

Guidance on Costing for Scale-Up

The guidance below is drawn from a 2010 experience with a Community-Based Access to Injectables (CBA2I) pilot study in Zambia. Understanding of these helpful tips can be enhanced by looking at the sample costing tool while reviewing this guidance.

1. Ensure the whole team understands the rationale behind the costing component of the pilot project.

The intention behind the economic component of a pilot project is to collect information about the resources used in piloting this innovation. Once this information is collected, it is analyzed to estimate how much it will cost to replicate the innovation or scale it up across new sites. Such costing analysis accounts for the fact that some costs associated with piloting will not need to be repeated during scale-up. Once completed, the implementation and/or advocacy team can communicate the estimated scale-up costs to future potential implementers such as Ministry of Health (MOH) leaders and non-governmental organization (NGO) managers.

2. Emphasize the importance of estimates over exact figures.

The data required for the costing component is actual time spent and resources used. However, the team should not be concerned with small details but rather with estimates. The goal is not to spend a lot of time digging through accounts and receipts to look for every single kwacha or shilling. It is important not to let perfection get in the way of moving forward.

3. Account for free or donated resources.

There may be resources utilized during implementation that are not reflected in expenditure records - for example, things which are donated. Even though something is free or volunteered, it should be tracked as a resource. At the conclusion of the costing data collection, free and donated resources will be incorporated into the final cost analysis.

4. Expect continual revision of the costing tool.

Every project is unique, so any sample costing tool will need adaptation. Furthermore, a tool developed before the start of the project will likely be incomplete due to the inability to anticipate all program components and costs prior to the beginning of the project; thus, ongoing modifications will be needed. This is an iterative process requiring much back and forth communication between implementers and those collecting costing data. The costing-data collection team must feel comfortable suggesting changes to the tool in order to ensure it accurately reflects realities on the ground. Everyone associated with the project can help by making note of and communicating additional program components (and associated costs) that may not have been considered when the tool was originally developed.

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5. Plan for ongoing data collection.

Data collection for the economic component will occur while the intervention is being carried out. In other words, the costing tool is not filled out all at once – and certainly not just at the end of the project. Instead, the costing tool is completed in regular intervals as part of an ongoing monitoring process.

6. Give the team a schedule for data collection.

It may be easier to ask the implementation team to input the data on a quarterly basis rather than each month, using specific deadlines. Give the in-country team a data collection schedule. For example,

- Due by May 14, 2010: Data for period of January 1 - April 30, 2011
- Due by Sept 17, 2010: Data for period of May 1 - August 31, 2011
- Due by Jan 14, 2011: Data for period of September 1 - December 31, 2011

7. Plan to provide technical assistance.

Some implementing teams may need a good amount of technical assistance as they get accustomed to the costing data collection process. For example, explanation of how Excel formulas work and how to use comment boxes to provide more detail may be needed.

8. Use tabs to help separate activities in the Excel workbook.

Using a different tab for each discrete activity or activity type makes the costing tool easier to use.

9. Avoid indicating the “who”.

Indicating who is conducting an activity in the descriptions or column headers of the costing tool will limit (or give the perception of limits) what the data collectors collect. For example, rather than “Names of FHI trainers”, put “Names of trainers” so it can include other trainers you may not considered.

10. Explain the “Data Source” column.

This terminology may require some explanation. When no formal data source is known or available, explain to the team that it is okay to put down “staff approximation, from memory”, if needed.

11. Break down information into time periods.

Cumulative figures can be confusing for the data collectors. It is simpler to break information out by length of time. For example, rather than keeping a cumulative

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record of how much time a supervisor spent observing injections over the course of the project, break this into a separate monthly or quarterly record.

12. Consider developing special supplementary data capture tools.

It may be necessary to establish special additional mechanisms for capturing certain resource data (for example, time spent during a regular community health worker supervision visit to discuss the provision of Depo-Provera.) If additional data collection mechanisms are used, a system will be needed for aggregating this data for the purpose of entering it into costing tool.

13. Take advantage of trips to the field.

It is much easier to discuss the tool and how to use it in person. Capitalize on visits and trips to sit down with the implementation team and discuss the tool, sources of data, and other elements of the costing component.