

Laker Christine displays a SheCares Sayana Press kit at Awich Health Center

SheCares Uganda: Self-Managed Family Planning for Adolescents

A Cost-Efficiency Analysis

HIGHLIGHTS

Uganda hosts the world's third-largest refugee population, while managing displacement, epidemic outbreaks, and climate shocks. The national unmet need for family planning (FP) stands at 22%,[i] higher in refugee settlements. [1] [ii] In Bidibidi and Palabek, limited access to self-managed FP drives high unintended pregnancy and unmet need among displaced adolescent girls.

Self-managed FP can address these barriers by empowering clients and expanding reach,[iii] but decision makers need cost evidence in displacement settings.

In 2025, the IRC evaluated a self-managed FP program implemented with the Agency for Cooperation in Research and Development (ACORD) Uganda, and the Women and Rural Development Network (WORUDET), assessing feasibility, acceptability and cost-efficiency. The program expanded access to FP among adolescents and young women: over half of clients served were new FP users, and the proportion of new acceptors aged 18-24 increased during implementation.

Our cost-efficiency analysis suggests gains are possible through scale and that local partners support efficient community engagement. SheCares achieved US $14 per couple-year of protection (CYP) and US $43 per new FP user, closely matching IRC's WISH2ACTION program in the same two districts which reached US $13 per CYP and US $39 per new FP user at maturity.[iv]

Funders should support longer-term 12-month replication research to allow all program components mature. Implementers can gain efficiency by expanding facilities, integrating drug shops and village health teams (VHTs) early, and strengthening supply chains.

This assessment draws on a six-month pilot without a control arm. We recommend continued implementation, rigorous cost tracking, and replication in other displacement contexts before scale-up.

THE APPROACH: THE INTERVENTION AND WHAT IT AIMS TO DO

SheCares is a self-managed FP program that expands access to self-managed contraceptive methods for adolescent girls and young women in displacement settings and build a community of

[1] Unmet need for FP refers to fecund women who want to delay or stop childbearing but are not using contraception. UBOS and ICF, Uganda Demographic and Health Survey 2022.

self-care promoters. SheCares introduced a multi-channel model: targeted adolescent outreach, FP eligibility screening via an illustrated card, and method distribution through 18 health facilities and four community actors: village health teams (VHTs), peer mothers, youth champions, and private drug shop owners.

The IRC and partners implemented the program in Bidibidi and Palabek refugee settlements in northern Uganda, where over 300,000 predominantly South Sudanese refugees reside. Adolescent girls in these settlements face compounded barriers of stigma, distance, provider bias, and limited autonomy.[v] The program served girls and young women aged 15 to 24, both refugees and host-community members, and featured FP counseling and eligibility screening, self-injection training for DMPA-SC (Sayana Press),[2] and community mobilization.

The IRC and partners conducted a mixed methods evaluation of implementation fidelity, feasibility, acceptability, and cost-efficiency, before, during, and after implementation.

This pilot benefited from community trust built through prior WISH2ACTION program investment. However, the compressed timeline limited some components, particularly the multi-channel dispensing model involving drug shops, from reaching full operational maturity. The reported unit costs therefore reflect an established implementation context and the constraints of an early-stage pilot.

COST-EFFICIENCY ANALYSIS: PROCESS

We conducted a cost-efficiency analysis from an implementer's perspective.[vi] This included the IRC and partner costs to identify opportunities for cost savings, assessing total costs during the implementation period. Start-up costs covered FP and self-care training workshops for midwives, VHTs, and drug shop owners. Fixed costs covered program management, staffing, and supportive supervision. Variable costs covered FP commodity procurement and distribution (DMPA-SC/Sayana Press, oral contraceptives, emergency contraception, condoms, implants, and Intrauterine Devices-IUDs), outreach activities, eligibility card printing, and community mobilization. These breakdowns help practitioners understand how to achieve cost savings, how costs vary by context, and how they diminish as programs amortize start-up investments over time.

COST-EFFECTIVENESS VS. COST- EFFICIENCY: WHAT'S THE DIFFERENCE?

A **cost-effectiveness** analysis evaluates a program's costs and its *outcome* effects (e.g., reduction in mortality, improvement in child literacy). We conduct cost-effectiveness analyses alongside impact evaluations to help us decide *which* programs to implement.

A cost-efficiency analysis evaluates a program's cost and its *output* effects (e.g., number of children immunized, number of teachers trained). Cost-efficiency analyses help us scale by providing evidence on *how* to best implement a program.

COST DATA

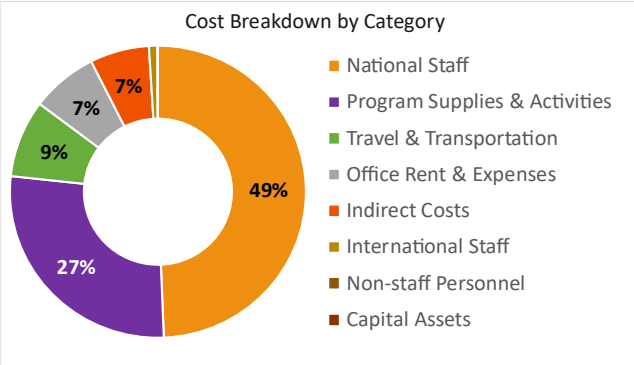
The SheCares program cost US $14 per CYP and US $43 per new FP user reaching 7,398 new FP users and delivering 23,744 CYPs across the pilot period. These costs include a one-time investment in training and program setup that will not recur in a steady state.

Figure 1 breaks costs down by category to show where the program can achieve cost gains. Commodities and outreach activities were the primary variable cost drivers, while staffing and program management made up ongoing fixed costs. One reason for favorable cost-efficiency was the locally led delivery model. By leveraging partners' existing community networks and minimizing international staffing requirements, the program reduced centralized management costs and delivery overhead. It is also important to consider the role of long-acting reversible contraceptives (LARCs) including implants and IUDs that were part of the method mix throughout the pilot. LARCs generate significantly more CYPs per client than short-acting methods. As self-managed short-acting methods such as DMPA-SC grow as a share of the method mix, cost per CYP may rise, an expected trade-off that reflects broader access, particularly to adolescents and young women who would not otherwise reach facility-based services. Over half of clients during the pilot were new FP users, and the share of new acceptors who were adolescents increased during implementation. Cost per CYP is therefore an incomplete measure of program value on its own; tracking the proportion of new and first-time users

[2] DMPA-SC (Depot Medroxyprogesterone Acetate Subcutaneous) is a self-injectable contraceptive, marketed as Sayana Press, that is central to the She Cares program because it enables self-managed family planning without clinic visits.

alongside it gives a fuller picture of equitable reach.

Figure 1: Costs by Category



COST-EFFICIENCY ANALYSIS: RESULTS

SheCares achieved US $14 per CYP and US $43 per new FP user. These results are comparable to those of WISH2ACTION, the large-scale FP program that preceded SheCares in the same refugee settlements. WISH2ACTION achieved a cost-efficiency of US $13 per CYP and US $39 per new FP user only by years three through five, after scaling from 28 to over 90 facilities.[vii]

Personnel costs represented the largest share of expenditure, followed by program delivery activities including self-care training, capacity building and supportive supervision.

Because national staff costs are largely fixed, the clearest levers for further efficiency are expanding the number of facilities and settlements and sustaining longer implementation windows to dilute start-up and fixed costs. Strengthening supply chain reliability is also an efficiency lever since commodity stock-outs caused a temporary dip in service delivery during this pilot.

CONCLUSION

Our findings are among the first cost-efficiency evidence from an adolescent self-managed family planning pilot in a humanitarian displacement setting. The findings are consistent with broader IRC portfolio evidence on cost-efficiency in FP programs. Funders should support longer-term 12-month replication research, as a compressed implementation does not provide sufficient time for all program components to mature to evaluate their full potential. To strengthen future investment decisions, funders should also support rigorous cost tracking by delivery channels to identify the most efficient pathway for scale. Implementers should expand participating facilities and settlements, as well as engage drug shop owners and VHTs from program inception to allow all delivery channels sufficient time to become fully operational. Future implementations should track both cost per CYP and cost per new FP user among adolescents to capture efficiency and equity of access alongside costs by delivery channel to assess their relative cost-efficiency and inform scale-up decisions.

ABOUT THIS BRIEF

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For more information, please visit www.rescue.org/cost-analysis or contact us: CostAnalysis@rescue.org

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END NOTES

[i] Uganda Bureau of Statistics (UBOS) and ICF. *Uganda Demographic and Health Survey 2022.* Kampala, Uganda and Rockville, Maryland, USA: UBOS and ICF, 2023. https://www.ubos.org/wp-content/uploads/publications/UDHS-2022-Report.pdf

[ii] Bukuluki, P.M.W., Kisaakye, P., Wandiembe, S.P., Kiwujja, V., Kajungu, C., Mugwanya, W., Nabakooza, S., Anyii, C., & Kaikai, F. "Utilization of sexual and reproductive health services among young people in refugee settings in Uganda." *Frontiers in Reproductive Health* 5 (2023): 1077761. https://doi.org/10.3389/frph.2023.1077761

[iii] Dawson, A., Tappis, H., & Tran, N. T. "Self-care interventions for sexual and reproductive health in humanitarian and fragile settings: A scoping review." *BMC Health Services Research* 22 (2022): 604. https://doi.org/10.1186/s12913-022-07916-4

[iv] International Rescue Committee. Dioptra Consortium Contraception Dataset (External), January 2026. https://docs.google.com/spreadsheets/d/1IESydYDxVlmd2eFCpfx71i0KAeJJkuJ1NRL7pbD1GxM/edit?gid=218175770#gid=218175770

[v] Uganda Government, Office of the Prime Minister (OPM) and UNHCR. *Uganda – Refugee Statistics December 2025: Settlement Profiles.* January 2026. https://data.unhcr.org/en/documents/details/120453

[vi] Cochran-George, Mikaela and Kristen Schubert. 2025. "Cost Analysis Methods at the International Rescue Committee". International Rescue Committee: Airbel Impact Lab. https://www.rescue.org/report/cost-analysis-methodology-irc

[vii] International Rescue Committee. Dioptra Consortium Contraception Dataset (External), January 2026. https://docs.google.com/spreadsheets/d/1IESydYDxVlmd2eFCpfx71i0KAeJJkuJ1NRL7pbD1GxM/edit?gid=218175770#gid=218175770