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COMMUNICATIONS SUPPORT FOR HEALTH (CSH) PROGRAMME

CHAMP TALKLINE CAPACITY ASSESSMENT

NOVEMBER 2014

CONTRACT NO: GHS-1-007-00004-00, ORDER NO. 1-05-07-00004

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1.0 Background

CSH has been mandated to strengthen the capacity of two grantees providing health information and support: Comprehensive HIV/AIDS Management Programme (CHAMP) Talkline and Afya Mzuri Dziwani Health Communication Resource Centre (HCRC).

In 2010, CSH conducted institutional assessments that included a situational assessment and baseline evaluation of the functioning of the Talkline and HCRC, followed by a midline evaluation in 2012. In addition to the CSH-led assessments and evaluations, the CHAMP team produced three reports on the progress of the Talkline: the first report after Phase I, another after the fixed obligation grant (FOG) Bridge Phase report following Phase I, and a third report after Phase II.

The situational assessment and baseline evaluation of the Talkline revealed a need to expand the topics that counsellors provided information on to include gender-based violence, alcohol and drug abuse, malaria, nutrition, family planning/reproductive health, and maternal and child health. The baseline results also demonstrated a lack of monitoring and evaluation of the Talkline efforts and results, and no sustainability or marketing plans.

In response to these aforementioned baseline findings, a series of grants were awarded from 2011 to 2014. Phase I grant of 2,937,670 Zambian Kwacha (ZMW) /460,259 United States Dollar (USD) covered the period of January 2011 to October 2012 with the goal of providing support to the 990 Talkline and achieve the following objectives: 1) develop a business plan; 2) increase the capacity of CHAMP to expand, operationalise, maintain, and market the 990 Talkline as a call centre for health information and consultative services; 3) expand the information and consultative services offered by the 990 Talkline to include other health topics, such as malaria; maternal, neonatal, and child health; nutrition; and family planning/reproductive health; 4) strengthening and expanding linkages of the 990 Talkline services to health care referral systems, health communications resource centres, community resource centres, and public sector health communications activities. The Talkline also received in-kind support for building its information technology (IT) platform and developing its marketing strategy.

The FOG of 513,214.32 ZMW /80,407.85 USD was awarded between November 2012 and March 2013 to conclude activities supported under Phase I grant until the start of phase II. Phase II began in January 2013 and ended in March 2014 with a grant amount of 2,837,479 ZMW / 444,562.02 USD. During this last phase, the project reached some key milestones. These include the installation, configuration and commissioning of the PABX, the completion of a Business Plan, the placing of the Talkline 10th anniversary in the Post Newspaper, the broadcasting of the Brothers for Life (B4L) campaign and the Love Games TV Drama; the introduction of mystery calling for quality control; and the 990 CHAMP application referral database populated with all health facilities for direct referral.

The midline evaluation revealed that the Talkline had expanded the topics addressed by the hotline, with support from CSH to provide training to counsellors on the new topics. The evaluation also suggested that the expansion of topics resulted in an increase of calls from 1,600 in 2010 to 3,500 in 2012.

CSH conducted a capacity assessment of CHAMP's Talkline to determine the effect of CSH's support on the following activities:

- Improving the functioning of the grantee organisations, and
- Expanding the capacities of the grantee organisations to support the education of target audiences on a range of health topics using information exchange communication/behaviour change communication (IEC/BCC) tools and strategies.

This assessment does not provide an exhaustive examination of all the activities completed under CHAMP's grants, but rather uses some of the activities as illustrative examples resulting from the capacity-building efforts. For a more detailed explanation of the activities, please refer CHAMP's completion reports.

2.0 Methodology

CSH conducted a focus group with a key member of CHAMP. CSH Research and Monitoring and Evaluation (RME) staff facilitated the discussion using a facilitator guide (Appendix A) that was developed around the below research questions:

- What aspects of the scopes of work did grantees implement or deliver on?
 - What technical assistance did CSH provide to support grantees in fulfilling their scopes of work?
- What changes have the grantees made to their organisational infrastructures in order to expand and/or improve their services?
- How well is the expansion of the services of the grantees functioning?
 - What challenges have the grantees encountered when expanding or improving their services?
- How useful has CSH technical assistance been in building the capacity of the grantees to implement changes and expand services?
- What changes have the grantees observed in the uptake of their services?
 - How are grantees monitoring these changes?
- What are the grantees' plans for sustainability after support from CSH has ended?
 - What challenges have the grantees encountered in creating their sustainability plans?
 - How do grantees perceive the feasibility of sustaining the new services after support from CSH has ended?
- What needs to be improved to further enhance the capacity of the grantees to fulfill the expansion of services?

The RME team analysed the results of the assessment using a notes-based analysis. In addition to the focus group, the RME team reviewed the annual reports for CHAMP and received feedback from CSH capacity building staff. The focus group findings have been triangulated with the data from the grantee reports and CSH staff discussions, and compiled into the following report.

3.0 Findings

Throughout the CSH project, CHAMP received technical and financial assistance to build the capacity of the Talkline. The findings presented below are organized by the six capacity building and support areas that led the success of the grants. These areas included: 1) increasing the capacity of CHAMP

to expand, operationalise, maintain, and market the 990 Talkline as a call centre for health information and consultative services; 2) expanding the information and consultative services offered by the 990 Talkline to include other health topics, such as malaria; maternal, neonatal, and child health; nutrition; and family planning/reproductive health; and 3) strengthening and expanding linkages of the 990 Talkline services to health care referral systems, health communications resource centres, community resource centres, and public sector health communications activities. The Talkline also received in-kind support for building its information technology (IT) platform and developing its marketing strategy. The key deliverables for each of these areas and some of the challenges encountered in the implementation process are highlighted throughout the sections below.

3.1 Implementation of Tasks

Increase the capacity of CHAMP to expand, operationalise, maintain, and market the 990 Talkline as a call centre for health information and consultative services.

IT Structure

Key Successes:

- The expansion of the ICT infrastructure provided a state of the art telephoning equipment whose focus was on the Local Area Network after an initial ICT assessment. The infrastructure includes a fully installed IP based PABX complete with IP desktop accessories.
- The Web portal for the 990 Talkline was developed. The portal features a live chat in addition to the themed discussion forums.
- The introduction of a quality assurance system enabled CHAMP to identify gaps in the delivery of service identity and plan activities to address the gaps. The new phone console allows for the manager to effectively oversee the call activities. The manager was trained in the use of the console.

The expansion of the IT infrastructure provided an enhancement to the telephone system, including the web portal and the Voice over Internet Protocol system, along with training on its use. Chemonics provided technical support through an ICT subcontractor. With the upgrade, the Private Automatic Branch Exchange (PAPX) managers could effectively supervise call activities, and counsellors benefited from an easier technology for logging in to and out of the system and transferring calls. The improvements in technology were very well-received by the team. One focus group participant stated, *“With ICT, once it was installed, we saw there was increase in number of calls as well as sufficient counsellors covering shifts throughout.”*

For a moment, the quality assurance faced a challenge with the phone system. The quality control officer was supposed to listen to the calls, but could only hear the counsellors’ responses because of a missing component in the phone system. This was corrected once the device was delivered and installed. One additional technology challenge that the team faced was frequent national network outages. A respondent explained that *“Zamtel mostly would be down because they were laying some fiber. Airtel as well would be down. So those were some of the challenges but our ICT team was on top of things. Each time we reported low calls, we would try to investigate to see what was happening and most of the time we would find that one of the networks would not be functioning.”*

Reporting Processes

Key successes:

- Through partnerships, CHAMP worked with Society for Family Health on a study that tracks clients referred for services by making follow up motivational counselling. Two specific 990 counsellors have been recruited and trained to offer SMS counselling through a web portal developed by UNICEF as the counsellor interface.

The grantee reported using an application to generate monthly reports on call data. Regarding data usage, one respondent shared that *“We are able to know why people called and number of calls received and the people who attended to the calls. One of the things we capture is where did you hear of the Talkline? In the past people would say they heard it from the radio or from TV, which has been on the higher side. But now we are seeing that a lot of people are saying that they heard about 990 through friends and this just shows how people are communicating amongst themselves, and whatever discussions they are having, they are able to refer each other to 990.”*

The team is also committed to continuing its information gathering, especially information pertaining to health thematic areas from the Ministry of Health and other partners.

Respondents reported using data to inform their decisions. For example, the mystery caller findings were used to inform additional training. Weekly and monthly meetings were also held to report on issues such as performance, challenges, and achievements.

Business Plan

Key successes:

- The Business Plan was completed in April 2013. The Business Plan Consultants finalized the business plan and the document was provided to CHAMP.

CSH supported CHAMP to develop a 990 Talkline Business plan that highlights a set of business goals for the Talkline, strategies, target market and financial forecasts for reaching those goals. However, despite CSH’s support, CHAMP respondents expressed concerns on sustaining the project beyond the grant. As one respondent reported, *“The two major issues are the staffing and marketing. We are hoping to see how we can get more support from the private sector to be able to carry this programme on. Without funding, we can’t do it.”* Discussions with CHAMP revealed that although the organization reported conducting activities to obtain more funding and support, it did not develop a sustainability plan to be implemented after the completion of the CSH project.

The team has held a number of activities to encourage local support, including a 990 cocktail party for private sector entities and a media breakfast. In addition, the team has been engaged in discussion with a hotel to sponsor future fundraising events. A respondent explained the reasoning: *“You’ll be asking why a hotel? But you know this is a global hotel, this is not a local hotel, and this has a global effect. We are looking at whether we can fundraise through them as a channel and if they could also sponsor certain events. The challenges are the general performances of the economy.”*

One respondent thought that despite the efforts, it is a challenge to engage local structures in their sustainability plans: *“When you look at the culture of corporate responsibility in the country, that in*

itself is a challenge. In other environments when you approach institutions and give them a just cause, a number of them jump on board because of a certain culture that exists in that environment.”

The team reported experiencing a funding gap of eight months in the past prior to CSH support, during which they managed to stay afloat. A respondent explained: *“We managed to pick up costs for salaries and tried to minimise other activities but that kind of just caused problems for us as an institution because it means whatever other income that you have you have to channel to this just cause. So in this case, we’ve basically said we’ll try as much as possible to look ahead of time, which is what we are doing (now to prepare for the end of CSH).”*

In terms of the aspects of the service that would be easiest to sustain, a respondent thought that it would be difficult to provide some services but not others. The respondent thought that the services are too intertwined and complementary: *“There are things that you must either do or not because a certain bouquet of services that are kind of like core. The three major services that are given are information services, counselling and referrals; and they are all key. So where do you draw the line to say you will now only call on maybe let’s say family planning, so everything else cannot call. That would take a number of years for you to achieve that goal. In short, it’s not that kind of thing where you say ok now we are going to scale down to two services or one service.”*

The only proposed solution mentioned in case of budget constraints was the possibility of restricting the maximum number of calls taken per month to a number lower than the current volume.

When discussing other partners, the major partner reported was UNICEF. The RIDER project is reported to sometimes benefit from the knowledge of CHAMP Talkline’s counsellors and other services.

Expand the information and consultative services offered by the 990 Talkline to include other health topics, such as malaria; maternal, neonatal, and child health; nutrition; and family planning/reproductive health.

Staffing

Key successes:

- Eleven new staff out of 12 were recruited.
- The training was conducted on content as regards expanded services of malaria, nutrition, family planning and maternal and child health, and on how to operate the new IT system.

In terms of staffing, 11 new staff members were recruited and trained, bringing the total number of counsellors to 19. A respondent explained the improvements in staff shortages: *“They were less than that before. With the coming of CSH, we have beefed up the number of staff and they are able to cover the shifts adequately. We ensured that counsellors worked according to shift, meaning the rotation of duty roster was also developed.”* Through the hiring of additional counsellors, the team brought in social workers and medical counsellors to support its purpose as a health and social helpline.

A quality assurance officer was also brought on board to provide guidance to the counsellors. Other quality assurance activities were adopted. These included “mystery calling,” which resulted in additional training, as reported by a respondent: *“We came up with mystery calling. Initially, we used*

just CHAMP staff to call in where we developed a form and went through the form with the mystery callers and from that mystery caller, we (are) able to identify gaps and later we could either address that gaps during the counsellors' marketing meeting. And not very long ago we had training where we were able to discuss the weaknesses that were identified."

One respondent reported that the expansion of services has been fully positive: *"At least with the installation of the new PAPX and the increase in the number of counsellors, we have seen an increase in number of calls being attended to because in the past we could have lost calls because we had insufficient counsellors. We have had times during the peak hour when you have a lot of calls coming through and you can't just cut a call, you need to attend to that."*

According to a respondent, the volume of requests has increased to about 25,000 calls per month, from 15,000 in the past. Through the trainings, counsellors are being updated with information to enable them to handle the calls. In addition to the CSH topics, because of the Male Circumcision campaign more male circumcision calls are coming in. One example provided was the instance of young people using 990 as a research tool. They call to ask certain questions that they are debating among peers.

In addition to the recruitment of new counsellors and IT enhancements, trainings were conducted to ensure consistency in service delivery. The team reviewed the counsellors' guidelines to include the additional topics. CSH brought consultants to review thematic areas like malaria, maternal and child health, and nutrition with the staff. A counsellor reference manual and quick guide cards were developed for use by the counsellors. All the staff were also thoroughly trained on the new phone system.

In the 2012 annual report, CHAMP reported the retention of staff to be a challenge. The grantee reports explained that staff supported by the project were at times "insecure with contracts tied to the project duration."

Strengthen and expand linkages of the 990 Talkline services to health care referral systems, health communications resource centres, community resource centres, and public sector health communications activities.

Building Linkages to Other Stakeholders

Key successes:

- The 990 Talkline referral database has been populated with all health facilities for counsellors to use.

The organisation held different stakeholder meetings to support the task of strengthening and expanding linkages of the 990 Talkline services to health care referral systems, health communications and community resource centres, and public sector health communications activities. Different stakeholders from private and public sectors were brought on board.

Unfortunately, stakeholder meetings were delayed numerous times due to scheduling conflicts with the invited guests. As reported during the discussions, *"We wanted to get at least a person who*

could draw people to come and see the importance of 990. So that delayed because whenever we went to ask they were busy at that particular time.”

Marketing

Key Successes:

- Development of a marketing strategy to be included in the business plan.
- Development and approval of a new logo.
- CHAMP participated partner in symposiums and meetings and made presentation and marketed the 990 Talkline.

For marketing, a new logo was developed and an official launching event was conducted in August 2012 to support the rebranding of the 990 Talkline. This was a success, as reported by a respondent: *“We are currently using the new brand of 990, which was basically the strategic move from not just being HIV to it being more of a social helpline.”* In addition, a web portal was developed with information pages, a live chat feature, and themed discussion forums.

Respondents reported some challenges in implementing all the planned activities, particularly the long term marketing component: *“The funding affected (the) marketing component. In terms of marketing, we did, though not much was done because we depended just on CHAMP activities to market the 990 because funding was withdrawn at one point. So we didn’t do much in marketing. It’s something that happened during the re-branding where we didn’t print some posters, billboards were not put up, but it was just for a few months. You need money just to produce material.”* CHAMP also reported this delay in funding and a lengthy creative marketing process in their April 2013 annual report.

However, project reports and discussions with CSH staff showed that CSH allocated and disbursed all of the funds for marketing that was initially agreed upon. No funds were withdrawn from CHAMP for marketing at any point. CHAMP requested additional support for marketing which CSH was unable to provide. Rather, CSH proposed developing a marketing strategy as part of the business plan, and provided support for marketing items (e.g., billboards, pens, t-shirts, and dog tags) that were approved and accepted by CHAMP.

To supplement the marketing efforts supported by CSH, the team found other ways to promote 990 Talkline. As reported during the discussions, *“Wherever CHAMP held its activities, in the communities or offices, we encouraged whoever was on the ground to at least talk about 990 and the services it offers in the different thematic areas and we ensured that all CHAMP materials carried 990. Counsellors did not actively participate in marketing efforts, but all they did was to have one-on-one discussions with the groups they met during meeting/activities or have group sensitisations.”*

3.2 Usefulness of CSH Technical Assistance

CSH technical assistance seemed to be key to the improvements seen in the project. As reported by one respondent: *“CSH was always there for us because each time we carried out activities, we didn’t work in isolation. We were working in consultation and they always came in to help whenever need arose. Like there was a time we were revising the manual, we were with CSH when revising the manual. CSH was there and there was a lot of input from them as well.”*

CSH provided the expertise to support all the activities. The following points were mentioned during the discussions regarding CSH technical support:

- *“Each time we submitted reports, each time we were able to get feedback from them.”*
- There was an increase in the number of staff members who were manning the call centre.
- There was an improvement in the ICT infrastructure as a result of the CSH funding.
- CHAMP was able to develop a website.

Respondents reported some gaps in the support from CSH. One gap mentioned was not including the 990 number on all of the Love Games materials. *“For the Love Games you find that they would refer to 990 but you find that some of the material that CSH produced didn’t carry the number 990 and that did not help us. We went to do our own refreshers but still, we felt if CSH could have at least referred all the adverts to 990 that could have increased calls in the CSH thematic areas. In our reports we would suggest that it would be nice to talk to partners they were working with to acknowledge the 990 number as a referral.”*

CSH supported CHAMP to conduct several trainings, through the life of the project, which were recounted in the reports:

- Training for the 990 Talkline counselors on the new thematic areas in Phase 1
- Refresher training for the 990 Talkline counselors Phase 2
- Technical training for the IT staff to support the Learning Center Manager
- Training of all 990 counsellors, supervisor and system administrator on the use of the new IT equipment

However, despite the above training efforts, CHAMP indicated the need for additional refresher trainings as information and infrastructure changes. *“It would have been nice to have refreshers from time to time because information is changing; especially that we had indicated to them to say in these areas we are having problems.”*

The respondent also reported that funding was delayed, impacting the implementation of some activities. *“Maybe funding came late/was delayed because we are more on the operational side. I know some activities couldn’t take place because of issues of funding.”* However, project reports and discussions with CSH staff demonstrated that funding was delayed as a result of CHAMP’s non-compliance and late submission of reports.

In line with the reported marketing challenges, a respondent stated that *“Rebranding happened but in terms of the long-term marketing visibility plan for what 990 could do and what it offers to the general public, that wasn’t delivered. It was under the control of the prime institution.”* Further investigation into this issue revealed that rebranding was focused on promoting the new capabilities of CHAMP and creating a new organizational image. CSH developed rebranding strategies for radio, television, and other channels, which were not accepted by CHAMP. The only branding component accepted by CHAMP was the new logo.

3.3 Needs for Further Capacity Building

The greatest need in further building and maintaining the capacity of the Talkline revolved around funding. Although CSH provided support to CHAMP in the development of a business plan, discussions are ongoing regarding obtaining support from the local media, such as ZNBC, to

negotiate time (off peak and prime time) for placing advertisements that would be very expensive otherwise. There have been some changes in the management at ZNBC, so the discussions were still pending at the time of the focus group.

The overarching feeling was that marketing should be well-adapted to the Zambian context while still using inspiration from global experiences. As stated by one respondent: *“While we are looking at the global perspective it’s important to look locally because sometimes context may be missed by global partners. It’s good to mix global with local, especially things like marketing. Marketing has culture. Marketing in the U.S. and marketing here are different or in Malawi, or Zimbabwe. A good mix of local and global is ideal, but more reflection of that should be dealt with.”*

Respondents mentioned additional training and staff and the integration of 990 into other communication programmes (*“Not just relying on CSH”*) as some anticipated needs for the project. The organisation has plans for expanding its services beyond what it currently offers in terms of depth and breadth to increase the volume of calls and widen the range of topics, such as gender-based violence topics or emergency situations like Ebola that have recently come up. A respondent stated: *“We would like to maintain the horizon not to be too broad but with reason, yes we can add other social issues as they come.”*

The team continues to engage the Ministry of Health and the Disaster Management and Mitigation Unit for their support in building on the already existing capacity of the trained staff.

4.0 Conclusions and Recommendations

CHAMP Talkline succeeded in expanding the topics covered by their counsellors, building the IT systems, and implementing new marketing strategies. The Talkline experienced a notable increase in calls answered, primarily due to more trained counsellors and improved telephone systems. However, despite the fact that the agreed upon funding was fully provided to CHAMP, the CHAMP respondent still cited insufficient funding as a primary cause of not implementing some activities initially planned as part of CHAMP’s scope of work, particularly for marketing and rebranding of the Talkline. Future support of the grantees should explore areas requiring more attention and funding to allow for full completion.

CSH support proved to be instrumental in improving and expanding the Talkline’s services. The support allowed CHAMP to build a website, hire more staff, and produce informative reports. The CHAMP representative did cite some gaps in the CSH support, and opportunities for future capacity-building efforts. Future support of CHAMP should offer regular refresher trainings for counsellors; ensure consistent branding of the Talkline across the various campaign products (as appropriate), tailoring the branding strategies to fit the Zambian culture; and include a long-term marketing strategy.

Although CHAMP has a business plan, the sustainability of the expanded services of Talkline seems to be at risk. Regarding the possibility of obtaining funding from private sector companies in Zambia, the respondents expressed concern about a lack of interest from companies and challenges with the country’s culture of corporate responsibility. A lack of continued funding may result in capping the number of calls each day, thus reducing the number of callers served. Future efforts should consider

providing guidance to CHAMP on how to solicit funding from private sector companies and other partners outside Zambia.

Appendix A

Grantee Capacity Assessment:

Focus group Discussion Guide

Good morning/afternoon. My name is _____ and I will be conducting today's focus group discussion. I'm part of the research and monitoring and evaluation team of Communication Support for Health.

Today, we're going to discuss how [INSERT GRANTEE NAME]'s capacity and services has changed over the course of CSH providing the group with support. We hope that this information will help us to better understand how CSH support has affected the functioning of [INSERT GRANTEE NAME] and built its capacity to strengthen and expand its services.

I am a trained focus group moderator. I want to hear your honest opinions about the topics we will discuss today. There is no right or wrong answer to the questions I'm going to ask. Please just relax and enjoy the discussion.

Please keep in mind that your participation in this discussion is completely voluntary. If for any reason you wish to leave the discussion, you may do so.

I am accompanied by _____ and who will be responsible for note taking and logistics respectively.

Before we begin, I'd like to review some rules or guidelines for today's discussion. These rules are our guidelines for operating so that we can complete our task in a manner that is respectful and provides you with the opportunity to express your thoughts safely and confidentially.

- You have been invited here to offer your experiences, views and opinions.
- Again, there are no right or wrong answers.
- It's okay to be critical. I want to hear your views and opinions about whether you like or dislike something you see or hear.
- This session will be audio taped. This allows us to capture everything that is being said today, and we will include the information in a report to our client.
- There will be observers from CSH.
- All of your answers will be confidential, so feel free to say exactly what is on your mind. Nothing will be attributed to any particular person in our report.
- You may excuse yourself from the conversation at any time for any reason.
- Lastly, please turn off the ringers on your cell phone.

Do you have any questions at this time?

Yes:_____ No:_____

I. Implementing the Scope of Work

As you know, your organization received two separate grants for strengthening and expanding its services over the past 3 years from CSH. The first part of our discussion will focus on what your organization has been able to accomplish under these grants, how it was able to accomplish the tasks outlined in the grantee agreements and what challenges, if any, the organization faced in being able to complete the different tasks.

1. Overall, what have been the objectives for your organization throughout the time in which you received support from CSH?
 - a. Do you think you've accomplished these objectives? Why or why not?

Now, I'd to discuss what your organization accomplished for each of the individual tasks outlined in the grantee agreements. Specifically:

CHAMP:

How has your organization accomplished the task of...

2. Increasing the capacity of CHAMP to expand, operationalize, maintain and market the 990 Talkline as a call centre for health information and consultative services?
 - a. What specific activities did you implement to fulfill this task?
 - b. What challenges did you face when fulfilling this task?
 - c. Were there any activities that weren't implemented as planned? Which ones? Why the change in the implementation?
3. Expanding the information and consultative services offered by the 990 Talkline to include health information and referral services on malaria, maternal and child health, nutrition and family planning, reproductive health, and HIV/AIDS?
 - a. What specific activities did you implement to fulfill this task?
 - b. What challenges did you face when fulfilling this task?
 - c. Were there any activities that weren't implemented as planned? Which ones? Why the change in the implementation?
4. Strengthening and expanding linkages of the 990 Talkline services to healthcare referral systems, health communications and community resource centres, and public sector health communications activities?
 - a. What specific activities did you implement to fulfill this task?
 - b. What challenges did you face when fulfilling this task?

- c. Were there any activities that weren't implemented as planned? Which ones? Why the change in the implementation?
5. Strengthening and implementing a quality assurance system?
- a. What specific activities did you implement to fulfill this task?
 - b. What challenges did you face when fulfilling this task?
 - c. Were there any activities that weren't implemented as planned? Which ones? Why the change in the implementation?

II. Technical Assistance

Now, let's talk about the technical assistance you received from CSH staff and other subcontractors supporting your organization's efforts to build its capacity.

6. What areas do you think CSH staff was helpful in building your technical and organizational capacity?
- a. What areas specific to tasks in your grantee agreement?
 - b. What changes did you see in your organization's technical and organizational capacity as a result of CSH's technical assistance?
 - c. What were the gaps in CSH's technical assistance? How could have CSH better supported building the capacity of your organization?
7. How could the technical assistance provided by CSH been more effective in building and supporting the sustainability of your organizations and its services?
- a. What could CSH have done differently to support your organization's capacity building needs?
8. CSH also provided in-kind support to further strengthen your organization's services by subcontracting organizations specializing in IT and marketing. How useful was:
- a. The development of the long-term marketing plan? Why or why not?
 - b. Technical assistance to implement the marketing plan? Why or why not?
 - c. The development of the IT infrastructure? Why or why not?

III. Changes to Infrastructure and Services

Now, we're going to discuss in more detail what changes your organization made to its infrastructure and its services.

9. What changes did your organization make to its infrastructure in order to expand and improve its services?
- a. Changes to staff?
 - b. Additional or new staff training?
 - c. Changes to how to gather information to provide to clients?
 - d. Changes to processing information requests?
 - e. Others?

10. What changes have you observed since your organization expanded its services?
 - a. Amount of requests?
 - b. Types of clients? (e.g. gender or age)
 - c. Types of information being requested?
11. Have the changes all been positive? Negative?
 - a. Why are they positive? Negative?
12. What do you think is the primary cause for these changes?
13. How is your organization monitoring how clients/callers are using your organization's services?
 - a. Does your organization have a system for collecting and reviewing data on the use of its services?

IF YES, PROBE:

- i. Did you have a system prior to CSH's support? If so, how has that system been improved since receiving support from CSH?
- ii. How have you used the data to inform how the organization implements its services?

IF NO, PROBE:

- iii. Does your organization have any plans for putting a system in place to monitor the use of its services? If so, what are the plans?

IV. Future of the Organization

The last part of our discussion will focus on the future of your organization and sustaining the services it offers after CSH support has ended.

14. What is your organization's plan for continuing to provide services after CSH support has ended?
 - a. Where in the process is your organization in developing a business plan? Started it? Completed it?
 - b. What sustainability strategies does the plan entail?
 - c. What challenges has your organization faced in developing the plan?
 - d. What challenges does your organization foresee in implementing the plan?
15. How feasible do you think it is for your organization to sustain the current services without CSH support?
 - a. What aspects of the services will be easiest to sustain? Why?
 - b. What aspects of the services will be most difficult to sustain? Why?

16. What support has your organization received from other partners to help sustain its services?
- a. Is there any support your organization hasn't received yet, but expects to receive in the coming months?

17. What does your organization and/or its staff need to further build its capacity to sustain the services it provides?
- a. Additional training for staff?
 - b. More staff?
 - c. More IT support?
 - d. More marketing support?
 - e. Others?

18. Does your organization have any plans for expanding its services beyond what it currently offers?

IF YES, PROBE:

- a. What areas do you plan on expanding?
- b. What additional support do you expect you would need to expand the services?
- c. Do you have any strategies on how to obtain the additional support?

V. False Close

Please give me one moment, as I leave the room to check to see if my colleagues have any further questions.

VI. Closing

[Ask any additional questions provided by the Capacity Building Team.]

Thank you for joining us today for the focus group. We really appreciate your time and input.