

The Center for Medical Missions'

e-Pistle

April 2007

Welcome to this month's *e-Pistle*! This issue is full of good information that I hope will be encouraging as well as challenging. To facilitate you getting to the information you want, here is an overview.

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Would you like to contribute to next month's *e-Pistle*? I'm looking for contributions. Your knowledge, experience, and wisdom can have a wider impact if you share it with others. The *e-Pistle* is your vehicle to do that. Please contact me at susan.carter@cnda.org if you are interested.

We've just completed our second annual "Preparing for the Future: An Orientation to Medical Missions" conference. We had 34 participants who gave the conference high marks in their evaluations. We covered such topics as: Finishing the Task; Bringing Faith and Medicine Together; Becoming a Leader Who Develops Leaders; Survival to Success in Healthcare Missions; Getting Healthcare to the People; Healthcare Missions and the Missionary Family; Mobilizing a Community; and Healthcare Missions in Cross Cultural Settings.

Here are a couple examples of comments on the evaluation forms.

"Great conference – lot of wonderful, rich information from servants who want to pass on what they have learned. Very helpful and encouraging to me as I seek the next step. I highly recommend it!"

"What a fantastic conference – I will definitely encourage others interested in medical mission to come to this. It was so encouraging to meet people who share the same passion for medical missions and who are planning to go themselves. I enjoyed all the different speakers sharing from their different areas of giftedness."

Every evaluation said the conference was very helpful to them. These participants will soon be joining your ministries in the field. I hope you will pray for young people who are preparing for missionary careers. If you can remember back, you know how scary it is. Some of the participants are right there, so I know your prayers will be appreciated.

We plan to hold this conference annually, so if you know of new missionaries under appointment or who are almost ready for that step, be sure and tell them that next year's "Preparing for the Future" conference will be April 18 – 20, 2008.

Susan Carter

Raising Big Bucks Section IX: Funding Opportunities

By David Stevens, MD

(continued from last month)

The next step is finding a funding organization. Start close to home – what groups are already funding your own or other outreaches in your country? Who has offices in your country that you could visit? Where are other mission hospitals getting outside funding? If you don't know, ask them.

Are the groups you identify funding the types of needs you have? Some funding organizations want to fund programs while others may have more interest in bricks and mortar.

Ask someone to help you identify foundations in your own hometown and those of your other missionary staff. Foundations love to help their native sons and daughters. When you are home on deputation, visit these groups and continue to ask who might be funding donors in your community. Don't forget to inquire about family foundations.

US Foundations are listed in the "Foundation Directory" published by the Foundation Center, 79th Fifth Ave. New York, New York 10003. The directory is not cheap, but it is worth the cost. Many libraries provide access to the electronic version of the Foundation Directory on-line. You can do multiple searches on-line to see what foundations are interested in healthcare, your country and give grants in the size you need. The directory lists the average size of grants and some of the organizations they have given to. It also tells you how to apply and obtain more information.

For U.S. government programs, go to <http://www.fedmoney.com> and download their free software "Federal Money Retriever." They also offer a free program called "GrantGate."

Also check out "American Schools and Hospitals Abroad," a USAID group that helps with capital development costs for institutions that "promote American values." They gave 50% of the funding needed for a number of large projects at Tenwek. They can be found on-line at <http://www.usaid.gov>.

There are also funding organizations in other western countries. We got funding from EZE in Germany, (now EED) a group that distributed millions of dollars of church taxes over the years to developing countries. You often hear about organizations in Europe through word of mouth, but Internet searches can also be useful.

Develop a list of prospects to thoroughly investigate. The most important factor to consider is do you know someone that works with or is on the board of the potential funding organization? No other factor correlates better with success. Also, use questions like this to analyze and compare groups in your database:

- 1) Has the foundation demonstrated a real commitment to funding the type of project you desire?
- 2) Does the foundation make grants to recipients in your geographical location?
- 3) Does the amount of money you are requesting fit within the foundation's grant range?
- 4) Does the foundation have any policy prohibiting grants for the type of support you are requesting?
- 5) Does the foundation like to make grants to cover the full cost of a project or only partial funding?
- 6) Does the foundation allow other foundations to share the cost of the project?
- 7) How long are typical grants for?
- 8) What is the time from application to decision?
- 9) Does the foundation have application deadlines or does it review proposals continuously?
- 10) Can you meet the foundation's reporting and managing requirements if a grant is awarded?
- 11) What kind of organizations does the foundation favor?
- 12) Can you meet the foundation's application requirements?

Your initial approach is often through a letter of inquiry. It should briefly describe who you are, the problem, the method you will use to address the issue, the cost, type and amount of support you are seeking over what period of time. I've found it useful to summarize as much as possible in the first paragraph similar to what a newspaper article does. This letter should be no longer than three pages. Don't forget to request application guidelines if you need them.

When you get to the proposal, write it yourself. You know your situation best. Be clear and concise and give the facts. Stay within space guidelines and give the details requested. Spend sufficient time on your budget to think of everything – salaries, fringe benefits, consultant fees, utilities, equipment, supplies, travel, capital outlays, etc. Make sure to include the value of any contributions you or others are making in money or in kind. That should include the value of time, equipment and building usage. You may want to value professional time at the salary level of your home country. Funding groups like to see that your organization is investing in the project.

A full list of current and recent sponsors can build your credibility. I always include or offer a copy of the organization's audited financial statements. Also, let them know how you plan to continue the project or maintain the building after the funding is completed.

Most proposals should be 10-15 pages long but you can include extra information - graphs, tables, references, etc. - in the Appendix. Pictures that demonstrate the need and show your ministry's effectiveness can also be placed there.

A week or two after your proposal is sent, send a follow-up letter or call to make sure your proposal arrived. Ask if there is additional information they might find helpful. Invite them to visit or ask if you can visit them - if it is a substantial “ask.” Continue to follow-up on a regular basis until you get an answer.

If you get a rejection, don’t give up. Foundations get more good proposals than they can fund. Ask the foundation how you could strengthen your proposal and whether they would let you submit your proposal again in their next funding period. Even if they say no, consider submitting another funding proposal to them within a year. Often you get 2-3 “No’s” before a foundation, especially one that does not know you, says “yes.”

If you get the grant, immediately write a letter of thanks. Get your project started and do what you said you would do, and do it on time. Your funding source will be impressed if you do, and they will likely continue to fund other projects you present. They like to hang-on to good partners. I always try to exceed our grantors expectations by doing extra things like sending pictures or acknowledging the foundation in print or other media and then I tell them about it. A gift of a memorable token of appreciation, such as a framed picture of the dedication with a citation, or a before and after picture of someone who has been impacted by their grant, will make a great impression.

To sum it up, writing a proposal means selling yourself and your organization – don’t be too humble. You need to convince them that you are the best solution to solve the problem that you both are concerned about. Always try to emphasize that your solution is innovative and that it will be replicable by other groups.

Most of all, bathe the process in prayer. God knows your needs and can move in individual hearts and in funding institutions.

Go after the big bucks! It can revolutionize your health outreach.

Cura Animarum

By Rev. Stan Key

Family folklore has it that my great, great, great grandfather, a chaplain (of sorts) in the Confederate Army, was wounded at Gettysburg. Years after the battle, when his grandchildren would sit on the lap of this bearded patriarch, Grandpa Chess would put a chubby little finger in a crevice that ran the length of his skull and proudly explain, “I got that at Gettysburg. It was a Yankee musket-ball that done it.”

Wounds of war. Scars. Even young boys wear them like badges of honor. Showing off a long gash on his leg, a nine-year old will proudly tell you, “Yeah, I got that one when I hit a triple in the 7th inning against the Pirates. We won.”

Paul viewed the Christian life as warfare. To follow Jesus was a call to arms. In war, there will be wounds and scars. Just because the battle is spiritual does not mean it is not real! The battle is real and so are the wounds. Many soldiers of Christ have them. The church does not have a Purple Heart to give for spiritual warfare, but maybe we should. It is an honor to be wounded in the service of the Lord.

Scars are proof that we have been in the fight. If our uniforms are always clean and neatly pressed, if our face is always washed and shaven, if our countenance is always rosy and happy, if we never smell like soldiers, then, frankly, some might wonder if we have been in battle at all!

Today's message is a call to arms, a call to fight the good fight. "The kingdom of heaven suffers violence, and violent men take it by force," Jesus said (Matt. 11:12 NASB).

Pastor Stan

Effective Delegation, cont'd.

By Daniel Tolan, MD

Last month's article on Effective Delegation contained this statement, "Delegation is an ethical responsibility owed by leaders to themselves, those with whom they work and their organization." (Univ. Ministry Leadership Training) We then started a list of benefits of delegating for the leader, employees and organizations. Did you have a chance to think about this and work on your list? Compare yours to what I have listed here.

Delegation benefits

1. Leaders by...
 - Allowing time to plan
 - Freeing them to run the business and see the big picture
 - Allowing time for other pursuits
 - Teaching valuable lessons about working with and developing others
 - Building trust of you in those you supervise and in your supervisor
 - Encouraging open communication with you
2. Members (employees) by...
 - Motivating
 - Building self esteem
 - Encouraging creative problem solving
 - Stimulating initiative
 - Training leaders for the future
 - Building trust
 - Encouraging open communication
 - Stimulating creativity
 - Allowing significant contribution
3. Organizations by...

- Increasing production
- Spreading accountability to make a stronger and more resilient team
- Increasing efficiency and effectiveness
- Ensuring perpetuation of organizations through developing employees
- Stimulating company creativity and creative companies with active employees respond better to consumer demands and needs
- Decreasing employee turnover

I need to correct a sentence from last month. "...those of us involved in cross-cultural health care ministry usually have an entrepreneurial spirit and ... delegating does **not** come easily or naturally to us..." A key word was left out last month, "**not**"!

Think about the people you supervise and are leading. If I were to ask you, "How was work today?" how would you answer? Would you talk about all the tasks you did or would you focus on the work you coached others to do? If you could discuss how others are doing a good job at helping you carry the load and seem to be stepping up to responsibilities, then you are probably delegating in a meaningful way. However, if your day seems to be filled with handling tasks, especially those that others could or should do then you certainly could benefit by delegating more effectively.

Why is it that leaders do not delegate? What are some reasons? We started a list last month. Compare what you have to this list.

1. It is my company (project, organization) so ultimately it is my job.
2. We cannot afford mistakes.
3. It takes too long to explain or train.
4. If I want it done right I have to do it myself.
5. They will (or should) tell me if they want to (will) help.
6. If I delegate, I will be giving up authority.

When we use these and other reasons, we fail to accomplish what we really could as leaders in healthcare ministry. We are not thinking of the long-term benefits to our staff. We do not express confidence to our staff in their abilities. We do not live in reality. We really do not have the right motivation in our work.

Where can we find principles of delegation from God? Study Matthew 25:14-30 to find how Jesus explains some basic principles in the parable of the talents. The first we notice is communication when the master called his servants. Open communication is one of the key elements of delegation. Delegation is a trust as we see when the master entrusted property to his servants. The trust is predicated upon abilities. Each servant was entrusted with property according to ability. This implies that over time each had demonstrated ability in previous responsibilities and work. Andrew Carnegie once said, "The secret to success is not in doing your own work but in recognizing the right person to do it." The master recognized each according to ability. Delegation means accountability for results. The master returned and held each servant accountable for results, not methods. When we focus on results we empower others to act and develop responsibility.

The parable also demonstrates that delegation builds on itself over time. The master found two servants faithful and increased their responsibility. We see the same lesson in the gospel written by Luke in chapters 16 and 19 in parables about the shrewd manager and the ten minas.

Then we see that the master celebrated the achievement of results with the servants. He said, “Come and share your master’s happiness.” What a great lesson for all of us who supervise others in some way. We need to find meaningful ways to share happiness with those we supervise when they accomplish something. Is there anything quite so good as an encouraging word or act? As we study the life of the Master teacher and healer in Scripture we find he lived by these principles throughout his ministry.

Previously, delegation was defined as not just task assignment but giving someone responsibility and authority to do something. Delegation is not “dumping” unpleasant assignments. Employees will resent having to find extra time for boring or dead-end projects. Neither is delegation abandoning your ultimate accountability. You share accountability for the assignment and ultimately for the results.

In ministry of any type, especially in serving through healthcare, it is important that everyone be part of the team and feels ownership in the ministry. Howard Hendricks once said, “Any time you do for someone else what they are capable of doing themselves, you are helping to create an emotional cripple.” Employees develop leadership and ownership as we entrust them with greater levels of responsibility and decision-making.

It is important to realize there are levels of delegation. Steven Covey makes the point that for more immature people you need to specify fewer desired results and more guidelines. They need more help identifying resources, and they need more accountability but mature people can be given less measurable but more discernable responsibility. I think it helpful to think of delegation at three levels: Directing, Coaching, and Entrusting. In addition to the maturity of a person, one also needs to evaluate the skills already developed. Directing a highly skilled and mature person will destroy motivation quickly while entrusting a low skilled and immature person will destroy future potential. Potential leaders need more direction, intermediate leaders need coaching while the person who has proven them self needs entrusting.

Can You Help?

We have had an inquiry from someone dreaming of running a hospital on solar power. Is there anyone reading this who has experience with solar energy in your medical work? If you will contact Dr. Dave Stevens, he will be happy to pass along the information and/or put you in contact with the person inquiring. Please email Dave at ceo@cmda.org. Thanks so much!

Tropical Medicine Course

The American Society of Tropical Medicine and Hygiene will hold an Intensive Update Course

in Clinical Tropical Medicine and Travelers' Health on October 2-3, 2007 in San Diego, California. Further information can be found at <http://www.astmh.org/certification/index.cfm>.

Should the Community Have a Sense of 'Owning' a Church Hospital?

By Susan Carter

A community's perceived ownership of a mission hospital can make a significant difference in ease of managing that hospital. Such things as better use of facilities and equipment, better fee collection, increased attendance and community support during crisis are just some of the benefits that come when the surrounding community perceives a mission hospital as being 'ours.'

Knowing this doesn't make it happen, though. What can you do to promote a sense of pride and ownership in the communities you serve? Here are some of my suggestions.

The community needs to be represented on the board of governors. The hospital administrator, chief of staff, nurse in-charge and financial comptroller should be out in the community every quarter. Hospital statistics – both regarding patients and finances should be available, even in writing – if you are brave enough. These can all be summed up by remembering to Communicate, Communicate, Communicate! Let's look at these things individually.

Community Representation on the Hospital Board of Governors

There is more than one way for this to happen. I'm most familiar with having the local chief serve on the board. The chief is easily accessible for the people in the village yet he is a respected member of government. He can respond to questions from the people as well as be a conduit of information from the hospital to the people. And, he is a liaison with the local government. The local chief certainly was a huge asset for me when I was in hospital leadership. With his understanding of hospital issues and situations, he proved loyal in his support of the hospital whenever there was a problem.

There may be situations where the village chief would not be the best choice as a community representative on the board. In that case, other methods of selection can be used: village election, head of another institution, selection by hospital staff members, etc. A successful local business person might be a good choice. Every situation will be different but with good communication, a wise selection can result.

Going into the Community

Imagine the community's surprise the first time hospital leaders show up at a village meeting. Now you may be way ahead of me, but it took me a long time to realize the value of spending time in the community. What do you suppose the community thought the first time the hospital administrator, medical superintendent, nursing officer in-charge and financial comptroller showed up?

Attendance at the first such gathering should probably be only for the purpose of a brief report on activities at the hospital and announcements that would be of value to the people attending. The majority of the time should be given to answering questions from the attendees. Repeat visits to village meetings could include gathering feedback on what is going on at the hospital, finding out the community's wishes for the hospital, asking what problems they've had on recent hospital visits, etc. All these must be done carefully as you don't want to raise false expectations.

Talking about the financial responsibilities of hospital users proved helpful for us. We took a list of the outstanding debts in the village and shared it with the people, in summary terms. Collections improve with better understanding. With care and open communication quarterly visits can communicate respect and value to the villagers, which often translates into better utilization and support for the hospital.

Sharing Hospital Statistics

I'm sure you could quickly come up with a list of reasons why it would be risky to put hospital financial information into the hands of the community. I put a lot of thought and prayer into it before deciding the risk was worth it because I was sure there would be at least as many community members supportive of the hospital as there would be folks who would want to stir things up with the information. I'm happy to report my experience with such was all positive.

Our income and expense reports, in general categories, were posted in the central courtyard of the hospital. The original purpose was to help staff be more informed, but we recognized once we made the information available, it would quickly get out into the communities. We also published a monthly, hospital family newsletter with all kinds of issues and announcements highlighted for the staff. It didn't take long to learn that community members anticipated this almost more than the staff.

Helping people understand how much it costs to pay staff and purchase medicine and supplies can go a long way in helping them understand why the charge for their care is what it is. With understanding comes an increased willingness to participate – the goal we need to achieve sustainability. Risky? Yes! Worth the risk? Yes!

These are just some of the ways I worked to improve the community's perception of the hospital's ministry and promote community ownership. The visits to the community were hard to maintain with everyone's busy schedule so we probably didn't achieve a visit quarterly, but that is a good goal. Remember the main objective here is to communicate as often and as broadly as possible. It will bring rewards!

I would love to hear your experiences for improving the stature of your ministry in the local community. What have you done to promote 'community ownership'? I'm sure many of you have things to share that could encourage and challenge others. Won't you take a few minutes to write and tell me about them? I will be happy to share them in future issues of the e-Pistle.

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