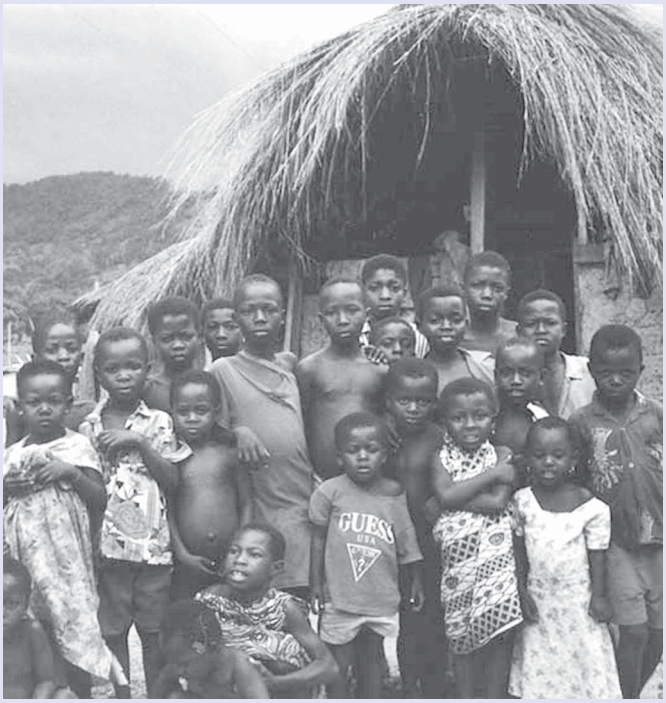
PRIME PAGES

Informing Policy Decisions

Costing and Cost & Results Analysis for Effective Approaches and Interventions



PRIME II's work in Ghana demonstrates the Project's ability to help policy-makers and managers better understand the costs and cost-effectiveness of alternative approaches for improving provider performance. PRIME assisted the Ghana Health Service (GHS) to analyze costs of scaling-up the Community-Based Health Planning and Services (CHPS) initiative from a successful pilot activity to a nationwide strategy to reach underserved populations with family planning and reproductive health care. The results of this costing study are being used by the Ministry of Health to determine scale-up options and advocate for resources with partners. PRIME is also helping GHS assess the financial and opportunity costs of two alternative approaches for training primary providers of Safe Motherhood services: an innovative self-paced learning (SPL) approach and a more traditional classroom-based approach.

Background

Cost and results are key factors in determining whether to adopt an innovative training or non-training intervention for wider scale-up. Results are determined by whether an intervention achieves its intended intermediate (e.g., improved supervision, better learning) and end indicators (e.g., improved provider performance, increased service volume). PRIME II developed a Cost and Results Analysis (CRA)

Reviewing Results in PRIME II
Oct. 2002–Sept. 2003

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- Bangladesh: RTL

PRIME II

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Strategy and Toolkit to guide analyses of whether alternatives achieve desired results at costs equal to or less than existing approaches. The two experiences in Ghana are described below.

Intervention: CHPS District Cost Analysis

The Ghana Health Service and USAID/Ghana requested that PRIME II assess CHPS scale-up costs and produce financial information that had not previously been available for policy dialogue and implementation planning. GHS asked PRIME to work in a sample of 16 CHPS zones from five of the country's ten regions. The sample zones encompassed 140 communities with a combined population of about 110,000. The PRIME II/GHS team collaborated with stakeholders to develop four data collection tools. Teams of data collectors from the regions gathered cost data on start-up activities and placement of Community Health Officers (CHOs) that occurred in 2000, and costs of service delivery by CHOs in 2001, the last full year for which data were available.

Results

The cost data produced by this analysis provided the basis for serious and overdue policy dialogue on issues related to the level of CHPS implementation the MOH/GHS and its partners can afford. The data will assist MOH/GHS in formulating policy decisions such as the need to downsize implementation goals or encourage adoption of lower cost scale-up strategies (e.g., renovation of buildings versus new construction). The team found the average annual operating cost from the sample zones to be inadequate and made recommendations accordingly.

In the absence of financial figures (which are based on averages from the 16 sample zones), previous plans for scale-up and numbers of CHOs to be deployed were not financially sound. MOH/GHS had never prepared an overall CHPS budget because CHPS is seen as an initiative under decentralized health service delivery and not a "program." These figures have served as a "reality check" to MOH/GHS planners and partners, leading to increased recognition that

better coordination, logistical support and resource mobilization are needed to enable decentralized CHPS implementation to succeed and approach scale-up targets.

Intervention: Safe Motherhood Operations Research (OR) on Self-Paced Learning (SPL)

PRIME II collaborated with the FRONTIERS Project and the GHS Health Research Unit on the pilot study comparing the SPL and classroom-based approaches. The team measured the financial and opportunity costs of the two approaches based on a sample of 80 learners, 40 for SPL and 40 for the traditional approach, from the Northern and Upper West regions. The two approaches were implemented over 18 months in 2002-2003. Data collected included hours of time required by the learners and persons involved in implementing the two approaches, along with direct costs of activities such as travel, per diem, and other allowances and direct costs. These cost data are being linked with baseline and final evaluation results to assess the cost-results relationships of the two approaches.

Average Financial Cost Per Learner

Results

The financial costs of SPL are about 60% of the cost per learner of the traditional classroom-based approach. SPL takes more learner time, by a factor of about 3 to 1, but much of the time used by SPL learners is personal time or time when they are not seeing clients. Also, the "opportunity cost" of the SPL learners' time does not have financial impact since their salaries and benefits are already being paid by the Government of Ghana. Programmatic (effectiveness) results will be available soon through an evaluation conducted by FRONTIERS.

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