

Evaluating the cost-effectiveness of approaches to reach youth with modern contraceptives in Mozambique

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BACKGROUND

LIMITED DATA AVAILABLE ON EFFICIENCY OF AYP-FOCUSED FP PROGRAMS

- Evidence needed on cost-effectiveness & cost-drivers to reduce unmet need for family planning (FP) among adolescents and young people (AYP)
- Factors potentially affecting optimal performance of AYP-focused FP service delivery programs
 - Range of products/ services provided
 - Channels for service delivery
 - Integration into the wider health system
 - Demand creation

PSI's Tem Mais+ program

- Funded by Government of the Netherlands
- Across 6 provinces in Mozambique
- Aim to increase availability of FP for AYP
- 3 service delivery models:
 - Escola:** Deployment of mobile outreach units near schools
 - Móvel:** Mobile teams in community
 - Fixa:** FP nurse secondments to expand FP choice &/or extend operating hours in clinics

RESULTS/KEY FINDINGS

Between January 2019 - December 2020, 229,076 AYPs were reached through the 3 service delivery models, mainly through the public sector (98%).

47,549 clients were reached via the 6 Escola mobile outreach units, compared to 3,505 via 7 Móvel mobile community outreach teams, and 178,022 via 33 Fixa facilities in the public & private sector. The Fixa model reached the highest proportion of AYPs (78%) vs. the Escola model (21%) or the Móvel model (1.5%) aggregated across the public & private sector.

Preliminary budgetary analysis found the estimated cost per CYP for the models varied.

TABLE 1. Est. Public Sector Cost, AYP (Jan 2019-Dec 2020)

Model	Units	# Clients	Est. Cost	Est. Cost / Client	Est. CYP
Escola	6	47,549	\$ 142,683	\$ 3	30,481
Móvel	2	703	\$ 21,441	\$ 30	937
Fixa	30	176,280	\$ 1,701,675	\$ 10	187,950

TABLE 2. Est. Private Sector Cost, AYP (Jan 2019-Apr 2019)

Model	Units	# Clients	Est. Cost	Est. Cost / Client	Est. CYP
Escola	-	-	-	-	-
Móvel	5	2,802	\$ 32,073	\$11	951
Fixa	3	1,742	\$ 15,551	\$ 9	604

STUDY AIMS

THIS STUDY AIMED TO:

Estimate the **costs, efficiency, and cost-effectiveness** of three AYP-focused FP service delivery models in Mozambique under PSI's Tem Mais+ program.

SPECIFIC AIMS:

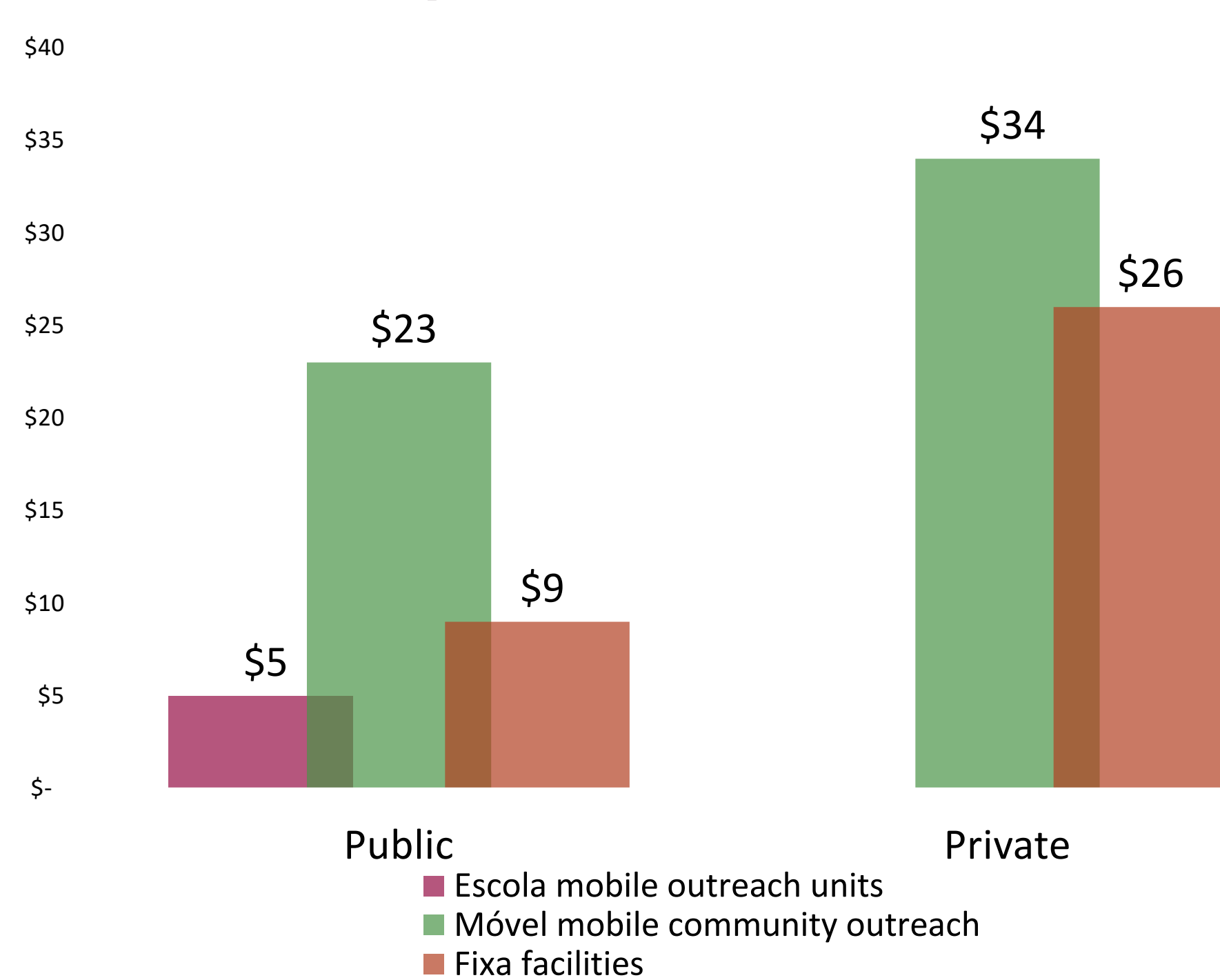
- Describe the overall intervention costs
- Describe the cost per FP user reached
- To identify the primary cost drivers for three different youth-focused FP service delivery approaches
- To properly assess cost and cost-effectiveness accounting for all the resource used to support the interventions regardless of source

IN THE PUBLIC SECTOR, THE ESCOLA MODEL RESULTED IN LOWEST COST PER CYP

Cost varied from US \$5 for the Escola model to US \$9 for the Fixa model, and US \$23 for the Móvel model in the public sector and from US \$26 for the Fixa model and US \$34 for the Móvel model in the private sector. However, because these costs only include those borne by the implementing organization (and not other partners or the public sector) additional partner data are still being collected.

Across the three service delivery models the top three cost drivers include: labor, outreach, and travel accounting for 71% of total cost in the public sector (45%, 18%, 8% respectively) and 76% of total cost in the private sector (63%, 5%, 8% respectively).

FIGURE 1. Cost per CYP



METHODOLOGY

EXISTING DATA SOURCES:

- Routine cost and programmatic data captured
 - Human resources required
 - Equipment costs
 - Travel cost
 - Patient volumes and demographics

Obtained from PSI routine monitoring systems, compiled in PowerBI dashboard

ADDITIONAL DATA COLLECTED:

- Performance metrics from capacity building and supportive supervision sites
- Cost to host institutions including Ministry of Health and Ministry of Education (activity-based primary data collection) from a programmatic perspective

ANALYSIS:

Combining different data sources from PSI and host organizations (Ministry of Health and Ministry of Education) we analyzed:

- Program costs, incl. estimated cost of further scaling
- Cost per AYP reached with modern contraceptives (efficiency)
- Model cost-effectiveness (incremental cost/CYP gained)

TIME FRAME:

January 2019 - December 2020

KNOWLEDGE CONTRIBUTION

TOOL TO SUPPORT PROGRAM COSTING

This research will be used to inform continued implementation and program adaptation in Mozambique, as well as to develop scalable tools, interventions, dashboards, and to guide costing evaluations and planning of adolescent-focused FP interventions in terms of end-user costs (and cost-savings) and equity.

Insights will also be reviewed with the provincial government to facilitate localized planning, funding, and implementation of future FP interventions.

Adapted costing tools intended to support costing of routine programming—including implementation spanning multiple partners—will be disseminated with implementers supported and capacitated to use them.

AUTHOR AFFILIATIONS

- ¹ Population Services International (PSI)
- ² PSI Mozambique
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SCALING

BY GROUNDING THE ANALYSIS IN A STRUCTURED APPROACH TO COSTING, REPLICABILITY IS FACILITATED

- Identify activities
- Identify resources used for each activity
- Assign a unit value to each resource identified for an activity and estimate quantity used for that activity
- Sum value x quantity across resources within an activity, and across activities

These tools can be easily adapted to other programs, contexts, and activities to facilitate costing activities in the context of routine, multi-partner programming.

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<https://www.fhi360.org/projects/research-scalable-solutions-r4s>