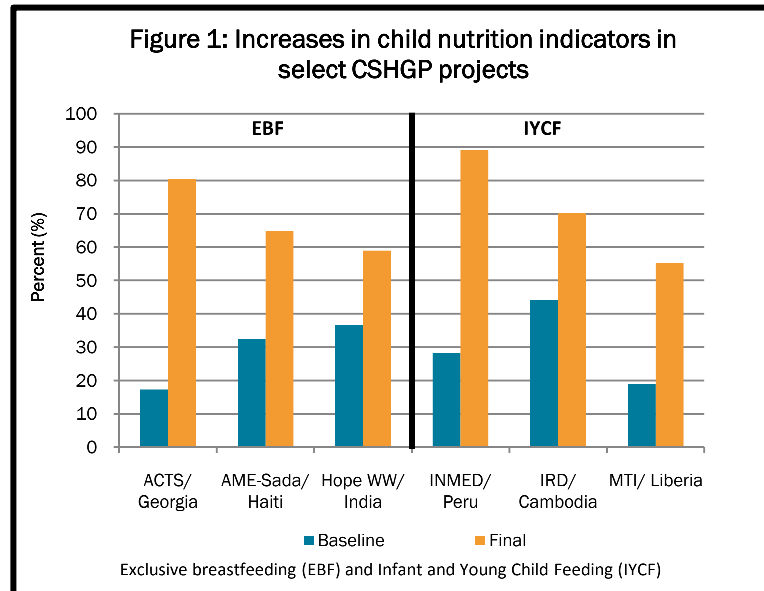
Achieving Impact, Building Local Capacity, Enhancing Global Networks: The Experience of the Child Survival and Health Grants Program's New Partner Initiative

Since 2004, USAID's Child Survival and Health Grants Program (CSHGP) has supported 17 New Partner projects in 11 countries, reaching more than 1.1 million women of reproductive age and children under 5. The CSHGP's New Partner Initiative contributes to USAID's priority of engaging new partners in community-oriented health programming by broadening USAID's range of partnerships. Specifically, it facilitates the Bureau of Global Health's partnerships with organizations that may not otherwise compete against more established organizations, while providing opportunities for technical capacity building and collaboration through the CSHGP program structure. USAID's flagship Maternal and Child Health Integrated Program (MCHIP) provides focused assistance through a New Partner Advisor, while the CORE Group, an international coalition of NGOs, exposes organizations to a network of expertise through membership and biannual meetings. While New Partners[1] uniquely contribute to USAID through innovative local partnerships and programming, the USAID-supported technical assistance increases their skills during all phases of project design, implementation, monitoring and evaluation. This brief describes what New Partners have achieved in terms of impact, increased capacity of local institutions, and global leadership in community-based health.

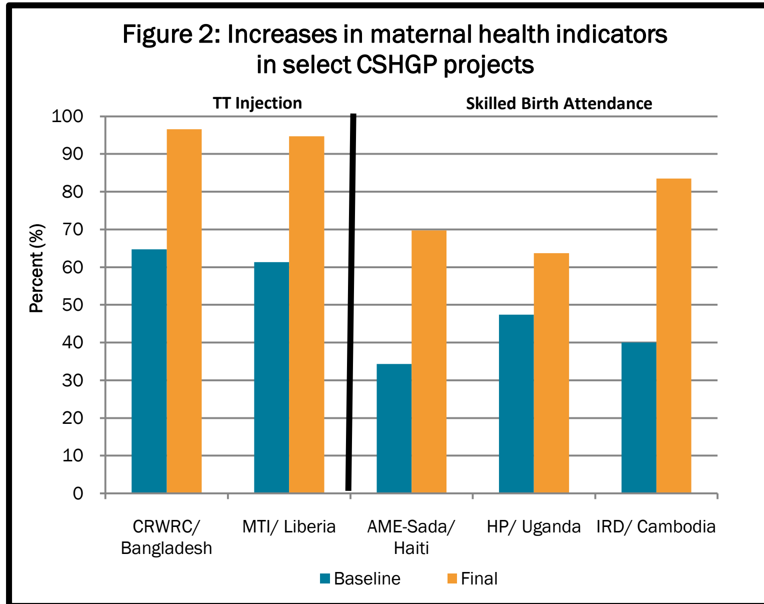
New Partners Achieve Impact

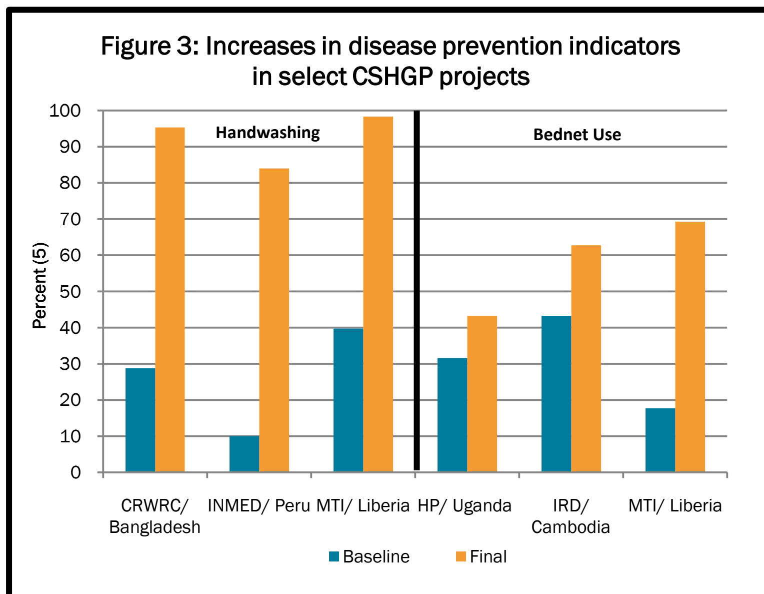
Improved health indicators in project areas

Eleven New Partner projects have concluded as of 2010. Each project collected a set of standard indicators at baseline and project end. These data are used to understand the overall maternal, newborn and child health situation in project areas before and after implementation, and provide strong evidence that key health indicators in New Partner project areas improved. Figures 1, 2, and 3 illustrate survey data



[1] New Partner definition in the past has focused on US PVOs/NGOs that have been awarded no more than $5 million in total, direct U.S. Government funding over the five fiscal years, excluding US Government emergency and disaster assistance or funding receiving by virtue of subcontract or sub-grant. The FY2011-13 RFAs will continue to focus on US PVOs/NGOs who are new to the CSHGP yet have some experience in implementing community health programs in developing countries.





including rates of exclusive breastfeeding (EBF), infant and young child feeding (IYCF), maternal tetanus toxoid (TT) immunization, skilled birth attendance, handwashing, and bednet use.

Successful approaches

Project teams used innovative approaches to respond to the local context and effect a change in health status.

In Liberia, *Medical Teams International (MTI)* adapted the Care Group model[2] to the Liberian post-war context. Not only was this the first implementation of Care Groups in Liberia, but it was the first time that MTI attempted to use this model. Project data and reports indicate that MTI successfully adapted this approach to effect change in key health indicators in the project area.

Health Partners (HP), in Uganda, established a prepaid insurance cooperative that covers the primary health care and maternal and newborn care services for over 4000 people. HP built local capacity to oversee the cooperative and recruited a dozen health care facilities to provide the services. Members of the cooperative now have the financial security that comes with insurance. Project data show that non-cooperative members benefitted as well.

[2] Care Groups, as defined at CORE's TAG in 2010, "are groups of 10 – 15 volunteer, community-based health educators who regularly meet together with project staff for training and supervision. They are different from typical mothers' groups in that each volunteer is responsible for regularly visiting 10 – 15 of her neighbors, sharing what she has learned and facilitating behavior change at the household level." From presentation: "Care Groups: The Essential Ingredients" by M. Morrow, T. Davis, and C. Wentzel.

Contributions to policy development and national initiatives

A Call to Serve (ACTS) contributed to national policies in Georgia regarding the iodization of salt, fortification of flour with iron and folic acid, and free birth registration. ACTS made its KPC results available to policy makers and the government decided to use the KPC as a model for regular surveys.

In Peru, *INMED Partnerships for Children* contributed to "Technical Regulation Establishing Articulated Joint Interventions to Reduce Neonatal Mortality in the First Level of Family and Community Health Care," which establishes a set of coordinated interventions effective in reducing neonatal mortality[3].

New Partners Build the Capacity of Local Institutions

New Partners leveraged important local partnerships to make their projects both efficient and effective.

Christian Reformed World Relief Committee (CRWRC) sub-contracted the training of community health volunteers and trained traditional birth attendants to indigenous training institutions in Bangladesh. This provided an opportunity for CRWRC to give a training of trainers in Adult Dialogue Education and similar curricula. By working through existing training facilities rather than developing its own training system, CRWRC contained costs and built the capacity of local institutions.

In India, Hope Worldwide partnered with Delhi Health Services to open the first private/public partnership Primary Urban Health Center in Delhi, and also partnered with the National Rural Health Mission to develop three registered Health and Sanitation Committees.

Future Generations (FG) built the capacity of local community health administration committees (CLAS) to contribute to local health plans in Peru. FG had advocated at the national level for the passage of a law that strengthens CLAS participation in health services, and then assisted MOH with its implementation both locally and nationally.

New Partners Enhance Leadership in the Global Network for Community Health

The CORE Group is a network of more than 50 member organizations representing the NGO community, academics, policymakers and global alliance representatives committed to generating collaborative action and learning to improve and expand community-focused public health practices for underserved populations around the world.

CSHGP New Partners have been important contributors to the growth of this network, and have benefitted from its communities of practice and shared learning opportunities. New Partners have used different CORE tools, including guidance for LQAS sampling, Care Groups, Barrier Analysis, and Designing for Behavior Change (curriculum) to improve the quality of their projects. Nine organizations became members of CORE after winning their CSHGP award: African Methodist Episcopal Church Service and Development Agency, CRWRC, Global Health

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[3] Technical Regulation Establishing the Joint Articulated Interventions to Reduce Neonatal Mortality in the First Level Health Care Family and Community. Ministry of Health, Directorate General of Health of the People. Lima, Perú. 2009.

Action (GHA), HW, International AID, International Relief and Development, Episcopal Relief and Development, MTI, and Relief International.

In addition to new membership, CORE has benefited from new leadership in its technical working groups, which drive much of its work by organizing communities of practice to respond to global health needs, and on its Board of Directors. HW currently chairs the Social and Behavior Change working group and MTI chairs the Monitoring and Evaluation working group. New Partners bring new energy and ideas to their roles. For example, MTI was instrumental in developing CORE's parallel sampling guidance for Knowledge, Practice and Coverage surveys. In the past three years, four New Partners have served on CORE's Board.

Conclusion

CSHGP New Partners have made important technical contributions to the global health community, while benefitting from the capacity strengthening inputs of the CSHGP, including MCHIP's focused technical support through a New Partner Advisor and the shared learning and communities of practice facilitated by the CORE Group. The CSHGP's structured rigor for design, monitoring and evaluation ensures a high standard for quality in program implementation and New Partners have met that challenge.

Since becoming New Partners, four organizations have won other awards from USAID. CRWRC won both a Standard and an Innovation award in the CSHGP, competing against organizations with more experience in health programming and/or partnerships with USAID at the global and national level. IRD also won an Innovation award. HP and MTI won awards in the Malaria Communities Program sponsored by the President's Malaria Initiative. Winning additional awards is one indicator of the organizational learning and growth experienced by the CSHGP's New Partners.

For more information on USAID's Child Survival and Health Grants Program and its New Partner Grantees, contact CSHGP Team Leader Nazo Kureshy at nkureshy@usaid.gov, or link to www.mchipngo.net, and click on "Projects".