Costing Community Health Services

Providing evidence to support improved planning, resource mobilization, and health outcomes

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Session Objectives

To provide participants with:

1. An understanding of the costing of community health services using the Community Health Planning and Costing Tool, and the use of the results to prepare investment cases.

2. In this session we will mainly provide an overview of the tool.

3. In-depth training on the use of the tool and the preparation of investment cases will be provided at a later date – interested participants can contact Dyness at JSI.
CHPCT new Features – Based on User Feedback

✔ This is version 2.0 published in 2020 (from the original in 2017)
✔ Translated into French
✔ Pre-loaded standard treatment guidelines to reduce data collection
✔ Video tutorial and Handbook (French/English)
✔ Embedded User Guide
Overview of CHPCT functions

**BASELINE**
- Actual numbers of services
- Actual expenditure

**PROJECTED**
- Target numbers of services
- Normative direct unit costs
- Normative indirect costs
- Total normative costs
- Scale up of services over 5 years
- Additional financing needs
Normative costing calculation
## Community Health Planning and Costing Tool

<table>
<thead>
<tr>
<th>Country</th>
<th>Malawi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline year of analysis</td>
<td>2019</td>
</tr>
<tr>
<td>Total Population (2019)</td>
<td>18,620,000</td>
</tr>
<tr>
<td>Annual population growth rate</td>
<td>2.3%</td>
</tr>
<tr>
<td>National Currency</td>
<td>MWK</td>
</tr>
<tr>
<td>Exchange rate per 1 USD (2019)</td>
<td>100</td>
</tr>
<tr>
<td>Enter data in:</td>
<td>MWK</td>
</tr>
<tr>
<td>Annual inflation rate:</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

- **Quick navigation links**
- **Embedded notes to guide user data entry**
- **Drop-down menus**
Tool walk-through – selected sheets

- Main menu
- Guide
- Data checklist
- Tool configuration
- Program data – explain
- Program structure – explain
- Preloaded package
- Program scale-up - explain
- Coverage - explain
- Equipment
- Financing – explain
- Pre-loaded package - explain
- Pre-loaded medicines
- Pre-loaded standard treatment protocols – explain
- Summary tables – explain
- Graphs
Common challenges

- Obtaining reliable data on CHW catchment populations and baseline service utilization figures, particularly in absence of reliable health information systems.

- Determining impact of supply- and demand-side bottlenecks on achieving scale-up targets.

- Estimating normative time for CHWs to provide services (and supervisors + managers).
  - Must consider: a) where services are provided – e.g., home of CHW or at home of patient; b) required travel time; c) experience level of CHWs.

- Understanding CHW time availability, particularly in absence of job norms.
Additional Resources

To request a copy of the Tool:

E-mail fintools@msh.org

All additional resources available from MSH and UNICEF in English and French

- Recorded orientation webinar
- Introductory video
- Country reports / investment cases
- Handbook
Acknowledgements

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- **South Sudan:** Hon. Riek Gai Kok and Anguei Mayuot Solomon (MOH), Penelope Campbell and Anne Levens (UNICEF), Alfred Driwale (consultant).
THANK YOU!
Extra slides if needed for reference
Measuring impact

- To successfully advocate for funding it is important to show the impact of community health services. This is best done using the Lives Saved Tool (LiST) to project the numbers of lives saved due to the interventions.
- However, LiST only covers basic maternal and child services and the impact of other services included in the package is not reflected as lives saved.
- Detailed guidance on using LiST in conjunction with the CHPCT is included in the Handbook and in the tool.
- Additional analysis can also be carried out – such as the impact of household and services delivery costs resulting from transferring services from facilities to communities.
Reduction in Under Five Mortality (using LiST) (Burkina Faso)

*Based on MOH projections in service coverage*
Investment case example – South Sudan

Over the period 2015 to 2019, scaling up a package of selected nutrition-specific and nutrition-sensitive interventions to cover 90% of Sudan would:

▪ Reduce the under-five mortality rate from 73 to 49/1,000 live births
▪ Reduce the prevalence of stunting from 35% to 25% and reduce the prevalence of wasting (global acute malnutrition) from 16.5% to 6%
▪ Increase exclusive breastfeeding from 41% to 63%
▪ Reduce iron deficiency anaemia among pregnant women from 58% to 26%

The total annual cost of reaching 90% of Sudan with a package of selected nutrition-specific and nutrition-sensitive interventions amounts to US $524 million—an increase of US $443 million over the US $81 million currently spent. Studies show that investing in improving nutrition can raise a country’s gross domestic product by 3% per year. On the basis of Sudan’s 2013 gross domestic product of US $66.55 billion, this would translate into an annual gain for Sudan of US $2 billion. The value of the benefit would be substantially more than the cost and would represent a fourfold return on investment.