Elements	USAID iCCM Costing and Financing Tool
Developer	MSH/USAID
Intended user(s)	iCCM program managers and planners; policy makers
Tool	Excel, open source, formulas can be viewed and modified. Requires detailed user input but allows for accurate cost estimates and tool can be customized to country's needs. Calculates unit and per-capita costs per intervention by type of resource (e.g., medicines and supervision) at community, district and national levels. Tool can show cost implications of different policy decisions. Includes a financing section that shows the contribution from each funding source.
Purpose of Tool	To assist with planning, budgeting and evaluating iCCM programs by showing the costs and financing gaps of existing, new or scaled-up programs. Useful for developing cost-effectiveness and affordability what-if scenarios.
Summary	The iCCM Costing and Financing Tool provides evidence-based data for implementing, scaling-up, and maintaining iCCM activities, including advocating for funding, conducting feasibility/sustainability studies, assessing cost-effectiveness, and planning financing strategies and mechanisms.
User guide	Detailed user guide as a separate document; brief instructions as comments embedded within the excel file
Countries	Burkina Faso, Cameroon, DRC, Indonesia, Senegal, Sierra Leone, South Sudan, Malawi, Rwanda, Nigeria and Zambia

Package of services	Input by user; up to 10 services can be entered. Under-5 diarrhea, pneumonia and malaria pre-entered in demo version.
Key data requirements	Training costs, iCCM treatment protocols, iCCM caseload data, staff costs, medicines, supplies and equipment, program start-up costs, reporting and supervision costs, program management costs, community health worker time availability, funding committments.

Outputs	iCCM cases per capita, cost per service, cost per capita, number of CHWs needed per scale-up scenario, average number of iCCM cases per CHW per week, cost per CHW (training and equipment), total and annual program costs, funding commitments, financing gaps by resource type, program costs by natinoal budget line item
Projections	Baseline + 5 projection years
Case Studies and Reports	Malawi Report
	Senegal Report
	Journal of Global Health iCCM multi-country analysis
Links	Tool and User Guide
Contact	David Collins: dcollins@msh.org

iCCM Gap Analysis Tool	Community Health Services Costing Tool
UNICEF/ESARO	MSH
Central level / Policy makers	Planners and service and finance managers
Excel, open source, formulas can be viewed and modified. Includes built-in assumptions (e.g. list of iCCM services and treatment protocols). Provides faster, multi-levels option for iCCM costing and gap analysis, and requires fewer inputs. The drop-down list allows for a quick comparison of different countries or sub-national levels, once country data have been filled in (the current version of the tool has pre-loaded data for the 9 ESARO countries costed to date)	This Excel, open source tool is for calculating the costs of providing integrated community health services. The tool is easy to use and is available upon request.
Conduct gap analysis focused on Bottlenecks removal for CCM medicines, supplies and commodities, demand and quality of service.	The purpose of the Community Health Services Costing Tool is to help managers and planners estimate the costs of providing health services at the community level. It can be used for individual community services, packages of services, or for all community services. It can be used to calculate the current costs and/or the costs of starting a new program or scaling up an existing one. The tool allows multiple interventions to be input by the user, and target groups and incidence rates for each intervention determine the total number of services that are required to be delivered at the community level. The direct and indirect costs of providing these services are then calculated. Direct costs include drugs and medical commodities, and indirect costs include facility-based supervision and incentives, in addition to training costs.
Brief instructions as comments embedded within the excel file	Instructions built-in with tool
Uganda, Malawi, Zambia, Ethiopia, Mozambique, Somalia, Madagascar, South Sudan, and Kenya	Liberia

Services pre-set in tool: Diarrhea, Pneumonia, Malaria, ITN, Severe Acute Malnutrition	Integrated packages of community interventions
	Multiple interventions to be input by the user, and target groups and incidence rates for each intervention determine the total number of services that are required to be delivered at the community level

	The number of community health volunteers required to fulfill population-based norms, including additional volunteers to make up for attrition; the number of community health services required to provide coverage to the desired population size; the total cost of providing these services over a period of up to 10 years; the total direct costs of providing these services (drug costs); the total indirect costs of providing these services (training, supervision, and incentives).
Baseline + 10 projection years	Baseline + 3 projection years
	Liberia report available on request. A simplified version of this tool was developed for the One Million Community Health Worker Campaign.
	website link
	David Collins: dcollins@msh.org

OneHealth Tool
UN Interagency Working Group on Costing and Futures Institute
Health planners
The tool is available free of charge on the Futures Institute website. It has user friendly user interfaces, and can be adapted to many different country contexts. Default data is provided for population sizes and epidmiological profiles for countries, which can be edited by users as needed. It provides various features including scenario analysis, and different costing and impact software packages. It is not open source. The onehealth tool is available in English, French and Spanish. Sections of the tool have also been translated into Chinese and Russian.
To estimate the cost and impact of health plans and programs, including services such as maternal and child health, HIV, TB, malaria, WASH, and NCD interventions. The tool includes detailed modules for health systems planning, including HR, infrastructure and equipment, and logistics. The purpose of the Tool is to link strategic objectives and targets of disease control and prevention programmes to the required investments in health systems, thus ensuring that health plans take into account the health system strengthening needs.
The OneHealth Tool is a model to be used for supporting the costing, budgeting, financing and national strategies development of the health sector in developing countries with a focus on integrated planning and strengthening health systems. This model designed in a modular fashion allowing for program specific costing as well as health system component costing.
Detailed user guidance provided, including a startup manual, technical manual that details calculation patterns, and treatment inputs document.
Angola, Benin, Botswana, Burkina Faso, Cape Verde, China, DRC, Ethiopia, Kenya, Liberia, Mozambique, Nigeria, Senegal, Sri Lanka, Sudan, Swaziland, Lesotho, Malawi, Madagascar, Viet Nam, Zanzibar

The tool is prepopulated with defaults for over 100 interventions, including drug and supply inputs needed per person per intervention, and prices. Users can add their own custom interventions and design packages to reflect the local context. Intervention inputs are defined differently at different levels of service delivery (community, health facility, hospital, outreach), such that the health system needs can be estimated for different levels of delivery, by year. The tool includes epidemiological impact models which estimate the likely effect on mortality and morbidity from increasing coverage of selected health services.
Coverage of key interventions. Default unit costs and provider time requirements, but can be adapted by users. If the health system component is being included, information about provider types and salaries, infrastructure types and costs, and other health system components must be filled out. Data requirements depend on which modules are being used. For intervention/programme-specific costing: coverage of key interventions. Default unit costs and provider time requirements are provided, but can be adapted by users. Additionally, costs in relation to training, supervision, program management etc. If the health system component is being included, information about provider types and salaries, infrastructure types and costs, and other health system components must be filled out. The user can however select to focus just on the HR module in the health systems section, and enter information on (community) health worker time availability, renumeration costs, pre-service training, attrition rates, etc.

Cost and impact of package of health services, including calculated mortality rates based on the scaleup of interventions, cost of drugs and supplies, and the time of providers to deliver the interventions. If the health system component is incorporated, costs of HR, infrastructure. logistics, HIS, and financing strategies will be generated.
Adaptable to user requirements.
Mozamique report:
http://www.healthpolicyproject.com/index.cfm?ID=publications&get=pubID&pubID=242
http://futuresinstitute.org/onehealth.aspx
Rachel Sanders: rsanders@futuresinstitute.org