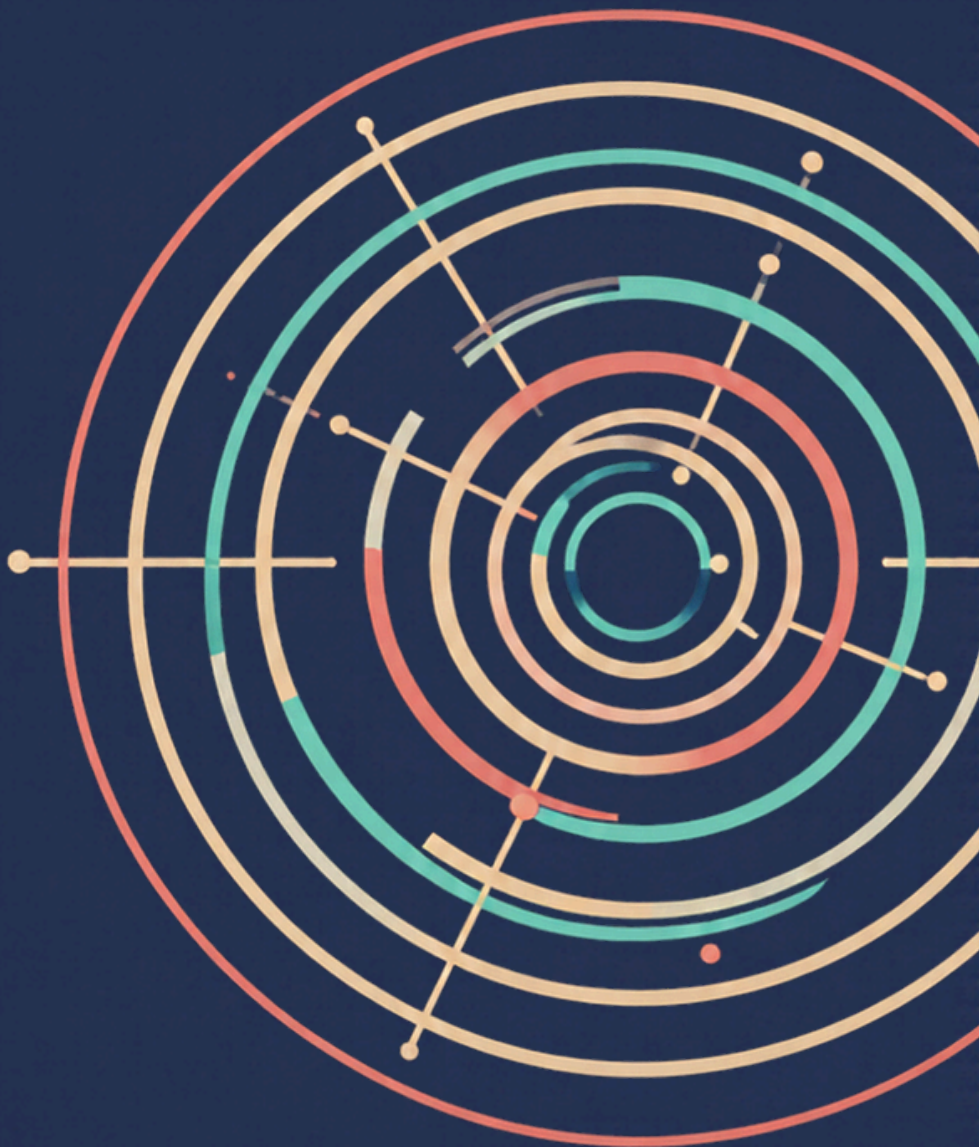
Amplify Impact: Health Economics of Patient Organisation Shared Services

Section 01

Secondary evidence review



International secondary-evidence review of structural constraints in small patient organisations

Australia, United States, United Kingdom, India, Brazil and South Africa

Purpose and scope

This review is a secondary-evidence audit across six countries including Australia, United States, United Kingdom, India, Brazil and South Africa. The purpose is to identify real gaps before commencing the rest of the project.

The review deliberately uses the same analytical domains across countries: finance and full-cost funding; IT/digital infrastructure; HR and volunteer capacity; CRM/data; communications; governance; regulatory/compliance burden; organisational sustainability; mission opportunity cost; and evidence supporting shared services or shared infrastructure.

Evidence was prioritised in the following order: national government/regulator datasets; large sector surveys; peer-reviewed research; established nonprofit-sector research organisations; and relevant case studies. Patient-organisation-specific evidence was preferred where available, but it is relatively scarce. Where broader nonprofit evidence is used, this is explicitly acknowledged rather than assumed to be patient-organisation evidence.

1. Executive findings

There is substantial independent evidence across all six countries that the structural constraints identified in the attached study are real. However, the quality and breadth of evidence differ substantially between countries.

Australia, the United States and United Kingdom have particularly rich quantitative nonprofit-sector datasets. India now has remarkably strong evidence on the chronic underfunding of organisational infrastructure and indirect costs. South African evidence demonstrates severe funding, workforce and regulatory-capacity constraints, particularly among very small organisations. Brazil has strong evidence concerning the structure, financing and regulation of civil-society organisations, but considerably less published quantitative evidence specifically measuring IT, CRM or administrative time costs.

Across countries, the evidence consistently supports the attached report's interpretation that organisations can be mission-effective while operationally constrained. Small organisations commonly prioritise frontline relationships and immediate community needs over investment in infrastructure.

Cross-country evidence summary

Constraint	Australia	US	UK	India	Brazil	South Africa	Cross-country conclusion
Financial fragility	**Very strong**	**Very strong**	**Very strong**	**Very strong**	**Strong**	**Very strong**	Structural
Underfunded indirect/core costs	**Very strong**	**Very strong**	**Strong**	**Very strong**	**Moderate–strong**	**Strong**	Structural
Volunteer/small workforce dependence	**Very strong**	**Strong**	**Very strong**	**Moderate**	**Moderate**	**Very strong**	Structural, magnitude varies
IT/digital capability constraints	**Very strong**	**Strong**	**Very strong**	**Moderate–strong**	**Moderate**	**Moderate–strong**	Structural but resource-sensitive
CRM/data fragmentation	**Strong indirect evidence**	**Strong indirect evidence**	**Strong**	**Moderate**	**Limited–moderate**	**Moderate**	Likely structural; specific measurement gap
Reporting/compliance burden	**Very strong**	**Very strong**	**Very strong**	**Very strong**	**Strong**	**Very strong**	Universal but nationally determined
Short-term/restricted funding	**Very strong**	**Very strong**	**Very strong**	**Very strong**	**Strong**	**Very strong**	Structural
Mission opportunity cost	**Strong**	**Strong**	**Strong**	**Strong**	**Moderate**	**Strong**	Mechanism well supported
	Strong conceptual evidence	**Strong**	**Very strong**	**Strong**	**Moderate**	**Moderate–strong**	Strong rationale; limited patient-org trials
Patient-organisation-specific evidence	Moderate	Moderate	Moderate–strong	Limited–moderate	Limited	Limited–moderate	Major evidence gap

The consistency is important. The existing document proposes that high-system/low-relational functions such as IT, finance and HR are the strongest candidates for shared services, while CRM may require a hybrid model combining common infrastructure with local relationship management. The secondary literature broadly supports that proposition.

Australia

Australia has one of the strongest existing evidence bases and therefore provides a useful benchmark.

Scale, workforce and volunteer dependence

The ACNC's latest national analysis shows that 52.9% of Australian charities operate without paid staff, while charities reported approximately 3.94 million volunteers. Extra-small and small charities each account for about 30% of registered charities (Australian Charities and Not-for-profits Commission [ACNC], 2026).

This is a persistent structural characteristic rather than a temporary anomaly. Earlier ACNC longitudinal analysis found that 88% of extra-small charities operated without staff and that operating and service-delivery costs had increased without equivalent growth in revenue (ACNC, 2024).

The ACNC's dedicated analysis of volunteer-run charities subsequently found that 43% of Australian charities were entirely volunteer-run. It explicitly identified cumulative regulatory compliance and reduced access to government funding as particular problems for these organisations (ACNC, 2025).

Digital capability

Infoxchange's 2025 national study included 824 NFP organisations and shows continuing deficiencies in data, cybersecurity, planning and digital transformation (Infoxchange, 2025).

This supports the existing Amplify finding that Australia's principal IT problem is not necessarily absence of technology, but fragmentation, incremental tool adoption and inadequate integration. The attached report similarly finds persistent CRM and HR constraints among the Australian organisations despite relatively stronger finance and communications capability.

Interpretation

Australia provides very strong evidence without additional patient-group surveying for:

limited workforce capacity; volunteer dependence; inadequate funding of organisational infrastructure; digital capability limitations; compliance burden; and the pressure created by repeated administrative functions.

The main residual gap is precise patient-organisation-specific measurement of CRM fragmentation and hours spent on duplicated administration.

Evidence rating: Very strong.

United States

The US evidence strongly confirms that nonprofit operating infrastructure and indirect costs are not peripheral expenditure but fundamental organisational costs.

Financial sustainability

The Nonprofit Finance Fund's 2025 *State of the Nonprofit Sector Survey* obtained responses from 2,206 organisations. It found that:

- 85% expected service demand to increase;
- 36% ended 2024 with an operating deficit;
- 86% reported inflation-related cost pressures;
- 52% had three months or less cash available; and
- 18% had one month or less (Nonprofit Finance Fund [NFF], 2025).

These findings strongly support financial fragility as a structural constraint rather than an isolated management problem.

Urban Institute's *National Survey of Nonprofit Trends and Impacts* provides nationally representative evidence across US public charities and explicitly captures workforce, finances, fundraising, volunteers and government relationships. The associated longitudinal research shows that financial health and workforce sustainability remain among nonprofit leaders' dominant concerns (Urban Institute, 2026).

Indirect costs

The US has particularly strong evidence concerning the problem of underfunding back-office infrastructure.

Historical national research found that more than half of nonprofit government contractors were subject to limitations on indirect-cost reimbursement. Among those with caps, three-quarters recovered 10% or less and approximately one-quarter received no indirect-cost reimbursement (National Council of Nonprofits, n.d.).

This problem has been significant enough to drive federal reform. Revised US Office of Management and Budget guidance introduced a 15% de minimis indirect-cost rate in 2024 and sought to streamline funding notices and reduce unnecessary application and reporting burden (National Council of Nonprofits, 2024).

The National Council of Nonprofits explicitly describes finance, HR, audit and IT as essential infrastructure, not optional overhead (Hoshaw, 2024).

That terminology is directly transferable to Amplify Impact.

Shared infrastructure and consolidation

The US also provides an interesting contemporary patient-sector example.

In 2026, the Patient Advocate Foundation and PAN Foundation combined their operations, explicitly describing the merger as a mechanism to simplify support, broaden patient access and bring complementary capabilities together (Patient Advocate Foundation, 2026).

This is not equivalent to the shared-services model proposed here—the organisations merged rather than simply sharing back-office systems—but it is useful evidence that patient organisations themselves are recognising duplication, fragmentation and the potential value of integrated infrastructure.

Implications

The US evidence is sufficient to establish: financial fragility - under-recovery of indirect costs - constrained organisational infrastructure - need for common/efficient operating capability.

What is less well quantified is CRM fragmentation specifically among small condition-specific patient advocacy organisations.

Evidence rating: Very strong.

United Kingdom

The UK has perhaps the clearest combination of evidence concerning small-charity vulnerability, volunteer dependence, administrative burden and digital capability.

Small-charity finances

The Charity Commission's 2024 annual-return analysis covers more than 170,000 registered charities in England and Wales.

Charities with income below £500,000 collectively recorded an operating deficit of approximately £290 million. Among charities with income of £100,000 or less, about 41% spent more than they received. Across the sector, only 47.6% of charities reported paid workers, while approximately 69% used volunteers; charities reported 6.28 million volunteers (Charity Commission for England and Wales, 2026).

The regulator therefore explicitly identifies smaller charities as operating on particularly narrow margins (Charity Commission for England and Wales, 2026).

Administrative burden

NCVO's 2025 *Power of Small* research is particularly relevant because it focuses on organisations with income below £1 million.

It identifies four recurring constraints: broken funding systems; practical capability/support problems; limited policy influence; and structural power imbalances.

Small organisations reported disproportionate funding applications, restricted and short-term funding, difficulties navigating governance and digital support, and substantial time spent looking for funds and managing reporting requirements (NCVO, 2025).

This very closely resembles the Amplify hypothesis.

Digital capability

UK government research into digital tools for volunteer-involving organisations found that small and medium charities frequently lack specialist digital transformation skills because they cannot afford to employ specialist staff. It also identified uncertainty around procurement, data protection, security, training costs and the direct price of digital systems.

Significantly, the research cited evidence that 54% of small charities identified finding money for devices, software and infrastructure as their leading digital challenge (Department for Culture, Media and Sport, 2024).

This provides strong independent support for treating technology as a potential shared-infrastructure function.

Existing shared-services policy precedent

The UK Charity Commission explicitly recognises collaboration between charities as potentially encompassing: administration, resource sharing, cost streamlining, service delivery and fundraising while allowing organisations to remain legally independent (Charity Commission for England and Wales, 2024).

There is also substantial shared-services experience within the NHS. For example, Lancashire and South Cumbria organisations have pursued shared corporate and nonclinical functions to standardise transactional activity, achieve economies and allow organisational boards to focus on core functions (Healthcare Financial Management Association, 2026).

Again, NHS trusts are not small patient charities. However, this provides implementation precedent for the operating principle, rather than evidence about patient organisations themselves.

Interpretation

The UK's secondary evidence is sufficiently developed that broad primary audits asking whether small organisations experience finance, staffing, digital and administrative constraints would add little.

The more useful question is whether those organisations would use a shared platform and what services should sit within it.

Evidence rating: Very strong.

India

India is particularly important because the secondary evidence directly tests the **"true cost" problem** at considerable scale.

Size and funding fragility

Dasra's 2025 national nonprofit study surveyed approximately 400 NGOs. Ninety-one per cent had annual expenditure below ₹10 crore, while **72% reported a funding deficit** and only 22% reported having a corpus fund (Dasra, 2025).

The 2026 Dasra report extends this evidence through a survey of 438 nonprofits plus expert interviews and highlights the distinctive role of micro and small organisations in hyperlocal and community-focused work (Dasra, 2026).

Indirect-cost funding

The strongest Indian evidence comes from Bridgespan's *Pay What It Takes* research.

Its original study surveyed 388 NGOs and conducted detailed financial analysis of 40 relatively well-funded organisations. It found that:

- 83% struggled to secure funding for indirect costs;
- more than half had fewer than three months' reserves;
- about half had recorded no operating surplus for three years;
- only 18% believed they invested adequately in organisational development; and
- actual indirect costs ranged from 5% to 51% of total organisational costs, averaging approximately 19% (Venkatachalam et al., 2021).

Among organisations with an indirect-cost shortfall, actual indirect costs averaged approximately 22%, while major programme funders provided around **9%**, leaving an average 13-percentage-point gap (Venkatachalam et al., 2021).

A subsequent study found a striking mismatch between funders and NGOs. While 68% of funders believed their policies allowed flexible support for administrative and support functions, 83% of NGOs reported difficulty securing that funding (Venkatachalam et al., 2022).

Recent evidence suggests improvement but not resolution. Bridgespan's 2026 study surveyed 460 nonprofits and interviewed 51 sector stakeholders, finding greater willingness among funders to support operational/core costs, although persistent gaps remained in organisational development, reserves and support for smaller/non-metropolitan organisations (Rastogi et al., 2026).

Regulatory/compliance environment

India differs from Australia, the UK and US because the regulatory environment itself can place strict limits on administrative expenditure. Foreign-funded NGOs are subject to FCRA requirements, including restrictions around the proportion of foreign contributions used for administrative expenses. This makes organisational infrastructure not merely a funding issue but also a regulatory one.

The important comparative point is therefore: Shared services may have strong economic logic in India, but their design must be substantially more sensitive to funding source, permissible administrative expenditure and compliance structures than in Australia or the UK.

Shared capacity

The Indian evidence strongly supports building common organisational capability. The Pay-What-It-Takes programme has itself developed organisational-development tools with Dasra, Dhwani Foundation, Samhita, Sattva and toolbox INDIA, demonstrating an existing ecosystem of intermediaries designed to augment the operating capacity of individual NGOs (Bridgespan, n.d.).

Interpretation

India provides perhaps the strongest quantitative confirmation outside Australia that underfunding organisational infrastructure systematically constrains mission delivery.

The evidence is already strong enough that surveying another ten NGOs about whether core costs are difficult to fund would have little value.

The research gap is instead: what common infrastructure can be legally, economically and operationally shared by small health/patient organisations?

Evidence rating: Very strong for finance/organisational capacity; moderate for CRM-specific evidence.

Brazil

Brazil presents a somewhat different evidentiary situation. There is extensive research and public infrastructure concerning organizações da sociedade civil (OSCs), philanthropy, partnerships with government and regulatory accountability, but much less quantitative evidence specifically measuring administrative hours, CRM fragmentation or digital capability among small organisations. This means we need to distinguish absence of evidence from absence of the constraint.

Funding and organisational sustainability

Brazilian civil-society literature has long identified financial and institutional sustainability as significant challenges. ABONG's work on regulatory and financing arrangements describes OSC sustainability as being affected both by financing conditions and by the institutional/regulatory framework governing their relationships with public authorities (Associação Brasileira de Organizações Não Governamentais [ABONG], 2014, 2018).

More recent philanthropic data provide additional insight into the funding architecture. GIFE's Census is a biennial quantitative survey of private social investors and their structures, resources and grantmaking practices. Its 2022–23 round involved 137 participating organisations, and the 2024–25 round increased to 138 respondents (GIFE, 2023, 2026).

Particularly relevant is the distinction between project funding and institutional/core support.

Analysis of GIFE data has shown that support tied to programmes or predefined initiatives has historically been more common than unrestricted organisational support. In the 2020 Census, approximately 47% of respondents provided institutional support, despite growth from 30% in 2018 (GIFE GrantLab, 2023).

This produces a pattern analogous to the Australian and Indian "full cost" problem: money is more readily attached to activities than to the underlying organisational capability required to deliver them.

Regulatory and reporting requirements

Brazil's *Marco Regulatório das Organizações da Sociedade Civil* (MROSC), established principally through Law No. 13.019/2014 and Decree No. 8.726/2016, governs many relationships between OSCs and government.

The fact that the federal government provides dedicated training specifically covering partial and annual accountability, financial execution reports, programme implementation reports, sanctions and special accountability procedures indicates the substantial administrative requirements attached to public partnerships (Escola Nacional de Administração Pública, n.d.).

Recent federal activity continues to focus on implementation and accountability under MROSC, including audit and public-selection requirements for partnerships (Secretaria de Gestão e Inovação, 2024).

Brazilian academic work has similarly examined how accountability requirements imposed on OSC-government partnerships affect information and justification requirements (Bach et al., 2021).

Data and digital infrastructure

This is where the evidence base becomes thinner.

Brazil has increasingly sophisticated sector-level information infrastructure, including philanthropy datasets and platforms such as GIFE's Mosaico. However, there is insufficient current national evidence demonstrating how many small OSCs rely on disconnected spreadsheets, which CRM platforms they use, how much duplicate data entry occurs, or what digital skills constraints cost them.

Consequently, Amplify should not report Brazilian CRM or IT inefficiency as quantitatively established to the same degree as Australia or the UK.

The attached study's empirical organisational observations can remain part of the evidence base, but they should be distinguished from national sector-level evidence.

Interpretation

For Brazil, secondary evidence is already sufficient to support:

- funding sustainability problems;
- predominance of project-focused over unrestricted organisational support;
- significant public-partnership reporting/accountability requirements;
- need for organisational-development support; and
- potential benefits from common infrastructure.

It is not yet sufficient to quantify CRM/data inefficiency or potential digital-system savings.

Evidence rating: Strong for finance/regulation; moderate for operational infrastructure; limited for patient organisations specifically.

South Africa

South African evidence strongly demonstrates how financial, human-resource and regulatory constraints can combine.

Scale and funding

South Africa had approximately 295,000 registered NPOs by September 2024, illustrating the size and fragmentation of the sector (Trialogue, 2024). Trialogue's 2024 survey included 149 NPOs and provides contemporary evidence on funding sources and organisational finances.

Smaller organisations are particularly vulnerable to inconsistent grant funding and capacity shortages. Recent qualitative research involving NPO founders in Durban identified continuing difficulties with funding

sustainability, human resources, regulatory compliance and organisational capacity, including organisations operating in health and community development (Bhulaye et al., 2025).

Compliance burden

South Africa provides unusually stark evidence about regulatory capability.

In February 2025, the Department of Social Development reported that 203,279 organisations faced potential deregistration for failure to submit required annual reports, that 41,787 notices of non-compliance had been issued, and that 6,221 NPOs had already been deregistered (Department of Social Development, 2025).

These figures should not automatically be interpreted as evidence of poor management. They also demonstrate the scale of the compliance-capability challenge across a sector containing very large numbers of small organisations.

More recent South African research into the effects of financial-regulatory reforms provides even more direct evidence. Inyathelo reports that:

- 51.9% of surveyed NPOs were micro-organisations with only 1–5 staff;
- 37.5% reported no human capacity in critical areas such as finance, tax compliance or governance;
- almost 30% said increased reporting requirements had directly reduced their ability to access funding; and
- digital barriers and limited access to online systems were also identified (Inyathelo, 2026).

This is extremely relevant to Amplify Impact. It demonstrates the exact mechanism hypothesised in the project: small workforce - specialist administrative requirements - insufficient internal capability - compliance burden - impaired funding access - further organisational fragility.

Mission consequences

The effects are not restricted to administrative performance. When organisations lose funding access, delay service agreements or expend scarce staff resources navigating compliance requirements, the consequences reach beneficiaries.

South Africa's patient and health advocacy sector also demonstrates the value of preserving local relational capability. The Treatment Action Campaign provides a well-established example of community-based advocacy and service coordination in HIV, illustrating how strong community relationships and patient mobilisation can complement formal health delivery (Department for International Development, 2009).

The lesson for Amplify is not that TAC demonstrates shared services; it does not. It demonstrates why administrative consolidation should not undermine locally embedded advocacy and trust.

Interpretation

South Africa strongly supports a hybrid shared-services model: centralise or collectively provide difficult specialist functions such as regulatory guidance, finance systems, IT support and perhaps common reporting infrastructure, while retaining community engagement and advocacy locally.

Evidence rating: Very strong for capacity/compliance; moderate for CRM/digital; limited patient-organisation-specific economic evidence.

Cross-country synthesis

The six-country review allows the initial hypothesis in the attached report to be tested against a substantially larger independent evidence base.

Constraint 1: Small organisational scale is consistently associated with limited infrastructure

The evidence is clearest in Australia, UK and South Africa. Australia has more than half of charities operating without paid staff (ACNC, 2026). In England and Wales, fewer than half of charities report paid workers, while volunteers outnumber paid workers by approximately 3.8 to 1 (Charity Commission for England and Wales, 2026). In the recent South African regulatory study, more than half of NPO respondents were micro-enterprises with only 1–5 staff (Inyathelo, 2026).

The precise organisational structures differ, but the economic implication is the same: the organisation becomes smaller; the minimum requirement for bookkeeping, compliance, cybersecurity, data management and governance does not fall proportionately. This is fundamental to the shared-services economic argument.

Constraint 2: Funding systems systematically privilege programmes over infrastructure

This pattern is especially well demonstrated in Australia, the US and India, with corroborating evidence from Brazil and the UK.

India provides perhaps the cleanest empirical illustration: actual indirect costs averaged around 19% among the organisations financially analysed, while many funders restricted indirect expenditure well below actual organisational requirements (Venkatachalam et al., 2021). US policy reforms requiring minimum indirect-cost reimbursement arose from the same structural problem (National Council of Nonprofits, 2024). Brazilian philanthropy evidence similarly shows institutional/unrestricted support remaining less universal than project-related support (GIFE GrantLab, 2023).

The cross-country conclusion is therefore strong: underinvestment in back-office capability frequently reflects the architecture of funding, rather than an organisational decision that these functions have little value.

That substantially strengthens the attached report's argument that inefficiency should not automatically be characterised as management failure.

Constraint 3: Regulatory complexity disproportionately affects small organisations

The specific regulation varies dramatically, but the underlying mechanism appears everywhere.

Australia: cumulative regulatory requirements disproportionately burden volunteer-run organisations (ACNC, 2025).

United States: federal reform has explicitly sought to simplify funding notices, reduce duplication and improve indirect-cost reimbursement (National Council of Nonprofits, 2024).

United Kingdom: small organisations identify application and reporting requirements as significant drains on capacity (NCVO, 2025).

India: funding regulation and restrictions on administrative expenditure can directly affect how organisational infrastructure is funded.

Brazil: MROSC creates formal accountability processes for public partnerships.

South Africa: very large numbers of organisations have struggled to maintain formal reporting compliance (Department of Social Development, 2025).

Compliance is globally relevant but cannot itself be globally standardised. This supports the attached report's proposed division: globally common infrastructure + locally specific regulatory/compliance delivery.

The report already distinguishes potentially global functions such as CRM/data and IT from locally adaptive functions such as governance and regulatory compliance.

Constraint 4: Digital capability is a recurrent structural issue

Evidence strength varies, but the overall pattern is consistent. Australia has strong national NFP digital data through Infoxchange. UK government research explicitly finds that small charities often cannot afford digital-transformation specialists and may struggle with procurement, data protection and implementation (Department for Culture, Media and Sport, 2024). US evidence identifies continuing digital and data-skills limitations across the nonprofit sector, while technology-support organisations operate precisely because smaller organisations cannot individually develop these capabilities at scale. South African research identifies digital barriers alongside compliance capability deficits. India and Brazil have less directly comparable national evidence, but broader organisational-capacity evidence suggests similar constraints. Therefore, IT infrastructure is one of the strongest candidates for shared provision internationally.

Communications appears different

CRM/data is the most important unresolved empirical question in relation to shared resources. The international evidence also reinforces the attached report's finding that communications should not be treated like CRM, IT or finance.

Smaller organisations often remain highly effective at communications and advocacy because these functions depend heavily on: relationships, lived experience, credibility, local knowledge and responsiveness.

Accordingly, the proposed shared-services model should distinguish: communications infrastructure - potentially shared, from, communication voice and relationships - retained locally.

Shared resources might include websites, mailing systems, accessibility, design templates, analytics, cybersecurity and technical support. Condition-specific content, advocacy positioning, patient stories and community relationships should remain organisational.

Which findings are now sufficiently established?

Strong enough that primary research is not needed merely to confirm them

1. Small organisations disproportionately lack dedicated organisational infrastructure.
2. Volunteer-dependent organisations have fewer specialist resources available internally.
3. Indirect/core organisational costs are routinely difficult to fund.
4. Short-term and restricted funding contributes to organisational fragility.
5. Administrative and reporting requirements consume scarce organisational resources.
6. Small organisations face disproportionate difficulty accessing specialist finance, HR, IT and governance capability.

7. Digital capability and system integration are recurring challenges.
8. Underinvestment in organisational infrastructure can constrain mission delivery and scalability.
9. These patterns are not unique to a particular disease area.
10. The fundamental problem occurs across very different national nonprofit environments.

Those conclusions can now be supported by external evidence.

What remains genuinely unknown?

The international review reduces the remaining empirical questions to a relatively small number.

A. Patient-organisation CRM architecture

We still cannot say reliably:

> "X% of small patient organisations internationally use multiple disconnected stakeholder databases."

This remains a meaningful evidence gap.

B. Administrative hours by function

There is little comparable international evidence dividing small patient-organisation administrative time between:

finance / grant reporting / CRM / IT / HR / regulatory compliance.

C. Actual duplicate expenditure

We do not yet know exactly what multiple organisations are simultaneously paying for:

software licences, accountancy, payroll, cybersecurity, website infrastructure, databases, CRM systems, HR platforms or consultant support.

D. Actual cost of a shared model

This is principally an **economic/market analysis question**, not a patient-survey question.

E. Acceptability

No amount of secondary evidence can answer:

> Would patient organisations trust and use this model?

or:

> Which functions would they be willing to share?

That is the principal reason eventually to engage organisations.

Overall conclusion

The international review substantially strengthens the central proposition of the existing document.

There is now good independent evidence from six very different nonprofit environments that the administrative and infrastructure constraints experienced by small organisations, not condition-specific and unlikely to be explained primarily by poor organisational management.

Across Australia, the United States, United Kingdom, India, Brazil and South Africa, the recurring mechanisms are:

- restricted/core funding deficit
- small organisational scale
- limited specialist capacity
- fragmented or underdeveloped systems
- administrative/compliance burden
- organisational fragility and mission opportunity cost

National context then modifies the expression of the problem. In Australia, the problem is often fragmented systems and volunteer dependence. In the US, under-recovery of indirect costs and government-grant administration are particularly visible. In the UK, small-charity funding, workforce and digital-capability constraints are especially well documented. In India, underfunding of organisations' true costs is exceptionally well quantified. In Brazil, project-oriented funding and regulatory/accountability structures are clearer than digital/CRM evidence. In South Africa, limited internal capacity intersects particularly strongly with compliance requirements and funding access.

The strongest common candidates for collective infrastructure are therefore: IT, digital infrastructure, cybersecurity, selected finance functions, specialist administrative capability and common data/CRM platforms.

HR/volunteer systems, evaluation, reporting and communications infrastructure appear suitable for hybrid arrangements. Governance, compliance interpretation, patient engagement, advocacy and condition-specific communication require more substantial national or local control. This means the next stage of Amplify Impact does not need to be another problem-identification exercise.

The evidence now supports moving to cross-country economic modelling and design of the shared-services solution. The remaining patient-organisation engagement can then be deliberately small, respectful and focused on acceptability, governance and design, rather than asking already stretched organisations to generate evidence about structural problems that have now been demonstrated repeatedly.

References

Australian Charities and Not-for-profits Commission. (2024). *Australian charities report: 10th edition*. Australian Government.

Australian Charities and Not-for-profits Commission. (2025). *Charity by numbers: The volunteer effect*. Australian Government.

Australian Charities and Not-for-profits Commission. (2026). *Australian charities report: 12th edition*. Australian Government.

Associação Brasileira de Organizações Não Governamentais. (2014). *Construindo uma sociedade civil autônoma e transparente: Marco regulatório para as organizações da sociedade civil*. ABONG.

Associação Brasileira de Organizações Não Governamentais. (2018). *Estudio regional sobre mecanismos de financiamento de las organizaciones de la sociedad civil en América Latina*. ABONG.

Bach, G. H. E. G., Dal Klippel, J. C., & Guarido, F. A. A. (2021). Prestação de contas das organizações da sociedade civil em parcerias com a administração pública: Legitimidade na percepção do Tribunal de Contas da União e da doutrina. *Caderno PAIC*.

Bhulaye, E. M., Rajkoomar, M., & Ngibe, M. (2025). Challenges in the administrative processes of community-based non-profit organisation in Durban, South Africa. *Journal of Public Management and International Relations*.

Charity Commission for England and Wales. (2024). *Collaborative working (CC34)*. UK Government.

Charity Commission for England and Wales. (2026). *Annual Return 2024 analysis report*. UK Government.

Charity Commission for England and Wales. (2026). *Small but mighty: The backbone of our sector*. UK Government.

Dasra. (2025). *India nonprofit report 2025: Role, evolution and impact*. Dasra.

Dasra. (2026). *India nonprofit report 2026: State of the sector and emerging frontiers*. Dasra.

Department for Culture, Media and Sport. (2024). *Digital tools that support volunteering*. UK Government.

Department for International Development. (2009). *Activism and aid combine to fight HIV/AIDS in South Africa*. UK Government.

Department of Social Development. (2025). *Social Development issues notices of non-compliance and deregisters over 6,000 non-compliant NPOs*. Government of South Africa.

Escola Nacional de Administração Pública. (n.d.). *MROSC: Prestação de contas*. Government of Brazil.

GIFE. (2023). *Censo GIFE 2022–2023*. Grupo de Institutos, Fundações e Empresas.

GIFE. (2026). *Censo GIFE 2024–2025: Sumário executivo*. Grupo de Institutos, Fundações e Empresas.

GIFE GrantLab. (2023). *Panorama da relação entre investidores sociais e organizações da sociedade civil*. GIFE.

Healthcare Financial Management Association. (2026). *Shared services*. HFMA.

Hoshaw, R. (2024). Consider adding a federally negotiated indirect cost rate to your revenue portfolio. *National Council of Nonprofits*.

Infoxchange. (2025). *Digital technology in the not-for-profit sector: 10th anniversary edition*. Infoxchange.

Inyathelo. (2026a). *Mitigating the unintended consequences of FATF recommendations on the nonprofit sector in South Africa*. South African Institute for Advancement.

Inyathelo. (2026b). *Research reveals unintended consequences of financial regulations on South Africa's NPO sector*. South African Institute for Advancement.

National Council of Nonprofits. (2024). *OMB Uniform Guidance*. National Council of Nonprofits.

National Council of Nonprofits. (2024). *Positive overhaul of federal grants guidance announced*. National Council of Nonprofits.

National Council of Nonprofits. (n.d.). *Solutions to government-nonprofit grantmaking and contracting problems*. National Council of Nonprofits.

NCVO. (2025a). *Power of Small: Key findings*. National Council for Voluntary Organisations.

NCVO. (2025b). *Power of Small: Recommendations for Smalls*. National Council for Voluntary Organisations.

Nonprofit Finance Fund. (2025). *State of the nonprofit sector survey 2025*. NFF.

Patient Advocate Foundation. (2026). *Our story: Patient Advocate Foundation and PAN Foundation strategic merger*.

Rastogi, S., Mehrotra, R., Saini, G., Yawalkar, A., & Thompson, R. (2026). *Momentum builds to fund Indian nonprofits' true costs*. The Bridgespan Group.

Secretaria de Gestão e Inovação. (2024). *Relatório final de auditoria: Avaliação de parcerias celebradas com organizações da sociedade civil*. Government of Brazil.

Trialogue. (2024). *Overview of NPO income in South Africa*. Trialogue Knowledge Hub.

Urban Institute. (2026a). *National Survey of Nonprofit Trends and Impacts*. Urban Institute.

Urban Institute. (2026b). *Nonprofit leaders' concerns about finances, programming, and workforce challenges intensified from 2024 to 2025*. Urban Institute.

Venkatachalam, P., Yeh, D., Rastogi, S., Siddiqui, A., Gupta, K., Shekar, L., & Thompson, R. (2022). *Bridging the gap on funding the true costs of NGOs in India*. The Bridgespan Group.

Venkatachalam, P., Yeh, D., Rastogi, S., Siddiqui, A., Manchanda, U., Gupta, K., & Thompson, R. (2021). *Building strong, resilient NGOs in India: Time for new funding practices*. The Bridgespan Group.

Section 02

Cross country evidence-barriers matrix

Cross-country barrier/constraint evidence matrix

This matrix consolidates the six-country secondary evidence review across Australia, United States, United Kingdom, India, Brazil and South Africa and aligns it with the operating domains already used in the attached Amplify Impact analysis. The original document identifies finance, IT, HR, CRM and communications as core domains and argues that the most persistent inefficiencies are concentrated in CRM, HR and IT.

The purpose here is not simply to identify whether a constraint exists, but to assess five questions systematically:

- Evidence strength: how directly and consistently the barrier is supported by existing evidence.
- Universality: how consistently the barrier appears across the six countries.
- Quantifiability: how readily it can be translated into measurable economic parameters.
- Shared-services suitability: how appropriate the function is for pooling, common infrastructure or centralised support.
- Remaining evidence gap: what still cannot be answered from secondary evidence.

Scoring framework

Score	Evidence strength	Universality	Quantifiability	Shared-services suitability
5	Multiple strong national datasets/reviews; highly consistent evidence	Appears across almost all six countries with similar underlying mechanism	Strong monetary/time/workforce parameters available	Strong economies of scale; low need for local relational delivery
4	Strong evidence but some indirectness or uneven country coverage	Common across most countries, with contextual variation	Several usable parameters but modelling assumptions required	Highly suitable, usually with some local configuration
3	Moderate or mainly sector-level evidence	Present in several countries but context matters substantially	Some measurable inputs, but important gaps	Hybrid/shared support likely preferable to full centralisation
2	Limited direct evidence	Strongly country- or organisation-dependent	Difficult to quantify reliably	Limited shared-service role

Score	Evidence strength	Universality	Quantifiability	Shared-services suitability
1	Little robust evidence	Primarily local/organisation specific	Not currently measurable	Should remain local

The scores are analytical ratings derived from the reviewed evidence, not survey-generated statistics.

1. Master cross-country constraint matrix

Domain / constraint	Evidence strength /5	Universality /5	Quantifiability /5	Shared-services suitability /5	Overall interpretation	Principal remaining gap
Financial fragility / inadequate operating margins	5	5	5	2	Fundamental structural condition affecting small organisations internationally	Patient-organisation-specific financial resilience by size
Underfunding of core / indirect costs	5	5	5	4	One of the strongest systemic drivers of underinvestment in infrastructure	Comparable indirect-cost ratios in Brazil and South Africa
Funding restrictions / short-term project funding	5	5	4	2	Repeatedly forces organisations to prioritise projects over institutional capability	Comparable grant-duration/restriction data across all countries
Small workforce / volunteer dependence	5	5	5	3	Creates limited internal specialist capacity and key-person dependency	Comparable volunteer administrative-hour data

Domain / constraint	Evidence strength /5	Universality /5	Quantifiability /5	Shared-services suitability /5	Overall interpretation	Principal remaining gap
HR administration and volunteer management	4	4	4	4	Repeated recruitment, onboarding, policies and recordkeeping create duplicate effort	Actual administrative hours and platform costs
IT infrastructure and support	5	5	4	5	One of the clearest candidates for pooled infrastructure	Market-cost modelling by country
Cybersecurity / privacy capability	4	5	3	5	Requirement increasingly exceeds what very small organisations can support independently	Comparable cyber maturity data outside Australia/UK/US
CRM / stakeholder data management	4	5	3	4	Likely major structural bottleneck, especially for patient organisations	Direct patient-organisation CRM architecture and duplication data
Data analytics / impact measurement	4	5	3	4	Skills, tools and reporting requirements repeatedly exceed internal capacity	Comparable measures of staff time and data-system expenditure
Duplicate data entry / reporting	4	5	4	5	Strong candidate for common platforms and reusable data	Current cross-country time-and-cost measures

Domain / constraint	Evidence strength /5	Universality /5	Quantifiability /5	Shared-services suitability /5	Overall interpretation	Principal remaining gap
Finance administration / bookkeeping	4	5	5	5	Highly standardisable transactional function	Legal/accounting configuration differs nationally
Grant application and acquittal administration	5	5	4	4	Large mission opportunity cost; partly shareable through systems/expertise	Direct measurement by patient organisations
Regulatory compliance	5	5	4	3	Universal burden but content is highly jurisdiction-specific	Costs by organisation size and regulatory regime
Governance support	4	4	2	3	Specialist advice/templates could be shared; governance authority should remain local	Direct evidence of governance capability in patient organisations
Communications technology/infrastructure	4	4	4	4	Technical infrastructure is shareable	Actual savings from shared platforms
Communications content / advocacy voice	4	5	2	1	Relational and cause-specific comparative advantage of patient groups	Not a priority evidence gap because centralisation is undesirable

Domain / constraint	Evidence strength /5	Universality /5	Quantifiability /5	Shared-services suitability /5	Overall interpretation	Principal remaining gap
Policy/advocacy capacity	4	4	2	1	Often crowded out by administrative burden but should remain organisation-led	Quantifying displaced advocacy activity
Knowledge management / succession	4	5	3	4	Volunteer turnover and key-person dependence create repeated loss of institutional knowledge	Comparable data on turnover and onboarding costs
Procurement / software licensing	3	5	5	5	Strong theoretical economies of scale	Actual existing licence inventories and negotiated savings
Mission opportunity cost	5	5	3	N/A	Strong evidence that administrative demands displace or constrain mission capacity	Avoid assuming 1 administrative hour = 1 patient-facing hour

This matrix strongly supports the central proposition in the attached report that high-system functions create the largest structural disadvantage for small organisations, whereas high-relational functions often represent their principal strength.

2. Country-by-country evidence-strength matrix

The next table scores the strength of the available secondary evidence, rather than the severity of the barrier itself.

Domain	Australia	US	UK	India	Brazil	South Africa
Financial fragility	5	5	5	5	4	5
Core/indirect-cost underfunding	5	5	4	5	3	4
Volunteer/workforce constraints	5	4	5	3	3	5
HR/volunteer management	4	4	4	3	2	4
IT/digital capability	5	4	5	4	3	4
Cybersecurity/privacy	5	4	4	3	2	3
CRM/data fragmentation	4	4	4	3	2	3
Data/impact capability	5	4	4	3	3	3
Reporting/compliance burden	5	5	5	5	4	5
Governance capability	4	4	4	3	3	4
Communications infrastructure	4	4	4	3	3	3
Mission opportunity cost	5	5	5	4	3	4
Shared-services precedent/evidence	4	4	5	4	3	3
Overall secondary-evidence maturity	5	5	5	4	3	4

Interpretation

The key methodological implication is that lower scores in Brazil and parts of India/South Africa should not be interpreted as evidence that the barrier is weaker. They usually indicate that the barrier is less directly measured.

3. Financial fragility and core-cost underfunding

Overall scores

Evidence strength 5 | Universality 5 | Quantifiability 5 | Shared-services relevance 4

This is probably the strongest cross-country constraint. In Australia, national charity and community-sector evidence demonstrates that a very large proportion of small organisations lack paid capacity and that administrative infrastructure cannot realistically be treated as optional expenditure. ACNC specifically notes that small charities cannot operate entirely without administration costs, while volunteer-run organisations are disproportionately exposed to regulatory burden (ACNC, 2025).

In the United States, Nonprofit Finance Fund's 2025 survey of 2,206 organisations found that 81% regarded raising funds sufficient to cover full costs as a challenge, 36% ended 2024 in deficit and 52% had no more than three months' cash available (Nonprofit Finance Fund [NFF], 2025).

The UK evidence similarly describes a "broken funding system" characterised by insufficient unrestricted and multi-year funding and disproportionate application processes affecting small organisations (National Council for Voluntary Organisations [NCVO], 2025).

India provides unusually strong quantitative evidence. Dasra's survey of 400 NGOs found that 72% reported a funding deficit, while only 22% had a corpus fund (Dasra, 2025). Bridgespan's separate survey of 388 NGOs documented chronic underfunding of organisational and indirect costs (Venkatachalam et al., 2021).

Brazilian evidence is less directly quantified but demonstrates longstanding difficulties financing institutional development and core capability rather than designated projects. GIFE data have similarly documented barriers to funding organisational development (GIFE, 2016).

Shared-services implication: This barrier does not itself become a shared service. Rather, it creates the economic rationale for shared services: if each organisation cannot adequately finance a complete administrative infrastructure, collective purchasing and infrastructure can lower the minimum cost of capability.

4. Workforce and volunteer dependence

Overall scores

Evidence strength 5 | Universality 5 | Quantifiability 5 | Shared-services suitability 3–4

The constraint is not volunteering itself. The issue is the mismatch between limited workforce depth and increasingly specialist organisational requirements. Australia provides the clearest measurement: 43% of charities are entirely volunteer-run, and these organisations disproportionately report regulatory and funding disadvantages (ACNC, 2025). UK research reaches essentially the same structural conclusion. Small organisations frequently rely on small teams or volunteers in which individuals simultaneously undertake fundraising, governance, compliance and operational functions (NCVO, 2025). Comparable mechanisms are evident in the US national nonprofit datasets, which explicitly measure staff, volunteers and organisational financial health across organisation size (Urban Institute, 2026).

Shared-services implication: Do not centralise volunteer relationships themselves. Share onboarding infrastructure, HR templates, training systems, policies, recordkeeping, checks and potentially payroll. Retain locally recruitment relationships, culture, volunteer leadership and community engagement.

Suitability score: 4 for HR infrastructure; 1–2 for relational volunteer management.

5. IT and digital infrastructure

Overall scores

Evidence strength 5 | Universality 5 | Quantifiability 4 | Shared-services suitability 5

This is one of the strongest candidates for shared services.

Australian Infoxchange evidence is particularly important because its 2025 survey included 824 NFPs and identifies persistent gaps in data, cyber, digital transformation and organisational digital foundations (Infoxchange, 2025). The problem is also evolving. Infoxchange reports that although technology adoption is expanding, capability and governance are not keeping pace; only 14% of surveyed organisations had an AI governance framework, while 25% identified insufficient data/analytics skills as their main data-capability barrier (Infoxchange, 2025).

The Australian sector is consequently now moving toward collective digital infrastructure, including the NFP Digital Futures initiative, whose stated objective is to build sector-wide digital capability and reduce administrative burden rather than requiring every organisation to develop capability independently.

The UK evidence reaches a similar conclusion, while NCVO identifies digital tools and practical operational support as areas that small organisations struggle to navigate independently (NCVO, 2025).

Shared-services rating: 5/5

Candidates include: cloud infrastructure; software procurement; technical support; cybersecurity; identity/access management; backup; standard integrations; website hosting; training; and common system configuration. These have relatively low relational dependence and strong economies of scale—precisely the profile predicted by the Operating Model Tension model in the attached report.

6. CRM and stakeholder data management

Overall scores

Evidence strength 4 | Universality 5 | Quantifiability 3 | Shared-services suitability 4

This requires a more careful conclusion than other domains.

Across patient organisations, CRM sits at the intersection of: patients and carers; donors; clinicians; researchers; policymakers; industry; volunteers; advocates; events; communications; and service delivery.

The independent literature strongly validates the component problems—data capability, technical skills, fragmented systems and reporting requirements—but national nonprofit datasets rarely ask specifically: "Do you operate a fragmented CRM?"

Australian evidence, for example, shows that data and reporting capability has become a leading priority while many organisations lack the systems, skills and resources needed to use data effectively (Infoxchange, 2026).

Consequently, the evidence rating should be 4 rather than 5. This is the single domain in which the project's existing 60-organisation desk analysis may provide genuinely useful additional empirical evidence rather than merely reproducing known sector findings.

Shared-services rating: 4/5

A shared CRM platform is highly plausible, but relationship ownership must remain local.

That implies: shared platform and standard data architecture and common security and local datasets/permissions and local stakeholder management.

7. Finance administration

Overall scores

Evidence strength 4 | Universality 5 | Quantifiability 5 | Shared-services suitability 5

Accounting itself is governed nationally, but much transactional finance activity is highly standardised: bookkeeping; expense processing; invoice management; payroll; reconciliations; budgeting templates; financial dashboards; grant-cost coding. Each small organisation independently procuring software, bookkeeping assistance and specialist advice creates a classic fixed-cost duplication problem.

The current report's economic model already identifies finance systems as low-relational/high-system functions particularly suited to sharing.

An important boundary is that financial governance cannot be outsourced. Boards remain responsible for their organisations. The service that can be shared is the infrastructure and processing capability, not organisational accountability.

8. Reporting, grant administration and regulatory compliance

Overall scores

Evidence strength 5 | Universality 5 | Quantifiability 4 | Shared-services suitability 3–5 depending on function

This is a universal burden but a good example of why "shared" does not always mean "global." NCVO describes funding applications and reporting as disproportionately burdensome for smaller organisations because of limited administrative capacity (NCVO, 2025). In the UK, government is actively increasing charity accounting thresholds in 2026 specifically to reduce costs and administrative effort for smaller charities (Department for Culture, Media and Sport, 2025).

Australia similarly identifies cumulative regulatory burden as disproportionately affecting small volunteer-run charities (ACNC, 2025). The US has responded to parallel problems through federal grant reforms and indirect-cost rules. India, Brazil and South Africa each have substantially different regulatory architectures, meaning the burden is universal but its content is not. Therefore, a way forward is to split the function.

Function	Shared-services suitability
Reporting platform/data reuse	5
Common templates	5
Grant opportunity tracking	5
Application/project-management tools	5
Grant-writing technical support	4
Regulatory alerts	4
Compliance interpretation	3
Legal accountability	1

9. Governance

Overall scores

Evidence strength 4 | Universality 4 | Quantifiability 2 | Shared-services suitability 3

Governance constraints are recurrent but should be framed carefully. There is a risk of incorrectly concluding that small organisation equal poor governance.

The evidence does not support that.

Smaller patient groups can have highly mission-aligned boards with strong lived-experience representation and rapid decision-making. The attached report explicitly recognises these advantages. The constraint arises in access to specialist capability, such as: finance; cybersecurity; data governance; legal interpretation; HR; risk management.

An appropriate shared model includes shared board templates; governance training; policy library; expert helpline; induction; risk tools; legal updates. What needs to remain local is board membership; fiduciary decisions; strategy; mission; community accountability.

Shared-services suitability: 3/5.

10. Communications

This domain needs to be split.

Communications infrastructure

Evidence strength 4 | Universality 4 | Quantifiability 4 | Shared-services suitability 4

Potential shared components include: web hosting; mailing technology; design templates; media monitoring; accessibility tools; analytics; platform support.

Communications content and advocacy voice

Evidence strength 4 | Universality 5 | Shared-services suitability 1

This is one of the clearest examples of something that should not be centralised.

Small patient organisations' local or condition-specific knowledge, trust and community credibility are precisely the capabilities that shared services should protect. The exception is where advocacy platforms are shared around common issues, however the identification of issues needs to be generated in the first instance, locally.

11. Mission opportunity cost

Scores

Evidence strength 5 | Universality 5 | Quantifiability 3

This is the conceptual endpoint of the matrix. The constraint is not that "administration is bad." Every organisation requires administration. The problem is avoidable duplication or excessive administrative demands consume financial and human resources that cannot then be allocated elsewhere.

NCVO's small-charity research explicitly observes that funding-search and application activity requires time and resources that could otherwise support service delivery (NCVO, 2025). US evidence demonstrates a comparable pressure: 81% of surveyed organisations report difficulty raising funds that meet full costs, while demand continues to rise (NFF, 2025).

India's funding evidence provides the same mechanism from another institutional context: programme funding that fails to support organisational infrastructure contributes to chronic financial stress (Venkatachalam et al., 2021).

The important measurement rule

Do not calculate: administration saved × patient-hours = patient impact.

Instead, quantify: released organisational capacity and separately describe how organisations could deploy that capacity. This will make the economic model much more defensible.

12. Shared-services priority matrix

Combining universality + evidence + quantifiability + shareability produces a practical prioritisation.

Function	Priority for shared-services model	Recommended model
IT infrastructure	Very high	Shared
Cybersecurity	Very high	Shared
Technical support	Very high	Shared
Software procurement/licensing	Very high	Shared
Finance transaction systems	Very high	Shared
CRM platform	Very high	Shared infrastructure/local relationships
Data infrastructure	Very high	Shared infrastructure/local ownership
Reporting/data reuse	Very high	Shared
HR administration	High	Shared
Volunteer onboarding systems	High	Shared tools/local management
Grant administration	High	Shared capability
Evaluation/impact infrastructure	High	Shared tools/expertise
Knowledge management	High	Shared platform
Governance support	Moderate	Shared advisory infrastructure
Compliance support	Moderate–high	Shared nationally/localised
Communications technology	Moderate–high	Shared
Communications content	Low	Local

Function	Priority for shared-services model	Recommended model
Patient support	Very low	Local
Advocacy voice	Very low	Local
Community relationships	Very low	Local
Strategic priorities	Very low	Local

13. Global versus nationally localisable architecture

The matrix suggests three rather than two levels.

Level 1 globally shareable infrastructure

These have strong commonality across all six countries: CRM technology; cybersecurity tools; cloud infrastructure; data architecture; knowledge-management tools; learning systems; procurement expertise; software frameworks; impact-measurement tools; and technical standards.

Level 2 nationally shared capability

These depend sufficiently on local regulation that they should be pooled within countries rather than globally: finance/accounting support; payroll; HR compliance; charity regulation; grant compliance; privacy interpretation; fundraising regulation; taxation; and legal support.

Level 3 organisation-owned capability

These should stay with patient organisations: patient relationships; condition expertise; advocacy priorities; peer support; community engagement; lived-experience leadership; communications voice; strategy; and board decision-making.

That three-tier architecture is more precise than simply distinguishing "shared" and "local" and will be used going forward.

14. Remaining evidence-gap matrix

Gap	Importance	Does it require patient-group engagement?	Alternative first
Patient-group CRM system prevalence	High	Possibly	Continue public organisational/system analysis
Exact administrative hours by function	High for economic model	Possibly	Scenario modelling using labour benchmarks
Existing software/licence expenditure	High	Not initially	Market/invoice benchmark modelling
Cost of proposed shared platform	Very high	No	Supplier/market analysis
Country-level accounting/HR costs	High	No	Market rates
Regulatory compliance costs	Medium–high	Usually no	Published burden studies + professional cost benchmarks
Volunteer administrative hours	Medium	Possibly	Sensitivity analysis
Patient impact of released capacity	Medium	Not for initial model	Model as mission opportunity cost
Organisations' willingness to share	Very high	Yes	Cannot be resolved secondarily
Data-governance expectations	Very high	Yes, eventually	Draft model first
Trust in host/provider	Very high	Yes	Test after host options developed
Functions organisations refuse to share	Very high	Yes	Co-design rather than problem audit

The striking conclusion is that most remaining quantitative gaps do not require patient-group research. The principal questions that genuinely require patient organisations are about acceptability and governance, not problem identification.

15. Overall evidence judgement

Highly supported

Small organisations face structural financial, workforce, digital and administrative constraints that recur across very different national nonprofit environments.

Highly supported

Restricted/core-cost funding contributes to underinvestment in the organisational infrastructure required to sustain mission delivery.

Highly supported

Regulatory, funding and reporting requirements impose proportionally greater burdens on organisations with limited administrative capacity.

Strongly supported

IT, finance, data and specialist administrative functions contain significant potential economies of scale.

Strongly supported but less directly measured

CRM/data fragmentation is a major operational constraint for small patient organisations.

Strongly supported

Relational functions—including advocacy, patient support and community engagement—should not be assumed inefficient simply because the organisation's internal infrastructure is weak.

References

Australian Charities and Not-for-profits Commission. (2025). *Charity by numbers: The volunteer effect*. Australian Government.

Australian Charities and Not-for-profits Commission. (n.d.). *Small Charities Library: Emerging issues and trends*. Australian Government.

Dasra. (2025). *India nonprofit report 2025: Role, evolution and impact*. Dasra.

Department for Culture, Media and Sport. (2025). *Changes to charity accounting and reporting*. UK Government.

GIFE. (2016). *Censo GIFE 2016 aborda agendas relacionadas ao Projeto Sustenta OSC*. Grupo de Institutos, Fundações e Empresas.

Infoxchange. (2025). *Digital technology in the not-for-profit sector: 10th annual report*. Infoxchange.

Infoxchange. (2025). *New national AI initiative to strengthen AI safety and capability across sector*. Infoxchange.

Infoxchange. (2026). *Data Catalyst Network expands to strengthen the data capability of the not-for-profit sector*. Infoxchange.

Infoxchange. (2026). *Major cross-sector collaboration launches to build digital capability in Australia's not-for-profit sector*. Infoxchange.

National Council for Voluntary Organisations. (2025a). *Power of Small: Key findings*. NCVO.

National Council for Voluntary Organisations. (2025b). *Power of Small: Findings from phase 2 of our research*. NCVO.

National Council for Voluntary Organisations. (2025c). *Power of Small: Recommendations for Smalls*. NCVO.

National Council for Voluntary Organisations. (2025d). *Power of Small: Recommendations for funders*. NCVO.

Nonprofit Finance Fund. (2025a). *2025 State of the nonprofit sector survey*. NFF.

Nonprofit Finance Fund. (2025b). *2025 State of the nonprofit sector survey: Executive summary*. NFF.

Urban Institute. (2024). *Nonprofit trends and impacts 2021–2023: National findings on government grants and contracts from 2019 to 2023*. Urban Institute.

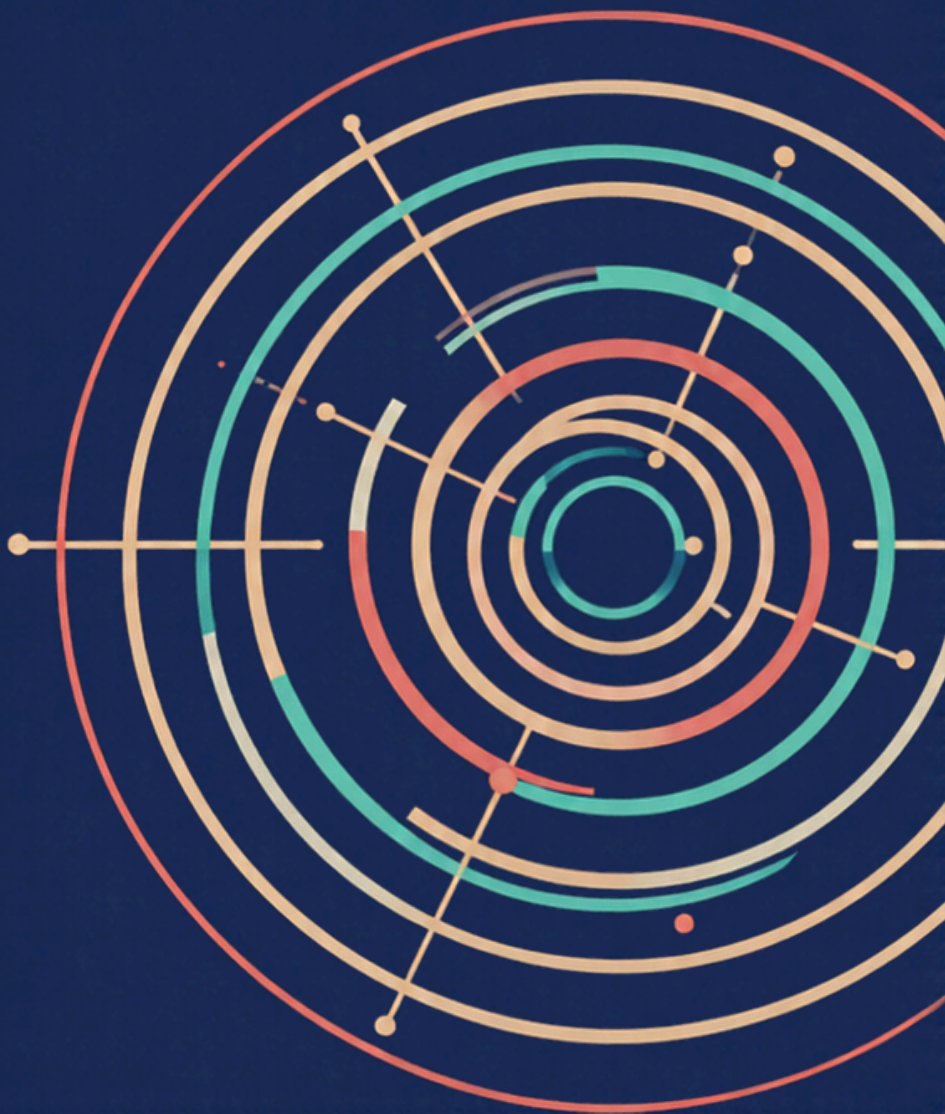
Urban Institute. (2026a). *National Survey of Nonprofit Trends and Impacts*. Urban Institute.

Urban Institute. (2026b). *Nonprofit Trends Tracker*. Urban Institute.

Venkatachalam, P., Yeh, D., Rastogi, S., Siddiqui, A., Manchanda, U., Gupta, K., & Thompson, R. (2021). *Building strong, resilient NGOs in India: Time for new funding practices*. The Bridgespan Group.

Section 03

Economic model of shared service



Economic Model for Shared Operational Infrastructure

IT, cybersecurity, CRM/data infrastructure, finance administration, HR administration, reporting and software procurement

Purpose
To test whether shared operational infrastructure can reduce duplicated fixed costs, release staff and volunteer capacity, improve access to specialist capability, and strengthen organisational resilience across small patient organisations.

Working model for the Amplify Impact collaboration: Designed for cross-country application, beginning with country-specific benchmarking and a 10-organisation cohort.

1. Economic model objective

The economic model should answer a narrower question than the broader evidence review:

Core question
What does it currently cost small patient organisations to provide seven repeatable operational functions independently, what would comparable shared provision cost, and how much financial and organisational capacity could consequently be released?

The seven functions are IT, cybersecurity, CRM/data infrastructure, finance administration, HR administration, reporting, and software procurement.

At this stage, the model should be treated as a transparent decision model rather than as a claim of demonstrated savings. The evidence base establishes recurring structural constraints, but patient-organisation-specific expenditure data are not yet sufficient to justify a single savings percentage. Assumptions should therefore be explicit and tested through ranges and sensitivity analysis.

2. Unit of analysis

Level	Unit of analysis	Purpose
Organisation	One small patient organisation	Establish current operating cost, capacity burden and potential saving.
Country cohort	10 representative organisations	Test economies of scale within a national shared-service hub.
Global network	60 organisations across six countries	Test scale effects and globally shareable infrastructure.

The 10-organisation cohort is the primary demonstration unit. It is large enough to test shared fixed-cost dilution while remaining intuitive for country-level analysis.

3. What counts as cost?

The model should use full economic cost, not simply invoices paid. For each function, current economic cost should include direct expenditure, paid staff time, volunteer time, duplication/rework, and avoidable external professional costs.

Key principle
A system that costs little in cash can still impose a substantial organisational burden. Volunteer or executive time spent on bookkeeping, troubleshooting, reconciliation, reporting or data cleaning is not economically free.

3.1 Parallel cost measures

Measure	Definition
Financial cost	Actual cash expenditure.
Organisational resource cost	Cash expenditure plus the economic value of paid and volunteer time.

The two measures should be reported separately. This prevents the model from overstating cash savings while still capturing the real resource burden.

4. Core economic equations

For organisation i and function j, current annual cost is:

$$C_{ij} = D_{ij} + (H_{ij} \times W_i) + E_{ij}$$

Term	Meaning
D	Direct expenditure on systems/providers.
H	Internal administrative hours.
W	Appropriate hourly labour value.
E	Additional external/professional expenditure.

Shared provision becomes:

$$S_{ij} = F_j / N + V_{ij} + L_{ij}$$

Term	Meaning
F	Shared fixed infrastructure cost.
N	Number of participating organisations.
V	Variable cost attributable to the organisation.
L	Residual local cost.

Gross economic saving and percentage efficiency gain are:

$$G_i = \Sigma C_{ij} - \Sigma S_{ij}$$

$$EG_i = (G_i / \Sigma C_{ij}) \times 100$$

Financial savings and released staff/volunteer hours should nevertheless remain separate headline outputs.

5. Baseline organisation archetypes

Variable	Micro	Small	Established small
Paid FTE	0–1	1–3	3–7
Volunteer dependence	Very high	High	Moderate
CRM maturity	Spreadsheet/basic	Basic CRM/mixed	CRM but fragmented
IT support	Ad hoc	Ad hoc/external	External/provider

Variable	Micro	Small	Established small
Finance	Treasurer/basic bookkeeping	Bookkeeper	Bookkeeper/accountant
HR	Informal	Basic	More formal
Reporting burden	Moderate	High	High
Digital complexity	Low–moderate	Moderate	Moderate–high

Using archetypes avoids assuming that a volunteer-run organisation currently purchases the same level of service as an organisation employing several people.

6. IT infrastructure and support

Current-state cost base

Include software configuration, cloud storage, email administration, device support, website technical maintenance, troubleshooting, backup, account administration, consultants, and staff/volunteer troubleshooting time.

Shared-service model

A common platform could provide Microsoft/Google environment configuration, account provisioning, a shared helpdesk, device and security standards, backup, cloud architecture, standard integrations, website technical support and user training.

Economic mechanism

The principal saving is not necessarily cheaper software. It is one technical capability supporting many organisations instead of each organisation independently sourcing, learning and troubleshooting systems.

Quantifiable outputs

- Annual external IT expenditure
- Internal IT-support hours
- Number of systems
- Cost per user
- Support cost per organisation
- Shared cost per organisation
- Hours released

Modelling confidence: High.

7. Cybersecurity

Current-state cost base

Include security software, multi-factor authentication, backup, security policies, staff training, incident-response capability, privacy/security expertise and access management.

Shared-service model

Shared provision should establish an agreed minimum security standard and provide the technical controls, training and specialist support needed to reach it.

Economic mechanism

Cybersecurity must be modelled as both an efficiency question and a capability/risk question. An organisation that currently spends nothing may be under-protected rather than efficient.

Quantifiable outputs

- Cost of individually achieving the minimum standard
- Cost of achieving the standard collectively
- Number/proportion gaining the minimum standard
- Operational cost difference
- Qualitative risk reduction

Modelling confidence: High for operating costs; low–moderate for avoided-loss estimates.

8. CRM and data infrastructure

Current-state cost base

Include CRM subscriptions, spreadsheets, mailing-list systems, survey systems, donor and volunteer databases, manual transfer between systems, duplicate data entry, list cleaning, reporting, data reconciliation and consultant support.

Shared-service model

Use common technology and architecture with separate organisational datasets, role-based permissions and local relationship ownership. Components may include standard fields, integrations, automated reporting, email integration, donor/volunteer modules, dashboards, data-quality tools and privacy controls.

Economic mechanism

Separate licence savings, administration savings and integration/automation savings from data-quality improvement. The first three can be monetised; data quality should initially be a capability outcome.

Quantifiable outputs

- Licence savings
- Administration hours released
- Integration/automation savings
- Data-quality capability uplift

Modelling confidence: Moderate.

9. Finance administration

Current-state cost base

Include bookkeeping, accounting software, payroll, reconciliations, invoicing, expense management, budgeting, financial reporting, accountant fees, and treasurer/CEO administrative time.

Shared-service model

A national finance service could provide a common accounting platform, bookkeeping, payroll administration, accounts payable/receivable, standard financial dashboards, grant/project coding and year-end preparation. Boards retain fiduciary responsibility.

Economic mechanism

Finance administration combines high repetition, relatively standard processes, specialist skill requirements and low relational dependence, making it particularly suitable for scale economies.

Quantifiable outputs

- Cost per organisation
- Cost per transaction
- Executive/treasurer hours released
- External accounting costs
- Total cohort savings

Modelling confidence: Very high.

10. HR administration

Current-state cost base

Include contracts, payroll administration, personnel records, policies, onboarding, leave administration, volunteer onboarding, screening/checks, training administration, recruitment administration and external HR advice.

Shared-service model

Shared provision could include a common HR platform, templates, onboarding workflows, personnel files, standard training, a policy library, HR advice and volunteer administration. Employment relationships and management remain local.

Economic mechanism

Absolute HR savings may be modest where organisations employ few people, but cost per employee can be high because fixed administrative requirements are spread across very small workforces.

Quantifiable outputs

- Cost per employee/volunteer administered
- Administrative hours released
- External HR spend
- Shared platform/service cost

Modelling confidence: High.

11. Reporting

Current-state cost base

Include data extraction, spreadsheet manipulation, repeated collection of the same information, grant acquittals, annual reports, regulatory submissions, board reporting, impact reporting and funder reporting.

Shared-service model

A common reporting architecture should allow information to be entered once and reused across financial, stakeholder, governance and impact reporting workflows.

Economic mechanism

The objective is not less accountability, but less repetitive administration required to demonstrate accountability.

Quantifiable outputs

- Number of reports per year
- Hours per report
- Labour cost per report
- Proportion reusable/automatable
- Annual hours released

Modelling confidence: High for time burden; moderate for achievable reduction.

12. Software procurement

Current-state cost base

Inventory CRM, email, accounting, payroll, survey tools, cloud storage, cybersecurity, design software, project management, website tools, video conferencing, volunteer systems and data analytics.

Shared-service model

Compare individual retail/nonprofit procurement with central negotiated procurement and a rationalised application architecture.

Economic mechanism

The larger opportunity may be application rationalisation rather than volume discounts alone. Procurement saving equals negotiated discount plus avoided duplicate software plus avoided procurement/administration time.

Quantifiable outputs

- Licences × users
- Current annual software spend
- Shared/rationalised spend
- Duplicate applications removed
- Procurement hours avoided

Modelling confidence: Very high once software inventories are available.

13. Base economic model for a 10-organisation cohort

The following structure should form the core calculation engine. It should be populated first with benchmark assumptions and subsequently validated against a small number of organisations.

Function	Cash cost	Internal hours	Value of time	Full current cost	Shared fixed	Shared variable	Residual local	New full cost	Cash saving	Hours released
IT	A	A	A	A	A	A	A	A	A	A
Cybersecurity	A	A	A	A	A	A	A	A	A	A
CRM/data	A	A	A	A	A	A	A	A	A	A
Finance	A	A	A	A	A	A	A	A	A	A
HR	A	A	A	A	A	A	A	A	A	A
Reporting	A	A	A	A	A	A	A	A	A	A
Software	A	A	A	A	A	A	A	A	A	A
TOTAL	Σ	Σ	Σ	Σ	Σ	Σ	Σ	Σ	Σ	Σ

14. Scenario design

Scenario	Definition
Conservative	Only very high-confidence functions are shared; modest administrative-time reductions; limited procurement savings; substantial residual local administration retained.
Central	Realistic implementation of the hybrid model identified through the evidence review.
High-efficiency	High adoption; strong systems integration; greater reporting automation; significant reduction in duplicate platforms and external services.

All three scenarios should be presented. The model should not select the most attractive case as the headline result.

15. Critical counterfactual: current spend versus adequate capability

A conventional cost-saving model can misclassify underinvestment as efficiency. For example, if an organisation currently spends nothing on cybersecurity and shared provision costs money, a simple budget comparison records a negative saving even if the organisation previously lacked adequate protection.

Counterfactual	Question answered
A. Current practice	What does the organisation currently spend? This estimates actual budget impact.
B. Equivalent capability	What would it cost the organisation independently to achieve the same service/capability standard? This estimates the economic value of collective provision.

Required interpretation
The model should report both counterfactuals. This distinguishes genuine cost savings from the value of providing previously unaffordable or unavailable capability.

16. Four categories of economic benefit

Benefit	Meaning
Cash saving	Reduction in actual expenditure.
Capacity release	Paid/volunteer hours no longer required for repetitive administration.
Capability uplift	Access to services previously unaffordable or unavailable.
Risk reduction	Improved cyber, compliance, data and continuity controls.

This is particularly important for micro-organisations, where shared provision may generate limited cash savings but substantial capability uplift.

17. Scale curve

The model should explicitly test 5, 10, 20, 50 and 100 participating organisations.

$$AC_n = F / N + V$$

This identifies the minimum viable scale for each shared function. The analysis should test, rather than assume, whether different services reach economic viability at different cohort sizes.

18. Cross-country architecture

The model should distinguish global fixed costs from national fixed costs and organisation-specific residual costs.

Layer	Potential components
Global	CRM technology; cloud infrastructure; cybersecurity technology; common data architecture; knowledge-management platform; software procurement framework; training infrastructure.
National	Finance; payroll; HR compliance; accounting configuration; privacy interpretation; charity regulation; tax; regulatory reporting.
Organisation	Local administration and relationship-based functions that cannot or should not be removed.

$$SC_i = G / N^G + C_C / N_C + V_i + L_i$$

Term	Meaning
G	Global fixed costs.
N^G	Total participating organisations.
C_C	Country fixed cost.
N_C	Organisations participating in that country.
V_i	Variable organisation-specific costs.
L_i	Residual local costs.

This creates a genuine cross-country economic architecture rather than multiplying an Australian model across jurisdictions.

19. Economic outcomes to report

Financial: Annual current cash expenditure; annual shared-service expenditure; net annual cash saving; percentage saving; implementation cost; transition cost; break-even point; three-year net benefit; five-year net benefit.

Capacity: Paid administrative hours released; volunteer administrative hours released; executive/CEO hours released; FTE-equivalent capacity released.

Capability: Number of organisations gaining professional IT support; cybersecurity baseline; functioning CRM; professional bookkeeping; HR infrastructure; integrated reporting; data capability.

Efficiency: Cost per organisation; cost per employee; cost per CRM user; cost per transaction; cost per report; cost per administrative hour released.

20. What can be populated now versus what still needs validation?

Data category	Likely source
Can be populated without approaching patient groups	Labour rates; accounting/bookkeeping/HR/IT support rates; software and CRM pricing; cyber and cloud costs; payroll costs; implementation costs; market-rate consultant costs; regulatory requirements; standard charity reporting requirements.

Data category	Likely source
Can be estimated from secondary evidence	Ranges for administrative burden; digital capability; workforce size; volunteer dependence; indirect-cost pressure; reporting burden.
May eventually require limited organisational validation	Actual software currently used; approximate external administrative expenditure; approximate internal hours spent by function.

A one-page cost-validation sheet can be used only after the benchmark model has been built, minimising demands on already stretched patient organisations.

21. Proposed minimum dataset

Variable	Source
Country	Existing analysis
Organisation size	Existing/public data
Employees	Public/secondary where available
Volunteers	Public/secondary where available
Revenue	Public filings where available
Current software	Desk audit where visible
IT market cost	External benchmark
Cyber market cost	External benchmark
CRM market cost	External benchmark
Finance market cost	External benchmark
HR market cost	External benchmark
Labour value	National benchmark
Reporting requirements	Regulatory/funder evidence
Estimated admin hours	Literature/scenario
Shared-service cost	Bottom-up model
Implementation cost	Supplier/market benchmark

22. Sensitivity analysis

Parameter	Low	Central	High
Administrative hours	−25%	Base	+25%
Labour value	Lower benchmark	Median	Higher benchmark
Shared staffing cost	−15%	Base	+15%
Implementation cost	−20%	Base	+30%

Parameter	Low	Central	High
Software saving	5%	15%	30%
Time reduction	10%	30%	50%
Adoption	50%	75%	100%

These percentages illustrate the structure only. They should be replaced with evidence-based ranges during model construction.

Preferred policy conclusion
Rather than claiming a single savings percentage, report the range over which the model remains economically favourable, the cohort size at which it breaks even, and the functions driving the result.

23. Break-even analysis

$$N^* = F / (C - V)$$

Where F is shared fixed cost, C is average independent cost per organisation, and V is variable shared cost per organisation. This should be calculated separately for each of the seven functions.

24. Avoided Duplication Index (ADI)

The Avoided Duplication Index provides a structural measure that is independent of wage rates and exchange rates, making it useful for cross-country comparison.

$$ADI_j = 1 - (\text{shared instances required} / \text{current independent instances})$$

If ten organisations currently maintain ten independent technical-support arrangements and the shared model requires one, ADI = 90%. This does not mean costs fall by 90%; it means 90% of duplicated infrastructure instances have been eliminated.

25. Released Organisational Capacity (ROC)

$$ROC = \Sigma(H_{current} - H_{shared})$$

Report ROC as hours per year and convert it to FTE-equivalent capacity where appropriate:

$$\text{FTE released} = ROC / \text{annual productive hours}$$

Interpretation safeguard
Released organisational capacity represents resources available for redeployment according to organisational priorities. It should not automatically be interpreted as additional patient-contact time.

26. Hypotheses to test

- H1. Providing seven common operational functions independently creates duplicated fixed costs across small patient organisations.
- H2. Shared provision reduces average cost as the number of participating organisations increases.
- H3. Some of the largest benefits arise through released staff and volunteer capacity rather than direct cash savings.
- H4. Shared infrastructure enables small organisations to access capabilities they could not economically maintain independently.
- H5. The optimal model is hybrid: global technology infrastructure, nationally configured professional services and locally controlled relational functions.

27. Headline outputs for the final analysis

- For every $1 invested in shared infrastructure, $X in financial and organisational resource value is generated.
- A cohort of 10 organisations releases approximately X–Y administrative hours annually.
- The model reaches break-even at approximately N participating organisations.
- At 50 organisations, average infrastructure cost per organisation falls by X%.
- X% of benefits arise from cash savings and Y% from released organisational capacity.
- X organisations gain access to capabilities they could not reasonably maintain independently.

These figures should not be inserted until the bottom-up costing and sensitivity analysis have been completed.

28. Next stage

1. Build country-specific market-cost benchmarks for Australia, the United States, the United Kingdom, India, Brazil and South Africa for the seven functions.
2. Build the bottom-up shared-service architecture and calculate global fixed, national fixed and organisation-variable costs.
3. Populate micro, small and established-small archetypes.
4. Model cohorts of 5, 10, 20, 50 and 100 organisations.
5. Run conservative, central and high-efficiency scenarios.
6. Calculate cash savings, released organisational capacity, capability uplift, ADI, break-even and three- and five-year ROI.

29. Alignment with the existing evidence base

This model is designed to sit alongside the existing CCDR review. That review frames small patient organisations as structurally constrained but systemically important, and identifies finance, IT, HR, CRM and communications as core domains of operational inefficiency. It also argues that shared services may reduce duplicated effort, fragmented systems and limited internal capacity without compromising mission-specific activities.

The model extends that framing by concentrating initially on the operational functions that are most amenable to standardisation, shared specialist capability, common infrastructure and economies of scale.

30. Model governance and interpretation

- Do not treat low current expenditure as evidence of adequate capability.
- Keep cash savings separate from the economic value of released staff and volunteer time.
- Do not monetise risk reduction aggressively where evidence is weak.
- Preserve local ownership of patient relationships, advocacy priorities and mission-specific functions.
- Make every major assumption visible and test it through sensitivity analysis.
- Use organisational validation selectively, after secondary evidence and market benchmarks have been exhausted.

Section 04

Country benchmarks

Country-specific market-cost benchmarks for the seven shared-service functions

The following has been built as economic-model inputs rather than procurement quotes**.** The objective is to establish a credible 2026 market range for what a small organisation would face if it bought the capability independently.

The seven functions are: IT support; cybersecurity; CRM/data infrastructure; finance administration; HR administration; reporting; and software procurement.

Two distinctions are important. First, many small patient organisations qualify for substantial nonprofit technology discounts, so the benchmark should not assume commercial list prices where nonprofit pricing exists**.** Salesforce, for example, provides up to 10 eligible nonprofit licences at no charge through its Power of Us program, while Google Workspace for Nonprofits can be free and Microsoft offers substantial nonprofit discounts. Salesforce Second, cybersecurity is often already bundled into managed IT. Adding a separate full cybersecurity charge would therefore double-count costs.

For modelling purposes, central input has been used, while retaining the full range for sensitivity analysis.

A. Australia

Function	2026 observed market range	Recommended central model input	Unit / modelling treatment
IT support	A$100–250/user/month	A$150	Per active staff/user/month
Cybersecurity	Often bundled into managed IT; security-inclusive packages typically sit toward upper end of IT range	A$50 incremental	Per user/month only where not included in IT
CRM/data software	Eligible Salesforce nonprofits: first 10 licences potentially A$0; paid Nonprofit Cloud US$60/user/month	A$0 software for first 10 eligible users	Implementation/admin modelled separately
CRM implementation/admin	Approx. A$150–250/hour technical consulting/project benchmark	A$185/hour	Use 20–80 hours initial implementation
Finance administration	**A$250–800+/month** light bookkeeping; higher complexity A$900–1,500+	A$500/month	Small organisation, routine bookkeeping
Payroll	A$5–40/employee/month, with minimum fees common	A$20/employee/month	Add to finance/HR as appropriate
HR administration/advice	Approx. A$400–1,500/month basic retained HR; A$150–350/hour for consultancy	A$750/month	Do not use high-end fractional HR for micro org
Reporting/admin processing	Bookkeeping/admin A$60–120/hour; senior accounting/compliance higher	A$90/hour	Hours × reports/year

Function	2026 observed market range	Recommended central model input	Unit / modelling treatment
Software procurement	Nonprofit discounts can reach 75% or software may be donated	Actual nonprofit price	Do not model commercial retail by default

Australian MSP benchmarks consistently cluster around A$100–250 per user per month, although some security-heavy packages rise above this; published ad-hoc technical rates commonly reach A$150–250/hour (4iT, 2026; AyeTech, 2026; IT Start, 2026). AyeTech Australian bookkeeping benchmarks range from roughly A$40–90/hour at the lower end to A$60–120+ for established providers, while monthly small-business packages commonly begin around A$250 (Advancr, 2026; Get Accounting Help, 2026).

Payroll outsourcing is currently reported at approximately A$5–40 per employee per month, depending on whether the provider merely processes payroll or assumes more compliance responsibility (Valont, 2026a). Valont Retained HR services commonly start in the hundreds of dollars per month, while human HR consultancy rates around A$150–350/hour are increasingly reported in the Australian SME market (FairWork Mate, 2026).

Suggested Australia archetype

For a five-user small patient organisation**,** the independent-market benchmark before CRM project costs is approximately:

- IT: A$9,000/year at the central rate.
- Incremental cyber, if not bundled: A$3,000/year.
- Finance: A$6,000/year.
- HR support: A$9,000/year.

That is A$27,000 annually before reporting labour, payroll, CRM implementation and other software**.** This is an economic benchmark, not an assertion that small patient organisations actually spend A$27,000. Many probably spend much less because they simply do without the capability.

B. United States

Function	2026 observed market range	Recommended central model input	Unit
IT support	US$100–250/user/month	US$150	User/month
Cybersecurity	Basic endpoint tools low-cost; managed monitoring/security significantly higher and often bundled in MSP packages	US$40 incremental	User/month if separate
CRM/data software	First 10 Salesforce nonprofit licences potentially US$0**;** Enterprise nonprofit US$60/user/month thereafter	US$0 first 10 eligible seats	Software
CRM implementation/admin	US$100–250/hour typical boutique IT consulting	US$150/hour	20–80 hours implementation

Function	2026 observed market range	Recommended central model input	Unit
Finance administration	About US$300–800/month for small-business bookkeeping; specialist accountant up to ~US$150/hour	US$500/month	Organisation/month
Payroll	Often bundled with HR platforms; variable PEPM/base fee	US$20/employee/month	Conservative processing benchmark
HR administration	Approx. US$50–150/employee/month outsourced HR; full PEO/HR offers around US$79+ PEPM	US$79/employee/month	Employee/month
Reporting/admin processing	Approx. US$40–80/hour bookkeeping/admin; higher for CPA/compliance	US$60/hour	Hours/report
Software procurement	TechSoup free membership; extensive donated/discounted catalogue	Net nonprofit price	Model actual eligibility

Current US MSP pricing generally sits around US$100–250 per user/month, with one-off IT consulting commonly US$100–250/hour (ATCOS Consulting, 2026; Teknologia Solutions, 2026). NerdWallet reports Upwork bookkeeping rates around US$43/hour, while CPA/accountant charges can be substantially higher depending on complexity; recent Wall Street Journal consumer-finance guidance places accountants up to approximately US$150/hour and CPAs up to around US$400/hour for specialist work (NerdWallet, 2026; *The Wall Street Journal*, 2026).

For outsourced HR, 2026 small-business comparisons place full-service providers around US$79 per employee/month at the lower commercial end, with broader outsourcing frequently falling in a US$50–150 PEPM band (Ferrer, 2026; Kore BPO, 2026).

C. United Kingdom

Function	2026 observed market range	Recommended central model input	Unit
IT support	£30–150/user/month	£75	User/month
Cybersecurity	£8–30/user/month standalone managed cyber	£20	User/month
CRM/data software	Salesforce nonprofit entitlement potentially first 10 seats free	£0 first 10 eligible seats	Software
CRM implementation/admin	Approx. £70–150/hour technical consulting	£100/hour	20–80 hours
Finance administration	£100–500/month	£250/month	Organisation/month

Function	2026 observed market range	Recommended central model input	Unit
Payroll	£4–12/employee/month, often with £25–50 minimum	£8 PEPM + £35 minimum	Employee/month
HR administration	£100–500/month retained; £60–150/hour ad hoc	£250/month	Organisation/month
Reporting/admin	£22–40/hour normal bookkeeping; £45–60+ specialist	£35/hour	Hours/report
Software procurement	Charity Digital Exchange/direct nonprofit pricing available	Net charity price	Actual pricing

UK IT support displays a broad £30–150 per user/month range, with £50–85 described as a realistic middle-market band; ad-hoc IT support often costs £70–150/hour (Red Eagle Tech, 2026). Standalone managed cybersecurity is unusually well benchmarked in the UK, at approximately £8–30 per user/month, with fuller managed SOC/incident-response packages around £20–35 (AMVIA, 2026).

Bookkeeping is typically approximately £20–45/hour or roughly £100–500/month for small organisations, depending on volume and complexity (Feller, 2026; VJM Global, 2026). Payroll provides another unusually clean benchmark: approximately £4–12 per employee/month, with small-client minimum fees commonly around £25–50/month (Alto Accounting, 2026). Outsourced HR commonly falls around £100–500/month for SMEs or £60–150/hour when bought ad hoc (Centric HR, 2026; Rebox HR, 2026). The UK therefore provides some of the highest-confidence unit-cost parameters for the economic model.

D. India

Function	2026 observed market range	Recommended central model input	Unit
IT support	₹800–2,500/user/month	₹1,200	User/month
Cybersecurity	Under-25 staff managed security roughly ₹15,000–30,000/month	₹20,000/month	Small-organisation floor rather than PEPM
CRM/data software	Salesforce nonprofit eligibility may reduce licence cost to zero for first 10 seats	₹0 if eligible	Software
CRM implementation/admin	IT consulting roughly US$25–80/hour India market	₹3,000/hour provisional local input	20–80 hours
Finance administration	₹3,500–8,000/month end-to-end small-business accounting/compliance	₹5,500/month	Organisation/month
Payroll	₹150–2,500/employee/month; common processing band ₹300–800	₹500/employee/month	Employee/month

Function	2026 observed market range	Recommended central model input	Unit
HR administration	₹500–2,000/employee/month or ₹10,000–50,000 monthly SME retainer	₹1,000/employee/month	Employee/month
Reporting/admin	Use accounting/admin benchmark	₹750/hour	Model proxy
Software procurement	Nonprofit eligibility/TechSoup partner offerings can materially reduce licences	Net nonprofit price	Actual pricing

Indian managed IT is currently advertised at roughly ₹800–2,500 per user/month, while entry managed security for organisations below 25 staff is approximately ₹15,000–30,000/month (ITSolvez, 2026; National IT Service, 2026).

Accounting provides a useful benchmark of approximately ₹3,500–8,000/month for routine end-to-end CA-led small-business accounting and compliance (BatchWise, 2026). Payroll outsourcing is extensively benchmarked and commonly runs around ₹150–2,500 PEPM**,** with ₹300–800 PEPM a frequently cited full-processing range (TM Services, 2026; TankhaPay, 2026; Zoho, 2026).

HR outsourcing is approximately ₹500–2,000 PEPM**,** or around ₹10,000–50,000/month as a broader MSME retainer depending on headcount and scope (Kensho HR Solutions, 2026). One modelling adjustment is essential here: cybersecurity carries a relatively high minimum fixed cost compared with the number of staff in a very small organisation**.** It should therefore be modelled as a national shared fixed service rather than simply multiplied by users.

E. Brazil

Brazil has less transparent public pricing for some professional-service categories. These inputs therefore have a lower confidence rating and widen the sensitivity bands.

Function	2026 observed market range	Recommended central model input	Unit
IT support	R$50–200/user/month basic-to-managed; enterprise/security R$200–400	R$150	User/month
Cybersecurity	Frequently embedded in managed IT; standalone reliable market pricing less transparent	R$75 incremental	User/month, modelling allowance
CRM/data software	Salesforce nonprofit entitlement potentially first 10 licences free	R$0 if eligible	Software
CRM implementation/ admin	Less reliable public market data; use R$150–350/hour provisional implementation band	R$250/hour	Low-confidence modelling input

Function	2026 observed market range	Recommended central model input	Unit
Finance administration	Online accounting R$189–450/month; traditional accounting approximately R$800–1,600/month	R$900/month	Use higher-than-basic PJ price for NFP
Payroll/HR platform	Integrated SME HR platforms from roughly R$599/month	R$600/month floor	Organisation/month
HR consultancy/admin	Insufficient robust transparent national pricing	R$650–1,500/month sensitivity band	Provisional
Reporting/admin	Use finance/accounting support as proxy	R$100/hour	Provisional
Software procurement	Vendor nonprofit schemes potentially available; eligibility/product-specific	Net nonprofit price	Actual cost

Brazilian 2026 managed-IT market guides place basic support around R$50–100/user/month, managed support at R$100–200 and security-heavy/enterprise capability at R$200–400 (Informatizo, 2026). Accounting prices are considerably more transparent. Current online products begin around R$189–450/month, while traditional small-business accounting is reported around R$800–1,600/month (Contabilidade.com, 2026; Contabilizei, 2026). Because an OSC/patient organisation may have governance, payroll, donor and reporting requirements not present in a simple one-person commercial entity, the economic model should not use the R$189 low-cost online plan as its principal NFP comparator**.** Brazil is one country where the benchmark work exposes a genuine information limitation. Published transparent pricing for outsourced HR, CRM implementation and nonprofit reporting administration is much thinner**.**

F. South Africa

Function	2026 observed market range	Recommended central model input	Unit
IT support	Around R400–1,000/user/month for mainstream managed support; some integrated packages higher	R700	User/month
Cybersecurity	Basic endpoint/security from ~R150/user/month; comprehensive managed security considerably higher	R250	User/month
CRM/data software	Salesforce nonprofit first 10 licences potentially free	R0 if eligible	Software
CRM implementation/admin	Skilled technical work approx. R550–1,200/hour locally	R800/hour	20–80 hours
Finance administration	Basic bookkeeping R1,500–5,000/month; full accounting R3,000–12,000	R3,000/month	Organisation/month

Function	2026 observed market range	Recommended central model input	Unit
Payroll	Approx. R50–250/employee/month**,** generally with minimum monthly fee	R100 PEPM + R1,000 minimum	Employee/month
HR administration	About R3,500–7,500/month basic/intermediate outsourced HR	R4,500/month	Organisation/month
Reporting/admin	Approx. R550–950/hour professional admin/technical support proxy	R650/hour	Hours/report
Software procurement	Nonprofit discounts potentially available through global technology programmes	Net nonprofit price	Actual pricing

South African managed IT ranges are reasonably well supported. Published estimates include roughly R400–1,000 per user/month**,** with security-led packages rising above that (MiBOT, 2026; ITHQ, 2026). Some providers publish integrated IT/security/Microsoft packages from R1,150 to R1,850 per user/month, illustrating how rapidly costs rise when full security tooling is included (Techfusion, 2026). Standalone small-business cyber protection begins around R150 per user/month, while fuller managed security can cost thousands of rand per month (CWV Technologies, 2026).

Finance administration is approximately R1,500–5,000/month at the basic bookkeeping level and R3,000–12,000 for wider accounting support (PayStream, 2026). Payroll is typically R50–250 PEPM with minimum monthly charges around R1,000 in some services (SuperPayroll, 2026). Outsourced HR starts at roughly R3,500–5,000/month, rising significantly where active employee-relations support is included (CedarStone Human Capital Solutions, 2026; SBHR, 2026).

2. Consolidated model-input table

For ease of insertion into the economic model, these are the recommended central recurring inputs before scale effects.

Function	Australia	US	UK	India	Brazil	South Africa
IT / user / month	A$150	US$150	£75	₹1,200	R$150	R700
Cyber / user / month*	A$50	US$40	£20	₹20,000/org/month	R$75	R250
CRM licences ≤10 users	Potentially $0	Potentially $0	Potentially £0	Potentially ₹0	Potentially R$0	Potentially R0
CRM implementation hour	A$185	US$150	£100	₹3,000	R$250†	R800
Finance / organisation / month	A$500	US$500	£250	₹5,500	R$900	R3,000
Payroll / employee / month	A$20	US$20‡	£8	₹500	Bundled/proxy	R100 + minimum
HR / organisation / month	A$750	US$79/employee	£250	₹1,000/employee	R$650–1,500†	R4,500
Reporting labour / hour	A$90	US$60	£35	₹750†	R$100†	R650

* Only add cybersecurity separately where the IT benchmark does **not** already include equivalent protection.
† Lower-confidence derived modelling benchmark because transparent local market pricing is limited.
‡ US payroll varies significantly by provider and platform; this should be replaced with the exact selected provider benchmark when the shared architecture is costed.

3. CRM needs to be costed differently from the other functions

The CRM benchmark produces an important result for the model. Salesforce currently provides eligible nonprofits with 10 Nonprofit Cloud or Sales/Service Cloud licences at no charge, while paid Nonprofit Cloud Enterprise is US$60/user/month (Salesforce, 2026).

That means for many small patient organisations the major CRM economic problem may not be licence cost at all.

It may instead be configuration, migration, integration, administration, training, data cleaning and/or maintenance.

This strengthens rather than weakens the shared-services case. Ten organisations can each receive nominally "free" CRM software and still be unable to implement it effectively.

The model should therefore separate CRM licence cost from CRM capability cost. The latter is where shared infrastructure may generate the largest value.

4. The same applies to software procurement

Software procurement should not initially be modelled as an assumed 20% or 30% volume discount**.** There is already a substantial nonprofit technology market. Eligible organisations can obtain Google Workspace for Nonprofits at US$0/user/month; Google also offers heavily discounted paid tiers. Salesforce provides its 10-licence grant. Microsoft states that eligible nonprofits can receive discounts of up to 75% on Microsoft 365 Business Premium, while TechSoup connects nonprofits with donated and discounted products from more than 100 technology companies.

TechSoup also notes that some Microsoft products can be discounted by up to 75% relative to retail price. Therefore, software procurement has three potential economic gains:

1. Eligibility optimisation - ensuring every organisation actually uses discounts for which it qualifies.
2. Licence rationalisation - removing unused or overlapping software.
3. Collective purchasing - negotiating only those products for which a better nonprofit arrangement is not already available.

This avoids an inflated shared-services business case based on savings that organisations could already obtain individually.

5. Confidence ratings for use in the economic model

Parameter	AU	US	UK	India	Brazil	SA
IT	High	High	High	High	Moderate–high	High
Cyber	Moderate	Moderate	High	High	Low–moderate	High
CRM licence	High	High	High	High*	High*	High*
CRM implementation	High	High	High	Moderate	Low–moderate	Moderate–high
Finance	High	High	High	High	High	High
HR	High	High	High	High	Low	High
Reporting	Moderate–high	Moderate	High	Moderate	Low–moderate	Moderate
Software procurement	High	High	High	Moderate*	Moderate*	Moderate*

* Eligibility and availability of individual nonprofit offers need to be verified for each country/provider when procurement occurs.

6. What these benchmarks already tell us

Three economic patterns are visible before we even run the full model. First, shared services will have the greatest direct cash-saving potential in high-cost countries. IT, finance, HR and professional technical support are relatively expensive in Australia, the US and UK. Pooling professional labour therefore has a potentially large cash effect.

Second, in India, Brazil and South Africa, the principal benefit may be different**.** Local professional costs are generally lower, so the case may depend less on raw cost reduction and more on access to quality, continuity, security, specialist capability and reduction of duplicated fixed effort**.** Third, the smallest organisations are likely to show the largest capability uplift but not necessarily the largest cash savings. An organisation currently spending almost nothing on cybersecurity, CRM administration or professional HR cannot "save" a large amount by moving to shared provision. Instead, it gains something it previously could not afford. That reinforces the need to keep cash saving and capability uplift separate in the economic model.

References

Alto Accounting. (2026). *Cost of payroll services UK: £4–£12/employee (2026/27).*

AMVIA. (2026). *How much does managed cybersecurity cost in the UK?*

ATCOS Consulting. (2026). *How much does managed IT cost for a small business? 2026 pricing guide.*

Advancr. (2026). *Bookkeeper hourly rate Australia 2026.*

AyeTech. (2026). *How much does IT support cost in Australia in 2026?*

BatchWise. (2026). *How much does a CA charge for a small business in India? 2026 pricing guide.*

CedarStone Human Capital Solutions. (2026). *Guideline pricing.*

Centric HR. (2026). *How much does outsourced HR cost for a small business?*

Contabilidade.com. (2026). *Planos de contabilidade online.*

Contabilizei. (2026). *Serviços de contabilidade: Quanto custa um contador?*

CWV Technologies. (2026). *Ransomware protection, managed security and EDR for SMEs.*

FairWork Mate. (2026). *Outsourcing HR in Australia costs $2,500–$6,000/month.*

FairWork Mate. (2026). *How much does an HR manager cost small business in Australia?*

Feller, M. (2026). *What to charge for accounting and bookkeeping services: UK rates and a fee-setting method.* Hey Jodie.

Ferrer, R. A. (2026). *5 best HR outsourcing services for small businesses.* Fit Small Business.

Get Accounting Help. (2026). *How much does bookkeeping cost?*

Google. (2026). *Google Workspace offers for nonprofits.*

Informatizo. (2026). *Quanto custa suporte de TI para empresas em 2026: Guia de preços.*

ITHQ. (2026). *IT support pricing in South Africa: What to expect.*

ITSolvez. (2026). *Managed IT services pricing India: Per-user costs explained.*

IT Start. (2026). *Managed services pricing in Australia: 2026 guide for SMBs.*

Kensho HR Solutions. (2026). *What does HR outsourcing actually cost in India?*

Kore BPO. (2026). *HR outsourcing for SMEs: Costs, models and when to start.*

MiBOT. (2026). *How much does managed IT support cost in South Africa?*

National IT Service. (2026). *IT services pricing in India 2026.*

NerdWallet. (2026). *Bookkeeping prices for small business: What to expect.*

Rebox HR. (2026). *How much does outsourced HR cost? A guide for UK SMEs.*

Salesforce. (2026). *Nonprofit Cloud pricing.*

SBHR. (2026). *Outsourced HR services for South African SMEs.*

SuperPayroll. (2026). *Payroll outsourcing Africa.*

TankhaPay. (2026). *Payroll outsourcing cost in India: Pricing guide 2026.*

Techfusion. (2026). *IT support and managed services pricing.*

TechSoup. (2026a). *TechSoup membership options.*

TechSoup. (2026b). *What's the difference between donated and discounted Microsoft licenses?*

TM Services. (2026). *Payroll outsourcing cost India 2026.*

Valont. (2026a). *Cost of payroll outsourcing in Australia: 2026 complete guide.*

Valont. (2026b). *Managed IT services cost in Australia: 2026 SME pricing guide.*

VJM Global. (2026). *UK bookkeeping services hourly rates: A 2026 cost guide.*

Zoho. (2026). *Payroll processing cost in India 2026.*

The Wall Street Journal. (2026). *When to hire a CPA for your small business.*

Section 05

Model for 5, 10, 20, 50 and 100 organisations

Bottom-up shared-services economic model: 5, 10, 20, 50 and 100 organisations

Using the country benchmarks already established, this is the next-stage model for Australia, United States, United Kingdom, India, Brazil and South Africa across the seven priority functions: IT support; cybersecurity; CRM/data infrastructure; finance administration; HR administration; reporting; and software procurement.

The market-price inputs are evidence-based; the shared-service workload assumptions are explicit modelling assumptions so they can later be tested and replaced without rebuilding the model.

1. Standard organisation used for comparison

To make the six countries comparable, one small patient organisation was modelled with:

- 5 active system users
- 3 paid employees
- substantial volunteer involvement, but volunteer hours are not yet monetised in this stage
- CRM software assumed available at no/very low nonprofit licence cost where eligible
- 40 hours initial CRM implementation, amortised over three years
- 48 hours/year of independent CRM administration
- 120 hours/year of reporting/admin work
- 12 hours/year spent on software selection/procurement.

This is deliberately closer to a small organisation than a micro volunteer-only organisation. A separate micro-organisational scenario should ultimately be added because its main benefit will probably be capability uplift rather than cash savings.

2. Independent-provision benchmark

The model first estimates what equivalent capability would cost if each organisation acquired the seven functions independently.

The IT assumptions are consistent with current market evidence. Australian managed IT is currently reported at about A$80–200 per user/month, with security-inclusive packages often around A$140–180; another Australian provider places comprehensive MSP pricing around A$149–349 per user/month. UK managed IT commonly ranges from £30–150 per user/month, with £50–85 around the mid-market range. South African standard managed services are reported at approximately R600–1,000/user/month, while Indian pricing examples range from ₹699 for basic MSP support to ₹1,499/user/month for a fuller service. Brazilian

managed IT is reported at around R$100–200/user/month for managed service. Finance benchmarks are also reasonably observable: Indian end-to-end small-business accounting commonly falls around ₹3,500–8,000/month, while Brazilian traditional accounting is reported at approximately R$800–1,600/month.

Using the central benchmark assumptions developed in the previous stage produces the following annual equivalent-capability cost per organisation**:**

Country	Annual independent cost
Australia	**A$50,227**
United States	**US$37,364**
United Kingdom	**£22,453**
India	**₹697,000**
Brazil	**R$64,833**
South Africa	**R281,867**

These should not be interpreted as estimates of what small patient organisations currently spend. Many organisations probably spend substantially less because they do not currently purchase equivalent IT, cyber, CRM, HR or reporting capability. They are the economic counterfactual: What would equivalent independent capability cost? That distinction remains central to the model.

3. Bottom-up shared-service architecture

Rather than simply assuming "shared services save 30%", each shared function is costed from an operational workload.

For the first-pass model uses the following central assumptions.

Function	Shared model assumption
IT	Common platform/monitoring equal to 20% of independent IT benchmark + 0.5 technical support hour/user/month + 40 technical governance hours annually shared across cohort
Cybersecurity	Shared security tooling/service equal to 50% of independent standalone benchmark + 30 specialist hours annually shared across cohort
CRM/data	8 hours annual organisation-specific administration + 60 CRM/data administration hours shared across cohort

Function	Shared model assumption
Finance	4 processing/bookkeeping hours per organisation/month + 40 annual finance oversight hours shared across cohort
HR	0.5 administrative hour/employee/month + 20 HR oversight hours annually shared across cohort
Reporting	Residual organisation-specific reporting reduced from 120 to 50 hours/year + 60 common reporting/data hours across cohort
Software procurement	2 organisation-specific hours/year + 20 common procurement/rationalisation hours across cohort

These assumptions are intentionally not aggressive automation assumptions. For example, organisations still retain 50 hours of reporting activity rather than assuming reporting becomes automatic. They also make no assumed software volume discount. That is conservative because nonprofit programmes may already provide more favourable prices than volume purchasing.

4. Australia

Independent equivalent capability is approximately A$50,227 per organisation/year under the standard archetype.

Participating organisations	Shared cost per organisation	Saving per organisation	Efficiency gain
5	A$28,280	A$21,947	**43.7%**
10	A$24,615	A$25,612	**51.0%**
20	A$22,783	A$27,444	**54.6%**
50	A$21,683	A$28,544	**56.8%**
100	A$21,317	A$28,910	**57.6%**

The most important result is not the 100-organisation figure. Most of the scale benefit is already captured by around 10–20 organisations**.**

At ten organisations:

- equivalent independent annual capability = approximately A$502,267
- modelled shared provision = approximately A$246,150
- economic resource difference = approximately A$256,117/year**.**

This is sufficiently large to justify testing the assumptions more rigorously.

5. United States

Independent equivalent capability is approximately US$37,364 per organisation/year**.**

Participating organisations	Shared cost per organisation	Saving per organisation	Efficiency gain
5	US$21,360	US$16,004	**42.8%**
10	US$18,570	US$18,794	**50.3%**
20	US$17,175	US$20,189	**54.0%**
50	US$16,338	US$21,026	**56.3%**
100	US$16,059	US$21,305	**57.0%**

US market evidence supports the high underlying independent-service cost. Current IT-support salary evidence places US IT-support specialists at roughly US$64,000/year on average, illustrating why specialist infrastructure is difficult for a very small organisation to internalise economically. HR-support specialist salaries are also around US$70,000 annually. At ten organisations, the model generates approximately: US$373,640 independent-equivalent cost versus US$185,700 shared cost**,** a modelled resource difference of US$187,940/year**.**

6. United Kingdom

Independent equivalent capability is approximately £22,453 per organisation/year**.**

Participating organisations	Shared cost per organisation	Saving per organisation	Efficiency gain
5	£13,010	£9,443	**42.1%**
10	£11,220	£11,233	**50.0%**
20	£10,325	£12,128	**54.0%**
50	£9,788	£12,665	**56.4%**
100	£9,609	£12,844	**57.2%**

These figures are consistent with a market in which even relatively routine professional capability has significant fixed cost. UK government career data place a bookkeeper at approximately £24,000 to £35,000/year, for example.

At ten organisations: £224,533 independent-equivalent capability versus approximately £112,200 shared provision**,** or roughly £112,333 annual economic resource difference**.**

7. India

Modelling for India behaves differently in terms of lower savings benefit. Independent equivalent capability is approximately ₹697,000 per organisation/year**.**

Participating organisations	Shared cost per organisation	Saving per organisation	Efficiency gain
5	₹435,900	₹261,100	**37.5%**
10	₹386,400	₹310,600	**44.6%**
20	₹361,650	₹335,350	**48.1%**
50	₹346,800	₹350,200	**50.2%**
100	₹341,850	₹355,150	**51.0%**

The lower savings percentage is partly driven by the model's cybersecurity floor cost. Indian managed IT can be relatively inexpensive, published plans begin around ₹699/user/month, but meaningful security, MDR and compliance-ready capability comes at a much higher minimum service level.

That creates an important result: The Indian case for sharing is not simply cheaper labour costs. It is spreading specialist fixed capability across organisations.

The finance comparator is comparatively low: routine CA-led accounting can be around ₹3,500–8,000/month. Consequently, the strongest value proposition in India is likely to come from cybersecurity, CRM/data, reporting and specialist infrastructure**,** rather than outsourcing already-low-cost bookkeeping.

At ten organisations: ₹6.97 million independent-equivalent capability versus ₹3.864 million shared provision**,** a modelled difference of approximately ₹3.106 million/year**.**

8. Brazil

Independent equivalent capability is approximately R$64,833 per organisation/year**.**

Participating organisations	Shared cost per organisation	Saving per organisation	Efficiency gain
5	R$34,650	R$30,183	**46.6%**
10	R$30,000	R$34,833	**53.7%**
20	R$27,675	R$37,158	**57.3%**
50	R$26,280	R$38,553	**59.5%**
100	R$25,815	R$39,018	**60.2%**

Brazil produces the highest modelled percentage saving, but it should also be treated with the lowest confidence of the six models. This is because transparent Brazilian price evidence for CRM administration, nonprofit reporting and outsourced HR is considerably weaker than for IT and accounting. Current Brazilian IT evidence supports managed support around R$100–200/user/month. Accounting prices are also observable, with traditional services around R$800–1,600/month versus very low-cost online products beginning around R$189/month. The model deliberately uses a higher accounting comparator rather than the R$189 product because a patient organisation's financial/governance requirements are unlikely to resemble a simple solo commercial entity.

At ten organisations: R$648,333 equivalent independent cost versus R$300,000 shared provision, a difference of approximately R$348,333/year.

For this purpose, that number is considered as provisional until Brazil-specific HR, CRM and NFP accounting costs can be strengthened.

9. South Africa

Independent equivalent capability is approximately R281,867 per organisation/year**.**

Participating organisations	Shared cost per organisation	Saving per organisation	Efficiency gain
5	R162,000	R119,867	**42.5%**
10	R142,500	R139,367	**49.4%**
20	R132,750	R149,117	**52.9%**

Participating organisations	Shared cost per organisation	Saving per organisation	Efficiency gain
50	R126,900	R154,967	**55.0%**
100	R124,950	R156,917	**55.7%**

The South African market provides a relatively useful reality check. Current managed IT pricing is approximately:

- R400–600/user/month basic;
- R600–1,000 standard;
- R1,000–1,500+ premium.

The standard tier explicitly adds backup, EDR, security management and reporting. That confirms the importance of avoiding double counting IT and cybersecurity.

At ten organisations: R2.819 million independent-equivalent capability versus approximately R1.425 million shared provision**,** a modelled resource difference of roughly R1.394 million/year**.**

10. Cross-country scale effect

The overall pattern is consistent.

Country	5 orgs	10 orgs	20 orgs	50 orgs	100 orgs
Australia	43.7%	51.0%	54.6%	56.8%	57.6%
United States	42.8%	50.3%	54.0%	56.3%	57.0%
United Kingdom	42.1%	50.0%	54.0%	56.4%	57.2%
India	37.5%	44.6%	48.1%	50.2%	51.0%
Brazil*	46.6%	53.7%	57.3%	59.5%	60.2%
South Africa	42.5%	49.4%	52.9%	55.0%	55.7%

*Lower-confidence local inputs.

There are two important conclusions. First, the strongest marginal scale gain occurs early with the difference between 5 and 10 organisations being substantial. The difference between 50 and 100 is quite small. Economically, that suggests the model does not require hundreds of organisations before it becomes useful**.** A national hub of approximately 10–20 participating organisations may already capture much of the achievable fixed-cost efficiency.

Second, there is a natural ceiling. The model does not imply that costs approach zero as participation grows.

Variable costs remain:

- tickets still have to be handled;
- transactions processed;
- employees administered;
- organisation-specific reports completed;
- datasets maintained.

That is why the scale curves flatten around the 50–60% range rather than continuing indefinitely.

11. Function-specific break-even points

The model also allows calculation of the approximate cohort size at which the shared service becomes cheaper than the independent equivalent.

Function	AU	US	UK	India	Brazil	South Africa
IT	~5	~3	~7	No cash break-even*	No cash break-even*	~4
Cybersecurity	~4	~4	~5	~1	~4	~4
CRM/data	~2	~2	~2	~2	~2	~2
Finance	~3	~1	~2	~1	~1	~6
HR	~1	~1	~1	~1	~1	~1
Reporting	~1	~1	~1	~1	~1	~1
Software procurement admin	~2	~2	~2	~2	~2	~2

*Under the current technical-hours assumption, a locally contracted shared IT service in India and Brazil does not become cheaper than the relatively low independent IT benchmark merely through scale. This does not mean shared IT has no value; it means its case is primarily capability, integration and service-quality uplift unless the operating architecture is redesigned.This is one of the more useful outputs of the exercise because it prevents us from claiming that every shared function saves money in every country**.**

12. IT should be treated differently by country

The model indicates three different IT cases. Australia, US, UK and South Africa where shared IT has a credible direct economic case. India and Brazil where the local IT market is sufficiently inexpensive that a labour-intensive shared technical service may not outperform the market on cash cost.

For these countries, Amplify Impact modelling should potentially procure an existing local MSP rather than create its own shared IT helpdesk.

The shared layer would then provide:

- architecture;
- common specifications;
- cybersecurity standards;
- procurement;
- integration;
- CRM/data architecture;
- vendor management.

That is a significant design improvement arising directly from the model.

13. Which functions appear most economically compelling?

Based on both the benchmark evidence and model behaviour, these have been ranked as follows:

Priority	Function	Why
1	CRM/data infrastructure	Very high duplication and specialist capability; strong early scale economies
2	Reporting/data reuse	Large administrative-time component and highly reusable infrastructure

Priority	Function	Why
3	Finance administration	Predictable workload and strong standardisation
4	HR administration	Low relational requirement for basic administration; strong fixed-cost efficiency
5	Cybersecurity	Strong capability uplift and pooling of specialist fixed costs
6	Software procurement	Easy to share, but direct savings may be modest where nonprofit discounts already exist
7	IT support	Strong in higher-cost countries; less compelling as an internally delivered shared service where local MSP markets are inexpensive

This differs slightly from the original assumption that IT would necessarily be one of the largest sources of savings.

The evidence suggests CRM, reporting and common administrative infrastructure may actually be more central to the model**.**

14. A critical interpretation of the 40–60% efficiency figures

The current model is deliberately an equivalent-capability comparison. It assumes that an organisation independently acquiring professional capability would incur approximately the market benchmark.

But a volunteer-led patient group might currently do this instead:

- IT: volunteer fixes problems;
- cyber: basic antivirus only;
- CRM: spreadsheets;
- finance: volunteer treasurer;
- HR: CEO;
- reporting: unpaid CEO time.

Its actual cash spend may therefore be only A$5,000 or A$10,000. Offering it A$20,000 of shared infrastructure clearly does not "save cash". Instead it may provide A$40,000-equivalent organisational capability for A$20,000**.** That is a capability efficiency, not a budget saving.

The economic model must therefore present two comparisons:

Model A — equivalent capability

Independent market capability versus shared capability (This is what is calculated in this document)

Model B — current-state budget impact

Actual existing expenditure versus shared-service contribution.

That requires only a small amount of organisational validation.

This distinction will make the economic argument much harder to challenge.

15. Implications for a government-funded model

The results also suggest a potentially much stronger advocacy proposition than simply asking patient organisations to purchase shared services themselves. If government or philanthropy funded the fixed infrastructure, patient organisations would need to finance only the organisation-variable cost.

At 10–20 organisations, the remaining variable component is already the dominant cost.

Public investment could therefore fund:

- initial CRM/data platform;
- cyber architecture;
- national compliance infrastructure;
- integrations;
- common reporting tools;
- implementation;
- initial process redesign.

Patient organisations would then pay only an affordable variable operating contribution, or nothing, depending on the policy model. This is economically rational because a single infrastructure investment prevents multiple small organisations from repeatedly solving the same fixed problem**.**

17. Overall conclusion

The bottom-up model supports the economic plausibility of shared infrastructure. Under transparent central assumptions, equivalent-capability efficiencies emerge even with relatively small cohorts. For a standard five-user organisation, the modelled reduction in the economic cost of equivalent capability is approximately:

- 38–47% at five organisations,
- 45–54% at ten organisations,
- 48–57% at twenty organisations, and
- roughly 50–60% once the system reaches mature scale.

The more robust result is the shape of the curve**:** most of the economies of scale emerge relatively early, around 10–20 participating organisations. The modelling also identifies important country-specific variation. It suggests that shared IT should not automatically be internally delivered everywhere; India and Brazil may be better served through coordinated procurement of inexpensive local MSP services. CRM/data, reporting, finance administration and common administrative infrastructure produce more consistently attractive economics across the six countries.

Section 06

Economic impact and investment case

Economic Impact and Investment Case

Shared operational infrastructure for small patient organisations

Australia | United States | United Kingdom | India | Brazil | South Africa

Purpose. This section converts the preceding economic methodology, country-specific market benchmarks and 5-to-100 organisation scale model into an investment case. It distinguishes equivalent-capability value from actual cash savings and adds organisational capacity, capability uplift, avoided duplication, break-even, implementation cost, return on investment and payback.

Scope and interpretation

The preceding modelling established the cost of obtaining comparable operational capability independently and through shared provision across seven functions: IT support, cybersecurity, CRM/data infrastructure, finance administration, HR administration, reporting and software procurement. This section evaluates the economic value generated by that shared model.

The analysis remains a decision model rather than a claim of demonstrated savings. Market-price inputs are benchmarked; shared-service workload assumptions are modelling assumptions. Actual patient-organisation expenditure has not yet been validated across the six countries. For that reason, equivalent-capability value and actual cash savings are reported as different concepts.

Measure	Definition	Current status
Actual cash saving	Reduction in observed cash expenditure after the shared-service contribution is paid.	Requires current-spend validation
Equivalent Capability Value (ECV)	Cost avoided compared with independently purchasing equivalent professional capability.	Can be modelled now
Released Organisational Capacity (ROC)	Internal administrative hours released for redeployment.	Can be modelled now
Capability uplift	New or improved capability obtained through shared infrastructure.	Can be assessed now; baseline requires validation
Avoided Duplication Index (ADI)	Proportion of duplicated infrastructure instances consolidated.	Can be modelled now
ROI / payback	Return after recurring and implementation costs.	Can be modelled as a scenario

Equivalent Capability Value

Equivalent Capability Value compares the cost of independently acquiring the modelled level of professional capability with the cost of obtaining that capability through shared provision. It does not assume that patient organisations currently spend the independent-market amount.

ECV = Independent equivalent-capability cost - Shared-service cost

Country	Independent cost / org / yr	Shared cost / org / yr	ECV / org / yr	ECV %	10-org cohort ECV / yr
Australia	A$50,227	A$24,615	A$25,612	51.0%	A$256,120
United States	US$37,364	US$18,570	US$18,794	50.3%	US$187,940
United Kingdom	£22,453	£11,220	£11,233	50.0%	£112,330
India	₹697,000	₹386,400	₹310,600	44.6%	₹3.106m
Brazil*	R$64,833	R$30,000	R$34,833	53.7%	R$348,330
South Africa	R281,867	R142,500	R139,367	49.4%	R1.394m

** Brazil remains the lowest-confidence country benchmark because transparent local pricing is thinner for several functions.*

> Central interpretation: at a cohort of 10 organisations, the model indicates that equivalent operational capability can potentially be provided at approximately half the cost of each organisation independently purchasing comparable capability. This is an equivalent-capability result, not a claim of 45-54% cash savings.

Actual cash savings and budget impact

Actual cash saving is a different test. It compares observed current cash expenditure with the contribution an organisation would make under the shared model.

Actual cash saving = Observed current cash expenditure - Shared-service contribution

A small organisation may currently spend very little because capability is absent, informal, volunteer-provided or absorbed by senior staff. In that case, shared provision may increase cash expenditure while still generating substantial economic value and capability uplift.

Illustrative interpretation

If an Australian organisation has an independent equivalent-capability cost of A$50,227 but currently spends only A$15,000 because IT, CRM, cybersecurity, finance and HR functions are partly informal or internally absorbed, moving to the modelled A$24,615 shared service would produce ECV of A$25,612 but a cash budget impact of -A$9,615. The organisation would be buying substantially greater capability for less than its independent market value, but it would not be correct to describe the result as a cash saving.

Reporting rule: the 40-60% scale-model results shouldn't be described as cash savings until actual current expenditure has been validated.

Released Organisational Capacity (ROC)

The model explicitly includes three internal administrative workloads that can be compared before and after shared provision: CRM administration, reporting/data administration and software procurement or management.

Activity	Independent hours / org / yr	Residual shared-model hours / org / yr	Hours released
CRM administration	48	8	40
Reporting/data administration	120	50	70
Software procurement/management	12	2	10
Total	180	60	120

ROC = 180 - 60 = 120 hours per organisation per year

Participating organisations	Minimum directly modelled ROC / year	Approx. 8-hour working days
5	600 hours	75 days
10	1,200 hours	150 days
20	2,400 hours	300 days
50	6,000 hours	750 days

Participating organisations	Minimum directly modelled ROC / year	Approx. 8-hour working days
100	12,000 hours	1,500 days

This estimate is deliberately conservative. It does not yet count internal time currently spent on IT troubleshooting, bookkeeping, HR administration, cybersecurity or other duplicated work. Released capacity should be reported as resources available for redeployment according to organisational priorities; it should not automatically be interpreted as additional patient-contact time.

6.5 Capability uplift

For very small organisations, capability uplift may be more important than direct cash saving. A shared model can provide access to professional systems and expertise that would otherwise be unaffordable or unsustainable. A five-point capability scale provides a practical way to measure this change.

Score	Capability level
0	Function effectively absent
1	Informal / ad hoc
2	Basic capability with significant gaps
3	Functional minimum standard
4	Good professional capability
5	Mature / integrated capability

Expected capability effects

Function	Typical constraint	Shared-service target	Expected uplift
IT	Ad hoc or fragmented support	Professional managed environment	High
Cybersecurity	Under-resourced security controls	Defined minimum security baseline	Very high
CRM/data	Spreadsheet or fragmented systems	Structured CRM/data architecture	Very high
Finance	Volunteer or fragmented arrangements	Standard professional processing	Moderate-high
HR	Informal administration for small teams	Policies, systems and specialist advice	High
Reporting	Repeated manual assembly	Reusable integrated reporting	Very high
Procurement	Individual purchasing decisions	Coordinated eligibility/licence management	Moderate

Capability Coverage Rate

$$CCR = \text{Organisations meeting minimum standard} / \text{Participating organisations} \times 100$$

For example, if three of ten organisations currently meet an agreed cybersecurity baseline and all ten meet it after implementation, the Capability Coverage Rate rises from 30% to 100%, an uplift of 70 percentage points. This provides an auditable capability outcome without attempting to monetise hypothetical avoided incidents.

Avoided Duplication Index (ADI)

ADI measures the structural duplication removed when independently maintained infrastructure is consolidated. For a function currently maintained separately by every organisation and consolidated into one common infrastructure instance:

$$ADI = 1 - (1 / N)$$

Participating organisations	ADI
5	80%
10	90%
20	95%
50	98%
100	99%

ADI is not a cost-saving percentage. Organisation-specific transactions, relationships and local work remain. It measures duplicated infrastructure instances rather than total workload.

Function	Potential structural ADI at 10 organisations	Interpretation
CRM platform architecture	90%	One common architecture rather than 10 independent configurations
Cyber tooling/management	90%	Common stack and management capability
Reporting architecture	90%	Common framework with organisation-specific outputs
Software procurement	90%	One coordinated procurement capability
IT vendor management	90%	Common standards/procurement; delivery may remain local
Finance processing	<90%	Infrastructure shared; transactions remain organisation-specific
HR administration	<90%	Platform/expertise shared; employment relationships remain local

Break-even analysis

The model indicates that most functions reach economic plausibility at relatively small cohort sizes. The principal exception is internally delivered IT support in lower-cost local markets, where coordinated procurement of an existing local provider may be preferable.

Function	Australia	US	UK	India	Brazil	South Africa
IT	~5	~3	~7	No cash break-even*	No cash break-even*	~4
Cybersecurity	~4	~4	~5	~1	~4	~4
CRM/data	~2	~2	~2	~2	~2	~2
Finance	~3	~1	~2	~1	~1	~6
HR	~1	~1	~1	~1	~1	~1
Reporting	~1	~1	~1	~1	~1	~1
Procurement admin	~2	~2	~2	~2	~2	~2

** Under the current technical-hours assumption. This does not imply that shared IT has no value; it indicates that capability, integration, standards and vendor management may be the stronger case in these markets.*

The break-even pattern supports a hybrid architecture: shared standards, data architecture, procurement and governance; national or local professional services where regulation or market economics require them; and organisation-level ownership of mission, relationships and local decision-making.

Implementation and transition costs

Steady-state operating models do not capture the one-off cost of moving from fragmented systems to shared infrastructure. Until supplier architecture is designed and quoted, the central investment scenario uses an explicit implementation allowance equal to 50% of one year of shared operating cost. This is a modelling assumption, not an observed market quote.

- CRM configuration, migration and data cleaning
- System integration and security configuration
- Process redesign and documentation
- Organisation onboarding and training
- Transition and project management

Country	Annual shared cost / org	Central implementation allowance / org
Australia	A$24,615	A$12,308
United States	US$18,570	US$9,285
United Kingdom	£11,220	£5,610
India	₹386,400	₹193,200
Brazil	R$30,000	R$15,000
South Africa	R142,500	R71,250

Three- and five-year ROI and payback

The following scenario uses a 10-organisation cohort and the central implementation allowance above. ROI is calculated against the cost of obtaining equivalent capability independently. It is therefore equivalent-capability ROI, not guaranteed cash ROI.

ROI = (Cumulative independent-equivalent cost - Total shared-service and implementation cost) /

Total shared-service and implementation cost × 100

Country	3-year ROI	5-year ROI	Approx. payback
Australia	74.9%	85.5%	5.8 months
United States	72.5%	82.9%	5.9 months
United Kingdom	71.5%	81.9%	6.0 months
India	54.6%	64.0%	7.5 months
Brazil*	85.2%	96.5%	5.2 months
South Africa	69.5%	79.8%	6.1 months

** Brazil should not be used as the flagship ROI result until lower-confidence local inputs are validated.*

> Central scenario result: equivalent-capability implementation expenditure is recovered in approximately 5-8 months across the six modelled countries. This is a model result requiring validation, not a forecast of realised cash payback.

Sensitivity analysis

The investment case should be tested under conservative, central and high-efficiency scenarios. The central model should not be treated as a point forecast.

Assumption	Conservative	Central	High-efficiency
Implementation cost	75% of annual shared cost	50%	35%
Reporting reduction	25%	~58%	70%
CRM admin reduction	50%	~83%	90%
Procurement admin reduction	50%	~83%	90%
Shared-service labour efficiency	Low	Central	High
Software savings	0%	0% initially	10-20% where verified
Adoption / utilisation	60%	80%	95%
Transition friction	High	Moderate	Low

Software savings remain at zero in the central scenario because nonprofit technology programmes may already provide substantial discounts. Collective purchasing savings should be added only where actual vendor pricing demonstrates them.

Cross-country investment implications

The model suggests that the economic case is not identical in every country. In Australia, the United States, the United Kingdom and South Africa, shared IT has a credible direct economic case. In India and Brazil, relatively inexpensive local IT markets make an internally delivered shared helpdesk less compelling on cash cost alone. In those markets, the shared layer may be better focused on architecture, standards, cybersecurity, CRM/data integration, procurement and vendor management, with local MSP delivery.

Across all six countries, CRM/data infrastructure, reporting/data reuse, finance administration, HR administration and cybersecurity remain strong candidates for shared infrastructure because they combine repeatable processes, specialist capability and fixed-cost duplication.

Equity and policy implications

The smallest patient organisations face a structural scale disadvantage. Fixed administrative and technical requirements are spread across very small workforces, revenue bases and programme volumes. A larger organisation can absorb these costs across more staff and activity; a micro organisation cannot.

> **The policy proposition is therefore broader than "shared services save money": shared infrastructure can reduce the economic cost of organisational capability and give smaller patient organisations access to systems and expertise that scale currently makes disproportionately expensive or inaccessible.**

This also supports a potential government or philanthropic role in funding fixed infrastructure, such as common CRM/data architecture, cybersecurity standards, integrations and initial implementation, while participating organisations contribute only to variable operating costs where appropriate.

Evidence status and limitations

Conclusion	Evidence status
Operational constraints recur across countries	Strongly supported by preceding evidence review
Small organisations face structural scale disadvantages	Strongly supported
Shared infrastructure creates economies of scale	Strong economic rationale; modelled
Most scale benefits emerge by 10-20 organisations	Supported by current model
CRM/data and reporting are strong sharing candidates	Supported by evidence and model
Every function should be centrally delivered	Not supported
Equivalent capability may be approximately 40-60% cheaper at mature scale	Preliminary model result
3- and 5-year equivalent-capability ROI is positive	Preliminary scenario result
Payback is approximately 5-8 months	Central scenario; requires validation
Patient organisations will save 40-60% cash	Not established
At least 120 internal hours/org/year can be released from three explicitly modelled activities	Modelled estimate; requires validation
Shared services improve patient outcomes	Plausible pathway; not yet demonstrated

Minimum validation required

The remaining validation should be deliberately light-touch. The preceding evidence review means patient organisations do not need to be asked to re-describe the existence of the problem. The highest-value validation is limited to the assumptions that materially affect the investment case.

- Number of paid staff and regular volunteers
- Approximate annual expenditure on the seven modelled functions
- Major software currently used
- Approximate internal hours per month spent on IT, CRM/data, finance, HR and reporting
- Capabilities currently considered inadequate or unavailable
- Functions the organisation would or would not consider sharing
- Non-negotiable governance, privacy, data-control and relationship-ownership requirements

These inputs would allow the model to replace the highest-sensitivity assumptions with observed data while minimising the burden on organisations that are already resource constrained.

Conclusion

The economic analysis provides credible preliminary support for proceeding to a shared-infrastructure design and validation phase. Across six different economic environments, the model indicates that much of the scale

advantage emerges at relatively small cohort sizes - around 10 to 20 organisations - rather than requiring a very large global network.

For a 10-organisation cohort, the central model indicates approximately 45-54% lower economic cost for equivalent capability, depending on country. With an explicit implementation allowance equal to 50% of first-year shared operating expenditure, the central scenario remains positive over three and five years, with modelled equivalent-capability payback of approximately 5-8 months. These results are preliminary and should not be represented as realised cash savings.

Direct cost is only part of the investment proposition. The model also identifies at least 120 hours of released organisational capacity per organisation per year from CRM, reporting and procurement administration alone, together with potential capability uplift in cybersecurity, data, finance and HR and substantial reduction in duplicated infrastructure.

Investment proposition: shared operational infrastructure can reduce the economic cost of organisational capability, release scarce administrative capacity, reduce duplicated infrastructure and improve access to professional systems, while allowing patient organisations to retain control over patient relationships, advocacy, community engagement and strategic priorities.

Basis of this section

This section should be read with the preceding Amplify Impact economic-model documents: the cross-country pre-analysis and evidence matrix, the economic-model methodology, the country-specific market-cost benchmarks, and the bottom-up 5-to-100 organisation scale model. Detailed market references are retained in those source sections and are not duplicated here. Values in this section are derived from the central assumptions and outputs of those preceding models unless explicitly identified as an illustrative or validation-dependent scenario.

Section 07

Toolkit

AMPLIFY SHARED SERVICES DECISION TOOLKIT

User Guide

An evidence-informed self-assessment and economic modelling tool for patient organisations, collaborations, networks, funders and sector bodies.

The toolkit does not assume that shared services are desirable. It is designed to identify where sharing may improve efficiency or capability, where a hybrid or collective procurement model may be preferable, and when an organisation should retain a function locally or not proceed.

1. What the toolkit does

The workbook allows an individual organisation or a collaboration to assess seven operational functions: IT support, cybersecurity, CRM/data infrastructure, finance administration, HR administration, reporting, and software procurement.

Output	What it tells you
Actual cash impact	Whether the proposed shared service costs more or less than the organisation currently pays in cash.
Equivalent Capability Value (ECV)	Whether comparable capability is cheaper to obtain collectively than independently.
Released Organisational Capacity (ROC)	How many internal administrative hours may be released.
Capability uplift	Whether the shared model lifts a function from absent/ad hoc capability toward a functional minimum.
Avoided Duplication Index (ADI)	How much replicated infrastructure is consolidated.
Shared Services Suitability Index (SSI)	A combined function-level score using economics, capability need, shareability, readiness and duplication.
3-/5-year ROI and payback	Whether the shared-service investment is economically attractive after implementation costs.

Possible decisions

Decision	Meaning
SHARE	Strong economic and operational case for shared provision.
HYBRID	Share infrastructure or expertise but retain organisation-specific delivery/ownership.
COLLECTIVELY PROCURE	Use common specifications or purchasing but retain separate service provision.
IMPROVE LOCALLY	A capability gap exists, but a shared service is unlikely to be the best response.
RETAIN LOCALLY	The function is better kept organisation-owned, often because it is relational or already efficient.

Decision	Meaning
DO NOT PROCEED	Critical governance, privacy/data or exit risks outweigh the potential benefit.
INPUT REQUIRED	The economic model is incomplete; shared-service cost assumptions must be entered.

2. Core principles

- Shared services are a means, not an objective.
- Low expenditure does not necessarily mean efficiency; it may indicate unmet capability.
- Cash savings and capability uplift are different forms of value and should be reported separately.
- Relationship-intensive functions should generally remain close to communities.
- Organisations should retain appropriate ownership, control and practical exit rights.
- A shared service should reduce administrative burden rather than create another layer of it.

3. Workbook sequence

Step	Worksheet	Action
1	Organisation Profile	Enter organisation size, country, cohort size and hourly values.
2	Capability	Score current and target capability for each function.
3	Shareability	Score duplication and the inherent shareability of each function.
4	Readiness	Assess governance, trust, data, privacy, standardisation, migration, provider sustainability and exit.
5	Economic Model	Enter current costs/hours and the proposed shared-service fixed, variable and residual local costs.
6	Dashboard	Review the automated recommendations and economic/capability outputs.
7	Collaboration	Aggregate multiple organisations and assess how common the requirements are.

4. Completing the Organisation Profile

Yellow cells are editable inputs. The country selection drives the central 2026 equivalent-capability benchmark used in the economic model. These benchmarks are model inputs rather than procurement quotes and should be replaced with local quotes when a real implementation decision is being made.

The cohort size is important because shared fixed costs and the ADI are calculated across participating organisations. The implementation-cost percentage is initially set at 50% of one year of shared operating cost as a transparent central scenario; it can be changed for sensitivity testing.

Hourly values

Enter a reasonable hourly economic value for paid staff and executive time. Volunteer time is optional. Enter zero if the organisation prefers not to monetise volunteer contribution. The workbook always keeps cash cost and full organisational resource cost separate.

5. Capability assessment

Each function is scored from 0 to 5. The aim is not to maximise every function to 5. For many small organisations, a reliable level 3 capability is an appropriate minimum.

Score	Interpretation
0	Capability absent.
1	Informal, ad hoc, person-dependent or reactive.
2	Basic capability exists but with significant gaps.
3	Functional minimum appropriate to the organisation.
4	Strong, professional and dependable.
5	Mature, integrated and continuously improved.

The workbook calculates Capability Uplift = Target Capability – Current Capability, and Capability Need as the proportion of the five-point scale still unavailable. Capability need contributes 25% of the SSI.

6. Duplication and shareability

Duplication

Five questions are scored 0–2: whether multiple organisations need the same function, fixed systems are recreated, expertise is repurchased, similar data/reporting is repeated, and tools overlap. The maximum Duplication Score is 10.

Raw score	Interpretation
0–2	Low duplication
3–5	Moderate duplication
6–8	High duplication
9–10	Very high duplication

Shareability

Seven criteria are scored 0–2: standardisability, specialist expertise, fixed costs, economies of scale, separability from relationships, limited customisation and governability through service standards. The maximum Shareability Score is 14.

Raw score	Interpretation
11–14	Strong shared-service candidate
8–10	Hybrid/shared-support candidate
5–7	Selective collaboration or collective procurement
0–4	Usually retain locally

7. Readiness and red flags

A strong economic case is not sufficient if the collaboration is not ready. Each function is rated Green, Amber or Red for eight readiness domains.

Domain	What to test
Governance	Are responsibility, accountability and decision rights clear?
Trust	Are organisations willing to depend on the provider/collaboration?
Data ownership	Are ownership, access and control unambiguous?
Privacy/security	Can applicable privacy and security requirements be met?
Standardisation	Are requirements sufficiently common?
Migration capacity	Can organisations realistically transition?
Provider sustainability	Is the shared service itself viable?
Exit/portability	Can an organisation leave with its data and continue operating?

Critical override rule: a Red rating for Governance, Data Ownership, Privacy/Security or Exit/Portability overrides the numerical SSI and produces DO NOT PROCEED.

8. Economic model

For each function, enter current cash expenditure, internal paid/executive/volunteer hours, the proposed shared fixed cost, shared variable cost per organisation, residual local cost, expected shared internal hours and the number of shared infrastructure instances.

Key measures

Current cash cost: Direct/software expenditure + external provider expenditure. What the organisation actually pays.

Full organisational resource cost: Cash cost + paid staff time + executive time + optional volunteer shadow value. Captures the economic burden of internal administration.

Annual shared cost per organisation: Shared fixed cost ÷ cohort size + shared variable cost + residual local cost. The annual organisation-level cost under the proposed shared model.

Actual cash impact: Current cash cost – shared annual cost. Positive means lower cash expenditure; negative means the organisation pays more.

Equivalent Capability Value: Equivalent independent benchmark – shared annual cost. Measures the value of obtaining comparable capability collectively.

ROC: Current internal hours – shared internal hours. Reports released organisational capacity in hours/year.

ADI: 1 – shared instances ÷ current independent instances. Measures structural duplication removed, not workload removed.

ROI and payback

The workbook calculates equivalent-capability ROI using implementation cost plus recurring shared-service cost:

3-year ROI = [(3 × equivalent capability cost) – (3 × shared annual cost + implementation cost)] ÷ (3 × shared annual cost + implementation cost)

5-year ROI uses the same structure over five years. Payback months = implementation cost ÷ annual ECV × 12.

These are equivalent-capability investment measures. They are not the same as cash ROI unless the organisation is currently purchasing equivalent capability.

9. Shared Services Suitability Index (SSI)

The dashboard combines five dimensions:

Dimension	Weight
Economic attractiveness	30%
Capability need	25%
Shareability	20%
Readiness	15%
Duplication	10%

SSI = 0.30(E) + 0.25(C) + 0.20(S) + 0.15(R) + 0.10(D)

SSI	Automated interpretation
75–100	SHARE
55–74	HYBRID
35–54	COLLECTIVELY PROCURE
<35	RETAIN LOCALLY

The recommendation is intentionally function-specific. An organisation may share cybersecurity, use a hybrid CRM model, collectively procure IT, and retain advocacy/communications locally. The SSI weights and decision thresholds are decision-support assumptions rather than empirically validated cut-offs and should be tested during piloting.

10. When shared services may not be right

The function is highly relational: Patient support, peer support, advocacy voice, community mobilisation and condition-specific communications can lose value when centralised.

Existing capability is already efficient: Migration and disruption may exceed the benefit.

The local market is already inexpensive: Collective procurement or vendor management may be superior to building a new shared provider.

Requirements differ too much: Heavy customisation can eliminate scale economies.

Data governance is unacceptable: If ownership, segregation, privacy, portability or deletion cannot be guaranteed, do not proceed.

Exit is impractical: A collaboration that creates effective lock-in carries unacceptable risk.

Governance becomes bureaucratic: The shared service should not create extra committees, approvals or reporting that recreate the original burden.

There is insufficient scale: The economic model should determine break-even rather than assuming it.

11. Using the Collaboration worksheet

Each participating organisation can complete its own toolkit and transfer the headline outputs into the Collaboration worksheet. The sheet aggregates current cash cost, shared cost, ECV, ROC and red flags. The Common Requirements % should then be completed for each function. This tests whether a common solution is actually feasible.

Commonality	Interpretation
80–100%	Highly common – common solution may be appropriate.
60–79%	Common platform with configuration.
40–59%	Hybrid or selective sharing.
<40%	Usually retain or procure separately.

Modular participation is preferable to an all-or-nothing model. A collaboration can share CRM/data and reporting while allowing members to keep their own finance or IT provider.

12. Interpreting value fairly

The toolkit deliberately separates cash savings from capability uplift. This is essential for equity. A very small or volunteer-led organisation may currently spend little on cybersecurity, CRM administration or professional HR because it cannot afford those functions. A shared service can therefore increase its cash expenditure while still providing substantial economic and organisational value.

Released Organisational Capacity should be reported as hours made available for redeployment according to organisational priorities. Do not automatically describe every released hour as an additional patient-facing hour.

13. Practical decision rule

A shared service is strongest when all four conditions are present:

- A meaningful economic or capability benefit is identified.
- The function is intrinsically shareable and requirements are sufficiently common.
- The participating organisations are ready to share it.
- No critical governance, data, privacy/security or exit red flag remains.

Where one of these conditions is missing, the preferred outcome may be hybrid delivery, collective procurement, local improvement or retaining the function independently.

14. Benchmark and model limitations

The country benchmark sheet contains central 2026 market-cost inputs developed for Australia, the United States, United Kingdom, India, Brazil and South Africa. They are intended for scenario modelling, not as supplier quotations. Local market conditions, nonprofit discounts, taxation, regulatory requirements, exchange rates and organisation complexity can materially change costs. Brazilian HR, CRM implementation and reporting inputs

have lower confidence than several other country benchmarks and should be replaced with local quotations before investment decisions. The workbook is a decision-support tool. It does not replace legal, accounting, privacy, employment, cybersecurity or governance advice.

15. Recommended final output

For external reporting, use the Dashboard and summarise the decision in plain language: what should be shared, what should remain local, why, the economic/capability result, any red flags, and the conditions that must be met before implementation.

Appendix A. Recommended module structure

Module	Typical components
A. Digital foundation	IT standards, cyber, cloud, technical support/vendor management.
B. CRM & data	CRM platform, governance, integrations, dashboards and reporting data.
C. Finance	Bookkeeping, payroll processing, finance systems and standard reporting.
D. People	HR administration, volunteer systems, policy and specialist support.
E. Reporting & evidence	Grant reporting, dashboards, impact/evaluation infrastructure.
F. Procurement	Software eligibility, licences, renewals, vendor management and rationalisation.

Appendix B. Critical distinction

A low-spending organisation is not necessarily efficient. It may be under-resourced. The toolkit therefore reports both Actual Cash Impact and Equivalent Capability Value so that capability-building is not incorrectly described as a cash saving.