Strengthening the Economic Evaluation of Multisectoral Strategies for Nutrition (SEEMS-Nutrition)

December 10, 2019

Aisha Twalibu, Amy Margolies, Aulo Gelli, Chris Kemp, Carol Levin and others

UNIVERSITY of WASHINGTON

DEPARTMENT OF GLOBAL HEALTH









Supporting the National ECD program in Malawi

- Scale-up across Malawi with support from development partners and civil society
- Nutrition Embedded Evaluation Program Impact Evaluation (NEEP-IE) cluster randomized control trial found that CBCCs with parenting groups were an effective platform to implement nutrition sensitive interventions
 - Discussion with the Ministry of Gender identified opportunity to support the scale-up using scenario-based cost and impact data
 - Scenario-based data could be used to inform the regular planning processes by presenting the results of models of the different activities and plans

Agenda

Objectives for today

- Introduce new SEEMS-Nutrition project and support for government planning of the national ECD program
 - Overview of new approach for economic evaluation of multisectoral strategies to improve nutrition
 - Present application of the SEEMS-Nutrition approach to NEEPIE CBCC-based intervention in Malawi
- Discuss plan to undertake costing and develop scenarios for scaleup
 - Generating information on the cost of scale-up and expected impact of scale-up of ECD programming in Malawi

Introduction to the SEEMS-Nutrition project

The nuts and bolts

The University of Washington, the International Food Policy Research Institute (IFPRI), Helen Keller International (HKI), Results for Development (R4D) and the International Livestock Institute (ILRI) are embarking on a new collaboration:

Strengthening

Economic

Evaluation for

Multisectoral

Strategies for

Nutrition

DEPARTMENT OF GLOBAL HEALTH





RESULTS FOR DEVELOPMENT



SEEMS-Nutrition

Evidence on costs and benefits of multi-sectoral nutritionsensitive programming is missing



Multi-sectoral nutrition-sensitive actions are <u>critical</u> to achieve the WHA targets for nutrition by 2025 and the SDGs



Decision-makers rely on available evidence to inform **strategic planning**, **priority setting**, and **resource allocation** for multi-sectoral nutrition programming



But evidence on program costs and benefits is lacking and this limits the ability of decision-makers to invest in nutrition

SEEMS-Nutrition is developing a common approach to guide how economic evaluations for nutrition are conducted



Develop a typology of interventions



Map impact pathways and identify program activities, inputs, and costs



Develop standardized cost data collection tools and collect cost data alongside impact evaluation



Compare program costs and benefits to reflect the relevant question/decision and sector



Standardized data across programs and countries



Relevant information to decision makers



Stronger evidence for nutrition

The SEEMS-Nutrition approach is being applied to 6 nutrition projects to generate data on costs and benefits

| Nepal Suaahara II Image: Suaahara II Image: Suaahara II Image: Suaahara II | Burkina FasoImage: Source of the second secon | Kenya <u>MoreMilk</u> |
|---|--|---|
| BangladeshImage: Source of the search is the search | MalawiImage: StressImage: Stress <td>KenyaMarketplace for Nutritious FoodsStressNutritious FoodsStressStressA skills-building and financial investment project to create local markets full of diverse, nutritious, and affordable foods.</td> | KenyaMarketplace for Nutritious FoodsStressNutritious FoodsStressStressA skills-building and financial investment project to create local markets full of diverse, nutritious, and affordable foods. |

Economic evaluation of NEEP-IE CBCC based agriculture and nutrition intervention in Malawi

Rationale

- Children at risk of not achieving their developmental potential due to malnutrition and other challenges
- Multisectoral/nutrition sensitive programs have the potential to accelerate progress in tackling malnutrition
- Dearth of evidence on the costs and cost effectiveness of nutrition sensitive programs



The integrated intervention

- CBCC-based
- Driven by community level actors
- Intervention activities include information and agricultural inputs (no food transfers)



Impact evaluation*

- Cluster randomized trial
- Study population= 1,199 households in catchment area of 60 community based ECD centers in southern Malawi
- Primary outcomes:
 - Household production and diversity
 - Preschooler enrollment and attendance
 - Dietary intake and minimum diet diversity
- Secondary outcomes:
 - Anthropometric measures
 - Child development scores
 - Women's asset ownership and time use



*Gelli, Aulo, Amy Margolies, Marco Santacroce, Natalie Roschnik, Aisha Twalibu, Mangani Katundu, Helen Moestue, Harold Alderman, and Marie Ruel. 2018. <u>"Using a Community-Based Early Childhood Development Center as a Platform to Promote Production and Consumption Diversity Increases Children's Dietary Intake and Reduces Stunting in Malawi: A Cluster-Randomized Trial.</u> The Journal of Nutrition Nutritional Epidemiology.



Study Objectives

Economic evaluation

Estimate intervention cost

- Cost-efficiency
- What is the cost-effectiveness of this intervention?
 - Cost outcome analysis
 - Cost effectiveness analysis
- Calculate return on investment for the intervention
 - Benefit-cost analysis



Methods

Costing – methodology

- SEEMS approach: top-down expenditure analysis and bottom-up microcosting approach
 - Retrofitted cost data to SEEMS framework and standard codes
 - Valued opportunity cost for government, volunteers and beneficiaries
 - Developed allocation rules for shared costs
 - Total costs and cost-efficiency

Total intervention cost divided by number of target population reached.

Methods

Economic Evaluation

- Cost-effectiveness analysis:
 - Premature deaths estimated using the Lives Saved Tool
 - Stunting cases averted
 - Disability-Adjusted Life Years (DALYs) averted estimated incorporating premature mortality and disability due to stunting
- Benefit-cost analysis:
 - Value benefit streams from mortality, lifetime productivity and agricultural production
 - Sensitivity analyses explored other Value of a Statistical Life (VSL) calculations and discount rates

Benefits



Benefits



Benefits



Costs

| Input | USD | % |
|---|--------------|------|
| Personnel (hired and volunteer) | \$71,967.88 | 39% |
| Equipment (capital goods, including vehicles) | \$1,301.31 | 1% |
| Supplies | \$30,618.89 | 16% |
| Agriculture supplies | \$3,585.16 | 2% |
| Fuel and maintenance | \$1,200.22 | 1% |
| Travel/per diem/allowances | \$44,356.00 | 24% |
| Mixed Inputs | \$32,903.80 | 18% |
| Overhead | \$898.19 | 0% |
| Total: | \$186,831.46 | 100% |



Cost-Efficiency

| Total Cost | Population | | Cost/reached |
|------------|----------------------|-------|----------------------|
| \$186,832 | Pre-School Children: | 1,017 | \$182 per child |
| | Beneficiaries: | 4,806 | \$39 per beneficiary |
| | Households: | 900 | \$206 per household |

Cost-Outcomes

| Cost | Beneficiaries | Effects | Ori | ginal | Stand | ardized | Cost-outcome |
|-----------|---------------|---|------|-------|-------|---------|-------------------|
| \$186,832 | 4,806 | Change in production diversity score | 0.71 | units | 0.52 | SD | \$75/SD increase |
| | | Change in production variety score | 2.14 | units | 0.51 | SD | \$76/SD increase |
| | | Change in diet adequacy (MPA) | 5 | p.p. | 0.34 | SD | \$114/SD increase |
| | | Change in individual dietary diversity score (IDDS) | 0.37 | units | 0.23 | SD | \$169/SD increase |
| | | Change in household dietary diversity score (HDDS) | 0.36 | units | 0.17 | SD | \$229/SD increase |
| | | | | | | | |

Cost-Effectiveness

| Cost | |
|--|-----------|
| NEEP-IE intervention cost (not NET) | \$186,832 |

| Outcomes | | |
|-----------------------------|-----|--|
| Stunting cases averted | 329 | |
| Deaths averted | 12 | |
| DALYs averted (standard LE) | 382 | |
| DALYS averted (Malawi LE) | 363 | |

| Incremental Cost Effectiveness Ratio (ICER) Estimates | |
|---|-----------------------------------|
| Stunting | \$569 \$/case of stunting averted |
| Death | \$15,569 \$/death averted |
| DALY (standard LE) | \$488 \$/DALY averted |
| DALY (Malawi LE) | \$514 \$/DALY averted |

Benefit Cost Analysis

| | Base | Low | High |
|-------------------------|-------------|-----------|-------------|
| Benefits | \$1,055,864 | \$529,775 | \$3,547,220 |
| Deaths Averted | \$345,009 | \$345,009 | \$2,342,400 |
| Lifetime Productivity | \$609,826 | \$121,435 | \$1,085,523 |
| Agricultural Production | \$101,028 | \$63,330 | \$119,297 |
| Costs | \$186,832 | | |
| • Program | \$147,917 | | |
| Community contribution | \$38,915 | | |
| Net benefits | \$869,033 | \$342,944 | \$3,360,388 |
| Benefit-cost ratio | 5.7 | 2.8 | 19.0 |

Sensitivity analyses:

• VSL calculation (US VSL extrapolation, age/life expectancy adjusted, US ratio, OECD ratio)

• Discount rate (3%, 5%, 12%)

Discussion

Comparisons to similar interventions

| Intervention | Country | Sectors | Benefit-Cost Ratio | Source |
|--|------------------------------------|-----------------------------------|--------------------|-----------------------|
| Essential nutrition-specific interventions | 17 countries | Nutrition, health | 18 (3.6 – 48) | Hoddinott et al 2013 |
| NEEP (Integrated nutrition/ECD) | Malawi | Nutrition, agriculture, education | 5.7 (2.8 – 19) | Gelli et al 2019 |
| Essential nutrition-specific interventions | Haiti | Nutrition, health | 5.2 (2 – 8.4) | Wong & Radin 2019 |
| School feeding | Nepal | Nutrition, education | 5.2 (3.1 – 8.6) | WFP & MasterCard 2018 |
| Rural sanitation project | India | WASH | 2.5 – 5 | Weiss et al 2018 |
| Community-led total sanitation | Hypothetical Sub-Saharan Africa | WASH | 1.6 (1.2 – 2) | Radin et al 2019 |
| Integrated nutrition and ECD | Nicaragua | Nutrition, education | 1.5 (1.3-2.3) | Lopez Boo et al 2014 |

Generating information on the costs-and expected impacts of scale-up of the ECD program in Malawi

Supporting scale-up of national ECD program

Aim of the modelling and costing work

- Use evidence generated from the NEEPIE research to support roll-out of the national ECD program, combining the planning data on roll-out of activities of the Government and partners across different areas of Malawi
 - Generate scenario-based data on the costs and benefits of the ECD program activities
 - Incrementally integrate the activities of development partners and civil society, over time and across the different areas of the country

Proposed activities

Scenario-based planning

- Use the ECD program planning data and evidence from the NEEP-IE and other relevant research, to model the budget, cost and impact of the different activities that are being rolled out by the Government and development partners
- Different activities would have different budgets, costs and impacts that we could model using scenarios
 - Base case scenario would be the plan as signed-off by Government
 - Scenario variations could include activities by development partners, or different levels of intensity in implementation, or simulating a "shock" e.g. flooding/drought

Proposed activities

Costing of scaled-up program

- Collect additional data to explore the economic cost of implementation at scale
 - NEEPIE cost data is from small-scale, NGO based implementation
 - Government roll-out will involve different cost structures, including economies of scale
- Activities will generate critical country level evidence on the costs for planning and scaling up nutrition sensitive programs
 - In addition it will contribute badly needed empirical evidence on the costs of working across sectors for SUN efforts for supporting financial projections for multisectoral approaches to improve nutrition and health outcomes

Develop scenario-based models

Example

- "Model CBCC" and "satellite CBCC" and link with care group activities with variations in timing and geography, where different activities have different costs and impacts
 - Component 1: Care group activities (e.g. activities involve behavior change on IYCF practices)
 - Component 2: Activities in model and satellite CBCCs (e.g. activities could involve caregiver training on ECD and meal preparation)



Satellite e.g. start in year 1, caregiver and care group training

Satellite e.g. start in year 2, caregiver and care group training

Model CBCC e.g start in year 1 e.g. infrastructure, caregiver and care group training

Proposed activities

Developing base case and updating cost analysis

- If Government and partners agree, we could start working on base case using detailed planning data on scale up
 - Government shares details of roll-out
 - Follow-up meetings to 1) understand rollout details with Government and 2) develop alternative scenarios and 3) prepare cost analysis (expenditure and activities mapping)
 - SEEMS team presents draft results between March-June
 - Cost data collection in June
 - Updated cost analysis by September

Any questions?

Thank you!

Questions?