



# Global Health Funders and NGOs

Olga Wollinka, MCH Specialist,  
World Relief

*Overall global health funding has increased*

“Aid from DAC donor countries totalled USD \$129 billion in 2010, the highest level ever.” <http://www.oecd.org>

Increase in public-private partnerships

Private funding now a quarter of all development aid for health

# *Who pays for global health?*

- They do! Most countries fund 95% of their own health care
- Multilateral organizations (UN agencies: WHO)
- Bilateral organizations
- Non-governmental organizations (NGOs)

## Highest expenditure per capita

Country	Expenditure per capita (in US \$)	Country	Expenditure per capita (in US \$)
<a href="#">Ireland</a>	2,618	<a href="#">Sweden</a>	2,828
<a href="#">Switzerland</a>	4,011	<a href="#">Japan</a>	2,293
<a href="#">Netherlands</a>	3,092	<a href="#">France</a>	3,040
<a href="#">Finland</a>	2,203	<a href="#">United States</a>	6,096
<a href="#">Spain</a>	2,099	<a href="#">Denmark</a>	2,780
<a href="#">Austria</a>	3,418	<a href="#">United Kingdom</a>	2,560
<a href="#">Belgium</a>	3,133	<a href="#">Luxembourg</a>	5,178

## Lowest expenditure per capita

Country	Expenditure per capita (in US \$)	Country	Expenditure per capita (in US \$)
<a href="#">Mali</a>	54	<a href="#">Mozambique</a>	42
C.A.R.	54	<a href="#">Chad</a>	42
<a href="#">Ethiopia</a>	21	DR Congo	15
<a href="#">Burundi</a>	16	<a href="#">Côte d'Ivoire</a>	64
<a href="#">Zambia</a>	63	<a href="#">Malawi</a>	58
<a href="#">Benin</a>	40	<a href="#">Angola</a>	38
<a href="#">Rwanda</a>	126	<a href="#">Guinea</a>	96



## *Bilateral aid donors*

- Top donor countries (2009) were: [United States](#) (USD 28.8 billion), [France](#) (\$12.6 billion), [Germany](#) (\$12.1 billion), [United Kingdom](#) (\$11.5 billion) and [Japan](#) (\$9.5 billion). (AusAid, Canadian CIDA)
- USAID important to US-based PVOs, because they fund US PVOs via Cooperative Agreements.

***Effective interventions and treatments  
garner new funding opportunities.***

EPI

SSS/ORS/ORT

Family Planning (Depo)

TB (DOTS)

Vitamin A, iron sprinkles, zinc for diarrhea

ITNs (bednets-ITN-LLITN)

HIV/AIDS meds

Community case management for  
pneumonia (Nepal) and malaria

# *Non-governmental Organizations*

- NGOs / PVOs provide approximately 20% of all external health aid to developing countries.
- Tend to be smaller, but some very large and influential (Save, World Vision, CARE, etc.)
- Mission-driven
- Flexible and innovative
- Help educate US donors

# Church-run hospitals and clinics

- In the very poorest countries, hospitals and clinics run by missionary societies are especially important.
- Historically important- India and Sub-Saharan Africa health clinics were mostly started by missionaries (CHAM in Malawi, etc.)
- Not exactly NGOs or PVOs, they have their own leadership structures

## *USAID funding trends over the past 15 years*

- Push to scale-up coverage (from districts of 30,000 people, to provinces of 300,000)
- More funding of NGO consortiums to reduce administration/ promote cooperation
- PVO/ Research University partnerships to promote innovative models/ operations research
- Successful models funded for country-wide implementation (Care Groups)

# *How to find funding for your work*

## Networking is vital:

- Visit all funders in a country and know their priorities
- Cooperate with the MOH, work within their constraints for sustainable change
- Be a good neighbor to other NGO staff (share training opportunities, resources, ideas, and visit their programs.)

# WR Burundi Care Group with male CHW from MOH



# *How to write a winning proposal!*

- Learn how to **write well**, you'll learn by doing
- **Be smart about use of consultants** (better to build up your in-house expertise. Exception: the *expert review* of a proposal you wrote.)
- **Be flexible** and ready to jump on new sources of funding (it helps to be in-country)
- **Be attractive to funders-** if you implement good programs – word gets around (vice-versa also true!)

Hi -

The final version of the report will need to be submitted by the field to the Mission (along with the revised MTE). The other submissions will be handled from Baltimore.

Said report submission would be a great time to gauge mission support for a new, innovation proposal. Would want to find out their priorities for innovation and to be sure that if a proposal were developed, that they would be fully behind it (that means giving feedback on the concept and making sure to serve as reviewers of the proposal after it is submitted). If they have any reservations about our work or supporting another application, this should be determined before going after a new grant, given how competitive the awards are and how resource-intensive the proposals are.

Thanks!

---

Hi,

On innovation proposal; At the monthly US Ambassador NGO meeting yesterday, we were informed by USAID Rep, that PMTCT programming, would be given another 10M USD for FY 2012, procurement likely in January and the USAID strategy for 2012 specify, that the Care Groups model is official USAID modularity for program implementation in Burundi. Its my sense that we will find support for a grant.

I will ask for meeting to discuss further with the mission here, after our submission.

Thanks,

thomas spanner

country director

**world relief burundi**

**STAND/FOR THE VULNERABLE**

# World Relief Rwanda Case study

- WRR started right after the war, working with churches in Rwanda
- First USAID CSP grant in 2000
- Pioneered PD/Hearth model and Care Groups in Rwanda
- MOH adapted Care Groups model, EIP just ended- covered 20% of country (Consortium with IRC and Concern Worldwide)
- Lessons: work with MOH, pioneer and ADAPT innovative models, implement and document success, attract more funding, help MOH

## Executive Summary

Rwanda has one of the highest stunting rates in the world at 52%, with 58% stunting in the proposed target area of Nyamagabe District. World Relief (WR) has built a solid relationship with the Ministry of Health (MOH) since 2001, most recently assisting to scale up **Community Case Management (CCM)**. World Relief now proposes a four-year child survival project (CSP) in the Innovation category that builds on previous work while shifting emphasis to improving nutrition and maternal newborn care in addition to providing some follow-up to CCM.

Project Goal: To reduce morbidity, mortality and underlying nutrition of children under five and pregnant women in Nyamagabe District of Rwanda.

Strategic Objective: To improve the capacity of MOH staff and CHWs to implement high impact maternal, newborn and child health interventions at the community level.

Key Strategies: Nutrition 40%, Maternal Newborn Care 35%, Diarrhea 15% and Pneumonia 10%.

The project will target all of Nyamagabe District, which has an estimated population of 337,116, with 54,949 children under five and 79,559 women 15-49. World Relief will partner with the district-level MOH, implementing project activities through their staff rather than directly intervening in the communities. The project strategy includes a modified version of the Care Group approach which World Relief has previously used successfully and adapted in Rwanda, and training for health facility staff on key topics related to the project interventions.

Since the MOH and all stakeholders in Rwanda are greatly concerned about the impasse in reducing chronic malnutrition, World Relief is proposing an innovation to significantly strengthen the government's Community Based Nutrition Program (CBNP) and also strengthen the delivery of the program protocol by community health workers (CHWs). The innovation consists of adding "Nutrition Weeks", a behavior change methodology based on hands-on active learning by all mothers with children under two and pregnant women. Nutrition Weeks will focus on use of local foods, responsive feeding and hygiene practices, with group support a key element that will bring about changes in social norms of the community related to child care.

WR will partner with Dr. Judy McLean of the University of British Columbia and with the MOH to compare standard CBNP activities to the 'Nutrition Weeks' intervention; and evaluate impact with regard to cost, time and impacts on behavior change and child growth as well as feasibility for scale up. The National University of Rwanda School of Public Health will also involve its faculty and students in the OR.

Level of USAID funding requested: 1,750,000 WR cost-share amount: \$583,333

Proposed start/end dates: October 1, 2011-September 30, 2015

Main authors of the application and application contact at U.S. headquarters office: Melanie Morrow, HQ contact <[MMorrow@wr.org](mailto:MMorrow@wr.org)>, and Olga Wollinka of World Relief, Melene Kabadege in WR Rwanda, and Judiann McNulty, consultant. The project was designed in close consultation with district and national MOH officials.

*The RWANDA Comprehensive Food Security and Vulnerability Analysis and Nutrition Survey, published in July 2009 (Data collected in February-March 2009).*