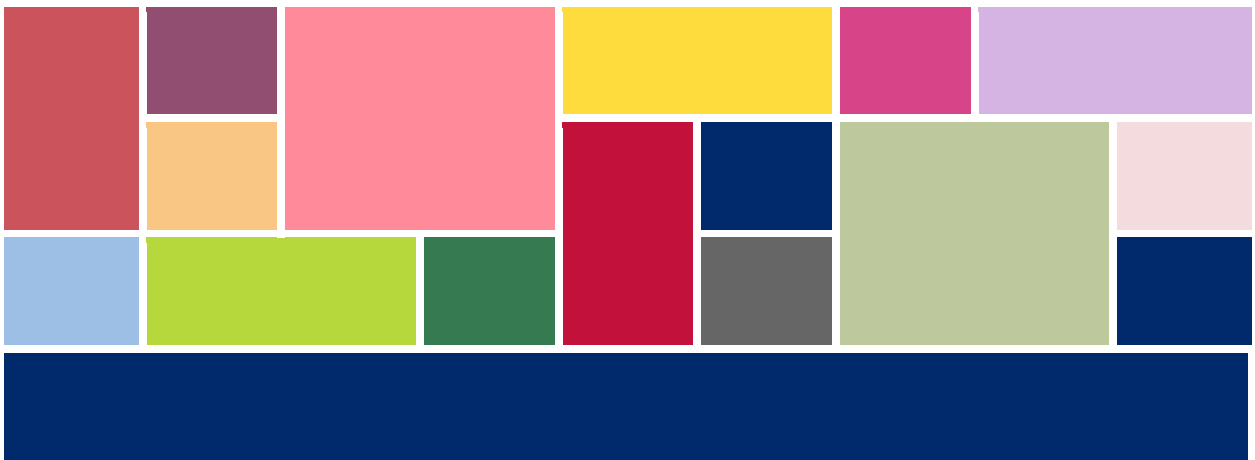




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Maternal and Child
Survival Program

Reproductive, Maternal, Newborn, and Child Health Rapid Health Systems Assessment



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Overview

The Rapid Health Systems Assessment (RHSA) is a qualitative exercise used to: 1) quickly **diagnose** operations and management challenges at the subnational level that may impact reproductive, maternal, newborn, and child health (RMNCH) services and program activities; 2) **prioritize** key areas for strengthening; and 3) **identify assets** and opportunities in the health system. The overall aim of the RHSA is to gather information that can be used by Maternal and Child Survival Program (MCSP) country teams and health system managers to **generate solutions** to enhance the effectiveness and sustainability of planned and ongoing RMNCH activities, as well as the longer-term goal of strengthening the overall health system. The RHSA initiates a process of analysis and planning, yielding recommendations that can be applied at all levels of the health system, including: communities, public and private facilities, subnational administrative teams (e.g., district health management teams), and further upstream at the national level (if applicable).

“USAID invests in HSS [Health Systems Strengthening] to guarantee the sustainability of the impact of all our global programs, including our investments toward EPCMD [Ending Preventable Child and Maternal Deaths.]”

–USAID’s Vision for Health Systems Strengthening (USAID 2015)

To guide stakeholders interested in learning about or applying the RHSA, this document provides information on the assessment approach, methodology, and implementation experiences to date. Based on these implementation cases, this document has been revised to include effective practices and other process learnings, and will be updated further as the RHSA is applied in additional countries.

Approach

The RHSA uses a guiding framework that elaborates on the World Health Organization’s (WHO’s) health systems **building blocks** (Appendix 1, column 1).^{*} The framework assesses the interactions between the building blocks to understand **performance drivers** that help achieve quality RMNCH outcomes (Appendix 1, column 2). Performance drivers include not just health systems inputs, but also policies and regulations, organizational structures, and behaviors at all levels of the system. For example, the assessment aims to understand not only whether trained health workers are available (input gaps that can be identified during facility readiness surveys), but the types of management strategies, reporting and oversight requirements, and incentives that may or may not be in place to ensure better performance. For illustrative purposes, the RHSA framework also provides **example activities** that will strengthen subnational management of RMNCH services to achieve health system performance drivers and quality RMNCH outcomes (Appendix 1, column 3).

How does the RHSA differ from other health systems assessments and planning tools?

The RHSA builds on and adapts other health systems assessments and planning tools, offering several process innovations:

1. **Focuses on subnational-level (e.g., district and local) operations and management of RMNCH programming and services.** The methodology of the RHSA is informed by the Health System Assessment (HSA) pioneered by the United States Agency for International Development’s (USAID’s) Health Systems 20/20 Project. While the HSA focuses primarily on national-level policy issues, the RHSA is used to understand and inform subnational-level operations and management of RMNCH

^{*} In addition to WHO’s six health systems building blocks, the RHSA also considers the impact of “community.” The addition of a “community” building block stems from the important but often overlooked role that communities can play in systems strengthening across all levels of the health care structure, from the local to the national.

programming and services. The RHSA is also informed by various bottleneck analyses focused on specific technical areas such as newborn health. The RHSA focuses more broadly on RMNCH. It is therefore more comprehensive than an analysis of a single technical area bottleneck, and more targeted than a comprehensive HSA. The RHSA aims to systematically ensure that the six interrelated building blocks of the health system (plus community) support RMNCH services and achievement of RMNCH outcomes by identifying health systems challenges and recommending solutions.

2. **Can be implemented rapidly and at lower cost** than more comprehensive health systems assessments, such as the HSA. Depending on the size and availability of the implementation team, the RHSA could be applied over a three-month time span, conducting: Steps 1 and 2 over the first month; Step 3 in two weeks; and Steps 4 and 5 over a month (for more information, see the Methodology section).
3. **Complements quantitative, facility-based service delivery assessments**, such as the Service Provision Assessment (SPA) or Service Availability and Readiness Assessment (SARA). These tools provide data on the availability of basic equipment, amenities, essential medicines, diagnostic capacities, and facility readiness to provide specific health services such as family planning or emergency obstetric care. The RHSA complements these assessments by helping to describe "why" and "how" health systems challenges are occurring and recommending actionable solutions.

Methodology

Who implements the RHSA?

The RHSA is a joint effort of: 1) ministries of health (MOHs) and subnational health system managers, 2) the MCSP health systems strengthening and equity (HSS/E) team, 3) MCSP country program staff, and 4) US-based MCSP country support teams (CSTs). Together these partners collaborate to identify priority focus areas for the assessment, tailor the methodology to the local context, conduct data collection, disseminate the results, and plan actionable next steps. While the RHSA is led by HSS/E team members with expertise in qualitative research and health systems strengthening, the support and involvement of country MOHs, subnational health system managers, MCSP country program staff, and CSTs is integral to the success of the RHSA.

When is the RHSA implemented?

Ideally, the RHSA is applied early in the work planning process. In addition to providing key inputs for prioritizing challenges and designing interventions, the RHSA affords MCSP country teams an opportunity to meet and build rapport with a wide range of stakeholders in the health system, which can facilitate implementation of MCSP activities. However, the RHSA adds value at any stage of program implementation by helping to clarify and brainstorm solutions to roadblocks. The RHSA may be fully integrated or sequenced with quantitative facility assessments, and countries may find it useful to implement the RHSA as part of both baseline and endline assessments.

How are MCSP countries implementing the RHSA?

Using the framework in Appendix I to guide design and analysis, the RHSA is implemented in three phases, which include five main steps.

Planning Phase

1. **Stakeholder engagement and program review.** Stakeholder engagement is a key step in conducting the RHSA. It is important that the MCSP country program team and CST agree on the objectives, team roles, and priority focus areas of the RHSA. It is also important that partners and stakeholders external to MCSP, such as the MOH, be aware of the RHSA's purpose and invited to participate in the process. Some important considerations during this step include:

- **Objectives:** When discussing whether and for what reasons to implement the RHSA, stakeholders should consider RMNCH, HSS, and **capacity-building** objectives. For instance, country program staff may wish to develop their qualitative research skills, or MOH staff to strengthen their knowledge of health financing.
 - **Roles and responsibilities:** During the stakeholder engagement phase, an **implementation team** should be formed, with agreed-upon roles and responsibilities. There is no one-size-fits-all approach—roles will depend on language skills and country program staff availability and interest, among other factors. As an example, the team might decide that the HSS/E team will be responsible for developing the interview guides in close collaboration with MOH personnel (Step 2), the country team will conduct the interviews with support from the HSS/E team (Step 3), and together all three groups will synthesize (Step 4) and disseminate the results (Step 5).
 - **Customization:** The RHSA is a flexible assessment that can be adapted to local RMNCH programs and government contexts, and tailored to fit within resource and time constraints. It is therefore important to review existing MCSP country activities and level of implementation, which will inform the scope and design of the RHSA, and later how findings are interpreted and what solutions are recommended. During this step, stakeholders should identify priority focus areas and key questions and ensure that cross-cutting issues such as gender and equity are considered and represented. Taking into account these factors, some countries choose to review all six health systems building blocks, plus community. Other countries choose priority areas to assess within some or all building blocks, or choose to conduct an in-depth examination of selected building blocks.
 - **Timing:** The team may also wish to discuss alignment with planned baseline data collection, if possible, and the possibility of an endline RHSA.
2. **Desk review[†] and moderator’s guide development.** The next step is to conduct a desk review to understand the country’s existing situation, building on input from the program review and using the RHSA framework to organize the data. Based on results from the desk review, the implementation team develops interview guides and a list of key in-country informants for interview. A critical factor for success is the close involvement of country program teams in developing and tailoring interview guides, as well as any consultants hired to conduct interviews. This allows country program staff to more effectively conduct or facilitate key informant interviews, and to obtain information that will be most useful for strengthening the effectiveness of planned and ongoing RMNCH programming.

Implementation Phase

1. **Country site visit.** During a two-week country site visit, the implementation team conducts key informant interviews and focus groups to gather data about interactions between health systems building blocks across and among all health sector actors. It is important that at least one member of the MCSP country program staff be part of the team conducting this visit (see Step 2). At the end of the two-week visit, the implementation team presents initial findings to appropriate stakeholders for validation.
2. **Analysis and synthesis.** After data collection, the HSS/E team performs qualitative data triangulation, analysis, and synthesis organized around the RHSA framework. The team produces a report (or integrates findings into the quantitative baseline report) with targeted health system maps. These maps help subnational health system managers and MCSP country teams conceptualize the health system as it applies to RMNCH interventions, including visualizing key challenges, important health system actors and stakeholders, and opportunities for intervention and partnerships.

[†] The desk review may include: country team perceptions of health systems issues; review of a country’s MCSP program activities (if not already covered during the program review), other USAID projects, and other development partner work; and review of extant literature including country reports, government policy documents, implementation guidelines, and published literature.

Dissemination Phase

1. **Dissemination and action planning.** To effectively validate findings and generate locally relevant solutions, the results of the RHSA should be disseminated broadly to all stakeholders identified in Step 1, as well as key informants. Some important considerations during this step include:
 - **Process:** The country may choose to convene actors from across the health system to validate the results of the RHSA and to begin action planning. Another option is to use workshops planned as part of MCSP's Comprehensive Approach to Health Systems Management to disseminate the findings to subnational health system stakeholders for their use in planning for local health systems management.‡
 - **Materials:** Local context will determine which dissemination materials are needed. In addition to a detailed report, materials might include presentation slides or a brief (one- to two-page) summary of findings and implications.
 - **Content:** To stimulate systems thinking and openness to novel interventions among stakeholders, dissemination materials should clearly articulate how operational and process improvements at the facility and subnational levels can lead to better clinical outcomes. For example, materials might present examples from peer countries that have resolved similar RMNCH challenges using operational and process solutions.

Implementation Experience

Nigeria: The RHSA was piloted in two states supported by MCSP in Nigeria mid-2015. The RHSA was implemented after and as a complement to a baseline facility audit. It examined in detail all six health systems building blocks plus community. Results helped to clarify the health system causes of findings from the facility audit, and to highlight potential systems barriers to program implementation. Key findings underlined challenges around transparency and accountability of financial and governance systems, especially at the state and local government levels. These challenges result in insufficient numbers of trained and motivated staff, quality drugs, equipment, and infrastructure to support delivery of RMNCH services. Recommendations included community-led efforts to monitor quality of care and local budgeting and salary allocation processes, and introduction of accountability mechanisms such as drug price lists and “league tables” detailing performance indicators across facilities. Informed in part by findings of the RHSA, Nigeria’s Program Year 3 country workplan includes governance and accountability activities at the state and local government area levels to support health system actors.

Rwanda: The RHSA was implemented in Rwanda in late 2015 and early 2016. The RHSA was applied jointly with a baseline facility assessment. The RHSA review of all six building blocks was tailored to specific country priorities, including accreditation and quality, referrals, supervision, and the cross-cutting themes of gender and equity. Findings of the RHSA were communicated in a joint assessment report, highlighting how health systems drivers may affect the delivery of high-quality RMNCH services and impact planned MCSP programming. One key finding indicated that formative supervision visits do not happen with adequate frequency or regularity due to resource constraints. Recommendations included process improvements such as methods to help prioritize supervision responsibilities and to identify and share highly effective practices. Informed in part by findings from the RHSA’s focus areas, Rwanda’s Program Year 3 workplan incorporates activities related to accreditation, supervision, and referrals.

‡ The Comprehensive Approach to Health Systems Management is an approach developed by MCSP that supports subnational health administrators in prioritizing health systems challenges and strategically deploying available resources and assets to achieve better health outcomes. For additional information, please refer to the brief available at the following Web address: <http://www.mcsprogram.org/wp-content/uploads/2017/03/Comprehensive-Approach-Brief.pdf>

Guinea: The RHSA was applied in four regions supported by MCSP in Guinea in mid-2016. The RHSA was used as the first step in implementing MCSP's Comprehensive Approach. The RHSA collected data on health systems challenges and assets that can be used by subnational health system stakeholders to identify key health system priority challenges, activities to mitigate these challenges, and plans to implement the proposed activities. Key challenges identified by respondents focused on lack of operational budgets for regional and district health system management teams, lack of management training for managers, misalignments in human resource (HR) allocation processes between subnational and national levels, and challenges with health system stakeholder coordination, among others. Results were presented to the MOH and other ministries, as well as development partners in October 2016. Following the presentation, RHSA findings were used to inform district-level health systems strengthening workshops under the Comprehensive Approach in November 2016.

Mozambique: The RHSA was implemented in two districts supported by MCSP in Mozambique in late 2016. The RHSA was tailored to focus on six priorities identified by the country team: leadership and governance; communication and coordination; referral network; community-facility continuum of care; equity; and gender. To address the priority themes, the assessment examined the health systems building blocks in varying degrees of detail, focused mainly on service delivery, leadership and governance, and community. Key findings highlighted lack of accountability of leaders and managers, limited resources for supervision and support at health facilities, disparities in infrastructure and support provided to health facilities, and low staff morale. Recommendations included supporting the MOH to define a strategy and vision for improving RMNCH, exploring options for funding support to health facilities, and developing district-led initiatives to improve staff morale. Findings and recommendations were finalized in February 2017. MCSP will use these results to inform programming and as a point of comparison for an end-of-project assessment.

Appendix I. RHSA Framework

Health systems building blocks	Health systems performance drivers for achieving quality RMNCH outcomes	Illustrative activities for strengthening performance drivers at the subnational level
Leadership and governance	There is a strategic RMNCH policy framework with oversight and accountability mechanisms in place. Regulations and incentives impacting RMNCH service delivery are aligned with strategic goals.	<ul style="list-style-type: none"> • Develop mechanisms to hold local health managers accountable for RMNCH performance supported by local government, and local or national health authority • Create channels for facility in-charges to access support to address RMNCH constraints • Advocate for local government and local health authority ownership of measures to address RMNCH constraints
Financing	Adequate funds are available to pay for high-quality and cost-effective RMNCH services using mechanisms that ensure equity and financial protection.	<ul style="list-style-type: none"> • Develop mechanisms to hold local government accountable for ensuring that funding is available for strategies to address RMNCH constraints • Support local government to target funding to facilities in locations with highest need • Build capacity of subnational government to ensure that financing is structured to provide incentives for strong performance
Human resources	There are sufficient numbers and categories of staff trained in RMNCH service provision who are adequately distributed, responsive, and productive.	<ul style="list-style-type: none"> • Build capacity of local health officials to develop and implement HR management plans, including staff training plans, rational HR distribution, integrated supportive supervision, and performance management • Support training provided to strengthen skills gaps identified by facilities and local health authorities • Develop mechanisms to hold staff accountable through appropriate incentives and possible sanctions
Medicines and technology	Supply chains reliably deliver equitable access to essential RMNCH medicines, commodities, and technologies of assured quality, safety, efficacy, and cost-effectiveness.	<ul style="list-style-type: none"> • Develop and institutionalize processes for regular stock-taking and reporting of RMNCH commodities and supplies at health facilities • Support facilities, local health managers, and local government officials to engage in efforts to address issues related to RMNCH commodities supply
Data and information	Information on RMNCH indicators and health systems performance is collected, analyzed, and used in a timely and reliable way for improving service delivery and RMNCH programs.	<ul style="list-style-type: none"> • Support establishment of mechanisms for review of data within facilities, within local health management authorities, and within local government authorities • Develop and institutionalize a process for local health managers to review data across facilities and benchmark performance • Build capacity of local health officials to use data to make improvements in RMNCH services

Health systems building blocks	Health systems performance drivers for achieving quality RMNCH outcomes	Illustrative activities for strengthening performance drivers at the subnational level
Service delivery	Quality RMNCH services are delivered effectively, efficiently, and equitably. A referral system is in place so that services are provided at the appropriate level of the system (community, primary, secondary, or tertiary).	<ul style="list-style-type: none"> • Develop and institutionalize clear referral guidelines at all levels supported by incentives to act, with linkages to needed communications and transport • Support mechanisms for community engagement to monitor respectful, quality care
Community	Communities and civil society organizations are represented in local health planning and quality improvement processes, are empowered to advocate for RMNCH priorities, and have established communication, referral, and transport arrangements with facilities.	<ul style="list-style-type: none"> • Develop and institutionalize regular facility self-assessment, with community inputs, to ensure RMNCH service readiness • Support mechanisms for community engagement to promote utilization of RMNCH services

