

PD-ABQ-522

**FINAL EVALUATION OF THE  
CHILD SURVIVAL SUPPORT PROGRAM II  
CONTRACT No FAO-0500-C-00-3010-00**

PREPARED BY

ELIOT PUTNAM  
HUBERT ALLEN  
MESSAYE GIRMA  
MELANIE SANDERS-SMITH  
ROSE SCHNEIDER  
HOLLY WHALEN

JUNE 1997

8

This evaluation was prepared under the auspices  
of the U S Agency for International Development (USAID)

The report was written and revised by the  
Health Technical Services (HTS) Project  
(Project No 936 5974 10, Contract No HRN-5974-C-00-3001-00)  
of TvT Associates and The Pragma Corporation

The opinions expressed herein are those of the authors and do not  
necessarily reflect the views of TvT, Pragma, or USAID

Information about this and other HTS publications may be obtained from

Health Technical Services (HTS) Project  
1601 North Kent Street, Suite 1104  
Arlington, VA 22209-2105  
(703) 516-9166 phone  
(703) 516-9188 fax  
[http //www htsproject com](http://www.htsproject.com)  
[hts@htsproject com](mailto:hts@htsproject.com)

## **Acknowledgments**

The CSSP contract evaluation team wishes to express its appreciation for all of the support and assistance it received, from many quarters, in the course of this exercise. It wants to single out for special mention the warm welcome it received from Dory Storms and her staff at Johns Hopkins University and their unfailing responsiveness to all of our requests for information. Equally gratifying was the time and thought that Kate Jones and her staff at BHR/PVC/CSH put into our discussions and requests for data and materials.

We were especially impressed by the motivation, and in many cases the technical sophistication, of the PVOs with which we spoke. This program is, after all, all about making it possible for them to develop and implement increasingly effective child survival programs. They are grateful for, and respectful of, the support they have received both from both CSSP and USAID, but it is their commitment to the improved health of families and communities that, at base, drives this effort.

Finally, we thank Health Technical Services for shepherding us so effectively through this process, particularly our "de facto" teammates, Messaye Girma and Holly Whalen. Their foresight, attention to detail, and commitment to the issues were central to this entire effort, and they were a pleasure to work with.

Eliot T. Putnam, Jr.

Hubert Allen

Melanie Sanders-Smith

Rose Schneider

# Contents

---

Acknowledgments	iii
List of Tables and Figures	vii
List of Acronyms	ix
Executive Summary	xi
I Introduction	1
A Background and Rationale for Evaluation	1
B Scope of Evaluation	2
C Overall USAID Context	4
II Evaluation Plan and Methodology	7
III Services to PVOs	9
A Introduction and Overview	9
1 Overview of Services to PVOs	9
2 Project Planning	9
3 Staff and Consultant Use for TA	10
B Technical Assistance in Technical Interventions	11
1 CSSP TA Support in Field Visits	11
2 Pneumonia Care Assessment (PCA) Toolbox	13
3 Gold Standards for Maternal Care	13
4 CSSP Technical Reports	14
C Training and Workshops	15
1 Objectives	15
2 Achievements	16
3 Reporting	18
4 Impact	19
5 Conclusions	22
D KPC Survey	23
1 Objectives	23
2 Survey Achievements	23
3 Conclusions	24

E	Summary Conclusions and Recommendations	24
1	Conclusions	24
2	Recommendations for CSSP Year Five	25
IV	Services to BHR/PVC	27
A	Introduction	27
B	Technical Reviews and Guidance	27
1	Application Reviews	27
2	DIP Reviews	28
3	Technical Reference Materials and Guidance	29
4	Conclusions and Recommendations	29
C	KPC Survey and CS Indicators Database	30
1	Survey Intent/Objectives	30
2	Achievements	30
3	Conclusions	32
D	PVO Database Support	32
E	Summary Conclusions and Recommendations	32
1	Conclusions	32
2	Recommendations for CSSP Year Five	33
V	Management of the CSSP Contract	35
A	Adjusting to Contract Management	35
B	USAID Management Issues	36
C	JHU/CSSP Administration	37
D	Putting Management Issues in Context	38

## Annexes

Annex 1	Evaluation Scope of Work
Annex 2	JHU Contract Scope of Work and Modification 5
Annex 3	List of Individuals Contacted
Annex 4	Materials Reviewed
Annex 5	Survey Questionnaire
Annex 6	Summary of Workshop and Conference Documentation
Annex 7	Summary of Training Statistics
Annex 8	Questionnaire Responses
Annex 9	TA and Training Services

## ***List of Tables and Figures***

---

- Table 1 CSSP Training Achievements  
Table 2 Effectiveness of TOSTs  
Table 3 Average percent of total sample size, by indicator, for 145 PVO Child Survival Rapid KPC Surveys

## **Acronyms**

---

ADRA	Adventist Development and Relief Agency
AMREF	African Medical and Research Foundation
ARI	Acute Respiratory Infection
BAFO	Best and Final Offer
BHR	Bureau for Humanitarian Response
CA	Cooperative Agreement
CHW	Community Health Worker
CORE	Collaborations and Resources for Child Survival
COTR	Contracting Officer's Technical Representative
CS	Child Survival
CSH	Child Survival and Health Division
CSSP II	Child Survival Support Project II
DTP	Diphtheria, Tetanus and Pertussis
EIAG	Experience, Identify, Analyze, Generalize
EPI	Expanded Program on Immunization
IQC	Indefinite Quantities Contract
JHU	The Johns Hopkins University
KPC	Knowledge, Practice and Coverage
MOH	Ministry of Health
NGO	Non-government Organization
ORT	Oral Rehydration Therapy
PCA	Pneumonia Care Assessment
PCM	Pneumonia Case Management
PVC	Office of Private and Voluntary Cooperation
PVO	Private Voluntary Organization
RFA	Request for Applications
RFP	Request for Proposal
SKA	Skills, Knowledge, Attitudes
SOW	Scope of Work
STD	Sexually Transmitted Disease
TA	Technical Assistance
TBA	Traditional Birth Attendant
TOST	Training of Survey Trainers
WVRD	World Vision Relief and Development

## ***Executive Summary***

---

At the request of the Child Survival and Health Division, Office of Private and Voluntary Cooperation, Bureau for Humanitarian Response (BHR/PVC/CSH), an evaluation of the Child Survival Support Program II (CSSP), USAID Contract # FAO-0500-C-00-3010-00 (1993-1998), was conducted through the offices of the Health Technical Services Project (HTS) between April and June 1997

A team of five external evaluators and two HTS staff used multiple approaches to their task, including document review, briefings, workshop participation, a PVO satisfaction survey, and interviews with staff of BHR/PVC and Johns Hopkins University (JHU), the CSSP contractor. The team also spoke, often more than once, with representatives of about 30 private and voluntary organizations (PVOs), or almost all who have been supported by the CSSP under this contract and the preceding cooperative agreement.

Major services provided by CSSP, to PVOs and to BHR/PVC, have included development of the Knowledge, Practices and Coverage (KPC) survey, training of survey trainers (TOST) and other technical workshops, technical assistance to child survival (CS) programs, production of technical tools and materials, publication of technical reports, organization of PVO grant application and detailed implementation plan (DIP) systems and reviews, and database development.

PVO appreciation for these services, as expressed verbally and via the evaluation survey questionnaire, was high. PVOs perceive that over the years CSSP has offered substantial technical and moral support for their CS programs, giving encouragement and confidence to PVOs new to the field, and seeing veteran PVOs through an extended period of growth in their capacity to implement child survival programs. The KPC survey and related training, along with access to competent and responsive technical assistance, were noted as particular CSSP strengths.

BHR/PVC perceives that the technical support provided by CSSP, to PVOs and to PVC itself, has—on balance—made an important contribution to the growth of the CS movement. At the same time, it feels that it needs to be reviewed and strengthened, not least because many PVOs that have been long-time recipients of

CSSP services will need more flexible, in-depth types of assistance in the future. As part of this strengthening process, BHR/PVC has, in the past 18 months, streamlined and assumed closer control over the application and DIP review processes, with favorable reactions from PVOs.

The team has found that the management of the CSSP contract by both JHU and USAID has been insufficiently rigorous (although USAID's management of the program greatly improved from 1996 to the present). Both the original USAID-developed contract Scope of Work, and JHU's overall project strategy were weak. The contract emphasized activities over objectives, inadequately described those activities, did not establish performance standards, and included an unrealistic pairing of budget and level of effort requirements. JHU did not conduct systematic baseline analysis, and did not develop or use an adequate CSSP monitoring and evaluation system to ensure the appropriate allocation of their efforts and the continuous improvement of their services.

JHU/CSSP and BHR/PVC have had a difficult relationship. This dates from 1993 when USAID support, provided under a cooperative agreement since 1986, was changed to a contract, with more rigorous approval and reporting obligations to which CSSP has had difficulty adjusting. Ineffective communications between the two offices have contributed to a less-than-optimum working relationship, and the USAID Office of Procurement has been more involved than normal in trying to enforce contract requirements.

The team reviewed all of CSSP's technical interventions, and confirmed the specific contributions they have made to PVOs' ability to design and implement effective child survival programs. At the same time it noted a number of areas for improvement in this and any subsequent support contract. For example, it saw the need for stronger, more specific technical guidance for CS interventions, rather than the more passive approach which has emphasized assessment and suggesting questions to which the PVO should obtain the answers.

Training is an essential element of capacity building, and CSSP's training and workshop interventions have been numerous (substantially exceeding those called for in the contract) and of good quality. If such services are provided by any successor mechanism, they should be preceded by a full review of content, audience and location needs, and development of appropriate performance indicators. With respect to the KPC survey and related training (TOSTs), this has successfully provided PVOs with a functional foundation for measurement-based planning and evaluation of CS programs, but would benefit from a full review and up-dating based on experience.

In terms of database support, the team believes that the CSSP-developed indicators database should be modified to make it a more useful complement to the KPC survey. A full analysis should be undertaken to determine how the PVO CS database can be expanded to make it a more useful management and informational tool.

The evaluation team concludes that there should continue to be a mechanism for providing technical and other needed support to the PVO child survival grants program. CSSP has achieved greater success in some areas of support to PVOs (KPC survey, workshops) than others (technical assistance in technical interventions). Its success in providing program and technical support to BHR/PVC has been moderate.

New configurations for technical support to PVOs should be considered in the future, especially those which take into account the possible "graduate" status of some PVOs while continuing to provide flexible, comprehensive assistance to newer and smaller organizations with less experience and fewer technical resources.

# I. Introduction

---

## A BACKGROUND AND RATIONALE FOR EVALUATION

Since 1985 the United States Congress has annually earmarked funds for the support of child survival (CS) programs aimed at reducing mortality and morbidity among infants and children in less developed countries, designating the U S Agency for International Development (USAID) to administer this initiative through its central and regional bureaus. The child survival initiative's purpose is to alleviate a situation whereby, according to UNICEF estimates, as many as 15% of all children born in a given year die before their fifth birthday from the lethal interaction of poverty, disease and lack of primary health care. Its approach is to emphasize the widest possible use of inexpensive, proven technologies and practices, such as immunization, oral rehydration therapy (ORT), exclusive breastfeeding and other nutritional practices, and the reduction of high risk pregnancies.

From the outset, USAID allocated a significant portion of its CS resources to maximizing the potential of U S private and voluntary organizations (PVOs) to implement child survival strategies in the field through their networks of regional and community health programs. Spearheading the effort to develop an effective long term partnership with the PVO community has been the Office of Private and Voluntary Cooperation (PVC) of the Bureau for Humanitarian Response (BHR). In 1986, through its Child Survival and Health Division (CSH), PVC established a CS grants program which has since funded over 250 child survival projects, through more than 30 PVOs, in 38 countries. Survey data show that in many

countries these projects have helped the CS initiative begin to realize the goals originally set by Congress, by contributing to reductions in mortality rates, improved nutritional status, a lowered incidence of disease, increased coverage and quality of primary health care, and strengthened community awareness of health issues

Also in 1986, PVC awarded a Cooperative Agreement (CA) to Johns Hopkins University, for the purpose of providing technical assistance (TA) to PVC in the administration of the child survival grants and to the PVOs in their implementation. The Johns Hopkins Child Survival Support Program (JHU/CSSP) has, since that time, served as the technical underpinning for the USAID/PVO child survival effort. To BHR/PVC it has provided TA in developing and administering the process by which PVO CS grant applications are requested and reviewed, and their implementation plans analyzed. For the PVOs it has provided a range of technical supports, including training in the use of tools for gathering baseline data, specialized workshops and conferences, technical reports, and individualized TA to PVOs in project design and implementation.

In 1993, the USAID Office of Procurement determined that the services being provided by Johns Hopkins to BHR/PVC more appropriately fit the requirements of a contract than a cooperative agreement. Accordingly, since that time the JHU/CSSP has functioned under Contract # FAO-0500-C-00-3010-00. Signed in May of 1993, the five-year contract will conclude in April of 1998, and carries a total budget of very nearly \$5 million. This evaluation is intended to look at and comment on the performance of the contract and its accomplishments to date. In articulating and assessing the lessons learned under the JHU/CSSP, the evaluation will also provide guidance for the objectives and design of any subsequent procurement.

## **B SCOPE OF EVALUATION**

The 1997 Request for Applications (RFA) under the PVO Child Survival Program states that the overall objectives of the program are “to support field programs that

- 1 Meet the critical health needs of infants, children under five years of age, and mothers in developing countries with high infant, child and maternal mortality rates, and

2 Improve the capacity of U S based PVOs and their local partners to carry out effective child survival programming ”

In this context, the purpose behind the JHU/CSSP support contract has been viewed, by implementers and recipients of services alike, in two ways From one perspective, the contract was designed specifically to strengthen the performance of child survival projects funded under grants from BHR/PVC A second, alternative interpretation equates success with the degree to which PVOs’ institutional and long-term ability to meet the health needs of mothers and children in developing countries is increased The former objective is more clearly associated with the overall USAID objectives for health, while the latter is better aligned with PVC’s organizational purpose and mandate

Because these perspectives, while qualitatively different, are not mutually exclusive, the evaluation team kept them both in mind as it examined the performance of JHU/CSSP Using a varied methodology, described in Section II below, the team assessed performance against the three operational objectives of the contract

- to provide program support to BHR/PVC/CSH,
- to provide technical assistance to the PVC office and to PVO child survival projects funded through PVC grants, and
- to develop and implement workshops, conferences and training for PVO child survival projects funded by PVC grants

Through contacts with USAID, JHU and PVOs, the team sought to determine the extent to which the contract had indeed resulted in enhanced PVO capacity, while determining whether the contract had established a foundation for assessing overall impact on child survival at the level of country, district and community

The evaluation team brought to bear on this task a high level of expertise and many years of experience in child survival project implementation, primary health care, survey research, training, management, and the provision of technical assistance to senior program administrators and rural health providers alike It also possessed a wealth of experience both with USAID programs and funding mechanisms, and with the work of health-oriented PVOs and NGOs around the world

## C OVERALL USAID CONTEXT

The evaluation of the JHU/CSSP takes place at a time of continuing change within USAID, but also one of considerable opportunity for programs which emphasize support for PVOs. Two factors in particular are responsible

- Agency-wide **reductions in funding**, for both programs and personnel, have meant that the technical skills and resources of PVOs are in growing demand to help implement USAID strategies in developing countries. Cash- and manpower-strapped USAID Missions increasingly turn to PVOs as partners in program implementation, through buy-ins and other mechanisms. Networks of indigenous NGOs that USAID seeks to involve, for example, in its democracy and governance initiatives are often accessed through U.S. PVOs with in-country presence.

Recent circulation by the USAID Global Bureau of an RFA for a “PVO Networks” Results Package aimed at increasing the use of reproductive health services through PVO/NGO partnerships is a specific indication that USAID’s confidence in the role of PVOs in health programming will continue to expand. This makes initiatives such as the CSSP increasingly important to ensuring program quality and technical currency. To the extent that the present evaluation identifies areas of strength that can be reinforced, and weaknesses that can be corrected, it will contribute in a positive sense to this evolution.

- Similarly, USAID’s on-going **re-engineering effort** presents PVOs with expanded opportunities by virtue of their long-term presence in many developing countries. As the Agency refines its program planning and implementation processes built around carefully developed strategic objectives, PVOs with experience in particular program areas will become increasingly attractive to Missions seeking relatively low-cost, technically competent entities ready and willing to assume roles as implementers of child survival and other programs.

Following the requirements of re-engineering, in September 1996 BHR/PVC completed development of its Strategic Plan for the years 1996-2000, which contained the following Mission Statement

“At the operational level, PVC’s primary mission is to support capacity building which strengthens the sustainable impact potential of U.S. PVOs working in participatory, grassroots development. Through support for U.S.

## INTRODUCTION

---

PVOs, PVC also aims to strengthen the capacity of local non-governmental organizations (NGOs) and community groups to deliver sustainable services, particularly to underserved communities ”

Of equal importance to its assessment of the CSSP and the Child Survival Grants Program to date, the evaluation team was tasked to take a look to the future in the light of the PVC Mission Statement All of its analyses and recommendations are presented in ways which the team perceives to be most helpful in crafting the program so that it can be the most constructive possible participant in the context of a re-engineered USAID

## II. Evaluation Plan and Methodology

---

Before the evaluation team commenced its work in late April 1997, the USAID Office of Procurement distributed a *survey questionnaire* to PVOs that have been recipients of child survival grants and CSSP services since 1993. This was sent to 28 PVOs which, in many cases, copied the questionnaire and passed it on to colleagues in PVO headquarters and field offices. Through the questionnaires, PVOs had the opportunity to describe and rate the technical assistance received from JHU/CSSP, in terms of conferences and workshops, materials and tools, and other aspects of the program. As of May 14, 41 responses from 20 PVOs had been received. Once tallied and analyzed, these responses were integrated throughout the evaluation report. (See Annex 5 for a sample questionnaire and Annex 8 for summary responses.)

The evaluation team began their work with a *document review*. BHR/PVC/CSH supplied the team with an initial set of documents, later supplemented by CSSP and several other sources. (A list of documents that the team reviewed is furnished as Annex 4.) Document review was followed by a *team planning meeting* and *briefings* with BHR/PVC and JHU/CSSP.

The team followed up the briefings with one-on-one *interviews* with current and past staff of USAID, BHR/PVC, and JHU. In addition, the team interviewed, either face-to-face or by telephone, 35 individual CSSP clients from 24 PVOs. To the maximum extent possible it attempted to contact all current and recent grantee PVOs, larger ones with extensive child survival experience and smaller ones only recently introduced to the field, to ensure a complete perspective. Finally, the team spoke with a number of representatives of organizations with interests in child survival programs that were not directly involved with CSSP.

During the data collection phase of the evaluation, various members of the team examined the *electronic databases*, attended Detailed Implementation Plan (DIP) *review meetings*, and observed *PVO meetings* in Atlanta and Maryland. Time and budget did not permit the team to conduct field visits abroad.

Evaluation data analysis was done individually by team members and through team meetings. The key evaluation findings, conclusions, and recommendations follow.

### **III. Services to PVOs**

---

#### **A INTRODUCTION AND OVERVIEW**

##### **1 Overview of Services to PVOs**

In order to strengthen the PVOs' implementation, backstopping and evaluation of their child survival projects, CSSP services to PVOs were provided via three main routes

- technical assistance in technical interventions,
- training/networking workshops and conferences, and
- the dissemination of the KPC survey methodology

This chapter of the evaluation report focuses on these three principal activity categories

##### **2 Project Planning**

The evaluation team could find no evidence of the existence and use of a project strategy to provide support to Private Voluntary Organizations. USAID did not prepare a project paper or Logical Framework for CSSP II. Further, the 1993 Contract Scope of Work developed by USAID did not adequately describe the objectives for the contract nor the technical strategy for the CSSP project.

Instead, JHU's Proposal and Best and Final Offer (BAFO) in response to the RFP seems to be the only attempt to articulate a strategy for the project, and JHU reports that it used six main sources of information to design this BAFO. These sources were

- responses by the PVO Ad Hoc Task Force on Child Survival Goals to a questionnaire on technical support needs, early 1992,
- summary reports on the problem areas in CS V and CS VI projects at mid-term,
- summary reports of the 1991-1992 Final Evaluations of PVO Child Survival projects,
- recommendations of the Survey Task Force, 1992,
- summary report of the baseline status of CS VII projects, and
- recommendations of the PVO/HQ Workshop Management Group in 1992

While these sources existed, no attempt seems to have been made (by either USAID or JHU) to use this information to generate a five year strategy. Instead, it seems to have informed only the first annual workplan of CSSP II.

Further, the evaluation team could find little evidence of a systematic method for the development of annual workplans. There existed multiple opportunities for PVO feedback to improve the program, i.e., RFA and DIP reviews, workshop recommendations, mid-term and final evaluations of PVO child survival grants, consultant reports, USAID/CSSP meetings and other interchange. However, over the life of the contract, CSSP appears to have used information from DIP reviews and mid-term and final evaluations of PVO CS projects in a primarily anecdotal, rather than systematic, way to help shape the next year's workplan. There was little evidence of consistent use of feedback of information for PVO CS project strengthening or for changes in CSSP emphasis or direction.

### **3 Staff and Consultant Use for TA**

In the course of this evaluation, the team's review of the CSSP scopes of work and technical task assignments found that they were not routinely developed nor clearly stated to define the use of the time of staff, longer term consultants providing project TA support or TA consultants used in the field.

It is our assessment, also, that an unrealistically high level of effort estimate in the CSSP Contract contributed to the source and quality of personnel assigned to the

services described below. This is more fully discussed in Section V C of this report.

## **B TECHNICAL ASSISTANCE IN TECHNICAL INTERVENTIONS**

A major component of CSSP support to PVO child survival activities was the provision of technical assistance in technical interventions. This TA took four principal forms: technical assistance visits to PVO CS projects, the development of a Pneumonia Care Assessment Toolbox, the development and dissemination of Maternal Care Gold Standards, and the production and distribution of CS Technical Reports. Each is assessed below.

### **1 CSSP TA Support in Field Visits**

CSSP provided field visits for three major reasons: to provide technical intervention support to PVO projects, to provide technical assistance in conducting or analyzing KPC or in establishing health information systems, and to provide feedback on grant proposals and detailed implementation plans.

In order to assess the quality of this technical assistance, the team requested three pairs of SOW and trip reports. The analysis of these documents follows below.

Technical TA Nepal Trip. The reports prepared by the CSSP staff member assigned to this task are clear, address each specific technical CS intervention and major project support systems needs. Included are comments on the RFA or DIP reviews and evaluations conducted on the project. She presents brief, solid information on project status, issues, observations, with technical conclusions and recommendations for SCF and ADRA which are thoughtful and demonstrate considerable technical CS and program support capability. She raises issues on how to sustain CS interventions and support systems, and discusses actions to sustain the current HIS. She discusses linkages with other PVOs, the MOH, other projects and the need for PVOs to access up-to-date information and to document their CS experiences. The grasp of information is considerable and recommendations appear grounded in the reality of PVOs. These reports reflect a four day SCF and one day ADRA TA visits.

Technical TA Uganda Trip. One CSSP staff member provided TA in July 1994 and visited four agencies, reviewing their CS interventions and project management support. Discussions were generally based on PVO needs, included general observations of the project and statements on interventions. Some

included recommendations, others did not. One compared baseline and midterm evaluation results. Discussions of future directions for these projects were general. The SOW for TA contained the guidance to identify progress and address constraints. Each TA visit averaged two days.

HIS and Surveillance TA Yemen Trip. This SOW was designed by the beneficiary PVO, the Adventist Development and Relief Agency (ADRA). HIS support was provided by a JHU consultant contracted by CSSP. His assignment was to orient ADRA to the Yemen national HIS system, to assist in the integration of ADRA's HIS within the national system, and to recommend indicators and forms for ADRA's HIS. His report presented data collection oriented for use by the health worker and community with basic indicators to track health inputs, quality, outcomes and impact. The guiding principle—that only data which are useful should be collected—guide the entire discussion of kinds, frequency, amounts and analysis of data. Discussions focus on key disease surveillance and death reporting, and how data will be used to mount epidemiological responses, guide actions of health workers, the MOH and community. The management discussion of coordination with the MOH and the community is well focused and practical.

In general, there are a number of noteworthy factors about the on-site technical assistance provided by CSSP, and these are discussed below.

While CSSP exceeded its contractual obligations in terms of the number of total technical assistance visits to PVO projects (34 actual compared to a contracted 20), there were only eleven technical assistance visits in *child survival interventions* in Years One to Four of CSSP. Nine of these occurred in Year Three of the CSSP project.

In addition, the length of each visit (two or three days) was significantly shorter than that envisaged by the contract (two weeks). Notwithstanding the positive comments about the trip reports above, and the positive assessment of the TA from the beneficiary PVOs, it is our assessment that the technical assistance visits could have been much more valuable had they each lasted longer.

Further, 22 of 34 TA visits (or 64%) occurred in the LAC region, a fact that we believe is more reflective of CSSP's internal staffing and structure than the geographical distribution of PVO needs.

Finally, we note that of the technical assistance visits in technical interventions, some important CS areas (immunization, breastfeeding, nutrition) did not figure prominently, if at all, in the content of the TA provided.

## 2 Pneumonia Care Assessment (PCA) Toolbox

CSSP reports that DIP reviews in 1991 identified TA needs in acute respiratory infection (ARI)/pneumonia case management (PCM) technical interventions. Although the 1991 guidelines were improved for ARI interventions, CSSP reports that for the next two years, PVOs continued to present weak ARI interventions in their DIPs. CSSP actions to strengthen ARI interventions included general interviews and assessment of PVO actions and establishment of a technical taskforce. CSSP then focused on developing the PCA Toolbox.

While the development of the PCA Toolbox was begun in 1994, it is worth noting that it was not final as of September 1996. Consequently, while the decision to develop the toolbox was made at a time when few tools were available for community level pneumonia care assessment, in the two years since, other agencies have developed community assessment tools for ARI interventions.

The team also notes that the development of a toolbox for assessment can only be one part of the program strengthening assistance needed to improve PVO ARI interventions, e.g., training of PCM care providers, the improvement of access to PCM services, and the promotion of improved caretaker behaviors. Unfortunately, there is insufficient evidence that CSSP invested in the development and dissemination of those other components necessary to improve the PVOs' PCM interventions.

## 3 Gold Standards for Maternal Care

CSSP developed the Maternal Care "Gold Standards" in response to an assessment that the quality of maternal care within PVOs projects was limited, as judged by its review of PVO grant proposals and DIPs for 1993 and 1994. A one and one half day maternal health workshop was organized by MotherCare and CSSP in July 1994 to train PVO HQ staff, and one of the workshop outcomes was a commitment by PVOs' HQ to reevaluate their project's maternal care objectives.

Four months after the workshop, CSSP requested from PVOs, and reviewed, their maternal health curricula. Two external consultants and a CSSP technical specialist developed technical guidelines for the review which were later termed the "Gold Standards" (it should be noted that the Gold Standards are in fact bronze standards—they attempt to establish the minimum acceptable standard for maternal care interventions rather than the highest). This review found that

maternal care was an integral part of PVO CS projects but that the interventions did not adequately address the maternal danger signs, risks and the actions to be taken in obstetrical emergencies. Care of the newborn and messages to mothers of where to seek emergency care and family planning services were not well covered.

A second review (using the Gold Standards) of PVO curricula was done in late 1995, with limited improvement noted by the external review committee. The distribution of the new RFA and DIP guidelines, gold standards and a short workshop was the focus of CSSP inputs reported. Other TA to strengthen curricula, train staff or provide other TA or resources was reportedly not used.

The impact of the use of the Gold Standards to improve PVO curricula has not been adequately assessed by CSSP. It is the evaluation team's belief, however, that PVOs may require additional CSSP TA in maternal care curriculum development, training techniques, and resource materials. Unfortunately, CSSP does not currently have the improvement of maternal care and curricula as part of their annual plan, nor has it assigned specialized staff or identified consultants to continue to provide support in this technical intervention.

#### **4 CSSP Technical Reports**

The CSSP Technical Report series was developed in response to a 1989 survey of PVOs which determined that they wanted a documentary means to encourage an exchange of information, informing PVO staff of latest developments and techniques in CS, discuss implementation and evaluation issues, and to explain USAID guidelines for reporting on CS initiatives.

The evaluation team reviewed CS reports from 1989 to 1997, with emphasis on the contract period (1993-97). CSSP collects information, writes, edits and produces these volumes. CSSP does not report surveying PVOs in 1993 at the beginning of the contract to assess changes in needs since 1989, although some report volumes refer to responses to PVO requests. The following is the evaluator's observations of content, quality and use of these technical reports.

Earlier volumes contained varied content. They included information on a number of interventions reported by PVO projects, shared the CS results/summaries of proposal reviews, regional and other PVO CS conferences, and disseminated summaries of strengths and weaknesses of PVO projects reported in CS evaluations. The presentation was consistent and clear, although some tables and guidelines did not cite sources.

Later volumes (1994-97) were often focused on one topic, i.e., KPC survey, Malaria, HIV/AIDS. Studies of program and research efforts were generally summarized with implications for PVO use of this information in their programs. Content on PVO activities generally became a smaller component of these later reports. Reports on CS workshops were more general, missing the conclusions and recommendations for actions by PVOs which had been presented earlier in technical reports. Summaries of CS proposal reviews, DIPs, and evaluations were not seen in later reports reviewed. The source of information in tables and inserts (providing guidelines, summaries and protocols) were not clearly attributed to a source to help substantiate their credibility. The presentation was not consistent and generally less clear than in early volumes. Overall, the content, quality and clarity of the technical reports are assessed as being stronger in earlier volumes.

There is no doubt that PVOs benefitted from the receipt of these technical reports. In particular, project staff working in isolated areas perceived the information included in these reports as very useful. At the same time, producing a high quality technical report for a small audience absorbs considerable CSSP resources. The PVO's stated need for the latest CS developments and techniques, USAID guidelines, policies and initiatives may now be available from other sources, and while CSSP may be able to identify and facilitate access to these, other PVO needs such as information exchange on PVO CS projects and a forum on PVO issues in implementation and evaluation could have been met in different, more cost-effective methods (including electronic communications). It is a weakness of the Contract SOW that the activity (production of technical reports) was emphasized over the objective (PVO access to information on CS interventions).

## **C TRAINING AND WORKSHOPS**

### **1 Objectives**

A second major component of the CSSP contract was the provision of training and workshop services. This included technical workshops and Training of KPC Survey Trainers (TOST) for PVO headquarters staff in the United States, regional workshops and TOSTs abroad, and an international conference.

These events were intended to provide opportunities *to share lessons learned while building networks* (1993 contract), and *to upgrade the technical skill level* of PVOs funded under the grants program (1996 amendment). The training

events were to be organized around a theme, jointly organized by a selected PVO, and, where possible, co-sponsored with an in-country institution. The total number of training events required of CSSP, as detailed in the original contract and 1996 amendment, were

- 4 regional workshops
- 2 PVO headquarters workshops
- 1 international conference

## **2 Achievements**

Each year CSSP presented a training plan to USAID as part of its annual implementation plan. By the end of the second year of the program, the quantitative targets had been achieved. All training done after that point was in excess of the contractual requirements.

Since 1993, ten regional workshops and training of survey trainers (TOST) exercises have been conducted abroad, in Africa (5), Latin America (3), and Asia (2). The eight workshops/TOSTs for PVO headquarters were conducted in the United States, with a majority in Baltimore, Maryland. In addition, CSSP organized three child survival task force meetings in Washington, D C and Baltimore.

A wide range of people participated in CSSP workshops and TOSTs. U S workshops were attended by staff from the PVO headquarters, representing both mature and new grantees. The regional workshops were attended by country national field staff from PVOs at specified stages of project implementation. Preference was given to individuals with substantial involvement in CS project implementation and likely to continue working in the project area in the future. The TOSTs were intended for local and regional consultants who, in turn, could train PVOs and help them conduct KPC surveys.

As required in the contract, each workshop was designed around a theme. CSSP consulted with PVOs to identify critical themes—through questionnaires and task force meetings—and USAID and CSSP made the final selections. Themes included HIV/AIDS prevention, rapid KPC survey training, malaria control, training and supervision, nutrition, pneumonia care, family planning, child survival, safe motherhood, and ARI. Participating PVOs indicated that they have found these themes to be relevant and useful, as well as consistent with the contract's recommended areas for technical assistance.

**Table 1**

<i>CSSP Training Achievements 5/93-4/97</i>
19 training events/meetings
27 participating PVOs
36 participating countries
458 participants
5 PVOs serving as co-hosts of regional workshops
1 in-country institutions involved in workshop implementation

Specific training objectives were identified for each theme and were combined with the more generic CSSP workshop objectives of sharing lessons learned, building networks, upgrading technical skills, and gaining access to resource materials. Overall, PVO participants felt that training objectives had been effectively met. However, more emphasis was given to lessons learned and networks, particularly in the early years.

The TOST design was conceived by CSSP, with minor adjustments made in response to PVO's evolving needs. The designs of technical workshops were based on training needs assessments conducted by CSSP. In addition to self-assessment by PVOs, USAID identified training needs of the participating PVOs. The workshops were designed during 2- to 3-day planning meetings with various combinations of staff from CSSP, PVO hosts, USAID, and consultants. A vast majority of participants surveyed felt that the training designs responded to their unmet technical assistance needs, demonstrating the accuracy of the assessments and the responsiveness of CSSP.

CSSP has consistently used adult learning methodologies, including site visits, demonstrations, problem-solving exercises (case studies, situational analysis), group discussions, and action planning. CSSP offered written guidance to PVO workshop hosts for designing and implementing participatory learning, with a focus on the EIAG methodology: experience, identify, analyze, generalize. TOSTs have been completely application-oriented. In the 10-day TOST course, participants gain relevant knowledge and skills, and then have opportunities for immediate application. TOST participants design a survey questionnaire, develop a sampling frame and manual tabulation tables, begin drafting a survey report, and develop lesson plans for training survey supervisors and interviewers.

CSSP provided a variety of materials to workshop participants, setting up a "resource room" at workshops where participants could display materials from their projects, such as posters, manuals, and video cassettes. Additionally, CSSP collected materials from other organizations (i.e., TALC, UNICEF) for display and distribution at the workshops. The workshop reports included a listing of resource materials available at the workshops. CSSP has had no strategy for distributing workshop materials for those who did not attend the workshops.

Regional workshops have been jointly organized and managed by USAID, CSSP and PVOs, including AMREF, CARE, Save the Children, World Relief Corporation, and World Vision. For regional workshops, organizers had the benefit of a workshop implementation guide developed by CSSP. The guide presents the lessons learned from previous workshops and details the responsibilities of the PVO host, CSSP, USAID, consultants, and facilitators. Individuals reported that the collaboration, although not without a few challenges (including instances of unilateral decision-making by CSSP), contributed to capacity building among PVOs involved, allowing them to manage future workshops on their own.

CSSP took the lead in managing headquarters workshops and TOSTs. Some individuals, including members of workshop planning and management teams, expressed concerns about the quality of CSSP's management of U.S. and field workshops and TOSTs. In part, this was due to "casual management" styles, as well as a lack of formal training in workshop facilitation. Likewise, the lack of depth of understanding of the technical issues was a concern. Financial management of the workshops was also problematic throughout the contract period. CSSP accounting systems make it difficult to know the true costs—including CSSP overhead, staff time, employee benefits—of workshops. Actual direct costs were rarely in line with budgets, and this situation did not improve over time. However, on balance, PVO participants indicated satisfaction with training organization and management, with the quality improving over time.

### **3 Reporting**

End-of-workshop evaluation questionnaires were distributed at training events and two (of the total ten) regional workshops included pre- and post-tests to measure changes in knowledge and skills. The questionnaires solicited feedback on such issues as achievement of workshop objectives, process and format of the workshop, logistics, and most/least useful aspects. Some, but not all, regional workshop reports (drafted by PVO hosts) included the questionnaire results, with summaries and analysis. CSSP was more consistent in including completed questionnaires for TOSTs, but again, few reports included summaries or analysis of data.

CSSP also sent follow-up questionnaires to workshop participants six months after their training. But even though they subsequently sent two reminders, response rates were low. CSSP compiled the responses from seven of the eleven workshop follow-up surveys. However, only four of the reports includes any analysis of the questionnaire responses. CSSP went a step further with the

follow-up to TOSTs (1993-1995) by drafting a report that included a summary and analysis of responses from six TOSTs

CSSP provided workshop reports to PVO participants and to USAID. The quality of the reports varied, with most lacking analysis of workshop proceedings or participant feedback. In one case (pneumonia care workshop in Malawi) no report was written. While the contract required that reports be submitted to USAID within 30 days of completing the workshops, it usually took much longer. The 9th Annual Headquarters Workshop (the most recent one) was delivered seven months after the workshop took place, and the report of the 8th Annual HQ Workshop was delivered after a delay of a year.

Shortcomings in workshop reporting could not detract significantly from the fact that the evaluation team found participants to be pleased with the quality of workshops and TOSTs. It is our assessment, however, that inadequacies in follow-up and reporting explain (in part) the insufficient improvement in the quality of these services over time.

#### **4 Impact**

The results of CSSP training can be assessed by looking at such things as (1) acquisition of skills, knowledge and attitudes (SKA), (2) application of newly acquired SKA, especially in terms of implementing the action plans developed during training events, and (3) changes in performance. However, without baseline data and specific indicators measured over time, assessment of impact is limited to anecdotal, self-reported information.

Pre-workshop and post-workshop testing for two of the regional workshops shows that participants increased the level of their understanding of particular child survival issues as a result of CSSP training. For example, in the HIV/AIDS workshops held in Uganda in 1993, all but one participant increased their test scores, with two-thirds increasing their scores by at least 10-30 percent. In the 1994 regional workshop in Guatemala, the mean score for the post-test was 13 percentage points higher than the pre-test. No pre/post-tests were conducted for PVO headquarters training or TOSTs.

A follow-up survey, conducted in 1995, showed that TOSTs were extremely effective in giving participants the skills they needed. A total of 70 participants from six TOSTs were asked whether the training adequately prepared them to assist a KPC survey team. The 21 responses to the follow-up survey show that participants gained the skills they needed to help others with the survey, as shown

in Table 2 According to self-reports, TOSTs were most effective in preparing participants to adapt the generic questionnaire, select clusters, and analyze data (see the discussion of the KPC Survey Tool in Section III D)

**Table 2 Effectiveness of TOSTs**

Task	Did the training adequately prepare TOST participants to assist the survey team? [# and (%) of respondents]			
	Yes	No	Partially	Total
Adapt the generic questionnaire	20-95%	0-0%	1-5%	21-100%
Select the 30 clusters	20-95%	0-0%	1-5%	21-100%
Train supervisors in monitoring interviews	15-71%	0-0%	6-29%	21-100%
Train interviewers	18-86%	0-0%	3-14%	21-100%
Tabulate survey data	16-80%	0-0%	4-20%	20-100%
Analyze survey data	18-90%	1-5%	1-5%	20-100%
Formulate action plan	15-75%	1-5%	4-20%	20-100%
Write a draft survey report	17-85%	0-0%	3-15%	20-100%
Revise action plan	13-68%	2-11%	4-21%	19-100%

Source CSSP Follow Up Evaluation Report, July 1995

In addition to giving participants knowledge and skills, the workshops provided other valuable opportunities. When asked to identify the main benefits offered by conference or workshop attendance, participants listed such things as—

- sharing experiences with other PVOs on child survival topics, learning from other's experiences, challenges, successes
- networking and developing relationships for future collaboration
- updating technical knowledge
- improving program management skills
- learning and applying new techniques and tools

Most of these benefits, participants agreed, are best realized through training. One benefit—updating technical knowledge—can also be achieved through

information dissemination. Overall, however, participants believe that workshop and conference attendance is the most cost-effective way to gain these benefits.

Participants applied newly acquired skills, knowledge, and attitudes to their work on child survival grant projects. One way they applied their training was through implementing their action plans. Follow-up questionnaires sent to participants showed that a majority of participants had begun implementing action plans and many had completed them within six months of training. Participants had been successful in networking and collaboration with local partners, sharing workshop materials, conducting assessments and surveys, and training others.

The latter was the most common way in which participants applied their CSSP training. A majority of those who committed to training others—as documented in their action plans—had done so within a year of having attended the CSSP workshops. For example, participants in the 1993 regional workshop in Bangladesh had committed to strengthening their project's training program, and 100 percent of survey respondents indicated they had begun that process at the time they were surveyed. Likewise, all participants in TOSTs were expected to train others in the survey methodology and to themselves assist with surveys. The vast majority have met those expectations.

In the 1993 regional workshop in Uganda, participants were challenged to share workshop information with project staff and other people involved in HIV/AIDS prevention. All participants who responded to the survey indicated that they had conducted mini-workshops, implemented training-of-trainer workshops, held community meetings, followed up with previous trainees, or set up information systems. And in virtually every case, results followed: increased knowledge among community health workers (CHWs) and traditional healers, standardization of AIDS information delivered to youth, improved communication skills, decreased incidence of STDs, increased use of condoms, and increased demand for blood testing.

Further assessment of the impact of training on PVOs' design, management, and evaluation of their CS programs is limited by a lack of key indicators, baseline data, and performance monitoring data. Where performance data were collected, the focus was on the impact of PVOs' efforts on CS, rather than the impact of CSSP on the PVO.

Where there has been little or no impact on projects or PVOs, the explanations are typical of development settings. Participants said their efforts were constrained by such things as staff turnover, slow project start-up, changing priorities within the PVOs, insufficient funds and supplies, bureaucratic slow-downs, lack of

collaboration with other organizations working in the project area, inadequate MOH support, and political uncertainties

## **5 Conclusions**

While there were weaknesses in CSSP data collection, a few sound conclusions can be made about its training activities, based on the information available to the evaluation team. Three stand out as particularly relevant to the design of a follow-on to CSSP:

Training was the most effective way of achieving (1) sharing lessons learned, (2) building intra-country and intra-regional networks, and (3) upgrading the technical skill level of PVOs. While technical assistance and information dissemination contributed to capacity building, neither is as effective as training in achieving all three objectives. Furthermore, CSSP has, over the years, developed successful approaches to planning and implementing all types of training events and has been successful in contributing to PVOs' capacity to implement their own workshops.

The content and audience for CSSP training was not always consistent with the CSSP objective of capacity building among PVOs. For example, if the CSSP objective is to strengthen PVOs, greater emphasis should be on management and institutional development topics and the main audience should be PVO core staff. Fewer resources would be invested in project staff, as many of these people leave the PVO once the grant ends. (This is particularly true for the smaller PVOs.) When this occurs, the PVO has lost the skills and knowledge gained from training, reducing CSSP's contribution to "strengthened PVOs." If, however, the primary objective is to improve the impact of CS interventions, more attention should be given to technical issues and the audience should include not only those working on USAID grants, but other key decision makers and technical leaders in the region.

The CSSP monitoring and evaluation plan was inadequate for measuring training impact. CSSP was relatively consistent in measuring participant satisfaction and achievement of training objectives through end-of-workshop questionnaires. However, the contract included no performance indicators for PVOs and no quantitative baseline data were collected. Consequently, there was no basis for monitoring progress. CSSP distributed follow-up questionnaires six months after each training event, but the return rate was low, the questions—and therefore the data—were not comparable nor quantifiable, and the analysis and reporting were inconsistent.

## **D THE KPC SURVEY**

### **1 Objectives**

The intent of the development of the KPC survey was to strengthen PVOs and their CS projects by requiring rigorous measurement at the project baseline and at the end-of-project, and support this with technical assistance and training. At the project site, such a tool needed to be able to obtain estimates of different aspects of child survival from the community itself. These include community members' knowledge and self-reported practices and the estimation of immunization coverage rates. Results obtained early in a project life cycle could be used in program planning by informing the Detailed Implementation Plan (DIP). A valid, replicable method could generate key child survival indicators which could be used in managing for results.

### **2 Survey Achievements**

By 1993, JHU/CSSP had developed a standardized, methodologically sound, community-level survey to learn about child survival conditions in project areas. The survey questions asked mothers of young children about their knowledge, practices and immunization status ('coverage'), and became known as the "KPC Survey". The survey was crafted to yield a recommended set of child survival indicators. The cluster sampling approach used is based on the World Health Organization's recommended methodology, and is considered efficient for field purposes.

Throughout the life of the CSSP contract, projects have used this approach to gather data at baseline and at end-of-project. While projects could use something altogether different and still meet agreement requirements, the use of the KPC instrument has been promoted and the TOST designed to support it. Virtually all projects have used the KPC Survey. Feedback from the "Survey Questionnaire to CS PVOs" and telephone interviews indicated that a very large majority of PVO users were pleased with the KPC survey. The specific request most often heard from PVOs by the evaluation team members was to make the instrument more flexible (via the inclusion of additional optional modules) and adaptable to the specific projects and cultures.

Depending on the match between the KPC and project focus, the KPC baseline results were used to inform the DIP. Comparison of the baseline and final KPC results need to be analyzed more carefully, with an array of quantitative methods that most PVOs are still not equipped to use. The KPC is also not used to make summative statements on the project achievements—although this was clearly a main intent of the survey. One good exception, however, can be found in World Vision’s *Partnerships in Child Survival Projects: Results, Lessons Learned and Potential Future Benefits*.

In sum, the KPC survey was implemented consistently during the life of the contract as the foundation measurement tool for project planning and evaluation at the PVO grant level, and several PVOs are using it in their non USAID-funded child survival projects. By this credible measure, CSSP’s achievements in disseminating the KPC survey methodology are important.

### **3 Conclusions**

CSSP has supported genuine capacity building for KPC surveys in CS Projects, with the result that recipient PVOs have accepted and routinely conduct Baseline and Final surveys. Several of the larger PVOs, those who have the most experience in CS Projects, self-report that they now have capacity to organize and conduct KPC surveys using their local, regional and international staff without the need for TA. PVC-sponsored (and CSSP-assisted) CS grants outperform other USAID health projects in the collection of community-level data. This is a substantial achievement.

Despite the overall success of the CSSP component, there are some remaining challenges. Comparative analysis of baseline and final survey information is inadequate and needs to be strengthened. A better balance can and should be struck between the collection of KPC, ethnographic and HIS information.

## **E SUMMARY CONCLUSIONS AND RECOMMENDATIONS**

### **1 Conclusions**

In summary, the evaluation team believes that CSSP made an important contribution to the development of PVOs’ ability to design, implement and

evaluate increasingly effective child survival programs. This assessment is supported by the testimony of the beneficiary PVOs themselves.

It is our assessment, however, that CSSP could have had an even greater impact on the capacity and performance of PVOs and their CS projects if it had not been for some avoidable mistakes made by both CSSP and USAID. The most important of these are discussed below.

- The CSSP was characterized by the lack of an (either USAID- or JHU-developed) 5-year strategy that responded to PVO needs that themselves were identified through a baseline survey of the state of PVOs or their CS projects. As a consequence, CSSP's activities over the contract period can be better described as a series of discrete activities than as a strategic approach. This effect is most pronounced in the area of technical CS interventions, where the technical assistance provided by CSSP seemed particularly opportunistic. It may also partly explain the seeming imbalance between categories of assistance (TA in technical interventions, training and workshops, and KPC survey assistance) provided by CSSP.
- The absence of a comprehensive self-monitoring and evaluation mechanism is also a notable feature of this project. It may explain the assessment of the evaluation team that CSSP was not characterized by the continuous improvement of its performance in providing services to PVOs, especially in areas (e.g., workshops and the KPC survey) where it perceived itself as strong.
- CSSP was less sure-footed in the provision of TA in technical child survival subject matter than it was in the provision of training and TA in the KPC survey methodology. It is our assessment that it did not make adequate attempts to strengthen its own capacity to deliver technical TA to PVOs. At least part of the reason it did not do so, we believe, is because of the difficult budget/LOE agreement in the CSSP contract (see Section V).

## **2 Recommendations for CSSP Year Five**

USAID should initiate a full review of PVO experience with, and use of, the KPC survey tool, with the objective of updating its project-based application and giving it the flexibility to provide new and/or more sophisticated information, customized to meet different PVO needs.

JHU/CSSP should conduct a formal end-of-project analysis of the institutional capacity of PVOs currently in the CS grants program to design, implement and evaluate child survival projects, and submit the report to PVC

JHU/CSSP should expand the TOST Manual to include more advice on data analysis, comparison, and feedback to the community. Further, JHU/CSSP should ensure that the TOST manual can be used as a stand-alone trainers' guide and that it is freely available to all interested parties. This would be an appropriate way by which to showcase its substantial and unique contribution to the PVO and child survival communities over the previous 13 years.

## **IV. Services to BHR/PVC**

---

### **A INTRODUCTION**

In addition to the range of services it offered to PVOs, the CSSP was also designed to provide technical and logistical support to BHR/PVC in its role as provider of child survival grants to PVOs. Chief among these services was the design and implementation of processes whereby (1) grant applications, once solicited through annual BHR/PVC RFAs, were reviewed and accepted or rejected, (2) implementation plans for successful applications were reviewed, and (3) technical guidance was provided over the life of a particular grant. The KPC Survey and database services, while designed primarily as tools to strengthen and support PVO child survival efforts, were also perceived as potentially important technical supports to BHR/PVC.

### **B TECHNICAL REVIEWS AND GUIDANCE**

#### **1 Application Reviews**

The first of the three major documents used to guide PVOs in seeking and implementing CS grants is the Request for Applications (RFA), issued once per year by USAID. The evaluation team reviewed 1993 RFA guidelines for preparation of applications or proposals, and criteria for selection, which included design of the proposed CS intervention, intended project management systems,

human resources required, HIS and a financial plan. Guidelines for the section on technical interventions focused on subject areas such as EPI, ORT, vitamin A, malaria, and how to define target populations for each intervention.

As managed by JHU/CSSP, the application review process involved recruiting and bringing expert reviewers to Washington for a week to review all applications, and to make recommendations for approval/rejection to BHR/PVC using a 10 page "score sheet". In late 1995, assessing the process to be overly expensive and cumbersome and insufficiently transparent to the PVO community, the CSSP COTR (the present incumbent) modified the review process to one which, while still using expert reviewers, did so by mail and did away with their role in "scoring" proposals, making that instead a function of an internal USAID scoring team. The effect was to move control of the application review process more fully within the purview of BHR/PVC, with CSSP retaining responsibility for identifying reviewers and filling the largely administrative role of managing the flow of paper, setting schedules, etc.

Not surprisingly, CSSP was resistant to this change in the application review process. It must be mentioned, however, that CSSP is now supportive of the change; they recognize that it is now more transparent to, and empowering of, the PVOs presenting project applications for funding. The evaluation team also applauds this move; the proposal review process is now more consistent with the inherent roles of USAID and contractor, better serves to educate other USAID operating units on the activities and strengths of the PVO community, and is more transparent.

## **2 DIP Reviews**

The evaluation team also reviewed early guidelines for Detailed Implementation Plans (DIPs), which are the plans which successful PVO CS grant recipients prepare for review six months after their applications have been approved. They present some 28 pages of questions for PVOs to answer on all aspects of the implementation of their approved CS projects. The DIP guidelines were generally stated as questions, not guidance statements. CSSP indicated to the evaluation team that guidelines were designed in this way to allow PVOs to search for information and allow them ownership of the DIP.

Here again, in 1996, the BHR/PVC COTR requested that the DIP review process be "opened up", from one closely controlled internally by JHU/CSSP (and which again included a scoring process which PVC considered entirely unnecessary since the projects had already been approved) to one which was handled through

open consultation meetings with the PVOs at USAID, using consultant reviewers. While JHU/CSSP was again initially resistant to the change, feeling that consultants would feel awkward about speaking frankly in open review meetings, they have since had the opportunity to observe the impact of the change and are now more supportive of it. Among the PVOs, the more open system has been very popular. One of its key features is that PVOs get immediate (and interactive) feedback on their DIPs and can make modifications in the review meeting itself. Clearly, this revised approach to DIP review is more in line with the capacity building and empowerment objectives that are central to the child survival grants program itself, and to PVC's mandate in general.

It is important to note that the DIP reviews are one of the key, lasting innovations of the child survival grants program, and that JHU/CSSP deserves a great deal of credit for their creation and for the technical guidance they have given to their implementation. The opportunity to have an expert group discuss the technical details of a project's plan of implementation AFTER the project has been approved, at a time when all focus can be on quality and potential impact rather than on a funding decision, is one from which all USAID projects could benefit.

### **3 Technical Reference Materials and Guidance**

The evaluation team's assessment focused on the October 1996 Technical Guidance Document as the most current guidance to RFAs and DIP reviews. It is currently used as an annex to DIP Guidelines, which briefly introduce it as the state of the art in CS interventions. The Technical Guidance Document begins with a list of general reference materials, then provides technical guidance on each of nine CS interventions. Each section differs in format, emphasis and presentation. Some sections provide the basic technical information needed for a sound program, i.e., nutrition, family planning, PCA, etc. Others do not provide this basic guidance. Most sections ask detailed questions in numerous categories with an uncertain sense of priority. This approach, of questioning rather than providing "rules", was used by CSSP and later PVC to urge PVOs to search for answers for the details of interventions.

### **4 Conclusions and Recommendations**

The evaluation team is aware that USAID cannot mandate the technical approach of PVO projects once the grants are awarded. But PVC and CSSP should be commended for continually improving RFA and DIP Guidelines to give the best possible "non-mandate guidance" to PVOs. The Guidelines have become

progressively clearer, more inclusive and transparent over time, and reflect an excellent cooperative relationship between PVC and the PVOs, mirroring the equally good relations between PVOs and JHU/CSSP that have existed for years. PVC also requests that PVOs respond to issues raised in their proposal reviews (six months prior to the DIP) and to respond to the recommendations from the final evaluation of the last project. This review of recommendations of past projects and issues raised in a positive vein adds continuity to PVO responses.

## **C KPC SURVEY AND CS INDICATORS DATABASE**

### **1 Survey Intent/Objectives**

The KPC survey results could, if were intended to provide USAID with a tool for performance evaluation. The survey methodology provides the indicator value estimates from CS projects which can, in principle, be used to monitor both the progress and achievements at the project level, and the potential for a database of child survival indicator value estimates for use by PVC. While Section I D of this report assessed the KPC survey instrument as a tool for use by PVO CS projects, this section shall assess CSSP's achievements in translating information from KPC surveys into a database of performance measurement information for use by PVC.

### **2 Achievements**

CSSP currently maintains a database on 20 child survival indicator value estimates gleaned from written reports submitted from PVOs' CS projects. Before an indicator value is entered into the database, it is reviewed and scrutinized by two persons at CSSP, providing some quality assurance. At this time, all data is extracted from reports and electronic data sets are not gathered by CSSP. The database does not include the complete set of parameters necessary to make comparisons between baseline and final—specifically the variance at each indicator value estimate must be reported, thereby constraining its scientific validity and utility.

CSSP has provided a recent draft summary on 36 completed projects with 1991/1992 baseline KPC Surveys<sup>1</sup> While PVC has done a thoughtful job of selecting a subset of indicators from the 20 collected through CSSP, it should be aware that the marginal sample sizes for four of these five indicators is small, and thus less reliable than indicators based on the KPC total sample size, as shown in Table 3

**Table 3 Average Percent of Total Sample Size, by Indicator, for 145 PVO Child Survival Rapid KPC Surveys\***

<b>Average total sample size</b>	296
<b>Average percent of sample size</b>	
Maternal TT immunization sample	100%
Measles Immunization sample	40%
DTP drop out rate sample	24%
Exclusive breastfeeding sample	14%
ORT use sample	30%

\*(Source JHU/CSSP William Weiss 13 May 1997 pers com )

Ironically, the KPC Survey Trainer’s Guide contains volumes about selecting sample size but never connects this to the fact of marginal sample sizes for certain key indicators, e g , exclusive breastfeeding Furthermore, the full analytic consequences for comparing values over time is not fully articulated

At this point in time the non-parametric rank sign test recently (April 1997) adopted by PVC and CSSP adequately tests whether there has been a positive, negative or unobservable change from baseline to final in one indicator across projects This analysis, however, does not assess the magnitude of change Having selected the cluster sampling methodology, PVC and CSSP should attempt to provide the PVOs with the appropriate analytic methods—i e , a proper analysis of the cluster design data Epi Info 6 02 now offers this in a very user-friendly format

<sup>1</sup> DRAFT Levels of Knowledge, Practice and Coverage Reported at Baseline and Final Surveys by PVO Child Survival VII & VIII Projects By Doris Storms, Sc D , and Isaac Ajit, MD, MPH April 3, 1997 Courtesy JHU/CSSP

### **3 Conclusions**

The CS Indicators Database exists at CSSP, but more thought by both PVC and CSSP is required into how it will be analyzed and used. If PVC's indicator reporting is to be fully consistent with the "managing for results" approach, more intellectual effort, more critical thinking, and more resources will need to be focused on the actual indicator value estimates obtained from baseline and final KPC surveys.

### **D PVO DATABASE SUPPORT**

JHU/CSSP maintains a PVO Child Survival Projects Database on behalf of PVC. The database list of all projects since 1985 is sorted by PVO, and contains the project duration, numbers of potential (though not actual) beneficiaries and a breakdown of the major project interventions. This listing, as it stands, fulfills a minimum utility—that of having an up-to-date listing of projects with minor detail. Sorting the list in other ways is useful but still limited.

PVO Child Survival Projects database has yet to become a truly useful management tool. PVC appears to maintain separate databases for financial information for each funded project. There is no apparent numbering or identification system which conveniently links data at JHU/CSSP and at PVC. There is too little true management data included, both about/from CSSP and PVC.

Ways to expand the usefulness of this database might include (1) linking specific person-months of assistance (by type) to the database, (2) integrating the financial data now entered separately by USAID, and (3) including actual beneficiaries.

### **E SUMMARY CONCLUSIONS AND RECOMMENDATIONS**

#### **1 Conclusions**

In the first two to three years, CSSP assistance to PVC was an important factor in the success of the child survival grants program. This is principally due to the comparative weakness of the Child Survival and Health Division staffing pattern.

at that time CSSP provided invaluable program support services, especially in providing support to the review of grant applications and detailed implementation plans

More recently, however, PVC/CSH has been considerably strengthened in terms of its staff. It is therefore natural (and laudable) that PVC has come to rely less on CSSP for DIP and application review assistance, and more on its own staff

It is the team's assessment that CSSP placed less emphasis on the development of PVO and indicators databases for PVC than it did in providing support to PVOs. We also could not find evidence that PVC had specified its information needs early enough, and in sufficient detail, as to guide CSSP in this area. This is unfortunate. The use of sound survey methodologies by PVO CS projects in the grants program means that PVC is ideally placed to develop a credible and important performance and measurement system (the indicators database) for reporting and management purposes. The PVO database, which currently fulfills only the minimum requirements, could be developed into an effective management information system for the CS grants program

## 2 Recommendations for CSSP Year Five

JHU/CSSP should expand the indicators database to include variance estimates of indicator values, and consider developing an electronic library of data sets

PVC should reconsider four of its five priority CS indicators selected for reporting in light of the fact that they suffer from having marginal sample sizes

JHU/CSSP should accelerate the pace of summary analysis and data-based research on the CS Indicators Database in the remaining year of the contract, and feed results back to both PVOs and PVC. (*Examples: 1) Studies of the effect of marginal sample sizes on the ability to detect differences over time and consideration of increasing sample size or conducting more focused sampling. 2) Use of correct calculations to estimate variance due to the cluster design using Epi-Info 6.03. 3) Comparing HIS and KPC results to triangulate what happened on immunizations including a discussion of the potential for bias due to the use of using card-carrying moms only. 4) If the non-parametric statistical tests can be used to summarize indicators over projects perhaps the same analytic approach could be used within projects to compare a series of indicators at baseline and final.*) This would promote the evaluation of many indicators rather than just a select few

PVC should conduct a full analysis to determine ways in which the PVO child survival database can be made more useful for management. It should then ask JHU/CSSP to re-orient this database to satisfy the identified requirements.

## V. Management of the CSSP Contract

---

### A ADJUSTING TO CONTRACT MANAGEMENT

As noted earlier, for the first eight years of its existence (1985-1993) USAID support for the CSSP was provided to Johns Hopkins University under a Cooperative Agreement. In 1993, when putting the program's renewal out to bid, the USAID Office of Procurement determined that, since CSSP was providing direct services to the Agency, funding would be offered under a contract rather than a CA mechanism. When it was determined that JHU would again be the implementer of CSSP, a five-year funding package of almost \$5 million was awarded under Contract # FAO-0500-C-00-3010-00, the subject of this evaluation.

The shift of the CSSP from CA to contract had significant implications for contract management. It is often noted, and it is a fact that, in terms of operational control, a program implemented under a Cooperative Agreement "belongs" to the implementor, while a program implemented under a contract arrangement belongs to USAID. A contract therefore (appropriately) brings with it a far higher degree of accountability to, and oversight by, USAID than does a cooperative agreement. While the experience of other USAID offices shows that a change from CA to contract can be problematic when funding is for essentially the same activity, undertaken by the same implementing agency, the evaluation team does not believe that the contract mechanism itself provides any inherent insurmountable management difficulties for either party.

It is the observation of the evaluation team that JHU has never fully accepted and adjusted to the heightened accountability called for under the CSSP contract. This, enhanced by other factors, has been the principal reason why management relations between JHU and PVC have been strained almost from the outset. Various symptoms can be cited:

- **Chronically ineffective communication** It is not that communication has not taken place. The file of notes, memos and e-mail messages between JHU and PVC on contract issues is inches (feet?) thick. Rather, it is that the parties seem to have great difficulty in ever bringing issues to satisfactory closure.
- **Inadequate adjustment to new systems** Contract requirements, such as approvals for consultant assignments, preparation of trip reports, and pre-approval of initial salaries and major travel expenses, have frequently been provided in a tardy fashion, and sometimes not at all. At the same time, PVC insistence on meeting these requirements has been inconsistent.
- **Confusion over contract decisions** Meetings are often held on contract-related issues, during which all parties appear to have reached mutually acceptable decisions, only to find those decisions questioned later on. A March, 1997 meeting on the 5th year CSSP contract budget called by the Contracts Office is a case in point. Although the meeting appeared to reach closure on budget details, subsequent changes proposed by JHU have delayed final approval at least until June.

## **B USAID MANAGEMENT ISSUES**

A number of other factors, primarily on the USAID side, have also contributed to a lack of management continuity between JHU and PVC:

- Over the four years of the contract there have been no less than seven changes in the contract's actual or acting COTR or the person within PVC responsible for day-to-day communication and oversight of the CSSP. The changing communications styles and interpretations of priorities have inevitably hindered smooth collaboration.
- The most recent COTR, now on the job for over a year, has been by far the most pro-active. A long time USAID professional, with extensive field experience with child survival programs, she has made several changes intended to streamline operations, some of which have devolved elements of

control from JHU to PVC. Notable among these were modifications to the process for reviewing both new CS grant applications and DIPs (discussed earlier) and the modification of the CSSP contract itself.

- USAID management of the CSSP over time has reportedly been characterized by internal disagreements between COTRs and PVC Directors. Further, the current PVC Director and the JHU/CSSP Project Director have been, and are, in frequent communication regarding CSSP. The existence of this “pipeline” is unusual and is a cause for concern. In particular, it makes it the COTR’s role in managing the contract more difficult than it need otherwise be.

## C JHU/CSSP ADMINISTRATION

Since the CSSP is currently undergoing a detailed financial audit, the evaluation team did not look closely at specific issues of financial administration. With respect to other administrative aspects, CSSP received high marks from a majority of PVOs for its responsiveness to their requests for support. Many spoke of the “personal relationship” with its PVOs that the program, and particularly its Director, had developed, encouraging and building confidence in its PVOs as it helped them build their capacity.

There was less strength and consistency in procedural areas between CSSP and PVC. As noted above, CSSP has been erratic in its adherence to the contract’s reporting requirements. As one example, quarterly program reports, although submitted with reasonable regularity after the second year of the contract, are nonetheless relatively uninformative on overall program status. The “Narrative” section of the quarterly reports, which should be used to summarize recent program accomplishments and future trends, generally contains no more than one or two sentences.

Finally, the Contract mandated level of effort for CSSP II (878.5 person months) strikes the team as being too high for the total contract budget of \$5 million. Other projects with comparable budgets have level of effort estimates that are less than half that of CSSP. Neither JHU nor USAID should have entered into such an agreement: the former should not have proposed such a high level of effort, and USAID should not have accepted this proposal as being realistic. It was unlikely that JHU would be able, under such a financial scenario, to consistently attract and retain staff and consultants with the qualifications to both satisfy the USAID contract requirements and the beneficiary PVOs’ TA needs. In the end, staffing

problems did arise a review of the credentials of current staff found that some did not have the qualifications or experience defined in the contract, and some of the more mature PVOs can now claim more qualified staff than that of JHU/CSSP

## **D PUTTING MANAGEMENT ISSUES IN CONTEXT**

While the spotty working relationship between JHU and BHR/PVC may have affected program operations, it cannot be said to have arrested the steady maturation of the PVO Child Survival Grants Program

Nonetheless there are important lessons to be learned from these management experiences Chief among them is the absolute importance that both contractor and contracting agency understand in detail the requirements of a particular funding mechanism, and the expectations of the issuing agency, before it is agreed to Adherence to those requirements and expectations must be both consistent and consistently monitored

It is also important that all relevant parties within USAID are clear about the nature of the relationship between USAID and the contractor This relationship, while it could (and should) be characterized by cooperation, is not—and cannot be—a partnership all authority for program direction, and for the quality, quantity and schedule of services to be provided is vested in USAID rather than shared between the two institutions

Finally, it is essential to establish from the outset a practical, responsive communication system between contractor and contracting agency, one which specifies lines of authority, establishes regular exchange-of-information meetings, and facilitates the implementation of decisions once they are made The quality of communications and their follow-up are far more important than their number

## **Child Survival Support Program II Evaluation Scope of Work**

### **Purpose**

The purpose of this evaluation is to assist BHR/PVC/CSH with a design of a mechanism to support the technical assistance and training needs of Private Voluntary Organizations (PVOs) implementing child survival grants and programs

### **Deliverables**

This activity shall produce the following deliverables

- A An assessment of the accomplishments of the Child Survival Support Program II,
- B An appraisal of the design, management and implementation lessons learned from CSSP II,

### **Tasks**

- A *Assessment of CSSP accomplishments*

This phase would seek to answer the following questions

How did the beneficiaries of the technical assistance, training and conference services provided by CSSP use their new or improved skills?

Did grantee PVOs improve the design, management and evaluation of their child survival programs over time?

What was the quantity and quality of technical assistance and products provided by the program to PVOs in the areas specified?

What was the quality of the program support provided to BHR/PVC/CSH in terms of the technical reviews of grant applications, detailed implementation plans? Did this support allow BHR/PVC/CSH to better manage the CS grant program?

### Tasks

Fact-finding for this activity would be accomplished by

- A 1 Review of the intent behind the CSSP design,
- A 2 Survey questionnaire distributed to all PVO beneficiaries of CSSP and analysed for common themes,
- A 3 Review of pertinent monitoring documents (e g quarterly and annual reports), materials, and systems (database),
- A 4 Analysis of common themes in data from questionnaires, documents
- A 5 Interviews with current and past BHR/PVC/CSH staff to assess the utility and quality of assistance received relating to technical reviews of grant applications and DIPs
- A 6 Documentary reviews of quality of technical appraisals of grant applications and of DIPs

## *B Appraisal of Lessons Learned*

This phase would seek to interpret the findings of the first stage. Specifically it would address the following questions:

What explains the differential (if any) between the anticipated and actual quantity and quality of services delivered by CSSP? What are the implications of this experience for the future design of the program?

What explains the relationship between the delivery of training and technical assistance services to PVOs and the PVOs performance in managing CS activities? What are the implications for the future design of the CSSP program?

We believe that this interpretive activity is best done in a participatory manner, i.e. by the involvement of key individuals from principal stakeholder institutions (USAID, PVOs and JHU). We propose that the role of the evaluation team in this stage should be to present the Phase 1 data and facilitate stakeholder agreement on the meaning of this data, and draw up a report that reflects the conclusions arrived at.

### Tasks

- B 1 Prepare and disseminate briefing materials on information gathered in stage A
- B 2 Conduct key informant interviews,
- B 3 Produce a report that summarizes the evaluation findings, conclusions and recommendations

### **Evaluation Team**

- 1 Project Manager - 10 days  
(Senior HTS staff member to provide support to the evaluation team)
- 2 Team Leader - 30 days  
(Senior Level Professional with experience in working with/for PVOs in health programs)
- 3 Evaluation and Training Specialist - 25 days
- 4 Child Survival Specialist - 25 days
- 5 Survey Research Specialist - 25 days
- 4 Research Assistant - 40 days  
(Junior Level professional with skills in administering evaluation activities)
- 5 Facilitator - 10 days

***Annex 2: JHU Contract Scope of Work and  
Modification 5***

---

THIS APPLIES TO CORE CONTRACT ONLY

SECTION C

WORK STATEMENT

C.1. TITLE

Child Survival Support Program-II (CSSP-II)

C 2 OBJECTIVE

The objective of this contract is to obtain professional and technical services to assist A.I D in managing its PVO child survival projects and to strengthen the PVO' implementation, backstopping and evaluation of those projects. All services provided under the contract will be consistent with policies of A I D , of the PVOs and of the host countries

The contract is to support the capacity of A I D 's Office of Private and Voluntary Cooperation (PVC) to manage its Child Survival (CS) grants program for PVOs. Services under the contract are intended to assist A I D in organizing and conducting reviews of project proposals, detailed implementation plans (DIPs), annual reports, evaluations and other required documents, developing guidelines to be used by the PVOs in meeting A.I.D. reporting requirements, and keeping A I D staff up-to-date on the status of projects, and the findings from visit to PVO headquarters and field sites

The Contractor will not participate in the development of A I D 's policies or in its funding decisions

C.3. BACKGROUND

In 1985, the U S Agency for International Development (A I D ) launched a major child survival (CS) initiative and committed itself to a course of action that would result in a significant reduction in the number of preventable childhood deaths in the developing world. Specifically, A I D undertook to reduce the infant mortality rate in A.I D -assisted countries from the 1985 average of 96 deaths per 1,000 live births to 75 deaths per 1,000 live births

42

## THIS APPLIES TO CORE CONTRACT ONLY

Initially, the Child Survival program focused primarily on extending the Expanded Program on Immunization (EPI) against the major vaccine-preventable diseases to 80 percent of children in the developing world; and ensuring use of oral rehydration therapy (ORT) in 45 percent of diarrhea episodes and making oral rehydration salts available to virtually every child in need. Although EPI and ORT continue to be primary foci of CS initiatives, attention is also being given to

- promoting child spacing and family planning to reduce the number of high risk births,
- improving child nutrition through the promotion of breastfeeding, better weaning practices, vitamin A supplementation and growth monitoring,
- improving maternal health and nutrition,
- increasing the availability of services for the prevention and treatment of acute lower respiratory infections and malaria,
- HIV/AIDS education and prevention, and
- increasing access to, use of and maintenance of safe water, hygiene education and sanitary waste facilities as a means of combatting diarrhea diseases

The Agency is committed to continued support of child survival programming which includes the interventions outlined above. As a means of enhancing the financial and institutional sustainability of programs and projects, A I D has placed increasing emphasis on innovative involvement of the private sector. This includes working with Private Voluntary Organizations (PVOs) and private industry, supporting private physicians and their medical establishments, developing local production capacity for ORT and other medical supplies, and increasing expertise in communications and social marketing of products such as contraceptives and oral rehydration salts (ORS). There is also encouragement of the active involvement of communities in the design and implementation of child survival projects. This effort is enhanced by the strengthening of PVOs; institutions which are particularly effective in mobilizing communities and delivering services at the grass-roots level.

In some regions, the character of child survival programs is also being modified in response to the emerging challenges of urbanization, industrialization, environmental degradation and the spread of AIDS and other sexually transmitted diseases (STDs)

## THIS APPLIES TO CORE CONTRACT ONLY

There are other Child Survival technical support programs funded through A I D . They do not manage integrated portfolios, but focus on specific child survival and maternal health activities, e g , REACH does FPI, Pritech does ORT, VITAP does vitamin A, WASH does water and sanitation, Healthcom does health communications, and Mothercare does maternal health . The support required under this contract, though, is unique in representing a multidisciplinary, integrated approach to child survival programs . The Contractor is expected to provide assistance to PVOs on the full range of A.I.D -supported technical interventions and in such PVO project administrative areas as project design, implementation, monitoring, management and evaluation . This will be done by the Contractor directly or as appropriate, the Contractor will draw on the expertise of other contractors engaged by A I D to provide child survival technical support, such as those named above . The Contractor will coordinate any assistance provided by other organizations .

Current and Planned Activities

This program will build upon the success of the FHA/PVC Child Survival Support Program (CSSP) funded under Cooperative Agreement No. PDC-0526-A-00-6186-00 and Contract No. OTR-0500-A-00-0058-00, begun in 1985 and 1990, respectively . The CSSP was developed in response to a congressional mandate that, whenever appropriate, PVOs should be included in the child survival initiative . Initially, Congress earmarked approximately \$10 million per year for the centrally-funded Child Survival Program in FHA/PVC . Currently, FHA/PVC receives approximately \$15 million annually for Child Survival and \$2 million for Vitamin A (VA). Approximately 5 to 7 percent of total annual funds have been channelled into technical assistance .

FHA/PVC has provided child survival grants to approximately one hundred projects with 26 PVOs in 28 countries . There are usually 75 to 85 on-going country projects . To date, all active projects have received technical assistance through CSSP. [PVO child survival projects funded directly by USAID Missions normally do not receive direct technical assistance through CSSP, although occasionally their field staff are invited to in-country FHA/PVC-funded workshops ]

FHA/PVC receives approximately \$2 million per year to support Vitamin A funding . Some of this money has been used, apart from the CSSP, to provide technical assistance to child survival projects with a vitamin A component .

THIS APPLIES TO CORE CONTRACT ONLY

Technical assistance to PVOs is provided either, directly, by the CSSP or through technical consultants it hires and supervises. Consultants are frequently used to provide technical assistance to field staff, conduct project evaluations, review reports and proposals. Staff of CSSP also communicate with appropriate technical offices in A I D , including Regional and Central Bureaus, Missions, and A I D contractors and grantees. In some cases, FHA/PVC purchases or receives assistance directly from other bureaus and contractors with whom CSSP coordinates activities. CSSP also communicates with other relevant organizations involved in international health, including UNICEF, the World Bank, the World Health Organization (WHO), the Pan American Health Organization (PAHO), and in-country institutions. CSSP actively encourages both in-country and headquarters collaboration among PVOs, often through workshops, conferences and related activities.

Under the CSSP, FHA/PVC is assisted in a variety of non-policy functions important to the successful management of the Child Survival portfolio. For example, these functions include

- / coordination of technical reviews of child survival grant proposals,
- / development of guidelines for Detailed Implementation Plans, annual reports and mid-term and final evaluations of child survival projects,
- / assistance in monitoring the child survival and vitamin A projects, and
- / feedback to FHA/PVC on technical consultations on child survival and vitamin A projects

Impact of Existing Program

Support services provided to the PVOs have been highly effective. Together with PVC, CSSP has developed a thorough and technically appropriate Request for Application (RFA), reporting, evaluation and Detailed Implementation Plan (DIP) guidelines, standardized baseline survey methodology; a quarterly newsletter for PVOs (produced in English, Spanish and French); and extensive technical assistance mechanisms to PVOs in project design, implementation, and evaluation.

The success of the program is reflected in the fact that PVOs have been able to assume increasing responsibility for determining and meeting their own technical assistance needs, and many use the

45

THIS APPLIES TO CORE CONTRACT ONLY

FHA/PVC Child Survival reporting formats as a model for their other programs. Progress is also reflected in the improved quality of proposals and DIPS submitted -- most now show realistic targets of achievement, measurable objectives, and increased collaboration with host country counterparts.

As many of the PVOs experienced in child survival programming continue to progress, FHA/PVC has placed increasing emphasis on strengthening PVO headquarters and regional capability to backstop and monitor projects, on encouraging U S PVOs to strengthen the service delivery capacity of in-country institutions, including ministries of health, Non-Governmental Organizations (NGOs) and private industry, and on assisting the PVOs to pursue new child survival-related initiatives. The latter have included AIDS prevention, malaria control and health care financing endeavors (including micro-enterprise, income generation and fees-for-services).

Consequently, as PVOs pursue more complex and integrated initiatives, the CSSP has expanded its pool of technical expertise and services to help the PVOs design and implement interdisciplinary child survival projects. Thus, although PVOs, increasingly, cover the costs of their technical assistance needs through their project budgets, the demand for a PVO child survival technical assistance program continues to grow. This is partly the result of higher technical assistance needs levels among new, less experienced PVOs, either entering the child survival service area or expanding the interventions.

#### C.4. SCOPE OF WORK

The Contractor shall provide all services, materials, and other resources necessary to perform this Scope of Work, unless specifically identified as being provided by the Government under the provisions of Section H of this contract.

##### C.4.1 Document Review Processes

At the request of the FHA/PVC/CSH Project Manager, the Contractor shall assist A I D in distributing proposals, Detailed Implementation Plans (DIPS), annual reports, and mid-term and final evaluation guidelines governing FHA/PVC-funded PVO Child Survival projects.

- o Proposal and Detailed Implementation Plan (DIP) Technical Reviews - assist A I D staff in performing DIPS, distributing proposals to Bureaus, Missions and technical reviewers, tracking status of reviews, scheduling reviews and accommodations, and tracking and preparing written summaries of review results for A I D and the PVOs.

THIS APPLIES TO CORE CONTRACT ONLY

- o Annual Reports, Mid-term and Final Evaluations, and Child Survival Questionnaires - assist A I D. staff in distributing and reviewing required reports where appropriate, and maintain system to track their submission.

C.4.2 ADP Support for Project Management

The Contractor shall assist FHA/PVC/CSH COTRs in monitoring the PVO Child Survival/Vitamin A country projects by developing a computer database to track PVO grantee submission of DIPs, Annual Reports, Midterm and Final Evaluation reports, and Questionnaires. The Contractor shall establish a computer database on key indicators of project performance.

C.4.3 External Technical Reviews and Other Reports

The Contractor shall plan, organize and provide feedback to A I.D. on the external technical reviews of PVO Child Survival proposals and project DIPs, and other A I.D. required project reports when appropriate.

- o Written and oral feedback to A I.D. - provide up-to-date information on status of projects (including technical merits of child survival interventions being planned or implemented by PVOs); findings of field visits; results of special studies and reports, timeliness of project reporting; and recommendations to strengthen FHA's Child Survival Program.
- o Document Design and Reporting - assist A I D in developing and streamlining required formats, including Requests for Proposals (RFPs); Annual and Quarterly Reports, Mid-term, Final and PVO headquarter's Evaluations, etc.

C.4.4 Workshops, Conferences, and Seminars

- o Training - Provide training and opportunities to share "lessons learned" while building networks for PVOs to build intra-country and intra-regional linkages. Workshops and conferences are often designed around a theme or conducted at a particular stage of project implementation, and are frequently organized jointly by the grantee and a PVO selected to host the event. Wherever possible, training is planned and co-sponsored with key in-country institutions.

The Contractor shall perform or assist in the following activities.

- o Twenty technical assistance visits to PVOs' overseas field sites. Visits shall be conducted by core staff and consultants, as needed. Plan for approximately two weeks in each country,

THIS APPLIES TO CORE CONTRACT ONLY

- o Three regional workshops (one in Asia, one in LAC, and one in Africa) It is important to note that PVOs are provided funds to cover workshop planning, implementation and participant travel. The Contractor will cover costs of its staff's travel to and accommodations at workshops, as well as workshop planning expenditures (i.e. - pre-conference site visits overseas, planning meeting at U.S. PVO headquarters),
- o One PVO headquarters workshop PVOs pay their own expenses at headquarters workshops. The Contractor will cover costs of its staff's travel to and accommodations at workshops, workshop planning expenditures, facilities rental, plus consultant and facilitator fees. Workshops typically last five days and are held at a retreat site in the U.S. ,
- o One international conference This is typically a topic-specific conference (i.e. - urban projects, maternal health, survey training) held at a central site overseas. The Contractor will cover cost of entire conference, including PVO travel and accommodations

**C.4.5 Publications**

The Contractor shall prepare and publish four annual technical reports on PVO Child Survival project technical and managerial issues

These reports shall be 10 to 20 pages in length. PVO input shall be included. Approximately, 1000 total copies shall be printed, in English, Spanish and French. Copies shall be sent to all PVO field sites and Headquarters, A.I.D. Missions and Bureaus, and by host country Ministry's of Health, as requested. The Contractor shall be responsible for distribution.

**C.4.6 Monitoring of PVO Child Survival/Vitamin A Projects**

Under this contract, the Contractor shall track and furnish information to FHA/PVC COTR on FHA/PVC-sponsored visits by the Contractor to PVO Child Survival/Vitamin A projects

## THIS APPLIES TO CORE CONTRACT ONLY

**C.4.7 Technical Assistance**

o Provide short- and long-term assistance to PVO child survival projects in order to enhance PVOs' ability to implement projects and work with A I D and host country governments and counterparts. The Contractor is encouraged to hire consultants from developing countries. The latter is viewed as a means of strengthening the skills of indigenous staff, and providing PVOs linkages to in-country expertise that is affordable and accessible. Technical assistance services, requested under this contract include, but are not limited to, the following:

- Training in baseline survey methodologies and village- based data collection,
- Guidance on health information systems (HIS) development,
- Assistance on implementation of technical interventions (i e - EPI, ORT, nutrition, vector biology, etc )
- Development (and often translation) of culturally appropriate and technically correct training materials and curricula,
- Guidance on A I.D. reporting requirements,
- Dissemination (and often translation) to PVO headquarters and field staff of already produced technical materials relevant to project implementation. These will typically describe advances in maternal health and child survival,
- Assistance in Training-of-trainers programs,
- Guidance on project management, including staff training, employee motivation, project budgeting, recurrent cost analysis and financial management,
- Guidance on project financial and institutional sustainability strategies. This could include training in the following areas
  - alternative health care financing schemes through both the public and private sectors (i e - HMOs, Company-provided health care),

THIS APPLIES TO CORE CONTRACT ONLY

- income generation, including small-scale enterprise development, cottage industries and poverty lending, focusing on empowerment of women,
- establishment and management of fees-for-services and revolving drug funds,
- determination of current, and measurement of changes in, knowledge, attitudes, and practices in maternal and child health care, and
- coordination with host country health delivery personnel and phasing over of projects to Ministry of Health (MOH), community groups or indigenous non-governmental organizations (NGOs)

**THIS APPLIES TO CORE CONTRACT ONLY**

**SECTION C**

**STATEMENT OF WORK**

**C 1 BACKGROUND**

Since FY 1985, the Congress has provided funds to support Child Survival programs and activities aimed at reducing the mortality and morbidity of infants and young children in less developed countries. A portion of these Child Survival resources have been allocated to BHR/PVC to administer a competitive Child Survival and Health Grant Program. This program strengthens and enhances the participation of U.S. PVOs in improving the delivery of services in child survival and in prevention of micronutrient deficiencies at the community level.

**C 2. OBJECTIVE**

The purpose of the contract is to assist the Bureau for Humanitarian Response, Office of Private and Voluntary Cooperation, Child Survival and Health Division (BHR/PVC/CSH) in strengthening the capability of Private and Voluntary Organizations (PVOs) in implementing BHR/PVC child survival projects. To achieve this purpose, the contractor at the request of BHR/PVC/CSH shall

- ★ provide program support to BHR/PVC/CSH,
- ★ provide technical assistance to the BHR/PVC office and child survival projects funded by BHR/PVC upon request, and
- ★ develop and implement workshops, conferences and training for BHR/PVC funded CS projects

As a result of this technical assistance the PVOs will be better able to meet their own technical assistance needs which will enhance the PVOs overall ability in meeting the health needs of the mothers and children in developing countries.

The contractor at no time shall participate in the development of USAID's policies or funding decisions.

**C 3 TASKS**

The technical assistance to be performed in Years 4 and 5 under this Cost Reimbursement-No Fee contract will consist of 3 segments.

- ◆ Program support in the form of assisting BHR/PVC in organizing and conducting reviews, assistance in development of technical guidelines, development of computer tracking systems, and producing technical and special reports
- ◆ Technical assistance to BHR/PVC office and child survival projects When requested by BHR/PVC the contractor shall identify and provide technical consultants The contractor shall develop or have developed specific scopes of work for all short term consultants, in direct consultation with the USAID/BHR/PVC COTR,
- ◆ Develop and arrange in-country and overseas workshops, conferences and trainings attended by representatives of both BHR/PVC CS projects and USAID

### C 3 A PROGRAM SUPPORT

At the request of the BHR/PVC/CSH COTR, the Contractor shall directly assist USAID in planning, implementing and evaluating the following and to prepare and submit required plans and reports to USAID per Section C4 A Tasks include

#### C 3 A 1 Reviews

a Annual Application Review - Coordination of technical reviews of the child survival grant applications The task includes but is not limited to, identifying appropriate technical consultants, distributing application to consultants, scheduling and logistics for the consultants if necessary, and tracking and preparing written summaries of the technical reviewers comments for use by the USAID application review committee

b Detailed Implementation Plan (DIP) Annual Review - Coordination of the technical reviews of the DIPs submitted under the CS grants program The task includes but is not limited to, identifying appropriate technical consultants, distributing DIPs to the consultants, scheduling reviews and accommodations, tracking and preparing written summaries of the technical reviewers comments within 30 working days (unless extended by COTR) from the end of the review and upon request providing feedback to the PVOs The terms of reference [scope of work] for the DIP reviewers will be developed with BHR/PVC/CSH

#### C 3 A 2 Technical Guidance

The contractor will provide technical guidance for the child survival interventions described in the Request for Applications and Detailed Implementation Plan guidelines distributed by BHR/PVC

### C 3 A 3 Computer Tracking System

The contractor will develop two computer tracking systems which will be housed at both the contractor site and BHR/PVC/CSH. Once the systems have been developed it is the responsibility of the contractor to ensure the systems are current and up-to-date. During the 5th year of the contract, the contractor is to train personnel designated by the COTR at BHR/PVC on the upkeep and maintenance of the computer systems so they will be sustainable after the contract ends.

a Key Indicators - The contractor will develop, in collaboration with BHR/PVC, a database to track key indicators for each project funded under BHR/PVC. The contractor is required to keep the system up-to-date. Towards the end of the contract, the contractor will train personnel at BHR/PVC/CSH on maintaining the database as well as extracting results from the database.

b Project Summaries - The contractor will design a computer system which contains basic summary information on each project funded by BHR/PVC/CSH. The contractor is required to keep the system up-to-date. Towards the end of the contract, the contractor will be responsible for training personnel at BHR/PVC/CSH to enter and extract data from the computer system.

### C 3 A 4 Special Reports

Prior to the start of each contract year, the contractor in collaboration with the COTR will determine the need for special reports within the remaining budget. The content of each report shall be decided by COTR. All special reports will be submitted to the COTR. These reports may include adhoc requests for data analysis and impact.

### C 3 A 5 Child Survival Technical Reports

The contractor will prepare and publish technical reports on the PVO CS project's technical and managerial issues. These reports shall be 8 to 20 pages in length.

The contractor will consult the COTR at the beginning of each contract year to determine the number and content of technical reports to be done for the year. The contractor will distribute the technical reports to all funded PVO CS project field sites, headquarters and USAID. All technical reports will be submitted to

the COTR for approval before publication

Reference H 11

### C 3 B TECHNICAL ASSISTANCE

The contractor shall provide assistance to BHR/PVC CS funded projects as approved and requested by the COTR. All TA requests which will require greater than 1 day of the contractor's time must be approved. PVO requests for CSSP TA will be generated by the PVO. The SOW will be developed in conjunction with BHR/PVC, PVO, and CSSP.

For all TA which has been approved by the PVC project officer, the contractor will provide the COTR with a report on the assistance. The contractor will be responsible for forwarding these reports to the COTR within 30 days from the end of the task.

#### C 3 B 1 Technical assistance tasks may be in the following illustrative areas

- Child Survival Interventions ( immunization, diarrheal case management, nutritional improvement, prevention and treatment of vitamin A and other micronutrient interventions, pneumonia case management, maternal care, family planning, malaria, HIV/AIDS)
- Monitoring and Evaluation Methodology
- Health Information Systems
- IE & C and community participation
- Project Management
- Sustainability (alternative health care financing schemes including HMOs, fee-for-service, revolving drug funds)
- Quality of Care

In addition to the technical assistance provided by the direct staff, the contractor shall provide consultants for short-term technical assistance as estimated in the chart below. The consultants will assist the PVO headquarters and field personnel in the activities listed above. Specific scopes of work will be developed by the contractor and the PVO as required. The contractor will submit TA requests to COTR for approval including documentation that PVO concurs with specific TA.

The following is an illustrative list of the assistance required during the life of the project. This list shall be updated annually and submitted with

the Contractors Annual Work Plan

Short-Term International and National Assistance	Level of Effort (p/days)/year	
	4	5
Project Management	35	37
Health Information Systems	50	37
Monitoring & Evaluation Methodology	114	85
IE & C and Community Participation	65	26
Sustainability	15	26
Child Survival Interventions	134	74
Assessing Quality of Care	84	85

**C 3 C WORKSHOPS, CONFERENCES AND TRAINING**

**C 3 C 1 General Information**

The contractor will be responsible for arranging workshops, conferences and short-term trainings on CS issues. These activities will occur overseas and in the U S. The PVO field and headquarter staff will be participants at these activities. In some cases PVOs may jointly sponsor some activities with the contractor. All activities will be aimed at upgrading the technical skill level of PVOs funded under the BHR/PVC CS grants program.

**C 3 C 2 Description of Training/Workshops/Conferences**

For all workshops, conferences and trainings specific tasks often assigned to the contractor cover the following areas, depending on the needs of BHR/PVC

- o assist in defining realistic training goals,
- o develop in collaboration with USAID an implementation plan,
- o develop a proposed lists of participants to be approved by COTR,
- o conduct specific training needs assessments,
- o prepare and or gather appropriate training materials for training

- o report on the results of the training as part of BHR/PVCeorting on strategic objectives,
- o arrange for interpreter service or escort services if necessary,
- o monitoring and problem resolution during the training,
- o arranging participants' air tickets to the third country,
- o evaluating each third country training,
- o complete the Participant Data Form (PDF) and submit it to G/HCD,
- o establish and maintain a telephone number for program and personal problems and emergencies,
- o determine training program changes, extensions and terminations and report them to the USAID/BHR/PVC and G/HCD using the PDF,
- o review and pay training bills,
- o process and pay travel, final allowances, etc
- a Workshops/Conferences

(1) Overseas

The contractor's will be responsible for planning overseas regional workshops. The number and topics of workshops will be determined yearly by the USAID/COTR in consultation with the contractor. These regional workshops will be jointly organized by a CS grantee(PVO) and the contractor. The contractor may be required to assist the PVO with the agenda, materials for the workshop and identifying appropriate technical consultants at the workshop. The PVO will be responsible for providing transportation and lodging for workshop participants, hiring technical consultants and drafting a final report of the workshop.

transportation and lodging for workshop participants, hiring technical consultants and drafting a final report of the workshop

(2) U S Based

The contractor will be responsible for arranging for an annual PVO Headquarters workshop All PVOs who receive funding under the BHR/PVC CS grants program will be invited to send up to 2 headquarter representatives to the workshop The time, place and agenda of the workshop will be developed by the COTR and the contractor

b Trainings - The contractor, in consultation with the USAID/COTR, may sponsor trainings on survey methodology The contractor shall train PVOs receiving funding under the BHR/PVC CS grants program in current cluster survey methodology In addition the contractor will assist the PVOs in utilizing the child survival indicators The time, place, agenda and list of participants will be approved before each training by the COTR

**C 4 REPORTS AND DELIVERABLES**

In addition to those reports listed under Modification 3 and Section F (as modified by Mod 4) of this contract, Deliveries or Performance, the following reports and deliverables are required under the contract in the quantity specified

**C 4 A REPORTS**

Item	Quantity/Copies	Due Date
Annual Work Plan and Schedule	3	2 weeks after Effective Date of contract and each year thereafter, 45 days before the beginning of the new contract year
Draft end of contract report	3	60 days prior to end of contract
Workshops, Conference and Training Proceedings	40	30 days after completion of activity
12 Year Impact Report	1	45 days prior to end of contract
Technical Assistance Report and Report	3	30 days after completion of Technical Assistance

C 4 A 1 ANNUAL WORK PLAN JHU/CSSP is required to submit to USAID/BHR/PVC for approval, each year a plan for the year's activities- This plan will include project activities, performance indicators and planned completion dates, human and financial resources requirements, and persons and operational units responsible for each activity The annual workplan will include a projected budget, utilizing the same budget line items as are set forth in the budget of the contract The Annual Plan will also contain a comprehensive TA plan covering both in-country and overseas TA needs (Table C 3 b ) including TA needs, skills requirements, and personnel to be involved For subsequent years this plan will be submitted to USAID for approval 45 calendar days prior to the new contract year

C 4 A 2 SPECIAL REPORTS The contractor shall assure that special reports describing project and program activities/technology are provided to BHR/PVC on request The number and topics of the special reports will be determined in negotiation with the USAID Project Officer

C 4 A 3 DRAFT END OF CONTRACT REPORT The CONTRACTOR shall submit to USAID/BHR/PVC, at least 60 days prior to the end of the contract, a draft report covering all activities and products covered under the contract, summarizing the accomplishments of the assignment, methods of work used, and recommendations regarding unfinished work, and/or program continuation The final report shall be submitted at least 15 days before completion of the contract

C 4 B SPECIFIC OUTPUTS (May 1996 - April 1998)

<u>ACTIVITIES</u>	<u>NUMBER</u>	
Proposal Review (Year 4)	1	A
DIP Review (Year 4)	1	A
Technical Assistance (by Consultants)	7	A
(by Core Staff)	2	A
Workshops		
Regional (Yr 4 -Family Planning)	1	B
Headquarters (Year 4)	1	A
Documents		
Headquarters Workshop Report	1	B
Synthesis of PVO Final Reports	2	C
Final Analysis of KPC survey findings	1	B
PCM package	1	B
(revised based on Malawi workshop)		
Analysis of 10 years of CS projects		
'Lessons Learned'		
(Special Report)	1	A
A = Top Priority		
B = Second Priority		
C = Lowest Priority		
Deliverable at Contract End		
Computer Tracking Systems	2	
KPC Survey Manual	1	

## ***Annex 3: List of Individuals Contacted***

## ***Individuals Contacted***

### **USAID**

John Grant	BHR/PVC, Director
Kate Jones	BHR/PVC/CSH, Division Chief
Cathy Bowes	BHR/PVC/CSH, Program Analyst
Eric Starbuck	BHR/PVC/CSH, JHU Fellow
Ellen Wills	M/OP/A/FAO, Contracting Officer
Alfred Bartlett	G/PHN/HN/CS, Deputy Division Chief
Rose Robinson	GC, Program Analyst

### **Johns Hopkins University**

#### **PVO CSSP Staff**

Doris Storms	Director
Paul Bolton	Technical Advisor
William Weiss	Technical Specialist
Cynthia Carter	Technical Specialist
Penny Altman	Review Coordinator
Karunesh Tuli	Database Manager
Samilya Howard	Office Coordinator

### **JHU International Health Department**

Robert Black	Chairman
Gilbert Burnham	Faculty
Peter Winch	Faculty
Helga Morrow	Faculty
Isaac Ajit	Post doc
Sudha Sivaram	Doctoral Student
Trad Hatton	MPH Student
Larriesh Jones	Former Intern

## ***Annex 4: Materials Reviewed***

---

## **Supporting Documents**

### **CSSP Evaluations, Reports and Guides**

Burkhalter, Barton R Evaluation of Proposal Review Process PVO Child Survival Grants funded by AID/FHA/PVC (CSIS, Johns Hopkins University) December, 1992

Steuart, Guy W et al An Evaluation of Technical Support for Child Survival Programs (Automation Research Systems, Ltd ) January 1989

PVO Child Survival Projects CS I-CS XII (September 1985-September 1996) PVO Child Survival Support Program September 1996

Storms, Dory et al Survey Trainer's Guide for PVO Child Survival Project Rapid Knowledge, Practice and Coverage (KPC) Surveys (PVO CSSP, Johns Hopkins University) July 1995

Survey Trainer's Guide for PVO Child Survival Project Rapid Knowledge, Practice and Coverage (KPC) Surveys (PVO CSSP, Johns Hopkins University) July 1997

PVO Child Survival Technical Report Summary Sheet

PVO Child Survival Projects, September 1985-February 1997 PVO Child Survival Support Program February 1997

The Impact of Funding for Vitamin A and Other Micronutrients in PVO Child Survival Projects (CSIS, Johns Hopkins University) March 1995

Weiss, William et al Pneumonia Care Assessment Toolbox (draft) September 1996

Casazza, Larry et al World Vision's Partnerships in Child Survival Projects Results, Lessons Learned and Potential Future Benefits March 1996

### **USAID Related Documents**

United States Agency for International Development, Bureau for Humanitarian Response, Office of Private and Voluntary Cooperation, PVO Child Survival Program, Guidelines for Preparation of Detailed Implementation Plans for FY 1996 Child Survival XII Programs October 23, 1996

United States Agency for International Development, Bureau for Humanitarian Response, Office of Private and Voluntary Cooperation, PVO Child Survival Program Technical

Reference Materials and Guidance for Preparation of Detailed Implementation Plans by Intervention October 23, 1996

United States Agency for International Development Form 424 and 424A August 1996

United States Agency for International Development, Center for Development Information and Evaluation Strengthening the Public-Private Partnership An Assessment of USAID's Management of PVO and NGO Activities April 1996

United States Agency for International Development, Bureau for Humanitarian Response, Office of Private and Voluntary Cooperation Strategic Plan 1996-2000 September 1996

Dimensions International, Inc U S PVO Executive Contact List U S Private and Voluntary Organizations Registered with USAID (Annual Report) June 1996

### **Workshop Reports and Proceedings**

LeBan, Karen Child Survival People Making a Difference Report on the Third Asia/Pacific Regional PVO Child Survival Workshop, Comilla, Bangladesh, October 31-November 6, 1993

Plan International Searching for Quality Ensuring Effectiveness and Sustainability in Plan International's Child Survival Programs Proceedings from the Third Child Survival Workshop, Sucre, Bolivia, May 18-22, 1993

World Vision Uganda Mobilizing NGO Resources for HIV/AIDS Prevention and Care Uganda Child Survival Workshop, Lake Katwe, Uganda, July 3-11, 1993

African Medical and Research Foundation Control Malaria for Child Survival Workshop Report Eighth African Regional PVO Child Survival Workshop, Mombasa, Kenya, September 6-10, 1993

Esperança, Inc El Aliento del Futuro es la Salud de los Niños Third Latin American/Caribbean Child Survival Workshop, Yacuiba, Gran Chaco, Bolivia, March 26-April 3, 1993

Project HOPE Collaboration and Partnership for Child Survival Workshop Report, Ninth PVO Resources for Child Survival Workshop, Millwood, VA, September 17-19, 1996

PVO Resources for Child Survival Improving Quality Fourth annual workshop for U S -based PVO staff who backstop Child Survival projects in Africa, Asia/Pacific, Latin America and the Caribbean, South Laguna, CA, January 23-26, 1990

PVO Resources for Child Survival Managing Resources Fifth annual workshop for U S -based PVO staff who backstop Child Survival projects in Africa, Asia/Pacific, Latin America, and the Caribbean, Berkely Springs, WV, June 18-21, 1991

Improving Quality, Importance, and Visibility of PVO Child Survival Activities Workshop Report Eighth Annual PVO Resources for Child Survival Workshop, Catonsville, Maryland June 21-23, 1995

Piwoz, Ellen G Participation in Planning and Implementing the Fifth LAC Regional PVO Child Survival Implementation Workshop in Cerro Verde, El Salvador, September 13-23, 1995

Vision Mondiale/Senegal Un Element Essentiel pour la Survie de l'Enfant, Mbour Senegal, June 24-28, 1996

Quinto Taller para Proyectos de Supervivencia Infantil de OPV en la Region Latino Americana, San Salvador, El Salvador September 17-23, 1995

Delaney, Mary Gunn Time to Act HIV/AIDS in Latin America Guatemala Child Survival Workshop (Full Report), Antigua, Guatemala, June 5-11, 1994

Community Impact of PVO Child Survival Efforts 1985-1994 Conference Proceedings, Karnataka, India, October 2-7, 1994

## **Project Documents**

Technical Support for Project Assessment

Phases of Technical Assistance in PVO Child Survival Projects 1985-1998 (with tables)  
Summary of PVO Child Survival Proposal Application and DIP Reviews  
Application Review Sample Material

Quarterly Performance Reports July 1994-January 1997 Johns Hopkins University, PVO Child Survival Support Program

Pipeline Analysis, Budget Explanation for Specific Outputs, and Proposed Year 4 and 5 Level of Effort Report Johns Hopkins University, PVO Child Survival Support Program February 16, 1996

PVO CSSP Workplans/Schedule of Activities Years 1-5 (proposed)

Summary of Training of PVO and Project Staff Accomplished, May 1993-April 1997

A Guide to Successfully Implement PVO Child Survival Workshops, 1986-1997

Specific Outputs Since October 1996, and Current and Upcoming Projects

PVO Child Survival Technical Reports November 1989, February 1990, July 1990, December 1990, June 1991, November 1991 July 1992, November 1992, April 1993, January 1994, October 1994, January 1994, April 1995, April 1997

Morrow, Helga, Winch, Peter Consultants' Report Strategic Objective 3 Indicators Review and Clarification with PVOs, July 7-28, 1996 JHU/USAID Mozambique

Technical Review of CSX Detailed Implementation Plans (DIPS) DIP Scoring Sheet (HKI/Philippines)

Training of Survey Trainers Dec 1993, May 1994, July 1994, July 1995, August 1996, August 1993, January 1995, June 1995

Key Indicators Database

Storms, Dory et al Levels of Knowledge, Practice, and Coverage Reported at Baseline and Final Surveys by PVO Child Survival VII and VIII Projects (draft) April 1997

Project Assessment Methods Needs Assessment

## **Annex 5: Survey Questionnaire**

---

## Survey Questionnaire to CS PVOs

Dear Colleague

The Child Survival and Health Division of USAID's Bureau for Humanitarian Response, Office of Private and Voluntary Cooperation (BHR/PVC/CSH) will soon be undertaking the redesign of its technical support to Private Voluntary Organizations in designing, implementing and evaluating child survival activities

In order to ensure that the future program will be fully responsive to your needs, BHR/PVC/CSH shall undertake to evaluate the current child survival support program and design the future activity in a participatory manner

As a first step in the evaluation exercise, we are asking our **present & past** clients to complete this questionnaire on the performance of the Johns Hopkins University Child Survival Support Program (JHU/ CSSP) in the period **1993 - Present**. This questionnaire is the first step in this exercise. Your answers will help guide the evaluation team and the PVO/Child Survival stakeholders in generating evaluation findings, identifying lessons learned, and generating recommendations for the future.

While we know how busy you all are, we would very much appreciate your efforts in completing this questionnaire and returning it by fax, electronic or regular mail before April 28st to

**Regular Mail**

Ms Ellen Wills  
M/OP/A/FAO  
Room 1536 SA-14  
SA -14  
Washington D C 20523-1428

**E-Mail**

ewills@usaid.gov

**FAX**

703 875-1107

**Please make copies and distribute them among all of your staff who backstop BHR/PVC Child Survival projects or who have participated in an activity facilitated by JHU/CSSP**

Thank you in advance

---

### **OPTIONAL General Information**

Name of Respondent

Job Description

Name of PVO

Country(s) of work

---

## 1. Technical Assistance

[Site visits, headquarters visits, debriefings, literature searches, quarterly technical reports, etc ]

- a Since 1993 have you received technical assistance from JHU/CSSP?  
1 If no, why not
- 11 If yes, what type of technical assistance have you received from JHU/CSSP?
- b Why was technical assistance requested? (What was the problem or opportunity that the technical assistance was supposed to address?)
- c What was the overall quality of the technical assistance that you received from JHU/CSSP?
- d How timely was the technical assistance provided by JHU/CSSP?
- e What effect did the technical assistance have on the following aspects of your organization?

Please rate each programmatic aspect on the following scale of 1-10, and where appropriate please justify your rating with an example, activity or method of improvement

- 1 no useful components
- 2 some worthwhile components
- 3 helpful but insufficient
- 4 valuable and sufficient
- 5 very useful
- 6 outstanding

**Program Aspect**

**Overall Rating**

Project Design Quality  
Example

\_\_\_\_\_

Monitoring and Evaluation Activities  
Example \_\_\_\_\_

Health Information Systems  
Example \_\_\_\_\_

Implementation of Technical Interventions (EPI, ORT, nutrition etc )  
Example \_\_\_\_\_

Implementation of Financial Sustainability Interventions  
(alternative health care financing schemes)  
Example \_\_\_\_\_

Management Practices (budgeting and financial management,  
human resource management, etc )  
Example \_\_\_\_\_

Management of Relationships with Host Country Institutions  
Example \_\_\_\_\_

Ability to Encourage Community Participation in CS Interventions  
Example \_\_\_\_\_

Ability to Conform to USAID Grant Management Procedures (DIPs, reports, etc )  
Example \_\_\_\_\_

- f** Did your program improve as a result of the technical assistance you received from JHU CSSP? If not, please elaborate. If yes, explain how the program improved
- 

## **2. Conferences and Workshops**

Please answer questions with regard to

- 1** Regional Training Workshops
- 2** PVO Headquarters Workshops
- 3** International Lessons Learned Workshop
- 4** Training of Survey Trainers

- a** What are the main benefits offered by conference or workshop attendance?
- b** Is conference attendance the most cost-effective way to gain these benefits?
- c** How was conference attendance funded?
- d** What were the primary training components of the workshops for this past year?
- e** Did the workshops address your unmet technical assistance needs?

***Annex 6: Summary of Workshop and Conference  
Documentation***

---

## Summary of Workshop and Conference Documentation

### 1 Technical Workshops/Conferences

	Agenda*	Final Report	Pre- & Post-Tests	End-of-Workshop Evaluation	Follow-up Evaluation
<b>REGIONAL WORKSHOPS</b>					
HIV/AIDS Uganda 7/93	✓	✓	✓	✓	✓
Malaria Kenya 9/93	✓	✓	not available	not available	✓
Trng/Supervision Bangladesh 11/93	✓	✓	not done	✓	✓
HIV/AIDS Guatemala 6/94	✓	✓	✓	✓	✓
Nutrition El Salvador 9/95	✓	✓	not done	✓	✓
PCM Malawi 3/96	not available	not done	not done	✓	✓
Family Planning Senegal 6/96	✓	✓	not done	✓	✓
<b>INTERNATIONAL CONFERENCE</b>					
Impact India 94	✓	✓	not done	not done	not done
<b>PVO HEADQUARTER WORKSHOPS</b>					
7th Annual Marriotsville 1/94	✓	✓	not done	✓	✓
Safe Motherhood Rosslyn 6/94	✓	✓	not done	✓	✓
8th Annual Catonsville 6/95	✓	✓	not done	not done	no response
9th Annual Millwood 9/96	✓	✓	not done	not done	not done

## 2 TOST Workshops

	Agenda*	Final Report	Pre- & Post-Tests	End-of-Workshop Evaluation	Follow-up Evaluation
<b>REGIONAL WORKSHOPS</b>					
TOST Mexico 8/93	✓	✓	not done	✓	✓
TOST Ghana 1/95	✓	✓	not done	✓	not done
TOST Nepal 6/95	✓	✓	not done	done orally	not done
<b>PVO HEADQUARTER WORKSHOPS</b>					
TOST Baltimore 5/94	✓	✓	not done	✓	✓
TOST Baltimore 7/94	✓	✓	not done	✓	✓
TOST Baltimore 7/95	✓	✓	not done	✓	✓
TOST Baltimore 8/96	✓	✓	not done	✓	✓

\*Agenda or some other planning or design document

## **Annex 7: Summary of Training Statistics**

---

## Summary of Training Statistics

### 1 Workshops and Conferences

	No of Days	No of Participants	Names of Technical Trainers/ Facilitators/ Resource Persons	PVO Workshop Budget	JHU Workshop Budget	Actual Workshop Costs*
<b>REGIONAL WORKSHOPS</b>						
HIV/AIDS Uganda 7/93	9	33	Helga Morrow, CSSP Mary Anne Mercer, CSSP Ben Zulu, Consultant S Mulindwa, Facilitator	\$60,000	\$19,592	\$15,913
Malaria Kenya 9/93	5	32	Prof Bwibo Penina Ochola Katie Reed, AMREF Cynthia Carter, CSSP Dr Uchi Amazgo, JHU	\$65,000	\$19,592	\$15,913
Trng/Supervisi on Bangladesh 11/93	7	20	Dale Flowers, Facilitator Dr Lalita Edwards, World Vision Darshana Vyas Karen LeBan, SC Cynthia Carter, CSSP	\$65,000	\$19,592	\$19,371
HIV/AIDS Guatemala 6/94	7	20	Mary Anne Mercer, CSSP Mary Gunn Delaney, NCIH 8 PVO Reps	\$55,000	\$19,592	\$2,887
Nutrition El Salvador 9/95	6	23	Dr Marcelo Castrillo, CSSP Dr A Madrid, Facilitator Dr Ellen Piwoz Dr Luis Palma	\$50,000	\$19,592	\$9,105
PCM Malawi 3/96	8	20	Bill Weiss, CSSP Cory Storms, CSSP Cynthia Carter, CSSP David Marsh, SC Sally Stansfield, Consultant Eric Starbuck, USAID	\$60,000	\$19,592	\$19,102
World Vision Family Planning Senegal 6/96	6	26	Mbaye Seye, SEATS Martin Binyance, SEATS Nancy Keith, BASICS Pierre M Metangmo, JHU Cynthia Carter, CSSP	\$55,000	\$10,046	\$8,482
<b>INTERNATIONAL CONFERENCE</b>						
Impact India 94	6	60	Cynthia Carter, CSSP Dory Storms, CSSP Bill Weiss, CSSP Stan Foster, Consultant Darshana Vyas, Consultant Dale Flowers, Facilitator Karunesh Tuli, CSSP	0	\$97,491	

	No of Days	No of Participants	Names of Technical Trainers/ Facilitators/ Resource Persons	PVO Workshop Budget	JHU Workshop Budget	Actual Workshop Costs*
<b>PVO RESOURCE SHARING WORKSHOPS - HEADQUARTERS</b>						
7th Annual Marriotsville 1/94	3	33	Dale Flowers, Facilitator Cynthia Carter, CSSP Dory Storms, CSSP Samilia Howard, CSSP Bill Weiss, CSSP	0	\$23,320	\$93,518
Safe Motherhood Rosslyn 6/94	15	32	Dr Frank Anderson, JHU Helga Morrow, CSSP	0	0	0
8th Annual Catonsville 6/95	3	35	Dale Flowers, Facilitator Cynthia Carter, CSSP Dory Storms, CSSP Bill Weiss, CSSP Wei Chi Lin, CSSP	\$13,736	\$8,406	\$13,086
9th Annual Millwood 9/96	3	40	Linda Dillon Jones, Facilitator Cynthia Carter, CSSP Dory Storms, CSSP Samilia Howard, CSSP Bill Weiss, CSSP Karunesh Tuli, CSSP	\$12,491	\$12,973	\$9,903
		374	<b>TOTALS</b>	\$410,000	\$269,798	\$221,124

## 2 Training of Survey Trainers Workshops

	No of Days	No of Participants	Names of Technical Trainers/ Facilitators/ Resource Persons	TOST Budget	Actual TOST Costs*
<b>REGIONAL TRAINING OF SURVEY TRAINERS (TOST)</b>					
TOST Mexico 8/93	10	12	Mr Bill Weiss, CSSP Dr Denis Holdened, Consultant Dr Marcelo Castrillo, CSSP	\$13,382	\$13,761
TOST Ghana 1/95	10	12	Mr Bill Weiss, CSSP Ms Cynthia Carter, CSSP	\$13,012	\$18,082
TOST Nepal 6/95	10	16	Mr Bill Weiss, CSSP Ms Cynthia Carter, CSSP Dr Muireann Brennan, Consultant	\$11,040	\$18,052
<b>PVO HEADQUARTER TOSTs</b>					
TOST Baltimore 5/94	10	13	Mr Bill Weiss, CSSP Mr David Newberry, CSSP Ms Cynthia Carter, CSSP	\$3,260	\$4,179

	No of Days	No of Participants	Names of Technical Trainers/ Facilitators/ Resource Persons	TOST Budget	Actual TOST Costs*
TOST Baltimore 7/94	10	12	Mr Bill Weiss, CSSP Mr David Newberry, CSSP Ms Cvnthia Carter, CSSP	\$3,260	\$4,179
TOST Baltimore 7/95	10	10	Mr Bill Weiss, CSSP Ms Cynthia Carter, CSSP Dr Marcelo Castrillo, CSSP	\$3,260	\$3,475
TOST Baltimore 8/96	10	9	Mr Bill Weiss, CSSP Ms Cynthia Carter, CSSP	\$3,900	\$1,831
	70	84	TOTALS	\$51,114	\$63,559

\*Represents only direct costs Does not include staff salaries, benefits, or overhead

18

***Annex 8: Questionnaire Responses***

---

Survey Questionnaire to Child Survival PVOs  
Preparation by the HTS CSSP Evaluation Team  
Section 1 Technical Assistance

Resp No	TYPES OF ASSISTANCE*										ALL QUOTATIONS FROM ACTUAL RESPONSES	
	1	2	3	4	5	6	7	8	9	10	OVER-ALL QUALITY?	TIMELY ASSISTANCE?
1	0	0	0	0	0	0	0	0	0	0	NA - This person had no direct contact with a CSSP activity	
2	1	0	1	0	0	0	0	0	0	0	"Good"	"Yes, it was timely provided "
3	1	0	0	1	0	0	0	0	0	0	"Good"	"Good"
4	0	0	0	0	0	0	0	0	0	0	NA - This person had no direct contact with a CSSP activity	
5	1	1	0	0	1	1	0	1	0	0	"Excellent"	"Good to excellent "
6	0	0	0	0	0	0	1	0	0	0	No Response	No Response
7	0	1	0	0	0	0	0	0	0	0	"Good"	"Used the trainer only once "
8	1	0	0	0	0	0	0	0	0	0	"Moderate"	some problems reported
9	0	1	0	0	1	1	0	0	0	0	"Excellent"	"Extremely timely "
10	0	1	0	0	1	0	0	0	0	0	"KPC Survey good "	"Good"
11	1	0	0	0	0	1	0	0	0	0	"Fairly good"	fairly good, but not flexible
12	0	0	0	0	1	0	0	0	0	0	"Good"	"Good"
13	0	0	0	0	0	0	0	0	0	0	NA - This person had no direct contact with a CSSP activity	
14	0	0	0	0	0	0	0	0	0	0	NA - This person had no direct contact with a CSSP activity	
15	0	0	0	0	0	0	0	0	1	0	No Response	No Response
16	0	0	0	0	0	0	0	0	1	0	No Response	No Response
17	0	1	0	1	1	1	0	0	1	0	"Very Good"	"It was very timely "
18	0	1	0	0	0	0	0	0	1	0	"Very Good"	"Very Timely"
19	0	0	0	0	0	0	1	0	0	0	"Good"	"Irregular"
20	0	0	0	0	1	0	0	0	0	0	NA - This person had no direct contact with a CSSP activity	
21	0	0	0	1	0	0	0	0	0	0	High quality	NA
22	0	0	0	0	1	0	0	0	0	0	"Very helpful"	The support was timely
23	1	1	0	1	1	1	0	0	1	0	"Very good and useful"	"Adequate timeliness "
24	1	0	0	0	0	0	0	0	0	0	"Excellent"	"On schedule"
25	0	0	0	0	0	0	0	0	1	0	"Good"	"Very timely, appropriate "
26	0	1	0	0	0	0	0	0	0	0	"It was good training and I enjoyed it'"	"It was timely "
27	1	0	1	0	1	0	0	1	0	0	"Good"	"On the whole, very timely "
28	0	0	0	0	1	0	0	0	0	1	"Excellent - exactly what we requested "	"Excellent "
29	0	0	0	0	1	0	1	0	1	0	"Quality was Variable"	No Response
30	0	0	0	0	1	1	0	0	0	0	"TA was very satisfactory"	"timely and on the related issue "
31	0	1	0	0	0	0	0	0	0	0	"Excellent"	"Very timely"
32	0	1	0	0	1	1	0	0	0	0	"Excellent"	"Extremely timely"
33	1	0	0	0	0	0	0	0	0	0	"Excellent responsive"	"Very"

34	0 0 0 0 0 0 0 0 0 0	0	No Response	No Response
35	0 0 0 0 0 0 0 0 1 0	0	"Good"	"Timely"
36	0 0 0 0 0 0 0 0 0 0	0	No Response	No Response
37	1 0 0 1 1 0 0 0 0 0	0	"Quality of assistance was excellent"	"TA was very timely"
38	0 0 0 1 1 0 0 0 1 0	0	"Good "	"Very timely, appropriate"
39	1 0 0 0 0 0 0 0 0 0	0	"Excellent"	"On schedule"
40	1 1 0 1 0 0 0 0 1 0	0	"Very good and useful "	"Adequate timeliness"
41	0 0 0 0 1 0 0 0 0 0	0	"Very helpful to support for CS Project"	"The support was provided timely"

-----

\* Types of Assistance from CSSP as mentioned by respondents

1	Baseline survey field TA	2	TOST Survey training	3	Health Information System
4	DIP-Related	5	Received technical info	6	Response to technical question
7	Collaborated on workshop	8	Helped find evaluators	9	Attended workshop
10	Used PVO Database				

## **Annex 9: TA and Training Services**

## TA and Training Services Provided to PVOs by JHU/CSSP

Intervention	Year 1	Year 2	Year 3	Year 4	Total
KPC TOST	2	3	2	1	8
KPC Training	6	4	0	0	10
PCM Training	0	0	1	0	1
HIV/AIDS Wkshp	1	1	0	0	2
Malaria Control Wkshp	1	0	0	0	1
Training & Supervision Wkshp	1	0	0	0	1
Family Planning Wkshp	0	0	0	1	1
HIS Wkshp	0	1	0	0	1
ARI Wkshp	0	1	0	0	1
Nutrition Wkshp	0	0	1	0	1
<i>Subtotal</i>	<i>11</i>	<i>10</i>	<i>4</i>	<i>2</i>	<i>27</i>
KPC Survey TA visits	0	1	4	1	6
HIS/Surveillance TA visits	5	4	1	0	10
Technical TA visits	1*	1*	9	0	11
<i>Subtotal</i>	<i>6</i>	<i>6</i>	<i>14</i>	<i>1</i>	<i>27</i>
DIP-related TA visits	0	2	2	1	5
Proposal feedback TA visits	1*	1*	0	0	2
<i>Subtotal</i>	<i>1</i>	<i>3</i>	<i>2</i>	<i>1</i>	<i>7</i>

Source JHU

\* denotes one country visit, although more than one PVO project may have been visited