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**Capacity of PVOs in BHR/PVC's Child Survival Program  
to Plan, Implement and Evaluate CS Projects  
Lessons Learned: 1993-98**

by  
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A Final Report on Program Impact  
Submitted April 30, 1998  
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TO PLAN, IMPLEMENT AND EVALUATE CS PROJECTS  
LESSONS LEARNED 1993 -98**

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# **CAPACITY OF PVOs IN BHR/PVC'S CHILD SURVIVAL GRANTS PROGRAM TO PLAN, IMPLEMENT AND EVALUATE CHILD SURVIVAL PROJECTS AND LESSONS LEARNED 1993-1998**

## **Executive Summary**

This final report on program impact is an end-of-project analysis of 5 years of capacity building effort to strengthen PVOs working in USAID-funded child survival programs in approximately 35 countries. The analysis is based on a qualitative assessment of the institutional capacity of PVOs currently in the Child Survival Grants Program to plan, implement and evaluate child survival programs. It is based on interviews of the PVOs, and reflects PVO perception of capacity.

In May 1993, the Office of Private and Voluntary Cooperation, Bureau of Humanitarian Response, USAID (BHR/PVC) initiated a five-year contract with the Johns Hopkins University School of Hygiene and Public Health to provide technical support to the private voluntary organizations (PVO) participating in BHR/PVC's Child Survival Grants Program. This support was implemented through the PVO Child Survival Support Program (CSSP) located in the Department of International Health, JHU. (CSSP had also provided technical support to the CS PVOs during the period 1986-1993 under two cooperative agreements with BHR/PVC.)

BHR/PVC requested that in CSSP's fifth and final year work plan, JHU include an assessment of PVO institutional capacity to plan, implement and evaluate CS programs, including PVO capacity to collaborate and network with partners. A team of 5 external consultants developed a semi-structured, open-ended questionnaire, based on data on PVO capacity in the spring of 1993, and the objectives of CSSP. The study universe consisted of 21 PVOs who had either had a child survival grant in 1993 or had a grant now that had been in operation at least one year. The interviewers were able to complete interviews with 19 PVOs, the remaining 2 were in the midst of staff turnover and did not currently have anyone on staff with knowledge of the CS program.

### General Findings

The evaluators found that the CS Program has vastly strengthened the institutional capacity of PVOs to plan, implement and evaluate CS field programs. The PVOs, in turn, have in many instances strengthened the capacity of ministries of health, particularly at the local and regional level, and increased the capacity of host country NGOs to implement health programs. PVOs attribute a great deal of their organization's strengthening to BHR/PVC's requirements of the CS grantees and to the technical support they have received as participants in the CS program.

Specific findings follow

## 1 Current PVO Institutional Capacity

PVOs identified their greatest organizational strengths for conducting child survival activities. These are: emergence of a health technical unit in every PVO, expertise in technical interventions and in understanding community needs, expertise in population based assessments of coverage and health practices, expertise in training, manuals and guidelines, involvement of wide network of partners in the community in all program phase, and commitment to sustainability through strengthening of MOH, district/local health centers and collaborating NGOs.

**Finding No 1 a well focused program designed to build capacity of PVOs has resulted in increased quality and professionalism of PVO staff and improved PVO ability to implement and document more technically sound, measurable, results-oriented programs**

2 Most of the PVOs in the CS program have worked with a counterpart NGO, if not at the beginning of the program, then at later stages of implementation. Clearly, the CS program has resulted in the creation and strengthening of host country NGOs. This process has expanded the scope of CS programs and promoted continuity and sustainability, perhaps beyond what AID initially anticipated. A number of PVOs pointed out that they are working in extremely poor areas of the world, expectations for continuity and self-sufficiency are sometimes unrealistically optimistic.

**Finding No 2 the CS program has resulted in the creation and strengthening of host country NGOs capable of continuing and expanding CS program activities**

## 3 MOH Institution Building

A number of PVOs stated that they have also been partners with the ministry of health to strengthen institutional capacity and extend outreach into the community, and promote community-MOH dialogue. Most of the impact has been on local and regional MOH staff, but they cited impact at the national level as well.

**Finding No 3 the PVO CS program has increased the capacity of MOH staff, particularly at the local and regional level, to implement more acceptable, better quality health service programs**

## 4 Technical Assistance

The PVOs identified a broad range of technical support they have found very useful in strengthening their organizational capacity. This includes everything from informal advice to professional consultants and short-term intensive technical training courses. Appreciation was repeatedly expressed for the informal technical support provided by the staff of CSSP, the PVOs felt they were welcomed in a non-judgmental, open and fair manner. This gave them confidence.

to share problems they were experiencing, and to ask for help without feeling they would be penalized for admitting weaknesses

Technical assistance that proved valuable included informal TA, particularly by CSSP staff, technical assistance from a variety of sources (SEATS, BASICS, and AID), continuous technical updates on CS interventions, the rapid population survey (KPC) and survey training workshops, Detailed Implementation Plan guidance and feedback, and annual PVO/HQ and regional networking workshops

**Finding No 4 the PVOs attribute a great deal of their program success to the TA they have received from a variety of sources and would like to see this continue in the future**

## 5 Networking/Partnerships

The evaluators found the PVOs in the CS Program have clearly matured in their ability to collaborate with other US PVOs and with country program partners. Almost uniformly, the PVO survey respondents say that participation in the CS Grants Program has greatly improved the collaboration and networking of their organizations. The CS Grants Program has enabled this growth in collaboration by setting clear expectations for collaboration, creating opportunities for collaboration and networking, and providing funds so PVOs could participate in networking activities. There has been a movement away from a very competitive stance. PVOs credit BHR/PVC and CSSP with creating a supportive environment in which to make those changes.

All PVO staff appear to crave networking opportunities, where they can exchange experiences and discuss problems. This opportunity to learn from each other is viewed as a very valuable process. In a few instances, PVOs have formed partnerships at field sites, mutually participating in CS program implementation. These partnerships appear to function best when each partner brings a unique set of complementary skills to the table.

**Finding No 5 carefully crafted CS programs can take advantage of the experience and skills of multiple PVOs working in partnership**

## 6 Core Group

In the past year networking between PVOs has led to the formation of the CORE group, currently 31 PVOs that meet and share experiences. Initially this was an informal arrangement, but USAID has provided funding for a secretariat and the group is sponsoring conferences, workshops and working groups. There is strong support in the PVO community to encourage USAID to continue and expand the role of CORE.

**Finding No 6 an important tool of empowerment has been the creation of the CORE group, PVOs working collaboratively on CS issues. This has broadened the impact of AID's investment in CS**

## 7 Mentoring

A number of PVOs identified the practice of mentoring -- one PVO assisting another to get started in CS -- as a very valuable tool. This was stated both by organizations that had helped others, and PVOs that are being assisted by the process. PVOs would like to see further expansion of this funding mechanism, and designate funds so that established PVOs can perform this function in a more structured manner.

**Finding No 7 mentoring has proven a valuable tool whereby experienced PVOs share their expertise with organizations new to CS programs**

## 8 Dissemination of Results

The role of PVOs in child survival is getting broad visibility among the health community. Almost every PVO interviewed has given presentations at professional meetings in the past three years. APHA and NCIH are cited as the most common venues for these presentations. Many have distributed program reports to a wide audience, including AID, donors, other PVOs. In a few instances, the PVOs have published in peer-reviewed journals.

**Finding No 8 PVOs have increased their capacity to document results and disseminate findings to the broader international health and development community**

## 9 Constraints

There is consensus among the PVOs that certain constraints inhibit the development of institutional capacity and the efficient implementation of CS service delivery. These constraints can be summarized as a lack of resources -- personnel and funds -- to adequately support program management, backstop field operations, network, document and disseminate results. PVOs suggest that AID ensure that grant budgets contain sufficient funds for staff, particularly at PVO/HQ, to adequately meet the management needs of the program and to backstop field activities. They also suggest that USAID review CS grant budgets to ensure that sufficient funds are available for necessary and appropriate staff training. Some PVOs believe this will slow staff turnover.

Finally, PVOs feel caught between competing goals of program impact and NGO capacity building. The focus of the CS Program is on program impact, results have generally been quite impressive. However, AID would also like the PVOs to develop the institutional capacity of host country NGOs. Capacity building takes different skills, considerable energy and often extends the time to achieve desired program impact. AID needs to clarify whether the priority is with program impact or NGO strengthening.

The report ends with PVO lessons learned.

## Section A

### FINAL REPORT ON PROGRAM IMPACT RATIONALE

The Office of Private and Voluntary Cooperation, Bureau for Humanitarian Response, (BHR/PVC), is the office at USAID which is chiefly concerned with building capacity of US-based private voluntary organizations (PVOs) to be more effective agents and partners in international development. This concern is built into its Child Survival Grants Program for PVOs at the inception of CS in 1985, and is the primary reason for establishing a technical support office for PVO CS grantees, called the PVO Child Survival Support Program (CSSP) during the years 1985-1998.

At the initiation of the CS Program in 1985 there was reason for the PVC Office to be concerned about whether PVOs could produce results in their child survival field programs. The year previously, 1984, Management Sciences for Health carried out an evaluation of USAID-funded health programs sponsored by PVOs. Eight main criticisms emerged:

- (1) Some PVOs fail to work effectively with host organizations
- (2) Not enough attention given to institution building and community participation
- (3) PVOs set unrealistic goals, often in too short a time
- (4) PVO staffing patterns are variable, some have too few technical resources at headquarters (HQ) and field level
- (5) PVO home and field staff need more planning and management skills
- (6) PVO health systems are inadequate
- (7) Few PVOs have performed and utilized adequate baseline surveys of community health needs
- (8) PVOs don't document and replicate their models

Armed with this information, USAID's Office of Private and Voluntary Cooperation, in what is now the Bureau for Humanitarian Response (BHR/PVC), designed its new Child Survival Grants Program for US PVOs in a way that would address these weaknesses. The required elements included proposal and detailed implementation plan (DIP) to be designed with the MOH and communities and assessed at mid-term and final, technical staff in place at PVO/HQ and field level, annual reports, mid-term and final evaluations to improve documentation and accountability.

Furthermore, CSSP, located at Johns Hopkins University School of Hygiene and Public Health (JHU), was to organize workshops for PVO/HQ and field staff, for the explicit purpose of increasing technical strength of participating PVOs, and encourage inter-PVO collaboration and networking. CSSP also worked on reporting standards and technical guidelines for PVO use in training and implementation of child survival interventions. CSSP prepared summaries of the technical reviews of proposals and DIPs for feedback to the PVO. And, starting in 1991, CSSP worked with USAID, the PVOs and outside experts to develop a rapid population survey which would enable PVO field staff to collect information on coverage, health knowledge and practices in the service community (KPC survey). CSSP set up extensive KPC training courses for PVO/HQ staff. In addition, USAID made monies available to the PVOs for short term technical

assistance from PRITECH and REACH (the major technical mechanisms of USAID's Office of Health) During the period 1996-1993, the work of CSSP was carried out under two cooperative agreements between BHR/PVC and the Johns Hopkins University School of Hygiene and Public Health

In May of 1993, the CSSP Cooperative Agreement was ended and a new Contract (CSSP II) issued between BHR/PVC and Johns Hopkins University At that time several sources of data indicated that progress had occurred in PVO health programs External reviews of the reports of midterm and final evaluations, carried out by external teams approved by USAID, formed part of the basis for this assessment of progress A second source were self-reports by PVOs regarding the impact of PVO regional workshops and annual HQ workshops on follow-up activities, routinely collected by questionnaire six months after workshops had ended A third source was an assessment carried out by PVOs, at the invitation of USAID, prior to the ending of the contract

Further evidence on changes was obtained in 1994 when CSSP organized the first PVO Child Survival Impact Conference At the conference, an external consultant attended conference proceedings and held interviews with field managers of PVO Child Survival programs, then issued a report on PVO weaknesses 1984-5, actions taken, and PVO status as of 1994 The findings were that PVOs were working more effectively with governments and local NGOs Project design issues had much improved through training and response to DIP technical reviews and external evaluations Staffing patterns had improved, the planning skills of PVO/HQ and field staff was improving PVO health information systems were strengthened and improving Data on coverage and health behaviors being provided through surveys, and PVOs were reporting regularly on program activities and results

More improvement, however, was needed in collaboration among PVOs and its partners Chief among this was the need to strengthen work with NGOs PVOs also wanted to strengthen cooperation with USAID Contracting Authorities (CA), especially those playing a major technical role in USAID programs in countries where the PVOs were operating BHR/PVC took a number of steps to encourage this needed collaboration, including revising requirements, giving funds to CAs to support more collaborative activities with PVOs, and stimulating PVO to PVO exchanges Under CSSP II, further work was to be carried out to strengthen and improve PVO networking and collaboration with partners and those in the PVO child survival community Additional work was needed to make baseline survey methodology a standard and solid part of all new projects, and additional work was needed to raise quality of interventions, especially as CS expanded from the initial twin engines and new interventions were coming on-line

The Final Report of CSSP II Project Activities details all the actions carried out by the support program during the contract period, May 1, 1993 - April 30, 1998 It can be summarized as an emphasis on 5 elements networking workshops for field and HQ staff, short-term technical training, monitoring and evaluation assessment methods, publication of technical reports and guidelines, assisting BHR/PVC with organizing technical reviews of DIPs and proposals, and

disseminating information about PVO role in child survival

The last two years of the CSSP II contract saw a very exciting development PVOs that had received CS grants from BHR/PVC formed a group, called CORE, (soon to become a legal entity), which began to organize workshops, conferences, establish a web site, etc as the support available from JHU through CSSP II, decreased

Thus, BHR/PVC requested that in CSSP's fifth and final year work plan, JHU include an assessment of the institutional capacity of PVOs currently in the CS grants program to design, implement and evaluate child survival programs This end-of-project assessment was to include PVO lessons learned This assessment could serve to inform about PVO capacity at the end of a focused strengthening effort It also could provide base information for start-up of a new technical assistance contract being developed by BHR/PVC

Finally, the report could assist CORE, and its member PVOs, to review PVO capacity in child survival, across all participating PVOs as of 1998 It is hoped that the PVOs will carefully review the findings of the capacity analysis and consider what actions need to be taken, if any, and in what areas, to further strengthen PVO capacity to effectively carry out programs to improve the health of mothers and children throughout the world

## **Section B**

### **FINAL REPORT ON PROGRAM IMPACT METHODOLOGY**

#### **1 Methodology Design Process**

A team of five external consultants, familiar with the BHR/PVC Child Survival Grants Program but not directly involved in it, gathered together at CSSP for a 2-day design workshop. The group decided that the most appropriate methodological approach, given the time frame and funds available, was to capture the big picture of each PVO's institutional capacity by conducting a semi-structured, in-depth interview with PVO staff in charge of CS at the headquarters level. The external consultants reviewed the data on PVO capacity in spring of 1993, and the objectives for improvement at that time. Based on this information, and a review of USAID's needs for an assessment of PVO organizational capacity to plan, implement and evaluate CS programs, the external consultants developed and pre-tested a set of topics to be asked.

#### **2 Description of Interview Instrument**

Five major topics were covered in the interview instrument: a self-assessment of the PVO's current CS programming capacity, the effect that the PVO's participation in the CS grants program has had on the development of that capacity, the strategies used by the PVO to maintain and enhance the levels achieved as well as an assessment of further improvement needed, the diffusion of the child survival experience to other health and non-health areas within the organization, and a self-assessment of current networking and collaboration capability, its improvement over the course of the PVO's participation in the CS grants program and a needs assessment to improve further the levels achieved. Finally, each PVO interviewed was asked to give its acquired wisdom in the form of recommendations aimed at another PVO just starting a CS program (See Appendix 1 for questionnaire).

#### **3 Study Population Interviewed**

The population for interview consisted of PVOs which either had a Child Survival Grant from BHR/PVC as of May 1993, or which had received a grant since then and had been in operation at least one year prior to this interview. Of the 21 PVOs which fulfilled these criteria, one PVO was unable to complete any interviews because there was no one at the HQ or in the field/region with knowledge of how the PVO had collaborated previously. A second PVO did not have any person currently backstopping CS in the headquarters office, but had sent the questionnaire to an experienced regional staff member. That questionnaire had not been received by the time this report was written. The final population then consisted of 19 PVOs.

#### **4 Description of Interviewing Process**

Each semi-structured interview was conducted by one of five external consultants who had previously participated in the 2-day methodology development workshop. Generally, the interviewer followed up an initial informational phone call made by the JHU/CSSP office and an informational fax from the Chief of the CS & Health Unit of BHR/PVC. The interviewers scheduled an hour-long in-person interview appointment with a headquarters staff member most knowledgeable about the organization's CS programs. At the beginning of the interview, the interviewer explained the scope of work and informed the respondent that no individual names or PVOs would be singled out in this report, and that the results would be reported in a collective fashion. The duration of the interview was more than an hour in many instances, when the respondent was particularly eager to share detail and underlying reasoning behind each statement made. In three or four instances and at the respondent's request, the former was faxed the interview instrument ahead of time to assist in his or her readiness to answer appropriately. In a few instances, the HQ staff member shared the questions with regional and field staff and incorporated their views in the PVO's response.

Two interviews were conducted per PVO in three instances, bringing the total number of interviews conducted to 22. Of those, three were conducted with two staff members at a time and two were conducted with three staff members present at a time, thus bringing the total number of respondents to 29. This was requested or encouraged by the interviewer to ensure that the perspective of more than one key CS staff within the organization was shared. 18 interviews were conducted in person, while three others were administered by telephone and one interview was faxed in from the PVO's country office, where the field senior program officer in charge of the CS program was stationed.

#### **5 Description of Respondents**

The positions held by the respondents were senior supervisory positions within the PVO with related titles, e.g., health technical advisor, program director, CEO, senior program or grants officer and the like. They had an average of nine years of experience with community-based health programming in general, but the range was broad--one to 34 years. The respondents' experience with CS grants in the PVO in which they were currently working was five years on the average and it ranged from nine months to 13 years. Their average number of years working with the current PVO was 5.6 and it ranged from nine months to 15 years. Despite the variation in the experience with CS grants or with the PVO the respondents were being interviewed about, their interview quality based on their familiarity with CS issues received a high rating by the interviewer conducting the interview. On a scale from 1 to 5, all interviews were rated as 5 except three--two of which received a rating of 3 and one received a rating of 4.

## 6 Methodology Strengths and Limitations

A strength of the methodological approach taken is that it investigates the institutional capacity of the PVOs to design, implement and evaluate CS programs from the PVO's own perspective. Another strength is that the type of staff interviewed ensured that the broad overall picture for that PVO was given. A limitation of the approach is that the lack of validation of the data given by an independent evaluation process. Another limitation is that the country/regional perspective was missed, as only headquarters staff was interviewed (with the exception of one PVO). However, since the focus of this report is on the PVOs' *institutional* capacity, it was felt that the approach was a reasonable one.

Most of the questions asked were open-ended. This implies that absence of a response did not necessarily mean that the issue was not important, but that other issues took higher priority. A way to address this potential limitation was to follow up with a related question in subsequent sections of the interview instrument. For example, question I 5 on the strategies that the PVO's CS programs are finding useful to develop the capacity of the collaborating NGOs, was later followed up by question II 4 on the headquarters strategies that the PVO has found most useful to expand its field programs' capacity in CS programming, and then later on this was followed up by question III 1 on the strategies that the PVO has found most useful to maintain the organization's overall capacity in CS. Indeed this process elicited the PVO's full spectrum of strategies utilized.

## Section C

### FINDINGS PVO CAPACITY IN CHILD SURVIVAL AS OF APRIL 1998

#### 1 PVO/HQ Strengths in Planning, Implementing and Evaluating Child Survival Activities

Seventeen of the 19 PVO representatives cited the technical expertise of the PVO senior staff in maternal and child health programs, as the major organizational strength of the CS grantees. Every PVO representative interviewed reported the existence of a health technical unit within their organization, smaller or bigger depending on the PVO size, with expertise in the technical interventions themselves, as well as in the health information systems needed for planning and evaluating a CS project and in the interpretation of information drawn from HIS to inform decision making. Four PVOs mentioned in addition, their technical capacity in understanding community needs from the community's perspective by conducting qualitative research and/or utilizing participatory and adult learning techniques for community involvement in the CS programs.

Related to their technical capacity and expertise, six PVOs saw the providing of training in CS interventions as an important strength of their organizations. These PVOs have produced and distributed training materials, manuals large or small, and guidelines to their CS programs. One PVO mentioned the development of graduate degree training curricula in collaboration with two US universities. These specially designed courses cover the CS interventions and course assignments include the development of a CS grant proposal and a DIP. These special courses are attended by PVO/HQ and field staff involved in maternal and child health programs.

Nine PVOs saw their strength in their wide (or less wide depending on the size of the PVO) network of partners (churches and/or affiliate offices) in countries where they work. Some PVOs included in their network of partners affiliated clinics or whole hospitals. PVOs are committed to institutional strengthening of the MOH, district or local centers or local collaborating NGOs. This institutional strengthening increases the likelihood that CS programs can be sustained. The networks of partners contributed to yet another strength. PVO representatives believe one of their strengths is participatory planning with all stakeholders (MOH, community, etc.) in the detailed implementation planning phase of the CS project (3 PVOs).

#### PVO/HQ Strengths and Expertise April 1998

- Emergence of a health technical unit within the PVO
- Expertise in technical interventions, HIS, in understanding community needs
- Expertise in training, manuals and guidelines
- Involvement of wide network of partners in the community in all program phases
- Commitment to sustainability through strengthening of MOH, district/local centers and collaborating NGOs

## **2 Capacity of Field Staff to Plan, Implement and Evaluate Child Survival Activities**

PVO respondents specifically rated the capacity of their CS field staff to carry out key planning, implementing and evaluating tasks. As seen in Table 1, PVO/HQ representatives consider the field staff to be strong across the board, in planning, implementing and evaluating CS programs. They perceive PVOs strongest in conducting population-based surveys, setting quantifiable objectives and targets and conducting midterm and final evaluations, with considerable strengths also in technical training of health workers and project management. PVO representatives consider field staff to be weakest in assessing quality of interventions. However, for programs involving quality assurance the rating raised to 8.

Table 1 Capacity of Field Staff to Plan, Implement and Evaluate Child Survival Activities (scale 1-10, with 1=no experience and 10=excellent capacity)

N=19	mean	range
Conducting population-based surveys	8	7-9
Data processing and analysis	7	5-9
Setting quantifiable objectives and targets	8	7-9
Technical training of health workers	8	6-10
Project management	8	5-10
Assessing quality of interventions	6	3-9
Interim assessments (e.g., annual monitoring of goals)	7	5-10
Midterm and final evaluations	8	7-9

## **3 Areas in which the PVO's CS field programs are experiencing difficulties**

The difficulties currently experienced by CS field programs vary depending on the PVO and the region. Nearly half of the respondents (7 over 19) mentioned difficulty with program sustainability. This includes finding alternative sources of funding for local groups when the AID grant ends, loss of volunteer interest over time, community members focusing on the most at-risk community members. Other threats to sustainability were cultural or social constraints faced in some sites. One PVO working in a society posing restrictions on the public functions of women had difficulty sustaining women community health workers and another one was finding sustainability difficult, working with nomadic ethnic groups in a sub-Saharan African setting.

affected by civil war

Another frequently mentioned difficulty (6 PVOs) was the lack of a critical mass of technically capable staff at the field level, resulting in, as one PVO representative said, an inability to “collect, validate, interpret and use data” in decision making. This problem was compounded by fewer opportunities for technical training of field staff, lack of good training materials, and a high turnover of skilled country national field staff “to better and bigger jobs.” This results in work overload for the few technically skilled staff remaining (3 PVOs).

Five PVOs are experiencing difficulties with obtaining health information through operations and qualitative research methods. Several PVO representatives felt that community health workers had difficulty in communicating health messages to mothers without becoming mechanistic and top down.

A minority of the PVOs surveyed, are having difficulty with managing grant funding. Some PVOs believe the funding is insufficient given the scope of work, other PVOs with a centralized off-site management of field programs some times “end up with surplus funds.” Some PVOs report that local management is having difficulty understanding the budgetary restrictions of USAID CS grants, as they are tempted to use the funds for other felt but excluded priorities.

#### Current Difficulties in Field Programs

- Program sustainability presenting formidable challenges
- Lack of critical mass of highly skilled staff, work overload of present staff
- Lack skills to do qualitative assessments and operations research
- Sub-optimal health communications by CHWs

## Section D

### FINDINGS STRATEGIES USEFUL FOR IMPROVING PVO CS CAPACITY

#### **1 Ways in which PVOs' Child Survival Capacity Has Improved since Participation in the Child Survival Grants Program**

The PVOs interviewed all felt that participation in the Child Survival grants program had enabled them to develop significant organizational capacity and improved their ability to design, implement and evaluation child survival programs. The most common changes cited were an increase in the quality and professionalism of their HQ staff. Many of the PVOs did not have a health technical unit established before they started to participate in the CS grants program. This had now changed and as a result, their ability to implement more technically sound, result-oriented projects was improved. Many PVOs recognized that participation in the child survival program had enabled them to link in with the state-of-the-art in child survival and thus improved their technical capacity. Several of the PVOs described how the child survival programming "model" has been internalized within their organizations and applied to other health and development projects. All PVOs interviewed acknowledged improvement in both overall child survival programming capacity and their ability to carry out specific tasks related to project implementation (e.g., planning, KPC surveys, monitoring).

Key Improvements in PVO capacity  
since participation in the CS grants program

- Increase in technical skills and professionalism of staff
- Emergence of a health technical unit
- CS program model applied to other PVO areas

#### **2 Organizations and Factors that Contributed Most to that Improvement**

BHR/PVC, JHU/CSSP and CORE are the three organizations that have most influenced the development of capacity in the PVO CS grantees. PVO respondents recognized that CS grant requirements facilitated the changes that PVOs have brought about in their capacity to plan, implement and evaluate CS programs. PVO representatives cited several key factors by BHR/PVC, including the proposal and DIP reviews and feedback, guidelines, and the evaluation requirements which made PVOs document their results. Finally, pressure by USAID to hire more skilled staff resulted in the strengthening of the PVOs' technical capacity, both at HQ and field.

PVOs believe that the technical support received from JHU/CSSP over the course of the child survival grants enhanced their programming capacity. The majority of PVOs interviewed cited

the technology transfer and networking opportunities afforded by the HQ and regional workshops and the KPC training and guidelines as the JHU/CSSP inputs which clearly enhanced PVO child survival programming capacity. Several PVOs cited specific technical workshops as having been important for developing their organization's capacity. The ad hoc technical advice was the next most commonly cited JHU/CSSP support useful to the PVOs.

A third source of technical support has been the opportunities for learning from other PVOs from participation in CORE workshops and working groups. In addition, PVO field staff benefitted from workshops organized by a PVO for its own staff. The most useful HQ strategies to expand field projects' capacity that were cited by the PVOs were workshops, distribution of written guidelines and materials, and frequent visits and communication.

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|--|
| <p style="text-align: center;">Factors Contributing to Improvement of PVO Capacity</p> <ul style="list-style-type: none"><li>• Donor pressure to improve<ul style="list-style-type: none"><li>quality of technical staff</li><li>proposal and DIP guidelines</li><li>feedback on proposal and DIP reviews</li><li>evaluation requirements</li></ul></li><br/><li>• CSSP technical support<ul style="list-style-type: none"><li>technology transfer</li><li>networking workshops and conferences</li><li>KPC training</li><li>technical guidelines</li><li>training workshops</li></ul></li><br/><li>• Participation in CORE</li><br/><li>• PVO/HQ workshops for field staff</li><br/><li>• Distribution of written guidelines</li><br/><li>• Frequent visits and communication</li></ul> |
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## Section E

### FINDINGS PVO STRATEGIES TO MAINTAIN OVERALL CS CAPACITY

#### **1 PVO Strategies for Maintaining the Organization's Overall Capacity in Child Survival**

During the period 1993-98, CSSP asked the PVOs to concentrate on innovative ways to institutionalize best practices and maintain overall capacity in CS. The PVO respondents in the survey cited the main strategies they had developed as continuing education /staff development /professional exchange and advancement opportunities for staff, and continuing the policy of recruiting highly skilled staff. Six PVO representatives mentioned using networking and collaboration mechanisms (i.e., workshops, CORE, technical training from other AID cooperating agencies) to maintain their capacity and orient new staff. Five PVO respondents described efforts to systematize their capability. They have developed and distributed training modules, technical manuals and guidelines, and videos throughout all field programs. Thus, PVOs made methods more readily available to new staff and staff in countries other than where the capability was developed. One of the PVOs had gone further by developing graduate degree curricula (an MPH program and a Master's in International Development program) in collaboration with two universities, as well as institutionalizing an internship program in nutrition supplementation. Only two PVOs mentioned having a formal, systematic training and orientation program for new hires.

All 19 PVOs interviewed maintain at least some reference collection on child survival, ranging in size from a large library to a few shelves. Several respondents commented on the difficulty of finding time to maintain the reference collection and of facilitating field access to such a resource, while only two PVOs reported the availability of a part-time librarian. Some PVOs routinely send key materials to their field offices while others do it upon request. Two PVOs are interested in placing reference materials on CD-ROM. Two PVOs are using their Internet web sites as a mechanism for their field staff to access technical information.

PVOs used different strategies to institutionalize lessons learned in field programs. Four PVOs interviewed report that they organize periodic training workshops for field staff to discuss lessons and country experiences. Four PVOs use periodic retreats or conferences and working groups to review experiences and identify lessons. Three PVOs responded that they routinely send out technical reports and evaluation results from field projects to their country teams and to the stakeholders involved. At the headquarters level, two PVOs reported using monthly staff meetings, briefings and circulation of trip reports as means to institutionalize lessons. One PVO has created a computer-based inventory of lessons learned which it shares with its field staff. Another PVO institutionalizes lessons learned by incorporating them in the health modules of a graduate degree curricula.

### PVO Strategies to Maintain Overall CS Capacity

- Continuing staff training, development, advancement
- Policy of hiring
- Networking and collaboration mechanisms
- Training systematization through modules, manuals, guidelines, videos
  
- PVO library of CS reference materials
- Ranges from a large library to a few shelves
- Lack of staff and resources to maintain collection and facilitate field access
- Reference materials placed on PVO Web sites
  
- Periodic workshops to exchange lessons learned
- Periodic retreats to review experiences, make recommendations
- Regular dissemination of reports within the PVO and to all stakeholders
- Monthly staff meetings, briefings and circulation of trip reports

## **2 Current Difficulties in Maintaining PVO Capacity**

Most of the PVO HQ staff interviewed, thought that they were not doing enough in institutionalizing lessons learned and said that they would like to improve. Most of the respondents commented that dissemination of results is another area where they feel they are not doing enough.

One third of the PVOs surveyed find it difficult to adequately backstop field projects and document lessons and results, due to under staffing at HQ. Four PVOs mentioned difficulties getting technical information out to the field. Five PVOs cited staff turnover or limited resources to hire sufficient qualified staff as problem areas. Three PVOs noted that the biggest challenge to maintaining their programming capacity is the loss of trained staff when grants end and replacement funding for their positions is not available. Two PVOs mentioned how loss of highly skilled staff happens even before a project ends “to bigger and better jobs” that can offer a more attractive work setting. Two of the smaller PVOs cited lack of resources other than the CS grant, as a key threat to maintaining their child survival programming capacity.

### Difficulties of Maintaining Capacity of CS Field Staff

- Lack of time/ staff to adequately backstop and document lessons and results
- Getting up-to-date technical information to the field
- High field staff turnover
- Lack of alternate funding for PVO backstopping positions

## Section F

### FINDINGS DIFFUSION OF CHILD SURVIVAL PRACTICES AND RESULTS

#### 1 Diffusion of CS Practices to Other Sectors and Programs

The PVOs have adapted several CS management practices agency-wide. In particular, the use of baseline and follow up KPC surveys and development of a detailed implementation plan (DIP) have carried over to a number of non-PVC funded maternal and child health, and food programs. The DIP, has been adapted as a planning tool in a broad range of other programs, family planning/reproductive health was cited as a specific example by a few PVOs.

Eleven of the 19 organizations viewed the use of technical standards and guidelines as strong CS program features that have been carried over to other PVO health activities (PVOs cited Maternal Health Gold Standards, ARI Toolbox and technical guidelines for interventions specified in DIPs and proposals). Evaluation practices and setting of quantifiable objectives has carried over to some degree in 40% of the PVOs.

#### CS Practices that Have Spread to Other Sectors/Programs

- Baseline and follow-up rapid population surveys
- Development of DIPS
- Use of technical standards and guidelines
- Setting quantifiable objectives
- Evaluations

#### 2 Actions/strategies Taken by PVOs to Disseminate Results to Others

There were several techniques used within a PVO to spread the word about experiences with CS programming. The most common method for sharing information among the field programs, according to PVO respondents, is regular use of e-mail. Six respondents mentioned other mechanisms such as internal newsletters, submission of articles to the PVO Technical Report published by CSSP, information sent to donors, ad hoc "lessons" publications, and information sharing with donors, collaborators, community groups and other stakeholders.

In the past PVOs have been criticized for not documenting and disseminating the results of their community-based work. CSSP encouraged the PVOs to submit abstracts to NCIH and APHA, and to write articles for the PVO Technical Report. The survey showed that there has been some progress in PVO capacity to disseminate results outside their PVO, although there seems to be limited dissemination of project results in professional journals or to audiences within the international health community. Six PVOs mentioned presentations at conferences and meetings, including CORE, as a primary means of disseminating results. Three PVOs mentioned

preparing articles for publication in professional journals. One mentioned preparing health updates for a monthly TV program in a religious TV channel. Table 2 describes the record of PVO professional presentations during the last three years (1995-98).

Table 2 Presentation of Project Results at Professional Meetings and in Professional Journals 1995-1998

National Conference on International Health (NCIH)	11 PVOs will have presented at least once at NCIH by June, 1998 (1 PVO presents every year, 2 will present in 1998, 1 presented in 1997, 3 in 1996 and 4 did not specify)
American Public Health Association (APHA)	4 PVOs have presented at least once (1 PVO presents every year, 1 presented in 1996, 1 organized a Roundtable, and 2 PVOs did not specify)
International Vitamin A Conference (IVAC)	4 PVOs have presented at least once (1 PVO has presented twice)
BASICS - conferences	1 PVO has 2 abstracts in review and 1 PVO presented at a previous conference
Other conferences	2 PVOs have presented at regional level meetings, 2 PVOs have presented at local and national meetings, and 4 PVOs have presented at various symposia or PVO-organized meetings
Peer-reviewed Journals	5 PVOs have published in peer-reviewed journals (3 PVOs have published in the WHO Bulletin, 2 PVOs did not specify)
Other publications	3 PVOs have published project results through a book chapter (1 PVO), contributing to a report to the US Congress on PVOs (1 PVO), and a BASICS technical paper (1 PVO)

## **Section G**

### **FINDINGS PVO CAPACITY FOR NETWORKING AND COLLABORATION**

In 1984, before Child Survival Program began, an evaluation of USAID-funded PVO health programs found PVOs seldom collaborated with other PVOs and with country partners, in particular the MOH and NGOs. In May of 1993, based on several sources of data, it was believed progress had occurred in PVO collaboration with each other at USA headquarters, and with the MOH and other Child Survival grantees in country projects. External reviews of midterm and final evaluations, carried out by external teams approved by USAID, formed part of the basis for this assessment of progress in collaboration. A second source were self-reports by PVOs regarding the impact of PVO annual HQ workshops and regional workshops on follow-up activities, routinely collected by questionnaire six months after workshops had ended. A third source was an assessment carried out by PVOs, at the invitation of USAID, prior to the initiation of the CSSP II contract.

More improvement, however, was needed in collaboration among PVOs, the MOH, and other partners. Chief among this was the need to strengthen work with NGOs. PVOs also wanted to strengthen cooperation with USAID Contracting Authorities (CA), especially those playing a major technical role in USAID programs in countries where the PVOs were operating. BHR/PVC took a number of steps to encourage this needed collaboration, including revising requirements, giving funds to CAs to support more collaborative activities with PVOs, and stimulating PVO to PVO exchanges. What follows are the findings of the survey regarding the capacity of the PVOs to network and collaborate as of April 1998.

#### **1 The Effect of Child Survival Grants on PVO Collaboration**

Almost uniformly, the PVO respondents say that participating in PVC's Child Survival Grants program has greatly improved the collaboration and networking of their organizations. The changes have been driven by USAID requirements and PVO recognition of needs. PVOs credit BHR/PVC and the Child Survival Support Program (CSSP) with creating a supportive environment in which to make those changes. The Child Survival Grants Program has enabled this growth in collaboration by setting clear expectations for collaboration, creating opportunities for collaboration and networking, and providing funds so PVOs could participate in networking activities.

The progress in collaboration is not uniform across the board. PVOs differ in their capacity to collaborate, perhaps it is best seen as "a work in progress." For some, inter-PVO collaboration has been a small but worthwhile step -- taking the form of exchanging materials with a person met at a PVO/HQ workshop. But for others, the change in inter-PVO collaboration has been much more profound. As one PVO representative commented, "Collaboration and networking have improved tremendously. There has been a movement away from a very competitive stance. Although the overall amount of funding available is limited, serving to maintain a certain level of

competition, PVOs have begun to see more advantages in collaborating with each other "

The degree to which a PVO has improved its collaborative capacity depends on the PVO's philosophy, style of operations and prior networking experience. The biggest change is seen in those organizations which did not have much experience with PVO to PVO collaboration, or were isolationist in style. One person said his PVO has gone "from zero to full participation", and proudly saw it now "an active member of CORE "

USAID requirements have been important for achieving greater collaboration. In a frank admission, one respondent said "It wouldn't be there, if PVC did not ask for it ". Even a PVO with a strong background in collaboration saw value in such guidelines. "The requirement that the PVO work with MOH and NGOs provides the opportunity and leads to working well together "

PVOs in the Child Survival Grants Program recognize they are doing more than responding to requirements. The organizations have seen the need for greater collaboration and are taking a more proactive role in seeking collaboration. A PVO which had been somewhat insular in the past, found that "Child Survival was the key to make it open up to approaching and working with other organizations ". Another PVO representative suggested progress had come because the PVO/HQ staff were now more systematic at encouraging country projects to improve their ability to communicate and dialogue with other organizations.

Long time participants in the grants program believe that PVOs will continue to strengthen inter-PVO collaboration, chiefly through CORE. As a group, the Child Survival PVOs have progressed from participating in workshops and conferences to organizing work groups and hosting conferences. One PVO interview concluded "The PVO community is now empowered to set agendas, access TA, and organize training "

At the national and district levels where collaboration is not well established, PVO field staff are just beginning to experience positive results from collaboration. A third of the PVO respondents chose to focus on changes in collaboration that have occurred in the countries they work. PVO respondents perceive a big improvement in the collaborative relationship with local and regional health authorities. The funds and the requirements for the PVO to work with the MOH and the community, has had good results. The most evident, for one interviewee, was the fact that "the CS grant provides instant access to the MOH and NGOs "

Credibility is also an essential factor underlying improvements in collaboration. A PVO new to the CS Program believes their CS grant is establishing credibility with the MOH and NGOs, in the PVO's capacity to field well-designed population-based health programs. For this PVO, the most lasting accomplishment of their CS grant may be the credibility achieved in the field.

Several PVO respondents cited examples of newer, improved forms of working together in the field. In Uganda for example, sharing of experiences between PVOs has improved. Two PVOs

reported support of each other's Child Survival programs through cross visits, and sharing of reports. The US PVOs have helped form a CS collaborative group in Uganda. The strengthened collaborative relationships with NGOs, district and local health offices have endured political challenges. The PVOs have been asked to take part in developing the district health plan.

Other examples of networking are found in Central America, where networking seems especially strong. In some countries the NGOs had taken turns translating the CS guidelines for DIPs, mid-term and final evaluations. In Honduras, Project HOPE and CARE are jointly implementing a project.

Effect of PVO participation in the Child Survival Grants Program  
on networking and collaboration

- Tremendous improvement
- 
- Movement away from a competitive stance
- 
- Extent of improvement dependent on
  - - the PVO's philosophy
  - - style of operations
  - - prior networking experience
- CS grant funding improved PVO access to MOH and NGOs
- Increased credibility of field programs increased willingness of partners to collaborate with PVOs

## **2 PVO Current Capacity to Network and Collaborate With Others**

PVO's were asked to rate their current capacity to network and collaborate with different partners. The scale ranged from "1, no experience" to "10, excellent experience."

Table 4 PVO self-reported current capacity to network/collaborate with

N=19	mean	range
Local and regional health departments	9	6-10
Other US PVOs	9	7-10
Host country NGOs	7	3-10
WHO and UNICEF	6	2-10

On a scale of 1-10, 1=no experience, 10=excellent capacity

Table 4 shows that PVOs consider their capacity is strongest in collaborations with other USA PVOs, and with local and regional health authorities (Rating averages to 9)

PVO capacity to partner with host country NGOs is good, in general, though a few PVOs acknowledge difficulty in this area. PVOs with projects in several regions note differences in regional collaboration. In general, the strongest PVO-NGO collaboration occurs in Latin America, the weakest in Africa. PVO-NGO collaboration in Asia was rated in the middle.

The real problematic collaboration for PVOs is with WHO and UNICEF (Ratings of 2s, 3s and 4s expressed that difficulty for several organizations). The ability of PVOs to work with these multi-laterals depends greatly on the country and region, or, as one person said, "on the person in charge of the country office." Some PVOs thought UNICEF country offices were more favorable for collaboration than WHO. One respondent judged collaboration with WHO to be better at the international level than at the country or regional levels.

PVOs' current capacity to collaborate with partners

- Overall, strongest with US PVOs and local and regional health departments
- Good ability, in general, to collaborate with host country NGOs - (strongest in Latin America and weakest in Africa)
- Collaboration with WHO and UNICEF still problematic - (ability of PVOs to collaborate depends on country, region)

### **3 Activities/Organizations Facilitating PVO Collaboration**

Workshops, interchanges, use of common guidelines, ability to make cross visits and meet each other, share reports -- are all credited with helping facilitate the growth in PVO collaboration. PVOs are grateful for the funding which has enabled groups to meet and share experiences. Participation in conferences and workshops and the encouragement received from other PVOs at these conferences has been enormously helpful to fostering collaboration. Regional workshops were helpful in building networks in country and throughout regions. They made it possible for field staff from remote projects to meet with other PVOs and NGOs, discuss common problems, and in some cases, form country collaborative groups (e.g. Bangladesh, Malawi, Uganda).

PVOs identified specific organizations and institutions which have contributed to building a more collaborative framework. Participation in CORE and the roles of CSSP and BHR/PVC are seen as having tremendously facilitated the networking and collaboration.

CORE has great value to the PVOs. As one respondent said, "CORE is great at promoting networking." For some PVOs, the existence of CORE has brought major changes in the extent to which they collaborate with other PVOs. CORE has provided a forum for PVO working groups and, in the words of one respondent, "has harnessed the power of the PVOs." PVOs are excited about the potential of CORE, and predict that as CORE develops, it could "really facilitate networking and collaboration among US PVOs."

The PVOs also appreciate the supportive environment created by BHR/PVC and CSSP, in which collaborative relationships are not only encouraged but also nurtured. One PVO representative, observed that CSSP and PVC are committed to the value of collaborating, and such commitment is essential to bringing about greater collaboration. Another person, new to the CS Program, appreciated the efforts of AID and CSSP to introduce and "open doors" to other organizations.

The PVOs identified several aspects of CSSP which have been helpful. The annual PVO/HQ meetings organized by CSSP laid the early groundwork for PVO networking. One respondent said "There was an environment created where the PVOs heard each other and began to form a collaborative group which later became CORE." CSSP workshops also facilitated linkages with USAID contractors, and technical units of multilaterals. Some PVOs focused on the contribution of informal exchanges with CSSP. "They see you not just as a PVO but treat you as a person." Another person noted that CSSP has served a unique neutral role, "they have been religiously equitable."

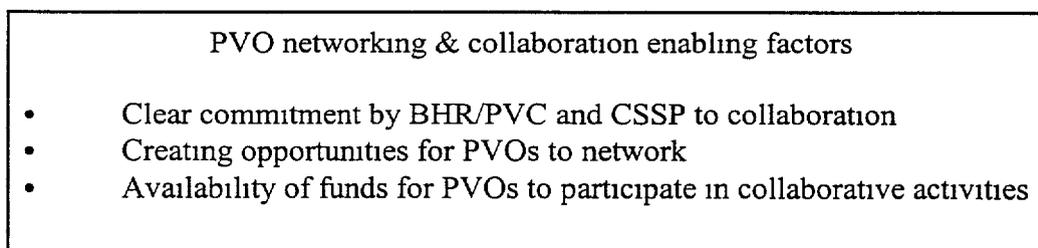
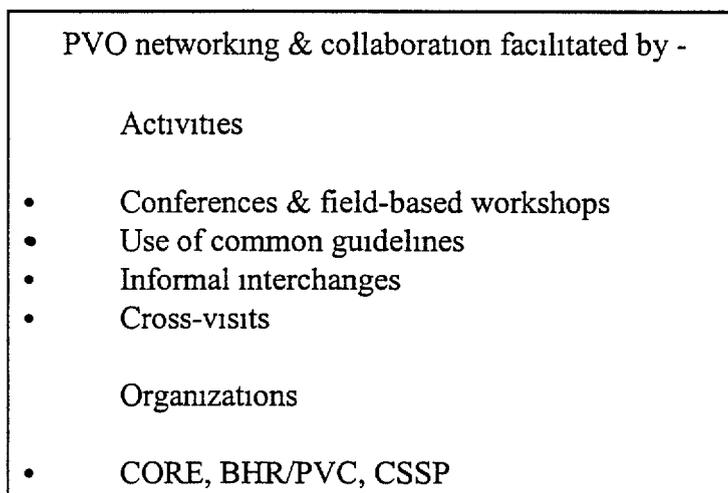
PVOs give much credit to PVC for helping the PVOs gain greater acceptance in the Agency and among the CAs. They believe that PVC's advocacy was important to changing the forces that have impeded such collaboration. In the view of one PVO respondent "Because PVC's office supported collaboration, the other offices were forced to participate and improved their dictatorial tone." Another person observed that "The CAs themselves have facilitated collaboration to a small degree -- they can do better. They need an institutional commitment to

collaboration " Among the technical groups that had been helpful, PVOs cited BASICS and SEATS One PVO mentioned that collaboration was also facilitated by the efforts of NCIH and INTERACTION

In the field projects, some PVOs have found it effective to collaborate with groups which have strengths in related, complementary areas For example, one PVO cited working with CARE on water projects and with other agencies with expertise in agriculture and microenterprise One PVO used as a model the collaborative work of other units of their PVO, working in sectors other than child survival

PVOs new to Child Survival say that other US PVOs, more experienced in Child Survival programming, should also share the credit for facilitating collaboration in the field One PVO, for example, mentions that it does not have a mentoring grant, but reports that informal interchanges with two other PVOs have been very helpful to the development of its CS program in Niger, where the other two also have CS projects And these contacts have helped in linkages with the community and the MOH

In many countries, PVOs have found greater support for collaboration from the district health office than from the USAID mission, or WHO and UNICEF offices



#### **4 Aspects of Networking/Collaboration that Currently Work Well**

PVOs identify a variety of activities that are currently working well to promote collaboration. Most of these factors have already been mentioned as facilitating factors. These include informal sharing at workshops and conferences, informally assisting PVOs new to the Child Survival Program, and frequent telephone and email communications among PVOs. They praise CORE's working groups.

PVO representatives think their relationship with PVC and CSSP works well, and their partnership with AID contractors is positive, too. Some PVOs have found it beneficial to exchange technical information with PVOs that have specialized expertise.

An experienced PVO has found that developing common objectives in the context of country program planning is a strategy that works well. Another has found it has been important to work with country partners who share a common vision, but have complementary expertise in agriculture, or micro-enterprise.

Leadership by regional health offices has been key to bring about collaboration for some PVO field projects.

##### PVO networking and collaboration aspects that work well

- CORE's working groups
- Relationship with PVC & CSSP
- Informal sharing of information in workshops, frequent communication among PVOs by telephone & e-mail
- Exchange of technical information with PVOs which have specialized, complementary expertise
- Developing common objectives in context of country program planning
- Joint training & supervising of CHWs by PVO & MOH
- Informally assisting new PVOs beginning child survival activities

## **5 Constraints to PVO Networking and Collaboration**

Although the PVO respondents were strongly committed to mutually beneficial associations, they were realistic about the factors and antagonisms that undermine beneficial interactions

The competitive nature of PVC's Child Survival Program, in the face of limited funds available, is a big issue. PVOs believe the need to compete against each other for new contracts places some constraints on collaboration. "PVOs compete for the same pot of funds, sometimes this produces a reluctance to share insights." Another said, "One of the problems is the competitive edge a PVO must maintain to secure Child Survival grant money. This mitigates against full cooperation between PVOs, such as sharing proposals, etc." A third PVO remarked, "Sharing of written documents is more difficult. There remains a certain level of competition among PVOs for limited funding which inhibits collaboration."

One PVO cited institutional differences in vision, style and management which sometimes makes collaboration problematic.

Another major factor perceived to limit PVO networking and collaboration is limited resources -- limits of staff size, time, and money to pay for costs of collaborative activities. Staffing limits impose serious constraints on the amount of time it is possible to devote to networking in PVO headquarters and country projects. Small organizations say they cannot find the time to do networking and collaboration. One PVO respondent explained, "The staff wants to collaborate more, but is overloaded and there are deadlines to adhere to, so it ends up not investing the kind of time necessary to build a coalition." Another interviewee from a small PVO said, "Networking and collaboration take a relatively greater share of a small organization's CS resources compared with some large PVOs than can network productively simply within their own organization."

PVOs new to the Child Survival Grants Program are sensitive to this resource pressure. One said, "Other PVOs must spend time and resources to help the less experienced PVOs. There is a limit to how much time they can devote to this."

Some PVOs identify lack of money and distance from Washington as factors limiting inter-PVO collaboration. Without money, staff cannot attend conferences, workshops, working groups, etc -- places where networking takes place. One PVO representative, located outside the Washington area, has to spend a greater amount of money to attend networking activities in DC. In this person's opinion the distance has caused the PVO to miss "a great deal that they might have gained interacting more often and in depth with others around DC." However, even small PVOs located in the DC area say that they don't have the money to participate in all the networking activities they would like.

PVOs who no longer have Child Survival funding, also find it difficult to attend various networking opportunities. In one case a PVO had found collaboration greatly enhanced when the

CS grant was in operation, but then took somewhat of a down-turn when staff reductions occurred at the end of the grant

A number of respondents focused on what has hindered collaboration for the country projects. In many countries where PVO Child Survival programs are located, there is insufficient in-country leadership for collaboration. One constraint is the amount of attention Missions devote to promoting coordination between PVOs, MOH, NGOs and other key players in country. In the experience of one PVO representative, "PVO child survival programs are often disconnected from the local AID mission, which tends to be uninvolved and indifferent." Particularly this is a problem in countries with large USAID programs.

The framework for collaboration between a PVO and the MOH is frequently underdeveloped at the start of a grant. Although there have been very positive changes in this situation, it has taken time to develop mutually beneficial partnerships. Of course, political stability affects PVO interactions. One PVO has experienced a setback because the government changed the political boundaries of districts, This cut off many old relationships, and staff has had to develop new ones.

The collaboration with NGOs also has its rough areas which take time to negotiate when designing a child survival program. PVOs and NGOs may not have the same programming priorities, and, as one respondent noted "joint decisions on the allocating of resources sometimes entails prolonged contact." Negative interactions can arise during implementation. One person told the interviewer that "Local NGOs need a lot of training to be able to function in the management framework of a Child Survival Program."

For some, the loss of regional workshops has made networking among PVO Child Survival programs more difficult. The regional workshops facilitated face-to-face interactions and sharing that no longer is taking place between various country and regional programs.

#### Constraints to PVO networking and collaboration

##### HQ -

- PVOs have to compete for limited child survival funds
- Limited numbers of HQ staff & program deadlines result in less time available for collaboration
- Networking consumes greater share of human & financial resources of smaller PVOs
- Geographical distance from Washington, D C increases cost of travel to D C -based events

##### Field -

- In many areas, MOH infrastructure for collaboration is weak
- Program priorities & resource allocations may differ between PVO and collaborating NGOs
- Many NGOs lack management skills crucial to collaboration
- Loss of regional workshops limits PVO-NGO sharing of experiences & face-to-face interaction

## **6 PVO Recommendations for Enhancing PVO Networking/Collaboration**

Nearly all the PVOs interviewed believe that greater attention needs to be directed to strategies that will strengthen networking and collaboration in countries where CS programs are operating. One PVO representative commented, "Currently there is more of an emphasis at the HQ level rather than in the field." The PVOs had several recommendations for developing collaboration in the countries and communities where they are working.

To strengthen in-country leadership for collaboration, several PVOs suggested that BHR/PVC try to stimulate greater interest in local missions regarding PVO partnerships. PVOs believe it would help if local AID missions were more involved in promoting and facilitating networking and collaboration. Stronger relationships need to be fostered between the different key players in country. The coordination really needs to come from in-country. Missions might encourage the MOH to coordinate PVO and NGO activities, to ensure the PVOs and NGOs are responding to problems or concerns identified by the MOH, and working together instead of duplicating duplicate activities. It was also suggested that Missions stimulate joint meetings of the PVOs, NGOs, MOH, local government, and Ministry of Education around key health topics, in order to develop common objectives in country program planning.

There needs to be more opportunities for local staff to get together with colleagues from other child survival projects. It was suggested that AID continue the regional workshops. In the words of one PVO, "they were essential." It was suggested that regional networking workshops have heavy PVO participation with specialists from PVOs presenting, and fewer outsider contractors who may have less understanding of the realities of the field as experienced by PVO/NGO community based programs.

PVO respondents also suggested that BHR/PVC and the PVOs themselves check that CS grants have sufficient money budgeted for field staff to travel to other child survival programs in other locations, and take part in networking activities. One person suggested that PVOs schedule in more time for program staff to build in-country collaboration, and that USAID understand this as a legitimate use of field staff time.

There was also a suggestion made for strengthening the PVO mentoring relationship with local partners. One PVO representative said that "More funds and training are needed for PVO field staff to learn how to train and develop capacity in local NGOs, and how to be a facilitator, rather than a direct implementor."

PVOs also made recommendations for the continuation of opportunities for collaboration among PVO/HQ staff. Formal networking meetings have been a good investment, and they want those to continue. They wish USAID to continue to increase the professionalism of the PVOs -- training and workshops are the major ways to accomplish this. Three PVO representatives specifically mentioned the need to continue CORE's efforts. It was suggested AID establish long-term funding to the CORE group with enhancement components, including what was done

by CSSP

There were recommendations that BHR/PVC consider adding more money in CS grants for networking travel purposes, particularly for PVOs located away from Washington DC. Or, it was suggested that USAID consider funding additional PVO HQ staff so PVOs could allocate more staff time to development of collaboration and partnering.

One PVO respondent suggested that USAID gather the major organizations, academia and partners together, to work on strategies to address globally designated needs such as eradication of polio, measles and guinea worm, uniting food rehabilitation with growth monitoring, and developing an interagency approach for IMCI in clinic and community settings. Working together on a problem promotes positive future interactions and collaboration. Such a meeting among all partners would help to consolidate collaborative relationships, omit duplication, and correct gaps.

Finally, PVOs suggested that more opportunities need to be created for PVO to PVO mentoring, as a way of enhancing collaboration. The current BHR/PVC mentoring grants are the only mechanism available. PVOs believe there is a need for more flexible and informal consultations to be made available through BHR/PVC to achieve more broad scale mentoring. It was suggested that USAID develop an additional funding mechanism which can provide general support for mentoring of new PVOs by experienced PVOs.

PVO recommendations for enhancing networking and collaboration

Country/Field -

- More attention needed to strengthen collaborative capacity of field programs
- BHR/PVC should stimulate greater interest by USAID Missions
- Create more opportunities for local staff to network with colleagues in country and region

HQ -

- Continue networking meetings & training to improve PVO expertise & teamwork
- Establish long term funding to CORE with enhancement components
- Give additional money to PVOs to hire staff needed for networking
- More flexible grant procedures needed for broader scale PVO-to-PVO mentoring

## **Section H**

### **LESSONS LEARNED ABOUT UNDERTAKING CHILD SURVIVAL PROGRAMS**

The PVOs taking part in the April 1998 survey had participated at least two years in BHR/PVC's Child Survival Grants Program, with the majority having a minimum of 5 years experience. Based on their lessons learned, the PVO representatives described "best practices" for undertaking Child Survival activities within a PVO, and within a country. What follows is their advice about learning from others, PVO commitment, site selection, mentoring and field partnerships, program design, human resources, implementation, and networking. Their words have relevance for PVOs new to Child Survival, as well as new hires within a PVO health unit, and PVOs entering new countries and communities.

#### **1 Learning From Others**

1a To PVOs who are thinking about undertaking Child Survival activities: Do not be afraid to try, the program is supportive of new entrants.

1b It is critical that a PVO thoroughly understand what child survival is all about. Do your homework on what child survival actually includes in one country, one region, or more. Study the technical guidelines for interventions, understand what is necessary to achieve coverage, quality and effectiveness of the key child survival interventions. Read reports about PVO efforts to improve child survival in a particular country or region. Pay close attention to the summaries of lessons learned and best practices.

1c Take advantage of what already exists. Develop a relationship with other PVOs that have CS programs. Visit PVO field projects that have mature Child Survival activities and do them well.

1e Do not repeat mistakes that others have already discovered. Learn as much as possible from AID, JHU, and other PVOs on their experiences. Have long phone conversations and visit USAID and the Support Program often.

#### **2 Organizational commitment**

2a Count the cost before getting into Child Survival. It takes more resources, both personnel and funds, to administer and backstop CS programs than some have in CS grants. Some PVOs struggle with the shortfall and cut corners to make ends meet.

2b Make sure that the PVO senior management is 100% behind initiating a child survival program and is committed to the success of the program. Ask for PVC help in organizing a workshop for senior executives of the PVO to educate them on how PVC works and what it

requires of CS grantees Educate country directors about the Child Survival Program and address their questions and concerns

2c Decentralized decision making for day-to-day decisions has increased capacity as locally made decisions become relevant to program circumstances while HQ staff is freed up to provide better technical support

### **3 Site Selection**

3a Don't begin a child survival program in a difficult country unless your PVO has a strong presence or experience in the country In an ideal world, a PVO would have at least two years of experience in a locality before undertaking CS activities Two years would allow the PVO to establish relationships and become knowledgeable about the area and the community's needs

3b If a PVO is new to a country, and can not invest several years in building a presence before applying for a CS grant, consider taking advantage of the planning grants which BHR/PVC has available for PVOs new to a country

3c It is important to invest resources in mobilization and capacity building in settings where there is some potential for sustainability of project benefits Before a PVO selects a site and initiates a CS program, it is important to be clear that a real potential for sustainability exists in that site The temptation is to look at a setting with immense needs and want to jump in and meet all those needs However, unless there is potential for sustainability, a CS grant will simply meet a need in the short run and have no lasting effect

### **4 Mentoring Partnerships**

4a It is very difficult to do a good Child Survival program without the experience Mentoring, working with an organization already in BHR/PVC's Child Survival Program, is the best way to gain that experience PVOs new to Child Survival should consider linking with a mentor PVO

4b The first step is to obtain a mentoring arrangement with an experienced PVO (AID can facilitate), and then take advantage of the mentoring grants that are available There is a joint proposal submission by both the mentor and the mentee PVO

4c Mentor with an experienced PVO that has been successful in child survival and shares your institutional characteristics size, regional focus secular/religious orientation, etc For example, a smaller PVO new to child survival should seek a mentoring partnership with a small to medium (not large) PVO with established Child Survival Grant activities

## **5 Field Partnerships**

5a In Child Survival field programs it is essential to work with the MOH, NGOs and other PVOs Relationships with organizations in the field should be true relationships, not just letters of support for a proposal

5b A US PVO should work very closely with local health authorities and community organizations from the beginning, to determine what the PVO can and should do in a locality

5c Build relations with expert local NGOs in the field in order to learn from them In turn, help them to build their capacity training staff, equipping offices, creating a library of CS materials, preferably in the local language[s]

## **6 Program Design**

6a Frank, sometimes difficult, discussions must be held with all partners on what is the intent of the CS program, what impact it can have, how to involve the community from the beginning, how to fulfill the reporting requirements, what will be the evaluation methods and participation, and expectations for continuity and what the US PVO will leave behind when the grant ends

6b Address the sustainability of child survival activities from the very beginning Discuss a sustainability plan with all partners in the proposal stage, at the start of the CS grant when developing the DIP, and at each scheduled program assessment Consider diversifying funding to promote greater sustainability

6c Keep the program small and simple Do not become overwhelmed with the technical jargon Initially focus activities narrowly and gradually expand

6d The KPC survey is very helpful, many PVOs use this approach agency-wide

## **7 Human Resources**

7a Hire a senior health professional and pay them a decent salary to be in charge of the program

7b It is very important to hire good field staff If possible, hire someone who has done child survival before

7c If feasible, devote HQ technical staff strictly to the CS program HQ technical staff need to invest sufficient time in the child survival program to develop the capacity of field staff to assist their partners in an effective way

7e Rewards for the community based implementors (perhaps in the form of IGAs) should be built into the program from the start, rather than relying on pure voluntarism

## **8 Implementation**

8a Be honest about the skills of the HQ and field staff with respect to program performance Evaluate local capacity and HQ and/or regional resources, and determine what help your PVO needs Take advantage of the technical assistance that exists

8b Look very hard at the sustainability issues throughout the implementation phase

8c Be patient The Child Survival Program offers a great opportunity for improving the lives of children, but projects take time to develop and staff/government/community relationships are hard work But, for the most part, quality programs will eventually be recognized by all as mutually beneficial

## **9 Networking and Collaboration**

9a Networking and collaboration are essential, especially for small PVOs Find creative ways to collaborate

9b Participate fully in PVO workshops for headquarters staff--they are extremely useful Network with other PVOs as much as possible

9c Become a member of CORE and participate in interest and working groups

## **Section I**

### **LESSONS LEARNED ABOUT DEVELOPING CAPACITY OF COLLABORATING NGOS**

A key priority of BHR/PVC's Child Survival Grants Program is to promote the institutional capacity of host country NGOs. The April 1998 survey asked about the status of PVO-NGO collaboration in Child Survival field programs, and PVO lessons learned about building capacity of collaborating NGOs in child survival.

As discussed in the Collaboration Section of this report, PVOs view themselves as being able to collaborate with host country NGOs, though a few PVOs acknowledge difficulty in this area. On a scale of one to ten (one representing "no experience" and 10 representing "excellent capacity") all of the PVO representatives except one rated themselves 5 or higher on their capacity to network/collaborate with host country NGOs. The mean rating was 7.4 for all participating PVOs. Ratings ranged from 3 to 10.

PVO-NGO collaboration differs from field program to field program, within a PVO. The differences in collaborative capacity appears to be related to regional differences, with the strongest collaboration occurring in the Latin America region, the weakest in Africa, and the Asia region in between.

What follows are the lessons that the Child Survival PVOs have learned to date in developing the capacity of collaborating NGOs to plan, implement and evaluate child survival activities.

#### **1 Requirements for Developing NGO Capacity in CS Programming**

1a A PVO must have the capability to enhance management skills (including financial management) within the partner NGO.

1b A PVO must have the capability to develop technical child survival skills within the NGO field staff. This includes increasing NGO access to quality resource materials, communication and training materials,

1c A PVO must have the capability to give NGO field staff the skills and knowledge needed to assess coverage, quality and effectiveness of child survival programming. PVOs specifically cited the need to teach collaborating NGOs to conduct KPC assessments, pre-proposal situational analysis, quality assurance and verbal autopsy methodologies.

1d A PVO should be prepared to provide the NGO with assistance in simple management and technical information systems. (This may include funding for computers.) A high intensity effort will be required to educate the collaborating NGO regarding USAID reporting requirements. In addition, PVOs should be prepared to assist with designing technical reporting

systems (e.g. birth notification systems) or data collection methods appropriate to the community (e.g. color coded baby scales for illiterate TBAs)

1e A long-term presence within a country is desirable, since overtime the PVO becomes more culturally sensitive, fosters relationships and builds credibility. This is an ideal position for building strong partner NGOs

## **2 Selection of a Collaborating NGO**

2a The initial partnership between a NGO and PVO goes better if the PVO selects a NGO that shares the same philosophic approach or religious common ground as the PVO

2b Select a partner with complementary skills to the PVO. Assess what certain NGOs do best and work with those NGOs to provide those particular services within a child survival program

2c Where there was no viable NGO partner already existing in the field, some PVOs have encouraged their project staff to "spin off" and establish their own indigenous NGO

## **3 Useful Capacity-Building Strategies**

3a Respect NGO autonomy as much as possible. Involve the partner NGO in all aspects of child survival program design and evaluation. This includes planning programs with NGOs from the outset, clearly defining respective roles and responsibilities in written agreements, joint meetings to set objectives, joint staff training, joint supervision and joint evaluations. To further facilitate close ties, PVOs recommend sharing of office materials and space, and frequent joint visits to the field

3b Workshops and joint field visits are the most useful training strategies for developing NGO capacity in child survival. Joint field visits are useful for mentoring NGO field staff in practical problem solving. Formal staff training is facilitated when PVOs provide quality training modules based on adult education principles

3c Quality regional technical health teams foster stronger technical development within partner NGOs, by means of informal consultations and periodic visits to country programs to assist PVO/NGO field staff with technical problem solving

3d Regional workshops were cited as important in facilitating networking among host country NGOs and PVO partners, and strengthening exchange of information among NGOs working in child survival in the region

#### **4 Barriers to the Progress of Capacity Building**

4a Local NGOs need a lot of training to be able to function in the management framework of CS projects. Traditional social patterns and ways of doing business often cut across accepted western management principles. (For example, nomination for positions that are not based on merit.) Furthermore, NGOs rarely have strong financial management systems. These take time to develop. Although NGO staff may complete short management training courses, it will take time for the NGO to institutionalize new methods of management.

4b In areas with low educational levels and high poverty levels, indigenous NGOs typically have very few financial resources and consequently depend heavily on the PVO for money. Furthermore, isolated rural communities create major logistical problems for the PVO. These factors inhibit institutional development, and increase the length of time needed to build local capacity.

4c There is a tension between obtaining short term results and the longer process of organizational development. The double funding cycle helps to mitigate this difficulty, but since PVOs can never be sure of receiving funding for a second cycle, the tension between capacity building and results remains.

4d PVO staff find it very difficult to effect the shift from the implementing to a facilitating role, in order to transfer capacity to local NGOs. These two roles represent completely different tasks. Funding is needed for to help PVO staff make this shift from being a direct implementor to a facilitator. They need training in how to train others, how to facilitate groups, and how to negotiate and promote conflict resolution.

## Section J

### **PVO RECOMMENDATIONS FOR ENHANCING CURRENT CAPACITY**

#### **1 Areas that PVOs believe external technical support is needed to substantially enhance their current capacity to plan, manage and evaluate child survival activities**

This question elicited a wide range of responses (24 different technical or management topics were mentioned) on which individual PVOs would like further external technical support, pointing to the importance of a wide range of technical support services to meet PVOs' diverse needs. Ten of the 19 PVOs interviewed expressed interest in technical assistance in monitoring and evaluation. Four PVO respondents wanted technical support to develop a monitoring scheme to complement the KPC population survey. Four PVO respondents wanted technical assistance on quality assurance and three wanted technical support in the general area of information systems and Three PVOs expressed interest in more regional workshops, covering more than one topic so as to make best use of scarce staff time for workshops. PVO respondents mentioned the need for technical assistance to their capacity in the following technical interventions: “nutritional improvement (3 PVOs), malaria control (3 PVOs), environmental protection (1 PVO), and family planning (1 PVO)”

#### **2 Areas that PVOs believe external technical support is needed to substantially facilitate their ability to strengthen local NGOs**

The survey found that further external technical support is needed to substantially facilitate PVOs' ability to strengthen local NGOs. PVOs believe they need needed technical support to strengthen NGO management systems, including financial management, and assist NGOs to raise funds through grant writing and other mechanisms. PVOs are also seeking help to improve the prospects of sustainability of NGO CS programs. The respondents identified need for technical assistance in income generation, trust building and networking with community-based organizations. PVOs need to improve their skills to organizational development, and PVO field staff need training in how train and facilitate NGO development.

## PVO Recommendations for Future Technical Support to

### Strengthen Capacity of PVO/HQ and Field Staff

- Monitoring and evaluation
- Quality assurance
- More regional workshops
- Interventions for nutrition, malaria, environment, family planning

### Build Capacity of Local NGOs

- In financial management and MIS
- Fund raising and grant writing
- Income generation, trust building, community networking
- Train PVO staff to be trainers and facilitators of NGOs

## **APPENDIX**

## PVO CSSP INTERVIEW SCHEDULE - PVO INSTITUTIONAL CAPACITY

## COVER PAGE

Name of interviewer	
Date of interview	
PVO interviewed	
For each PVO staff member participating in the interview, record	
Name	
Position	
Number of years in contact with PVO Child Survival grants	inside the Organization
	outside the Organization (if applicable)
Total number of years with this PVO	
Name	
Position	
Number of years in contact with PVO Child Survival grants	inside the Organization
	outside the Organization (if applicable)
Total number of years with this PVO	
Name	
Position	
Number of years in contact with PVO Child Survival grants	inside the Organization
	outside the Organization (if applicable)
Total number of years with this PVO	

## INTRODUCTION PAGE

USAID has requested the PVO Child survival Support Program in its 5th Year Work Plan to prepare a final report describing the overall capacity of funded PVOs to plan, implement and evaluate Child Survival activities. CSSP believes that assessment of PVO capacity can best be made with input from key PVOs who have participated in the Child Survival Grants Program. The purpose of this interview is to gather information on your organization's view of its current Child Survival programming capacity, how this capacity has developed over the period of the participation in the Child Survival Grants Program, strategies your organization employs to maintain this capacity, and so on. Do you have any questions?

*[Interviewer please provide more information if needed, e.g., how the organization's participation in the Child Survival Grants Program has affected management and technical activities outside of the Child Survival projects, and your organization's capacity and experience with networking and collaboration activities. Do you have any questions?]*

### I CURRENT CHILD SURVIVAL PROGRAMMING CAPACITY

- 1 What are your organization's greatest strengths in planning, implementing and evaluating Child Survival activities?
- 2 In what areas are your Child Survival field projects experiencing difficulties?
- 3 For each of the following areas of child survival programming, please rate your field projects' current capacity on a scale of 1-10, with 1 = no experience and 10 = excellent capacity

Conducting population-based surveys	1	2	3	4	5	6	7	8	9	10
Data processing and analysis	1	2	3	4	5	6	7	8	9	10
Setting quantifiable objectives and targets	1	2	3	4	5	6	7	8	9	10
Technical training of health workers	1	2	3	4	5	6	7	8	9	10
Project management	1	2	3	4	5	6	7	8	9	10
Assessing quality of interventions	1	2	3	4	5	6	7	8	9	10
Interim assessments (e.g., annual monitoring goals)	1	2	3	4	5	6	7	8	9	10
Midterm and final evaluations	1	2	3	4	5	6	7	8	9	10

- 4 One of the more recent priorities of USAID's PVO Child Survival Grants Program is to promote the institutional capacity of host country NGOs. What are your organization's greatest strengths in developing the capacity of collaborating NGOs to plan, implement and evaluate child survival activities?

5 If your Child Survival projects are working with host country NGOs now, what strategies are they finding useful to develop the capacity of the collaborating NGOs?

6 In what areas of child survival programming are your field projects experiencing difficulties in strengthening the capacity of collaborating NGOs?

## II INSTITUTIONAL SUPPORT AND DEVELOPMENT

1 In what ways has your organization's child survival programming capacity improved since the organization began participating in USAID's Child Survival Grants Program?

2 What factors do you believe most contributed to that improvement?

3 The Child Survival Support Program at Johns Hopkins (CSSP) provided a number of types of technical support training in surveys and assessments, ad hoc advice and consultation, headquarters and field workshops, technical feedback to proposals and DIPs, technical guidelines and reports, short-term technical consultants What CSSP technical support have you received over the course of your child survival grants that you believe enhanced your programming capacity?

4 In addition to technical support, what headquarters strategies have you found most useful to expand your field projects' capacity in child survival programming?

5 In what areas do you believe that external technical support is needed to substantially enhance your organization's current capacity to plan, implement, and evaluate child survival activities?

6 What further external technical support is needed to substantially facilitate your organization's ability to strengthen local NGOs?

## III MAINTAINING PVO CHILD SURVIVAL PROGRAMMING CAPACITY

1 What strategies has (PVO) found most useful to maintain the organization's overall capacity in child survival?

2 What have been areas of greatest difficulty in maintaining (PVO's) child survival programming capacity?

3 What is (PVO) doing to institutionalize lessons learned?

4 Does (PVO) maintain a library with technical information relevant to child survival?

5 What is (PVO) doing to disseminate results and findings?

#### IV DIFFUSION OF CHILD SURVIVAL EXPERIENCE TO OTHER AREAS

1 What aspects of your organization's participation in the Child Survival Grants Program have carried over to other management and technical functions within your HQ or field offices?

2 Please tell me whether and how (*PVO s*) child survival participation has affected the following aspects of your organizations's non-child survival grant activities

- A Conduct of baseline and follow-up surveys
- B Setting objectives
- C Development of detailed implementation plans
- D Use of technical standards and guidelines (such as Maternal Health Gold Standards, ARI Toolbox, Technical Guidelines of DIPs and proposals)
- E Project management
- F Evaluations

3 Has your organization written or presented any papers or poster sessions on your child survival results to a professional audience in the past three years? (If so, when and where?)

#### V NETWORKING/COLLABORATION

1 Please rate your organization's current capacity to network/collaborate with the following groups on a scale of 1-10 1= no experience, 10 = excellent capacity

Local and regional health departments	1	2	3	4	5	6	7	8	9	10
WHO and UNICEF at the country level	1	2	3	4	5	6	7	8	9	10
Other US PVOs	1	2	3	4	5	6	7	8	9	10
Host country NGOs	1	2	3	4	5	6	7	8	9	10

2 How has this networking/collaboration improved over the course of your organization's participation in Child Survival Grants Program?

3 What organizations or activities have facilitated (*PVO s*) networking/collaboration?

4 What aspects currently work well?

5 What aspects continue to be problematic?

6 What more is needed to enhance (*PVO s*) networking/collaboration?

#### VI WRAP UP

1 What recommendation would you give to another PVO just starting a child survival program?

2 Other comments?

3 Any question about this survey?