



Budgeting

How to build a budget and cost SBC interventions

This tool will show you how to estimate the costs and develop a budget for an SBC intervention or strategy.

Costing SBC interventions

SBC initiatives can very rarely be costed as end-products or tools. SBC interventions require investment across six phases: discovery, design, development, testing, iteration and delivery (which includes implementation, monitoring and scaling). The first step to preparing a budget is to consider each step of your proposed process. Investment in the initial stages of an SBC intervention or strategy – such as gathering and analysing social and behavioural data, and developing coordination mechanisms – is chronically under-funded across the world. In order to design and deliver effective SBC interventions, you must sufficiently budget for each phase of the process.

There are various factors that determine the cost of SBC

interventions. The most important are: intended scale of implementation (population-wide, specific province, community-level in a set of areas, etc); mode of delivery (fixed facility delivery, outreach community engagement, remote engagement); the nature of the intervention (individual or community-level in-person activities, radio, TV, etc.); number of participants; length of initiative; and type of approach (degree of participation, rounds of iteration).

SBC strategies that utilize a combination of different SBC interventions and approaches, typically cost more.

Considerations

Funding requirements will depend on specific needs and available resources. As such, this guidance cannot be prescriptive. Instead, you'll find a set of questions to consider before developing your funding proposal.

Key questions

- What resources already exist for this work? Can they be easily accessed or reallocated?
- Do you have enough budget to cover the development of a comprehensive SBC strategy that includes sending team members into the field to spend significant time with the groups you seek to partner with?
- Are SBC priorities adequately reflected in UNICEF's strategic and program planning tools at country level, including programme strategy narratives, Country Programme Action Plans and Annual Work Plans? This helps ensure a more comprehensive and coherent allocation of funds.
- Does the budget fit into existing national plans or objectives, or does it stand alone?
- Do you foresee any budgetary constraints?

Possible funding sources

- Increased budget won through budget negotiations
- Reallocation of funds in national/existing budgets
- Joint funding from relevant ministries (Ministry of Education, Ministry of Child Protection or Child Welfare, Ministry of Health) or UN agencies
- Integration into existing funded initiatives and prospective funding proposals, including UNICEF's sectoral programs
- Targeted fundraising with external donors (public or private) for specific interventions within the strategy, or the strategy as a whole

Practical budget-building guidance

For each activity, consider the cost of:

- Labour
- External technical support (including, consulting fees for technical experts such as statisticians, or corporate contracts)
- Paid partnerships
- Travel (including flights/car hire, accommodation, per diems)
- Transcription and translation
- Design and materials
- Production costs (including printing and shipping)
- Training costs (including per diems for stakeholders, space rental, etc)
- Infrastructure (including temporary hire of physical spaces and permanent office space)
- Software (including licences for data management and analysis or design software)
- Supply and equipment

When building a budget for an SBC intervention or strategy, it's important to consider a range of costs across the SBC process: discovery; design, development and testing; delivery and implementation; monitoring and evaluation. The table below provides a range of low to high cost approaches.

be biased towards those with digital literacy and/or

access to technology

Discovery

LOW COST

In general, sample size is a key factor in the cost of formative research. Focusing on fewer participants and fewer geographies will bring down the cost. Representative samples that segment data by gender, age group or ethnicity can also quickly inflate costs. Each layer of representative data multiplies the cost.

Examples of qualitative research methods		Ex	amples of qualitative research methods
•	Interviews with different participants using the same questions	•	Interviews using questions tailored to each participant or participant group
•	Focus group discussions with a small number of groups comprised of participants from various backgrounds, ages and occupations	•	Focus group discussions with multiple discussion groups to account for for gender and other power dynamics, age differences, or occupations
•	Brief, structured observations	•	In-depth observations, structured and unstructured (including long-term ethnographic work)
Examples of Quantitative research methods		·	Audiovisual methods (photowalks, video diaries, etc)
•	Small-scale surveys distributed face-to-face or online (KAP surveys, opinion polls, etc).	Ex	amples of quantitative research methods
		•	Large-scale surveys that provide highly- disaggregated data, or other forms of quantitative data (country census, MICS, DHS)
		•	Data collection measures that have been piloted or cognitively tested to ensure that the questions suit the intended audience
Pros		Pr	0\$
•	Rapid data collection		Rich, detailed, context-specific results
•	Standardized methodology	•	A stronger equity perspective
		•	More targeted interventions with a greater chance of impact
		•	More representative samples
		•	Statistical validity
Cons		Сс	ons
•	Insights may lack context-specific information critical	•	Expensive
	Less representative samples	•	lime-consuming
	If all methods are digital to save costs, samples may		

HIGH COST

Design, development and testing

LOW COST

In general, interventions such as discrete tools, one-off engagements or communications which address a specific barrier or target a single participant group tend to cost less. They may be adapted from other contexts.

Examples of co-design methods

• Virtual or in-person co-creation workshops with a limited number of key stakeholders

Examples of prototyping methods

- Low-fidelity builds of materials and tools needed to accompany a newly designed process, service, etc. Where possible, design multiple versions to test
- Rehearsal or staging of stakeholder engagement process or communitybased approach with a limited number of representatives or leaders

Examples of testing methods

- Semi-structured interviews (remote or inperson) to collect rapid feedback on design concepts from stakeholders and intended users
- Engagement experiments with a limited number of communities and facilities

In general, interventions that are multi-pronged and/or multichannel that address multiple barriers or engage multiple participant groups tend to be more expensive. The more contextualized, the more costly.

Examples of co-design methods

 Multiple co-creation activities with both key stakeholders and different participant groups; these can be in-person workshops and/or site visits to develop designs at points of service, directly in communities, etc

Examples of prototyping methods

- Low-to-medium-fidelity builds of materials and tools needed to accompany a newly designed process, service, etc.
 Design multiple versions to test different designs, delivery channels and implementation mechanisms
- Separately engage with different communities and marginalized groups to develop different versions of community-based approaches early on in the process

Examples of testing methods

- Live prototypes and pre-tests of ideas
- Semi-structured interviews and observations to gather feedback on low-to-medium-fidelity versions of interventions implemented in intended settings
- Iteration on ideas in the field
- Brief pilot/feasibility tests to collect qualitative and quantitative data on the feasibility, desirability and potential impact of interventions
- Community-based approaches carried out in various sample areas over a suitable period of time before reviewing the overall approach
- Software to measure uptake and use of designs for ICT solutions

Note: Ensure that both intended users and key stakeholders participate in all phases of testing

HIGH COST

Pros

Cons

Rapid feedback collection

Pros

- Detailed feedback from participants to iterate on
- De-risks implementation by addressing potential implementation challenges in advance
- Community buy-in and ownership
- Solutions that are tailored to local context and equity needs
- Services that respond to the most urgent needs of the vulnerable and underserved

Cons

Expensive, longer-term investment

Note: In this phase, higher investment results in more sustainable and efficient solutions

development
Leaders may not represent the diversity of their communities, especially the most marginalized

Insights may lack context-specific

information critical to intervention

Delivery and implementation

LOW COST	HIGH COST		
Example methods	Example methods		
 A standardized process that can be replicated in different communities Informing communities using pre-developed materials with support from engaged community leaders to encourage community participation Small-scale co-creation in one geographical area, focused on one challenge Short-term engagement with community engagement from the outset to ensure ownership and sustainability 	 A highly iterative process where community members participate in the co-creation of engagement materials and interventions Design and development that involves a variety of community members Long-term, sustainable engagement with communities through continued focus on community ownership and leadership of activities 		
Pros	Pros		
 High replicability 	 More contextually relevant and impactful interventions Increased community ownership Increased sustainability 		
Cons	Cons		
Less community ownership	Time-consumingSignificant ongoing investment of time and resources		

Monitoring and evaluation

LOW COST

In general, sample size is a key factor in the cost. Research that involves fewer participants tends to be cheaper. The number of times data are collected can also drive up the cost. Conducting a baseline and endline survey is cheaper than conducting multiple surveys throughout the process.

Examples of M&E

- · Secondary analysis of existing service statistics
- Regular quantitative data collection in small samples and/or a single location

Examples of M&E

- Continuous monitoring using a mixed-methods approach – both qualitative and quantitative data analysis, as well as structured observations to track results over time
- Rigorous impact evaluation of interventions such as randomized controlled trials or quasi-experimental tests
- Impact evaluation of the intervention in multiple sites

samples and/or a single location		
Pros	Pros	
High replicability	 The ability to assess an intervention's impact on social and behavioural outcomes with greater confidence 	
	 A deeper understanding of contextual differences in implementation 	
Cons	Cons	
Less rigorous	Time-consuming	
	 Higher initial and ongoing investment 	

The cost of SBC approaches

This section provides you with some indicative costs of different SBC interventions and strategies, including actual costs from projects across the world. Please note these examples are contextually dependent, and the costs will also have changed with time. The costs provided here serve as a reference, not a prescription.

The cost approximations have been taken from an SBC Cost Repository built from work by Breakthrough Action + Research and led by Avenir Health. The costs for SBC interventions are highly dependent on context and scope, rather than on the type of approach applied.

Community engagement approaches

- INDIA: Strengthening malaria service delivery through supportive supervision and community mobilization in an endemic Indian setting: Approx. total cost: 40,724
- NORTHERN INDIA: <u>A state-wide population based</u> cancer awareness and early detection campaign in a 2.67 million population of Punjab state</u>: **Approx. total** cost: 149,941 USD

Applied behavioural science approaches

- KENYA: A mobile phone text-message reminder programme to improve health worker adherence to malaria guidelines | Total cost ≈ 18,853 USD
- MEXICO: A prevention programme comprised of behavioural, biomedical, and structural interventions to support men who have sex with men | Total cost ~ 18,872,207 USD

Strategic communication approaches

Mass media

- KENYA: A rural social marketing campaign for condoms that included leaflets, radio programmes and brief announcements, 60-second spots at commercial village cinema shows, and metal door signs | Total cost ≈ 40,000 USD
- TANZANIA: Design, implementation and evaluation of a national campaign to distribute nine million free long-lasting insecticidal nets to children under the age of five | Total cost ≈ 3,081,257 USD

HIGH COST

Interpersonal communication and educational activities (IPC)

- GHANA: Person-to-person communication, in addition to local radio, posters and banners informed the community about insecticide-treated bednet distribution during measles vaccination. | Total cost ~ 6,217 USD
- TANZANIA: Mass media and community outreach activities were used in a <u>national campaign to</u> deliver 18 million free long-lasting insecticidal nets to uncovered sleeping spaces | Total cost ≈ 2,644,730 USD

Information and communication technology (ICT)

- INDIA: <u>A mHealth intervention</u> to support adherence to antiretroviral therapy | Total cost ≈ 6,365 USD
- TANZANIA: An on-demand SMS system providing users with essential information about nine different contraceptive methods to address the limited knowledge, misconceptions, fears and health concerns surrounding contraception | Total cost ~ 211,851 USD

Service design approaches

- SOUTH AFRICA: Syndrome packets and health worker training to improve sexually transmitted disease case management in rural areas | Total cost ≈ 41,861 USD
- GHANA: <u>A quality improvement programme</u> to reduce maternal and foetal mortality in a regional referral hospital in Accra | Total cost ≈ 2,432,186 USD

Key resources

 The Passage project (IRH-Georgetown University, FHI 360, Johns Hopkins GEAS, PSI, Save the Children, Tearfund) has produced <u>multiple resources</u> on the costing of Norms-Shifting Interventions.

Breakthrough RESEARCH, through work led by Avenir Health, has collated SBC cost data identified in the literature into a filterable <u>SBC Cost Repository</u> ,of all identified SBC costs. Breakthrough RESEARCH's technical report on <u>Documenting the Costs of Social</u> Behavior Change Interventions for Health in Low- and Middle-income Countries.