



Myanmar Case Study

Psychosocial Support at Child-Friendly Spaces

Value for Money: Efficiency
January 2022

Summary

This case study summarises an analysis conducted by Save the Children, UK using the Dioptra tool to assess the cost-efficiency of Psychosocial Support in Myanmar. The analysis revealed that:

- **Psychosocial Support (PSS) in Myanmar cost between €14 to €54 per child reached. Delivering PSS through volunteers at mobile CFS is more cost-efficient than through fixed CFS, suggesting that it can be scaled up to address immediate needs.**
- **Leveraging on community volunteers and reutilising existing training materials may reduce costs and enhance efficiency.**
- **One-time infrastructure costs at fixed CFS are required to address children's multidimensional needs, but such costs are expected to decrease in subsequent years.**

Cost-efficiency estimates are cited for learning purposes only and should not be used as the sole basis for future budgeting or benchmarking. All cost-efficiency estimates include Direct Project Costs, Direct Shared Costs, and Indirect Costs. This analysis was made possible with support from the German Federal Foreign Office and UK Research and Innovation as part of the Global Challenges Research Fund, grant number ES/P010873/1.

Country	Myanmar
Sector	Child Protection
Analysis Goals	Performance Management, Evidence Generation

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Context

In 2020, increased internal hostilities and COVID-19 has exacerbated the humanitarian needs of Myanmar to one of the highest in North and Southeast Asia. A convergence of conflict, natural disaster and under-development has resulted in food insecurity and protracted displacement: around 235,000 people are internally displaced across Rakhine, Kachin, and Shan states, with many confined to camps or camp-like settings.¹

Overcrowding in camps increased primary protection concerns for unaccompanied and separated children (UASC), survivors of Gender-Based Violence (GBV), and children with other protection concerns. Girls and boys are subjected to psychological trauma due to interrelated reasons such as family separation, forced displacement, domestic violence, sexual abuse, physical abuse in the form of corporal punishment, underage recruitment into armed forces, early marriage, drug abuse and trafficking etc. Under the Myanmar Humanitarian Fund (MHF), an OCHA-managed country-based pooled fund, Save the Children provided psychosocial support (PSS) through Child-Friendly Spaces (CFSs) to conflict-affected children in displacement camps in Rakhine, Kachin and Shan (North) states to enhance the resilience of children who are vulnerable to various child protection risks. PSS included facilitated sessions, free play activities, and interaction amongst children.

In assessing the Value for Money (VfM) of child protection interventions, the cost-efficiency (i.e., cost per child reached) of psychosocial support (PSS) intervention was analysed, implemented under two separate projects. The resulting efficiency data was used to assess program performance, identify drivers of efficiency, and identify lessons to maximise reach and impact per euro spent.

1

<https://www.acaps.org/country/myanmar/crisis/country-level>

Analysis Approach and Methodology

In January 2022, Save the Children Myanmar Child Protection Team, supported by Save the Children UK, conducted a cost-efficiency analysis of child protection intervention in Myanmar using the Dioptra tool.

Data

The cost-efficiency analysis was conducted using the actual costs incurred and outputs achieved in projects implemented in 2019 and 2020 (see Table 1). For the psychosocial support intervention, the cost-efficiency metric is the **cost per child reached per year**, calculated by dividing the total cost incurred for psychosocial support by the number of children reached within one year of implementation.

The Dioptra Tool

Dioptra is a web-based cost analysis software that allows program staff in-country offices, who are most familiar with day-to-day program implementation, to rapidly estimate the cost-efficiency of their program activities, using existing financial and monitoring data. It guides users through a standardised costing methodology, ensuring that all analysis results are methodologically consistent and can be meaningfully compared across different contexts and organisations.

By using the Dioptra tool, rather than having to learn a complex costing methodology and assemble data manually in spreadsheets, staff can focus on providing crucial estimates of how different resources were used across activities within a program, which is not captured in any current data system. For more information, see www.diopttratool.org/how-does-diopttra-work.

Intervention	Location	Timeframe	Outputs achieved	Cost-efficiency result
Psychosocial Support via Fixed Child Friendly Spaces	Rakhine	September 2018 – September 2020	11661 children reached	€ 54 per child reached
Psychosocial Support via Mobile Child Friendly Spaces	Kachin & Shan (North)	February 2019- January 2020	9738 children reached	€ 14 per child reached

Table 1: Cost-efficiency analyses conducted and their results. The cost-efficiency results include Direct Project Costs, Direct Shared Costs, and Indirect Costs.

Results

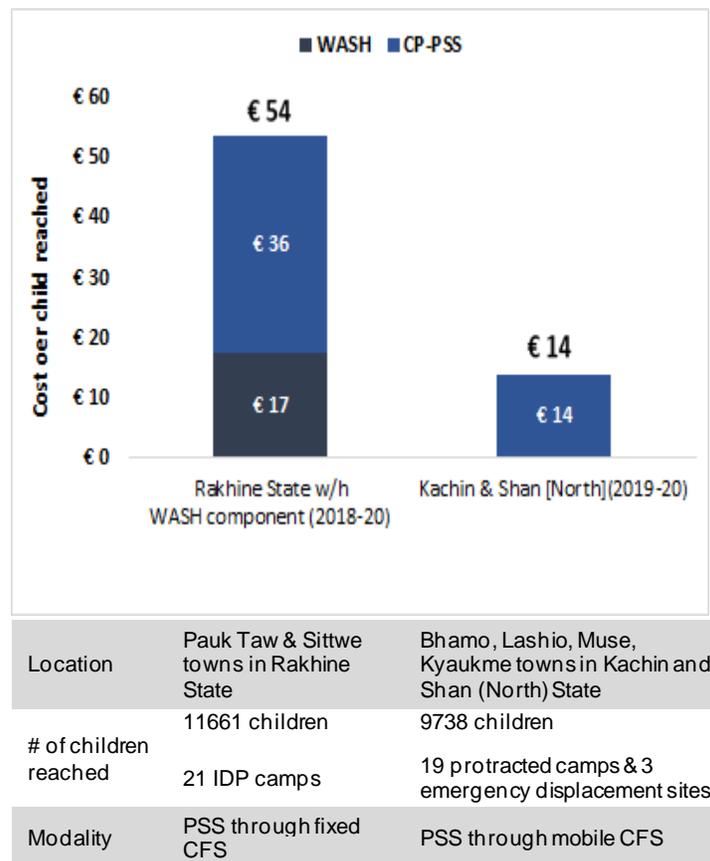
Psychosocial Support (PSS) in Myanmar cost between €14 to €54 per child reached. Delivering PSS through volunteers at mobile CFS is more cost-efficient than through fixed CFS, suggesting that it can be scaled up to address immediate needs.

Figure 1 shows the cost per child reached in Rakhine, Kachin & Shan (North) states. The cost per child reached in Rakhine was higher than in Kachin & Shan (North) mainly due to the implementation modality. In Rakhine, the PSS intervention was delivered through fixed Child-Friendly Spaces (CFS) by experienced Community Development Facilitators (CDFs); while in Kachin & Shan (North), the PSS activities were implemented through mobile CFS by community-based volunteers with limited child protection experience before project implementation and training. In Rakhine, the PSS activities at the fixed CFS were more comprehensive in terms of staff training and duration of activity modules as compared to PSS at the mobile CFS in Kachin & Shan (North).

Modality aside, there were no systematic differences in context that could explain the differences in cost-efficiency; it was actually more logistically challenging to implement PSS through mobile CFS in Kachin & Shan (North) even though the cost per child was lower, because staff needed to travel to hard-to-access camps and spend more time communicating and coordinating with other agencies in newly established Child Protection clusters.

Even though the fidelity of PSS activities through volunteers at mobile CFS may be lower than through CDFs at fixed CFS, the difference in impact is not expected to be as drastic as the difference in costs, suggesting that implementation through volunteers at mobile CFS

could be as cost-effective as through CDFs at fixed CFS. Future cost-effectiveness studies would be necessary to compare the impact of different implementation modalities on children’s resilience relative to costs. Despite the high burden of psychological distress among conflict-affected populations, only 0.3% of international development funding is catered for mental health and psychosocial support, and only 1% of the global health workforce are mental health workers.² This highlights the humanitarian imperative to scale up low-cost yet effective mobile PSS through non-professionals to address immediate needs while fixed centres with experienced professionals are being established.



² <https://globalhealth.inparliament.uk/news/new-report-new-directions-mental-health-workforce-globally>

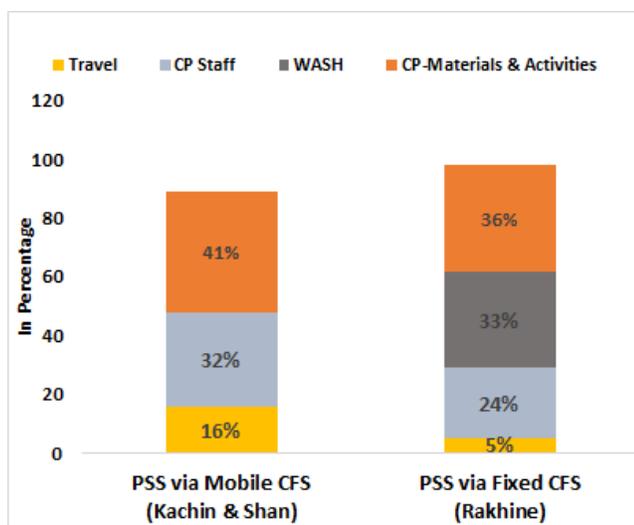


Figure 2: Cost category breakdown of psychosocial support for children for direct project cost only. So the total may not add up to 100 percent. See Table 1 for full details

Leveraging on community volunteers and reutilising existing training materials may reduce costs and enhance efficiency.

Figure 2 shows that the two largest cost categories in both projects were Materials and Activities (36 percent and above) and staff time (24 percent and above). In Rakhine, Community Development Facilitators (CDFs) at fixed CFSs facilitated 15 PSS sessions³ using existing modules that were adapted to the local context. Reutilising the PSS modules from another program improved both speed of delivery and efficiency, saving significant material development costs compared to if the modules had to be produced from scratch. 33 sites received CFS kits along with the structured PSS sessions.

In Kachin & Shan, community-based volunteers facilitated 5 structured play and discussion sessions at mobile CFS sites at displacement camps, equipped with 29 CFS kits. The volunteers were trained, supervised, and supported by Community Development Facilitators (CDFs).

³ 10 workshops with children, 4 meetings with caregivers, 1 final session with both children and caregivers.

Since the volunteers are residents of the camps, the training and knowledge that they received could remain within the communities beyond the project lifecycle, improving community ownership and long-term sustainability. This emphasis on volunteers and fewer CDFs for PSS at mobile CFS also reduced staff costs over time and it is one of the main factors why this modality was more cost-efficient compared to PSS at fixed CFS.

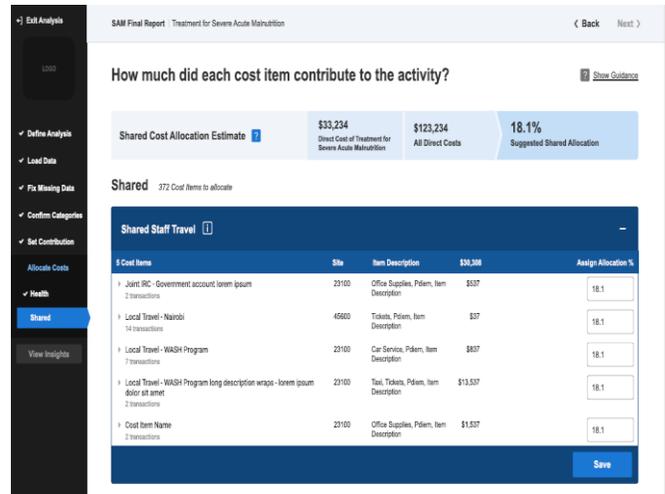
Both projects at Rakhine and Kachin & Shan (North) were already operating at a large scale, reaching more than 9,000 children each with PSS. Since staff time scales directly with the number of children reached, the cost per child would not fall very much if more children were reached, therefore efficiency is not expected to further increase with scale. Indeed, despite reaching more children in Rakhine than in Kachin & Shan (North), the cost per child reached in Rakhine was higher than in Kachin & Shan (North), suggesting that efficiency was driven by implementation modality and not operating scale. Strategies to improve investment margins by retaining trained staff and volunteers and adapting existing training materials and technical resources can ensure efficiency, underlining the benefits of continuous uninterrupted programming over a few years for VfM.

One-time infrastructure costs at fixed CFS are required to address children’s multidimensional needs, but such costs are expected to decrease in subsequent years.

In Rakhine, PSS at fixed CFS was integrated with construction and rehabilitation of latrines, hand pumps, and handwashing stations to address the critical water, sanitation and hygiene needs of children attending PSS sessions—these WASH-related costs amounted to 33 percent of the overall costs at fixed CFS (Figure 2). Moving forward, such one-time infrastructure costs are

no longer required, so the intervention costs at fixed CFS are expected to decrease in subsequent years. It is worth noting that even without the WASH-related costs, the cost per child for PSS at fixed CFS was still higher than PSS at mobile CFS (Figure 1), suggesting that WASH integration was not the main reason for the difference in cost-efficiency and therefore should not be the main cost factor when comparing between intervention modalities.

To enhance equity and inclusion, ramps and steps were provided at fixed CFSs in 21 locations to allow easier access for an additional 229 more children with disabilities. While in Kachin and Shan, PSS via mobile CFS allowed staff and volunteers to access non-government-controlled areas and reach more children who might be left out from fixed CFSs.



Dioptra is a web-based cost analysis software that enables staff at humanitarian and development organisations to rapidly estimate the cost-efficiency of their programs, using existing accounting and monitoring data. Having cost-efficiency data and comparative efficiency data from similar projects can help staff identify opportunities to reach more people and have greater impact with limited resources. Dioptra is distributed and managed by the Humanitarian & Development Cost Analysis Consortium, which includes Acción Contra el Hambre, CARE, Catholic Relief Services, Danish Refugee Council, International Rescue Committee, Mercy Corps, and Save the Children.

www.dioptratool.org

