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# EVALUATION OF THE CHILD SURVIVAL AND HEALTH NETWORK PROGRAM (2005-2010)

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## **DISCLAIMER**

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## ACRONYMS

BASICS	Basic Support for Institutionalizing Child Survival Project
BEHAVE	Designing for Behavior Change
CCM	Community case management
C-IMCI	Community-based Integrated Management of Childhood Illness
CRS	Catholic Relief Services
CSHGP	Child Survival and Health Grants Program
CSHNP	Child Survival and Health Network Program
CSTS+	Child Survival Technical Support Project
FANTA	Food and Nutrition Technical Assistance Project
GAVI	Global Alliance for Vaccines and Immunization
GH	Bureau for Global Health (USAID)
GON	Government of Nepal
H2P	Humanitarian Pandemic Preparedness
HIDN	Office of Health, Infectious Diseases, and Nutrition (USAID)
IBP	International Best Practices in Safe Motherhood and Reproductive Health
IFRC	International Federation of Red Cross and Red Crescent Societies
IMCI	Integrated management of childhood illness
IPD	World Health Organization program on immunization-preventable diseases
IR	Intermediate result
JHU	Johns Hopkins University
LQAS	Lot Quality Assurance Sampling
M&E	Monitoring and evaluation
MCHIP	Maternal and Child Health Integrated Program
MOH	Ministry of Health
MOHP	Ministry of Health and Population
NGO	Nongovernmental organization
PDQ	Partnership-Defined Quality
PMI	President's Malaria Initiative
PRH	Office of Population and Reproductive Health (USAID)
PROCOSI	Integral Health Coordination Program
PVO	Private voluntary organization
RBM	Roll Back Malaria
RFP	Request for proposals
RPM+	Rational Pharmaceutical Management Plus Project
SBC	Social and behavioral change
SMRH	Safe motherhood and reproductive health
SO	Strategic objective

USAID	United States Agency for International Development
USCCS	United States Coalition for Child Survival
WG	Working group
WHO	World Health Organization

## **EXECUTIVE SUMMARY**

### **BACKGROUND**

In February 2005 the United States Agency for International Development (USAID) awarded CORE, Inc. (CORE Group) a five-year \$6,000,000 cooperative agreement to manage the Child Survival and Health Network Program (CSHNP). The purpose of the CSHNP is to strengthen the capacity of private voluntary organizations (PVOs) and nongovernmental organizations (NGOs) in child survival and health programs through collaboration and cross-learning and to enhance technical resources, collaboration strategies, member exchanges, and technical tools for members and their local partners. The CORE Group describes itself as a membership association comprised of citizen-supported NGOs with global health programs in 180 countries, which works internationally in resource-poor settings to improve the health of mothers, children, and communities through collaborative action and learning. The CORE Group manages a network with technical learning and knowledge management activities through its semi-annual meetings, working groups, Web site and listserv, and manages special global initiatives with USAID, other partners and a subset of its members (see Annex L).

USAID commissioned an evaluation through the Global Health Technical Assistance (GH Tech) Project to assess the CORE Group's progress on the five Intermediate Results (IRs)<sup>1</sup> of the CSHNP, its management capacity to implement the agreement, and the main accomplishments and lessons learned, and to provide recommendations to USAID regarding future support for PVO collaborative networks. The evaluation was conducted April 20–May 15, 2009, by a two-member team of GH Tech consultants based in Washington, D.C. The evaluation methodology included review of program documents and interviews with close to 100 informants in person or by email and telephone. The team also gathered data from participants at the CORE Group Spring 2009 Meeting through a questionnaire, focus group discussions, and observation. The consultant team made some procurement-sensitive recommendations for future USAID support to PVO collaborative networks; these recommendations were intended for internal USAID review and are not included in this report.

### **KEY FINDINGS**

In general, the CORE Group succeeded in meeting the quantitative targets established in the CSHNP for each of the IRs. Considering the small amount of funding (\$6 million, expanded to almost \$9 million over the five years), the IRs in the cooperative agreement were relatively broad. Because the IR targets framed results in terms of activities rather than outcomes and impacts, it was challenging to assess the CORE Group's progress in response to the evaluation objectives outlined in the scope of work. In other words, it was easier to determine what the CORE Group did than identify the results of those activities. Nevertheless, the report includes the following solid key findings.

The CORE Group was most successful in fostering PVO collaboration by using annual meetings for its members, working groups, and e-communication to build technical knowledge and specialized resources for building PVO capacity at local levels in the practical application of

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<sup>1</sup> The five IRs are: (1) increase PVO membership from 38 to 50; (2) increase PVO collaboration to scale up proven health interventions at country level from 4 to 7 countries; (3) increase PVO collaboration in global health alliances from 3 to 6; and (4/5) improve PVO capacity through development and dissemination of tools and products.

technical interventions and approaches for community-focused health (IRs 1, 4, and 5). Many members said that the CORE Group was their primary source for technical exchange, knowledge development, and networking. Many preferred it over other associations (e.g., Global Health Council, American Public Health Association, InterAction) because it is dynamic, friendly, and technically relevant. This networking function enables individual CORE Group members (primarily global health technical backstops in PVOs) to improve the USAID-funded health projects and programs of their own organizations in the field. Even representatives from other USAID technical partners (Johns Hopkins, Macro, etc.), which could have been competitive or critical, participated in the CORE Group's networking processes and valued the tools and related documents it produced.

The findings related to CORE Group's success in fostering PVO collaboration at the country level and in global health alliances (IR 2 and 3) were mixed. While there were some very successful examples in each, there was also evidence of gaps or shortfalls. In the final recommendations section the team encourages future efforts in both areas to build on the CORE Group's demonstrated successes and core competencies. Among the findings for each IR and CORE Group management are the following:

### **IR 1: Membership**

The CORE Group currently has 52 members. It is an evolving model for PVO collaboration, a successful community of practice that demonstrates the ability of USAID and PVOs to partner in expanding the quality and reach of their global health programs. One of CORE Group's strategic priorities for 2009–13 is to increase membership and explore associate membership (for individuals, private sector entities, and non-U.S. organizations) to promote organizational diversity and build organizational strength.

### **IR 2: Country-level Collaboration**

The CORE Group implemented a wide range of collaborative activities, from information exchange and program coordination to joint advocacy, joint programming, and network strengthening. The most promising elements are the USAID and CORE Group agreement on strategic initiatives, sufficient funding, and strong in-country leadership by members (primarily large PVOs like CARE or Save the Children) or secretariats (primarily working on polio). CORE Group extended its PVO/NGO capacity building through one of the most frequent forms of collaboration, information exchange and learning, such as the successful Fresh Air Malaria workshops. More complex forms of collaboration, e.g., “bundled proposals to scale up proven interventions” and building country-level “secretariats,” were less frequent. Other important, if more indirect, contributions of CORE Group to in-country efforts are classified under IRs 1 and 4/5, such as regular technical exchanges, documentation, and dissemination of innovative community interventions.

### **IR 3: Global Alliances**

Several global health alliances [Roll Back Malaria (RBM), Stop TB, and United States Coalition for Child Survival (USCCS)] appreciated the credibility and technical competence of CORE Group's representatives. CORE was not able to gain seats it sought on two alliances. Members, although they valued the CORE Group's technical exchange and learning functions more highly, appreciated the updates they received from these groups through CORE Group listservs. Some senior staff members from smaller PVOs valued having “a seat at the table” through CORE Group representation. As a network, the CORE Group's collective voice is more credible and influential than if the members act as single organizations.

## IRs 4/5: Build PVO Capacity

The CORE Group's development and dissemination of specialized tools and resources for strengthening health systems [Partnership Defined Quality, community integrated management of childhood illness (IMCI)], developing and standardizing effective behavior change strategies (BEHAVE), mobilizing communities (Care Group Model, Positive Deviance/Hearth), and monitoring programs [Lot Quality Assurance Sampling (LQAS)] have grown tremendously and are rated highly by members, academics, cooperating agencies, and consultants. As global health priorities and practices evolve, there will always be a need to foster technical learning, professional exchanges, and capacity development among practitioners. Important to success are the peer-based, long-term relationships among members and the perceived relevance (practical, community-level) of the technical information. Since CORE Group produces its materials using a consensus-based process with a wide range of contributors, the products are more widely accepted as relevant and applied by member PVOs.

### Management

In general, CORE Group has had lean but sufficient management, financial, and programmatic systems to implement the cooperative agreement. Staff members feel they are stretched thin, but it is advantageous to keep network staff small and rely on members as much as possible, as CORE Group seems to do. The CORE Group has an appropriate organizational structure and staff arrangement for a member association, with close relationships between staff and members. It has achieved modest success in diversifying funding but primarily relies on USAID. Its knowledge management and information-sharing are generally excellent.

### Lessons Learned

This evaluation highlights three main accomplishments of CORE Group's network coordination: (1) *technical knowledge development and PVO capacity-building* in child, newborn, and maternal survival and other health areas at country and global levels; (2) *setting global standards for best practice* in key interventions and fostering program learning through ongoing analysis, development of case studies, and interagency dialogue, such as the community-based integrated management of childhood illness (C-IMCI) framework or the guides for LQAS; and (3) *linking global-level program and policy forums* (RBM, Stop TB, etc.) with community practitioners and perspectives. CORE Group, in coordination with USAID/Global Health (GH), is becoming successful in this very critical role.

Two main gaps were identified in the evaluation: (1) the thinly spread CORE Group staff lack an in-country presence. CORE Group and USAID/GH can address this by limiting the focus of future CORE Group activities to those IRs that build on its greatest successes and core competencies. (2) Project monitoring and evaluation (M&E) was focused on activities rather than the outcomes of those activities. This can also be remedied in future agreements.

The evaluators have identified the following as the most promising PVO network functions for future USAID consideration and support:

1. **Member association:** e.g., organizational structure, annual technical exchange meetings, working groups, documentation, and e-communication
2. **Technical innovation, assistance, and global learning:** In addition to the technical work of the member association, CORE Group staff and members provide technical assistance at country, regional, and global levels to members, government ministries, NGOs, etc., in coordination with USAID and relevant cooperating agencies.

3. **Global health policy advocacy:** As funds and human resources permit, CORE Group represents members in malaria, child survival, and other forums. USAID should continue to be a strategic partner in selecting forums, identifying issues, and influencing the global health field.
4. **Strategic initiatives:** In cooperation with USAID/GH or other donors, CORE Group manages strategic initiatives in single or multiple countries. These initiatives should be carefully selected and adequately funded to ensure success.

## MAJOR RECOMMENDATIONS

USAID realizes significant value through its support of the CORE Group at relatively little cost. Without the CORE Group, USAID would lose the following benefits:

- Technical knowledge: innovation and development of standardized community-focused interventions, which cannot be achieved as well by individual cooperating agencies, universities, or multilateral health experts;
- Improved quality of USAID-funded PVO health programs, which often include government, NGOs, and other stakeholders;
- Streamlined access to more than 50 implementing PVOs; and
- A globally credible U.S.-based ally and partner in voicing critical community-level health perspectives in global program policy forums and in disseminating new U.S. and global directions and information to U.S. PVOs and other practitioners.

USAID is right to be concerned about fostering CORE Group's dependence. The CORE Group should continue efforts to diversify its funding. However, its role as a complementary, symbiotic technical support and coordinating group for USAID makes it unique compared to other NGOs or member associations, and USAID may be the only donor that has a strong interest in CORE Group's network functions. The team suspects that if CORE Group does not continue to provide these functions, within a few years USAID will begin to miss them.

Finally, to move further toward independence, CORE Group should continue to strengthen its sustainability apart from USAID funding. The team recommends three steps:

1. Retain the governance and organizational structure of a member association, engaging a high level of volunteerism within the network; keep the secretariat staff and office systems lean.
2. Clarify core competencies and focus on expanding depth rather than breadth.
3. Seek new opportunities to contribute to global health with USAID and other funders in ways that do not compete with or foster competition among members, since that would destroy the fabric of collaboration that is the source of CORE Group's core competencies.

# **I. INTRODUCTION**

## **BACKGROUND**

On February 3, 2005, the United States Agency for International Development (USAID) awarded CORE, Inc. (CORE Group) a five-year \$6,000,000 cooperative agreement (# GHS-A-00-05-0006-00) to manage the Child Survival and Health Network Program (CSHNP). The purpose of the CSHNP is to strengthen the capacity of private voluntary organizations (PVOs) and nongovernmental organizations (NGOs) in child survival and health programs through collaboration and cross-learning, and to enhance technical resources, strategies, and exchanges of member organizations and their local partners in infant, maternal and child health, nutrition, family planning, HIV/AIDS, and infectious diseases.

The CSHNP contributes to the USAID Child Survival and Health Grants Program (CSHGP) objective of contributing to sustained improvements in child survival and health outcomes through U.S. PVOs and their local partners. CORE Group was designated to take one of three key roles in the CSHGP. The other two roles were global implementation through annual awards to PVOs/NGOs and a mechanism for provision of technical support, Child Survival Technical Support (CSTS+), now technical assistance through the Maternal and Child Health Integrated Program (MCHIP) strategic objective (SO) 3. CSHNP contributed to two important CSHGP objectives, scaling up proven health interventions and global leadership (see Annex J).

### **History of CORE Group**

In 1985, as a result of global advocacy efforts for child survival and U.S. Congressional support, the USAID Bureau of Humanitarian Relief /Office of Private and Voluntary Cooperation launched a \$15 million, centrally managed PVO child survival program, through which several PVOs received child survival grants that they matched with contributions and donations from U.S. citizens and businesses.

From 1986 to 1996, USAID contracted with Johns Hopkins University (JHU) to provide technical assistance and monitoring and evaluation (M&E) support to the child survival program and its PVO grantees. During that time, PVO participants, technical experts, and USAID staff built collaborative working relationships that promoted technical exchange, learning, and capacity building.

When the JHU technical assistance contract ended, the PVOs decided they would like to organize the technical learning process themselves and submitted a proposal to USAID to support formation of a new PVO membership organization named “CORE: Collaborations and Resources for Child Survival.” The CORE Group received its first USAID funding in June 1997 with a grant of \$150,000. Because CORE, Inc. was not yet a legal entity, World Vision agreed to accept the grant and host and manage the small CORE Group secretariat of hired staff.

In December 2001, CORE, Inc. became an independent NGO, registered as a 501(c)(3) tax-exempt, nonprofit organization; and in October 2002, it assumed legal and financial responsibility from World Vision for all secretariat activities. Karen LeBan was named executive director, as she still is. In 2004, CORE Group hired other staff directly.

### **PURPOSE OF THE EVALUATION**

CORE Group has completed four years of the CSHNP award, which will end in February 2010. USAID commissioned an evaluation through the Global Health Technical Assistance (GH Tech)

Project to assess CORE Group's progress on the five intermediate results (IRs)<sup>2</sup> of the CSHNP, its management capacity to implement the agreement, and the main accomplishments and lessons learned, and to provide recommendations to USAID regarding future support for PVO collaborative networks (see Annex A, Evaluation Scope of Work). The evaluation was conducted April 20–May 15, 2009, by a two-member team of GH Tech consultants based in Washington, D.C. Specific evaluation objectives are cited at the beginning of each of this report's main sections. The consultant team made some procurement-sensitive recommendations for future USAID support to PVO collaborative networks; these recommendations were intended for internal USAID review and are not included in this report.

## **METHODOLOGY**

Methodology to implement the evaluation scope of work was designed in cooperation with USAID and GH Tech. The methods were review of documents; interviews with CORE Group members, staff, and stakeholders by phone and email; and attendance at CORE Group's annual spring meeting, where the team conducted focus groups, observed networking meetings and technical presentations, and distributed a brief questionnaire to participants.

The documents reviewed (Annex B) were primarily project documentation—the cooperative agreement and modifications, annual work plans, annual and semiannual reports, participant surveys, working group reports, brochures, case studies, and spring and fall meeting reports.

For each group of interviewees, the evaluators drafted questions based on the evaluation scope of work and approved work plan. The major groups were (a) CORE Group board members, staff, and general members (current and former); (b) USAID/Washington staff (current and former) from the Bureau for Global Health and USAID Mission staff; and (c) stakeholders, such as global health alliances with which CORE Group collaborates and other health agencies working with CORE Group and USAID (Annex C).

The CORE Group Spring Meeting coincided with the beginning of the evaluation, giving the evaluators an opportunity to meet members and other participants and observe CORE Group's collaboration in action. The consultants distributed a one-page survey asking participants to rate the value of CORE Group to them and their organizations on scaled questions related to the evaluation objectives (Annex D). The team also conducted four focus groups (board, working group chairs, the Polio Project, and Humanitarian Pandemic Preparedness [H2P] Initiative staff); and observed several plenary sessions, an M&E Working Group meeting, and a presentation on an innovative tool refined and diffused through CORE Group, Partnership-Defined Quality (PDQ).

These methods made it possible for the team to gather enough data in the time available to review CORE Group's progress and address the evaluation goals and objectives. However, the review would have been stronger if the team had been able to gather data directly through site visits. While the Missions and CORE Group provided some information, a thorough assessment of collaboration and its results would require meetings in context with multiple participants and stakeholders. However, CORE Group staff graciously pointed the team to documents with needed information and filled out several detailed charts provided by the team, without which this evaluation could not have been accomplished.

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<sup>2</sup> The five IRs are: (1) increase PVO membership from 38 to 50; (2) increase PVO collaboration to scale up proven health interventions at country level from 4 to 7 countries; (3) increase PVO collaboration in global health alliances from 3 to 6; and (4/5) improve PVO capacity through development and dissemination of tools and products.

## **II. FINDINGS: PROGRESS TOWARD INTERMEDIATE RESULTS AND CORE GROUP MANAGEMENT SYSTEMS**

This report first discusses CORE Group's organizational structure and funding, so that the review of each of the four IRs is understood in the context of CORE Group's resources and distinctive characteristics as a network-based membership organization.

### **CORE GROUP ORGANIZATIONAL STRUCTURE**

CORE Group is structured like a typical association: its membership elects a board of directors for a fixed term. The board supervises an executive director, Karen LeBan, who in turn supervises other office staff to manage the office and support the membership. Currently there are eight CORE Group staff members (executive director, partnership development manager, malaria coordinator, H2P deputy director, two in finance, one in communications, and one assistant). Through grant arrangements, CORE Group members also provide seconded staff to lead two technical initiatives (polio and H2P), who operate out of their own agencies but coordinate closely with CORE Group staff.

CORE Group houses eight technical working groups (WGs), six dealing with health [HIV/AIDS; integrated management of childhood illness (IMCI); safe motherhood/reproductive health; tuberculosis; malaria; and nutrition] and two crosscutting groups (M&E; and social and behavioral change). All are led and managed by the volunteer efforts of CORE Group members except for the malaria WG, led by CORE Group staff member Shannon Downey, and the tuberculosis WG, which receives CORE Group management support. These groups, which are considered "the heart and soul of CORE Group," are the primary collaborative vehicle from which technical tools and related documents evolve. Each has its own mission statement and work plan. CORE Group staff or consultants link PVO field experiences within each working group around global issues prioritized by USAID and cooperating agencies to enable collaborative learning that has both local and global benefits.

Besides supporting the WGs, CORE Group staff carry out member service functions, such as linking members with each other and hosting annual spring and fall meetings. These meetings provide current health information, move key issues forward, and build skills and relationships. Attendance has roughly tripled since 2005. Staff also manage an extensive number of listservs and a comprehensive Web site. Currently, 11 listservs facilitate communication and information exchanges. For instance, a general international child survival listserv has more than 1,000 subscribers. The CORE Group Web site contains hundreds of technical and programmatic documents (see Annex B for selected references).

The executive director serves as the main representative of CORE Group in managing funding relationships and external communications and advocacy. Some PVO members also represent CORE Group in advocacy forums (see discussion below on IR3).

### **CORE Group Funding**

The CSHNP cooperative agreement was signed in February 2005 for an amount estimated at \$6 million for child survival activities related to four strategic objectives (SOs): population, child survival, malaria, and tuberculosis. In July 2006, \$1,494,000 was added for a malaria program in Tanzania, and in September 2007, \$3 million was added for H2P. Ultimately, the total estimated amount was close to \$9 million.

The cooperative agreement was not designed to receive field support from Missions. Matching funds from the CORE Group of \$300,000 were required, and the group has so far contributed \$765,548. The total obligated to date is about \$8.6 million.

CORE Group charges its member organizations a modest annual fee of \$750 and recovers the costs of the spring and fall meetings and skill-building workshops through registration fees. During the cooperative agreement period, it has received funding from three other sources: USAID/Global Health (GH) (a subgrant from World Vision of \$34,000 from its polio eradication grant to coordinate partners and documentation); the JHU Center for Communication Programs (a subgrant of \$1.34 million from a Gates Foundation program for malaria advocacy in Kenya and Mali); and Macro International (\$425,000 to analyze civil society involvement for a Global Fund Partnership Environment Assessment in 16 countries).

## **OBJECTIVE 1: ASSESS PROGRESS TOWARD THE CSHNP INTERMEDIATE RESULTS**

### **IR1: Increased annual PVO membership to access an increased beneficiary population (from 38 members to 50)**

Evaluation Objectives:

- 1.1. Assess membership recruitment.
- 1.2. Identify contributions of new members.
- 1.3. Assess value of CORE Group to members.
- 1.4. Assess adequacy of opportunities for integrating new and old members in spring and fall meetings.

**IRs 1.1, 1.4:** Membership has increased by almost 32%. Two new members were voted in during the spring 2009 meeting, bringing the total to 52, and six membership applications are pending. The CORE Group Strategic Plan 2009–2013 sets as priorities increasing membership by an additional 20% and increasing partner engagements.

The CORE Group wants to expand steadily but slowly to ensure that new members contribute actively in semiannual planning meetings and WGs. CORE Group describes its culture as “intimate,” promoting the trust, open communication, and mutual knowledge that is required for the kind of technical exchange and learning CORE Group fosters. Besides meeting certain criteria, becoming a member involves a one-year “courting period” during which CORE Group and prospective members alike assess the fit.

The expectation for prospective and new members to become involved immediately also facilitates the integration of old and new members. Before each spring meeting a special orientation is held for new members. None of the new members the team spoke with said it was difficult to become integrated; they spoke instead of the opportunity to be mentored by experienced staff and CORE Group members. Staff said they deliberately link newcomers with resource people among older members.

Since 2005, five members have left CORE Group, mostly because of a change in focus from maternal child health or a change in resources (funding or 501(c)(3) status). Representatives of one said it would like to rejoin CORE Group and another spoke very highly of the experience in the CORE Group. The economic downturn is causing problems for some prospective members, which have requested an extension of the courting period.

**IR 1.2:** CORE Group has actively sought member organizations “that will increase the quality and depth of CORE Group products, activities, and outreach to additional beneficiaries.” CORE Group senior staff reported that new members contribute “new energy and fresh perspectives; they ask good questions and do things differently. The smaller PVOs can be more innovative, while the bigger ones bring more resources.” They cited outreach to P.L. 480 Title II organizations as an example of how CORE Group has broadened its membership, which enables it to address many more determinants of health. They felt that increased membership also increases CORE Group’s legitimacy and representativeness in policy advocacy and global health meetings.

**IR 1.3:** It is clear from team survey results and interviews that members highly value CORE Group. CORE Group’s own Member Benefit Survey (2005) and the member survey distributed during the 2009 spring meeting found that networking, peer support, access to technical information, technical exchanges, and tool development/application efforts are very valuable to members personally as public health practitioners as well as to their organizations. On average, those who responded to the evaluation team survey rated the value on a scale of 0-5 (5 = highest) of CORE Group to themselves as 4.16 and to their organizations as 4.11. Members who responded to the evaluation survey gave CORE Group an average rating of 4.36 compared to other alliances (such as the Global Health Council, the American Public Health Association, or InterAction). They viewed CORE Group as dynamic, friendly, and technically relevant, with a practical, community-level focus. The other groups are seen as more relevant for policy dialogue or interaction with the global health community at large.

**IR 1 Summary:** CORE Group is highly valued by its members and global health technical staff and researchers who participate in its meetings and WGs. They feel it is unique in its focus on practical issues, skills, and tools, and in its nurturing of close personal relationships. This enables CORE Group to attract new members and presumably extend its reach (although there was no way to know whether having more members enables CORE Group to reach more beneficiaries).

CORE Group’s membership development approach seems right for its identity, mandate, and aspirations. It has begun looking for ways to include non-PVOs, such as major health NGOs, but will need to review its membership requirements before doing so (CORE Group Strategic Plan, 2009–2013). The CORE Group is looking to expand into new domains where community maternal and child health are concerns, such as humanitarian relief, conflict mitigation, postconflict activity, food aid, etc.

**IR 2: Increase PVO collaboration at the country level to scale up proven public health interventions for effective and sustainable programs (from four to seven countries)**

Evaluation Objectives:

- 2.1. Identify and assess different CORE Group network mechanisms for fostering PVO collaboration at the country level.
- 2.2. Identify the contributions of each to programs and policy.
- 2.3. Assess CORE Group’s response to changing USAID priorities.

**Background for review of IR 2:** Although the original IR and indicators were focused on fostering PVO collaboration through “bundled proposals” to lead to “scaling up proven interventions,” in practice CORE Group (with USAID) broadened this to include fostering many kinds of collaboration among PVOs and other actors in-country. This seemed to be due partly to

CORE Group's efforts to respond to changing USAID priorities and partly to take advantage of new opportunities for CORE Group.

CORE Group carried out many of the activities envisioned in the cooperative agreement (2005), e.g., "catalyzing joint learning, networking and dialogue on policy issues; fostering collaboration on specific projects; supporting collaborative NGO programming to reach scale; creating guidelines and case studies; providing seed funding to leverage greater support at field level; building capacity in state-of-the-art methodologies, selecting strategies, aligning with national priorities, and promoting use of common M&E."

However, it was challenging for the evaluators to identify and assess the effectiveness of collaborative mechanisms at the country level. Objectives and indicators have evolved over the life of the agreement, and most of the indicators were geared to process rather than program or policy results. Each collaborative activity had a different policy or program objective, several involving civil society participation in the Global Fund (Haiti, Uganda, Kenya, and Rwanda) or linkage of a grantee with institutions at the national level. There was considerable evidence of process—groups brought together to meet and share information, coordinate, campaign, etc.—but far less evidence of the results of the collaboration in terms of resources utilized more efficiently or policies improved. Impacts by grantees on health outcomes are tracked and reported through the CSHGP, but that is beyond the scope of the evaluation.

Moreover, the extensive volume of material about particular country experiences is mostly in the form of case studies or process documentation. This approach may be useful for CORE Group's purposes (practitioner-to-practitioner documents), but there was not time for the evaluation team to go through all the material. Each annual report contains detailed lists of activities, but since the reporting framework changed annually to reflect the annual work plan, it was difficult to compare activities and results over the life of the agreement.

Annex E provides the best comparison that could be distilled from the documentation. It reviews the kinds of collaboration CORE Group facilitated and how it was done, but at this point questions about results can only be addressed in an illustrative rather than summative way. Finally, as previously noted, the team was limited to indirect information about country-level efforts, e.g., reports, interviews, phone calls, and email, rather than direct observation.

**IR 2.1, 2.2: Identify and assess CORE Group network mechanisms and contributions.** To categorize types of collaboration fostered by CORE Group, the team analyzed reported activities along five basic dimensions (see Annex E):

1. Health technical area and funding source
2. Role and function of CORE Group /DC
3. Country and region of collaborative activity
4. Identity of the in-country lead organization
5. Illustrative contributions

Annex E shows some patterns in ways CORE Group organized collaboration:

- Partnership with *three institutional donors* (USAID/GH, JHU/Gates, and Macro/Global Fund),
- *Six technical areas* of community-focused healthcare (child survival, malaria, and polio and pandemic preparedness), and

- *Twenty-three countries* in four regions of the globe (primarily Africa).

Most of the USAID-derived funding amounts were relatively small, typically \$15,000 to \$50,000 per country. There is a relatively high transaction cost (e.g., the labor and systems required for subgrants) for small amounts of funding, but if they have the global visibility and influence that is hoped for, it would be well worth it. The largest amount to a country, \$1.5 million, was a single-year pass-through arrangement to Tanzanian organizations in cooperation with USAID/Tanzania in response to the strategic country needs of the President's Malaria Initiative (PMI).

**CORE Group /DC served three main functions (collaborative mechanisms):**

1. It linked USAID and other donors within the country by coordinating with PVO members, e.g., contacting people and organizations, emailing information, etc.
2. It provided technical assistance in one of its specialty areas or arranged for a member to provide it.
3. It channeled funding to country-based agencies through subgrants or contracts.

In any given country it might serve one or more of these functions.

*Country-level collaborative mechanisms* were with either a single CORE Group member or a CORE Group-affiliated secretariat or other network organization that led collaborative efforts in each country.

- *Single CORE Group members* were more likely to lead one-time collaborative initiatives, funded through a subgrant or contract, such as Save the Children's program in Bolivia to advocate for improved quality of and access to community pharmacies or Plan International's program in Benin to test and disseminate new methods for increasing use of bednets and antimalarial drugs.
- *CORE Group-affiliated secretariats* for malaria or polio in eight countries convened a range of collaborative activities over time, from information-sharing meetings and technical workshops for multiple stakeholders to facilitating bundled proposals among PVO members to coordinating joint advocacy campaigns and even organizational development work to build their own networks.

CORE Group supported member-led initiatives by either linking members with external donors or issuing a request for proposals (RFP) to all members with clear guidance and criteria. These initiatives gave members incentives and funding for activities that demonstrate scale, innovation, or other important characteristics sought by CORE Group in coordination with USAID's strategic work at the global and country levels. CORE Group stated that members sometimes apply for these funds because of the status associated with them rather than for their size, which was relatively small. The larger PVO members seemed to win the lion's share of the RFPs: frequent winners were Save the Children, CARE, International Rescue Committee, and Plan International.<sup>3</sup>

Examples of the activities and outcomes these initiatives produced, according to CORE Group and USAID reports, were these:

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<sup>3</sup> There does not seem to be an explicit bias. Except for elements of the H2P process, in which members do not recuse themselves when their own organization has applied for an award, CORE's description of the award process sounded very clear and transparent.

- *Benin Pilot:* In coordination with USAID/Benin and USAID/GH/Health Systems, CORE Group linked Plan International’s country office with University Research Co., LLC to pilot a malaria quality improvement model, “Community Improvement Collaboratives,” that increased the use of bednets and community case management of new antimalarial drugs. This was the first pilot for testing the Improvement Collaborative approach at a community level. Results were shared at a national workshop to enhance potential for national scale-up and the methodology was shared with CORE Group members on Elluminate (twice) and at the CORE Group Annual Meeting (twice).
- *Improvement of the Bolivian Ministry of Health (MOH) community case management (CCM):* In coordination with USAID/GH, CORE Group provided a subgrant to Save the Children/Bolivia to collaborate with key stakeholders (MOH, Basic Support for Institutionalizing Child Survival Project (BASICS), Christian Children’s Fund, CARE, Integral Health Coordination Program (PROCOSI), World Bank, Rational Pharmaceutical Management Plus (RPM+) Project) to improve quality of and access to community pharmacies in order to strengthen Bolivia’s CCM program. Community pharmacy guidelines and manuals were developed and used in nearly 80% of the country’s administrative departments, and the new policy linking community pharmacies to the national health insurance package was designed to foster greater equity in access to subsidized medication for women and children. This case study contributed in turn to the CCM Essentials guide to promote application of a national advocacy strategy for CCM in other contexts.
- *Cambodia Policy Development:* In coordination with USAID/GH, CORE Group provided a subgrant to the American Red Cross to collaborate with stakeholders (UNICEF, BASICS, World Health Organization [WHO], MEDICAM<sup>4</sup>, and several ministries) to draw up a national policy for community volunteer participation to harmonize the use of volunteer workers for multiple ministries in Cambodia. This case study also contributes to improving the global knowledge base of community health volunteers.
- *Rwanda Scale-Up:* In coordination with USAID/Global Health, CORE Group provided two subgrants to the International Rescue Committee to collaborate with the MOH, BASICS, JHU School of Public Health, and other NGOs to enable the government to scale up CCM of malaria to 12 of 30 districts and to assess the factors associated with the quality of integrated CCM. Other governments reportedly changed their policies for malaria CCM based on this case. This showcases how CSHGP grantees could successfully engage in operations research with government and academics to leverage scale-up.

**Illustrative contributions of collaborative mechanisms at the country level:** Annex E (fifth column) shows some of the contributions reported. With no common indicators and results, one way to categorize these is to classify them by type, from simplest to most complex (Ashman and Luca Sugawara, 2008):

- *Information exchange and learning*, through collaborative meetings, workshops, staff training, etc. See, for example: TB activity in India, the eight malaria and polio secretariats.
- *Program coordination*, through regular collaborative meetings, interagency WGs, etc. See, for example: malaria-integrated activity in Angola with the polio secretariat, polio secretariat in India.
- *Joint advocacy for social, technical, or policy change*, through collaborative leadership of coalitions or alliances. See, for example: activity in Cambodia to draft a national policy on

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<sup>4</sup> Membership organization for NGOs working on health in Cambodia

child survival; H2P activities in Egypt, Ethiopia, Mali, and Nepal; Malaria Voices advocacy in Mali and Kenya.

- *Joint program implementation*, through bundled or integrated programs of several organizations. In CORE Group’s original vision, this would involve coordinating groups of PVOs and NGOs to get funding for projects with common objectives, types of interventions, and M&E. See, for example: activities through the four polio secretariats; the HIV/AIDS proposal in Haiti with six members for the Global Fund.
- *Network organizational development*, through board meetings, strategic planning, or other activities. These kinds of activities are intended to reinforce the network for the long term so that members can continue to collaborate effectively. See, for example: assistance CORE Group provided to malaria secretariats in four countries.

**Less complex collaboration was more frequent.** While CORE Group carried out all these types of collaboration, it was more frequently involved (see Annex E) in less complex types of collaboration (information exchange and learning, coordination and advocacy) rather than the more complex bundled programs originally envisioned. In countries where there was no secretariat, CORE Group fostered leadership of collaborative activities by a single member—which makes good sense. Rather than having a formal secretariat, member leadership led to the involvement of not only other members but also other in-country stakeholders, such as Ministries of Health, WHO, and local NGOs.

**Successes and challenges.** The team obtained a few evaluative perspectives on country-level work from USAID or other donors. Although few conclusive trends were identified, the following observations may be useful:

The most successful examples reported were the H2P initiatives and polio secretariat–coordinated activities. H2P received high marks for “sending the right experts” from members to countries and for putting together complementary teams that enabled partners that might not have worked together before to form solid teams. H2P staff in DC described how they forged collaborative relationships with other partners (InterAction, International Federation of Red Cross and Red Crescent Societies [IFRC], etc.) by using their CORE Group skills and with support from the CORE Group. They also reported that their counterparts in Geneva moved from not being interested in NGO views to asking for them explicitly due to their contributions to H2P partner meetings.

Although they were not funded by the CSHNP, the polio secretariats were seen as successful in implementing the whole gamut of collaborative activities that successfully engaged PVOs, NGOs, USAID, and government and multilateral stakeholders. This success may be a result of many factors, including secretariat history stretching back to the late 1980s, support and resources from USAID in Washington and the Missions, and the relatively well-structured nature of the global polio community (all major stakeholders) that has evolved over the years. The following quote from USAID/Nepal illustrates the kind of contribution CORE Group has made through the Nepal polio secretariat:

CORE Group has demonstrated a facilitating role in coordinating and collaborating immunization programs particularly at the district and community level. The group helped to establish and facilitate collaboration between GON/MOHP/CHD [Government of Nepal Ministry of Health and Population], WHO/IPD [WHO program for immunization-preventable diseases], CORE, PVOs, and local NGOs ... with schools, health workers and volunteers, elected political leaders ... Community mobilization and awareness-raising has been praiseworthy.

In comparison, by CORE Group's own assessment the malaria secretariats, although also having been in existence for some years and active in communities beset with malaria, are relatively fragile. The Kenya secretariat had just run out of funding at the time of the evaluation. The secretariats are formally independent but rely on CORE Group members to host them institutionally. The global malaria community is younger and more donors are active at the country level, so it may be more fractured than the polio community and therefore less supportive of sustaining secretariats. In general, it is very challenging to sustain an independent network with its own secretariat, especially in Africa, where resources are so scarce.

The most serious concerns voiced about CORE Group performance at the country level suggested that, in countries where CORE Group lacks sufficient capacity (e.g., a well-established secretariat or a strong member willing and able to manage collaborative activities), it may not be well-suited to lead programs whose implementation and coordination over time are complex. The following quotes illustrate the concerns:

When dealing with NGOs, it is essential to have on-the-ground presence to provide administrative support (USAID/Tanzania).

and

[There is] always a need for coordination and collaboration at various levels; however, to do such, it is very important that CORE Group members [have a] presence in country. Remote coordination is not effective at all (USAID/Uganda).

This theme was echoed by a non-USAID donor, who had problems relating to CORE Group as an intermediary between the donor and programs in two countries. While he understood and respected CORE Group's management decisions (CORE Group was not as flexible with changing donor preferences as he would have liked, and was protective of in-country partners), he observed that he would prefer to work with a known intermediary within the country to avoid the difficulties and delays caused by "adding another level of bureaucracy" to the relationship.

**Member Survey responses.** Members who responded to the evaluation survey gave the value of the CORE Group the lowest scores on this IR than on all the others. The average score was 2.7 out of 5. Average scores on questions related to most of the other IRs were 4 or higher. Members commented that CORE Group had not been helpful to their organization in this way, or that CORE Group had simply enabled them to become more aware of others in the same country. Several mentioned that they were aware of the secretariats in Kenya and Uganda but they did not offer any further explanations of value.

The team does not interpret these results as an indicator that CORE Group members are dissatisfied with CORE Group's performance at fostering collaboration at the country level. Instead, it is likely that members attending the spring meeting knew less about these initiatives and do not look to CORE Group for this purpose as much as for fostering technical learning and capacity-building. Asked about this finding senior DC-based CORE Group staff responded that the main reason they could not do more for members at the country level was the lack of funds—they cited several member requests for technical assistance that they had not been able to meet.

**IR 2.1.3. CORE Group's response to changing USAID priorities.** CORE Group's work at the country level suggests that it was responsive to changing USAID priorities. It took on new programs through at least two modifications (H2P, PMI-Tanzania). It issued RFPs in child survival and other technical areas in coordination with USAID as funds became available. While some in USAID feel CORE Group could be more responsive and flexible in engaging with USAID priorities, CORE Group found itself in the position of having to manage multiple chief technical officer-like relationships within USAID, an agency that has been undergoing major

change for a few years. CORE Group appears to have responded to changing objectives and reporting requirements while maintaining its own goals and decision-making process. In a member association, democratic consensus-oriented decision-making is necessary, although it does not allow for quick or easy changes. This issue is addressed further in the section on CORE Group management.

**Summary of IR2 Network Mechanisms and Performance.** As noted in the introduction to this section, the evaluation team did not have the time or resources to fully understand and assess CORE Group's role at the country level. However, based on the evidence reviewed, the most promising elements of the experience of the CSHNP in IR2 were these:

- USAID and the CORE Group identify strategically important initiatives (e.g., test an innovation, scale up proven interventions and approaches, disseminate technical knowledge) in particular countries (e.g., Benin, Bolivia, Cambodia, Rwanda) or globally (H2P in five countries).
- USAID and CORE Group communicate to modify the agreement and design RFPs to offer competitive subgrants to members (and secretariats, if appropriate) in desired countries to implement and document the experience. CORE Group and USAID help disseminate successful initiatives. Substantial initiatives like the H2P require a staff coordinator placed with CORE Group.
- CORE Group/DC coordinates with a strong member or secretariat to lead in-country collaborative activities, especially when these are relatively complex and require knowledgeable local involvement (e.g., program coordination, joint advocacy, or program implementation).
- Also, as will be discussed in several sections below, CORE Group seems well positioned to deliver technical assistance and training in its competency areas.

**IR3: Increased PVO collaboration with global health alliances and initiatives (e.g., Stop TB, Roll Back Malaria, Global Alliance for Vaccines and Immunization [GAVI], and International Best Practices in Safe Motherhood and Reproductive Health [IBP]) to promote community-level best practices**

Evaluation objectives:

- 3.1. Identify global health alliances with which CORE Group has facilitated participation of its members.
- 3.2. Describe how CORE Group facilitated participation and assess the results (expected and unexpected).
- 3.3. Identify key factors associated with successful results.

**IRs 3.1, 3.2: Global health alliances.** Since 2005 CORE Group staff and members have participated in a wide range of global health meetings and alliances, such as Roll Back Malaria (RBM), Stop TB, and associated conferences; IBP; GAVI; the United States Coalition for Child Survival (USCCS); conferences and meetings on HIV/AIDS and safe motherhood; and WHO and Pan American Health Organization events. Recently, CORE Group participated in the Family Health Initiative of the Global Health Council, advising the Obama administration on new directions for global health policy.

**CORE Group facilitation methods.** Each year CORE Group has reported participating in 5 to 12 alliance meetings and conferences in Washington, European cities, or developing countries.

Staff and members have represented CORE Group as members of standing committees. Members also represent their own NGOs (e.g., RBM, Stop TB, and USCCS). Staff and members have made technical presentations based on CORE Group documents and member experiences, advised and commented on policy documents by the U.S. and multilateral organizations, and helped organize NGO participation in consultations and meetings. CORE Group has also attempted, unsuccessfully so far, to gain seats on the GAVI and Stop TB alliance boards. Staff and members disseminate information from the global alliances to their members through listservs.

For reasons similar to those noted under IR 2, it is challenging to assess the results of this participation. The analysis below is based on information gathered from the member survey and interviews with members, USAID staff, and CORE Group colleagues. It focuses on global alliances other than USAID or USAID-funded CORE Group initiatives (e.g., not the H2P initiative).

**Member Survey.** The average member rating of CORE Group's value to them on this IR was the second lowest among IRs: 3.6. Members most appreciated the technically oriented listservs through which CORE Group disseminates information from alliances. The team heard similar comments in interviews. A few members also appreciated that CORE Group's participation in these alliances gave them "a seat at the table" they otherwise would not have as single organizations. Since most members are practitioners concerned with implementing programs, they may have given lower ratings on this question because they were not aware of or did not realize the importance of policy input in the global health arena.

**Continued representation in policy forums.** The evaluation team highlights this form of participation in global alliances partly because it reflects an asset of CORE Group that is a result of its long-term relationships and technical expertise, and partly because it is a role for which CORE Group was appreciated by several interviewees, who would like to see it extended.

The RBM contact reported that the CORE Group staff person had been very useful in organizing the northern NGOs. He observed that she had both informed CORE Group members of issues and presented their views at meetings. As a network, he observed, the collective voice of CORE Group is more credible and influential than if a single organization would be. This is commonly one of the distinct advantages of a well-managed alliance or coalition.

Another way CORE Group facilitates member participation is to designate a member as CORE Group's representative to a global alliance, as with a standing STOP TB committee. CORE Group senior staff report that a technical expert from Catholic Relief Services (CRS), Elena McEwan, has been representing CORE Group for several years, and that respect for her has grown, as evidenced by invitations she receives to attend key meetings. They point out that it is a win-win because it enhances the credibility of CRS, which funds her time and travel expenses.

Finally, several interviewees suggested that CORE Group has the potential to expand its influence in such global policy forums if it wants to. Members primarily see themselves as technical implementers, but given its years of collective expertise in community health interventions, CORE Group has a base from which to expand into a greater role in global policy advocacy.

**IR 3.3: Factors associated with success.** A number of factors seem to be associated with CORE Group's success in fostering collaboration with global alliances. First, when CORE Group (sometimes in coordination with USAID) selects well-qualified experts from among its members, they make a good impression on other global health experts (e.g., Stop TB, H2P). These members must wear two hats, one for their own organization and one for CORE Group. If they promote

only their own organization, they lose the credibility and strength of the network. But if they represent only the network, they lose the buy-in and support of their own organization.

Another factor is the ability to organize members by disseminating information regularly and seeking their input to build consensus statements. This depends not only on knowing the members and maintaining relationships with them but also on being able to listen, communicate, and synthesize views, among other skills.

Finally, CORE Group reports that assistance from USAID has been very helpful in identifying which alliances to join and in gaining entry to them.

### **IRs 4 and 5: Improved PVO capacity to (a) improve quality and access to health care services at community and district levels; and (b) improve key family and community practices**

Evaluation Objectives:

4/5.1. Identify the range of tools and products developed through the CSHNP and assess their value and use by members and other beneficiaries.

4/5.2. Assess the role of the CORE Group working groups in developing the products and assess the added value of the WG process.

4/5.3. Assess the effectiveness of the CORE Group in disseminating tools and products to strengthen the capacity of its member PVOs.

4/5.4. Identify key factors associated with successful diffusion efforts.

The assumption underlying the design of the IRs, and the evaluation, is that CORE Group will foster improved PVO capacity by producing and disseminating tools and related technical products. Recognizing the limitations of CORE Group's reporting practices (changing reporting frameworks; activity, rather than results-oriented, IRs) and of being based only in Washington, this is the evaluation team's best assessment of these elements. CORE Group staff made an appreciable effort to respond to requests for information and identify evidence of use and results.

**IR 4/5.1: Range of tools and products.** During the grant period CORE Group produced 40 documents, three of which were still in process. The range includes practical checklists, guidelines, case studies, training curricula, issues papers, CORE Group synthesis papers, and published articles in peer-reviewed journals (see Annex F). These peer-reviewed documents are developed by multiple organizations in a way that aims to enable rapid adaptation and uptake. The documents spanned the technical areas of IMCI, HIV/AIDS, malaria, nutrition, safe motherhood and reproductive health (SMRH), and TB, as well as the additional categories of M&E, social and behavioral change (SBC), primary health care, and the collaboration process. Some of the documents were begun during the grant period; others were revisions of documents on which work had begun before 2005.

**Value and use.** Members who responded to the survey rated the tools (the Web site and listservs were listed along with the documents) as the most valuable of all the IRs. The average score was 4.31. Evidence of the value of the tools to members was underscored by specific mentions in comments on two other highly scored questions (the value of CORE Group to your organization, rated 4.11, and the value of CORE Group compared to other global health associations, 4.36). Most of the interviews confirmed that members highly valued the tools. The only exception came from one who said they did not use the tools because the organization was not "project-based."

Other groups' views mostly confirmed the relevance and value of the various documents. Cooperating agencies, consultants, and academics who participated in the spring meeting or were

contacted later mostly said that they were practical, community-focused, and of good quality. A few people questioned the value of some documents, observing that PVOs seemed to think a tool was good just because it came from PVOs and should be more critical. Among USAID staff members interviewed, some valued the tools, some did not know about them, and others did not value them highly.

**Selected sample.** To assess the most useful CORE Group tools to PVOs and other organizations, CORE Group staff were asked to identify three to five of their best tools, those they perceived to be most highly used and discussed. These turned out to be ones in which CORE Group had invested a lot of time and resources,<sup>5</sup> and also the ones mentioned most frequently by members surveyed: C-IMCI, Care Group Model, Lot Quality Assurance Sampling (LQAS) guidance and KPC survey tool, Positive Deviance/Hearth Model, and Designing for Behavior Change (BEHAVE).

CORE Group staff were then asked to identify those involved in developing the tool and provide evidence of use by PVOs and other organizations and of positive health or health systems outcomes. Two examples illustrate their progress. While there are some impressive results—tools and interventions picked up by governments and multilaterals as well as PVOs and NGOs—a systematic assessment is beyond the reach of this evaluation. Health outcome data have been captured by evaluations of CSHGP projects in conjunction with the CSTS+ project of Macro and JHU.

*C-IMCI Framework:* This tool was published by CORE Group and partners in 2002 and disseminated through a number of channels, including country and regional training, discussions at interagency WGs, and documentation of results. Evidence of its use included presentations to the governments of 18 countries and its inclusion in WHO Southeast Asia and WHO IMCI Guidance. CORE Group cites two case studies that documented its use, one of which covered scaling up the program of Plan International in Cameroon from 3 to 11 districts, covering 5 times the population (2009). As evidence of positive changes in health outcomes, CORE Group cites the midterm results of the CSHGP projects that showed positive changes in Rapid Catch maternal, neonatal, and child health indicators.

*Care Group Model:* World Relief, Food for the Hungry, and the SBC WG put this tool together. CORE Group supported World Relief in documenting the mortality impact of the approach in Mozambique and writing and disseminating a guide through regional trainings. The Care Group was cited during the recent spring meeting as one of CORE Group's major successes. CORE Group staff report that today, 13 NGOs in 11 countries use it; 10 years ago only 2 did so. The approach is recommended by USAID and highlighted by UNICEF (2008) and has been nominated for a Tech Award (see [www.techawards.com](http://www.techawards.com)). JHU has published evidence that it contributed to a 62% decrease in child mortality in World Relief's CSHGP-funded project in Mozambique. In Malawi, over 7,000 Care Group volunteers have been trained to reach more than 60,000 households through the iLIFE program. The Government of Malawi has shown interest in scaling up the model for health extension workers.

**Role and value added of CORE Group working groups in developing tools.** The WGs are absolutely central to the process by which tools are developed and disseminated. They provide a team of peers and a process for reviewing, critiquing, and improving tools. In their annual work plans, WGs decide when there is a need for a tool or when one should be further developed and shared. Without the WGs, the tools would probably not be of as high quality or as relevant to

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<sup>5</sup> See "Sample of CORE Technical Tools: Evidence of Use by PVOs and Related Health Outcomes" (May 2009).

many different contexts. At times CORE Group staff or consultants support WGs, but they often work fully as volunteers. The effort demanded can be tremendous, especially considering that these people already have full-time jobs. Members report that there is an “ebb and flow” to the WGs—the necessary effort is forthcoming when tools are developed, and then the pace lets up until the next one is on the agenda.

The quality of some tools is also strengthened through CORE Group’s practice of convening technical advisory groups of experts from CORE Group and other agencies, such as USAID and CSTS+ (now Maternal and Child Health Integrated Program (MCHIP) SO3), in addition to the WGs when issues with using the tools arise.

One of the most important testimonies to the importance of the WGs is the high marks that cooperating agency representatives give them. Since they all work on technical products, they could see CORE Group as a competitor. However, most who responded to the survey or were interviewed said they would not be able to develop tools of equal quality without the CORE Group WGs. They repeatedly emphasized that CORE Group members brought a practical, field-based perspective to the technical development process that could not be gained through their own agencies or other meetings.

Some in USAID perceive that it took a long time (three years) to develop the 15-chapter *Community Case Management*. CORE Group points out that it succeeded in convening a broad range of important stakeholders, from USAID to the UN and other multilateral agencies. The expectation is that the time taken to gain buy-in through participation will result in a tool that is more widely relevant and taken up by more agencies than it otherwise would have been.

Finally, the role of the CORE Group staff in editing documents and making them available on the Web site and in their Washington office must also be recognized. This is an important means of support to members and facilitates coordination with other organizations and stakeholders.

**IRs 4/5.3, 4/5.4: Dissemination of tools and factors in success.** CORE Group disseminates these tools and related products through numerous channels: the Web site and hard copies available from the office; presentations at its annual meetings and external meetings and workshops; on-line through its Elluminate technology; and to some degree publication in external journals. CORE Group members translate many documents into languages other than English, which greatly assists dissemination.<sup>6</sup>

CORE Group’s dissemination efforts, compared to those of pure academic and research institutes, are strengthened by the active personal relationships between members. Since many report that CORE Group is their primary “community of practice,” they feel that they work in similar situations and are more apt to be interested in a tool developed through CORE Group. One PVO asked CORE Group to redo documentation of a successful project (C-IMCI) that had been done by a consultant in country. After the case was rewritten from what was described as more of a practitioner’s perspective, the PVO found it was able to disseminate the document much more widely within its own organization.

The evaluators found the documents very process-oriented and too detailed. This may be just what CORE Group members want, but if CORE Group desires to expand its audience (for policy impact, to attract funders), it may need some crisper, impact-oriented versions. Policy briefs, for example, could be based on the same information but be very different in length, content, etc.

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<sup>6</sup> See the strategy summary, “Diffusion of Innovations,” (Annex B) and the Summary of Workshops and Technical Updates (5/11/09), Annex G)

To summarize, factors associated with success are (1) the energy and commitment that CORE Group staff and members bring to these tasks, which are central to the most valued identity and role of the CORE Group; (2) relationships of openness, trust, and technical sharing that foster critique and improvement of documents; (3) the global reach of member programs and the openness of the WGs to include cooperating agencies and USAID; and (4) the multiple channels through which documents are disseminated globally. CORE Group staff alone could never provide the number of presentations and workshops reported; it is essential that they help their members to share their expertise globally.

## **OBJECTIVE 2: ASSESS THE MANAGERIAL AND COORDINATION SYSTEMS OF CORE GROUP IN MEETING THE TERMS AND CONDITIONS OF THE CSHNP COOPERATIVE AGREEMENT**

### **Evaluation Objectives:**

- 2.1. Assess strengths and weaknesses of CORE Group management systems in managing the CSHNP agreement.
- 2.2. Assess the capacity of CORE Group to coordinate and share information.

**IR 2.1:** CORE Group has an appropriate organizational structure and staff arrangement for a nonprofit association with external funding. Its management is relatively lean; eight individuals are paid through the CSHNP agreement and CORE Group also lists project-based staff for its H2P initiative and the Polio Project. Since FY06, there has been considerable staff turnover for reasons like taking positions with other global health agencies, winning fellowships, and returning to school for advanced degrees.

CORE Group senior staff said that it is currently understaffed by one position. As a result, they all share the member-service responsibilities, which are time-consuming given the high priority CORE Group gives to its members. It is good for a network organization to have a lean staff, since funding is usually scarce for staff positions, and it is also good to give priority to serving members, since that is the primary mission and responsibility of the network secretariat.

At the spring meeting it was striking that there does not seem to be any distance between CORE Group staff and its members; they seem to feel they are all part of the same group. This is a positive feature of CORE Group compared to some other PVO networks and member associations.

In implementing the cooperative agreement, CORE Group has sufficient management, financial, and programmatic systems to carry out what is required. From interviews and a review of annual work plans semiannual and annual reports, budget tables and reports, subgrants, etc., it is clear that CORE Group has accomplished all of the tasks it has been assigned.

As a relatively new organization CORE Group has grown impressively, from managing \$150,000 in USAID funds in 1997 to its current award of almost \$9,000,000. It has successfully completed six A-133 audits. Yet its systems remain relatively small for some purposes, such as subgranting. The \$30 million USAID polio eradication agreement was signed in 2007 with World Vision under CORE Group's name, to preserve the system of managing the more than 30 subgrants involved, but it would have been disruptive to turn over subgrant management to CORE Group at that time—as it probably would be today. World Vision, like some other CORE Group members (CARE, Save the Children, CRS, etc.) is a huge global organization with extensive infrastructure and management systems. CORE Group is not; nor should it become one if it is to retain its unique assets and character as a member network.

The primary management concerns raised during the evaluation were the distance management issues noted in the discussion of IR2 and an apparently slow burn rate in accounting to USAID/Washington for funding received. This problem is associated with the way CORE Group reports expenditures, which are largely subgrants to member organizations. As is common in many USAID-funded subgrant programs, there is a lag between the time USAID disburses funds and when they are actually received, used, and reported on by the implementing partners.

CORE Group has had only modest success in diversifying its funding (see Annex H for a summary of its efforts to raise additional funds). Recognizing this, the board and senior staff have hired a director of partnership development and adopted creative new strategies in the Strategic Plan for 2009–2013 (see Annexes K and L). The plan was presented to members at the spring meeting. For the five-year period CORE Group has identified four strategic priorities:

1. Focusing and strengthening program direction,
2. Raising its profile and increasing member and partner engagement,
3. Growing and diversifying the funding base, and
4. Strengthening capacity to achieve organizational goals.

One of the challenges CORE Group has encountered in seeking additional funds is the conflict-of-interest clause in its bylaws. Typically members do not want a network to compete with them for funding, but because the network operates in the same fields as the members, it can only pursue the same funding opportunities. The CORE Group board has recently changed the bylaws to allow CORE Group to bid on proposals in exclusive agreements if they conform to the organization's mandate and a set of board-set criteria. This may or may not succeed: one member reported that recently it included a role for CORE Group in a proposal, and another reported that this had raised concerns within its own organization, which was bidding on the same proposal. This is a tricky area for CORE Group, as for most networks.

**IR 2.2: Managing coordination and exchange.** In general, CORE Group's systems for managing the coordination and exchange functions are appropriate, even excellent. CORE Group prioritizes member service and seems to do a commendable job of facilitating processes and products that its members and other global health experts and practitioners value highly.

CORE Group makes excellent use of electronic communication to foster coordination and exchanges. The communication manager keeps CORE Group current with emerging online technologies. CORE Group provides multiple modes of communication among members and between members and partners (Web sites, listservs, the child survival and health database, a consultant database, Elluminate, E-news). The child survival and health database contains 430 documents, of which 120 are in languages other than English. In six months of FY '08 –'09 alone, 1,287 users received CS Community listserv messages, an increase of 70 users from the previous three months.

### **OBJECTIVE 3: SUMMARIZE MAJOR LESSONS LEARNED FROM THE CORE GROUP CSHNP TO GUIDE FUTURE DECISIONS ABOUT PVO NETWORK MECHANISMS**

#### **Evaluation Objectives:**

1. Identify the main accomplishments and gaps of the CORE Group through the network program, especially at country level.

2. Assess the extent to which USAID/GH has leveraged the CSHNP to further global health initiatives.
3. Highlight promising network functions that may warrant greater support.
4. Assess the progress made by CORE Group in diversifying its funding base.

**Main accomplishments.** CORE Group has been very effective at its network role: encouraging and supporting collaboration among PVOs, which on one level compete for the same USAID resources, to achieve a common goal. Under the CSHGP, the successful working relationship among child survival grantees, CSTS+ (now MCHIP SO3), and CORE Group /CSHNP provides a unique example of active collaboration, strong partnership, and pooling of resources. This linkage and close technical collaboration raise the quality of all the organizations and programs that contribute to CORE Group and those that choose to use its new ideas in their programs. Together, they have scaled up innovative, community-focused, state-of-the-art tools and approaches including the Hearth approach, positive deviance, LQAS, C-IMCI, CCM Essentials, PDQ, and the Care Group Model.

The review of CORE Group's progress towards its IRs highlights three main accomplishments:

1. **Technical knowledge development and PVO capacity building** in child survival and other health areas at country and global levels. CORE Group has successfully engaged PVO health practitioners to produce and disseminate practical technical tools and resources that promote community-focused interventions to improve health outcomes and strengthen health systems.
2. **Setting global standards for best practices** in key interventions and programs, such as the C-IMCI framework, CCM Essentials Guide, or the guides for LQAS.
3. **Linking global program policy forums** (RBM, Stop TB, etc.) with community practitioners and perspectives. CORE Group, in coordination with USAID/GH, is becoming successful in this very critical role. It is respected at both global and field levels (as represented by the PVOs) and serves as a two-way link, representing community/PVO voices in global forums and disseminating new policy and program information to members through listservs and regular meetings. (CORE Group is not the only global-community link; in fact there are many current and potential regional and country linkages comprised of country-based civil society groups. As a U.S. or northern-based association, however, CORE Group is very useful in presenting community-based perspectives.)

**Role of network functions in producing accomplishments.** These significant accomplishments, which address USAID/GH's mandate of technical leadership, innovation, and transfer to the field, could only be produced through a network that successfully mobilizes the voluntary involvement of its members in collaborating to develop technical knowledge and set standards. CORE Group's success in these functions is the cumulative result of many years of working together: PVOs with each other, USAID, and technical support projects housed in JHU and Macro. USAID should not invest in CORE Group simply because it has in the past but because of the potential added value it now brings to a partnership in global health (see below, Recommendations).

**Gaps in CORE Group's execution of the CSHNP.** For the most part, CORE Group has met or exceeded its quantitative targets, coordinating with USAID/GH to develop annual work plans that incorporated varying budget allocations and modifications such as PMI-Tanzania and H2P. This review found two main gaps:

1. The CORE Group staff seems to be spread very thin, working very hard to implement a wide range of collaborative activities at country level and for the general membership (annual

meetings, WGs, documentation, etc.). It lacks a direct country presence. These factors have contributed to lower performance than might have been achieved with a more concentrated focus on activities that build on its strengths and fit its capacities.

The past four years have been a good learning opportunity for CORE Group and USAID; many different kinds of initiatives have been tried. Now it might be advisable for CORE Group to narrow its focus to give priority to certain kinds of activities, especially at country level. This suggestion is addressed below (re: IR2) and in the Recommendations section.

2. The other gap relates to the project's M&E, which is geared more toward activities than their results, especially more toward the process of collaboration than its intended results. Collaboration in and of itself is often not as important to global health stakeholders as its results, such as improved technical knowledge and policy development. Further, CORE Group's voluminous documentation is generally very process-oriented, making it difficult to quickly grasp what is being done or advocated. It uses considerable jargon and acronyms.

To remedy this gap, in future projects CORE Group should establish an M&E framework that emphasizes the outcomes and impacts expected of the collaborative activities it undertakes. USAID can contribute to this in future agreements by specifying the results it hopes to achieve in terms of outcomes and impacts rather than simply activities, such as "collaboration." CORE Group, in coordination with USAID/GH, should also continue to explore options for producing briefer, more results-oriented documents, as it has begun to do for malaria activities. These would be useful for wider audiences within USAID. Similarly, if CORE Group decides to do more policy advocacy, it should invest in producing policy briefs for selected issues.

The remainder of this section offers additional observations on each IR; it concludes with a summary of CORE Group's most promising network functions for further support by the Bureau for Global Health.

**Re: IR 1: Membership recruitment.** CORE Group has recognized the value new members bring to the network and has attracted more than the number of new members targeted. The strategic plan for 2009–2013 sets the goal of increasing membership by another 20%. The recruitment approach is labor-intensive, but that is necessary for this type of association. The executive director noted that staff had learned to "counsel out" prospective members who did not fit well with CORE Group rather than face the awkward experience of having them not voted in by the membership. This will be helpful for the future.

It also seems like a good idea for CORE Group to continue to reconsider its membership criteria by perhaps opening to non-PVO global health agencies, since it already interacts intensively with them. This seems like a positive move that would enable CORE Group to include more members of the global health community in developing and disseminating tools for communities. Whereas PVOs may have needed a support group 20 years ago, today they are a widely recognized force in global development policy and programs and may not need this particular forum to promote "PVO-ness" as much as promotion of the community health priorities they are dedicated to serving. Indeed, several respondents from non-PVOs remarked that CORE Group could be too insular and off-putting in its singular PVO focus.

**Re: IR 2: Fostering country-level collaboration.** The most promising examples of country-level collaboration are those in which USAID and CORE Group identify strategic priorities and design initiatives in which USAID provides funds so that CORE Group can provide technical guidance and funds to strong in-country members or secretariats to carry out initiatives. Documentation and

dissemination of successful initiatives is essential to their strategic value: they have to become widely respected in order to be influential and scaled up.

CORE Group contributes to country-level community health programs in several important ways besides those captured in this IR. They may be perceived as indirect contributions at the country level, but they are very important:

- *Coordinating regular global technical exchange* among PVO practitioners involved in community programs through CORE Group annual meetings, WGs, and e-communication. PVO practitioners share and improve their knowledge through peer exchange, workshops, and documentation. This enables them to do their jobs—supporting USAID-funded and other PVO health programs in the field—better.
- *Developing and disseminating innovative, community-focused tools and approaches* through WGs, technical advisory groups, e-communication, and workshops/technical updates. Often in coordination with USAID, CSTS+/MCHIP SO3, and other cooperating agencies, CORE Group members and staff identify the needs for particular tools or approaches, and then develop, refine, and disseminate them.

**CORE Group, with USAID support, should increase its focus on the kinds of country-level activities that (a) build on its technical expertise and (b) involve types of collaboration that are relatively simple to organize from Washington (in collaboration with in-country members, USAID, and others) and that can be carried out quickly, e.g., joint meetings to share critical information, technical workshops, updates, and training sessions.**

Given its limited resources, CORE Group should decrease its focus on facilitating “bundled proposals to scale up proven interventions” and building country level “secretariats” (some call these “CORElets”). These forms of collaboration are relatively complex and require more resources than CORE Group can sustain. While the polio secretariats seem to have become viable entities within the global polio community, it is not clear that they are replicable for other health issues. This is not to say that there are not some instances where it makes good sense for CORE Group to support malaria secretariats or other country-level networks. Rather, CORE Group, with USAID support, should be encouraged to focus on country-level collaborations that build on its strengths and interests in technical knowledge development and capacity building.

**Re: IR3: Coordination with global alliances.** There may be more potential for a significant contribution by CORE Group than CORE Group itself is aware of—or appreciates. CORE Group reported many activities under this IR that did not seem to belong, e.g., making presentations at American Public Health Association conferences. These presentations are important and should continue, but they dilute attention from the critical influence that CORE Group could have in global alliances or forums that coordinate major institutional policies and programs. As more than one respondent observed, CORE Group has a credible and much-needed voice in articulating community-focused issues in global forums. It has built successful relationships with several global health alliances and is acquiring the kind of reputation that allows it to influence major decisions about global program policies. USAID and CORE Group should continue to work as allies in these kinds of arenas.

**Re: IR4/5: Improve PVO capacity through developing and disseminating tools.** Some PVO members of CORE Group are now so large and expert as to raise valid questions within USAID about whether there is a need to continue building their capacities. The large PVOs are doing much of the teaching, mentoring, tool development, and documentation, so they are not only beneficiaries of the network program but also co-deliverers of it (as are medium and smaller PVOs, in less visible ways). The value of these tools and related resources is in disseminating

community-focused technical knowledge and tools to PVOs and other organizations (NGOs, governments, multilaterals) striving to serve people in areas that are often remote and difficult to reach. Global health priorities and practices will continue to evolve, so there will always be a need to foster the technical learning and capacity of practitioners.

A related lesson is to appreciate the time it takes to develop these tools and refine and build the evidence base for approaches to become globally accepted and standard best practices. Although some in USAID perceive that it has taken a relatively long time to develop the CCM tool, CORE Group argues that it has involved all the major global health actors in the process, not just PVOs. They point out that during these three years the evidence base has grown, enabling country examples and lessons learned to be included in the guide, and the UN agencies have sanctioned the approach, enabling UN references and new tools to be incorporated. This unique product, when finalized, should be much more widely accepted, relevant, and therefore useful than if CORE Group had produced it more quickly. Whether or not three years is “too long,” it is important to note the potential value of consensus-based processes in producing more widely accepted and utilized knowledge.

**Re: The CSHNP Cooperative Agreement.** A cooperative agreement is a good mechanism for the CORE Group, because it is intended to allow for both USAID and CORE Group to have a say in program direction. Whereas grants are intended to support recipient programs and contracts are intended to purchase services or goods for USAID, the cooperative agreement can be an ideal middle-ground basis for a mutually satisfactory partnership. CORE Group, as an independent member association, is bound by its governance and ethos to build consensus among its members (especially as represented by its board) to take major decisions, such as those concerning funding or program direction. It is not set up to be as flexible as a private contractor or even a single PVO or as responsive to some kinds of USAID requests.

On the other hand, when mutual interests and priorities are agreed on, USAID gains a lot, because CORE Group and its member PVOs bring to the activities a sizable voluntary commitment beyond what is funded. CORE Group has been effective in developing and disseminating technical knowledge—from USAID, CSTS+/MCHIP SO3, other cooperating agencies, and members themselves—precisely because of the sense of ownership and voluntarism of network members. There may always be some inherent tension in that CORE Group, its members, and USAID all have their own perceptions of what the priorities should be, but this can be a healthy tension when discussion promotes better mutual understanding and identification of common priorities.

As for the design and administration of the agreement, there are some lessons to consider regarding elements over which CORE Group and USAID/GH have some control. Given the relatively small amounts of funding CORE Group was to receive, it was tasked with too many and too complex IRs. Moreover, over the life of the agreement, many of the objectives changed and new priorities and reporting requirements were added. This required CORE Group management to spend more time producing reports for numerous USAID consumers. In the end, much of this information is conflicting or overlapping, making it difficult to assess all that CORE Group has accomplished.

Small cooperative agreements like the CSHNP should be designed with simpler objectives that would encourage activities that are more focused and results-oriented. Also, to the extent possible, it would be useful to minimize the effect of changes within USAID on the recipient by agreeing on a reporting relationship within USAID that would disseminate sharing the reports internally.

**Most promising network functions for future USAID support.** Based on the evaluation, four network functions seem mutually valuable and beneficial for USAID/GH and CORE Group's PVO members:

1. *Member association:* The basic member association (underlying organizational structure; annual technical exchange meetings; working groups; documentation; and e-communication) is effective.
2. *Technical innovation and assistance:* CORE Group staff and members provide technical assistance to members, government ministries, NGOs, etc., in coordination with USAID and cooperating agencies. Technical assistance is provided at country, regional, and global levels and through e-communication.
3. *Global health policy advocacy:* As funds and human resources permit, CORE Group represents members (PVOs with community level programs) in malaria, child survival, and other forums. USAID should continue to be a strategic partner in selecting forums, identifying issues, and influencing the global health field.
4. *Strategic initiatives:* In cooperation with USAID/GH or other donors, CORE Group manages country or multicountry strategic initiatives. Technical direction and funding come from the USAID Bureau for Global Health. In turn, CORE Group provides technical direction and funding to members and secretariats. These initiatives should be carefully selected and adequately funded to ensure effectiveness and success.

### III. RECOMMENDED STRATEGIES AND PRIORITIES FOR THE FUTURE PVO NETWORK MECHANISMS

#### EVALUATION OBJECTIVES:

1. Identify opportunities and constraints for strengthening USAID engagement with a PVO network mechanism.
2. Recommend continuation options and changes in the CORE Group's structure, governance, programming strategies, and plans for financial sustainability.

#### **IR 5.1: Opportunities for USAID Bureau for Global Health support for a PVO network.**

The mandate and priorities of the Bureau for Global Health suggest rich opportunities for future support of the CORE Group PVO network. USAID/GH priorities, as described on its Web site and at the CORE Group spring meeting, are shared by CORE Group: global technical leadership, research and technical innovation, transferring new technologies to the field, improving M&E, etc. CORE Group is clearly of value to USAID.

**Value of CORE Group for USAID.** From the evaluation it appears that USAID realizes significant value from its support of CORE Group, at relatively little cost. Without the CORE Group, USAID would lose the following benefits:

- Development of technical knowledge of standardized community-focused interventions, which cannot be achieved by cooperating agencies, universities, and multilateral health experts alone;
- Improved USAID-funded PVO health programs in the field, which often involve governments, NGOs, and other stakeholders;
- Streamlined access to more than 50 implementing PVOs; and
- A U.S.-based partner that is globally credible when it voices critical community-level health perspectives in global program policy forums, and disseminates new U.S. and global directions and information to U.S. PVOs and other practitioners

These valuable contributions are produced by and through the underlying collaborative relationships facilitated by CORE Group's network organization: the infrastructure includes its governing bylaws and its secretariat, which convenes planning committees to host annual meetings, supports member WGs, and coordinates documentation and dissemination of technical information. This infrastructure houses and fosters the community of practice that CORE Group has become and the social capital it has acquired over 20 years of experience.

Communities of practice have been recognized as important vehicles for knowledge management in today's global organizations. Similarly, social capital (relationships based on trust, mutual respect, and shared norms of working together for the common good) has been recognized as the essential "soft" capital necessary for collaborative activities to produce successful results. CORE Group members volunteer significant time and related resources to enable CORE Group to be as prolific and dynamic as it is.

A quick review of FY 09 appropriations suggests that this year USAID has spent a very small amount—less than 1% of the FY 09 appropriation for Child Survival and Global Health (minus GAVI and OE)—on CORE Group's services for the CSHNP. It would take even less than that—under \$1 million per year—to support the basic functions of CORE Group needed to produce the tools and coordinate technical exchange.

**Constraints.** The other side of the value added by CORE Group, or any network, is the time that effective networks need to make consensus decisions about funding and program direction. Networks earn their legitimacy—and the associated member buy-in and voluntary contributions—through consensus or democratic decision-making processes. Yet USAID at times needs its partners to make decisions or accommodate changes relatively quickly. There is mutual advantage in partnership, but “bureaucracy meets network” involves inherent tensions that both sides must manage creatively.

USAID is right to be concerned about fostering CORE Group’s dependence, and CORE Group must continue its efforts to diversify its funding. However, its role as a complementary, symbiotic, technical support and coordinating group for USAID makes CORE Group unique compared to other NGOs or member associations. USAID is the only donor that has a strong mutual interest in CORE Group’s network functions. If CORE Group does not continue to provide these coordinating and technical functions, within a few years USAID would begin to miss it.<sup>7</sup>

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<sup>7</sup> A similar PVO coordinating group in the food sector (FAM) was dropped about five years ago after having been funded by USAID for 15 years. Apparently, after an evaluation (see References, Annex B) showed the loss to USAID, it is about to issue a request for applications for a similar collaborative mechanism.

## **ANNEX A. SCOPE OF WORK**

### **I. IDENTIFICATION OF TASK**

The assignment under this scope of work is to conduct an evaluation of the CSHNP implemented by the CORE Group. In 2005, USAID awarded the CORE Group a five-year cooperative agreement to implement the CSHNP for the GH Bureau under the CSHGP, which is managed by the Office of Health, Infectious Diseases, and Nutrition (GH/HIDN).

### **II. BACKGROUND**

In 1985, as a result of global advocacy efforts for child survival and U.S. Congressional support, the USAID Bureau of Humanitarian Relief /Office of Private and Voluntary Cooperation launched a \$15 million, centrally managed PVO child survival program with small and numerous cooperative agreements. CORE Group's founding member organizations received initial "child survival" grants that they matched with contributions and donations from U.S. citizens and businesses.

In 1986, USAID contracted with JHU to provide technical assistance and evaluation support to the USAID child survival program and its PVO grant holders. The JHU Child Survival Support Program then began holding annual PVO child survival workshops to provide technical updates, monitor program progress, and identify areas where improvements were needed. Importantly, the PVOs began to get to know each other and learn from one another, and PVO staff began to develop personal relationships across organizations.

In October 1994, USAID PVO grantees convened a conference in Bangalore, India, entitled "Community Impact of PVO Child Survival Efforts: 1985–1994." There PVO representatives reported worldwide results on increases of child survival service coverage; positive changes in maternal health knowledge and practices; and reductions in infant and child mortality rates. In a formal peer-reviewed forum, PVOs discussed issues of technical complexity and important lessons that could be shared globally. The evolution of addressing USAID/donor relationships and PVO networking barriers made it obvious that a more formal collaboration organization was needed.

In 1996, as the JHU contract ended, PVOs saw a window of opportunity to broach the subject of an independent PVO network. A group of PVOs formed a PVO Child Survival Steering Committee and approached USAID with the idea of submitting an unsolicited proposal to support a PVO network organization. USAID staff signaled that they were supportive of the network concept.

In 1997, the Steering Committee submitted a formal proposal to USAID to support the formation of a new PVO membership organization entitled "CORE: Collaborations and Resources for Child Survival." The proposal described an initial organizational structure (Child Survival PVO Group Secretariat) and laid out a work plan and budget. The CORE Group received its first USAID funding in June 1997, with an initial grant for \$150,000. Because CORE was not a legal entity at that time, World Vision agreed to host and manage the CORE Group secretariat. PVO volunteers organized the first PVO-sponsored annual child survival workshop, hosted by CARE. During that workshop, participants convened seven technical groups to discuss issues of particular importance to PVOs. These groups were nutrition, family planning, maternal health, behavioral change and communication, IMCI, M&E, and quality assurance. Each of these groups identified important issues and recommended next steps, thus laying the groundwork for CORE Group's future working group structure.

In April 1998, the first board of directors was elected at the annual child survival workshop. The board drew up draft bylaws and a draft memorandum of understanding between CORE Group and its proposed PVO members, which were circulated for review by PVOs. Throughout 1999 and 2000, CORE Group members began to convene technical meetings and reach out to new partners, demonstrating increased PVO capacity for child survival programming. The CORE Group submitted an unsolicited proposal to USAID each year outlining new and more in-depth activities, which were funded under cooperative agreement FAO-A-00-98-00030-00, Child Survival Collaborations and Resources Group (CORE Inc.) with World Vision.

The CORE Group's incorporation process was completed in December 2000, and organization bylaws were finalized in April 2001. Members took advantage of CORE Group's newly created listservs and Web site not only to communicate with each other but also to reach out beyond the PVO community to collaborating agencies, USAID, and others working in maternal and child health. CORE Group technical workshops expanded beyond USAID grant holders to include these new partners.

In December 2001, CORE, Inc. became an independent, 501(c)(3) nonprofit organization, and in early 2002 the CORE Group board hired an executive director. CORE Group strengthened its financial, administrative, and human resource capacities over the next year, enabling the organization to achieve important goals on its path toward full independence. CORE Group developed a mission statement, five strategic organizational goals, and a list of values common for its members. In October 2002, CORE Group assumed legal and financial responsibility from World Vision for all secretariat activities.

By 2003, CORE Group established annual membership fees and opened membership to all PVOs (not just those with current USAID child survival grants) that met board-determined criteria. The board also set a strategic goal of fund diversification so that CORE Group would be less dependent on USAID funding in the future.

CORE Group's member-led working groups changed over time to accommodate member interests, organizational needs, and current public health issues. They have improved PVO capacity through tool development, national and regional skill-building workshops, and sharing of lessons learned. Working group members have also spoken out on behalf of poor families and communities for global health alliances and initiatives. Members have fostered collaboration among the PVO community, ministries of health, and other country-level cooperating agencies to address public health issues. Working groups eventually expanded to include non-CORE Group members. Currently, working groups are open to all health and development professionals willing and able to devote volunteer time and expertise to further the group's vision.

### **III. PURPOSE OF THE ASSIGNMENT**

The purpose of this assignment is to conduct an evaluation of the CSHNP. The evaluation team will assess the CORE Group's principal contributions to the following five intermediate results (IRs) described in the CSHNP cooperative agreement:

- IR1: Increased annual PVO membership to access an increased beneficiary population
- IR2: Increased PVO collaboration at country level to scale up proven public health interventions for effective and sustainable programs
- IR3: Increased PVO collaboration with global health alliances and initiatives to enhance, contribute, and promote community level best practices

IR4: Improved PVO capacity to improve quality and access to health care services at community and district levels

IR5: Improved PVO capacity to improve key family and community practices to address public health issues in communities

Through a critical analysis of the CSHNP progress and achievements, this evaluation will generate practical lessons learned about strategic partnerships with PVOs to inform USAID/GH decisions about future support for PVO network mechanisms. The evaluation team will also examine the specific contributions of the CSHNP to CSHGP and GH Bureau initiatives (e.g., H2P and PMI-Tanzania) and the role of PVO network mechanisms for advancing other relevant global health initiatives (e.g., maternal and child health strategic programming approach).

#### **IV. SPECIFIC OBJECTIVES**

Evaluation objectives, sub-objectives, and illustrative inquiries are listed below. During the initial team planning meeting, the evaluation team will refine and prioritize questions from the scope of work in accordance with assignment objectives.

##### **OBJECTIVE 1: Assess progress made by the CORE Group toward reaching the five IRs specified in the CORE Group CSHNP cooperative agreement.**

1. Explain original expectations and objectives of the CORE Group CSHNP, as envisioned by USAID.
2. Identify performance against benchmarks for each of the five IRs and articulate causes for any delays and/or unexpected results.
  - IR 1: Increased annual PVO membership to access an increased beneficiary population
    1. *Determine if membership growth met anticipated targets, and assess whether new members enhanced the CSHNP.*
    2. *Describe the opportunities and challenges of sustaining membership and incorporating new partners into the CORE Group and working group structures.*
    3. *Determine if members valued their participation in the CORE Group.*
    4. *Assess whether spring and fall membership meetings provided sufficient opportunities for old and new members to build social capital and exchange knowledge to facilitate collaboration.*
  - IR2: Increased PVO collaboration at country level to scale up proven public health interventions for effective and sustainable programs
    1. *Identify and assess the processes and outcomes of the various modalities the CORE Group has employed to increase PVO collaboration.*
      - *Highlight the role and contribution of the CORE Group secretariat and PVO members selected to lead activities.*
      - *Describe how stakeholders were engaged in collaboration activities.*
    2. *Identify the mechanisms supported by the CORE Group to strengthen country-level networks and assess their contribution to policy and programming.*

3. *Assess whether the CORE Group was effective in responding to changing USAID priorities, such as PMI and H2P.*
- IR3: Increased PVO collaboration with global health alliances and initiatives to enhance, contribute, and promote community level best practices
    1. *Identify the global initiatives with active CORE Group member participation.*
    2. *Describe how the CSHNP has facilitated CORE Group engagement with global health alliances and initiatives.*
    3. *Assess the results and benefits (expected and unexpected) of increased PVO collaboration with global alliances and initiatives.*
    4. *Identify the key factors that enabled successful PVO engagement with global initiatives and determine whether specific global partnerships would benefit from increased PVO network involvement.*
  - IR4: Improved PVO capacity to improve quality and access to health care services at community and district levels and IR5: Improved PVO capacity to improve key family and community practices to address public health issues in communities
    1. *Identify the range of tools and products developed through the CSHNP and assess their value and uptake by members and other beneficiaries. (It may be possible to look at use and application of tools by member organizations, local partners, and other stakeholders beyond the CSHGP.)*
    2. *Assess the role of CORE Group working groups in development of the CSHNP products and the value-added of using the working group process.*
    3. *Assess whether the CORE Group was effective in disseminating/diffusing tools and products developed through the CSHNP to improve PVO capacity. Identify the essential components of successful diffusion efforts.*

**OBJECTIVE 2: Assess the managerial and coordination systems of the CORE Group in meeting the terms and conditions of the CSHNP cooperative agreement.**

1. Identify the strengths and weaknesses of the managerial system of the CORE Group: staff composition and level of effort; communication and reporting; timeliness of deliverables; supervision; monitoring and evaluation; and financial and procurement systems, including sub-grant agreements.
2. Assess the capacity of the CORE Group structure and network mechanisms to effectively coordinate and share information among key stakeholders (e.g., members and working groups, U.S. PVO/NGOs and local partners, technical institutions and universities, global alliances/initiatives, host country governments and ministries of health, USAID/ Washington and Missions, USAID cooperative agencies/contractors).

**OBJECTIVE 3: Summarize the major lessons learned from the CSHNP (*and broader CORE Group experience, as relevant and feasible*) to guide future decisions about PVO network mechanisms.**

1. Identify the main accomplishments of the CSHNP. Identify any gaps and shortfalls and provide opportunities for addressing them. (Draw upon both process and outcome data and use illustrative examples, as relevant and feasible).

2. Assess the extent to which the USAID GH Bureau has leveraged the CSHNP to further global health initiatives and highlight promising network functions and processes for collaboration that may warrant greater support.
3. Assess the progress made by the CORE Group in diversifying its funding base to ensure financial sustainability of the CSHNP.

**OBJECTIVE 4: Recommend strategies and priorities for the future direction of PVO network mechanisms.**

1. Identify the opportunities and constraints for strengthening USAID engagement with a PVO network mechanism.
2. As applicable, recommend continuation or changes in the PVO network structure, governance approaches, programming strategies, and financial sustainability approach.

**V. METHODS AND PROCEDURE (Evaluation Strategy)**

The following steps for the evaluation are proposed:

1. Engage in a team planning meeting to discuss the evaluation scope of work, agree on team member roles and responsibilities, clarify the evaluation expectations of USAID and the CORE Group, draft an evaluation work plan, and decide on methodology.
2. Taking a consultative approach to the evaluation, meet with CORE Group senior management and USAID CSHGP team during the planning and review process as much as time allows, and communicate with them on a regular basis throughout the evaluation, providing updates at reasonable intervals.
3. Review all relevant documents and products related to the CSHNP, including the cooperative agreement, annual work plans, annual and biannual reports, scopes of work, deliverables, and other review reports, including former evaluations and assessments of the CORE Group, as determined by the USAID CSHGP.
4. Perform interviews with representatives and a sufficient number of key persons involved with the CORE Group, including key CORE Group staff (present and former); USAID/Washington GH staff; Macro (formerly CSTS+) staff; stakeholders in the field (USAID Missions, country secretariats, local partners, etc.); and selected partners and members with whom CORE Group has worked most closely. Use phone interviews with partners from selected field sites. Develop and use a survey instrument for members, if needed. In Washington DC, key informant interviews should include but are not limited to
  - USAID CSHGP team
  - USAID maternal and child health, MCHIP, PMI, Infectious Diseases (Tuberculosis and Malaria), USAID Office of Population and Reproductive Health (PRH)/Flex Fund, and H2P staff
  - Macro (formerly CSTS+) staff
  - CORE Group members (new and old)
  - CORE Group secretariat staff

- Former/current partners, including BASICS, Food and Nutrition Technical Assistance Project (FANTA 2), RPM+, Tuberculosis Control Assistance Program, and the Polio Eradication Initiative
5. Prepare a debriefing presentation and a final report with background, findings, conclusions, and recommendations, based on a format acceptable to the USAID.

The final methodology and work plan will be developed as a product of the team planning meeting and shared with the Mission prior to application.

### **Team Planning Meeting**

- A two-day team planning meeting will be held before the design work begins. This meeting will allow USAID to present the team with the purpose, expectations, and agenda of the assignment.

## **VI. DELIVERABLES AND AUDIENCE**

1. An evaluation **work plan**
2. A detailed report outline
3. An oral debriefing presentation to CORE Group and USAID, with PowerPoint slides
4. A written draft and final evaluation report of no more than 30 pages; use of annexes is acceptable.

Formatting may include text boxes and other formatting options to add visual interest and readability. The report will include an executive summary (of no more than 3 pages), background, findings, recommendations, and conclusions. Within 10 working days of receiving the draft report, USAID will provide comments and suggestions to the evaluation team leader, which shall be addressed in the final evaluation report.

The evaluation team is then required to submit a final evaluation report within 10 working days after USAID provide feedback on the draft documents. After the final draft report has been reviewed by USAID and the final contents signed off, GH Tech will have the document edited and formatted for external distribution. Within 30 days, GH Tech will produce and provide to USAID 25 printed and bound copies of the final report; the report cover is to be printed in color.

The audience for the CORE Group evaluation includes USAID staff involved with the CSHNP (both Washington and the Missions). This information may be shared with various CORE Group partners, donors, and other stakeholders, at the discretion of USAID and CORE Group.

## **VII. TEAM COMPOSITION**

The assessment team will be comprised of two individuals, including one team leader, who are independent consultants with the following mixture of expertise and experience:

- A team leader with experience leading an evaluation team;
- Child survival and health technical knowledge;
- Experience managing collaboration, networks, or complex partnerships;
- Program planning, evaluation, and design experience;
- Organizational development experience;

- Experience and understanding of introduction, implementation, and replication/scale-up of global health programs;
- Experience managing and/or working with USAID-funded projects with significant understanding of USAID contracting systems; and
- Familiarity with the international donor environment is desirable.

The team leader will be responsible for the overall planning, design, and implementation of the evaluation and will work in coordination with the team member. It will be the team leader’s responsibility to submit a satisfactory draft and final report to USAID within the agreed timeline. The team leader is responsible for report writing and the organization of the debriefing presentation(s).

### VIII. TIMELINE AND LEVEL OF EFFORT

The expected timeframe for this task is March–May 2009. Specific start and end dates and due dates for deliverables will be determined in collaboration with USAID, and a detailed timeline will be produced during the team planning meeting. An illustrative timeline and LOE matrix are provided here:

Task/Deliverable	Duration/LOE	
	Team Leader	Specialist
1. Review background documents and preparation work	4 days	4 days
2. Travel to/from DC	2 days	2 days
3. Team planning meeting and meeting with USAID	2 days	2 days
4. Information and data collection; includes interviews with key informants (stakeholders and USAID staff)	15 days	15 days
5. Discussion, analysis, and draft report	5 days	5 days
6. Debrief meetings with USAID and CORE Group	1 day	1 day
9. USAID provides comments on draft report (10 working days)		
10. Team revises draft report and submits final to USAID	5 days	3 days
11. USAID completes final review – 10 working days		
12. GH Tech edits/formats report (one month)		
<b>Total Estimated LOE</b>	<b>34 days</b>	<b>32 days</b>

### IX. FUNDING AND LOGISTICAL SUPPORT

#### GH Tech Responsibilities

GH Tech will be responsible for providing logistical and administrative support to the team, including scheduling meetings and DC-based interviews, making copies of documents and report drafts, and making flight and hotel travel arrangements for their DC work. GH Tech is also responsible for organizing the TPM and obtaining a facilitator, and editing/formatting the final report. The consultants will schedule updates or clarification as needed for the CSHGP team.

## **USAID Responsibilities**

USAID is responsible for providing the background materials and documents in advance of the TPM, and identification of key informants to be interviewed.

### **X. RELATIONSHIPS AND RESPONSIBILITIES**

Technical direction from USAID will be provided by

- Nazo Kureshy, Team Leader, CSHGP
- Erika Lutz, Technical Advisor, CSHGP

## **ANNEX B. DOCUMENTS REVIEWED**

### **WEB SITES**

[www.Coregroup.org](http://www.Coregroup.org)

[www.ghitechproject.com](http://www.ghitechproject.com)

[www.usccs.org](http://www.usccs.org)

### **USAID DOCUMENTS**

Cooperative Agreement, GHA-A-00-05-00006-00 (02.03.05)

Modifications of Assistance, No. 1 (July 2005) to No. 6 (September 2008)

### **CORE GROUP DOCUMENTS**

Annual Work plans, FY05, FY06, FY07, FY08, FY09

USAID Grant 6 FY05, FY06, FY07, FY08 Annual Reports and appendices

USAID Grant 6 FY06, FY07, FY08, FY09 Semiannual Reports and appendices

CORE Group Strategic Plan Summary, 2009–2013

CORE Group Bylaws—Revisions through 1-30-09

Child Survival Collaborations and Resources Group Benefit Survey for CORE Members  
Summary Reports (September 2002 and November 2005)

CORE Group Members List (status as of April 2009)

Major CORE Group Milestones and Activities sheets (4)

CORE Group Organogram (April 2009)

LeBan, K., L. Walker, and H. Perry, “A Short History of the CORE Group” (September 2008)

CORE Group Annual Spring Meeting Program Agenda and Abstracts (April 2009)

*Communities: Keystone for Health Systems Strengthening*

*NGO Malaria Secretariats: Foundation for Advocacy and Impact, A Kenya Case Study* (March 2009)

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

*Community Approaches to Child Health in Cameroon/PLAN: Applying the C- IMCI Framework* (2009)

TB Working Group Elluminate Series, available on-line

Special Edition E-update: Pandemic Influenza (March 2009)

Pandemic Preparedness Curricula for Community-level First Responders (May 2009)

Community Case Management Essentials: Treating Common Childhood Illnesses in the Community, a Guide for Program Managers (Draft, April 2009).

Malaria Working Group Work plan FY09 Accomplishments, April 2009

CORE Group Diffusion of Innovations report

CORE Group staff, Sample of CORE Group Technical Tools: Evidence of Use by PVOs and Related Health Outcomes (May 2009).

**OTHER REFERENCES**

Ashman, D., and C. Luca Sugawara (2008). “Understanding Civil Society Networks: The Logic of Interdependence.” USAID Research Grant Report, Academy for Educational Development, Washington, DC.

USAID (2008). Institutional Capacity Building Grants (2004-2008) Review. Prepared by Food and Nutrition Technical Assistance project (FANTA), Washington, DC.

## ANNEX C. KEY INFORMANTS

### USAID/WASHINGTON, DC

Bartlett, Al	GH/HIDN/Maternal and Child Health
Boezwinkle, Jill	GH/HIDN/Nutrition
Brandes, Neal	GH/HIDN/Nutrition
Chung, Eunyong	GH/HIDN/Nutrition
Graham, Victoria	GH/PRH/Service Delivery Improvement
Greene, Richard	GH/HIDN
Koek, Irene	GH/HIDN/Infectious Diseases
Kureshy, Nazo	GH/HIDN/Nutrition
Lamprecht, Virginia	GH/PRH/Service Delivery Improvement
Liskov, Adele	Office of Development Partners/Office of the Director
Lutz, Erika	GH/HIDN/Nutrition
MacDonald, Michael	GH/HIDN/Infectious Diseases
Norton, Maureen	GH/PRH/Service Delivery Improvement
Ogden, Ellyn	GH/HIDN
Ravji, Rushna	GH/PRH/Service Delivery Improvement
Stanton, Mary Ellen	GH/HIDN/Maternal and Child Health
Vincent, Cheri	GH/HIDN/Infectious Diseases
Wallace, Julie	GH/HIDN/Infectious Diseases
Youll, Susan	GH/HIDN/Infectious Diseases
Zeilinger, Michael	GH/HIDN/Nutrition

### USAID/MISSIONS

Dissanayake, Gunawardena	Uganda
Llewellyn, Charles	Tanzania
Paudel, Deepak	Nepal
Peniston, Anne	Nepal
Raman, Dharmpal Prasad	Nepal
Sinnitt, Meri	Ethiopia
Wacira, Daniel G.	Kenya

### CORE GROUP, INC. STAFF MEMBERS

Downey, Shannon	Malaria Program Manager
Hendrix-Jenkins, Ann	Director of Partnership Development
LeBan, Karen	Executive Director
Mock, Hilary	Executive Assistant
Ross, Houkje	Communication Manager
Triana, Veronica	Deputy Director, H2P Initiative

## **CORE GROUP, INC. BOARD OF DIRECTORS**

Bolles, Kathryn	Save the Children
Bowen, Lisa	White Ribbon Alliance
D'Harcourt, Emmanuel	International Rescue Committee
Davis, Tom	Food for the Hungry
DuBois, Diana	Minnesota International Health Volunteers
Nitkin, Todd	Medical Teams International
Perry, Henry	Future Generations
Schooley, Janine	Project Concern International
Sinho, Sanjay (former)	American Indian Foundation
Story, Will (outgoing)	Christian Reformed World Relief Committee
Yaggy, Bill	African Medical and Research Foundation

## **CORE GROUP WORKING GROUP CHAIRS AND COUNTRY SECRETARIAT COORDINATOR**

Hennigan, Mary (new board member 2009)	Nutrition
Lewis, Judy	SMRH
Madison, Ruth	SMRH
Nitkin, Todd	M&E
Patton, Marilyn	SBC
Schooley, Janine	HIV/AIDS
Swedberg, Eric	Malaria
Tsuma, Laban (new board member 2009)	IMCI
Walterfang, Gerald (former coordinator)	KeNAAM (Kenya malaria secretariat)

## **CORE GROUP MEMBER AND FORMER MEMBER PVOS**

Barrows, John	International Eye Foundation
Beechy, Karen	EngenderHealth
Bennett, Ducjoe	African Medical and Research Foundation
Bhattarai, Sanju	CARE/Nepal
Daly, Pat	Save the Children
Ehmer, Paul	Medical Care Development International
Evans, Dave	Food for the Hungry
Gebrian, Bette	Haitian Health Foundation
Kyallo, Joshua	African Medical and Research Foundation
Luna, Jennifer	Macro International
Magelhaus, Rebecca	La Leche League
Oot, David	Save the Children
Pun, Bhim Kumari	Save the Children/Nepal
Temu, Florence	African Medical and Research Foundation

## **INTERNATIONAL ORGANIZATIONS AND ALLIANCES**

Aryal, Pitam bar	Nepal Red Cross
Barrer, Andrew	USCCS
Briac, Vincent	IFRC/Geneva
Catampongan, Jim	IFRC.org
Daelmans, Bernadette	World Health Organization
Daulaire, Nils	Global Health Council (former President)
Lynch, Matt	Roll Back Malaria, Vice Chair
Mosselmans, Michael	United Nations Office for the Coordination of Humanitarian Affairs/Pandemic Influenza Contingency
Okumu, Robert	Uganda Red Cross

## **ACADEMIC AFFILIATES**

Foster, Stan	Emory Rollins School of Public Health
Gervais, Suzanne	Cornell University Department of Nutrition
Pelletier, David and colleagues	Cornell University Department of Nutrition
Winch, Peter	Johns Hopkins School of Public Health

## **OTHERS**

Capps, Jean	Consultant
Evans, Dave	Food for the Hungry (informant about Food Network)
Ryan, Leo	Macro (MCHIP PVO/NGO Support Lead)



## ANNEX D. CORE GROUP PARTICIPANT EVALUATION

Organization \_\_\_\_\_

How long have you been involved in CORE Group? \_\_\_\_\_

Please answer the following questions using the following rating scale:

- 0 – not at all
- 1 – of minimal value
- 2 – moderately valuable
- 3 – important
- 4 – very valuable
- 5 – crucial for success

1. How valuable is CORE Group to you?

0      1      2      3      4      5

2. How valuable is CORE Group to your organization?

0      1      2      3      4      5

Explain:

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3. How valuable have the CORE Group-produced tools (Web sites, listservs, manuals, publications, resources) been to your organization?

0      1      2      3      4      5

List the three tools you have used the most.

---

4. How valuable has CORE Group been in helping your organization to extend its collaboration at the country level?

0      1      2      3      4      5

Example:

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5. How valuable has CORE Group been in helping your organization to link to global health alliances and initiatives?

0      1      2      3      4      5

Example:

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6. What is the value of CORE Group compared to other global health networks, alliances, consortia, or coalitions that you participate in?

0      1      2      3      4      5

Example:

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Thank you!

## ANNEX E. COLLABORATION AT THE COUNTRY LEVEL

Technical Area/Funding Source/Amounts	CORE Group/DC Secretariat Function (in Coordination with USAID, Other Donors)	Countries	In-country Lead and Partners	Types of Contributions <sup>8</sup>
<b>Child survival/CSHNP/</b> \$130,000 plus staff time	Issue request for applications (RFA) to members	Bolivia, Cambodia, Rwanda	Single member awarded RFA; convenes partners (MOH, USAID, local NGOs, universities, WHO, UNICEF, etc.)	Improved health policies and health systems, produced training manual and trained health staff, conducted operations research
<b>Malaria/CSHNP/</b> \$75,000 total for secretariats	Sub-grant to country secretariat; and/or staff provides technical assistance	Kenya, Tanzania, Uganda (sub-grants); Zambia, Ethiopia, Angola (staff technical assistance only)	CORE Group-affiliated 'secretariat', hosted by a CORE member; convenes NGO, government, multilateral stakeholders	Malaria/measles campaign, net usage survey, national malaria workshop, regular information exchange, coordination among NGOs and stakeholders (e.g., Global Fund)
<b>Malaria/CHSNP/</b> Modification: PMI-Tanzania \$1.5 million	Pass-through funding with about 10% for staff supervision	Tanzania	USAID-designated local partners	Marketed antimalaria kits, trained staff on new method, and tracked use
<b>Malaria/JHU (Gates)/</b> \$1.34 million	Subgrant to countries; staff supervision	Mali, Kenya	Mali: local network Kenya: KeNAAM (CORE-affiliated secretariat) Convened local partners	Malaria advocacy, trained media, produced documents
<b>Humanitarian Pandemic Preparedness (H2P)/</b> CSHNP modification/	1 consultant/staff member; issued RFA to members	Egypt, Ethiopia, Mali, Nepal, Uganda	Single member (CARE, Save the Children, others) awarded RFA; convenes	Adapted/translated H2P curriculum, policy advocacy

<sup>8</sup> Better results data could be generated in the future with appropriate indicators and resources for systematic M&E.

<b>Technical Area/Funding Source/Amounts</b>	<b>CORE Group/DC Secretariat Function (in Coordination with USAID, Other Donors)</b>	<b>Countries</b>	<b>In-country Lead and Partners</b>	<b>Types of Contributions<sup>8</sup></b>
\$1.3 million			government, USAID, NGOs, and other partners	
<b>TB/CSHNP/</b> \$Minimal	Staff technical assistance plus workshop expenses	India	Single member (World Vision) hosts; convened government, WHO, other CORE members	Information shared between government and NGOs
<b>Polio/USAID Polio Eradication Grant/</b> \$34,000	Coordinate partners' committee; documentation	Angola, Ethiopia, India, Nepal	Core-affiliated Polio Secretariat, hosted by World Vision; convenes local NGOs, multilaterals, government, USAID, others	Conducted surveillance campaigns, shared information among multiple stakeholders, facilitated joint programs and bundled proposals among NGO members
<b>HIV/AIDS/</b> for Orphans and Vulnerable Children (OVC)/ \$25,000	Organized matching funding for staff and consultant technical assistance to develop a bundled proposal for Global Fund	Haiti	Six CORE Group members; coordinated with local NGOs, government, multilaterals, USAID cooperating agencies, etc.	Awarded funds by Global Fund for voluntary testing and counseling, enrolling OVC in services
Evaluation of civil society in Global Fund/ Macro (Global Fund)/ \$425,000	RFA to members	16 total (countries in addition to those named above: Burkina Faso, Honduras, Kyrgyzstan, Malawi, Nigeria, Peru, Vietnam, Yemen)	Single member; coordinated evaluation in each country	Country evaluation reports sent to global evaluation of Global Fund

## **ANNEX F. PUBLICATIONS, TOOLS, AND RESOURCES DEVELOPED BY CORE GROUP (AS OF 3-16-09)**

### **I. CSHNP AGREEMENT: 2005-2010**

#### **HIV/AIDS**

- “Improving Access to and Use of Quality Voluntary Counseling and Testing (VCT) Services: A Checklist for Community-Based Health Projects” (2006)
- “Community-based Programming for Prevention of Mother to Child Transmission of HIV and Voluntary Counseling and Testing” (2005 – Africa and India Version; not released)

#### **IMCI**

- C-IMCI Program Guidance Paper (2009)
- *Community Approaches to Child Health in Cameroon: Applying the C-IMCI Framework* (2009)
- *Community Approaches to Child Health in Malawi: Applying the C-IMCI Framework* (2009 – in process)
- *Community Case Management Essentials Guide* (2009 – in process)
- Winch, P., et al. “Intervention Models for the Management of Children with Signs of Pneumonia or Malaria by Community Health Workers, *Health Policy* 2005; 20(4): 199-212; doi:10.1093/heapol/czi027.

#### **Malaria**

- *NGO Malaria Secretariats: Foundations for Advocacy and Impact - A Kenya Case Study* (2009) (match funding)
- *A Rapid Qualitative Assessment of the Malaria Control Environment in Kenya* (2009) (match funding)
- *Country Collaboration Model: Joint NGO Implementation of Community-Based Treatment of Malaria in Rwanda* (2006)
- “Viewpoint – Mosquito Nets Perspectives,” online magazine of OneWorld.Net (2006)
- *Case Study: Community-Based Solutions for Effective Malaria Control: Lessons from Mozambique* (2005)
- Global HealthLink Article: “Fighting Mosquito Fever: NGOs Promote Home-Based Management of Malaria Fever in Uganda” (2005)
- U.S. State Department E-Journal: “Treating Malaria in Rwandan Communities” (2005)

#### **M&E**

- “Lot Quality Assurance – Protocol for Parallel Sampling” (2008)

- “Lot Quality Assurance Sampling Guidance: FAQs” (2008)
- Lot Quality Assurance Web-based (Elluminate) Training Course – Six-part series (2006)
- *Training in Qualitative Research Methods: Training Curriculum for Building the Capacity of PVO, NGO and MOH Partners* (2005)

## **Nutrition**

- *Nutrition Pathways Programming Guide* (2009 – in process)

## **SMRH**

- *Case Study - Creating Healthy Families in Nepal: Sustaining Family Planning Practices Among Marginalized Groups* (2009)
- Flexible Fund Family Planning Series with CSTS+ as lead author
  - “SC Guinea: Village Health Committees Drive Family Planning Uptake” (2009)
  - “Uganda: Family Planning Implementation Teams: Building Sustainable Community Ownership in Rural Uganda” (2008)
  - “ARC Albania: Introducing a Natural Family Planning Method in Albania” (2008)
  - “Project HOPE Uzbekistan: Reaching Out to Youth: Youth-Friendly Sexual and Reproductive Health Services Through Schools, Clinics, and Communities” (2008)
  - “PSI DRC: Cell Phone Hotline Spreads Family Planning Information in DR Congo” (2008)
  - “WV India: The Right Messages – to the Right People – at the Right Time” (2008)
- *Field Story: Como Sera, Pues? The NGO Contribution to Neonatal Health in Bolivia (English, Spanish)* (2006)
- Essentials of Community-Based Family Planning curriculum (Macro International as lead) (2007)

## **SBC**

- Maximizing Effectiveness for Partnership-Defined Quality (2008) (includes 8 monographs representing PDQ examples from the following countries: Afghanistan, Armenia, Bangladesh, Bolivia, Georgia, Nepal, Pakistan, Peru, Philippines, Rwanda, and Uganda )
- Designing for Behavior Change Curriculum (2008)
- Qualitative Research Methods Training Curriculum (2006)

## **TB**

- *Community-based TB in Senegal: Partnering with Grandmothers and Healers to Eliminate the ‘Disease of Dust’* (2008)
- *The Expansion of Community-based Tuberculosis Programming: Critical Program Design Issues for New Partners* (2008)
- *Tuberculosis Control Programming for PVOs: Facilitator’s Manual* (2006)

- *Case Study: Integrating TB and HIV Care in Mozambique* (2005)
- *Case Study: TB Control in Karaganda Prison Through DOTS—Lessons from Kazakhstan* (2005)
- *Case Study: Using Incentives to Improve TB Treatment Results—Lessons from Tajikistan* (2005)

### **General**

- Humanitarian Pandemic Preparedness – Community Planning and Response Curriculum (2009 – in process)
- “CORE Group Members Discuss NGO Roles in Global Health Research” (2008)
- Edward, A., et al. “Examining the Evidence of Under-five Mortality Reduction in a Community-based Programme in Gaza, Mozambique,” *Transactions of the Royal Society of Tropical Medicine and Hygiene* 2007: 02-025.
- “Global Health Technical Brief: Building Successful Alliances for Global Health” (co-authored with White Ribbon Alliance and distributed at October 2005 Maximizing Access and Quality).
- “Scale and Scaling Up—A CORE Group Background Paper on Scaling-Up Maternal, Newborn and Child Health Services” (2005)

### **Collaboration Process Papers**

- “Country Collaboration: Scaling Up Community Case Management Efforts in Bolivia” (2008)
- “CORE Group Country Collaboration Model: Development of a National Community Participation Policy in Cambodia” (2008)
- “CORE Supports PVO Collaboration in Rwanda” (2005)
- “CORE Group Collaboration Model: Bundled Proposal for GFATM Funding in Haiti” (2006)

## **II. PRE-CSHNP: COOPERATIVE AGREEMENT VIA WORLD VISION: 1998–2004**

### **IMCI**

- “Reaching Communities for Child Health: Advancing Health Outcomes Through Multi-Sectoral Approaches” (2004)
- *Partnership-Defined Quality Facilitation Guide – A Tool for Community and Health Provider Collaboration for Quality Improvement* (2004)
- “HH/C IMCI Framework – A Facilitator’s Guide for Conducting Country Meetings on HH/C IMCI” (2003)
- “PVO-NGO Experiences with AIN-C in Honduras – Participatory Study” (2003)
- Winch P., et al. “An Implementation Framework for Household and Community Integrated Management of Childhood Illness,” *Health Policy and Planning* (2002); 17(4): 345-353.

- *Reaching Communities for Child Health and Nutrition: A Framework for Household and Community IMCI* (2001)

## **Malaria**

- *Case Study: Improving Malaria Case Management in Ugandan Communities: Lessons from the Field* (2004)
- *Case Study: An Integrated Approach to Combining a Measles Campaign with a Bed Net, Vitamin A, and Mebendazole Campaign in Zambia* (2004)
- *Field Story: Bringing Down Mosquito Fever: How NGOs Promote Home-Based Treatment of Malarial Fever in Uganda* (2004)
- *Field Story: Casting a Wide Net: How NGOs Promote Insecticide-Treated Bed Nets (Tanzania)* (2004)
- “Fresh Air: National Malaria Technical Update and Coordination Workshop – Organizer and Facilitator Guide” (2003)
- “Surviving Malaria Decision Guide” (English, French) (2003)
- “PVO Collaborative Research: Baseline Survey of the Rwanda Community Distribution of Anti-Malarials Pilot Program” (2004)
- “Malaria Update: PVO Roles in Global Malaria Initiatives” (1999)

## **M&E**

- *Census-Based Impact-Oriented Methodology Training Guide - A Resource Guide for Equitable and Effective Primary Health Care* (2004)
- Knowledge, Practice, Coverage (KPC) Survey Training Curriculum (2004) (trainer, participant, and training-of-trainers guides)
- *Lot Quality Assurance Sampling (LQAS) Trainer’s Guide; Participant’s Manual and Workbook* (English, Spanish) (2003)

## **Nutrition**

- *The Integration of Vitamin A Supplementation into Community-Directed Treatment with Ivermectin: A Practical Guide for Africa* (English, French) (2004)
- *Maternal Nutrition During Pregnancy and Lactation: Dietary Guide* (2004)
- *Positive Deviance/Hearth Materials: A Resource Guide for Sustainably Rehabilitating Malnourished Children* (English, French, Spanish, Portuguese, Bahasa Indonesian); Essential Elements; Consultant’s Manual; Facilitator’s Guide, Video (2003)
- “PVO – NGO Experiences with AIN-C in Honduras Participatory Study” (2003)
- *Nutrition Works: Measuring, Understanding, and Improving Nutrition Status* (2001)

## **Polio**

*Field Story: Drop by Drop—The NGO Contribution to the Polio Eradication Initiative in Angola* (2004)

## **SMRH**

- *Case Study: Uganda Family Planning Programs: Lessons from the Field* (2004)
- *Maternal and Newborn Standards and Indicators Compendium* (2004)

## **SBC**

- *Partnership-Defined Quality Facilitation Guide* (2004)
- *Applying the BEHAVE Framework: Facilitator's Guide; Participant Binder* (2004)
- *Barrier Analysis: A Tool for Improving Behavior Change Communication in Child Survival and Community Development Programs* (2004)
- *The Care Group Difference: A Guide to Mobilizing Community-Based Volunteer Health Educators* (2004)
- "Health Education in PHC Projects: A Critical Review of Various Approaches" (1999)

## **TB**

- TB Technical Reference Materials (English, Russian) (2004)
- *Case Study: Implementation of a National Tuberculosis Control Program in Minority Communities—Accomplishments and Challenges from Kosovo* (2004)

## **General**

- *A Partnership Model for Public Health: Five Variables for Productive Collaboration* (2004)
- Sarriot, et al. (2004) "Qualitative Research to Make Practical Sense of Sustainability in Primary Health Care Projects Implemented by Non-governmental Organizations," *International Journal of Health Planning and Management*, 10:3-22.
- Sarriot, et al. (2004) "A Methodological Approach and Framework for Sustainability Assessment in NGO-Implemented Primary Health Care Programs," *International Journal of Health Planning and Management*, 19:23-41.
- "A Wealth of Opportunity: Partnering with CORE and CORE Group Members" (2002)
- *High-Impact PVO Child Survival Programs – Summary Report and Presented Papers* (1998)



## ANNEX G. WORKSHOP AND TECHNICAL UPDATES

CORE Group CHS Network Program Agreement Workshops and Technical Updates (5/11/09)						
		International Workshops	US-Based Workshops/TAGs	DC Technical Updates	Elluminate Updates	Fall/Spring Meeting Updates
<b>IR4</b>						
1/2 Year	<b>FY05</b>		1	0	1	4
	<b>FY06</b>	3: LAC, Asia, Africa	1	1	3	7
	<b>FY07</b>	1 Africa	7	4	13	12
	<b>FY08</b>	2 Africa	1	3	6	14
1/2 Year	<b>FY09</b>	2 Africa	1	2	6	4
<b>IR5</b>						
1/2 Year	<b>FY05</b>	3: 2 Africa, 1 Asia	0	6	3	5
	<b>FY06</b>	2 Africa	5	3	5	12
	<b>FY07</b>	1 Africa	2	2	4	13
	<b>FY08</b>	0	5	2	5	21
1/2 Year	<b>FY09</b>	1 - Africa (April 2009)	1	3	4	7

- Notes:**
- 1) FY05 (2/3/05-9/30/06) - could not implement until workplan was approved
  - 2) FY09 - 1st half of fiscal year only (10/1/08 - 3/31/09)
  - 3) spring (4-5 days) and fall (1-2 days) meetings were also held each year combining IR4/IR5 - extra count of 2 meetings / year
  - 4) does not include PanFlu workshops, TAGS or updates
  - 5) # of workshops (international and US Based) dependent on budget and approved SO (strategic objective) activities



## ANNEX H. POTENTIAL REVENUE SOURCES: ADVANTAGES, DISADVANTAGES, AND FUNDRAISING ACTIVITIES TO DATE (CORE GROUP JANUARY 2009)

All fundraising activities are done by full-time program staff. No staff or resources specifically dedicated to fundraising. No NICRA / fee structure to support fundraising.

Category/Source	Advantages	Disadvantages	CORE Group's Fundraising Activities
Individuals/members	<ul style="list-style-type: none"> <li>• Largest source of unrestricted giving</li> <li>• Ongoing source one can build over time</li> <li>• Once a giver, also an advocate</li> <li>• Volunteers are a good source of money</li> </ul>	<ul style="list-style-type: none"> <li>• Costly to develop, return per individual unit may not have long-term benefits</li> <li>• Hard to generate unless broad-based</li> <li>• Appeal taps into their personal interests</li> <li>• Risky for the inexperienced</li> <li>• Need significant assistance from the organization's board and volunteers</li> </ul>	<ul style="list-style-type: none"> <li>• Donor pledge button on CORE Group Web site since 2007; received approximately \$50 over 2 years</li> <li>• Appeal to board of directors and members – received approximately \$1,000</li> <li>• Annual membership fees: \$750 per organization (major source of undesignated revenue)</li> <li>• Registration fees for spring/fall meetings and skill-building workshops</li> </ul>
Large foundations	<ul style="list-style-type: none"> <li>• Source of large sums of money</li> <li>• Accessible, professional staff</li> <li>• Clear guidelines, process</li> <li>• Most likely to research your request</li> <li>• Board volunteers can help, not always key</li> </ul>	<ul style="list-style-type: none"> <li>• Funds root causes and system-focused problem-solving</li> <li>• Lengthy process (9-12 months)</li> <li>• More difficult to access through personal influence</li> <li>• Proposals may be longer</li> </ul>	<ul style="list-style-type: none"> <li>• Applied to Gates Foundation for malaria advocacy program in 2006, resulting in subgrant from JHU-Center for Communication Programs for 2.5 year Voices for Malaria project in Kenya and Mali. \$1.34 million; ending 2/09</li> <li>• Sent LOI to Gates Foundation for \$40 million Strategic Leadership program in 9/07 working with JHU – School of Public Health. Rejected. JHU open to resubmit.</li> <li>• Board has had continuing communication with Gates Foundation staff past two years.</li> <li>• Partnered with University Research Co., LLC in response to Gates Foundation “Alive and Thrive” RFA (2007). Unsuccessful.</li> <li>• Sent LOI to JHU Center for Communication Programs for continuation of malaria advocacy activities. Unsuccessful – was told that JHU did not want to enter subgrants due</li> </ul>

Category/Source	Advantages	Disadvantages	CORE Group's Fundraising Activities
			to Negotiated Indirect Cost Rate Agreement limitations by Gates Foundation
Community foundations	<ul style="list-style-type: none"> <li>• Much like large family foundations</li> <li>• Staff may be sufficient</li> </ul>	<ul style="list-style-type: none"> <li>• Host of foundations within foundations</li> <li>• Most money is earmarked, special funds</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
Family foundations	<ul style="list-style-type: none"> <li>• May fund operating expenses</li> <li>• Personal influence with board members helps</li> <li>• Guidelines often broad</li> <li>• Not very fussy about grant format</li> </ul>	<ul style="list-style-type: none"> <li>• Hard to access, no professional staff</li> <li>• Often not large sums of money</li> <li>• Without personal influence, may not be possible</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone meeting and package of materials sent to Doris Duke Foundation 2008</li> <li>• Submitted unsolicited nutrition proposal to Newman's Own Foundation for nutrition. Not accepted.</li> </ul>
Large corporations/ Corporate foundations	<ul style="list-style-type: none"> <li>• Can be source of large sums of money</li> <li>• Smaller amounts of money may be ongoing</li> <li>• Often accessible, professional staff</li> <li>• May be tied to volunteer involvement</li> <li>• Business strategy may be clear</li> <li>• Source of cause-related marketing</li> </ul>	<ul style="list-style-type: none"> <li>• Large sums of money are not ongoing</li> <li>• Hard to get around staff</li> <li>• Must be within their guidelines</li> <li>• Not likely to contribute if not headquartered locally or have a public consumer base</li> <li>• Often want board representation</li> </ul>	<ul style="list-style-type: none"> <li>• Submitted three drafts of malaria advocacy proposal to GlaxoSmithKline and met with Grants Director in 2006. Rejected by their board because CORE Group is U.S.-based with no field presence.</li> <li>• Have received in-kind contributions from Vestergaard-Frandsen, Bayer, BASF, and Sumitomo Chemical in support of malaria activities.</li> <li>• Attempted RFA with Sumitomo for members to do marketing research / formative research – Abandoned. Helped Proctor and Gamble connect with CORE Group members for pilot testing of Life Straw for HIV/AIDS patients (12/07). Preference to work directly with large NGOs instead of CORE Group.</li> <li>• Planning meeting with Positive Deviance Initiative and several corporations scheduled for October 2009.</li> </ul>

Category/Source	Advantages	Disadvantages	CORE Group's Fundraising Activities
Small corporations	<ul style="list-style-type: none"> <li>• Very informal approach</li> <li>• Money may be ongoing</li> <li>• Personal connections will suffice</li> <li>• Neighborhood focus will help</li> </ul>	<ul style="list-style-type: none"> <li>• Small amounts of money</li> <li>• Narrow range of program interests</li> <li>• Personal contacts are key</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
Federated funds (United Ways, United Arts, Combined Health Appeal)	<ul style="list-style-type: none"> <li>• Steady source of relatively large sums of money</li> <li>• Clear process</li> <li>• Professional staff, can be agency-staff driven</li> </ul>	<ul style="list-style-type: none"> <li>• Generally cannot be a start-up organization</li> <li>• Must be social service and fit priority focus</li> <li>• Very lengthy entry process</li> <li>• Very time consuming as must be part of yearly fund raising process, with periodic in-depth review</li> </ul>	<ul style="list-style-type: none"> <li>• Participating in 2008 and 2009 Combined Federal Campaign, Code 88110 – approximately \$8,000 received to date</li> <li>• Listed in Network for Good – received approximately \$50 over 2 years</li> </ul>
Churches and organizations	Often looking for social service projects, both domestically and internationally	<ul style="list-style-type: none"> <li>• May want to partner on projects</li> <li>• Need to fit their service focus, geographic region, or religious outlook</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
Government grants			<ul style="list-style-type: none"> <li>• Competed successfully for \$6 million CSHNP Agreement (2005 – 2/2010); annually sought funding from different Bureau for Global Health offices; amended agreement to \$9 million ceiling to include Pandemic Flu Preparedness.</li> <li>• Submitted 15 letters of support 2006-2008 for major USAID RFAs and indefinite quantity contracts. Due to no-compete clause, could not participate as partner organization. No funding received</li> <li>• Assisted World Vision to develop proposal as host organization for “CORE Group” in response to polio RFA for \$30 million ceiling. Successful. CORE Group awarded subgrant of \$34,000 for communication and</li> </ul>

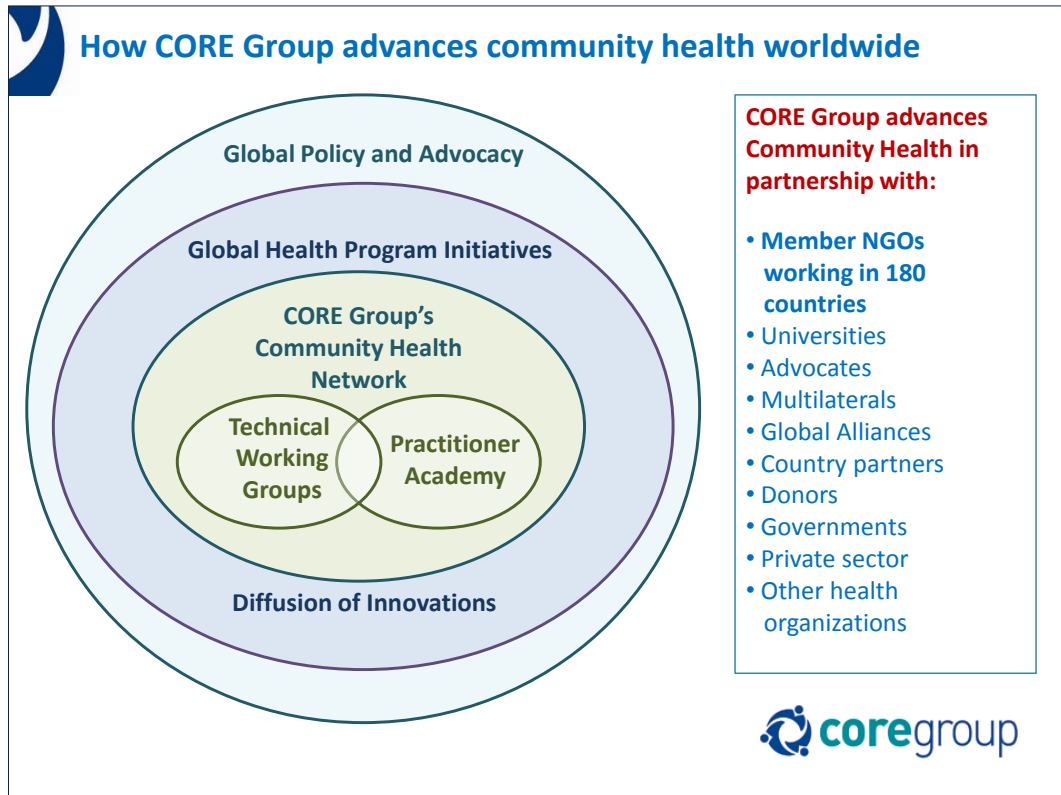
Category/Source	Advantages	Disadvantages	CORE Group's Fundraising Activities
			<p>coordination activities. Submitted Letters of Collaboration to two bidders (JHPIEGO and Academy for Educational Development) for MCHIP (2008) flagship program. Had been invited to be on management team of JHPIEGO MCHIP bid but was not able to compete against Academy for Educational Development consortium due to no-compete clause.</p>
Multilaterals / Global initiatives			<ul style="list-style-type: none"> <li>• Competed successfully as partner of Macro for Global Fund Partnership Environment assessment (2007 – 2008: received \$425,000 to organize civil society in 16 countries)</li> <li>• Request to partner with John Snow, Inc. and Macro for Global Alliance for Vaccines and Immunization Civil Society Eligibility Study. Felt conflict of interest with members.</li> </ul>
Bylaws			<ul style="list-style-type: none"> <li>• Board amended bylaws in January 2009 to enable CORE Group to compete for solicited bids if within mandate and given board approval.</li> <li>• Board is composed of health technicians (per bylaws). Board has not formed resource development committee, but has instead focused on technical quality of products.</li> </ul>

**Notes:**

- 1) Advantages and Disadvantages columns prepared by consultant.
- 2) No-compete clause is major drawback for engagement in management discussions as bidder.
- 3) There is difficulty in articulating value added between CORE Group and CORE Group members, and in determining how to avoid presenting a conflict of interest with members. A fundraising disadvantage is that CORE Group is centrally based in U.S., with no field office structure, at a time when funding streams are country-oriented.

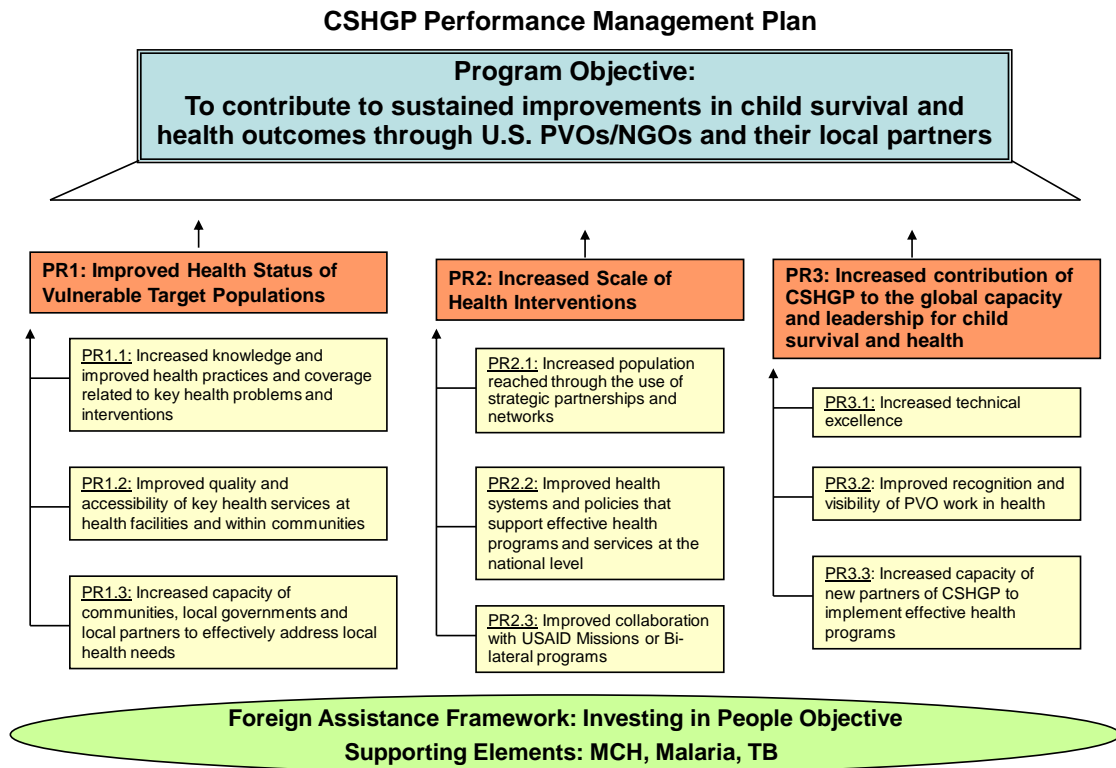
# ANNEX I: HOW CORE GROUP ADVANCES COMMUNITY HEALTH

(Prepared by CORE Group August 2009)





# ANNEX J: CSHGP PERFORMANCE MONITORING PLAN





# ANNEX K. CORE GROUP'S STRATEGIC FRAMEWORK 2009-2013

(Prepared by CORE Group August 2009)




<b>Our Vision</b>			
Healthy communities where no woman or child dies of preventable causes			
<b>Our Mission</b>			
Improve and expand community-focused public health practices for underserved populations around the world through collaborative action and learning among NGOs and partners			
<b>Strategic PROGRAM Priorities</b>	<ul style="list-style-type: none"> <li>• Increase <b>member and partner engagement and collaborative action</b> to advance community health.</li> <li>• Focus and strengthen our <b>program direction</b> to advance community health approaches that save lives and promote development.</li> </ul>		
<b>How CORE GROUP advances community health.</b>			
<p><b>1. Convene and expand the <i>Community Health Network, Working Groups, and Practitioner Academy</i></b> to share and create knowledge, build partnerships, and improve skills of the global public health workforce.</p>	<p><b>2. Catalyze and support global health program initiatives</b> to unify community health efforts for greater impact and learning.</p>	<p><b>3. Refine and diffuse innovative cross-cutting community health program strategies, tools and best practices</b> to overcome barriers to program coverage, quality, equity, and sustainability.</p>	<p><b>4. Advocate for effective community-focused health approaches within global and regional policy arenas</b> to mainstream community health in international policy and practice.</p>
<b>Strategic INSTITUTIONAL Priorities</b>	<ul style="list-style-type: none"> <li>• Grow and diversify our <b>funding base</b> and partner linkages.</li> <li>• Strengthen our <b>internal capacity</b> to achieve program priorities.</li> </ul>		

8/13/09



# ANNEX L. CORE GROUP'S GLOBAL HEALTH PROGRAM INITIATIVES

(Prepared by CORE Group August 2009)




## CORE Group's Global Health Program Initiatives

- 1. Promotion of Nutrition in the Community Context**  
Saving lives through preventive measures during the most critical nutritional period in a person's life.
- 2. Strengthening Community Mother-Child Care**  
Strengthening community and household preparedness for safe motherhood and healthy newborns.
- 3. Scale-up of Community Case Management of Sick Children**  
Scaling up of locally-based diagnosis and treatment in partnership with families and communities.
- 4. Assuring Integrated Prevention and Care for Infectious Diseases**  
Ensuring community-oriented, integrated care for people with multiple illnesses.

Strategic Approaches within each Initiative:

- Global and country partnerships
- Social and behavioral change
- "Community health systems" strengthening
- Evidence base development/ implementation research
- Advocacy and global learning





For more information, please visit  
<http://www.ghtechproject.com/resources.aspx>

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