

***A Report on the First Three Years
of a Child Survival Mentoring Partnership***



***Foundation of
Compassionate American Samaritans
(F O C A S)***

and

***Andean Rural Health Care
(A R H C)***

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A Report on the First Three Years of a Child Survival Mentoring Partnership

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ARHC:

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Abbreviations and acronyms

ARHC	Andean Rural Health Care
ARI	Acute Respiratory Infections
CS	Child Survival
CSPM	Child Survival Project Manager
BHR/PVC	Bureau of Human Response / Office of Private and Voluntary Cooperation
ED	Executive Director
FOCAS	Foundation of Compassionate American Samaritans
HA	(Community) Health Agent
HHF	Haiti Health Foundation
HIS	Health Information System
HPD	Health Program Director
IEC	Information, Education, Communication
KPC	Knowledge, Practice and Coverage (baseline survey)
MEI	Mission Evangelique International
MOH	Ministry of Health (Haiti)
NGO	Non – Governmental Organization
OBDC	Oeuvres de Bienfaisance et de Developpement Communautaire
PD	Program Director
PHC	Primary Health Care
PM	Program Manager
PVO	Private Voluntary Organization
SPS	Senior Program Specialist
TA	Technical Assistance
USAID	United States Agency for International Development

I. Executive Summary

This report documents the history, progress and accomplishments of the only Mentoring Partnership Child Survival Project to be awarded to date by the USAID Bureau of Humanitarian Response / Office of Private and Voluntary Cooperation. The report was written at the request of the two partnering private voluntary organizations (PVOs): Foundation for Compassionate American Samaritans (FOCAS) and Andean Rural Health Care (ARHC). It is not meant to be a comprehensive overview of the project's activities, but rather documents those aspects which relate directly to the mentoring partnership and which distinguish this project from other "traditional" USAID-funded Child Survival projects.

Background:

FOCAS and ARHC formed a mentoring partnership which successfully competed for a Child Survival Project XIII grant in 1996, the first year that USAID BHR/PVC offered the Mentoring Partnerships category of grant awards within the Child Survival domain. FOCAS, the "Mentoree PVO," had implemented health activities through a local Non-Governmental Organization (NGO) in Haiti for over ten years, but had not yet competed successfully for a Child Survival grant before receiving a grant in this category. ARHC, as the "Mentor PVO," brought to the partnership previous experience in managing five USAID-funded Child Survival Projects in Bolivia, and has recently received a USAID matching grant for work in Guatemala and Bolivia. In addition, its Senior Program Specialist (SPS) had lived and worked for two years in Haiti, and was experienced with ARHC's Census-Based Impact-Oriented (CBIO) methodology.

Project Description:

The Child Survival Project implemented by this partnership seeks to provide community-based child survival services for approximately 75,000 people in Haiti through nutritional interventions including promotion of breastfeeding and distribution of vitamin A, child spacing services, pneumonia case management, improvement of vaccination coverage, case management of diarrhea, and maternal and newborn care. Through the mentoring partnership, FOCAS personnel and their local NGO partners are learning to implement ARHC's highly successful CBIO approach to primary health care, as well as gaining skills at administrative, financial, managerial and technical levels.

The Mentoring Approach:

The mentoring relationship of FOCAS and ARHC is based upon the goal of achieving eventual sustainability through a holistic approach to partnership. The mentoring in this project takes place at all program and administrative levels.

Progress and Achievements:

This report gives an overview of progress made to date, outlining many specific mentoring activities that have taken place at both field and headquarters (HQ) levels. Significant progress has been made in the three years of the project, with an emphasis on the transfer of technical skills at the field level early in the project, and a shift to relatively more managerial and administrative mentoring in the third year of the project. FOCAS field staff have censused over 71,000 people, reaching them through rally posts, home visits, and clinic services.

The Executive Director of FOCAS believes that FOCAS and its local NGO partners are at least one and a half years ahead in their capacity building of where they would have been at this point had they received a "typical" entry-level Child Survival grant.

Strengths and Constraints of the Mentoring Approach:

A mentoring approach to implementing a child survival project brings an array of benefits, as well as presenting unique challenges. ARHC personnel have bolstered skills of FOCAS personnel in the administrative and programmatic aspects of their work, and have worked directly with the implementing partner NGOs in Haiti. ARHC also has worked with FOCAS at the level of strategic planning, board of directors development, and financial management. ARHC too has received benefits from the relationship, gaining experience that will further its ability to provide supportive services to other NGOs and PVOs through a partnering approach.

Constraints have sometimes arisen in the areas of personnel availability, communication gaps, and differences in fiscal procedures, and are detailed further in the report. The benefits of the partnership have greatly outweighed the constraints in this project.

Summary Recommendations:

Lessons learned through the first three years of this project are shared in the report, with recommendations that hopefully will be of value to other PVOs contemplating a mentoring approach. In this project's experience, the mentoring partnership should be formed on the basis of shared philosophies and compatibility between partners, with realistic expectations and attitudes toward the relationship. A mentoring relationship should start with a comprehensive assessment of organizational capacity of the "Mentoree PVO," highlighting areas of need and resulting in a detailed plan of mentoring activities to address those needs over the life of the project. Open communication and availability of personnel are key ingredients to maintaining a strong partnership. Finally, a clear monitoring and evaluation strategy should be established to assess achievement of the mentoring objectives as well as the overall program goals.

II. Background:

A. Partner Organizations

1. Foundation of Compassionate American Samaritans

The Foundation of Compassionate American Samaritans (FOCAS) was founded in 1986 by Richard P. Taylor, as a Christian non-profit charitable organization. The primary objective of FOCAS was to help the desperately poor in remote areas of Haiti with basic needs such as elementary education, feeding and primary health care. FOCAS' initial project was a child support program in a remote mountain community in Haiti, which then grew to include a medical (nutrition, hygiene, health education) ministry and supplemental food program. Over the subsequent years, FOCAS has expanded to include a vocational school in Haiti, and outreach programs to inner city youth in Cincinnati, Ohio. The mission of FOCAS is: *"We earnestly seek transformed lives by proclaiming the gospel of Jesus Christ and assisting with crucial physical and spiritual needs. Ref. Luke 4:18-19. . ."*

2. Andean Rural Health Care

Andean Rural Health Care (ARHC) is a 501(c)(3) non-profit organization, incorporated in 1983. It began its work in Bolivia with community-based child survival and primary health care service delivery. ARHC has developed one of the leading public health models in Bolivia, using a "Census-Based, Impact-Oriented" (CBIO) approach. ARHC works through its Bolivian counterpart organization, "Consejo de Salud Rural Andino" (CSRA), delivering service to over 70,000 beneficiaries. ARHC has successfully competed for and been awarded five USAID BHR/PVC Child Survival Grants, and recently has been awarded its first USAID Matching Grant to support activities in Bolivia and Guatemala.

Based on its success in Bolivia, ARHC has expanded its CBIO approach into other countries of need in the Americas, including Mexico, Guatemala, and (through the FOCAS/ARHC CS Mentoring grant) Haiti. In a USAID/PVC/CS external evaluation of ARHC's program in 1994, the panel concluded that ARHC should share its experience and that USAID should support the CBIO approach in other countries.

ARHC's mission statement reads: *"Moved by our faith, we are committed to the measurable improvement of health and the prevention of unnecessary suffering, sickness and death. We bring hope through health, working through self-sustaining local partnerships in communities lacking access to basic services."*

3. Local Haiti Partners: MEI and OBDC

In Haiti, FOCAS works with and through Mission Evangelique International (MEI) and Oeuvres de Bienfaisance et de Developpement Communautaire (OBDC). FOCAS has worked for many years with MEI, an indigenous non-profit, non-governmental organization (NGO) operating for over 20 years in church development, education, and health. Its health work had included the operation of fixed and mobile medical clinics, immunization, nutritional education and feeding, and training of midwives. OBDC, another indigenous NGO, was brought into a parallel partnership with FOCAS through the current CS grant. This organization had been implementing child survival and family planning programs for several years in another nearby rural area of Haiti.

B. CS Mentoring Partnership Grant Submission Process

FOCAS submitted its first application for a USAID Bureau of Human Response / Office of Private and Voluntary Cooperation (BHR/PVC) Child Survival Project grant in 1994. After being unsuccessful in that first attempt, it tried again in 1995. Once again, it received an unfavorable response from USAID. However, in 1996, USAID BHR/PVC offered a new category of CS grant, called "Mentoring Partnerships." As the name implies, this category was specifically geared toward smaller, newer PVOs lacking the experience and field expertise in child survival to compete successfully for the USAID CS grant against larger or more established PVOs. For this reason, it seemed especially suited to an organization like FOCAS.

Richard Taylor weighed his options once again for the new CS funding cycle, and decided to apply under this new grant category. He then had to decide which PVO might be the most appropriate one with which to form a mentoring partnership. He entered into discussions with ARHC as well as with World Vision International (WVI). Both established PVOs were interested in joining FOCAS in the mentoring partnership, but each proposed a very different approach and structure to the relationship. WVI offered a larger corporate structure, a larger body of resources, and shared a similar holistic, overtly Christian approach to administering health projects. At the same time, however, the WVI concept would have had WVI as the primary grantee, with FOCAS as a secondary grantee. In addition, the FOCAS service area and number of beneficiaries would have been much smaller. ARHC, on the other hand, was a smaller PVO (with seven full-time headquarters staff at that time) but offered considerable experience with CS projects, and was willing to allow FOCAS to be the primary grantee in the partnership. As described previously, ARHC also had recently expanded its mission focus and was seeking to partner with other health development organizations to promote the CBIO approach to primary health care (PHC) in the Americas. Of some concern to Mr. Taylor was that, while faith-based, ARHC did not have an evangelical approach to development work, which is at the core of the FOCAS mission.

FOCAS eventually decided to partner with ARHC. The partnership has paid off well in many ways for both ARHC and FOCAS. Mr Taylor feels that by being the primary grantee in its partnership with ARHC, FOCAS's learning curve has been steeper than otherwise might have been possible. He also feels that the personnel resources of ARHC, while fewer in number than those of WVI, may have in some ways been more approachable and accessible than WVI personnel might have been. He feels they have been willing and able to work fairly closely with FOCAS staff, attending their board meetings and visiting their office in Cincinnati. The differences in mission between FOCAS and ARHC seem to have had no appreciable adverse impact on the partnership. Rather, the programmatic similarities of the two PVOs have greatly benefited the project.

C. Project Description

The ultimate goal of this child survival project is to reduce unnecessary morbidity and mortality, and improve the health of project area children less than five years and women of childbearing age, through the provision of key CS interventions. A secondary goal is to increase access to high-quality basic CS and primary health care services in the project areas. The tertiary goal of the project is to increase the capacity of FOCAS and its Haitian NGO partners to successfully plan, implement and evaluate sustainable, community-based CS services.

There are six key CS interventions proposed for this project:

- nutrition improvement, including vitamin A supplementation and promotion of breastfeeding (25% level of effort);
- diarrhea case management (10%);
- pneumonia case management (20%);
- immunization (10%);
- child spacing promotion (25%); and
- maternal and newborn care (10%).

These interventions are being implemented through the census-based, impact-oriented (CBIO) methodology developed by ARHC. The project plans to reach a total population of approximately 75,000 by the end of its four years.

III. The Mentoring Approach

A. Philosophy and Objectives of the Mentoring Partnership

Being a new experience for all parties involved, including USAID, the mentoring partnership approach to child survival projects has evolved and taken shape and direction throughout the initial three years of project implementation. From the beginning, FOCAS and ARHC entered into this mentoring partnership with several well-defined philosophical tenets that support their work.

Three of these key tenets are as follows:

1. A Holistic Mentoring Concept

A strength of the FOCAS-ARHC approach, noted by USAID in awarding the grant, was in conceptualizing the mentoring partnership in a holistic context. While other PVOs viewed a mentoring CS approach more as a technology knowledge transfer grant, the FOCAS & ARHC leadership had a much richer vision of what it could be. The concept was verbalized slightly differently by the various personnel interviewed from both organizations. A common theme, however, was that the Mentor PVO would bring to the partnership a proven organizational methodology and philosophy, and a commitment to a successful approach in implementing a child survival project. ARHC personnel would "shadow" FOCAS personnel at all organizational levels, including the board of directors, headquarters and field administration, technical programs, NGO relations, and overall program management.

2. Working in Partnership

Richard Taylor (Founder and Executive Director of FOCAS) believed strongly in the importance of partnership even before the mentoring project became a reality. He presented his thoughts at the 11th Annual CS PVO Headquarters Workshop held at Lake Junaluska in 1999. The eight major points of partnership he stressed were:

1. The partners must have equivalent values.
2. The partners must have mutual respect and trust.
3. There must be a thorough partnership plan.
4. It must be a win-win arrangement.
5. Management must be committed to success.
6. The partners should have complementary skills and capacity.
7. There should be careful selection of project personnel.
8. There needs to be clear, written documentation of the agreement between the two partners.

3. Working Toward Sustainability

As with any Child Survival project, sustainability in this case may be defined as the ability of the local implementing partners (in this case the two Haitian NGO partners with and through whom FOCAS works) to continue the process of developing and expanding basic CS and primary health care services after the end of this funded project. In this project, however, a first level of sustainability is necessary for the attainment of that goal, given the tiered mentoring structure involved in this approach. The first level of sustainability will be achieved as the Mentoree PVO, FOCAS, attains

its own potential in independently administering, managing and implementing future child survival projects. Following that, but of ultimate importance, will be the more profound goal of sustainability at the field level. This presents a serious challenge in a country like Haiti, where making realistic progress toward sustainability is tempered by the realities of an unreliable and tenuous social, economic and political infrastructure at many levels. Because of the complex nature of these two tiers of sustainability, the project is still working on defining a clear sustainability plan, but holds sustainability at both levels as a key goal of this mentoring partnership.

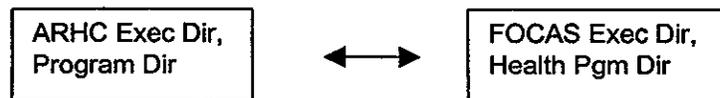
B. Design / Approach of the Mentoring Process

The Mentoring approach taken in this project can be visualized on three different levels.

1. Mentoring Level I

Mentoring at this level refers to mentoring at the PVO headquarters level, implemented through the relationship between FOCAS/USA and ARHC HQ personnel.

a. Personnel Communications & Mentoring Structure at Level I



b. Focus of mentoring at Level I

- Strategic Planning
- Development of Board of Directors
- Administrative Policies
- Fundraising
- Financial Management
- Personnel Management

c. Characteristics of mentoring at Level I

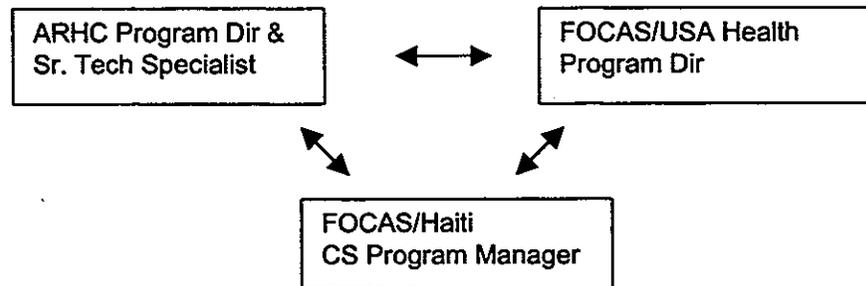
All partnered personnel at this level are based in the U.S., which makes communications easier than at the other levels. Telephone, E-mail and fax are the primary modes of communications used. Travel also has been a means of mentoring at this level, through in-person meetings and visits to partners' offices, usually taking place twice per year. In addition, senior staff of both PVOs have attended the other partner's board of directors meetings twice in the first three years.

Partners from both PVOs have exchanged numerous memorandums and other documents focusing on areas of need and mentoring activities at the various project levels. They have worked without a formal timetable of scheduled activities such as is used at the more technical levels II and III. Rather, during the first three years of the project, mentoring has taken place often on an as-needed basis, sometimes planned months in advance – such as attendance at the partner PVO's board of directors meetings – but sometimes happening in response to a more immediate need on the part of the Mentoree PVO.

2. Mentoring Level II

Mentoring at this level refers to advice and counsel of a more technical and managerial nature, taking place between the partnered FOCAS/USA and ARHC technical and financial staffs, and the FOCAS/Haiti staff.

a. Personnel Communications & Mentoring Structure at Level II



b. Focus of mentoring at Level II

- Technical Interventions in Child Survival
- CBIO Skills Development
- Techniques in Training and Evaluation
- Project Planning, Monitoring and Evaluation
- Project Reporting, Including HIS Development
- Field-level Personnel Management and Training
- Resource Development, Grant-writing

c. Characteristics of mentoring at Level II

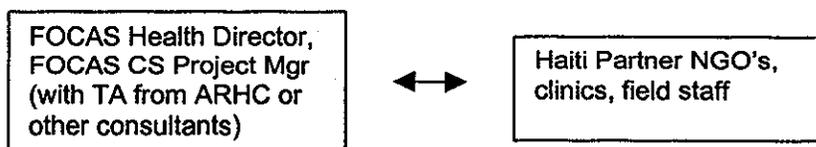
Clearly outlined timetables of topics and trainings were developed early in the project and expanded/modified on an ongoing basis by the ARHC Senior Program Specialist (SPS), FOCAS/HQ Health Program Director, FOCAS/Haiti CS Program Manager, and partner NGO Program Managers in Haiti. The ARHC SPS worked directly with FOCAS personnel as much as possible in planning, coordinating and training of the technical interventions from the beginning, and has gradually encouraged more initiative and leadership on the part of the FOCAS/Haiti CS Project Manager in taking on these roles. During the first two project years, the ARHC SPS made eight visits to Haiti, usually for several weeks at a time. During the third and fourth years, the SPS is planning to make only one or two trips to Haiti per year.

Communications at this level are understandably more problematic than at Level I. When the HQ personnel are not in Haiti, communications between the mentoring partners at this level take place largely through E-mail, and sometimes through telephone calls and faxes. The ARHC SPS often initiated communication in the first two years of the project, based on his awareness of issues and concerns that needed to be addressed. Currently, the flow is more balanced, with both the FOCAS Health Program Director and the FOCAS/Haiti CS Program Manager initiating communication with the SPS. Communications have been a continuous challenge due to power and telephone / fax / E-mail breakdowns in Haiti.

3. Mentoring Level III

Mentoring at this level refers to the relationship, including technology and managerial transfer, between FOCAS/USA - Haiti and the two indigenous NGO's with whom and through whom they implement the child survival project. This level of mentoring and backstopping between the CS grantee PVO, headquartered in the U.S., and its implementing partner NGOs in the target country, is similar to a "typical" CS project.

a. Personnel Communication & Mentoring Structure at Level III



b. Focus of mentoring at Level III

- Technical Interventions in Child Survival
- CBIO Skills Development
- Techniques in Training and Evaluation
- Project Planning, Monitoring and Evaluation
- Project Reporting, Including HIS Development
- Field-level Personnel Management and Training
- Resource Development, Grant-writing

As can be seen, the major focus of mentoring at this level includes the same topics mentioned in Level II. At this level, however, the focus is primarily on field-level operations and delivery, and with expertise coming through FOCAS personnel. ARHC has frequently provided TA simultaneously to both the FOCAS/Haiti staff and NGOs by modeling techniques, especially during training workshops.

c. Characteristics of mentoring at Level III

Communications at this level, mostly within Haiti, have been more problematic due largely to the inconsistent and under-developed Haitian infrastructure. Though the situation has improved, neither of the two local partner NGOs has consistently reliable radio or telephone contact with the FOCAS office in Petionville, Haiti. The two NGO Program Managers both have personal cellular telephones, but since FOCAS/Haiti does not, they still depend on unreliable phone service at the FOCAS office. (FOCAS/Haiti has applied for a cell phone in Haiti but has not yet received it). Transportation limitations also have hurt access

among the NGOs. The three NGOs attempt to hold weekly meetings, but maintaining this regularity is often not feasible in Haiti.

4. Other mentoring inputs

The personnel and issues highlighted above do not reflect the entire scope of the mentoring processes in this project. At times, other personnel from both PVOs have taken part in mentoring activities and idea exchanges, such as board members, financial and administrative support staff, and field-level CS staff (i.e., during FOCAS/MEI/OBDC visits to ARHC CS projects in Bolivia). Additionally, the schematics above represent the primary directions of communication, but in reality there is frequent overlap in communications among and between the three levels.

C. Mentoring Partnership Plan

One of the first documents generated by the mentoring parties was a "Memorandum of Agreement," included in the project's DIP. This presented the general terms and guiding principles of the mentoring relationship between the partner PVOs.

Several other documents also were generated and proposed as reference guides at the beginning of project activities. During the first two years of the project, these guidelines were used and revised by personnel from both PVOs. Although the concepts outlined in these documents have been used to guide mentoring activities to date, they have not yet been formalized into a comprehensive mentoring guide. Rather, an overall process has evolved throughout the project's first three years, and still is viewed as a "work in progress" by project staff.

The technical aspects of the mentoring plan have lent themselves to a more formal, structured, and documented process than the administrative / managerial aspects of the partnership. This is due, in part, to the decision that the technical mentoring was to take first priority, to "hit the ground running" with CS interventions in Haiti. The benefit of this approach was that, potentially, more lives would be saved as a result of the earlier initiation of project interventions. However, it also has resulted in some delay in the transfer of managerial and administrative skills, a constraint noted during the mid-term evaluation. These latter themes now are being given a stronger focus during the third and fourth years of the project, as detailed further in this report.

The original grant proposal had anticipated that the mentor role played by ARHC would be strongest over the first two years of the project, but would extend throughout the four years of the grant period. At this point, nearing the end of the third year of project funding, progress in some mentoring areas, most notably the transfer of technical skills to field staff, has been very good. The role and time allocation of the ARHC SPS in this project has, in fact, been recently reduced. The other areas of managerial, administrative and financial mentoring are seeing gradual progress, somewhat delayed due to the resignation of the first FOCAS Health Program Director in the second year of the project. FOCAS and ARHC will be seeking to extend the mentoring partnership for several more years, through the application of a follow-on grant. The details and management strategy for these add-on years is currently being developed by FOCAS and ARHC personnel.

IV. Project Progress and Achievements

A. Specific Achievements of the Mentoring Partnership

In keeping with the purpose of this report, this section is not intended to be a comprehensive listing of all achievements of the CS Project to date. Rather, its purpose is to highlight the progress and achievements that were accomplished largely through cooperative aspects of the mentoring partnership. These accomplishments are listed somewhat, though not entirely, in chronological order. A brief overview of mentoring activities throughout the LOP also can be seen in Appendix A.

1. Entry into the Mentoring Partnership

The Program Director of ARHC had previously met the Executive Director of FOCAS, and had offered informal assistance through advice and the sharing of written materials during previous FOCAS CS grant submissions. After deciding to partner for the mentoring grant submission, they worked together to submit the successful grant application. ARHC's previous experience in successful grant-writing enhanced FOCAS' own efforts, and together they received the only grant to be awarded thus far in the mentoring partnership category of USAID BHR/PVC Child Survival grants.

2. Initial Planning

After receiving notification of the grant award, a first step in the now-official mentoring partnership was to begin detailed project planning. To accomplish this, the Program Director and Senior Program Specialist of ARHC went to Haiti with the Executive Director of FOCAS, to meet with the newly-hired CS Project Manager of FOCAS/Haiti and the Program Managers of the two partner NGOs in Haiti, MEI and OBDC. At this meeting in September 1997, they sketched out plans for the first two years of the project.

3. Baseline Survey

As in most CS projects, a Knowledge, Practice and Coverage (KPC) baseline survey was one of the first technical activities to take place in the field, in November 1997. The desired approach would have been for ARHC and FOCAS HQ health staff to work together in planning and conducting the survey, and in transferring the KPC survey skills to the local partners. In this case, however, FOCAS had not yet hired a Health Program Director at the HQ level. Instead, the ARHC Senior Program Specialist worked together with the CS Project Manager to organize and conduct the baseline survey, still facilitating a direct transfer of skills to the FOCAS/Haiti level, and avoiding the need to bring in an outside consultant to coordinate the survey.

4. Writing the Detailed Implementation Plan

Another major partnering activity early in the project was the writing of the Detailed Implementation Plan (DIP) after results from the KPC baseline survey were available. The DIP was completed in April 1998, as a combined effort primarily among the ARHC SPS, the newly-hired FOCAS Health Program Director and FOCAS field personnel. As with the baseline survey, this was an example of the Mentor PVO providing the relevant abilities and experience to the Mentoree PVO, building the

capacity of the partner NGOs in the process, and replacing the need for an outside consultant. The DIP was reviewed and approved by USAID in June 1998.

5. Sharing the CBIO Philosophy / Field Visit to ARHC CS Project in Bolivia

Plans were made early in the project for key FOCAS/USA and Haiti staff to visit an ARHC / Bolivia Child Survival project. Unfortunately, illnesses and a death forced two postponements of the trip. It finally took place during early 1999, and allowed FOCAS/Haiti and its partner NGO field staff to learn directly from their counterparts in a "prototype" CBIO-based child survival project, and to see first-hand the successes and constraints of their partner PVO at the grassroots level. The trained FOCAS HQ Health Program Director left the organization soon thereafter, and the second Health Program Director visited the Bolivia project and received the same training during June 2000.

6. Child Survival Technical Trainings

FOCAS and ARHC first emphasized providing technical assistance related to child survival interventions in the field, and then gradually phased-in program management as an additional area of mentoring. The specific areas and timing of CS technical assistance provided are detailed more completely in Appendix B. Most trainings were conducted by the ARHC SPS in collaboration with FOCAS' CS Project Manager. The FOCAS HQ Health Program Director later took a minor role in some trainings, and the FOCAS/Haiti CS Project Manager gradually took on more responsibility as well. Trainees were often pre- and post-tested to assess learning, another important training activity that was gradually taken over by the CS program manager. To date, training and implementation of most of the CS interventions have been completed in the field. Current and projected areas of technical mentoring and training now will focus on continuous quality improvement, and enhancement of management and supervisory skills and processes.

Specific examples of the FOCAS/Haiti CS Project Manager assuming formerly mentored tasks:

- a. The FOCAS/Haiti CS Project Manager has repeated some topics/trainings that the ARHC SPS conducted initially in the project, and now is independently using pre- and post-tests to assess the quality of the training and learning. The ARHC SPS still often reviews the content of the trainings and the results from the pre- and post-tests, offering feedback.
- b. In April 1999, following the DIP review, the Haiti project managers with the assistance of the ARHC SPS, conducted a health education assessment: A general service checklist was developed by the CS Project Manager, with the ARHC SPS taking a secondary role, providing feedback on the checklist.

c. Also in April 99, an ARI checklist was developed by the ARHC SPS and CS Project Manager jointly. The CS Project Manager shared the protocol from a REACH training management workshop he had just intended, the ARHC SPS drafted a checklist based on that protocol, and then the CS Project Manager offered feedback. The field staff and supervisors used the ARI checklist for awhile, then in February of 2000 visited another project in Haiti, after which time they modified and simplified the checklist based on their experience. The ARHC SPS acknowledged that he did not necessarily agree with all of the changes and simplifications made to it, but that it remained an appropriate tool. The end result was that the FOCAS/Haiti and NGO Program Managers had taken ownership in developing their own quality improvement tool based on what they had learned through the mentoring process.

7. IEC and M&E Materials

Many technical training, supervisory and evaluation documents have been developed as part of the technical component of this project. In many cases, these tools have been developed through a mentoring approach, primarily relying on input and coordination from the ARHC SPS, in collaboration with FOCAS, MEI and OBDC personnel. In some cases, responsibility for the development of the training and supervisory guides has shifted from the ARHC SPS to the FOCAS/Haiti, MEI and OBDC program managers.

8. Conducting the First Census

As an integral part of the CBIO approach, conducting and maintaining a census has required extensive training and TA from the ARHC mentors. The project is expecting to reach about 75,000 by the end of the four-year project. The project was able to census 20,000 during the first year, and by the end of the third year of the project they had censused over 71,000 individuals.

9. Development of the Annual Implementation Plan (AIP)

Following their participation with ARHC staff in developing the DIP, FOCAS HQ and Haiti staff, along with their partner NGO staffs, developed an AIP in August, 1998. This process was done almost completely by FOCAS and local partner staff, with only limited assistance required from ARHC. They again developed an AIP during 1999, but a plan was not developed during 2000. ARHC again will encourage FOCAS to develop an AIP during early 2001.

10. Ongoing Management Mentoring

Development of project annual plans, mentioned above, should be an ongoing activity which reflects a shift away from ARHC direction and more toward grassroots input and leadership. In the field, processes in management and supervision of staff, originally a part of training sessions provided by the ARHC STS, have gradually been taken over by the FOCAS CS Project Manager and, to a lesser degree, by the NGO Program Managers. As mentioned above, supervisory checklists, an integral part of the supervisory protocol of this project, now are often developed or revised by project personnel in Haiti. Though progress has been made in this area, in his August 2000

visit to the FOCAS/Haiti CS project, the ARHC Executive Director noted several aspects of the managerial and supervisory processes that need further strengthening. These will be emphasized and addressed during a follow-on grant period.

Health information systems management has seen some transition in "ownership" to Haiti personnel, and at this point is appropriately remaining a manual system. There are plans to improve and partially computerize it during a follow-on grant period, a process which will likely depend upon ARHC and other outside input at the initial stages.

Project staff had expressed a desire for further management and financial management training during the mid-term evaluation. In response to this, the former ARHC Program Director (now Executive Director) outlined an overall scope of mentoring tasks for 2000 – 2001, and is addressing these training needs.

11. Ongoing Administrative Mentoring

Information has been shared freely between the two PVO Executive Directors in many areas of administration and finance. Specifically, mentoring has taken place in the following areas:

a. Fundraising:

The ARHC Executive Director has held many discussions with the FOCAS Executive Director regarding fundraising ideas and resources. This counsel has included fundraising of individuals, service clubs, churches, and foundations. Information shared by ARHC has especially focused on the best timing, content and direction of grant-writing to specific foundations. Though there have not yet been significant "fruits" of this mentoring, the FOCAS Executive Director has expressed an expanded vision and increased confidence in approaching potential donors. They also have adopted alternative fundraising strategies, such as ARHC's efforts in organizing home meetings as a vehicle to fund raising. In addition, FOCAS has started a highly successful annual fundraising breakfast targeted toward the downtown Cincinnati business community.

b. Strengthening the FOCAS Board of Directors:

Mutual attendance at partner PVO's Board of Directors meetings has been taking place about once per year, and the ARHC Executive Director occasionally reviews FOCAS Board of Director meetings minutes, offering feedback. The ARHC Executive Director also has suggested the importance of broadening the FOCAS Board by recruiting new Board members, and FOCAS is following his suggestions by recruiting new members with increased diversity.

c. Strategic planning:

ARHC has shared its annual operational plans and five-year strategic plans with FOCAS HQ. This is a subject where the two organizations differ significantly in approach, but FOCAS is considering how to adopt selected ideas to its own organizational planning philosophy and priorities.

d. Financial management:

There has discussion thus far between ARHC and FOCAS regarding FOCAS' financial and accounting systems. ARHC shared financial documents and audited financial reports with FOCAS early in the partnership. FOCAS' financial growth has been significant over the past several years, and ARHC had suggested changes that were needed in FOCAS' fiscal and accounting procedures. Ideas and memorandums were shared along these lines, with the ARHC Executive Director addressing the issue at FOCAS' Board of Directors meeting in May 2000. Changes have been made, and FOCAS has satisfactorily completed two A133 audits by an independent auditing firm. More work is planned in this area, especially focusing on financial management capacity building at the field level.

e. Personnel management:

ARHC has shared information openly with FOCAS from its own personnel management system. It has shared written personnel policies, job descriptions and salary structures at both the HQ and field levels, annual personnel appraisal forms, and organizational charts. Some changes have been made at FOCAS as a result, including an HQ re-organization and the preparation of a new personnel handbook with revised job descriptions.

B. Progress Since the Mid-Term Evaluation

The Mid-Term Evaluation (MTE), led by an external consultant in October-November 1999, formally documented many successes of the mentoring approach thus far¹. At the same time, it highlighted areas of the mentoring process that still needed improvement and/or attention.

Areas of progress highlighted in the MTE report included:

- Successful process established for clinical and technical transfer from ARHC to FOCAS
- Increase in technical and management capacity at FOCAS HQ
- FOCAS/USA entry into CORE USAID group to benefit from expertise of others
- FOCAS partner NGO staff provided with concrete tools with which to assess quality of care at level of individual beneficiary

Areas of constraint and suggestions for improvement noted in MTE report:

- More planning, implementation and evaluation of capacity building
- Documented plan for TA in management (including financial management)
- Further training and mentoring in fundraising strategies needed
- Development of a sustainability plan

ARHC and FOCAS personnel have made substantial progress acting on these recommendations in the past year. Some of the specific strategies and activities are summarized below, though many of them have also been addressed in greater detail in the previous section, *IV A. "Specific Achievements of the Mentoring Partnership."*

¹ "FOCAS in Haiti 1997-1999; PVO Child Survival Program Mid Term Evaluation"; Bette Gebrian Magloire RN, MPH, PhD; November 1999.

Capacity Building: The project has developed a strategy for organizational capacity building for 2000 – 2001. Although this plan is still undergoing final revisions, it has laid the groundwork for the remaining activities, some of which have already begun.

Technical Assistance in Management / Financial Management: After the MTE, a plan for management training during FY 2000 and 2001 was outlined by ARHC and is still undergoing revision before complete adoption. Training in several of the proposed areas has already taken place, most notably in a series of trainings that took place in Haiti in July-August 2000, conducted by the ARHC Executive Director and the FOCAS Health Program Director. As mentioned previously, ARHC and FOCAS have been working together on the financial management systems of FOCAS at both the HQ and field level. Capacity building in this area at the field level is an objective of regular visits to Haiti by the FOCAS Executive Director, and this will remain a focus of mentoring during the remainder of the project.

Training in Fundraising: There has been ongoing mentoring at the HQ level in fundraising over the last three years, though somewhat less at the field level. However, fundraising was a topic covered with NGO and FOCAS/Haiti Program Managers during the latest visit of the ARHC Executive Director in July - August 2000. While there, along with the FOCAS Health Program Director, he met with project managers, discussed alternative sources of local funding, and visited potential donors with the FOCAS/Haiti Project Manager. Partner NGO Program Managers also received ideas and input from ARHC field staff in raising local support during their trip to Bolivia.

Plans for Sustainability: Project personnel are currently developing sustainability plans for both levels of the project, as discussed previously. Sustainability in Haiti is a formidable challenge, due to the rugged nature of country, lack of infrastructure, limited economic opportunities, and the ever-tenuous political stability. The Haiti field staff persevere admirably in the face of all of this, and progress continues to be made. Sustainability has a strong correlation with capacity-building. Technical capacity-building has been done well at the field level. The current and projected efforts in CQI mentoring should assist greatly in promoting sustainability from a technical standpoint.

V. Strengths and Constraints of the CS Mentoring Approach

A. Strengths of the CS Mentoring Approach

The previous section, IV, listed many tangible benefits and accomplishments of the project, all attributable to strengths of the CS mentoring approach. Additional strengths and benefits are listed below:

1. Benefits to the "Mentoree" PVO

Clearly, a strength of the CS mentoring approach involves the many implicit benefits to the "Mentoree" organization.

a. Entry into USAID BHR/PVC CS project funding:

One of the primary benefits, by design, is the ability for a younger, smaller, but competent PVO to gain entry into a potentially ongoing series of USAID-sponsored Child Survival grants, an otherwise highly competitive process. Though at times there are unavoidable constraints and frustrations in trying to merge personalities and corporate philosophies of two dynamic PVOs to accomplish singular project objectives, the bottom line is that the mentoree PVO would likely not have been able to secure USAID CS funding without the input of the mentor PVO. Whatever constraints may arise are surely outweighed by this benefit.

b. Navigating the USAID system:

Many PVO's implementing a USAID CS project for the first time are sure to be slow to attain competency in the level of accountability and reporting required by USAID. The assistance offered by a seasoned PVO in navigating the complexities of the USAID system is another benefit of mentoring.

c. Technical assistance in a holistic context:

As previously stated, a mentoring versus a consulting approach makes available a holistic philosophy and corporate "personality" of a successful PVO, along with a wealth of experience in a proven methodology. (This is described more fully in section III.A.1.)

2. Benefits to the Mentor PVO

A perhaps less obvious strength of the mentoring approach is the benefit to the Mentor PVO itself. In the case of this partnership, personnel from the Mentor PVO were quick to acknowledge benefits they have received: Among those mentioned were:

a. A strengthening of their own technical skills as new or modified approaches were implemented. One example of this was the increased experience gained by the ARHC SPS in the Hearth Nutrition Model as part of this project.

b. An increase in skill, experience and reputation of the PVO as a mentoring and training resource to assist other PVOs/NGOs. This is especially beneficial for ARHC, whose mission is to support and strengthen other organizations through similar partnerships.

- c. Experience may be gained in a new geographic and cultural context.

3. Benefits to the Local NGO Partners and Project Beneficiaries

The benefits at the field level are many of the same benefits listed in section 1 above. In addition, field partners are able to benefit from a larger body of resources while being mentored by personnel from two distinct PVOs. As seen in this project, personnel from ARHC also were able to fill in potential backstopping "gaps" resulting from the turnover in the FOCAS Health Program Director position.

B. Constraints of the CS Mentoring Approach

Most constraints voiced by personnel from both partner PVOs were difficulties inherent in the process of any inter-agency collaboration. Management and administrative issues, fiscal considerations, accountability and decision-making, and styles of communication all pose challenges within any single PVO, let alone between two PVOs collaborating in the implementation of a new, ambitious and time-limited child survival project. Specific issues highlighted by staff are noted below.

1. Shared Accountability and Control

A constraint of this relationship likely to be experienced in other mentoring relationships is the issue of shared accountability and control. While on paper, final decision-making control and accountability for this project ultimately rests with FOCAS, personnel from ARHC are invested in the interventions and outcomes and certainly feel an implicit sense of accountability and responsibility for both the successes and shortcomings of the project.

As in any partnership, there are compromises that must be made, and a certain degree of loss of autonomy. Not all joint decisions made or actions taken may be completely in keeping with each organization's own corporate philosophies. However, in most cases, staff from both partner PVOs have collaborated in making optimal decisions for project success through open and honest communication, and with personal and professional flexibility.

2. Personnel Quality and Turnover

In this partnership, both organizations are fairly small with a limited number of HQ personnel. Personnel turnover in both PVO's has led to some difficulties, not so much in continuity of program activities, but in continuity of communications at both the HQ and field levels. Likewise, the loss and turnover of personnel of both PVOs seemed to cause periods of personnel unavailability, as attentions were necessarily directed more internally and workloads increased. At the same time, however, as noted above, there were benefits brought about by the mentoring relationship during these times (i.e., ARHC's Senior Program Specialist was able to fill the technical and training "gap" in Haiti while FOCAS sought their first, then later a second, HQ Health Program Director). FOCAS has had some difficulty in finding the "right" personnel for some positions, and the delay in hiring the first Health Program Director, and his subsequent departure, undoubtedly caused significant delays in project implementation.

3. Personnel Availability

Related to the previous section, the realities of two busy PVOs scheduling meetings together presents a challenge in the best of times. Unexpected turnover of personnel and urgent issues faced by PVOs resulted in personnel from both PVOs not always being available to the other organization. Although this was a shared constraint, it was felt more strongly by personnel from FOCAS, as their time is close to 100% with this project, whereas the two primary ARHC mentoring personnel have limited time allocated toward it. The ARHC team's own schedules and workloads often required FOCAS to schedule ARHC's time significantly in advance. This required that FOCAS personnel be proactive and far-sighted in scheduling time with ARHC personnel, as well as allocating their own time (an important skill to be developed in any event). Any unexpected changes to the schedule, naturally, caused additional difficulties. This has probably been one of the areas of greatest frustration within the partnership.

4. Communications

Early in the project, computer platform differences between partners caused significant difficulty in E-mail communications as well as in sharing of documents. FOCAS/USA & Haiti now have both Macintosh and IBM-format systems, but FOCAS/Haiti had only Macintosh at the beginning of the project.

Telephone services in Haiti are very problematic, with frequent breakdowns. During the first project year alone, the FOCAS/Haiti telephone line was at one point out of operation for more than two months. The personal telephone lines of the Haiti FOCAS and NGO partner staff, a potential backup system, were also out of service during the same period, some for as long as six months. Similar outages continue to the present.

Even when the FOCAS/Haiti telephones are working, communication among and between the FOCAS/Haiti office and partner NGOs is difficult. It sometimes takes the FOCAS/Haiti staff hours to get online to send or receive E-mail. Messages transmitted to the FOCAS/Haiti office often do not reach the NGO partners promptly.

Apart from physical and logistical constraints to communications, differences in personal communication "styles" caused further difficulties. As in any organization, open and honest communication styles are essential, and communication between two collaborating PVOs requires prompt returns of calls/E-mails. Difficulties in maintaining consistent and prompt communications were expressed by both PVOs along these lines.

5. Resource Allocation

Personnel from both PVOs have experienced some dissatisfaction with the "spending attitudes" of the other. FOCAS staff were sometimes encouraged by ARHC to allocate resources in ways that they might not have chosen to do independently, and were occasionally concerned by unanticipated or unknown costs of working with ARHC staff. ARHC personnel have felt that, at times, FOCAS personnel were disinclined to spend money already budgeted and necessary for ARHC services. Financial resource allocation has been a significant constraint within the partnership.

VI. Summary Recommendations and Comments

As mentioned previously, the purpose of this report is to document the mentoring partnership of FOCAS and ARHC, as well as to make recommendations for other PVOs considering a mentoring partnership grant.

A. Lessons Learned: Recommendations for Future Mentoring Partnerships

1. Constructive Mentor and Mentoree Expectations and Attitudes

Clearly, a key in successfully implementing a mentoring relationship between the PVO partners is that both share common expectations and attitudes regarding the relationship.

The *Mentoree PVO* must have key personnel at all levels who understand the mentoring process and their role in it, who are *willing* to be mentored, and who have the basic skills and training needed. The reality in some cases may be that the Mentoree PVO has agreed to a mentoring relationship as the most likely way, or as a last resort to attain USAID funding for its child survival activities, but without the individual or corporate will to accept guidance and change. Another constraint may be that new CS project personnel will typically be hired after the grant is approved, and thus can not participate in initial planning and mentoring agreements. Therefore, a key aspect of the hiring process should be to look for personnel characteristics of skill, training, willingness to be mentored, humility, and "teachability."

At the same time, the *Mentor PVO* must reflect patience, tolerance and flexibility. By virtue of its role as "mentor," it has accumulated experience and competence in administering specific projects in specific contexts. It certainly, however, could not expect, or be expected, to have an answer for every potential situation that may arise in a new project. The Mentor PVO personnel should be willing to advise, counsel and teach, but also must be willing to let the Mentoree PVO make its own final decisions and take its own independent actions. If the Mentoree PVO has some resulting failures, it can pick itself up, dust itself off, and learn from its mistakes, as would any PVO. At the same time, the Mentor PVO might, itself, learn something from the resulting successes of decisions made independently by the Mentoree PVO.

2. Assuring a Shared Philosophy and Compatibility Between Partners

Certainly it is important to understand as thoroughly as possible the mission, vision, corporate philosophies and operational structures of the potential partner PVOs. Even best efforts at this may not completely alert the respective partner PVOs to potential areas of conflict, but forming a strategy of how future conflicts will be discussed and resolved is essential in keeping the partnership strong.

In this partnership, directors of both PVOs had met in person and talked by telephone both formally and informally several times to discuss partnering possibilities, and to familiarize themselves with the other. Differences were acknowledged and discussed early on, but were expected not to be major obstacles in the partnership.

As in most relationships, it is virtually impossible to match corporate or individual philosophies and management styles in all key areas. But certainly the general philosophies of the two organizations should be compatible. This may be especially

important in the case of faith-based organizations, whose approaches to planning, fundraising, and conflict resolution, among others, may be very different.

Fiscal compatibility in planning, making and recording resource expenditures can be a difficult issue for two PVOs to resolve when not clearly spelled out in the initial partnership agreement. As with most new projects, initial budget estimates are necessarily "best guesses." Therefore, open communication leading to a clear understanding of the financial expectations of each PVO should take place, preferably as the partnership is being cemented, to assure that the two PVOs will be "fiscally compatible."

3. Initial Assessment of Organizational Capacity

Extensive planning must be done at the beginning of the project, and it should start with an evaluation of organizational capacity and expectations of both PVOs. An identification of existing and lacking skill areas of the Mentoree PVO should include technical, managerial, financial and administrative levels. Specifically, the Mentor PVO, with participation of the Mentoree PVO, should make a checklist of anticipated skills needed by the Mentoree PVO to competently implement a CS project. The list should address "skills" in organizational capacity as well as skill areas for individual staff positions. Ideally, the Mentoree PVO key staff should conduct a self-appraisal in the various skill areas, and compare their results to the external appraisal done by the Mentor PVO. The list should be detailed enough to avoid misunderstandings (i.e., the Mentoree's self-appraisal of childhood growth monitoring skills based on less rigorous project experience may be a fairly "glowing" rating, while in reality his/her skills are less than satisfactory in light of the skill level needed in a USAID-funded CSP). If skill areas are detailed sufficiently in the checklist, many of these differences can be identified and addressed early in the project. The assessment should result in specific personnel being assigned to be mentored in specific skill areas, at specific times throughout the project.

An enormous sensitivity and openness is needed on the part of both PVOs during development of this mentoring plan, as the initial assessment may indicate, for example, a need for the Mentoree PVO to completely restructure its fiscal processes, or to enact other major reforms in its standard operating procedures. Mentoree personnel also must exhibit a high degree of sensitivity and honesty in assessing their own level of competency. Concepts of appreciative inquiry could be used effectively in this initial planning and assessment, determining the existing organizational capacity of the PVO, and carefully deciding on the next steps to be taken.

4. Detailed Mentoring Plan

Upon completion of the organizational assessment, a formal, detailed implementation plan of specific mentoring tasks should be developed. This will give structure to the vision of the mentoring relationship, and will help to define the roles of key players on both sides of the mentoring relationship. The initial plan of the mentoring partnership should include establishing methods for joint problem solving, as well as activities in all identified areas of mentoring: technical, managerial and administrative. Having a formal, agreed-upon document detailing tasks, completion dates, and expected outcomes will assist both organizations in monitoring and evaluating the mentoring aspect of the project on an ongoing basis.

5. Evaluation of the Partnership

The partnership should be evaluated in a holistic framework, much in the same way it was formed. The evaluation should consider the efficiency and quality of the partnership, not just the number of beneficiaries ultimately being served. Outcome and process indicators could be set after the initial needs assessment and mentoring plan, to allow both partner PVOs to monitor ongoing progress and to establish a basis for a formal evaluation of the mentoring objectives as a subset of project objectives. As part of the mentoring process, a formal external evaluation could be built into the project timeframe and budget. A first evaluation could be conducted at project mid-term in order to allow for modification and improvement in mentoring and inter-organizational dynamics, and to identify any constraints to the mentoring process.

6. Communication Styles and Logistics

As in any partnership or relationship, two-way communication is essential. Language barriers, telephone system breakdowns, and differences in computer platforms (IBM vs. Macintosh), are just a few areas that must be addressed early in the partnership. Lack of communication, due to people's time constraints, personalities, and technical breakdowns, also can have a detrimental effect on the mentoring relationship. Trust and openness should be established early, not just between PVO directors, but at all personnel mentoring levels. This will lead to a greater sharing of information, and may help identify problem areas earlier in the project. Availability of personnel, including *perceived* availability, is a key to keeping channels of communication open. Promptness in responding to requests through E-mail or telephone, and to other inputs from the partner PVO is essential. Style of communication is important and, naturally, subject to individual personality differences, corporate cultural differences, as well as ethnic and cultural differences. Suggestions from mentors should always include not only *what* to do, but *why* to do something a particular way.

7. Integration of Technical and Managerial Skills

This review found that technical assistance for specific project interventions should begin with mentoring in a *few* techniques / interventions in *all* project communities. Later phase-in of additional techniques and interventions is better than a later phase-in of the same interventions in additional communities.

The project also started with a strong focus on field-level TA without simultaneous mentoring in management skills. Most personnel, when interviewed, stated that mentoring in management skills should come earlier in the project, possibly simultaneously with technical skills. This might be more possible if a phase-in of technical interventions is done, keeping in mind that a four-year project is very time-limited, and interventions must therefore be phased in rapidly. It also will require an increased commitment of resources earlier in the project.

The ARHC Senior Program Specialist suggests that the Mentor PVO should oversee and coordinate curricula of all field-level training sessions, especially at the beginning of the project. If not the primary trainer, he/she should coordinate content carefully with the Mentoree PVO's project manager and/or trainer to assure thorough and accurate coverage of core content. Mentoring can take place through modeling training styles and providing technical content, and ownership of re-training sessions then can be transferred over time to field NGO personnel.

B. Points for reflection and further discussion

In addition to lessons learned and recommendations made by project personnel, several issues emerged during the development of this report for which there seemed to be no ready answers. Perhaps further experience with other mentoring partnerships, in other contexts, will shed more light on these somewhat rhetorical issues.

- Should a Mentoring Partnership CS grant, by its very nature, presuppose that more time will be needed to accomplish project goals than in a traditional CS project, and allow such “extra” time to be built into the project timeframe?
- Assuming the Mentoree PVO is the primary grantee, and the Mentor PVO is the sub-grantee, how much accountability should the Mentor PVO have for any subsequent lack of achievement of project goals and objectives, or for areas of concern within the project?
- How does the Mentoree PVO manage its HQ and field staff in order to assure that personnel are open enough to acknowledge a need to be mentored, yet are self-confident enough to manage veteran health professionals in the host country?
- How much should the Mentoree PVO rely on Mentor PVO input and TA versus bringing in other external consultants?
- A question raised in the Mid-Term Evaluation was whether the three-tiered mentoring structure of this project had too many layers to be as effective as a “flatter” mentoring structure might have been. Staff interviewed were mixed in their response to this issue. Some thought it was very workable, and in fact was working well. Others suggested that it has indeed involved too many layers, and have suggested that in future mentoring partnerships, the mentor PVO should try to work with a PVO who is the actual implementing partner in all aspects of the field project.

The design of the project documented here is clearly “workable,” and has contributed to program impact in the target communities. It remains to be seen whether alternate models might have fewer constraints and even greater success. As noted previously, mentoring, by its very nature, adds an additional level which is not necessarily the most efficient to deliver services, but which should result in better quality and sustainability of services, and faster achievement of capacity building.

Appendix A: Table of Mentoring Activities

Note: This table presents the primary mentoring tasks that have been planned and/or accomplished thus far in the project, and is not meant to be inclusive of all project activities.

Program Year One

Mentoring Level (see key below)	Date	Personnel Involved (see key below)	Activity
I - II - III	Sep - Oct 97	ARHC PD & SPS, FOCAS ED & CSPM, MOH	Develop plan for first 6 months of project
II - III	Beginning through LOP	ARHC SPS, FOCAS HPD & CSPM	Locate/develop CS tng guides, evaluation & supervisory mat'ls
I	Nov 97	ARHC PD FOCAS ED, HQ & BD	Meet with FOCAS HQ staff & BD re: institutional strengthening
II - III	Oct-Nov 97	ARHC SPS & FOCAS CS PM	Baseline KPC
II - III	Jan 98	ARHC SPS, FOCAS CSPM, NGO PMs, Health Workers	Conduct rally posts, offer vaccines, vitamin A, GM/P
I - II - III	Jan - Mar 98	ARHC PD & SPS, FOCAS HQ & CSPM, NGO PMs	DIP preparation and submission
III	Mar 98	ARHC SPS, FOCAS CSPM, NGOs	Training in and conducting of first census
II - III	Mar 98	ARHC PD & SPS, FOCAS HPD & CSPM & NGOs	Design HIS
I	April 98	FOCAS ED, ARHC ED & PD	Formalizing cooperative mentoring agreement
I	April 98	FOCAS Sr. Staff, ARHC PD & BD	ARHC PD introduces Sr. FOCAS staff to ARHC BD
III	April 98 - April 99	ARHC SPS, FOCAS CSPM	Development of key educational messages
I	May 98	ARHC ED, FOCAS HQ & BD	Visit of ARHC ED to FOCAS HQ and BD mtg re: fundraising strategies
II - III	May 98, then ongoing through LOP	ARHC SPS, FOCAS HQ CSPM, NGOs, field staff	Conduct manual analysis (field) and computer analysis (HQ) of project data
II - III	July 98	ARHC SPS, FOCAS CSPM, NGOs	Training: micronutrients, factor analysis, growth monitoring, home visits
II - III	Several; see App D	ARHC SPS, FOCAS HPD, CSPM, NGO PMs	Conduct training with FOCAS/NGO field staff
II - III	Aug 98	ARHC SPS, FOCAS HPD & CSPM	Develop evaluation mat'ls for pneumonia case mgt (translate and use pneumonia toolbox)
II - III	Ongoing through LOP	ARHC PD & SPS	Review progress in project implementation
II - III	July 98	FOCAS HPD & CSPM, NGO PMs	Development of Annual Implementation Plan (AIP)

Program Year Two

Mentoring Level (see key below)	Date	Personnel Involved (see key below)	Activity
II – III	Oct 98, ongoing	ARHC PD & SPS	Development, procurement of training materials for CBIO approach
III	Several; see App D	ARHC SPS, FOCAS HPD, CSPM, NGO PMs	Conduct training with FOCAS/NGO field staff
II	Nov 98	FOCAS HPD & CSPM	Budget development; field visit to Save the Children
II – III	Nov 98	ARHC SPS, FOCAS HPD & CSPM, NGOs	Training: HIS, QI, Pneumonia Toolbox
II – III	Feb 99	ARHC PD & SPS, FOCAS HPD & CSPM & NGOs	Training: technical capacity in CBIO methodology / Bolivia
II – III	Apr 99	FOCAS HPD & CSPM, NGOs, ARHC SPS	Pre-Midterm Eval: Review action plan, HIS review
II - III	May 99	ARHC SPS, FOCAS HPD & CSPM	Training: Begin nutrition rehabilitation strategy
III	September 1999	ARHC SPS, FOCAS HPD & CSPM	Develop/acquire tng mat'ls for diarrhea and Epi Info management

Program Year Three

Mentoring Level (see key below)	Date	Personnel Involved (see key below)	Activity
I – II – III	Oct 99	ARHC SPS, FOCAS HPD, CSPM, NGOs	Mid-Term Evaluation (MTE)
I – II	Dec 99	ARHC PD, FOCAS ED & HPD	Review of MTE results
III	March 00	CSPM, NGOs	Re-training in pneumonia mgt
III	March 00	FOCAS HPD, CSPM, NGOs visit HHF in Haiti	Improved ARI case management, Revision of ARI QI Checklist
I	May 00	FOCAS ED, HPD, BD ARHC ED/PD	ARHC attends FOCAS BD meeting
I / II	May 00	FOCAS ED & HPD, ARHC ED	Review of FOCAS HQ adm & mgt issues: planning, finance, org. chart, personnel, communication
I	June 00	FOCAS HPD, ARHC ED & BD	FOCAS attends ARHC BD meeting
II	July 00	ARHC / Bolivia, FOCAS HPD	Training: technical capacity in CBIO methodology
II – III	Several	FOCAS HPD, CSPM, NGOs	Training, management sessions in Haiti
I – II – III	Jul-Aug 00	ARHC ED, FOCAS HPD, CSPM, NGOs	TA in fundraising, CBIO review, pgm planning & reporting, nutrition pgm, mortality data analysis, HIS review

Projected Activities for 2000 / 2001

Mentoring Level (see key below)	Date	Personnel Involved (see key below)	Activity
II – III	Early 01	FOCAS HPD, CSPM, NGOs	Additional training in nutrition rehabilitation model
II – III	Early 01	ARHC SPS, FOCAS HPD, CSPM, NGOs	Advanced CQI methods
I – II	Mar 01	ARHC HQ, FOCAS HPD	Training: Work team mgt
I – II	Mar 01	ARHC HQ, FOCAS HPD	Training: Medical supplies acquisition capacity
I – II – III	Mar 01	ARHC SPS, FOCAS HPD & CSPM & NGO PMs	Researching / preparing grant applications, develop fundraising plan (field level)
I	May 01	ARHC ED, FOCAS HQ	Review FOCAS HQ adm & mgt progress; strategic planning
II – III	Nov 01	ARHC SPS, FOCAS HPD & CSPM & NGOs SE?	Strengthen KPC leadership
II – III	Nov 01	ARHC SPS & HQ FOCAS HPD & CSPM	Strengthen project evaluation leadership
I	Once in 00 - 01	FOCAS ED, HPD & BD, ARHC ED & BD	FOCAS board/staff attend ARHC Bd Mtg
I	Once in 00 - 01	ARHC ED, FOCAS ED & HPD & BD	ARHC board/staff attend FOCAS Bd Mtg

Key to Mentoring Level:

I: Primarily HQ level involvement

II: Primarily ARHC technical/managerial to FOCAS/USA & Haiti level

III: Primarily FOCAS/USA & Haiti to NGO partner level

Key to Personnel Abbreviations:

FOCAS:

HPD - Health Program Director

CSPM - Child Survival Program Manager

NGOs - Haiti Partner NGOs (MEI & OBDC)

ARHC:

PD – Program Director

SPS – Senior Program Specialist

BOTH:

ED – Executive Director

BD – Board of Directors

HQ – Other HQ Personnel

Appendix B: Training Schedule for Field Staff, Years 1 – 2

Date to Implement	Topic	Who*	Length of Training
3/98	Conducting a Census, Using QI Checklist	HA's announce census, HA's and Superv's conduct	2 days plus heavily supervised practicum
5/98	ARHC's CBIO methodology (staff visit Bolivia), home visits, HIS, verbal autopsies, mortality review	FOCAS Pgm Mgr, FOCAS Hlth Dir, NGO Pgm Mgrs	Bolivia trip: 5 days Home visits: 3 days + field pract HIS: 3-5 days + field pract
7/98	GM/P, Micro-nutrient supplementation, deworming, Development of Educ Msgs Supervisors: Supervisory visits, use of QI checklists	HA's & Superv's, NGO PMs	GM/P, micronutrients, deworming: 4 days + field pract IEC messages: 3 days + field pract Supervision: 3-5 days
8/98	Immunizations (refresher)	HA's & Superv's, NGO PMs	5 days
9/98	Family Planning / Child Spacing and Reproductive Health, IEC Msg Development	HA's & Superv's, NGO PMs	10 days
11/98	Management of Diarrhea, IEC Msg Development	HA's & Superv's, NGO PMs	5 days
2/99	Hearth Methodology	Nutrition Monitors & Supervisors, Orientation in same for HA's, Clinic Staff	2 weeks
4/99	Training of TBAs	TBAs, Supervisors	To Be Determined
6/99	Improved health ed methods (use of health ed cards, flipchart)	HA's, Supervisors, NGO PMs, Nutrition Monitors, Clinic Staff	5 days
8/99	Pneumonia Toolbox Tng ARI Standardized Case Mgt; Modification of ARI/Pneumonia IEC msg	HA's begin ARI mgt. Clinic staff begin improved ARI mgt Supervisors use QI checklist	15 days
10/99	Community Organization	(As required by MOH)	5 days
12/99	Control of Epidemics, First Aid	(As required by MOH)	10 days

** ARHC Senior Program Specialist coordinated and facilitated most of these trainings, in conjunction with FOCAS CS Project Manager and Health Programs Director when possible.*