

**World Vision India- CATALYST/India
Partnership**

on

‘PRAGATI’ Project

Report

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Acronyms

ANM	Auxiliary Nurse Midwife
APRO	Asia Pacific Regional Office
AWW	Anganwadi Worker
BCC	Behavior Change Communication
BRICS	Ballia Rural Integrated Child Survival Project
CA	Cooperating agency
CDPO	Child Development Project Officer
CEDPA	Center for Development and Population Activities
CEO	Chief Executive Officer
CSP	Child Survival Project
DIP	Detailed Implementation Plan
FAR	First Annual Review
FP	Family Planning
ICDS	Integrated Child Development Scheme
IFPS	Innovations in Family Planning Services
LHV	Lady Health Visitors (Supervisors of ANMs)
MOH	Ministry of Health
MOIC	Medical Officer In Charge
MS	Mukhya Sevikas (Supervisors of AWWs)
NGO	Nongovernmental Organization
OBSI	Optimal Birth Spacing Interval
OCP	Oral Contraceptive Pills

PRAGATI	Protecting and Advancing Gains Project
PVO	Private Voluntary Organization
RH/FP	Reproductive Health and Family Planning
SIFPSA	State Innovations in Family Planning Services Agency
TA	Technical Assistance
TOR	Terms of Reference
TOT	Training of Trainers
UP	Uttar Pradesh
US	United States
USAID	United States Assistance In Development
WV	World Vision
WVUS	World Vision United States

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1. Purpose and scope of this report

This is a report of an external review of the partnership between CATALYST/India, one of the USAID supported CAs (cooperating agencies) and World Vision, a US Private Voluntary Organization (PVO).

The primary purpose of this report is to document the partnership process between a PVO and a cooperating agency, both supported by USAID. The PVO concerned in this documentation is World Vision and the cooperating agency is CATALYST India. The area of technical assistance offered in the partnership is reproductive health and family planning (CATALYST India) to be integrated into a child survival project (World Vision) in India.

This report also attempts to document a promising partnership model between the two organizations and make it available to the partners concerned, as well as to USAID and other organizations interested in such collaborative efforts. The report will capture the partnership's key processes and critical approaches. Additionally, the report will present the achievements to date, the challenges encountered and provide recommendations to strengthen the model for future applications.

2. Methodology

The documentation of the partnership involved the following activities:

- Review of the available technical documents, relevant trip reports, and tools and materials developed.
- Interviews with key persons at USAID, CATALYST, and World Vision and representatives of other district-level project partners.

3. CSP project-PRAGATI

The Protecting and Advancing Gains (PRAGATI) Project is a four-year cooperative agreement between USAID/Washington and World Vision US, awarded under the Expanded Impact category of the Child Survival and Health Grants Program, FY 2004-2007.

This project is being implemented in Ballia, Lalitpur and Moradabad districts of Uttar Pradesh (UP) with a combined total population of 7.5 million. PRAGATI brings to scale the strategies, methods and tools developed and tested in the Ballia Integrated Rural Child Survival (BRICS) project, FY 1998-2002.

The overall strategy of PRAGATI is to build the capacity of and strengthen operational linkages between its key partners: the Integrated Child Development Scheme (ICDS) project, the health services provided through public health system and the local partner NGOs, who are trained and empowered to work with AWWs and their communities.

4. Flexible Fund supported FP component

Flexible Fund, a USAID/GH/SDI program, marks a paradigm shift towards FP/RH programming and capitalizes upon the established expertise of PVO/NGO initiatives and

builds on their existing strengths in mobilizing communities to promote the development of, interest in, access to, and quality of community-based FP/RH services.

Resources from this fund were committed to World Vision for PRAGATI's family planning intervention to include all married women of reproductive age instead of only mothers of children under two. As a result, thirty percent of the PRAGATI project's budget and level of effort was allocated to this component.

5. Technical Support on FP

Besides facilitating partner collaboration, Flexible Fund's implementation strategies and priorities also included enhancing the technical capacity of grantees, promoting in-county collaborations and integration of FP into organizations. Keeping in line with these strategies, Flex Fund resources were committed for technical support on family planning to World Vision through CATALYST/India, a member of the USAID supported CATALYST consortium offering state-of-the-art RH/FP technical assistance.

CATALYST/India was committed to provide technical assistance to PRAGATI on the terms of reference (TOR) clearly articulated in the detailed implementation plan (DIP). This included provision of a full-time Family Planning Coordinator; a contraceptive technology update workshop for WV India staff and technical staff from selected partners; development and integration of family planning into PRAGATI technical references and activities, including training and BCC materials; performance monitoring and evaluation; training of master trainers (WV staff and others) and supervision of the training activities; and assistance in the design, implementation and analysis of the expansion of contraceptive choice study. One of the CATALYST Consortium partners, CEDPA, already had a strong presence in Uttar Pradesh and enjoyed a good working relationship with the PVO.

6. Evolution of joint vision and work plan

An underpinning consultative and participatory approach enabled inclusion and participation of multiple stakeholder groups and hence evolution of joint vision and work plans. The DIP was developed at a joint workshop in which the PRAGATI project team members, one representative from CATALYST/India, and two ICDS state officials participated. The first draft of the DIP was reviewed by World Vision (India, APRO and WVUS) and by selected stakeholders including Chief Medical Officers of the three districts, state-level ICDS officials, CATALYST/India, USAID/India and USAID/GH/PRH/SDI. Further drafts were then distributed internally and externally until they were eventually submitted to USAID.

7. Integration of FP into WV's cascade training model for capacity building

A 'cascade' training model was planned and implemented to prepare a large number of competent service providers in RH/ FP in the three intervention districts. The 'cascade'

training model was used for training the “Anganwadi workers” (AWW) so as to foster a sustainable training approach and strengthen World Vision’s capacity in implementing family planning programs. A number of steps were taken by CATALYST/India to implement this model:

- Seconded a full-time FP coordinator within World Vision’s staff structure
- Assisted in the development of FP training materials along with concepts of optimal birth spacing interval (OBSI) integrated into it
- Technical update for technical staff at WV and its partner NGOs
- Trained and qualified master trainers in RH/FP including OBSI
- Trained and qualified lead trainers for RH/FP (Lady Health Supervisors and Mukhya Sevikas)
- Assisted in the training of Anganwadi workers in FP/RH

This process has left behind a pool of lead and master trainers in RH/FP for the child survival and family planning project. It has also left the project with well-tailored family planning training material integrated within their child survival training material, which is appropriate for the Anganwadi workers.

8. Accomplishments

1. The timely completion of the training programs, has been, in itself a major achievement. Time scheduling of different systems, and coordination of three districts were significant challenges. This was further complicated by near total dependence on ICDS AND MOH officials for finalization of dates. This left little scope for advance planning. Also, the availability of master trainers for training the lead trainers was limited because they were not World Vision staff. WV-based Master Trainers could not be utilized as trainers because of conflicting demands of their time.
2. WV project staff, partner NGO staff and supervisors, many of whom were unfamiliar with FP issues, have acquired new knowledge and understanding of the subject.
3. The FP/RH training approach has improved understanding among the district level functionaries and partners regarding family planning counseling issues and the importance of women and couples to make informed decisions. These decisions include their choice of a specific family planning method, as well as a decision to space births.
4. FP has been integrated into technical reference materials with WV in the form of training modules and job aids.
5. The content, methodology and structure of training programs have successfully helped to improve capacity. The content is rich in terms of the detailed information that it provides on each of the FP methods and is clear and to the point. They are consistent with national and international guidelines on the

subject. The training methodology is also strong allowing for open discussions based on participatory approaches. The structure now emphasizes including practical sessions for participants to build their skills as trainers.

9. Lessons learned – positive practices

1. Working on this model of partnership provided the opportunity to build on pre-existing investments and achievements with a promise of synergistic outputs. The partnership was familiar with the tools from a preexisting pilot project that needed to be scaled up. That was definitely an advantage. Further, the optimal birth spacing message and tools developed by CATALYST was effectively integrated into the FP training module developed for the project. This approach offers the promise of gains achieved in different areas to be combined into one project activity.

2. The concept of seconding a full time FP coordinator within World Vision's staff structure proved to be a very valuable strategy. It provided the opportunity for the FP coordinator to work closely with CATALYST experts and at the same time be accepted as an expert within the World Vision setup, other NGO representatives and supervisors from MOH and ICDS.

3. The spirit of the technical assistance was given utmost importance and the focus was to strengthen World Vision to be able to plan and conduct family planning and reproductive health and family planning trainings independently. Also, the structure of this partnership did not leave any scope for potential areas of conflict, such as ownership and identity issues.

4. Technical support provision by a locally-based agency has been advantageous in many ways. CATALYST/India's sound understanding of the local context has enabled the development of context-specific/sensitive materials and training programs.

Local presence and proximity of the technical support partner has been of great advantage given the huge challenge of scheduling training programs for different systems, districts and partners, often with short notice. Technical backstopping by CATALYST/India of different levels of trainings has been possible due to its close proximity with the partner PVO.

5. The family planning component has been effectively integrated into the general child survival training material in addition to enhancing FP-related capacities of senior core staff at WV. This offers the opportunity for creating sustainable program interventions.

10. Continuing challenges

1. Dilution of quality of training program at the level of training of AWWs by lead trainers (LT) was a challenge and therefore, at times, the master trainers had to be engaged in training of AWWs. The main factor contributing to this was nonuniformity in the skills of LTs as effective trainers. Those lead trainers whose training and

communication skills were strong could deliver effective training programs but those that did not have strong skills were not able to conduct effective training programs.

2. The integration of FP into child survival activities at the level of implementation is fraught with challenges that are systemic and management related and not linked to technical competency and capacity issues. Some of the AWWs have refused to take up work on FP for reasons ranging from lack of remuneration for additional work, nonavailability of FP products and sociocultural constraints such as the “*purdah*” system. Initial timid voices against lack of remuneration have now taken shape of AWWs unions disallowing any FP work by AWWs. These AWWs who are resistant, and who speak through unions are opposing the entire approach of counseling and use of registers to track beneficiaries—and this includes every intervention, not just the FP component.

Lack of coordination between ICDS and MOH is yet another constraint at the level of implementation. Even then there are some positive examples of good rapport between AWWs and ANMs in which case implementation has received a definite boost. Clearly a better relationship between these two systems would definitely prove to be beneficial at the grassroots level.

At implementation-level, success has been limited due to resistance from AWWs to taking up FP work. However, there are examples of strong and effective motivational counseling work by AWWs which has led to couples purchasing condoms and oral contraceptive pills (OCPs).

3. Gains in building technical capacity are being reported across different levels but the enhancement of skills as trainers has not been uniform. The trainers had to be selected from existing staff within the system that could make a commitment to provide continued support to the AWWs after the training. This requirement, though necessary to keep the committed ones, decreased the pool of staff available to function as trainers. Not everyone who volunteered as trainers had the same level of training skills. Hence their training skills varied according to the previously acquired skills.

11. Recommendations

This section provides suggestions for those considering this kind of partnership when implementing their programs.

1. Periodic reinforcement and revisions of the FP curriculum would be required to ensure optimal recall and retention of the new learning. Presently WV staff appear to be well equipped to carry this forward. However, if a need is felt in the future for external support, then calling on local CAs support to meet this need would be a viable way to achieve the goals effectively and efficiently. CA-based technical support could range from structured training programs to semistructured discussion groups and seminars.

2. Lead trainers and AWWs require technical support and mentoring. WV staff is best suited to play this role. However, if time constraints do not allow for this, then technical staff of partner NGOs could be considered to fill this gap. It is also recommended that, during the planning phase, it is important to consider training a slightly larger pool of master and lead trainers to allow for time availability and attrition which is a reality in most work settings.
3. The USAID Mission has a strong presence in the state because of the IFPS project. Hence it would be in a strong position to negotiate with the ICDS system. It is recommended that the Mission be more closely involved in the systemic challenges to help coordinate the community-based workers from the two systems.
4. World Vision's commitment to FP is commendable, despite the constraints associated with being a faith-based organization. A technical update including a module that examines linkages between religion and FP is recommended. Such a module would allow the staff to seek clarifications, and discuss and express concerns and doubts about FP issues.
5. For any similar PVO-CA partnerships in the future, it is strongly recommended that a postimplementation roll-over phase of about 6 months be built in. This will allow enforcements and further work to be planned jointly and in response to implementation experiences.
6. Perceptions about the linkages between FP and sexuality were explored during this review. It was found that even if a strong and uniform understanding of the linkages does not presently exist, the significance is well appreciated and reiterated across different levels. It is recommended that this be further explored and a pilot project be designed and implemented to assess the feasibility of integrating sexuality into FP messaging for MWRA within the Indian context.

Annexure- Methodologies used and data collected

Documents reviewed	In-depth interviews	Focus Group Discussions
<ul style="list-style-type: none"> ➤ Detailed Implementation Plan ➤ First Annual Report ➤ Ms Virginia Lamprecht's trip report ➤ Training Manual 	<ul style="list-style-type: none"> • USAID HQ -Ms Virginia Lamprecht • USAID/ India -Dr Meenakshi • CATALYST /India – <ul style="list-style-type: none"> ➤ Dr Bulbul Sood, Country Director ➤ Dr. Ravi Anand, Senior RH Advisor ➤ Ms. Anjali Dutta, FP Coordinator • World Vision US & India <ul style="list-style-type: none"> ➤ Peggy McLaughlin ➤ Dr Beulah JayaKumar, Project Manager ➤ Capacity-building coordinator ➤ Project Officer (1) • ICDS <ul style="list-style-type: none"> ➤ CDPO (1) ➤ MS (1) • MOH <ul style="list-style-type: none"> ➤ MOIC (1) ➤ LHV (1) • Partner NGO-CEO (1) 	<ul style="list-style-type: none"> • World Vision-Field Coordinators • MOH-ANMs (15 approx) • Partners NGOs-promoters (22 approx)