

# Implementation Process for Reproductive Health Subaccounts

## Time

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60 minutes

## Learning Objectives

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- Recognize what is entailed in conducting the subaccount estimation
  - ◆ Concurrently with general NHA
  - ◆ With the aim of institutionalization
  - ◆ As a stand-alone exercise
- Understand the major tasks involved in completing a subaccounts from start to finish

## Content

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- Slide presentation
- Exercises
- Answers

## Exercises

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- Questions
- Exercises





## Ideal Approach



- **Conduct subaccounts**
  - **As part of ongoing general NHA effort**
    - Allows for placing reproductive health in context of overall health expenditures
      - Important for policy purposes, because RH competes with other health needs
    - Cost-effective to piggy-back onto ongoing NHA surveys.
  - **With the goal of institutionalization**
    - If done every other year, allows for trend analysis
  - **This will be described in the following slides**

## Some Key Features of Institutionalization

- **Recurrence** – trend data important
- **Policy use** – needs to be used for health policy, not merely as a research exercise
- **Government ownership** – should be adopted as a regular government activity, like the census



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## How to plan for institutionalization

- **Incorporate into current estimation round by:**
  - Including “long-term” team members
    - Who can work on future rounds and sustain the momentum after this round is done
  - Identifying weaknesses in HIS (Health Information System) and possible areas for improvement in terms of expenditure info
  - Note regularly occurring studies and negotiate for the addition of RH expenditure rider questions
    - Whether during this round or afterwards
  - Consider how often subaccounts should be conducted and the minimum tables that can be feasibly produced

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## NHA Steering Committee and NHA Team

**Make sure to include RH reps on the core team and the SC**



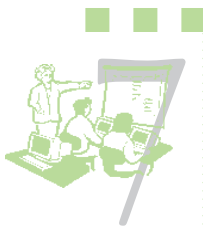
## The technical team: Building demand for the data



- Requires an “NHA advocate”
  - Usually the team leader
  - Who has access to policymakers
  - Job:
    - to generate interest in the RH subaccounts
    - Facilitate formation of the steering committee

## Team Leader/ advocate; skills and knowledge

- Broad understanding of the health sector
  - Issues and policies
- A deep understanding of NHA and its potential use in the country
- Good contacts throughout the health system
- Excellent management and coordination skills
- A financing background
- A thorough understanding of the target audience
- Strong presentation skills
- Facilitation skills



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## The technical team

- **Carry-out actual estimation and write report**
  - Entails data collection and analysis
- **Recommend multi-sectoral team**
  - With representatives from Dept of Planning, Finance, Bureau of statistics, Dept/unit of RH or MCH, etc.
- **If interest is to institutionalize, include members from the agency that will continue the work after this round finishes**
  - To maintain the momentum, continue to “plug” the findings, keep an eye out for ongoing surveys where NHA rider questions could be added.

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## Role of the technical team

- Undertake inventory and assessment (of usefulness) of existing data for subaccounts
- Identify data gaps and needed primary data collection (design survey instruments, sampling size etc)
- Collect primary and secondary data
- Compile, validate and analyze financial data, and produce NHA tables
- Document methodology
- Prepare report, briefs, presentations of the findings
- Report regularly to the Steering Committee throughout the process.

## NHA team member: skills and knowledge



- Knowledge of government accounting
- Experience in spreadsheet and word processing (Excel and MS Word)
- Good organization skills
- Familiarity with health data sources
- Research and analytical skills
- Training in NHA methodology, understanding of NHA tables and classifications
- Experience in developing and conducting surveys
- **RH Rep- want someone with an in-depth understanding of RH interventions; including prevention, cure and care in the public and private sectors**

## Involving stakeholders

- **Potential users of the findings**
  - Can identify policy questions
  - Use the findings to inform the policy process
  - e.g. Ministers of Health; managers of programs that are relevant to RH policy; donors and other financing sources; providers for goods, services and IEC for RH; etc
- **Input data generators/data sources**
  - whose assistance you may need for data retrieval
  - e.g. statistical agencies, government accounting and finance offices, health insurance agencies, Health Information System (HIS) managers



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## Role of Steering Committee

- Meet regularly with technical team
- Help frame policy focus of subaccounts
- Facilitate data retrieval- particularly from “hard to get” data sources
- Provide guidance for the process
- Review the report and help interpret the findings for policy purposes.

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## The Workplan

- The length of time needed depends on
  - Data availability
  - Staff availability
  - Amount of primary data collection (can be time-consuming)
  - Whether or not coordinating with other ongoing studies
  - Targeted number of NHA tables and level of detail needed

## Key tasks of the workplan

- Hold launch conference for steering committee
  - Identify policy objectives of NHA
- Hold NHA team training workshop on methodology
  - Agree on classifications and boundaries
  - Develop NHA framework and approach
  - Identify primary and secondary data sources
  - Develop data plan as stated in earlier presentation



## Key Tasks of workplan cont'd

- Develop survey instruments
- Determine sampling framework and number of enumerators
- Pilot test and finalize survey instruments
- Draw clear procedures for data collection and entry
- Implement data collection
  - Requires a lot of follow-up!!!



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## Key Tasks of workplan cont'd

- **Edit and entry data**
- **Clean data**
  - Do not underestimate this process!
- **Prepare for data analysis workshop**
  - Collect non-expenditure data- e.g. currency rates, weighting plans, population size etc.
- **Conduct data analysis workshop and populate the matrices**
- **KEEP SC INFORMED THROUGHOUT NHA PROCESS**
- **Draft report**
- **Disseminate draft NHA report for SC approval**
- **Finalize report and policy briefs**

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## When RH subaccounts is done as a stand alone study

- **Pros:**
  - Allows for estimation of “non-health” expenditures as is essentially a “RH ACCOUNTS” – however with standard ICHA codes
  - Can include spending on indirect activities
  - Does not need to involve too many stakeholders; this can cut down on time

## When RH subaccounts is done as a stand alone study cont'd



### ■ Cons:

- **May be difficult to estimate non-targeted health expenditures**
  - Non-targeted RH expenditures are usually estimated by applying an allocation factor to overall health expenditures of a facility (usually captured in general NHA)
- **More costly**
- **May not be effective as a monitoring tool because of the lack of the general NHA reference**
  - Hard to institutionalize; more of a STUDY
- **Difficult to do cross-country comparisons**

## Take home message

- **Recommend implementing subaccounts as part of the general NHA process**
- **The more stakeholders involved, the greater the likelihood of use in the policy process**
- **If institutionalized, can provide valuable trend data**



## Discussion questions

- **What are the policy issues in your country that a RH subaccounts can address?**
- **How do you foresee the process of implementation in your own country?**
  - How easy or difficult will it be? Is this exercise justified?
    - What will be the major challenges?
  - When do you think your country can implement the subaccounts?
  - What will be your next steps in terms of getting RH subaccounts on 'agenda'?
  - What are the expected uses of the RH subaccounts?
- **Each country should prepare to prepare a 5-minute oral presentation on this topic**



## Thank you

Reports related to this presentation  
are available at [www.healthsystems2020.org](http://www.healthsystems2020.org)  
and [www.africahealth2010.aed.org](http://www.africahealth2010.aed.org)

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## Unit 7 - Exercises

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### Discussion Question 1

How do you foresee the process of implementation in your own country?

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### Discussion Question 1a

How easy or difficult will it be?

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**Answer**

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### Discussion Question 1b

What will be the major challenges?

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**Answer**



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**Discussion Question 1c**

When do you think your country can implement the subaccounts?

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**Answer**

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**Discussion Question 1d**

What will be your next steps in terms of getting the reproductive health subaccounts on the “agenda”?



# Unit 7 - Answers

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## Discussion Question 1

How do you foresee the process of implementation in your own country?

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## Discussion Question 1a

How easy or difficult will it be?

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**Answer**

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## Discussion Question 1b

What will be the major challenges?

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**Answer**



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**Discussion Question 1c**

When do you think your country can implement the subaccounts?

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**Answer**

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**Discussion Question 1d**

What will be your next steps in terms of getting the reproductive health subaccounts on the “agenda”?