

THE MANAGER

MANAGEMENT STRATEGIES FOR IMPROVING HEALTH SERVICES

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Case Study

Community Leaders Find Local Resources for Health Services

Mobilizing Local Resources to Support Health Programs

Editors' Note

LOCAL RESOURCES CAN SIGNIFICANTLY contribute to national governments' and external donors' efforts to maintain and extend health programs. By identifying and using the full range of local resources, both monetary and nonmonetary, health programs can help build partnerships among public, private, and government sectors; involve individuals and groups in the community; and strengthen and expand health services.

Resources can be financial or nonfinancial. While the value of nonfinancial resources—such as labor, supplies, or space—is often overlooked, these resources are important sources of support. Moreover, they exist in every community. The challenge for health programs is to identify these resources and use them effectively to meet community health needs. To do this, programs may need to work with local individuals and groups to better understand the community's needs and to facilitate its increased involvement in health care services. As communities become more involved and assume greater responsibility for their health care, both individuals and groups may also actively advocate with governments at all levels to assume a larger role in supporting the provision of health care.

THIS ISSUE OF *THE MANAGER* discusses the role of local resources in strengthening health services. It will help health managers at the local level to identify types of local resources that may be available to them, decide on strategies for mobilizing these resources, and assess the value of such resources to their organization or program. ■

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Understanding the Importance of Mobilizing Local Resources

Increasingly, donors and national governments are asking local governments, nongovernmental organizations (NGOs), private-sector companies, and communities to take more responsibility for finding ways to support health care programs at the local level. While it is natural to think in terms of funding, there are other equally important kinds of resources that can be mobilized at the local level. These might include human resources, space, pharmaceuticals, advocacy, and local transportation. Local groups will be more effective if they recognize that there are many kinds of resources that can help support their programs.

Several prominent issues in international public health have made local resource mobilization increasingly important. All of these have implications for organizations or programs that work at the local level.

Community participation. The international community has focused on promoting local involvement in planning and decision making, so that communities will develop their capacity to make decisions and assume greater ownership of health programs, including managing service delivery.

Equity. Some approaches to financing health care, including cost recovery, cost cutting, cost sharing, and social insurance, have been criticized for placing an additional burden on the poor. Other approaches, such as local resource mobilization, cross-subsidization, and equitable fee structures, have the potential to be more responsive to the needs of the poor and to help maintain a safety net for all.

Decentralization. In countries with decentralizing health systems, the responsibility for health care has been shifting from the central to the local level. In some cases, important responsibilities have been transferred without adequate resources, and services have suffered. Mobilizing local resources can be an effective way to maintain and expand the availability of, access to, and quality of health services in decentralized health systems.

Partnerships. Local partnerships among public, private, and nonprofit sectors, as well as with community groups, are increasingly prominent in health services. Partnerships among local groups can be an effective way to complement and extend local resources.

Sustainability. Sustainability, a critical issue in development, refers to building health services that endure over the long term. In addition to financing, this involves building strong programs, strengthening institutional capacity, and achieving a high level of local involvement and commitment.

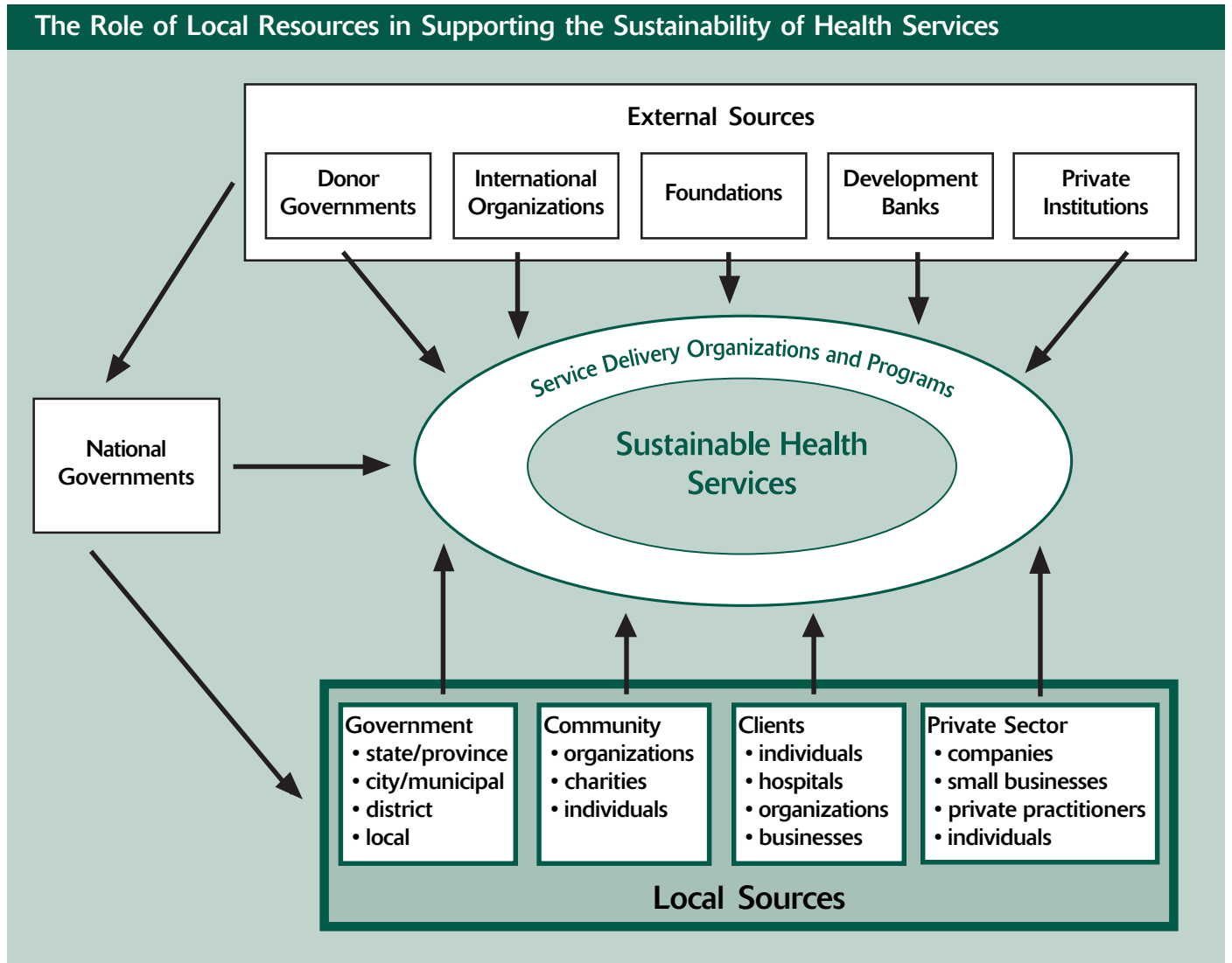
No matter how poor, almost every community has services, goods, or expertise that can contribute to supporting a health program. The key is to mobilize them. Communities and organizations that can identify and use such resources play a vital role in extending health services to the entire population. *By mobilizing local resources, a reproductive health program in three sites in India increased its resources for service delivery by 40 percent. Contributions included rent-free clinic space, public-sector health care providers, and community-financed drug purchases.*

This issue of *The Manager* offers health managers at the local NGO or government level ways to identify local resources, tools to assess available resources, and strategies to mobilize resources. It also highlights successful approaches from recent international experience.

This issue was written by John Paxman, Ann Buxbaum, and Rebecca Marshall, in collaboration with Abu Sayeed. John Paxman and Ann Buxbaum are Principal Program Associates in Population and Reproductive Health and have worked extensively in community mobilization efforts, most recently with India-LIP. Rebecca Marshall is a writer and editor with MSH Pub-

lications who has worked closely with the India-LIP team. Abu Sayeed is the founder of Technical Assistance, Inc., in Dhaka, Bangladesh, which is MSH's managing partner for India-LIP.

The Guest Editors would like to thank the many colleagues who contributed to this issue. They acknowledge in particular the valuable contributions of Atanu Majumdar, Program Manager of CINI-LIP; Dr. Surekha Kishore, Project Director of HIHT-LIP; Dr. Atiqur Rahman Khan, Senior Health Advisor, Technical Assistance Inc.; and Cathy Solter, Director of Technical Services, Pathfinder International.



Recognizing the Sources of Support for Health Programs

Local resources can supplement the support an organization or program receives from the national government or from donors. They can directly con-

tribute to program implementation by complementing, strengthening, and extending existing resources.

The figure above illustrates the role of local resources, in relation to resources from national governments and external sources, in supporting health services.

As the figure on page 3 illustrates, most health services that are sustained over time are supported by a combination of local sources, national sources, and external sources. External donors may provide money to the national and local governments and to local groups. In addition, the national government may fund local entities. Whether local sources of support generate resources at a local level or receive funding from external or government sources, they play a critical role in providing sustainable health services to a community.

Benefits. There are many benefits to programs and organizations of recognizing local sources of support to strengthen and expand services. Communities also benefit from realizing that they can make valuable contributions to improving the health of their people. Other benefits of mobilizing local resources include:

- diversifying a program's sources of support;
- extending the reach of an initiative;
- increasing program sustainability and continuity;
- strengthening relationships among local institutions;
- increasing equity in access to services;
- gaining access to specialized staff and equipment;
- building community commitment in visible ways.

The challenge. A key challenge for you as a health manager at the local NGO or government level is recognizing and accessing the varied sources of support that exist or can be generated in your community. The table on page 5 provides suggestions for different kinds of local resources your program or organization may be able to access.

The remainder of this issue describes ways to harness local resources for your program's or organization's use. It presents approaches to:

- assessing local resources;
- aligning your mission and work with local needs;
- developing strategies for mobilizing local resources;
- calculating the value of your mobilization efforts.

Many of the strategies presented in this issue have been applied in India through the India Local Initiatives Program (India-LIP). For more information on India-LIP, please read the "Working Solution" on page 8.

Assessing Local Resources

Every local setting has resources that you as a clinic or program manager at the local level can use to benefit your work. Before you can benefit from local resources, however, you will need to take some preparatory steps:

- Identify and prioritize your program's resource needs.
- Conduct a local resource assessment.
- Develop simple profiles of potential sources of support.
- Match appropriate resources with your organization or program needs.

Identify and prioritize your program's resource needs.

To begin, you must know your program's needs. To identify what will help your organization better fulfill its mission and succeed in project implementation, collect information from various sources, including organizational and program documents, staff, and clients. *For example, one of your projects may need additional volunteers to provide services to meet community needs.* Use the following list as a guide to help you generate the information you need:

- Know your organization's mission, strengths and weaknesses, financial status, the important features of its programs, and the unique abilities of its staff.
- Know which projects or areas you want to improve, consolidate, or expand.
- Define your resource needs based on an analysis of your projects, including their designs and budgets, and on the needs of the community they serve.

For more information on conducting an institutional analysis, please refer to *Strategic Planning: Reflections on Process and Practice* (Vriesendorp 1999).

Resources are typically utilized in combination, not individually. Therefore, it is important to consider which groupings of resources are needed to support certain project activities. *For example, a community-based health center for prenatal and maternity care may require a site, community-based health workers, volunteers for outreach and education, basic commodities such as vitamins and folic acid, and a referral system.*

Identifying Local Resources

As a manager, you can increase support for your health organization or program by mobilizing existing resources and by generating new resources. This box lists some of the ways that programs around the world have mobilized or generated new resources.

Mobilizing existing resources. Local individuals, groups, businesses, health providers, and governments may be able to offer your program or organization the following resources.

SPACE	A room, building, clinic, or office can be offered on a part- or full-time basis.
FUNDING	Program components or entire projects may be funded. Examples include: <ul style="list-style-type: none">■ local individuals donate funds or contribute to a fundraiser, such as a raffle■ businesses fund or subsidize activities in exchange for public recognition■ local governments provide funding through mechanisms such as matching grants
INFLUENCE	Individuals or groups can use their influence to increase program visibility and credibility.
EXPERTISE	Specialized or general skills such as management, oversight, and training may be provided free or at a reduced rate.
SUPPLIES AND MATERIALS	New or recycled materials can be useful. Examples include: <ul style="list-style-type: none">■ NGOs offer communications materials to be recycled or modified for other uses■ local governments donate supplies or pharmaceuticals or sell them at a reduced price
VOLUNTEERS	Volunteers can add value to your program in many ways. These include: <ul style="list-style-type: none">■ individuals offer talent, administrative and physical labor, knowledge■ providers agree to provide select services free or at a reduced rate■ government staff work for your program to fulfill community service requirements

Generating resources. In addition to mobilizing existing resources, your program or organization can generate resources through one or more of the following approaches.

INCOME-GENERATING PROJECTS	Your program or organization can sell a service or product other than your primary service or project. Examples include: <ul style="list-style-type: none">■ a restaurant or shop for the public on the grounds of a hospital■ a vegetable garden■ a gas station
PREPAYMENT SCHEMES	Families pay a fee enabling them to access defined services for a set period.
FUNDS THAT EARN INTEREST	Funds released as a lump sum to cover activities for a long period can be kept in an account that will earn interest and increase funds available for activities
CHARGES FOR USE OF FACILITIES	Charges are often imposed in hospitals. It may also be possible to charge program staff a fee to use a facility for private practice.
ACTIVE FUND-RAISING	Sponsor activities where community members can contribute goods and services to earn money for your program or organization. For example: <ul style="list-style-type: none">■ host a marathon or "fun run"■ hold a bake sale or a raffle

Conduct a local resource assessment. When you have identified and prioritized your needs, you can assess the availability of local resources that can support your work. Many local sources of support are probably commonly known or easily identified by you or members of your staff. Members of the local community can also be helpful in contributing to the assessment. As you collect this information, you should organize it in a format that will eventually help you match what you find with your needs. Categories may include financial re-

sources, supplies and equipment, materials, and space and facilities. One way to organize this information is to create a map of the local resources that you know about. The Sample Resource Assessment Chart on page 7 can help you map out local resources.

Develop simple profiles of potential sources of support. You will probably find it helpful to keep a record of basic information on potential sources of support. On a piece of paper or card, answer the following questions for each potential source.

Profile of Potential Source of Support	
NAME OF ORGANIZATION/GROUP:	KEY CONTACTS (NAMES, TELEPHONE, FAX):
_____	_____
_____	_____
What types of resources does it offer?	

What does the source require of us in exchange for the resources?	

What is the cost to our organization of meeting these requirements?	
<ul style="list-style-type: none"> ■ advantages ■ disadvantages 	
What else do we know about this source that might be relevant?	

Match appropriate resources with your organization or program needs. Once you have developed simple profiles of sources of support, you can match resources from the chart to the needs of your organization and the community it serves.

While some resources might appear useful, they could actually be out of line with your organization's mission or goals. Weigh the costs and benefits of resources against your mission. *For example, a program that trains local women in contraceptive distribution might decide not to accept a donation of oral rehydration solution kits, because it is not a service included in the*

project design. On the other hand, you might be doing more to meet the critical needs of the community by adding distribution of ORS to the program.

Some local resources may have costs associated with them (such as staff time to train volunteers). You may decide that the cost of using this resource is greater than the value it will contribute to your program. The selection of appropriate resources should be based on need and efficiency.

Not all of these resources are financial, but most of them have values, some of which can be quantified. (See the box on page 18.)

Sample Resource Assessment Chart

Sources of Available Resources		Types of Resources						
	Financial	Supplies/ Equipment	Materials	Space/ Facilities	Services	Human Resources	Management Support	Technical Expertise
Your Organization	core project financing		behavior change communication (BCC) materials			staff	management systems	training for other NGOs
Government: National	grants, contracts, subsidies	drugs, vaccines, contraceptives	BCC materials	shared facilities				service delivery advice
Government: Local	grants, contracts	essential drugs		shared facilities		nurses, mid-wives, doctors	management committee	logistical support
Community: Organizations	support for revolving drug fund	clinic maintenance: paint, roofing, fabric, etc.	BCC materials	clinic space	special events/ health fairs, raffles	health educators, counselors		community mobilization, fundraising
Community: Individuals	monetary changes	supplies				health volunteers, peer counselors	supervisors	fundraising
Private sector: Businesses	grants, cash gifts, pay for advertising	supplies, transport	in kind, print NGO calendars	training space	professional	volunteers, managers		marketing materials
Private sector: Private practitioners								referrals, medical care
Clients	fees					satisfied client testimonials		community mobilization
Other (describe)								

MOBILIZING RESOURCES FOR INCREASED SUSTAINABILITY

The India Local Initiatives Program (India-LIP) is implemented by three Indian NGOs—the Child in Need Institute (CINI), the Centre for Research in Rural and Industrial Development (CRRID) and the Himalayan Institute Hospital Trust (HIHT)—with technical support from Management Sciences for Health and its partner organization, Technical Assistance, Inc., based in Dhaka, Bangladesh. To implement India-LIP in three different regions of India, each NGO set up service delivery networks, trained volunteers to provide basic health education and services, and established community health committees. These committees helped to recruit volunteers, involve individuals and groups in the community, and find local sources of support for the program.

The Child in Need Institute. In Kolkata (formerly known as Calcutta), CINI established health committees in selected slums and recruited powerful local politicians to be committee members. Some of these individuals arranged for local clubhouses to be donated for LIP use and were important advocates for the LIP in the slum communities.

CINI also formed a network of private practitioners who agreed to see slum residents for a reduced fee, which CINI paid. The NGO provided training and a manual of clinical protocols for the participating doctors. The slum residents benefited from increased access to clinical care, and the doctors benefited from technical updates on health care issues and an increased client base and income.

The Centre for Research in Rural and Industrial Development. In Punjab and Himachal Pradesh State, CRRID involved religious leaders, former military officials, teachers, and local politicians in local committees. To secure their active engagement with the program, the NGO held formal orientations and regular training sessions for the committee members.

The Himalayan Institute Hospital Trust. In the remote foothills of the Himalayas, HIHT arranged for local medical and nursing students to receive credit for their rural health requirement by working at India-LIP satellite clinics. The students provided reliable care in remote areas where few health providers are willing to relocate.

Another innovation of the NGO partners was to harness the artistic skills of local volunteers to make behavior change communication (BCC) materials. Using recycled BCC materials from past programs, the volunteers created various tools to help communicate valuable health information to largely illiterate populations.

The results. By creatively and persistently seeking out local sources of support, the India-LIP partners have added an estimated 40 percent to the initial grant provided by the Bill & Melinda Gates Foundation. As a result of this additional support, the three NGOs have been able to pursue innovations that have helped extend the scope and direction of the program. They are currently exploring ways to continue the work of the LIP in the future.

Aligning Your Mission and Work with Local Needs

To mobilize the local resources you have identified from your assessment, you need to make sure that the local community knows about your program and recognizes its value. First, your organization or program must feel confident that your mission is aligned with local needs. If you are confident that your program responds to local needs, you can work to increase the community's awareness of your services and how these services can benefit them.

One way to increase the community's awareness of your program is to encourage your staff to project an appropriate image to clients and the public. If your staff believe that your work benefits the community and they feel confident in their work, you as a manager can suggest ways for them to demonstrate this confidence and pride to clients.

There are various strategies for promoting your organization to the local community.

Developing a clear message. To be successful, your organization's mission and goals must match local needs. When you have defined your mission and goals, you can focus on developing simple, clear messages that communicate what your organization does and how it benefits the community. Make sure that all staff are familiar with these messages.

Targeting your message. In targeting your message, it may help to divide your audience into two groups: those who can benefit from your program and those who can support it. Decide which messages are appropriate for which group. You might also target individuals who can influence others' decisions to support your program. These individuals include media representatives and opinion leaders such as teachers, religious leaders, politicians, and businessmen or women.

Identifying the most effective communications materials. In some settings, brief, attention-getting materials will make your point. In others, personal contacts with individuals will be more useful, especially if supported by written materials. When targeting the general public, posters, wall paintings, or radio ads can be effective. In some instances, the best way to communicate your program's effectiveness is to provide services that are known for their quality and responsiveness.

Your effort to promote your organization to the local community will be most successful if everyone in your organization or program is involved. All staff should be aware of the organizational image that they present to the public, clients, potential clients, and potential donors or supporters. This responsibility should also be emphasized to board members, who may be in unique positions to influence opinion and promote your organization. For more details on promoting your organization to the local community, please refer to *The Manager*, Volume 8, Number 2, "Marketing Your Organization's Services."

Developing Strategies for Mobilizing Local Resources

When you have assessed your local resources and are working to increase community awareness of your services, you can decide which strategies to use to mobilize local resources. Some of the strategies that have worked in programs around the world include:

- gaining the commitment of influential local individuals;
- involving local individuals and groups;
- establishing local management committees;
- securing resources from local governments;
- obtaining resources to procure and manage essential drugs;
- mobilizing private-sector resources;
- charging client fees.

Gaining the Commitment of Influential Individuals

It is important to identify the individuals with influence in your local or greater community. Their support will be invaluable in building and maintaining support for your organization. With so many groups and programs vying for attention and resources, this can be a difficult task.

Educating influential individuals about your program will help to gain their commitment. Hold regular meetings with political, religious, and social leaders and representatives of local government, or attend some of their meetings, to inform them about your progress. Invite them to visit your program sites so they can learn about how the program works and see its impact on the community.

Another way to gain the commitment of influential individuals is to provide orientation and training on key issues of service provision. You might hold an orientation meeting for a range of people: local, state, and national government representatives; members of community health committees; and private practitioners. You could also provide more specific training on aspects of management, leadership, or service provision.

When you have gained the attention of these individuals, ask for their help in furthering your organization's goals. Asking people to guide you and assist in solving problems will help them feel invested in your work and committed to helping you to meet your goals.

Involving Local Individuals and Groups

Involving local individuals and groups will allow your organization to more closely monitor community needs and ensure that you are responding to these needs. Involving individuals and groups will also increase their awareness of your organization's work. If they believe that you provide a worthwhile service to the community, they will be more willing to support your program and help you fulfill your mission.

For more details on involving the community in your organization or program, please refer to *The Family Planning Manager*, Volume 3, Number 2, "Increasing Community Participation in Family Planning Programs."

There are many ways to involve the community. A few ideas follow.

- **Sponsor or participate in public events**—hold health fairs, staff a booth at a local festival, or host an event such as a race or walk to raise funds for and awareness of your program.
- **Educate the community**—reach out to individuals and groups through health education in schools, at health fairs, or through mass marketing campaigns. You can attend meetings of youth groups, social clubs, and charity organizations to speak about important health issues, or invite such groups to visit program sites.
- **Market your program and its goals**—post your mission statement in your offices and service sites, list clinic hours and services in public places, and place

ads on local radio stations and in newspapers. This will increase the number of people who recognize your program and the health messages it promotes.

You can encourage individuals to volunteer, donate space or supplies, or promote your program to the public.

- **Volunteer**—by volunteering, individuals begin to be invested in the program and to feel responsible for it. Examples include being a community health worker, helping to construct a clinic building, and staffing a booth at a local event.
- **Donate space or supplies**—people can donate materials for building or maintaining a clinic or program activity space, such as straw, mud, wood, nails, fabric, or other materials. Community groups can sometimes provide buildings or allocate space to your program.
- **Promote your program to the public**—individuals whose opinions are widely sought can build local involvement in and support for your program. These individuals might promote your program in such innovative sites as barbershops, markets, bars, auto shops, and taxis.

The more involved individuals and community groups become, the more connected the community will feel to your organization's work. This, in turn, will encourage the community to share its resources to meet program goals.

Keep in mind the values of the community you are working with. One way to understand what is important to a community is by looking at what it is already committing resources to. Understanding these values and linking your own program to them will help you gain the community's support and commitment. *For example, are people contributing time to working in a community garden? Are they involved in building a place for social functions? Are local women working on a microenterprise project to make embroidered clothing or grind grain for flour? Are school children already educating their families about health issues?*

The following box provides an example of how one community became involved in supporting a local health program.

Involving Adolescents in Local Reproductive Health Programs

TRAINING YOUTH EDU- CATORS

FOSREF (Fondation pour la Santé Reproductive et l'Education Familiale) is a Haitian NGO that informs young people between the ages of 15 and 24 about their sexual and reproductive health and rights and provides reproductive health services. FOSREF trains peer educators and youth facilitators to conduct outreach activities in communities that do not have access to services and clinics. The main channels for these outreach activities are youth clubs, which receive their basic funding from the NGO but often have to draw on their own initiative and community contacts to supplement those funds.

FINDING LOCAL SOURCES OF SUPPORT

Several peer educators have found local support for their clubs and carried out reproductive health projects targeting young people. One FOSREF youth club made a small library by setting aside a corner of a room in its youth center, building bookshelves, locating a table and chairs, and collecting books from local citizens. Another club organized dance classes and recruited local teenagers to attend. The dance instructor, a FOSREF staff member, provided reproductive health information with the dance lessons. Another club produced a play with a reproductive health theme. Local businesses donated wood, cardboard, and paint, which the club used to build its own sets.

Through these initiatives, young people not only had the chance to take part in creative and stimulating activities, but they were exposed to important reproductive health messages as well.

Involving volunteers. Many community-based programs depend on volunteers, who can provide invaluable human resources at a low cost to the program or organization.

As a program manager, you can support the use of volunteers through both financial and nonfinancial incentives.

- **Financial incentives**—to keep volunteers engaged, organizations often provide them with small financial payments. If funds become limited, the program needs to find ways to continue payment.

In Bangladesh, the highly successful Local Initiatives Program, funded by the US Agency for International Development (USAID), paid a small stipend to a country-wide network of 38,000 volunteers for its family planning and primary health work. When USAID funding ended, those involved in the implementation of the project worked with the Bangladeshi government to have the volunteers incorporated into the official health care program so that the government pays their nominal monthly stipends.

- **Nonfinancial incentives**—if it is not possible to provide a stipend or other financial incentive,

recognition is often a good way to reward hard-working volunteers. Examples include offering volunteers:

- prizes, awards, and public recognition (such as printing the name and photograph of a volunteer of the month in the local paper);
- community recognition (e.g., a plaque for houses to indicate that volunteers for the program live there);
- special training programs;
- reduced fees at health facilities;
- food subsidies (e.g., a bag of rice per week).

Approaching individuals and groups in your community. Any individual or group who can either help your organization or will benefit from it is a stakeholder. Before approaching anyone for assistance, you should assess the advantages and disadvantages of supporting your program for each stakeholder. The chart on the following page will help you to assess local stakeholders and determine how to best approach them. You should use this chart when you are determining which strategies to use to mobilize local resources.

Sample Chart for Determining How to Approach Stakeholders

Stakeholder (individual or group)	What will this stakeholder gain from supporting your program?	What might the stakeholder lose from supporting your program?	How critical is the stakeholder to the success of your program? (low, medium, high)	Who should approach the stakeholder, and how?
local bank	improved public image	If some services are controversial, the bank might lose community support.	medium	NGO Executive Director Set up private meeting; stress that giving the program support will help the bank's public image.
local NGO	Partnering with our program will extend the reach of the local NGO's own program and yield better health outcomes.	Our program might give this NGO more competition for donor funds.	medium	Our staff who have pre-existing relationships with NGO staff should meet. Stress that a partnership will stretch the resources of both organizations.
the village mayor	If the program is successful and health indicators improve, it will help the mayor's reputation.	If health indicators do not improve, it may hurt the mayor's reputation.	high	Board member (retired government official) to meet with the mayor. Review program highlights and emphasize its successful elements.

Establishing Local Management Committees

An effective way to gain community support and add credibility and stability to your program is to form a local management committee. Local committees play varied roles. They can:

- provide leadership and oversight of the program;
- promote the program in the community;
- recruit volunteers;
- solicit donations for general or specific funds, such as building maintenance or drugs;
- gain political support;
- help maintain stability and continuity for a program with changing management or leadership;
- provide feedback from the community to program staff.

In choosing committee members, invite influential people—government representatives, members of the local health department, community health activists, or project staff—to be on the committee. Often, individuals will be pleased that you asked them and glad to help with a program that will benefit the community. It is important, however, to clarify the expectations of all participants, to prevent miscommunication and ensure productive working relationships.

For more details on marketing your organization's services, please refer to *The Manager*, Volume 3, Number 5, "Working with Boards of Directors."

Rather than creating new committees, it may be possible to build upon existing committees such as a community development committee, adding health care to its agenda. The following box describes a committee that plays a vital role in running and promoting local health centers in Nigeria.

Giving Local Development Committees Responsibility for Health Centers

CONSTRUCTING NEW HEALTH CENTERS

The Nigerian government recognizes that involving citizens in planning, running, and monitoring its health services will help increase access to these services. Through an organization formed by the government to implement primary health care programs, responsibility for primary health care flows from villages to political wards to local government areas. The federal government has provided funds to construct, equip, and staff new health centers in 200 wards all over the country. As soon as a health center is completed, it is officially handed over to the residents of the ward, who are expected to draw on their own resources to support and sustain these centers.

Local support rests in the hands of village and ward committees, whose members receive clear guidelines and orientation for their responsibilities. They are trained in aspects of primary health care and community outreach and learn management skills such as how to plan and budget, supervise, monitor progress, conduct meetings, and collect and use health information.

INCREASING LOCAL INVOLVEMENT IN HEALTH SERVICES

The committees monitor each stage of a health center's construction. At times, they may insist that local contractors rebuild an unstable wall or leaky roof, or they may recruit community members to dig wells. They know the details of the health information system, including how to use each type of record. They also know how to collect, collate, and interpret health data at the household, health facility, and village level. With government workers, committees oversee village health workers and traditional birth attendants. Perhaps most important, committee members take responsibility for educating their community on the importance of primary health care, creating a sense of pride in their health center and encouraging community members to use it for their health needs.

Securing Resources from Local Governments

Local governments can be a valuable source of financial and nonfinancial support in helping your program to achieve its goals. One strategy in gaining local government support is to meet with government officials to inform them about and promote your program. Then you can ask selected officials to serve on your management committee. If they feel connected to and invested in the

work you are doing, they will be more likely to advocate for it.

Leveraging government resources often means using otherwise underused resources. In some government health centers, clinical staff may not carry a full caseload. By agreeing to accept referrals, they increase their caseload while helping your program. By sharing resources, the government can grant a community request for support without providing additional funds.

Working Solutions—The Philippines

MATCHING FUNDS TO STRENGTHEN AND EXPAND LOCAL HEALTH COVERAGE

To encourage local governments in the Philippines to increase health service coverage, the national government has implemented the Matching Grant Program (MGP). Through this program, the national government provides grants and technical assistance to local governments and promotes partnerships among these governments and departments of health at the city, municipal, and provincial levels.

In exchange for national government funding, local governments agree to provide counterpart funds equaling at least 25 percent of the government grant. The local government funds are used for two purposes: to help facilities meet certification standards for the national quality assurance program and/or to enroll the poor in the indigent program of the Philippine Health Insurance Corporation (PhilHealth).

How the Matching Grant Program works. The MGP helps local governments reach their health targets by allowing them to expand and improve health services for the poor. Program goals include increasing modern contraceptive use by married women, the number of children who are fully immunized, the number of newborns protected from tetanus, and the number of children who have received vitamin A supplementation.

The program works through the following process:

1. Regional Centers for Health Development invite governments of municipalities and cities with a population of at least 80,000 to submit letters of interest.
2. Interested governments submit letters of interest.
3. Regional centers provide orientation to interested governments and assess their needs.
4. The regional center and local government sign a memorandum of agreement.
5. The regional center releases 40 percent of the MGP grant.
6. The local government conducts health facility assessment and community-based assessments of households to identify, categorize, and prioritize women and children who need health services.
7. The local government develops a workplan using the assessment data and submits the plan to the center for approval.
8. After approving the workplan, the regional center releases the remaining 60 percent of the grant.
9. The local government implements the workplan.

10. The regional center and the provincial government monitor program implementation and provide technical assistance.
11. A subsequent grant may be made subject to availability of funds, local government need, and prior performance.

Program outcomes. According to a recent evaluation, the MGP has enabled local governments to mobilize financial and in-kind resources from sources such as regional Department of Health offices, provincial health offices, NGOs, and private drug companies. The program has also identified

service delivery gaps and allowed local programs to fill these gaps through partnerships among municipal, city, and provincial health offices and with local governments. Since it began, 338 municipalities and cities have enrolled in the MGP. Sixty percent have achieved certification in the national quality assurance program and nearly 80 percent have enrolled constituents in the indigent program of PhilHealth. Through the MGP, local health services in the Philippines are both improving in quality and expanding in scope, allowing a greater number of people to benefit from improved health care.

Obtaining Resources to Procure and Manage Essential Drugs Locally

For years, essential drugs and contraceptives have been widely available to programs and organizations through donations from international organizations and governments. Often, public-sector programs are charged less for essential drugs and contraceptives than in the private-sector market. *For example, contraceptive producers often charge lower, subsidized prices when the contraceptives are being distributed in poor communities. The same is true of vaccines.*

In some countries, government policy establishes that everyone has the right to essential drugs, and the government underwrites, or relies on donations to cover, a majority of the costs of drugs used within the public sector. Almost everywhere, however, a vigorous private sector sells a range of pharmaceutical products, generally at higher prices. Nongovernmental organizations operate in the middle ground, making arrangements with governments, donors, and the private sector to acquire the essential drugs they use.

To support sustainable practices and the rational use of drugs, you as a health manager can help your community take more responsibility for financing, acquiring, distributing, maintaining, and managing essential drug supplies. In these circumstances, organizations should ensure that they have the necessary financial resources in place to assure continuity in supplies. Commonly used approaches to financing drug procurement include donor or government financing, user fees, so-

cial or private insurance, and community financing. While each approach has advantages and disadvantages, it is critical to strive to provide equity of access for those unable to pay.

Revolving drug fund. The principal challenges of procuring and managing drugs are making appropriate arrangements with the systems that control the drug supplies, reducing the cost of drugs to your organization, and distributing the drugs to appropriate members of the community. A common approach to this challenge is to create a revolving drug fund of government or external donations that are earmarked for the fund. This is self-sustaining, since all money from sales and additional donations are placed in the fund. These funds can, however, be difficult to run if attention is not paid to accountability and other essential elements of drug procurement and financial management.

Ways to increase local access to drugs. The following are ways in which you can mobilize resources to provide access to essential drugs.

- Ask the state or national government to donate drugs to your organization.
- Create standardized drug lists in consultation with local doctors, based on existing sanctioned essential drug lists and specific local needs, which can be given to local governments to facilitate defined donations.
- Work with drug companies or suppliers to gain drugs at reduced prices.

- Encourage local community contributions to a revolving drug fund.
- Enter into partnerships with other organizations, or local health committees, to make bulk purchases of essential drugs.
- Charge user fees for drugs offered with some health services.
- Establish a pharmacy system or franchising arrangement in your organization or community that provides low-cost essential drugs.
- Make drugs available as part of a prepaid village or local insurance fund underwritten by local participants.
- Persuade major employers to underwrite the cost of drugs for employees and their families and/or extend the services to other community members.
- Set up a local “sick fund” from which local individuals can purchase drugs and services in case of illness.
- Establish a pricing system within the organization or project that generates income to subsidize other activities.
- Create a social marketing scheme for essential drugs and supplies at the local level.

For more information, refer to *Managing Drug Supply* (Management Sciences for Health 1997).

Mobilizing Private-Sector Resources

In most areas, the private sector generates more resources than any other source and can make significant contributions to local health programs. In general, however, the private sector wants to sell its products and resources, not give them away. As a manager of a clinic or health program, your challenge is to persuade decision-makers in the private sector to subsidize or donate resources to your organization or program.

Businesses. Businesses usually want to support programs that have visibility in the places where the businesses operate, that are supported by the community or by “important” local people, or that are linked to local economic

development. Their fundamental objective is to benefit in some way from their association with your work. Some businesses might require that an activity that they sponsor use their name, logo, or products. Alternatively, they may gain tax benefits from contributing to your work.

Businesses can offer resources such as sponsorships and cash gifts, material support and services, technical expertise, and space and facilities. Businesses may make direct cash donations. They may offer some of their products to the project and provide services free or at a reduced rate. They may allow their staff to volunteer or donate space for meetings, training, or clinics.

You will be most successful at attracting private business if you identify businesses that:

- have expressed an interest in the type of work you do;
- provide services or employment to friends, family, or employees connected to your organization;
- make charitable donations to other important community organizations;
- have economic interests in the community you are serving.

Developing Partnerships for Pharmaceuticals

There are many opportunities for forming partnerships to improve local pharmaceutical distribution and use. For example, in Mexico, the manufacturer Schering A. G., the National Population Council (CONAPO), and two NGOs—MEXFAM and FEMAP—joined together to increase access to oral contraceptives in four states. Schering A. G. sells its low-dose oral pill *Microgynon* to MEXFAM and FEMAP at a reduced price. They then market the pills to rural and peri-urban pharmacies, using the profits to sustain the program.

Private practitioners. Involving private medical practitioners in your program can be a valuable way to make high-quality, often specialized services available to all your clients. Private practitioners—doctors, nurses, and midwives—offer resources that community health workers cannot. Some examples follow.

- **Specialized, higher-level services**—private health practitioners can usually provide services that are not offered in community-based programs, since community health workers often provide more limited services.
- **Technical expertise**—private practitioners may offer supervision and quality control on an advisory or volunteer basis, through technical advisory groups or committees.
- **Materials and supplies**—private practitioners may complement the types of services being offered to the community through client information, materials, brochures, and sample pharmaceuticals. In turn, the organization may have materials that practitioners find useful.
- **Facilities**—private practitioners can offer the use of their space for clinical services or project activities when their clinic is not operating. This would benefit both the volunteers and the practitioner, who would gain increased exposure.

As a manager of a clinic or health program, however, you should be aware that the relationship between private practitioners and community services can be strained.

Those in the private sector may compete with those working at the community level, especially if the community-level work employs health providers who are not doctors. Some private-sector physicians may see these community-based programs as taking potential clients but providing inadequate care. In turn, community workers may feel that the practitioners are inaccessible and expensive. Also, in most countries people are willing to pay for curative care, provided by private practitioners, but are less willing to pay for preventive care, often provided by community workers.

To address the potential for strained relations, community health programs may promote changes in health behavior, subsidize prices of private practitioners, and include some services (such as immunizations and contraceptives) free of charge. Organizations or programs can encourage the involvement of private practitioners and volunteers by offering extra training for practition-

ers and volunteers that makes them part of a health initiative.

Charging Client Fees to Generate Income

Finally, your search for local resources should not rule out the possibility of raising income by charging fees. Client fees can be an important local resource. Some studies indicate that up to 80 percent of the cost of curative services are paid for out-of-pocket by individuals. Many health service delivery organizations have instituted fee-based systems to increase their sustainability and recover some of the costs of service delivery.

Some advocates for the poor have suggested that charging fees may discourage the poor from seeking needed services. Research indicates, however, that hospitals or clinics can prevent this by appropriately pricing services and using fee-waiver systems for those who cannot pay.

To decide whether charging fees would be a good option for your program or organization, ask yourself a few key questions:

- What is the institutional objective for instituting a fee system?
- What does it cost your organization to provide the services?
- Can your clients afford to pay for the services you offer?
- Which services are they willing to pay for?
- What pricing system can you use to both ensure income to the organization and maintain equity in access?
- Can your organization develop a simple system for collecting and accounting for the fees?
- How will your organization use the fees collected?

For more details on charging client fees to generate income, please refer to *The Manager*, Volume I, Number 3, “Charging Fees for Family Planning Services.”

Calculating the Value of Mobilization Efforts

The value of nonmonetary local resources is often overlooked because no attempt is made to calculate their worth. As a result, even when organizations or programs have received considerable local support, this support may not show up in reports to donors and others. By quantifying the value of the local support your program has received, you can more accurately show

the extent of community support, demonstrate the full cost of your program, and quantify your progress toward sustainability. Presenting the value of all contributions, even nonmonetary, may help show that your program is solid and stable, encouraging donors and of boards to provide continued support and additional assistance.

The following box will help you calculate the value of the resources you have mobilized.

Calculating the Value of Nonmonetary Local Resources

To calculate the value of nonmonetary resources used by your program or organization, start by listing inputs. For example, if you run a small health center, your inputs would be staff time, services, equipment, drugs and supplies, the building, utilities, and vehicles. These inputs may not show up in your budget. If goods or services are donated, you need to attach a value to them. The examples below can guide you through this process.

STAFF TIME

If staff are on your payroll, you know how much they cost. It is more difficult to assess their cost if they are paid by another institution or are volunteers for several projects or facilities. You may have several types of staff: part-time or full-time staff on your payroll; volunteer doctors, nurses, and community health workers; and consultants. The following examples will help you assess the inputs in different cases.

For staff not paid by your institution. Assess what it would cost to hire a local person of comparable qualifications. The person may be a volunteer or may be paid by another institution and seconded to your organization. In either case, ask the same question: if this person left, how much would it cost to replace him or her? Use this figure as your estimate of the donated time. If personnel are paid in foreign currency according to their own country's pay scale, you should calculate the cost to hire a local replacement; do not use the cost of the expatriate's salary.

For example, a local NGO-run reproductive health clinic is staffed by full-time volunteer doctor from overseas. In this village, the average salary for a doctor with similar training and experience is the equivalent of US\$5,000 per year. Calculate the cost of the expatriate doctors using the annual figure of US\$5,000, or the local rate.

$$100\% \text{ time} \times \text{US\$5,000} = \text{US\$5,000 annual cost (per doctor)}$$

For volunteer staff who divide their time among several activities, not all of which are in your project. First, determine what proportion of time the person spends on your project or activity. Multiply that proportion by the volunteer's local salary. If you do not know that person's salary, use that of someone with similar qualifications and experience to determine the value of the person's contributed time.

For example, a Ministry of Health doctor spends one day per month providing health services in your small NGO's mobile clinic. She normally works 22 days per month, and her yearly salary is 220,000 pesos. Calculate the value of her contribution as follows:

$$(1 \text{ day per month} / 22 \text{ working days per month}) \times \text{P220,000} = \text{P10,000 annual cost}$$

SERVICES

You may need to calculate the value of services provided, including labor and other relevant costs. If the service provider does not have a clear idea of the service costs, you can either make cost estimates or ask other local providers what it costs them to provide the service.

For example, an Indian NGO providing basic health services at mobile clinics sometimes refers cases to a local hospital. The NGO is committed to providing free referral services to clients, although it incurs a cost in providing these services. The average cost per referral is 500 rupees per visit. Calculate the cost of referral services as:

$$1,500 \text{ referrals} \times \text{Rs}500 \text{ per visit} = \text{Rs}750,000 \text{ total}$$

EQUIPMENT AND SUPPLIES

When calculating the value of equipment and supplies, use local prices. For instance, contraceptives sent by a foreign donor are valued by customs at their cost in the foreign country. Locally, you could obtain similar-quality contraceptives for a lower price. When possible, use local prices. If you are unsure of local prices, check with pharmacies or manufacturers to estimate the cost if you ordered the equipment or supplies directly.

For example, a reproductive health NGO in Morocco receives 50,000 condoms from a charitable organization in another country. While the donors paid approximately 30 dirhams per condom, good-quality condoms are available locally for only 10 dirhams. Calculate the cost as:

$$50,000 \text{ condoms} \times \text{Dh}10 \text{ per condom} = \text{Dh}500,000 \text{ total cost}$$

BUILDING COSTS

Calculating the cost of space depends on the situation. In some cases, donors provide building materials and the community constructs the facility. In others, organizations will offer their space at certain times. Ask yourself what it would cost to rent a similar space.

For example, a community group lets you use its facility one day per week for adolescent peer counselors to meet. This group rents the building for US\$500 per month (including utilities). The facility is open six days per week (including the day your organization uses it).

$$(1 \text{ day used by your program} / 6 \text{ days per week total}) \times \text{US}\$500 = \text{US}\$83.33 \text{ per month}$$

Getting Started: Some Practical Tips

If your organization is leading local resource mobilization efforts, it will be your responsibility to coordinate contributions from different sources. Before you begin to mobilize resources, you should be sure that you have the staff needed to plan, implement, monitor, and evaluate this effort. If you do not, your organization may need to train current staff, hire additional staff, or find partner organizations whose areas of expertise complement your own.

No matter what the circumstances of your local community, if it values the work you are doing, it will find ways to support you. The most important thing is to recognize that there are many ways to sustain and improve your program's work without large financial contributions. Your program's future ultimately lies in your local community, and your ability to creatively work with this community to mobilize support for the services you provide.

Practical Tips for Mobilizing Local Resources

THINK BEYOND MONEY	Find ways to utilize every available resource required for the program. Don't assume additional financial resources are needed—get past the response “we don't have the money to do that.” This is often used as a substitute for creative thinking and mobilizing other kinds of available resources.
GET PEOPLE TO CONNECT WITH THE WORK BEING DONE	Conduct site visits with potential stakeholders to encourage them to invest resources. Share the goals, objectives, and status of the program with stakeholders and the community.
BE COST-EFFECTIVE	Look for ways to keep costs low and limit administrative costs to make resources go further. Capture resources that complement what you are already doing. Only accept resources that add more value than they cost.
BUILD LOCAL SKILLS	Implement cost-effective training programs. For example, in “cascade training,” previously-trained volunteers provide training to other volunteers, who train still more volunteers.
KEEP RECORDS	Maintain documents to help others access mobilized resources and to encourage additional contributions. Quantify cash and in-kind contributions from different sources to document your increased sustainability.
STAY IN LINE WITH YOUR MISSION	Seek resources that further your organization's mission and goals, support long-term activities, and extend the reach of your activities.
DIVERSIFY YOUR SOURCES OF SUPPORT	You will be less vulnerable if you have many sources of support, so that if one source is discontinued, you have others to fall back on.

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Reviewers' Corner

A forum for discussing concepts and techniques presented in this issue

On the importance of negotiating with stakeholders...

One reviewer suggests, "Anybody helping the program by giving some material resources may have expectations in the back of his/her mind, though not very clearly spelled out in the beginning.... A manager should be strategic enough to handle such situations effectively. A few tips: 1) explain the program clearly—partial explanation means giving scope for incorrect assumption, 2) mention the terms of reference clearly—what is expected of them and what they can expect from the program, 3) constantly follow up—many people may initially commit, but things are delayed or never done without persuasion, and 4) keep searching for alternatives."

Additional strategies for mobilizing local resources...

One reviewer reports, "A regular feedback mechanism can be developed that will reflect the resources mobilized in terms of output. In this way the community can feel that it owns the program and is accountable for it."



Checklist for Mobilizing Local Resources to Support Health Programs

- Recognize the sources of support that exist or can be generated in your community.
- Assess your local resources.
 - Conduct a local resource assessment.
 - Develop simple profiles of potential sources of support.
 - Match appropriate resources with your organization or program needs.
 - Fill out a resource assessment chart.
- Align your mission and work with local needs.
- Develop effective strategies to mobilize resources.
 - Gain the commitment of important individuals.
 - Involve local individuals and groups.
 - Establish local management committees..
 - Secure resources from local governments.
 - Obtain resources to procure and manage essential drugs.
 - Mobilize private-sector resources.
 - Consider charging client fees.
- Periodically calculate the value of your mobilization efforts to quantify your progress toward sustainability.

THE MANAGER

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MANAGEMENT SCIENCES *for* HEALTH

THE MANAGER

CASE STUDY FOR TRAINING AND GROUP DISCUSSION

Community Leaders Find Local Resources for Health Services

Scenario

FOR THREE YEARS, a clinic run by the nongovernmental organization New Dawn has been delivering babies and providing prenatal and postnatal care for women in the market town of Paharganj. The state has been providing the clinic with space at no cost in a little-used government building. Unfortunately, a new state water resources project is taking over the building, and the clinic must move. If the clinic closes, local women will have to travel 30 kilometers to the district capital to get the care they need in a modern health care facility.

Dr. Nirmala Sharma, the clinic's chief medical officer, has invited several community leaders to meet with her to discuss the challenge of space. It is a warm spring day in Paharganj. The sounds of diesel trucks, cows, sheep, and children drift in the window. Fields of yellow mustard reach toward the horizon.

"I am very upset about the clinic closing!" said Mrs. Sharmala Punj, a retired school principal. "My daughter-in-law lost her first two babies when we had no maternity clinic nearby. Now I have a fat and healthy grandson and a lovely little granddaughter. We need this clinic to stay open. I can't believe that the state is making us move out!"

"I am upset, too," said Mrs. Hema Parvati, wife of a local businessman. "Shouldn't the government provide us with a new space to replace the one they are taking away?"

"I wish that were possible," replied Mrs. Radha Garg, a serene woman and a representative on the local government council. "The state is not obligated to provide us with a site. It is up to us to find a solution to this problem."

"It warms our hearts to know that the community is helping us to find a solution," said Dr. Sharma. "We appreciate the work you and other leaders have done to encourage use of our services. Our beds are full, and we have delivered many healthy babies." The leaders nodded to show they recognized this expression of thanks.

"New Dawn has conducted an assessment of the clinic's needs, assuming we would have to build a new site or renovate an existing building," continued Dr. Sharma. "We will need building materials, a construction supervisor, laborers, funding, permission to build, and a lease. Ideally, we would like to expand our operations, which would require new equipment and beds. In any case, our first priority is a new space." She turned to V. K. Singh, a community activist. "Have you spoken to the community-based organization 'Economic Development Trust' about providing space there?"

"Yes. The Trust has offered the use of a building in the corner of its property," replied Mr. Singh. "It touches the outside wall and could have a separate entrance, but the roof, walls, and ceilings must be repaired. The clinic may use the building if the needed repairs and renovations are done."

“This is excellent news,” beamed Dr. Sharma. “Unfortunately, New Dawn does not have resources to pay for repairs and renovations.” She turned to Captain Sengupta, retired from the Army. “I am sure that you will have some suggestions.”

“I know the building that Mr. Singh is talking about,” said Captain Sengupta. “It is small, but the location is convenient. Will we be allowed to add new rooms if needed?” Mr. Singh nodded as the Captain continued. “I have worked with a local builder. I could approach him about getting materials at a discount.”

Mrs. Punj frowned. “We should approach several builders if we want to get all the materials we need at a low cost—or even at no cost.”

“Captain, perhaps you would be kind enough to approach several builders about contributing to this project,” suggested Dr. Sharma, looking at Captain Sengupta. He nodded his agreement.

“We will need some laborers, also,” said Mrs. Punj. “What about the men who were recently laid off when the milk processing plant closed? They might be willing to volunteer their labor for this project while they seek new jobs.”

“We might get a man to volunteer as a supervisor, but I doubt that men will volunteer as laborers,” said Mrs. Garg. “Let’s approach the women who are learning how to manage home building and improvement projects through a small loan program. I have observed them working on their projects. Perhaps they can help with our construction phase.”

“We will still need money for our project,” said Mrs. Punj, interrupting Mrs. Garg. “We can’t expect to get everything done for free.”

“You are right, Mrs. Punj,” said Dr. Sharma, calmly. “In another village where New Dawn works, we held a raffle and raised enough money to purchase some needed equipment. Do you think Paharganj would be receptive to a raffle?”

“Yes, I think we would get a good response,” said Mrs. Parvati. “A small generator would be popular. My husband could donate one. A radio would be suitable,

also. I will consult with my husband about whom to approach about donations.”

“We have identified a building site, a materials supplier, possible supervisors and laborers, and a funding source,” said Dr. Sharma. “I am very pleased. Without your support, the clinic would have to leave this wonderful community. But we cannot start our project unless we have permission to build and a lease. We must start this paperwork right away.” She looked expectantly at Mrs. Punj.

“My oldest son is a lawyer in the district capital,” said Mrs. Punj proudly. “I will ask him what paperwork we will need to take care of. He knows how important this clinic is to me. He will help us and provide his services for free.”

Dr. Sharma smiled at the leaders. “I must express my heartfelt thanks for your valuable support for this clinic, not just today, but over the three years since we opened.” She paused. “Perhaps it is time to think about formalizing this valuable group. I suggest that we form a community health committee to oversee the construction effort and consider longer-term plans to sustain the clinic and improve the community’s health.” The leaders nodded, looking pleased. “Please come to our next meeting with ideas about other people in the community who might be willing to serve on this committee.”

Discussion Questions

1. What resources are the local leaders thinking about besides funding?
2. What potential partners and resources have the chief medical officer and community leaders identified? Looking at the content of the issue and considering your own experience, what other partners and resources might be useful for a clinic of this type?
3. What strengths and weaknesses do you see in the way the group is working toward a solution to their problem?

QUESTION 1 What resources is the group thinking about besides funding?

The group is thinking about resources from a broad perspective. In addition to funding, resources that the group discusses include:

- space
- equipment
- beds
- building materials
- a construction supervisor
- laborers
- donated items (for a raffle)
- legal services

In addition, the community leaders are also valuable resources for this clinic.

QUESTION 2 What potential partners and resources have the chief medical officer and community leaders identified? Looking at the content of the issue and considering your own experience, what other partners and resources might be useful for a clinic of this type?

Partners and resources mentioned in the scenario include:

- state government, which has been providing space at no cost for three years;
- a community-based organization (Economic Development Trust), which has offered free space in a corner of its property;

- local builders, who may provide building materials for free or at a discount;
- unemployed men, who may be willing to volunteer to supervise the construction project while they seek new jobs;
- local women participating in a small loan project, and who may be willing to volunteer as laborers for the construction work;
- local business people, who might donate generators and other electrical equipment;
- a lawyer, to handle the building permit and prepare a lease.

Other types of partners and resources that might be useful for a clinic of this type include:

- local businesses that could provide furniture, if the clinic expands;
- volunteers to maintain, clean, or provide security for the facility;
- individuals who could lobby the state government for space, equipment, or other resources that the clinic needs;
- nongovernmental or government health personnel who could provide additional health services to the community;
- local drivers or taxi companies, to provide transportation for emergency obstetric care;
- a nearby university or training institute, to conduct client satisfaction surveys or other community assessments.

QUESTION 3 What strengths and weaknesses do you see in the way the group is working toward a solution to their problem?

New Dawn and the community leaders are moving forward in finding a new space and meeting their various resource needs related to building or renovating the space. At the same time, the process could be improved. For example:

- We do not know how New Dawn conducted its assessment of resource needs related to their facility. Did the NGO's staff take all community perspectives into account?
- It is not clear whether this group of community leaders has any representatives from economically disadvantaged people in the community. The leaders who speak up all have some standing in the community. Perhaps a community health committee could benefit from having members from, and hearing the perspective of, the disadvantaged sector.
- The decision-making process in the meeting seems rather informal. Does everyone feel comfortable about speaking out? The group might consider using more structured participatory brainstorming and decision-making methods to ensure that all voices are heard. These methods may be particularly vital in the future if the community health committee has members from different sectors.

- It appears that the clinic is providing a valued service to the community. Perhaps the demand for the clinic's services is sufficient to warrant expanding operations. New Dawn and the community health committee might consider conducting a community assessment to explore interest (or lack of interest) in expansion. A strategic planning exercise might also be useful for identifying the community's long-range health needs and developing ideas for ways to take advantage of this move. The committee needs to plan for meeting future needs.
- The group could consider how to encourage the state take more responsibility for meeting local health needs. For example, community leaders could develop a more organized response to the loss of their free space. They may wish to involve local individuals with political connections and ask them to negotiate with the state government for other resources, such as equipment or supplies, to make up for the loss of the clinic's space.

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