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INTEGRATED COMMUNITY CASE MANAGEMENT (ICCM) DEVELOPMENT OF A COSTING AND FINANCING TOOL

CHALLENGE

In Sub-Saharan Africa and parts of Asia, the under-five child mortality rate remains high, with a large number of these deaths due to pneumonia, malaria, and diarrheal diseases. iCCM programs have been developed as a key strategy for reducing child mortality due to these diseases by enabling community health workers (CHWs) to diagnose, treat, and/or refer children with diarrhea, pneumonia, and malaria. Although iCCM has shown great promise in increasing health coverage, particularly for children living in remote locations, some low income countries have not implemented iCCM programs, partly due to their uncertainty about the costs and financing of iCCM programs. To address this, an iCCM costing and financing tool was developed based upon research conducted in countries at varying stages of iCCM implementation.

STUDY APPROACH

To address the challenge, Management Sciences for Health (MSH) completed the following activities:

- ▶ Develop an iCCM Costing and Financing Tool and an accompanying user's guide.
- ▶ Conduct research in three countries to inform, develop, adapt and refine the tool; collect data; and get feedback from key stakeholders.
- ▶ Field test the model in one or two additional countries, with only remote technical assistance to ensure the usability of the tool.
- ▶ Finalize the model, user guide, and data collection instruments.

Country reports from Senegal, Rwanda, and Malawi summarized the process and results of applying the costing and financing model in each iCCM program.

LOCATION

Malawi, Rwanda, Senegal

TIMELINE

March 2011 to September 2014

IMPLEMENTED BY

Management Sciences For Health

KEY QUESTIONS

The aim of this project was to develop and test an iCCM costing and financing tool and accompanying user guide to help program planners and managers plan for and monitor iCCM programs. Specific objectives include:

- ▶ Provide users an understanding of the costs and financing of iCCM service delivery, supervision, and management from community to central levels
- ▶ Facilitate implementation, scale-up, and maintenance of iCCM activities in the future through analysis

PROJECT STATUS



STUDY INFORMATION

KEY FINDINGS

A cost modeling tool and user guide was tested and developed with the following functions:

- ▶ **Estimating and tracking costs**, and the **financing** required to introduce and expand iCCM and, if appropriate, comparing the overall results from the model to the costs of similar child health programs.

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Translating Research into Action, TRAction, is funded by United States Agency for International Development (USAID) under cooperative agreement No. GHS-A-00-09-00015-00. The project team includes prime recipient, University Research Co., LLC (URC), Harvard University School of Public Health (HSPH), and sub-recipient research organizations.

- ▶ Helping **guide decisions** regarding feasibility and sustainability of introducing and expanding iCCM.
- ▶ **Identifying opportunities to increase efficiencies** and consider alternative scenarios for expenditures and financing through a comprehensive understanding of programmatic costs, cost drivers, and financing sources.

The main **cost-drivers** identified were the numbers of services provided by CHWs and supervision and training costs.

In testing of the tool, **cost-effectiveness** emerged as an important theme. In Rwanda, for example, low utilization of iCCM services and high supervision and management costs resulted in high unit costs. Services can only be low-cost if they are well utilized.

Utilization depends largely on the location and numbers of CHWs relative to people served; on the perceived skills, responsiveness and availability of the CHWs; and on the availability of medical supplies and equipment.

IMPLICATIONS & RECOMMENDATIONS

Costing exercises must occur as part of policy-making to set realistic targets and plan for financial sustainability. Using the tool to develop a clear and feasible costing plan allows for a better understanding of the impact of utilization on indirect costs.

Figure 1. Malawi, Rwanda and Senegal iCCM Status during Testing

	MALAWI	RWANDA	SENEGAL
Cadre of Worker ²	HSA	ASC	ASC
Fixed Point of Service	Yes	No	Yes
Paid Workers	Yes	No	No
Target Population	Hard to Reach	Entire Population	Remote Areas
Total Country Population	15,448,000	10,412,820	12,855,153
Number of CHWs	2,328	29,674	1,620
Services Provided	CCM, Family Planning, TB, HIV, Health Promotion	CCM, Family Planning, TB, HIV, Health Promotion	CCM, Family Planning, TB, HIV, Health Promotion
Implementation Lead	MOH	MOH	USAID/MOH
Date Of Visit	March 2011	Nov 2011	April 2012

Further, it allows the user to make cost-effective decisions based on a clear understanding of what constitutes an iCCM service, taking into account the related training and supervision costs, and changes in utilization.

RESEARCH INTO ACTION

The model and guidelines were published in English and French, and these along with country reports¹ were disseminated through the TRAction website, CCM toolkits, and various presentations to global planners and managers of maternal and child health programs. TRAction and its partners used research findings to develop recommendations that will facilitate successful implementation and scale-up of iCCM programs. These were shared with numerous stakeholders through a variety of channels:

- ▶ Integrated into lessons learned documents shared with representatives from 70 countries at the iCCM Evidence Review Symposium in Accra, Ghana
- ▶ Presented country-level results to the Ministries of Health and other key stakeholders in all countries
- ▶ Shared with implementing partners through participation on the iCCM Task Force
- ▶ Integrated into TRAction iCCM policy briefs providing recommendations for both policy makers and program managers on iCCM implementation and start-up
- ▶ Applied to tool to estimate the costs of iCCM projects in several countries outside those tested in TRAction project
- ▶ Utilized the tool to develop iCCM investment cases and iCCM proposals for the Global Fund to fight AIDS, Tuberculosis, and Malaria.

TRACTION PROJECT OVERVIEW

The Translating Research Into Action (TRAction) Project, funded by the U.S. Agency for International Development, focuses on implementation and delivery science—which seeks to develop, test, and compare approaches to more effectively deliver health interventions, increase utilization, achieve coverage, and scale-up evidence-based interventions. TRAction supports implementation research to provide critically-needed evidence to program implementers and policy-makers addressing maternal and child health issues.

For more information on the TRAction Project:
www.tractionproject.org ▶ tracinfo@urc-chs.com

¹ See <http://tractionproject.org/costing-iccm> for all country reports as well as the Costing and Financing tool and user guide.

² Titles of country-specific community health workers include Health Surveillance Assistants (HSA) and agent de santé communautaire (ASC).