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ESTIMATING THE COSTS OF DELIVERING SERVICES FOR POST- GENDER-BASED VIOLENCE CARE AT A HEALTH FACILITY

Guidance Manual

This publication was prepared by Biyi Adesina and Elisabeth Rottach of the Health Policy Project.

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Estimating the Costs of Delivering Services for Post-Gender-Based Violence Care at a Health Facility

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¹ Futures Group

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ABBREVIATIONS

GBV	gender-based violence
HPP	Health Policy Project
LOE	level of effort
MoH	Ministry of Health
MoHSW	Ministry of Health and Social Welfare
PEP	post-exposure prophylactic
PEPFAR	President's Emergency Plan for AIDS Relief
STI	sexually transmitted infection
USAID	U.S. Agency for International Development
USD	U.S. Dollar
VAC	violence against children

INTRODUCTION

Gender-based violence (GBV) is a global public health and human rights concern. More than one-third of women worldwide report having experienced physical and/or sexual violence from an intimate partner or non-partner (World Health Organization, 2013). The prevalence of intimate partner violence varies regionally, with the highest rates reported by women in low- and middle-income countries in Southeast Asia (38%) and Africa (37%). Violence often starts early in a woman's life. Globally, 29 percent of young women ages 15–19 reported having experienced intimate partner violence. Data on the magnitude of GBV directed at other population groups, such as lesbian, gay, bisexual, and TG persons, is lacking due to weak monitoring and reporting systems, as well as widespread stigma and discrimination and other sociocultural factors that limit reporting (UN Human Rights Council, 2011).

The President's Emergency Plan for AIDS Relief (PEPFAR) is committed to tackling GBV, a driver of the HIV epidemic. The PEPFAR-led GBV Initiative is implementing comprehensive and multisectoral initiatives to prevent and respond to GBV in three countries: the Democratic Republic of Congo, Mozambique, and Tanzania. Understanding the costs of delivering these services is critical for scale-up efforts, but only recently have studies of these costs been undertaken.

The purpose of this guidance manual is to outline steps for estimating the cost of post-GBV services at the health facility level. It provides the user with practical steps for conducting a costing study, including preparing for data collection, collecting and managing data, and analyzing and using the results. It provides detailed instructions on how to use the GBV Program Cost Calculator, an MS Excel-based tool developed under the Health Policy Project (HPP) that enables the user to generate unit cost estimates of providing health facility-based post-GBV interventions to a single client during one health facility visit. The cost data generated from these steps are meant to represent the cost of *providing* services, not the cost to the client for *seeking* services. The results from the costing of post-GBV services generated from implementing these steps are intended to support program managers, policymakers, funding partners, and government ministries to plan and scale up GBV intervention services.

This manual draws upon examples from the recent costing experiences in two PEPFAR-supported countries. It offers promising practices for assessing the environment necessary to conduct a GBV program-costing exercise for health facilities (Mozambique) as well as actual implementation of a GBV program-costing exercise with a sample of health facilities (Tanzania).

Gender-Based Violence

GBV is defined as any form of violence directed at an individual based on biological sex, gender identity (e.g., transgender people, or TG), or behaviors not in line with social expectations of what it means to be a man or woman, boy or girl (e.g., men who have sex with men [MSM] and female sex workers). It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life. GBV is rooted in power differences, including social, economic, and political inequalities. It is characterized by the use and abuse of physical, emotional, or financial power and control. GBV can occur across childhood, adolescence, reproductive years, and old age. It can affect all individuals, but women and girls, MSM, and TG are often at increased risk.

(Source: PEPFAR, 2013)

WHY IS COSTING IMPORTANT FOR A PROGRAM?

Having access to reliable cost data is critical for national governments invested in addressing the burden of GBV, their funding partners, and program managers as they design, plan, and scale up GBV programs. Cost data are also valuable for advocating for increased investment in GBV programs. Understanding facility costs can help governments plan for allocation of health resources and better inform their national budgets. Costing services for post-GBV care can help answer the following questions:

1. What is the cost of delivering post-GBV services at a health facility?
2. What are the cost drivers that carry the largest portion of overall program cost? What are the areas for potential cost reduction?
3. How do costs differ across and between health facilities (hospitals, health centers, dispensaries, other facilities) that offer clinical post-GBV services?
4. What are the resource requirements for scaling up GBV programs nationally?

Programming and Planning

This guide helps program managers and planners to estimate the cost of providing a certain type of post-GBV service (e.g., a sexual violence case vs. a physical violence case). As costed implementation plans become a staple of strategic planning and decision making in resource-limited contexts, program managers and policymakers can strengthen the weight of strategic plans with cost data that reflect the resources necessary to meet the challenges for addressing GBV. When plans are developed without cost estimates, resource allocation for GBV may well lead to an inadequate level of services for GBV survivors. Similarly, overestimating the cost of providing GBV intervention diverts resources from other important areas of the health sector. Using the cost per GBV client visit to a health facility in combination with an estimated number of GBV cases provides the resource estimates necessary to meet the need for ensuring that those cases receive adequate services.

Advocacy

With accurate cost information, stakeholders can leverage cost information for evidence-based advocacy efforts to scale up services for areas where GBV is prevalent. Stakeholders can advocate for additional funding from multiple sources (domestic/national and regional/state, private, etc.) to support the delivery of clinic-based post-GBV services. Cost data form a crucial part of ensuring that policies can be implemented and services made readily available to GBV survivors.

Sustainability

By knowing the cost of post-GBV services, program implementers can consider what inputs would be required if donor funding were reduced and other sources, such as domestic funding (national and subnational), private donations, and foundations, must be used to cover the shortfall. With information on the different cost components—labor, drugs, and medical supplies; facility operations; and others—strategies for increasing domestic funding might start with national or regional/state governments assuming responsibility for some cost components (drug costs) over others (non-drug costs) in the short term, and then all costs within a specific time interval (over five or more years).

METHODOLOGY

To collect, analyze, and estimate the cost for providing post-GBV clinical services, it is important to start out with a framework, scope, or methodology of what will be included in the cost estimate—and, by extension, what will be excluded. A methodology helps to identify and explain the kind of data that will be needed, the source of these data, a strategy for collecting them, and the calculations needed to generate the cost of providing clinical post-GBV services. It is important to remember that this guide focuses on the cost of *providing* services, not on the cost to the client for *seeking* services.

We conducted a literature review of costing methodologies as a part of the USAID-funded study on estimating the cost of post-GBV services in health facilities in Tanzania (Settergren et al., 2015). The review found that methodologies for estimating the costs of post-GBV service delivery vary somewhat, but all more or less employed the direct accounting methodology—the methodology we use in this guide. It focuses on establishing a cost per person served during a clinic or hospital visit, estimated either from obtaining detailed costs on service provision, proportional costs derived from budgets, or a mix of these approaches. A recent review by the World Bank on costing methodologies for intimate partner violence noted that although the accounting methodology requires primary data collection, it is often preferred for assessing the costs of services because it is straightforward and less data intensive than other methods (Duvvury et al., 2013). Generally, the accounting methodology utilizes a timeframe to accurately reflect costs, which are often time dependent; that is, the price, and thus the cost of items, changes over time as the result of inflation. This timeframe can be within a month, six months, or one year (in most cases, a one-year timeline is used to adjust for fluctuation in client use of health facilities). Last, the accounting methodology focuses only on the financial cost and does not include the economic cost (i.e., the true value of goods and services, including volunteer time and donated goods).

The steps for conducting the costing exercise are outlined in Table 1 and discussed in detail in the following sections.

Table 1: Phases of Conducting a Costing Exercise

Phase		
Preparation	Conduct a data and policy landscape assessment	<ol style="list-style-type: none"> 1. Examine the policy environment around the GBV response 2. Conduct discussions with key stakeholders at the national level, policy and program managers from government agencies (Ministry of Health [MoH], Ministry of Women, regional/district health offices, etc.), donor agencies, and implementing partners 3. Identify the package of clinical services being delivered to GBV survivors in the country <ul style="list-style-type: none"> • Examinations/screening, forensic exam, counseling, treatment for injuries, tests administered (pregnancy, sexually transmitted infection [STI] and HIV) and referrals given
	Develop a data collection strategy and questionnaires for the assessment or costing exercise	<ol style="list-style-type: none"> 4. Create a list of variables for which data need to be collected <ul style="list-style-type: none"> • For example, service delivery statistics on GBV client encounters, facility resources used to deliver GBV services, financial data • Include complementary data and policies 5. Identify the sources of those data <ul style="list-style-type: none"> • Data about facility resources can be obtained from interviews with facility managers, facility accountants, facility health/administrators, GBV focal person/program managers, and/or GBV clinical service delivery staff at the facility level • Financial data can be obtained from financial reports maintained at the facility and district and regional health management levels 6. Establish criteria for selecting facilities to participate in the study <ul style="list-style-type: none"> • For example, comprehensive services delivered for at least six months, facility type, location, regional distribution 7. Estimate the time needed to collect and analyze these data
	Assess data availability and quality	<ol style="list-style-type: none"> 8. Conduct an assessment of existing service delivery and financial data <ul style="list-style-type: none"> • Review data from a small sample of facilities • Conduct interviews with a small number of GBV program managers at the national, regional, district, and facility levels to identify which specific data are available, how often they are gathered as part of program monitoring, and how valid they are in representing GBV program service delivery 9. Determine next steps <ul style="list-style-type: none"> • If the results of this assessment indicate the availability of valid data, proceed with the costing exercise • If there are challenges regarding data availability and validation, identify the sources of these challenges and possible suggestions for addressing them. Do not proceed with the costing exercise until resolving the challenges and/or revising the data collection strategy to account for the data challenges
	Begin costing exercise— Collect data	<ol style="list-style-type: none"> 10. Identify costing exercise requirements for country, state/region, and/or district—i.e., government approval, institutional review board for ethical clearance, etc. 11. Upon receiving approval to conduct the costing exercise, use collection forms to collect the data <ul style="list-style-type: none"> • Data collectors/interviewers request facility staff (GBV focal person/program manager, facility administrator, clinical staff) for the source of the data and/or description of the data from the staff's perspective • Use the facility-level form to collect service delivery statistics and facility resources data; use the district- and regional-level form to collect financial data 12. Review data collected from facilities for quality assurance <ul style="list-style-type: none"> • Compare the monthly number of GBV encounters from facility reports with the monthly GBV encounter data used by the district or regional health office

Phase		Steps
		<ul style="list-style-type: none"> • Compare salary cost data collected at different government levels—national, state/region, and/or district • Compare data on cost of drugs, medical supplies, equipment from different sources (central medical store, national/regional/district price lists, other sources)
	Enter data into GBV Program Cost Calculator	13. Transcribe data from data collection forms completed for each facility into the GBV Program Cost Calculator template
Data analysis and use	Analyze and extract results from GBV Program Cost Calculator	14. Extract the results from the GBV Program Cost Calculator for planning purposes
	Disseminate and use data	15. Disseminate data and results <ul style="list-style-type: none"> • Engage with key stakeholders in government, the health system, and civil society to determine how data can be used for policy planning and advocacy

POLICY AND DATA LANDSCAPE ASSESSMENT

Examine the Policy Environment and GBV Response

To develop a framework and identify what data to include in a costing exercise, it is important to understand the policy and implementation context within which post-GBV services are offered. To examine this context, review the existing **national or regional policy plans and management /treatment guidelines** for the country where the costing exercise will occur.

Policy plans and guidance documents, such as a national action plan to prevent and respond to GBV, are the means by which national or regional governments describe steps for implementing GBV interventions. A policy or strategic plan will define GBV and describe the type of activities that constitute a GBV intervention (e.g., raising community awareness through individual and group outreach; clinical services; building capacity or training police, health workers, and community leaders; and others). The plan may also include a timeline for scaling up these activities across the country or region, the number of people that will engage in the activities annually and, in some cases, the cost of implementing them.

A management/treatment guideline document describes the health facility-based activities for managing or treating GBV survivors. It includes which clinical providers (physician, nurse, social worker, other health personnel) should conduct the activities (e.g., physical examination, counseling, or pregnancy/HIV/STI tests) and what commodities and equipment (e.g., HIV PEP, HIV test kits, or examination tables) are required to offer comprehensive GBV intervention in a health facility. The management/treatment guidelines will help to identify the package of clinical services available to GBV survivors in a country.

Conduct Discussions with Relevant Stakeholders

To gain a more detailed understanding of the policy and data landscape, discuss the policy, program management, and service delivery process with policy and program managers from relevant stakeholder groups. These stakeholders should include (1) program directors and managers/coordinators, clinical service managers and trainers, and others from such government agencies as the MoH, MoHSW, Ministry of Gender, and other appropriate government offices at different levels (national, state/regional and/or district); (2) funding directors or program managers from donor agencies (such as PEPFAR, the U.S. Agency for International Development [USAID], or the United Nations Children's Fund [UNICEF]); and (3) program managers, service support staff, clinical trainers, and others from implementing partner agencies. These stakeholders can be engaged either in a joint forum, such as a national technical working group, or individually, through scheduled meetings. These conversations with stakeholders serve as a foundation for building collaboration and buy-in for conducting a costing exercise; provide a better understanding of post-GBV service delivery and access to data necessary for conducting the exercise; and ensure that the results of the exercise can be applied to decision making at the service delivery, program management, and policy development levels.

Identify the Package of Post-GBV Clinical Services

Using the analysis from the policy review and stakeholder discussions, the next step is to determine the package of post-GBV clinical services offered in the country or geographic area. Based on our experience in costing post-GBV services in Tanzania, we identified seven clinical services that serve as the service framework for this guidance manual: (1) examinations/screening; (2) forensic exams; (3) counseling; (4) medical treatment for injuries; (5) prophylaxis, treatment, and other services (family planning, emergency contraception post-exposure prophylaxis [PEP], sexually transmitted infection [STI] treatment); (6) tests administered (pregnancy, STI, and HIV); and (7) referrals. We identified this package of services by reviewing GBV management guidelines for the Ministry of

Health and Social Welfare (MoHSW) for the United Republic of Tanzania and through discussions with representatives from MoHSW, PEPFAR, USAID, and implementing partners in Tanzania. The policy and data landscape for post-GBV services will vary from country to country; the primary policy and program service management government agency may include the MoH, Ministry of Gender, MoHSW, or some combination of these government agencies. Thus, this guidance manual and the process for conducting a costing exercise are adaptable to any country and implementation context.

DEVELOPING A DATA COLLECTION STRATEGY

The data to estimate costs can be based on a normative data collection strategy or descriptive strategy. A **normative data collection strategy** uses standard inputs—information from treatment guidelines; national cost estimates for salaries, medicine, medical supplies, and equipment; facility operation costs; and so on. A normative process assesses only what the cost should be, rather than describing the actual cost. A **descriptive strategy** is based on service data as the services are provided; if done correctly, and in conjunction with a service quality analysis, it reflects the quality and level of services offered for GBV survivors. This guide focuses mainly on the use of a descriptive data collection strategy but draws upon some normative assumptions to fill in areas where data gaps exist.

When applying a descriptive data collection strategy, the quality of the anticipated results of the costing exercise relies heavily on three factors: (1) resources (time and funds required to conduct the study), (2) data availability, and (3) facility selection criteria.

Types of data collection strategies:

1. **Normative:** Based on standard inputs—information from treatment guidelines; national cost estimates for salaries, medicine, medical supplies, and equipment; facility operation costs; and others; assesses costs as they should be, not actual data
2. **Descriptive:** Based on real-time service data; reflects quality, level, and cost of services

Create a List of Variables for Which Data Need to be Collected

To create a list of variables for which data need to be collected, the first step is to identify the types of data that can be collected, based on the package of post-GBV services available in a particular country and related cost components. We have based the following descriptions on the package of seven services provided in Tanzania. Although the types of data that can be collected may vary by country, they likely will be applicable to many country contexts. The following three types of data need to be collected:

1. **Service delivery statistics on GBV client encounters.** It is important that facilities selected for a costing exercise have a data repository or management system in which staff can collect aggregate information about the GBV clients seen at the facility, the types of GBV assessed (i.e., sexual, physical, emotional, and neglect), and the services that clients received; service providers at the facility need to record data about each client encounter. This repository can be in the form of a register, monthly summaries, or in an electronic form. These data must accurately reflect the services provided at the facility and must be collected regularly for them to reflect the true cost of services. It is also important to note that to delineate the costs of providing services to GBV survivors who have experienced one or more types of violence, service providers must consistently and correctly collect such data for the data repository. Otherwise, data on the cost of providing services to GBV survivors by type or combination of violence experienced can be based only on assumptions.
2. **Facility resources used to deliver GBV services.** These include information from the facility on the number and cadre of staff who provide GBV clinical services (physicians, nurses, clinical officers, social welfare officers, other providers); the amount of time these staff spend in delivering each GBV service component; and the equipment, medical supplies, and drugs used for GBV clients—that is, type and quantity.
3. **Financial data.** These data comprise information on the salaries of staff providing clinical GBV services and those supporting and/or managing service delivery (clinic managers, accountants, clerks, and others); the annual cost of facility operations (utilities, fuel,

maintenance of building and vehicles, cost of renting clinical space); value of equipment, building, and vehicles used for GBV clinical services; and the cost of drugs and medical supplies used for GBV service delivery. It is important to note that all financial data collected in local currency can also be converted to U.S. dollars (USD) using the average annual exchange rate for one year.

These three types of data then can be used to break down the cost of providing GBV services to one client during a single visit/encounter at a health facility into the following cost components:

1. **Staff/labor:** The labor cost of staff who provide direct clinical services to GBV clients and staff who support and manage GBV services
2. **Drugs and medical supplies:** The cost of medicines, medical supplies, and other commodities used in clinical care for GBV survivors
3. **Facility operations:** The cost of operating a health facility, including electricity, water, telephone, building and vehicle maintenance, etc.
4. **Equipment and vehicles:** The current value of furniture, equipment, and vehicles used for GBV service delivery

When aggregated, staff, drugs, medical supplies, and facility operations are referred to as “recurrent costs,” whereas the combination of equipment and vehicle costs are referred to as “capital costs.”

Identify the Sources of Data

After identifying the types of data to collect, the next step is to identify the sources of data. Facility resources data can be obtained from interviews with facility managers, facility accountants, facility health staff and administrators, GBV focal persons or program managers, and/or GBV clinical service delivery staff at the facility level. Depending on how financial data are used and reported in a health system, they can be obtained from financial reports maintained at the facility, district, and regional health management levels.

Below is a description of the sources for cost components related to clinical post-GBV service delivery.

Staff/labor costs

These data can be collected using structured interviews based on the Cost Calculator forms. Interviews can then be conducted with facility managers and GBV clinical service providers regarding the time they spend per client in delivering GBV services. It is important that those to be interviewed are selected based on their delivery of clinical GBV services. This category can also be narrowed down to those trained to provide clinical GBV services. Staff involved in GBV service delivery can be selected by soliciting the guidance of the GBV focal person/program manager for a facility to identify all staff who provide GBV services. A representative number of each staff cadre (e.g., three of each cadre) involved in the delivery of clinical GBV services can then be selected and interviewed. These service providers can be asked to provide estimates of the amount of time spent on each of the seven components of GBV service delivery: (1) conducting examinations/screening; (2) conducting forensic exams; (3) providing counseling; (4) providing medical treatment for injuries; (5) administering prophylactic, treatment, or other services; (6) administering tests; and (7) referring clients to additional or support services. It is better to conduct one-on-one interviews with staff to prevent response bias; it also is important to allow enough time at each facility to interview selected clinical staff and ensure they are still able to attend to their patients.

Salary data for providers, managers, and support staff can be obtained from a document review of human resource and financial data from the facility, district, region, or state. The salary data can then be linked to data from the interviews described above to estimate the labor cost per GBV client encounter.

Drugs and supplies cost

The cost of drugs can be estimated from a list of commodities and supplies approved for GBV services in health facilities as stipulated in the GBV management guidelines, as well as from the cost/price lists from the central medical stores; logistics management system; or supply chain management system for the district, region, state, or country. The information on cost can then be combined with that from the service providers' interviews on the quantity of commodities used for the GBV client encounter, either by type of violence experienced or for the average encounter.

Facility operation costs

Facility operation costs include the cost of utilities such as telephone, water, gas, and electricity, as well as building costs, maintenance of buildings and vehicles, and transport costs. Costs for each utility can be obtained from invoices or payment documents from facility accounts and from interviews with a facility accounts or administrative manager. If data are not available at the facility level, the same approach can be applied to financial or administrative managers at the district, regional, or state levels.

Furniture, equipment, and vehicle costs

Furniture, equipment, vehicles, and other asset data can be obtained from various sources at the facility, district, regional, or state levels. These sources include procurement lists; disbursement lists; or interviews with the procurement officer, store manager, facility financial and/or administrative manager, and district and/or regional health management teams. If data on the purchase date for equipment are not available, these dates can be estimated using the year in which the equipment was purchased. The World Health Organization (WHO) provides an amortization table that can be used to estimate the monetary value of medical equipment (see Annex C).

Establish Criteria for Selecting Facilities to Participate in the Study

Facilities selected as part of the data assessment process or for an actual costing exercise must be based on set criteria to ensure that the resulting information is as accurate as possible in reflecting the delivery of clinical GBV services. Although it is important that data are available at a facility—as data availability is a good indicator that GBV intervention services are offered there—it is equally important to ensure that comprehensive services have been delivered for a minimum of six months to reflect the facility's level of services. (As structured clinical services for GBV survivors are a fairly recent development, gathering data on service delivery—cost data in particular—at the early stages of program roll-out is likely to capture relatively low service use or high program investment costs. Data gathered at this premature stage are likely to distort the cost of services delivered at the facility.) Other facility selection criteria include facility type (hospital, health center, dispensary, etc.), location (rural or urban), regional distribution, and so on. For an exercise focused on estimating the cost of clinical GBV intervention to be representative across a broad range of contexts, it is important that these contexts be included as part of the selection criteria. More detailed selection criteria can be applied, such as statistical representativeness (how well the facilities reflect the country, region, and/or district) or task shifting (e.g., comparing facilities in which nurses offer services vs. facilities in which physicians offer them).

Estimate the Time and Resources Needed to Conduct the Study

Resources are key to the data collection process because they determine the level of effort (LOE) dedicated to the conducting an assessment and data collection so that data can be compiled and analyzed. Estimate the resources needed to conduct the exercise by reviewing the list of data that need to be collected and their sources (including the facilities to be included and estimating the time needed to collect and analyze these data). This estimate will involve enumerating the cost of travel to and time needed to collect data from facilities and their district and/or regional health management offices, as well as the central repository of national health data (almost always the national MoH).

ASSESSING DATA QUALITY AND AVAILABILITY

Conduct a Data Assessment

Data availability is a crucial factor because it is a reflection of the presence and quality of the data. Before embarking on a costing exercise, conduct a data assessment to ascertain whether the data components necessary to generate a cost estimate actually exist. This data assessment can be done through a document review of existing service delivery and financial data, and discussions with a sample of program managers, clinical providers, and financial managers. It is done by using the Cost Calculator data collection forms (described below) and posing questions related to service delivery and financial cost data to a small number of GBV program managers at the national, regional, district, and facility levels. The assessment identifies which specific data are available, how often these data are gathered as part of program monitoring, and how valid the data are in representing GBV program service delivery. The data assessment process can help identify the GBV program-related data and possible data sources needed to estimate GBV program costs even before beginning data collection.

Determine Next Steps

If the results of this assessment indicate the availability of valid data, it can then be used to support the implementation of a costing exercise. However, if there are challenges with data availability and validation, the assessment can identify the sources of these challenges—and suggestions for addressing them—to implement a costing exercise. An example of a data assessment can be found in a recent approach used by the HPP project in Mozambique. In this assessment, HPP interviewed key informants from PEPFAR implementing partners, combined with a literature and policy review.

COLLECTING DATA

Request Necessary Approvals

Before initiating data collection, identify costing exercise requirements for government approval. Approvals may be required at the national, state/region, and/or district levels. Due to the sensitive nature of the topic, and to protect the rights and safety of GBV survivors, ethical clearance by an institutional review board may be required.

Use Data Collection Forms

To facilitate the data assessment and collection process, the HPP GBV intervention costing team developed two data collection templates or forms—one for gathering facility-level data and the other for gathering district- and regional-level data (see Annexes 1 and 2 for the forms). The facility data collection form can be used to collect service delivery statistics and facility resources data, and the regional/district data collection form can be used to collect financial data. The list of questions in both forms help guide the data collector/interviewer on how to request a facility staff person (GBV focal person/program manager, facility administrator, clinical staff) to be the source of the data and/or describe the data from the staff's perspective.

These forms can also be used as a guide for the data assessment by employing the questions related to service delivery and financial cost data to assess whether a facility, district, regional/state, or national clinical GBV care system collects the GBV-related data necessary to estimate the cost of delivering clinical post-GBV services. Both forms can be adapted to the context (e.g., geographic area and/or GBV intervention program) in which clinical post-GBV services are being delivered.

The forms are to be used to collate data from the document review and one-on-one interviews with key GBV program staff (clinical providers, program managers, and policy managers). It is important to protect the privacy rights of individuals when conducting interviews with staff who provide either clinical or support/management services. Depending on resources, service delivery data can also be obtained through observational studies, in which clinical providers are observed to gather information on the amount of time spent with a GBV survivor and the medical commodities and equipment used in serving that person. Data collectors must follow ethical and safety guidelines for researching GBV. They must respect the right of each individual patient and, most important, each GBV survivor, to confidentiality and privacy.

Review Data for Quality Assurance

As data are being collected, it is important to ensure that they accurately represent the delivery of post-GBV clinical services. The data collection team should review data collected from facilities for quality assurance. This review will involve comparing the same indicators from different sources—for example, comparing the monthly number of GBV encounters for a facility with the monthly number of GBV encounters used by the district or regional health office, to ensure that the reported numbers match. Another example would be comparing salary cost data collected at different government levels, such as national, state/region, and/or district. If data from different sources do not match, the data collection team should engage monitoring and evaluation (M&E) staff from government entities at the national, regional, or district levels and implementing partners to identify which data source has been validated and officially reported by key government offices and stakeholders.

ENTER DATA INTO GBV PROGRAM COST CALCULATOR

After data have been validated, information gathered for each facility on the facility and regional district data collection forms should be transferred into the GBV Program Cost Calculator. This calculator is an MS-Excel-based template developed by HPP to calculate the cost per GBV client encounter for a health facility (see the section Analyze and Extract Results below for formulae used in estimating the cost per GBV client encounter for a facility). The data categories (questions and tables) in the two forms correspond directly with the GBV Program Cost Calculator. The data collected for a facility should be entered into a Cost Calculator template and saved by using that facility’s name to prevent confusion with other facility data.

How to Use the Cost Calculator: Step-by-Step Guide

The HPP GBV Program Cost Calculator is a user-friendly tool for GBV program managers and policymakers to use in estimating the cost per client of a GBV-related visit to a health facility. As shown below, this manual provides a step-by-step guide to using the tool. The questions and tables in the Cost Calculator correspond directly with tables in the data collection forms to facilitate the data entry process.

To utilize this tool successfully, the user will need to ensure that the data enumerated in the methodology section have been gathered appropriately.

Data Entry Instructions

Open the GBV Program Cost Calculator Excel template. The first tab that appears is for the Menu page. This page provides the user with an overview description of the tool, along with a list of the types of data needed for input. Each tab is listed and can be accessed by clicking on its name.

Some general guidance for using the Cost Calculator follows:

Tabs

To move between tabs, the user clicks on the tab name along the bottom of the tool’s window or follows the link from the Menu page.

	A	B	C	D	E	F	G	H	I	J	K	L
1				Return to Menu	Next Data tab	Go to Cost Summary						
2		Essential cells that should be completed										
3		Calculated Data - No data entry required										
4												
5		Table 7. Basic information on support staff and their level of effort for GBV services										
6		List all support staff cadre at the facility involved in supporting GBV service delivery	Number of staff supporting GBV services	Average annual salary (including benefits)	% of time spent supporting GBV services	Calculated GBV Share of service delivery	Annual staff cost of supporting GBV services					
7		Accounts clerk				0%	-					
8		Assistant accountant				0%	-					
9		Assistant HR officer				0%	-					
10		Clerk				0%	-					
11		Data Manager				0%	-					
12		Driver				0%	-					
13		Guard				0%	-					
14		Housekeeping				0%	-					
15		Technicians				0%	-					
16		Administrator				0%	-					
17		Office Attendant				0%	-					
18		Office Manager				0%	-					
19		Porter				0%	-					
20		Reception				0%	-					
21		Store Clerk/Keeper				0%	-					
22		Other (Please describe)				0%	-					
23		Other (Please describe)				0%	-					
24		Other (Please describe)				0%	-					
25		Other (Please describe)				0%	-					
26		Other (Please describe)				0%	-					
27		Other (Please describe)				0%	-					
28		Other (Please describe)				0%	-					
29		TOTAL										
30												
31												
32												
33												

Estimating the Costs of Delivering Services for Post-Gender-Based Violence Care at a Health Facility

There are 13 tabs in the GBV cost calculator:

Menu: This tab is the first in the workbook; it contains the basic introduction to the Cost Calculator and links to the other tabs.

Background information: This tab is where users enter and calculate basic descriptive data for health facility-based GBV services (Name of Facility, Country, Exchange Rate with USD, etc.).

Service delivery guidelines: Data entered into this tab are related to information in the national or regional/state GBV management guidelines used in the facility and any lists of clinical service components stipulated in the national GBV management guidelines for each type of violence presented by a GBV survivor.

Service delivery statistics: This tab contains information on the number of GBV clients and client visits (total and by type of violence experienced), and the number of months for which these data are available.

Medical staff: This tab is where users enter data and calculate the cost related to medical/clinical staff salaries and time spent providing components of GBV clinical care.

Support staff: In this tab, users enter data and calculate the cost related to support/management staff salary and percentage of time spent on GBV program support.

Drugs and supplies: In this tab, users enter data and calculate the cost related to drugs and medical supplies used in delivering clinical GBV intervention.

Facility operations: This tab is where users enter data and calculate the estimated cost of facility operations (utilities, rent, externally contracted services, etc.).

Equipment and vehicles: This tab is where users enter data on the equipment and vehicles used in the delivery of clinical GBV intervention, such as the cost of medical equipment or a vehicle, the year the equipment or vehicle was purchased, and related information.

Cost summary: This tab presents the summary of the cost per GBV client visit for each cost component (medical staff, support staff, drugs and supplies, facility operations, equipment and vehicles.) in local currency and USD. If data are disaggregated by type of violence, this tab can also calculate the cost per GBV client visit for each component of GBV intervention service (examination/screening, forensic exams, counseling, injury treatment, prophylaxis/treatment/other services, tests, referrals). This tab draws cost calculations from each of the preceding tabs; thus, it does not allow data entry.

Cost by service component: Where data on GBV violence by type treated are disaggregated and available, this tab provides the cost per GBV client encounter by type of violence treated. It draws cost calculations from each of the preceding tabs; thus, it does not allow data entry.

Graphs-service delivery: This tab compiles disaggregated data on the number of clients by type of violence experienced and treated, and displays the data in graph form. Because these graphs are based on data from preceding tabs, this tab does not allow data entry.

Graphs-costs: As with the previous tab, the graphs presented in this tab are generated from the cost summary tab and display the cost per GBV client encounter for each cost component. These graphs are also based on data from preceding tabs; thus, no data should be entered into this tab.

Each tab has other navigation buttons: a Return to Menu button that brings the user back to the Menu tab; a Next Data button that takes the user to the tab on the right of the tab currently being viewed; and a Cost Summary button that takes the user to the Cost Summary tab, where the results are displayed.

Cells

If there are no data to be entered or the appropriate figure is 0, the user leaves the cell blank.

cells are column/row descriptive headings.

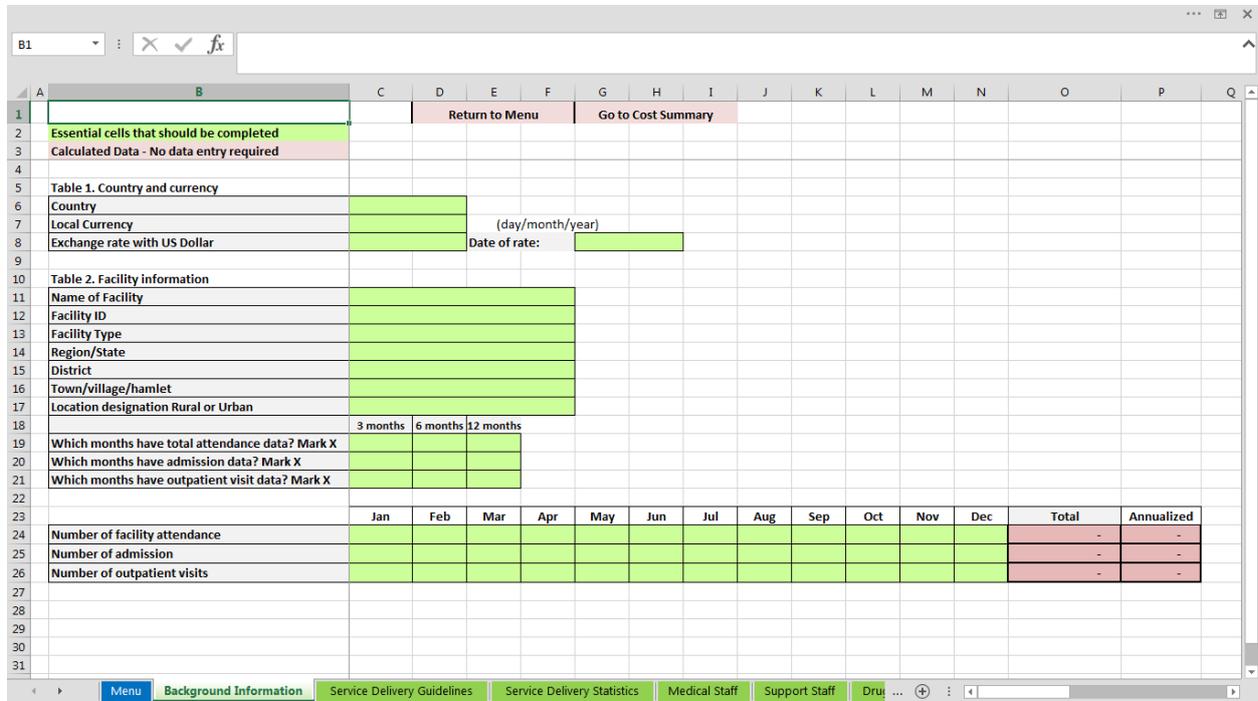
cells require user input.

cells are calculated data/information and cannot be changed.

Although data can be entered and deleted in the green cells, data in other cells should not be entered, cut, or deleted from cells of any other color.

Background information

As described above, this tab is where basic descriptive data for health facility-based GBV services (Name of Facility, Country, Exchange Rate with USD, etc.) are entered and calculated, as shown below:



Data entry for this tab is separated into two tables that correspond to the tables in the data form:

Table 1: Country and Currency—In this table, the user enters data about the country (line 6 through 8) where the facility is based, the local currency used in the country, and the exchange rate of the currency with respect to USD.

Table 2: Facility Information—This table is where the user enters (lines 11 through 17) the name of the facility; its government identification number; the type of facility (hospital, health center, dispensary, health post, etc.); the region/state and district where the facility is based; whether it is in a city, town, hamlet, or village; and whether the immediate surrounding area is rural or urban.

After entering the basic facility information above, the user is expected to review the patient registration books to see how much data are available for the three categories of patient aggregate data:

The drop-down menu allows users to select which service components are offered for each type of violence presented at the specific facility. Selecting “1” indicates that the service component is offered for the violence to survivors of a specific type of violence. In the example of a facility shown above, all seven service components are offered for survivors of sexual and physical violence but only counseling is offered for emotional violence (line 19 above). These data must be entered to be able to generate the cost per GBV client encounter by service component.

Service delivery statistics

Similar to facility patient data entered in the Background Information tab, this tab is designed so that users can enter information on the quality of GBV client data recorded as well as the actual number of GBV clients who attended the facility. For Table 4A, the user should first enter the year for which data are being collected (line 8) and then review the GBV register or summary forms to assess how aggregate GBV client data are collected for six categories of aggregate data:

- (1) Number of GBV clients
- (2) Number of GBV client visits/encounters
- (3) Number of GBV client encounters that are presented as experiencing sexual violence
- (4) Number of GBV client encounters that are presented as experiencing physical violence
- (5) Number of GBV client encounters that are presented as experiencing emotional violence
- (6) Number of GBV client encounters that are presented as experiencing neglect

If the data are available for three, six, or 12 months for any of these six data categories, the user enters “X” under the column for that category of patient data. In the example below, there are six months of data for “number of GBV client visits/encounters” (line 11) but three months of data for “sexual violence encounter” (line 12).

Estimating the Costs of Delivering Services for Post-Gender-Based Violence Care at a Health Facility

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Return to Menu Next Data tab Go to Cost Summary

Note 1: Data for these tables should be available from the facility register, monthly summary r...

Note 2: It is important that the facility have a minimum of three months of GBV client data to g...

Table 4. Service delivery statistics

4A. Availability of Data

Year	3 months	6 months	12 months
How many months have number of GBV client data? Mark X			
How many months have GBV encounter/visit data? Mark X		x	
How many months have Sexual Violence encounter data? Mark X	x		
How many months have Physical Violence encounter data? Mark X			
How many months have Emotional Violence encounter data? Mark X			
How many months have Neglect encounter data? Mark X			

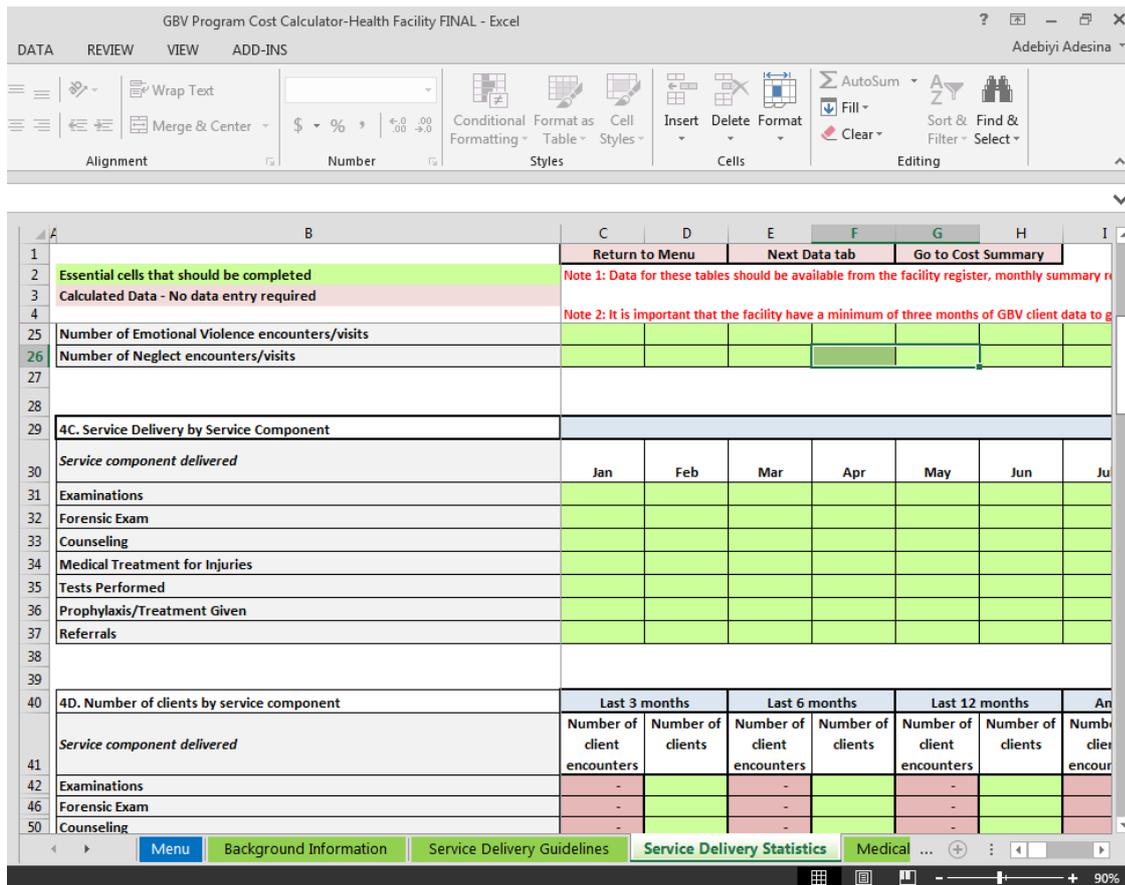
The tool will calculate annual costs. Data for 3 and 6 months are included so that data can be extrapolated if 12 months of data aren't available.

4B. Service Delivery Summary by Type of GBV/VAC

	Jan	Feb	Mar	Apr	May	Jun	Jul
Number of GBV clients (if available, otherwise leave blank)							
Number of GBV encounters/visits	15	23	24	14	20	23	
Number of Sexual Violence encounters/visits	5	50	8				
Number of Physical Violence encounters/visits							
Number of Emotional Violence encounters/visits							
Number of Neglect encounters/visits							

In Table 4B, the user enters the actual number of GBV clients, GBV client visits/encounters, sexual violence client encounters, physical violence encounters, emotional violence encounters, and neglect encounters (lines 21–26).

In Table 4C, the user enters the number of GBV encounters of people who received each of the seven service components for clinical management of GBV—the number of GBV client encounters who were examined, received forensic exams, got counseling, received medical treatment for injuries, had tests (pregnancy, STI, and/or HIV), were given prophylaxis (emergency contraceptive or HIV PEP), and were referred for additional clinical services (x-rays, antenatal care [ANC], etc.) (Lines 20 to 37)



In Table 4D (shown below), the user enters the number of GBV clients (note: number of clients, not client encounters/visits) who received the seven service components of the clinical management of GBV (lines 42, 46, 50, 56, 58, 62, 68).

D. Number of clients by service component		Last 3 months		Last 6 months		Last 12 months		Annualized total	
Service component delivered	Number of client encounters	Number of clients	Number of client encounters	Number of clients	Number of client encounters	Number of clients	Number of client encounters	Number of clients	
42 Examinations	-	-	-	-	-	-	-	0	
46 Forensic Exam	-	-	-	-	-	-	-	0	
50 Counseling	-	-	-	-	-	-	-	0	
56 Medical Treatment for Injuries	-	-	-	-	-	-	-	0	
58 Tests Performed	-	-	-	-	-	-	-	0	
62 Prophylaxis/Treatment Given	-	-	-	-	-	-	-	0	
68 Referrals	-	-	-	-	-	-	-	0	

Medical staff

Data entry for this tab is separated into four tables. Table 5A contains information on the salary for each cadre of medical staff that provides post-GBV services. Table 5B contains information on LOE or percentage of time spent for each staff in each cadre who provide post-GBV clinical services. Table 6A contains information about the time spent (in minutes) for each staff in each cadre of medical providers of post-GBV clinical services; Table 6B contains information about the time (in minutes) clinical staff spend on providing each of the seven clinical services for the average GBV case.

When entering data into Tables 5A and 5B, it is important that users enter the salary (5A) and percentage of time spent providing post-GBV clinical services (5B) for each staff in each cadre only for those in that category who provide post-GBV clinical services. In the example shown below, there are three medical officers and four assistant clinical officers who provide post-GBV clinical services at this facility. The salaries for each staff for each category are then entered into Table 5A (lines 8 and

Estimating the Costs of Delivering Services for Post-Gender-Based Violence Care at a Health Facility

11); the percentage of time spent providing post-GBV clinical services are entered into Table 5B (lines 30 and 33).

Table 5A. Salary information for medical staff who provide post-GBV services		Staff 1	Staff 2	Staff 3	Staff 4	Staff 5	Staff 6	Staff 7
List all medical cadre at the facility involved in GBV service delivery								
Medical Officer		20000	29,000	35,000				
Assistant Medical Officer								
Clinical officer								
Assistant Clinical Officer		19000	21,000	20,000	23,000			
Nurse								
Medical Attendant								
Social Welfare Officer								
Clinical Dentist								
Dental Therapist								
Pharmacist Technician								
Lab technician								
Lab Assistant								
Other (Please describe):								
Other (Please describe):								
Other (Please describe):								
Other (Please describe):								
Other (Please describe):								
Other (Please describe):								

Table 5. Level of effort of medical staff for GBV services		Staff 1	Staff 2	Staff 3	Staff 4	Staff 5	Staff 6	Staff 7
List all medical cadre at the facility involved in GBV service delivery								
Medical Officer		5%	10%	12%				
Assistant Medical Officer								
Clinical officer								
Assistant Clinical Officer		20%	25%	27%	33%			
Nurse								

Note that the GBV Program Cost Calculator automatically calculates the average salary and average LOE for each cadre of medical staff in column M (as shown below). Hence, using data from the example above, the average salary for the three medical officers is 28,000 (cell M8 below), whereas the average salary for the four assistant clinical officers is 20,750 (cell M11). Similarly, the average LOE for the three medical officers is 9 percent (cell M30 below), whereas the average for the four assistant clinical officers is 26 percent (cell M33).

Table 5C. Summary of average salary and LOE		Staff 8	Staff 9	Staff 10	Average
List all medical cadre at the facility involved in GBV service delivery					
Medical Officer					28,000.00
Assistant Medical Officer					-
Clinical officer					-
Assistant Clinical Officer					20,750.00
Nurse					-
Medical Attendant					-
Social Welfare Officer					-
Clinical Dentist					-
Dental Therapist					-
Pharmacist Technician					-
Lab technician					-
Lab Assistant					-
Other (Please describe):					-
Other (Please describe):					-
Other (Please describe):					-
Other (Please describe):					-
Other (Please describe):					-
Other (Please describe):					-

Table 5. Level of effort of medical staff for GBV services		Staff 8	Staff 9	Staff 10	Average LOE
List all medical cadre at the facility involved in GBV service delivery					
Medical Officer					9%
Assistant Medical Officer					0%
Clinical officer					0%
Assistant Clinical Officer					26%
Nurse					0%

Data from Tables 5A and 5B then are automatically calculated in Table 5C to give the calculated salary cost for medical staff (as shown below).

List all medical cadre at the facility involved in GBV service delivery	Average annual salary (including benefits)	% of time spent delivering GBV services at facility	Number of staff supporting GBV services	Average Annual salary cost (including benefits)
Medical Officer	28,000.00	9%	3	7,560.00
Assistant Medical Officer	-	0%	0	-
Clinical officer	-	0%	0	-
Assistant Clinical Officer	20,750.00	26%	4	21,787.50
Nurse	-	0%	0	-
Medical Attendant	-	0%	0	-
Social Welfare Officer	-	0%	0	-
Clinical Dentist	-	0%	0	-
Dental Therapist	-	0%	0	-
Pharmacist Technician	-	0%	0	-
Lab technician	-	0%	0	-
Lab Assistant	-	0%	0	-
Other (Please describe):	-	0%	0	-
Other (Please describe):	-	0%	0	-
Other (Please describe):	-	0%	0	-
Other (Please describe):	-	0%	0	-
Other (Please describe):	-	0%	0	-
TOTAL			7	29,347.50

For Table 6, the user enters the time in number of minutes spent by each staff cadre on each of the seven service components of GBV clinical management. Using the example of the three medical officers given above, if one of them spends 30 minutes on examinations but the second and third spend 25 and 26 minutes, respectively, the average time spent on examinations for the three medical officers will be $30 + 25 + 26 = 81/3 = 27$. For this example, the user would enter 27 for medical officers under “Conducting Screening” (as shown below in line 73).

List all medical cadre at the facility involved in GBV service delivery	Conducting Screening	Forensic Exam	Counselling	Medical Treatment for Injuries	Testing	Prophylaxis/treatment	Ref
Medical Officer	27.0						
Assistant Medical Officer							
Clinical officer							
Assistant Clinical Officer	30.0						
Nurse							
Medical Attendant							
Social Welfare Officer							
Clinical Dentist							
Dental Therapist							
Pharmacist Technician							
Lab technician							
Lab Assistant							
Other (Please describe):							
Other (Please describe):							
Other (Please describe):							
Other (Please describe):							
Other (Please describe):							

Users should be sure to follow these steps and enter the data for each service component for all cadres who offer clinical GBV management at the facility. For those clinical staff cadres not shown, the user can enter new categories in the cells marked “Other (Please describe)” (lines 85–89).

Note that with the data from Tables 5A, 5B, 5C, and 6, the Cost Calculator will automatically estimate the medical staff LOE by GBV management service component (Table 6A) and the cost per service provider cadre by service component (Table 6B), as shown below.

Similarly, for Table 7B, the user enters the percentage of time spent or LOE on GBV for the two accountants and the clerk (lines 34 and 37) to provide the averages in column M (as shown below).

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AS DATA REVIEW VIEW ADD-INS

	A	B	C	D	E	F
1				Return to Menu	Next Data tab	Summary
2		Essential cells that should be completed				
3		Calculated Data - No data entry required				
4						
31		Table 7B. Level of effort for post-GBV service support staff				
32		List all support staff cadre at the facility involved in supporting GBV service delivery				
33			Level of effort			
34			Staff 1	Staff 2	Staff 3	Staff 4
35		Accounts clerk	15%	10%		
36		Assistant accountant				
37		Clerk	24%			
38		Data Manager				
39		Driver				
40		Guard				
41		Housekeeping				
42		Technicians				
43		Administrator				
44		Office Attendant				
45		Office Manager				
46		Porter				
47		Reception				
48		Store Clerk/Keeper				
49		Other (Please describe)				
50		Other (Please describe)				
51		Other (Please describe)				
52		Other (Please describe)				
53		Other (Please describe)				
54		Other (Please describe)				
55		Other (Please describe)				
56						
57						

Medical Staff Support Staff Drugs & Supplies Facility & Operations Equipm

GBV Program Cost Calculator-Health Facility FINAL - Excel

MUAS DATA REVIEW VIEW ADD-INS

	A	K	L	M	N	O	P	Q	R	S
32										
33										
34										
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40										
41										
42										
43										
44										
45										
46										
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48										
49										
50										
51										
52										
53										
54										
55										
56										
57										

Medical Staff Support Staff Drugs & Supplies Facility & Operations Equipment & Vehicles

Data from Tables 7A and 7B are then automatically calculated in Table 7C to give the cost of staff who support post-GBV services (see below).

GBV Program Cost Calculator-Health Facility FINAL - Excel

LAS DATA REVIEW VIEW ADD-INS

Adebiyi Adesina

	A	B	C	D	E	F	G	H	I
1				Return to Menu	Next Data tab	Summary			
2		Essential cells that should be completed							
3		Calculated Data - No data entry required							
4									
58		Table 7C. Calculated post-GBV service support staff							
59		List all support staff cadre at the facility involved in supporting GBV service delivery							
60			Number of staff supporting GBV services	Average annual salary (including benefits)	% of time spent supporting GBV services	Calculated GBV Share of service delivery	Annual staff cost of supporting GBV services		
61		Accounts clerk	2	57,500	13%	13%	14,375		
62		Assistant accountant	0	-	0%	0%	-		
63		Clerk	1	36,000	24%	24%	8,640		
64		Data Manager	0	-	0%	0%	-		
65		Driver	0	-	0%	0%	-		
66		Guard	0	-	0%	0%	-		
67		Housekeeping	0	-	0%	0%	-		
68		Technicians	0	-	0%	0%	-		
69		Administrator	0	-	0%	0%	-		
70		Office Attendant	0	-	0%	0%	-		
71		Office Manager	0	-	0%	0%	-		
72		Porter	0	-	0%	0%	-		
73		Reception	0	-	0%	0%	-		
74		Store Clerk/Keeper	0	-	0%	0%	-		
75		Other (Please describe)	0	-	0%	0%	-		
76		Other (Please describe)	0	-	0%	0%	-		
77		Other (Please describe)	0	-	0%	0%	-		
78		Other (Please describe)	0	-	0%	0%	-		
79		Other (Please describe)	0	-	0%	0%	-		
80		Other (Please describe)	0	-	0%	0%	-		
81		Other (Please describe)	0	-	0%	0%	-		
82		TOTAL	3.00				23,015		

Medical Staff Support Staff Drugs & Supplies Facility & Operations Equipment & Vehicles Cost S ... 92%

Note: If the percentage of time spent on GBV activity is unknown for each staff member, the Cost Calculator will automatically estimate the LOE using the total annual number of facility encounters/visits (for all patients) and the total annual number of GBV client encounters/visits. For example, Facility X had 100,000 patient visits/encounters and 9,500 GBV client encounters/visits in

Estimating the Costs of Delivering Services for Post-Gender-Based Violence Care at a Health Facility

2014. This means that the percentage of time spent on supporting post-GBV services will be $9,500/100,000 = 9.5$ percent.

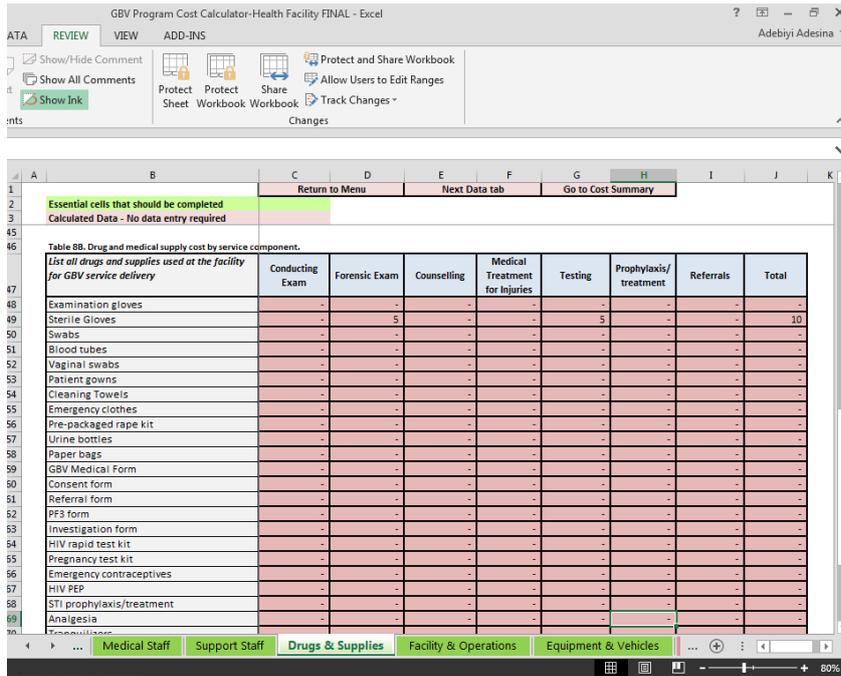
When all support staff cost data are entered, the Cost Calculator will also automatically add up all support staff costs at the bottom of the tab, along the row marked TOTAL (line 82 above).

Drugs and supplies

In this tab, the user enters the quantity and cost of drugs used in each of the service components for clinical management of GBV in Table 8A. First, the user enters the cost of each item (in column C below) and then, in the columns to the right, enters the quantity used for each service component (columns D–I). In some cases, the same items might be used for two separate service components. For example, if only one set of gloves was used for both the forensic examination and HIV test, the user would enter 0.5 under forensic examination and 0.5 under test. If however, a single set of gloves was used for forensic examination and then another single set was used for testing, the user would enter 1 under forensic examination and 1 under testing, as in line 9 in the example below.

Essential cells that should be completed		Return to Menu	Next Data tab	Go to Cost Summary					
Calculated Data - No data entry required									
Please fill out unit cost information in column C. In the remaining columns, record the number of units used per client encounter for each service component.									
List all drugs and supplies used at the facility for GBV service delivery		Cost per item	Conducting Exam	Forensic Exam	Counselling	Medical Treatment for Injuries	Testing	Prophylaxis/treatment	Referrals
8	Examination gloves								
9	Sterile Gloves	5		1.0			1.0		
10	Swabs								
11	Blood tubes								
12	Vaginal swabs								
13	Patient gowns								
14	Cleaning Towels								
15	Emergency clothes								
16	Pre-packaged rape kit								
17	Urine bottles								
18	Paper bags								
19	GBV Medical Form								
20	Consent form								
21	Referral form								
22	PF3 form								
23	Investigation form								
24	HIV rapid test kit								
25	Pregnancy test kit								
26	Emergency contraceptives								
27	HIV PEP								
28	STI prophylaxis/treatment								
29	Analgesia								
30	Tranquilizers								
31	Antiemetics								
32	Culture and sensitivity testing								

When a user has entered the cost and quantity for all drugs and medical supplies used for the average GBV client during a visit, the Cost Calculator will automatically calculate the cost of each item by service component and the total cost for each drug and medical supply item in Table 8A, as shown below.



Facility operations

This is the tab where the user enters the varying facility operation cost. Data entered into this tab are separated in Tables 9 and 10. In Table 9, the user enters the property value of the building in which the facility is housed (line 7 below) or, if the facility is rented, the monthly or annual rent (line 8). In Table 10, the user should enter the annual cost of facility operations—building maintenance, fuel (vehicles and for other purposes, such as an electric generator), vehicle insurance, telephone, water, electricity, and other operations costs. The user can then enter the facility’s estimated post-GBV service share of these costs. If the percentage of facility operation costs supporting post-GBV services is unknown, the Cost Calculator will automatically calculate the post-GBV service share using the proportion of GBV encounters, based on the total annual number of facility encounters/visits (for all patients) and the total annual number of GBV client encounters/visits. For example, Facility X had 100,000 patient visits/encounters in 2014 and 9,500 GBV client encounters/visits. This means that the percentage of time spent on supporting GBV intervention will be automatically calculated as $9,500/100,000 = 9.5$ percent.

The Cost Calculator will then calculate the total cost for both property and recurrent operation costs at the end of each table.

Estimating the Costs of Delivering Services for Post-Gender-Based Violence Care at a Health Facility

The screenshot shows the 'GBV Program Cost Calculator-Health Facility FINAL - Excel' spreadsheet. The 'Facility & Operations' tab is active. The spreadsheet contains several tables:

- Table 9. Size and cost of facility space**

	Monthly property value/rent	Annual property value/rent	Annual property value/rent
Property value			
Facility rent			
Cost of facility space			
- Table 10. Recurrent Operations Costs**

List all facility operations that support GBV service delivery	Annual Operating Costs	% of operation supporting GBV service delivery	Calculated GBV Share of service delivery
Building maintenance			0%
Emergency vehicle and other transport equipment maintenance			0%
Fuel (partially or completely for GBV activity)			0%
Insurance			0%
Telephone			0%
Electricity			0%
Water			0%
Internet			0%
Rent of outreach event space			0%
Rent of equipment for outreach events			0%
Rent of vehicles for outreach events			0%

Equipment and vehicles

Data entry for this tab is separated into two tables: Table 11 for medical equipment and furniture, and Table 12 for vehicles. In Table 11, the user enters the quantity of each type of medical equipment used in the clinical management of GBV, the current capital cost of each, the year the item was purchased or procured, the lifespan of the equipment,¹ and the estimated level of use of the equipment for clinical GBV management. In the example below, this particular facility has five examination couches that have a capital cost of USD 10,000, and were purchased in 2010 with a projected lifespan of eight years. Based on the quantity, cost, year of purchase, and lifespan from the WHO amortization table, the Cost Calculator estimates that the value of the couches is USD 1,000 (line 7 below).

¹ Amortization assumptions based on WHO guidelines are provided in Appendix 3. Additional information can be found in the WHO CHOICE database. Available at: http://www.who.int/choice/costs/prices_t4/en/index.html.

The screenshot shows an Excel spreadsheet with the following data for Table 11 (Medical Equipment):

	Number of Units	Capital cost of one unit	Year of purchase	Lifespan/Replacement Period (this is the period from purchase until deterioration)	% of use for GBV service delivery	Calculated GBV Share of service delivery	GBV
Examination couch	4	10,000	2010	8.0	5%	0%	
Working angle lamp						0%	
Speculum						0%	
Vaginal retractor						0%	
Colposcope						0%	
Sharps container						0%	
Lockable cabinet for forensic evidence						0%	
Lockable cabinet for medical supplies						0%	
Examination screen						0%	
Mackintosh for examination bed						0%	
Microscope						0%	
Other (Please describe)						0%	
Other (Please describe)						0%	
Other (Please describe)						0%	
TOTAL							

The spreadsheet also shows Table 12 (Vehicles and Other Transportation) with similar columns, and a 'TOTAL' row for each table. The spreadsheet is titled 'GBV Program Cost Calculator-Health Facility FINAL - Excel' and has a ribbon with 'DATA', 'REVIEW', 'VIEW', and 'ADD-INS' tabs.

Note that if the equipment or vehicle is not shown in the current list, the user can enter the name of any equipment or vehicle not listed into the cells marked “Other (Please describe)” (lines 31–35).

A similar approach applies to vehicles in Table 12. The user enters the quantity of each vehicle used in clinical management of GBV, current capital cost, the year the vehicle was purchased or procured, its lifespan,² and its estimated level of use for clinical GBV management. In the example above, this particular facility has one 4-wheel drive vehicle with a capital cost of USD 40,000, a purchase date of 2013, and has a projected lifespan of 10 years (line 25). Based on the quantity, cost, year of purchase, and lifespan from the WHO amortization table, and the percentage of use for post-GBV services, the Cost Calculator estimates the post-GBV service cost of the vehicle as USD 40.

As in previous cost components, if the share of facility operation costs supporting post-GBV services is unknown, the Cost Calculator will automatically calculate the post-GBV service share using the proportion of GBV encounters, based on the total annual number of facility encounters/visits (for all patients) and the total annual number of GBV client encounters/visits. For example, Facility X had 100,000 patient visits/encounters and 9,500 GBV client encounters/visits in 2014. This means that the percentage of time spent on supporting GBV intervention will be automatically calculated as $9,500/100,000 = 9.5$ percent.

The aggregated cost for each table is automatically calculated and shown in lines 21 and 36 above, marked TOTAL.

Cost summary

The user will find the total annual cost of serving GBV clients, as well as the cost per GBV client visit/encounter, in the cost summary. These two results will be presented in the local currency as well as in USD. An example is shown below:

² As with equipment and furniture, amortization assumptions are provided in Appendix 3. Additional information can be found on WHO CHOICE database. Available at: http://www.who.int/choice/costs/prices_t4/en/index.html.

Estimating the Costs of Delivering Services for Post-Gender-Based Violence Care at a Health Facility

GBV Program Cost Calculator-Health Facility FINAL - Excel

is a summary of the cost of each service delivery component.

Service Delivery Cost Category	In Local Currency		In USD	
	Total Cost	Cost per client encounter	Total Cost	Cost per client encounter
Recurrent Costs				
Medical Staff	-	6.87	-	-
Support Staff	23,015.00	-	-	-
Drugs and Supplies	-	-	-	-
Facility and Operations	-	-	-	-
Total Recurrent Cost	23,015.00	6.87	-	-
Capital Costs				
Vehicles	-	-	-	-
Equipment	-	-	-	-
Total Capital Cost	-	-	-	-
TOTAL COSTS	23,015.00	6.87	-	-

	encounter Local Currency	Cost per client encounter USD
	Examinations	6.87
Forensic Exam	-	-
Counselling	-	-
Medical Treatment for Injuries	-	-
Tests	-	-
Treatment/propylaxis	-	-
Referrals	-	-
Total Cost per Encounter (Complete package)	6.87	-
Total Cost per Client		

Cost by GBV type

Where disaggregated data on the type of GBV are available, the Cost Calculator will generate an estimated cost per GBV client per encounter for each category of GBV.

GBV Program Cost Calculator-Health Facility FINAL - Excel

Return to Menu

Estimated normative cost per client encounter by type of violence

The following is a summary of the cost of each service delivery component in local currency

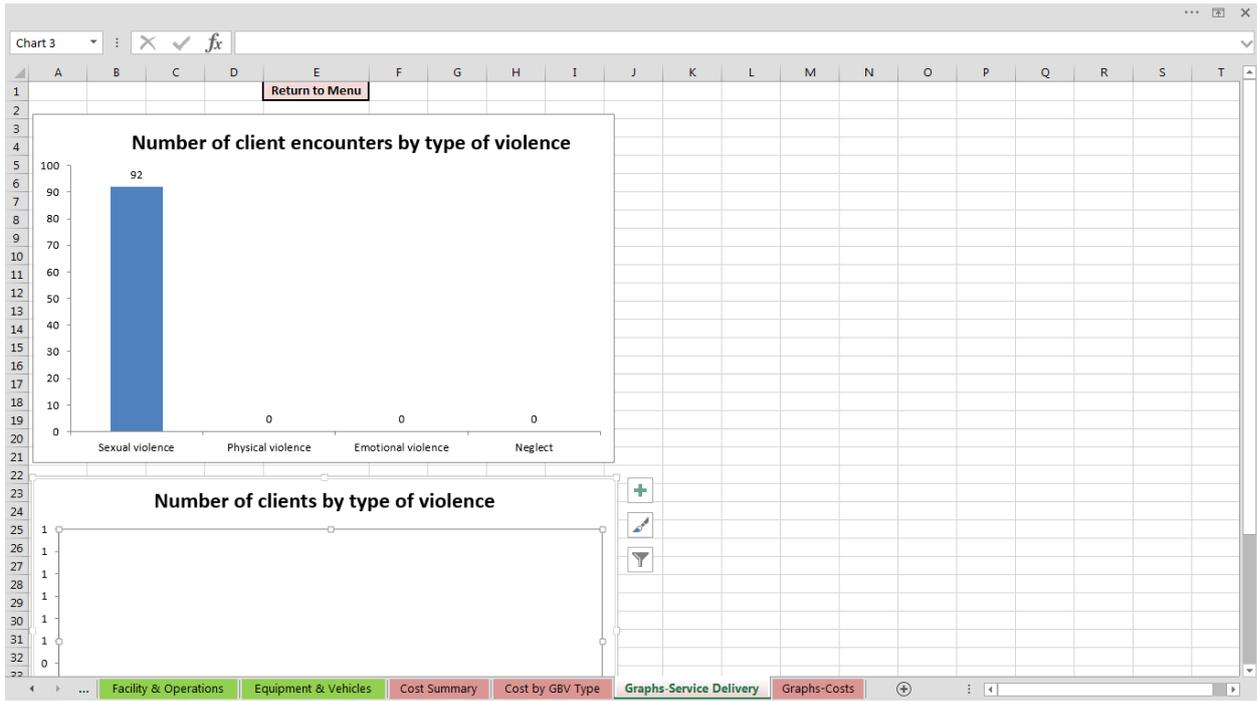
	Cost per client encounter	Cost of services specified in the management guidelines in Local currency			
		Sexual violence	Physical violence	Emotional violence	Neglect
Examinations	6.87	6.87	6.87	-	-
Forensic Exam	-	-	-	-	-
Counselling	-	-	-	-	-
Medical Treatment for Injuries	-	-	-	-	-
Tests	-	-	-	-	-
Treatment/propylaxis	-	-	-	-	-
Referrals	-	-	-	-	-
Total Cost per Encounter (Complete package)		-	-	-	-

The following is a summary of the cost of each service delivery component in USD

	Cost per client encounter	Cost of services specified in the management guidelines in USD			
		Sexual violence	Physical violence	Emotional violence	Neglect
Examinations	-	-	-	-	-
Forensic Exam	-	-	-	-	-
Counselling	-	-	-	-	-
Medical Treatment for Injuries	-	-	-	-	-
Tests	-	-	-	-	-
Treatment/propylaxis	-	-	-	-	-
Referrals	-	-	-	-	-
Total Cost per Encounter (Complete package)		-	-	-	-

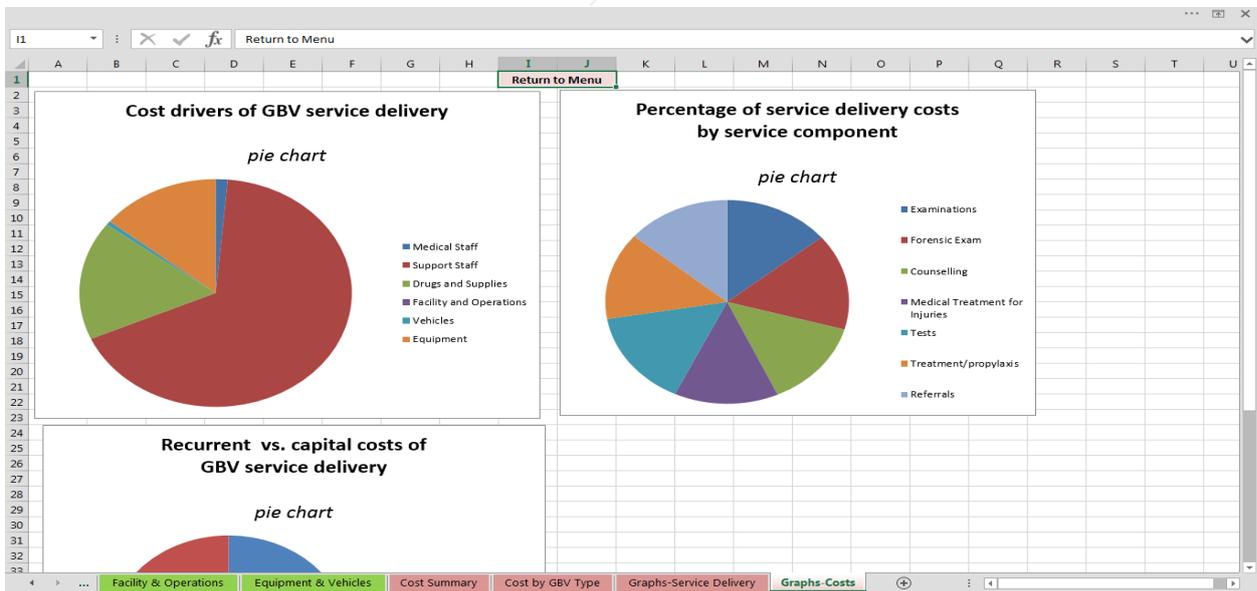
Graphs—service delivery

When the user enters data on the different types of GBV client encounters presented at the facility, the graph in the tab below will display bar charts showing the numbers of GBV encounters by type of GBV.



Graphs—costs

The graph below translates the results from the “Cost Summary” tab into three pie charts: the cost per GBV client encounter by (1) cost components, (2) service components, and (3) recurrent versus capital costs.



ANALYZE AND EXTRACT RESULTS

The formulae behind the Cost Calculator for each cost component are described as follows:

1. Staff/labor cost: The staff cost per GBV client encounter is calculated separately for GBV clinical service staff and GBV clinical support and management staff.
 - a. GBV clinical staff cost is calculated by adding together the average costs of each GBV clinical staff cadre (physician, nurse, clinical officer, welfare officer, etc.). The average cost of each GBV clinical staff cadre is calculated by multiplying the average time spent by that cadre at the facility on the average GBV client encounter by the average annual salary of that cadre at that facility.

Equation 1:

1a. Average GBV clinical staff physician cost per GBV client encounter = Average staff annual salary for GBV physicians * [Average time spent by GBV clinical physician 1 + Average time spent by GBV clinical physician 2 + Average time spent by GBV clinical physician 3] and so on.

1b. Average GBV clinical staff nurse cost per GBV client encounter = Average staff annual salary for GBV nurses * [Average time spent by GBV clinical nurse 1 + Average time spent by GBV clinical nurse 2 + Average time spent by GBV clinical nurse 3] and so on.

Equation 2: GBV clinical staff cost per GBV client encounter = Average GBV clinical staff physician cost per GBV client encounter + Average GBV clinical staff nurse cost per GBV client encounter + Average GBV clinical staff clinical officer cost per GBV client encounter + Average GBV clinical staff welfare officer cost per GBV client encounter + Average GBV clinical staff [other clinical staff] cost per GBV client encounter.

- b. GBV clinical support staff cost is calculated by multiplying the annual salary for each GBV support and management staff for a facility by that staff's LOE (percentage of time spent supporting/managing GBV clinical services) and then multiplying by the proportion of GBV facility encounters at that same facility.

Equation 3: GBV management/ support staff cost per GBV client encounter = GBV clinical support and management staff annual salary x staff LOE (percentage of total effort) / total GBV client encounters recorded at the facility during the year.

Equation 4: Total staff cost per GBV client encounter = GBV clinical staff cost per GBV client encounter + GBV management/ support staff cost per GBV client encounter.

2. Drug and supply cost: This cost is calculated by multiplying the quantity of each drug or supply item used per GBV client encounter (based on interviews with GBV clinical service staff) by the cost per unit of that drug or supply item (based on unit cost data from facility, region or country medical store price list).

Equation 5: Drug and supply cost per client = Quantity of each drug and supply item use per GBV client encounter x cost per unit of drug and supply item.

3. Facility operations cost: This cost is calculated by multiplying the total annual cost of all facility operation costs (utilities, maintenance, fuel, etc.) at the facility by the proportion of GBV facility encounters at that same facility.

Equation 6: Facility operations cost = Facility operations cost item (e.g., electricity) x total GBV client encounters/all facility client encounters.

4. Furniture, equipment, and vehicles: This cost is calculated by multiplying the current value of each piece of furniture, medical equipment, or vehicle used for GBV clinical services at a facility by the estimated level of use for GBV clinical services (as a percentage) and then by the number of GBV facility encounters at that same facility.

Equation 7A: Furniture cost = current value of each piece of furniture x estimated level of use for GBV clinical services (as a percentage) / total GBV client encounters recorded at the facility during the year.

Equation 7B: Equipment cost = current value of equipment x estimated level of use for GBV clinical services (as a percentage) / total GBV client encounters recorded at the facility during the year.

Equation 7C: Furniture, equipment, and vehicle cost = current value of furniture, equipment or vehicle x estimated level of use for GBV clinical services (as a percentage) / total GBV client encounters recorded at the facility during the year.

The cost per GBV client encounter for a facility is calculated by aggregating the cost per GBV client for each of the cost components for that facility.

Equation 8: Cost per GBV client at facility = staff/labor (Equation 4) + drug and supplies (Equation 5) + facility operations (Equation 6) + furniture, equipment, and vehicle (Equation 7).

The average weighted cost per GBV client encounter across a set number of facilities is calculated by multiplying the cost per GBV client encounter for each facility by the number of GBV encounters reported for each facility, summing up this value across all facilities, and then dividing by the total number of GBV encounters across all facilities. For example, the average cost per GBV client encounter for 11 facilities is calculated as follows:

Equation 9: Average weighted cost per GBV client encounter across 11 facilities = [Cost per GBV client at Facility 1 x total GBV client encounters diagnosed at Facility 1] + [Cost per GBV client at Facility 2 x total GBV client encounters diagnosed at Facility 2] + [Cost per GBV client at Facility 3 x total GBV client encounters diagnosed at Facility 3] + . . . + [Cost per GBV client at Facility 11 x total GBV client encounters diagnosed at Facility 11] / [total GBV client encounters diagnosed at Facility 1] + [total GBV client encounters diagnosed at Facility 2] + [total GBV client encounters diagnosed at Facility 3] + . . . + [total GBV client encounters diagnosed at Facility 11].

The average weighted cost per GBV client encounter by type of facility (hospital, health center, or dispensary) can be calculated similarly by multiplying the cost per GBV client encounter by type of facility and dividing the value by the total number of GBV client encounters reported for each type of facility.

For example, for a set of five hospitals, the calculation is as follows:

Equation 10: Average weighted cost per GBV client encounter across five hospitals = [Cost per GBV client at Hospital 1 x total GBV client encounters diagnosed at Hospital 1] + [Cost per GBV client at Hospital 2 x total GBV client encounters diagnosed at Hospital 2] + [Cost per GBV client at Hospital 3 x total GBV client encounters diagnosed at Hospital 3] + . . . + [Cost per GBV client at Hospital 5 x total GBV client encounters diagnosed at Hospital 5] / [total GBV client encounters diagnosed at Hospital 1 + total GBV client encounters diagnosed at Facility 2 + total GBV client encounters diagnosed at Hospital 3 + . . . + total GBV client encounters diagnosed at Hospital 5].

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For a sample of four health centers, the calculation is as follows:

Equation 11: Average weighted cost per GBV client encounter across five health centers = [Cost per GBV client at Health Center 1 x total GBV client encounters diagnosed at Health Center 1] + [Cost per GBV client at Health Center 2 x total GBV client encounters diagnosed at Health Center 2] + [Cost per GBV client at Health Center 3 x total GBV client encounters diagnosed at Health Center 3] + [Cost per GBV client at Health Center 4 x total GBV client encounters diagnosed at Health Center 4] / [total GBV client encounters diagnosed at Health Center 1 + total GBV client encounters diagnosed at Facility 2 + total GBV client encounters diagnosed at Health Center 3 + total GBV client encounters diagnosed at Health Center 4.

For a sample of three dispensaries, the calculation is as follows:

Equation 12: Average weighted cost per GBV client encounter across three dispensaries = [Cost per GBV client at Dispensary 1 x total GBV client encounters diagnosed at Dispensary 1] + [Cost per GBV client at Dispensary 2 x total GBV client encounters diagnosed at Dispensary 2] + [Cost per GBV client at Dispensary 3 x total GBV client encounters diagnosed at Dispensary 3] / [total GBV client encounters diagnosed at Dispensary 1 + total GBV client encounters diagnosed at Facility 2 + total GBV client encounters diagnosed at Facility 2].

STRATEGIES FOR DATA USE

This guidance manual provides policymakers and program managers with clear steps toward estimating the cost of providing health facility-based services to the average GBV case to inform decision making. These decision-making processes can take many forms. Data from a costing exercise for a representative sample of facilities in a district, region, or country can be presented in the following settings.

Dissemination Meeting

This is often a meeting of stakeholders involved in health facility-based GBV interventions and can include national MoH, regional/state, or district health ministries or officials; implementing partners; and communities. The data presented in this forum can either be the result of a cost assessment or, as in most cases, the result of a cost exercise that identifies the average cost of facility-based GBV interventions, compares costs across types and geographical locations of health facilities, identifies cost components that carry significant portions of the total cost, and so on. In the Mozambique assessment of post-GBV service cost data, the dissemination meeting gave the government of Mozambique, donors (specifically USAID), and implementing partners the opportunity to identify gaps in monitoring data and better understand how cost data can be used to improve program implementation and management, and advocate for better resource allocation. Rather than just using a dissemination meeting to present the data, it is important that managers of the costing exercise use the forum to solicit feedback on the data collection process and results to ensure the validity of the data. Once stakeholders have agreed on this validity, there are a number of opportunities for additional use of the data, ranging from strategic planning and resource mobilization to cost-effectiveness and cost-benefit analyses.

Strategic Planning

Cost data are crucial to strategic planning because they identify the resources needed to meet the goals and objectives of the plan. Combining the cost per GBV client encounter with an estimated annual number of GBV client encounters from the strategic plan generates the estimated cost for the plan. The plan can then be used to mobilize resources.

Resource Mobilization

A costed plan that reflects the cost of program scale-up of services for a district, region, or country will provide crucial support in generating funding from multiple sources (domestic—national and regional/state, private, etc.). These data will help funders identify what portion of resources—drugs, human resources, training, equipment supply, and others, can be supported. This allows efficient use of resources to ensure that services are readily available to GBV survivors.

Cost-effectiveness and Cost-benefit Analysis

Combining data on the cost per GBV client encounter with the indicators for quality and effectiveness of service delivery will give policymakers and program planners more in-depth information on the cost-effectiveness of different modalities of service delivery. For example, GBV interventions delivered by nurses may be more cost-effective than delivery by physicians; likewise, GBV interventions delivered at a health center may be more cost-effective than service delivery at a hospital (assuming the GBV case is of the same type and complexity). Identifying the quality and cost associated with different ways of delivering GBV interventions in health facilities will assist policymakers and program managers in identifying how to channel resources in the most effective way to areas of high need.

Similarly, combining cost data with impact and long-term benefit indicators can provide cost-benefit ratios that give policymakers and program managers the means to compare the costs of prevention programs and services with facility-based interventions. This will in turn help them identify how best to alleviate the impact of GBV on the community. A cost-benefit analysis considers the cost per GBV client encounter, the cost to the GBV survivor (in health and income lost), and loss to the community (loss to the family, the community, and to contribution to the economy), and weighs them against the cost of prevention programs and their effectiveness in reducing the prevalence of GBV. Such comparisons should not be used in deciding whether to invest in prevention programs over treatment programs; rather, they are a means of generating additional resources that emphasize prevention while ensuring that services for survivors remain intact.

It is important to note that applying cost data in the different settings outlined above is predicated on the accuracy of the data in representing the setting for which services are being developed, implemented, and expanded. As discussed earlier, the selection criteria and availability of data are key components for ensuring that the results of a cost exercise can be appropriately applied to the context in which the services are intended to be provided.

Conducting costing exercises should be part of routine data collection and monitoring activities to ensure and improve on the accuracy of cost data. A one-time cost exercise provides only a single, momentary, and retrospective observation point for assessing the cost of GBV services at the health facility level. Conducting regular costing exercises as part of semi-annual or annual progress reviews not only improves on the accuracy of cost data, it also builds evidence for a trend analysis that can then be used to generate future cost scenarios.

Finally, using this guide is only one step in the decision-making process, which, as discussed above, requires combining quality, effectiveness, and impact indicators to ensure adequate implementation and expansion of health facility-based services for GBV survivors.

LESSONS LEARNED

Mozambique

To assess the possibility of conducting a costing exercise, the HPP GBV Program costing team conducted a data assessment of the Mozambique GBV initiative. This assessment involved a review of existing GBV intervention policies, plans, and management guidance documents as well as discussions with the Ministry of Health (MISAU), program managers, and implementing partners of health facility-based GBV intervention. The results are presented in the report *Readiness Assessment for Costing GBV Clinical Services in Mozambique*. The result of this assessment indicated that pilot programs of health facility-based GBV intervention, the Mozambique GBV initiative, was still in the early stages of development. Policy and strategic plans and program guidelines and monitoring tools (registers, etc.) were still being developed; training of clinical providers and program managers across health facility levels had yet to be conducted; and the quantification and procurement of drugs, medical supplies, and equipment specific to GBV intervention had yet to be implemented.

This readiness assessment highlighted several important challenges to conducting a GBV costing study in Mozambique as well as some clear opportunities. The challenges include a lack of agreement about what constitutes GBV, a lack of clear protocols on what constitutes a GBV facility, and the lack of clear national data collection protocols. The opportunities are reflected in a policy environment that offers a range of multisectoral and health sector policy documents, and the commitment by donors and the government of Mozambique to expand the quality and accessibility of clinical services for GBV survivors. Once these policies and interventions are in place, it is important to approach key stakeholders before conducting a costing exercise. As discussed in the previous section Policy and Data Landscape Assessment, to gain a more detailed understanding of the policy and data context, it is important to engage policymakers, program managers, clinical managers and trainers, donors, and implementing partners. This engagement should apprise them of the process involved in a costing exercise, secure approval and support for data collection, and discuss the relevance and application of its results in decisions surrounding GBV intervention policy development and program implementation and management.

Tanzania

Working in partnership with the MoHSW of the government of Tanzania, the HPP GBV Program costing team implemented a costing exercise consisting of 11 facilities—five hospitals, four health centers, and two dispensaries—across four regions of Tanzania. The steps outlined in this guidance document heavily enriched and influenced the Tanzanian costing experience. The results of the study are described in detail in the report *Costs of Delivering Services for Gender-based Violence in Health Facilities in Tanzania*. Here we focus on the lessons learned from the Tanzanian GBV costing experience. These lessons are focused mainly on the data collection strategy.

In Tanzania, as in other contexts with limited resources, regular data collection and ensuring data quality are challenging to implement across all facilities. During the data collection phase of the costing exercise, concerns cropped up about the quality of the data reported by some facilities for facility patients in general and GBV client encounters in particular. In some cases, clinical providers were often incredibly busy attending patients. This meant that even though they took considerable care to document patient histories in patient charts, in some cases, entering the client encounter/visit in the GBV register was not possible.

Separating availability of services from actual service delivery. In one facility, eventually excluded from the analysis, staff were trained in clinical management of GBV but often had no electricity or some of the equipment needed to provide these services. In such situations, the facility referred GBV cases to a more capable facility.

Obtaining financial data from the facility, district, or region. For example, building value or rental data may be available through Ministry of Works or Ministry of Finance, but access to these ministries was challenging because of a difficult, bureaucratic financial data requisition process. Alternative ways of collecting these data could involve using estimated building value or rental costs for private hospitals in the same geographical catchment area (i.e., serving the same region) or property rental information for similar-sized buildings.

Separating facility operation costs. Some facilities are billed together with others in their district. For example, electricity costs obtained from a district health office did not have disaggregated data for each facility. In such cases, the study used patient load across the facilities to allocate such district-level aggregated costs to a specific facility.

Obtaining purchase and procurement year for equipment, furniture, and vehicles. This process proved difficult. A number of facilities did not handle their own invoices; data had to be obtained at the district or regional levels. However, these higher levels did not have data on distribution of equipment and costs available. Our alternative was to use the delivery year and current estimated cost of equipment, furniture, and/or vehicle to calculate value.

Capturing cost data of GBV client encounter for each type of GBV. The team's collection of these data were limited by time and resources and, most important, the variation of overlapping and complex types of violence experienced by GBV cases. Even when two GBV clients present with the same type of violence, the severity of their experiences will affect the time spent treating each case, the type and quantity of drugs and medical supplies, and the type of equipment and vehicles used. Also, as a result of the limited time and resources available for this exercise, we utilized information reported by GBV focal persons/program managers and clinical providers, who are not likely to remember each type, combination, or complexity of the GBV cases they have treated. Applying a more resource-intensive study that uses observational study in combination with clinic flow is more likely to generate a more accurate assessment of cost.

Nevertheless, the data collection process and analysis proved to be useful not only in identifying gaps but also in creating opportunities for the government of Tanzania, donors, advocates, and implementing partners to incorporate the steps for costing post-GBV services as part of the program management and monitoring processes. When the exercise is expanded to other facilities, it will be crucial to the annual Comprehensive Council Health Plans (CCHPs) planning and budgeting cycle at the subnational level and to estimating the cost of the National GBV and Violence Against Children prevention and response implementation program for the next five years.

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ANNEX A. FACILITY DATA COLLECTION FORM

Post Gender-Based Violence Program Cost Facility Data Collection Form

INTRODUCTION (to be read by the interviewer to every interviewee)

Introduction:

Hello, my name is _____ [SAY YOUR NAME] _____, and I am working on a study on behalf of the Ministry of Health.

The objective of this study is to collect data on costs of providing services to clients who have experienced gender-based violence (GBV). This information will be used by researchers, policy makers and program managers to understand the cost of providing post-GBV services at the level of health facilities. We thank you for your cooperation in this study and we remind you that participation in this study is free and voluntary.

Before I start, I will tell you a little more about the study and then ask for your consent to participate and to sign a consent form:

(Administer the consent form)

Do you have any questions before we start?

If yes, record the question and your answers:

Important information

(To be asked to the facility manager and recorded by interviewer)

Table 1: Country and Currency

Country: _____

Local Currency: _____

Exchange rate to US Dollar: _____

Table 2: Facility Information

Name of Facility: _____

District: _____

Region: _____

Type of Facility: Referral hospital, District hospital, Health Centre, Dispensary

Where is the facility located: Town center Village area

Date of interview : ____ - ____ - ____ (day-month-year)

Name of interviewer: _____

Size of Health Facility: _____ (in sq. metres)

Total number of clients receiving services at the facility:

In last one month: ____ In last three months: ____ In last 6 months: ____

In past one year: ____

Total number of attendance at the facility:

In last one month: ____ In last three months: ____ In last 6 months: ____

In past one year: ____

Total number of admission at the facility: Break down number if the facility admits patients

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In last one month: _____ In last three months: _____ In last 6 months: _____

In past one year: _____

Total number of outpatients receiving services at the facility:

In last one month: _____ In last three months: _____ In last 6 months: _____

In past one year: _____

GBV services and service delivery data (to be asked GBV service provider and recorded by interviewer)

Table 3. Can you please tell me which GBV service components are offered at this facility?
[Interviewer: Read the list aloud to the respondent and write Yes (Y) or No (N) in the box]:

Table 3: Components of GBV services being provided at the facility

Service components	
Examinations	GBV examination and screening; physical examination; mental health examination
Forensic Exam	Forensic examination; evidence; filling in PF3 form
Counseling	Psychosocial counseling; pregnancy/counseling on family planning; HIV/AIDS counseling and testing; PEP adherence counseling; Other counseling
Medical Treatment for Injuries	Medical Treatment for Injuries
Tests	Pregnancy test; HIV test; STD tests
Prophylaxis	Family planning; Emergency contraception; PEP for HIV; STI treatment; Tetanus Toxoid
Treatment	

Table 4A. At what date did you begin recording data on GBV clients in the GBV register? What is the most recent date for which you have these data?

Table 4A: Availability of GBV Service Data

	All types of GBV/VAC (Indicator number 1)		Sexual violence (Indicator number 6)		Physical violence (Indicator number 5)		Psychosocial violence (Indicator number 7)		Neglect (Indicator number 8)	
	Number of client encounters	Number of clients	Number of client encounters	Number of clients	Number of clients encounters	Number of clients	Number of clients encounters	Number of clients	Number of clients encounters	Number of clients
Last 3 months										
Last 6 months										
Last 12 months										

Table 4B. Can you please share with me your monthly summary sheets on GBV service delivery? I am interested to know the number of client encounters/visits and number of clients who received GBV services at this facility. I'd like to know this information broken down by type of GBV (i.e., sexual violence, physical violence, emotional violence, and neglect) – as well as the total numbers.

Instructions to the interviewer: Please enter the information in table 4B below. (Indicators from the monthly summary form are noted in parentheses)

NOTE: If monthly tally sheets are not available, ask to see GBV register. However, personal information should first be COVERED/HIDDEN before looking at the forms. Information for this table can also be collected from the district office.

Table 4B: Service Delivery Summary by Type of GBV/VAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total if data are not available by month
Number of GBV clients (if available, otherwise leave blank)													
Number of GBV encounters/visits													
Number of Sexual Violence encounters/visits													
Number of Physical Violence encounters/visits													
Number of Emotional Violence encounters/visits													
Number of Neglect encounters/visits													

Table 4C. Can you please tell us the number of clients encountered and number of clients who received the following components in your facility in the past one year? If data for past one year is not available, is there data for past 6 months? If no data for past 6 months, is there data for past 3 months?

Table 4C: Service Delivery by Service Component

Service component (Indicator number)	Number of service encounter and clients	Number of clients	Number of service encounter and clients	Number of clients	Number of service encounter and clients	Number of clients
Examination (Indicator number 4. Asked screening questions)						
Forensic investigation (Indicator number 10)						
Counseling (Indicator number 11)						
Medical treatment (No indicator)						
Type of test done						
HIV (Indicator number 12)						
Pregnancy (No indicator)						
Prophylaxis/Treatment given						
PEP (Indicator number 13)						
STDs (Indicator number 14)						
EC (Indicator number 15)						
Referral						
Within the facility (Indicator number 20)						
Outside the facility (Indicator number 21)						

Medical staff cost of post-GBV services

Table 5. Interviewer to the GBV service supervisor/focal person: Can you tell me which health providers in each cadre in this facility provide all or different GBV components services?

NOTE: This information is meant to help you identify the health providers whom you will interview and not to enter into the GBV Program Costing Calculator.

Table 5: Cadres that Provide GBV Service Components

	Conducting Exam	Forensic Exam	Counseling	Medical Treatment	Testing	Prophylaxis Treatment	Referrals
Medical Officer							
Assistant Medical Officer							
Clinical Officer							
Assistant Clinical Officer							
Nursing Officer							
Assistant Nursing Officer							
Public Health Nurse							
Enrolled Nurse							
Nurse Midwife							
Nurse Assistant							
Nurse Attendant							
Social Welfare Officer							
Clinical Dentist							
Dental Therapist							
Pharmacist Technician							
Other (Please describe):							
Other (Please describe):							
Other (Please describe):							

(Interviewer: As soon as the GBV supervisor identifies GBV service providers, request to interview medical staff so that you can ask about the effort and amount of time used to provide services on each component of GBV. If there are more than two people in each cadre who provide post-GBV services be sure to select at least one for interview, if there are three people in each cadre select two, if more than three people in each cadre select three to interview.)

Table 5B. Interviewer to Medical Staff: Can you please tell me the proportion of your total time or level of effort (LOE) that you use to provide GBV services? In other words, when you think back over the last one or two months, how much of your time was spent working with GBV clients? Would you say it was 1%, 5%, 18%, etc.?

(NOTE: Enter the LOE for each staff in each cadre who provides post-GBV services)

Table 5B: Percentage of Time Spent for Providing GBV Services (over total time spent providing services)

Health Provider Cadre	Time Spent for Providing GBV Services					
	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5	Staff 6
Medical Officer						
Assistant Medical Officer						
Clinical Officer						
Assistant Clinical Officer						
Nursing Officer						
Assistant Nursing Officer						
Public Health Nurse						
Enrolled Nurse						
Nurse Midwife						
Nurse Assistant						
Nurse Attendant						
Social Welfare Officer						
Clinical Dentist						
Dental Therapist						
Pharmacist Technician						
Other (Please mention)						
Other (Please mention)						
Other (Please mention)						

Number of workers who provided information on Table 5B: _____

Table 6. Interviewer to Medical Staff: If you can think back to the GBV cases which were attended to in the past week or month, please tell me the time (in minutes) which you attended to normal cases (frequently happened) of GBV. Please tell me the time spent according to each component.

NOTE: If there is more than one person in a cadre who supports GBV services, enter the average proportion of time. For example, if there are three clinical officers who provide GBV services at this facility and one spends 30% supporting GBV services, the second spends 25%, and the third spends 5%, the average of the three clinical officers will be the sum of percent time spent divided by number of people in that staff cadre, $(30\%+25\%+5\%)/3 = 60\%/3 = 20\%$, then enter 20% under clinical officer.

Table 6: Time Spent by Medical Staff Providing GBV Service Component (in minutes) (Refer to Table 3 for the details of service components)

	Conducting Exam	Forensic Exam	Counseling	Medical Treatment	Testing	Prophylaxis Treatment	<i>Non-clinical GBV Administrative time (time spent on documentation, filling register etc.)</i>
Medical Officer							
Assistant Medical Officer							
Clinical Officer							
Assistant Clinical Officer							
Nursing Officer							
Assistant Nursing Officer							
Public Health Nurse							

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	Conducting Exam	Forensic Exam	Counseling	Medical Treatment	Testing	Prophylaxis Treatment	<i>Non-clinical GBV Administrative time (time spent on documentation, filling register etc.)</i>
Enrolled Nurse							
Nurse Midwife							
Nurse Assistant							
Nurse Attendant							
Social Welfare Officer							
Clinical Dentist							
Dental Therapist							
Pharmacist Technician							
Other (please explain)							
Other (please explain)							
Other (please explain)							

Number of workers contributed to Table 6b:

Time spent on GBV by non-clinical staff

Table 7A. Interviewer to GBV focal person: Can you please tell us which staff provide program/administrative support (that is, non-medical GBV services) to the GBV program at this facility? Next, can you tell me the number of GBV support staff by the staff cadre at this facility?

NOTE: This information is meant to help you identify the non-clinical/non-medical staff whom you will interview and not to enter into the GBV Program Costing Calculator.

Table 7A: Non-clinical Support Staff for GBV Services

Support Staff Cadre	Number of Staff Supporting GBV Services
Administrator	
Accountant officer	
Assistant accountant	
Administrative assistant	
Clerk	
Data Manager	
Driver	
Guard	
Housekeeping	
Maintenance Staff	
Management Officer	
Office attendant	
Office Manager	
Porter	
Office Manager	
Reception	
Store Keeper	
Technician	
Other (Please describe)	

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Support Staff Cadre	Number of Staff Supporting GBV Services
Other (Please describe)	
TOTAL	

(Interviewer: As soon as the GBV supervisor identifies support staff, request to interview them about the time used to support GBV services at the facility.)

Table 7B. Interviewer to Supporting staff: Can you tell me what amount of work time in past month or three months was used to support GBV services at this facility? Would you say it was 1%, 5%, 18%, etc.?

(NOTE: Enter the LOE for each staff in each cadre who provides post-GBV services)

Table 7B: Proportion of Time Used to Support GBV Services

Support Staff cadre	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5	Staff 6
Administrator						
Accountant officer						
Assistant accountant						
Administrative assistant						
Clerk						
Data Manager						
Driver						
Guard						
Housekeeping						
Maintenance Staff						
Management Officer						
Office attendant						
Office Manager						
Porter						
Office Manager						

Support Staff cadre	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5	Staff 6
Reception						
Store Keeper						
Technician						
Other (Please describe)						
Other (Please describe)						
TOTAL						

Drugs and medical supplies

Interviewer to the supervisor of GBV and medical staff:

Interview with GBV focal person and medical staff: Now we would like to understand how drugs and medical supplies/consumables are used for GBV services. When you think of the average case from all the GBV cases that you served in the last month, can you tell us the quantity of each type of drug and medical supply used by GBV service component? Please tell us if a new item is used for the subsequent service component. For example, a set of examination gloves was used for conducting an exam, while another one for Forensic exam and testing. That means the number 1 is entered under Conducting exam and 1 entered under Forensic exam but the Testing cell should be left blank.

(Note to the interviewer: If only one/single set of gloves was used for forensic examination and also for HIV, write down 0.5 under forensic examination and 0.5 under forensic examination. If only one/single set of gloves was used for forensic examination and then another one/single set of gloves was used for testing, write down 1 under forensic examination and 1 under testing)

Table 8: Drugs and Medical Supplies

	Conducting Exam	Forensic Exam	Counseling	Medical Treatment	Testing	Prophylaxis Treatment
Examination gloves						
Patient gowns						
Sanitary towels						
Emergency clothing						
Pre-packaged rape kit						
Swabs						

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	Conducting Exam	Forensic Exam	Counseling	Medical Treatment	Testing	Prophylaxis Treatment
Vaginal swabs						
Blood tubes						
Urine bottles						
Paper bags						
Recording & reporting forms						
HIV rapid test kit						
Pregnancy test kit						
Emergency contraceptives						
HIV PEP						
STI prophylaxis/ treatment						
Analgesia						
Tranquilizers						
Antiemetics						
Culture and sensitivity testing						
DNA tests						
VDRL						
Examination gloves						
Hepatitis B surface antigen tests						
FBP						

	Conducting Exam	Forensic Exam	Counseling	Medical Treatment	Testing	Prophylaxis Treatment
Blood grouping and Cross matching						
Blood chemistry						
SOPs, wall charts						
IEC materials and referral handouts						
Other (Please describe)						
Other (Please describe)						
Other (Please describe)						
Other (Please describe)						

Equipment and the use of supplies

Table 9. Interviewer to GBV focal person and medical staff:

This study is trying to understand how best to allocate equipment and furniture use to the GBV program at your facility. To do so we would like you to think about how all kinds of patients use the following equipment. For example, an examination couch is mostly used for ANC and sometimes for GBV services, based on the number of people who use the couch, you might be able to say that 10% of the time, the couch is used for GBV service delivery. With this estimation example in mind, can you please tell me how much (in terms of percentage) each of the following equipment and furniture is used for GBV service delivery?

Table 9: Cost of Equipment and Furniture

List of Equipment and Furniture	Percent of Use for GBV Service Delivery
Examination couch	
Working angle lamp	
Speculum	

List of Equipment and Furniture	Percent of Use for GBV Service Delivery
Vaginal retractor	
Colposcope	
Sharps container	
Lockable cabinet for forensic evidence	
Lockable cabinet for medical supplies	
Examination screen	
Mackintosh for examination bed	
Microscope	
Other (Please describe):	

Table 10. Interviewer to GBV focal person and medical staff:

As with the previous question about equipment and furniture, this study is trying to identify how best to allocate vehicle and transportation use to the GBV program at your facility. For example, the ambulance for this facility is used mostly for obstetric emergencies and major trauma; however about 3% of the time it is used for GBV cases. So with this estimation example in mind, can you please tell me how much (in terms of percentage) each of the following vehicles and transportation equipment at your facility is used for GBV service delivery?

Table 10: Cost of Equipment and Furniture

List of Vehicles and Transportation Equipment	Percent of Use for GBV Service Delivery
4-Wheel Drive	
Ambulances	
Bicycle	
Bus	
Cars	
Motorcycle	
Other (Please describe):	

ANNEX B. REGIONAL/DISTRICT DATA COLLECTION FORM

Regional and District-level Post-GBV Service Cost Data Collection Form

Introductory language

Introduction:

Hello, my name is _____ [SAY YOUR NAME] _____, and I am working on a study on behalf of the Ministry of Health.

Objective of questionnaire

The purpose of this questionnaire is to obtain information on the costs of providing services to patients who have experienced gender-based violence (GBV). This information will be used by analysts and decision makers to understand the cost requirements for providing GBV services at health facilities. We will be collecting data for each of the following facility in your district/region.

Name of Facility:

Participation in the study

Data will be used to report on the costs of providing GBV screening and care. We appreciate your participation in the study and remind you that your participation in the study is entirely voluntary. You may decline to answer any question or terminate the interview at any point.

Do you have any questions for me?

Do you agree to participate?

Table 5A: Medical provider labor costs

In order for us to understand how much labor costs are involved in providing GBV services we need your help with information on the salaries of medical staff who provide post-GBV services at this facility. We would like to know the salary of each staff by their cadre for this facility, we do not want their names just the salary of each staff by their cadre for this facility.

Table 5A: Salary Information for Medical Staff Who Provide post-GBV Services

Medical Staff by Cadre	Medical Staff Salary					
	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5	Staff 6
Medical Officer						
Assistant Medical Officer						
Clinical Officer						
Assistant Clinical Officer						
Nursing Officer						
Assistant Nursing Officer						
Public Health Nurse						
Enrolled Nurse						
Nurse Midwife						
Nurse Assistant						
Nurse Attendant						
Social Welfare Officer						
Clinical Dentist						
Dental Therapist						
Pharmacist Technician						
Other (Please describe):						
Other (Please describe):						
Other (Please describe):						
Other (Please describe):						
Other (Please describe):						

Table 7A: Support Staff Labor Cost

Can you please tell us the annual salary of the non-clinical staff who provide support to post-GBV services at the identified facility? We would like to know the salary of each staff by their cadre for this facility, we do not want their names just the salary of each staff by their cadre for this facility.

Table 7A: Salary Information for post-GBV Service Support Staff

Support Staff Cadre	Non-clinical Staff Salary					
	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5	Staff 6
Administrator						
Accountant officer						
Assistant accountant						
Administrative assistant						
Clerk						
Data manager						
Driver						
Guard						
Housekeeping						
Maintenance staff						
Management officer						
Office attendant						
Office manager						
Porter						
Office manager						
Reception						
Store keeper						
Technician						
Other (Please describe)						
Other (Please describe)						
Other (Please describe)						
Other (Please describe)						

Table 8A: Drugs and medical supplies

Can you please tell us the cost of a pack and number in each pack for the following drugs and medical supplies?

Table 8A: Cost of Drugs and Supplies

	Cost per Package of Item	Number of Units in a Package
Examination gloves		
Patient gowns		
Sanitary towels		
Emergency clothing		
Pre-packaged rape kit		
Swabs		
Vaginal swabs		
Blood tubes		
Urine bottles		
Paper bags		
Recording and reporting forms		
HIV rapid test kit		
Pregnancy test kit		
Emergency contraceptives		
HIV PEP		
STI prophylaxis/treatment		
Analgesia		
Tranquilizers		
Antiemetics		
Culture and sensitivity testing		
DNA tests		
VDRL		
Hepatitis B surface antigen tests		

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	Cost per Package of Item	Number of Units in a Package
FBP		
Blood grouping and cross matching		
Blood chemistry		
SOPs, wall charts		
IEC materials and referral handouts		
Other (Please describe)		
Other (Please describe)		
Other (Please describe)		

Table 9: Property value/rent

Can you please tell us the annual or monthly value or rent for this facility?

Table 9: Size and Cost of Facility Space

	Monthly Property Value/Rent	Annual Property Value/Rent
Property value		
Facility rent		

Table 10: Recurrent Operations Costs

Can you please tell us the annual operating costs for the following for the identified facility?

	Annual Operating Costs
Building maintenance	
Emergency vehicle and other transport equipment maintenance	
Fuel (partially or completely for GBV activity)	
Insurance	
Telephone	
Electricity	
Water	
Internet	
Rent of outreach event space	
Rent of equipment for outreach events	
Rent of vehicles for outreach events	
Rental value of program office space (if applicable)	
Waste management	
External lab services	
Cleaning services	
Training	
Other (Please describe)	

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Annual Operating Costs	
Other (Please describe)	
Other (Please describe)	
Other (Please describe)	

Table 11: Equipment and Furniture

Can you please tell us how much the following equipment cost as well as the year in which the equipment was purchased for this facility?

Table 11: Medical Equipment and Furniture Cost

List of Equipment and Furniture	Cost of Equipment	Year of Purchase
Examination couch		
Working angle lamp		
Speculum		
Vaginal retractor		
Colposcope		
Sharps container		
Lockable cabinet for forensic evidence		
Lockable cabinet for medical supplies		
Examination screen		
Mackintosh for examination bed		
Microscope		
Other (Please describe):		

List of Equipment and Furniture	Cost of Equipment	Year of Purchase
Other (Please describe):		

Table 12: Vehicle and transportation

Can you please tell us the year of purchase and cost of the following vehicles or transportation equipment that are used for GBV services at this facility?

Table 12: Vehicles and Other Transportation Equipment: Cost

List of Vehicles	Cost	Year of Purchase
4-Wheel Drive		
Ambulances		
Bicycle		
Bus		
Cars		
Motorcycle		
Other (Please describe):		

ANNEX C. AMORTIZATION ASSUMPTIONS FOR CAPITAL GOODS

The amortization table below was obtained from the WHO CHOICE database, which can be found at http://www.who.int/choice/costs/prices_t4/en/index.html#.

Item	Amortization Period (Years)	Justification
Air conditioner	20	Comparable country—Poland
Alcohol tester	4	Comparable item—Temperature monitors Comparable country—Russia
Alco tester—with head	4	Comparable item—Temperature monitors Comparable country—Russia
Bag	5	Comparable item—Fax Comparable country—Poland
Benzo—generator	5	Comparable item—Standby generator Comparable country—Russia
Bookcase	10	Comparable item—Cupboard Comparable country—Russia
Bookshelf	10	Comparable item—Cupboard Comparable country—Russia
Bottle for dosimeter 1000 ml	4	Comparable item—Temperature monitors Comparable country—Russia
BP monitor with stethoscope	4	Comparable item—Temperature monitors Comparable country—Russia
Cabell	4	Comparable item—Voltage stabilizers
Calculator	5	Comparable item—Fax Comparable country—Poland
Car	7.3	
Cassette player	10	Comparable item—Video Comparable country—Poland
Clock	5	Comparable item—Fax Comparable country—Poland
Closet	10	Comparable item—Cupboard Comparable country—Russia
Clothes hanger	10	Comparable item—Cupboard Comparable country—Russia
Color photo camera	10	Comparable item—Video Comparable country—Poland
Computer	5	Comparable country—Russia
Computer table	10	Comparable item—Desks Comparable country—Russia
Connector	4	Comparable item—Voltage stabilizers
Copier	5	Comparable country—Russia
Digital photo camera	10	Comparable item—Video

Annex C. Amortization Assumptions for Capital Goods

Item	Amortization Period (Years)	Justification
		Comparable country—Poland
Dosimeter for dispensing liquid methadone	4	Comparable item—Temperature monitors Comparable country—Russia
DVD player	10	Comparable country—Poland Comparable item—Television
Extension cable/multi-plug	4	Comparable item—Voltage stabilizers
Fax machine	5	Comparable country—Poland
Filing cabinet	10	Comparable item—Desks Comparable country—Russia
Gas generator	5	Comparable item—Standby generator Comparable country—Russia
Hand dryers	20	Comparable country—Poland Comparable item—Air conditioner
Hitting machine	20	Comparable country—Poland Comparable item—Air conditioner
Journal table	10	Comparable item—Desks Comparable country—Russia
Laboratory chair	5	Comparable item—Chairs Comparable country—Russia
Laboratory table	10	Comparable item—Desks Comparable country—Russia
Laboratory cupboard	10	Comparable item—Cupboard Comparable country—Russia
Laboratory drying cupboard	10	Comparable item—Cupboard Comparable country—Russia
Laptop	5	Comparable country—Russia
Mechanical pipettes	4	Comparable item—Temperature monitors Comparable country—Russia
Medical couch	5	Comparable item—Chairs Comparable country—Russia
Nightstand	10	Comparable item—Desks Comparable country—Russia
Office armchair	5	Comparable item—Chairs Comparable country—Russia
Office bookcase	10	Comparable item—Cupboard Comparable country—Russia
Office chair	5	Comparable item—Chairs Comparable country—Russia
Office table	10	Comparable item—Desks Comparable country—Russia
Panel box	4	Comparable item—Voltage stabilizers
Power supply	4	Comparable item—Voltage stabilizers
Printer	5	Comparable country—Russia
Printer all-in-one	5	Comparable item—Printer
Refrigerator	7	Comparable country—Russia

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Item	Amortization Period (Years)	Justification
Safe/strongbox	10	Comparable item—Cupboard Comparable country—Russia
Scales	4	Comparable item—Temperature monitors Comparable country—Russia
Security and alarm system	4	Comparable item—Voltage stabilizers
Shredder	5	Comparable country—Russia Comparable item—Copier
Sofa	5	Comparable item—Chairs Comparable country—Russia
Sofa and 2 armchairs	5	Comparable item—Chairs Comparable country—Russia
Soft chair	5	Comparable item—Chairs Comparable country—Russia
Table	10	Comparable item—Desks Comparable country—Russia
Telephone	5	Comparable country—Poland
Telephone mini-station	5	Comparable item—Telephone
Triplet furniture	5	Comparable item—Chairs Comparable country—Russia
Television	10	Comparable country—Poland
UPS	4	Comparable item—Voltage stabilizers
Vacuum cleaner	2	Comparable country—Russia
Videorecorder	10	Comparable country—Poland Comparable item—Television
Wall board/magnetic	10	Comparable item—Desks Comparable country—Russia
Wall clock	5	Comparable item—Fax Comparable country—Poland
Wardrobe	10	Comparable item—Cupboard Comparable country—Russia
Water dispenser	4	Comparable item—Temperature monitors Comparable country—Russia
Water distillation machine	4	Comparable item—Temperature monitors Comparable country—Russia

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