

**USAID PARTNERSHIPS WITH  
PRIVATE VOLUNTARY ORGANIZATIONS:  
EXPERIENCE WITH  
CHILD SURVIVAL AND DISEASE PROGRAMS**

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## ACRONYMS

AIHA	American International Health Alliance
AFR	USAID Bureau for Africa
ANE	USAID Bureau for Asia and the Near East
ARI	Acute Respiratory Infections
BHR	USAID Bureau for Humanitarian Response
CDO	Cooperative Development Organization
CORE	Child Survival Collaboration and Resources (a USAID Project)
CSD	Child Survival and Disease Programs
CSGP	Child Survival Grants Program
DCOF	Displaced Children and Orphans Fund
E&E	USAID Bureau for Europe and Eurasia
FFP	USAID Office of Food for Peace
FY	Fiscal Year
G	USAID Bureau for Global Programs, Field Support and Research
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
LAC	USAID Bureau for Latin America & the Caribbean
MG	Matching Grants Program
NGO	Nongovernmental Organization
ORT	Oral Rehydration Therapy
PVC	USAID Office of Private and Voluntary Cooperation
PVO	Private Voluntary Organization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
VVM	Vaccine Vial Monitor

# USAID PARTNERSHIPS WITH PRIVATE VOLUNTARY ORGANIZATIONS: EXPERIENCE WITH CHILD SURVIVAL AND DISEASE PROGRAMS

## I. Introduction

The private voluntary organization (PVO) community is a key USAID partner in achieving effective and sustainable results in the area of child survival and other interventions. The USAID-PVO partnership has strengthened over time as PVOs have broadened their efforts from humanitarian relief to sustainable development programs and from direct service delivery to capacity building and institutional development of local partners.

PVOs, and their local nongovernmental organization (NGO)<sup>1</sup> partners, demonstrate the comparative advantage of working at the community level to facilitate and inform national health policies and to deliver needed health services. USAID believes that any successful strategy to promote improved child survival and disease control must involve community action, and the PVOs are poised to make that work.

PVO partners achieve critical, measurable improvements in Child Survival and Disease (CSD) programs by

- implementing effective interventions that are delivered at reasonable cost and therefore increasing the potential for local response;
- creating formal partnerships with local government, local NGOs, and other community partners, thus strengthening local capacity at a time of broad decentralization of health services in many countries;
- planning for the financial and institutional sustainability of program benefits after the conclusion of project activities; and
- demonstrating viable and innovative strategies, methods, and materials that are applicable on a wider scale.

## II. USAID Funding for PVO Partnerships

Over the years USAID has contributed substantially to developing and enhancing PVO partnerships. In FY 1999, USAID programmed 36.9 percent or \$234.5 million of its total<sup>2</sup> Child Survival and Disease Programs Fund to U.S.-based, international or host country non-profit, nongovernmental organizations as noted in the figure below.

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<sup>1</sup> Complete coding definitions of private voluntary organizations and nongovernmental organizations are provided in Appendix I.

<sup>2</sup> For the purposes of this report, FY 1999 CSD Account totals include \$636.0 million for child health and survival, maternal health and survival, HIV/AIDS, infectious diseases, and basic education, as well as the \$50 million supplemental for child survival (\$10 million for children affected by HIV/AIDS, \$30 million for Central American hurricane relief, and \$10 million for Accelerated Economic Recovery in Asia) and \$66.4 million in FY 1998 carry forward funds. Totals do not include the direct transfer of \$105 million to UNICEF.

In addition, during FY 1999, special opportunities emerged that allowed USAID to enhance its collaboration with PVOs. For example, PVOs were important partners in implementing the FY 1999 supplemental funding for child survival and children affected by HIV/AIDS.

**Percentage of FY 1999 CSD Account Funding by Type of Implementing Organization<sup>3</sup>**

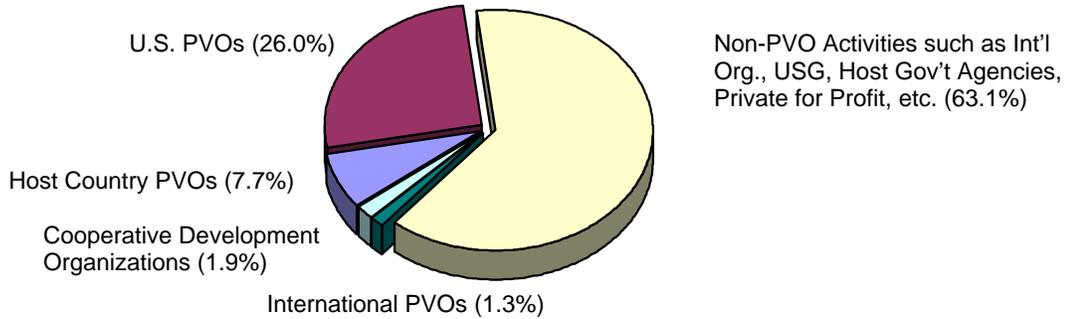


Figure 1

The significant proportion of FY 1999 total CSD funding for PVOs is indicative of USAID's strong commitment to participating in these effective partnerships<sup>4</sup>.

### III. USAID Channels for PVO Partnerships

USAID uses three main channels in working with the PVO community to provide critical CSD interventions: 1) Bureau for Humanitarian Response (BHR) programs, 2) Mission and Regional programs, and 3) centrally funded, Global programs. The breakdown of funding for each of these channels is depicted in the figure below.

**FY 1999 Funding for PVO Activities by USAID Channel**

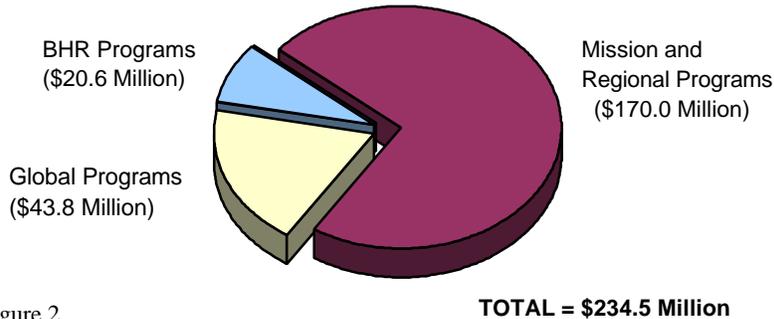


Figure 2

Illustrative examples of our PVO activities are noted in the following text.

<sup>3</sup> For a complete budget listing of USAID's use of PVOs by Bureau, please see Appendix II.

<sup>4</sup> Because USAID is in the process of changing the systems used for tracking funding for PVOs, NGOs, and other categories, comparable trend data are not available at this time.

## **A. Bureau for Humanitarian Response**

Within the Bureau for Humanitarian Response, the Office of Private and Voluntary Cooperation (PVC) and the Office of Food for Peace each sponsor programs designed to enhance partnerships with PVOs. These programs include the following key mechanisms: 1) the PVC Child Survival Grants Program, 2) the PVC Matching Grants Program, and 3) Food for Peace Programs.

### **The PVC Child Survival Grants Program**

The single largest USAID-PVO funding mechanism is the PVC Child Survival Grants Program (CSGP), which is administered by the Office of Private and Voluntary Cooperation. Since 1985, this competitive grants program has enhanced the participation of U.S.-based PVOs and their local partners in reducing infant, child, and maternal mortality in less developed countries by bringing life-saving and preventive health care to geographic areas with exceedingly high rates of infant and child mortality. The program has also strengthened the organizational, managerial, and technical capacity of U.S. PVOs and their local partners.

The Child Survival Grants Program is open to all PVOs that are registered with USAID and engage in community health care programming for children as part of their international development efforts. The Child Survival Grants Program places high priority on sites with under-five mortality greater than 100/1,000 and where poor maternal care, lack of water and sanitation services, and the scarcity and declining quality of health services contribute to high mortality from causes such as malaria, diarrhea, pneumonia, malnutrition, and vaccine-preventable diseases. PVOs work with local governments, nongovernmental groups, and communities to provide and improve services and education to address these problems in areas that are least served by existing health care services. One outstanding example of successful partnerships through the CSGP is the CORE group.

In 1997, with support from USAID, recipients of BHR/PVC funding formed the CORE group, a network of more than 30 US-based private voluntary organizations working together to promote and improve primary health care programs for women and children. Through technical working groups, information sharing, and workshops and conferences, CORE continues to work to increase the knowledge and capacity of its members. Collectively, its member organizations have presence in more than 140 countries. In 1997, combined revenues exceeded \$1.5 billion. The CORE group provides an effective way to reach a large number of PVOs, and enhance USAID's ability to partner with the PVO community.

In FY 1999, the PVC CSGP supported 29 PVOs with 72 projects in 32 countries, for a total life-of-program portfolio of \$65 million. FY 1999 funding provided \$14.1 million to support 21 new programs. In 1999, USAID's CSGP grants achieved significant community-level impact in the areas of immunization and use of oral rehydration therapy for children with diarrhea. The projects shown in Figures 3 and 4 reached 851,393 mothers and children under five.

Figure 3

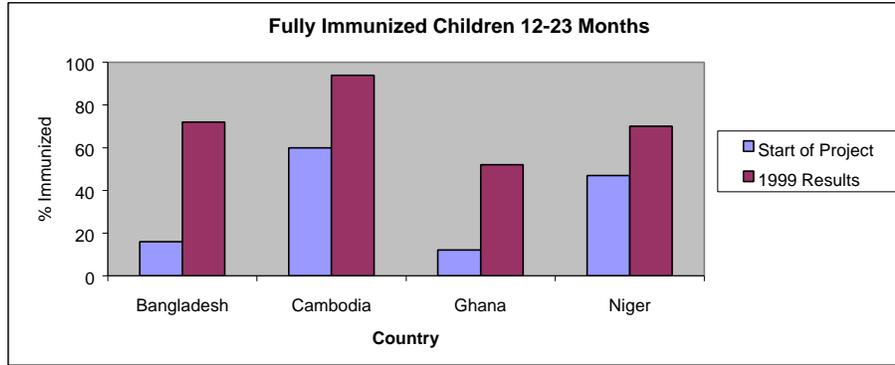
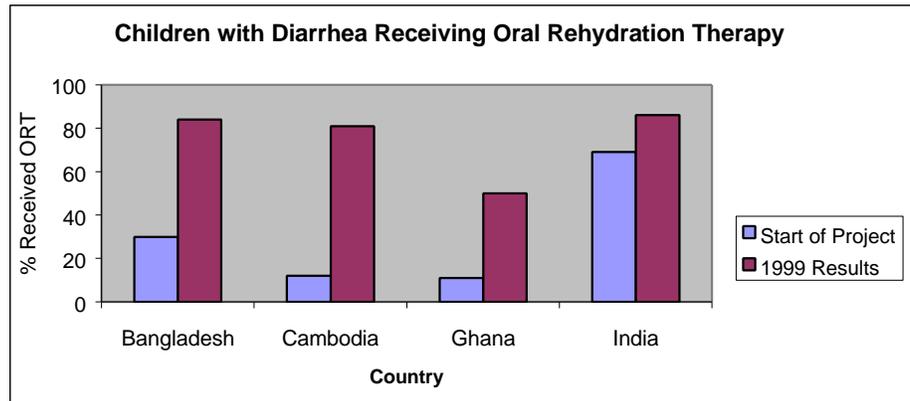


Figure 4



### 1999 Highlights of the PVC Child Survival Grants Program

- Maternal and Child Health Services to South Delhi, India** - A child survival grant brought vital maternal and child health services to South Delhi, India. In an area with no public utilities or water/sanitation services and minimal access to any health facilities, a PVO and its partners opened maternal and child health clinics and prepared community health guides to provide information about prenatal care, safe pregnancy, and childbirth. As a result, 96 percent of pregnant women in this area now receive prenatal care that is vital to the health of their infants. At the same time, the percent of births attended by a qualified health care provider has increased from 34 to 78 percent.
- Child Survival Funded Project in Kean Svay, Cambodia** - In only three years, a child survival project in Kean Svay, Cambodia, has dramatically surpassed its goals despite tremendous obstacles, including a coup, floods, and epidemics. Through support to mobile health teams, the project has increased the proportion of fully immunized children from 60 to 94 percent in the project area. Vitamin A coverage among children increased from less than 1 to 61 percent, and use of oral rehydration therapy for cases of diarrhea increased from 12 to 81 percent. Ongoing efforts are focused on ensuring that project activities and benefits will continue well beyond the end of the grant.

- **Child Survival Funded Project in Siaya District, Kenya** - The district of Siaya has Kenya's highest rate of child mortality due to high rates of malaria and pneumonia as well as a decline in the quality of health care services for children. A CS GP-funded project in the district has attained a 49 percent decrease in child mortality by using a ground-breaking strategy of working with community health workers to provide case management for common childhood illnesses. The end result of the program has been regular early detection, rapid presentation for care, improved outcomes of illness, and a lower cost to families.

The PVC Child Survival Grants Program provides critical leadership in integrated approaches to child health. The success of the program is attributable to rigorous requirements, capacity-building activities for U.S. PVOs and their local partners, and opportunities to collaborate with USAID's other child survival cooperating agencies to achieve the highest technical standards.

### **The PVC Matching Grants Program**

Now in its 22nd year, the Matching Grants (MG) Program is BHR/PVC's principal vehicle to help the U.S. PVOs develop their community-based programs overseas. Matched dollar-for-dollar by the PVO's own resources, MG supports programs consistent with USAID's evolving priorities and geographic interests. The program allows a U.S. PVO to expand a successful program in new places or initiate new projects. It also enables a U.S. PVO to undertake an experimental or innovative project on the cutting edge of development efforts that offers potential for learning and replication.

In FY 1999, the MG Program supported 40 PVOs in 47 countries and provided \$4.7 million to fund health projects. The following example illustrates a successful program.

- **NGO Capacity-Building Initiative - Mitigating the Spread and Impact of HIV/AIDS** - In 1996, one PVO began a five-year MG program that assisted NGOs in India, Indonesia and Zambia to strengthen their HIV/AIDS programs while also learning important skills for organizational growth. Through training and mentoring support provided by the PVO, 17 NGOs--12 in India, three in Indonesia, and three in Zambia--have been learning how to use strategic planning to create shared vision and focus resources within their organization. The PVO also assisted local partners to increase their skills for HIV/AIDS program planning, implementation, monitoring and evaluation. With small grant support, partner NGOs were able to pilot test innovative new HIV/AIDS programs and to expand their programs to new communities.

### **Food for Peace Programs**

In addition to the CSD Account, significant funding for PVO activities is channeled through Food for Peace (FFP) programs. The Office of Food for Peace administers the P.L.480 – Title II Food Aid programs for USAID. Annual FFP development resources total approximately \$400 million for commodities and freight – slightly less than half of these resources are directly distributed as food for beneficiary populations; the remainder is monetized to raise local currency for development activities. These programs,

implemented by U.S., international, and local PVOs/NGOs, focus approximately 50 percent of their activities on maternal and child health and/or water and sanitation. In FY 1999, FFP also received \$1.85 million in CSD funds for direct support of PVO programs and technical assistance. Illustrative activities and results include the following:

- **Food Aid in Peru** - Over two thirds of the severely malnourished children who participated in Peru's Infant Nutrition program during FY 1999 regained normal nutritional status. This high rate of success is attributable to a well organized and timely distribution of food rations, well-trained and motivated health promoters, and very good collaboration with the Ministry of Health.
- **Food Aid in Ethiopia** - Maternal and child health and nutrition and water and sanitation-related activities showed impressive results in this PVO's target areas for Ethiopia. Results were particularly high in the East Shewa zone, where the former center-based projects have been phased out, and the community-based activities have been phased in over the past three areas. The project has contributed to reducing the rates of malnutrition among children under two years old. Over 94 percent of children registered in the target areas had their growth monitored regularly. These and similar project activities helped reduce the percentage of children below 80 percent of normal weight for their age from a baseline of 50 to 35 percent. Far fewer children in target sites were severely malnourished (down to 1.8 percent from a baseline of 5.4 percent). Further improvements were seen in vaccination coverage rates among children 12-23 months of age (from a baseline number of 42 percent to 76 percent).
- **Food Aid in India** - Increased coverage of iron/folate supplementation helps address the serious problem of anemia among pregnant Indian women. Since 1997, this PVO's activities have increased the percent of pregnant women in program areas who received adequate supplementation with iron/folate tablets from 24 to 85 percent.

## **B. Mission/Regional Supported Activities**

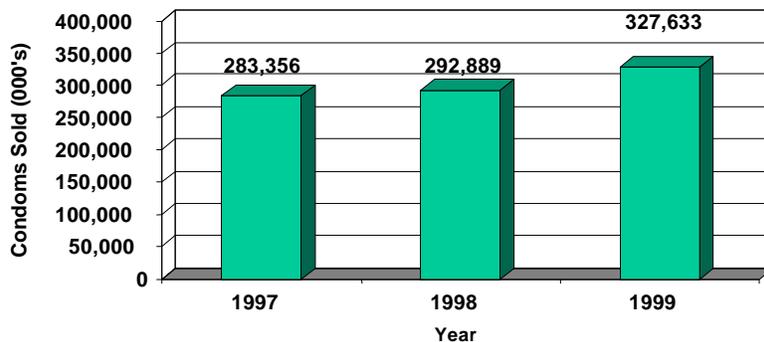
USAID missions and regional bureaus support a wide variety of PVO and local NGO programs designed to promote child survival and disease control. In 1999, USAID devoted \$170 million to PVO/NGO programs through these channels. Many support the direct delivery of services. Others support communication and advocacy. Almost all are involved in some sort of institution and capacity building. The following are a few examples of USAID-supported PVO programs that have made major impacts.

- **Building Surveillance and Response Capacity** - With USAID funding, the International Center for Diarrheal Disease Research in Bangladesh is operating a hospital-based surveillance system that tracks pathogens responsible for cholera, dysentery, and other diarrheas. Information is also collected on antimicrobial drug resistance. During the 1998 flooding in Bangladesh, the surveillance system was used to identify and monitor cholera and other diarrheal outbreaks, helping managers determine emergency needs for supplies and drugs.
- **Combating Acute Respiratory Infections (ARI) and Diarrheal Diseases** - USAID, through PVO assistance, has also taken the lead in Nepal in expanding life-saving

community-based pneumonia treatment. This program contributes to the reduction of high infant and child mortality and particularly to Nepal's still high diarrhea and pneumonia mortality. The program supports improved diarrhea case management in all 75 districts and strengthens acute respiratory infection case management in 14 districts. Four USAID-supported international NGOs (Save the Children/US, CARE, PLAN International USA, Inc., Adventist Development and Relief Agency), working with the Ministry of Health, have helped to expand the program faster than anticipated in five of these districts.

- **Targeting HIV/AIDS** - Many USAID missions support the social marketing of condoms to prevent sexually transmitted diseases and HIV/AIDS through PVOs/NGOs and local community groups. The figure below shows the scope of these efforts in 16 USAID-assisted programs. The impact of these condom distribution programs is substantial in helping to curtail the epidemic.

**Condoms Sold in Selected USAID-Supported Condom Social Marketing Programs (000's)**



Source: USAID program reports from sixteen country programs.

Figure 5

In addition to funding from the CSD account, funds from other accounts supported child survival and disease control programs in the former Soviet Union and Eastern Europe. USAID's Bureau for Europe and Eurasia, working together with NGOs, is addressing neonatal mortality in the region.

- **Addressing Neonatal Mortality** – American International Health Alliance (AIHA), a USAID partner, in conjunction with the Ministries of Health, has developed 14 successful Neonatal Resuscitation Training Centers in five countries (Russia, Ukraine, Uzbekistan, Armenia and Georgia). The training centers provide health care professionals with a set of delivery rooms. These techniques are readily adapted to the level of available equipment.

### C. Global Activities

In addition to BHR's programs and Mission/Regional funded PVO programs, the USAID/Washington Global Bureau engages PVOs to help implement its worldwide technical assistance programs. In 1999, USAID provided over \$43 million to PVOs through Global programs. PVO involvement and leadership is apparent in programs as

diverse as health technology, polio eradication, and HIV/AIDS control. Some examples of their impact follow below:

- Support of Polio Eradication** - USAID is providing funds for the CORE Group to increase community involvement in the Polio Eradication Initiative in Bangladesh, Ethiopia, India, Mozambique, Nepal, and Uganda, and is rapidly expanding to other interested countries. CORE established a grant process that focuses on increasing acute flaccid paralysis case detection and reporting, and assisting in district-level planning and training, monitoring and evaluation, social mobilization, and advocacy. Since its inception in July 1999, the CORE Group’s Polio Eradication Team has been working to create linkages and collaborative relationships between health organizations in polio-endemic countries. The Angola National Inter-agency Coordination Committee Team has already welcomed the CORE Team as a full committee member. Together, they will be supporting six days of “national tranquility” to hold national immunization days.
- Displaced Children and Orphans Fund (DCOF)** - Since 1989, DCOF has contributed more than \$74 million to programs in 28 countries. Most activities are carried out by NGOs that help develop and strengthen the capacity of indigenous community-based organizations to care for orphans and displaced children. Funds are currently used in 12 countries with four new country programs expected in FY 2000. In FY 1999, approximately 362,000 children directly benefited from the DCOF. Figure 6 below provides the proportion of total funding by program along with the number of children (in parentheses) assisted through DCOF activities.

**Numbers of Children Assisted  
and Proportion of Total Funding by Program**

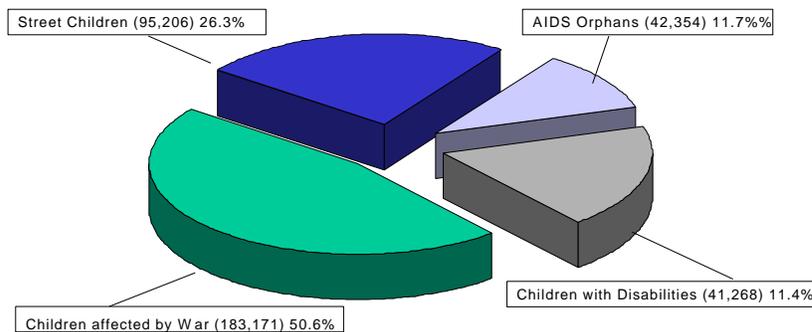


Figure 6

The DCOF works to reunite children with their families. In Angola, over 1,400 families have been traced, 2,800 children registered, and 800 children reunified. Similar efforts are taking place in Eritrea, Sierra Leone, and northern Uganda.

In Romania and Russia, the major child health issues of concern have been the institutionalization of abandoned children and a high incidence of pediatric AIDS, which resulted from contamination of the blood supply and inappropriate injection practices for newborns. USAID, through NGOs, is concentrating on child welfare

programs to prevent child abandonment by providing support for families and children in crisis.

- **Vaccine Vial Monitors** - A simple technology developed by a USAID-supported PVO (PATH), the vaccine vial monitor (VVM) is a way to monitor continuously whether a vaccine has been exposed to heat for a period of time that would threaten its potency. The VVM reduces vaccine wastage and saves money. Through extensive work with UNICEF, international donors and partners reached an agreement to require all vaccines purchased by UNICEF after January 1, 2000 to carry a VVM on every vial. Those countries using the VVM have already noted a reduction in the share of discarded vaccines. In Tanzania, the proportion of disposed vaccine fell from 49 percent in 1995 to four percent in 1999; in Kenya, it fell from 30 percent in 1996 to four percent in 1999.

#### **IV. Summary**

In sum, USAID support for PVOs is a critical strategy in achieving its child survival and disease control objectives. With several comparative advantages, PVOs greatly enhance USAID's own effectiveness and scope of action. For this reason, USAID programmed \$234.5 (nearly 37 percent of its CSD Account) for PVO partnership activities in FY 1999. USAID funded or directly supplied numerous types of technical assistance to PVOs, in the areas of program delivery, organizational development, strategic planning and resource mobilization. All three main channels used in working with the PVO community--BHR programs, Mission and Regional programs, and Global programs--achieved critical successes in providing essential interventions.

Clearly, the rich history of cooperation between USAID and PVOs has been a valuable asset in U.S. development efforts. PVOs are important contributors and leaders to USAID/Washington, regional, and mission programs and can be credited with many of the Agency's successes to date in health and nutrition. Due in large part to these achievements, in the future, USAID will continue to work diligently to further strengthen its PVO involvement in child survival and disease control efforts. Though serious challenges remain, solutions can be found in these long-term partnerships acting together in the pursuit of common goals.

## APPENDIX I

### RELEVANT SECONDARY EMPHASIS AREA CODE DEFINITIONS FOR THE CHILD SURVIVAL AND DISEASE ACCOUNT

#### Non-Governmental Organizations (NGOs) and Private Voluntary Organizations (PVOs):

An NGO is defined as a non-governmental organization, organized either formally or informally, that is independent of government (although, for coding purposes, the term excludes for-profit enterprises and religious institutions except for religiously affiliated development organizations). USAID does not propose to establish a code for NGO because we already have codes that identify the component parts with which we are most involved. These parts and their illustrative USAID codes are as follows:

- \* Private and Voluntary Organizations (PVO): PVU, PVL and PVI.
- \* Cooperative Development Organization: CDO.
- \* Institution engaged solely in research or scientific activities: the R-- series.
- \* Labor: DCLA under "Goal 2."
- \* Political Party: the DE-- series under "Goal 2."

A PVO is defined as a private non-governmental organization (but not a university, college, accredited degree-granting institution of education, private foundation, institution engaged solely in research or scientific activities, a church or other organization engaged exclusively in religious activity) which

- \* is organized under the laws of a country;
- \* receives funds from private sources;
- \* is nonprofit with appropriate tax exempt status if the laws of the country grant such status to nonprofit organizations;
- \* is voluntary in that it receives voluntary contributions of money, staff time, or in-kind support from the public; and
- \* is engaged in voluntary charitable or development assistance activities, other than religious, or anticipates doing so.

Regardless of any other coding, all funding via PVO's should be coded using the four codes below. (For purposes of coding, "PVO" also includes cooperative development organizations (CDOs), i.e., cooperatives.)

- PVU:** A U.S. PVO organized in the United States, but not necessarily registered with USAID.
- or
- PVL:** A local PVO operating in the country under whose laws it is organized.
- or
- PVI:** A third country PVO or international PVO not included in PVU or PVL above.
- or
- CDO:** Cooperative Development Organization - A private association of persons joined together to achieve a common economic objective. It is an enterprise owned jointly by those who use its facilities or services and where any profits are returned to those same users. (CDOs are considered "not-for-profit" organizations rather than "nonprofits.")

APPENDIX II

**WORLDWIDE SUMMARY – SELECTED SECONDARY PURPOSE CODE(S)  
 FY 1999 – FY 2000 APPROPRIATION TREND**  
 (Code(s) Selected: CDO PVI PVL PVU; thousands of Dollars)

	<b>CSD</b>	
	<b>FY 1999</b>	<b>FY 2000<sup>5</sup></b>
<b>AFR</b>		
CDO Cooperative Development Organization	5,762	6,076
PVI PVI-Third country/international PVO	4,752	1,554
PVL Local (Host Country) Private Voluntary Organization	22,799	21,684
PVU US Private Voluntary Organization	77,544	92,635
	110,856	121,949
<b>ANE</b>		
CDO Cooperative Development Organization	--	--
PVI PVI-Third country/international PVO	68	398
PVL Local (Host Country) Private Voluntary Organization	8,937	9,151
PVU US Private Voluntary Organization	25,581	23,908
	34,586	33,457
<b>BHR</b>		
CDO Cooperative Development Organization	5	--
PVI PVI-Third country/international PVO	666	663
PVU US Private Voluntary Organization	19,971	23,076
	20,642	23,739
<b>E&amp;E</b>		
CDO Cooperative Development Organization	--	--
PVI PVI-Third country/international PVO	--	--
PVL Local (Host Country) Private Voluntary Organization	--	--
PVU US Private Voluntary Organization	--	--
	--	--
<b>G</b>		
CDO Cooperative Development Organization	6,002	5,250
PVI PVI-Third country/international PVO	1,791	1,000
PVL Local (Host Country) Private Voluntary Organization	1,371	800
PVU US Private Voluntary Organization	34,618	26,170
	43,783	33,220
<b>LAC</b>		
CDO Cooperative Development Organization	330	350
PVI PVI-Third country/international PVO	1,294	1,120
PVL Local (Host Country) Private Voluntary Organization	15,626	15,706
PVU US Private Voluntary Organization	7,336	13,378
	24,586	30,554
<b>REPORT TOTAL:</b>	<b>234,453</b>	<b>242,919</b>

<sup>5</sup> Because budget numbers had not yet been finalized at the time of coding, numbers for FY 2000 are subject to change.