

# **Achieving and Measuring Value for Money in Sexual and Reproductive Health and Rights Programmes**

**Lessons from FCDO funded Women Integrated  
Sexual Health**



# Agenda and presenters

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## Agenda

1 Overview of VfM



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2 Using VfM for evidence-based decision making



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3 Lessons learnt

4 Questions and Discussion

# Why is Value for Money important in SRHR programming?

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Increased scrutiny



Stronger processes



Increased impact of aid

Defining Value for Money as:

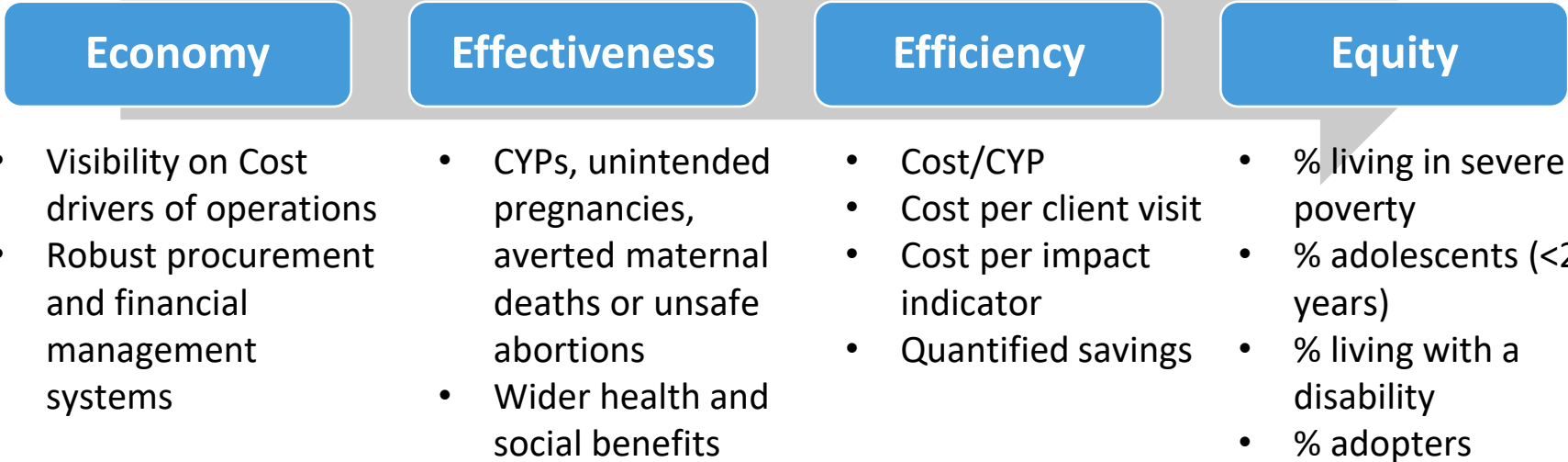
*“Ensuring that impact is maximised while ensuring optimal use of resources by using evidence to inform decisions that will enable a continuous improvement”*

# Value for money framework

Definition

Making the most strategic use of available resources to meet our clients' needs and ensure high impact results

Assessing VfM



Guiding principles



Key enablers

Accurate raw data for data integrity & high-quality analytics for insight; Partnering for strategy & implementation; Culture of continuous learning and sharing

# Data systems need to be aligned for tracking of costing and impact data

Each service delivery unit (e.g. outreach teams) have a unique cost centre code

## Financial data

- All costs associated with delivering services captured through an organisation wide harmonised financial system

## Universe of data

- Number of clients reached
- Type of services
- Demographics
- Equity
- Quality of care
- Client experience

## Cost drivers

- Salaries, supplies and commodities, travel, marketing, quality assurance, research etc

## Impact estimates

- Couple of years of protection (CYP)
- Unintended pregnancies averted
- Maternal deaths averted
- DALY averted
- Unsafe abortions averted

## Cost effectiveness indicators

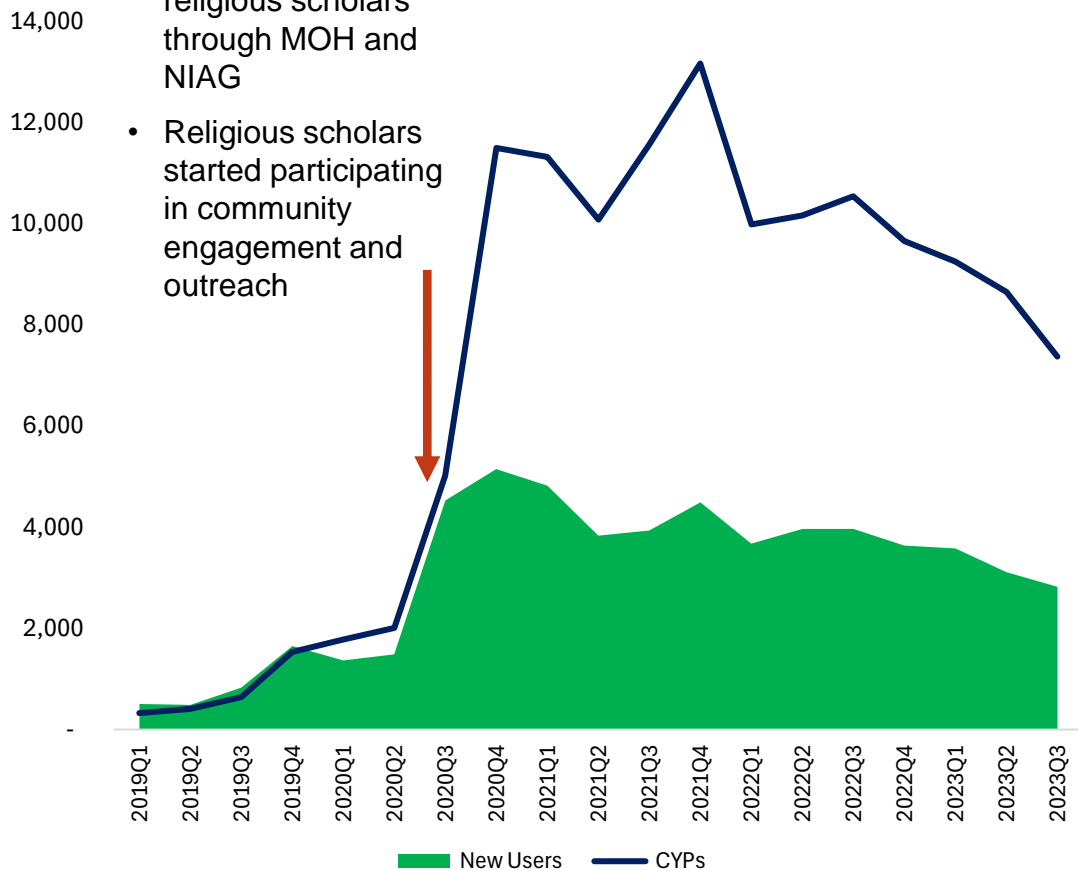
Cost per CYP  
Cost per client reached  
Cost / unintended pregnancies averted  
Cost/maternal deaths averted  
Cost/ DALY averted

# Using VfM for evidence-based decision making

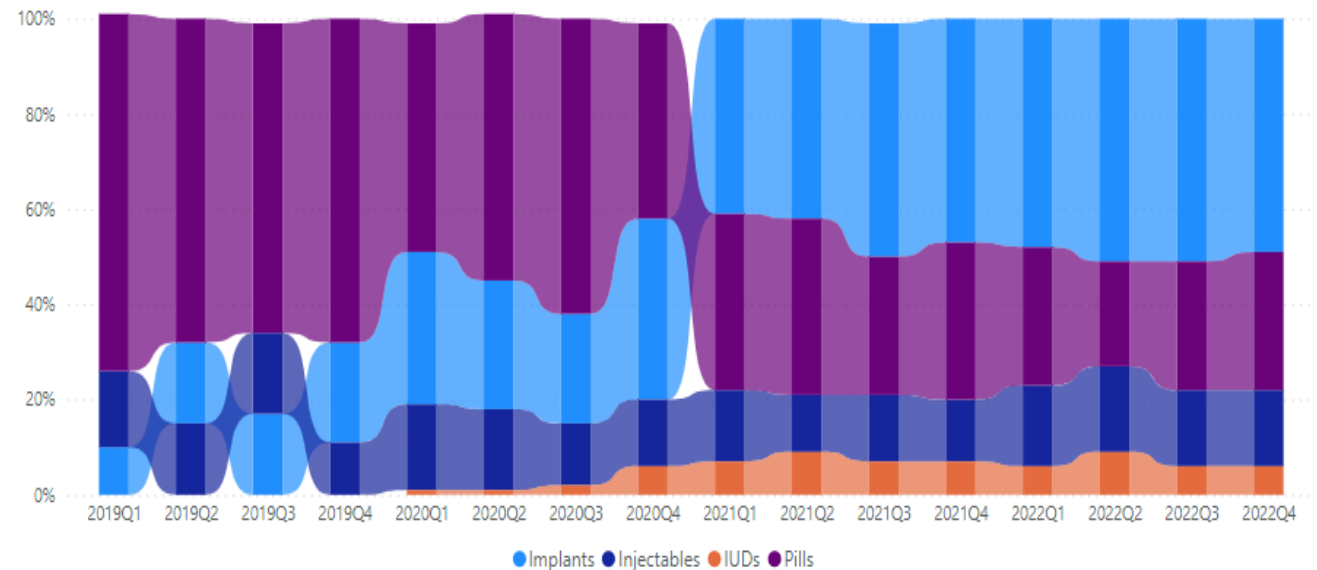
# Effectiveness: Improved community engagement led to increase in number of women accessing services through better choice

Engaging and training religious scholars to deliver culturally-responsive FP messages with CHWs in existing community-based activities in Somalia

- Started engaging religious scholars through MOH and NIAG
- Religious scholars started participating in community engagement and outreach



Method Mix across time



- Strengthened the capacity of providers to provide wider choice- increasing access to LARC
- LARC as proportion of method mix increased from **10% to 55%**

# Efficiency: Integrating FP with other services in Public supported facilities outreaches in Uganda

## Context

- SRHR integration enhances uptake of multiple services and reduces missed opportunities.
- Uptake of multiple services reduces the unit cost per service provided hence value for money.
- SRHR integration is not common among public facilities.
- MOH strategic direction is to have SRHR integration under one roof.

## What the data told us

- The W2A project scaled down during 4th quarter 2022, thus reduced project staffing and number of outreaches.
- Public facilities conducted expanded Program for Immunization (EPI) outreaches (not integrated with other SRHR).
- If integrated, same resources would be used to serve more clients thus reduce the unit cost.

## Strategy adopted

- RHU leveraged on the EPI outreaches by integrating FP, cervical cancer screening into post-natal and immunization services outreaches.
- RHU supported public facility staffs with transport, SDA to conduct integrated SRH/FP/EPI outreaches.
- One RHU staff was attached for further technical support.

- In the Q4 2022, RHU had planned 8 outreaches at a total cost of £345 (£43 each).
- With the strategy, the team used same resources to conduct 20 outreaches at a cost of £17 each, saving up to £26 per outreach and total cost saving of £203, (72% of the planned cost).



# Cost effectiveness: how to reach more clients effectively while maintaining quality, efficiency and building government capacity

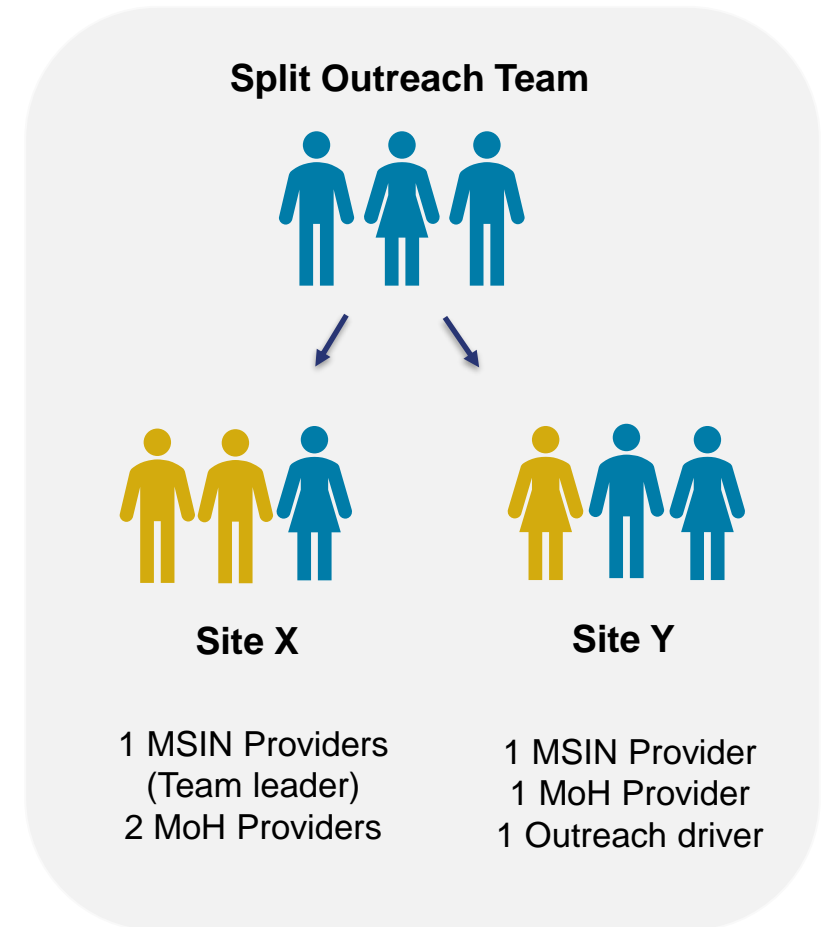
Split team benefits:

1. **Expanding access** to more remote areas
2. Reaching **more women with unmet need** with high quality FP
3. **Building government** provider capacity

During days when teams are splitting, we see:

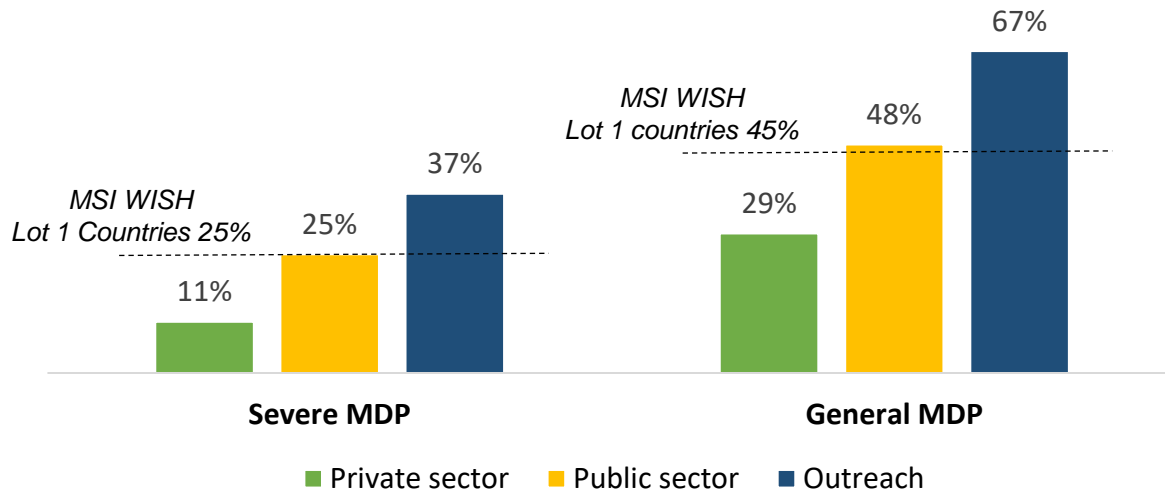
- **160%** increase in the average # FP client visits per day on split days
- Proportion of clients who are adolescent **remain similar** to non-split days (**26%** split vs **25%** classic)
- Method mix remains the same – majority LARCs

**Over double the impact for an estimated £110 additional daily cost – or £2 additional per client**



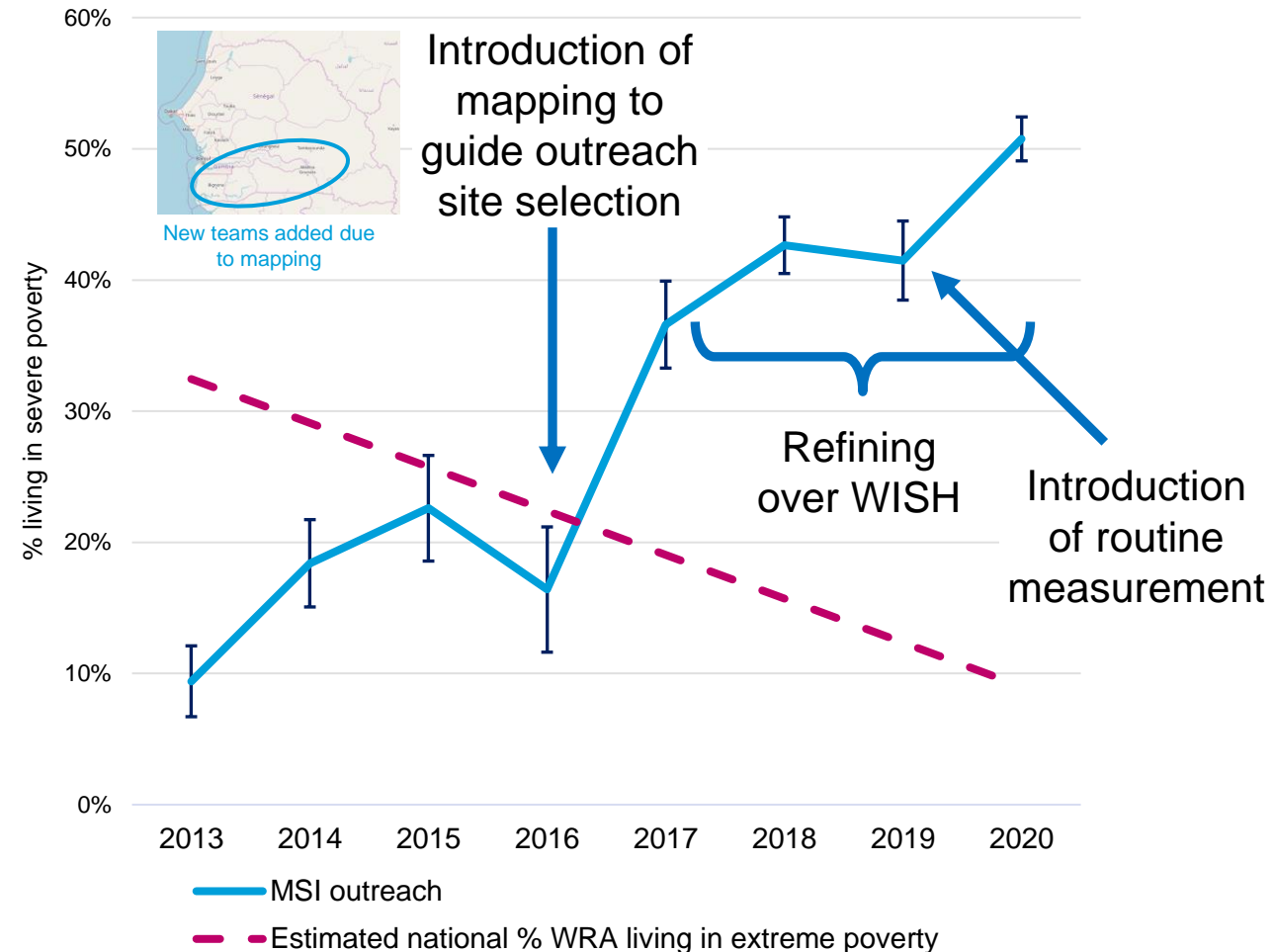
# Equity: ensuring no one is left behind through mobile Outreach

Proportion of clients in multi-dimensional poverty (MDP) by channel (2020-2021 MSI CEI)



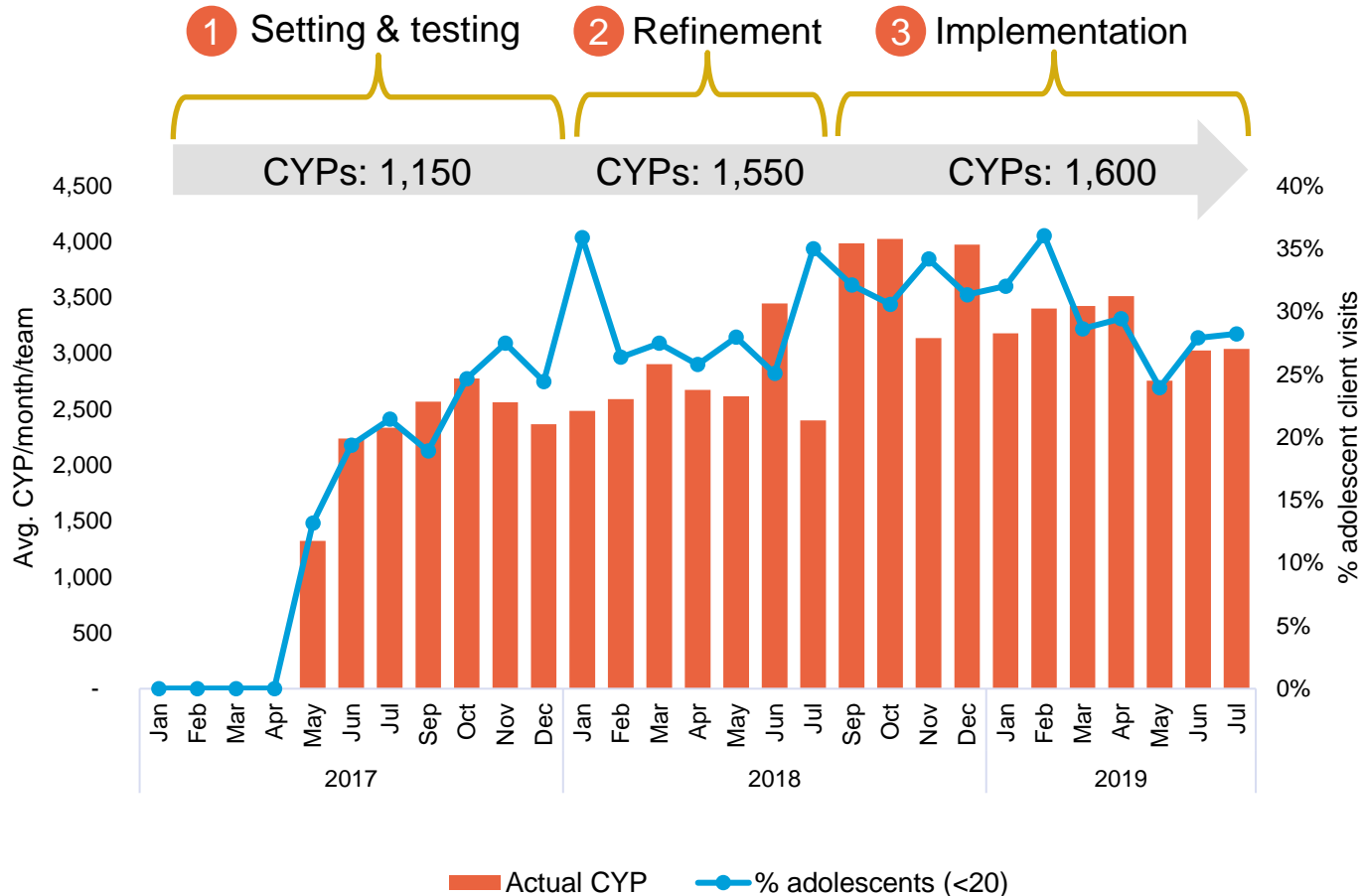
- CEIs consistently demonstrate mobile outreach to be the most successful channel in reaching those in poverty
- It reaches **3.5X** more people in severe poverty than private sector and **1.5X** public sector

In Senegal, mapping contributed to 2.5x increase in % of clients living in extreme poverty (PPI)



# Ensuring equity, but at what cost?

- In 2017 Senegal set up two new Outreach teams with a significant focus on reaching adolescents.
- The two teams trialed different adolescent strategies to address local norms



- At the point of service provision, the cost of the service is the same regardless of client demographic
- Cost variation is driven by the activities undertaken to better reach specific groups
- As the teams became established and productivity improved cost per CYP decreased from £25 per CYP to £10
- **We estimate the cost of reaching adolescents can be around 20-25% higher than other demographics**

# Measuring VFM in Health Systems' Programming

## Considerations

- Monitoring and Evaluating the complexity of health system presents and exciting challenge
- Requires looking at the resilience and sustainability of processes as well as the outcomes they achieve
- There is a need to understand the intricacies and trades between impact within the lifespan of a programme and sustainable system change.

## Options VFM Framework

Criteria	Evidence
Economy (are we buying the right inputs at the right price?)	e.g., - Amount saved from adopting efficient procurement processes - Estimated amount saved on trainings as a result of collaboration
Efficiency (are we maximising our outputs for a given level of input?)	e.g., - Number of capacity strengthening workshops or training planned for coalition members / government (as a proportion and then delivered with co-funding)
Effectiveness (are the outputs achieving the desired outcome?)	e.g., -percentage increase in annual budget allocation -percentage increase in quality improvement assessments
Equity (are the benefits distributed fairly?)	e.g., -Number of underserved, poor and vulnerable groups participating in decision-making forums

# Examples of VFM in Practice

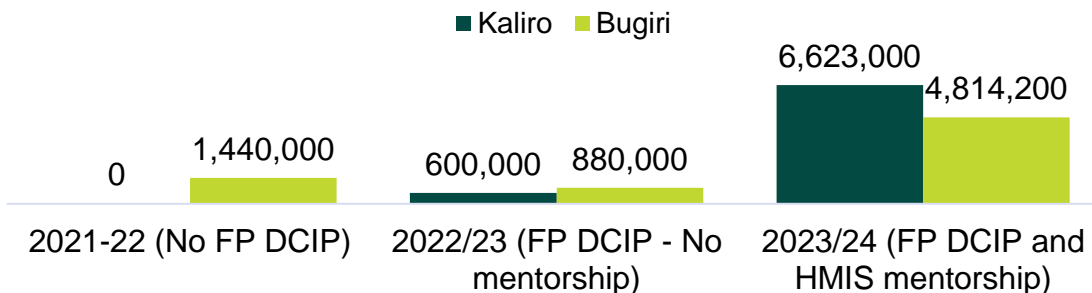
## Economy

- Across the consortium, we deployed stringent procurement processes.
- For example, in Madagascar we openly tendered for a research agency to support our climate and FP access study.
- We evaluated all agencies in line with a robust evaluation framework considering both financial and technical capacity.

## Effectiveness

- In Uganda, the adolescent budget increased by 447% in Bugiri and over 1000% in Kaliro between 2022 and 2023.

Increased budget allocation for interventions targeting adolescents (UGX)



## Efficiency

- In December 2021, Options collaborated with the Ministries of Budget and Health to co-facilitate trainings for the CTMP in Tshopos.
- We reimbursed only for expenses and not fees.
- This maximised the efficiency of the training through cost-sharing but also by facilitating stronger relationships between different sectoral actors.

## Equity

- In Tanzania, 33% of the members of the SNAMs are OPDs.
- In Nigeria, we have supported JIMAF to track and monitor the enrolment of Persons With Disability's in the health insurance scheme.

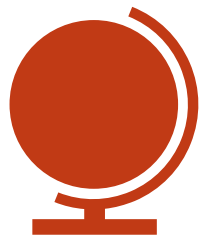
# Non-quantifiable impacts of VfM



Institutional changes



Sustainability



Global learnings in the sector



# **Lessons learnt in achieving and measuring VfM**

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- 1 Creating a standardized VfM framework with comparable indicators between partners at the start of the programme would have been preferable
  - 2 Establish VfM learning questions at the start of the programme
  - 3 Recognizing the diversity of data and systems among partners in a consortium is essential – how to deal with qualitative impact?
  - 4 Evaluate how effective data frequency is in supporting timely, evidence-based decision making. E.g. Client Exit Interviews are undertaken annually
  - 5 Leveraging routine data to support VfM analysis – e.g. how can poverty reach be measured routinely?
  - 6 Leaving enough time for decisions makers to look at the data and reflect on an ongoing basis on the impact of different interventions
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# Questions and Discussion