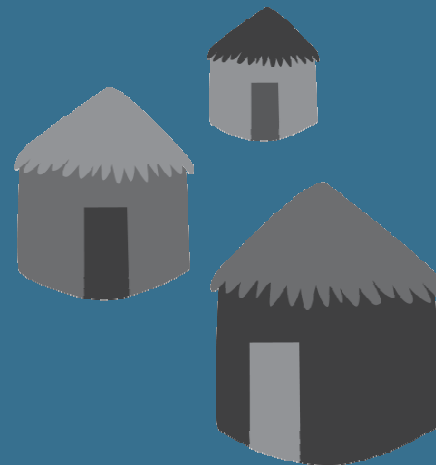
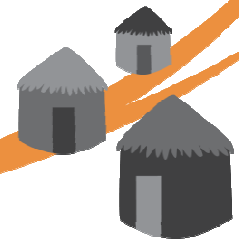


Institutionalizing Community Health Conference

27-30 March 2017 | Johannesburg, South Africa



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Community Health Planning & Costing Tool



Institutionalizing Community Health Conference
Johannesburg, 27-30 March, 2017
David Collins, Management Sciences for Health



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Purpose of Planning and Costing Tool

- Understanding the cost of community health packages will help you to:
 - Prepare investment cases that can be used to advocate for necessary funding;
 - Help persuade governments and donors to fully-fund specific programs (eg iCCM);
 - Compare the cost-effectiveness of community versus facility based services.
 - Plan and prioritize services within the likely funding envelop;
 - Prepare detailed budgets for salaries, per diems, medicines etc.



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The Community Health Planning and Costing Tool

Title Page



Main Menu



- Developed by MSH for UNICEF building on iCCM Costing Tool
- Open-source, user-friendly tool developed in MS Excel.
- Can cover up to 100 community services
- Dynamic – results change with key variables (e.g., population)
- Includes financing section linked to costs
- Normative costing from provider perspective.
- Tool can be used at district or national levels.

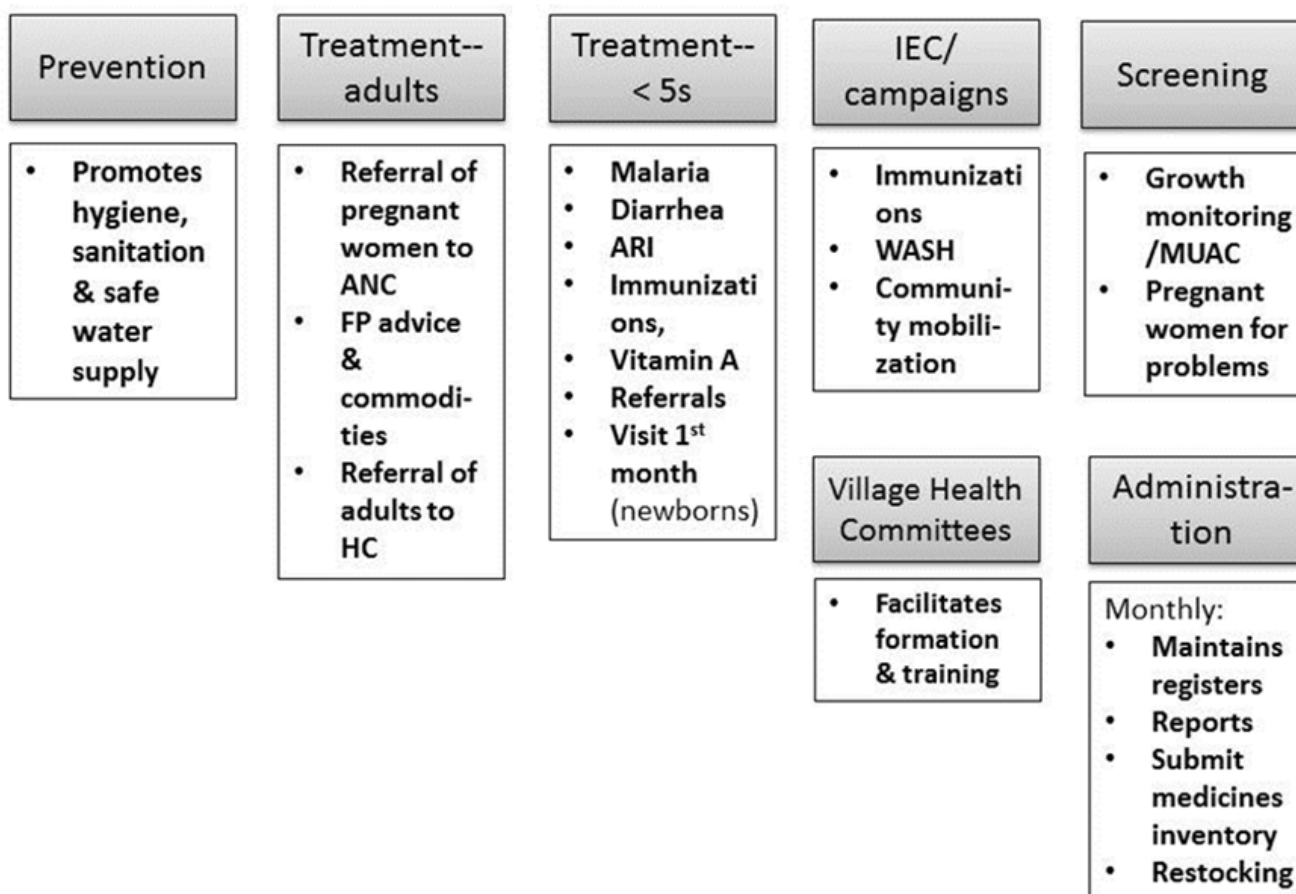


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An Example of a Comprehensive Package of Services (Malawi)

Services Provided by HSAs at Community Level



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Example of Numbers of Needed Numbers of Services and Gaps for Planning

Health Services	# Services	Estimated Utilization
Male condom distribution	6,648	3%
Antenatal Care Visit 1	264	4%
Oral contraception	18,588	11%
Diarrhea treatment	17,446	12%
Depo-Provera	61,042	36%
Pneumonia treatment	5,134	58%
Malaria diagnosis (w/ rapid diagnostic test)	15,950	63%
Malaria treatment	35,580	80%
BCG Vaccine	10,491	81%



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EXAMPLE FIGURES – DO NOT QUOTE

Example of standard treatment guidelines

18) Pneumonia treatment	<i>More Information</i>
-------------------------	-------------------------

Time required for one full service including follow-up (mins):	18
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Name of Medicine or Supply	Number of times/day	Number of days	% of cases treated	Units per dose	Total units per service (+wastage)	Unit cost per medicine or supply	Total medicine and supply cost
Amoxicillin - capsules and tablet - 250mg (dispersible)	2	5	100.0%	2.00	20.00	23.25	465.03
					-	-	-
						Average episode medicines cost (MWK):	465.03



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The tool has detailed tables – most of which are populated automatically based on a few sets of key data. Services and costs can be projected for 10 years.

Coverage Sheet

		COVERAGE AT BASELINE			COVERAGE TARGETS									
Service	Target Population	Actual number of services 2015	Expected number of services 2015	Coverage in 2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1 Male condom distribution	Male Adult	89,500	263,880	34%	39%	44%	49%	54%	59%	64%	69%	74%	79%	84%
2 Oral Contraceptives	Female Rep Age	9,827	223,336	4%	9%	14%	19%	24%	29%	34%	39%	44%	49%	54%
3 Depo Provera Injections	Female Rep Age	79,133	223,336	35%	40%	45%	50%	55%	60%	65%	70%	75%	80%	85%
4 Family Planning Counseling	Fem + Male Rep Age		121,804	0%	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%
5 ANC Visit 1	Pregnant Women	9,135	9,637	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
6 ANC Visit 2	Pregnant Women	9,155	9,637	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
7 ANC Visit 3	Pregnant Women		9,637	0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
8 Referral of pregnant women	Pregnant Women		964	0%	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%
9 PNC Visit 1	Postpartum Women		9,576	0%	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%
10 PNC Visit 2	Postpartum Women		9,576	0%	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%
11 PNC Visit 3	Postpartum Women		9,576	0%	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%
12 Referral of unhealthy baby to Postpartum Women			958	0%	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%
13 Monitoring of breathing	Newborns		907	0%	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%
14 ICCM assessment	Children <5		249,822	0%	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%
15 Referral of children requiring	Children <5		24,982	0%	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%

Results Table

Community Health Planning and Costing Tool											
COMMUNITY HEALTH PROGRAM SUMMARY TABLES (USD)											
Example District, Malawi											
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Population served by Community Health	242,086	250,122	257,785	265,684	273,824	282,214	290,861	299,773	308,958	318,425	328,181
Community Health Services											
Reproductive Health / Family Planning	178,460	226,821	277,977	332,055	389,188	449,509	513,162	580,292	651,055	725,600	804,122
Maternal, Newborn and Child Health	41,085	57,595	63,814	70,363	77,251	84,494	92,110	100,114	108,522	117,351	123,972
ICCM	68,639	106,661	146,948	180,515	233,518	279,163	325,907	374,724	426,227	480,533	537,768
Malaria (5 years +)	-	44	88	132	176	220	263	307	351	395	439
TB	-	5,766	11,885	18,373	25,249	32,528	40,229	48,372	56,976	66,062	75,651
HIV/AIDS	-	6,589	13,583	20,998	28,856	37,175	45,976	55,283	65,116	75,500	86,459
Nutrition	-	561	1,154	1,780	2,440	3,137	3,871	4,646	5,461	6,320	7,224
Community Mobilization / BCC / Mass	-	44	88	132	176	220	263	307	351	395	439
Immunization	44,843	61,172	76,680	92,642	108,037	124,288	141,437	159,507	178,562	198,617	219,747
0	-	-	-	-	-	-	-	-	-	-	-
Total	333,027	465,253	592,225	725,900	864,888	1,010,732	1,163,220	1,323,551	1,492,621	1,670,783	1,855,821
Services by Category											
Promotional	-	132	263	395	527	659	790	922	1,054	1,185	1,317
Preventive	280,400	404,365	513,068	627,511	746,453	872,091	1,004,736	1,144,675	1,292,258	1,447,791	1,609,010
Curative	43,626	60,755	78,893	98,085	117,909	137,983	157,693	177,955	199,310	221,806	245,494
Total	333,027	465,253	592,225	725,900	864,888	1,010,732	1,163,220	1,323,551	1,492,621	1,670,783	1,855,821



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Examples of unit total cost per service

Service	2015	2016	2017
Male condom distribution	1.42	1.44	1.46
Oral Contraceptives	1.96	2.00	2.04
Depo Provera Injections	1.82	1.80	1.76
Family Planning Counseling	2.07	1.97	1.84
ANC Visit 1	2.07	1.97	1.84

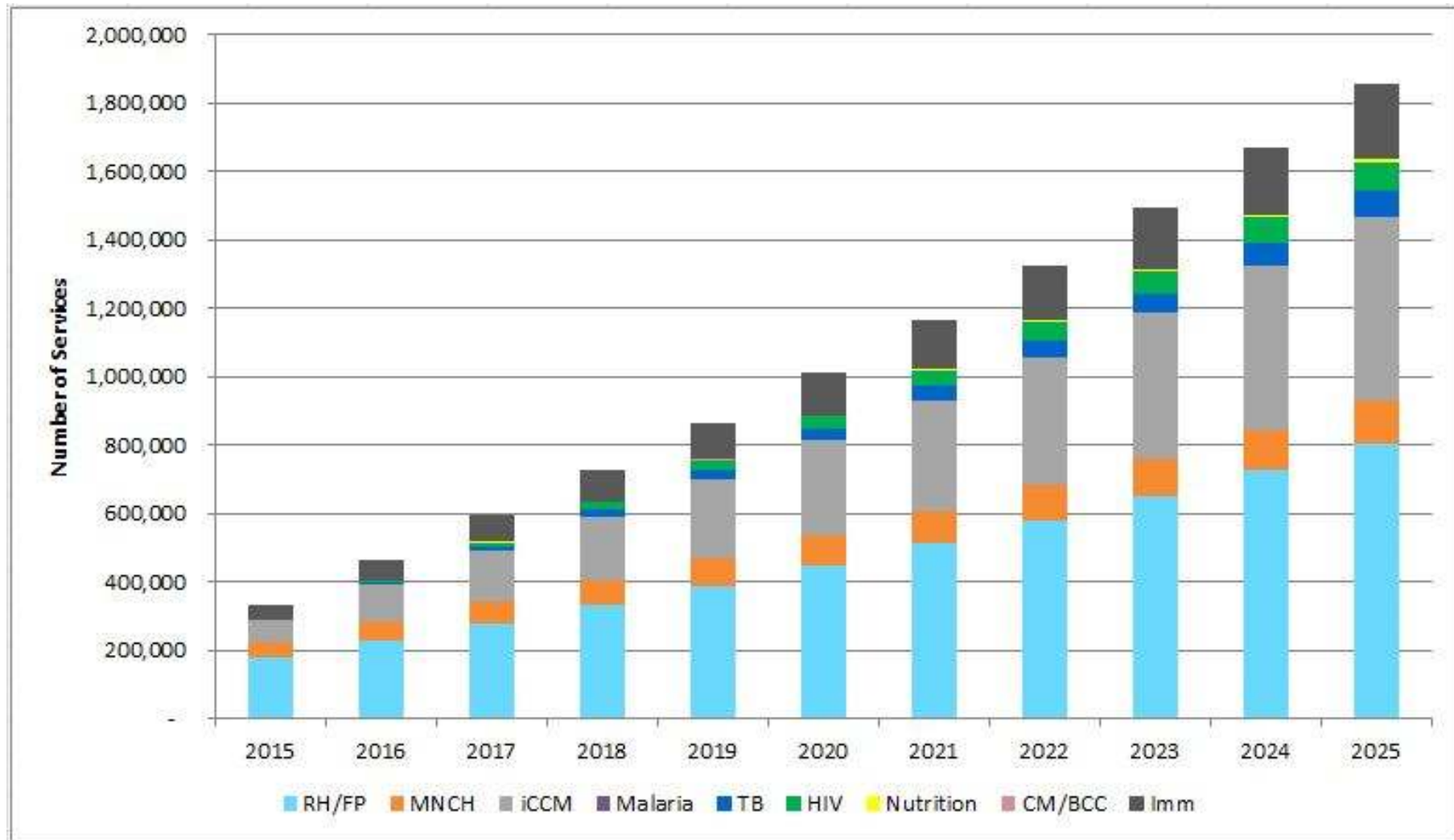
Costs should reduce with increasing numbers of services due to economies of scale



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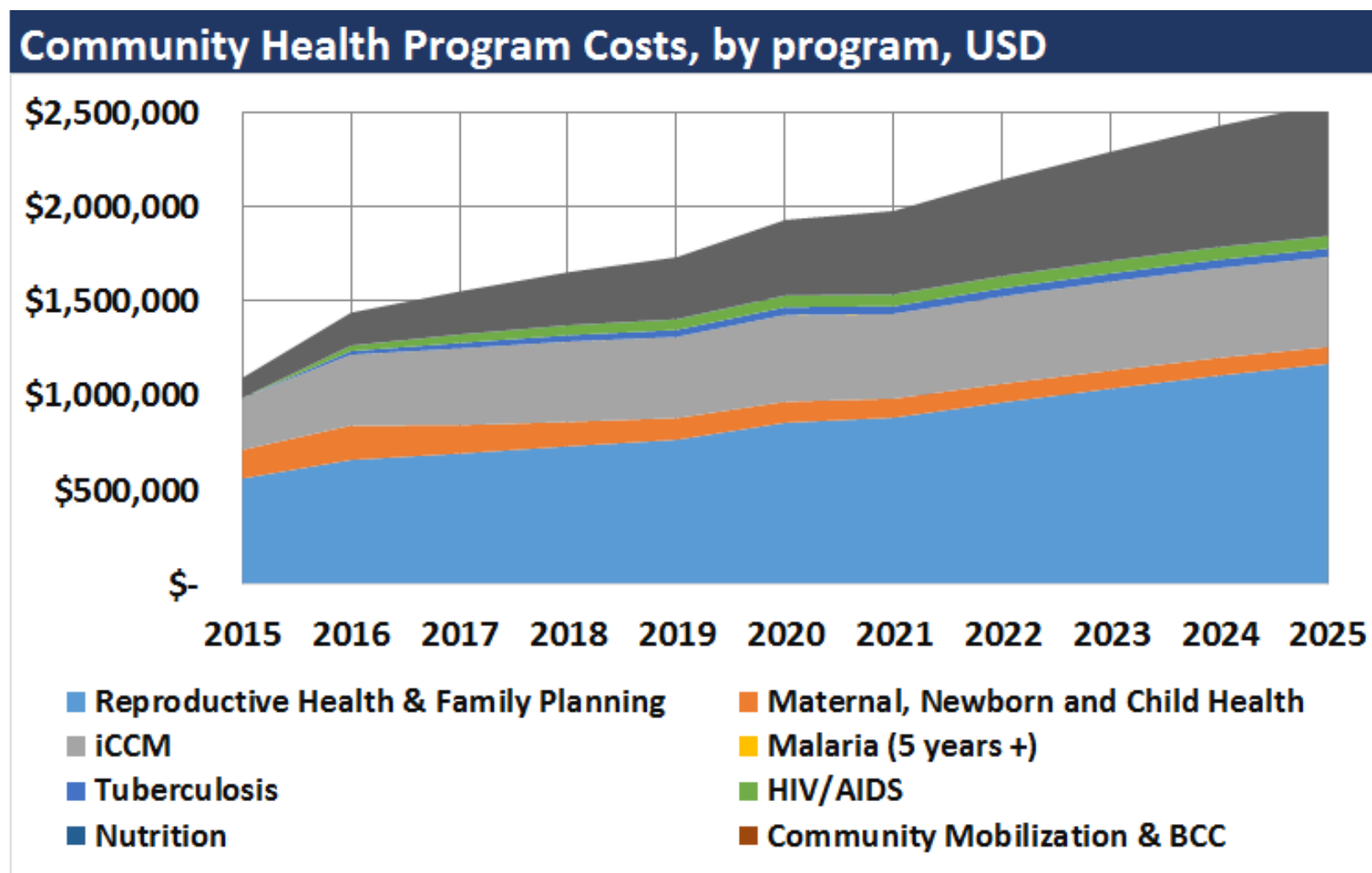
Tool Output Example: Results Chart – *current and planned increases in numbers of services by program for a district*



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Tool Output Example: Results Chart – Cost of Services Provided by *Program* for a District

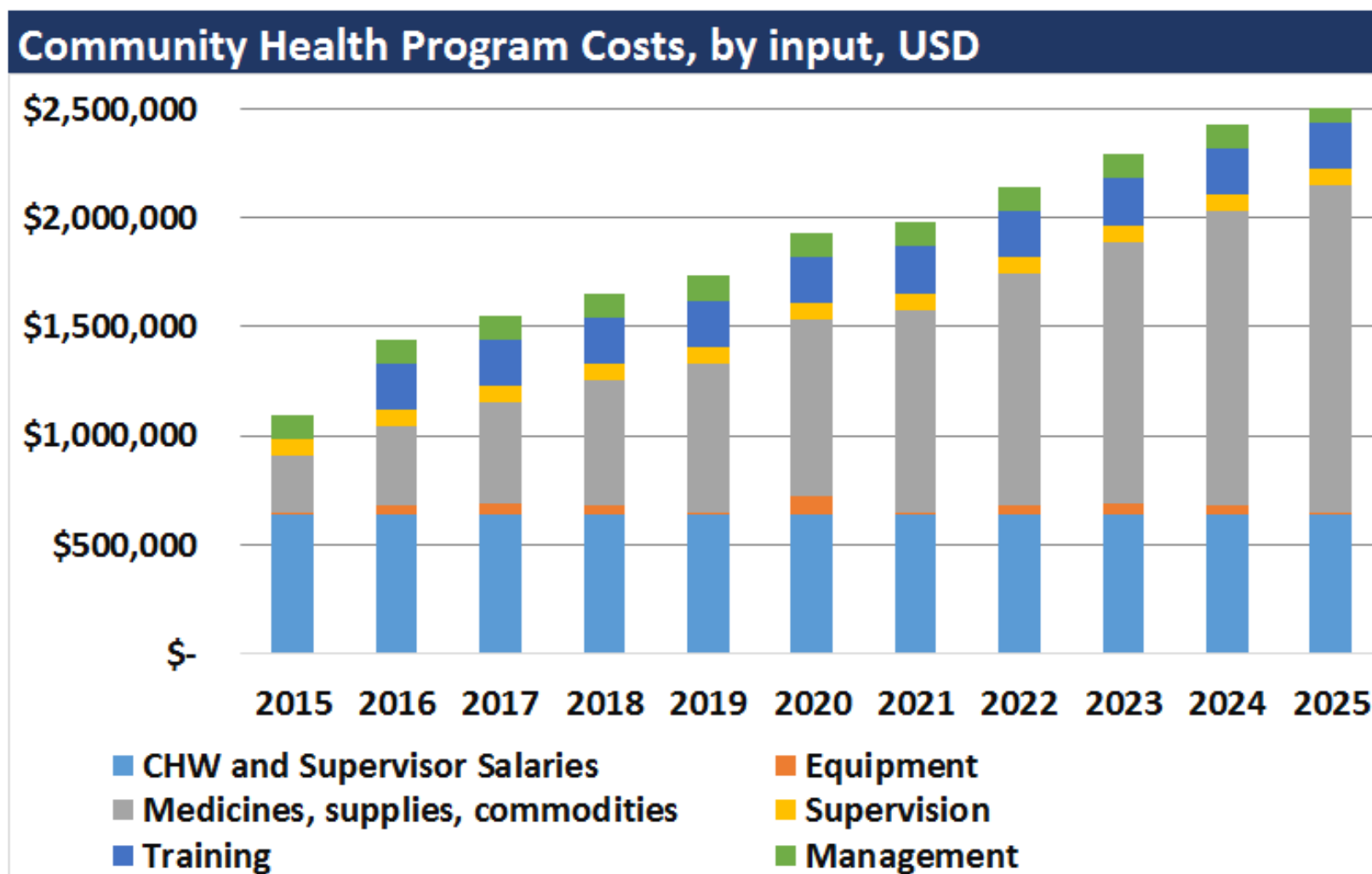


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EXAMPLE FIGURES – DO NOT QUOTE

Tool Output Example: Results Chart – *Cost of Services Provided by **Input** for a District*

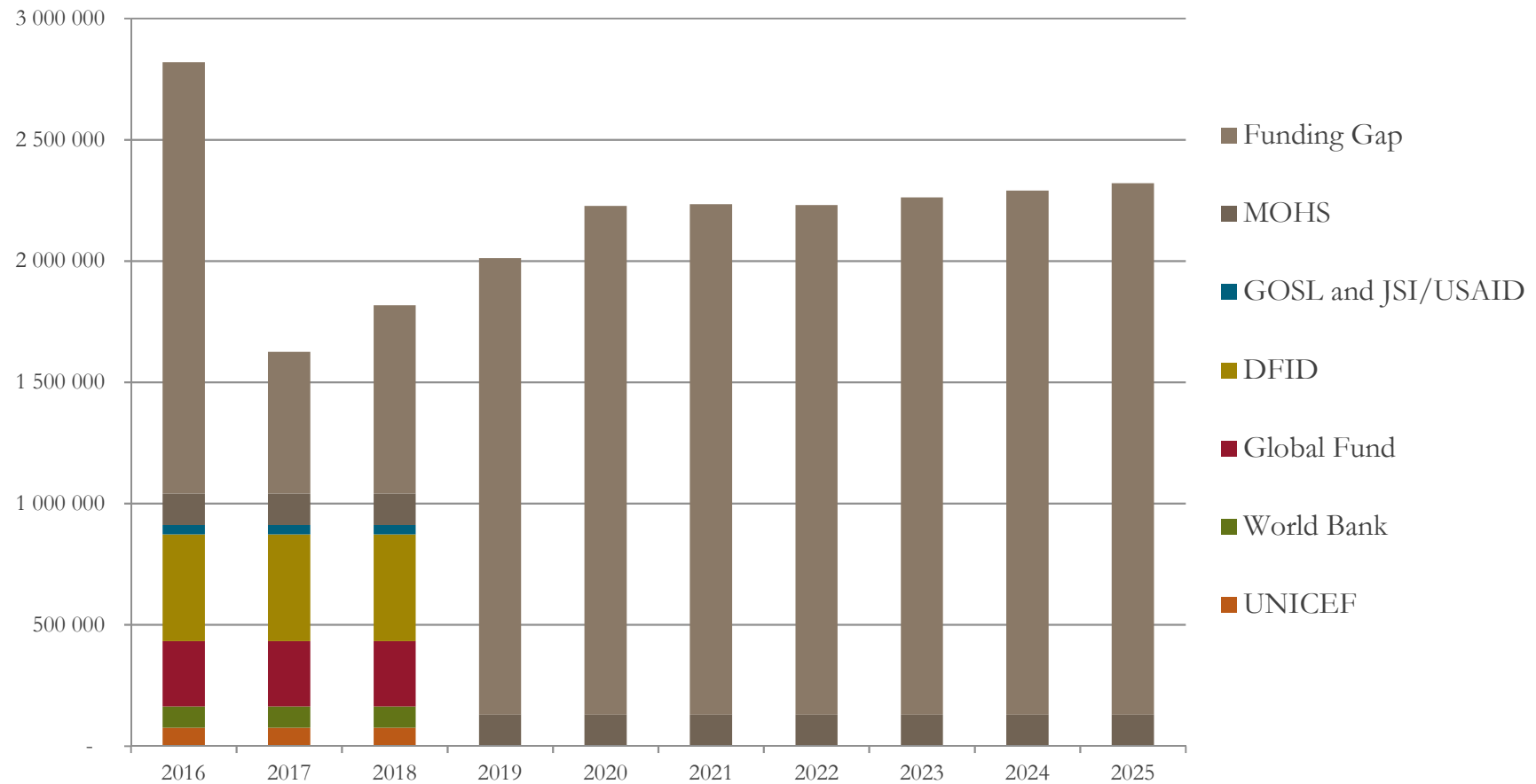


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EXAMPLE FIGURES – DO NOT QUOTE

Tool Output Example: Results Chart – Funding sources and gaps for a District



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EXAMPLE FIGURES – DO NOT QUOTE

Reflections on cost drivers and forgotten costs

- **Key elements of a successful community health program:**
 - CHW incentives (financial or non-financial)
 - Visible supervision;
 - Reliable supply chain.
- **Costs are typically driven by:**
 - Number of service types in package;
 - Which services are in package (e.g., family planning and iCCM which include commodity/medicines costs);
 - Catchment population, need and demand;
 - Remuneration levels for CHWs and supervisors;
 - Degree of integration – e.g., supervision.
- **Costs often forgotten:**
 - Refresher training;
 - Training of replacement CHWs and supervisors.
 - Replacement of equipment – e.g., bicycles



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Reflections on total vs additional costs

- The Tool calculates total costs.
- Total costs comprise costs already being incurred plus additional costs.
- If services provided by CHWs were previously provided by the health centre then the costs of medicines should not be additional since they should be under the health centre budget. And shifting tasks to CHWs should allow HC staff to increase the numbers of other services.
- If supervision costs are already covered by the MOH then expanding the package should not result in additional supervision costs.
- Using the financing section you can show to some degree which costs are additional - e.g., how much is being funded already by the MOH and how much by donors.
- If possible carry out a separate analysis of costs and cost savings to households.



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Process

- Analyze package of services and HIS.
- Collect incidence and prevalence rates using published data and expert panel;
- Develop standard treatment guidelines using expert panel.
- Collect actual data from small sample of facilities and CHWs.
- Collect unit prices for medicines, supplies, salaries etc.
- Analyze financing contributions.
- Populate tool and review results.
- Time needed – at least 2 persons for 4 weeks.
- But once the model is built it can be quickly adapted.



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Typical challenges

- Adapting the package to reflect “encounters”.
- Matching service figures with HIS.
- Getting accurate figures for catchment populations.
- Estimating need (e.g., incidence) and demand.
- Estimating the time needed by CHWs to provide each service (travel time plus encounter time).
- Setting feasible targets.



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Investment case

An investment case is important to show the government and donors the value of supporting community health services.

- To prepare an investment case you can:
 - Use the costing and financing projections from this tool
 - Add Bottleneck analysis
 - Add Impact analysis – eg lives saved



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Requests for tool through 27/3/17 (UNICEF, Government, NGOs etc)

Angola

DRC

Madagascar

Malawi

Mali

Mozambique

Nicaragua

Nigeria

South Africa

Tanzania

Togo

Uganda

Yemen

WHO Geneva

World Vision



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Finally.....

Tool is available on UNICEF & MSH websites:

- The tool and a user guide
- Promotional video for tool
- Country pilot reports.

For more information:

Jerôme Pfaffmann: jpfaeffmann@unicef.org

David Collins: dcollins@msh.org

For health centre costing you can request CORE Plus Tool from MSH

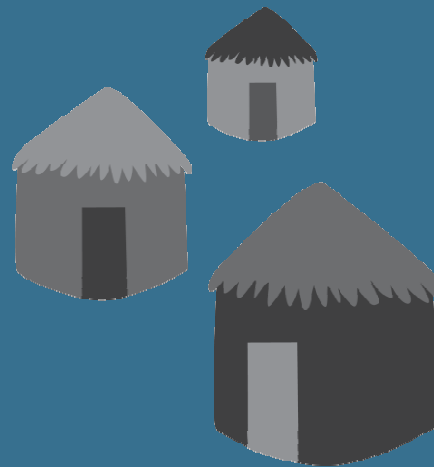
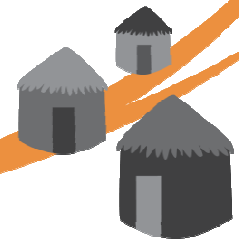


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