Reaching rural youth with sexual and reproductive health and HIV services in Malawi through mobile clinics: the costs of expanding integrated services

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Background
Youth (age 15 to 24) are an important but often underserved population for HIV and reproductive health services. To address this, in rural Malawi the Family Planning Association of Malawi (FPAM) introduced both static mobile clinics providing traditional sexual and reproductive health (SRH) services, voluntary counselling and testing (VCT) and general curative services at a modest fee. This study analyses the uptake of services in this initial period and presents the unit costs of the static and mobile clinics during the first 9 months of operation at the Ntcheu Youth Life Centre in Malawi. These baseline estimates will be used to analyse the uptake of integrated services over time and any resulting changes in cost per visit.

The Integra Project
This is a partnership between IPPF, LSHTM and Population Council-Nairobi to assess the benefits & costs of different models of integration of HIV and SRH services running from 2008-2012. It aims to:
- Determine the benefits of different integrated models to increase range, uptake and quality of selected SRH and HIV services.
- Determine the impact of different integrated services on changes in HIV risk behaviour; HIV-related stigma and unintended pregnancies.
- Establish the efficiency of using different operational models for delivering integrated services in terms of: cost, utilisation of existing infrastructure and human resources.
- Increase utilisation of research findings by policy and program decision makers through involvement of and dissemination to key stakeholders.

Methods
Financial and economic costs were collected retrospectively from October 2008 to June 2009 from the providers' perspective. The full cost of providing services in the static clinic and additional resources (incremental costs) of providing mobile services were estimated. A step-down allocation approach was used to allocate administration and support services to the static clinic services, further costs were estimated using the ingredients-based approach.

A review of clinic records was conducted in order to identify the number of visits in which a single service was delivered and those visits in which multiple services were delivered (ie. integrated visits). These data were supplemented with routine service statistics where necessary. Costs for integrated visits, in which more than one service is provided, were estimated optimistically, assuming economies of scope, with 50% staff time savings over providing two separate visits. The conservative estimates assume the cost (and time input) is equal to the sum of providing both services separately.

Results: Total service provision by location
During the study period 2799 client consultations were provided in the static clinic and 2246 were provided in the mobile locations. In the static clinic 2% of all visits involved the delivery of more than one type of service. In the mobile setting only 1% of all visits involved the delivery of more than one service.

Table 1. Composition of FPAM services delivered in the context of a single visit in static and mobile clinics, Ntcheu Youth Life Centre. October 2008 to June 2009

Discussion and next steps
1. This is the first research to collect detailed data on the cost of integrated services for youth. Currently very few clients are accessing more than one service in the context of a single visit either a static or mobile clinic.
2. In the first 9 months of service delivery service uptake has continued to increase and youth are accessing services in equal proportion other age categories, which is greatly encouraging.
3. Clinic records have been modified to incorporate observations of staff time associated with different types of visits and combinations of services. These data will allow for more detailed analysis of how staff use time as integration becomes more established in the static and mobile clinics and the extent to which this impacts the cost of service delivery.
4. A follow-up discrete choice experiment is being initiated in Malawi to elicit youth preferences for SRH and HIV services.
5. Improved targeting of services to youth may result in increased uptake of services by this group.

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