

Integrating Reproductive Health into NGO/PVO Programs

The SEATS II Experience

April, 2000

The goal of the Family Planning Service Expansion and Technical Support (SEATS II) Project is to expand access to and use of high-quality, sustainable family planning and reproductive health services.

John Snow, Inc. (JSI), an international public health management consulting firm, heads a group of organizations implementing the SEATS II Project. These include the American College of Nurse-Midwives (ACNM), AVSC International, Initiatives, Inc., the Program for Appropriate Technology in Health (PATH), World Education, and partner organizations in each country where SEATS is active.

This publication was made possible through support provided by the Office of Population, United States Agency for International Development (USAID) under the terms of Contract No. CCP-C-00-94-00004-10, and by JSI. The contents and opinions expressed herein are those of the authors and do not necessarily reflect the views of USAID or JSI.

Table Of Contents

I.	Introduction	1
II.	The Three-Phase Approach.....	3
	A. Handbooks.....	3
	B. Workshops	4
	C. Implementation.....	8
III.	Performance Study/Performance Improvement Review (Pir).....	9
	A. Overview.....	9
	B. PIR Conceptual Framework	10
	C. Data Collection	11
	D. Data Analysis	11
	E. Presenting Results and Follow Up	13
	F. Illustrative Results Shown By PIR	13
IV.	Seats’ Contract Modification – Performance Result 2.....	15
V.	Conclusions/Lessons Learned	17
	A. RHII Performance Study Lessons and Conclusions.....	17
	B. General Lessons and Conclusions.....	20

Acronyms

ARO	Africa Regional Office
CA	Cooperating Agency
CARE	Cooperative for Assistance and Relief Everywhere
CASP	Community Aid and Sponsorship Program
CBD	Community-based distribution
CCF	Christian Children's Fund
CTU	Contraceptive technology update
CYP	Couple years of protection
FP	Family planning
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
JSI	John Snow, Inc.
MIS	Management information system
NGO	Non-governmental organization
OPVC/BHR	Office of Private and Voluntary Cooperation/Bureau for Humanitarian Response
PIR	Performance Improvement Review
PR	Performance Result
PVO	Private voluntary organization
RH	Reproductive health
RHII	Reproductive Health Integration Initiative
SEATS	Family Planning Service Expansion and Technical Support Project
TOT	Training of trainers
U.S.	United States
USAID	United States Agency for International Development
WRC	World Relief Corporation

I. INTRODUCTION

The Family Planning Service Expansion and Technical Support (SEATS) II Project, implemented by John Snow, Inc. (JSI), began in 1995 as one of the United States Agency for International Development's (USAID) largest, broad-based comprehensive family planning service delivery projects. SEATS II was designed to:

- ◆ Expand the development of, access to and use of high-quality, client-centered, sustainable family planning and reproductive health services.
- ◆ Ensure that unmet demand is met through the provision of appropriate financial, technical and human resources.
- ◆ Reach groups of people who would otherwise remain underserved.

SEATS II works with communities and public and private organizations with the flexibility required to meet the demands of a variety of situations and settings, including health sector reform, countries in transition, displaced populations, and countries recovering from war or civil unrest, along with more traditional settings. SEATS II offers a mix of well-established and innovative approaches to increase the efficiency, effectiveness and quality of rural and urban programs, thereby contributing to reducing unmet need.

Based on experience gained under SEATS I (1990-1995), SEATS II developed five Special Initiatives to test and further develop innovative approaches to expand and improve reproductive health services, with family planning as the core priority. Through the Special Initiatives, SEATS identified new ways of increasing access and eliminating particular pockets of unmet need, with the aim of reaching underserved groups and employing underutilized channels or resources while developing replicable models for these interventions. One of the five Special Initiatives was the Reproductive Health Integration Initiative (RHII), for which SEATS' partner, Initiatives, Inc., provided the majority of design effort, technical leadership and technical assistance.

The RHII was based on the premise that private voluntary organizations (PVOs) and non-governmental organizations (NGOs) have been important contributors to international development assistance. They have been implementing high-quality, community-based activities for decades in such areas as rural development, health education, and water and sanitation, winning the trust and confidence of the communities in which they are active. PVOs and NGOs have shown that it is possible to work in partnership with the most needy communities to provide services to populations not reached by government or other providers because of logistical, cultural, economic or other constraints.

While health has been an important intervention for many PVOs and NGOs, family planning has not been a strong focus. Through the RHII, SEATS specifically targeted PVOs and NGOs, including those not already involved in health activities, to help incorporate high-quality, client-centered family planning and reproductive health care into their existing programs, with the intention of expanding services to the underserved.

SEATS' approach to integration has been a merging of the strengths of the PVOs and NGOs in implementing community-based activities and SEATS' expertise in family planning and reproductive health (FP/RH). The integration strategy evolved over the life of SEATS II. At first, it comprised a three-phase model for developing, implementing and disseminating a methodology for the integration of family planning interventions. Later, other elements of reproductive health were addressed, and a performance study was added to systematically examine and understand the successes and constraints of the model. The RHII Performance Study designed by Initiatives, Inc. further evolved into a quality improvement approach whereby a package of guidelines, data collection instruments, rating and reporting tools were

designed, tested, and utilized with selected PVOs and NGOs. This Performance Improvement Review (PIR) Package continues to be adopted and adapted by organizations in the field. Finally, a modification to the SEATS II contract defined Performance Result 2, focusing more intensive integration support on three United States (U.S.) PVOs.



II. THE THREE-PHASE APPROACH

The initial design of the Reproductive Health Integration Initiative included the development of an integration methodology appropriate for NGOs and PVOs - with the methodology laid out in an easy-to-use handbook. Initial dissemination of the methodology and handbook took place through workshops and other channels; and implementation of integrated programs with technical assistance as appropriate from SEATS.

A. Handbooks

As a first step, Initiatives, Inc. took the lead in developing and presenting SEATS' integration methodology in the handbook, *Integrating Reproductive Health Into NGO Programs, Volume I: Family Planning*. Before this handbook was even completed, it was evident that, based on USAID's efforts to include more areas of reproductive health in its population program and in accordance with the findings and recommendations of the 1994 Cairo International Conference on Population and Development, SEATS too should address more areas of reproductive health within its integration efforts. Thus, the Family Planning Handbook became the first of two volumes, the second dealing with safe motherhood.

SEATS' original thinking was that local NGOs in particular, both those that already worked in health and those that did not, would benefit from SEATS assistance and could most effectively be tapped to expand services to underserved communities. The handbook was designed to take these organizations through a step-by-step process of understanding integration, deciding whether to integrate family planning into their program, and deciding how to approach the many elements which must be addressed for a high-quality program. As the handbook unfolded and input was sought from a variety of resources, it became clear that even larger, more sophisticated PVOs were interested in learning and using such a methodology. The final version of the handbook, following field-testing in Africa and Asia and review by a cross section of the development community, addresses both NGO and PVO users. It provides information, instruction, reference materials and worksheets that could assist organizations with a wide range of capabilities to plan and develop integrated programs.

The Family Planning Handbook was disseminated through workshops (discussed below); professional meetings; special annual meetings of Child Survival PVOs; mailing lists (e.g., development organizations, reproductive health information clearinghouses, technical assistance organizations, etc.); and it was made available on the Internet through both SEATS' and Initiatives, Inc.'s websites. The feedback received by SEATS was overwhelmingly positive – with many readers and users remarking how comprehensive and user-friendly the handbook was, and how badly such a resource was needed by groups working in the field. Three thousand hard copies of the family planning volume were disseminated to organizations and field offices.

With this response and with input from PVO and NGO representatives working in the field, SEATS began planning and preparing the second volume of the handbook: Safe Motherhood. Academic institutions, United Nations agencies, other Cooperating Agencies (CAs) and other USAID projects (e.g., MotherCare and Linkages) that included safe motherhood components were consulted to find out what resources and tools were already available to PVOs and NGOs interested in the topic. While information and guidance on some aspects of safe motherhood abound, SEATS identified no basic, comprehensive guide on the planning and design of community-level efforts to address safe motherhood issues. Experience in the field was showing that the model developed for integrating family planning (the handbook accompanied by workshops and targeted technical assistance) was well-received by PVOs,

NGOs and donors alike; and might be an effective tool for addressing community-based safe motherhood activities.

The development of *Volume II: Safer Motherhood for Communities* was undertaken in collaboration with the Academy for Educational Development's Linkages Project, which focused on maternal nutrition and other aspects of maternal and child health, and with input and guidance from JSI's MotherCare Project, which focused on maternal and neonatal health and nutrition. These projects were also mandated to work with PVOs in the field, and through SEATS' integration efforts found a mechanism to channel their technical expertise to community-based development organizations. Like the family planning volume, the safe motherhood handbook guides users through a stepwise process of selecting, planning, monitoring and evaluating community-based safe motherhood activities. This volume was field-tested in Africa and, to date, has been disseminated through mailings (primarily to PVOs, NGOs, development agencies and organizations or individuals requesting copies based on their satisfaction with the family planning volume) and is also available on the Internet through both SEATS' and Initiatives, Inc.'s websites.

SEATS' most important channel for disseminating the handbooks, particularly the family planning volume, was through workshops designed for NGO and PVO program managers and implementers in the field. While each workshop could accommodate an average of ten organizations (with two representatives from each), there was increasing interest on the part of both SEATS and the PVO/NGO community to spread the methodology and information more widely and more rapidly. PVOs and NGOs were interested in utilizing the handbook as the basis for training they might develop and deliver within the structures and operations of their own organizations.

To facilitate expanded use, Initiatives, Inc. developed a Trainer's Guide as a companion to the family planning handbook, and conducted two training-of-trainers (TOT) workshops for PVO representatives. The Trainer's Guide, like the handbook itself, takes trainers through a clear process of teaching integration using the SEATS handbook. It provides instruction on how to organize and deliver the information in the handbook, including how to facilitate the development of concept papers, use the worksheets, and obtain appropriate reference materials. Development of the Trainer's Guide and delivery of the TOT workshops were intended to allow a sort of cascade spread of integration throughout organizations, whether on a country, regional or organization-wide basis.

B. Workshops

Harare, Zimbabwe – June, 1996

The first Integration Workshop conducted by SEATS was organized to field-test the family planning handbook. Ten NGOs from six countries in Eastern and Southern Africa participated. The workshop, held in Harare, Zimbabwe in June 1996, was intended for NGOs that had little or no previous experience in health or family planning. More than 100 NGOs were screened prior to selection. Initiatives, Inc. developed selection criteria including: a substantial existing delivery network; current programs that provide the NGO with access to women and men of reproductive age; a demonstrated ability to achieve established program objectives; a present donor (or donors) supporting the NGO's activities; adequate management systems to track and report on finances and activities. Those selected were active in areas ranging from women's development to agriculture and the environment.

SEATS encouraged two participants from each NGO to attend the workshop. Guidance for nomination of participants specified that one individual should be a senior decision-maker in the NGO; the other should be a supervisor of program implementation in the field. This was to ensure that the participants would be able to speak confidently for their organizations and would be able to formulate practical proposals for the integration of family planning based on the reality of the communities they served and their organizational strengths and weaknesses.

It also aimed to ensure that participants would be able to influence decision-making upon their return home. Generally, the participating NGOs followed the suggested criteria.

The workshop was designed to prepare NGOs to assess community needs for FP and determine their organization's commitment and potential for sustaining a FP program as well as to test the family planning handbook in the field. The program started with an introduction to FP and contraceptive methods; videos and visual materials reinforced learning. Once all participants shared a common basic understanding of family planning, training covered the steps in the handbook and focused on the preparation of concept papers that reflected the integration process. A panel of development experts from agencies in Harare was recruited to review and discuss the concept papers with the NGO participants. Their feedback and advice helped the trainees understand what would be needed to turn their ideas into concrete proposals for program funding.



Throughout training and at the close of the workshop, participants were asked to provide feedback on the handbook and the training. Their comments and insights were thoughtful and resulted in valuable contributions to the final version of the handbook.

Overall, the workshop and handbook were extremely well received by participants and highly praised by donors and experts who participated on the concept paper review panel. Demand for both the handbook and workshop soared, as they filled a clear gap for NGOs that were willing and ready to expand their activities into the domain of family planning.

Haryana, India – November, 1996

SEATS became interested in exploring whether the methodology and training would be equally effective with NGOs and PVOs already providing health services. Extensive discussion with USAID's Office of Private and Voluntary Cooperation/Bureau for Humanitarian Response (OPVC/BHR) resulted in an opportunity to test the approach in a different context.

BHR supports and manages USAID's PVO Child Survival Action Program through grants to U.S. PVOs working around the world. After more than a decade of implementing child survival projects, both USAID and the PVOs recognized the need to develop and deliver more and more effective family planning activities within the context of child survival. BHR requested that SEATS provide handbooks and conduct a workshop for child survival PVOs in Asia.

In November 1996, nine PVOs from five Asian countries attended a workshop in Haryana, India which was co-hosted by PLAN International, USAID and SEATS. Using the format from the Africa workshop, each agency was asked to send two country representatives – a PVO staff member with decision-making authority and a representative who had hands-on field experience in the program for which integration was targeted (usually from an NGO or ministry of health working as the implementing partner with the U.S. PVO). The combination would enable the organization to assess the feasibility and relevance of the material presented to current activities and to determine the organization's commitment and resources for adding new program components. As a team, they strengthened the potential for designing and implementing a viable FP program.

The PVOs/NGOs had a wide range of experience implementing FP programs. Some had integrated FP into their child survival programs but sought to expand their services or target additional populations, while others were still considering the implications of adding a new component to their activities. Some PVOs were working with ministries of health, others with partner NGOs and still others were acting as the in-country implementing agency for their program. With support from Initiatives, Inc. trainers, participants were helped to understand the

applicability of the methodology, the handbook steps and the worksheets to their respective programs. Group exercises and discussions among participants allowed the exchange of ideas and plans. A real case was presented by CARE/India, an agency with valuable experience in the field of family planning integration. Concept papers were prepared by participants and, as in Africa, a panel of experts from international development agencies based in New Delhi reviewed the papers and provided feedback and concrete advice for their further development.

Again, the workshop and handbook were evaluated daily by participants. Their assessments were overwhelmingly positive, with valuable input to apply to the next workshops SEATS would deliver. Among the most important feedback was the expressed desire by PVOs to develop their own in-house capability to utilize SEATS' handbook and integration methodology throughout their organizations on a country, regional or organization-wide basis.

Mangochi, Malawi – October, 1997

Based on the positive response to previous workshops, SEATS saw a need to move beyond teaching the integration technology to developing a cadre of in-country trainers who could provide family planning training to other PVO, NGO and government programs. This would considerably increase the reach of the integration methodology, furthering the potential for NGOs and government programs to provide access to FP information and services to underserved populations.

Thus, this Africa workshop was uniquely designed as two distinct sessions: a one-week integration workshop for child survival PVOs (again, BHR-supported) and a second week of TOT, including a practice teaching experience with Malawi-based NGOs. During the TOT workshop, Initiatives, Inc. fieldtested the newly-developed Trainer's Guide and the TOT training module. In addition, to augment the core of trainers, additional SEATS staff attended the workshop, including French-speaking staff and staff from the project's Africa Regional Office (ARO) assigned to facilitate the RHII in Africa. This was particularly significant for Mozambique as a number of requests from PVOs and NGOs for integration assistance had been received by SEATS. A sub-objective of this workshop was to prepare Portuguese-speaking trainers to help promote the integration methodology among NGO and government staff. Participation by Save the Children/Mozambique was, therefore, especially important.

The workshop received the sponsorship and logistical support of two in-country PVOs: Africare and Save the Children/Malawi. Both were essential sources of country-specific information and resource identification for the workshop. Eleven PVOs (22 participants) from seven countries attended the first week – the Integration Workshop. Twelve participants took part in the subsequent five-day TOT designed to strengthen the capacity of PVOs to train other NGO and counterpart staff to develop appropriate family planning integration strategies. The TOT was divided into a content review and a practice teaching experience. The workshop focused on: developing deeper understanding of the six key integration concepts, particularly those cited on needs assessment forms; strengthening skills in teaching methodologies to impart those concepts to others, and; having participants plan and execute a Mini-Integration Workshop for Malawi-based non-health NGOs.

Trainees worked in teams to prepare and practice sessions. They presented parts of the handbook using key points in each step as a guide to select relevant material. Adding the worksheets, case study analysis and videos, they imparted information to assist NGOs explore the potential for integration of family planning into existing programs. Malawi resources for technical assistance, contraceptive supply and possible financial assistance were presented to facilitate post-workshop strategy development on the part of the NGOs.

Evaluation of the TOT by trainees pointed out that the "opportunity to practice teaching offered a chance to learn more about the topics." Participants were pleased to have the additional time to digest the material presented in Week One – the Integration Workshop. The exercises gave them an opportunity to transform knowledge acquired during that time into a teaching skill in the Week Two TOT.

Dhaka, Bangladesh – February, 1999

Following the Malawi workshop, SEATS received requests to conduct additional workshops in Asia, including the TOT. Initiatives, Inc. facilitated three contiguous workshops for USAID's Asia and Near East Region Child Survival PVOs. The 4½-day Integration Workshop was attended by 25 participants from eight countries in the region (nine PVOs implementing child survival projects and 15 field offices). Strong supportive local partnerships with World Vision/Bangladesh and AVSC International were essential in making this an effective workshop. Per the design of the workshop, in almost all instances, a partner NGO or government staff member accompanied the child survival participant. After reviewing the material in the integration handbook, preparing the worksheets and sharing ideas among participants, each team prepared a concept paper outlining their integration strategy. The draft strategies were reviewed and feedback was provided by representatives from United Nations Population Fund, United Nations Children's Fund, USAID's Local Initiatives Project, the European Commission and Swiss Development Corporation at a special panel session.

As in Malawi, the second workshop, a 5½-day TOT, included a PVO-trainee-led NGO workshop. The TOT was designed to help PVO participants reinforce knowledge learned in the first week and prepare them to design and implement integration workshops. Sixteen participants from 12 field offices completed interactive exercises and analyzed the needs assessment forms of 10 non-health local Bangladesh NGOs that had agreed to attend a mini-workshop conducted by the PVO trainees.

The 2½ -day mini-workshop was attended by 18 NGO participants, almost all in teams of two. They were helped to understand the basic elements involved in integrating a family planning strategy and were assisted by their assigned PVO trainers to outline a potential strategy for their own organization. To help the NGOs with 'next steps' a local expert on FP supplied information on Bangladesh resources and policy guidelines.

Lusaka, Zambia – October, 1999

In partnership with the Linkages Project, the second handbook, *Integrating Reproductive Health Into NGO Programs, Volume 2: Safer Motherhood for Communities*, was tested in the field with eleven health and non-health Zambia-based NGOs in a 4½-day Safe Motherhood Integration Workshop. To ensure sustainability of the training program, facilitators from local projects (e.g., Linkages and the Zambia Integrated Health Package) were included. There were 22 participants from NGOs implementing community development, loan, sponsorship, health and AIDS projects in Zambia. In almost all instances, a senior management representative and a 'hands-on' field level worker attended. As in the FP workshops, after reviewing the material in the Safer Motherhood volume, completing the worksheets and sharing ideas among participants, each team produced a concept paper outlining their intended integration strategy. Participants and facilitators provided insightful feedback to each NGO, helping them to strengthen their concept papers before presentation to their directors.

The six-step handbook and prologue, illustrative case study, worksheets and annexes were used to present guidance on issues involved in integrating a safe motherhood component. The prologue provided an overview of the global safe motherhood problem as well as information on the health, cultural and economic conditions that contribute to maternal morbidity and mortality. Emphasis in each session was placed on ensuring that the content matched the experience level of those participating. Activity and worksheet exercises helped participants relate information to their respective organizations.

After each session (presenting each step in the approach), participants were led through an evaluation process. Key points, case study chapters, experience and research from the field,



worksheets and annexes were scrutinized by participants and facilitators. While participants were very positive and enthusiastic in their comments about the workshop and the handbook, valuable feedback and suggestions for revising and strengthening the handbook were given.

C. Implementation

SEATS did not have the resources to fund the programs that were proposed by PVOs and NGOs either during or following their participation in integration workshops. It was important to SEATS, however, to provide some measure of assistance to those organizations that chose to move forward and integrate reproductive health into their existing programs; and a number of mechanisms for assistance were identified and exploited.

Following the first workshop (Harare), very limited amounts of seed money were made available to NGOs to help them further develop their family planning program proposals or to cover initial program start-up costs. In some cases, technical assistance was available from SEATS' ARO to work with NGO staff to prepare proposals and to facilitate the transfer of proposals to potential funding sources.

Initiatives, Inc. remained in contact with participants from each workshop to provide guidance and follow-up support as feasible. To assist in moving NGO proposals forward, staff discussed the proposals and their potential with the technical and donor resource personnel who assisted in workshops, and provided them with contact information for workshop participants.

In all of the workshops, the PVO and partner agencies displayed a thorough understanding of the implications of integrating FP and many felt empowered to implement their own training programs. Suggestions were made to field offices and headquarters of PVOs to encourage these efforts. Initial statements from PLAN/India and its partner NGO (Community Aid and Sponsorship Program - CASP) revealed a strategy to train other field offices in the integration methodology. World Vision, by sending representatives from four field offices to attend a TOT workshop, has the makings of an effective and creative team of trainers for their organizations. A solid basis for creating a cadre of international integration trainers has been laid. To facilitate their growth and confidence, Initiatives, Inc. and SEATS staff continue to promote them to various donors, urging that more attention and funding be allotted to technical assistance, network building, forums for the exchange of ideas and strategies, and training for home office support staff in the integration methodology. Much of SEATS' promotion effort was made through meetings, technical support to and organized contacts with the PVO Networks Project and with CORE, a group composed of all of USAID/W's PVO child survival grantees.

With support from BHR, SEATS was able to provide some follow-up technical assistance to participants in the first Asia regional workshop. The efforts were aimed at supporting the continued development and maintenance of high quality, integrated family planning strategies within the programs of PVO child survival grantees. Following discussions with U.S. and field-based PVO staff, Initiatives, Inc. visited six of the nine groups that had participated in the November 1996 workshop. During the visits, the progress of integration efforts to date was reviewed; PVOs and their partners were assisted to identify additional technical assistance requirements to support integration; assistance was provided in refining implementation strategies; and other issues of interest to PVO staff were discussed. USAID Health, Population, Nutrition officers in each country visited were briefed on the Integration Initiative, the handbook, the PVO efforts and the assistance provided. As a result, SEATS was able to design and deliver a sustainability workshop for PVOs/NGOs and to link participants to SEATS' financial sustainability resources and experts.

III. PERFORMANCE STUDY/PERFORMANCE IMPROVEMENT REVIEW (PIR)

A. Overview

Following the first integration workshop, as requests for additional workshops and program support grew in number, SEATS determined that it was important to develop a protocol or study to examine application of the integration model. Initiatives, Inc. was asked to design such a study with a sample that included both PVOs and NGOs, Asia and Africa-based programs, and health and non-health organizations. Four organizations that had developed and implemented programs following their participation in an integration workshop were selected to participate in the RHII Performance Study. Those selected included: World Vision/Zambia, the Christian Children's Fund (CCF)/Zambia, CASP-PLAN/India; and the Kunzwana Women's Association/Zimbabwe.

The earliest discussions with the study site groups revealed they had little experience with internal monitoring processes. It became clear that the organizations themselves needed to develop the capacity to monitor their own programs. In response to this need, the 'Study' evolved into the PIR, a participatory, self-monitoring quality assurance process to guide program review and assist staff to structure improvements.

The Performance Improvement Review was developed to help NGOs and PVOs participating in the SEATS RHII Performance Study to monitor and improve their integrated community-based programs. The PIR package is a set of quality assurance tools designed to guide organizations through the process of developing and maintaining high quality services with the involvement, commitment and cooperation of staff and partners. The PIR quality assurance process starts with a clear and shared understanding of program objectives and a plan for routine measurement of progress.

To maintain continuity in the integration process, to make PIR effective for users familiar with the RHII handbooks, and to document the progress of integration, the PIR package is tied to the six steps presented in the handbook *Integrating Reproductive Health into NGO Programs Volume I: Family Planning*. By using the tools and guidance provided by PIR, organizations have been able to move beyond the initial phases of planning and implementing family planning programs to the processes of managing, sustaining, monitoring and improving them. While PIR has been used primarily by organizations with integrated community-based distribution (CBD) family planning programs, the package can be adapted for use in other community-based programs such as safe motherhood initiatives. It is hoped that PIR will be used in such contexts in the future.

To train organizations involved in the RHII Performance Study to use the PIR package, SEATS conducted workshops and provided on-the-job training during program reviews. To introduce other NGOs, PVOs, and government agencies to the PIR process, SEATS made several presentations. Workshops and presentations included:

- ◆ Zambia 1999 – PIR Workshop for Zambian NGOs
- ◆ Zambia 1999 – PIR Workshop for CAs
- ◆ Training of four NGOs in the PIR Process
- ◆ Introduction of PIR to USAID Cooperating Agencies in India and Zambia

The PIR package includes the conceptual framework, guidance for implementing a review, review instruments and guidance for reporting results. As an internal review process, PIR enables program teams to focus on elements critical for success and to identify actions that have a direct effect on program improvement. Staff members such as managers and supervisors participate in the process. Involvement enriches staff members' understanding of excellence in community-based services. It facilitates cooperation among partners and helps provide actionable feedback on program performance.

The PIR package has become a crucial tool for assuring program quality and success in the RHII Performance Study sites. PIR helps organizations monitor their programs by steering them through a four-step self-assessment process that includes: planning, data collection, data analysis and reporting, and preparing a performance improvement plan. This process enables organizations to gather information from program staff and clients and to analyze and interpret the information in order to assess the strengths and weaknesses of the integrated program. The monitoring and review exercise guided by PIR also assists organizations to systematically monitor management and implementation, diagnose problems, and initiate changes that improve the quality and sustainability of their programs. Data collection, analysis and decision-making are carried out in a participatory fashion, involving partners in defining appropriate performance improvement strategies. The consistent monitoring and mapping of results using PIR enables organizations to follow up previous reviews and action plans and chart program progress over time.

B. PIR Conceptual Framework

PIR was designed by Initiatives, Inc. around a conceptual framework that outlines the elements of quality programs. Successful programs have strong management and organization; have a consistent and complete supply system; are sustainable; deliver high quality service; enjoy support, participation and dedication from the community; and have strong measurable results. The PIR conceptual framework embodies all of these essential elements. In addition, the conceptual framework provides the foundation for the PIR instruments and ensures that all factors contributing to program success are addressed. The program elements addressed by PIR are defined as follows:

- ◆ Management and Organization refers to the capacity of an organization to provide the proper structure to effectively staff, finance, plan and implement an integrated family planning program.
- ◆ Supply System covers the information necessary to maintain effective commodity support: consistent stock and distribution, adequate storage and acceptable methods for calculating needs.
- ◆ Sustainability is a result of good partnerships, comprehensive plans, strong financial systems, community promotion and client satisfaction.
- ◆ Quality of Service is dependent upon proficiency in family planning counseling skills, technical competence, referral systems, client satisfaction and supervision.
- ◆ Community Commitment measures the community's contact with NGO staff, its role in decision-making about the family planning project and its knowledge of family planning.
- ◆ Results addresses critical quantitative factors in measuring program success such as client follow-up, effective referral, clients served and Couple Years of Protection (CYP).

The PIR conceptual framework supports the collection and analysis of both qualitative and quantitative data to develop a comprehensive picture of program status. A scoring system has

been devised to translate qualitative information into measurable units and guidance is provided for calculating and rating the quantitative performance indicators.

C. Data Collection

A set of eight data collection instruments makes up the information-gathering component of the Performance Improvement Review package. Instruments help organizations cover the whole scope of their integrated projects from internal management issues to client and community experience and opinions. In all, the instruments are designed to provide a broad “snapshot” of performance at all levels. Included in the set of data collection instruments are:

Instrument 1	Record Review	Initial Visit	Follow-up Visit
Instrument 2A	Manager Interview	Initial Visit	Follow-up Visit
Instrument 2B	Supervisor Interview	Initial Visit	Follow-up Visit
Instrument 3	Community Interview	Initial Visit	Follow-up Visit
Instrument 4	Service Provider Interview	Initial Visit	Follow-up Visit
Instrument 5	Client Interview	One Copy	Follow-up Visit
Instrument 6A	CBD-New Client Observation	One Copy	Follow-up Visit
Instrument 6B	CBD-Continuing Client Observation	One Copy	Follow-up Visit

The Performance Improvement Review process involves representatives from the implementing organization and their partners. Typically, the manager or supervisor organizes the review and selects the data collection team. Composition and preparation of the data collection team is a critical element of successful reviews. Team members usually include the manager, supervisor, and (if available) the reproductive health technical advisor. Government partners usually contribute district managers, reproductive health coordinators and referral center nurses to the team. By pulling together members of the program and their partners, PIR encourages good communication and cooperation among collaborating organizations.

In most reviews conducted in the RHII Performance Study, team members generally lacked experience in data collection and other elements of performance review. To address this, PIR encourages team meetings before the data collection begins to orient team members to the important issues to be covered and techniques to be used in the review process. During the meeting, team members are briefed on the review schedule and the structure of the instruments. These meetings are also used to discuss the translation of the instruments into local languages, the meaning of specific questions, and the logistics and strategies for interviewing.

D. Data Analysis

Experience at RHII Performance Study sites revealed that while some organizations have knowledge of data collection, managers, supervisors, or their partners sometimes lack experience in data analysis. Development of clear strategies for improving program quality is compromised when staff members lack the ability to accurately assess problems. PIR helps address this by providing a systematic approach to data analysis. This approach includes guidance for rating results consisting of detailed descriptions of “correct” responses to questions, a numerical scoring system, and scoring forms with space for noting problems. The

package also includes guidance for calculating quantitative results and mapping performance trends over time. PIR organizes data analysis into the following basic steps:

Analyzing Qualitative Data

The PIR process gathers qualitative information through interviews and observations. Data analysis is accomplished through a two-step process of identifying and recording problems and scoring instrument sections. Scoring enables organizations to compare their data to a model and to rate the performance of their program on a score of 1 to 5. Scores are then tallied to give percentage ratings for performance in each of the five categories in the conceptual framework.

The scoring process is a later development of the Performance Improvement Review. Most of the organizations involved in the RHII Performance Study only scored the data from a few reviews. Nonetheless, the process has been well received. Managers assert that the scoring process helps them understand what they should be striving for in greater detail and allows them to see development trends.

Recording problems has been an essential element of the PIR process from the very beginning. While reviewing and scoring each instrument, team members list problems as they emerge. Data collectors' notes are also used to help identify key performance problems. The team formulates a list of problems that is then used as the basis for an action plan to improve performance.

Analyzing Quantitative Data

The Performance Improvement Review also offers direction to organizations for calculating quantitative results. The PIR package is designed to chart progress of the organization in achieving quantifiable results. Measures such as continuing client follow-up, effective referral, clients served and percentage of CYP, which are particularly useful for community-based programs, have been used in the RHII Study sites. CBD and supply records are typically the source of quantitative data.

The Continuing Client Follow-up section focuses on the percentage of clients revisited by a CBD during a specific quarter¹, compared with the total number of clients in the CBD's register book. CBDs often do very well at recruiting clients and listing them in their record books. Problems are signaled when the total number of clients listed in their books is higher than the number of continuing clients they actually visit in a quarter. This discrepancy can indicate a number of problems which require follow-up including; poor CBD record-keeping skills, lack of attention to follow-up, or unexplained drop-outs. In any case, service quality and sustainability are at risk if the problem is not addressed.

The Effective Referral section measures quality by calculating how many referred clients actually receive the service they need at referral sites. Effective referral is measured by comparing referral slips at health centers, or confirmation of effective referrals in CBD record books, with referrals for method listed in CBD records. Effective referral is expressed as a percent of all referred clients in the quarter.

The Clients Served section calculates the percentage of new clients served compared with the project's performance expectation. Calculating new clients served helps organizations to monitor progress toward the end-goal. Clients Served is a cumulative measure that uses data from the beginning of the program to the date of the review.

¹ CBDs typically provide three cycles of pills per visit; therefore, all pill clients should be revisited at least once every quarter. This assumption would be changed if fewer or more cycles were distributed per visit.

Lastly, Percentage of CYP Achieved calculates couple years of protection the project has provided compared with the project's performance expectation for CYP. Calculating the percentage of CYP achieved helps organizations to monitor progress toward the end-goal. CYP achieved is also a cumulative measure that uses data from the beginning of the program to the date of the review.

E. Presenting Results and Follow Up

The percentage ratings calculated from qualitative and quantitative data are used to create a performance graph. Mapping successive reviews creates a picture showing how performance trends change over time. Program managers and supervisors claim that charting performance makes them feel grounded in the review process and helps them to set clear goals for future achievement.

Formal action plans are the key component for improving quality. Using the list of problems formulated while analyzing instruments and calculating results, the monitoring team discusses each problem individually and develops an action strategy to address each problem. In addition to the action strategy, the team designates a person responsible for seeing that the action is carried out and establishes a deadline by which the action should be completed.

Creating action plans was initially a challenge for most monitoring teams in the RHII Study sites. Team members had little experience formulating concrete solutions and seeing them through. In the baseline and first review, monitoring teams needed substantial support from technical advisors to construct effective action plans. With experience, however, teams have become more skilled in creating action plans independently.

PIR is designed to guide routine monitoring reviews. In doing so, it promotes continuous follow-up of activities and performance. Performance maps and action plans provide a base for organizations to check progress and evaluate goals and actions set during previous reviews. Managers of organizations that conducted semi-annual reviews over a period of two years assert that conducting regular reviews greatly contributed to success. Managers who used PIR also said that using the package made them feel more confident about their knowledge and understanding of integration. This confidence is reinforced by improvements in the program that result directly from action plans and are made evident in later reviews.

F. Illustrative Results Shown By PIR

Many lessons have been learned from working with the four different organizations in four different contexts. While each program encountered some unique problems, several problems were common to all four cases. In every project CBD counseling skills were initially very weak, regardless of the length of their initial training. In particular, CBDs had difficulty remembering to discuss all available methods, their advantages, disadvantages and side effects. In all cases, consistent refresher training and regular supervision were needed to help improve counseling skills. With appropriate training and supervision, CBD counseling skills improved dramatically.

Linked to CBD counseling skills was the problem of supervision. World Vision/Zambia and CCF/Zambia hired experienced nurses to supervise their programs, while CASP-PLAN/India hired social workers and the Kunzwana Women's Association/Zimbabwe used their program coordinators. Each organization had to provide initial and refresher training in both family planning and supervision for their supervisors. Supervising integrated family planning programs requires particular skills and organizations need to plan the appropriate training and evaluation systems to ensure that supervisors acquire the skills they need and meet performance expectations.

The effective construction and implementation of sustainability plans also presented challenges to all four organizations. Kunzwana, a small NGO, was initially overwhelmed by the beginning phases of integration and did not have time to address sustainability concerns. CCF implemented an income generating project right from the start, but when it failed to meet expectations, managers had difficulty devising new strategies. CASP-PLAN and World Vision started with sustainability plans but did not take action on them until very late in the project timeline. All of the organizations needed assistance creating clear, detailed and feasible sustainability plans.

IV. SEATS' CONTRACT MODIFICATION – PERFORMANCE RESULT 2

The SEATS Reproductive Health Integration Initiative was designed to expand access to quality family planning and reproductive health services in currently under-served populations through underutilized channels, specifically targeting PVOs and NGOs as opportunities for SEATS assistance. In January 1998, the SEATS II contract was modified and this Special Initiative was intensified under Performance Result 2 (PR2). Through PR2, SEATS was to improve the capacity of selected U.S. or international PVOs to design, implement, monitor and evaluate quality RH services, linked to child survival or other health-related services in three program sites. The PR2 sites had two deliverables per site: a proposal giving the rationale and justification for the choice of PVO and program site and a written description for each site on the technical assistance activities and outcomes. Each site was required to have quality of care and sustainability plans operational, qualitative and quantitative evaluations designed and implemented and a management information system (MIS) in place to monitor and evaluate program improvements and expansion.

To meet these requirements, SEATS selected and worked with PVO sites in Mozambique, India and Zambia. In Mozambique, SEATS built upon an existing SEATS subproject supported by USAID/Mozambique with World Relief Corporation (WRC) to establish the first PR2 site. The other two sites were selected from among PVOs that had participated in SEATS integration workshops and were active participants in the RHII Performance Study: CASP-PLAN/India and World Vision/Zambia. These sites were all approved by USAID.

In Mozambique, SEATS:

- ◆ Helped design, collect and analyze baseline data – focusing on improving WRC's MIS and increasing its monitoring and evaluation capacity;
- ◆ Provided assistance for the development and evaluation of a sustainability plan;
- ◆ Conducted a quality workshop and assisted in the design of a quality action plan;
- ◆ Provided support to strengthen activities under the subproject (training CBD agents).

In India, SEATS:

- ◆ Helped collect baseline data using the PIR package and repeated data collection every six months;
- ◆ Worked with CASP-PLAN to expand the project's MIS (which was already established for child survival) to include FP;
- ◆ Conducted a sustainability workshop and provided follow-up technical assistance to develop and implement a sustainability plan;
- ◆ Conducted a quality workshop and assisted CASP-PLAN to develop and implement a quality action plan;
- ◆ Provided assistance to guide the merger of CASP-PLAN's child survival/FP project into their sponsorship program.

In Zambia, SEATS:

- ◆ Helped collect baseline data using the PIR package and conducted additional data collections every six months for two years;
- ◆ Facilitated a workshop to help improve data collection and analysis skills, and to help World Vision organize and use data effectively;
- ◆ Conducted a sustainability workshop and assisted World Vision to develop a sustainability plan;
- ◆ Conducted a quality workshop and assisted World Vision to develop a quality action plan;
- ◆ Conducted a workshop on community data collection and assisted World Vision in the development and implementation of a community survey.

The results of the programs at these sites have been prepared and presented in final site reports submitted to USAID. At each site, the number of service delivery points increased; quality of care and quality assurance concepts were introduced, accepted and assimilated; CYP increased; local partnerships were strengthened (e.g., between the PVO and government, between government and the community, between community and service providers, etc); monitoring and evaluation systems were improved; and PVO skills and capabilities were improved.

Due to the new contractual requirements, the shift from the broader Special Initiative for Integration to the more narrowly-focused PR2 concentrated SEATS efforts and resources on the programs and needs of the three selected PR2 sites. By continuing implementation of the RHII Performance Study, SEATS was also able to continue providing modest support and technical assistance to other organizations such as the Kunzwana Women's Association and to NGOs and government officials that were invited to participate in training and workshops built around conduct of the Study and utilization of the PIR package. However, the necessary focus on PR2 and its three specific sites served to inhibit more widespread dissemination of a model that was designed to more broadly expand access and increase the quality of PVO/NGO FP/RH programs.

V. CONCLUSIONS/LESSONS LEARNED

SEATS' experience in integration and its work with PVOs and NGOs over the life of the project have produced a wealth of information, lessons learned, best practices and innovations. These have been widely disseminated through presentations to USAID, PVOs and other CAs; workshops for NGOs in the field; reports and publications; professional health sector meetings and PVO/NGO meetings and conferences. SEATS' Reproductive Health Integration Initiative was a relatively small component of a large, broad-based FP/RH service delivery project: it was intended to develop, test and promote an integration model that could be expanded, adapted and used widely throughout the PVO/NGO community. In this, SEATS was successful.

None of the lessons from the RHII are theoretical. All of the information is gleaned from experience, application and implementation. Of the lessons generated by SEATS' five-year Special Initiative and two-year Performance Result efforts, most are based on evidence produced from fairly small programs and pilot activities. Partly because PVOs and NGOs generally implement programs within specific communities and partly because SEATS did not have the resources to support actual implementation of integrated programs, many of the lessons learned are based on limited experience in application of the integration model. The RHII Performance Study produced some hard data on four specific programs and PR2 produced a variety of data from baseline and endline surveys in three programs. However, for the most part, the lessons SEATS believes most important are based on the collection of experiences that are quite small and not always scientifically rigorous. It is difficult to make sweeping generalizations on this basis. Nonetheless, these lessons and ideas should be shared, discussed, and considered as further FP/RH programming is developed within PVOs and NGOs, and where support from other CAs is contemplated.

SEATS' conclusions and key lessons learned in integration are presented below. Findings from the RHII Performance Study are presented first, and are based on carefully collected and analyzed data. Other more general lessons and conclusions follow – those which may be less scientifically rigorous and more anecdotal, but still merit discussion and consideration.

A. *RHII Performance Study Lessons and Conclusions*

Management and Organization

Generally, management and organization of integrated family planning projects works best when programs have the dedication and support of senior managers and board members. All staff need to be well informed about the integrated program, its goals and objectives, workplans, partners, ambitions and constraints. While many program managers have little knowledge of or experience in family planning at the beginning, consistent and systematic program monitoring helps build their knowledge and confidence in family planning. Managers' understanding of family planning services and management systems affects the motivation and attitudes of staff involved in integration.

Program management seemed to work more effectively in the larger PVOs than in Kunzwana, the local NGO. Small local NGOs may be slower to integrate new programs and may encounter greater difficulty if the manager or director is not accountable to a superior in the organization, or the board, for the success of the project. Lack of accountability may also lead to fluctuating or declining commitment to the program when obstacles are encountered. In addition, smaller NGOs may not have adequate financial systems to support an integrated program. Examination of NGO financial systems is recommended to assure that they can support the added weight of an integrated program.

Projects serving a small number of clients may not establish the administrative systems necessary to manage their program if it expands. Small projects and projects with few clients sometimes do not see the need to develop supply systems or maintain and use records. This is a problem for programs that expect to scale up their services. Without adequate back-up systems or records for client follow-up and resupply, the quality of services provided by the program is compromised. In addition, without records the program is unable to support clients when CBDs are unavailable or leave the organization.

Providing monetary incentives through project funds is, at best, a short-term strategy. Rewarding volunteers for their efforts is an important motivator, but the system must be thought through to ensure continuity and the reinforcement of appropriate and complete activities rather than fragmented tasks. Projects should be particularly sensitive to the issue of incentives and sustainability as they strive to involve the community in post-project maintenance and administration.

Supply System

All four organizations created fairly stable supply systems. In order to assure that supply systems run smoothly, CBDs and supervisors need training to coordinate supply orders. Supervisors also need appropriate training in managing supply systems. To help ensure that CBDs are calculating supply needs accurately, the system for estimating supply should be kept as simple as possible and some training and supervision should focus specifically on this topic. Contraceptive distribution also improves when it is coordinated with other supplies such as Oral Rehydration Salts and not handled separately. Cooperation with the government system is an effective means for ensuring adequate quantities of supplies.

Sustainability

In the initial phases of integrating a RHII program, organizations often put concerns about sustainability aside to focus on getting the project off the ground. Yet addressing sustainability from the start is crucial to the development and implementation of effective sustainability plans. Organizations that do not address sustainability from the very beginning scramble at the end to patch together sustainability plans that may be compromised when project funds are depleted. Organizations need technical assistance early in program planning and implementation to develop and initiate sustainability plans.

Program sustainability improves when community leaders and members are involved in the project from the beginning. Community involvement, acceptance and satisfaction are prerequisites for community commitment to cost sharing. Community demand for family planning services increases when information, education and communication is provided by the supervisor or other staff member on a regular basis and services have been available to community members for a year or more. Once community members have had access to family planning services for some time, they are willing to provide financial support to sustain the project.

In addition to community support, programs become more sustainable and maximize resources when strategic partnerships with government agencies, other NGOs, the community and others are established early and maintained. Constructing partnerships with government agencies can be difficult, as NGOs and governments are generally not accustomed to working together, but staff on both sides find collaboration very fruitful once established. Involvement of referral site staff in monitoring program activities enhances the quality of referral services and increases commitment to the integrated program. While relationships with other organizations and personnel improve program sustainability, integrated programs that capitalize on opportunities to share costs and human resources within the organization are also more sustainable.

Quality of Service

Integrated programs must provide high quality services in order to be successful. Staff must be adequately trained to provide and evaluate quality services; and technical standards and performance observation guidelines are essential for establishing and reinforcing newly introduced knowledge and skills. To create and support high quality service provision, managers with no background in family planning need to identify a technical resource person to monitor supervisors' performance. Staff members with added responsibilities need thorough orientation and training for their expanded roles. CBDs need regular refresher training and support from their supervisors to strengthen counseling skills. Lastly, the provision of high quality services is strengthened when clinic staff members are integrated into the program and assist CBDs to improve their knowledge and counseling skills.

Participatory monitoring activities help organizations identify problems and improve program quality. Perhaps more importantly, participation in program monitoring builds the capacity of managers and supervisors to operate a family planning program. Furthermore, staff participation in program reviews leads to greater support for the integrated component and shared responsibility for agreed-upon actions.

Community Commitment

When the community is well-informed and supportive of project activities, motivation and optimism increase throughout the project. To stimulate community involvement, frequent meetings between personnel of the organization and community leaders and members is necessary. In particular, leaders' active support of new services is important for grass roots acceptance. Acceptance of newly introduced family planning services needs to be reinforced and supported during community meetings. To this end, separate meetings may be needed to sensitize leaders with religion-based objections to services. Separate meetings with men, women and youth may also improve opportunities to learn from the community and also disseminate family planning information. Lastly, community leaders and members who participate in reviews can be an important source of evaluative information and suggestions for better services.

NGOs with longstanding ties to communities may still have difficulty mobilizing community support and disseminating information. Despite their experience working with communities, some NGOs have an inaccurate understanding of community structure and others are not sensitive enough to community hierarchies or power dynamics. Many NGO staff underestimate the time and commitment needed to win the confidence and support of community leaders and members. NGO staff who have worked directly with communities do not necessarily have the knowledge or skills necessary to work effectively with community leaders and members. NGOs may need guidance and technical assistance to improve their effectiveness in communities.

Results

Quantified results are an important source of information about program performance. Organizations need to monitor their progress toward their performance expectation in order to assure that the program is on course and is making appropriate demands on service providers and other staff. Calculating continuing client follow-up can also provide valuable information about the quality and continuity of services. To collect accurate quantitative data, supervisors need special training for reading and interpreting CBD record books. To calculate effective referral, CBDs need to receive and record feedback from clients who have gone for referral services or referral clinics need to keep a file of CBD referral slips. Kunzwana is currently in the process of setting up this system but the other organizations found the accumulation of these data difficult to coordinate. NGOs, CBDs and partner clinics need to agree on how data will be collected and what data need to be assessed on a regular basis. Calculating quantifiable results during routine program monitoring exercises helps organizations assess their progress toward performance expectations.

B. General Lessons and Conclusions

NGOs

The model developed by SEATS, although more often field-tested with PVOs, can work for NGOs. Frequently NGOs are smaller organizations that may need more assistance, and may lack sophisticated management and administrative systems, but they can absorb, understand and work with the model. NGOs are extremely diversified in their primary missions, ranging from agriculture to women's empowerment to micro-enterprise and other sectors. Such diversity can act as an excellent lead-in and a basis to build upon for FP/RH activities. Further work with NGOs implementing SEATS' integration model would provide important information and lessons to make this channel more effective for expanding access to quality FP/RH services and information.

One of the constraints often faced by NGOs (as well as many PVOs) is the lack of technical health staff to support health and FP programs, which makes implementation, particularly supervision and quality assurance, very difficult. To succeed, it is critical that organizations either develop the necessary technical expertise or form solid partnerships whereby such expertise can be 'borrowed' on a routine basis.

Scaling Up

SEATS, through its partner Initiatives, Inc., conducted five integration workshops. Each was well received by participants, their organizations and the donors that supported them. Consistently, PVOs and NGOs asked for more of this training. Positive TOT experiences in two workshops appeared to be effective in getting some PVO staff up to speed in understanding the content of the handbook and training, but no follow-up was designed to see if learning was subsequently used to more widely disseminate the model. Correspondence regarding the materials and model imply that they (PVOs and their training staff) continue using the handbook and trainers' guide – extracting from and adapting specific information and techniques to particular program needs. However, from observations and the expressed needs of PVO and NGO representatives, there is a continuing need for more and wider dissemination of the kinds of tools and materials SEATS developed.

To expand access to and use of the materials and model will require that PVO headquarters become involved, invested in and supportive of regional and multi-country training. Each PVO may have a different optimal level (e.g., regional, national, worldwide) for scaling-up and disseminating materials and training. Networks of PVOs may also be effective mechanisms for coordinating training and covering large geographic areas or staff working in diverse sectors. New learning and program responsibilities for staff require strong support from PVO management.

To scale up implementation of integrated programs requires step-by-step expansion. For example, PVOs that had no FP program prior to SEATS integration training are now devoting specific budgets to build upon pilot integration efforts. World Vision/Zambia and CCF/Zambia now devote 10 percent of their program budgets to FP/RH. World Relief is allotting 15 percent of a new Mozambique project budget to FP/RH. Prior to SEATS interventions, these groups had never considered the importance of quality or monitoring and evaluation in their programs. Now they have experienced new approaches, seen their effectiveness and adapted new techniques. The proof of their commitment to the new methods lies in the budgetary support they are building into new and ongoing programs. Ideally, similar expansion will happen throughout the programs of these worldwide organizations. Such efforts will take time, dedication and resources. Continuing success of growing pilot programs can be a strong motivator.

One way for organizations to share and expand their experience is to use a pilot site as a learning ground or model for other organizations or other parts of the same organization.

Seeing a successful program in action can help staff identify techniques to adapt and apply in activities in their own communities. In Zambia, for example, cross-fertilization between NGOs meant broad participation in the PIR process, which then helped focus thinking on performance review in other programs. Participants found that PIR was applicable to their own respective programmatic priorities. Their experience using the process helped them understand its relevance and gave them the tools to bring performance review, quality considerations and monitoring and evaluation concepts and techniques to their own programs.

Empowerment

PIR empowers people implementing programs to make improvements and attend to issues of quality. It helps them understand what is and is not important regarding program performance. They develop a new vision of supervision that promotes a supportive approach aimed at helping to fix problems rather than merely identify them and assign blame. Through repeated application of PIR exercises, implementers become better at doing their jobs. Responsibility for program quality shifts to implementers rather than those overseeing or supervising the program.

Such empowerment of people takes time. Program staff, in general, have an initial fear of monitoring and evaluation; following experience with PIR, they embrace it. To ensure that the positive effects of such a process are sustained and institutionalized, especially within PVOs, the PVO headquarters must expect it to be done, must understand and appreciate it and must budget or provide for its inclusion in programs. Management must then pay attention to what is learned by the people closest to programs and support the improvements and needs they identify. The focus is shifted from program inputs to the results of inputs; and using PIR, results can be improved throughout the course of implementation.

Partnerships

Networking and partnership-building are key to making integration work. Partnerships must be specific and targeted – with well-defined parameters as their basis. Each partner must have a clear and shared sense of what it brings to the partnership and what it needs to receive. Whether the partnership is between a PVO/NGO and government, between PVOs/NGOs themselves (e.g., networks), between PVO/NGO program and service providers, or other, the partners' mutual expectations and respective needs and contributions must be clearly and specifically articulated. Vague statements of collaboration and cooperation serve only to dilute programs and discourage further efforts to create 'real' partnerships. Lack of clarity is often the death of partnership. Specificity allows real understanding and the working out of relationships between organizations.

Culture of Quality

Creating a "culture of quality" is an essential process for sustaining program success. It may require technical support of the kind offered through SEATS (e.g., technical workshops on sustainability, quality improvement, monitoring and evaluation) for staff to build skills and increase capabilities. Workshops provide "how to" information with regard to program elements, but subsequent application of learning within field programs helps build real skills and create a sense of ownership in programs. Having tools that empower implementers to make corrections and improvements throughout the course of project implementation reinforces individual control over and responsibility for quality results.

Cost

Using SEATS integration methodology, PVOs and NGOs were able to implement integrated FP/RH programs in the field, increasing CYP and contraceptive prevalence rates in project

areas at relatively low cost. There is, however, within the development community overall, no specific policy or articulated commitment to fully support or expand such achievements.

The messages to and from PVOs and NGOs about cost efficiency and cost control are mixed; and it is not always in the best interest of every organization to reduce the cost at which programs can be implemented or services delivered. It is sometimes the donor's imperative to fund certain types of programs or organizations, and specific amounts of funds must be transferred and moved.

Additional and more specific lessons learned, as well as conclusions from SEATS' experience in integration, may be found in the following texts available from Initiatives, Inc. and the SEATS II web site (www.seats.jsi.com):

- *Integrating Reproductive Health Into NGO Programs, Volume 1: Family Planning, Second Edition*
- *Integrating Reproductive Health Into NGO Programs, Volume 2: Safer Motherhood for Communities*
- *Performance Result Two: World Vision/Zambia PVO Site #3. Final Site Report. October 1999*
- *The Performance Improvement Review (PIR) Package: A quality Assurance Tool for Community-based Organizations*