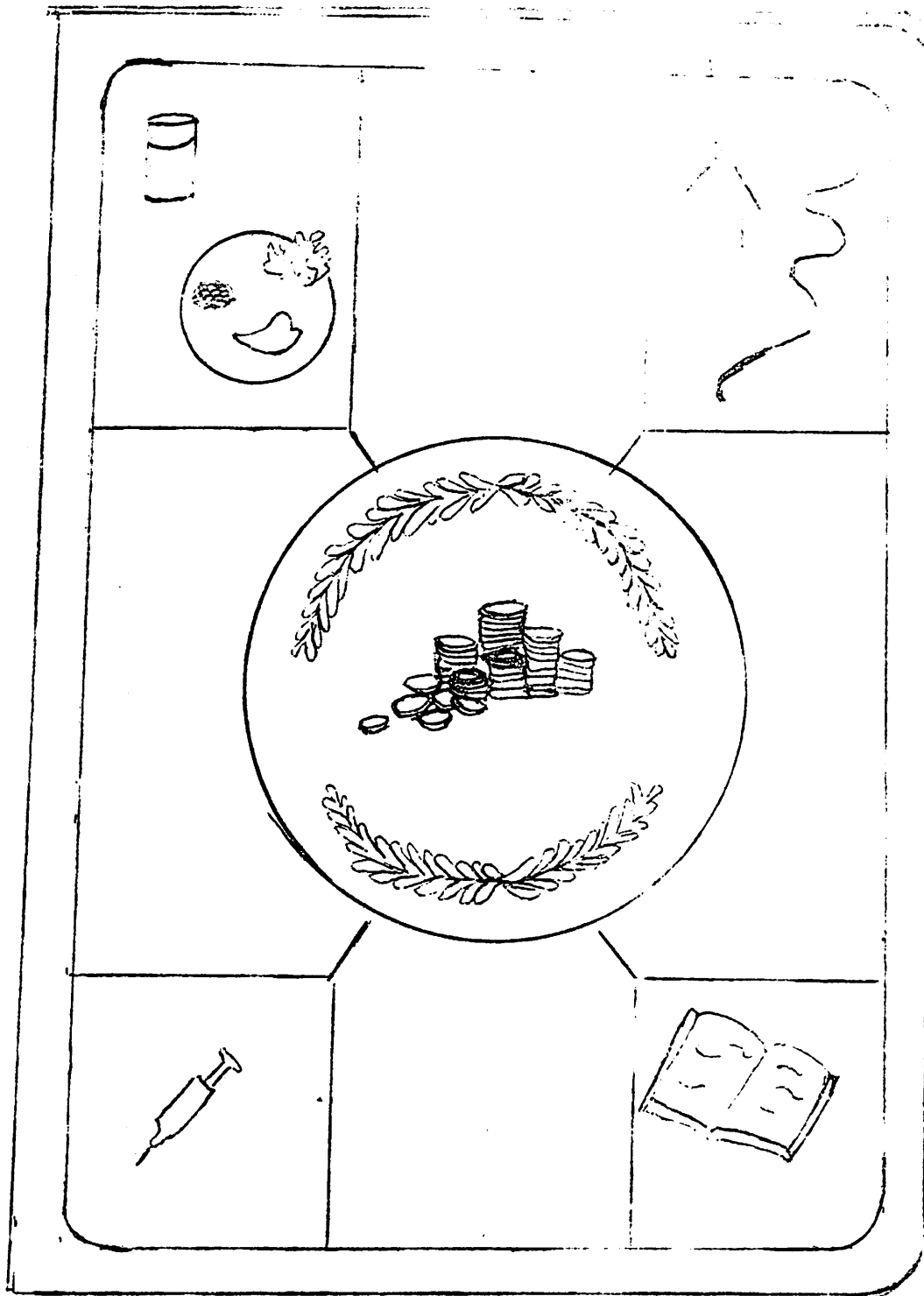


**AN INVESTMENT IN HEALTH  
BRINGS DIVIDENDS IN PRODUCTIVITY**





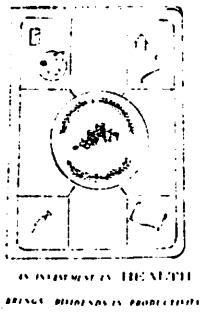
*AN INVESTMENT IN HEALTH  
BRINGS DIVIDENDS IN PRODUCTIVITY*



AN INSTITUTE OF THE NATIONAL  
HEALTH RESEARCH COUNCIL

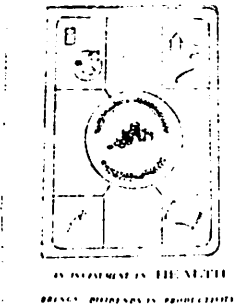
## INTRODUCTION

It is crucial that the social programs of the Human Development Projects ultimately be supported by community resources. The support of the local health system in the projects during the initial phases comes from the donations of goods and services from within the community and in-kind donations from outside. The key local contribution is the volunteer labor of the Health Caretakers. During the next phase the main source of local contribution comes from fees charged for outpost and Health Caretaker services. What is not covered by these fees is raised by the other means described within this section within and outside the community. During the last phase formal affiliation with a regional government or private agency and/or local insurance plan become important.



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## THE CONTEXT FOR FUNDING

While it is true that you don't need to wait for money to start, the Project auxiliary and the Health Guild need to treat funding as important for a number of reasons. The end goal of the funding of any project is self-support. In the beginning, outside resources are needed to begin work in the village on any reasonable scale. Making sure of continuous support of on-going services, or of opening up new ones, is important. A broad-based system of proposals for funds within the local community and/or state or federal levels must be begun to supplement the support of village treasuries and personal funds. Lastly, as home-work for foundation/government grant proposals, the preparation of the budget and the setting up of financial record systems must be started early in the project's life. Financial records aid local management and demonstrate the project's life. Financial records aid local management and demonstrate the value of the comprehensive approach to the community's well-being.

**VITALITY IS A COMMUNITY CONCERN.**

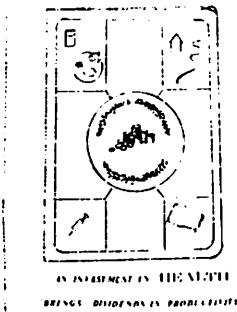
### ASSUMPTIONS

1. Good health care is both the right and the responsibility of every person. Therefore, the development of a health care system, including the economics of health, must from the beginning involve the community.
2. All approaches to outside bodies should involve a member of the community.
3. Local responsibility for financing is the goal.
4. Adequate funding will require a support network and national contacts that will give authenticity to your proposals.
5. Health must be approached as a system; i.e., all parts of health care are inter-related and any proposals should indicate your health plan (or system) and over-all budget.

**FINANCING IS LOCAL RESPONSIBILITY.**

JOURNEY TOWARD LOCAL FUNDING

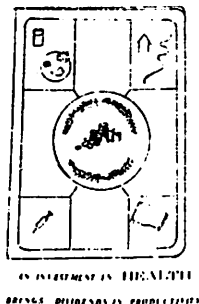
	GETTING STARTED	DEMONSTRATING	REFINING	SELF SUFFICIENCY
NON-CASH	Secure time, space, supplies from village and near-by urban center (see screen	Set up system with Guild to get and use Material gifts	Explore potential of service net work through contacts in labor unions, professional societies, and tradesmen	Establish volunteer program of local guild workers, regular professional visits, and trade and craft expertise
LOCAL SOURCES 4.5	Hold a celebrative money raising event Work Projects Establish symbolic fee for health services Approach Agriculture Guild for food donations	Request each stake to raise money through contributions and special events. Approach with the Guild nearby Industries for financial support Develop a network of continuous support from individuals and businesses	Study several tax plans and insurance programs as possible funding options	Guild to build local support structure Alternatives: community tax community treasury insurance plan continued money raising. Establish health outpost and other programs as self supporting
OUTSIDE SOURCES	For seed money approach government and private sources Guild reviews budget and proposals from Consult Identify possible grants	Develop outside network of individuals and businesses and institutions for support Develop relationship with area health structure Prepare and submit proposals (for grants)	Review and refine proposals	If available, establish health outpost and public works as part of government program Contact formal application.
	Select accountant who works with Auxiliary Acc't Begin literacy training with Guild	Training in budgets, proposals, bookkeeping Apprentice program Walk thru proposals with Guild	Review & refine with the Guild budget and accounting System.	Village leadership takes full responsibility with the auxiliary as a consultant. Provide experience in developing and telling the



## KEYS TO LOCAL FUNDING

1. Begin with community building projects such as:
  - A. Work projects to prepare community garden, build out-post facility, dig wells
  - B. Money raising events: raffle, food sale, entertainment, door to door requests
  - C. Secure assistance and materials from nearby urban area to back-up the community effort
2. Establish a symbolic fee for health services. The fee grounds individual responsibility for corporate health services. Use a sliding scale based on family resources.
3. Approach other guilds (such as agriculture) to contribute to health maintenance.
4. After the above efforts have demonstrated a sense of community responsibility, then begin to develop more structured and on-going sources:
  - A. Community treasury, designating a portion of the treasury for health care
  - B. Possible tax structures-If viable, designate a portion of local taxes for health care
  - C. Insurance program- This is very problematic and complicated but may be appropriate in some communities (see description of insurance program)
  - D. Community chest for voluntary contributions

**LOCAL FINANCING ASSURES LOCAL MANAGEMENT.**



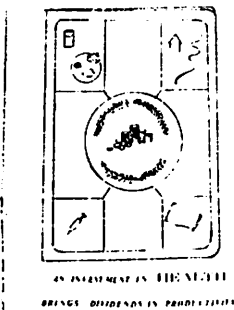
### EXAMPLE OF INSURANCE PLAN ANALYSIS SCREEN

The insurance plan outlined is given as an example of one possible option for covering all or part of a family's health care. Please note that any such plan presumes a steady income, and that most plans are functional only for out-patient services. An insurance plan should not be considered except in conjunction with the commercial guild, at a late point in the 2-year phasing of the project, and after precise records of medical costs per family up to that date are available as a working basis.

<u>SERVICE COSTS TO COMMUNITY</u>		<u>YEARLY COSTS</u>
HEALTH OUTPOST CARE (Care for all villagers; supplies, medicines, salaries \$168.00 per month . . . . .)		\$ 2,016.00
OUTPATIENT VISITS (150/year, \$30.00/visit). . . . .		4,500.00
INPATIENT VISITS (Surgical - 30/year, 1 week stay and surgery, @ \$810.00) . . . . .		24,300.00
(Medical - 30/year, room and medicine 1 week, @ \$210.00). . . . .		6,300.00
	<u>TOTAL</u>	<u>\$ 37,116.00</u>
<u>COSTS OF INSURANCE PLANS</u>		<u>YEARLY COSTS</u>
FAMILY INCOME PER YEAR (\$680.00 @ 250 families) . . . . .		\$156,400.00
Cost per family at current income for total health insurance, providing free care on all levels . . . . .	(or .23% income)	158.00/year 13.00/month 2.80/week
Cost per family at current income for prepaid outpatient and HOP service . . . . .	(or 4% income)	28.33/year 2.40/month .60/week
Cost per family at current income for prepaid insurance HOP out-patient/hospital non-surgical fees . . . . .	(or 12% income)	83.11/year 7.00/month 1.70/week

H O P FINANCES	FEES FOR SERVICES
2 paramedics @ \$30.00/month	Hospital/day - \$4.00/day
1 nurse/1 day/week @ \$20.00/month	Injections - \$6.00/5 days @ 3/day
Medicines, supplies, \$60.00/month	Minor surgery - \$20.00
Heat 4.00/month	Clinic tests - \$4.00
Water 1.00/month	Cast - \$20.00
Maintenance 1.00/month	Skull X-ray - \$20.00
Travel 2.00/month	Shoulder X-ray - \$26.00
	Leg X-ray - \$16.00
	Oral medicines - \$1.20/day

The implication of the above information is that any insurance plan should cover only outpatient services.



## KEYS TO DOING DEVELOPMENT

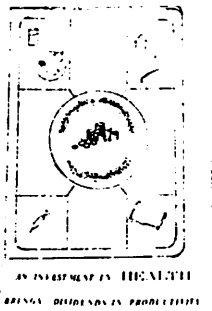
**A GOOD STORY IS SIMPLE, IMAGINAL AND DIRECT.**

The development of external support for health programs is a method of providing for new services to enhance the vitality of a community. It also enables a broad base of individuals and institutions to invest in significant social change which will ultimately increase the general economic productivity. The story of the human development project and the dramatic program for improvement of health in the villages is an exciting sign of hope and is key to successful fund raising. This story is supported by letters and quotes from prominent people affirming the work. It can be further reinforced by an invitation to visit and tour the project. A good story is simple, imaginal (vivid illustration of improvement), and direct in regard to financial request. In making a request for support it is important to be specific both in the need to be met and in what you are asking for. The developer must be thoroughly knowledgeable in his program and budget and have in mind where this request fits into the whole scheme.

The developers will be a team composed of an auxiliary and a village resident who can witness to the transformation of the village and the need to be met. Important to the initial impact as well as the image of the project are the manners and dress of the developers. Clothing should be appropriate to the seriousness of the project for human development across the globe. This may mean that the developers will require enablement in having suitable clothing. In one village the Health Outpost auxiliary had one good looking blue shirt which was set aside as the "Development Shirt" and given to whoever was assigned to development that day!

For non-cash donations it is helpful to have a screen of types of goods readily donated. Here is a sample, but it may be adapted for your particular country. In underdeveloped countries most of these categories would apply best to large international industries.

**NEARLY ANY SUPPLY NEED CAN BE MET  
THROUGH NON-CASH CONTRIBUTIONS.**



Key To Doing Development  
(cont'd)

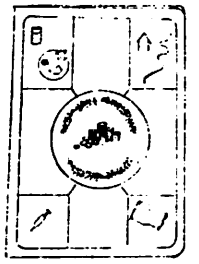
INKIND GOODS SCREEN

BENEVOLENT DONATION	DAMAGED GOODS	SECOND HAND
SURPLUS	GOODS WITH FLAWS	PHASED OUT

**HEALTH PROJECTS ARE NOT SELF-SUSTAINING  
WITHOUT A SENSE OF COMMUNITY OWNERSHIP**

The following chart indicates appropriate sources of various needs. (see next page)

	SEED-MONEY AND OPERATING FUNDS	LARGE EQUIPMENT	HAND TOOLS	SUPPLIES AND FOOD STUFF	SPACE	SERVICES
R N I	Federal/state health/welfare agencies; federal/state agricultural department; WHO; Labor Unions; Individual donations/trusts	Service clubs example: Rotary, Lions, Civitan; Professional societies example: M.D., Nurse, Dentist; Churches/church-related groups; (Memorials) CWS, CROP, CARITAS, LWS	LABOR UNIONS	Church-related groups; Medical/pharmaceutical supplies; Plumbing supply companies; Seed/nursery stock suppliers; Food processors	Government allocation	WHO; UNICEF; Federal/state agricultural dept.; Federal/state health/welfare agencies
	Taxation; Treasury allocation; Pre-pay/group health insurance; Service fees; Fundraising events i.e. health fair, sale of snacks, garden surplus		Labor union/syndicate; Borrowed locally	Local farm and garden produce	Local church; Local school; Long-term land lease; No-rent/symbolic rent space use; Vacant store, etc.	Community work day Volunteers, short term
C A S H I O N S		Loaned on No-Fee basis; Building materials, wire, pipe, etc.	Loaned by city/county agencies; Outright gift, New/2nd hand	Wholesalers of processed foods; Wholesalers of towels, blankets, bedding; Dairies; Bakeries; Agricultural suppliers/Chicken farmers; U.S.Surplus Commodity		Expertise in plumbing electrical wiring, etc Monthly/weekly doctor/dentist visit



BRING DIVIDENDS IN PROFITABILITY

## FUNDING SOURCES

**FUNDING IS A PROCESS OF JOINING INTERNAL AND EXTERNAL RESOURCES.**

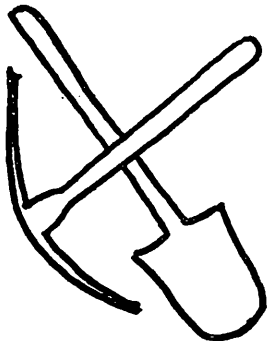
### Seed Money and Operating Funds

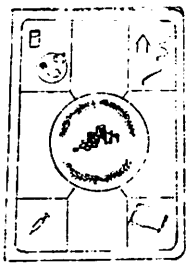
For seed money and operational expenses, as for example salary grants, good sources are the federal/state health/welfare agencies and the federal/state agricultural departments. Public works projects can be funded by states where appropriate. Possible connections with existing state or federal health agencies, or with their extended services, should be explored. Trade union groups could underwrite specific programs such as mosquito control or a demonstration home. For continuing income, trust funds established by individual donors are excellent. Within the community, a treasury allocation may be obtained as seed money; a special tax may be levied for specific purposes, such as a tax on cigarettes or beer to be used for sewage pipes; pre-pay group insurance fees and a sliding scale fee for service could net modest but steady sums for operating expenses. Funding events, such as a health fair, sale of nutritious snacks at sports events, etc., and sale of garden surplus are further possible sources of revenue.



### Hand Tools

Labor unions may well be an excellent source of funding for tools and even for gifts of new or used tools (tools from trade may be borrowed for initiating periods of time). Garden tools can be borrowed from city or county agencies, as well as from within the village itself.





AN INVESTMENT IN HEALTH  
BRINGS DIVIDENDS IN PROSPERITY

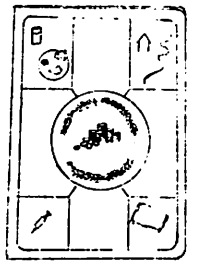
## Funding Sources (cont'd)

### Supplies and Food Stuffs

Many supplies can be obtained through non-cash contributions. Nearly any supply need can be met in this way. If time is given to establishing a large network of donors who may even supply on a regular basis, the non-cash supply method is very effective. Items readily given away are goods with small faults (seconds), leftovers, used goods to be retired, and surplus. Check non-cash sources such as restaurants, churches, hotels, and hospitals for dishes, utensils, and cutlery for the kitchen. Clinic supplies may be obtained from hospitals and pharmaceutical companies. Towels, bedding, and blankets are often available through hotels, hospitals, and supply houses. Sanitation supplies could be found through plumbing supply companies and government services. For instance, in some areas there are government pest control programs which could be engaged.



The goal is providing foodstuffs is to secure them all locally, making sure that the community is providing adequate resources to meet its nutritional needs. However preliminary provision for feeding programs can be obtained through church-related organizations, such as Catholic Relief or Church World Service, or surpluses and dented cans from canneries. Consideration may be given to investigating local connection to U.S. surplus commodities program. Seeds and fertilizer may be donated through seed companies and nurseries. Several projects have received chickens and goats from agricultural supply companies. In large metropolitan areas surplus vegetables, fish, baked goods, and other perishables from wholesale markets can be made available. The local community should not be ignored, as contributions of home grown vegetables, milk, grains are an excellent way of participation in the

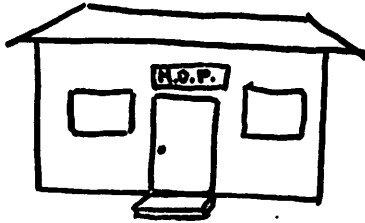


AN INVESTMENT IN HEALTH  
BRINGS DIVIDENDS IN PRODUCTIVITY

## Funding Sources (cont'd)

### Space

Facilities for health care need not be elaborate. A clinic can be established in a local church, school, or community room. Long term land use or building use can well be made available without cost for the village garden.



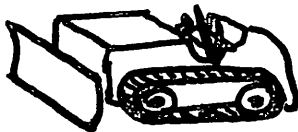
### Services

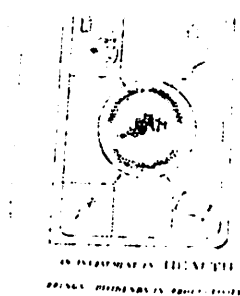
For the initial stage you may make extensive use of external sources. Make contact with the United Nations agencies, the Health Systems Agency (USA), and area hospitals. Fees (however symbolic) for health services should begin to be programmed into the service for payment of expenses. Contact small craftsmen or trademen in local area for expertise in plumbing, brick laying, wiring, etc. Trade unions may also be a source of assistance.



### Large Equipment

Large equipment is of such immediately recognizable value to the community project that it is often an attractive proposal for churches, church-related groups, professional societies, and service clubs. Large equipment are some examples of such donations. This equipment may also be borrowed from hospitals, churches, restaurants and schools. Heavy machinery such as tractors, bulldozers and compressors can often be borrowed from public works departments on a no-fee basis. Building materials such as cement, wire, wood, pipe, and brick can often be obtained as non-cash contributions.





## HOW TO DO A WINNING INKIND CALL

Hello, My name is \_\_\_\_\_ and I am a member of an \_\_\_\_\_ . We have just been given a garage to use to learn how to work on cars. Do you have any old or used tools that you don't use anymore that we could have?

WAIT FOR RESPONSE

\*\*\*If 'YES', say "Thank you. When can we pick them up? What is your address?.....What is your name?....."

\*\*\*\*If 'No', say "Then do you have any use tools that you would give us a good deal on?"

WAIT FOR RESPONSE

\*\*\*\*If 'YES', Read them your list, one at a time, and ask them how much.

\*\*\*\*If 'NO', tell them 'Thank you, anyhow, and ask them who they know that might have some tools like you want and that you could call. Ask them for their name and phone number.

\*\*Before you end the conversation, be sure that you have all the information that you need---like where to go and who to see.



## PROPOSAL - WRITING FORMAT

### Context for Proposal-Writing

A proposal is a response to the donor's articulated and unarticulated questions to the Developer. As such, it should answer the six basic questions:

*WHAT* are you doing?  
*WHY* are you doing it?  
*HOW* are you doing it?  
*WHERE* are you doing it? and  
*WHO* are you (anyway)?

*A proposal is always written in multiples of threes--3, 6, or 9 Paragraphs is ideal, but don't shoot rigidly for a given number of paragraphs--shoot for clarity in the three basic arenas.*

Values to hold in your writing are the following:

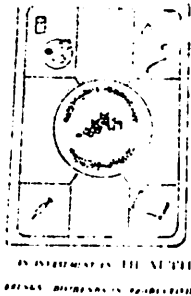
1. Answer the reader's questions--consider the sequence in which the questions are likely to be raised; speak to his cynicism.
2. Emphasise the tangible--what concrete changes you anticipate; what specific benefits donor companies would gain.
3. Remember in your choice of vocabulary to use simple English. Eliminate jargon, and any other technical terms which might be unfamiliar to the average reader.
4. Write scientifically, i.e. with precision. Each sentence should communicate a piece of information. Check your sentences to see that every one is as short and direct as possible.
5. The facts of our work are in themselves astounding. Do not try to add to their significance by using emotional or peculiar ways of talking about it.
6. A proposal is for the sake of acquiring funds, not educating the reader or changing his stance. Simply present the information from his standpoint, honoring his biases, as authentically as you can, even if you disagree with his biases.
7. Do not underestimate our revolutionary principles--they are what make our work effective, and need no apology. They do need to be spelled out clearly for those who may find them unfamiliar.



## PROPOSAL - WRITING FORMAT

Use the following questions to workshop your 9 sentences:

WHY	1. <u>TRENDS</u> a. What are recent social trends in your area? b. What broad social issues does your project address? c. What are people saying about this issue?
	2. <u>SITUATION</u> a. What are the basic statistics on your location? b. What is it that makes your location unique? c. What particular social resources & pressures are there?
	3. <u>NEED</u> a. What are the basic blocks in your location? b. What is the key contradiction? c. How are the blocks and contradictions dramatised?
WHAT	4. <u>PROGRAM</u> a. What is the one thing you are doing? b. What are the major program arenas? c. What is unique about this program?
	5. <u>METHODS</u> a. How will the program be lead and create future leadership? b. How are decisions made? c. How do you "keep going"?
	6. <u>ANTICIPATED RESULTS</u> a. What will be changed within the first year? b. What will be changed in five years? c. What changes will occur in people in the process (eg training)?
HOW	7. <u>STAFF</u> a. What experience does ICA/EI have in this arena? b. What other successes has ICA/EI achieved? c. How are we equipped to do the job?
	8. <u>COST</u> a. What is the total program budget? b. Where will the rest of the money come from? c. How much is needed from this donor--for what?
	9. <u>BENEFITS</u> a. What will the donor receive by way of public image? b. What improvements in business climate will he benefit by? c. What concerns of his does this program address?



## PROPOSAL - WRITING FORMAT

A Proposal is:

3 Paragraphs composed of 9 Sentences\*

(and that's all!)

<p><u>WHY</u></p> <p>The first paragraph states the broad and particular social circumstances and needs which your proposal is addressing.</p>	<p>1. <u>TRENDS</u></p> <p>What is going on today in the arena of your concern?</p> <p>2. <u>SITUATION</u></p> <p>What are the particular circumstances of your project location?</p> <p>3. <u>NEED</u></p> <p>What are the critical needs, the problems that people are struggling with?</p>
<p><u>WHAT</u></p> <p>The second paragraph states what your work is: what you intend to accomplish, and what you are now doing.</p>	<p>4. <u>PROGRAM</u></p> <p>What is the system of action that you are doing to meet the needs?</p> <p>5. <u>METHODS</u></p> <p>How are you going to accomplish what you propose? (How will you overcome pitfalls?)</p> <p>6. <u>ANTICIPATED RESULTS</u></p> <p>What concrete changes are you making-- over what length of time?</p>
<p><u>HOW</u></p> <p>The third paragraph tells what you need to do your program, and who we are. It is very important here to state the benefits of your work to the donor.</p> <p>*This can also be 3 sections, with any # of paragraphs.</p>	<p>7. <u>STAFF</u></p> <p>Who is the ICA/EI? Who is doing this work locally?</p> <p>8. <u>COST</u></p> <p>What will the entire program cost, and what of that are you requesting from this donor?</p> <p>9. <u>BENEFITS</u></p> <p>What will the donor (and his business) gain as a result of making a gift? What do they gain from the project in any case?</p>

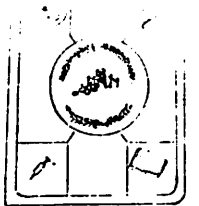


AN INVESTMENT IN HEALTH  
BRINGS DIVIDENDS IN PROSPERITY

## PUBLIC SANITATION PROPOSAL

The past decade has seen a world-wide movement of people, who experience themselves as isolated from the social-economic structures, striving to assume responsibility for their own self-support and self-reliance. This is exemplified by the Kawangware Human Development Project. The five communities of the Kawangware Human Development Project located on the outskirts of Nairobi contain 25,000 residents. Sixty per cent of which are unemployed and 40% illiterate. These communities between the urban-rural areas are unfortunately continually growing pockets of unemployment, poverty and disease. At the beginning of the project in December 1975, the health of the people was severely hampered. Many children and adults despite a well structured government programme were without complete immunizations. Tragic debility and death were still occurring from preventable polio, measles, and tetanus. The infestation rate with intestinal parasites was 70% and hookworm infection among children 60%. Some 17 cases of tuberculosis were reported to the government clinic each month. Birth control was not being practiced. Children with malnutrition and death of mothers in childbirth were common. The only knowledge of dental care was that of extraction. The vitality of a people is a critical factor in community development. It depends on physical health and social motivation.

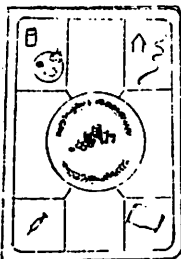
Throughout the first year and a half of the project implementation of many programmes has begun to indirectly alter this situation. One such programme is a group of local residents called the Public Work Corps whose job is to assist in building and maintaining drainage. In the past month a direct assault was mounted through the initiation of a local HealthCare Network. The health care system has been initiated as the first of the KHDP's five geographic communities. A team of specialists has implemented local health structures through intensive one month practical training to 30 residents of the Muslim Riruta Village in sanitation, nutrition, immunization and basic treatment. These men and women have begun to demonstrate a significant impact on unhelpful attitudes and beliefs throughout the broad population. They meet weekly to continue their training and discuss problems of common concern. They conduct a monthly "under-fives" clinic for children of the village and refer those needing care. Their classes are taught on a volunteer basis by professionals from several Nairobi health institutions. They have begun to extend the effectivity of the Government clinic in Kawangware through local follow-up and referral and to promote better sanitation and nutrition practices. As the KHDP stands in its second year great advances have been made in the physical rehabilitation, training, and economic development of the community. The vitality of the community is improving as demonstrated in local leadership taking over ongoing management of many programmes.



AN INSTRUMENT IN THE SERVICE  
OF BRINGS OPPORTUNITIES TO THE PEOPLE

## PUBLIC SANITATION PROPOSAL

The approach of the Institute of Cultural Affairs, sponsors of the Kawangware Project, based on 15 years of work in similar communities around the globe is to deal with all the problems at once. The community is rebuilt with a comprehensive programme that involves initiating local care structures, physical rehabilitation, intensive training, and local economic development with the aim of fostering local self initiative and self sustenance. Thus, external support which is so crucial in the beginning of a project is gradually phased out over a 4 year period as the local community becomes increasingly capable in both leadership and resources to assume self-support. The problem of sanitation is therefore being approached through 4 arenas. Two already mentioned were the Public Work Corp and the Health Care-takers. The third component is the construction of a cement garbage disposal unit geographically dispersed so one exists among the 20 homes that are cared for by each caretaker. The fourth component calls for the construction of a facility complex, one per thousand people with 2 toilets, 2 showers and a large basin for laundry and washing. The local contribution to these components will be labour and maintenance by the Public Work Corps and neighborhood education by the Health Caretakers. The support of the construction of the essential facilities is needed from a variety of supporters in the public and private sectors. The community has the land and the manpower. What is needed now are the facilities and equipment such as garbage disposal units, toilets, showers and laundry complexes which will make improve further the physical well-being of the communities by decreasing infectious diseases, parasites and malnutrition.



AN INVESTMENT IN HEALTH  
BRINGS DIVIDENDS IN PRODUCTIVITY

PUBLIC SANITATION

Kawangware Human  
Development Project

ITEM	TOTAL No.	COST/ITEM	TOTAL COST	TOTAL No.	COST/ITEM	TOTAL COST
Garbage Disposals	6	27/=	162/=	72	27/=	1,944/=
Toilets	2	27/=	54/=	22	27/=	544/=
Foundation	2	81/=	162/=	22	81/=	1,782/=
Septic Tank	2	108/=	216/=	22	108/=	2,376/=
Wood	2	450/=	900/=	22	450/=	9,900/=
Muram Block	2	750/=	1,500/=	22	750/=	16,500/=
Piping	2	250/=	500/=	22	250/=	5,500/=
Heating Equipment	2	500/=	1,000/=	22	500/=	11,000/=
NET COST			4,494/=			49,596/=
			\$ 561.75			\$ 6,199.50

TOTAL COST STAKE 1/2 - MUSLIM VILLAGE ALONE		TOTAL COST KAWANGWARE, INCLUDING MUSLIM VILLAGE	
EQUIPMENT	MURAM PRESS 5000 shs MISC. TOOLS 5000 shs	EQUIPMENT	2 MURAM PRESSES 10,000 shs MISC. TOOLS 10,000 shs
NET BUDGET TOTAL	4494 shs	NET BUDGET TOTAL	64,090 shs
TOTAL	14,494 shs	TOTAL	74,090 shs
	\$1811.80		\$9261.00



## KEYS TO LOCAL MANAGEMENT

**PREVENTIVE HEALTH CARE IS BOTH CHEAPER  
AND MORE EFFECTIVE THAN CURATIVE CARE.**

### Local Management

From Day One it is essential to lay the groundwork for local community control and management of the health budget. It is proposed that the health guild be given this task and that beginning with the first health project the auxiliary raise the economic question with the guild on each project.

In the initial stages it would be wise to help the guild have a successful experience in raising funds so that they can begin to conceive of themselves as capable of financial ability. This may simply be selling homemade products but it is important that this happen early. Eventually they should act as an advocate of health by negotiating use of agricultural and commercial profits for health care through the village treasury. A strong case can be made for vitality greater productivity.

Developing local responsibility will require training and tutorage in basic bookkeeping and record maintenance. The health questionnaire should be used in developing proposals (teach the process of assessment and need identification).

Developing a sustaining financial structure will require exposure to a wider context than the local community. This means that the auxiliary needs to acquaint community leadership in how to make financial proposals to government and corporations. It also means helping the guild to relate to whatever area or regional health planning structure exists. This is particularly true in U.S. projects. The entire nation is now divided into health service areas and a Health Systems Agency exists in each. Federal law requires local input to these structures, which will increasingly exercise control over what will be built in each area as well as have access to federal funding. This new federal law gives clout to local consumer organizations and can be a valuable vehicle in developing the guild (providing it with a way to relate to the wider system). The guild in such a system should see itself as a health planning body and as a part of a larger planning process which now exists under the Health Systems Agency. Other nations are striving to increase the input of local community into overall planning and many have similar opportunities for guilds to relate to the National Planning System. By stressing

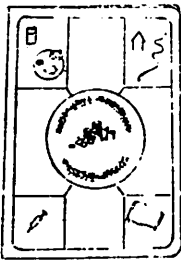


AN INVESTMENT IN HEALTH  
BRINGS DIVIDENDS IN PRODUCTIVITY.

## Keys To Local Management (cont'd)

economics with the health guild you will produce a better system because preventive health care (as distinguished from curative) is both cheaper and more effective.

**GREATER VITALITY EQUALS GREATER PRODUCTIVITY.**

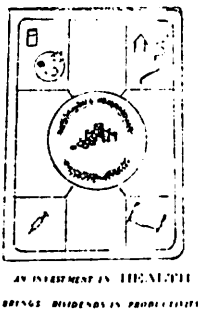


AN INVESTMENT IN HEALTH  
BRINGS DIVIDENDS IN PROFITABILITY

### SIMPLE HEALTH GUILD BUDGET

The budget is an estimate of cost of goods and services required to activate the guild's plans. It is divided into major long term expenses, wages and fees, and on going operating costs. The guild should estimate it minimum monthly costs. At the end of the month the actual expenses can be compared with budget in order to aid in producing the next month's budget.

Year _____		Month _____	
GUILD BUDGET			
Categories		Minimum Monthly. Operating Costs Projection	Actual
Capital Costs (major equipment and mater- ials)			
WAGES & FEES			
OPERATING EXPENSES  (rentals, power, fuel, Mainten- ance)			



## SIMPLE BOOKKEEPING FOR THE GUILD

There are four simple forms which enable the guild to keep financial records. These deal with orders placed and accounts payable, accounts receivable, the cash journal, and weekly situation statement.

**FINANCIAL RECORDS AID LOCAL MANAGEMENT.**

### FORM I

Orders and payables are listed with their order numbers and given a budget category at the side of the page. As invoices come in estimates are crossed out and actual values entered. When invoices are paid they are checked off and a line drawn through the entry. A light colored felt-tipped marker is good for marking out the entry.

ORDERS PLACED						
DATE	NAME	ORDER NO.	ESTIMATED VALUE	INVOICE VALUE	PAID	ALLOCATED
9/7/77	Jones Hardware	25	\$ 8.50	\$ 8.56		Supplies
7/8/77	Bonds Surgical	26	10.00			Supplies
7/8/77	Standard Oil	27	10.00	9.25		Fuel

\* Assures Order Book



Sample Bookkeeping For The Guild  
(cont'd)

FORM II

Accounts receivable—moneys due to the guild for services or products—are held in the following form and checked off and marked out as paid.

ACCOUNTS RECEIVABLE					
DATE	NAME	VALUE	PAID	DATE PAID	REC.* NO.
7/6/77	George Edwards	\$ 1.00			
7/9/77	Box Factory	20.00		6/28/77	32

FORM III

The cash journal lists both receipts and payments on one page and provides a space for budget categories for breakdown of expenditure. A running balance is kept and the balance at the end is carried forward to the next page.

CASH JOURNAL						
DATE	Item	Check/Receipt	Re-celpts	Pay-ments	Bal-ance	Budget Categories Breakdown
7/5/77	Balance Forward	→			\$1000.00	WAGES SUPPLIES FUEL RENT MISC.
7/7/77	Jones Hardware	729		\$250.50	749.50	
7/9/77	Guild Receipts	52	\$20.00		769.50	



## Bookkeeping For The Guild (cont'd)

### FORM IV

The weekly situation statement takes the transactions on the cash journal over the period of one week, subtracts from them the outstanding debts and anticipated debts from orders placed and shows, then, the available working funds in the guild's account. Accounts receivable are added to show potential available funds.

WEEKLY SITUATION STATEMENT	
Balance Carried Forward	1000.00
Receipts	20.00
Payments	250.50
Current Bank Balance	769.50
Subtract Outstanding Orders	-19.25
Available Funds	750.25
Accounts Receivable	1.00
Actual Situation	751.25