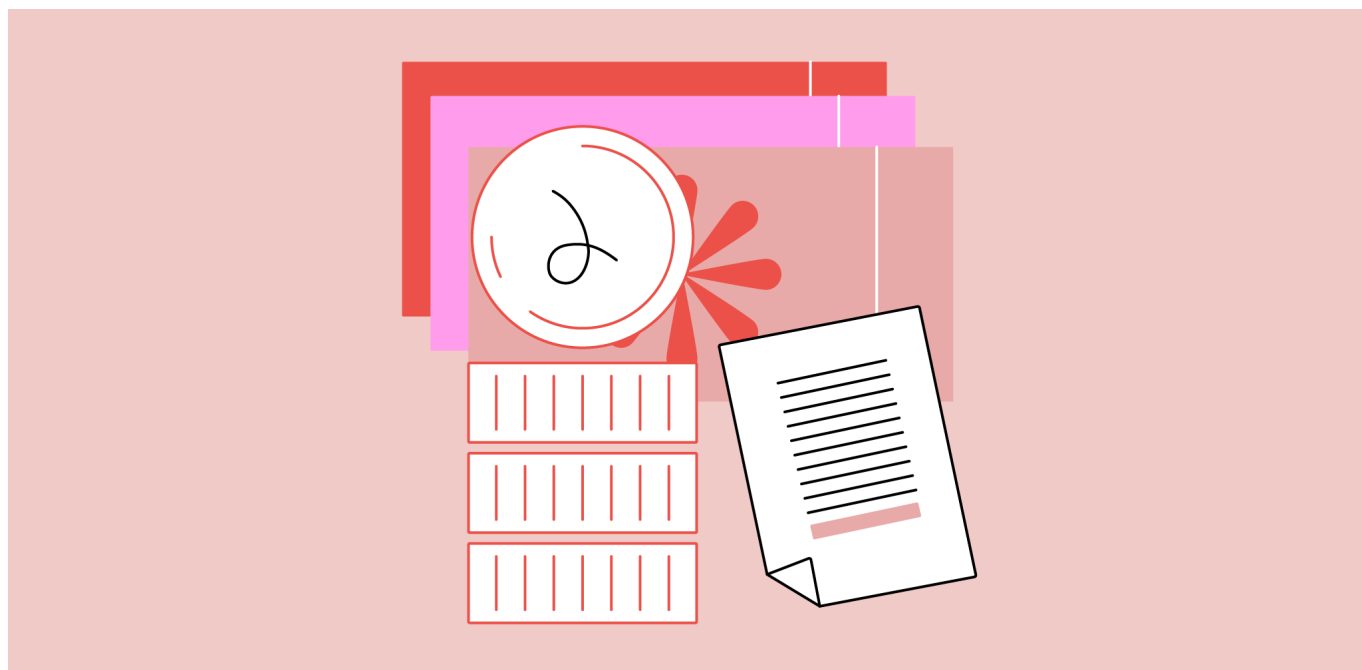




Budgeting

How to build a budget and cost 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 will 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.

Discovery

LOW COST	
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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.	In general, interventions that are multi-pronged and/or multi-channel 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 • Virtual or in-person co-creation workshops with a limited number of key stakeholders	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-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 community-based approach with a limited number of representatives or leaders	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 • Semi-structured interviews (remote or in-person) to collect rapid feedback on design concepts from stakeholders and intended users • Engagement experiments with a limited number of communities and facilities	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

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Delivery and implementation

LOW COST	
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	Example methods • 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 • High replicability	Pros • More contextually relevant and impactful interventions • Increased community ownership • Increased sustainability
Cons • Less community ownership	Cons • Time-consuming • Significant 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 Pros • High replicability Cons • Less rigorous	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 Pros • 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 • 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:** [A state-wide population based cancer awareness and early detection campaign in a 2.67 million population of Punjab state](#): 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 â€¢ 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 â€¢ 3,081,257 USD

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 â€¢ 6,217 USD
- **TANZANIA:** Mass media and community outreach activities were used in a [national campaign to deliver 18 million free long-lasting insecticidal nets](#) to uncovered sleeping spaces | Total cost â€¢ 2,644,730 USD

Information and communication technology (ICT)

- **INDIA:** A [Health intervention](#) to support adherence to antiretroviral therapy | Total cost â€¢ 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 â€¢ 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 â€¢ 41,861 USD
- **GHANA:** A [quality improvement programme](#) to reduce maternal and foetal mortality in a regional referral hospital in Accra | Total cost â€¢ 2,432,186 USD

Key resources

- The Passage project (IRH-Georgetown University, FHI 360, Johns Hopkins GEAS, PSI, Save the Children, Tearfund) has produced [multiple resources 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 [SBC Cost Repository](#), of all identified SBC costs. Breakthrough RESEARCH's technical report on [Documenting the Costs of Social Behavior Change Interventions for Health in Low- and Middle-income Countries](#).