Q&A

Webinar Costing Child Wasting Treatment: Introduction to cost analysis and cost-effectiveness analysis for CMAM

November 9, 2022

Question 1: Will you post the link to that handbook you mentioned at the start of the presentation, please?

Answer 1: It is available from Amazon. See:

https://www.amazon.com/approach-cost-effectiveness-community-based-management-malnutrition/dp/1636480861/ref=sr_1_1?crid=3VO0IMIDCWRC2&keywords=mark+myatt&qid=1668004018&sprefix=mark+matt%2Caps%2C144&sr=8-1

Question 2: How do you estimate shadow wage rates?

Answer 2: You could use the wage for a similar activity in a similar organsiation. E.g. if individuals are volunteering as nurses, you could find the average national wage for a nurse. If you are also referring here to shadow wages such as beneficiary or community volunteer wages? In that case your other comment would be relevant here, re: the use of a set daily wage usually for a casual worker (if available) in the study area or this shadow wage could more appropriately be determined through primary data collection such as FGDs (which is more time consuming but could be more accurate).

Question 3: And how to estimate the cost of a meal. Many of these societal costs may be collective working, such as gotong Royong system in Indonesia

Answer 3: These will certainly differ by context and you can conduct community or individual discussions to inform your answer. One way might be to ask about a family's weekly budget for food during FGDs and then divide it by the number of meals/individuals that feeds. Or ask about the cost for a meal in a local restaurant or other kinds of meals that a person or family could get "on the road".

Question 4: Looking to the conceptual framework, other indirect costs should be considered as diseases (immediate causes) treatment in wasted children, HHs healthy environment (WASH)....etc. During COVID, the cost might be increased due to extended discharge and admission criteria; another way to consider.

Answer: It is true that changes in admission/extended admission criteria will have an impact on the number of children admitted to treatment and programme costs. However, while by extending

admission criteria (i.e. including MAM children in treatment programmes) the number of children might increase, the cost per child would not necessarily be higher. In fact the opposite may be true as the earlier admission could reduce the length of stay in the programmes, the opportunity costs for parents, and the amount of RUTF needed.

Question 5: Or for costing food commodities use the insurance value. Quick and easy.

Answer 5: Cost of commodities such as RUTF/RUSF and other medicines needed in CMAM programmes can be obtained from UNICEF or WFP. They can usually also provide associated logistics costs to district level. Any transport costs from district to facility level, can be ascertained during key informant interviews.

Question 6: Mostly, grants are multi-sectoral (not only nutrition) and some budget lines are cross sectional. Are we going to calculate what is nutrition share (load of efforts) so we can identify what percentages of budget lines contributed to CMAM?

Answer 6: If the objective of your evaluation is to cost only the nutrition component, during your data collection interviews you could ask programme staff how many programmes or activities a certain budget line covers and then apply a % to nutrition activities.

Question 7: In Chloe's first presentation she says that the cost spreadsheet should break down the costs by month and not by year. Could you explain why costs/expenditures by year is inadequate? What is the utility of a monthly disaggregation, or what might such a disaggregation tell us?

Answer 7: As discussed in the presentation, when conducting a cost analysis and dealing with the level of detailed expenditure data that this involves, monthly disaggregation is a good middle-ground between the details and fluctuations of daily costs and the "black box" of annual costs. Looking at variation in monthly costs and delving into detail where necessary can give you a manageable way to spot inconsistencies, understand the flow of program resources and track of expenditure levels. Final cost data results can be presented at any level that makes sense, usually annual or total.

Question 8: I see costs can be clearly calculated for the direct beneficiaries (SAM, MAM, PLW), but might be vague for indirect beneficiaries reach? cannot divide the total amount by all beneficiaries?

Answer 8: Within CMAM programmes, we are specifically interested in the cost per child treated/recovered. Of course there may be some indirect effects of the intervention that go beyond the patients enrolled (e.g. because carers received some nutrition education as part of the programmes). Economic evaluations of preventative nutrition programmes may look at different outcomes, such as cases averted.

Question 9: For Chole: How do you determine time allocation for cross-cutting staff in a health facility like guards, cleaners? How objective are time allocation estimates, even for staff like coordinators, medical officers, etc.?

Answer 9a: These types of time allocation estimates are typically made through data collection interviews with a selection of staff. Subjectivity can be reduced by proper sampling for the interviews, good question design, etc. but some subjectivity will remain unless you do a time and motion study. Usually for facility support staff like guards and cleaners you can use the % floor space that the program uses out of the total floor space of the facility that they are supporting, as an estimate of their % support to that activity.

Answer 9b: I would like to respond to you in an NGO project perspective. An organisation, here say an NGO will have say 10 projects running. Each project has its funds allocation and therefore charge staff there. However, support staff like cleaners, guards e.tc will be charging all this projects. From this example, they will charge 1/10 of their salary from each project. However, projects may be few or more depending with the organisation and so it is important to have a specific allocation for such staff. Say like, 10% as a minimum standard whether they are 10 or 100 projects. Remember they are not direct costs but rather support/indirect costs.

The medical officer on the other hand will be considered as a direct implementer and possibly supporting multiple projects (treating different diseases). If let's say we have 5 interventions, we might want to consider how many patients were seen or treated from each intervention, sum the total and divide each by the intervention to get a percentage.

Question 10: Can the findings be generalized to rural CMAM, CMAM during crises, and CMAM during normal situation?

Answer 10: Context will always influence cost estimates and as we build the evidence base on CMAM costing we will begin populating the cost/child treated in different contexts which should give more comparable estimates when looking only at unit costs in different specific contexts. However, cost structures can vary greatly by country and region so comparisons are always limited.

Question 11: 1. What is the cost effectiveness threshold? 2.Do you have an excel or a model where it is computed in a way that inputs are inserted and results are calculated (I have used your research for Yemen estimation of death averted)?

Answer 11: CEA thresholds are context specific. A common approach, recommended by the WHO though not without its critics, is to compare the cost per DALY averted with the GDP per capita of a specific country. There is no real threshold for cost per disease-specific outcomes (like cost per child recovered), which is part of the appeal of the DALY measure. Some suggested thresholds can be extracted from literature but can also be established through an understanding of willingness to pay and other parameters in each context.

Question 12: serait il possibles d avoir les présentations ?

Answer 12: Qui

Question 13: Do we have a software or a tool that can capture all of these ?

Answer 13a: If this question is relating to fuzzy triangular numbers: A calculator for fuzzy triangular numbers is available here http://brixtonhealth.com/ in the software section.

Answer 13b: We have the dataflow tool which does all calculation in one place. That runs in SciLab (which is free and open source) and can be made to run online.

Answer 13c: Also. The simple calculator is at: http://www.brixtonhealth.com/fuzzy.html The handbook has a few worked examples. See other answers here to request a PDF of the handbook.

Question 14: How do you account for co-morbidities? For example, wasting with complications (primary or secondary) for calculations of YLD and DALYs?

Answer 14: Most often we just trust the disability scores with uncertainty limits cover typical cases. It is possible to combine disability weights for different conditions..

Disability weights for two co-existing conditions (comorbidities) are combined using:

D1 and D2 - 1 - 1(1-d1) * (1-d2)

This approach can be extended to include any number of conditions.

I often use this to combine severe wasting and kwashiorkor to get a disability weight for marasmic kwashiorkor. You'd also want to have morality rates for combined condition to calculate YLL_averted.

Question 15: Please share with us if it's existing a sheet calculator with all parameters.

Answer 15: A calculator for fuzzy triangular number is available here: http://www.brixtonhealth.com/fuzzy.html

Question 16: This presentation is very interesting. I am really wondering if will send us the resources for this learning so that we can follow up hereafter

Answer 16a: The presentation recording will be available on the GNC Technical Alliance website after the webinar here: https://ta.nutritioncluster.net/Webinar/Costing/CMAM and the fuzzy numbers online resource is available at http://brixtonhealth.com/ in the software section.

Answer 16b: I can provide a pdf of the "handbook" we developed ... might save some money. Get in touch by e-mail and I can send it, or feel free to find it in the GNC Technical Alliance website here: https://ta.nutritioncluster.net/Webinar/Costing/CMAM