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Costing for family planning social and behavior change programming

Breakthrough RESEARCH

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Costing for Family Planning
Social and Behavior Change Programming

APRIL 2023
Breakthrough RESEARCH is USAID’s flagship social and behavior change (SBC) research and evaluation project to drive the generation, packaging, and use of innovative SBC research to inform programming. A six-year project (2017–2023), Breakthrough RESEARCH was led by the Population Council in collaboration with our consortium partners: Tulane University, Avenir Health, Population Reference Bureau, Institute for Reproductive Health at Georgetown University, and ideas42. Our approach was to foster collaboration and shared learning, ensure SBC programs are based in ‘what works’, elevate the impact of evidence-based SBC programs, and put evidence into practice. Breakthrough RESEARCH did this by assessing the evidence, identifying priority research questions, designing and implementing research studies to fill evidence gaps and strengthen programs, and synthesizing and packaging evidence for use.

Within the breadth of our research portfolio, Breakthrough RESEARCH had four main project legacy areas: provider behavior change (PBC); integrated SBC; advancing SBC measurement; and costing and cost-effectiveness of SBC. For each of these legacy areas, Breakthrough RESEARCH curated a legacy resource highlighting the state-of-the-art evidence and the tools and guidance produced by the project over the past six years to advance evidence-based SBC programming.

This legacy resource highlights evidence, insights, and learnings from Breakthrough RESEARCH’s work to gather, analyze, and share evidence on the costs and impacts of SBC interventions, making the case that investing in SBC is crucial for improving health, including family planning outcomes. This document is a compilation of selected resources that do not represent the full breadth of Breakthrough RESEARCH work. This document links to the available resources for more in-depth learning and understanding, including all relevant citations of the existing evidence base. For more information on Breakthrough RESEARCH’s work on SBC measurement, visit https://breakthroughactionandresearch.org/br-legacy-area-costing-cost-effectiveness-sbc/.

**Inside this legacy resource:**
- Explore key SBC costing insights from Breakthrough RESEARCH
- Learn about state-of-the-art costing evidence Breakthrough RESEARCH has generated
- Discover tools you can use for costing SBC interventions and SBC approaches in family planning programs
- Find calls to action to continue to advance evidence-based SBC costing practices

Breakthrough RESEARCH is demystifying costing for family planning SBC by synthesizing existing evidence, generating new evidence, and fostering evidence generation by others. Costing is the process of collecting data from various sources and assembling it to estimate the cost of a health program or intervention. Potential sources of cost information include the purpose of the costing and the quality of the available sources and can include budgets, program payroll and purchasing records, online, or market price. High-quality cost data are important for budgeting, planning, monitoring, priority-setting, and advocacy efforts. Breakthrough RESEARCH helps improve the effectiveness of SBC interventions by empowering the use of cost-related knowledge and optimizing SBC interventions to change health behaviors and ensure sustainable services.

**Did you know?**
- Breakthrough RESEARCH conducted 53 research studies over the past 6 years!
- Breakthrough RESEARCH worked in 19 countries!
Documenting the Costs of SBC Interventions for Health in Low- and Middle-Income Countries

Breakthrough RESEARCH analyzed and synthesized the existing evidence on the costs and impact of SBC interventions to support the cost-saving potential for SBC interventions to support the development. Breakthrough RESEARCH conducted a review of the SBC costing literature that identified 147 studies on SBC costs, methodological shortcomings, and knowledge gaps, which can be addressed in new SBC costing studies. Of the identified studies, the greatest proportion of SBC costing studies are in HIV and family planning, with considerable gaps in other health areas. Geographically, SBC costing literature from Latin America and the Caribbean, Eastern Europe, and the Middle East was robust, while geographically specific SBC costing studies targeting adolescents and young adults, and those costing SBC interventions consistent with expectations. Mass media interventions and interpersonal communication would cost less than provider contact, where intervention participants are exposed to the intervention for a more extended period of time, and travel and food costs are often paid by the intervention implementer. An important question is the extent to which higher unit costs can be few, learning requires extensive amounts of time, and travel and food costs are often paid by the intervention implementer. An important question is the extent to which higher unit costs are associated with higher impacts.

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EVALUATOR VALUE BREAKTHROUGH RESEARCH COSTING TOOLS

Tools You Can Use

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Innovative insights. In this section, we highlight Breakthrough RESEARCH’s applications of three of those methodologies that are not ‘new’ but may be ‘new’ to SBC approaches in the family planning field can yield valuable applications of these methodologies. By applying these methodologies and thinking through the budget and the intended impact, program planners can strengthen family planning programs and help these programs meet their goals. The SBC Business Case Model for Family Planning tool is a way to help program planners to develop effective SBC programs and policies and understand whether a planned investment will have the intended impact and cost-effectiveness, or to adjust potential programming to see what combination of SBC interventions and intervention reach aligns with the budget and the intended impact.

The SBC Business Case Model for Family Planning tool

The interactive SBC Business Case Model for Family Planning tool is a tool based on the business case approach to capture SBC impact and cost over time, assess the benefits of SBC in health terms (cost-effectiveness analysis), and test the model’s sensitivity to key assumptions or to key changes in their activity. The SBC Business Case for Investing in Social and Behavior Change for Family Planning attracts investor interest in family planning because it is a cost-effective or highly cost-effective investment. Breakthrough RESEARCH’s SBC Business Case for Family Planning has been proven integral to Ouagadougou Partnership country representatives working through the details of their costed implementation plans (CIPs) at meetings and a regional workshop of the nine OP National Directors. Burkina Faso, Niger, and Côte d’Ivoire drew heavily on the Business Case for their CIP development last year; Senegal’s CIP is in process.

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Breakthrough RESEARCH has developed several resources that work in concert to provide you with tools you'll need to better understand the costs of SBC for family planning. First, the Guidelines for Costing SBC Health Interventions outline the methodological principles of SBC costing. Next, a Pathways to SBC Impact tool allows you to explore the link between different SBC approaches and increases in mCPR to help you think about which approaches might be right for your program. An SBC Costing Tool helps you to understand how much these SBC approaches might cost. And finally, an SBC Costing Community of Practice connects you with others, allows you to ask questions and see answers, tips, and advice, and a series of community of practice briefs dives into specific costing questions.

Guidelines for Costing SBC Health Interventions

To help program planners understand the elements of costing to make it manageable, to demystify costing for programs and donors, and to encourage the continued building of the SBC costing evidence base, Breakthrough RESEARCH developed a set of 17 principles for conducting an SBC cost study organized into four categories—design, measurement, pricing and valuation, and analysis and reporting (Figure 2). These “Guidelines for Costing SBC Health Interventions” aim to increase the quantity and quality of SBC costing information and to standardize it. By encouraging cost analysts to use a standardized approach to costing, the guidelines seek to provide a benchmark for how well-designed SBC plans to measure costs at the outset, to allow assessment of cost-effectiveness and benefit-cost ratios for SBC programming. Such analyses could also potentially help advocates for SBC to better make the case for greater investment in SBC programming. The guidelines lay out a consistent set of methodological principles that reflect best practice and that can underpin any SBC costing effort.

Costing Considerations: Cost-effectiveness studies may not account for the full effect of SBC on attitudes, beliefs, and intentions. The timeframe for cost-effectiveness studies may not be long enough to see changes in health outcomes. Cost-effectiveness studies need to be designed to compare different SBC approaches, including any SBC versus no SBC. Expenditures of scale need to be taken into consideration when considering the implications of the results.

STATE-OF-THE-ART EVIDENCE
Exploring Pathways to SBC Impact

Based on the Business Case for Investing in Social and Behavior Change for Family Planning, another useful interactive tool explores the pathways through which mass media, interpersonal communication interventions, and packages of different types of SBC interventions can increase modern contraceptive use. This tool visualizes the links between SBC interventions to impact, based on the review of the literature detailed in the Business Case. The amount that an SBC intervention can increase modern contraceptive use depends on existing behaviors and attitudes, the effectiveness of the intervention, and how much the intervention is scaled up. The tool can be used to advocate for increased investments in SBC, and to start conversations about the need to prioritize SBC investments based on country context.

SBC Costing Tool

To assist SBC implementers, donors, and researchers with planning and budgeting, Breakthrough RESEARCH developed an interactive SBC Costing Tool. This downloadable workbook allows users to select the characteristics of an SBC intervention to generate a range of estimated unit costs that can then be used to either estimate the potential reach of an intervention based on a given budget, or estimate an intervention budget based on an intended reach. The embedded user guide walks through five steps to use the tool and estimate intervention reach or estimated budget.
Tools You Can Use

Fostering an SBC Costing Community of Practice

To help build a foundation and support implementation and other work on costing of SBC programs, we have developed a new series of briefs that outline the seven steps for examining the cost-effectiveness of integrated SBC programs. This series includes three briefs that detail the roles of the denominator, the role of the numerator, and the role of the denominator in the costing process.

The brief outlines seven steps: 1) establish the research question; 2) specify the study design; 3) calculate program costs; 4) calculate program impact; 5) examine the ICER; 6) conduct sensitivity analyses; and 7) communicate the results. The brief also provides a hypothetical example applying these seven steps.

A fourth brief provides an overview of the tools you can use for future cost-effectiveness analyses (CEA). These steps for examining the cost-effectiveness of integrated SBC programs can be forecasted more accurately for future budgeting purposes and for determining the appropriate strategy for future program implementation.

By examining start-up costs separately, the post-start-up implementation costs can be considered that may be unique to delivering SBC using social media, such as video production or the unique nature of social media platforms. The brief details the importance of understanding the costs associated with the use of social media in SBC programs, and the need to capture costs associated with project start-up costs that can support the SBC Costing Community of Practice and others. A successful SBC intervention requires the investment of time and resources during the initial phases of the intervention, which is reflected in the time from the project initiation until the project begins implementation. When conducting a costing of an SBC intervention, it is useful to capture the start-up costs separately, including all the costs associated with the implementation of the intervention.

A fifth brief provides an overview of the steps for examining the cost-effectiveness of integrated SBC programs that can be used for future cost-effectiveness analyses (CEA). These steps detail the process of calculating the costs of SBC programs and understanding the impact of the intervention. This process includes deciding what your denominator is going to be, using the SBC Costing Community of Practice—Role of the Denominator brief for guidance. This resource will help to ensure you have what you need for any costing exercises or cost-effectiveness analyses you have planned.

A sixth brief describes best practices for costing the impact of SBC interventions that allows for cost-effectiveness analysis of integrated programs, but also recognises that not all the benefits from SBC interventions may be easily captured in a cost-effective manner. Understanding which impacts are and are not captured into the denominator is important, particularly when examining cost-effectiveness across different health areas.

A seventh brief provides a step-by-step process for doing the timing costing should be done, using the Guidelines for Costing of Social and Behavioral Change—Change Health Outcomes brief. The guidelines outline the core methodological principles as well as detailed steps to follow. These should be followed with great care as these specifications for costing are important. It is useful to avoid unanswered questions at the outset. We also encourage those involved in costing of SBC programs to use the information that can support evidence-based decision-making.

1) Communicate the results. The brief also provides a hypothetical example applying these seven steps.

EXAMPLES OF DENOMINATORS USED TO CALCULATE SBC UNIT COSTS

<table>
<thead>
<tr>
<th>Denominator</th>
<th>Definition</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>School or class participating</td>
<td>The amount of people who participated in a specific intervention</td>
<td>100 people attended a school-based SBC session</td>
</tr>
<tr>
<td>Group session</td>
<td>The amount of people who participated in a specific group intervention</td>
<td>50 people attended a group session</td>
</tr>
<tr>
<td>Provider trained</td>
<td>The amount of SBC providers who were trained</td>
<td>50 providers trained</td>
</tr>
<tr>
<td>SMS sent</td>
<td>The amount of SMS messages sent to participants</td>
<td>100 SMS messages sent</td>
</tr>
<tr>
<td>Person attending</td>
<td>The number of people who attended an intervention</td>
<td>100 people attended a workshop</td>
</tr>
<tr>
<td>Person exposed</td>
<td>The number of people who were exposed to an intervention</td>
<td>500 people were exposed to a Facebook ad</td>
</tr>
<tr>
<td>Family planning user</td>
<td>The number of family planning users who attended an intervention</td>
<td>100 family planning users attended a clinic</td>
</tr>
<tr>
<td>Woman of reproductive age</td>
<td>The number of women of reproductive age who were reached by an intervention</td>
<td>500 women were reached through social media campaigns</td>
</tr>
<tr>
<td>Healthy life years (HLYs)</td>
<td>The number of healthy life years averted by an intervention</td>
<td>100 HLYs averted</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Denominator</th>
<th>Definition</th>
<th>Example</th>
</tr>
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<tbody>
<tr>
<td>New family planning adopter</td>
<td>The number of family planning adopters who were reached by an intervention</td>
<td>100 family planning adopters were reached through a social media campaign</td>
</tr>
<tr>
<td>Continuation of family planning</td>
<td>The number of people who continued their family planning use after an intervention</td>
<td>100 people continued family planning use after a SBC session</td>
</tr>
<tr>
<td>Maternal lives saved and averted</td>
<td>The number of maternal lives saved and averted by an intervention</td>
<td>100 maternal lives saved and averted</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Denominator</th>
<th>Definition</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepregnancy care</td>
<td>The amount of pre-pregnancy care provided by an intervention</td>
<td>100 pre-pregnancy care visits provided</td>
</tr>
<tr>
<td>Newborn care</td>
<td>The amount of newborn care provided by an intervention</td>
<td>100 newborn care visits provided</td>
</tr>
<tr>
<td>Postnatal care</td>
<td>The amount of postnatal care provided by an intervention</td>
<td>100 postnatal care visits provided</td>
</tr>
<tr>
<td>Newborn deaths averted</td>
<td>The number of newborn deaths averted by an intervention</td>
<td>100 newborn deaths averted</td>
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<tr>
<td>Newborn deaths averted</td>
<td>The number of newborn deaths averted by an intervention</td>
<td>100 newborn deaths averted</td>
</tr>
<tr>
<td>Planned pregnancies averted</td>
<td>The amount of planned pregnancies averted by an intervention</td>
<td>100 planned pregnancies averted</td>
</tr>
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RESEARCHERS/M&E: Work toward improving the capture of program impact data that allows for cost-effectiveness analysis of integrated programs, but also recognises that not all the benefits from SBC interventions may be easily captured in a cost-effective manner. Understanding which impacts are and are not captured into the denominator is important, particularly when examining cost-effectiveness across different health areas.

PROGRAMS: During the program planning stage, determine the extent to which a cost-effectiveness analysis is planned, which necessitates including cost and impact data. This process should be clear with grantees what their specifications are for costing so that programs set themselves up to answer costing questions at the outset. We also encourage those involved in costing of SBC programs to use the information that can support evidence-based decision-making.

DONORS: Be realistic about what cost-effectiveness questions currently can and cannot be answered, and exercise caution about benchmarking.

While we’re making great strides in costing for family planning SBC, there are unanswered questions, such as which SBC approaches are most cost-effective in different contexts. At this stage in our understanding of cost-effectiveness for family planning SBC, we urge donors to remain cautious about comparing cost-effectiveness across different health areas.

CALLS TO ACTION

- Make clear in your program planning for family planning SBC, there are important issues and practices for SBC costing. The first brief, Costing and Social Behavior Change, identifies key considerations for costing SBC social media interventions. As social media use becomes increasingly popular to leverage for SBC interventions and expand their reach, attention needs to be paid to costing, given the unique nature of social media platforms. The first brief details the importance of understanding the costs associated with the use of social media in SBC programs, and the need to capture costs associated with project start-up costs that can support the SBC Costing Community of Practice and others.

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- A fifth brief provides an overview of the steps for examining the cost-effectiveness of integrated SBC programs that can be used for future cost-effectiveness analyses (CEA). These steps detail the process of calculating the costs of SBC programs and understanding the impact of the intervention. This process includes deciding what your denominator is going to be, using the SBC Costing Community of Practice—Role of the Denominator brief for guidance. This resource will help to ensure you have what you need for any costing exercises or cost-effectiveness analyses you have planned.

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The Population Council confronts critical health and development issues—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science and public health research in more than 50 countries, the Council works with our partners to deliver solutions that lead to more effective policies, programs, and technologies to improve lives worldwide. Established in 1952 and headquartered in New York, the Council is a nongovernmental, nonprofit organization with an international board of trustees.

Breakthrough RESEARCH catalyzes social and behavior change by conducting state-of-the-art research and evaluation and promoting evidence-based solutions to improve health and development programs around the world. Breakthrough RESEARCH is a consortium led by the Population Council in partnership with Avenir Health, ideas42, Institute for Reproductive Health at Georgetown University, Population Reference Bureau, and Tulane University.