

Costing Guide and Tool for NFM 4 Community Interventions

Webinar – 16 Dec 2022



Francophone Africa
(RAME)



Latin America
and the Caribbean
(Via Libre)

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Rationale

During C19RM in 2021 civil society and communities requested TA for costing of community priorities

Only 16% of surveyed respondents indicated having been involved in costing and budgeting



Rationale (2)

Even when involved, they faced significant challenges including:

- Accounting (unit costing or activity-based costing)*
- Difficult negotiations due to inability to justify activities and costs*
- Limited engagement by implementing communities during grant making*
- Inadequate engagement between lead CSOs and grassroots entities*
- Inadequate information on implementation; overreliance on historical assumptions*
- Inadequate coordination between with PRs and CSO SRs and grassroots organisations*

Rationale (3)

In response, Global Fund CRG commissioned the development of a costing tool and corresponding guide to:

- *Improve retention of community activities during funding requests and grant-making*
- *Support community engagement throughout funding request: planning, prioritization, budgeting, review, and negotiation*
- *Support tracking of community interventions, as recommended in the 2020 Global Fund Strategic Review*

Design

Target users

- Costing consultants, community groups and civil society during country dialogue; group leads during grant negotiation

Community-friendly

- Complements other tools (prioritization, unit costing, GF budget)
- Gives examples on how interventions and activities can be costed

Practical costing approaches and options

- Draws from existing costing info within the country or from neighboring countries (adjusted to country context)
- If no existing costing info, communities may use the unit costing templates in this tool to estimate costs

Assumptions



Costing assumes that prioritization of community interventions has happened

Prioritization Context - Know your epidemic, Know your response

Prioritization Principles : Accessible, acceptable and affordable treatment and prevention services and technologies; community advocacy beyond community interventions such as rights to services



Recognizes community prioritization stages

Community interventions not yet identified

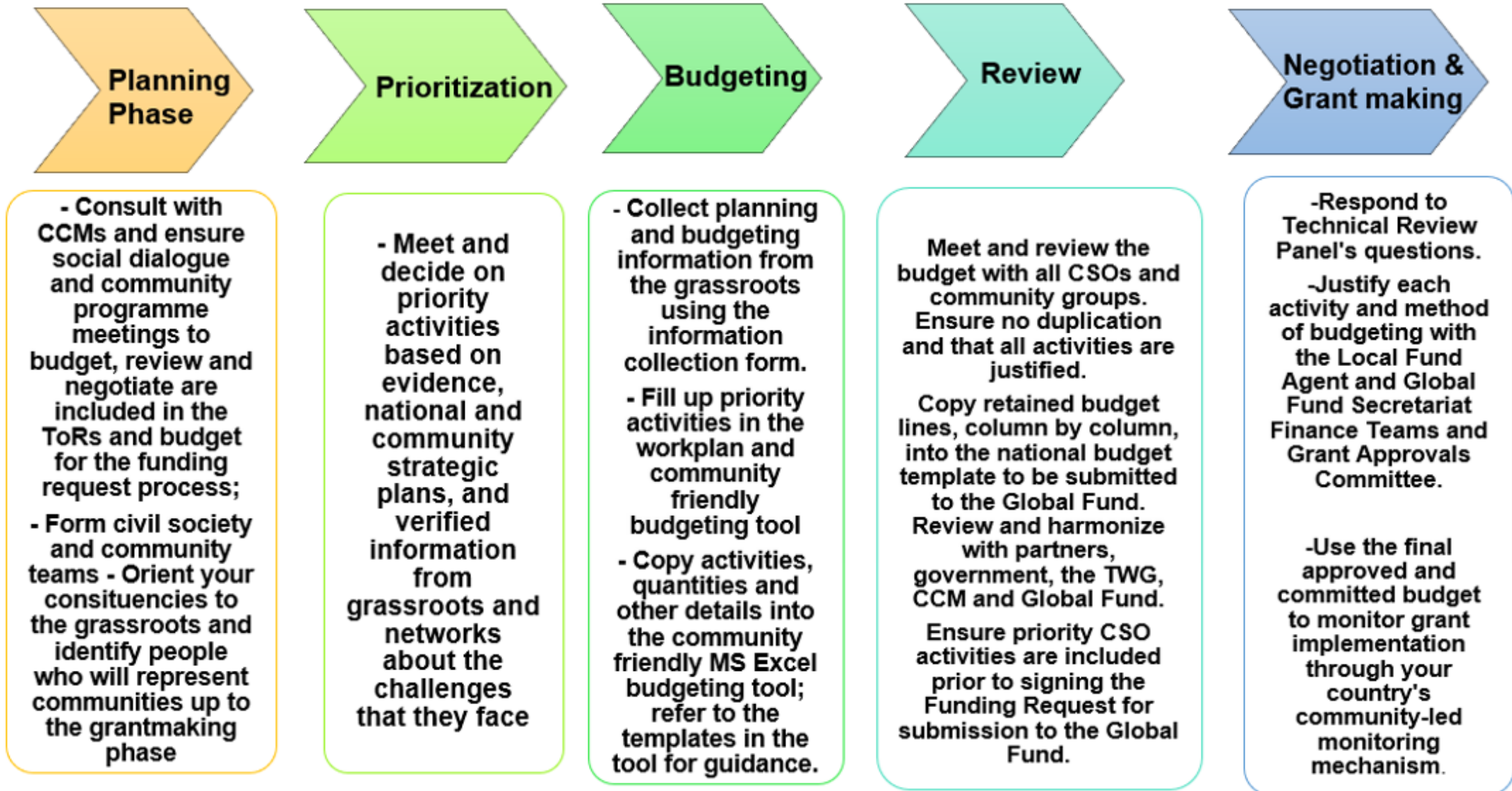
Community interventions identified but NOT prioritized

Community interventions identified AND prioritized

Under what scenarios can you use the tool?

Funding Request Development Phases	Community Interventions Prioritization Stages		
	1. Community interventions not identified	2. Community interventions identified but not prioritized	3. Community interventions identified and prioritized
Planning	✓		
Prioritization	✓	✓	
Development	✓	✓	✓
Review	✓	✓	✓
Negotiation	✓	✓	✓

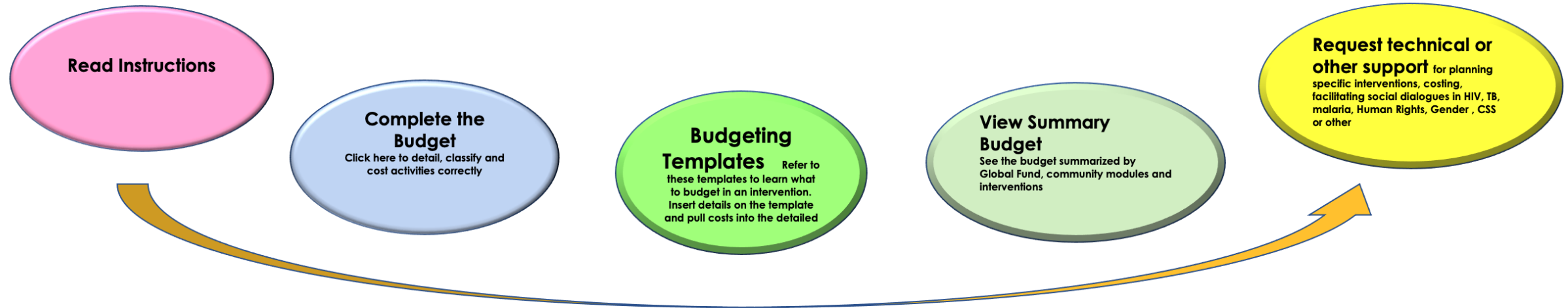
Phases for integrating community costing



Costing Tool:

Practical walkthrough

NFM 4 Community Priorities Budgeting Tool



Walkthrough

- Main tabs: Instructions, Budget, Templates and Summaries
- Budget aligned to GF NFM 4 Detailed Budget and Modules
- Constituencies discuss budget together /separately, then consolidate
- Easy to copy and paste into FR detailed budget and keep activities
- Budget tab collects all information required by stakeholders
- Automated summaries by module, interventions, communities

Steps: Completing and using the tool

Plan

1. **Dialogue:** Meet as civil society constituencies or communities
2. **Analyze:** Identify opportunities, gaps, barriers and challenges
3. **Prioritize** activities and agree on which to implement

Fill

4. **Activity:** State in detail what will be done and by whom
5. **Assumptions:** Say how the activities will be implemented
6. **Quantities:** State how much will be implemented every three months
7. **Unit cost:** Find out or calculate the price of one unit of the activity and insert
8. Refer to costing template for guidance. Not all activities are necessary
9. **Justification:** State why the activity is important (justification)

Refer

10. Use budget to **review and negotiate** with stakeholders and Global Fund
11. **Share** final approved budget widely and use it to monitor implementation

Budget Tab

Activity Description	Assumptions - Explain what you are costing	Proposed Implementer	Geography / Location	Estimated unit cost (Local Currency)	Q1 Quantity	Q2 Quantity	Q3 Quantity	Q4 Quantity	Year Total	Justification
Support policy revision to allow easier access to HIV, TB, and malaria services, including:	Nine participants for a 2 days meeting for HIV ,TB & malaria policy revision three representatives from each geographical location (3 Puntland, 3 Somaliland, and 3 south central) in Somalia meeting annually during the first quarter of the financial year		National	3.00	2	3	3	3	33.00	
Conduct domestic resource mobilization			Garowe/ Hargeisa/Mogadisho	4.00	5	4	6	7	88.00	

Useful for planning and budgeting

Useful for review and negotiation

Useful for implementation

Value added: responds to changing epidemic and community needs; retains communities' priorities esp. new activities; no duplication e.g., Adherence support in Somalia

Ensures high quality costing information required by stakeholders, GF, LFA, TRP and GAC upfront; maximizes community interventions budget

Questions need and efficiency of activity right from the grassroots; explains exactly how community implements; use it to assign quarterly targets (PF)

Detailed costing examples for reference – by interventions

Back to
detailed Budget

CSS

- Community Led Monitoring
- Capacity Building
- Community engagement and linkages
- Advocacy and Research
- Domestic Resource Mobilization advocacy
- Social Contracting

HIV

Community empowerment: MSM, OVP, SW, PUD, AGYW and male
Removing human rights-related barriers to prevention, treatment, MSM, OVP, SW, PUD, AGYW and males

TB

Community-based TB/DR-TB care
TB/HIV - Community care delivery
Removing HR, Gender- related Barriers to TB Services
Reducing TB-related gender discrimination, harmful gender norms & violence
Monitoring TB-related violations against women and young people.
Community mobilization, advocacy, support to TB survivor-led groups

MALARIA

- Removing Human Rights and gender barriers
- Community based vector control
- Case Management at community
- Specific prevention interventions at community

4 in-country refresher trainings / quarterly meetings	Cost	# of times	# countries							\$ 6,300.00
One-day refresher training / quarterly meetings to review work plans, address challenges, etc.	\$ 700.00	4	1	1	\$ 2,800.00	\$ 700.00	\$ 2,800.00	\$ 2,800.00		
Regional Coordination Team	Monthly Salary/Stip.	# staff	# countries	# of times						\$ 86,400.00
One Regional Coordinator	\$ 900.00	1	1	12	\$ 10,800.00	\$ 10,800.00	\$ 10,800.00	\$ 10,800.00		\$ 32,400.00
One Regional Data Analyst (M&E Expert)	\$ 900.00	1	1	12	\$ 10,800.00	\$ 10,800.00	\$ 10,800.00	\$ 10,800.00		\$ 32,400.00
Data expert consultant to support data quality review and analyze	\$ 1,200.00	1	1	6	\$ 7,200.00	\$ 7,200.00	\$ 7,200.00	\$ 7,200.00		\$ 21,600.00
					\$ -	\$ -	\$ -	\$ -		\$ -
In-country teams										\$ 80,000.00
4 Data Managers	\$ 700.00	1	1	12	\$ 8,400.00	\$ 25,200.00	\$ 8,400.00	\$ 8,400.00		\$ 42,000.00
20 Data Collectors (stipend \$ x # of data collectors x # of countries x # times data is collected)	\$ 700.00	5	1	4	\$ 14,000.00	\$ 7,000.00	\$ 14,000.00	\$ 14,000.00		\$ 35,000.00
4 Administrative Assistant	\$ 100.00	1	1	12	\$ 1,200.00	\$ 600.00	\$ 1,200.00	\$ 1,200.00		\$ 3,000.00
Equipment	Cost	# of items	# of countries							\$ 9,840.00
Tablets to collect data	\$ 400.00	5	1	1	\$ 2,000.00	\$ 2,000.00	\$ -	\$ -		\$ 2,000.00
Computer to input and host data, report writing (4 in-country, 1 regional)	\$ 1,000.00	1	4	1	\$ 4,000.00	\$ 4,000.00	\$ -	\$ -		\$ 4,000.00
Data software	\$ 3,000.00	1	1	1	\$ 3,000.00	\$ 3,000.00	\$ -	\$ -		\$ 3,000.00
Transcription software/services (average: \$1 per minute x 5 GF x 90 min each x 4 times x 5 countries = 20 times)	\$ 1.00	90	1	4	\$ 360.00	\$ 120.00	\$ 360.00	\$ 360.00		\$ 840.00
Travel	Cost per travel	# of people	# of travel						SSAAAAAA	\$ 3,000.00

Menu

Instructions

Detailed Budget

Templates for Community Modules

Summary Budget (by Module)

Summary Budget (by Intervention)

Summary (by Constituency)

Guide- Modules & Interventions



Summaries: By Module, Intervention, Constituency

BUDGET SUMMARY - BY INTERVENTION																	
Do not fill this page; it automatically calculates totals of each intervention from your detailed budget																	
SUMMARY BY GLOBAL FUND INTERVENTIONS		Constituency	ALL														
		Currency	USD														
		Year 1					Year 2					Year 3					
		Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	SUM- 3 YEARS
COMMUNITY SYSTEMS																	
Community-led monitoring	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Community-led research and advocacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Capacity building and leadership development	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Community engagement, linkages and coordination	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Community-led advocacy and monitoring of domestic resource mobilization	0	0	0	0	88	0	0	0	0	150	0	0	0	0	6	244	
Social contracting	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Grant Management	0	0	0	0	33	0	0	0	0	33	0	0	0	0	3	69	
HIV																	
Community empowerment for MSM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Removing human rights-related barriers to prevention for MSM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
HIV prevention communication, information																	
		Menu		Instructions		Detailed Budget		Templates for Community Modules		Summary Budget (by Module)		Summary Budget (by Intervntion)		Summary (by Constituency)			

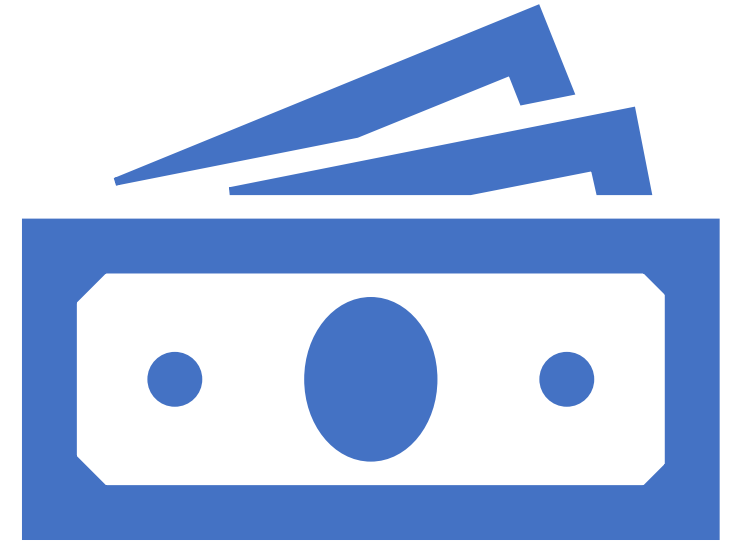
COMMUNITY/ GRASSROOTS BUDGET INFORMATION COLLECTION SHEET

Activity Description	Assumptions - Explain what you are costing	Geography / Location	Quantity year 1	Quantity year 2	Quantity year 3	Justification/ Comments
Provide as much detail as you can, to help the person who will put together the budget understand exactly what you need to implement	For example, how many people? meetings, sites, hotspots, people per meeting, how many times activity will be done, and when	Will the activity be implemented nationally or in a certain area? Which area?	How many times per year will this activity be implemented?			How will the activity contribute to improved results including population coverage and impact? Which objectives/ sub- objectives of the NSP does this activity contribute to? Is it being implemented in the most affordable and quality manner? Does it extend services to those who did not have? Why is this activity a priority?

COMMUNITY/ GRASSROOTS BUDGET INFORMATION COLLECTION SHEET - Examples

	Activity Description	Assumptions - Explain what you are costing	Geography / Location	Quantity year 1	Quantity year 2	Quantity year 3	Justification/ Comments
Example 1	Facilitate refreshments during 20 half day village/ community level meetings between 25 members of selected communities per quarter to discuss and validate findings from data collection prior to sharing with coordinators for onward advocacy with our NGO, health clinic and government representative	25 village / community members meet for half a day every quarter, in each of the 20 communities. Each receives a drink / lunch allowance (\$5) and a transport refund for local transport (\$2) to and from their home to the meeting place. We will meet at the local social hall and pay \$20 cleaning fees, under trees. Those near town will hire halls for \$100 for that day	Mbale rural municipality	150 village/ community meetings every three months	20 village/ community meetings every three months	20 village/ meetings every three months	Community validation meetings will be critical because they will generate credible data to monitor, report and advocate with service providers on cases of SGBV, rights violations, stigma, and discrimination as well as access to Covid-19, HIV, TB, and malaria services. Reduction of these barriers will improve population coverage and the likelihood of programme impact. Issues will be based on the provided community-led monitoring guidelines. And it contributes to NSP objective xxx sub-objective xxx.
Example 2	Support quarterly data collection on agreed CLM indicators at community level through 5 registrars /data clerks and 10 enumerators per region in sampled districts over 2 days per quarter - selected indicators on access, quality, availability, rights, policies to be agreed by coordinators, through the 9-person team selected to represent the 3 regions. The same 9-person team will select 3 among them to advocate with government on findings, following a presentation and discussion at community level	5 registrars /data clerks and 10 enumerators per region in sampled districts receive transport, (\$25 per day) accommodation (\$60 per day), and communication costs (\$5) for 2 days per quarter	Lad Prabang District	3 data collection visits per year	4 data collection visits per year	4 data collection visits per year	Data collected each quarter will assist the programs find out why some people are not accessing services, where the quality is not good enough, where patient rights are not being respected to enable us improve services and increase the community's confidence to access the services. And it contributes to NSP objective xxx sub-objective xxx.

Costing Guide



How to use the costing guide

Costing guide accompanies the costing tool

While using the tool, it is important for communities to :

Understand the context (Know your epidemic, Know your response)

Prioritise interventions that are accessible, acceptable, and affordable

Highest priorities should be included in the “Funding Priorities of Civil Society and Communities Most Affected by HIV, Tuberculosis and Malaria” template (Annex 6)

Use the guide and costing tool to complement existing tools including prioritizations, intervention cost calculations, GF detailed budget, Performance Framework, during grant negotiations ... when else?

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