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INTERREGIONAL HEALTH LEARNING MATERIALS
PROGRAMME

No.1 FUNDRAISING: A TANZANIAN EXPERIENCE

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The cover photograph shows Dr Ezra Teri, CEDHA Principal with CEDHA staff, inspecting the new Centre vehicle donated by SIMAVI, Netherlands

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1. INTRODUCTION

The severe shortage of teaching and learning materials for the training of health workers presents one of the greatest handicaps to training programmes today in Tanzania. The most acute shortage is of training materials intended for auxiliary health workers, who form the backbone of the health delivery system. Auxiliary health staff work in remote areas, far from libraries, reference materials and supervision. This situation naturally affects the quality of the health care provided. Yet the greatest burden of health care falls on these very health workers, and the eventual achievement of Health For All by the Year 2000 depends on their efficiency.

The Ministry of Health recognises that an effective health service depends on well trained health workers and that the development of appropriate health teaching and learning materials (HLM) is the key to the effective training of all cadres of health workers. A Health Learning Materials project (HLMP) was therefore established as part of the programme at the Centre for Educational Development in Health in Arusha (CEDHA) to produce training materials specifically for local health workers in Tanzania, directly related to their needs and the local situation.

CEDHA is a professional health training institute established to strengthen and support the health care system in Tanzania through an improvement in the training of health manpower. The Centre provides support to training schools of the Ministry of Health and Voluntary Agencies as well as to the Ministry of Health service programmes. The HLM programme aims to create national self-reliance in the development, production and distribution of appropriate teaching and learning materials for health workers.

The purpose of these training materials is to reinforce student learning during training and to maintain and improve the competence of health staff in service through continuing education, reference and self-learning.

The project has so far been funded by the Ministry of Health in Tanzania and U.N. organizations, particularly WHO and UNICEF, as well as by various non governmental organizations both inside and outside Tanzania.

CEDHA is a Ministry of Health (MOH) institution like a hundred others. Although it gets preference in the allocation of both development and recurrent expenditure funds, the Ministry's budget to be shared is small. CEDHA, being a Ministry of Health institution, cannot be the recipient of a foreign currency allocation directly from the Ministry of Finance. In addition, the Ministry of Finance, which acts under pressure from the International Monetary Fund focuses its attention on projects related to economic revival, rather than to social services.

The red tape involved in getting a project proposal accepted for funding through bilateral cooperation is long, tortuous and not rewarding because of the competition with projects to improve the economy. Often the attempt fails.



CEDHA's Principal, Dr Ezra Teri, prepares detailed budgets to support project proposals to donor agencies

The concept of HLM production and its importance for the training of health workers is difficult to convey to many government planners. It is just as difficult to convince them of its relevance to the improvement of health care and health of the community. As a result, government funds for this vital area of the health sector are not easy to obtain and the chances of obtaining more funds from the Ministry of Health are slim.

The Government of Tanzania, through the Ministry of Health, each year contributes over 800,000 Tanzanian Shillings (the equivalent of US\$ 22,000) as development funds and recurrent expenditure for CEDHA, part of which is used for the development of the HLM project. Since these funds are paid in local currency, they cannot be used to purchase essential equipment and supplies from outside Tanzania. Moreover, these funds are not enough for the development of the Centre and of the Health Learning Materials Programme (HLMP) itself. As a result CEDHA has to look for funds from external sources to make the project fully operational.

In order to realise the goal of making CEDHA a fully operational Health Manpower Development Centre and create a functional Health Learning Materials Programme (HLMP), the Principal of the Centre has made contacts with various international, bilateral, voluntary and non-government organizations to seek assistance.

Several project proposals for financial assistance to the Centre and its Learning Materials Programme have been submitted to donor organizations. These have been followed up by personal visits to the donors. These efforts have met with both successes and failures and experience has been gained in the process.

This paper is intended to share this experience in fund raising in a country like Tanzania where foreign currency is scarce, making it difficult to set up and equip an HLM unit without external assistance.

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EXTERNAL FUNDING SOURCES

External funding sources can be categorized into four groups ^{*} :

- International Organizations - U.N. agencies (e.g. WHO, UNICEF)
- Bilateral Aid Organizations - (e.g. SIDA, CIDA, NORAD, ADAB, DANIDA)
- Non-Governmental Organizations - (NGO's) (e.g. Medicus Mundi, ICCO, SIMAVI).
- Governmental Agencies - (e.g. IDRC, SIDA/SAREC, DSE)

The NGO's can be divided once more into those which are church related or sectarian (e.g. Lutheran World Federation, Aga Khan Foundation) and those which are not church related (e.g. Rotary Clubs, Lions' Club). Not all NGO's are funding organizations. Some NGO's provide services and expertise using funds from other organizations and in this way become middlemen (e.g. the African Medical and Research Foundation (AMREF) based in Nairobi).

* Full titles are given at the end of this paper

HINTS ON FUND RAISING

Efforts at fund raising to support HLM production have shown that external funding organizations:-

1. Have defined mandate and priority areas/fields of activity.

The U.N. agencies such as UNICEF and WHO are most concerned with the health sector, whereas UNESCO and FAO have their areas of interest in Education and Agriculture respectively. However, in the health sector they can support defined activities (e.g. the child survival programmes).

Some Church organizations cannot work with or give support directly to government institutions. Even when working through other church organizations, they cannot support certain activities. It is important therefore to be informed about the objectives and mandate of the organizations before you make any requests for funding.

2. Can offer specific types of assistance only

An example is WHO which, whereas it can support HLM production by providing consultants, training funds and some specific materials, prefers not to support building construction.

Research oriented organizations e.g. SAREC, IDRC, will only support research projects and research related activities. They do provide funds directly for training or for the production of HLM. It is important to be clear about what the organization can offer and what it cannot offer. The following organizations can offer assistance of various kinds*:-

- CEBEMO, Misereor - support with building materials channelled through Church organizations.
- SIMAVI, UNICEF - vehicles, paper and other equipment - can be approached directly (SIMAVI) or via MOH (UNICEF).
- DSE, PSR, ICCO, - give funds for training, workshops but not for equipment or supplies.
- WHO and UNDP (country IPF) can give funds for most purposes, but their allocations are limited.

3. Require the blessing of the parent Ministry
or recommendations from a credible
organization operating in the country

U.N. agencies and Voluntary Church organizations make good examples of this type of donor. UN agencies, WHO included, require that a request passes through and is endorsed by the Ministry of Health. In the same way, the Voluntary Church organizations require endorsement from a counterpart church organization in the country. In the development of the Arusha Centre and the Learning Materials project, the Ministry of Health, Tanzania and Christian Medical Board of Tanzania were very cooperative in providing the necessary endorsements and support to such proposals for assistance.

To obtain funds from a bilateral aid organization the request must be channelled through the Ministries of Health, National Planning and Finance. It is only when such a request has been scrutinized and approved by these Ministries that assistance from a bilateral aid organization is possible. This route is long, tortuous and requires patience. However, once successful the programme develops rapidly as a result of the increased funding.

In order to succeed with these organizations the HLMP manager is well advised to direct his request for external financial assistance through the right channels. A personal follow up and lobbying may often enhance the chances of success. It is advisable for a project manager to establish good working relationships with the relevant sections of the Ministry of Health, representatives of UNDP and UNICEF, and the individual local church organizations if he is to get external funding from UN, bilateral aid, or external Church donor organizations.

4. Have priority countries and spheres of activity for assistance in those countries

This is particularly true of bilateral aid organizations. Tanzania is considered a priority country by FINNIDA and DANIDA, whereas SIDA has withdrawn its priority attention from Tanzania. In contrast, Tanzania and the health sector is not currently considered a priority country or sector at all by USAID or by the French aid organizations. However, these aid priorities constantly change, so that the project manager needs to keep himself well informed. UNDP is a reliable source of information.

So it is essential to establish whether an organization has designated a particular country as a priority country and whether the health sector is a priority sector. Knowledge of this factor is important so that the project manager can direct his requests to the appropriate organization with chances of success.

5. Like to support projects which have maximum impact and benefit to the target group and the community

The project must be shown to contribute directly to an improvement in the training of health personnel and to health service programmes. This demands a carefully written and well justified proposal, (dealt with more fully in the next section).

6. Require well-formulated and well-founded project proposals from the HLMP manager

Writing project proposals is time-consuming and demands extra time on the part of the project manager apart from his working hours. It requires the project manager's commitment to the project and some skill in proposal writing.

When designing a document to request assistance, do not assume that this is the only request for assistance to be submitted. There may be many applicants asking for financial or other support from that same organization for other projects. It is important, therefore, to write a good proposal to attract the support of the donor. This must make clear the project rationale, objectives, expected outputs, the target group which will benefit from the project output, and present a well-justified budget showing the government commitment, and so on.



CEDHA's Principal, Dr Teri discusses project funding with AMREF's Director-General, Dr Christopher Wood

One project proposal is usually not sufficient to meet project needs. Several proposals should therefore be submitted to various organizations, one at a time, to enhance chances of obtaining support.

WHEN ALREADY WORKING WITH A DONOR ORGANIZATION

1. It is important to maintain goodwill

In order to maintain goodwill, a project manager should:-

- (a) take good care of the funds obtained and utilize them properly. Keeping good accounts and giving full and detailed reports periodically to the funding agency is important. It is also essential to take good care of any equipment and supplies obtained from donors;
- (b) establish good communications. Maintain contact with the organizations providing support and avoid unnecessary delays in correspondence. A Christmas card can even make a difference!

(c) adhere to the terms of the agreement. It is advisable to think that you are being watched. Donor organizations have official and unofficial ways of getting feedback on what you are doing, how well you are doing and how trustworthy or dependable you are. It is important, therefore, to adhere to the terms of the agreement to ensure continued support.

2. It is important to work towards self reliance

The project must be planned in such a way that at the end it will be absorbed into the existing health care system and function as an integral part of the government institution. This is important, irrespective of the type of organization you are working with.

It is essential to establish a physical and organizational infrastructure for the project to ensure that the programme can continue to function when the donors withdraw.

Investment in staff development and training, as well as in the physical infrastructure and equipment, will give a programme a sounder basis for growth than spending funds on expensive workshops and travel.

3. It is advisable to keep the project a manageable size

It is better to avoid engaging in too many activities at a time. Activities initiated must be seen through to their logical conclusion. It is advisable to tailor activities to the capabilities of the unit - i.e. to staff and facilities available.

4. In case of failure to obtain a large sum from one organization, ask for cost-sharing of the project by a consortium of donors

In projects where large sums of money are required, several donor organizations can be approached to share the costs of the project, for the building of houses, offices, or stores, for example.

It is unlikely that one donor agency will agree to, or have the funds to support, such a big project especially if it is not a bilateral aid organization. Some voluntary agencies work with small sums of money and can only support small projects. However, if several voluntary agencies join forces they can support a big project. Here again, UNDP and WHO can help in the arrangement of such cost-sharing efforts.

SPEAKING FROM PERSONAL EXPERIENCE

As Principal of CEDHA, using this experience I have approached and worked with several organizations in the development of the Centre. We have not always been successful in all our requests to external donors for assistance but we have been lucky in many cases, though at times with token assistance. So far we have established good working relations with and obtained assistance from UN agencies (WHO Geneva, and UNICEF Dar es Salaam) and several non-governmental organizations.

NGO's which have so far given assistance to CEDHA include SIMAVI - Netherlands; CEBEMO - Netherlands; ICCO - Netherlands; the German Foundation for International Development (DSE) - Federal Republic of Germany; the Physicians for Social Responsibility (PSR) - Finland. Assistance in kind (e.g. books) and with smaller amounts of funds have been obtained from the British Council, the Netherlands Literature Programme, CODE - Tanzania, and the NORAD. However, so far we have not yet been successful in obtaining direct bilateral aid, probably because the priorities of the Government are so many and so pressing, that a Health Learning Materials project is low on their list.

Assistance from these organizations includes printing equipment, books, consultants, funds for travel, training and workshops, teaching aids, office and reproduction equipment, vehicles, video system, paper, materials for building and renovation costs.

The experience and hints described above are in no way comprehensive. However, it is hoped that they will stimulate the reader and enable him to reflect on his own experiences and plan his own strategies for fund raising.

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International organizations and donor agencies
cited in the text

UN	United Nations
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNDP country IPF	Interregional Programme Funds
UNESCO	United Nations Educational, Scientific and Cultural Organization
FAO	Food and Agriculture Organization

USAID	United States Agency for International Development
ADAB	Australian Development Assistance Bureau
CIDA	Canadian International Development Agency
CODE	Canadian Organization for Development through Education
DANIDA	Danish International Development Agency
DSE	German Foundation for International Development
FINNIDA	Finnish International Development Agency
IDRC	International Development Research Centre, Canada
NORAD	Norwegian Agency for Development
SIDA	Swedish International Development Authority
SAREC	Swedish Agency for Research Cooperation
Medicus Mundi	NGO
Misereor	NGO
CEBEMO	Netherlands church organization
ICCO	International Council for Church Organizations, Netherlands
SIMAVI	Netherlands church organization
PSR	Physicians for Social Responsibility, Finland