

THE PARTNERSHIP AT THE GLOBAL LEVEL AMONG ADRA, CARE,
PATH, PLAN INTERNATIONAL AND SAVE THE CHILDREN IN THE
NGO NETWORKS FOR HEALTH PROJECT

Assessment Report

August 2001

Darcy Ashman
Network Performance Monitoring and Evaluation Consultant
With NGO Networks for Health

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EXECUTIVE SUMMARY

I. Introduction

The *NGO Networks for Health* partnership was created in 1998 by five private voluntary organizations (PVOs) with funding from the Population Office of USAID/Washington to enhance the availability, quality and use of family planning and other health services. It is an innovative attempt to expand the scale, quality and reach of health services through extensive collaboration at global and country levels among the five PVOs (ADRA, CARE, PATH, PLAN International and Save the Children).

This assessment of the partnership at the global level was carried out to foster understanding of the ways in which the organization and management of the partnership has influenced its ability to achieve its goals and objectives. The report offers an analysis of the most critical factors associated with the effectiveness of the partnership to date. It offers a number of recommendations for future efforts to design and implement major partnership projects and for strengthening the *NGO Networks* partnership.

II. Conceptual Framework and Methodology

The conceptual framework was based on current research and ‘best practice’ experiences in PVO partnerships (Biddle, 2000; Gormley, 2000; Ashman, 2001). Seven key factors associated with effectiveness provided the conceptual foundation for the assessment: desired outcomes, strategic fit, pre-existing social capital, PVO leadership commitment, donor relationship, shared control, mutual trust, and joint learning. Each is defined and operationalized in questions and indicators for assessment.

The methodology was designed to produce valid and useful information for reporting and for the partnership’s decision-makers. Sixteen representatives of the Partners, partnership management, and USAID were interviewed. Key documents were reviewed (Appendix 1).

III. Findings: Key Factors in the Organization and Management of the Partnership Associated with Effectiveness

Perceived outcomes. Overall, respondents were less than satisfied with the projects’ outcomes to date. Most rate progress towards PVO capacity building as more satisfying than towards implementing health services at the country level. However, most are confident in the current management and optimistic that the project has the potential to achieve desired outcomes for implementation in the remaining years of the project. A majority of respondents believe that it is important for this project to contribute to learning about partnerships and networks as vehicles for implementation.



Key factors associated with positive experiences and outcomes. The more satisfying elements of the partnership have also contributed to its accomplishments, e.g. leadership commitment, shared control, and mutual interpersonal trust. The representatives of the PVO Partners expressed their high levels of commitment to the project, and have invested a great deal of time and other resources in the partnership. They realized early on that they needed to strengthen the arrangements for governance and control of the partnership. A consultant was hired to assist with developing the governance and management arrangements. Difficult issues with the partnership management and staff were dealt with by the end of the second year. The process of working together on the partnership's governance issues built interpersonal ties among many NPC and PAG members. By the time of the interviews, respondents perceived that progress towards building PVO capacity had been achieved. The monitoring and evaluation reports should provide some measures of outcomes accomplished.

Key factors associated with less satisfying experiences and outcomes. The more challenging elements of the partnership have been associated with the slower than expected start up phases, the sense of pain or frustration associated with the project and the less than satisfactory progress towards achieving desired outcomes in field based implementation. The key factors were the lack of pre-existing social capital, design issues in the strategic fit, delayed shared control, and the difficulties in developing mutual inter-organizational trust.

IV. Discussion and Recommendations: Understanding NGO Networks Partnership Experience and Applying Lessons Learned in the Future

The discussion addresses five main questions about the partnership's effectiveness and how lessons learned may be applied to future partnership design and practice. The questions and main highlights of the report are presented below.

(1) Why has the project achieved generally less than satisfying outcomes so far?

- Current perceptions of satisfaction influenced by high early expectations, the sense that costs have outweighed benefits, and USAID measures in Armenia and DC.
- Significant challenges of partnership building have absorbed a great deal of resources.

(2) Why has the project been relatively more successful at building PVO capacity?

- Of the broad set of goals, there was the greatest consensus about PVO capacity building.
- The Partners made significant investments to strengthen the partnership.
- As compared to building networks and implementing joint services, capacity building requires less complex forms of collaboration. Individual PVOs can take action within their own spheres of influence.

(3) Why has implementation at the country level been less successful than expected?

- At the global level:
 - Of the broad set of goals, there was the most divergence in the kinds of implementation expected.
 - The initial partnership drive, focus, and spending was centered at the global level rather than at country levels.



- Mismatch between the decentralized organizational structures of some Partners and USAID and the global-centric or top-down strategies embedded in the design and early management approach.
- At the country level:
 - Lack of social capital among the Partners.
 - Approaches to focus country activity emphasized building and strengthening networks as institutions rather than as strategic health interventions.

(4) What are the implications for the project's development hypothesis and model of partnership?

Re: the development hypothesis that enhancing PVO/NGO capacity and linkages will lead to improved services.

- Capacity building and partnership building are institutional and relational goals and outcomes. Achieving them will not necessarily lead to increased scale and improved quality of services to communities unless the functional linkages are clearly understood, shared, and acted on by all the Partners and major stakeholders.
- There is little or no evidence of the active involvement of NGOs in either the capacity building or network strengthening interventions. Although NGOs may be present in country level networks, the language of the plans and in the interviews at the global level suggests they may be subsidiaries rather than Partners and network members. This would run counter to current best practices of PVO/NGO partnership. If project results are to be nationally owned and sustainable, NGOs and other national agencies must be involved as Partners in their own rights.

Re: the partnership models. Is a large-scale partnership among global PVOs a viable way to increase the scale and quality of service delivery - - at the least cost - - for USAID and the Partners?

- Anticipate the time that may be needed for partnership building.
- Build in flexibility in Results Frameworks and Implementation Plans to allow partnerships to change and reorganize themselves through negotiation and re-negotiation.
- In the design and early operational phases, match coordination mechanisms to collaborative goals and activities.
- Reassess expectations about the cost-effectiveness of partnerships for USAID and for PVO Partners.

(5) What recommendations can be suggested for continuing to strengthen the partnership in the project's remaining years?

A key challenge for the *NGO Networks* partnership at this point in its development is to foster maximum commitment and participation in its field and coordinating activities while keeping the demands on the NPC's time and involvement in partnership process as low as possible. Four areas for partnership strengthening are suggested for consideration:

- (1) Given the persistent differences in Partners' views of the main goals and desired outcomes of the project, it may be useful to re-affirm shared priorities and strategies. Make sure the partnership is as aligned as possible, e.g. with each other and with the shared project goals and activities.



(2) Can the current arrangements for shared control be 'lightened' to promote field buy-in and managerial effectiveness of the DC office? Given the very strong technical and managerial expertise in the project management, can the Partners' involvement at the senior levels now be reduced and focused on the field?

(3) The partnership would benefit from continuing to invest attention and resources in the strengthening mechanisms for joint learning.

(4) Finally, partnerships are strengthened by long-term orientations. Given the extensive efforts that have been invested in the *NGO Networks for Health* partnership, can the Partners identify shared interests in further collaboration? The groundwork has been laid to foster new experience-based initiatives to address the still-pressing global health concerns that have motivated the Partners since the outset of the project.



I. INTRODUCTION

The *NGO Networks* project has been described as an innovative and visionary effort to foster greater collaboration among PVOs and USAID in order to achieve greater impacts on global health issues. The strategic objective of the *NGO Networks for Health* project, funded by the Population Office of USAID, is “increased use of FP/RH/CS/HIV practices and services through enhanced capacities of PVO/NGO networks” (Results Framework, Valadez, 2000). The program description frames the project as “an unprecedented opportunity to establish and strengthen links among public and private sector entities, to enhance the availability, quality and use of targeted health services” (Cooperative Agreement HRN-A-00-98-00011-11, April 1998).

This report examines the experience of the Partners as they have organized themselves to achieve these innovative objectives in the *NGO Networks for Health* project. The assessment suggests that the partnership to date has been partially successful. Relatively greater success has been achieved in building PVO capacity than in increasing the use of FP/RH/CS/HIV health services at the community level. In the past three years, the PVO Partners have invested a great deal of effort and resources in the partnership to address emerging challenges and learn how to foster effective collaboration on the large global scale envisioned in this project. Most are optimistic about the potential to enhance success in the remaining years of the project and achieve significant service delivery objectives.

This assessment of the partnership at the global level among the five private voluntary organizations (PVOs) involved in the *NGO Networks for Health* Project was carried out between March 12 and May 29, 2001. Its main purpose is to foster better understanding of the ways in which the organization and management of the partnership has influenced the project’s ability to achieve its goals. It is designed to produce findings that are useful for both reporting and action planning by the partnership.

The report offers an analysis of the most critical factors associated with the effectiveness of the partnership to date. It suggests implications for the design and implementation of future PVO partnership projects with USAID support. It also offers several recommendations for building on the existing achievements and further strengthening the partnership in the remaining years of the project.



II. CONCEPTUAL FRAMEWORK AND METHODOLOGY

The conceptual framework for analyzing the effectiveness of partnerships and networks is based on findings from current research and 'best practice' experiences in PVO partnerships. The methodology for the assessment has been designed to produce valid and useful information for the project's decision-makers and major stakeholders (Schein, 1988; Patton, 1997).

II.1 Conceptual Framework

The conceptual framework guiding the interview questionnaire and analysis is derived primarily from current partnership management literature (Biddle 2000; Ashman 2001; Alter & Hage, 1993). Seven key factors widely associated with effective partnerships & networks were distilled from the literature and framed as conceptual guidelines for the assessment.

For the purposes of this assessment, effective partnerships are defined as those that achieve their goals and satisfy Partners and their major stakeholders (Ashman, 2001). It is necessary to assess goal achievement from the point of view of the partnership and from each of the Partners. Satisfaction is a subjective measure, yet it is important to assess because it is associated with Partners' willingness to continue investing their resources in partnerships. Partners who remain dissatisfied over time tend to leave partnerships and networks when they can.

The idea behind the framework is to develop as concise a set of concepts as possible to monitor and assess the partnership and network development processes in the project. From a management perspective, partnerships and networks are complex phenomenon (Osborn & Hagedoorn, 1997). It would be dangerous to oversimplify the analysis. At the same time, the practical realities in which managers operate limit the time and resources available for learning. By comparison, other recent partnership resources for the PVO sector identify slightly larger lists of factors, e.g. about 14 by Biddle (2000) and about 11 by Gormley (2000).

This framework seeks to strike a balance and develop an incisive but manageable set of concepts. They include:

1. Pre-existing social capital. Partnerships and networks are more likely to be effective when they are founded by groups or networks of people and organizations that share a history of working together, mutual trust, and norms that facilitate cooperation.
2. Strategic fit. Partnerships are more likely to be effective when they are founded on a sound strategic fit. There are four main elements:
 - (a) Project goals are clear and achievable;
 - (b) The project represents a meaningful value-added to the organizational portfolio of each Partner. It enables each Partner to achieve benefits that they could not alone;
 - (c) Project strategy is based on a successful model for addressing health needs that is shared by the Partners and major stakeholders; and
 - (d) The functional roles of the Partners in the project are complementary, e.g. each Partner contributes competencies and resources that together make up a project that can function smoothly.



3. Donor relationship. Most PVO program partnerships would not take place without financial resources from donors. Partnerships are more likely to be effective when donors provide resources and other forms of support in ways that facilitate the growth of genuine partnership agendas and autonomy (avoiding over-direction and too much control). Mechanisms for relating to partnerships, such as agreements and monitoring procedures, are flexible and promote mutual accountability (avoiding burdensome reporting and one-way accountability).
4. Leadership commitment. Strong and unambiguous support from senior leadership in Partners stabilizes and legitimizes the partnership. It provides assurance that the partnership is in the long-term interests of the Partners. Such leadership motivates staff to participate in and be accountable to the larger partnership.
5. Shared control. Partners are represented at the policy-making level. Operational management coordinates the Partners' activities. Partners feel they can influence major decisions that cross their individual organizational boundaries.
6. Mutual trust. Effectiveness increases when Partners have confidence that each of the others will carry out agreements and joint activities with quality. Trust usually develops through repeated cycles of collaboration.
7. Joint learning. Partnerships tend to involve new experiences, e.g. new program goals and activities, expansion into new geographic areas, and working with new individuals and organizations. Effective partnerships are more likely to evolve when Partners jointly assess the partnership processes and structures - - in addition to the program or project activities. Conflicts and problems are viewed as opportunities for learning and improving systems and impacts. Joint learning does not need to be extensive or very formal.

II.2. Methodology

The assessment questions and interpretation of data have been designed and carried out in collaboration with project managers to ensure relevance to the practical needs of the partnership. The approach to data collection and analysis is qualitative because it is most appropriate to the subject matter, e.g. understanding the experiences of the Partners and major stakeholders in organizing and managing the partnership (Denzin & Lincoln, 1994).

The assessment instruments may be standardized and applied to a wide variety of partnerships and networks by the end of the project. Through repeated use with the different types of partnership and networks supported by the project, the instruments will be tested and refined. A simple rating scale is used to assist with comparative analysis within and across partnerships and networks.

Data was gathered by reviewing project documents and interviewing 16 representatives of the Partners and the project's major stakeholder at the global level (USAID). A list of potential respondents was identified in collaboration with the Partners and project management. The criteria were to represent each of the Partners in the governing bodies (Network Partnership Council, NPC, and the Program Advisory Group, PAG), the project management, and USAID's Population Office.



We also sought to include both original members and current representatives.¹ Resources limited the selection to 16 representatives. It should be noted that, although significant insights into the partnership experience are captured in this report, other important voices may have been left out at this stage. On review of the preliminary report (May 29, 2001), the NPC decided that further interviews were not necessary for the final version of this report.

Interviews were guided by semi-structured questionnaires to obtain the respondents' views about their experiences in the partnership.² The interviews were kept somewhat open to allow respondents to discuss the issues that were most meaningful to them. At the same time, they were asked to indicate their satisfaction with various elements of the partnership by rating them on a scale of 1 to 5, with 1 as not very satisfied and 5 as very satisfied. As a part of the data analysis process, the scores were averaged, where appropriate.³ The qualitative data was coded into common themes (Strauss, 1987). These themes and their implications for the project have been discussed with two sets of partnership participants prior to writing this report, first with the project director and partnership adviser, and then at a meeting of the NPC (5/29/01).

¹See appendix for list of respondents.

² See Appendix 2.

³ Since the main goal of the interviews was to elicit respondent's views and opinions through semi-structured formats, the way in which the ratings were done varied across respondents. The next time this instrument is used, the format will be structured and respondents will be asked to rate the same questions.



III. FINDINGS: KEY FACTORS IN THE ORGANIZATION AND MANAGEMENT OF THE PARTNERSHIP ASSOCIATED WITH EFFECTIVENESS

This section presents the main findings concerning the respondents' perceptions of outcomes and their experience of key factors in the organization and management of the partnership. It emphasizes common themes in the various responses and includes direct quotes where useful to illustrate the perceptions.

III.1. Perceptions of Outcomes Achieved by NGO Networks

It may be useful to review the main objectives and desired outcomes of the project. As per the Results Framework, the development hypothesis is stated as:

- Enhancing PVO/NGO capacity to provide FP/RH/CS/HIV services and strengthening PVOs/NGOs will result in a significant and sustainable increase in the quality, access, and use of health information and services.
- There are four principal intermediate results:
 1. Sustained PVO capacity to provide quality FP/RH/CS/HIV services.
 2. Accurate knowledge and behavior change at the community level.
 3. Expanded, sustained PVO/NGO networks to provide FP/RH/CS/HIV services.
 4. Expanded service coverage through public/private and private/private partnerships.

Respondents were asked to rate their satisfaction with the project's outcomes to date.⁴ They identified two main kinds of outcomes and discussed their perceptions of the extent to which the project had achieved them:

- Strengthening the PVOs' technical capacity in FP/RH
- Implementing health programs at the field level.

Satisfaction with Outcomes

Average Score (# responses)	Range
2 (10)	0-3

The comments can be summarized in four main themes:

- Most respondents were less than satisfied with the project's outcomes overall (average rating of 2, none higher than 3).
- Of the two main outcomes, most expressed higher satisfaction with progress towards PVO capacity building than with implementation at the country level.
- Most were optimistic about the project's potential to achieve desired outcomes for implementation at the country level in the remaining time period.

⁴ Some respondents rated different kinds of outcomes differently, so each individual's responses was averaged before calculating the average of all the responses.



- A majority expressed the desire for learning about partnerships and networks as vehicles for program implementation to be an important project outcome.

Overall, respondents were less than satisfied with the project's outcomes. When interpreting this finding, it is important to keep in mind the possible impact of the events that were taking place at the time of the interviews. It could be that the closure of the project in Armenia and the budget restructuring by USAID in Washington negatively influenced their perceptions of the project's success in achieving desired outcomes.

Most respondents differentiated among the types of outcomes achieved, and expressed higher satisfaction with outcomes related to strengthening PVO capacity. At least two rated capacity building outcomes as a '4' (one referring to the core of the PVOs, and the other to their own organization). Several expressed the need for more specific information about actual program capacity outcomes.⁵

The most common attitude towards implementation at the country level could be summarized as determined or cautious optimism. Most respondents believed that the other focus country networks (Nicaragua, Malawi, Vietnam, and Ethiopia) and the new FP+ initiatives were doing pretty well and had the potential to achieve significant health impacts in their respective countries in the long term. Where there was less optimism, it was either due to the respondent's organization lacking of field offices in these particular countries or to the respondent's perception that the focus countries are not strategically important in the context of health objectives defined at the global level.

Most respondents recognized the expertise of the current project directors and expressed confidence in their abilities to lead and manage the project. Several respondents pointed out that time is necessary to build trust and linkages among the Partners at the field level, cautioning that outcomes expected in the future should be appropriate to the levels of collaboration that have been established.

A majority of respondents across the three groups (Partners, donor, and project management) expressed the desire for learning about PVO partnerships and networks to be achieved and recognized as an important project outcome. Some pointed out that the project was conceived as an experiment to test new ideas. It is built on a development hypothesis that can be reviewed in light of experience. Several Partners noted the strategic importance of learning how to collaborate effectively.

Finally, it may be useful to observe that in their verbal responses, most respondents narrowed the ways in which they referred to the projects' goals, as compared to the written versions in the cooperative agreement and monitoring and evaluation plan:

- In health interventions, from FP/RH/CS/HIV to - - FP/RH;
- In capacity building, from PVOs/NGOs to - - PVOs; and
- At the country level, from linking and network building among PVOs/NGOs, public and private sectors to - - implementation.

⁵ M&E data should be integrated.



III. 2. Strategic Fit

Indicators:

- Are the goals clear & achievable?
- Is there a health agenda/service delivery model that is shared and successful?
- Do the Partners have complementary functional roles in carrying out the activities necessary to implement the project?

Satisfaction with Strategic Fit

Average Score (# responses)	Range
2.5 ⁶ (8)	0-3

In general, respondents were a bit less than satisfied with the strategic fit. As one said, “*it’s a lumpy thing not beautiful.*” The strategic fit can also be understood by reviewing the project documents. Together the interview data and documents suggest that the strategic fit is not as sound as it could be, especially in view of the expectations for operations and outcomes on a large scale.

- The project goals were visionary, but for operational purposes also broad, numerous, and ambiguous.

Specific goals listed (number of respondents out of 16):

- PVO technical capacity building in FP/RH (14)
- Implementation at country level, e.g. focus country networks, delivering services, improving service delivery (11)
- Create new models of cooperation (6)
- Mechanism for AID/Washington to leverage funds efficiently (3)
- Document successful models of networks (1)

One of the most important issues for the partnership is that the set of goals bequeathed it was neither as clear nor as achievable as expected. In the words of the respondents, they were “*overly complex and ambitious*”, like “*a laundry list*” of goals and objectives. Moreover, the goals were not all shared by the Partners, nor were they interpreted similarly. This may not be unusual for innovative or partnership projects, but it has proved to be a major challenge to this particular partnership, with the major tension arising between the goals of PVO capacity building and implementation through partnerships with identities larger than the individual PVOs.

From the perspective of designing effective partnerships, this list includes goals with very different implications for the kinds of collaboration mechanisms needed by the project. They range from simple information exchange (documentation), to coordination of individual Partner activities (capacity building) to more complex joint program delivery (implementation). To achieve this set of goals, the project would need a relatively sophisticated and well-coordinated approach to setting up and managing collaborative activities.

⁶ Respondents rated the strategic fit with respect to their own understanding of the concept. In the future, the concept will be broken down into four elements to be rated and discussed, e.g. goals, program model, functional roles, and perceived value-added.



- There is little evidence of a shared program model for health services beyond the FP/RH/CS/HIV labels.

Only a few respondents articulated a strong health based vision or strategy for the project, and those who did referred to global statistics. There have also been recurring questions from project directors (global level) about program quality, such as the lack of shared standards for assessing staff. A clear program model, based on shared understanding among the Partners of critical health issues and how they will be addressed, could have served to unite Partners around a common cause and provide a common basis for dealing with the quality issues. Two of the Partners' technical specialists observed that these kinds of differences among the Partners (ideology and standards) have been related to difficulties in cooperating effectively. There are no clear standards for defining a quality program or norms about how to manage quality issues across the PVO Partners.

- In a number of critical areas, the functional roles planned for the Partners, the project's office in Washington, and USAID did not work out as expected. These challenges created tensions among the Partners and hindered progress in coordinating and implementing activities. More generally, they inserted a wedge in the trust and confidence of the Partners in their joint plans.

Technical assistance by two of the Partners to the other three did not work out as well as expected, for at least two reasons. First, it was difficult to reconcile these roles with the emerging dominant partnership values about developing equitable relationships among the Partners. Second, some perceived that conflicts of interest were built in to the design, such as the funds to provide technical assistance to external Contracting Agencies (CAs) and the separate parallel project awarded to CARE. Some felt that these arrangements set up the Partners to compete with each other within the Networks project structure. Roles as to which Partners were providing and which receiving technical assistance were not clear and shared by all. Some felt that CARE's attention and interests were drawn away from participation in Networks by having their own similar project to manage, and that USAID would assess the success of the two projects in relation to each other. CARE representatives did not share these perspectives, asserting that both projects were important to CARE.

Implementation at the country level was dependent on the cooperation of PVO field offices (or Partner organizations) and USAID Missions. Yet in many of the Partner organizations, and in USAID, these offices have a significant degree of autonomy with respect to decisions about programs and resource allocation. The project design suggests that there was an expectation among the founders of the project and of USAID/Washington that the project and the agency at the global (or headquarters) level would be able to foster collaboration at the country levels. This expectation, whether explicit or implicit, did not work out as well as planned.

The role of Networks' project office in DC has appeared to shift from leading project implementation (although this continues in the focus country projects) to one of making grants and providing technical support to the PVO Partners in HQ and the field. Respondents comment that they are more satisfied with the "*bottom-up*" approach to their country offices.



III.3. Pre-existing Social Capital

Indicators:

- Were there extensive norms and networks of mutual trust and knowledge to facilitate cooperation among the Partners?

Social Capital	
Score	Rating
1	Researcher

Based on respondents' information about the extent of previous cooperation, the researcher has rated the level of social capital as very low. One would predict that a good deal of time and attention would need to be invested in the early years of the partnership to build the understanding and trust necessary to cooperate effectively. One would also calibrate expected outcomes for the first few years to indicate partnership development rather than external outcomes.

Respondents reported that there was little or no pre-existing cooperation among Partners at the global level. There may have been some CEO & interpersonal relationships, and some cooperation at the country level (but not in focus countries). At the same time, all were experienced in partnerships with other 'peer' organizations, and some in fostering partnerships & networks at the country level with national and international agencies.

This led to an initial situation in which there was little shared experience with each other along with a sense of confidence among most of the Partners in their own individual organizational approaches to partnership.

- The differences in the Partners' norms for cooperation in partnerships, stemming from experience-based learning, are quite significant::
- Be flexible and accommodate others (4)
 - Communicate and make decisions informally (2)
 - Protect equity in governance and decision-making through formal procedures(2)

Different ideas about the fundamental purpose and ownership of the project can also be traced to the lack of extensive pre-existing social capital. In the absence of dense ties among the Partners, different understandings of how the project was developed emerged. There may be elements of 'truth' in each of the versions, but the important issue for this analysis does not concern which version (if any) is 'true', but rather, the different mindsets that are revealed in the perceptions. These different ideas may well have been at the root of some of the major challenges for the project in developing cohesive mechanisms for governing and managing itself.

- The project concept was initiated by Partner A vs. initiated by Partner B (1 person recognized both versions).
- USAID initiated the project to replicate its experience with health networks in Bolivia and Mali.
- A group of PVO CEOs initiated the project with top level support of USAID.



- The main purpose of the project was to develop and test new models of cooperation (not repeat prime-sub model) vs. the prime-sub arrangement is a standard and acceptable way of structuring partnerships funded by USAID.

The need to strengthen social capital at the outset seems to have been recognized by some. There were conscious efforts to build the partnership at the global level first. Sigrid Anderson reports her efforts to introduce the PVO Partners to the individuals and organizational culture of USAID.

These efforts to build the partnership appear to have been hindered by a number of pressures:

- from USAID/Washington to start up in Turkmenistan;
- emerging differences and conflicts among the project director, staff, & NPC;
- time pressures on participation by NPC members; and
- more recent perceptions among some stakeholders that partnership-building at the global level, without clear linkages to field impacts, was not a valid use of resources.

Soon after its initial founding, the partnership was faced with a critical dilemma: there were a number of pressures for cohesive decision-making before Partners had the opportunity to develop the relationships, norms, and mechanisms to govern and manage the project collaboratively.

III.4. Shared Control and Leadership Commitment

The themes relating to these two factors are so inter-related that they are presented together in this section. Like the elements of strategic fit discussed above, the arrangements for control of the partnership have proved to be at the center of the main challenges for the *NGO Networks* partnership.

Indicators of shared control:

- Are governance bodies representative (e.g. for policy-level direction and decisions)?
- Does operational management (e.g. managers of implementation) coordinate the Partners rather than attempt to direct them in implementing the project's activities?
- Are Partners satisfied with their influence on decisions?

Indicators of leadership commitment:

- Do the senior leaders of the Partners give messages of strong support for the partnership to their staff?

Satisfaction with Shared Control:

Average Score (#responses)	Range
3 ⁷ (9)	2-5

Main themes:

- General satisfaction among the Partners with current arrangements, especially with the improvements made since the beginning of the partnership.
 - One Partner not satisfied, since they are not compatible with expectations.

⁷ Some respondents rated different of these indicators. Individual scores for the whole concept were compiled, then averaged.



- Donor and current project management very concerned about the lines of authority and accountability for the resources spent by the project.
- Current project management perceives the need to strengthen the identity of the partnership in the field.

- A significant number of Partners perceive that they have had inadequate influence in decision-making (8). Frustration reported with getting the project moving e.g. “*too much wheel spinning*”, “*too much process with no results*”.

- For operational purposes, the partnership involved all the Partners in some level of frustration or pain, yet delayed management control until project boundaries and norms for managing it could be developed to a greater extent.

To the extent that the Partners reported satisfaction with the arrangements for governance and management, they primarily referred to the improvements that had been achieved. Most respondents were satisfied with the current arrangements for the NPC, PAG, and the project management. They reported major changes made and significant resources invested. One significant step was the development of a shared vision and mission by the NPC. Other investments included hiring partnership consultants, spending a lot of time in meetings and in dealing with Networks matters, and enduring frustration on behalf of the project, e.g. “*we’ve been bludgeoned*” or “*some call this the pain project*”.

The Partners also reported their own level of commitment to the partnership as relatively high, citing the time, resources invested, and the seniority of leadership involved (average score of 4, based on 9 ratings). Several remarked that the project was important strategically, if not in the outcomes of this particular project. In the PVOs and USAID alike, the value placed on learning to make collaborative strategies effective appears to be quite high. One Partner felt the current approach of the FP+ initiative was competitive and not consistent with the original values of the equity model for the partnership. Key differences like this among the Partners may well continue to present challenges for cohesion and cooperation.

An important learning articulated by several respondents concerns their understanding about the need for boundaries between the authority of the Partners and the authority of the project director to supervise the seconded staff working in DC. For reasons not uncovered in the course of this assessment, conflicts between the project directors and staff disrupted the partnership until the new directors were hired.

Apparently, when these issues surfaced, Partner representatives gave quite different messages to their staff, based on their own understanding of the issues and the people involved. One or two Partners said, “*We told our staff that they needed to work with the director, and that was the end of it*”. Other Partners perceived the need to get involved: “*We sent some of our best people, so we questioned the complaints*”; and “*I told our staff they needed to work with the director, but when they said there was no space, it rang true and I felt I had to listen and support them*”. However, there now seems to be strong agreement on the need for the Partners to delegate authority for staff supervision to the project directors.



By default, the combination of the two areas for attention - - establishing norms and mechanisms for governance and dealing with tensions between the directors and the staff - - slowed coherent implementation of project activities. The project management in DC was not able to establish the boundaries and authority necessary to define operational goals and implement activities. The lack of cohesive governance and delegation of authority to the project directors hindered their abilities to lead the staff and manage the pushes and pulls on the project from the donor and from Partners themselves. Project management responsibilities appeared to become fragmented and were vulnerable to intra-staff politics and pressures.

As a result, the project today has made important improvements yet would benefit from a stronger positive identity, especially in the field. “*This project is more like in year two than year four.*” A shared sense of partnership in the project is yet to develop fully. To some, leadership by the NPC and PAG seems to be more influenced by their own individual PVO interests and styles than by the shared goals and interests of the partnership. This makes it difficult for the Networks partnership based in DC to have an effective voice at the field level.

III.5. Donor Relationship

Indicators:

- Does the donor facilitate development of an autonomous partnership with an authentic agenda (avoiding over-direction and control)?
- Do funding mechanisms foster flexibility & mutual accountability (avoiding burdensome reporting & permitting the Partners to be accountable to all stakeholders)?

Satisfaction with the Donor Relationship

Average Score (# responses)	Range
2.7 (10)	1 – 4.5

Themes:

- Very divergent perceptions among the Partners of the relationship with USAID (note range of 1 – 4.5). Some view the behavior of USAID as having been controlling and directive while others see it as collaborative and tolerant.
- Most Partners and USAID representatives report a sense of shared responsibility for creating the relationship between the partnership and the donor. There is very little one-way blame for the difficulties.
- Although the strategic objective and broad goals remain the same, there appears to have been a shift in emphasis by USAID. At first, donor representatives appear to have accepted and encouraged innovation and learning, capacity and relationship building. More recently, the agency has tended to emphasize the expected implementation outcomes and cost/budget management issues.
- Shared interest in learning, due to high stakes for all. Appreciation of financial and reputational risks involved.



Just as the Partners were not like-minded about norms for cooperation among themselves, they also were not like-minded about how to cooperate with USAID. This may well have added to the sense of fragmentation and challenges of cohesion. Two sets of norms about how to relate to donors: ‘we accept and appreciate the donor’ vs. ‘we think its appropriate to name issues in the relationship’:

- The relatively accepting group is satisfied: they see USAID behavior as normal or even exceptional, e.g. “*founded by NGO moles in USAID*”, “*tolerant of a project dysfunctional at best*” -- vs. –
- The relatively challenging group is less satisfied. Their concerns include: micro-management by USAID; pressure from USAID to accept personnel & country choices; projecting a sense of ownership by USAID rather than the PVO Partners; USAID’s failure to market to the Missions sufficiently; the de facto set up of internal competition among the Partners; and the change in management of the relationship when USAID staff changed. One described their preferred relationship with USAID as “*intimate distance*”. Another reflected that USAID’s behavior is less satisfying than other donors that provide funding on more open terms.

Many Partners, the donor, and the project management agree that it is important to align expectations about the costs of the partnership project. Efficiency is as an important issue for USAID and several Partners alike.

- For USAID, there is concern over the cost of multiple overheads in partnerships at country level, “*we thought we were getting 5 for the price of 1, instead we’re paying the price of 11 and getting 5*”. There has been concern about the lines of accountability and authority in the project. Although they were not discussed at length in this assessment, the closure of the Armenia project and the subsequent restructuring and budget reductions indicate some very serious concerns about the use of USAID resources.
- For the Partners, the budget reductions were seen as legitimate, perhaps, but a de facto sanction applied just as the project was getting itself organized and positioned to deliver on the implementation goals. Partners emphasize very strongly the labor-intensive nature of partnerships and assert that expectations about costs need to be realistic.

III. 6. Mutual Trust

Indicator:

- Do Partners believe that the others will carry out their commitments?

Satisfaction with Mutual Trust

Average Score (# responses)	Range
2.5 (5)	0 – 4.5

NB: When asked their comfort level with others, the average score was 4.2 (9 responses, ranging from 2.5 – 5).

Main themes:

- NPC members have come to feel comfortable with each other, socialize, express like and respect for each other. Interpersonal relationships among NPC have developed and are seen as positive (increase in relational, if not social, capital).



- It has been challenging to expand these interpersonal relationships to interorganizational relationships, especially as related to field implementation (social capital).
- Partners are less than confident that others will carry out their commitments, but generally express understanding about why follow-through is so difficult. There has been a consistent pattern of NPC members being unable to follow through on their commitments to foster cooperation inside their own organizations.
- Lack of knowledge about quality of others' programs may be important influence in willingness and ability to cooperate in joint programs.

A positive evolution can be traced from the first year of the project, when no one knew or trusted each other, to the current situation where individuals on the NPC and PAG express high levels of like and respect for each other.

A number of reasons were given for the apparent difficulty of NPC members to follow through with their commitments. Competing priorities and the lack of time were probably the most common. However, several also noted the influence of different organizational management cultures, especially the decentralized or networked decision-making systems. Several of the technical staff spoke of their approach to garnering cooperation within their own organizations as marketing or selling the project to other staff, field offices, and senior management. Unfortunately, a couple of respondents noted that some of the issues within the Networks project had reduced their credibility to market the programs internally.

Finally, it may be important that most of the respondents could not comment on the quality of the others' programs. This lack of knowledge is probably associated with the lack of social capital among the Partners already discussed. One of the Partner technical staff willing to rate the others estimated their quality at about 2.5. They linked the judgements about quality with challenges for cooperation at the country level, e.g. *"we lack faith in joint planning, since we have concerns that they would represent us to the donor and the government"*.

III. 7. Joint Learning

Indicator:

- Are there mechanisms to foster joint learning about partnership organization, management, and implementation? Are they working well?

Satisfaction with Joint Learning

Average Score (# responses)	Range
3.8 ⁸ (4)	2.5-4

Main themes:

- Few mechanisms are in place to foster joint learning about the partnership, as distinct from mechanisms to foster learning among the Partners about technical health issues.

⁸ Many of the respondents associated the question with PVO capacity-building. Interview time was too short to explain the question properly.



- Most Partners express relatively high satisfaction with the mechanisms for learning among the Partners, e.g. joint workshops, cross-visits, dialogue in field & NPC, documentation, a couple of joint field tests.
- Individuals and sub-groups have learned quite a bit from the project. Learning is associated with improvements in the partnership and application to other partnership experiences.
- The current project director and donor emphasize the need to put systems in place to achieve learning outcomes related to health and partnership/network outcomes from future implementation experience.

Most if not all of the respondents reported significant learning about how to organize and manage partnerships. Particular lessons and insights appear to have been internalized by individuals and sub-groups among the Partners, primarily through organic processes (rather than formal assessment or evaluation). Several noted ways that learning has been applied in other partnerships. One has authored a paper on partnerships.

At the level of the partnership as a whole, learning has not been articulated, but could be interpreted as evident in the changes made in the governance & project management. Without the presence of a clear and shared model for health programs or for the role of partnerships as strategies for program implementation, systematic joint learning would be very difficult, if not impossible.

Important 'lessons learned' articulated in the interviews and during preliminary discussion of these findings include the following:

- Need to identify clear expectations, achievable objectives & significant value-added to the organization at the outset.
- Need to clearly define the project's niche in the environment (e.g. health interventions) and build in roles based on the complementary skills of the different organizational Partners.
- Need to invest significant 'face time' up-front in partnership development.
- Need for selecting appropriate staff, empowering project management to supervise, & assure staff a place in the organization when project over.
- Need a structure to ensure a field orientation & impact from the start, e.g. a bottom-up approach to internal project identification, consultative approach by the project director, budget design & management, etc.
- Tolerate differences in organizational cultures, management styles, sizes, etc.
- Recognize that partnerships don't always work.

Summary of Findings: This section has reported the data gathered from the Partners, the current project management, and USAID regarding their perceptions of the effectiveness of the partnership. It has identified major themes and issues related to the project's outcomes and seven key factors in the organization and management of the partnership. The most satisfying elements of the partnership have been in building individual PVO capacity, the level of commitment individual PVO representatives invested in the project, and the progress made towards establishing shared control and building interpersonal relationships within the NPC and PAG.



The most challenging aspects, on the other hand, have been in developing a partnership among organizations that were new to each other, without the benefit of a sound strategic fit in the project design. Different mindsets among the Partners about how to collaborate with each other and with the donor have made it difficult to build a cohesive and effective partnership. The internal management issues that emerged early on appear to have exacerbated the tensions and increased the difficulties of developing an effective project.



IV. DISCUSSION AND RECOMMENDATIONS: UNDERSTANDING THE NGO NETWORKS PARTNERSHIP EXPERIENCE AND APPLYING LESSONS LEARNED IN THE FUTURE

Based on these findings, some general ‘lessons learned’ about the effectiveness of the partnership to date can be discussed. The purpose of this section is to foster better understanding of the issues that have influenced the effectiveness of the *NGO Networks* partnership and suggest some implications for future partnership planning and action. Recommendations are offered for revising the development hypothesis on which the project is based and for strengthening the *NGO Networks* partnership in its remaining years. The discussion is organized to address the following five questions:

1. Why has the project achieved generally less than satisfying outcomes to date?
2. Why has the project been relatively more successful at building PVO capacity?
3. Why has implementation at the country level been less successful than expected?
4. What are the implications for the project’s development hypothesis and the models of partnership being tested?
5. What recommendations can be suggested for further strengthening the partnership in the remaining time period?

IV. 1. Why has the project achieved generally less than satisfying outcomes to date?

- Current perceptions of satisfaction influenced by high early expectations, the sense that costs have outweighed benefits, and USAID measures in Armenia and DC.
- Significant challenges of partnership building have absorbed a great deal of resources.

Judgements of satisfaction tend to be influenced by expectations. The fairly high expectations and early visibility of this project may have contributed to respondents’ perceptions of relative dissatisfaction with the outcomes. Similarly, the network closure in Armenia and the budget reductions from USAID in DC have sent messages that the project has not performed as expected.

The project was a high profile initiative for the PVOs and USAID, as indicated by the involvement of the some of the most senior PVO and USAID leadership in developing the concept and the big launching ceremony on Capitol Hill. Project documents frame expectations for significant impacts in multiple ways: at global and country levels, in the PVOs and in broader networks with national NGOs, governments, and the private sector. Furthermore, expected improvements in health services were designated in four areas (FP/RH/CS/HIV) and of three types (quality, access, and use).

Yet the current perceptions of satisfaction are not entirely attributable to overly optimistic expectations. Many respondents have reported that the resources invested in the partnership to date have not yielded the level of results that they could have. Several referred to explicitly financial cost-benefit analysis. Most also mentioned additional resources that can be more difficult to measure, like emotional energy and managing challenges to their credibility. Several voiced frustration with their



experience of investing significant time and energy in partnership process without seeing direct results in improved project implementation.

The findings related to a number of the key factors suggest that the partners have faced some very real challenges of partnership building. These challenges have absorbed significant attention and resources and delayed important elements of project implementation. To some extent, these challenges were predictable and it is unfortunate that the project's design did not build in sufficient time to build the partnership. The main challenges have been associated with the partnership's lack of a sound strategic fit and arrangements for shared control. Contributing challenges were located in the low level of pre-existing social capital and the relationship between the partnership and the donor.

In a nutshell, the project was bequeathed a broad and ambitious set of goals but had little of the foundation of shared experience and like-mindedness on which strong partnerships are based. From a management perspective, the original set of goals and intended results was so open-ended that it needed strong leadership and management from the outset to define clear objectives and set up systems for carrying out the various activities in the sequences that would lead to desired outcomes. Additional demands for strong leadership from the young partnership were experienced early on, such as the pressures from USAID and the internal management issues.

As they responded to these challenges, the Partners found they had different expectations for the project and no mutually acceptable forum or mechanism to make joint decisions and provide cohesive direction for the project. With little previous shared experience and virtually no mutual knowledge of each other, the stage was set for a slow and even torturous first year or two. With unclear objectives, there was no shared focal point around which to rally when things became trying. It is not surprising that each PVO would then decide from its individual perspective how to use the project as it thought best.

In sum, the partnership has faced a number of challenges that are not uncommon for partnerships, such as the time necessary to build relationships of trust and common understanding. As compared to implementing programs by individual organizations, partnership is often recognized as labor intensive and time-consuming. The benefits of partnership strategies have to be very clear to partners, so that there are few, if any other ways for program objectives to be accomplished. In this light, it is remarkable that the project has accomplished as much as it has. Despite the challenges, Partners stayed with it and worked at improving it. The most significant payoffs for the Partners may well be in the future, even in the absence of long-term support for the project from USAID. Future partnerships between some – or all - - of the Partners have the potential to be designed and implemented on a sounder basis of experience and shared understanding.

IV.2. Why has the project been relatively more successful at building PVO capacity?

- Of the broad set of goals, there was the greatest consensus about PVO capacity building.
- The Partners made significant investments to strengthen the partnership.
- As compared to building networks and implementing joint services, capacity building requires less complex forms of collaboration. Individual PVOs can take action within their own spheres of influence.



A large majority of respondents listed PVO capacity building among the main goals of the project and as the main outcome with which they were most satisfied. This suggests that where there was consensus, the partnership was able to organize and implement activities to achieve its goals. There may also have been the greatest sense of felt need and least internal resistance among many of the Partners to the activities associated with building PVO capacity. A number of capacity building activities were cited as satisfying, e.g. asset-mapping, joint workshops, and cross-visits. The data collected through the monitoring and evaluation activities should provide some measurable evidence of progress achieved.

Responding to the main partnership challenges discussed above may have absorbed significant resources, but the Partners did strengthen the partnership and achieve important desired outcomes. Relatively high satisfaction with three particular factors may be linked to Partners' success in building a stronger partnership: their commitment to the partnership, the improvements made in governance and management, and the interpersonal relationships developed among NPC and PAG members.

Finally, partnership theory would also suggest that the activities involved in capacity building may have been easier to carry out because they require less complex coordination mechanisms than those involved in joint program implementation. The capacity building activities mentioned in the interviews have involved relatively simple, short-term, and low-risk collaboration, like workshops and meetings or hiring staff internal to one Partner. These kinds of activities were more appropriate for the level of social capital among the Partners at the global and country levels.

IV. 3. Why has implementation at the country level been less successful than expected?

The question can only be addressed with insights from the global assessment, but some important hypotheses can be suggested:

- At the global level:
 - Of the broad set of goals, there was the most divergence in the kinds of implementation expected.
 - The initial partnership drive, focus, and spending was centered at the global level rather than at country levels.
 - Decentralized organizational structures of some Partners and USAID hindered effectiveness of global-centric or top-down strategies.

There were some interesting differences in the respondents' statements about perceived implementation outcomes. Some focused on the goal of building and strengthening country level networks, while others focused on the goal of improved service delivery through country office programs. The comments reflect a fundamental tension for many respondents regarding the role of partnerships and networks in the project. There appear to be ongoing differences as to whether the project is building partnerships and networks for the sake of building innovative partnerships and networks - - or - - building partnerships and networks as a means to the end of improved health service delivery. To be fair, no one is arguing for building partnerships and networks that do not produce benefits for health service delivery. Rather, the difference is more in the emphasis given to



the types of activities and outcomes expected: some focus more on capacity and partnership building, while others focus more on the improved service delivery, as measured by increased quality, access, and use.

Most respondents noted that the partnership had rightly corrected its early focus on the global level to the country level. The reasons for the initial focus at the global level were not entirely clear from the assessment, but overall budget allocations and staffing decisions are reported to reflect a bias towards the global level. The project's designers may have expected a 'natural' transfer from the global to the country levels that did not materialize.

One major factor lies in the internal organizational structures and management styles of the Partners and of USAID. Because many of the Partners and USAID make major decisions about program cooperation and resource allocation at the country level, the partnership could not achieve the goals set at the global level without significant local interest and buy-in. Assessment at the country level is necessary to understand why such interest was not more forthcoming.

- At the country level:
 - Lack of social capital among the Partners.
 - Approaches to focus country activity emphasized building and strengthening networks as institutions rather than as strategic health interventions.

Evidence from the interviews of the global assessment suggests that there was little previous cooperation among the Partners at the field level. Respondents suggested that the country offices of the Partners may have been ignorant of each other or even actively engaged in competitive relationships for funding. Given that decisions are made with some degree of independence at the country level, the pre-existing social capital within the country may be expected to influence the level of collaboration that can be expected.

Finally, the project documents (and the consultant's experience) indicate that the framework for partnership and network building in the field was geared more to building institutions and relationships than to producing strategic health interventions through collaboration. More attention appears to have been given to the institutional arrangements than to the considerations of strategic fit and effectiveness. Again, further analysis of experience at the country level is necessary to better understand the progress of the project towards the implementation outcomes.

IV. 4. What are the implications for the project's development hypothesis and the models of partnership being tested?

IV.4.1. Re: the development hypothesis. Does enhancing PVO/NGO capacity and partnerships lead to significant and sustainable increases in the quality, access, and use of health information and services? There are two key lessons learned:

- (1) Capacity building and partnership building are institutional and relational goals and outcomes. Achieving them will not necessarily lead to increased scale and improved quality of services to communities unless the functional linkages are clearly understood, shared, and acted on by all the Partners and major stakeholders.
- (2) There is little or no evidence of the active involvement of NGOs in either the capacity building or network strengthening interventions. Although NGOs are present in country level



networks, the language in the plans and the interviews at the global level suggests they may be involved in subsidiary roles rather than as Partners or network members. This would run counter to current best practices of PVO/NGO partnership (see Biddle, 2000, Gormley, 2000, Ashman, 2001). If project results are to be nationally owned and sustainable, NGOs and other national agencies must be involved as Partners in their own rights.

It may be helpful if the hypothesis is revised to make the expected linkages between capacity building and implementation clearer and shared among the Partners. Institutional strengthening and relationship building are complex enough in and of themselves that they can absorb significant resources without demonstrating clear impacts on enhanced outputs and outcomes. In a partnership as complex as this one, e.g. five Partners new to each other working at global and country levels, the need to make expected linkages explicit is even greater.

Similarly, if PVO/NGO capacity and partnership strengthening is expected to treat the NGOs seriously and not as “*worker bees*” in PVO programs, much more attention needs to be given to consulting the NGOs in project design and enabling them to influence decisions throughout the implementation processes. Presumably, the same applies to the public and other private Partners mentioned in the project documents.

IV.4.2. Re: the partnership models. Is a large-scale partnership among global PVOs a viable way to increase the scale and quality of service delivery - - at the least cost - - for USAID and the Partners? There are four main lessons learned:

- (1) Anticipate the time that may be needed for partnership building.
- (2) Build in flexibility in Results Frameworks and Implementation Plans to allow partnerships to change and reorganize themselves through negotiation and re-negotiation.
- (3) In the design and early operational phases, match coordination mechanisms to collaborative goals and activities.
- (4) Reassess expectations about the cost-effectiveness of partnerships for USAID and for PVO Partners.

It would be a shame to discard partnership of PVOs (with global and country levels of collaboration) as a strategy for program implementation based on the challenges of this partnership project. The kinds of collaboration being attempted are relatively new and complex undertakings. A learning curve is to be expected. Modifying partnership models applied in future projects in these four ways should foster improved performance, other things being equal.

First, the model needs to build in the social capital factor and sequence activities and expected outcomes to permit sufficient partnership building. To expect significant outcomes from a number of diverse Partners new to each other in 2 or even 3 years seems unrealistic. Anderson’s (1990) ‘Input-Output Continuum’ in Lorange and Roos (1992) is one conceptual framework that could be integrated for planning purposes. Anderson considers partnership building as an input that leads over time to the desired external outputs, which in this case would be improvements in health service delivery.



Furthermore, Partners may be expected to negotiate and re-negotiate changes in their partnerships as they gain experience in working together. Given the emerging differences in norms of collaboration and the limitations of the expected functional roles, having the flexibility to change the partnership would have been helpful. The *NGO Networks for Health* partnership may have benefited from the freedom and capacity to re-negotiate goals, change operational plans, and perhaps even create new sub-groupings of like-minded Partners.

Third, if building individual PVO capacity is a key goal of a partnership, then relatively loose mechanisms for information sharing and exchanging expertise may be most appropriate. On the other hand, if joint program delivery is the objective, then more complex mechanisms for shared governance and implementation are required. Prior to the FP+ initiative, this partnership project appears to have included a variety of collaborative activities at country and global levels under the umbrella of one kind of relatively complex collaborative mechanism.

Finally, several issues related to the perceived or actual costs of the partnership have been raised. A quantitative cost-benefit analysis is beyond the scope of this assessment, but may be quite useful for further study. In many ways, it does make sense for USAID to transfer some of the transaction costs of grant making to groups of PVOs and NGOs. Their organizational systems and relationships with communities should make it comparatively easier for them to manage grants than for USAID.

At the same time, the real challenges and costs of managing these funds among global organizations in partnerships and networks need to be recognized and compensated. There are transaction costs to grant management that need to be identified and factored in to expectations and budgets. Building authentic partnerships is often time-consuming and labor intensive, which can be costly. A potentially effective model seems to be emerging in the Networks project, with the DC office as grant-maker and provider of technical support to PVO Partners.

IV. 5. What recommendations can be suggested for strengthening the partnership in the remaining years of the *NGO Networks for Health* project?

A key challenge for the *NGO Networks* partnership at this point in its development is to foster maximum commitment and participation in its field and coordination activities while keeping the demands on the NPC's time and involvement in partnership process as low as possible. The following suggestions are made from the point of view of strengthening the partnership to be more effective as a partnership, based on the key challenges identified in the previous analysis. The recommendations should be regarded as suggestions for discussion by the Partners, and must be considered in the context of the realities facing each of the Partners and the partnership at the time they may be applied.

(1) Given the persistent differences in Partners' views of the main goals and desired outcomes of the project, it may be useful to re-affirm shared priorities and strategies and acknowledge individual goals that Partners may be pursuing individually. The key recommendation is to make sure the partnership is as aligned as possible, e.g. with each other and with the shared project goals and activities. Suggestions include:

- Develop (if not already done) and discuss very simple and straightforward summaries of the main shared goals, implementation strategies, and expected outcomes.



- Partners could explain to each other how their individual organizations will benefit from the shared activities, e.g. the “value-added” of *NGO Networks* for each Partner. If each knows how the others expect to benefit, reciprocal cooperation becomes easier.
- Partners could acknowledge any initial expectations of goals, partnership, outcomes that they may have to let go of at this point. Refresh and reframe the partnership expectations, if needed.

(2) Can the current arrangements for shared control be ‘lightened’ to promote field buy-in and managerial effectiveness of the DC office? Given the very strong technical and managerial expertise in the project management, can the Partners’ involvement at the senior levels now be reduced and focused on the field? Questions to address:

- Can the interpersonal ‘relational capital’ among the NPC be extended to create more inter-organizational social capital among the Partners? Can the Partners address the recurrent pattern of difficulties for NPC members to translate the verbal agreements made in the NPC meetings to active interest and cooperation in the country offices?
- Have the project managers articulated what they need from the NPC and PAG as clearly as possible? Individual discussions suited to each Partner may be more fruitful than group discussion on these topics.

(3) The partnership would benefit from continuing to invest attention and resources in the strengthening mechanisms for joint learning.

- Are there sufficient plans underway for learning about both the health issues and about the partnership and networks as vehicles for implementation?
- How does global coordination lead to local action?

(4) Finally, partnerships are strengthened by long-term orientations. Given the extensive efforts that have been invested in the *NGO Networks for Health* partnership, can the Partners identify shared interests in further collaboration? The groundwork has been laid to foster new experience-based initiatives to address the still-pressing global health concerns that have motivated the Partners since the outset of the project.

- Has PVO capacity been built in ways that will foster new opportunities for joint program implementation?
- Have Partners discovered sub-groups of like-minded PVOs with common interests and shared norms of working together?

Are there some countries where relatively higher levels of social capital among some Partners may foster more effective collaboration?



APPENDIX I

Respondents and Key Documents

Respondents:

ADRA: Ron Mataya; Randy Purviance

CARE: Ellen Pierce; Maurice Middleberg

PATH: Sam Clark; Ann Wilson

PLAN International: Martin McCann; Sam Worthington

Save the Children: Diana Myers; Gary Shaye; David Oot

USAID: Sigrid Anderson; Ann Terio; Michelle Moloney-Kitts

Project Management: Marge Koblinsky; Colleen Conroy

Key Documents:

Cooperative Agreement HRN-A-00-98-00011-11 April, 1998.

Results Framework. Joe Valadez. 2000.



APPENDIX II

Questionnaire: Assessment of NGO Networks at Global Level

Purposes:

1. Understand how the organization of the partnership among the 5 PVOs at global level has influenced the project's ability to achieve its goals.
2. Further inform Project Director, NPC, & PAG for planning & management
3. Document current "state of the partnership" for purposes of reporting.

Expectations:

1. Confidentiality of remarks.

WHAT IS YOUR ROLE IN NETWORKS/YOUR ORGANIZATION?

STRATEGIC FIT

1. In your understanding, what are the main goals of the project?
2. How developed? Who's ideas? Who else influenced?
3. What types of collaboration do you expect from each of the Partners?
4. What are the roles of the Partners at the global level?
5. How satisfied are you with the fit between the Partners? (1-5, little to very)

LEADERSHIP COMMITMENT

1. Rank your level of commitment to Networks, as compared to other projects/initiatives in your PVO? 1 to 5, less to more. Explain.
2. What messages do you get from your senior management about the project?
3. What messages do you give your staff about your PVO's commitment?
4. How have you advised them to manage potential conflict between project and the PVO?
5. What, if anything would increase your level of commitment to the project?

SOCIAL AND RELATIONAL CAPITAL AMONG THE PVOS

1. Pre-existing working relationships with the other the PVOs?
2. Other similar kinds of relationships with non-Network PVOs or equivalents?
3. Have you joined others since Networks?
4. How has participation in Networks influenced others?

DONOR RELATIONSHIP

1. What was the role of USAID in the creation of the partnership?
2. Their/Your interests and expectations?
3. What terms & conditions in the formal agreement influence partnership structure and process?
4. How satisfied are you with USAID's role in the partnership? (1-5)
5. USAID Missions: what are their expected roles? How satisfied?
6. USAID Global level: what is their role? How satisfied ?

SHARED CONTROL

1. How satisfied with governance arrangements, e.g. NPC, PAG? Explain.



-
2. How much influence does your PVO have in decision-making? 1 - 5, too little, too much; Explain.
 3. Explain the arrangements for managing the partnership. How satisfied are you with them? 1 - 5; Explain.

MUTUAL TRUST AND RESPECT

1. How comfortable do you feel working with the other NPC members? 1 - 5 (not very to very). Explain.
2. To what extent do you trust other members to carry out their commitments? 1 to 5. Explain.
3. How do you perceive quality of the other PVO programs?

JOINT LEARNING

1. What are the mechanisms to foster joint learning?
2. How are they working? Rate on 1 - 5 scale.
3. Major lessons learned? Shared lessons?

OUTCOMES

1. To what extent are the project goals and objectives being met? 1 - 5. Explain.
2. What else could be done to increase performance?

OTHER COMMENTS?



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