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RAISING FUNDS FOR HEALTH PROGRAMMES

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WORLD HEALTH ORGANIZATION



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INTRODUCTION

It is an unfortunate fact of life that money is needed to carry out all innovative activities. This is more of a problem in the developing world where there are not even enough funds to meet essential day-to-day needs of the health services. Funds are needed to initiate, implement and complete all types of health programmes. Some projects are popular with donors: for example, work against diseases, such as tuberculosis, leprosy and malaria. Donors also favour major public health initiatives: for instance, immunization programmes, diarrhoeal disease control and child survival. In all these cases, there are measurable results which make the evaluation of success relatively simple. A project with a clear outcome is attractive to donors, who naturally wish to show evidence of the constructive use of their contributions. Similarly, many multisectoral, long-term programmes, such as nutrition and water supply, attract funds as they are essential components of development.

In most developing countries the funds available for health are limited. The great majority goes on staff salaries, hospitals and curative care. But what about education and training of health staff, and health education of the public? These are vital elements of primary health care delivery, which depends for its success on competent, motivated health staff at all levels, and on well informed, cooperating communities.

Despite their obvious importance, the proportion of funds allocated to basic staff training and continuing education is often disappointingly small. The health education department is often weak, with few trained staff and almost no facilities.

However, since AIDS made its recent and devastating appearance on the health scene, health education has received more prominence as the main line of defence against spread of HIV infection. Massive AIDS promotional activities are helping to strengthen the existing health education departments. This support has enabled the health education departments to upgrade other types of health education activities in support to primary health care (PHC), in addition to dealing with the anti-AIDS campaign.

Nevertheless, external assistance is often essential to support this type of work and it makes sense that any proposal for external funding of an activity in training and health promotion must be particularly convincing and show a positive and desirable outcome if it is to be successful.

This booklet aims to provide information and advice on how to prepare a good project proposal for submission to external donors and it concentrates particularly on obtaining funds for health training and education. Specific guidelines are provided in everyday language for developing a proposal in line with UNDP's requirements, since this is the most popular proposal format.

Fund-raising is an essential task of the manager of an innovative project. As a project manager, you must know the steps in developing a good funding proposal. You must examine the project targets and the interests and preferences of the donors. Perhaps most importantly, you must be vigorous in following up your submission and, if the proposal is successful, in implementing and reporting on the project. This will include revising the original plan at intervals with donor agreement and in the light of developments.

You should not be discouraged by an initial failure. Money for educational activities is in short supply: the proposal may need to be rewritten in another way for submission to the same or another donor.

FORMULATING THE PROPOSAL

In the following paragraphs, an attempt is made to follow a logical sequence of events for formulating a project proposal. In real life there may be many short cuts. It may even be that a donor approaches you in search of a project. In this event, you are in luck - but you must of course have a marketable idea ready. Usually, however, you have to go about it the hard way. Once you have completed a submission - and especially if you are successful in obtaining funds - the next proposal will seem much easier.

The format of the proposal may be specified by the donor, and it may be quite a simple one. However, as most donors accept the rather complex format of the UNDP project document (as introduced in April 1988), this has been selected as a model, and developed in draft only in Annex 1. It has the advantage that the sequence of objectives, outputs and activities lends itself very well to monitoring progress and to periodic evaluation.

1. Developing the theme

Nobody will give money to a project which does not have a clearly stated outcome. This might be for example:

"the establishment of a teacher training centre, and the training by the end of Year 3 of at least 80 teachers competent in applying modern educational approaches" or "having overcome problems of software compatibility, the creation and implementation of a system for inter-country and inter-institutional exchange of learning materials on diskette" or "the investigation of District X and, based on this study, the improvement of the efficiency of the district referral and reporting system to provide a model for extension to other districts".

These are just examples. Whether the proposal is for a multimillion dollar programme or for a small \$20 000 research project, the same attention to detail is required and, most importantly, the outcome must be one that interests the donor.

Projects originate from a variety of sources. They may result from somebody's bright idea, from discussion of a problem between peers, or in the planning of a programme, such as mass immunization in a province. The project will need to be justified, detailed and costed before funds can be solicited and, whatever its origin, the project should be talked over with colleagues at every stage in its planning. All sorts of difficulties can be foreseen and overcome when a number of people are given the opportunity to comment, criticize and suggest.

At the outset, two important factors should be clarified: the **purpose of the project in general terms**, and the **"target beneficiaries"** (those who will ultimately benefit from the project. Examples might be medical assistants, rural communities, or children in the 1-4 age group). Peer discussion of these will reveal whether the project is feasible in the local situation and administrative structure, and what elements of external assistance will be required. This informal airing of the project concept has an important spin-off in enabling you to obtain the support of your colleagues. It will give you the opportunity to clear up any misunderstandings, to appease or to overcome any resistance before the project takes shape.

You should not attempt to write up a project proposal until these ideas have been examined thoroughly.



When formulating a project proposal, the purpose of the project and its target beneficiaries should be clear from the beginning

2. Writing the proposal

The following sections are lettered in accordance with the UNDP Programme and Projects Manual (February 1988).

A. The Context

The first section describes the context in which the project will operate. This involves giving information on the country, district, institution or community which will be the main focus of activity. If, for example, the project is part of an immunization programme, the background would include a description of the national or district strategy, the organizational structure of the programme, how the population is reached and informed, the target groups to be immunized, with perhaps statistics of past achievement, and a projection of future activities. The aim of the background section is to provide the donor with details of the setting in which the project will operate.

B. Justification of the Project

Now comes the key section on justification of the project. What exactly is the problem which the project aims to solve? This should be stated where possible in numerical terms. For example:

"Whereas the national target for immunization of children under 5 years of age is 75%, the results achieved fall far short of the target. In District X, only 30% of this age group have been immunized by the end of the second year. The national average is considerably better, but District X is selected due to its especially poor performance."

Here is the problem which, in UNDP terms, is referred to as the "**pre-project situation**". The statement of the problem should be expanded, outlining the likely reasons for the unsatisfactory achievement. These reasons will hint at the project strategy which will be described later. Having detailed the problem, the project target or the "**expected situation at the end of the project**" is specified. In the case of the example above, the target might be:

"At the end of 18 months of project activity, the immunization rate of children under 5 in District X will be increased from 30% to 75%, to correspond with the national target."

The problem and its solution do not always lend themselves to numerical terms as in this example, but every effort should be made to make the endpoint readily measurable. This will help to attract donor support.

Also, depending on donor preferences, the eventual outcome of the project may well be a deciding factor. For instance, the immunization project in District X should provide a model or methodology for application in the rest of the national programme, so as to upgrade the overall achievement in the country. An educational research project might have as its outcome the development of guidelines for use in all training institutions. It is important to show that the project is not an end in itself, but will lead to advances elsewhere. Thus, a national health learning materials (HLM) project will not only be a source of institution-building within the country. It will also develop the expertise, experience and facilities that can be of direct assistance to other national projects at a less advanced stage of development.

The next paragraphs should describe the **strategy for implementing the project**. What alternative strategies are there? Why has this strategy been chosen? Have there been similar or related projects carried out in the same or other countries? What were their results? The donor should appreciate that you have done your homework, that you are not just "rediscovering the wheel", and that the project is really necessary in the national or institutional context. If the subject matter is highly technical or very complicated, content yourself with a summary of the salient features and relegate the details to an annex.

This is a rule that applies throughout proposal writing. A decision-maker does not wish to plough through a mass of data in which the important theme of the project may be lost. A concise document, with cogent arguments and supported by annexes to which the donor can refer if he requires more detailed information, stands a more reasonable chance of being accepted.

You have already demonstrated that the project is essential. Now you must show why you cannot carry it out without outside help. Why is external assistance required? What are the constraints - financial, staffing, equipment - which effectively prevent the problem being solved within existing resources?

In this important section, you must describe just how far your own resources can go, and in what areas you will need strengthening. If the donor approves the submission, is the Ministry or institution genuinely committed to the project? Does it have the capacity to provide the support needed to bring the project to successful completion? Perhaps more importantly, can the results be sustained, or extended to other areas? If appropriate, how will the project be coordinated with other similar efforts?

Many proposals are naive in this respect, and ambitious projects are launched that can have no long-term benefits. Donors have learned to be wary of the "special project" which pours a great deal of money into a situation which cannot be replicated. Examples of these are the hosts of "pilot projects" in limited geographical areas which have met their targets as a result of an expenditure totally unrealistic within the national context.

While on the subject of long-term benefits, be sure to link up the project where appropriate with spin-offs in other sectors, or to currently important issues which attract donor attention. For instance, immunization projects are vital for child survival, and can be related to the role of women in development. National HLM projects can service the growing needs of AIDS control programmes for materials, and lend themselves well to technical cooperation among developing countries (TCDC) through the exchange of materials and expertise.

C. The Development Objective

This is a broad statement of the long-term goal which the project alone cannot achieve. Nevertheless, the project - perhaps in association with many others - will be a necessary means of achieving that development objective. An immunization programme, for example, is one important approach towards reducing infant and child morbidity and mortality. There are many other such approaches: improvement in nutritional status, better pre- and postnatal care and safe delivery, rational childspacing, and safe water supplies are all important factors in reducing disease and death in childhood.

The actual contribution of the project towards the development objective will be difficult, if not impossible, to measure. Taking the example of a national HLM project, the development objective might be

"to contribute towards the achievement of Health for All by upgrading the educational input to health staff training and health education of the public".

Obviously, curriculum development, teacher training, Knowledge, Attitudes and Practices (KAP) studies, mass public education through the media, literacy programmes and many other factors will join the HLM project in achieving the long-term goal. And, it would be difficult to say just what part the HLM project had played if and when the development objective was achieved. It is important to show, however, that the project will make an essential contribution within the country programme towards the broad sectoral development goal.

D. Immediate Objectives, Outputs and Activities

These three interrelated items form the basis for the project, its implementation and evaluation. In the earlier UNDP format, they were considered separately. However, since April 1988 they are directly linked in a logical sequence of activities or tasks needed to produce outputs, which together can achieve the immediate objectives.

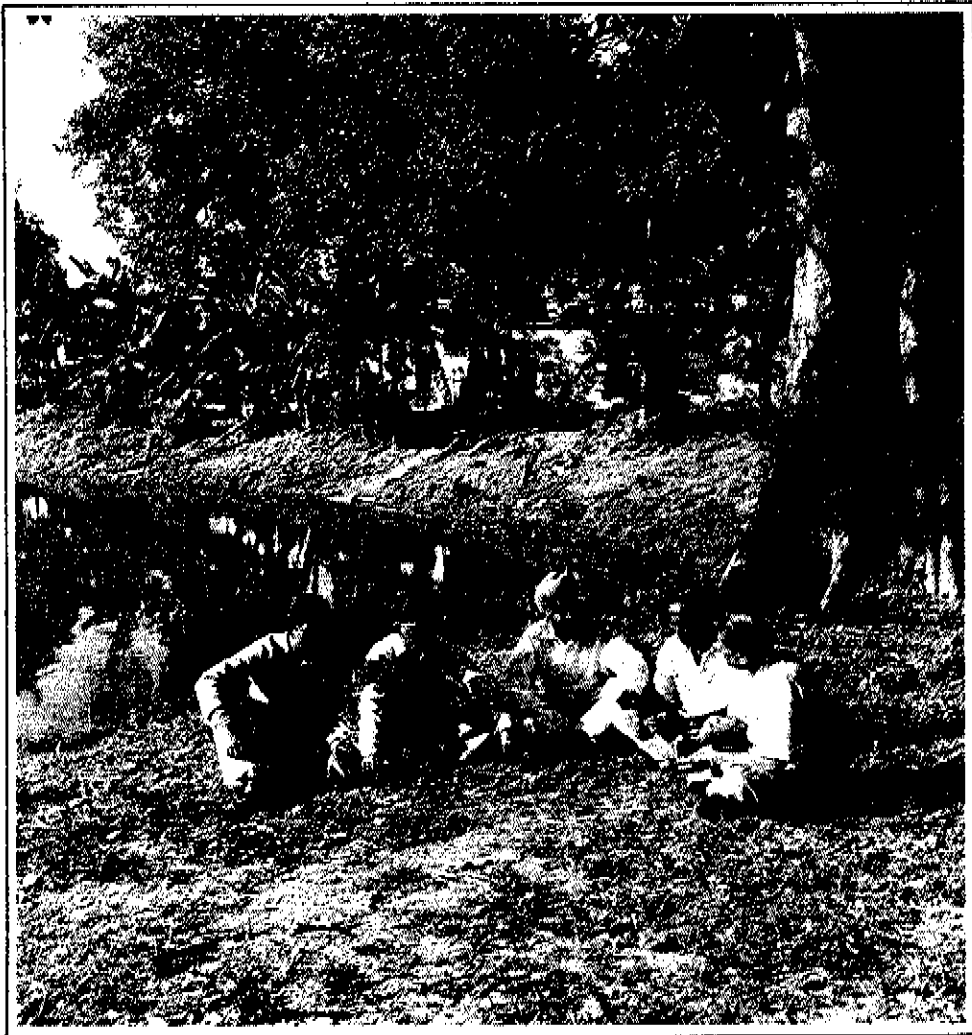
In this text, the three will first be considered separately. Their relationship to one another and their logical flow in the proposal are illustrated in Section D of the example in Annex 1. The UNDP Guidelines describe the sequence of events as follows:

"The activities should produce specific outputs which, when joined together, will lead to the accomplishment of the immediate objectives."

Immediate objectives. As the UNDP Guidelines state:

"Properly defined immediate objectives are the key to the project document."

All the strategies and activities flow from these objectives. It is therefore worth while spending time on their formulation. The vast majority of UNDP-assisted projects fall into the category of "institution-building"; in other words, the upgrading of a Ministry's or institution's capacity to perform a specific task on a recurrent basis.



Properly defined immediate objectives are the key to the project document: all the strategies and activities flow from these objectives. So it is worthwhile spending time on their formulation.

An example is a national HLM project in which the aim is the creation of an ongoing capacity to develop, test and produce teaching, learning and promotional material, relevant to the country's priority needs. Once the project's external assistance is over, the institution will be able to continue operation without further external aid. An immediate objective might therefore be

"to achieve, at the end of a 5-year period of external assistance, national self-reliance in HLM development and production, with the HLM institution absorbed administratively and financially into the government infrastructure".

Most research projects, and many operational studies, however, are in response to a one-time need, and are not aimed at a long-term benefit. These are referred to as "direct support" projects. An example of an immediate objective for this type of project might be

"to investigate in the national context the effects of different layouts of HLM in improving user comprehension, and to develop guidelines for authors and editors to upgrade future HLM effectiveness for different target groups".

Although there are obvious outputs to such a research study, there is no real institution-building involved. The project is therefore less likely to be supported by UNDP, but might attract donor agencies such as IDRC or SAREC, or an NGO interested in the educational field.

Whichever type of project it is, the immediate objectives must be realistic. In other words, they should be achievable within the time limit of the project, and also with the human resources and funds available. Like all objectives, they should be measurable. For this reason such phrases as "strengthening the capacity of ...", "supporting the Ministry in ...", should be avoided. To quote again from the UNDP Guidelines:

"An immediate objective should be tested by asking whether it will be possible during the course of project implementation to determine if and when the achievement described is in fact being obtained. If the answer is "no", the objective needs to be reformulated."

A project may have only one immediate objective, but usually there will be two or three. If there are many, then either they are outputs or activities rather than objectives, and need reformulating, or else the project itself should be subdivided into two or more projects.

Outputs. These are described as the building blocks which, when assembled, lead to the achievement of an immediate objective. There will usually be at least 2 or 3 outputs for each objective. Like the objectives, the outputs must be stated in concrete and verifiable terms. For example, for a project which has the immediate objective

"to create a functioning immunization organization at national, provincial and district levels",

typical outputs might include

"the establishment of a cadre of well-trained managers at the national and provincial levels, and of team supervisors for each of the 25 districts", and "the setting up of central, provincial and district stores with an operational cold chain system for vaccine distribution".

Both of these outputs, among others, will contribute to achieving the objective.

Activities. These are the major tasks required to produce an output. Routine administrative duties should not be included. Where possible, the likely time allocation of an activity should be mentioned - if not in the text, then in a Gantt chart at the end of Section D (an example of a Gantt chart is included in Annex 1). In this example, activities would include

"the appointment of a project manager and designation and convening of a Steering Committee for the project", as an essential preliminary activity, which might take place during the first two months of project operation. However, "the installation of printing equipment and supplies in the project premises" could not take place until, say, 9 months after project start, to allow time for ordering and transport by sea of offset presses, paper, etc.

There will usually be several activities required to produce each output.

The most common mistake made in writing proposals is confusion over the hierarchy of objectives, outputs and activities. It is worth spending considerable time on this important section of the proposal. In the result it should be easy to see the flow of action from activity to output to objective. In the example given on page 10, the flow would be

"the conduct of training courses for supervisors" and "the provision of fellowships for management training" (activities), contributing to "the establishment of a cadre of well-trained managers ..." (output), contributing to "creating a functioning immunization organization ..." (immediate objective).

This flow can be better understood by studying Section D in Annex 1. Although it demands a lot of work, the logical sequencing of events will make monitoring progress and evaluation a great deal easier.

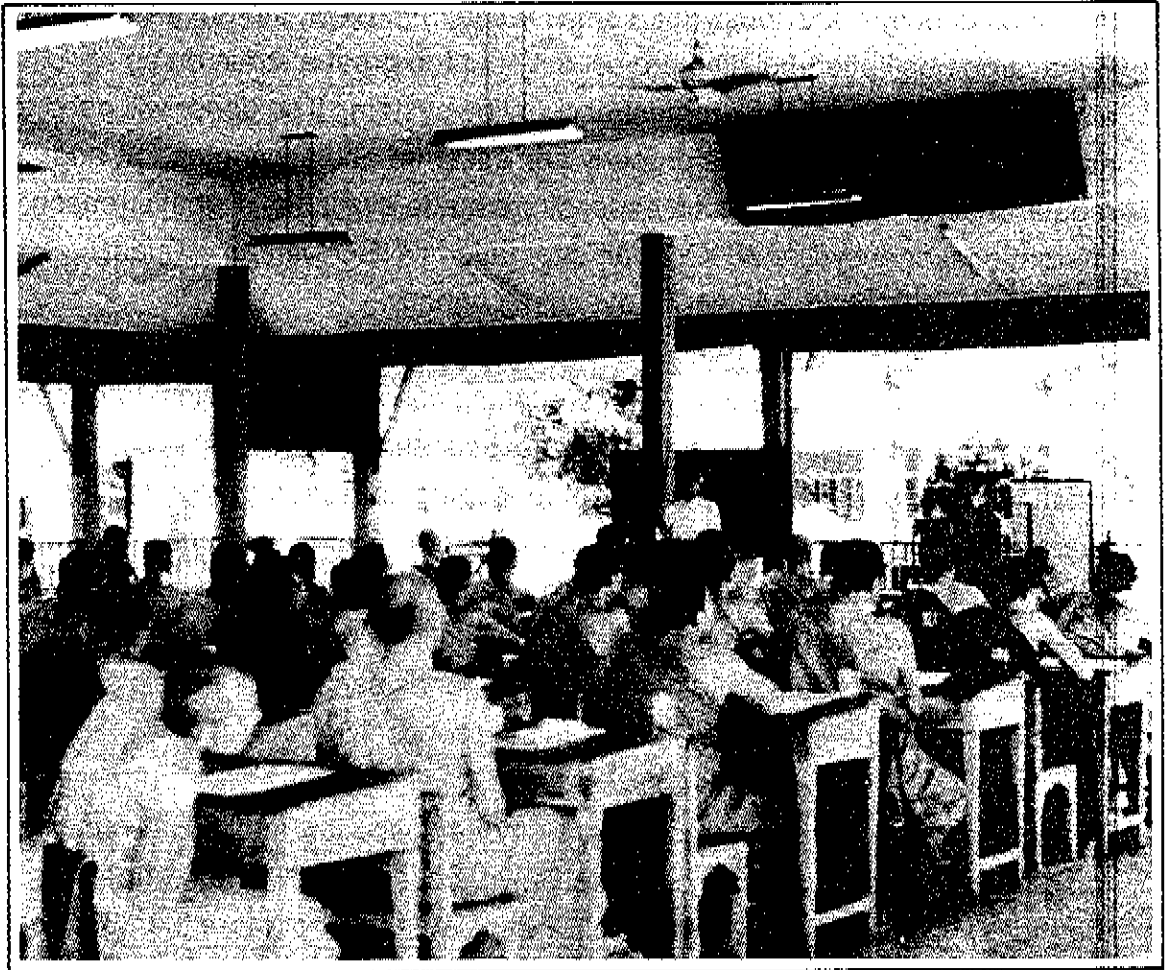
There will often be occasions when an output may contribute to more than one objective, or an activity to more than one output. In this event, they should simply be cross-referenced rather than repeated in full in the proposal.

E. Inputs

Now that the activities of the project have been listed, it is essential to review exactly what resources will be needed to carry them out. These might include staff, consultants, fellowships, supplies and equipment, and operational costs, depending on the project. Once the list is complete, you will need to identify which "inputs" the local institution or Government can realistically provide.

The emphasis is placed on the realistic aspect of project planning. Many proposal planners make the error of overestimating the local contribution. This is especially the case in institution-building projects where the Government contribution at the outset is often spurious. Funds are so limited in most Third World health budgets that very limited inputs can be made towards new initiatives. It is better to admit this situation and list only those items which the Ministry or institution can afford. During the course of the project, provision can be made for the local costs to be gradually absorbed into the local budget. Then, several years later when external funds cease, the institution will be self-supporting. It is advisable to "come clean" with the donor. Admit those deficiencies which impede the implementation of the project. At the same time, show how the Ministry or institution will make an increasing contribution to remedy the situation in the long term.

If the project is a large one, it is likely that more than one donor may be involved in a "cost-sharing" project. UNDP or World Bank often act as brokers for such projects, so that the total funding can be handled effectively through a consortium. The majority of projects, especially direct support, are less complicated, and are submitted to a single donor.



The majority of donors prefer to see their money used for "intellectual input" to a project, such as training courses, consultants, volunteers or fellowships, rather than for supplies and equipment.

The next question to be answered is - has the institution the capacity to manage the funds directly? Obviously for a small research project, the answer is yes. But a larger institution-building project may put too great a strain on an already overburdened Government accounting system. The donor will need to be assured that the funds will be properly administered and accounted for, and regular reports on progress and expenditure made available. For this reason, an international agency like WHO, or an international NGO with an efficient administrative backup, can act as **executing agency**.

Whereas local costs (salary payments, running costs, local supplies) can readily be handled by an institution, the external expenditure (overseas travel, ordering major supplies and equipment, engaging consultants) requires the availability of a convertible hard currency account. This is frequently not permitted in developing countries, but can easily be administered by an independent third party. As the aim of an institution-building project is self-reliance, the institution should handle its own funds as soon as possible, and provision should be made accordingly in the proposal.

The majority of donors prefer to see their money used for "intellectual input" to a project (training courses, consultants, volunteers, fellowships) rather than for supplies and equipment. UNDP stipulates that not more than 50% of its input (or \$200,000, whichever is less) should be spent on supplies and equipment. This makes good sense, as the long-term effect of the intellectual input is considerable in the creation of an institution. A note of caution: it is inadvisable to ask for funding for capital expenditure on building houses, offices, stores. The answer is almost invariably no. All building projects are handled by the development banks, the UN Capital Development Fund and major long-term bilateral development schemes as part of a national development programme administered by the Ministry of Planning or Finance.

Different donors like to see the local and external inputs clearly listed. The two together should match the needs for carrying out all the activities described. The example in the Annex follows the established UNDP format. It is usual to provide summary tables in the text of the project proposal, relegating the details to an annex. These details would include technical specifications for equipment and supplies, and such related information as post descriptions for volunteers or consultants.

F. Risks

This is a new section introduced in April 1988 by UNDP as part of the project document format. Many well-formulated projects have failed, or have been seriously delayed, due to factors in the development environment which might have been foreseen. A common reason for breakdown has been the failure of the host country to provide necessary counterpart staff. This risk will not apply if a realistic assessment of the institution's capacity is made at the beginning, and external assistance planned accordingly, as recommended in the section on "Input".

It is useful to look at the project hierarchy, from activities to objectives, and see what might go wrong and how it would affect the project. In an HLM project, for example, there may be a tight sequence of related activities, such as:

- the ordering of printing supplies and equipment;
- the training, within and outside the country, of staff to manage and operate the printing facility;
- the provision and preparation of premises to house the printing press and related offices and stores;
- the arrival of all the equipment and supplies and their installation in the premises.

It can be seen that a delay in one of these activities could disrupt the project implementation. They are therefore "risks", and a contingency plan should be included in the project document, such as financial provision for external printing of manuscripts to bridge the gap until the printing press is operational. The difficulty is to know just how seriously to treat this section. In any developing country there will be many hazards which are hard to foresee (devaluation, civil disturbance, famine, flood or other national disaster), which will adversely affect any development project. It is therefore advisable to consult the UNDP Resident Representative's office, where the Programme Officer will be familiar with the risk situation.

It is wise in any case to work closely with UNDP if this UN Agency is to provide the funds for the project. In this way, the finished document can be assured of its acceptance if and when it has passed successfully through the national planning authorities. It is always politic to keep the donor(s) informed at all stages of proposal development. This will save a lot of disappointment later, when an unsatisfactory submission or absence of donor funds or interest can lead to an indefinite delay in starting activities.



It is a good idea to work closely with the donor agency when developing the project proposal, as this gives the project a better chance of acceptance.

G. Prior obligations and prerequisites

"Prior obligations" are those actions to be taken by the Government prior to starting the project, which are a precondition for UNDP assistance. In other words, UNDP will not sign the document and provide the funds until these obligations have been met. An example would be the failure by the Government or institution to provide premises, without which the project could not begin. Such obligations are unlikely to exist, as all the project components will normally have been assured before the plan is completed.

More common are "prerequisites", namely

"those actions which, though necessary for efficient and effective project implementation, are not a precondition for UNDP assistance".

An example might be a delay in supplying vaccines and syringes for an immunization programme, which will already have been recognized as a risk. But it will certainly not be enough to halt the start of the programme. If, as an identified risk, contingency plans have been included to minimize the delay (emergency air shipment, local purchase, borrowing from another project), this would not be a prerequisite either. In most cases, if the plan is well developed, this section of the document will not be applicable.

If, however, such obligations or prerequisites must be mentioned as a security for the donor, there are standard clauses in the UNDP Guidelines. These put pressure on the Government or institution to meet their obligations before funds are made available, and give the donors a let-out if prerequisites are not met at a later stage.



Monitoring project progress gives a manager the opportunity to review the work plan: even in the most carefully planned project, unforeseen events occur. So the work plan should be flexible and allow for adjustment as time goes on and the project develops.

H. Project reviews, reporting and evaluation

Very many project planners make the mistake of not including monitoring and evaluation in their work plan. As a result, weaknesses in project management and minor errors in planning can pass undetected and can be responsible for failure to achieve objectives on time. The flow of action from activities through outputs to objectives, the main feature of the new UNDP format, provides a framework for monitoring. Read in conjunction with the activities' Gantt chart, this flow facilitates evaluation of project progress against targets at any point of time. This provides a safeguard for the donor as well as for the institution. It also gives clear terms of reference for coordinating or steering committees of larger projects, and for the regular progress reports required by the donor.

It should be appreciated that project reports and evaluation missions are expensive in time and money. Provision should therefore be made in the budget to cover the costs of processing and distributing regular reports and for consultant visits if an independent evaluation is planned (mid-term or at the end of the project, or both). Donors usually stipulate their own preferred reporting cycles which must be followed rigorously.

Monitoring project progress gives a manager the opportunity to review the work plan. Even in the most carefully planned project, things will happen which could not have been foreseen. The work plan should therefore be flexible and subject to adjustment in the light of experience. This sounds obvious, and yet in many projects, if it exists, monitoring is a static and not a dynamic process. Any changes in plan, and their justification, should be conveyed to the donor. UNDP has its own regulations on reporting and evaluation, and the paragraphs in Section H of the Annex are standard. Periodic reviews or independent evaluation missions should feature in the Gantt chart of activities.

I. Legal context

Many donors include safeguard clauses in their project proposal format which allow for project revisions which affect the work plan or the budget. For example, currency fluctuations may demand an increase in the donor's input. Similarly, the project may not progress as rapidly as expected, more consultant help may be needed, or the duration of assistance may need to be extended by a further year. Every attempt should be made when planning to foresee these eventualities, or at least to include them in the section on "Risks". But an unexpected national disaster may hold up all project activities for some time and upset the target time schedule of achievement.

UNDP has its own standard clauses which provide a legal basis for a project and allow for flexibility in plan revision (see Section I in Annex 1).

J. Budgets

In the Section E on Inputs, only summary tables showing Government (or institution) and donor expenditure are required. More detailed breakdown of these budgets is relegated to an annex, or - in the case of UNDP proposals - is given in a final section on "Budgets". Different donors record budgets according to their own preferences. The UNDP system is widely accepted, and this section, as also the example in the Annex, is based on the UNDP Programme and Projects Manual (February 1988).

The Government or institution is expected to make, towards the overall cost of the project, a realistic contribution which is stated in local currency. This contribution usually comprises local salaries and related staff costs, training workshops within the country, operational costs and public utilities (electricity, telephone, water supply, postage). In addition, the Government provides satisfactory premises to house the project, as well as such supplies and equipment as can be made available from local resources (e.g. office and duplicating equipment, transport). The value of land, premises and equipment is estimated, also in local currency. The total contribution (running costs and premises) is referred to as Government input "in kind".

A distinction is made by UNDP between this form of contribution and Government input "in cash". The latter is only applicable when funds are payable directly to UNDP. The breakdown of expenses, whether in Section E or J, is given under the following heads:

- 1.0 Project personnel - annually throughout the project duration.
- 3.0 Training - " " " "
- 4.0 Equipment
- 4.1 Expendable equipment - annually if applicable.
- 4.2 Non-expendable equipment - normally a single estimate
at project start.
- 4.3 Premises - " " "
- 5.0 Miscellaneous - internal handling and operational costs.

TOTAL - overall and annually.

The example in Annex 1, Section E, shows what the Government contribution table should look like. Note that UNDP's preference is for the Total column first, followed by the annual breakdowns.

The budget table for the UNDP contribution is complicated, and every item needs to be justified in the text. The item numbering is the same as in the Government contribution table, but the breakdown is more detailed. The following paragraphs describe the breakdown, which is further demonstrated by the examples in the Annex (Sections E and J).

Budget line 10 covers the overall **project personnel component**. If an "expert" (an international staff member) is to be assigned to a project for more than 6 months, this should be recorded with a post number, beginning with line 11.01, a post description provided as an annex, and the estimated number of man-months (m/m) listed in each year of project activity and the cost in US\$. The cost will vary according to the cost of living at the duty station. For example, for a two-year P4 post (1989-90) in Geneva one must allow \$200,300, as against \$148,500 for a similar post in Alexandria. These figures can be obtained from UNDP or any executing agency. If the assignment is less than 6 months, the expert is considered as a consultant. The consultant line begins at 11.50 and, as far as possible, each consultancy should be listed separately, according to specialty, length of assignment in m/m, and timing. The current (as at 1989) average consultant rate is \$5,600 per month. Any estimated travel costs for experts and consultants within the country are listed under duty travel, budget line 15.

Budget line beginning 13.01 includes the salaries of national professional staff paid for from external funds. These should be treated as for international staff, with post number and post description. Any locally recruited national supporting staff are listed beginning with 17.01, each post identified at least tentatively. There will obviously be some flexibility in the personnel component budget, and any changes found necessary will be reflected in subsequent revisions.

Many institution-building projects make use of UN Volunteers (UNV) to provide extra pairs of skilled hands and to train local staff. UNVs are usually assigned on a 2-year contract basis. The Government or institution must provide suitable housing, and a budget line beginning 14.01 should list each UNV, with post descriptions annexed. The charge to the project varies with local cost of living, and whether the Volunteer is accompanied by dependants, but an average figure will be between \$10,000 and \$20,000 annually.



Many institution-building projects make use of UN Volunteers (UNV) to supplement national staff and train local recruits in special skills. Volunteers are a very cost-effective means of strengthening project resources.

Most projects make provision for evaluation which can with advantage include independent external assessors. UNDP normally charges to budget line 16, Mission costs, at least 2 m/m of consultancy services. Summarizing budget line 10, the project personnel component (which is the most complicated part of the budget), the table for this part of UNDP inputs in Section E would look something like this:

| | <u>Total</u> | | <u>1989</u> | | <u>1990</u> etc. | |
|---|--------------|----------------|-------------|----------------|------------------|----------------|
| | <u>m/m</u> | <u>US \$</u> | <u>m/m</u> | <u>US \$</u> | <u>m/m</u> | <u>US \$</u> |
| 10. <u>PROJECT PERSONNEL</u> | | | | | | |
| 11. <u>International experts</u> | | | | | | |
| 11.01 Editor | 24 | 148 500 | 6 | 37 125 | 12 | 74 250 |
| 11.02 Printshop manager | 24 | 128 000 | 3 | 16 000 | 12 | 64 000 |
| 11.49 Subtotal experts | <u>48</u> | <u>276 500</u> | <u>9</u> | <u>53 125</u> | <u>24</u> | <u>138 250</u> |
| 11.50 <u>Consultants</u> | | | | | | |
| 11.51 Illustrator | 6 | 33 600 | - | - | 6 | 33 600 |
| 11.52 Maintenance technician | 3 | 16 800 | 1 | 5 600 | 2 | 11 200 |
| 11.98 Subtotal consultants | <u>9</u> | <u>50 400</u> | <u>1</u> | <u>5 600</u> | <u>8</u> | <u>44 800</u> |
| 11.99 Subtotal: experts/ consultants | <u>57</u> | <u>326 900</u> | <u>10</u> | <u>58 725</u> | <u>32</u> | <u>183 050</u> |
| 14. <u>United Nations Volunteers</u> | | | | | | |
| 14.01 Health educator | 24 | 36 000 | 6 | 9 000 | 12 | 18 000 |
| 14.99 Subtotal UNV | <u>24</u> | <u>36 000</u> | <u>6</u> | <u>9 000</u> | <u>12</u> | <u>18 000</u> |
| 15. <u>Duty travel</u> | | <u>42 000</u> | | <u>11 000</u> | | <u>15 000</u> |
| 16. <u>Mission costs</u> | | <u>15 000</u> | | <u>-</u> | | <u>10 000</u> |
| 17. <u>Nationally recruited project personnel</u> | | | | | | |
| 17.01 Project manager | 36 | 72 000 | 12 | 24 000 | 12 | 24 000 |
| 17.02 Editor | 36 | 60 000 | 10 | 16 660 | 12 | 20 000 |
| 17.03 Printer | 36 | 60 000 | 8 | 11 230 | 12 | 20 000 |
| 17.99 Subtotal NRPP | <u>108</u> | <u>192 000</u> | <u>30</u> | <u>51 890</u> | <u>36</u> | <u>64 000</u> |
| 19. <u>Personnel Component Total</u> | <u>189</u> | <u>611 900</u> | <u>55</u> | <u>130 515</u> | <u>80</u> | <u>290 050</u> |

The second area of "intellectual input" to a UNDP-assisted project is budget line 30, **Training and Fellowships**. This comprises fellowships (31) for specialized training or to obtain postgraduate qualifications, study tours (32) and in-service training (33). The latter includes workshops, seminars and on-the-job training carried out within the country.

Budget line 40, **Equipment**, covers three major items. These are: expendable equipment and supplies (41); non-expendable equipment (42), which includes major equipment, transport, etc., which has to be maintained on inventory and which (unlike items in line 41) has a long life expectancy in the project; and premises (43), which are normally provided by the Government or institution, but exceptionally may partly be a donor responsibility. In the case of lines 41 and 42, the costs of freight and insurance should be included.

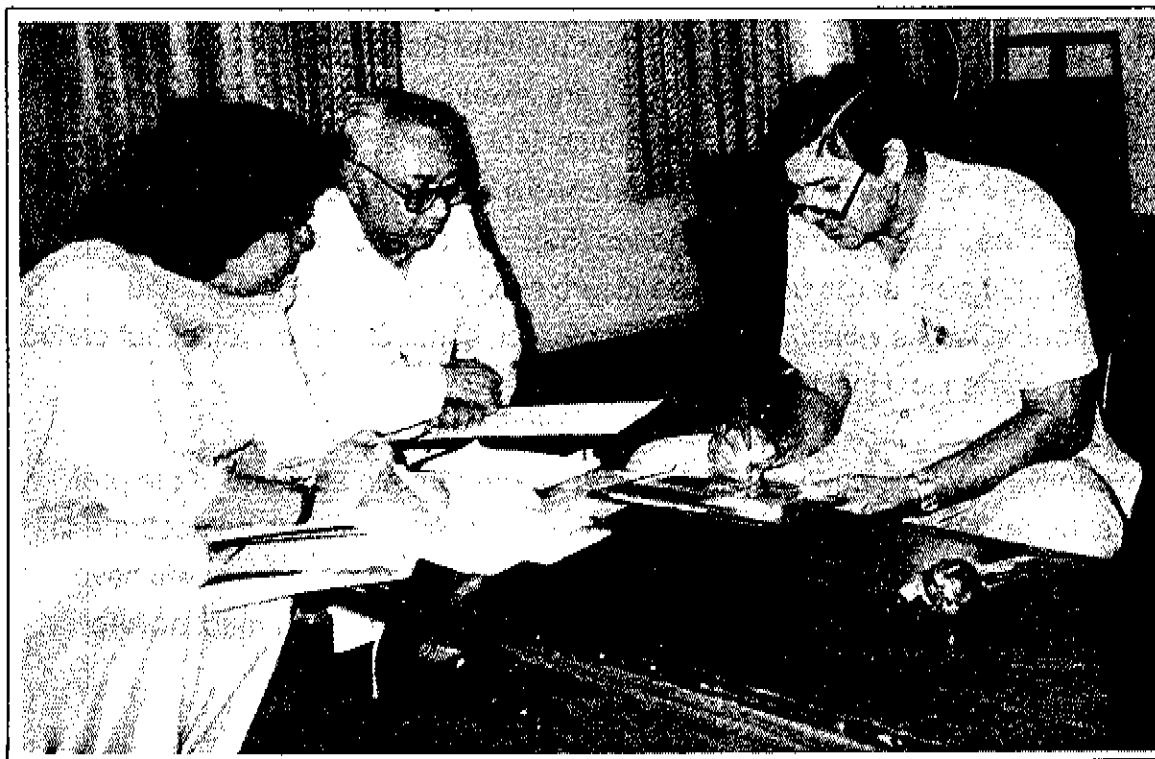
The final budget line is **Miscellaneous** (50). This also covers three items. The first is operation and maintenance of equipment (51). These costs are usually expected to be borne by the local authorities as a counterpart contribution. However, in countries with very limited health budgets, the donor accepts these charges in the early stages of the project until the Government can take over the responsibility. Reporting costs (52) are always included, as mid-term and terminal reporting, as well as periodic technical reports, can be both time-consuming and expensive. It is usual to allow about \$5,000 to cover all eventualities. The last item is Sundries (53), with an average provision of at least \$1,000 per year to cover expenditure such as cables, postage, and telephone charges which are necessary for the conduct of the project but cannot be met by the local institution.

Evidently the whole budget, which has to be prepared in advance of the project, must be revised at intervals. The best one can do is to provide as accurate an estimate as possible in the proposal. The donor realizes that there will have to be modifications as the operations pursue their course, and must be kept fully informed of any changes.

3. The cover page

This vital part of the proposal must be left to the last. An example is shown at the beginning of the Annex. This page sums up the various contributions which make up the total project, describes its title, duration and site of operation, and includes a brief executive summary. It also provides for signature by Government, donor and (if applicable) executing agency. The **executive summary** is a crucial element in the proposal. It is always difficult to include justification for, and the salient points of, a project in a few lines. However, this summary may be the only part of the document which is read by the major funding decision-maker - so it must be convincing.

One final point: a well laid-out, attractively presented proposal stands a reasonable chance of being accepted. After all, the donor has to assess your institution's capacity to handle the funds and to make a success of the project. A badly presented document will not inspire confidence. So extra time devoted to polishing the proposal, and making it look as professional as your facilities permit, will be time well spent.



Time spent polishing your project proposal and making it look as professional as your facilities permit, will be time well spent.

DONORS AND REQUESTERS

Finding information about potential donors is never easy, especially if you are working in a developing country where sources of information are scarce. The international agencies have a good deal to offer. For example, UNDP programme officers usually know a lot about donors, their preferences, and the amount of money that can reasonably be requested. They can also advise on personal contacts to make and on formats for proposals. UNICEF is always active at country level in exploring funding sources for multisectoral activities, and can give valuable advice. Many of the major donors fund small projects through NGOs. In addition, there are large numbers of church organizations, both international and local, which can provide support to projects, especially those of the institution-building type.

Another factor affects the donor's decision. How capable is your institution of managing the project? The quality of the proposal and its appearance have already been mentioned. But there is more to it than that. In your application you should introduce your team and, where appropriate, its track record. Are available staff capable of managing all the activities; monitoring and reporting on progress; accounting for expenditure; stock-keeping and ordering? If not, have you included provision for international staff, volunteers, consultants? In this case, have you allowed for counterpart training, through fellowships or in-service, so that local staff can eventually take over full responsibility? It is worth while checking through all the activities in Section D to make sure that their proper management is assured. And, if it is an institution-building project, have you taken steps in the work plan to ensure that the outcome can be sustained once the donor's contribution is finished? Donors are, not unnaturally, very reluctant to fund a project indefinitely. So make sure that the "end-of-project status" is clearly defined in the proposal.

The most important thing to remember is that funding will rarely come to you. Your role, therefore, is an active one, and it can be very discouraging in the early stages. However, if your project is a good one, well justified and with an outcome relevant to primary health care delivery, you will eventually find a taker. So keep on trying.

**MAJOR INTERNATIONAL DONORS INVOLVED IN
FUNDING HEALTH PROGRAMMES**

**1. Development Assistance Committee (DAC) Members of the Organization for
Economic Cooperation and Development (OECD)**

| | |
|----------------------------|---|
| Australia | Australian International Development Assistance Bureau (AIDAB), Canberra |
| Austria | Federal Ministry of Foreign Affairs, Department of Development Aid, Vienna |
| Belgium | Administration générale de la Coopération au Développement, Ministère des Affaires étrangères et du Commerce extérieur, Bruxelles |
| Canada | Canadian International Development Agency (CIDA), Hull, Quebec |
| Denmark | Danish International Development Agency (DANIDA), Ministry of Foreign Affairs, Copenhagen |
| Finland | Finnish International Development Agency (FINNIDA), Ministry for Foreign Affairs of Finland, Helsinki |
| France | Ministère de la Coopération et du Développement, Paris |
| German Federal Republic | Federal Ministry for Economic Cooperation (BMZ), Bonn German Agency for Technical Cooperation (GTZ), Eschborn |
| Italy | Department for Development Cooperation, Ministry of Foreign Affairs, Rome |
| Japan | Ministry for Foreign Affairs, Tokyo Japan International Cooperation Agency (JICA), Tokyo |
| Netherlands | Directorate-General for International Cooperation, Ministry of Foreign Affairs, The Hague |
| New Zealand | Ministry of Foreign Affairs, Wellington |
| Norway | The Ministry of Development Cooperation (NORAD), Oslo |
| Sweden | Swedish International Development Authority (SIDA), Stockholm |
| Switzerland | Direction de la Coopération au Développement et de l'Aide humanitaire (DDA), Département fédéral des Affaires étrangères, Bern |
| United Kingdom | Overseas Development Administration (ODA), London |
| United States | Agency for International Development (AID), United States Department of State, Washington D.C. |
| CEC | Commission of European Communities, Brussels |

2. United Nations Organizations

International Bank for Reconstruction and Development (**World Bank**)
United Nations Children's Fund (**UNICEF**)
United Nations Development Programme (**UNDP**)
United Nations Population Fund (**UNFPA**)

In addition, many Foundations, Regional Banks and Funds, as well as a large number of international and national Non-Governmental Organizations (NGOs) contribute to health programmes. For advice and assistance in identifying donors with interest in the country and sector, approach should be made to the office of the local Resident Representative UNDP, the WHO Representative or the UNICEF Representative.

| | Australia | Austria | Belgium | Canada | Denmark | Finland | France | Germany (West) | Italy | Japan | Netherlands | New Zealand | Norway | Sweden | Switzerland | United Kingdom | United States | EEC |
|---------------|-----------|---------|---------|--------|---------|---------|--------|----------------|-------|-------|-------------|-------------|--------|--------|-------------|----------------|---------------|-----|
| Angola | | | x | | | | | | | | x | | x | x | | | | x |
| Benin | | | | | | | x | x | x | | x | | | | x | | | x |
| Chad | | | | | | | x | | x | | x | | | | x | | | x |
| Colombia | | | x | | | | | | | | x | | | | | | | |
| Ethiopia | x | x | x | x | | x | | x | x | | | | x | x | x | x | | x |
| Fiji | x | | | | | | | | | | | | | | | | | x |
| Guinea Bissau | | | | | | | x | | | | x | | | x | x | | | x |
| Guyana | | | | x | | | | | | | | | | | | | | |
| Jordan | x | | | x | | | | x | x | | | | | | | | | |
| Kenya | x | x | x | x | x | x | | x | x | | x | | x | x | x | x | x | x |
| Mauritius | x | | | | | | x | | | | | | | | | | | x |
| Morocco | | | x | x | | | | x | x | | | | | | | | | |
| Mozambique | x | x | | | | x | | | x | | x | | x | x | x | | | x |
| Nepal | x | | | x | | x | | | | x | x | | x | | x | | | |
| Philippines | x | | | x | | | | x | | x | | x | x | | x | | | |
| Rwanda | | x | x | x | | | x | x | | | x | | | | x | | | x |
| Sudan | | x | x | x | | x | | x | x | | x | | x | | | x | x | x |
| Tanzania | x | x | x | x | x | x | | x | x | | x | | x | x | x | x | | x |
| Turkey | | | | | | | | x | | | | | | | | | x | |
| Uganda | x | | | x | | | | x | x | | | | x | | | | | |
| Zambia | | | x | x | | x | | x | x | | x | | x | x | | x | | |
| Zimbabwe | | | x | x | | | | x | x | | x | | x | x | x | | | x |

INDICATION OF SOME CURRENT, MAJOR DONOR INTERESTS
 IN THE HEALTH SECTOR: guide for potential assistance
 to national HLM projects

LIST OF ABBREVIATIONS

| | |
|-------|---|
| WHO | World Health Organization |
| UNDP | United Nations Development Programme |
| NGO | Non-Governmental Organization |
| IDRC | International Development Research Centre, Canada |
| SAREC | Swedish Agency for Research Cooperation |

References:

Programme and Project Manual, UNDP, New York, February 1988.

Project Formulation and Proposal Writing, Dr Katja Janovsky,

World Health Organization, 1987 (unpublished document WHO/EDUC/87.187).

UNITED NATIONS DEVELOPMENT PROGRAMMEPROJECT OF THE GOVERNMENT OFPROJECT DOCUMENTNumber: _____ Duration: 4 years, 1989-92Title: National Health Learning Materials ProjectProject Site: Ministry of Health,ACC/UNDP Sectors: 1) 10, Health 2) 11, EducationACC/UNDP Subsectors: 1) 1010, Health personnel training
2) 1120, Health education of the publicGovernment Sector: HealthGovernment Subsectors: Health staff training and health promotionGovernment implementing agency: Ministry of HealthExecuting agency: Ministry of Health, Training DivisionEstimated starting date: April 1989

| | | | | |
|---------------------------|------------------|-----------|-------------------|--------------|
| <u>Government Inputs:</u> | 1 822 000. | (in kind) | UNDP inputs IPF | 1 005 900 \$ |
| | -- | (in cash) | Other inputs (for | |
| | (local currency) | | (cost-sharing | |
| | | | project) | _____ \$ |
| | | | Total: | 1 005 900 \$ |

The project is intended to remedy the acute shortage of relevant, up-to-date educational materials for teachers, learners, health staff in the field and for health promotion for the public. Its purpose is to build an ongoing national institution with the capacity to design, test, produce and evaluate the impact of educational materials in the health and health-related sectors, for use by health and development staff and by the community. It will involve strengthening existing national skills in writing, editing, word processing, testing, evaluation, design, lay-out, printing, media development, overall management and health education of the public. It will also involve close collaboration with other countries with similar national projects in order to pool resources and share materials, expertise, experience and training facilities in the spirit of TCDC.

Signed: _____
on behalf of the Government

Date: _____

on behalf of the United Nations
Development Programme

Date: _____

UN Official exchange rate at date of last signature of project document:
\$1.00 =

A. Context

1. Description of the subsectors. Two subsectors are involved, which are closely interlinked. These are health personnel training and health education of the public, both of which are the responsibility of the Ministry of Health (MOH). In direct relation to the Health Learning materials (HLM)¹ project, there is an excellent printing house facility in the Health Education Department, which services the MOH and which has some spare capacity which could be doubled by better management and improved technology. This printing house has a staff of 15, with offset and duplicating facilities, and a well equipped video studio. The quality of manuals, brochures, coloured posters, etc., produced is good. In addition, it produces some projection slides for health training schools. There is an immediate need for strengthening the skills and capabilities of the MOH through fellowships and training courses within the country, and consultant assignments in such areas as authorship, editing, illustration, printing and management.

2. Strategy for the subsectors. There is currently no comprehensive plan for capitalizing on the many separate facilities which are available for HLM design and production. The World Bank Population and Nutrition project has a major Information, Education, Communication (IEC) component, which will depend largely on the development and evaluation of educational materials. The vertical programmes (EPI, CDD, Cancer, Tuberculosis, ARI, etc., and more recently AIDS) are producing HLM to meet their own individual needs. UNICEF is heavily involved in materials development, especially in relation to MCH and health education of the public. The Ministry of Education is developing (with MOH assistance) materials on health for schools, using its own printing house facilities. There is, however, no central health authority which can bring together all these separate initiatives into a comprehensive programme aimed at improving primary health care, and in line with national Health for All strategy.

3. Current and planned assistance to the subsectors. Apart from the World Bank IEC project and UNICEF activities, already mentioned, there are several ongoing bilateral and NGO activities in materials development. What is missing is a concerted effort to upgrade the technical skills in the MOH, and to modernize their printing equipment and staffing, so that all the various requirements of the Ministry could be met at minimum cost. The present ad hoc approach is effectively preventing much-needed institution-building.

4. Institutional framework for development in the subsectors. The HLM project plan relies heavily on national staff training, reinforced by consultancies, fellowships, study tours and assignments of UN volunteers. There is a need for a Coordination Board to ensure collaboration within the MOH, as well as a more effective and efficient utilization of the many disparate resources of the Ministry and of other Government and University departments.

1 "Health Learning Materials" (HLM) are defined as all those educational materials (print, audio-visual, posters, TV, radio, etc.) which are required for education of health and health-related staff and for health education of the public.

B. Project Justification

1. Problem to be addressed; the present situation. There is a serious lack of HLM, both educational and promotional, relevant to the conditions within the country. There is a lack of foreign currency to buy new books and few appropriate audio-visual aids. There are very few specialists and technicians trained in the preparation, production, use and evaluation of health learning materials. Because of these deficiencies, training of health workers is not as effective as it should be. Refresher courses for those already trained are inadequate for what is needed.

Moreover, HLM for all health auxiliary staff and for the general public must be in the local language, and there are thus no external resources to draw from. Reliance has so far been placed on translation from materials produced elsewhere, but these are often not relevant to the country's needs, nor written at the appropriate level for target groups of users. Moreover, production and distribution have been nowhere near sufficient to provide health staff and the public with up-to-date materials in order to upgrade health care and community self-care.

The best solution to the problem is therefore the urgent development of a design and production centre for HLM within the Ministry of Health. For its initial phase, funds must be obtained from external sources. However, the need is pressing, and there can be no waiting until all the financial resources required are made available. Training, and preparation and testing of manuscripts and health education materials will have to begin as soon as possible.

2. Expected end-of-project situation. After 4 years of operation, there will be an ongoing institution within the MOH which can respond in order of priority to the HLM requirements of the Ministry, and which will be absorbed financially and administratively into the MOH structure. The emphasis during the first year of project activity will be on staff training and building up much-needed skills in management and technology, supported by a modest increase in equipment and supplies to modernize the HLM production facilities. This period will be followed by an implementation phase, when properly trained staff will be available for design, testing, production, distribution and evaluation of HLM. With a better deployment and coordination of the many resources and infrastructure of the MOH, the end-of-project status should match the expectations of the project.

3. Target beneficiaries. Those who will benefit directly from the HLM project will be health service staff at all levels, trainees and teachers; staff in other sectors working part time in health-related fields (school teachers, agricultural extension workers, water and sanitation staff, etc.); and all those involved in education of the public in healthy living habits, and in individual and community self-care. As the eventual target group of HLM development is the community, the whole population will be indirect beneficiaries. For health staff, an efficient HLM project will provide an essential support to a comprehensive system of continuing education.

For the public, HLM will provide an up-to-date, authoritative source of information on healthy living and disease avoidance. The emergence of a cadre of health educators, implementing a national plan, will ensure the evaluation of routine and mass information campaigns, and the measurement of population awareness and behaviour change.

4. Project strategy and implementation arrangements. The country has elected to develop its own national HLM project, not only because of the urgent need for relevant, updated HLM at the appropriate levels for target groups, but also because the feasibility of HLM projects has been demonstrated in other countries. The main strategies for the project implementation are:

- (a) an intensive training programme, both abroad and within the country, to build up an effective nucleus of skilled managers and support staff;
- (b) the establishment of a Coordination Board within the MOH, with representatives from other Ministries, NGOs, WHO and UNICEF, which will assure the best use of resources of the MOH, establish policy and review progress;
- (c) the assignment of consultants and one or more UN volunteers to carry out specific tasks, especially during the first two years of project build-up;
- (d) enlisting the aid of the Ministries of Education and Information, and of appropriate University faculties, in the training of MOH staff in selected areas (e.g. educational technology, media development, editing, information design and layout, field testing and evaluation of materials);
- (e) a modest, immediate expenditure on supplies and equipment to modernize and reinforce the MOH printing house in order to increase its capacity and efficiency.

5. Reasons for assistance from UNDP and WHO. UNDP and WHO have already recognized the need to remedy the acute shortage of relevant HLM in countries. This recognition resulted in the establishment of the interregional HLM programme (IR/81/029), jointly supported by the two UN agencies. At the request of the MOH, the plan is to build up a national design, production and evaluation capacity as a sound, long-term solution. The interregional HLM programme is already assisting some 20 countries in institution-building, in many cases with UNDP/IPF funding, and it is natural for the two agencies to respond to the country request.

6. Special considerations. A major consequence of this project is the potential for technical cooperation among countries. Other countries in the interregional HLM programme are beginning to pool resources and share expertise and training facilities. The country will be able to profit from this experience in the early stages, and will later be able to serve the needs of new countries opting to join the programme. This intercountry networking, in the spirit of TCDC, is an essential feature of the interregional HLM programme. Moreover, the aims and activities of this project are directly in line with the principles of development support communication. The materials designed, tested and produced will include messages, brochures, posters, etc., for the promotion of health in the community. Examples are the provision of guidance for the general public on the recognition, prevention where appropriate, and action to be taken in relation to such prevalent conditions as diarrhoeal diseases, anaemia, acute respiratory infections, the immunizable diseases, AIDS and malnutrition. The HLM project should play an important role in education of the public as well as in the development of teaching and learning materials for all members of the health team.

7. Coordination arrangements. The HLM Coordination Board, with as convenor the Director of Medical Services or his nominee, will regularly set policy for HLM development according to MOH priority needs, and review project progress against set targets. A national HLM project manager will assume responsibility for the overall administration of the project, and will report regularly to the Coordination Board. In view of the other developments in the same subsectors, the Coordination Board will co-opt representatives from the Ministry of Education, WHO, UNICEF, World Bank and NGOs as appropriate.

8. Counterpart support capacity. There is already a well-equipped and functioning MOH printing house. The MOH infrastructure, when strengthened through a carefully planned programme of training during the first two years of project activity, will be able to provide the inputs required for the successful operation of the HLM project. No difficulty is foreseen in the sustaining of project results at the end of the three-year period.

C. Development Objective

To contribute towards the achievement of Health for All by improving the educational input to staff training and health education of the public.

D. Immediate objectives, outputs and activities

There are two immediate objectives which represent closely-linked aspects of the project: the strategies for project implementation and for achieving national self-reliance (including collaboration with other national projects). These are stated below, together with the outputs and activities required to achieve them.

1. Immediate objective 1

To upgrade the national capacity to develop, test, produce, distribute and evaluate training and health promotional materials for teachers, learners and health staff in service, for use in health-related training activities in other sectors, and for health education of the public.

1.1 Output 1

The creation of a cadre of properly trained staff to deal with all aspects of HLM production (management, authorship, editing, field testing, information design and layout, printing, distribution and evaluation).

Activities

- 1.1.1 Continue the programme of HLM staff training by means of fellowships (management, testing and evaluation, editing and information design, and equipment maintenance) and specially tailored within-country courses on writing, word-processing, artwork, photography, layout, all aspects of printing, and health education techniques.
- 1.1.2 Conduct courses and seminars, where required with the aid of consultants: for authors and editors; teachers (in the effective utilization of HLM); teachers and supervisors (in field testing and evaluation of HLM); all senior HLM project and support staff in microcomputer operation (especially word-processing); printshop staff (in management, teamwork, pricing and cost-accounting).

- 1.1.3 Assign a UN volunteer printing expert to work alongside HLM project staff, and to assist in further upgrading of staff skills.

1.2 Output 2

The establishment of a priority schedule for the development of HLM, in line with the national Health for All strategy.

Activities

- 1.2.1 Conduct a countrywide needs and resources survey to identify and evaluate HLM already being used (both printed and audiovisual), and to provide a baseline for the priority schedule.
- 1.2.2 Conduct workshops (health planners, health educators, teachers and supervisors) to identify gaps in HLM availability for basic and continuing education of health staff, and for health education of the public, and list them according to current priorities for primary health care.
- 1.2.3 Conduct intersectoral workshops (representatives from educational, development, agricultural, labour, communication and other sectors) to review the current status of HLM available to other sectors involved in health related activities, and to establish priorities for production.
- 1.2.4 Combining the results of activities 1.2.1, 1.2.2 and 1.2.3, establish a priority national schedule for HLM production. This will be a continuing process as health needs change (e.g. the emergence of AIDS as a new priority). The priority schedule must therefore be reviewed at yearly intervals.
- 1.2.5 Until the priority production schedule is completed, HLM production will continue on an ad hoc basis. To facilitate activities 1.2.1 to 1.2.4, consultant assistance may be required, and provision is made accordingly.

1.3 Output 3

The establishment of the national HLM unit, including premises and equipment, and the implementation of project activities.

Activities

- 1.3.1 Provision by Government (see Section E, Inputs) of premises (offices, stores, space for duplicating and printing equipment, parking area with direct access to paper store and printshop), and their preparation for occupation by project staff.
- 1.3.2 Order equipment (including transport) and supplies according to list in Section E, Inputs, and Section J, Budgets, and install in premises on arrival.
- 1.3.3 Review the "work plan" for the project during the first six months of operation, and develop a detailed work plan for use in project management during implementation.

- 1.3.4 Review needs for supplies and equipment in relation to the priority national production schedule (see 1.2.4 above), and order in advance for subsequent years of operation.
- 1.3.5 Design, field test, produce, distribute and evaluate HLM, in accordance with the priority national production schedule.
- 1.3.6 Monitor progress of projects (both immediate objectives, all outputs and activities) at frequent intervals; conduct mid-term evaluation during Year 2, and terminal evaluation at end of Year 4. The emphasis of evaluation should be on cost effectiveness of the HLM project, on progress made towards achieving self-reliance, and on the status of collaboration with other national HLM projects

2. Immediate Objective 2

To achieve at the end of the four year period of operation:

- a) national self-reliance in HLM development and production, with the HLM institution absorbed administratively and financially into the government infrastructure; and
- b) a system of collaborative exchange of materials, experience and expertise with similar institutions in other countries, to provide an ongoing resource for the self-reliant project.

2.1 Output 1

The establishment of a self-supporting national institution for the development, testing and production of HLM relevant to the country's needs and priorities for the delivery of primary health care¹.

Activities

- 2.1.1 Ensure the creation of a Ministry of Health (MOH) budget line for HLM production from the outset of the project. The fund allocation should then be increased annually until all staffing and normal project running costs are covered by the end of Year 4.
- 2.1.2 Introduce cost-accounting of HLM production, to facilitate realistic bidding for contracts at a later stage.
- 2.1.3 Ensure that the HLM project is given visibility by MOH in WHO Regional Committee, UNICEF and bilateral donor reviews.
- 2.1.4 Make decision-makers in different sectors aware of the activities and potential of the HLM project through issue and wide distribution of a HLM brochure and similar publicity materials.

1 This output, 2.1, will have been achieved for purposes of evaluation when: a) all staffing and normal running costs of the project are met routinely from the government budget; and b) the project has independent sources of funding from commercial ventures which cover the cost of replacement of supplies and equipment, and expansion of activities.

- 2.1.5 When the project is fully established in Year 2, bid for contracts for materials from UNICEF, NGOs, and health programmes with independent funds (e.g. EPI, AIDS).
- 2.1.6 Establish a revolving fund for crediting proceeds of contract work. A convertible account, held on behalf of the project by UNDP, will facilitate the ordering of external supplies, travel, etc.
- 2.1.7 Develop proposals for small-scale funding of activities (e.g. IDRC for operational research, CODE for paper and related supplies) to build up project reserve in cash and supplies.
- 2.1.8 Advertise the HLM project as a commercial concern through book displays, the distribution of mailed, annotated book-lists, etc.
- 2.1.9 Design and produce commercially viable HLM for sale to the general public (e.g. health message calendars, popular health books).

2.2 Output 2

The establishment of collaboration with other countries with the HLM project, independently as well as through intercountry networks, to facilitate the exchange of materials, experience and expertise in the spirit of technical cooperation.

Activities

- 2.2.1 Establish contact with other national HLM projects, through correspondence (where possible, via WHO and UNDP diplomatic pouches) and arrangement of mutual study visits.
- 2.2.2 Effect a regular exchange of materials for local adaptation (where appropriate, in diskette form) with other national HLM projects, independently or through intercountry networks and WHO clearinghouses.
- 2.2.3 When the project is well developed, provide consultant advice and training facilities, on request, for new national HLM projects.

Gantt chart

Target time schedule of project activities

| <u>Activity</u> | <u>1989</u> | <u>1990</u> | etc. |
|---|-------------|-------------|-------|
| Fellowships: 1. | ————— | ————— | |
| 2. | ————— | | |
| 3. | | ————— | |
| 3-week training courses | - - - - - | - - - - - | |
| Assignment of experts: Editor | | ————— | ————— |
| Printshop manager | | ————— | ————— |
| Assignment UNV | | ————— | ————— |
| Needs and resources survey | ————— | | |
| Review workshops | - - - - - | | |
| Establish priority schedule for HLM production | | ————— | |
| Equipment ordered | ————— | | |
| Staff recruitment | ————— | | |
| Premises prepared | ————— | | |
| Equipment installed | | ————— | |
| etc. | | | |

This is given as an example only, to show the general format of a Gantt chart.

E. Inputs

E.(1) Government inputs

Project budget covering government contribution in kind
(local currency)*

| | <u>Total</u> | | 1989 | | 1990 | |
|--|--------------|------------------|------------|----------------|------------|----------------|
| | m/m | units | m/m | units | m/m | units |
| 10. <u>PROJECT PERSONNEL</u> | | | | | | |
| 11.01 National project | | | | | | |
| director | 48 | 96 000 | 12 | 24 000 | 12 | 24 000 |
| 11.02 Editor | 36 | 60 000 | | - | 12 | 20 000 |
| 11.03 Printshop manager | 36 | 60 000 | | - | 12 | 20 000 |
| 11.04 Health educator | 36 | 60 000 | | - | 12 | 20 000 |
| 11.05 Maintenance technician | 36 | 60 000 | | - | 12 | 20 000 |
| 11.06 15 national support staff | 900 | 450 000 | 180 | 90 000 | 180 | 90 000 |
| 19. <u>Component total</u> | <u>1092</u> | <u>786 000</u> | <u>192</u> | <u>114 000</u> | <u>240</u> | <u>194 000</u> |
| 30. <u>TRAINING</u> | | | | | | |
| 31. Maintenance of trainees' salaries | | 100 000 | | 25 000 | | 25 000 |
| 33. Subsistence for participants in 12 workshops | | 36 000 | | 12 000 | | 12 000 |
| 39. <u>Component total</u> | | <u>136 000</u> | | <u>37 000</u> | | <u>37 000</u> |
| 40. <u>EQUIPMENT</u> | | | | | | |
| 41. Equipment | | 120 000 | | 100 000 | | 10 000 |
| 43. Premises | | 600 000 | | 600 000 | | - |
| 49 <u>Component total</u> | | <u>720 000</u> | | <u>700 000</u> | | <u>10 000</u> |
| 50. <u>MISCELLANEOUS</u> | | | | | | |
| 51. Miscellaneous | | 180 000 | | 30 000 | | 40 000 |
| 59. <u>Component total</u> | | <u>180 000</u> | | <u>30 000</u> | | <u>40 000</u> |
| 99. <u>TOTAL GOVERNMENT Input</u> | <u>1092</u> | <u>1 822 000</u> | | <u>871 000</u> | | <u>281 000</u> |

* Exchange rate, December 1988 : 1 US \$ =

E.(ii) UNDP Contribution.

| | m/m | Total -US \$ | m/m | 1989 US \$ | m/m | 1990 US \$ | etc. |
|---|------------|-----------------------|-----------|---------------------|-----------|---------------------|------|
| 10. PROJECT PERSONNEL | | | | | | | |
| 11. International experts | | | | | | | |
| 11.01 Editor | 24 | 148 500 | 6 | 37 125 | 12 | 74 250 | |
| 11.02 Printshop manager | 24 | 128 000 | 3 | 16 000 | 12 | 64 000 | |
| 11.49 Subtotal experts | <u>48</u> | <u>276 500</u> | <u>9</u> | <u>53 125</u> | <u>24</u> | <u>138 250</u> | |
| 11.50 Consultants | | | | | | | |
| 11.51 Illustrator | 6 | 33 600 | | - | 6 | 33 600 | |
| 11.52 Maintenance technician | 3 | 16 800 | 1 | 5 600 | 2 | 11 200 | |
| 11.98 Subtotal consultants | <u>9</u> | <u>50 400</u> | <u>1</u> | <u>5 600</u> | <u>8</u> | <u>44 800</u> | |
| 11.99 Subtotal: experts/ consultants | <u>57</u> | <u>326 900</u> | <u>10</u> | <u>58 725</u> | <u>32</u> | <u>183 050</u> | |
| 14. United Nations Volunteers | | | | | | | |
| 14.01 Health educator | 24 | 36 000 | 6 | 9 000 | 12 | 18 000 | |
| 14.99 Subtotal UNV | <u>24</u> | <u>36 000</u> | <u>6</u> | <u>9 000</u> | <u>12</u> | <u>18 000</u> | |
| 15. Duty travel | | <u>42 000</u> | | <u>11 000</u> | | <u>15 000</u> | |
| 16. Mission costs | | <u>15 000</u> | | - | | <u>10 000</u> | |
| 17. Nationally recruited project personnel | | | | | | | |
| 17.01 Project manager | 36 | 72 000 | 12 | 24 000 | 12 | 24 000 | |
| 17.02 Editor | 36 | 60 000 | 10 | 16 660 | 12 | 20 000 | |
| 17.03 Printer | 36 | 60 000 | 8 | 11 230 | 12 | 20 000 | |
| 17.99 Subtotal NRPP | <u>108</u> | <u>192 000</u> | <u>30</u> | <u>51 890</u> | <u>36</u> | <u>64 000</u> | |
| 19. Personnel Component Total | <u>189</u> | <u>611 900</u> | <u>55</u> | <u>130 515</u> | <u>80</u> | <u>290 050</u> | |
| 30. TRAINING | | | | | | | |
| 31. Fellowships (Master's degrees) | | | | | | | |
| 31.01 Management | 12 | 20 000 | 12 | 20 000 | | - | |
| 31.02 Communication | 12 | 20 000 | | - | 12 | 20 000 | |
| 31.03 Educational technology | 12 | 20 000 | 12 | 20 000 | | - | |
| 33. In-service training | | | | | | | |
| 33.01 12 3-week workshops | | 120 000 | | 60 000 | | 30 000 | |
| 39. Training component Total | <u>36</u> | <u>180 000</u> | <u>24</u> | <u>100 000</u> | <u>12</u> | <u>50 000</u> | |
| 40. EQUIPMENT | | | | | | | |
| 41. Expendable equipment | | 125 000 | | 50 000 | | 35 000 | |
| 42. Non-expendable equipment | | | | | | | |
| 42.01 Offset press and related equipment | | 135 000 | | 120 000 | | - | |
| 42.02 Desktop publishing | | 25 000 | | 20 000 | | 12 000 | |
| 42.03 2 vehicles | | 19 000 | | 19 000 | | - | |
| 49. Equipment component Total | | <u>304 000</u> | | <u>209 000</u> | | <u>47 000</u> | |
| 50. MISCELLANEOUS | | | | | | | |
| 52. Reporting cost | | 5 000 | | 1 000 | | 1 000 | |
| 53. Sundries | | 5 000 | | 2 000 | | 1 000 | |
| 59. Miscellaneous component Total | | <u>10 000</u> | | <u>3 000</u> | | <u>2 000</u> | |
| 99. TOTAL UNDP input | | <u>US\$ 1 005 900</u> | | <u>US\$ 442 515</u> | | <u>US\$ 389 050</u> | etc |

F. Risks

This section will vary so much according to the local conditions that it must be left to individual projects to complete, with advice from UNDP staff.

G. Prior obligations and prerequisites

Not applicable.

H. Project reviews, reporting and evaluation

- (a) The project will be subject to joint review by representatives of the Government and UNDP at least once every 12 months, the first such meeting to be held within the first 12 months of the start of full implementation. The national project coordinator shall prepare and submit to each review meeting a Project Performance Evaluation Report (PPER). Additional PPERs may be requested, if necessary, during the project.
- (b) A project terminal report will be prepared for consideration at the terminal review meeting. It shall be prepared in draft sufficiently in advance to allow review and technical clearance by the parties at least four months prior to the terminal review.
- (c) The project shall be subject to evaluation 18 months after the start of full implementation. The organization, terms of reference and timing will be decided after consultation between the parties to the project document, plus any associated United Nations agency.

I. Legal context

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement between the Government of and the United Nations Development Programme, signed by the parties on The host country implementing agency shall, for the purpose of the Standard Basic Assistance Agreement, refer to the Government cooperating agency described in that Agreement.

The following types of revisions may be made to this project document with the signature of the UNDP resident representative only, provided he or she is assured that the other signatories of the project document have no objections to the proposed changes:

- (a) revisions in, or additions of, any of the annexes of the project document;
- (b) revisions which do not involve significant changes in the immediate objectives, outputs or activities of a project, but are caused by the rearrangement of inputs already agreed to or by cost increases due to inflation; and
- (c) mandatory annual revisions which rephrase the delivery of agreed project inputs, or increased expert or other costs due to inflation, or take into account agency expenditure flexibility.

J. Budgets

This section will contain a detailed breakdown of both Government and UNDP inputs, which have been summarized in Section E.