Proposal Writing Workshop for Health Proposals using GAC Template

Vancouver, Edmonton, Halifax, Toronto, Winnipeg

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Workshop Objectives

- Outline the key components for health proposals
- Explain the terminology and components of an unsolicited proposal – including Brief RBM overview
- Offer practical tips on effective proposal writing
- Other Expectations?:

CanWaCH
Canadian Partnership for Women and Children’s Health

CanSFE
Partenariat canadien pour la santé des femmes et des enfants
Agenda – Part 1 – Key Considerations
- Eligibility/Bidding Process
- GAC priorities in Health
- Template Tips
- DAC Coding
- Executive Summary
- Beneficiaries
- Rationale
- Q&A

Agenda – Part 2 – Managing for Results
- Results Based Management Express
- Logic Model
- Theory of Change – Strategy
- Sustainability of Results
- Outputs and Activities
- Performance Measurement Framework
- Management
- Responding to Risks
- Q&A
Agenda – Part 3 – The Final Frontier

- Cross-Cutting Themes
  - Environmental Sustainability
  - Gender Equality
  - Governance
  - Human Rights
- Budgeting
- Experience Summary
- Q&A

Disclaimer

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Eligibility

- If there is an official call, there will be criteria
- If there is no call – See the eligibility requirements in unsolicited proposal template

International development funding

Find applications and guidelines for applying for Canadian International Development funding.

Follow: Facebook Twitter YouTube

Topics

- Apply through a call for proposals
  - Find out about funding opportunities for international development initiatives.
- Apply for funding through an unsolicited proposal
  - Find applications and guidelines for applying for Canadian International Development funding.
- Apply to other sources of funding
  - Find information on Canada Fund for Local Initiatives, International Development Research Centre and Canadian suppliers.

“To bid or not to bid”…

- Review IAR or government priorities
- Is it a focus country on the priority list
- It’s a strategic decision – make sure there is a match?
- Costs – human resources, time, money
- Raises expectations of local partners
- Investment to yield results and requires quality control
- Infrastructure projects – “White Elephants”
Critical Considerations for Proposal Development

- Do you meet donor eligibility criteria?
- Do you have an established office or partners on the ground?
- Have you clearly identified the need of the country/beneficiaries?
- Can you organize a field visit/needs assessment with key stakeholders?

Next Steps

- The GAC website provides great resources – under funding tools to build your application
- Prepare your application package – Proposal form which needs to be VALIDATED
- Register EARLY in the Partners@International portal
- Gather the supporting documentation and load it onto portal
GAC Priorities in Health

- Video from Minister -
  https://twitter.com/mclaudebibeau/status/827539551589654530?lang=en
- Her Voice, Her Choice Initiative -

GAC Priorities in Health*

- Transition from MNCH to RMNCAHN
- Sexual Reproductive Health and Rights
- Comprehensive sexuality education, family planning, contraceptives and access to safe and legal abortion.
- Focus on Adolescents (girls) and women
- Gender inequality – issues of sexism and negative gender norms, cultural practices and barriers (taboos) - Child Early Forced Marriage, Female Genital Cutting, Gender Based Violence
- Structural barriers and systemic inequalities – access to information; social norms

*to be confirmed in the International Assistance Review
Tips on Filling out Application Template

- Prepare everything in word
- Maximum of 30 pages
- Follow the guidance in the template
- Start and End date – 6 months to 1 year
- Innovative Title – Limit on Characters for this
- List all your partners
- Give yourself 2 days before submission and a good 8 hours to input information into template.
- SAVE!!

DAC CODING

- Sector Coding for GAC Partners

<table>
<thead>
<tr>
<th>Sector</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health General</td>
<td>12100</td>
</tr>
<tr>
<td>Basic Health</td>
<td>12200</td>
</tr>
<tr>
<td>Reproductive Health</td>
<td>13000</td>
</tr>
</tbody>
</table>
Executive Summary Tips

- This is a critical snapshot of your project – your sales pitch!
- Ensure information is available outlining the key issue and strategies
- Overall goal and objectives
- Some information on where and the partners
- Expected Results
- Beneficiary numbers
- Do not exceed one page!

Beneficiaries

- Direct – usually by age and sex
- Direct also includes – health workers, CHW, community resource persons, leaders
- Indirect – population of districts/communities working in
- Make sure you do not double count
- If not available make estimates based on population data
### Rationale

<table>
<thead>
<tr>
<th>Guidance Area</th>
<th>Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development Needs /Challenges to be addressed, importance (geography)</td>
<td>Background information, statistics, a case for support</td>
</tr>
<tr>
<td>Alignment with GAC policies</td>
<td>Children and Future; MNCH priorities; Her Voice, Her Choice, etc.</td>
</tr>
<tr>
<td>Alignment with National Policy</td>
<td>List local policies and how your project aligns with this</td>
</tr>
<tr>
<td>Consultations with beneficiaries, intermediaries</td>
<td>In-country meeting with government, partners, beneficiaries</td>
</tr>
<tr>
<td>Complementarity to GAC or other donors</td>
<td>To ensure no duplication</td>
</tr>
<tr>
<td>Some key lessons learned and best practices</td>
<td>How you plan to integrate these</td>
</tr>
</tbody>
</table>

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### Defining Geography

- Where should we implement? And WHY?
- Is this the most vulnerable population?
- Has this area been selected as a priority by government?
- Have you had previous experience in this geographic area i.e. the intended project site?
- Have you clearly defined your geography? Is it by region, ward, districts?
- Do you know the total population of this area?
- Include this information in the Rationale
Results Based Management - Brief Overview

RBM is:
- defining **realistic expected results** based on **appropriate analysis**;
- clearly identifying **program beneficiaries** and designing programs to meet their needs;
- monitoring **progress toward results and resources consumed** with the use of appropriate indicators;
- identifying and managing **risk** while bearing in mind the expected results and necessary resources;
- increasing knowledge by **learning lessons and integrating them into decisions**; and
- reporting on the results achieved and resources involved.

Logic Models – Results Chain

What is a logic model?
It is a depiction of the causal or logical relationships between inputs, activities, outputs, and the outcomes of a given policy, program or investment.
Inputs: Financial, human, material and information resources used to produce outputs through activities and accomplish outcomes e.g. staff, vehicles, equipment, supplies.

Activities: Actions taken or work performed through which inputs are mobilized to produce outputs e.g. training, carrying out growth monitoring.

Outputs: Direct products or services stemming from activities of a program or initiative (results of completed activities) e.g. trained health workers, completed growth monitoring.

Intermediate Outcomes: Change directly attributable to outputs. Short term and usually at the level of increase in awareness/skills...or access to among beneficiaries e.g. improved access to nutrition/food.

Intermediate Outcomes: Results of one or more immediate outcomes. Medium term and usually achieved by end of project/program and reflect changes in behavior/practice among beneficiaries e.g. improved feeding practices.

Ultimate Outcome: Highest level of change; Represents the raison d’être of a program or initiative and takes the form of sustainable change of state among beneficiaries e.g. stunting, wasting.

Inputs, Activities, Outputs, Intermediate Outcomes, Ultimate Outcomes.

Logic Models

HOW? WHAT? WHY?

Development Results

actual changes in the state of human development that are attributable, at least in part, to a supported activity.
A simplistic “cake” view

Inputs: Flour, cake mix, spoon, oven, cake pan
Activities: Mixing all the ingredients and baking the cake
Outputs: Hot delicious cake ready for event
Outcomes: Cake is enjoyed at an event and people feel happy
Ultimate Outcome: Cake contributes to good memories and nutrition for guests

“TIPS” for Results Statements

S: Is the statement Simply worded, and does it contain only one idea? /Is the result Specific (What?, Who?, Where?)
M: Can the result be Measured?
A: Is the result Achievable within the scope of the project’s control?
R: Is the result Relevant? Does the result reflect country ownership and needs
T: Is the result Timely? Can it be achieved over duration of the project and within a specific timeline.
Exercise – Results Statements

- Which of these statements are strong?

<table>
<thead>
<tr>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased literacy</td>
</tr>
<tr>
<td>Increased literacy among men and women in region X of country Y</td>
</tr>
<tr>
<td>More women can get maternal health-care services</td>
</tr>
<tr>
<td>Improved access to maternal health-care services for women in country X</td>
</tr>
<tr>
<td>Peace in country X</td>
</tr>
<tr>
<td>Increased stability in country X</td>
</tr>
</tbody>
</table>

Ultimate Outcome

- Very high level
- Contribution to reduction in maternal mortality
- Improvement in Health and Well Being of targeted communities
- Improved Sexual Reproductive Health and Rights
### Intermediate Level

<table>
<thead>
<tr>
<th>Outcome 1</th>
<th>Outcome 2</th>
<th>Outcome 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health System Strengthening (Supply Side)</td>
<td>Community Component (Demand Side)</td>
<td>Other Category:</td>
</tr>
<tr>
<td>Quality Delivery of RMNCAH-N/SRHR services</td>
<td>Increased utilization of Services</td>
<td>Knowledge Management; Policy and Advocacy, Public Engagement, Rights/Organizational Dev</td>
</tr>
<tr>
<td>Training of Health workers, some rehabilitation, strengthening management</td>
<td>Information, Raising awareness, social norm change, community mobilization</td>
<td>Strengthen HMIS Working with Policy Makers Advocacy and Canadian Engagement</td>
</tr>
</tbody>
</table>

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**Key Points to remember for LM**

- Ultimate and Immediate outcomes maybe provided in a call
- 3 by 3 by 4 rule (maximum)
- Less is better
- Critical component
- For **Intermediate outcomes (maximum 3)**
  - 3-5 years; achievements at the end of a project/program; change in behavior/practice level among beneficiaries
- For **Immediate outcomes (maximum 3 per intermediate)**
  - Shorter term (1-2 years); Increase in awareness/skills; Increase access
- For **Outputs (maximum 4 per immediate)**
  - Immediately after activity and very short term < 6 months; E.g. training completed, materials distributed
- For **Activities (maximum 10 per Output)** – no longer in LM
Theory of Change

- Replaced the description of the logic model – cause/effect relationship between results
- Assumptions made
- You explain your strategy and approach
- Use evidence-based interventions – 3 delays, Continuum of Care, Lancet, WHO, World Bank, UNFPA etc. (see some resources and link at the end)
- Describe your logic model, but provide the reasons (WHY?) and the (HOW?)

Evidenced-based best practices

- Use evidence-based interventions – 3 delays, Continuum of Care, Lancet, WHO, World Bank, UNFPA etc. (see some resources and link at the end)
- Might link “innovative research” or pilots into programs – Grand Challenges - http://www.grandchallenges.ca/who-we-are/discover-our-innovations-and-results/
Innovation and Partnerships

- Mobile Technology/Apps
- Partnerships with private sector or Academia

Sustainability of Results

- How will development results be sustained after completion?
- How will you foster participation with broad stakeholders?
  - Building capacity and training of health workers/community/organizations
  - Community engagement
  - Enhancing local existing systems
  - Coordination and Harmonization
  - Integration into national/district health budgets
  - Links to MOH
  - Post-project scale up
Developing Activities and Outputs
- Review your key outputs and ensure they are in line with best practice interventions
- Sometimes its easier to think of activities first
- Examples of outputs:
  - Health workers trained
  - Communities Mobilized
  - Awareness Raised
  - Campaigns organized
- Each output is broken can be broken down into 10 activities – sub activities

Preliminary Performance Measurement Framework
- GAC only requires indicators, baseline data and targets at the intermediate and output level.
- Try and use global indicators – SDG and sometimes GAC might prescribe or suggest a list of indicators
- Use indicators in the local HMIS or DHIS systems – easier to collect and its integrated
Developing Indicators

- Indicators should directly measure result.
- Balance between qualitative and quantitative indicators
- Measure only what you can gather information on and report. If you cannot collect data on it, you cannot measure it.
- Is the indicator clear? Will users (those collecting the data) interpret the indicator in the same way?
- Is the indicator practical? Will it be easy to collect and analyze data? Will data collection be affordable?
- Is it comparable? To the national/global data
- Does the indicator capture men/women, boys/girls? Is it gender sensitive

Initiative Management Plan

- Human Resources/Staffing
- Organizational/operational issues
- Policies in place
- Financial System
- Project Management Structure
- Roles and Responsibilities
- Steering Committees
Responding to Risks

A risk is a possible event that, depending on its management, can have either a negative or positive effect on the achievement of results.

DFATD categorizes risks in 3 categories:
- Operational (optional)
- Financial risks (optional)
- Development risks (mandatory)
- Upto 6 risks

Developmental Risks

Development risks – Potential risk related to work carried out in the countries. (6 maximum)

What are the circumstances that could prevent you from achieving your results, either:
- political or social strife, elections, etc.
- natural disasters (earthquakes, floods),
- health risks e.g. Ebola.

What risks could prevent or stop your local partners from meeting the results of this initiative.
- Human resources – staff shortages and motivation
- Government support
- Community support, motivation of volunteers
Environmental Sustainability

- An Environmental Impact Assessment maybe required – Use GAC’s screening tool
- Respond to Proposal questions accordingly
- Refurbish

Environmental Considerations in Health Projects

- Medical waste disposal – incinerators and placenta pits
- Rehabilitation/ construction of health facilities
- Water and Sanitation facilities
Gender equality means that women and men, girls and boys enjoy the same status in society; have the same entitlements to all human rights; enjoy the same level of respect in the community; can take advantage of the same opportunities to make choices about their lives; and have the same amount of power to shape the outcomes of these choices.

Gender Equality helps us in...
- Closing Gender Gaps
- Transforming Gender Relations
- Addressing Unique Needs
- Doing No Harm
Three Objectives of the GAC Policy

1. To advance women’s equal participation with men as decision-makers in shaping the sustainable development of their societies;
2. To support women and girls in the realization of their full human rights; and
3. To reduce gender inequalities in access to and control over the resources and benefits of development.

Making the links: gender and health

- **Gender Equality and Health**: refers to the same opportunities for groups of women and men to access and benefit from health services; women and men have equal conditions to realize their full rights and potential to be healthy, contribute to health development and benefit from the results (same chance, equal under the law).
For GE in the Proposal
- List the gender equality issues relevant to the initiative and the required measures.
- These will contribute to one or more of the three (3) objectives of the Policy on Gender Equality.
- Supported by analysis which includes:
  - Obstacles of achieving GE results
  - Roles played by women and men, girls and boys
  - Review of policies and studies
  - Consultations with key stakeholders

### Governance
- **Effective governance capacity** in health make these systems more responsive needs of women and children and in delivering effective outcomes e.g Community Managed Health Committees, Village Health Committees
- Governance-related programming in health could focus, for example, on **strengthening local government capacity to deliver health services** at the local level to increase the survival rates and the health of children and mothers.
Human Rights
Three key aspects of human rights are:
- Civil and political rights,
- Economic, social and cultural rights
- Equality and non-discrimination are other key features of human rights.

Human Rights in Health Projects
- The Right to Health is most relevant (part of the economic, social and cultural rights)
- This includes access to timely, acceptable and affordable health care of appropriate quality.
Financial Information - Budgets

TWO budgets need to be included:

1. Summary of Eligible Costs – Remuneration, reimbursable costs (travel, staff benefits, training costs, goods, assets, supplies, project admin, other direct costs)

2. Summary Budget

Tips on Budget

- Do an activity budget by cost category and then roll it up
- Activity may need to be broken down to sub-activities and costs can be estimated based on units,
- Budget on annual basis
- Budget in local currency and CAD
- Incorporate Inflation Rate on an annual basis
- Contractors have a maximum limit – 20%?
- Account for all direct costs
- Maximum allowance for overhead is 12%
- Plan a good 5 days after you have figured out all your activities, very time consuming and important
- Match contributions is variable (5%-25%)
**Relevant Experience**

- Profile of Organization
- Local Capacity
- Relevant Applicant Experience
- 2 project summaries –
  - Should demonstrate experience in the topic/geography
  - Should demonstrate capacity to manage budget/finance
  - Partnering can sometimes be beneficial

**Resources - Health**

- Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health
  
  http://www.who.int/pmnch/topics/part_publications/essential_interventions_18_01_2012.pdf?ua=1


- Three Delays - https://www.maternityworldwide.org/what-we-do/three-delays-model/

- Disease Control Priorities in Reproductive Maternal Newborn Child Health
  
  http://dcp-3.org/rmnch

- Global Accelerated Action for the Health of Adolescents (AA-HAI): guidance to support country implementation - 
  

- Essential Packages Manual – SRHR packages for Young People - 
  
RBM Resources