

ANNEX Y: Sample Budget Notes for ASRH Project

This is a tool referenced in the [Budget Guidance & Design](#) section of Chapter 8: Manager Guidance Notes & Tools. This table provides a sample of budget notes for a new ASRH project, with brief explanations of budget categories for the budget provided in [Annex X](#). The budget notes provide guidance on line items and their associated costs.

ASRH Project Budget Notes & Justification
<p>Staffing</p> <p>The project will primarily be implemented by an ASRH coordinator and two ASRH officers, with technical support from the health advisor and operational assistance from logistics, monitoring and evaluation, and other support staff. The ASRH coordinator and two ASRH officers will be full-time. One ASRH officer will be solely dedicated to managing youth volunteers, while the other ASRH officer will be assigned to supervision of health facilities and community health workers. Due to the level of procurement and logistics involved with the project, the logistics manager/coordinator and the logistics officer will support the project at 10% and 15%, respectively. A driver will be covered at 40% of this project and cost-shared with other health projects. The monitoring and evaluation (M&E) manager/coordinator and M&E officer will be covered at 10% and 15%, respectively, to support routine field-monitoring activities, as well as the operational research and final project.</p>
<p>Program Costs</p> <p>Adolescent & Community Participation: The project will be initiated with adolescent and community meetings, and this budget line covers preparation of the adolescents and community meetings through radio mobilization; in-person meetings; invitations to adolescents and community representatives and, when applicable, through pamphlets; the cost of venue and refreshments for adolescents and members of the community who attend the meetings; printing of consent forms; stationery and recording devices to document the meetings; and provision for miscellaneous expenses, such as hiring interpreters, vehicle rental, or projector rental.</p>
<p>TIP FOR COMMUNITY MEETINGS</p> <p>Community meetings can hold a lot of surprises! Try to be as prepared as possible for any outcome. For example, there may be a lot of curious onlookers who decide to join the meeting. This is generally a good sign as more community participation is better than less involvement. It is important to ensure all who attend are comfortable during the meeting with adequate seating, refreshments and sign consent forms to participate. If laptops and projectors are being used, ensure there is a back-up source of power supply.</p>
<p>A community and reporting feedback hotline will be established through a cellular network service. This budget line covers the cost of initiation for the hotline, the phone, and the monthly service charges.</p> <p>At the end of the project, results of the project will be shared with the community, with one meeting per community. This line, similar to the community participation budget line, covers cost of preparation for the meetings, cost of venue, refreshments, stationery, certificates, and provision for miscellaneous expenses.</p>

Trainings

Three major trainings will be held for three days each. The remaining trainings will be provided through supportive supervision and on-the-spot guidance. The first training will be for 20 health workers (10 from each community) and five representatives from the Ministry of Health for a total of 25 participants. The second training will be held for a total of 35 community health workers and the third training will be for 40 youth volunteers, 20 from each community. Training budget will cover cost of venue, refreshments and meals, stationery, printing and photocopying of materials, and any necessary per diems for participants and trainers (such as transport per diems).

IEC Materials

A consultant and graphic designer will be contracted to co-produce—alongside adolescents and youth—locally and culturally relevant information, education, and communication (IEC) materials. These materials will be pilot-tested with adolescents and youth, revised based on their feedback, and reproduced and distributed through bulk order, once every quarter (except for the first quarter of the project, as this time will be spent in developing the IEC materials) to ensure consistent supply of materials through the project.

Adolescent/Youth-Friendly Health Facilities

To ensure the health facility is responsive to adolescents' needs and meets the criteria for provision of discreet and confidential services, minor rehabilitation will be provided along with furniture, equipment, and supplies for the assigned health facilities at the two locations. The minor rehabilitation includes installing two curtains to increase privacy for adolescent health consultations. Stationery and reproducing of essential forms and registers—such as patient charts, ASRH register, clinic forms, referral slips, etc—will be provided on a quarterly basis to both health facilities. Support group and information sessions for adolescents will be held at the health facility to encourage adolescents to access clinic services for a total of 9 sessions, held approximately once a month. This budget line will cover refreshments, materials to share with the adolescents, and a small transport stipend if needed. This project will cost-share with other health projects to sustain the monthly supply of fuel for the clinics' generators to ensure 24-hour power supply and fuel for the ambulances at both sites. Likewise, cost-sharing will also apply for the maintenance of the generators and ambulances once a quarter.

Implementation Consideration

It is good practice for program implementation and for donor support to demonstrate cost-sharing of indirect costs wherever possible.

Community Outreach

Meetings will be held with community health workers once a month at both locations and this budget line will cover refreshments for the meetings. Visibility materials such as T-shirts and backpacks will be procured in lumpsum for 35 community health workers. Transport stipends will be distributed during the monthly meetings to ensure community health workers are able to access remote communities, as well as make frequent visits to health facilities to coordinate with health workers on referrals and targeted visits to new mothers and high-risk adolescents. Stationery supplies will be provided on a quarterly basis and forms such as referral sheets will be reproduced and distributed to the community health workers also on a quarterly basis.

Youth Volunteers

The ASRH Officer will hold meetings twice a month with youth volunteers at each of the two locations and this budget line will cover refreshments for the meetings. Visibility materials such as T-shirts and pens will be procured in lumpsum for the 40 youth volunteers. Stationery supplies will be provided on a quarterly basis, and forms such as attendance sheets and referral forms will be reproduced and distributed to the youth volunteers also on a quarterly basis. Refreshments will be procured every quarter for peer education sessions and stored in an agreed location for youth volunteers to access whenever peer education sessions are conducted. At each of the two locations, youth volunteers will conduct four outreach day events, approximately one per quarter for a total of eight events, and will also hold four youth dance and theater performances at each location, approximately one per quarter for a total of eight events. These budget lines cover costs for flyers; radio announcements and other publicity; rental of venue if needed; refreshments; and costumes. During the course of the project, two adolescents, one from each location, will be nominated by their peers to represent them at the monthly SRH Sub-Cluster meetings. These two adolescents will receive a transport stipend to attend the monthly meeting for the duration of the project (budgeted for 11 months, assuming the first month of the project will be when the adolescents are nominated).

Monitoring & Evaluation

Baseline focus group discussions will be held at the start of the project with four focus groups per location. This budget line covers refreshments for participants; printing of consent forms; stationery and recording devices to document the session; and hiring local interpreters if needed. Monitoring visits will be conducted by the M&E officer once a month at both locations for ten months, assuming the first month will be dedicated to gathering baseline information and the final month of the project will be end-of-project evaluation and results-sharing. A mid-term and end-of-project evaluation will be conducted, and these budget lines will cover a participatory approach to the evaluations, including refreshments for participants, interactive materials for participant involvement, and local interpreters if needed. The operational research will be conducted by an independent body, either consultants or university researchers, and will cover the costs of their fees, transport, accommodation, materials, and supplies required to conduct the research, enumerators, and interpreters, if needed. A one-day final project results-dissemination workshop will be held and attended by representatives from the Ministry of Health; nominated community members, including parents and teachers, community health workers and clinic health workers; nominated youth volunteers and adolescent representatives; and project staff. This budget line covers the cost of venue, meals and refreshments, local interpreter if needed, stationery for participatory exercises on next steps, and certificates.

Source: Adapted from [IAWG ASRH Sub-Working Group](#) members' project proposals/budget plans.