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Adapting a Cost Model for mPowering Frontline Healthworkers

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Digital Health Focusing on \$\$



Why did we need a cost model?

- To justify funding requests
- To demonstrate financial savings in addition to efficiency, quality, etc.
- Because many people still think digital is expensive
- Cost savings are persuasive

The screenshot displays the Health-ORB website interface. At the top right, there are navigation links: "Browse Resources", "Add Resource", and "Analytics". Below the navigation is a header text: "Connecting Frontline Health Workers to resources and each other to expand their knowledge, organize content into courses, and share their learning with the community." The main content area features several resource categories, each with a representative image, a title, and a count of resources:

- Family Planning**: 96 resources (Image: Three children hugging)
- Antenatal Care**: 53 resources (Image: A healthcare worker attending to a patient)
- Labor & Delivery**: 48 resources (Image: A woman holding a newborn baby)
- Newborn Care**: 92 resources (Image: A newborn baby wrapped in a blanket)
- Child Health**: 115 resources (Image: Two young girls smiling)
- Nutrition**: 48 resources (Image: A woman feeding a child)
- Zika**: 69 resources (Image: Infographic showing symptoms of Zika virus: Headache, Fever, Fatigue or Red Eyes, Joint Pain, Rash, Muscle Pain)
- WASH**: 14 resources (Image: Hands being washed in a blue basin)
- Leadership and Management in Communities**: 2 resources (Image: A group of people in a community setting)

<http://health-orb.org>

Our starting point

The screenshot shows the NCBI PMC website interface. At the top, there are navigation links for 'NCBI Resources' and 'How To'. Below this is the 'PMC' logo and a search bar. The main content area displays the article title 'Cost Comparison Model: Blended eLearning versus traditional training of community health workers' and the authors: Mysha Sissine, Robert Segan, Mathew Taylor, Bobby Jefferson, Alice Borrelli, Mohandas Koehler, and Meena Chelvayohan. The article is from the 'Online J Public Health Inform' journal, volume 6(3), 2014, with a PMID of 25598868. A yellow box highlights that the article has been cited by other articles in PMC. The abstract is visible at the bottom of the page.

NCBI Resources How To

PMC

Advanced Journal list

Journal List > Online J Public Health Inform > v.6(3); 2014 > PMC4292533

OJPHI ONLINE JOURNAL OF PUBLIC HEALTH INFORMATICS

Online J Public Health Inform. 2014; 6(3): e196. PMID: PMC4292533
Published online 2014 Dec 15. doi: [10.5210/ojphi.v6i3.5533](https://doi.org/10.5210/ojphi.v6i3.5533) PMID: [25598868](https://pubmed.ncbi.nlm.nih.gov/25598868/)

Cost Comparison Model: Blended eLearning versus traditional training of community health workers

[Mysha Sissine](#), ^{1,*} [Robert Segan](#), ¹ [Mathew Taylor](#), ² [Bobby Jefferson](#), ¹ [Alice Borrelli](#), ² [Mohandas Koehler](#), ² and [Meena Chelvayohan](#) ¹

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This article has been [cited by](#) other articles in PMC.

Abstract Go to:

Objectives: Another one million community healthcare workers are needed to address the growing global population and increasing demand of health care services. This paper describes a cost comparison between two training approaches to better understand costs implications of training community health workers (CHWs) in Sub-Saharan Africa.

Showed potential **cost savings of 42%** of training costs for 100,000 CHWs

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4292533/>

Cost Model

- Nigeria model included:
 - Costs of training (trainers, lodging, per diems, classrooms)
 - HW salaries
 - Management salaries
 - Devices, solar and airtime
 - Inflation and HW attrition
- Updated the model to include:
 - costs of content adaptation
 - costs of technical support to platform
 - costs for full device replacement every 3 years
 - allow for cost sharing with other projects
- **Summary: Using blended learning approach was cost neutral or less expensive under a variety of scenarios**

Scenarios & Results

# of HWs	Length of training	Device cost	Cost share	Savings on training and supplies
14,000	3 months	\$200	0	3%
14,000	6 months	\$200	0	22%
14,000	6 months	\$150	0	25%
100,000	6 months	\$200	0	22%
100,000	6 months	\$150	0	26%
100,000	6 months	\$150	50%	33%
100,000	6 months	Airtime only	50%	38%

Additional considerations

- With a fully electronic enabled workforce:
 - Improved HW performance as access to information anytime, anywhere
 - Improved communication/coordination
 - Reduced costs of data collection
 - Improved metrics on learning material usage
 - Reduced costs of adding new projects, programs and platforms (captured in Scenarios 6 & 7)
 - Emergency Response - being able to quickly push out new content

Additional Considerations

- Model does not quantify benefits of:
 - Improved retention of training materials
 - Better availability of information on usage
 - Reduced time out of station for providers to attend training
- **NB:** Cost savings may be lower where per diems are not being paid

For more information, please visit
www.mcsprogram.org

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