

**Family Health International's Partnership
on the FRONTIERS Program
1998 - 2008**

Family Health International

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I. Background

The Population Council (PC) and Family Health International (FHI) have a long history of collaboration to advance the goal of improving reproductive health in the developing world. In operations research, the two institutions began working together informally in the late 1980s through the regional OR projects managed by the Population Council. FHI contributed its expertise in health economics and collaborated with Council staff to test many innovations and techniques to control costs and increase income, mainly in Latin America and Africa.

When USAID combined the regional OR projects into a global procurement in 1998, the Population Council and FHI (along with Tulane University) bid as partners. FHI took responsibility for two main areas: overall direction of the Global Agenda for Operations Research and economic evaluation across the entire FRONTIERS program. FHI contributed a full-time staff position to provide leadership and coordination for the global research agenda and approximately two full-time equivalent staff positions for the economic evaluation activities. The purpose of this report is to describe, in broad strokes, the activities carried out and the products produced by FHI in the course of this ten-year partnership.

II. Activities Conducted

A. Global Agenda for Operations Research

1. Overview

The goal of this activity was to carry out comparable studies in diverse settings to answer important policy questions with global, rather than local, relevance. By asking the same questions, testing the same hypotheses, applying similar designs, and using core indicators and instruments, it was expected that more generalizable answers to the original questions would be obtained than from a single study in a single setting. The three core sets of studies included:

- ***Improving the Reproductive Health of Youth***

This study was conducted in Bangladesh, Kenya, Mexico and Senegal. It demonstrated that reaching adolescents with reproductive health information through a multi-sectoral approach is feasible despite the sensitive nature of this issue in the socio-cultural contexts of the study countries. The interventions may have had an effect on limiting sexual activity but not on the use of contraceptive methods, especially condoms. This study showed that values like abstinence are the main reference and source of protection among young people. In the majority of cases among sexually active youth, secondary abstinence and being faithful to one partner were more common than was use condoms or other contraceptives.

- ***Involving Males in their Partners' Antenatal and Postpartum Care: Impact on Family Planning Use and the Prevention of Sexually Transmitted Infections at Six Months Postpartum (Men in Maternity Care)***

This intervention was tested in India and South Africa, and its effectiveness differed between countries. While the concept of increasing male participation in pre-and post-natal care in South Africa is relevant, particularly in the current conditions of high HIV/AIDS prevalence, the study was not completely implementable because very few pregnant women live with the father of the baby. The perception of local research staff is that appreciable change needs to take place in the wider social context concurrent with attempts to change couple relationships. However, the lessons learned have subsequently contributed to the revision of ANC and postpartum care guidelines in the province. In India, men accompanied their wives to the clinics and participated actively in the intervention, leading to significant changes in family planning knowledge and behaviors of both men and women. Clients who participated in the intervention reported more discussions with providers and more satisfaction with family planning methods. The services were feasible and sustainable in India in terms of provider time and increase in materials costs and the model has subsequently been scaled up.

- ***Impact of Improved Client-Provider Interaction (CPI) on Women's Achievement of Fertility Goals***

This intervention resulted in non-significant ($p > .05$) improvements in contraceptive use in Egypt and Uganda. Egyptian researchers made several recommendations to improve the impact of the CPI intervention based on results there, including the provision of continuous training to providers to enhance their understanding of women's contraceptive needs and fertility preferences. They also suggest widening the audience for improved CPI among providers in other programs, given that women frequently shift among service facilities. In Uganda and Peru, the study informed the evaluation of the USAID bilateral programs that sought to improve quality of care. In Peru, the study further expanded the Balanced Counseling Strategy.

2. Economic Components of Global Agenda Studies

An original aim of the economic assessment of the global agenda studies was to measure cost-effectiveness of the interventions. The intention was to provide information on incremental costs of an intervention compared to the costs of a different intervention, a base case, or the *status quo*. The information would then be used to answer the following question: what does it cost to achieve the outcome of the intervention? Policymakers could use the findings to decide if the effect of the intervention was worth the cost to expand or replicate it.

Reaching this goal was not possible, for two main reasons. First, cost effectiveness analysis (CEA) as used in health projects requires a single comprehensive outcome indicator such as lives saved or disability-adjusted life years averted. In the global agenda studies, it was difficult to identify and agree upon a single outcome measure. Therefore, in two of the three studies where there were several outcome indicators (i.e., the adolescent and the MiM studies), CEA could not be carried out. There was a single outcome indicator in the Quality of Care study, but since the intervention was not effective, it could not be cost-effective. Second, pilot costs were not

necessarily relevant to real-world scale-up decisions. The desired outcome of an OR project is an effective intervention, and the project budgets had adequate resources to design and implement robust interventions; but long-term implementers, such as Ministries of Health, have modest budgets for replication. Thus an approach was needed to determine how to use the information from the OR projects to calculate scale-up costs.

These obstacles led us to focus our efforts on devising new approaches for measuring pilot and scale-up costs. Our methodology for costing pilot innovations divided costs into three categories: planning the intervention, implementing the intervention, and carrying out new or improved programs. The first category includes mostly one-time costs associated with developing the intervention including IEC materials and a training curriculum. The second category includes such items as training staff in the new curriculum and printing IEC materials. The last category includes the costs of service delivery and educational programs, for example, costs associated with higher patient loads, spending more time with clients, and teaching reproductive health courses. Using these categories facilitated the process of estimating scale-up costs; some costs are one-time only costs (planning costs fall into this category), others need to be repeated at discrete intervals, while still others are continuously ongoing costs such as additional supervision of carrying out new or improved programs. Moreover, in a scale-up or replication, some activities will be carried out by different organizations than those responsible for the OR project, and this will affect projected costs. Achievements include the development of a new methodology to calculate intervention costs, and the application of the methodology to determine long-term costs.

3. Global Agenda: Lessons Learned

- ***Feasibility:*** These studies demonstrated that it is feasible to investigate the same questions in different locations.
- ***Comparability:*** While application of similar research designs across countries was possible, the components of the interventions varied. Differences in sites, implementation of interventions, and variations in the interventions render the study findings not directly comparable on all key variables.
- ***Generalizability:*** The results of two of the three studies appear generalizable. The CPI study yielded negative results in all sites, plus the finding that adolescents relied more on secondary abstinence and monogamy were found in both Mexico and Kenya. In contrast, the MIM study was effective in only one of two sites.
- ***Replicability:*** The Global Agenda, as a research program, does not warrant strict replication as it was implemented. However, as noted above, lessons have been learned about carrying out a cluster of studies on a common theme, at a similar moment in time.

B. Financial Sustainability Initiative

1. Background and Objectives

While demand for family planning and reproductive health services is increasing worldwide, a number of recent trends threaten the financial sustainability¹ of donor-supported NGOs that provide these services. First, USAID—the largest donor to family planning programs—has seen its funding for population assistance decline in real terms since 1995. Part of this decline is related to the concurrent increase in funding for HIV/AIDS and other infectious diseases, leaving fewer resources for family planning and reproductive health. A second reason has been growth of government-funded programs that provide these services for low-income clients, which has reduced the need for NGOs to focus their programs entirely on the poor. Health sector reform has created opportunities for NGOs via public-private partnerships in some countries, but sustained public-sector support is unlikely given limited economic growth in domestic economies and competition from other health priorities.

Long-term sustainability of NGOs may require that they become largely financially self-reliant, but few NGOs have the skills in costing, break-even analysis, and market research needed to reduce costs and increase income. FRONTIERS responded to this need through the Financial Sustainability Capacity Building Initiative (FSCBI), a multi-year global effort led by FHI, with substantial involvement of Population Council staff. The overall goal of the FSCBI was to build NGO capacity to conduct economics-related operations research (OR) to improve financial sustainability. Specific objectives were to test a workshop model that combined classroom instruction with proposal development, research funding, and technical assistance; to orient NGO participants - including researchers, financial managers and administrators - to a set of basic research tools for assessing and improving financial sustainability; and to establish long-term relationships between selected NGOs and FRONTIERS to carry out sustainability-related OR.

2. Implementation and Results

At regional workshops held in Bolivia, Ghana and India, participants developed and subsequently implemented four main types of sustainability-related OR studies (see Table 1). Studies in the *cost diagnostic* category focused on measuring the average costs of services provided through clinics and hospitals; *sustainability diagnostic* studies looked at costs, but also collected information on competing providers and measured client willingness-to-pay; *break-even analyses* examined the question of how many units of service or product would need to be sold in order to cover fixed and variable costs; and *income generation* studies measured the impact on revenues and costs of a variety of interventions designed to improve financial sustainability.

¹ Financial sustainability is a state in which an institution has a reasonable expectation of covering its costs for the foreseeable future through a combination of donor funding and locally generated income. When donor funding is declining, an organization may work to return to financial sustainability through some combination of cost control and income generation.

Table 1. Sustainability studies conducted through FSCI

Type of Study	Institution and Country
Cost diagnostic	Bolivia: Association of Rural Health Programs (APSAR) Ghana: Christian Health Association of Ghana (CHAG) Kenya: Chogoria Hospital
Sustainability diagnostic	Bolivia: Prosalud, Center for Research, Education and Services (CIES) Ghana: CHAG
Break-even analysis	Bolivia: PROSALUD Uganda: The AIDS Support Organization (TASO)
Income generation	Bangladesh: Population Services and Training Centre (PSTC) Ghana: Ghana Social Marketing Foundation Enterprises Limited (GSMFEL) India: Child in Need Institute (CINI) Honduras: Honduran Family Planning Association (ASHONPLAFA) Nepal: Chhetrapati Family Welfare Center (CFWC)

Financial Sustainability Initiative: Lessons Learned

- *One-week workshops successfully catalyzed sustainability-related OR, but momentum was difficult to maintain*

In most cases, completion of proposals acceptable to FRONTIERS and USAID took much longer than anticipated. The proposal had been the sole focus of team members during the workshop, but after the trainees returned to their regular jobs, other priorities took precedence. In several cases, this slower pace also carried over into the implementation of the project.

- *Multiple exposures to the OR project cycle is needed to ensure durable capacity*

Institutionalization of OR skills requires practice through subsequent application of the techniques and processes learned. This in turn requires a supportive environment from the researcher's home institution.

- *Continuity of NGO staff was critical to project completion and utilization of results*

Ultimately, organizational capacity resides in individuals who are free to leave the institution in search of better job opportunities. Some of the NGOs that participated in the FSCBI lost key staff during project implementation, which stopped the project or reduced the likelihood that results would be utilized. The turnover problem implies the need for a critical mass of staff familiar with OR for the successful transfer of the technique.

- *Projects that attempted to generate additional income had little success*

Because of low demand, income-generation interventions failed to produce much additional revenue.

- *NGOs find it difficult to compromise social objectives to improve sustainability*

NGOs with a strong sense of social mission often resist the idea of earning profits, even if the profits are used to subsidize other activities with purely social objectives.

- *Donor expectations for NGO financial sustainability are not always realistic*

Donors encourage financial sustainability while simultaneously demanding that NGOs increase the number of services provided to the poor.

C. Other Selected Activities

- **Validation of Contingent Valuation Approach to Willingness to Pay (WTP):** Willingness to Pay (WTP) surveys have been used by many clinical and social marketing programs for price-setting, but questions remain about the validity of predictions based on WTP. Research carried out by FRONTIERS in Egypt and by FHI in El Salvador found that the technique was not reliable in predicting individual-level purchasing behavior following increases in price. Other studies have suggested that WTP surveys are predictive at the aggregate level. More research is needed to determine under which circumstances the technique is useful in predicting impacts of price changes.
- **A Simplified Approach to Calculating Cost per Service:** One hypothesis that may explain why few NGOs in developing countries routinely carry out costing of products and services is that managers are intimidated by a perception that costing is difficult. FHI economics staff developed a simpler methodology that focuses most measurement and allocation effort on personnel cost, because this item represents the largest single cost component of most programs. Other costs such as equipment, buildings and miscellaneous expenditures are allocated to client visits using a top-down approach, which is much simpler than the previous “cost centers” approach. This methodology was pilot-tested in Kenya (Chogoria hospital) and in Ghana (Christian Health Association of Ghana), and became an on-line guide for the FRONTIERS website.
- **Economics Fellows:** FHI supported two Economics Fellows, Mr. Nzoya Munguti (Kenya) and Dr. Pradeep Panda (India). During their two-year terms, the fellows worked to support economics-related projects in Africa and South Asia. For both fellows, FHI developed learning objectives and developed distance learning activities.
- **“Top Ten” List:** The FRONTIERS/FHI economics group compiled a “top ten” list of economics findings as part of the emphasis on legacy contributions of the FRONTIERS project. Three of the most important findings are listed below:

- ❖ There is no “magic bullet” for financial sustainability. Progress toward financial sustainability requires organizations to know their costs, to understand their clients and competitors, and to test multiple (often simultaneous) interventions to control costs and generate income.
 - ❖ Cost-effectiveness analysis requires a single measure of effectiveness, or that costs can be tracked to specific outcomes; calculating cost-effectiveness of intervention studies that include multiple hypotheses and objectives is difficult if not impossible, especially since it is often not possible to find consensus among stakeholders about the hierarchy of effects.
 - ❖ Costs of scaled-up interventions are not simple multipliers of the costs of pilot projects, but usually are lower than the pilot on a per-site basis because of economies of scale, streamlining of activities and substitution of lower-cost resources.
- **Costs of Scaling Up Interventions:** As part of a strategy to build capacity of developing country organizations and cooperating agencies to consider scale-up costs when planning pilot projects, FHI staff developed a “costs of scaling-up” workshop which was implemented in early 2007 in Washington DC. Participants included representatives of CORE NGOs and USAID/W. The objectives of the workshop were to (1) acquaint participants with a methodology to determine the costs of a pilot project as well as the costs of scaling up, (2) transmit the message that costs of scaling up pilot interventions are not simple multipliers of pilot project costs, (3) illustrate ways in which scale-up costs would be different than the costs measured in the pilot and (4) give participants hands-on experience in thinking about costs and getting information on costs.

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