

## Improving the Reproductive Health of Married and Unmarried Youth in India

### Understanding Costs to Improve Youth Reproductive and Sexual Health: Evidence on Replicating a Tested Model in Delhi, India

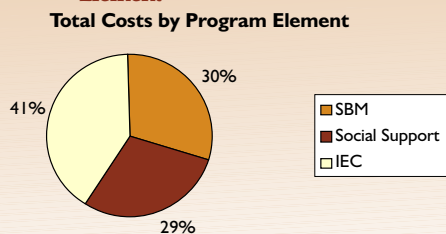
Little is known about the costs of implementing effective, community-based interventions for improving youth reproductive and sexual health despite increased attention in recent years. For example, what are the costs of replicating a model that has been tested? Swaasthya and the International Center for Research on Women (ICRW) addressed this question by analyzing the costs of replicating a successful adolescent sexual and reproductive health model in an urban slum community in Delhi, India. The study found that start-up costs in a replicated program can be substantial, but early and broad outreach to adolescents may be able to reduce per unit costs of an intervention and ease the burden of start-up costs.

#### Methods for Cost Analysis

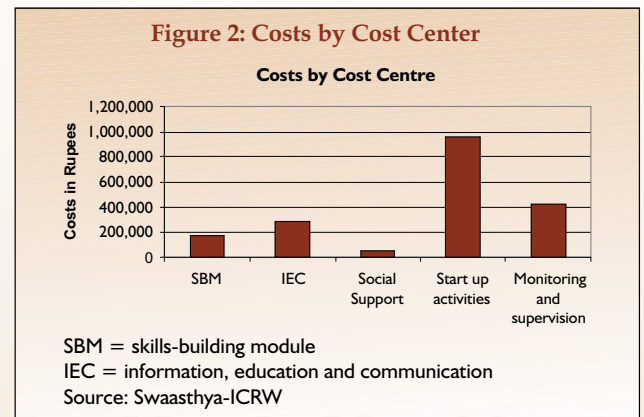
Swaasthya collected the financial costs of preparing and implementing its replicated youth reproductive and sexual health program over a 20-month period. Expenses included staff time, meetings, venues, transport, travel, rent, supplies and other administrative costs associated with the project. Costs were organized into three categories: (1) start-up activities, (2) program implementation, and (3) monitoring and supervision. Project staff calculated total costs for the full program and each of the three program elements: skills-building module (SBM); social support; and dissemination of information, education and communication (IEC) using predetermined rules so that the costs of the different intervention elements were understood.

Staff then calculated per unit cost for each program element based on the number of persons reached.

**Figure 1: Proportion of Total Costs by Program Element**



SBM = skills-building module  
IEC = information, education and communication  
Source: Swaasthya-ICRW

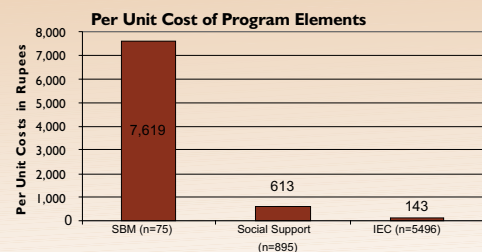


#### Project Findings

The total cost of Swaasthya's replicated program was Rs. 19,05,075 (US \$40,794)<sup>1</sup>. Comparing across cost categories, start-up activities were the most expensive, exceeding the other categories combined. Costs specifically for the three program elements: skills-building module, communication-education package and social support were calculated on a total cost basis and per unit cost, since each element reached a different number of persons.

Costs for the social support and skills-building module elements were roughly equal at Rs. 5,48,000 (US \$11,734) and Rs. 5,71,000 (US \$12,227), respectively. The communication-education package which targeted both adolescent girls and adult women, was more costly, accounting for 41 percent of the total or Rs. 7,85,000 (US\$

**Figure 3: Per Unit Cost of Program Elements**



SBM = skills-building module  
IEC = information, education and communication  
Source: Swaasthya-ICRW

<sup>1</sup>Rs. 46.7 = US \$1 as of August 2006

16,809.42). The bulk of these costs were attributed to programs for women (Rs. 5,81,000 [US \$12,441]); a much smaller portion (Rs. 2,04,000 [US \$4,368]) was spent on adolescent girls.

The three program elements skills-building module, communication-education package and social support did not reach the same number of people and consequently the relative per unit cost of each program element differed from relative total costs. The communication-education element reached nearly 5,500 people as compared to 895 reached by social support and only 75 adolescent girls in the skills-building module. Thus, the communication-education package had the lowest per unit cost at Rs. 143 (US \$3.06) per person compared to social support at Rs. 613 (US \$13.13) per person. The skills-building module was the most expensive on a per unit basis at Rs. 7,619 (US \$163.15) per person because it reached so few girls.

## Conclusions

- Understanding the costs for replicating a model program provides critical information on how to make a replicated and a scaled-up effort affordable.
- Although Swaasthya's program was replicated and not new, start-up costs were substantial. However, start-up costs are one-time expenses that become a smaller portion of total costs the longer the model continues.
- Per unit costs of each program element are sensitive to the number of adolescents reached. The cost-effectiveness of selected program elements, such as the skills-building module in this project, can be improved if that element is expanded to reach a more optimal number of girls.

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## Improving the Reproductive Health of Married and Unmarried Youth in India: Swaasthya (2003-2006)

*Study site:* Naglamachi, Delhi, India.

*Target group:* Married and unmarried girls, ages 12-23.

*Objective:* Test the feasibility, effectiveness and costs of replicating a tested youth reproductive and sexual health model in a slum. Swaasthya first developed and tested the model in Tigri, a resettlement colony.

*Study design:* Program costs were collected for 20 months and then analyzed. The three interventions included:

- *Skills-building modules (SBM)* included a set of seven training modules to build girls' understanding of "self" and increase their capacities and life skills to deal with real-life social and health situations.
- *Communication package* disseminated information through interpersonal communication with trained Swaasthya field workers (*didi*).
- *Social support* created support networks for the girls by forming women's and adolescents' community groups that met monthly to increase understanding between mothers and daughters.

*Costing question:* How much does it cost Swaasthya to replicate and implement a model adolescent reproductive and sexual health program in a new site?

## About Swaasthya and ICRW's Adolescent Reproductive Health Program in India

Swaasthya is a non-governmental organization that works in urban slums and poor areas in Delhi, India, with adolescent girls and adult women. The 2003-2006 intervention study tested the feasibility, effectiveness and costs of replicating the Tigri model, which focused on increasing the life skills and confidence of young, unmarried girls to improve their sexual health and their ability to negotiate their environment. It is part of a broader multi-partner program, led by the International Center for Research on Women (ICRW), aimed at improving girls' reproductive health. The Adolescent Reproductive Health Program in India was funded by the Rockefeller Foundation. Swaasthya's intervention was co-funded by the MacArthur Foundation and the Ford Foundation.