels of care
This refers to integration from the perspective of managers responsible for overseeing and supervising a population's care across various facilities to ensure appropriate and timely referrals.

- **Examples:** continuity of care between primary, secondary, tertiary care; referral networks

Integrating decision making and management
Health management teams can use an integrated approach to planning, forecasting, staffing, budgeting, and providing resources for service delivery across the health system.

- **Examples:** contracting services from public and private providers; planning community health programs with both health facility staff and community stakeholders

Working across sectors
The health sector can work with other sectors providing social services to coordinate programming and integrate services. There may be formal linkages between cross-sectoral programs, or informal collaboration to maximize the efforts of different sectors.

- **Examples:** health and social welfare programs coordinating with each other to reach vulnerable groups; integration of water, sanitation, and hygiene (WASH) and health; integration of education and health

How does it relate to the Comprehensive Approach to Health Systems Management?

The approach aims to look at a health system holistically, and considering opportunities for integration of services, levels of care, and sectors can be an important tool in enabling effective management of the system. If prioritized by health managers, integration strategies can enable providers to address all health needs of individuals and families efficiently, with the aim to achieve greater health impact by providing essential packages of health services that provide the greatest impact and value or by reaching communities at the most appropriate point of care. Integration can also speak to the level of coordination throughout the health system, and the approach aims for all aspects of the system to gain efficiencies through better coordination. Integration needs to be very context-specific and should be implemented differently in every situation. As management capacity is built through the approach's model, integrated services can be scaled up to develop a stronger and more sustainable health system.

Resources

Integrated Health Systems: Making Health Systems Work
This brief is a practical aid for implementers of integrated health services that outlines the various definitions of integration, describes key questions, and gives additional references.
• Type: Technical Brief • Organization: WHO • Publication Date: 2008

Monitoring and Evaluating Integrated Programming: Decisions and Factors Impacting Integration
This presentation outlines various factors that must be taken into consideration when deciding whether or not to integrate, difficulties working across technical areas, and challenges of understanding whether or not integration was successful.
• Type: Presentation • Organization: MCSP • Publication Date: 2013

Framework for Health Services Integration
This framework describes an approach to health services integration and outlines critical elements to consider when developing integrated programming.
• Type: Framework • Organization: PATH • Publication Date: 2011

Conclusion

This resource compendium encompasses existing health system approaches, programs, and materials available for use at the subnational level to strengthen local health systems. Based on the unique challenges any one health system may face, managers can prioritize different opportunities for health systems strengthening—such as increasing community engagement, utilizing health systems strengthening tools, engaging across multiple sectors and actors, and integrating technical interventions—and use the resources that are most relevant to their priorities. By improving coordination of the health sector, subnational health managers can create a more efficient and effective health system.

The goal of this document is to give an overview of some of the key resources that may be useful to those designing and implementing the Comprehensive Approach to Health Systems Management. When prioritizing and planning health systems strengthening activities, those implementing the approach should review this compilation of resources and use the most relevant items. In addition to the document itself, the resource boxes throughout the document can direct MCSP staff and health managers to additional outside information.

The compendium is meant to provide a solid foundation of available information; however, it is not exhaustive, and there are many additional relevant tools and resources. Further, there are always new approaches, programs, and materials in development. Those using this document should supplement the resources here with a search for new or complementary materials.

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