PN-ABX-113

PVO RESOURCES FOR CHILD SURVIVAL

MANAGING RESOURCES

June 18-21, 1991

Berkeley Springs, West Virginia

The fifth annual workshop for U.S.-based PVO staff who backstop Child Survival projects in Africa, Asia/Pacific, Latin America, and the Caribbean.

PVO health staff implement and manage complex Child Survival projects in over 90 project areas in 25 countries. PVOs are committed to learning and improving their ability to function effectively in the service of these communities. In this pursuit, PVOs have identified management systems as a training need for all levels of staff.

What is the foundation of effective management? Our local bookstores display entire sections of "how to manage" manuals. Within these volumes, what are the basics?

Careful Analysis of Resources. An effective manager is always aware of existing resources and constraints. These resources may include money, time, space, or number and quality of human resources. In project planning, the manager must look realistically at situations that can hinder implementation, such as volunteer dropout and the recurring need for training of new volunteers. Another example is a geographical constraint—perhaps a monsoon flood, which usually cuts off communities for months at a time. This will reduce the time available to accomplish proper objectives.

Develop Contingency Plans. Planning does not eliminate risk. The effective manager learns to ask, "What if...?" It is a good way to explore potential constraints or problems, and develop some contingency plans in case the problem does arise, such as when the bridge floods or there is no fuel available.

Set Priorities. No project ever has all the resources it could use. An effective manager learns to prioritize activities when time, money, or people resources are insufficient to carry out the program exactly as originally planned.

Ask the Right Questions. Few programs can be carried out exactly as planned. The manner in which a program evaluates itself determines how quickly and effectively it can respond to changing conditions. In the process of evaluation, asking the right questions is a prerequisite to obtaining the right answers. Programs often ask the question, "What are we doing that we can measure?" when they should be asking, "What do we need to measure in order to know what we have accomplished?"

Two-way Communication. Consistent two-way communication is essential for staff motivation. If staff and volunteers feel they are listened to and have a way to express ideas, they become more involved and gain a sense of ownership. This is equally true for volunteers, the Ministry of Health staff, and community members. In fact, we all like to feel our ideas and opinions are important. Such two-way communication can help a manager identify difficulties, deficiencies, and new developments that point up that an action is needed.

Compare Results to Objectives. The question is, Has the action made a difference?

Management of health programs is an art rather than a science, although we can learn more about management tools and management practices that others have found useful in their work. It involves adjusting program elements to respond to ever-changing situations. Change is the rule rather than the exception. Effective action requires specific knowledge, good judgment, and a willingness to be flexible about the management process but firm regarding principles and standards of health delivery.

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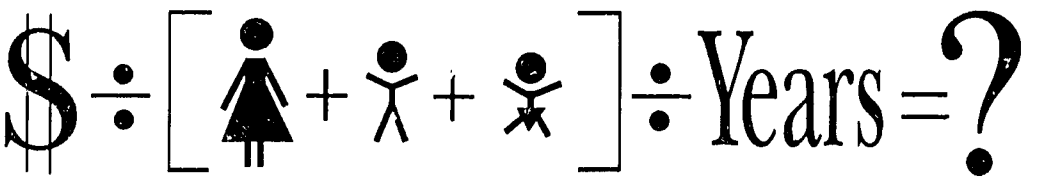


Workshop Planning and Preparation

Background

The Agency for International Development, Bureau for Food and Humanitarian Assistance, Office of Private Voluntary Cooperation (AID/FHA/PVC) currently funds twenty-three U.S.-based private voluntary organizations (PVOs) to carry out Child Survival projects in twenty-seven countries located in Africa, Asia/Pacific, Latin America, and the Caribbean. Since 1985, the PVO staff who backstop field projects have participated in an annual PVO Resources for Child Survival workshop. PVOs have found that these workshops—funded by AID/FHA/PVC as part of its Child Survival technical support strategy—offer an important forum to network, share, and consult with other Child Survival PVOs.

The annual PVO Child Survival workshops have been designed and conducted by staff and consultants of the PVO Child Survival Support Program (CSSP) under a Cooperative Agreement between AID/FHA/PVC and the Institute for International Programs of The Johns Hopkins University (JHU) School of Hygiene and Public Health. The PVO Child Survival Support Program directs a number of activities designed to strengthen the capacity of PVOs to plan and carry out effective Child Survival projects.

Organization

The Coolfont Workshop built on the experience of the four previous PVO/HQ workshops, held in Baltimore, Maryland (1986), Lake Havasu, Arizona (1988), Lake Junaluska, North Carolina (1989), and Aliso Creek, California (1990). This fifth workshop took place at the Coolfont Conference Center in Berkeley Springs, West Virginia, on June 18-21, 1991. The thirty-two participants included technical staff from twenty-one PVOs who are responsible for the design, implementation, and evaluation of eighty-nine Child Survival projects.

The organizing team for this workshop included a facilitator, workshop coordinator, technical staff from the PVO Child Survival Support Program and its director, and AID/FHA/PVC staff.

Needs Assessment

In anticipation of the Coolfont Workshop, the organizing team asked PVO staff who backstop Child Survival country projects to identify topics of concern in their daily work. Once again, PVO staff cited project sustainability as a significant issue and expressed additional interest in discussing management information systems. A summary of the needs articulated in pre-workshop questionnaires indicated a growing desire to talk about management in its many aspects. PVO respondents mentioned human resource development, financial management, and revenue generation, among their management related concerns. Accordingly, the organizing team chose the theme "Managing Resources" for this workshop.

Dates and Locations

Workshop planners originally scheduled the annual workshop in January 1991, but at A.I.D.'s request, the workshop was rescheduled to June 1991. The workshop was held June 18 - 21 at the Coolfont Conference Center in Berkeley Springs, West Virginia, a venue close to Washington, D.C. Coolfont provided a conference center in a beautiful natural setting, where participants could get to know each other and exchange information. Coolfont conference center is only two hours from Washington, D.C., yet it is set in a hidden valley of 1,200 forested acres between Cacapon Mountain and Warm Springs Ridge. In the rustic atmosphere of the center, conferees came together to walk, to talk, to accomplish, and to enjoy.

Workshop Goals

The following workshop goals emerged from the needs assessment:

1. Discuss approaches for PVO/NGOs to improve financial management and revenue generation to support Child Survival/health activities.
2. Raise PVO headquarters' awareness of banking and loan schemes for the poor, and of issues for the incorporation of these activities in Child Survival projects.
3. Examine PVO headquarters' role in providing supervision and technical support to Child Survival field projects, and headquarters' response as the number of Child Survival grants increases.
4. Discuss various methods to incorporate lessons learned and to facilitate their dissemination within a Private Voluntary Organization (PVO).
5. Share PVO materials on financial management, revenue generation, sustainability, human resource development, and the Child Survival intervention strategies.
6. Learn about different methods for managing human resources for more effective and efficient performance in Child Survival.
7. Exchange lessons learned among PVOs, A.I.D., and CSSP on accomplishments of the PVO Child Survival Grants Program, new themes, and future directions.

Participants

Five regional office staff and thirty-two staff from the USA offices represented the twenty-one organizations attending the workshop. Twenty of the participants were new to the Child Survival Program, having assumed their positions in the previous year. A complete list of workshop participants can be found at the end of this report.

A number of resource people took a role in organizing particular technical sessions. Consultant Eve Epstein was the resource person for financial management and income generating sessions for the workshop. Dr. Epstein also shared her resource book, *Achieving Financial Self-Reliance: A Manual for Managers*, with the PVOs.

Dr. Alfred K. Neumann, of UCLA's School of Public Health, led a session on the integration of micro-enterprise into Child Survival programs. He was also available throughout the workshop to talk with small groups or individuals about micro-enterprise issues in their own projects.

Dr. Barbara Greig, the workshop facilitator, worked with the Organizing Team to plan and facilitate workshop sessions, and co-ducted a session on personal time management.

Ms. Ellen Vor der Bruegge, of the Freedom from Hunger Foundation, directed a session in which headquarters staff discussed, categorized, and prioritized the types of technical support their offices offer projects, in order to clarify the backstop role.

AID/FHA PVC sent three staff to the workshop. Mr. John McEnaney, chief* of A.I.D.'s Child Survival and Health Division; Ms. Susan Morawetz, assistant chief*; and Mr. Charles Habis, project officer*, led sessions which examined A.I.D. financial reporting requirements, and were available to consult with PVO staff. Mr. McEnaney introduced the theme of the workshop in the opening session by speaking about enhancing financial sustainability, the shift in the donor's role, and the importance of developing affordable programs.

Mr. Robert Cunnane organized the workshop with logistical assistance from Dr. Christine Witte. Among the workshop staff were Dr. Dory Storms, Ms. Cynthia Carter, Dr. Marcelo Castrillo, and Mr. Ken Sklaw of the PVO Child Survival Support Program. In addition, two CSSP technical interns, Dr. Ciro Franco and Dr. Rajani Ved, assisted in the Resource Room and at workshop sessions. In previous years, fewer A.I.D. and CSSP staff have attended the workshops, but because of the proximity of Coolfont to Washington and Baltimore, more A.I.D. and JHU staff were able to participate in the workshop sessions with the PVOs.

Theme

In past workshops, PVOs met to review and share lessons learned, to make recommendations for improvement, to formulate new strategies that would lead to stronger field projects, and to evaluate the effectiveness of those projects. At issue in this workshop was the *sustainability* of projects; PVOs expressed the need to be grounded in strategies that would assure the continuation of Child Survival activities. *Management* was the significant theme. Understanding the resources available and managing them to the best advantage are key to sustainability.

There were two issues of particular concern at this workshop: (1) financial management (to understand recurrent costs, generate income to cover costs, and make a project self-supporting) and (2) human resource management (how to efficiently and effectively use headquarters capacities and expertise to support projects).

Process and Content

The workshop Organizing Team structured the workshop using principles of adult education that stressed both communication between participants and the unique contributions of each individual. PVO staff led small group sessions, panel discussions, and exercises, which facilitated exchange and provided the rest of the group the opportunity to benefit from the experience of its members.

Some more formal presentations exposed participants to

* Transferred to another A.I.D. bureau

current thinking at A.I.D, WHO, and technical contractors regarding management and income generation. These were accompanied by group discussions that allowed workshop attendees to share experiences and apply information to their unique situations.

Agenda

Workshop organizers have learned through regional and headquarters workshops that often the most long-lasting and productive experiences arise from informal networking. The setting and living arrangements at Coolfont encouraged such interactions since most participants shared four-person chalets. Stretch breaks and sports competitions helped to keep up spirits and minimize participant fatigue.

Managing Resources for PVO Child Survival

June 18-21, 1991

Coolfont Conference Center, Berkeley Springs, West Virginia

Tuesday 6/18

4:30	Introductions
6:30	Dinner
7:30	Orientation
8:00	Questions for John and Dory
9:00	Closing and Announcements

Wednesday 6/19

8:30	Opening
8:45	The Benefits of Managing your Money
10:30	Coffee Break
10:45	Financial Reporting Formats: Should They Change?
12:30	Lunch
1:30	What is HQ's Role in Backstopping? Perspectives from the Field and HQ
2:45	Coffee Break
3:00	Standardizing Resources to the Field
4:25	Closing and Announcements
4:30	Stretch Break and Competition
6:30	Dinner
7:30	Resource Center Open

Thursday 6/20

8:30	Revenue Generation
10:15	Pep Energizer
10:30	Recommendations for Revenue Generation
11:30	Worksession: Standardizing Resources to the Field
12:30	Lunch
1:30	Village Banking and Loan Schemes for the Poor
3:15	Coffee Break
3:30	PVOs New to the Workshop
3:55	Closing and Announcements
4:00	Resource Center Open
6:00	Group Photograph
6:30	Barbecue and Awards Ceremony

Friday 6/21

8:30	Managing Human Resources Concurrent Sessions: • *TA: Managing Consultants* • *Management PVO/HQ Visits to the Field* • *Coping with Stress*
10:30	Reflections and Next Steps in Managing PVO Resources for Child Survival • *Summary of PVO Recommendations*
11:00	• *Reflections and Next Steps*
12:00	WAWA
12:30	Lunch and Departure

The Resource Center

The best source of useful and relevant program materials for workshop participants is likely to come from the participants themselves. With this in mind, PVO representatives were asked to bring with them to the workshop, materials such as posters, manuals, videocassettes, survey instruments, and other items of interest that they could share with other participants. The Resource Center was open in the evening for browsing and for viewing the audio-visual materials.

Materials displayed at the Coolfont Workshop Resource Center were as follows:

African

Videocassette: Imo State Child Survival Project (Nigeria)

Report: "Child Survival—The Challenges We Face," the 5th African Regional Child Survival Implementation Workshop, June 24-July 1, 1990

Newspaper: "The Statesman," Vol. 152, June 26, 1990
Imo State AFRICARE Child Survival Project: 1988 FVA/PVC Project Annual Report, Volumes I and II

African Medical & Research Foundation (AMREF)

"Urban Child Survival and Development: Lunga Lunga, Kayaba, Soweto, Slum Areas of Nairobi (Situation Analysis)," April 1990

G. O. Rae, et al. "Child Survival Baseline: Survey I, Nairobi Slums," 1987

"AMREF's Child Survival Project: End of Evaluation" Evaluation and Operational Research Unit, November 1990

"Starting Where the People Are: The African Medical and Research Foundation" *Carnegie Quarterly*, Vol. 32, No. 2, Spring 1987

AMREF Annual Report 1990 "No Place Too Remote..."

AMREF NEWS, No. 22, October-December 1990

Brochure "Rural Health Manuals"

Andean Rural Health Care (ARHC)

"Andean Rural Health Care's Child Survival III Project" Carabuco, Bolivia, May 1991. Grant No. 9380531.01

S. Saavedra, et al. "The Application of Census-Based, Impact-Oriented Approach to Community-Oriented Public Health on the Northern Altiplano." Presentation to APHA Meeting, October 1990

H. Perry and J. Wyon, "The Census-Based, Impact-Oriented Approach to ANDEAN's Projects in Bolivia," October 1989

ANDEAN Grassroots, Vol. 10 (1), May 1991

CARE

1990 Annual Report

CARE Primary Health Care, "Facts at a Glance"

Dan O' Brien, "Data Collection Handbook: Tools for Evaluation," March 1991

Dan O'Brien, Internal Participatory Evaluation: A Model, December 1989. Publication Series Number 10

Shelagh O'Rourke, Defining Riches: The Use of Social Science Research in the Redesign of a Child Survival Project in Haiti. Publication Series Number 11

Childhope

Annual Report 1989-90

G. Barker and F. Knaul, "Exploited Entrepreneurs: Street and Working Children in Developing Countries." Working Paper Number 1, 1991

Esperanza, Newsletter, Volumes 2 and 3, October 1990/June 1991

Factsheets:

- On Street Children and Drug Abuse
- On Working Street Children
- On Violence Against Street Children
- On Street Children and AIDS/HIV
- On Street Girls
- On Street Children

Food for the Hungry (FFH)

Nutrition Game for Illiterate Mothers' Groups: 50 Pictures of Food and Food Dishes

Food for the Hungry - Bolivia: Quarterly Report on Child Survival Grant, Sixth Quarter, January 1, 1991 - March 31, 1991

Vitamin A Technical Assistance Program (VITAP)

VITAP "Nigerian National Workshop on Vitamin A Interventions and Child Survival," Proceedings. Otta, Ogun State, Nigeria, January 1991

VITAP "Manuel pour les Formateurs: Vitamine A et Survie de L'Enfant"

VITAP D. Rosen, et al. "Evaluation preliminaire de la carence en vitamine A dans le Cercle de Kolondieba au Mali," 3-17 December 1990

VITAP "VITAP Vitamin A Reference Library," June 1991

Program Updates
Vitamin A, Fall 1990
Declaration on Vitamin A Nutrition, Fall 1990
Nigerian Communique on vitamin A, Fall 1990

VITAP "Local Terms for Night Blindness in Selected Countries"

VITAP "Vitamin A: Child Survival" (Brochure with slides)

VITAP "Vitamine A: Survie de L'Enfant" (Brochure with slides)

VITAP "East, Central, and Southern African Regional Workshop on vitamin A Interventions and Child Survival, Lusaka, Zambia, 21-24 June 1990 (Proceedings)

VITAP Kit: A General Collection of Materials on Vitamin A. Available in French and English

Vitamin A News Notes. Spring 1991

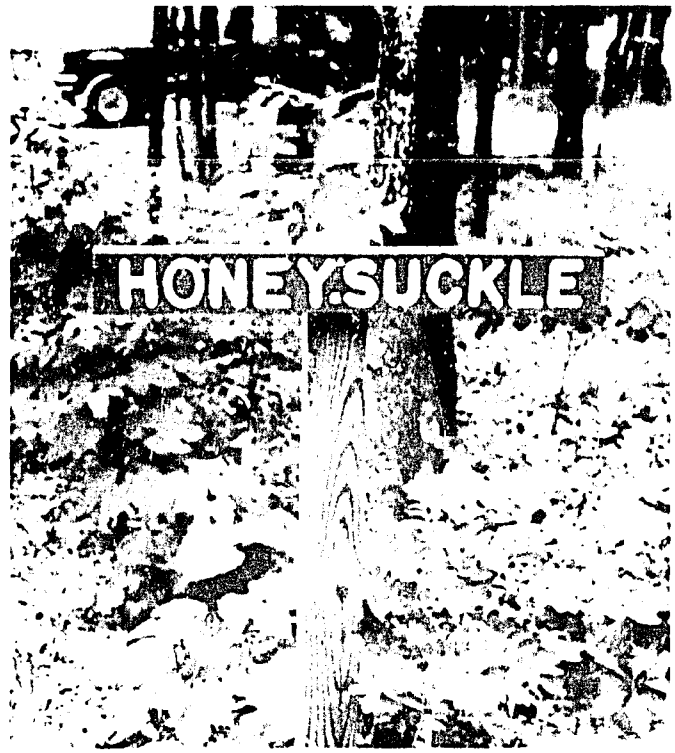
VITAP Fact Sheet

VITAP Materials Order Forms, buttons and posters

T-Shirts: "Prevent Blindness" and "Ma Vitamine A"

Charles Schultz. Are These Really Good for Your Eyes? Guidelines for Prevention of Blindness Due to Vitamin A Deficiency (Xeropthalmia)

Videocassette: ABC-TV News 20/20. "A Gift of Sight, A Gift of Life."



Project Hope (HOPE)

Programa Supervivencia Infantil, Manual - Guia, Para Personal Voluntario de Salud:
"Control de Efermedades Diarreicas"
"Programa Amplhados de Immunizaciones"
"Infecciones Respiratorias Agudas"
"Nutricion"
"Planificacion Familiar"

Report: "Viva el Nino," First Central American Implementation Workshop for PVOs Working in Child Survival, Quetzaltenango, Guatamala, August 5-12, 1989

Report: "Viva el Nino," El Primer Taller Centro americano Sobre la Implementacion de Programas de Supervivencia Infantil, a cabo del 5 al 12 de Agosto de 1989. Quetzaltenango, Guatamala

"Guia Para Charlas Participativas Sobre Asientos Y Tro"

"Guia Para Las Charlas Del Voluntario Comunitario Sobre Las Vacunas"

Measuring Bottle for ORS; Spanish Text

Vaccination Wheel; Spanish Version

Treatment of Dehydration Wheel; Spanish Version

Treatment of ARI Wheel; Spanish Version

Freedom from Hunger Foundation (FFH)

J. Ashe, "Operational Manual for Village-Based Income-Generating Projects," May 1988

"The Community Bank Learning Game: A Simulation of a Community Bank Loan Cycle for Staff and Community Orientation," January 1991

La Leche League International (LLL)

Breastfeeding Fact Sheet, 1991

"Seminar for Physicians," BREASTFEEDING: An Imperative for the '90s

Promotion of Lactational Amenorrhoea Method (LAM) and Childspacing through Breastfeeding Advocates," Semi-Annual Technical Summary Report

"El Arte Femenino de Amamantar" Liga Internacional de la Leche

"Mid-Term Evaluation Report," La Leche League International, Inc. October 1990

La Leche League International, Spanish Catalog, April 1990

"Leche De Mama," El Mejor Comienzo

Que es...-La Liga de la Leche International?

"Manual Para Monitoras en Lactancia Materna" La Liga De La Materna De Guatemala

Three posters:
- Nutritional foodstuffs for Lactation
- Educational session with prenatal mothers
- Difference between breast fed and bottle fed infants

Minnesota International Health Volunteers (MIHV)

1990 Annual Report

MIHV Brochure: "For a Child's Life; How MIHV Continues to Make a Difference Around the World"

Chandaria-MIHV Health Centre, Monthly Report, May 1991

Project Concern International (PCI)

1990 Annual Report

Program for Appropriate Technology in Health (PATH)

Brochure in Indonesian for community health workers about breastfeeding

Brochure in Indonesian for community health workers about their role in Child Survival intervention

Plan International, Mali (PLAN)

Vaccination Charts:

- UNICEF
- Government of Mali

EPI Posters
- UNICEF
- ROTARY

Brochure on EPI (Mali)

ORT Poster (Bambara)

ORT Poster in French

Sticker: "L'eau de Sante"

Growth Chart in French

Population Services International (PSI)

"Social Marketing and Communications for Health"

"With 'Social Marketing,' Condoms Combat AIDS," New York Times, September 18, 1990, Vol.CXL...No. 48,362

Harvey, P.D. "Commentary: In Poor Countries, 'Self-Sufficiency' Can Be Dangerous to Your Health," Studies in Family Planning, Vol.22 (1), January February 1991

Rotary Polio Plus (ROTARY)

Polio Plus NEWS, Vol. 1(13), December 1990/January 1991

Newsletter: Task Force for India, Sri Lanka & Nepal, Vol.2 (4), December 1990

ROTARY Foundation Polio Plus Commitments (as of November 1990)

"Reaching Out" (Video)

Sample Information Packet

- The Polio Plus Reporter, Vol.2 (2)

- Monthly World Updates: July 1988 - February 1991

- 1989-90 Report on Operations

Save the Children Federation (SCF)

"Measuring Health: A Practical Guide to Establishing a Health Information System," Daniel, K., January 1990

"Reaching the Unreached Through HIS: A Training Manual for Developing a Health Information System," Sillan, D., January 1991

"Para Que Nuestros Ninos Crezcan Sanos Y Fuertes: Una Estrategia Para La Salud"

Inter-Office Communication: "Health Information Systems: Are They Worth the Effort?" June 1991

Job Descriptions: OPG Manager and Nutritionist

"Training of Trainers in AIDS EDUCATION" Written and Produced by the Support Division of SCF, June 1991

World Relief Corporation (WRC)

"Child Survival III Project Khulna, Bangladesh: Evaluation of Sustainability and Income Generation for Child Survival," Rice, J., November 1990

WR Honduras, Guayape Child Survival Project "Investigacion de Base 1990" (Baseline Survey, December 1990)

WR Honduras, Guayape Child Survival Project "Baseline Survey Report Methodology"

WRC CSS Child Survival Project, Khulna Division, Bangladesh: An Evaluation, Evaluator: F.Curtiss Swezy, 1991

"Interaction Between Child Survival and Income Generating Activities" from: WRC CSS CSIII Project, Bangladesh, Mid-Term Evaluation Report, pp. 38-42

"Strategy for Working With Counterparts in Child Survival," Elmer, M.

"Current Status of World Relief's Income Generation Projects in Countries Where Child Survival Projects are also Functioning"

"Strategies for Reducing Sustainability Concerns" From: WRC/CSS, Bangladesh, CSIII Project Third Annual Report, June 1, 1989- May 31, 1990

"World Relief Honduras Child Survival Project Service Performance and Sustainability Indicators" from: WR/Honduras Guayape CSV Project, First Annual Report, September 1, 1989-August 31, 1990, pp. 14-16

Excerpt from CSVII Expansion Proposal, Khulna, Bangladesh Country Proposal, December 1990

"Select Indicators for Health Projects," Elmer, M.

"Objectives and Indicators for Health Projects," Elmer, M.

"Indicators Identified by World Relief Corporation for Health Programs," Elmer, M.

"Poverty Lending: An Overview," Graber, K., June 1991

"Basic Principles of Poverty Lending," Graber, K.

World Vision Relief and Development (WVRD)

Nurse Auxiliary Handbook for training and supervising Health Agents Working on Child Survival Projects (CSP)

HIV/AIDS Prevention in Africa Project for Kibera, Korongocho, Ruiru, and Loitokitok, Kenya Midterm Progress Evaluation report

Sustainability: A practical workshop and forum for exchanging experiences to enhance sustainability of child survival and Primary Health Care Projects, August 12-18, 1990

The Community in Development

Critical elements in successful community-based vitamin A programming

AIDS as a threat to Child Survival, June 13, 1991

Agency for International Development (A.I.D.)

PRICOR: Service Quality Assessment Series "Oral Rehydration Therapy in Diarrheal Disease Control: A Review of Experiences in Eight Countries," September 1990

Le Programme Enterprise "A La Recherche de l'Autonomie Financiere: Manuel a l'usage des cadres d'organizations non gouvermentales dans le secteur de la planification familiale," January 1991

The Enterprise Program "El Logro de la Autosuficiencia Financiera: Un Manual para Gerentes de Organizaciones No Gubermentales Activas en la Campo de la Planificacion Familiar," January 1991

A.I.D. Initiatives Progress Update, April 1991

1990 Annual report Form A: Country Project Pipeline Analysis

"Dynamics of Microenterprises: Research Issues and Approaches," GEMINI: Working Paper No 12, January 1991

"Women's Enterprise Development Project in Bangladesh: Excerpts From the Project Identification Document and Background Papers," GEMINI: Technical Report No. 2, September 1990

"A Review of the Indigenous Small Scale Enterprises Sector in Swaziland", GEMINI: Technical Report No. 7, October 1990

"Training Resources for Small Enterprises Development" from the Community of SEEP Network Agencies, GEMINI, 1990

"CDIE Report on A.I.D.'s Experience with Small and Micro-Enterprise Development Projects," Attachment C

"A.I.D. Evaluation Microenterprise Stock-Taking: Indonesia Field Assessments," A.I.D. Evaluation Occasional Paper No. 28, July 1989

"Prospects for the Promotion of Small Scale Enterprises in Africa," ARIES, Working Paper No. 3, June 1988

"A Review of the Training Experience Under Aries," Malthotra, M., ARIES, November 1989

"Strategic Management User's Guide: Management Training for Micro- and Small Enterprise Intermediaries," ARIES, August 1990

"A.I.D. Microenterprises Development Program: Report to the Congress," March 1990

Faidika! Business Training for Women

PVO Child Survival Support Program (CSSP)

"The Epidemiologic Transition in Latin America." Frenk, Julio et al.

JHU/IIP Occasional Paper Publications, Nos. 1-14

JHU/IIP "Child Survival Programs: Issues for the 1990s" Seminar report, December 1990

The State of the World's Children 1991 "The year 2000: what can be achieved?"

"Review of Child Survival Nutrition Messages: An Evaluation of Curricula," June 1991

PROCOSI II: A Child Survival Private Voluntary Organization Network; A Proposal for an Operational Program Grant

Bossert, T. "ASCI-CCCD Sustainability Strategy," University Research Corporation, August 1990

GEMINI publication series list

GEMINI "Growth and Equity Through Microenterprise Investments and Institutions"

GEMINI Newsletter, May-July 1991

"Financial Management of Micro-Credit Programs: A Guidebook for NGOs," Christen, R.P., June 1990 (1)

"The Process of Institutional Development: Assisting Small-Enterprise Institutions Become More Effective," Edgcomb, E. and Cawley, J. *The Small Enterprise Education and Promotion Network*, October 1990

Population Communication Services (PCS)

PCS packet #7, Wallcharts of Contraceptive Methods

PCS packet #8, Information and Pamphlets on Condoms

PCS packet #9, Oral Contraceptives

PCS packet #10, Voluntary Surgical Contraception

PCS packet #11, Information and Pamphlets on IUDs

PCS packet #12, Photo Novels and Comic Books for Family Planning

Enter Educate Conference-Entertainment for Social Change, conference packets

Lea Salonga & Menudo press coverage kit

Tatiana & Johnny press coverage kit

Health Financing and Management Materials

"Can they get along without us? Sustainability of Donor-supported Health Projects in Central America and Africa," Bossert, T. J. *Social Science and Medicine*, Vol 30 # 9, 1990

"Community Financing of drugs in Sub-Saharan Africa," Carrin, Guy. *International Journal of Health Planning and Management*, Vol 2, pp. 125-145, 1987

"Cost Analysis in Primary Health Care: A training manual for programme managers," Creese, Andrew & Parker, David, eds. WHO

"Revolving Drug Funds: conducting business in the public sector," Cross, P.N., et. al. *Social Science and Medicine*, Vol. 22 # 5, 1986

"Assessing Your Organizational Assets, a manual for managers of Private Voluntary Organizations involved in family planning," Epstein, Eve. The Enterprise Program, Virginia, November 1986

"Achieving Financial Self-Reliance, a manual for managers of non-governmental organizations involved in family planning," Epstein, Eve. Virginia, May 1990

"Paying for health services in developing countries: a call for realism," de Ferranti, D. *World Health Forum*, Vol. 6, 1985

"Banking Schemes and Loans for the Rural Poor, Especially Women: A Background Paper for the Conference:'Promoting Health Through Women's Functional Literacy and Intersectoral Action'," Neumann, A.K., November 1990

"Cost Recovery for Immunization: A Worldwide Survey of Experience," Percy, A. REACH, April 1991

"Cost Effectiveness of Child Survival Initiatives, A Literature Review," Stewart, Kathryn J. USAID, 1989

"Community Financing in Primary Health Care," Stinson, W. APHA, 1982

"Increasing the Sustainability of Development Assistance Efforts: Lessons Learned and Implications for Donor Agencies," Development Program Management Center, Office for International Cooperation and Development, USDA. USAID, November, 1987

"District Team Problem Solving" Report of a Workshop, Liwonde, Malawi, October 1987

"District Team Problem Solving" Report of the Evaluation Workshop, Lilongwe, Malawi, October 1988

"Child Survival Management Curriculum: A Management Guide for Child Survival Program Managers; Save the Children, June 1990

Eye Care Materials

"Eye Care in Developing Nations," Schwab, Larry. Oxford Medical Publications, second edition, New York, 1990

Resources for Child Health (REACH)

"Neonatal Tetanus," Steinglass, Robert. REACH, Virginia, March 1991

"REACH Annotated Reports," REACH, May 1991

Setting the Stage

Progress in Child Survival: Where Are We?

Dr. Dory Storms set the framework for the workshop with an overview of the year's successes and challenges

Summary of CSHI Final Evaluations

In early 1991, A.I.D. contracted with a consultant to analyze the CSHI final evaluation reports and summarize trends across projects. Findings for each area follow:

PVO Focus

All projects delivered and or supported child health services. The majority of projects expanded services to new geographical areas.

Approximately half emphasized improving health behaviors at the community household level, and half emphasized strengthening the MOH.

Sustainability

There is considerable evidence of cooperation between PVOs and host governments; good linkage reported between projects and MOH.

Country nationals performed significant project administration, training, and evaluation functions.

Village organizations took increasing responsibility for administration and functioning of project health care services. Majority of projects reported efforts made to cut costs and increase efficiency.

PVOs gave insufficient attention to comparison of actual versus planned expenditures.

Project Design and Implementation

Except for pneumonia, all projects addressed the major causes of infant and child mortality in the service areas.

Interventions were appropriate to the health problems, but age-targeting of interventions needs to be improved.

Village health communities were effective at supporting EPI, but less effective when supporting other interventions.

Project staff found headquarters' technical assistance most beneficial immediately after the DIP review and at the midterm evaluation.

Mobile outreach efforts increased coverage, but were relatively ineffective at improving health behaviors at the community household levels.

Project experiences with development and implementation of health information systems had only limited success.

PVO projects did not reach their health education potential. For example, evaluators did not find PVOs used KAP or focus groups to define health education messages.

PVOs rediscovered that lectures are less effective than interactive health education methods.

Human Resource Development

PVOs performed a significant training function in country, staff

development in Child Survival has occurred at all levels.

Training has been chiefly directed to "front-line workers" (e.g., CHWs, TBAs, auxiliary nurses).

Because of high project turnover of health workers, PVOs spent considerable unanticipated time in technical and management training.

Evaluations did not assess quality of care nor the adequacy and timeliness of supervision, though some evaluated staff knowledge of interventions.

All projects found that staff needed considerable training in health information systems.

Staff need for improved technical capability varied across several technical areas (including EPI, epidemiology, nutrition), suggesting that for adequate backstopping, PVOs must have access to a variety of technical consultants.

Effectiveness Impact

The majority of projects reached, or exceeded, national averages for coverage of childhood immunizations and coverage of TT2 for women of childbearing age.

Two projects reported that infant mortality decreased dramatically (20 to 70 percent) in their service areas.

Monitoring and Evaluation

Most projects lacked precise measurable objectives for many interventions, thus, most were unable to assess quantitative achievements.

The content of most PVO questionnaires neither served well as a baseline for program development, nor as a measure of project effectiveness in changing health knowledge and

behavior of the target population.

Because most PVOs were not consistent in the data collected at the beginning and end of projects, most PVOs were unable to assess change over time in health knowledge and behavior of the target groups.

Technical reporting was inadequate for monitoring changes in nutritional status, treatment of ARI, or ORT use (e.g., only one project reported on ORT use).

Many final evaluation reports did not follow A.I.D. guidelines, or left out areas, with no explanation.

PVOs did not follow guidelines for calculation and display of data. The different presentations of data significantly limited A.I.D.'s ability to generalize across the PVO Child Survival Program.

Summary of CSV Annual Reports

This year's review showed that 100 percent of CSV projects completed a baseline survey in the first year of the project, demonstrating PVOs have increased the use of data for planning. In addition, PVOs improved their dissemination of baseline survey results to the community.

The CSV projects placed a greater emphasis on detection and follow-up of high-risk cases, particularly malnourished children and women with high-risk pregnancies.

In contrast to previous years, CSV projects obtained a greater quantity and quality of technical assistance.

PVOs have sharpened their focus on sustainability. CSV projects show improved collaboration with other health organizations and other development sectors. Projects report increased community-level organization and participation in health-related activities.

Although CSV projects have a more realistic and practical concern about sustainability, the review revealed that few PVOs had functioning cost-recovery or income-generation mechanisms in place by the time of the first annual report.

Summary of CSVI DIP Technical Reviews

The technical reviewers of CSVI DIPs stated that PVOs had improved their detailed planning, compared to the DIPs submitted in previous years. However, some problems remain. These include:

DIPs lacked measurable objectives for each intervention selected by the PVO.

Collection of data for program development remains a serious problem for the CSVI projects; only 50 percent of projects completed a baseline survey before completing the DIP.

Sampling problems limited the ability to generalize survey results to the larger beneficiary population.

Survey questions were not always consistent with the most recent technical knowledge.

The sustainability section was more "concept" than actual plan. (For example, the DIP lacked precise objectives for sustainability and did not describe who would be responsible for the efforts, or how it would take place.)

Projects over emphasized the use of community health workers, neglecting approaches with community groups or mothers clubs.

Projects underestimated turnover of health volunteers; thus many DIPs lacked plans for replacement of CHVs who might leave the program.

In general, the ORT and nutrition components were weaker than the EPI component and the design of ORT and breastfeeding support strategies were not always compatible with the most recent technical knowledge.

Implications and Future Directions

This review of the various project documents received in the past year has shown considerable improvement in the design and implementation capacity of PVO Child Survival projects. However, there are serious deficiencies in the data PVOs collect for monitoring and evaluation purposes.

To date, most PVOs have not developed the capacity to obtain data to guide program development efforts in the basic interventions (EPI, ORT, breastfeeding, weaning), or to assess changes in coverage, use, or effectiveness of interventions. Evaluation is weak because most PVO projects lack quantitative, population-based measures of health behavior and knowledge of health messages in "Facts for Life," either at baseline or final evaluation. In addition, most projects cannot generalize results, with precision, to the larger service area population, due to problems in sampling.

Based on the experience of the past six years (CSI - CSVI), it appears that few PVO country and headquarters offices have the necessary breadth and depth of technical resources to design adequate data collection and analysis methods for each new Child Survival project. A step urged by several PVOs at workshops is to make a standardized survey format and sampling design available to project field staff for baseline and final assessment, and to train them in the use of the instrument.

Beginning July 1991, A.I.D. will require that results of a standardized baseline survey accompany the DIP submission. Following the initiation of CSVII projects (October 1, 1991), PVOs will have from six to eight months to submit a DIP with accompanying baseline survey results.

In addition, A.I.D. has changed the final evaluation guidelines. The new guidelines require all PVO projects ending in 1991 and 1992 to answer final evaluation guidelines on "sustainability," and submit the results of a standardized final survey with the final evaluation report on sustainability.

Under the process established by A.I.D., the PVO Child Survival Support Program will make available a pre-tested, standardized baseline survey instrument to the country project, (incorporating questions on each of the project interventions).

and will provide a "survey trainer" to work with the designated country project and PVO headquarters staff members. The PVO CSSP pays the salary for the survey trainer, and the PVO is responsible for the trainer's round-trip flight and per diem. Each PVO should initiate arrangements for survey training support for projects expecting to complete baseline and final evaluation surveys in 1991 and 1992. Early scheduling of surveys is encouraged.

These standardized surveys will provide the PVO and A.I.D. partnership with population-based measures of health behavior and knowledge of "facts for life" in the primary Child Survival target population—mothers of children under age 24 months. These project measures will be compared to published country data on average coverage and used to see if PVO Child Survival projects reach (or surpass) country levels of health knowledge and practice.

In September 1991, a two-day survey workshop is planned for PVO headquarters staff who backstop PVO Child Survival projects. The purpose is to go through, in detail, each of the survey questions and review survey methodology. Further information will be forthcoming by the end of July 1991.

A.I.D. Themes

Mr. John McEnaney discussed new themes for A.I.D. and introduced the strategies for the coming year.

PVOs and A.I.D. share a common hope that the projects to which they are committed are effective, that they have a positive impact on the health of children, and will continue to influence the quality of health after A.I.D. funding ends. PVOs have taken pains to identify strategies that will ensure the continuation of interventions for at least five years after funding is terminated.

In order to be sustainable, a project must affect the population by successfully delivering services and information that ultimately change health behavior. The population served must be involved in the process, its needs identified and addressed appropriately, and the people served must be drawn into the commitment. The involvement of local organizations and institutions is critical to the continuation of project goals. Projects that are integrated in the communities they serve are more likely to receive local and government funding, especially if they have been cooperative and inclusive in their conception and implementations.

Cost is, of course, a crucial element. Financial management, fiscal responsibility, and the generation of funds affect the immediate and long-term survival of every project.

PVOs have increased their focus on sustainability. CSIII and IV projects reported more attention and success in areas of cooperation with host governments, community integration, and country national responsibility. All projects delivered and/or supported child health services; the majority expanded services geographically. Half of the projects emphasized improving health behaviors at the community/household level, and half emphasized strengthening the ministry of health.

Projects have reported experiments in cost recovery, and they recognize the need for effective data collection as a basis for planning, intervention and evaluation, and generation of funds. Most projects, however, give insufficient attention to comparing actual to projected expenditures, tracking efficiency, cutting costs, and calculating cost effectiveness. There are lessons to be learned in financial management.

Human Resource Development

Staff development in Child Survival continues apace; PVOs performed a significant training function in the countries in which they operate. Major effort has been directed toward the training of "front-line workers" such as community health workers, traditional birth attendants, and auxiliary nurses. Because of the high turnover rate for health workers, more effort was required than was originally anticipated by the PVOs. In order to improve staff technical capability, PVOs must have access to technical consultants.

Evaluation

PVOs at all levels are actively involved in data collection and reporting. Various project documents received in the past year have shown considerable improvement in the design and implementation capacity of PVO Child Survival projects. Projects find it difficult, however, to identify "measurable" objectives and data which can effectively guide program development. Though CSV projects have increased the use of data for planning, most PVOs lack the capacity to obtain meaningful data to guide development in the basic interventions, to assess changes in coverage, use, or effectiveness of interventions, or to generalize survey results with precision to their larger service area populations.

Based on the experience of the past six years (CSI-CSVI), it appears that few PVO country and headquarters offices have the necessary breadth and depth of technical resources to design adequate data collection and analyze methods for each new Child Survival project. A step urged by several PVOs in workshops is to make a standardized survey format and sampling design available to project field staff for baseline and final assessment, and to train them in the use of the instrument.

Beginning July 1991, A.I.D. will require that results of a standardized baseline survey accompany the detailed implementation plan submission. Following the initiation of CSVII projects (October 1, 1991), PVOs will have from six to eight months to submit a detailed implementation plan with accompanying baseline results.

A.I.D. has also changed the final evaluation guidelines. New guidelines require all PVO projects ending in 1991 and 1992 to answer final evaluation guidelines on "sustainability,"

and to submit the results of a standardized final survey with the final evaluation report on sustainability.

Under the process established by A.I.D., the PVO Child Survival Support Program will make available a pre-tested, standardized baseline survey instrument to the country project (incorporating questions on each of the project interventions), and will provide a "survey trainer" to work with designated country project and PVO HQ staff members. The PVO Child Survival Support Program pays the salary of the survey trainer, and the PVO is responsible for the trainer's round-trip flight and per diem. Each PVO must initiate arrangements for survey training support for projects expecting to complete baseline and evaluation surveys in 1991 and 1992. Early scheduling of surveys is encouraged.

These standardized surveys are expected to provide the PVO and A.I.D. partnership with population-based measures of health behavior and knowledge of "facts for life" in the primary Child Survival target population—mothers of children aged under twenty-four months. These project measures will be compared to published country data on average coverage and use, to see if PVO Child Survival projects reach or surpass country levels of health knowledge and practice.

Future Strategies

PVOs have been particularly successful in implementing malaria and Expanded Program for Immunization (EPI) interventions in the past year. Emphasis on EPI will continue in the coming year. PVOs will be encouraged to expand their focus in urban activities where initial experiences have demonstrated that they can have considerable impact. Street children are a growing population; and Child Survival mandates will be expanded to include young women trapped in that milieu.

Workshop Training Sessions

The Benefits of Managing Your Money, Dr. Eve Epstein, resource person

The twin engines of financial sustainability for PVOs are revenue generation and money management. Revenue generation is environmental and organization specific and often can be a risky venture, while money management involves little risk.

The issues relevant to financial management are: recurrent costs, reducing costs through improved management, fund accounting, and budgeting.

The benefits of improving financial management include a greater control over costs (where money goes and how it flows in and out of the project or the organization), a greater potential to increase efficiency and productivity, an improved ability to monitor income and expenditures, and more rational financial decision making. All these lead to a greater control over the present and the future of the project and the organization.

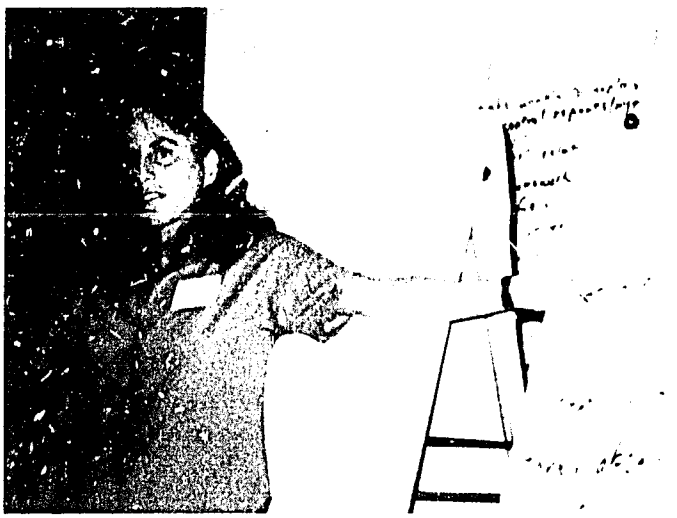
The key concept in improving financial management is to make every PVO and every project more "business-like." The six areas where opportunities for improvement exist are 1) accounting; 2) budgeting and cash flow projections (that is, estimating and tracking income and expenditures); 3) costing and pricing (determining true costs and setting prices); 4) building a cash reserve; 5) managing donor funds and reducing reliance on a single donor (i.e., "creative" donor management); and 6) making feasibility analyses.

Most PVOs need to improve the quality of their accounting information. Such information can also be used advantageously for analysis of the project and the organization. For example, it can be used to compare cost per service at two different sites, or to calculate cost per trainee and productivity per employee.

PVOs must find ways to increase the flexibility of restricted funds. Accounting data can be used to plan donor budgets more carefully — helping demonstrate improved management skills to donors. PVOs can negotiate more flexible line items.

The benefits of improving accounting are increased knowledge and control over the financial management of the project, more credibility at the negotiating table with funders, governments, or communities, and greater cost recovery of the project.

Budgeting and cash flow projections are necessary in order to predict and plan for the future, and to monitor performance. PVO projects need to give more attention to budgeting as a strategic decision-making tool, devoting more time to budgeting and starting earlier, planning for a longer period of time; monitoring budgets more closely and more frequently; improving cash flow, and consolidating organizational budgeting. Such improvements can result in the development of more realistic, financially viable programs, more control of problems and options, and obtaining what could be considered "better deals" from funders.



Costing and pricing are important for budget purposes and for negotiating donor grants and contracts. These two processes help in setting fees for partial or full recovery and in making decisions about revenue generation. Accounting information can be used to increase understanding of costs. Cost recovery from donors can be increased by using the appropriate strategies, and fee income can be increased through better pricing. In summary, the benefits of improving costing and pricing are: greater cost recovery, clearer pricing objectives, more pricing options, and a better sense of what can realistically be achieved.

Building a cash reserve is important for a project because a lack of cash at service point affects the quality of service and the cost containment. For example, lack of cash prevents taking advantage of bulk purchases or making investment in revenue generation. A cash reserve can be built at the project or field level by 1) creating new sources of funds, such as revenue generation, donations, or deposits in interest-bearing accounts (where permitted), 2) making better spending decisions; 3) using reserves more wisely; and 4) assessing the risks. The benefits translate to having a source of cash with no restrictions, being protected from unforeseen circumstances, and increased flexibility in experimenting with revenue generation.

Creative donor management improves attraction, use, and management of donors and funds, increasing control and flexibility of the project. Improvement in donor management includes increasing knowledge about the donors, keeping the project or organization's goals in sight, creating and using leverage, and improving negotiations with donors. The benefits of creative donor management include the possibility of more funds, more leeway, and improved reputation — which has positive financial implications.

Feasibility analysis is a skill required for calculating for revenue generation, it is an analytic process that takes into consideration four different categories: 1) the environmental opportunities and constraints; 2) the local market; 3) projected costs and revenues, and 4) the non-monetary costs. Improvement in this area of financial management should include studying options more thoroughly by consultations and

collaboration, studying the strength of local resources, collecting market information, paying closer attention to establishing financial goals, and identifying sources of assistance. The benefits of improving feasibility analysis skills and practices are reducing risks and increasing the potential for achievement of financial goals.

Revenue Generation and Recommendations

Revenue generation is one of the mechanisms that can promote self-reliance, but it is a high-risk option. The key factor for the success of revenue generation is to be entrepreneurial.

Revenue generation activities include six major areas: 1) charging fees for existing services; 2) developing and charging fees for new "related" services or products; 3) developing and charging fees for new "unrelated" services or products; 4) local fund raising, 5) contract development; and 6) investments.

These mechanisms, in one form or another, have been tried with varying degrees of success by PVOs all over the world. The potential benefits of revenue generation are a reduced dependence on donors; more "unrestricted" money and, thus, more flexibility or discretion on spending it; and, finally, more control over events. The important factors to consider when developing a revenue generation activity are competition, governmental and other regulations, the political social religious climate, and organizational capacity.

Charging Fees for Existing Services

Charging fees for existing services is one of the easiest, most common, and lowest-risk options. It requires relatively low investments, as service already exists — only the fee system needs to be installed. One example of the application of business techniques in the social service arena, combined with good planning, is the case of a PVO in Sri Lanka that is funded by several donors and the local government to manage clinics for family health services.

The first step in the direction of charging fees for existing services was to conduct a market study showing people's willingness to pay for services. The PVO consulted with the government and with private groups to procure their advice. Initially, the PVO chose just one clinic to try out fee-for-service with profits used to support the other clinics in the area. Then, the PVO launched a public relations campaign to gain community support. The presence of government officials at the opening of the clinic helped to legitimize their efforts. Service was provided for free during the first three months, after which a fee system was installed. The clinic became self-sufficient within a year, and by the second year it was making an 8 to10 percent profit.

In Indonesia, a PVO with family health clinics established a middle-income class clinic. Within six months it began to fail because of competition from other private providers who also switched to middle-income class clinic services. The PVO then started a creative venture persuading local dentists to provide services out of the clinic. Within two to three months, dental services were profitable. The profits generated were used to subsidize the middle-class clinic. Following this intervention, the middle-class clinic also became profitable.

Charging Fees for New Related Services

Developing and charging fees for new related services has relatively low risk, but may require higher investments. The same factors as in charging fees for existing services are important here, but the organizational capacity (such as having extra expertise in the new "related service") is even more important.

Successful examples include those PVOs that charge for laboratory tests and MEXFAM, a community doctors' program, which attempts a hybrid system of privatization and income generation for health services.

Charging Fees for New Unrelated Services and Products

Charging of fees for new unrelated services and products is a relatively high-risk and high-investment option.

During the first stage, a community in Brazil built a hospital providing only outpatient services. Donation for services was established on an ability-to-pay basis. At the second stage, the community built an inpatient building with laboratories. A grant from A.I.D. allowed for the upgrading of the laboratory services. Even with inflation, the hospital generated an 800 percent profit from laboratory services. The excess money generated was invested in additional facilities and services for the poor.

In Uganda, a PVO hospital provided good, quick services for which it charged fees, and was able to recover 120 percent of the costs. However, not all ventures resulted in success. The following are examples of some projects that faced difficulties.

A Thai development and research institute experimented in 20 provinces with a sample of 2,000 users. The institute began demanding fees in governmental clinics. As a result,

people went to private providers where the waiting time was shorter and the services better.

In Africa, a group started a local transportation service without adequate knowledge of the transportation system and without good business planning skills. The group bought vehicles and they advertised; but prices were too high. The service was ended after three or four months.

In Africa, a PVO designed a market for a produce business without consulting the local farmers. This resulted in excess produce that the PVO was unable to distribute to other market sites.

Local Fund Raising

Local fund raising can be both a high-risk and high-investment option. It requires significant organizational capacity and it can be both difficult and expensive.

In Trinidad and Tobago, a group of PVOs organized a telethon, then shared the money that was raised. In India, however, a local solicitation campaign that included showing a film was not successful; 90 percent of funding came from just 10 percent of donors.

The Flying Doctor's Society in Kenya has high market visibility, and turns an annual profit. But their publications (printing) department and aviation maintenance are not as successful.

Contract Development

Contract development is the current trend in revenue generation; it requires investment of time in marketing and has little risk aside from image and delivery.

Examples of successful contract development can be found in India, where a PVO has developed health care packages for employers, as well as in Zimbabwe, Sri Lanka, and the Philippines, where PVOs are marketing their health services to private companies in order to provide health services to employees.

Investments

There are many successful examples of the last option for revenue generation, investments. In West Africa, a small PVO put money into a savings account. At first, the returns were very small, but after three years the account generated $6,000-$12,000 per year, due to the advantageous exchange rate.

MEXFAM, a doctors' program attempting to privatize health services, placed money into an interest-bearing account with electronic transfer occurring every fifteen days. The organization also has invested in the New York Stock Exchange and has taken advantage of the fluctuations in exchange rates.

In Colombia, a non-profit bank was established for PVOs. The PVOs are shareholders, and profits are split among them.

In Ecuador, interest rates are 30 to 35 percent, allowing PVOs to make profits on funds deposited in banks in that country.

Program Policy and Regulations: Recommendations

Following the "Managing Money" session, participants divided themselves into small groups in order to develop recommendations for specific steps that PVOs, A.I.D., and the PVO Child Survival Support Program should take in the coming year to improve financial sustainability and revenue generation.

Group Recommendations to PVOs

- explore new mechanisms for revenue generation (e.g., "seed money" component in Child Survival grant, more direct investment in income generation, follow-on grant, add-ons such as vitamin A)
- find phase-over mechanism (e.g., debt for development)
- bring in other sectors (e.g., agriculture) to increase sustainability
- include accounting/financial experts on midterm evaluation team, not as auditors but as advisors on income-generating activities
- set objectives for financial sustainability
- when planning, consider time and risk of failure
- do not depend on A.I.D. as major long-term funding source
- focus on existing income generation, cost recovery, and cost-saving innovations
- provide documentation on community financing

Group Recommendations to A.I.D. and PVO CSSP

- provide technical assistance and/or guidelines to assess income-generation opportunities and potential
- provide technical assistance in planning
- provide technical assistance in money management and revenue generation
- provide technical assistance in business planning in cooperation with local partner before detailed implementation plan

What is the role of headquarters staff in backstopping projects?

Ms. Ellen Vor der Brugge, of the Freedom from Hunger Foundation, led this session, which was devoted to defining a role for the headquarters in backstopping field projects. Participants were asked to name three of the most important types of technical support that PVO/HQ staff can provide to field projects. These were then categorized and prioritized to form an outline of PVO headquarters' role in providing technical support to Child Survival projects. Nine major areas for support were identified based on the suggestions that emerged in the group session. A summary list prepared by the editorial committee follows.

Leadership in Vision

Provide direction
Be sensitive to field needs
Identify trends and future needs
Assure the field that there are resources, both financial and personnel, to do the job
Open two-way communication
Provide encouragement
Help staff maintain sense of perspective

Planning Strategy

Assist in preparation of:
Detailed implementation plan
Budget
Personnel (number and kind)
Organizational policy

Personnel

Recruit staff and consultants as necessary
Develop and interpret personnel field manual, service contracts, salary, benefits, performance appraisal
Resolve unpleasant issues
Maintain credibility of field staff

Trouble-shooting

Respond as quickly as possible to staff requests in trouble-shooting

Reporting

Communicate USAID guideline requirements to the field in a timely fashion
Develop a system for writing, editing, and reviewing reports, which eases work of field staff
Provide feedback to field
Draft and rewrite proposals

Finance

Help to develop budgets
Develop cash flow control system
Make timely transfers
Institute budget control mechanisms
Assist in field accounting

Monitoring/Evaluation

Assist in development of project information system
Reassess objectives and targets continuously against actual performance, and readjust as may be appropriate
Include qualitative, quantitative, financial, and statistical data, as well as narration, in monitoring
Participate in midterm and final evaluation

Technical Assistance

Provide assistance in design of research, including as necessary, questionnaire design and testing, implementation research and monitoring, data collection, data cleaning, analysis interpretation
Develop educational materials
Visit the field regularly
Keep informed
Send state-of-the-art literature and materials
Answer technical questions
Interpret local technical assistance needs in light of international trends

Training

Develop skills of field staff, both expatriate and nationals, through appropriate workshops and seminars
Assist in the training of counterparts and beneficiaries

Logistics

Procure and deliver necessary materials and specialized services (those not available or affordable in country)
Provide timely feedback on budget status and donor concerns
Facilitate information exchange and communications to and from the field, by maintaining dialogue between headquarters, outside organizations, and country offices
Perform as a liaison as appropriate with official government organizations, other non-governmental organizations, and international development agencies

Dissemination of Information

Help to document lessons learned and to disseminate information by the following mechanisms:
Produce written documents, including manuals, papers, articles, monographs, peer review publications
Attend conferences and workshops
Make presentations

It was also noted that indirect support is an important part of the PVO headquarters' role. Two areas of indirect support are particularly important: 1) development education, which has to do with educating potential donors on the importance and realities of work in the field; and 2) fund raising, which is needed to maintain a total organization.

La Leche League International (LLLI) Child Survival Project—Responsibilities: Headquarters and Field, 1991-1992

Following the 1991 PVO Resources for Child Survival Workshop, Rebecca Magalhaes, manager, International Action and Development at La Leche League International, worked with field personnel to develop the following parameters for staff operation.

Responsibilities:—Headquarters

A. The Child Survival Projects Manager (CSPM) will review the monthly expense sheets and provide the Country Project Director (CPD) with appropriate feedback by the middle of the next month.

B. The CSPM will act as a liaison between field projects and provide each field project with copies of materials, literature, etc. used at one project that may be of interest to other projects.

C. The CSPM will provide feedback to the CPD in the form of comments or suggestions on new and/or revised project forms that are sent from the field.

D. The CSPM will coordinate the efforts of La Leche League International staff and the Agency for International Development staff to establish a procedure whereby deposits are made regularly into the field accounts.

E. The CSPM will provide La Leche League International headquarters with periodic updates regarding pipeline analysis of HQ and field project budgets from the beginning of the project to the present.

F. The CSPM will assist the LLLI Funding Development Department in the exploration and follow-up of potential funding sources.

G. The CSPM will establish and maintain communication with other U.S.-based PVOs who have Child Survival projects in order to network and raise awareness of the important role of breastfeeding in child survival.

H. The CSPM will inform the field staff of policy/program changes within A.I.D. that effect LLLI Child Survival projects. In addition, the CSPM will provide field staff with breastfeeding information relevant to the project.

I. The CSPM will review and offer comments/suggestions on materials developed by field staff to be utilized for general distribution to the community and/or to governmental and non-governmental organizations to assure the materials are consistent with LLLI goals and guidelines. A deadline date for the turnaround of comments/suggestions will be set by field.

Responsibilities:—Field

A. The CPD will send a monthly report to the CSPM containing the following information: 1) number of mother support group (MSG) meetings; 2) number of MSGs; 3) number of active communities; 4) number of active breastfeeding advocates; 5) number of supervisory visits; 6) number of informal contacts; 7) number of referrals; 8) number of MSG meetings at Roosevelt Hospital; 9) breastfeeding advocate training; 10) coordination with other organizations/PVOs; 11) technical assistance; 12) consultation with advisors; 13) conferences; 14) materials; 15) staff continuing education.

B. The CPD will send a quarterly report to the CSPM on: 1) communities; 2) active/inactive MSGs; 3) active/inactive breastfeeding advocates; 4) project donated hours.

C. The CPD will send a quarterly Technical Assistance (TA) Summary. This summary will provide information regarding: 1) date TA was given; 2) organization that received TA; 3) type of participant; 4) number of participants; 5) number of hours of training, and 6) training theme/topic/objective.

D. The CPD will compile and send a monthly time sheet to the CSPM covering all staff personnel.

E. The CPD will fax a monthly expense report to the CSPM by the 10th of each month. The CPD will mail original expense sheets with the receipts and documents to the CSPM by the 15th of each month.

F. The CPD will pass on to the field staff any breastfeeding or breastfeeding-related information received from the CSPM or other source that is pertinent or of interest to the staff. The CPD will refer to the CSPM, the Child Survival technical consultant or the Center for Breastfeeding Information at HQ any questions on breastfeeding raised by field staff for which answers are not readily available locally and relay the responses to the staff.

G. The CPD will inf ... the CSPM of changes or additions in field staff regarding; 1) hours, 2) short-term personnel, 3) responsibilities, 4) contracts. (This will be included in the monthly project report under "Other.")

H. The CPD will provide the CSPM with a copy of the package of training materials given to participants at each of the three major project extension workshops.

I. The CPD will report on translation of LLLI/other materials under "Other" on monthly project report. An original or an original quality, single-sided black and white copy or translation of LLLI material will be sent to HQ for future reproduction by LLLI.

J. The CPD will provide the CSPM headquarters with a quarterly estimate of project expenses one month prior to the beginning of each quarter (estimated due dates: December 1, 1991; March 1, 1992; June 1, 1992).

Human Resources for Health, Dr. Alfred Neuman, resource person

The field of human resource development for health is large and diverse. It spans three broad areas: planning, production, and management—each of which, in turn, includes many diverse and often highly elaborated topics. Numerous books and manuals have been prepared addressing these topics, but many of these are not particularly useful for planners and educators in developing countries. Reasons for this limited usefulness include lack of availability of the materials, high unit cost, infrequent updating, inflexibility—due to the inherent nature of a bound publication, excessive detail on subjects of limited relevance to the developing countries, and lengthy text.

The computer-based document "Human Resources for Health" is designed to address many of these problems by placing in the hands of the planners, educators, and administrators a resource that is relatively inexpensive, can be updated and adapted readily to local needs and circumstances, and can be used for multiple purposes. Dr. Thomas Hall, of the UCSF School of Medicine, is the developer of this "tool kit" for planning, training, and management.

The material is a practical, user-friendly computer program available on computer disk (at cost of the disk and postage). The tool kit is modified and improved on a regular basis.

Documents available on this program are:

Guidelines for a Human Resource Development Study: Provides step-by-step suggestions for the design and conduct of a one-year study to assess the quantitative and qualitative aspects of human resource for health.

Guidelines and Data Requirements for a Human Resources for Health Information System: Guidelines are supplemented by illustrative and template tables for use in the analysis and presentation of human resource data.

Guidelines for Planning a Human Resource Development Workshop: Guidelines are to help countries and faculty plan and conduct a workshop on human resource development.

Topics in Human Resource Development: Document covers topics about the quantitative and qualitative aspects of human resource planning, production, and management, and is designed to be used both in training and as a reference manual.

To receive a copy of the program, write, call, or fax:

Dr. Thomas L. Hall, M.D.
Preventive Services Group
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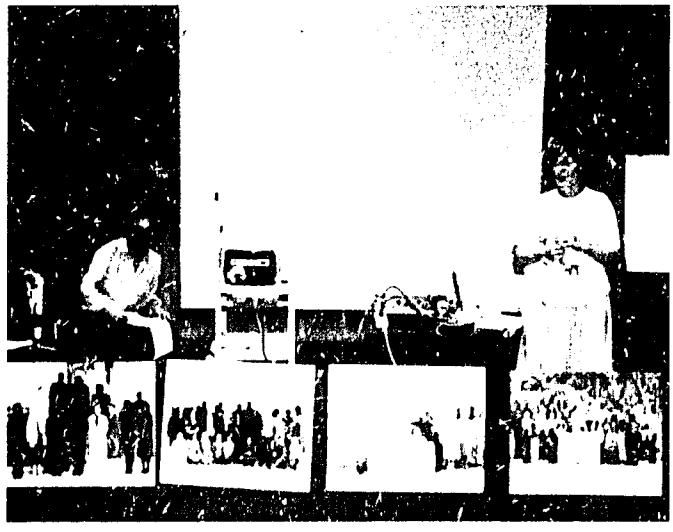
Statement of PVO Commitment to Child Survival

There is an approximate annual 30 percent turnover rate of PVO headquarters staff who backstop Child Survival projects. Such a high turnover rate makes continuity a difficult task, and makes it especially important to actively transmit lessons learned to newcomers to the organization. PVOs must develop an organizational framework that allows lessons learned to be disseminated in a regular manner. Some of the methods PVOs have used include mission statements and manuals.

A first step in institutionalizing lessons learned is to have a written statement of commitment regarding the purpose, objectives, and major components of the PVO's Child Survival program. The PVO statement of commitment should also indicate the degree to which the PVO is committed to prevention of, or treatment of, illness. Those PVOs not providing direct service may, instead, have a general goal of strengthening the institutional capacity of the Ministry of Health or better management of projects overall. Some PVOs have also found it desirable to specify their commitment to effective and equitable Child Survival services.

In addition to purpose and objectives, PVO statements should outline the major components of their Child Survival program that include 1) types of human and physical resources that must be available to the program; 2) organization of these resources at headquarters and project level; 3) economic support mechanisms; and 4) management methods.

The following pages illustrate excerpts of World Vision Relief and Development and PLAN International Statements of Commitment.



PVO COMMITMENT TO CHILD SURVIVAL

World Vision Relief and Development

World Vision is an international Christian relief and development organization that enables rural and urban populations of more than eighty countries to address their primary health needs. Long-term and self-sustaining solutions are implemented in partnership with communities and local health institutions and build on existing strengths and resources. Training programs equip indigenous leaders and national medical professionals in the priorities and methodologies of primary health care and the effective utilization of appropriate technologies.

Working alongside a country's Ministry of Health and in cooperation with other agencies and national organizations, World Vision focuses on enhancing the ability of people and communities to actively participate in their own health care. Community and institutional infrastructures and linkages are strengthened to improve access to health care and medical support systems.

World Vision's model of health care recognizes and assists the four levels of health care in a local or district health system, as identified by the World Health Organization: 1) home, 2) community, 3) health center, and 4) hospital. Projects focus on the needs of the first two levels— home and community.

Health priorities have evolved since 1950, paralleling global trends. These trends have evolved in their emphases from curative to preventive health care, from an institutional to a community-based approach, and from a focus on individual "patients" to an emphasis on reaching out to entire communities, particularly with maternal and child health interventions.

The development of improved professionalism, competency, and leadership in World Vision's field work is a program enhancement goal for coming years. Achievement of this goal will be significantly furthered by increased field collaboration with international organizations and foundations in areas such as research on maternal and child mortality and morbidity, training of national health professionals, and development of health project monitoring and evaluation systems.

World Vision's health project will experience greater effectiveness and expand into more communities, providing a launching point for international sharing of lessons learned. Exchange on the processes and methodologies utilized in World Vision's work will increase the overall capability of the international community to improve global health in this century.

The Emerging Model for World Vision Health Projects

A model for community health care has emerged through World Vision's growth and experience. Based on the internationally accepted approach known as primary health care, the model empowers people to participate more effectively in their own health care and provides them with the knowledge and skills to adapt their lifestyles and environment for improved health. Local and district health systems are strengthened in the process, with the support and cooperation of the Ministry of Health.

Levels of Care

There are four levels in a local or district health system, as identified by the World Health Organization: home, community, health center, and hospital.

The home is the foundation level of care, where the mother is the child's primary care-giver.

The community is the level where community health workers and traditional birth attendants provide health services and health education to village residents.

The health center, usually supported by the Ministry of Health, is where several communities have access to a nurse or midwife. These individuals provide training for community health workers and traditional birth attendants, and medical assistance in difficult cases.

The fourth level, the hospital, is where doctors and medical equipment are available for those whose needs are not met at the other three levels. This level provides essential training and support to health centers and community health workers.

World Vision focuses on the needs of the first two levels of primary health care, the home and the community, working in partnership with the local health center and hospital. This approach requires the active participation of local health professionals and institutions in community-level training and leadership development.

Strengthening the Home through the Role of Mothers

The most important health workers in a community are mothers in the home, as acknowledged by World Vision's model. Mothers decide if a child will be breastfed and for how long; when foods will be introduced and how they will be prepared; how a child's diarrhea will be treated in the first few hours of its occurrence; and whether or not a child will be immunized or have regular growth monitoring. Thus, improvements in the health of the world's children depend to a significant degree on improvement of the mother in their children's health care and the overall enhancing of the status of women around the world.

Strengthening the Community: Working with Local Institutions and Health Professionals

The training of community health workers and traditional birth attendants is also critical to the success of World Vision's model. These individuals are generally given three months of primary health care training and a range of basic skills, then provided access to continuing help and training from a nearby health institution. Often, the best approach is to retrain individuals already serving the communities as village healers or traditional birth attendants.

The nurses and midwives who serve at the health center level are typically not prepared by their education or experience to do the job that primary health care requires. Retraining is required that will facilitate a focus on community health rather that the medical problems of individual patients. The nurses and midwives also need training in how to develop and train community health workers and traditional birth attendants. World Vision's model includes partnership with national health care in the retraining of health center nurses and midwives, as well as the development of referral systems.

Ministries of Health are typically hindered from achieving even their most basic goals and objectives — such as the retraining of national medical professionals for primary health care — by a lack of adequate technical and financial resources. World Vision addresses these needs, utilizing its long-standing field relationships and its extensive professional and project staff. Working with district and local Ministry of Health officials, World Vision strengthens the infrastructures of the local health system for effectiveness in primary health care.

Development Process

The development process promoted by World Vision's model emphasizes the vital importance of having enough food, safe water, and protective shelter to promote good health. The process includes participation by village organizations that play an important role in community mobilization. Working in partnership with World Vision, these local bodies also play a key role in improving food and safe water supplies to project communities. District and regional governmental agencies that are responsible for improved agriculture, water, sanitation resources, and transportation infrastructures cooperate by providing technical support and material assistance to local community organizations.

Desired Outcome

The outcome that World Vision strives to achieve is a sustainable level of good health in its project communities. The goal is that in each village or community:

- More than 85 percent of the children be immunized against the most important vaccine-susceptible diseases, and less than 10 percent of the children be malnourished.
- Over 75 percent of the mothers use oral rehydration to prevent dehydration from diarrhea in their children.
- Pregnant women receive prenatal care from trained health workers and neonatal tetanus not be a problem. Infant mortality rates should by no higher than 50 for every 1,000 live births.
- More than 85 percent of families have potable drinking water, adequate food, sanitary waste disposal, and shelter from inclement weather.
- Access to a trained health worker be provided for basic health care, including family planning services.
- Access to professional health services be available for more complicated conditions.

World Vision's Health Professionals

An extensive network of 122 full-time health professionals serves World Vision's program at international, regional, national, and project levels. This network provides technical support and enhances program quality and accountability. Health professionals currently serving at each of these levels include:

Project level: All major health programs have health professionals either leading them or taking charge of technical training, monitoring and evaluation.

The training of community health workers is a key component of many World Vision programs in communities and in refugee camps. Project plans typically include an increase in the number and quality of trained community health workers.

National level: Over 75 percent of World Vision's field offices have at least one full-time national health professional — a physician or a nurse with substantial public health background.

Health staff at the national level are primarily responsible for training staff at the project level in how to plan and implement appropriate interventions and evaluate health programs. They interface with the Ministry of Health to maximize use of available resources. They also help make arrangements with local consultants and institutions to provide continuing support in education and referral systems for health program staff.

Regional level: A regional technical team based in Nairobi, Kenya, serves the Africa Region. The team is comprised of four health professionals with regional responsibilities.

A regional health program coordinator for the Asia Region is based in Singapore. More health program coordinators are being sought, and each coordinator will be responsible for a zone comprised of several neighboring countries.

A regional health program coordinator for the Latin America Region is currently based at World Vision headquarters in California.

International level: A director of international health programs and child survival is responsible for global leadership of health policy, training, monitoring, and program evaluation.

A manager of international health programs leads a department that facilitates the acquisition of resources for health care programs and the training of health staff.

A senior child survival project officer coordinates the production of child health and child survival project proposals, as well as progress and evaluation reports, and serves as a resource person in child health training programs.

A health grants coordinator monitors the fulfilling of donor agency requirements on major health programs and coordinates the flow of needed reports to donor agencies.

PVO COMMITMENT TO CHILD SURVIVAL

PLAN International

Realizing the potential contribution that communities can make to their own health, PLAN is committed to supporting a sustainable program that is wholly community-based and promotes decision making at the grass-root level. Therefore, PLAN's health goals in primary health care are:

Child Survival

To contribute to improved maternal and child health status worldwide through programs which are consistent with UNICEF's GOBI-FFF2 standard and administered in a framework of comprehensive primary health care services. Elements include improved child growth and development; prevention and enhanced case management of diarrheal diseases and acute respiratory infection; protection and promotion of breastfeeding and safe weaning practices; safe child birth practices; prevention of immuno-preventable childhood diseases through safe and timely immunizations; provision of family planning education, counseling and clinical services; and prevention and control of sexually transmitted diseases.

PLAN aims to recognize and provide quality care to the physically and mentally disabled while striving to prevent the occurrence of these crippling conditions.

Potable Water

To enable communities to gain and maintain year-round access to adequate volumes of safe water that is technologically appropriate, environmentally sound, and economical; and is consistent with WHO and MOH guidelines and standards.

Sanitation

To enable communities to gain a year-round access to systems for the hygienic disposal of human and solid waste that is technologically appropriate, environmentally sound and economical, and is consistent with WHO and MOH guidelines and standards.

Strategy for Achieving the Health Goals

The principles of PHC endorsed by PLAN were formulated at the Alma Ata International Conference on Primary Health Care in 1978 and are summarized as follows.

Sustainable primary health care requires encouragement of family and community involvement in health matters and ultimate self reliance with individuals assuming more responsibility for their own health; timely delivery of quality health services which are affordable, availability and training of community based health workers, and strengthening of district level support mechanisms in collaboration with national ministries of health, other government and non government organizations, and traditional sources of health care. Activities that can enhance sustainable programs include health education and training, provision of technically sound and appropriate health programs, and adequate and timely supply of material goods and financial support.

There is an unequivocal conclusion from worldwide studies that women's education is an important determinant of their own health and the high level of infant mortality. Literate women are more likely to marry later and delay onset of child-bearing, have fewer children with wider spacing between them, and be able to afford and feed their children more nutritious foods.

Therefore, recognizing the influence of mothers education on health, PLAN seeks to:

1. Provide health education for all women and specifically in relation to individual PLAN Primary Health Care program activities.

2. Improve the status of women by improved access to educational programs and income-generating activities.

3. Improve the health and nutritional status of mothers and mothers-to-be, including empowerment of women to control their own fertility.

4. Involve mother in their children's health care.

5. Encourage local authorities to include appropriate health education materials in all education and literacy courses for women.

Human Resources

Country level: Field offices have the responsibility to develop, implement, and coordinate activities at the points of delivery. This includes identifying health needs of the community, delivering quality health services to the community, identifying and training qualified staff and community health workers, sharing important health information with members of the community, ensuring adequate community involvement in the management of health intervention, collecting and processing necessary health information on a timely basis, and responding to the immediate and long-term needs of the community. In summary, they have the overall responsibility of ensuring quality and timely implementation of health interventions at the field offices.

Regional level: Regional offices have the overall responsibility of supporting quality of care in field offices. Training and resource materials developed at international headquarters and other organizations are adapted for regional use. Each regional office also serves as a focal point for coordinating specific regional activities such as regional Child Survival conferences and workshops, program reporting, and establishment of a regional network of human and material resources.

International level: International headquarters provides technical leadership and guidance in the health program through development of technical strategic direction based on WHO/UNICEF standards. The international headquarters team also acts as a resource for regional or field office specific

activities such as workshops, proposal writing, and evaluation. Furthermore, this department works to document systematically and disseminate important lessons from PLAN's experience in PHC programming and that of other organizations active in the field, in order to improve its performance.

Technical Support and Resources

Technical Reference Modules provide programmatic guidance to field directors and managers for the implementation of projects in the field and promote the integration of PLAN's programs at all levels of implementation. Accompanying each module is a list of references and resource materials that health providers and health care workers can use in their day-to-day activities. Each module identifies essential WHO/UNICEF standards, guidelines, and definitions for the intervention concerned, serving as indicators for measuring program quality; and presents information to enable staff to help communities achieve these standards through effective design and implementation.

The module includes references for developing and/or obtaining regional or country-specific materials for use by staff at all levels, by health service providers, and by beneficiaries.

The health advisor at international headquarters works closely with the regional technical coordinators to support field offices in their program setting, implementation of activities, and evaluation of trends and the impact of intervention.

Support to PVO Field Projects

The way in which a PVO manages its field project is affected by the number of projects a PVO supports. Currently, there are two PVOs that are managing from thirteen to sixteen projects, five PVOs managing five to twelve projects, and sixteen PVOs managing one to four projects. PVOs identify communication, monitoring, and networking as the issues most critical to backstopping projects.

Communication

Communication is essential between projects and headquarters staff. It starts as soon as a project is funded and before implementation. A clear statement of commitment to Child Survival is helpful in orienting multisectoral staff and project administrators without health backgrounds. The orientation program should include the reporting requirements of the Child Survival project.

In order to establish a good working relationship, regular, periodic person-to-person contact is most important. Ongoing contact is most commonly maintained by telephone and facsimile. The majority of PVOs do not use modem to communicate. In countries where communication is difficult, such as Nigeria, an alternate communication mode is a courier service (DHL) or telex.

Weekly courier service is a common method of disseminating information to a large group of projects. It is important that the packet be sent to the project manager in person, rather than to the project in general—as it is most likely to be read and responded to if it is directed to a specific person.

Some PVOs also use newsletters to disseminate information, or manuals to standardize procedures. In addition, PVOs organize workshops to facilitate information exchange.

Monitoring

PVOs usually require that the field project complete monthly financial reports; monthly, quarterly or semi-annual narrative reports; and quarterly statistical reports. PVOs with a smaller number of projects have more flexibility in the report format. However, as the number of Child Survival projects increases, a PVO finds it must standardize the reporting format.

The standard narrative report usually starts with achievements of the planned activities and objectives. It continues with a list of planned activities for the upcoming period, and finishes with a description of the constraints experienced by the project. The detailed implementation plan is the best document to use when formulating monthly plans.

The headquarters staff from large PVOs that backstop many projects admitted that they cannot read all the monthly reports. The inability to give adequate attention to the reports results in delayed or no feedback to the field. So headquarters staff generally have the monthly reports summarized quarterly, instead. Some PVO headquarters have begun requesting semi-annual field narratives as opposed to monthly or quarterly. "Too much micro-management" is a concern of field staff. They suggest that rather than producing monthly reports, the annual report should be sufficient for PVO headquarters to monitor progress.

Problems in monitoring and reporting increase as the number of projects increases and the portfolio of donors increases. The country manager will have many different reports to submit to donors on differing time schedules. In this case, it is particularly important to try to standardize the reports in a satisfactory way for all the donors.

PVOs reviewed mechanisms and strategies to provide technical assistance to the field projects. The group also discussed how to utilize technical assistance mechanisms in the United States, in other countries, and within the PVO's own organization. Together, the groups reviewed and determined the essential time for PVO HQ to make a site visit to the field. The majority of PVO HQ staff agreed that midterm evaluation was the optimal time for a field visit. The second most essential time for a visit, most agreed, was when the first annual report came due.

Networking

PVOs also need to network with universities and institutes, both domestic and international, for purposes of technical support. The World Health Organization, Pan American Health Organization, and UNICEF offices are also sources for technical information and materials. PVOs/NGOs working in

Child Survival in a country get together informally to share information and experiences. In Bolivia, USAID has assisted PVOs and NGOs in establishing a formal organization called PROCOSI.

Another form of networking involves travel among projects. Some groups such as Rotary and World Vision send project managers to visit other PVO/NGO projects in-country to learn from other Child Survival project experiences. Africare seeks opportunities to cross-fertilize among its projects. For example, a Nigerian health professional from the Imo State Child Survival project recently assisted with the Africare/Mali Child Survival project baseline survey, enabling her to share her project's experiences and approaches.

The number of projects a PVO has does not influence the networking engaged in by a project. PVOs, both small and large in size, have established linkages with other PVOs and NGOs, universities, and institutes in the United States and internationally. A.I.D.'s PVO Child Survival Program has greatly facilitated this networking.

Case Study on Manual Development

Leslie Hornung*, World Vision Relief and Development, drafted a health information system manual for World Vision Child Survival field projects. Her experience provides insights into the process of preparing such a document—including the need for the manual, its sources, and the required time investment.

The manual was written for World Vision's field office staff. Field projects had been asking for a health information system manual for some time. Health information systems is a subject that is usually quite scary to field staff, even if they have some public health or medical training. Because it is difficult to rely upon the statistics gathered by the Ministry of Health, PVO staff often have to invent their own system. The manual is a response to those needs.

The process involved consulting other manuals that various PVOs had already written. A large part of the World Vision manual was adapted from Foster Parents Plan Child Survival Manual, and Save the Children Federation's Child Survival Management Curriculum, as well as from consultant reports of Dr. Sally Stansfield, and from reports published by the PVO Child Survival Support Program.

The entire process required approximately three months of part-time work on Ms. Hornung's part.

The manual had to be tested in a selected number of field offices. Consultants and project managers reviewed the draft manual to assess its applicability in their work. The manual must be tested for content, accuracy, and style—especially in light of the fact that most of the field office staffs are foreign nationals, and English is not their first language. An intern with background in teaching and curriculum design was assigned to assess the vocabulary and grade level of the manual.

After final editing, the manual was distributed to all WVRD projects. Ms. Hornung invited others to evaluate the manual in terms of meeting other PVOs' needs.

* *Now Leslie Hornung-Wallstrom*

PVO Recommendations: PVO CSSP Update
Summary from Dr. Neumann

The PVOs strongly recommended that the PVO Child Survival Support Program at The Johns Hopkins University regularly provide updated "facts at a glance"; that would include an analysis of PVO reporting documents and summary of lessons learned to help the PVO staff in preparation of detailed implementation plans, annual reports, mid-term evaluations.

PVO CSSP should distribute, once a year, information on newly funded innovative proposals ("strategies that work"), and an update on A.I.D. procedures.

The *Technical Report* should include examples of problems solved that are of general interest.

PVO CSSP should continue to provide material and guidance about project sustainability promotion.

PVO CSSP should continue to organize meetings that bring different PVOs together and include headquarters and field staff.

PVO CSSP should continue to provide, and continuously update, material about monitoring and evaluation.

PVO CSSP should provide material and guidance about community health worker training, motivation, and retention.

Workshop Evaluation

All workshop participants received an evaluation form consisting of an open-ended questionnaire to encourage comments and suggestions for future workshops and a rating form that considered the organization, content, and process of the workshop. Of the thirty-two participants, thirteen returned completed forms.

Workshop Goals

Participants were asked to express their opinion on whether the goals of the workshop were met. The majority of respondents felt that the workshop promoted discussions focusing on ways to improve PVO/NGO financial management and revenue generation, particularly since some practical aspects had been presented.

There was less agreement on the question as to whether PVO/HQ awareness had been raised on banking and loan schemes for the poor, and whether issues concerning the incorporation of these activities in Child Survival projects had been addressed fully. Some participants felt that it would have been relevant to discuss revolving funds and credit schemes that some Child Survival projects or other health projects have attempted. One participant felt that this theme would be an interesting topic to pursue further in upcoming Child Survival workshops.

Only 55 percent were of the opinion that they learned about different methods for managing human resources for more effective and efficient performance in Child Survival. Several respondents expressed the need to devote more attention and time to this topic. Most respondents agreed that their role in providing supervision and technical support to the field was examined well, and that the discussions on headquarters' response to an increasing number of Child Survival grants were worthwhile.

What participants found especially worthwhile were the discussions on various methods to incorporate lessons learned. One person stated that the favorite part of the workshop was learning more information about the overall Child Survival Program, and how their projects fit into the overall picture.

Almost all of the respondents indicated that their personal expectations for the workshop had been met.

Learning

"The biggest take-away lesson from this workshop for someone like me, a 'first-timer' working in between home office and field, was the realization that there are no right answers to many of the problems that plague us every day..."

Many respondents felt that one important learning experience was the sharing of experiences with other PVOs, especially the knowledge that other PVOs grapple with the same problems. Several respondents stated that it had been important for them to learn about A.I.D.'s diversifying concept of Child Survival. In general, the respondents came away from each session with their own "nugget" of knowledge that they could apply or use in their own unique situation.

There was no consensus on one specific session that was thought to be the most valuable for work in backstopping. Rather, reflecting the rich diversity of participant experiences, different individuals found different sessions to be the most valuable.

Workshop Achievements

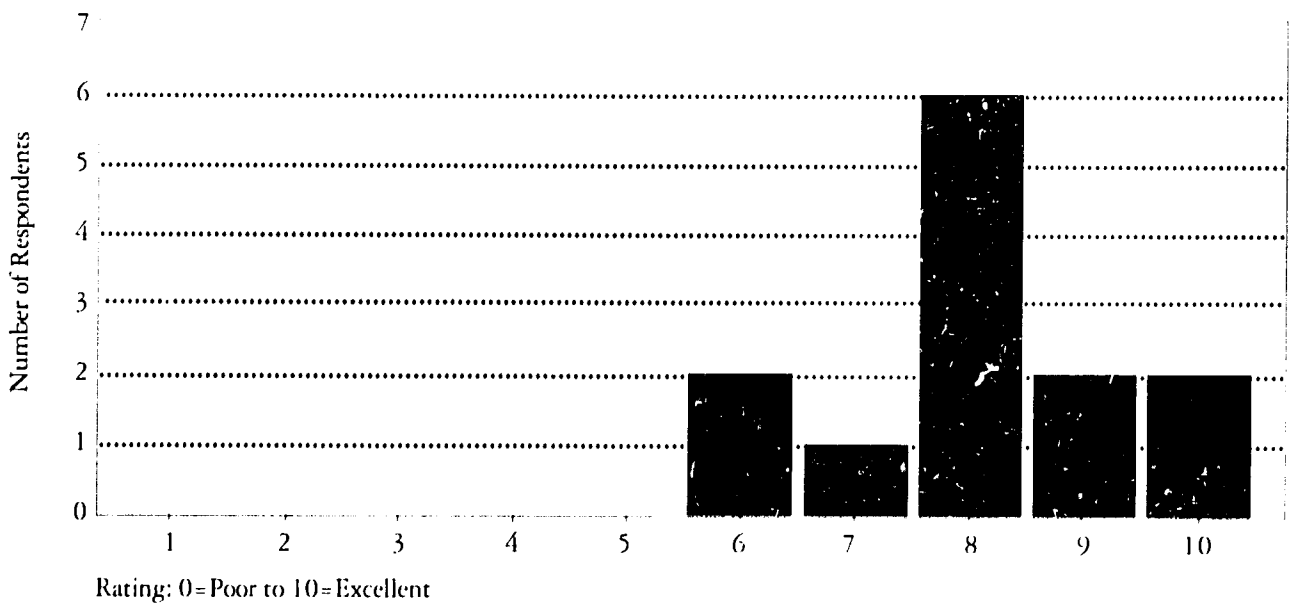
"Even more important than the specific outcomes were the discussions that took place to produce the outcomes."

The workshop produced the following outcomes:

1. PVO recommendations
2. PVO backstopping checklist
3. Structure for technical backstopping for PVO Child Survival

Of the thirteen participants who returned their evaluation forms, five stated that they had already used the documents prepared at the workshop either in analyzing their positions in backstopping

Relevance of Workshop Objectives / 1991 PVO Participant Evaluation



from headquarters or as reference documents to plan headquarters support lists.

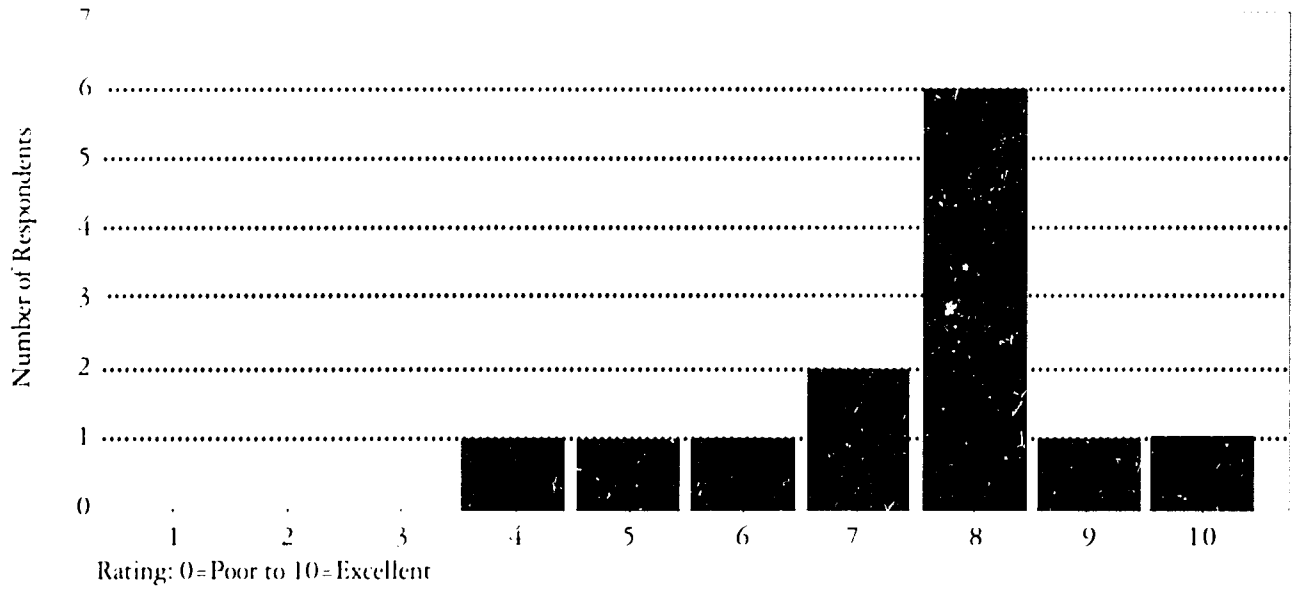
The participants greatly appreciated the involvement of the FHA/PVC staff—with one respondent referring to them as "user-friendly." The inclusion of the field staff was also greatly appreciated—participants felt that the field staff contributions helped to bring the discussions to a more practical level.

One participant commented that the "structure for technical backstopping for PVO Child Survival" did not adequately represent how PVOs are structured or administered, and that, therefore, the form should not be used in any kind of analysis, unless additional work with each PVO was to be carried out.

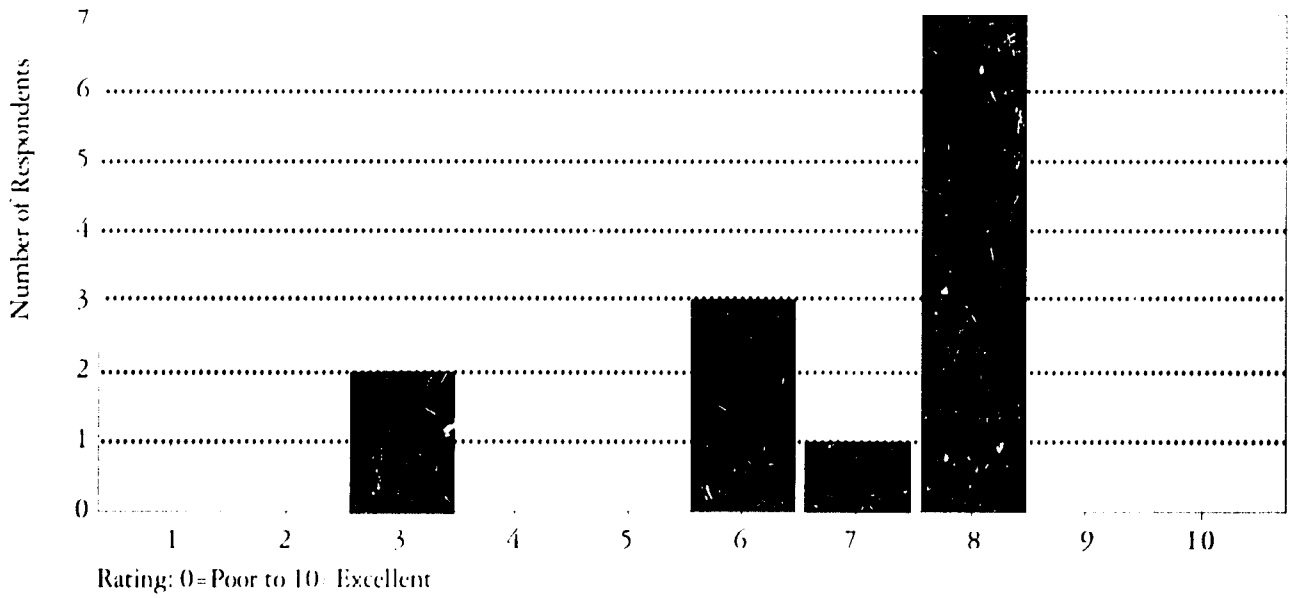
Recommendations

- strengthen the presence of PVO field staff in other headquarters workshops
- display in the resource room recent publications dealing with technical interventions and the specific topics discussed during the workshop, (e.g., credit banking)
- structure the workshop in a fashion to allow for substantive discussions and to encourage each PVO to present its own lessons learned
- disseminate a one- to two-page description of each Child Survival project completed, plus a statement of which ones met their stated objectives and which ones did not, with an analysis of strong and weak points

Workshop Schedule / 1991 PVO Participant Evaluation



Workshop Will Result in Action / 1991 PVO Participant Evaluation



What did you learn from the Coolfont Workshop?

"New ideas from many of the participating PVO representatives."

"...the realization that there are no right answers to many of the problems that plague us every day.....This highlights the critical importance of institutionalizing the lessons learned...."

"I gained information that put logic and a certain naturalness in my mind to the financial management of projects."

"I learned fund-raising tips from one of the bigger PVOs."

"I learned that I have no athletic tendencies or skills!"

"A great deal about other PVO Child Survival programs."

"Tight financial evaluation and management is a major aspect of sustainability."

"Finding out about the way other PVOs work is more interesting than discussing general concepts."

"That A.I.D. is diversifying their concept of child survival and that the child survival program is looking for innovative strategies..."

What long-term benefits do you think this workshop might have?

"A more effective and efficient performance by this PVO in Child Survival."

"An improved USAID Child Survival Grants Program."

"Continued support to PVOs from The Johns Hopkins University through the PVO Child Survival Support Program."

"Contacts!"

"Simply the acquaintance one makes with the other PVOs, learning about their work and the way they operate their Child Survival projects."

"The regular workshops play a vital role in maintaining the focus and cohesiveness of a wide variety of organizations that are involved in Child Survival strategies."

"Networking with other PVOs and with A.I.D. staff."

"Helping us to place increasing emphasis on tightening our financial management and on developing income generating/credit schemes."

"Networking continues to be strengthened."

"It helped me with liaison work with headquarters."

"These workshops have a very positive impact on the management of quality Child Survival projects through exchange of technical and administrative information."

"Will help keep my sanity during the coming period until we have the opportunity to reunite, share, and support each other again."

"It can get pretty isolated professionally here, and these workshops are worth their weight in gold."

Back row (l to r): G. Barker, A. Nelson, M. Elmer, B. Schuethelm, D. Whitson, M. Conner, H. Perry, L. Mancuso, J. Blanks, C. Witte, K. Shlau, R. Cunnane, R. Salgado, J. Braba, E. Vor der Brugge, A. Neuman, W. Dysinger, J. Sheffield, B. Greig, J. McEnaney, G. Pollock. ***Middle row*** *(l to r): L. Gustavson, D. Shanklin, S. Moravetz, D. Storms, B. Bochnovic, M. Rocky, J. Timyon, K. LeBan, L. Hornung, M. Castrillo, N. Muller, A. Harper, R. Vad, P. Sirani, K. Kaye, C. Franco, M. Powers, J. Wahlund.*
Front row *(l to r): M. Amayun, R. Magalhaes, Z. Macy*, P. Sanon, C. Carter, R. Macagha, A. Aleman, C. Habis, L. Isaacson.*
**deceased*

1991 PVO Evaluation of the Coolfont Workshop

Scale: O = Little Value (or very poor) to 10 = Excellent

	Average Rating
Organization:	
• Relevance of workshop theme and objectives	8.08
• Organization of the workshop	8.77
• Workshop schedule	7.38
• Pre-workshop communication	8.77
Process:	
• Freedom to express any view	9.38
• Friendliness of atmosphere	9.69
• Degree to which cliques did not develop	8.85
• Degree to which discussion kept to the topic	8.54
• Effectiveness of the facilitator	7.08
• Acceptance of suggestions from participants	6.85
Follow-up action:	
• Degree to which you think what was learned will result in action	6.69
Content - Large Group Sessions:	
Rate only sessions you attended	
• "New Themes for A.I.D.: Implications for Child Survival"	7.23
• "Progress of PVO Child Survival: 1991 Update"	7.00
• "The Benefits of Managing Your Money"	6.38
• "Financial Reporting Formats: Should They Change?"	8.08
• "HQ's Role in Backstopping: Perspectives from the Field and HQ	9.00
• "Institutionalizing Lessons Learned – Standardizing Resources to the Field"	9.00
• "PVO/HQ Commitment Statements"	7.25
• "Interview of SCF and WV about their HIS and Management Manuals"	8.08
• "Computerized Management Information Program"	5.58
• "Revenue Generation",	6.50
• "Village Banking and Loan Schemes for the Rural Poor"	6.00
• "PVOs New to the Workshop"	8.08
Content - Small Group Sessions:	
• "Technical Assistance: Managing Consultants"	6.58
• "Management of PVO/HQ Visits to the Field"	6.70
• "Coping with Stress"	7.31
Special Events:	
• Outdoor barbecue and Blue Grass band	10.00

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