Proposal to scope pilot opportunities to layer PLA onto Spark’s FCAP

Spark Microgrants and WCF
November 2022

Summary
This scoping exercise will develop a proposal to pilot PLA for MNH in one or more countries (Uganda, Rwanda and Malawi) as a layered feature onto Spark’s facilitated collective action process (FCAP). The proposed pilot will aim to lay the groundwork for eventual scaled implementation using government-supported CHW networks. Spark will collaborate with WCF in the scoping and potential pilots.

Objectives
● To hypothesize about the feasibility of layering PLA onto Spark’s FCAP model, with delivery at high quality and large scale
● To identify a promising geography for FCAP + PLA implementation (i.e., Malawi, Rwanda, or Uganda)
● To determine likely costs per person, participation rates and quality of implementation achievable at scale
● To assess the feasibility to support government-run CHW networks in implementing PLA for MNH
● To address GiveWell’s key uncertainties about PLA, as shared previously in their informal writeup

Key questions to be explored
Pilot location(s)
What is the potential for scaled implementation in each of the three countries? How will this inform pilot activities? For instance:

1 According to GiveWell’s current model, we expect that NGO costs per person covered at scale would have to be quite low (i.e., Rwanda: $0.30, Malawi: $0.56, Uganda: $0.70) to meet our threshold for recommending funding.

● Note that these estimates assume that the government covers costs of implementation of approximately: Rwanda: $1.66, Malawi: $1.40 and Uganda $1.26 and also incurs costs from increased care-seeking due to PLA. Changes to these assumptions, to the benefits we model or to our cost-effectiveness threshold for recommending funding would change the costs that need to be achieved at scale. So these are rough benchmarks which might change.
- The presence of government-supported CHW networks, their existing remit and potential performance effects of current levels of support, supervision and compensation. Does it seem likely that CHWs could implement PLA without impeding their ability to execute on other duties?
- Rough estimated costs of PLA at scale, considering factors such as population density, support needed for CHWs, operational costs, etc.
- Past efforts to implement PLA in the country contexts (if any) and learning from those
- Key drivers of MNH improvements to date in the three countries, community health structures in each country
- MOH community health policies and strategies
- Capacity of the community health system and human resources for health in each location

Addressing GiveWell’s uncertainties
- How would pilot activities help address uncertainties about the following factors at scale:
  - Likely costs
  - Participation rates
  - Quality of implementation, triangulated against intermediate outcomes such as safe birth practices, ANC attendance and facility delivery rates, etc.
- What targets are reasonable for each of these (cost per person, participation rate of pregnant people per group catchment area, impact of groups on intermediate outcomes) both during the pilot period and at scale?

Pilots in context of past and potential future implementation efforts
- What are similarly positioned programs that can serve as quality comparisons or benchmarks?
- How could a pilot build on learnings from past efforts to implement the above programs as well as PLA (particularly if other projects have been piloted within a given country)?
- How might pilot projects lay the groundwork for future scaled implementation (considering factors such as stakeholder engagement, proofs of concept with government-supported CHWs, etc.)?

Scoping grant deliverables and proposed timelines
Informed by conversations with GiveWell to date, Spark and WCF will prepare the following three deliverables.
1. Narrative proposal describing countries selected for proposed pilot activities and how they will address GiveWell’s key questions.
2. Description of planned evaluation activities, including research / evaluation design, primary outcome variables, proposed measurement strategies / data sources and description of proposed selection process for external evaluator if necessary
3. Pilot timeline(s) with major milestones and budgets.
   a. Steps to finalize research design / potentially select external evaluator
   b. Challenges or risks for implementation according to projected timelines
If pilot activities seem unlikely to lead to eventual national scale up in any of the countries, Spark and WCF will provide a writeup explaining why pilot activities do not appear promising.

To balance the scoping activities against existing priorities within Spark and WCF, pre-planned leave periods for key staff members, and the winter holidays that temporarily stall productive collaboration with our partners in Africa, Spark and WCF propose to complete the above deliverables during the week of January 30, 2023. More information regarding timelines is provided in the attached Gantt chart.

High-level budget

Below is a summary of the expected costs to be incurred during the scoping period. Further details available upon request.

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>Spark staff time</td>
<td>$23,500</td>
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<tr>
<td>WCF staff time</td>
<td>$20,240</td>
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<tr>
<td>Consultancy fees</td>
<td>$10,000</td>
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<tr>
<td>- Building costing model and analysis</td>
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<tr>
<td>- Desk research assistance</td>
<td></td>
</tr>
<tr>
<td>- Field data collection</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$53,740</strong></td>
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