Strengthening Subnational Health Systems Management for Improved RMNCH

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Introduction

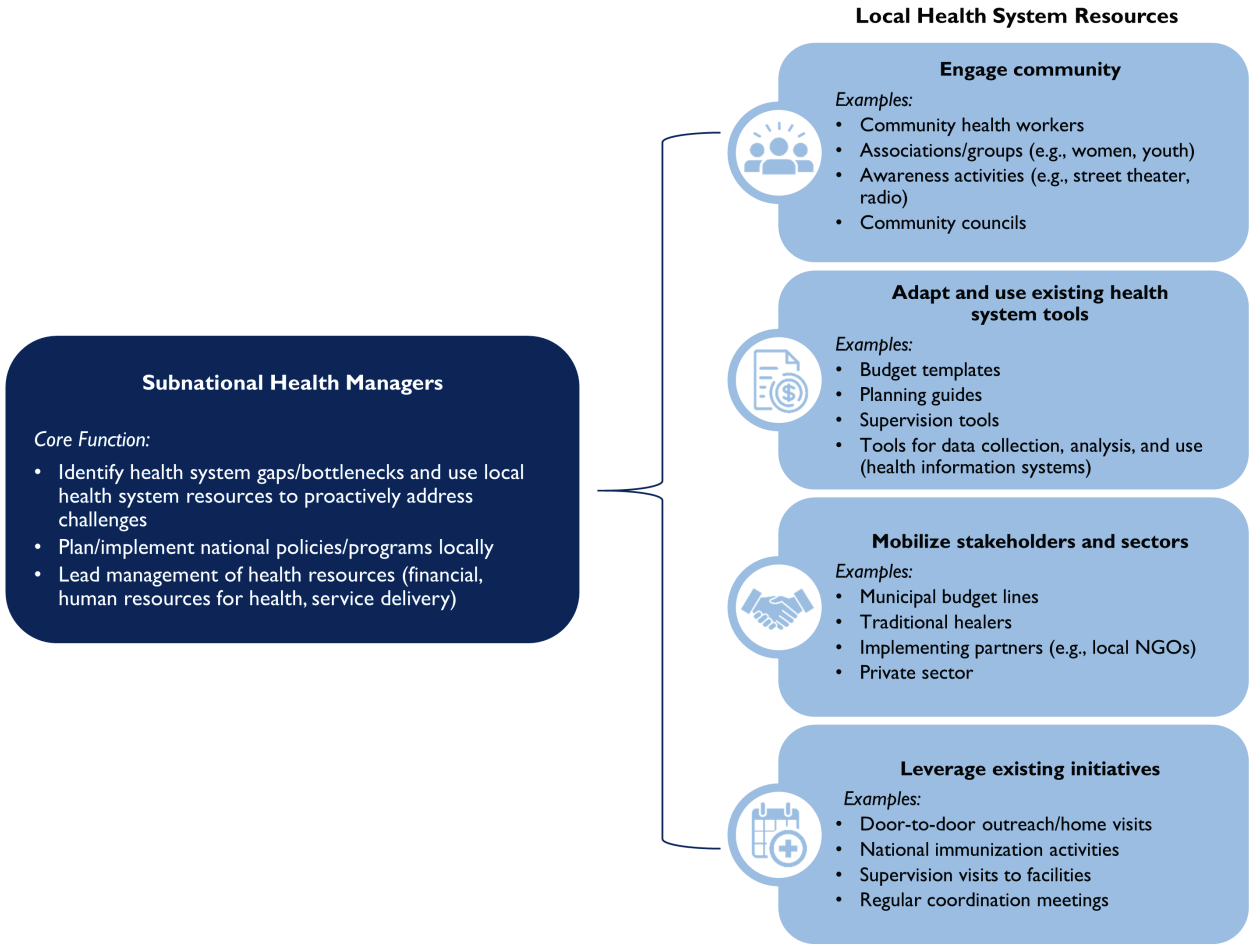
Subnational health managers are an integral part of the implementing arm of health systems. Although their role may vary by country context and the extent of decentralization, they are responsible for planning, managing, monitoring, and supervising health activities in facilities; engaging community members; and tackling the issues that prevent people from accessing health care. Despite the importance of these core competencies, many subnational health managers, although they have a medical and clinical background, do not have training or experience in leadership or management practices to support them in carrying out these functions. Even when management trainings or tools exist, they are usually available at the central level and often do not cascade down to the regions and districts. These management capacity gaps limit the ability of subnational health managers to effectively identify, analyze, and prioritize the health system challenges that prevent them from achieving their stated objectives or developing proactive and holistic approaches to address these issues themselves.

Since 2014, the United States Agency for International Development's flagship Maternal and Child Survival Program (MCSP) has worked with governments in select countries to strengthen subnational management capacity to improve delivery of high-quality, accessible reproductive, maternal, newborn, and child health (RMNCH) services. These country-led capacity development efforts are key to sustaining a country's journey to self-reliance. While many MCSP country programs have focused on strengthening management related to a specific technical area (e.g., immunization or family planning), this document describes MCSP's efforts to more comprehensively strengthen management of the health sector and RMNCH. It includes an approach for strengthening subnational health systems management and findings from various efforts implemented in Guatemala, Guinea, Haiti, India, Kenya, Mozambique, and Tanzania. This brief also presents key takeaways to improve future efforts to strengthen subnational health systems management.

Approach for Strengthening Subnational Health Systems Management

To design and implement effective supportive efforts to strengthen subnational health systems management, MCSP first ensured they aligned with the local health system context, challenges, resources, and priorities. MCSP's general approach for strengthening subnational health management supported local decision-makers to better understand their role in identifying health system gaps and bottlenecks and leveraging, mobilizing, and coordinating local health system resources to proactively address these challenges (Figure 1). MCSP efforts supported capacity development and implementation of improved management and planning practices of subnational health managers in different ways to increase coverage, utilization, quality, equity, and sustainability of RMNCH service delivery.

Figure 1. The Role of Subnational Health Managers[1]



Summary Achievements and Results

In Guinea, MCSP supported the Ministry of Health (MoH) in 2016 to implement a Rapid Health Systems Assessment (RHSA) in four project-supported regions (Conakry, Boké, Kindia, and Nzérékoré) to quickly identify operations and management challenges and prioritize key areas for strengthening after the Ebola crisis. Using the findings from the RHSA, MCSP and the MoH implemented the Comprehensive Approach to Health Systems Management to provide ongoing technical support to 22 district health management teams (DHMTs) in the four regions to develop and implement integrated work plans that addressed local health system challenges in a holistic and proactive manner. Through workshops, the Comprehensive Approach methodology supported each DHMT to identify health system problems that prevented them from achieving their objectives, conduct a root-cause analysis of one priority health system problem, develop a list of local resources (both potential and currently available) that could contribute to its objectives, and identify corrective actions with allocated resources to address each root cause. The MoH supported participating districts to integrate these corrective actions into their 2017 district work plans. The MoH also conducted quarterly technical mentoring visits to DHMTs with other government counterparts to track implementation of planned activities and analyze emerging issues. Among the common challenges identified in the visits was the lack of capacity for managers to engage and coordinate stakeholders and mobilize resources. To address this challenge, MCSP and MoH partners led regional trainings on resource mobilization where DHMTs developed requests for funding of a priority activity and submitted them to stakeholders. During the trainings, high-performing DHMT members were selected to be focal points and promote peer mentoring in other regions and districts. With the support of the MoH, MCSP, and the focal points, DHMTs submitted 84

[1] Adapted from "Comprehensive Approach to Health Systems Management Framework" by MCSP, 2016. 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.

requests to partners, of which 52% (44) received funding by the end of the program. With support from MCSP, the MoH integrated the Comprehensive Approach methodology into the national planning process in 2018 and produced two harmonized and simplified annual work planning guides for administrative structures and health facilities.

In **Tanzania**, MCSP piloted the Comprehensive Approach in the Mara and Kagera Regions (under the local name Mbinu Timilifu kwa Usimamizi wa Mifumo ya Afya [MTUMA]) from April to December 2016 to address the challenges that prevent achievement of local RMNCH objectives. Before MTUMA was implemented, MCSP conducted a workshop with representatives from the DHMTs and the Mara Regional Health Management Team to determine the priority health system challenges to address. The scope of the pilot was limited to four areas: safe blood supply for comprehensive emergency obstetric and newborn care services, reaching the "last mile" with RMNCH commodity supply chain, improving referrals from community to facility levels, and strengthening local financing, including increasing Community Health Fund enrollment. Afterwards, MCSP facilitated regional planning workshops in both regions to support DHMT managers to develop and implement action plans. MCSP also provided technical assistance to these plans and conducted quarterly monitoring visits to track progress. However, due to early project closeout, the action plans were not incorporated into the district-level plans. In a qualitative assessment of MTUMA, subnational managers agreed that it strengthened local accountability, motivated individual performance in planning and management, and strengthened their capacity to identify and mobilize resources for efficient delivery of services. While some individuals—and possibly district councils—stated that they may use components of the Comprehensive Approach in future work, subnational planning processes did not systematically integrate it. MTUMA showed that human capacity and stakeholder buy-in at various levels (facility, district council, and regional) and across technical functions are essential for sustaining integrated, strategic planning practices.

In **Guatemala**, MCSP developed and introduced a training course to strengthen the management capacity of 84 subnational health managers across 30 municipalities in the Western Highlands,[2] a region populated predominantly by indigenous communities who experience major gaps in health coverage and care. Prior to implementing the course, MCSP conducted a workshop with 36 district health office and health area office representatives to identify and prioritize management capacity gaps to address in the course. Running from August 2018 to March 2019, the course aimed to improve managers' capacity to identify and analyze health system challenges that were preventing progress toward RMNCH outcomes. Priority topics included: data use in decision-making; problem identification and analysis; planning, budgeting and mobilizing resources based on health needs; supervisory skills and staff motivation; and coordination and dialogue techniques. The training methodology for the course was a combination of in-person learning workshops, independent readings/homework, and live webinars. Using elements of the Comprehensive Approach methodology, subnational health managers developed action plans with corrective activities to leverage local resources and solve the health problems they identified. A joint team of MCSP and MoH staff also conducted mentoring and follow-up sessions to monitor progress on action plans. Due to the timing of the course, action plans were not integrated into district or health area work plans, but almost all improvement activities were implemented. Furthermore, with improved skills in stakeholder coordination and resource mobilization, participants submitted 39 funding requests to stakeholders, including local non-governmental organizations (NGOs), implementing partners, and municipal governments, to carry out improvement activities; 97% (38) of the requests were financed. At the end of the course, the training department at the MoH gave official work and education credits to 75 successful course participants. This proved to be an important feature of this work, as it incentivized participants to remain engaged throughout the course. MCSP handed over a complete course implementation guide to the MoH, who intends to scale up the course to other municipalities.

In Haiti, MCSP's Services de Santé de Qualité pour Haiti (SSQH) project worked in close collaboration with the MoH to provide technical support to all 10 of the country's health departments (DDS) and 164 MoH- and NGO-supported facilities to increase utilization of health services by developing management capacity. SSQH embedded jointly-hired staff in each of the 10 DDSs to coordinate closely with DDS staff on activities, including conducting supportive supervision in communities and facilities and improving the management, financial, and monitoring and evaluation capacity of DDS staff. SSQH organized work planning sessions twice a

[2] Includes Huehuetenango, Quetzaltenango, Quiché, Ixil, San Marcos, and Totonicapán departments.

year with each DDS to outline six months of joint activities and corresponding budgets and implemented mechanisms to support the smooth integration of SSQH activities into these DDS action plans. These plans were key to tracking progress in reaching targets and identifying technical capacity gaps in DDS governance and activities. SSQH conducted joint supportive supervision visits in collaboration with DDS staff based on a predetermined schedule and utilizing MoH standardized supervision checklists. The goal of these visits was to build the capacity of providers to better organize, monitor, and improve the quality of services. SSQH collaborated with the DDS to conduct coaching visits to provide ongoing mentorship and strengthen management best practices, based on a low-dose, high-frequency approach. SSQH also provided support to improve the accuracy of data collection at health facilities for input into the MoH health information system database so that data collected could be analyzed and used for decision-making at facility, regional and national levels, and to allow for adequate resource allocation. By the end of the project, the DDS' capacity to plan and evaluate data to make more informed resource decisions had substantially improved, as attested by the increased number of monthly supportive supervision visits conducted by the DDS, higher data accuracy, and improved service indicators through regular statistical monitoring and reporting.

In **Kenya**, MCSP worked within the newly devolved system to strengthen the capacity of six county and sub-county health management teams to implement RMNCH services. MCSP supported health management teams to coordinate technical working groups, make supportive supervision visits to health care providers at the facilities, and conduct annual work planning. MCSP also supported the county health departments to engage health stakeholders to advocate for resource mobilization for purchasing of life-saving RMNCH commodities like oxytocin and chlorhexidine, using funds reimbursed to facilities through the free maternity care program led by the county assemblies. Most importantly, MCSP demonstrated to these counties their capability to resolve many of their own challenges through advocacy efforts.

In **Mozambique**, MCSP and the MoH provided technical and financial support to the Nampula and Sofala Provincial Health Directorates to conduct their annual provincial Economic and Social Plan development meeting. These joint work planning sessions identified state funding gaps for the health sector in 2017 and 2018 that would prevent roll-out of key RMNCH activities. To address these health system challenges, MCSP supported subnational health managers to identify stakeholders, such as implementing partners—including MCSP—to complement and carry out activities in the plan. Furthermore, MCSP provided technical assistance to the Provincial Health Directorates in Nampula and Sofala to use and analyze data to plan and prioritize health programming activities, including data review to identify communities with the lowest antenatal care coverage, new family planning users, and vaccination rates.

In **India**, MCSP and the MoH aims to provide comprehensive primary health care, including RMNCH services, through the expansion of health and wellness centers across the country. In 2018, MCSP supported the operationalization of health and wellness centers by developing eight state-level steering committees and 70 district-level task forces to ensure regular monitoring of health activities and timely corrective actions. In addition, MCSP conducted supportive supervision visits to subnational health managers at the health facilities to improve assessment of human resources, infrastructure, and drug availability. These visits have proven to be an effective advocacy tool, as subnational health managers now use the data generated to make more informed decisions for effective planning and program implementation, and to ensure the availability of services at health and wellness centers across the state.

Key Takeaways

- **Subnational health managers can proactively address health system challenges using local resources.** While there is a shift toward decentralized health systems in most of the countries, with key responsibilities transferring from national to subnational decision-makers, centralized management of funding and planning remains a challenge. It often does not align with local priorities or the realities of peripheral-level implementation of health activities. However, with effective support, subnational managers supported by MCSP in most country programs felt empowered to take ownership of health system problems and were able to advocate for the local technical, financial, and material resources needed to address gaps in providing care to their communities.

- **Strategic coordination and engagement of stakeholders and activities contribute to a shared understanding of health system needs and priorities.** In Guinea, Kenya, Mozambique, and Tanzania, joint planning processes with subnational stakeholders took a more holistic view of improving health outcomes. In Guinea, community representatives, representatives from health facilities, community health workers, local government, and local development partners worked alongside DHMTs on their annual work planning process.

- **There is a need for sustained mentorship on the use of data for decision-making and planning.** Efforts to improve the quality and use of data in Mozambique, Guatemala, India, and Kenya were successful but more difficult to sustain due to the lack of accountability and system measures. These feedback loops are necessary to strengthen health information systems and thus empower subnational health managers to reliably use data.

- **Management strengthening efforts should be integrated with national planning standards or processes to ensure their sustainability.** In Guinea, MCSP worked closely with the MoH to successfully align and integrate the Comprehensive Approach into the country's national planning process. Similarly, the MoH in Guatemala also expressed interest to expand the management course to other municipalities as part of their national planning process.

Way Forward

Findings across Guatemala, Guinea, Haiti, India, Kenya, Mozambique, and Tanzania demonstrate the importance of strengthening subnational management capacity in a holistic manner that goes beyond specific technical areas and programs to improve the coverage, utilization, quality, equity, and sustainability of health services. Moreover, MCSP's management capacity development activities contributed to improvements in identifying and addressing health system constraints for RMNCH service delivery. These experiences suggest that further testing and adapting of country-led comprehensive management approaches are needed to scale and institutionalize these efforts. Health system strengthening efforts to improve key management capacities at subnational levels are essential in sustaining a country's journey to self-reliance and should continue to be fully integrated into service delivery work.

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