SKILLS BUILDING SESSION

Costing Community Health Services

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

David Collins, Boston University School of Public Health
Colin Gilmartin, Management Sciences for Health

7 June 2023

Session Objectives

To provide participants with:

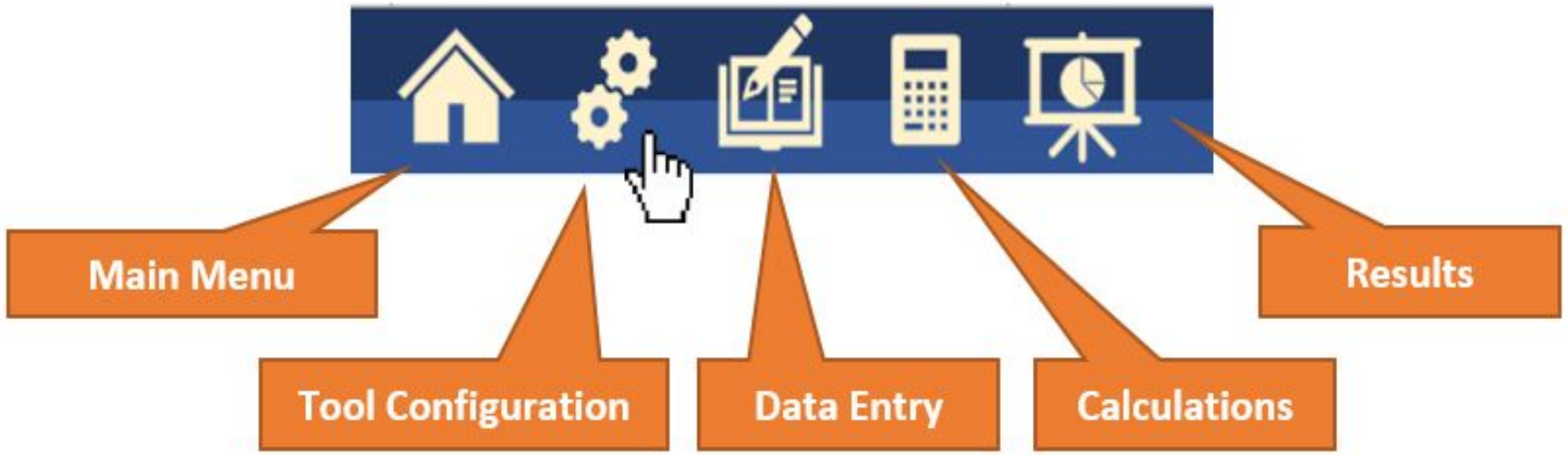
1. An understanding of the costing of community health services using the Community Health Planning and Costing Tool, and the use of the results to prepare investment cases.

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

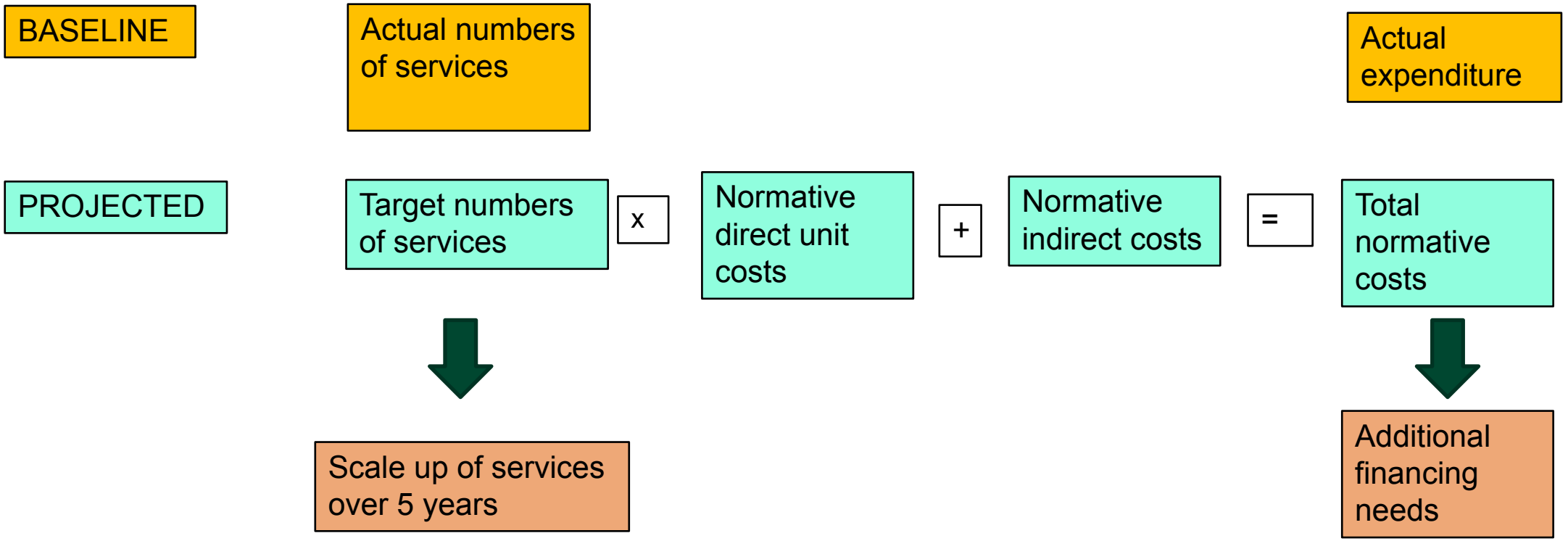
3. In-depth training on the use of the tool and the preparation of investment cases will be provided at a later date – interested participants can contact Dyness at JSI.

CHPCT new Features – Based on User Feedback

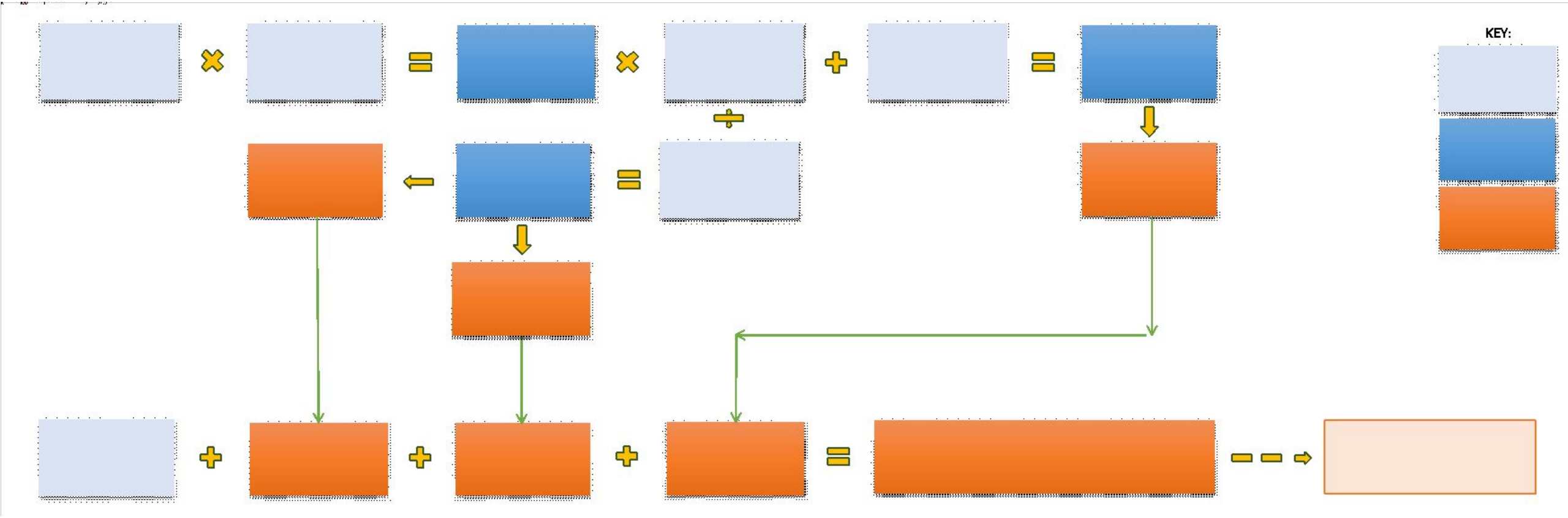
- ✔ This is version 2.0 published in 2020 (from the original in 2017)
- ✔ Translated into French
- ✔ Pre-loaded standard treatment guidelines to reduce data collection
- ✔ Video tutorial and Handbook (French/English)
- ✔ Embedded User Guide



Overview of CHPCT functions



Normative costing calculation



Community Health Planning and Costing Tool

Country		Malawi
Baseline year of analysis		2019
Total Population (2019)		18,620,000
Annual population growth rate		2.3%
National Currency		MWK
Exchange rate per 1 USD (2019)		100
	Enter data in:	MWK
Annual inflation rate:		0.0%

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

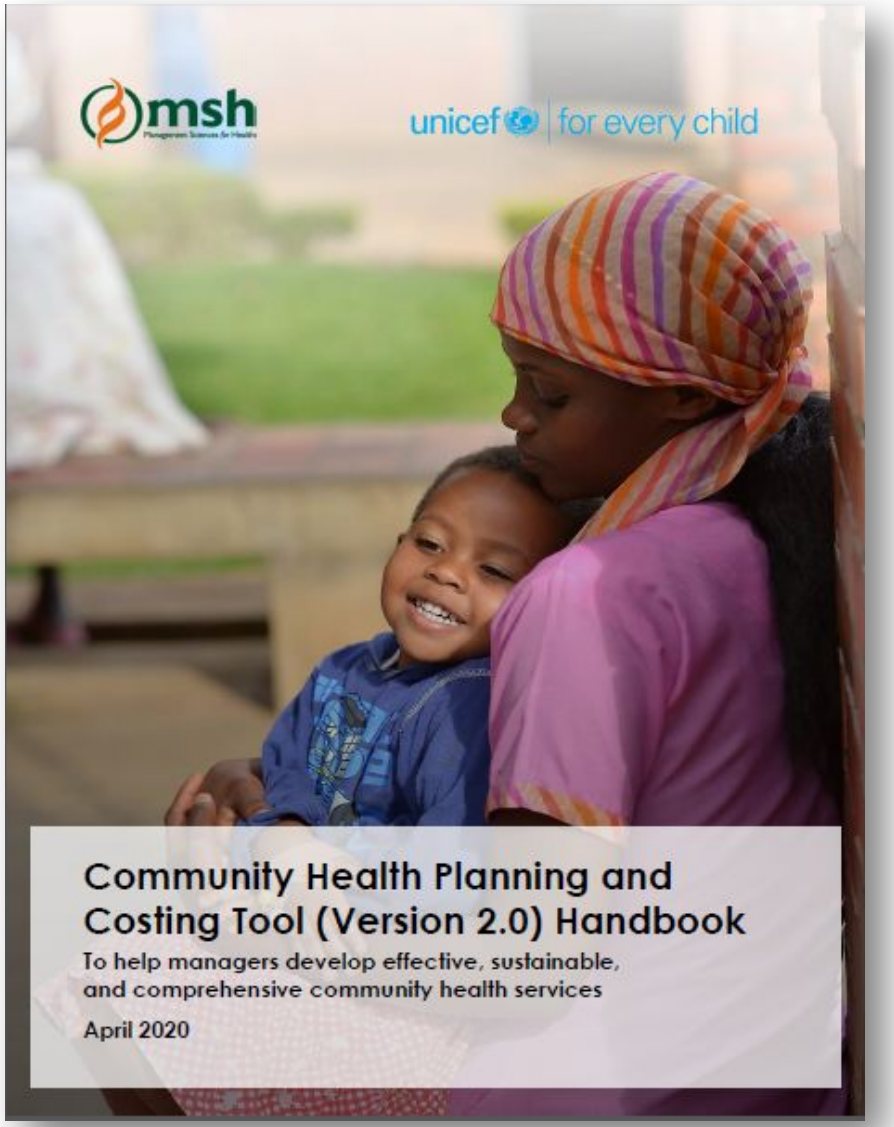
Additional Resources

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

- **MSH:** David Collins, Colin Gilmartin, Sarah Birse, Yohana Dukhan, Clarisse Uzamukunda, and Zina Jarrah (independent consultant).
- **UNICEF NY:** Jerome Pfaffmann Zambruni, Hannah Sarah F. Dini, Ulla Griffiths, Anne Detjen, and Jiawen Elyssa Liu.
- **Angola:** Eliane Mbounga (USAID/PMI).
- **Burkina Faso:** Drabo François (MOH), Fadima Yaya Bocoum (IRSS), Denis Muhoza and Assiatta Kabore (UNICEF).
- **Madagascar:** Enrique Paz and Maria Montserrat Renom Llonch (UNICEF), Josette Rakotonuna (MOH).
- **Malawi:** Humphries Nsona (MOH), Emmanuel Chimbalanga (MSH).
- **Sierra Leone:** Joseph Kandeh (MOH) and Kebir Hassen (UNICEF).
- **South Sudan:** Hon. Riek Gai Kok and Anguei Mayuot Solomon (MOH), Penelope Campbell and Anne Levens (UNICEF), Alfred Driwale (consultant).

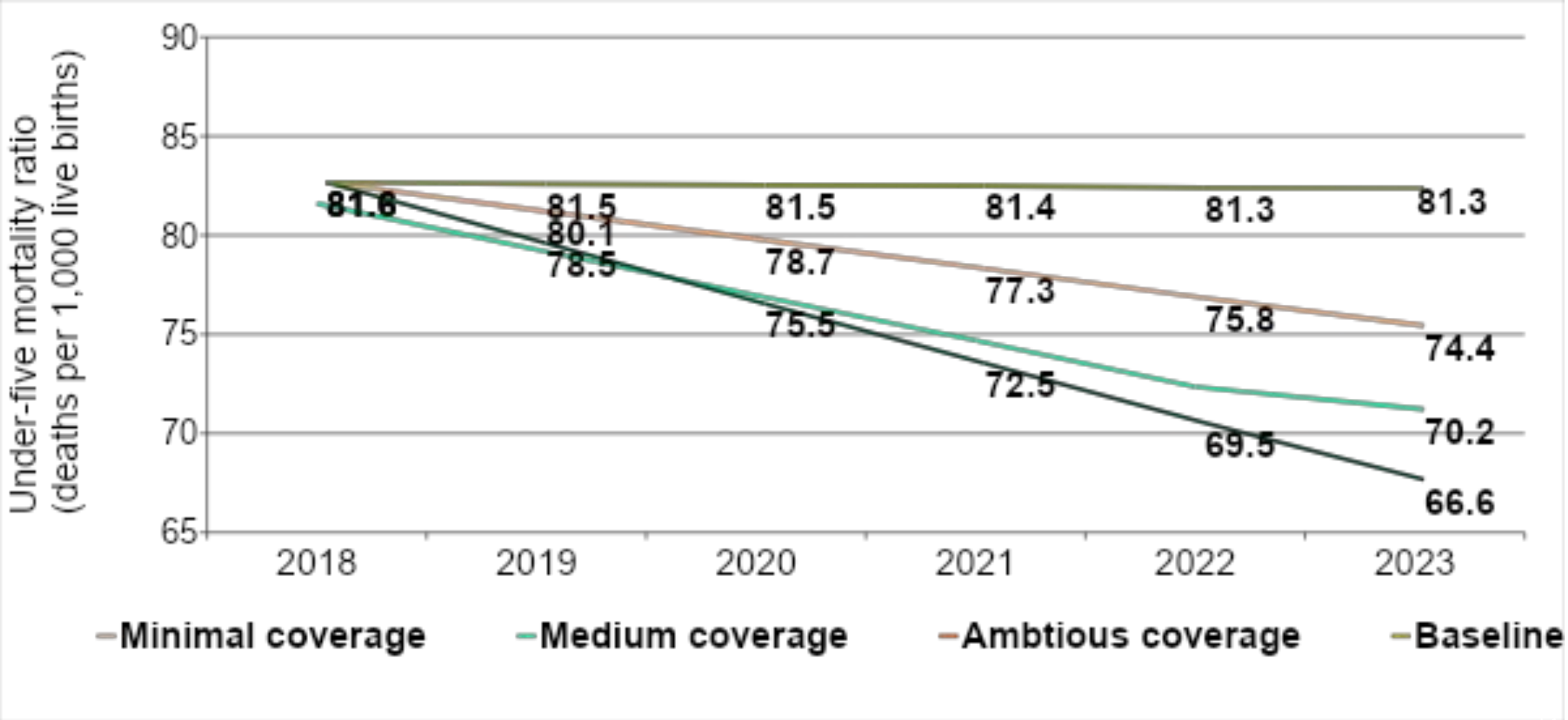

THANK YOU!

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.