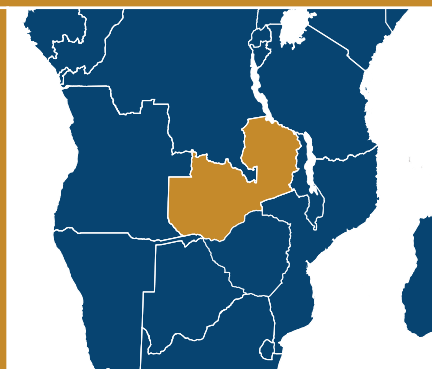


policy

August 2015

ADVANCED ONEHEALTH TOOL WORKSHOP REPORT



*Ndola, Zambia,
September 29–
October 6, 2014*

This publication was prepared by Joni Waldron and
Tewodros Bekele of the Health Policy Project.

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BACKGROUND

Saving Mothers, Giving Life (SMGL) is a global public-private partnership intended to rapidly reduce maternal mortality. SMGL was launched in 2012 by U.S. Secretary of State Hillary Clinton. USAID—along with U.S. Government partners, local governments, and private sector organizations—developed the SMGL model to increase access to, quality, and use of maternal health services by building on the existing PEPFAR and maternal, newborn, and child health (MNCH) platforms to strengthen the District Health Network. In the first phase of SMGL, a proof of concept was conducted in four pilot districts in Zambia, with remarkable results—specifically, the reduction of institutional maternal deaths by 35 percent in the four districts. However, these achievements required significant donor investments, with an average investment of \$2 million per district during the first phase. Since summer 2014, the second phase has been scaled up to 12 additional districts, expanding the intervention package to include newborn health and strengthening partnerships to further accelerate reduction of maternal and neonatal mortality in Zambia.

In order to scale up the successful SMGL interventions to all 107 districts in Zambia, the Ministry of Community Development and Mother and Child Health (MCDMCH) requested support from the USAID-funded Health Policy Project (HPP) to build its capacity to use data and analyze the most cost-effective maternal and child health interventions. In April 2013, the World Health Organization conducted an initial training for policymakers at the MCDMCH, focused on use of the OneHealth Tool (OHT) for mid-term health planning and budgeting. While the initial workshop introduced OHT and began the process of costing the reproductive, maternal, neonatal, and child health (RMNCH) roadmap, the costing was never finalized due to lack of mentorship and follow-up. The MCDMCH requested that HPP work with the same core team to provide advanced mentorship and complete the data collection and entry to develop a comprehensive RMNCH projection in OHT, which could provide a basis for cost-effectiveness analysis of SMGL interventions. This report summarizes the content and format of the advanced training, as well as preliminary discussions on next steps for finalizing the RMNCH projection in OHT, as well as solidifying the ministry's capacity to use OHT independently and analyze the results for program and policy decision making.

DESCRIPTION OF TRAINING

The purpose of the advanced training was to further develop the competency of a core team of senior MCDMCH staff responsible for orienting provincial and district-level staff in using OHT for strategic decision making. Participants were selected based on previous exposure to the OHT and potential to provide leadership in the roll-out of OHT during the national, provincial, and district planning processes. A total of seven participants from MCDMCH were trained over six days, representing senior staff within the Maternal Health, Child Health, and Planning and Budgeting departments.



Photo by Joni Waldron, Health Policy Project

The advanced OHT workshop was conducted September 29–October 4 at the Savoy Hotel in Ndola. HPP facilitators led participants through a series of exercises designed to develop their capacity to collect and enter data into OHT, increase their ability to use OHT for strategic planning, and improve their understanding of the tool’s application in future work. The training was facilitated by HPP staff, with Joni Waldron and Emeka Nsofar as co-facilitators; additional support was provided by the World Health Organization, represented by Mr. Solomon Kagulula. The first phase of training focused on creating and editing projections using the OHT, while the second focused on creating a projection using data from the RMNCH roadmap.

Phase 1

During this phase, HPP staff presented detailed information about the OHT and each of its modules, followed by an exercise after each presentation to help participants quickly assimilate the information. Facilitators engaged the core team in conversations about OHT’s use as part of the national planning cycle, reviewed the overarching structure of the tool, and discussed how information in existing strategic plans could be used to satisfy the data requirements for program inputs and costing. Throughout this process, the core team identified opportunities to utilize OHT during the strategic plan development process to ensure that planned activities and coverage rates represent the most cost-effective and high-impact use of resources.

Phase 2

In the second phase of the training, participants worked as a team to create a projection in OHT using the RMNCH roadmap. HPP staff gave considerable attention to helping participants accurately define target populations, populations in need, coverage (baseline and target), delivery channels, treatment inputs, baseline numbers (i.e., staff, vehicles, infrastructures, etc.), and scale-up plans—using current health management information system data as baseline and targets in the RMNCH roadmap for scale-up targets. Locked files were distributed to program leads to continue data entry following the completion of the workshop.

DISCUSSION

The advanced OHT workshop was intended to develop the capacity of senior MCDMCH staff to use OHT for program planning to meet RMNCH goals, and to increase their ability to generate evidence for scale-up of proven SMGL interventions. In order to fully populate projections and solidify the ministry's capacity to apply OHT in its own planning, participants expressed an interest in continued training on full application of the tools. In particular, they requested additional mentorship and support to finish data entry, along with opportunities to share learnings with other countries on using results for policy development. Participants also expressed interest in a validation workshop to review the data in OHT once the tool is fully populated, which HPP views as an important next step.

NEXT STEPS

HPP has documented success in working with other African countries in supporting the OHT capacity development process, including training of trainers, direct technical assistance, and mentoring to estimate resource requirements and understand the impact of health sector development plans. As part of the existing workplan, HPP will continue to support the MCDMCH through one-on-one mentorship, and has hired a local consultant to work with the ministry to input data into OHT. HPP also conducted a three-day workshop in April 2015 that focused on the Lives Saved Tool, a component of OHT used to model the impact of different scale-up scenarios.

APPENDIX 1: AGENDA

**Advanced OneHealth Tool Training Workshop
September 29–October 6, 2014
Ndola, Zambia**

Ministry of Community Development and Mother and Child Health (MCDMCH)

Time	Activity	Responsible
Monday 09/29/2014		
8:00– 8:30	Registration	MCDMCH/WHO
8:30–9:00	Software installation and checking application	HPP
9:00–9:15	Participant introduction	Participants
9:15–9:30	Opening remarks	Chief M&E officer, MCDMCH
9:30–9:45	Workshop objectives and agenda	MCDMCH
9:45–10:30	Background on role of OneHealth for informing planning processes <ul style="list-style-type: none"> • Costing health plans in countries: the role of OneHealth • Strategic planning for maternal and child health 	Solomon (WHO)
10:30–11:00	Tea/coffee break	
11:00–12:30	Overview of OneHealth software: structure, content, and results produced <ul style="list-style-type: none"> • Health systems and health services • Links between modules • Results produced 	HPP (Joni)
12:30–13:30	Lunch	
13:30–14:45	Setting up core data: the “Health Services” tab <ul style="list-style-type: none"> • Opening and saving OneHealth projections • Configuration of the model to country context 	HPP (Emeka)
14:45–15:30	Exercise 1: create a test projection Exercise 2: setting up core data, edit program areas and interventions	Participants
15:30–15:45	Tea/coffee break	
15:45–16:45	Setting up core data: the “Health Systems” tab <ul style="list-style-type: none"> • General health system information 	HPP
16:45–17:30	Exercise 3: setting up core data, edit general health system information	Participants

Time	Activity	Responsible
Tuesday 09/30/2014		
8:30–8:45	Day 1 recap	
8:45–9:45	Intervention costing 1: setting the population in need and delivery channels <ul style="list-style-type: none"> Population in need Delivery channels 	HPP
9:45–10:30	Exercise 4: population in need, delivery channels (coverage distribution)	Participants
10:30–10:45	Tea/coffee break	
10:45–12:00	Intervention costing 2: setting the treatment inputs <ul style="list-style-type: none"> Introduction to treatment inputs 	HPP
12:00–12:30	Exercise 5: setting the treatment inputs	Participants
12:30–13:30	Lunch	
13:30–14:30	Setting intervention coverage targets <ul style="list-style-type: none"> Baseline coverage and scale-up trajectories 	HPP
14:30–15:15	Exercise 6: baseline coverage Exercise 7: specifying coverage scale-up trajectories	Participants
15:15–15:30	Tea/coffee break	
15:30–16:30	Health system: human resources for health <ul style="list-style-type: none"> Overview and linkages to program planning 	HPP
16:30–17:15	Exercise 8: human resources for health	Participants
Wednesday 10/01/2014		
8:30–8:45	Day 2 recap	
8:45–9:45	Infrastructure and equipment <ul style="list-style-type: none"> Overview of Infrastructure module and linkages to program planning 	HPP
9:45–10:30	Exercise 9: infrastructure planning	Participants
10:30–10:45	Tea/coffee break	
10:45–11:45	Logistics Overview of logistics module and linkages to program planning	HPP
11:45–12:30	Exercise 10: logistics planning	Participants
12:30–13:30	Lunch	

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Time	Activity	Responsible
13:30–14:30	Overview of other health system components <ul style="list-style-type: none"> • Health information system • Governance • Health financing 	HPP
14:30–15:30	Program activity costing <ul style="list-style-type: none"> • Program activity costing • Implications of program costs (training) on staff time 	HPP
15:30–15:45	Tea/coffee break	
15:45–16:15	Exercise 11: program activity costing/training cost	
16:15–17:30	Group work and data entry begins	Participants
8:30–8:45	Day 3 recap	Participants
8:45–10:15	Group work on data entry continues	
10:15–10:30	Tea/coffee break	
10:30–12:30	Group work on data entry continues	
12:30–13:30	Lunch	
13:30–15:30	Group work on data entry continues	
15:30–15:45	Tea/coffee break	
15:45–17:30	Group work on data entry continues	
8:30–10:15	Group work on data entry continues	Participants
10:15–10:30	Tea/coffee break	
10:30–12:30	Group work on data entry continues	
12:30–13:30	Lunch	
13:30–15:15	Group work on data entry continues	
15:15–15:30	Tea/coffee break	
15:30–17:30	Group work on data entry continues	
8:30–10:15	Group work on data entry continues	Participants
10:15–10:30	Tea/coffee break	
10:30–12:30	Group work on data entry continues	
12:30–13:30	Lunch	
13:30–15:15	Group work on data entry continues	
15:15–15:30	Tea/coffee break	
15:30–17:30	Group work on data entry continues	
	Work with MCDMCH planning team on data cleaning and result analysis	HPP with core MCDMCH team

APPENDIX 2: PARTICIPANT LIST

1. Dr. Mary Nambao, deputy director–maternal health, MCDMCH
2. Mr. Trust Mufune, principal M&E officer, MCDMCH Department of Planning and Information
3. Mr. Tobias Musonda, chief planner–planning and budgeting, MCDMCH
4. Mr. Alfred Namutulo, human resources management officer, MOH
5. Mr. Erick Musenga, senior ICT officer, MCDMCH Department of Planning and Information
6. Dr. Francis Mwansa, deputy director–child health and nutrition, MCDMCH Child Health Unit
7. Ms. Ireen Mutemba, procurement officer, MCDMCH
8. Mr. Solomon Kagulula, management systems officer, WHO
9. Mr. Emeka Nsofar, consultant, HPP
10. Ms. Joni Waldron, technical advisor, HPP

