

Breakthrough RESEARCH Legacy and Learning Series

Costing for Family Planning Social and Behavior Change Programming

APRIL 2023



NEXT
PAGE

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/>.

DID YOU KNOW? Breakthrough RESEARCH conducted **53 research studies** over the past 6 years!

DID YOU KNOW? Breakthrough RESEARCH worked in **19 countries!**



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 analyzing it to estimate the cost of a health program or intervention. Potential sources of cost information depend on the purpose of the costing and the quality of the available sources and may include budgets, program payroll and purchasing records, interviews, or market prices. High-quality cost data are important for budgeting, planning, evaluating, priority-setting, efficiency and impact analyses, and advocacy. Investment in SBC costing efforts can reap dividends by improving the use of limited resources and optimizing SBC interventions to change health behaviors and increase uptake of services.

Understanding and measuring project costs is important for developing a consistent evidence base for SBC programs to support family planning programs, inform adaptive management, and ensure continued investments in evidence-based, cost-effective SBC approaches.

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 case for investing in SBC for improving health and advancing 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 and North Africa was scarce. The review found a comparative lack of studies costing SBC interventions targeting adolescents and young adults, and key populations. Furthermore, the review identified a significant shortage of cost information on newer and rapidly changing forms of SBC, such as social media and other digital technologies for SBC interventions, and few cost studies on provider-focused SBC interventions. Moreover, many of the studies identified were outdated, with more than half of the studies published prior to 2010.

The review also found that SBC unit costs (or the cost per person exposed, for example) vary substantially

both within and between intervention types. The wide variability in unit costs within interventions is likely partially driven by the heterogeneity of SBC interventions and implementation approaches reported, making it challenging to determine what is representative for each SBC intervention type. Unit costs can vary dramatically, depending not only upon where an intervention is implemented and scope of activities or components included, but also by the intensity of service delivery, individuals reached, and intervention phase and time period. Information on these characteristics is often scant or missing in studies, making it difficult to generate comparable unit costs for data analysis.

And yet, there are relevant and meaningful cost patterns both between and within SBC interventions consistent with expectations. Mass media interventions should and do cost less per person because they reach far more people than other types of SBC interventions. It also makes sense that interpersonal communication would cost less than provider training, where intervention participants 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.



EVALUATORS VALUE BREAKTHROUGH RESEARCH COSTING TOOLS



Program evaluators of a multi-year Foundation-funded provider behavior change intervention, Pathfinder International's Beyond Bias, relied on Breakthrough RESEARCH costing resources to conduct a cost analysis. From the start of the project, program implementers collected costing data to inform the outcomes of the Beyond Bias program, a multi-country project that aimed to ensure that young people ages 15 to 24 have access to empathetic, non-judgmental, high-quality counseling and a full range of contraceptive methods regardless of their marital status or parity. Evaluators used Breakthrough RESEARCH's "Documenting the Costs of Social Behavior Change Interventions for Health in Low- and Middle-Income Countries" and Breakthrough RESEARCH's contributions of SBC intervention unit costs to the [Global Health Cost Consortium Unit Cost Repository](#) to inform their costing analysis approach and to make cost per unit comparisons (clinic, provider, and client). "Standardization of measures is key for costing analyses," according to one of the program's evaluators, who also suggested that Breakthrough RESEARCH's cost-effectiveness resources would be helpful to his work on other projects.

SBC Cost Repository

Breakthrough RESEARCH collated the SBC cost data identified in the review of the literature into an [SBC Cost Repository](#), which is available as a filterable workbook of all identified costs. The repository contains a guide, which walks a user through the types of information included, such as intervention details, contextual information, costing information, cost-effectiveness analysis results (where applicable), and cost measurement details. Results of the identified studies reporting unit costs for SBC interventions have also been collated by the project as part of the [Global Health Cost Consortium's Unit Cost Study Repository](#). These resources allow users to examine prior SBC cost findings for program planning, budgeting, and benchmarking purposes.

Investments in SBC for family planning are cost-effective.

The Business Case for Investing in SBC for Family Planning

Although the development field generally considers SBC interventions an essential part of high-quality health programs, a lack of synthesized information on program costs and effectiveness has meant that decision makers have under-appreciated and under-funded SBC relative to its actual worth.¹ Breakthrough RESEARCH has demonstrated that SBC is a good investment in “The Business Case for Investing in Social and Behavior Change for Family Planning.”²

The business case provides rigorous evidence to show that investing in SBC is crucial for improving program outcomes and assuring health and development impact. The essence of the SBC business case approach is to capture SBC impact and cost measures, assess the benefit of SBC in health terms (cost-effectiveness analysis), and transmit this evidence to key audiences to inform their advocacy efforts.

The business case for family planning drew on nearly 200 studies assessing SBC effectiveness and/or costs across a range of countries, looking at both the indirect impact of SBC interventions via intermediate outcomes such as attitudes toward and communication around family planning, and the direct impact of SBC interventions on modern

contraceptive prevalence rate (mCPR). As part of the process, Breakthrough RESEARCH modeled an impact matrix for three SBC intervention types: interpersonal communication (IPC); mass, digital, and social media; and packages that combine SBC approaches.

Key findings include:

- SBC is effective in improving family planning outcomes, but results vary by setting.
- SBC costs range widely across and within intervention types.
- SBC for family planning is a highly cost-effective investment.

The business case model was then applied to hypothetical SBC investment scenarios for family planning in four countries: **Guinea**, **Niger**, **Togo**, and **Zambia**. This application of the business case model found that in all four potential investment scenarios, SBC is a cost-effective or highly cost-effective³ investment for increasing mCPR (see Table 1). These briefs are also available in French for the applications of the business case model in **Guinea**, **Niger**, and **Togo**.

RESULTS FROM APPLICATIONS OF THE BUSINESS CASE MODEL IN FOUR COUNTRIES

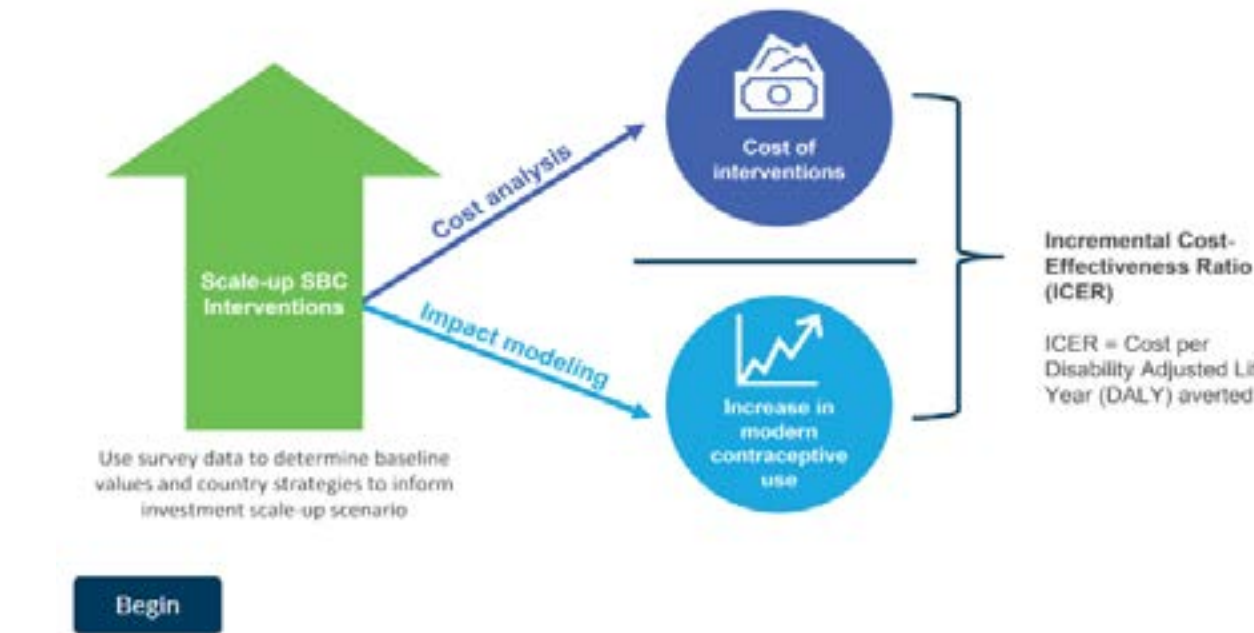
Results	Guinea	Niger	Togo	Zambia
SBC investment over 5 years	\$6.1 mil	\$2.7 mil	\$3.2 mil	\$38 mil
Percentage point increase in mCPR	2.3	1.4	6.1	5.0
Cumulative additional family planning users	83,000	86,000	139,000	535,900
Cumulative unintended pregnancies averted	66,000	81,000	127,000	578,800
Cumulative disability-adjusted life years (DALYs) averted	7,000	5,000	7,000	46,400
Cost per additional family planning user year	\$33	\$19	\$14	\$30
Cost per unintended pregnancy averted	\$104	\$49	\$39	\$84
Cost per DALY averted	\$946	\$737	\$656	\$2,278
Cost-effectiveness determination based on national GDP per capita thresholds	Highly cost-effective	Cost-effective	Highly cost-effective	Cost-effective

¹Hagger, M.S. and M. Weed. 2019. “Debate: do interventions based on behavioral theory work in the real world,” International Journal of Behavioral Nutrition and Physical Activity 16: 36. doi: 10.1186/s12966-019-0795-4
²This business case is part of a [suite of business cases](#), including one for SBC investments for malaria and one for nutrition.
³The WHO’s threshold for a highly cost-effective intervention is a cost per DALY averted lower than one times the gross domestic product per capita and threshold for a cost-effective intervention is a cost per DALY averted lower than three times the gross domestic product per capita. (WHO Commission on Macroeconomics and Health 2001). See the full Business Case report for more information on how this is calculated.

THE SBC BUSINESS CASE MODEL FOR FAMILY PLANNING TOOL



Throughout the tool, you can click on the symbol for more information.



Cost-Effectiveness of SBC Interventions for Family Planning Interactive Tool

The interactive [SBC for Business Case Model for Family Planning tool](#), a tool based on the business case for investing in SBC for family planning, can help program planners to develop effective SBC programs by guiding planners through a series of steps necessary to see how a potential set of SBC interventions might impact the mCPR and the costs and cost-effectiveness of these interventions. Accompanied by a [user guide](#) and how-to video, planners can use this tool to help design potential SBC programs, to 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 align with the budget and the intended impact.

Expanding the tools in the research and evaluation toolbox to better understand how SBC approaches can strengthen family planning programs and help these programs meet their goals requires learning from the methodologies employed by a range of sectors and health areas. Applications of these methodologies that are not ‘new’ but may be ‘new’ to SBC approaches in the family planning field can yield innovative insights. In this section, we highlight Breakthrough RESEARCH’s applications of three of those methodologies: most significant change, audience segmentation, and social listening.

DID YOU KNOW?


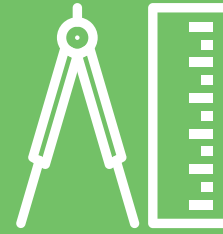


Breakthrough RESEARCH’s SBC Business Case for Family Planning has **proven integral to Ouagadougou Partnership country representatives working through the details of developing their costed implementation plans (CIPs)** at meetings and a regional workshop of the nine OP National Directors. Burkina Faso, Niger, and Côte d’Ivoire drew heavily on the Business Case for their CIP development last year; Senegal’s CIP is in process.


Costing and cost-effectiveness analyses are doable and resources on methodologies and tools you can use are available.

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.



FOUR CATEGORIES OF PRINCIPLES FOR CONDUCTING AN SBC COST STUDY

 <p>Study Design Principles 1–5</p>	 <p>Resource Use Management Principles 6–10</p>
 <p>Pricing and Valuation Principles 11–14</p>	 <p>Analyzing and Presenting Results Principles 15–17</p>

 **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.
- Economies of scale need to be taken into consideration when considering the implications of the results.

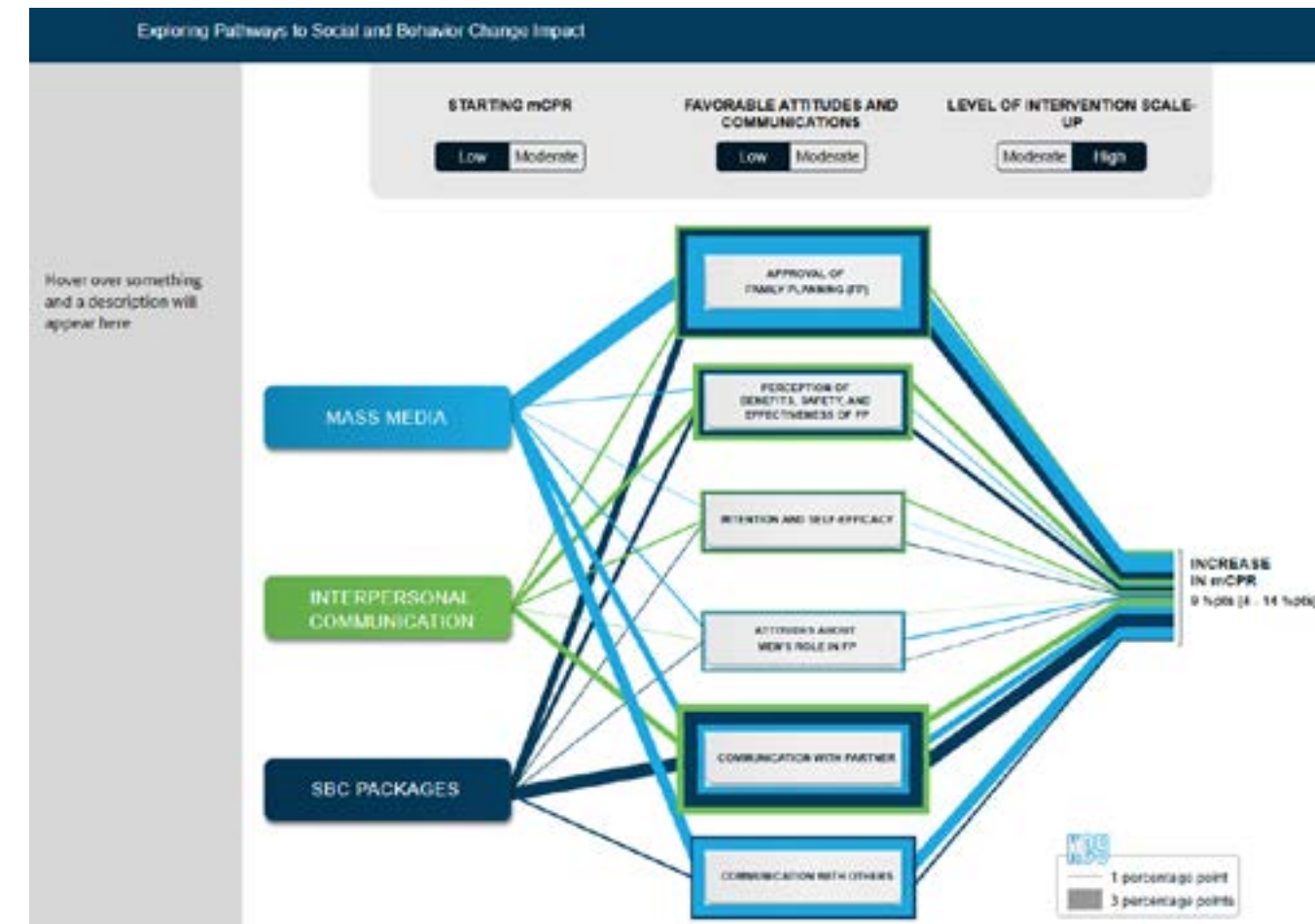
Guidelines for Costing SBC Health Interventions

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 its standardization. By encouraging cost analysts to use a standardized approach based on widely accepted methodological principles, we expect the SBC costing guidelines to result in well-designed studies that plan 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. Each principle begins with a link to a reference case and contains best practice recommendations, illustrating concepts with SBC-specific examples and referencing in text boxes how real-life costing exercises have applied these principles. Background sections and appendices provide readers with additional information. Although technical in nature, the SBC Costing Guidelines aim to be accessible to a non-economist audience.

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 interactive tool can be used for program planning, to advocate for increased investments in SBC, and to start conversations about the need to prioritize SBC investments based on country context.

EXPLORING PATHWAYS TO SOCIAL AND BEHAVIOR CHANGE IMPACT FOR FAMILY PLANNING TOOL



SBC COSTING TOOL

Guide to the SBC Costing Tool

The **SBC Costing Tool** allows users to enter in the characteristics of an SBC intervention to generate a range of estimated unit costs, based on an analysis of the SBC costing literature. The unit costs can be used in two ways:

- To estimate intervention reach based on the budget (**green tab**)
- To estimate intervention budget based on reach (**purple tab**)

Once you select the appropriate tab, there are five steps that can be taken when using the tool.

Note that cells in yellow indicate user inputs and cells in blue represent outputs



Step 1. Use the dropdown menus to select SBC intervention characteristics

Country	Haiti	Start by selecting the country of the SBC intervention. If the intervention is in multiple countries, one can enter results for different countries in the accompanying table in Step 5.
Intervention intensity	Individual IPC	
Health area	Average	
Ownership type	MNCH	
Scale	Public	

Local

Users can click on the "click here to review" links for more information on how to select the most appropriate characteristic for the intervention.

Step 2. Review estimated unit costs

Based on the selections made in Step 1, an estimated unit cost is generated, along with a range of values based on sensitivity analyses. While the tool presents an estimated rate of unit costs, the overall range for different SBC interventions vary substantially. Further details on reported unit costs can be found in the [SBC Cost Repository](#).

Sensitivity range for analysis estimate



Point estimate

Estimated unit cost based on selections \$ **6.72**

Step 3. Enter in estimated budget or reach

If using the **green** tab, enter in your total estimated budget for the SBC intervention. The budget should include funds for both the development and the implementation of the SBC intervention over the life of the intervention.

Enter in budget \$ **500,000**

If using the **purple** tab, enter in your total estimated reach for the SBC intervention. The reach should estimate the total number of people reached over the life of the intervention.

Enter reach **10,000**



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 estimate budget.

Fostering an SBC Costing Community of Practice

To help to fill evidence gaps and support implementing partners and others working on costing of SBC approaches, including those supporting family planning programs, Breakthrough RESEARCH initiated and nurtured a **Community of Practice around SBC costing**, including a series of briefs that highlight important issues and practices for SBC costing. The first brief, **Costing Social and Behavior Change Programming—The Role of the Denominator**, explains how costs can be linked to denominators for comparisons with other interventions. The brief examines three types of denominators (see table) to inform SBC researchers and implementers on the most appropriate denominators for an SBC costing study—program outputs, health behaviors, and health impacts—and provides links to tools that can help with calculating important cost metrics.

To help the SBC Costing Community of Practice and others address a gap identified in the literature related to a lack of peer reviewed studies on the costs of SBC delivered via social media in low- and middle-income countries, a **second brief 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 brief details how to consider the appropriate denominator for these types of interventions and what costs need to be considered that may be unique to delivering SBC using social media, such as video production or the personnel time needed to disseminate the information via social media influencers.

A **third brief examines how to capture costs associated with project start-up** that can support the SBC Costing Community of Practice and others. A successful SBC intervention requires the investment of time and resources in the intervention’s initial start-up phase, which is defined as the time from the project initiation until the project begins broad implementation. When conducting a costing of an SBC intervention, it is useful to capture these initial costs separately and allocate them appropriately over the life of the intervention. By examining start-up costs separately, the post-start-up implementation costs can be forecasted more accurately for future budgeting purposes and for determining the appropriate costs for scaling-up interventions.

A fourth 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 for examining the cost-effectiveness of integrated SBC can be useful when family planning is part of an integrated program. 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.

EXAMPLES OF DENOMINATORS USED TO CALCULATE SBC UNIT COSTS

Program outputs	Health behaviors	Health impact
Woman of reproductive age	Person seeking family planning services	Unintended pregnancies averted
Family planning user	New family planning adopter	Pregnancy complications averted
Person exposed	Continuation of family planning	Maternal lives saved
Person informed	Couple year protection by family planning	Healthy life years (HLYs) saved
Person attended/participating	Person adopting a specific family planning method	Deaths averted
Person campaign recall		Disability-adjusted life years (DALYS) averted
SMS sent		
Provider trained		
Group session		
School or class participating		

DENOMINATORS FOR SBC DELIVERED VIA SOCIAL MEDIA



Reach—the number of individuals exposed to SBC content via a social media platform, which can be further segmented into “paid reach” if the reach was due to social media advertising promoting the content (e.g., Facebook ads) and “organic reach” if the content was due to being part of a regular social media feed.



Engagement—the number of times people engaged with content through reactions, comments, shares, mentions, likes, etc.



Views—for videos shared on social media, the number of times the video was viewed, which can be further subdivided based on the amount of time spent viewing the content (e.g., at least 30 seconds, complete view).

CALLS TO ACTION

- **PROGRAMS:** During the program planning stage, determine at the outset if a cost-effectiveness analysis is planned, which necessitates including costing in your program.

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.

- **RESEARCHERS/M&E:** Work toward improving the capture of program impact data that allow for cost-effectiveness analysis of integrated programs, but also recognize that not all the benefits from SBC interventions may be easily captured in a common denominator.

Understanding which impacts are and are not incorporated into the denominator is important, particularly when examining cost-effectiveness across different health areas.

- **DONORS:** Provide programs with specific requirements for how costing should be done, using the Guidelines for Costing of Social and Behavior Change Health Interventions.

The guidelines outline the core methodological principles as well as different viable approaches. Donors 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 cross-donor communication about these specifications so that we are collectively and systematically building the evidence base.

- **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 exhibit caution about prematurely benchmarking programs, which may stifle progress in building the knowledge base on this topic.

- **DONORS:** When considering support for programs, work toward building local organizational capacity for managing expenditure reporting, and champion efforts to improve the reporting of SBC expenditures among all implementing organizations.

Breakthrough RESEARCH is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperative agreement no. AID-OAA-A-17-00018. The contents of this document are the sole responsibility of the Breakthrough RESEARCH and Population Council and do not necessarily reflect the views of USAID or the United States Government.

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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.

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Suggested Citation

Breakthrough RESEARCH. 2023. “Costing for family planning social and behavior change programming,” *Breakthrough RESEARCH Legacy and Learning Series #4*. Washington DC: Population Council.

Contact

4301 Connecticut Avenue NW, Suite 280 | Washington, DC 20008
+1 202 237 9400 | BreakthroughResearch@popcouncil.org
breakthroughactionandresearch.org

