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SUPPORTING EFFECTIVE DESIGN, MONITORING, EVALUATION AND IMPLEMENTATION OF HEALTH PROGRAMS BY LOCAL INSTITUTIONS

TOOLS AND RESOURCES AVAILABLE THROUGH THE MCHIP PVO/NGO SUPPORT TEAM

Through its Maternal and Child Health Integrated Program (MCHIP) Private Voluntary Organization (PVO)/Nongovernmental Organization (NGO) Support Team and CORE Group, the United States Agency for International Development (USAID) has facilitated the development of tools and resources that assist local organizations and Ministry of Health (MOH) teams to design, monitor, evaluate and implement maternal and child health (MCH), family planning, HIV/AIDS and malaria programs. These resources are largely available on public Web sites (provided below); both MCHIP and CORE Group offer targeted technical support to programs that need additional guidance in applying these tools. For more information on how to access support through MCHIP, please contact the USAID MCHIP Agreement Officer's Technical Representative (AOTR), Nahed Matta (Nmatta@usaid.gov), or the USAID Child Survival Health Grants Program (CSHGP) Team Leader, Nazo Kureshy (Nkureshy@usaid.gov).

Program Planning Tools

- **Program Design, Monitoring and Evaluation Training Course**

The Program Design, Monitoring and Evaluation (PDME) facilitator's guide and participant guide are available online for this five-day training program that takes participants through the important elements of program design based on the development of a strong results framework. This course has been delivered to NGO program staff responsible for designing and managing family planning, MCH and malaria programs.

To download the PDME facilitator's or participant's guide for this training program, scroll down for the link at: http://www.mchipngo.net/controllers/link.cfc?method=tools_ppandi.

- ***Taking the Long View: A Practical Guide for Sustainability Planning and Measurement in Community-Oriented Health Programming***

This manual was designed to assist project managers, planners and evaluators in their efforts to improve their approach to planning for and assessing sustainability in health projects implemented in developing countries. It is intended as a practical guide for health project managers, especially those implementing community health projects in resource-constrained settings. This manual represents the collective learning of more than 30 projects that have applied and helped refine its contents over a seven-year period, many of them CSHGP-funded projects. It was also tested at the level of the Nepal Mission's overall PHN program and adapted for use in planning for transitioning of United States Government-funded programs to local NGOs in-country. The guide has been used for project planning, monitoring, end-of-project evaluation and post-project evaluation.

http://www.mchipngo.net/controllers/link.cfc?method=tools_sustain

- **Health Equity Guidance**

The health equity guidance document and checklist were developed to give those who design and implement community-oriented health programs a systematic way of ensuring that health equity is incorporated with program design and that improvement in health equity can be better demonstrated and explained. While not prescriptive documents that promote one approach to equity programming, the guidance and checklist present a series of concepts and approaches to take into consideration and decisions to be made that lead to the development of a coherent equity strategy as part of a program design. The guide was developed through a process of consultation with equity experts and review of literature on this subject.

Guidance:

http://www.mchip.net/sites/default/files/Equity%20guidance_090111_formatted_final.pdf

Checklist:

http://www.mchip.net/sites/default/files/Checklist%20for%20MCHIP%20Health%20Equity%20Programming_FINAL_formatted.pdf

- **The Lives Saved Tool (LiST)**

LiST was developed by a consortium led by the Johns Hopkins University (JHU) with funding from the Gates Foundation and is currently maintained by JHU. LiST allows users to set up and run multiple scenarios to explore the estimated mortality impact of coverage changes for proven high-impact maternal, newborn and child health (MNCH) interventions in a country, district or project area. LiST makes this estimation, using information about the effectiveness of key MNCH interventions as well as information about cause of death and current coverage of these key interventions. Since 2007, NGO grantees in USAID's CSHGP have used LiST to inform their program designs by estimating potential mortality impact based on projected coverage changes for different interventions. LiST can be used to help prioritize investments during the planning phase and to evaluate existing programs. The LiST site has instructional manuals and other supporting materials.

<http://www.jhsph.edu/dept/IH/IIP/list/index.html>

- ***Barrier Analysis Facilitator's Guide (2nd reprint 2010)***

This rapid assessment tool is applied to community health and other community development projects to identify behavioral determinants associated with a particular behavior. These behavioral determinants are identified so that more effective behavior change communication messages, strategies and supporting activities (e.g., creating support groups) can be developed.

http://www.coregroup.org/storage/documents/Workingpapers/barrier_analysis_facilitator_guide.pdf

- ***Designing for Behavior Change Curriculum (2008)***

The *Designing for Behavior Change Curriculum*, developed by CORE Group's Social and Behavior Change Working Group, responds to community health managers' and planners' need for a practical behavioral framework that aids them in planning their projects strategically for maximum effectiveness. The curriculum is built upon the BEHAVE Framework, developed by the Academy for Education Development (AED) and *Barrier Analysis*, developed by Food for the Hungry. This field-tested, six-day training curriculum enables NGOs and their partners to replicate the behavior change workshops in their organizations and country programs.

http://www.coregroup.org/storage/documents/Workingpapers/dbc_curriculum_final_2008.pdf

- ***The Care Group Difference: A Guide to Mobilizing Community-Based Volunteer Health Educators (2nd reprint 2010)***

This guide, developed by World Relief, explores the evidence base for the care group model, offers criteria to assist project managers in determining the feasibility of using this approach within their own programs, and provides a step-by-step guide for starting and sustaining care groups. A care group is a group of 10 to 15 volunteer, community-based health educators who regularly meet together with project staff for training, supervision and support. Care group volunteers provide peer support, develop a strong commitment to health activities, and find creative solutions to challenges by working together as a group. World Relief pioneered the care group model as part of its Vurhonga child survival projects in Mozambique (1995–2003). For more information please visit:

<http://www.caregroupinfo.org>

<http://www.coregroup.org/our-technical-work/initiatives/diffusion-of-innovations/50>

- ***Scale and Scaling Up: A CORE Group Background Paper on Scaling Up Maternal, Newborn and Child Health Services (2005)***

This paper briefly summarizes definitions, approaches and challenges to achieving “scale” in community-focused health programs, as discussed at CORE Group’s 2005 Spring Meeting and the USAID CSHGP Mini-University. This paper is meant to harmonize a vocabulary for use by NGOs and their partners as they further discuss, debate and analyze how NGOs and their partners can reach more people with high-quality MNCH interventions.

http://www.coregroup.org/storage/documents/Workingpapers/scaling_up_background_paper_7-13.pdf

- ***Reaching Communities for Child Health: Advancing Health Outcomes through Multi-Sectoral Approaches (2004)***

The purpose of this paper is to explore how multi-sectoral approaches are used within community-based child health and development programs and the evidence-base to support that use. The paper seeks to answer three questions: 1) how do NGOs define a multi-sectoral platform; 2) how do NGOs implement a multi-sectoral platform to achieve better or more sustainable health outcomes; and 3) how can child health programmers work effectively with other sectors to support community-based improvements in child health.

[http://www.coregroup.org/storage/documents/Workingpapers/IMCI/Reaching Communities for Child Health Advancing Health Outcomes Through MultiSectorial Approaches 2004.pdf](http://www.coregroup.org/storage/documents/Workingpapers/IMCI/Reaching_Communities_for_Child_Health_Advancing_Health_Outcomes_Through_MultiSectorial_Approaches_2004.pdf)

- ***Partnership-Defined Quality Facilitation Guide (2004)***

CORE Group member Save the Children developed the partnership-defined quality (PDQ) methodology to link quality assessment and improvement with community mobilization. The PDQ process engages communities and health care providers to work together in defining, implementing and monitoring activities intended to improve the quality of care.

[http://www.coregroup.org/storage/documents/Social_Behavior_Change/Save PDQ Facil Guide.pdf](http://www.coregroup.org/storage/documents/Social_Behavior_Change/Save_PDQ_Facil_Guide.pdf)

Technical Reference Tools

- **Technical Reference Materials (TRMs)** are a series of modules designed to reflect the essential elements to be considered when implementing the given intervention or strategy—important resources that CSHGP grantees should consult when planning their interventions. The TRMs are also the standard technical materials for USAID Population Health and Nutrition Officers around the globe. The TRMs are regularly updated with state-of-the-art guidance from the leading technical experts in health and cross-cutting areas. The TRMs include the following modules:

Technical	Cross-Cutting
Childhood Injury Prevention	Behavior Change
Diarrheal Disease	Capacity Building
Family Planning and Reproductive Health	Health Systems Strengthening
Immunization	Integrated Management of Childhood Illness
Malaria	Management of Projects and Supplies
Maternal and Newborn Care	Monitoring and Evaluation
Nutrition	Quality Assurance
Pneumonia	Sustainability
Tuberculosis	

http://www.mchipngo.net/controllers/link.cfc?method=tools_trm

- **The Minimum Activities for Mothers and Newborns (MAMAN) framework** was developed as a collaborative effort among USAID; Bureau for Global Health; Office of Health, Infectious Diseases and Nutrition (GH/HIDN); CORE Group's Safe Motherhood and Reproductive Health Working Group; the Child Survival Technical Support Plus (CSTS+) Project, other USAID-funded projects; and PVO headquarters and field staff. MAMAN is based on the essential maternal and newborn care interventions and comprises the basic, minimum high-impact MNC interventions that should be implemented within a health program. The MAMAN framework comes with a core set of indicators, to track and report on the progress of the minimum package of maternal and newborn interventions. The framework also includes a questionnaire and tabulation plan to collect information on these indicators.

http://www.mchipngo.net/controllers/link.cfc?method=tools_ppandi

- **Basics of Community-Based Family Planning Training Curriculum**
This six-day training program was created by CSTS+, Save the Children and CORE Group. The curriculum provides participants with modules on basic knowledge of family planning and birth-spacing, contraceptive technologies, barriers to service delivery, community-based delivery strategies, and involvement of men. This course has been delivered to headquarters and field teams in collaboration with CORE Group's Safe Motherhood Working Group, and is available in English and French.

<http://www.flexfund.org/resources/cbfp.cfm>

- **Community-Based Family Planning eLearning Module**

This Internet-based curriculum is adapted from the Basics of Community-Based Family Planning Training Curriculum. The eLearning module is used by program managers and USAID mission staff who are implementing and backstopping community-based family planning programs across the globe. This two-hour course provides participants with essential information such as community-based approaches that extend family planning services, components of community-based family planning service delivery, and programming for community-based family planning.

<http://www.globalhealthlearning.org/courseguide.cfm?course=73>

- **Community Case Management Essentials: A Guide for Program Managers (2010)**

Known as community case management (CCM) of sick children, this approach utilizes trained and supervised community members linked to facility-based services to deliver life-saving interventions for sick children, in partnership with their families. CORE Group—in collaboration with Save the Children, Basic Support for Initiating Child Survival (BASICS) Program and MCHIP—developed *Community Case Management Essentials*, a guide that methodically documents what is known about CCM and how to make it work for health program managers.

<http://www.coregroup.org/storage/documents/CCM/CCMbook-internet2.pdf>

- **C-IMCI Program Guidance (2009)**

An overview of the community-based integrated management of childhood illnesses (C-IMCI) framework consists of three elements and a multi-sectoral platform that focus on specific behaviors and practices of health workers and caregivers of young children. Included in this document: the history of C-IMCI's development, its elements, benefits and rationale for use.

http://www.coregroup.org/storage/documents/Workingpapers/C-IMCI_Policy_Guidance_Jan%202009.pdf

- **Nutrition Program Design Assistant: A Tool For Program Planners (2010)**

This tool includes a workbook and reference guide and is designed to help program planning teams—including those designing CSHGP or Title II food security program proposals—in the design of the nutrition component of their programs. The design assistant provides guidance on how to compare and contrast approaches and select the most appropriate combination of community-based nutrition approaches for their specific programming needs and geographic target areas.

http://www.coregroup.org/storage/documents/Workingpapers/NPDA_workbook_web.pdf

- **The Expansion of Community-Based Tuberculosis Programming: Critical Program Design Issues for New Partners (2008)**

This document outlines nine project-design challenges most likely to face those working at the community level. This document should be used as a primer for gaining a better understanding of the challenges community-based tuberculosis programs and providers face, as well as some of the ways NGOs are currently addressing these challenges.

http://www.coregroup.org/storage/documents/Workingpapers/CORE_TB_web.pdf

- ***Tuberculosis Control Programming for PVOs: Facilitator's Manual (2006)***

The purpose of this manual is to assist PVOs/NGOs to organize and facilitate a course on tuberculosis control programming for PVOs/NGOs at the country or regional level. The curriculum is designed to prepare PVO/NGO and partner staff to implement high-quality tuberculosis control programming, including diagnosis, case finding, drug supply, information analysis and use, working with partners, communication issues, incentives and enablers, private-public systems, and tuberculosis co-infection with HIV.

http://www.coregroup.org/storage/documents/Workingpapers/TB_Curriculum_4-8-06_v2.pdf

- ***The Household and Community Integrated Management of Childhood Illness (HH/C-IMCI) Framework: A Facilitator's Guide for Conducting Country Meetings on HH/C-IMCI (2003)***

The purpose of this guide is to assist NGOs, ministries of health, and bilateral and multi-lateral organizations in implementing a two-and-a-half-day workshop on household and community IMCI (HH/C-IMCI).

http://www.coregroup.org/storage/documents/Facilitators_Guide.pdf

- ***Positive Deviance/Hearth Materials: A Resource Guide for Sustainably Rehabilitating Malnourished Children (2003)***

A Positive Deviance/Hearth Nutrition Program (PD/Hearth) is a home- and neighborhood-based nutrition program for children who are at risk for protein-energy malnutrition in developing countries. The program uses the "positive deviance" approach to identify those behaviors practiced by the mothers or caretakers of well-nourished children from low-resource families and to transfer such positive practices to others in the community with malnourished children. The "hearth" or home is the location for the nutrition education and rehabilitation sessions.

<http://www.coregroup.org/our-technical-work/initiatives/diffusion-of-innovations/84>

- ***Positive Deviance/Hearth Essentials***

This document identifies several elements that are essential to the implementation of an effective PD/Hearth program. Experience repeatedly shows that these elements cannot be adapted, modified or skipped altogether without seriously diminishing the effectiveness of the program.

http://www.coregroup.org/storage/documents/Diffusion_of_Innovation/PD_Hearth_Essential_Elements.pdf

- ***Humanitarian Pandemic Preparedness/Community Planning and Response Curriculum (2009)***

Partners in the Humanitarian Pandemic Preparedness (H2P) Initiative were able to use developed training curricula for community planning and response in order to minimize morbidity and mortality. The curriculum has separate tracks for district/community leaders and for first responders (community volunteers and workers) at the community level. In addition, comprehensive emergency preparedness and response planning guidance and templates developed for national and district level officials are available. Available in English and Spanish.

<http://www.coregroup.org/our-technical-work/initiatives/h2p>

- **mHealth Applications**

Mobile technologies are increasingly improving the efficiency of health programs and facilitating access to health information for vulnerable populations. Both MCHIP and CORE Group are supporting efforts to share learning about what works in this area, drawing from the wealth of experience among CORE Group member organizations and MCHIP country programs. CORE Group has convened an “mHealth community of practice” for NGOs working on MNCH at the community level. This network is ideally positioned as a centerpoint for innovation and field-testing that will result in efficient, effective mHealth solutions: those that show measurable impact on the health of underserved women and children in low- and middle-income countries. MCHIP has developed mobile data entry instruments for individual and facility surveys in the areas of MCH, family planning, HIV/AIDS and food security. Many of the small sample survey tools highlighted in this document have been adapted for mobile phones and other handheld devices. MCHIP’s facility-based quality of care survey has also incorporated this approach.

More information and resources on mHealth applications can be found at:
http://www.mchipngo.net/controllers/link.cfc?method=tools_pda.

To learn more about CORE Group’s mHealth Interest Group, link to:
<http://www.coregroup.org/our-technical-work/program-learning/mhealth>.

Monitoring and Evaluation Tools

- ***The Rapid Household Survey Handbook: How to Obtain Reliable Data on Health at the Local Level***

Developed by ICF Macro (now ICF International) for the Public Health Institute through a grant from the Gates Foundation, this manual is designed to help health managers understand the why and the how to of rapid health surveys. It’s targeted to managers within civil society organizations (or NGOs), leaders of government health districts, as well as health program monitoring and evaluation officers or managers of regions or districts in which programs are implemented. The manual also enables such stakeholders to determine whether they want to carry out a rapid survey, what they should think about in their plans, and how to identify and implement the appropriate sampling approach.

To download this tool, scroll to the bottom of the page for the link at:
http://www.mchipngo.net/controllers/link.cfc?method=tools_mande.

- **The Knowledge Practices and Coverage Survey (KPC) Tool**

The KPC is a small population-based survey that was originally developed by JHU. Since 1990, the tool has been used by CSHGP grantees for baseline and final surveys. The tool has also been updated by ICF Macro (now ICF International) through the Child Survival Technical Support (CSTS) and MCHIP programs, with input from CORE Group and technical experts from PVOs and cooperating agencies. It is compatible with the Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS), with population-level information collected by the World Health Organization (WHO), Saving Newborn Lives (SNL), and other international efforts such as Role Back Malaria (RBM), and also with information that is crucial to USAID technical areas (elements). Indicators from this tool can be used to estimate lives saved using LiST (see description above), thus providing an estimate of impact.

The KPC tool consists of three parts:

- KPC modules – nine modules provide in-depth information about specific technical areas, and three additional modules provide information about other topics useful for project implementation. Each module contains a questionnaire, tabulation plan, indicator definitions, suggestions for qualitative research topics and references. See below for a list of modules.
- Rapid CATCH – set of 18 standard indicators from across all technical areas, last updated in 2008. The Rapid CATCH contains a questionnaire, tabulation plan and indicator definitions.
- Key Indicators – additional important indicators for each technical area, which can be found in the applicable KPC module.

Modules:

- | | |
|---|--|
| 1. Acute Respiratory Illness | 7. Maternal and Newborn Care |
| 2. Breastfeeding and Infant and Young Child Feeding | 8. Household Water and Sanitation |
| 3. Child Spacing | 9. Malaria |
| 4. Childhood Immunizations | 10. Health Contacts and Sources of Information |
| 5. Diarrhea | 11. Respondent Background Information |
| 6. Growth Monitoring and Maternal/Child Anthropometry | 12. Sick Child |

Important references, listed below, accompany the KPC tool. Note that the KPC Trainer of Survey Trainer (TOST) curriculum, in addition to its use in preparation of training sessions, provides practical guidance for KPC survey implementation.

References:

On the MCHIP/NGO Web site:

- Rapid CATCH Requirements by Cycle
- How to Write a Survey Report
- Methodology and Sampling Appendix
- Procedures for Anthropometric Measurement
- KPC Field Guide

On CORE Group's Web site:

- KPC Trainer of Survey Trainers (TOST)
- Lot Quality Assurance Sampling (LQAS) Trainer's Guide
- Assessing Community Health Programs: Using LQAS for Baseline Surveys and Regular Monitoring, Participant's Manual
- LQAS Protocol for Parallel Sampling
- LQAS Frequently Asked Questions

Link to these resources at:

http://www.mchipngo.net/controllers/link.cfc?method=tools_mande.

- **Lot Quality Assurance: Protocol for Parallel Sampling (2008)**

CORE Group's Monitoring and Evaluation Working Group developed several guidance documents to help program managers implement a Lot Quality Assurance Sampling (LQAS) parallel sampling methodology. The methodology enables the efficient collection of information from different sampling groups in the same area at the same time with an adequate sample size for each indicator.

<http://www.coregroup.org/storage/documents/Workingpapers/LQAS Protocol for Parallel Sampling.pdf>

- **Lot Quality Assurance Sampling Guidance: FAQs (2008)**

The LQAS FAQ document was produced by CORE Group's Monitoring and Evaluation Working Group as a result of a technical advisory group (TAG) meeting held in August 2008, in which practitioners developed new guidelines for parallel sampling in order to improve the quality of monitoring and evaluation efforts.

http://www.coregroup.org/storage/documents/Workingpapers/LQAS_FAQ.pdf

- **The Rapid Health Facility Assessment (R-HFA)**

The Rapid Health Facility Assessment (R-HFA) was developed in 2006 by ICF Macro (now ICF International) under the CSTS+ project in collaboration with MEASURE Evaluation and a panel of experts from US PVOs, USAID, and other cooperating agencies. It was piloted by eight CORE Group PVOs in two stages in 2006–2007, with guidance from the former CSTS+ (now MCHIP) project and MEASURE Evaluation. The sampling and other instructions were refined in collaboration with the World Bank in 2007 for use in their Malaria Booster Initiative. The R-HFA was originally designed for use by NGOs within the CSHGP, but as the Malaria Booster Initiative experience has shown, it is also suitable for use by District Health Management Teams (DHMTs). It is a relatively rapid instrument for measuring a small set of key indicators to give a “balanced scorecard” for MNCH services at the primary health care level (including an optional module for use with community health workers for community outreach services). It identifies key bottlenecks to quality service delivery, and focuses on four primary areas:

- Availability of a minimum level of infrastructure, personnel, supplies and medications for essential neonatal and child health care. The determination of what constitutes minimal level is based on the International Health Facility Assessment Network (IHFAN) core indicators.
- Adherence to quality management practices for recordkeeping (information use), training and supervision
- Adherence to evidence-based protocols for assessment, treatment and counseling for sick children (i.e., those with diarrhea, malaria and/or breathing difficulty)
- OPTIONAL: Community health worker performance assessed through coverage of services and maintenance of up-to-date registers; availability of basic resources (equipment, supplies); and key processes (supervision, training) that prepare them for service provision in communities.

http://www.mchipngo.net/controllers/link.cfc?method=tools_rhfa

- **Flexible Fund Family Planning Survey**

This population-based survey serves as the baseline decision-making tool for PVO/NGO projects working in community-based family planning and includes a wide variety of indicators family-planning-related indicators. The indicators have been harmonized with the DHS and reflect international standards, and are built off the KPC model. The tool includes interviewer instructions, a women's and men's questionnaire, and tabulation plans.

The survey is publicly available at <http://www.flexfund.org/start.cfm>.

- **Maternal and Newborn Standards and Indicators Compendium**

The compendium is designed to assist program designers working for NGOs to develop high-quality programs focused on women and children, to select the essential components and actions for their chosen interventions, and to select appropriate indicators. The tool addresses the temporal phases of a woman's reproductive cycle from the household level to secondary care in facilities: pre-conception/ inter-conception, antenatal, labor and delivery, postpartum care, and newborn care.

<http://www.coregroup.org/storage/Tools/Maternal and Newborn Standards and Indicators Compendium 2004.pdf>

- **Training in Qualitative Research Methods: Training Curriculum for Building the Capacity of PVO, NGO and MOH Partners (2005)**

This training is designed to help PVOs improve the quality of their qualitative research in order to make more informed programming decisions for their child survival projects.

http://www.coregroup.org/storage/documents/Workingpapers/qrm_complete.pdf

- **Partnership-Defined Quality Monitoring and Evaluation Toolkit (2010)**

This handy toolkit is meant to assist PDQ practitioners with tools such as sample exit interviews and checklists to complement Save the Children's PDQ Manual and PDQ Facilitator's Guide. The toolkit also includes a Youth Annex for youth-focused PDQ projects to complement the PDQ for the Youth Manual. One unique element of the document is that tested indicators for community capacity are linked with questions in the tools so that practitioners can measure how their intervention increased community capacity, thus helping to measure sustainability.

<http://www.coregroup.org/storage/documents/PDQ ME Toolkit cformat final 11-2010.pdf>

Knowledge Management and Health Information Systems Tools

MCHIP's PVO/NGO Support Team has provided strategic support to USAID's CSHGP since 1998, assisting to inform the annual Request for Application (RFA) and to develop a set of reporting guidelines for the portfolio of grants that are supported under the program. The guidance is supported by a series of information systems that allow the CSHGP to track progress and results of its grantees over time. Online demonstrations of any of these systems can be arranged upon request.

- **Document and Report Manager** is a Web-based tool that keeps track of key project documents including what is due and when it is due, along with a link for viewing the document. USAID teams use the CSHGP Document and Report Manager for organizing documents such as annual progress reports, quarterly financial reports, feedback or comments on those reports, CVs of key personnel, meeting notes and any other documents

or communication that are considered important to that project. One reporting tool includes an “early warning” feature that alerts the user as to which specific project deliverables are due within a user-defined time period. Users can view a matrix showing links to all required documents across the portfolio or select and view links pertaining to all documents and communication specific to a single project.

- **Portfolio Manager** features a range of tools, including a menu driven administrative component for entering, updating and monitoring information on your projects. Through Web-based forms, users can update global stakeholder contacts and e-mail lists in a central database, and manage and review key project data and documents. Project staff based at remote locations globally can log in to a public Web portal to update their own project information. Users of the systems have been able to view individual project information as well as aggregate portfolio information.
- **Results Tracker** is a tool that assists managers in an organization to track standardized indicators and/or results for projects in a portfolio. For USAID, Results Tracker has been utilized to assist the CSHGP and PVO/NGO Flexible Fund to track standard indicators for MCH and family planning, generating data that is now used to calculate mortality reduction for these programs. These systems allow individual grantees to enter their data remotely to reduce management burden on the Agency, while the organization manages a quality control process to ensure that the correct data is entered accurately. Automated reports can be generated for comparable data analysis for different project types or for different geographic areas including district, regional and national levels. Data can be displayed in table chart or Google map formats. Reports can be downloaded into Excel for further analysis, printed out or e-mailed directly to interested parties.
- **Proposal eScoreCard** is a flexible and customizable Web-based tool for grading and ranking proposals submitted by potential grantees. This tool allows the user to define measurable criteria across project types in order to evaluate and score those measures for each proposal. Reviewers can log in to Proposal eScoreCard, see the defined scale for each criterion and enter their score, along with comments and qualitative descriptions. A variety of reports can then be produced ranking the proposals by different criteria.

COLLABORATION

- **A Partnership Model for Public Health: Five Variables for Productive Collaboration (2004)**

This paper presents a framework for assessing strategic partnering as a way to reach populations that have been traditionally bypassed by MCH interventions. The framework is applied to CORE Group. Concrete examples are given of how this partnership contributes to improved outcomes for mothers and children; enhanced policy dialogue, expanded local and national capacity; and the generation of new resources. This paper concludes with the identification of relevant lessons for MCH donors and NGOs that may enter into similar partnership arrangements.

[http://www.coregroup.org/storage/Collaboration Papers/Partnership Model for Public Health final.pdf](http://www.coregroup.org/storage/Collaboration%20Papers/Partnership%20Model%20for%20Public%20Health%20final.pdf)

- **A Wealth of Opportunity: Partnering with CORE and CORE Group Members (2002)**

CORE Group members are valuable partners for other actors in the MCH arena. In addition to their strong desire for collaborative work and their long-standing ties to communities, CORE Group members bring high-level technical skills and critical resources to their work. CORE Group members routinely engage in rigorous testing of new methodologies while sharing what they have learned with colleague institutions and relevant policymakers. When CORE Group members partner with national ministries of health and district level health offices, they often serve as a bridge between the mother undergoing a risk-laden pregnancy and the government functionary drafting new national health sector policies. By drawing on the distinctive strengths of CORE Group PVOs, donors and other development actors maximize their returns on the investments they make in primary health care programs geared toward vulnerable women and children in developing and transitional societies.

http://www.coregroup.org/storage/Collaboration_Papers/WealthOpportunity_2002.pdf