***Organised session title:*** How can health systems be shaped to sustainably address the maternal health needs of the most vulnerable and under-served populations?

***Abstract Title****:* Costs and sustainability of a novel Community Health Workers programme in improving Mother and Child Health in Nigeria

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**Background**: A recent health intervention that was undertaken in Nigeria was the Subsidy Reinvestment and Empowerment Program/ Maternal and Child Health (SURE-P/MCH) programme, which had both supply and demand components. The funding for the programme ended in 2015, but there is the need to provide evidence on its performance. Hence, this study provides evidence on the costs and cost-effectiveness of the intervention, which has direct bearing on its sustainability and scaling up of community health worker programmes for MCH interventions.

**Methods**: The study was undertaken in Anambra state, southeast Nigeria. Cost and outcomes data were collected from three clusters; (1) With the SURE-P MCH intervention; (2) With the SURE-P MCH intervention + CCT and; (3) Without the SURE-P MCH intervention. Costs were for the year 2014. Information was collected from relevant key informants and from the records in health facilities, local government councils, and the state ministry of health. The costs were categorized into: personnel, infrastructural (capital), drugs and consumables, overhead and CCT costs. Data on the outcomes of the intervention are being collected using a community survey in the three clusters and the results will be available in July 2018.

**Key Findings**: The highest total annual cost was incurred in the SURE-P +CCT facilities (93,643,613 Naira: US$307,028) and the least cost was incurred by the control facilities (52,717,114 Naira US$172,843). The cluster with just the SURE-P MCH incurred a total annual cost of 79,343,727 Naira (US$260,143). The highest contributors to costs in the SURE-P facilities were from personnel costs and drugs and consumable. The cost on infrastructure was almost uniform across the three sites. The effectiveness of the interventions increased moving from the SURE-P CCT cluster to the SURE-P non-CCT cluster to the control cluster, for ANC and delivery, but not for PNC.

**Main Conclusion:** There is a wide variation in the annual cost on MCH services across the three clusters. The finding of overall positive incremental cost analyses from the CCT cluster to the non-CCT SURE-P cluster to the control cluster were expectedly because of the higher level of activities in the SURE-P CCT and non-CCT clusters compared to the control cluster. The costs and consequences show that there are efficiency gaps but although the programme can be used to improve access to MCH services, the relatively most costly CCT cluster calls to question the sustainability of the CCT component, especially if run as routine programme.