

Costing Community Malaria Interventions under GC7

Delivered to Impact Sante and Partners

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1. Background

Rationale

During NFM 3 and 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, communities faced significant challenges including the below, which led to under funding and serious gaps:

- 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 costing tool and corresponding guide and selected Uganda as the first country 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*



2. Prioritization and costing process

Criteria used to prioritize civil society activities

- **Whether the activity will contribute to improved results including impact (reduced mortality and morbidity) and expanded population coverage**
- **Whether activity contributes to NSP objectives?**

Vector Control - Removing Human Rights and Gender- related Barriers to Vector Control Programs

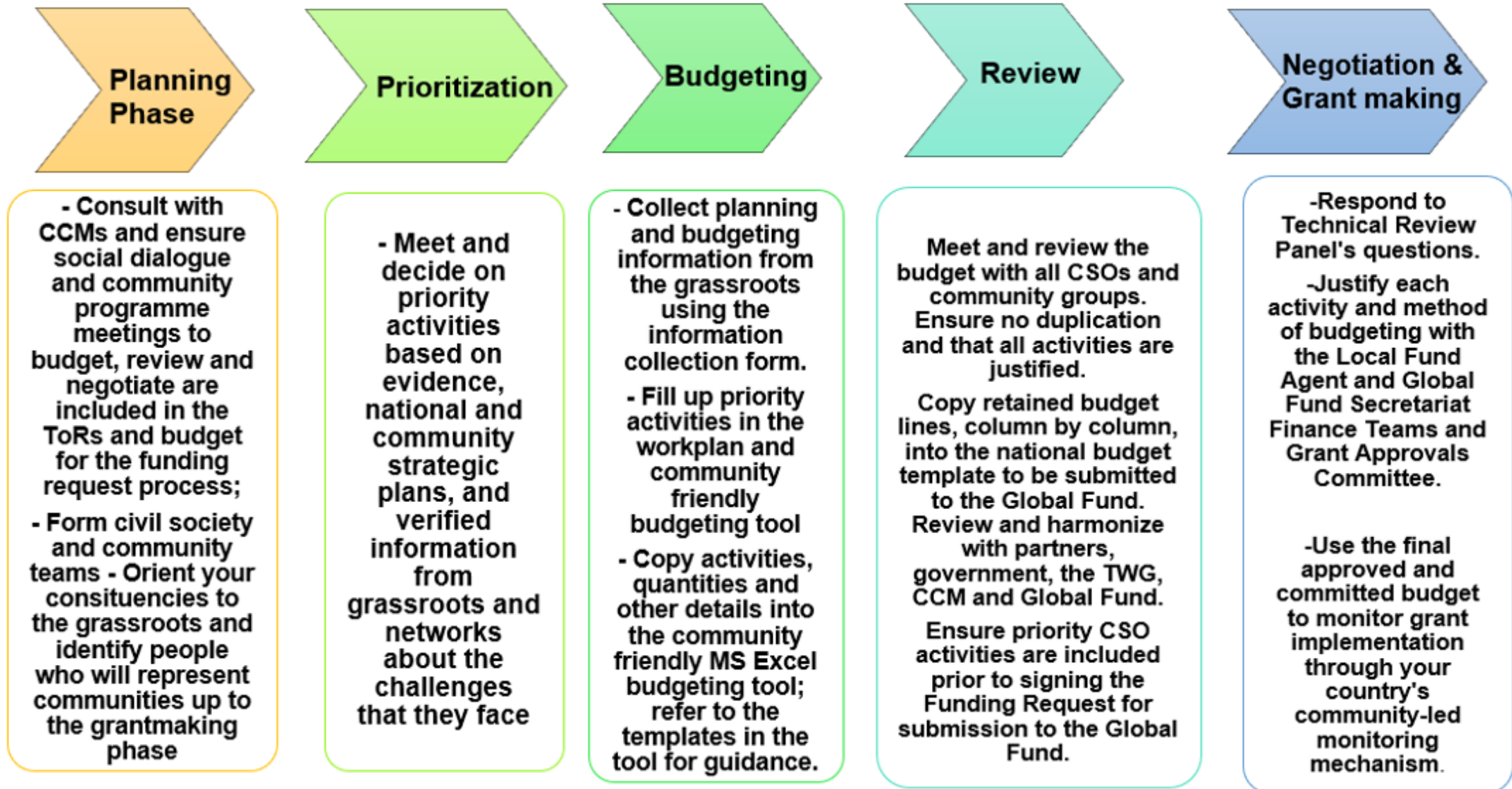
Case Management - Removing human rights and gender- related barriers to case management

Specific Prevention Interventions (SPI)-Removing human rights and gender- related barriers to specific prevention interventions

Community Systems Strengthening - CLM

- **Whether activity is being implemented in the most affordable and quality manner (Value for money)**
- **Whether activity or its innovation is prioritized in the Global Fund GC7/ NFM 4 modular framework**
- **Does it extend remove barriers and improve rights to extend services to those who did not have?**
- **Is it adequately justified?**
- **Is it correctly costed?**

Phases for integrating community costing



Summary of the Funding Request Phases Relevant to the Costing Process

1. Planning

Consultations with CCMs, TWGs and (TORs), Formation of Civil Society Teams; Resource Mobilization for Dialogue

Affirmation of Civil Society inclusion; finalized

Orientation of Communities, Key & Vulnerable Populations Data Collection; Gap Analysis

Were these done or planned? When?

2. Prioritization 3. Development

Dialogue on Interventions and Activities

Workplanning and shadow Budgeting on Community friendly Budgeting Tool

Civil Society Review and justification of all costs; justification at TWG and CCM level

Were these done or planned? When?

4. Review 5. Negotiation

Review of the entire Grant Budget for Synergies and Redundancies

Selection of Civil Society Negotiation Team

Justification and Negotiations with the Global Fund and Local Fund Agent (LFA)

Were these done or planned? When?



3. Applying the GC7 Community Costing Tool

COMMUNITY INTERVENTIONS IN THE GC7 FUNDING REQUESTS:

MALARIA

NO.	MODULE	INTERVENTION	COST
1.	Vector Control	Removing Human Rights and Gender- related Barriers to Vector Control Programs	
2.	Case Management	Removing human rights and gender- related barriers to case management	
3.	Specific Prevention Interventions (SPI)	Removing human rights and gender- related barriers to specific prevention interventions	
4.	RSSH: COMMUNITY SYSTEMS STRENGTHENING	CLM, Advocacy and Research, Capacity Building, Linkages	

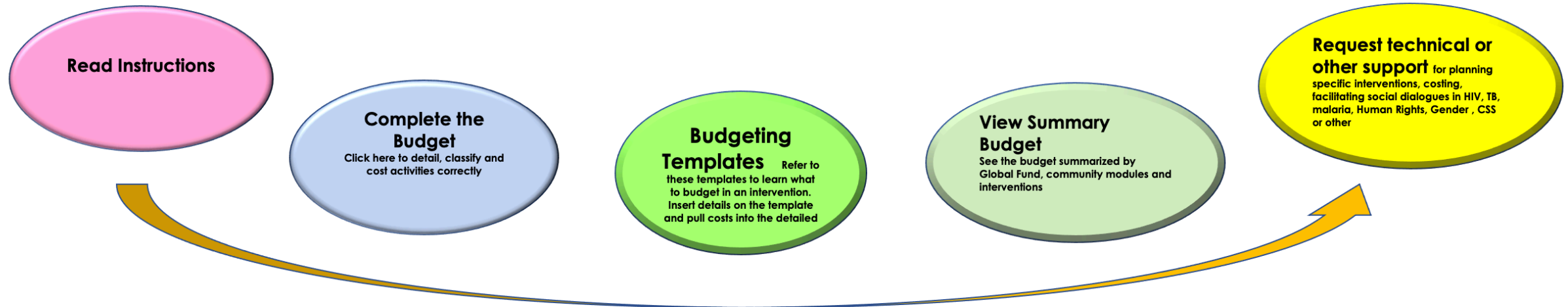
SUMMARY TAB BY CONSTITUENCY	COST
<u>Malaria:</u>	
Pregnant Women & Children Under 5 years (Maternal Health & Childhood Malaria Interventions)	
Youth/ Young Persons	
Refugees and Migrants in refugee settlement camps.	
Other key populations, depending on country context	

MODULES PALUDISME	Intervention	Portée et description de l'ensemble d'interventions - Liste illustrative des activités
Lutte antivectorielle	Élimination des obstacles liés aux droits humains et au genre qui entravent l'accès aux programmes de lutte antivectorielle	<p>Activités apportant une réponse aux potentiels obstacles relatifs au genre, aux droits humains et autres obstacles à l'équité qui entravent l'accès à toutes les interventions de lutte antivectorielle. Par exemple :</p> <ul style="list-style-type: none"> • Suivi communautaire et suivi dirigé par la communauté de l'accès à la lutte antivectorielle. • Activités destinées à favoriser une participation significative des populations touchées et des efforts spécifiques pour prendre contact avec les populations mal desservies dans les instances de coordination nationales (ICN), afin de planifier et mettre en œuvre des interventions de lutte antivectorielle et d'évaluer et apporter des réponses aux obstacles. • Soutien au renforcement des capacités institutionnelles des organisations de la société civile (OSC) de lutte contre le paludisme, mobilisation sociale, sensibilisation et recherche communautaires et dirigés par la communauté, et services de lutte antivectorielle communautaires. <p>→ Les évaluations qualitatives et les études sur les groupes à risque/mal desservis et les obstacles à l'accès aux interventions spécifiques au paludisme doivent être incluses dans le module intitulé « SSRP – Suivi et évaluation » et l'intervention intitulée « Analyse, évaluations, examens et utilisation des données ».</p> <p>→ Les activités visant à éliminer tout obstacle et inégalité particuliers liés à des interventions spécifiques de lutte antivectorielle doivent être incluses dans ces interventions.</p>

MODULES PALUDISME	Intervention	Portée et description de l'ensemble d'interventions - Liste illustrative des activités
Gestion de cas	Éliminer les obstacles liés aux droits humains et au genre qui entravent l'accès aux services de gestion de cas	<p>Activités visant à évaluer et lever les obstacles liés au genre, d'ordre socioéconomique ou culturel, liés aux droits humains et autres obstacles à l'équité qui entravent la prise en charge du paludisme. Par exemple :</p> <ul style="list-style-type: none"> • Suivi de la prise en charge des cas basé dans la communauté et dirigé par la communauté. • Activités destinées à favoriser une participation significative des populations touchées et des efforts spécifiques pour l'engagement des populations mal desservies dans les instances de coordination nationales, pour planifier et mettre en œuvre des interventions sur la prise en charge des cas et pour évaluer et éliminer les obstacles. • Soutien au renforcement des capacités institutionnelles des organisations de la société civile de lutte contre le paludisme, mobilisation sociale, sensibilisation dirigée par la communauté et recherche, et services de prise en charge des cas basés dans la communauté et dirigés par la communauté. <p>→ Les évaluations qualitatives et les études sur les groupes à risque/mal desservis et les obstacles empêchant l'accès aux interventions spécifiques au paludisme doivent être incluses dans le module intitulé « SSRP – Suivi et évaluation » et l'intervention intitulée « Analyse, évaluations, revues et utilisation des données ».</p> <p>→ Les activités visant à éliminer tout obstacle et inégalité particuliers liés à des interventions spécifiques de prise en charge des cas doivent être incluses dans ces interventions.</p>

MODULES PALUDISME	Intervention	Portée et description de l'ensemble d'interventions - Liste illustrative des activités
Intervention s de prévention spécifiques	Élimination des obstacles liés aux droits humains et au genre qui entravent l'accès à des interventions de prévention spécifiques	<p>Activités visant à évaluer et à éliminer les obstacles potentiels liés au genre, d'ordre socioéconomique ou culturel, liés aux droits humains et autres obstacles à l'équité qui empêchent de bénéficier d'interventions spécifiques de prévention du paludisme. Par exemple :</p> <ul style="list-style-type: none"> • Assistance technique et planification pour un accès équitable à des interventions spécifiques de prévention du paludisme, d'après des évaluations qualitatives et des données quantitatives sur les groupes à risque/mal desservis et les obstacles à leur accès. • Suivi des interventions de prévention basé dans la communauté et dirigé par la communauté <p>Activités destinées à favoriser une participation significative des populations touchées et des efforts spécifiques pour l'engagement des populations mal desservies dans les instances de coordination nationales, pour planifier et mettre en œuvre des interventions sur la prise en charge des cas et pour évaluer et éliminer les obstacles.</p> <ul style="list-style-type: none"> • Soutien au renforcement des capacités institutionnelles des organisations de la société civile de lutte contre le paludisme, mobilisation sociale, sensibilisation dirigée par la communauté et recherche, et interventions spécifiques que prévention basées dans la communauté et dirigées par la communauté. <p>→ Les évaluations qualitatives et les études sur les groupes à risque/mal desservis et les obstacles empêchant l'accès aux interventions spécifiques au paludisme doivent être incluses dans le module intitulé « Suivi et évaluation » et l'intervention intitulée « Analyse, évaluations, examens et utilisation des données ».</p> <p>→ Les activités visant à éliminer tout obstacle et inégalité particuliers liés à des interventions spécifiques de prévention doivent être incluses dans ces interventions.</p>

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

	Cost	# of times	# countries							
4 in-country refresher trainings / quarterly meetings										\$ 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/Stipend	# 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

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					TOTAL	Year 2					TOTAL	Year 3					SUM- 3 YEARS
	Q1	Q2	Q3	Q4	Q1		Q2	Q3	Q4	Q1	Q2		Q3	Q4				
COMMUNITY SYSTEMS																		
Community-led monitoring	0	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	0	
Capacity building and leadership development	0	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	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	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	0	
Removing barriers to prevention for MSM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
HIV prevention communication, information																		

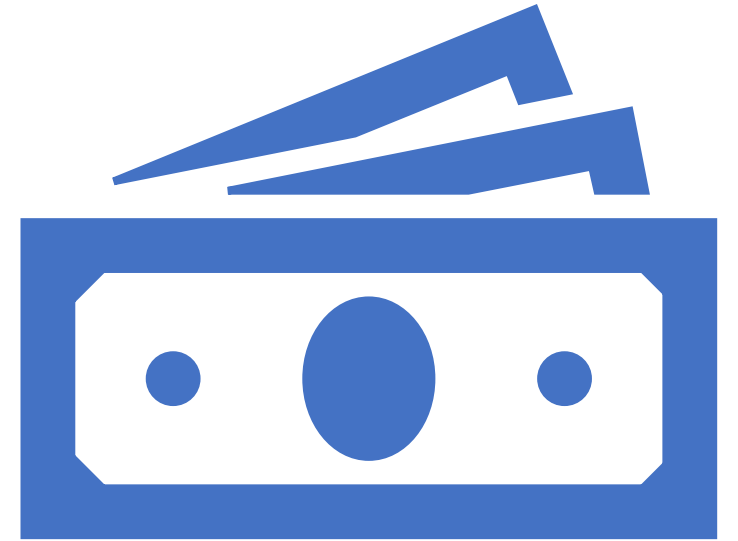
COMMUNITY/ GRASSROOTS BUDGET INFORMATION COLLECTION SHEET

Activity Description	Assumptions - Explain what you are costing	Geography / Location	Quantity year 1	Quantity year 2	Quantity year 3	Justification/ Comments
<p>Provide as much detail as you can, to help the person who will put together the budget understand exactly what you need to implement</p>	<p>For example, how many people? meetings, sites, hotspots, people per meeting, how many times activity will be done, and when</p>	<p>Will the activity be implemented nationally or in a certain area? Which area?</p>	<p>How many times per year will this activity be implemented?</p>			<p>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?</p>

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?



4. Next Steps

Update the CCM Roadmap to integrate CSOs into budgeting process, internal and external reviews, grant negotiation and grantmaking

ANNEXES

- COMMUNITY SYSTEMS STRENGTHENING INTERVENTIONS
- EXAMPLES FROM COUNTRY X