

Languishing Capacity: Under-Utilization of US-based PVOs/NGOs in the Fight for Child Survival

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USAID Child Survival Program for PVOs/NGOS: Child Survival and Health Grants Program (CSHGP)

- Began in 1987
- Initially providing \$20 million per year for field programs
- Emphasized increases of coverage in proven key child survival interventions
- Extensive project proposals required which underwent independent outside anonymous technical review
- Required baseline population assessment of coverage, development of a Detailed Implementation Plan based on these findings, a mid-term evaluation, and a final evaluation based on population coverage survey
- DIPs underwent independent technical review as well

CSHGP (cont.)

- Required PVO/NGO headquarters support dedicated to support field projects and at least a 25% match by the PVO/NGO itself
- Leveraged AID technical support for PVOs/NGOs through workshops for staff and technical materials
- Focus on building organizational capacity of PVOs/NGOs and partner NGOs in developing countries
- Johns Hopkins University Department of International Health coordinated technical support initially, now ORC/Macro
- One of the most rigorously evaluated programs within USAID and many (insiders and outsiders) consider it to be one of USAID's best programs

Impact on PVOs/NGOs

- USAID's program has had enormous influence on US-based international PVOs/NGOs
- Process of baseline coverage surveys, DIPs, MTEs, and FEs by external consultants found to be extremely helpful for improving program quality
- In many organizations, the process adopted by other program sectors
- Technical, programmatic and managerial capacity of US-based PVOs/NGOs has expanded markedly in past 2 decades
- CSHGP turns down many high-quality proposals which PVOs/NGOs have the capacity to man

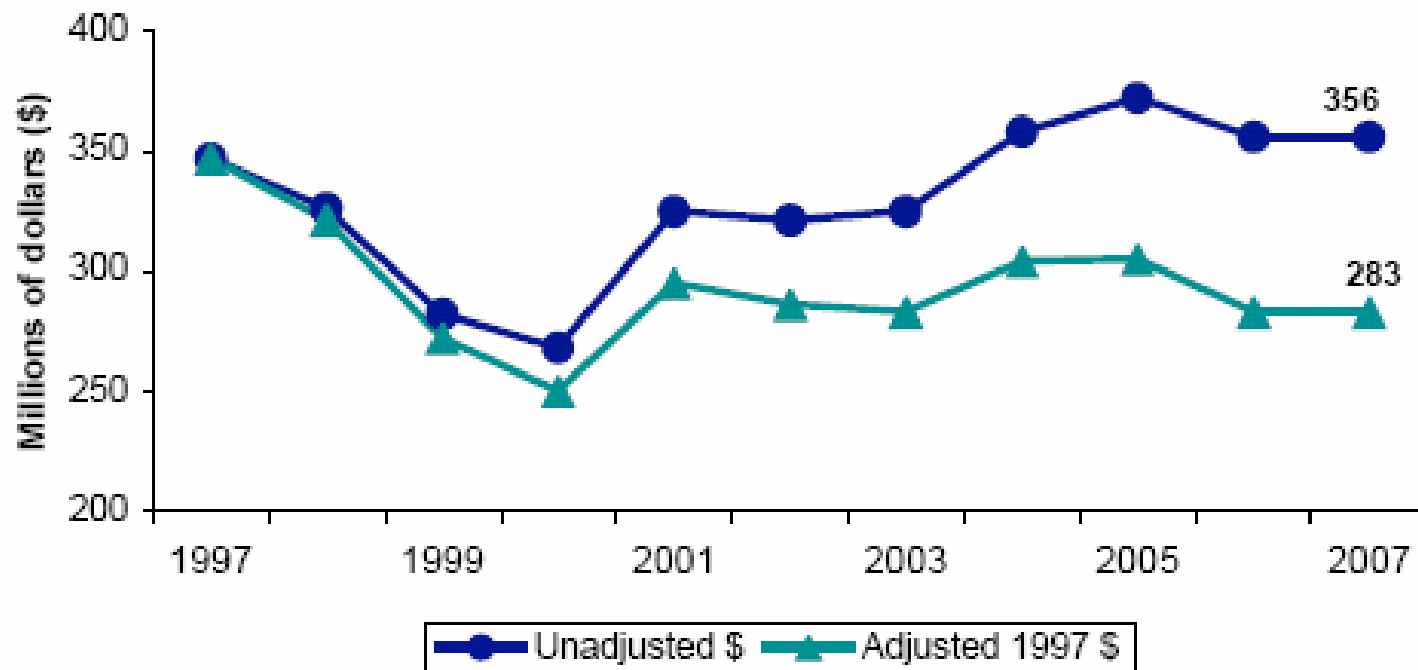
Broader Contributions of PVOs/NGOs

- CSHGP-funded child survival programs have a strong global reputation for high-quality of community-based programming
- The USAID-funded PVOs played a leadership role in establishing community-IMCI in response to WHO's facility-centric approach in developing IMCI initially
- Now C-IMCI is seen as an integral part of IMCI

Declining Resources

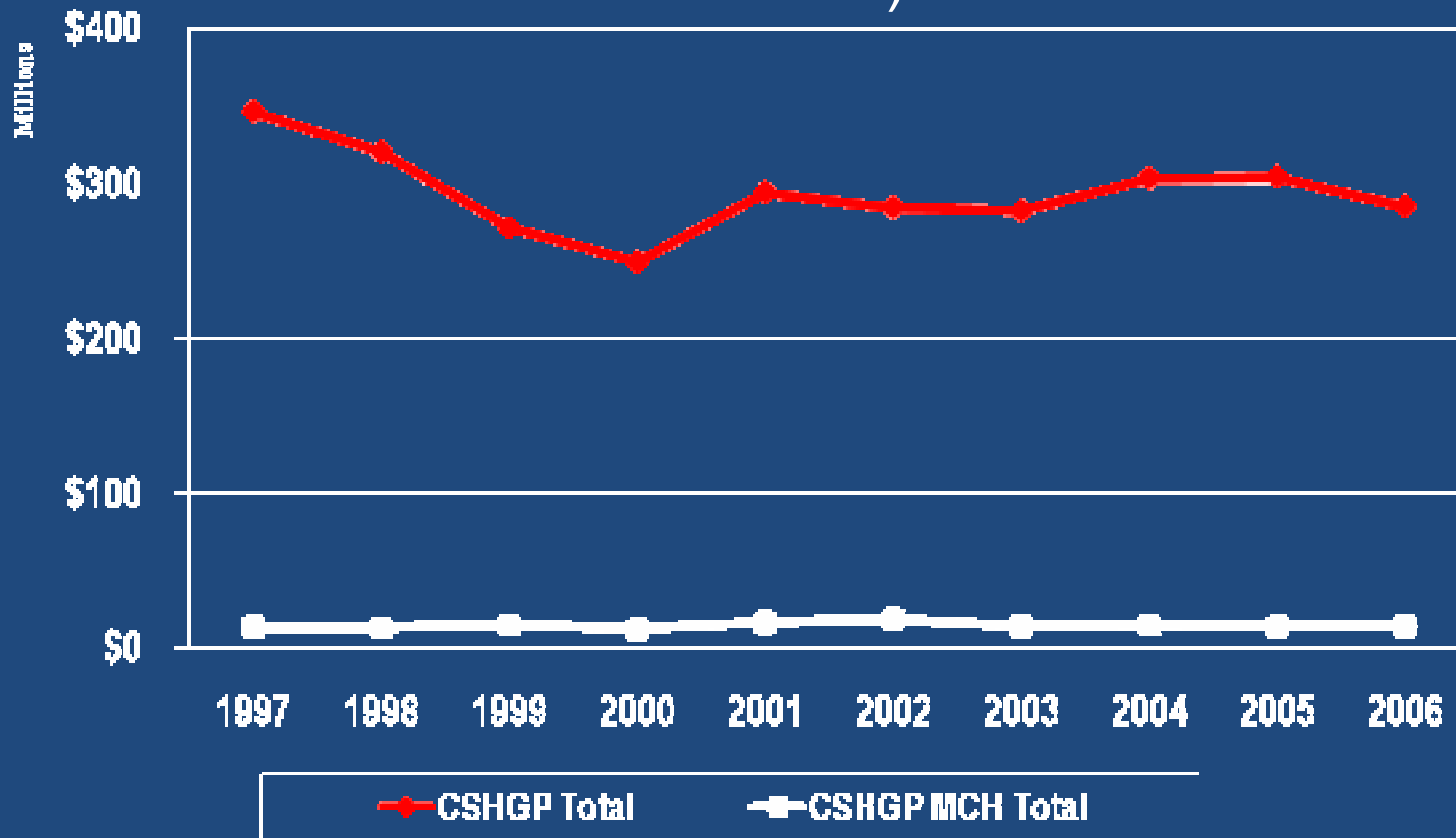
- While PVO/NGO capacity has been strengthened through this process, USAID funding has declined in real terms
- There are now more organizations competing for fewer funds from USAID
- Also a sense of demoralization among PVO/NGO staff members who see the need and know the effectiveness of their programs
- Marked increases in funding to HIV/AIDS and malaria and to non-PVO activities from USAID has further added to demoralization
- Quite a few competent PVOs/NGOs have submitted proposals for 3-4 years in a row without obtaining an award

USG Appropriations for Maternal and Child Health, 1997-2006 (Unadjusted and in 1997 \$)



Source: Global Health Council, 2007

USG Child Survival Account vs. Child Survival and Health Grant Program Budget (adjusted for 1997 dollars)



Note: CSHGP MCH does not include Malaria, FlexFund, TB, HIV/AIDS

Funding Trends in Perspective

- During the past decade, the number of children in high-mortality countries has grown by 13%
- Actual USAID funds for maternal and child have declined by 20% during the past decade
- USAID provides no funds to 21 of the 61 countries with the highest mortality rates

CSHGP in Perspective

- USAID's Child Survival and Health Grants Program constitutes 4% of USAID's child survival and maternal health funds (of \$323 million) and 1% of total US government spending on health (\$1.6 billion)

Survey of 15 CORE Member Organizations

- All capable of expanding their child survival programs if additional funding available
- All have a strong interest in expanding their child survival programs
- PVOs felt they could expand to a median of 5 additional countries if the number of grants made by USAID tripled or quadrupled
- If funds were available, PVOs felt they could increase their funding by 100% over the next 5 years without sacrificing quality

Comments of PVO Child Survival Program Managers

- “Each year our organization applies to the CSHGP and does not obtain funding, we are actually losing resources because each proposal costs on the order of \$10,000 to produce.”
- “As we lose financial resources, we also lose technical capacity and our ability to try out new models and methods and keep our skills strong.”
- “We feel we are on a downward spiral and that is very frustrating!”

Comments (cont.)

- “It is very expensive to try to rebuild staff, both in the field and at HQ, once they have to be let go for budgetary reasons.”
- “We have ongoing poverty alleviation projects in Africa (and elsewhere) that have NO child health interventions. This is a wasted opportunity to not be able to capitalize on the ongoing relationships with communities.”

Comments (cont.)

- “Due to stagnant child survival funding over the past 10 years, our organization decided to diversify into domestic programming even though community-based child survival programming internationally has been our focus. Given the tremendous international health needs, it is a travesty that such a small amount of US funds have been available for community-based child survival work.”

Image Issues

- PVO/NGO child survival projects widely seen as “boutique” activities (expensive and serving a selectively small clientele)
- But, the average CSHGP project serves one district and a population of 40,000 under-5 beneficiaries, and 2/3 of grantees spend less than 25% of national per capita annual health expenditures on their projects
- This is a chicken and egg problem: more resources could enable PVO/NGO programs to go to larger scale

Lost Opportunities

- We know that community-based child survival programming is one of the most cost-effective and efficient ways to save lives and advance economic growth and development
- US-based PVOs/NGOs engaged in operating community-based child survival programs have a strong track record and they have the capacity for expanding their programs if funds were available
- We know the US public wants its government to provide support for child survival programs around the world
- US-based PVOs/NGOs have credibility with the public

Conclusion

- Do other USAID investments in health have as strong a track record of achievement in producing health and saving lives as does the CSHGP?
- Why is now not the time for USAID to make a stronger commitment to the CSHGP and increase its funding to US-based PVOs/NGOs beyond the current 1% level of overall funding for health?