

Understanding Costs to Improve Youth Reproductive and Sexual Health: Results from a Study in Rural Maharashtra, India

Researchers increasingly evaluate the effectiveness of their youth reproductive and sexual health programs, considering health outcomes and quality-of-care indicators. Yet few researchers build cost analysis into their evaluations despite the fact that cost data are crucial to making informed decisions about replicating and scaling up successful programs.

To address this critical gap, the Foundation for Research in Health Systems (FRHS) worked with the International Center for Research on Women (ICRW) in rural Maharashtra, India, to conduct a costing study of a youth reproductive and sexual health intervention research program. The study compared the costs of two approaches - one based on social mobilization and the other focused on strengthening government services. This research found that the government service approach was less costly on the basis of total costs, but the social mobilization approach had lower per unit costs.

Computing the Costs

FRHS tested the relative effectiveness of two strategies to improve young women's reproductive health: (1) a social mobilization approach and (2) an approach to strengthen government services. FRHS compared the two strategies using

Figure 1: Cost Allocation of Activities for Social Mobilization (SM) and Government Services (GS)

Activity	SM (Percent)	GS
Strategy-specific activities	100	100
Training FRHS staff	50	50
Head office administration	75	25
Head office research and M&E	75	25
Field office research and M&E	60	40
Advisory committees	60	40
Evaluation surveys	50	50

Costs for each strategy computed by summing up activity costs allocated as above.

Source: FRHS-ICRW

cost estimates for the main activity of each approach. To ensure data validity, the project structured the outputs and outcomes to be the same across both strategies.

Table 1: Costs for Social Mobilization (SM) and Improving Government Services (GS), 2004

	SM	GS
Total Costs	Rs. 28,92,725	Rs. 14,61,960
	US\$ 61,943	US\$ 31,305
Number of activities	2,790	450
Cost/activity	Rs. 1,037	Rs. 3,249
	US\$ 22	US\$ 70

Indian Rs. 46.7=US\$1 (2006)

Costs are for health education session in SM and training for Maternal & Child Health camps in GS

FRHS collected and assessed the following activity costs:

- Increasing reproductive health awareness and use of reproductive health services through social mobilization;
- Increasing reproductive health awareness and use of reproductive health services through strengthening government health services;
- Organizing one health education session and observing one Mother and Child Health Camp (mass clinic); and
- Per capita cost of increasing awareness about reproductive health and use of reproductive health services.

Findings of Program Costs

The overall program costs for each strategy show that total costs to increase young women's reproductive health are lower for strengthening government services than conducting social mobilization. Per unit costs for key activities of the social mobilization health education sessions are lower than those for the training of maternal and child health clinic staff of the government service strategy, primarily because the social mobilization approach held more activities. Finally, the relative cost-effectiveness of each arm varies depending on the outcome variable used.



Quality-of-care issues also need to be assessed for both approaches for a more comprehensive cost-effectiveness comparison. Such an assessment was beyond the scope of this study.

Costing Data Can Improve the Intervention

FRHS used costing data to modify its broader intervention to improve adolescents' reproductive health and make it more cost effective. Specifically:

- FRHS staff factored in both strategic and cost interests in deciding the optimal number of health education sessions to be conducted per village.
- Cost-cutting measures were more accurately targeted because detailed costs were documented and apportioned to each activity.
- Unused resources human and capital were better identified and used.

Challenges

- Receiving accurate and timely data from government

partners for the government service strategy.

- Training staff in collecting, managing and analyzing cost data.
- Devising cost activities that were comparable across both strategies

Community-based Approach to Young Married Women's Reproductive Health (2001-2006)

Study site: Ahmednagar district, Maharashtra, India.

Target group: Married women, ages 15-22, and their partners.

Objective: Testing the relative effectiveness of two strategies- social mobilization (SM), strengthening government services (GS)- in improving young married women's reproductive health.

Study design: A 2x2 randomized design, with one primary health center each assigned to SM activities only, GS activities only, both and none.

Costing question: Which is the most cost-effective way to increase young married women's use of reproductive health services - social mobilization, strengthening government services or both?

About the Adolescent Reproductive Health Program in India

The Foundation for Research in Health Systems (FRHS) is a nongovernmental organization with offices in Ahmedabad, Delhi and Bangalore, India. This brief reflects findings from FRHS the and the International Center for Research on Women (ICRW) 2001-2006 study, which examines the relative (and additive) roles of community mobilization and improved quality of government services in increasing young married women's use of reproductive health services. The data presented reflect costs of project activities conducted through the life of the intervention. Ramesh Bhat, Ph.D., of the Indian Institute of Management, Ahmedabad, led the cost-analysis portion of the intervention study. The Adolescent Reproductive Health Program in India was funded by the Rockefeller Foundation.

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