A Wealth of Opportunity

Partnering with CORE and CORE Group Members

Child Survival Collaborations and Resources Group

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June 2002

Center for Organizational Learning and Development (COLAD)
Education Development Center (EDC)

EDC Building Bridges Between Research and Practice

The CORE Group was formed in 1997 in response to the need for a sectoral network that would facilitate collaboration and strengthen PVO capacity as providers of child survival services. This network is funded by the Office of Private and Voluntary Cooperation, Bureau of Humanitarian Response (BHR/PVC) of the US Agency for International Development (USAID) under cooperative agreement FAO-A00-98-00030.

The CORE Executive Director and Board of Directors commissioned this study to articulate the role, niche and value added of partnerships between CORE and its member organizations with each other, with USAID, and with other key public health actors, to better contribute to the achievement of significant and sustainable improvements in the health and nutritional status of women and children in developing countries. Numerous individuals contributed to the development of this paper through interviews and feedback.

This publication was made possible through support provided by the Office of Private and Voluntary Cooperation, Bureau for Humanitarian Response, U.S. Agency for International Development, under the terms of Cooperative Agreement FAO-A00-98-00030. This paper does not necessarily represent the views or opinion of USAID. It may be reproduced if credit is properly given.

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Child Survival Collaborations and Resources Group (CORE) MISSION

The CORE Group, a membership association of U.S. NGOs, strengthens local capacity on a global scale to measurably improve the health and well being of children and women in developing countries through collaborative NGO action and learning.

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CORE MEMBERS

Adventist Development & Relief Agency (ADRA)

Africare

African Medical and Research Foundation (AMREF)

Aga Khan Foundation USA

Catholic Relief Services (CRS)

Christian Children's Fund (CCF)

CARE International

Concern Worldwide USA

Counterpart International, Inc.

Curamericas

Esperanca

Food for the Hungry International

Foundation of Compassionate American Samaritans

Freedom from Hunger (FFH)

Health Alliance International (HAI)

Hellen Keller International (HKI)

International Eye Foundation (IEF)

International Rescue Committee (IRC)

Islamic African Relief Agency, USA (IARA)

La Leche League International (LLL)

MAP International, Inc.

Medical Care Development, Inc (MCDI)

Mercy Corps International (MCI)

Minnesota International Health Volunteers (MIHV)

Partners for Development (PFD)

Program for Appropriate Technology in Health (PATH)

Pearl S. Buck Foundation, Inc.

PLAN International USA

Population Services International (PSI)

Project Concern International (PCI)

Project HOPE

Salvation Army World Service Office (SAWSO)

Save the Children (SC)

World Relief Corporation (WRC)

World Vision (WV)

Contents

In many regions of the world, sustainable gains in child immunization and other infant-care practices have created new futures for infants. There are 3 million fewer child deaths today than just ten years ago. At the same time, over 10 million children still die each year from the main causes of pneumonia, diarrhea, malaria, measles, malnutrition, and HIV/AIDS, and most of these deaths are affordably preventable. In parts of sub-Saharan Africa, South Asia, and the Middle East, and North African regions, sustainable gains in health services have not yet been achieved.

The countries and communities where progress has been slight or where reverses have been observed represent significantly more challenging environments, for the most part, than where success has already been achieved.

In order to reach these "elusive" communities, organizations will need to meet several important conditions for success. These include the necessary technical skills and resources to address critical health issues cost-effectively; the bonds of trust-developed through long-term field presence that forms the basis for effective work with communities; the ability to engage in rigorous testing of new methodologies; and, systems for effectively disseminating information on best practices to policy-makers and other implementing institutions. Organizations will also need to use their on-the-ground presence to act effectively as the bridge between national ministries of health, district level health offices, and community-based initiatives. New, creative partnerships that link non-governmental organizations (NGOs), governments, community-based organizations (CBOs), other civil society actors, universities, and a host of bilateral and multilateral institutions are another prerequisite for meeting the challenge of reaching those who have been largely unaffected by the child survival and maternal health revolutions.

The CORE Group meets all these conditions for success and is thus uniquely positioned to enhance the health and wellbeing of those who have been bypassed by recent child and maternal health advances. Comprised of 35 citizen-supported, private voluntary, non-governmental organizations (PVOs) that work in over 140 countries, CORE Group members strengthen primary health care, often in the context of multi-sectoral development programs. Members share a common mission: to strengthen local capacity on a global scale to measurably improve the health and well-being of children and women.

CORE Group members—individually and collectively—have extensive technical staff expertise in maternal and child health. Currently, these organizations implement over 80 centrally funded USAID grants, and many more mission-funded projects that benefit over 250 million children and women of childbearing age around the world. They generate over $2 billion annually in funding from private individuals, corporations, foundations, bilateral donors and multilateral institutions.

Among the most salient characteristics of CORE Group members are the following:

- **Much of their work exemplifies a community-based approach.**
  The vast preponderance of CORE member organizations' work is implemented through local staff and local NGO partners. The "community-focused" working style of CORE PVOs is participatory and responsive to local customs, needs, and concerns. This approach helps to ensure appropriate project design, culturally sensitive implementation, and long-term sustainability of the gains achieved over the course of a project's lifetime.
- **Their work expands funding and constituency for primary health care programs.**
  CORE Group members raise public awareness of, and build support for, international development in general, and health sector issues of special import to women and children in particular. The fundraising, outreach, and dissemination efforts that CORE Group members carry out have led to documented gains in the American public's understanding of international programs and policies in the arena of child survival and reproductive health.

- **Their work is done in partnership with many different actors.**
  They do not work in isolation. To complement, enhance and expand upon their community-level initiatives, CORE Group members work at the district level and with national task forces, not just in isolated small settings. Members typically work together in a spirit of cooperation rather than competition.
- **Their work reflects the highest technical standards.**
  Members are not simply well-meaning amateurs. Rather, CORE PVOs work systematically to build capacity in local institutions and communities, benefits that endure well after individual projects conclude. To do this work, members create diverse local, national and international linkages that enable them to bring cost-effective approaches to scale. Thus, CORE PVOs are especially well positioned to foster innovation.

Effective maternal and child health programming entails work in six activity domains:

- Service delivery—community-based programs that address the needs of vulnerable women and children in a context of empowerment
- Training—building organizational capacity or developing the skills of disadvantaged individuals
- Financial resource mobilization—securing the support required to carry out a program of activities
- Research and innovation—activities that help local people and development practitioners test new ways of responding to priority issues
- Policy advocacy—activities directed to international, national and district-level entities that set development priorities, determine standards of "best practice," allocate resources to achieve scale, and create the agendas that shape future investments
- Networking—the creation and maintenance of a broad range of inter-organizational relationships that lead to enhanced effectiveness in achieving shared goals

CORE PVOs have valuable skills and capacities in each of these six activity domains. In addition to the skills that individual CORE Group PVOs contribute, the CORE Group itself also brings valuable resources and expertise to the mix, allowing the network to play a role that is distinct from that of individual PVOs who are its members.

By drawing on the distinctive strengths of the CORE network and its individual members, donors and other development actors can maximize their returns on the primary health care investments targeted to vulnerable women and children in developing and transitional societies. The CORE Group powerfully combines two significant advantages. It allows interested parties the opportunity to interact with individual members of the child survival-oriented PVO community. At the same time, these parties can also work with CORE members collectively to achieve the scope and scale needed to improve upon current state-of-art practice and to achieve needed policy reform at the national and international levels.

CORE Group members' capacity to bring significant "value added" to their partnering activities enhances the work of other key child survival actors including local NGOs, CBOs, and governmental entities from national ministries to district- and community-level service providers. Individual CORE Group members and the CORE network itself are critical resources for these other actors, which include civil society organizations, research institutions, and a host of bilateral and multilateral agencies.

In summary, CORE Group members are valuable partners for other actors in the maternal and child health arena. In addition to their strong desire for collaborative work and their long-standing ties to communities, CORE members bring high-level technical skills and critical resources to their work. CORE Group members routinely engage in rigorous testing of new methodologies while sharing what they have learned with colleague institutions and relevant policy-makers. When CORE Group members partner with national ministries of health and district level health offices, they often serve as a bridge between the mother undergoing a risk-laden pregnancy and the government functionary drafting new

national health sector policies. By drawing on the distinctive strengths of CORE PVOs, donors and other development actors maximize their returns on the investments they make in primary health care programs geared toward vulnerable women and children in developing and transitional societies.

BHR/PVC	Bureau of Humanitarian Response/ Office of Private and Voluntary Cooperation
CBO	Community Based Organization
CORE	Child Survival Collaborations and Resources Group
CS	Child Survival
DCHA/PVC	Bureau for Democracy, Conflict and Humanitarian Assistance/Office of Private and Voluntary Assistance
FINCA	Foundation for International Community Assistance
HH/C IMCI	Household and Community Integrated Management of Childhood Illness
ICC	Inter-Agency Coordinating Committee
IMCI	Integrated Management of Childhood Illness
MOH	Ministry of Health
NGO	Non-Governmental Organization
PD/H	Positive Deviance/Hearth
PAHO	Pan American Health Organization
PCM	Pneumonia Case Management
PEI	Polio Eradication Initiative
PVO	Private Voluntary Organization
STI	Sexually Transmitted Infection
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Introduction

The past decade has been marked by substantial gains in the quality, reach and impact of primary health care programs for the world's most vulnerable women and children. UNICEF reports that over the last ten years, 63 countries achieved a one-third reduction in mortality among children under the age of five. During this same timeframe, under-five deaths were reduced by one fifth in another 100 countries.

Progress has been achieved on many fronts. For example, there has been a 99 percent reduction in the number of reported polio cases worldwide during the decade. Deaths attributable to diarrheal disease were reduced by half. Breastfeeding increased by one third in the 1990s. Sustainable gains in child immunization in most regions of the world created new futures for infants. These advances, along with many others, have led to 3 million fewer child deaths than just ten years ago.

But, amidst the dramatic improvements, are setbacks and disappointments. Over 10 million children still die each year, and most of these deaths are affordably preventable. Almost one-third of the world's children (more than one-half in sub-Saharan Africa) are still not reached by routine vaccination. An estimated 150 million children are malnourished. Because of their poor nutritional status, many of them will face challenging—and occasionally insurmountable—obstacles as they struggle to meet the cognitive demands of classrooms.

Maternal and child health specialists recognize that, as far as future progress is concerned, most of the low-hanging fruit has been picked off the trees. The countries and communities where progress has been slight or where reverses have been observed represent significantly more challenging environments, for the most part, than where success has already been achieved. We have now entered the era of "reaching the hardest to reach," in terms of closing the gap between those communities that have progressed and those that have not.

What will it take to reach these "elusive" communities?

- Organizations operating on the ground that have two important assets: the necessary technical skills and resources to address critical health issues cost-effectively; and, the bonds of trust—developed through long-term field presence—that form the basis for effective work with communities
- Organizations that systematically engage in rigorous testing of new methodologies and the dissemination of best practices to policy-makers and other implementing institutions
- Organizations that can act as a bridge between national ministries of health, district level health offices, and community-based initiatives
- Organizations and networks that can form and sustain creative *partnerships* that link non-governmental organizations (NGOs), governments, community-based organizations (CBOs), other civil society actors, universities, and a host of bilateral and multilateral institutions.

There is one group of organizations uniquely positioned to respond to these challenges: the Child Survival Collaborations and Resources Group (CORE), 35 U.S. NGOs that implement child survival / child health programs. This paper introduces the CORE Group and examines how CORE's members—acting as a coordinated network and as individual organizations—work in *partnership* with other key actors to respond effectively to the health needs of women and children in bypassed or under-served communities.

This paper seeks to answer a simple question: *what are the advantages of partnering with CORE and its members to achieve ambitious maternal and child health goals, especially those that involve reaching the "hardest to reach"?* To explore this issue, we will examine some illustrative examples of activities conducted by both the CORE network and its member organizations.

Introducing CORE and the CORE Group Members

The CORE Group

The CORE Group currently consists of 35 citizen-supported, private voluntary, non-governmental organizations (PVOs). Working in over 140 countries, CORE Group members strengthen primary health care, often in the context of multi-sectoral development programs. Members share a common mission: *to strengthen local capacity on a global scale two measurably improve the health and well-being of children and women in developing countries through collaborative NGO actions and learning.*

Self-directed working groups and a small secretariat that facilitates and coordinates working group activities are the keys behind the success of the CORE Group. These working groups are open learning groups of members and other interested organizations, with an elected chair or co-chair. They synthesize, refine and disseminate state-of-the-art tools, practices and strategies; build organizational partnerships; exchange information and learning; represent the CORE community in policy dialogue; form coordinating committees or secretariats at country level; and extend links with private sector resources and expertise. Information is disseminated through the website, several list-serves, publications, and at periodic meetings and workshops. Each of these working groups establishes its own connections and linkages with other international, regional, national agencies and NGOs to further disseminate information and create mutual learning opportunities.

Despite investment competition between PVOs for resources, CORE members have developed strong collaborative relationships based on identifying activities that they can only accomplish together. This sharing of financial and technical resources with other PVOs saves money, avoids duplication, and expands innovation. The CORE Working Groups present a staff development op-

In Their Own Words

"PVOs are essentially working with the most difficult to reach populations, in some of the most difficult locations in the world—folks who never or rarely would be reached, even by their own government."

Interview with Leo Ryan, Director, Child Survival Technical Support

Textbox 1: CORE (Working Groups and Publications) as a Mechanism to Disseminate Technical Best Practice Rapidly to Many PVOs

The "Study of the Network Function of the CORE Group" (Feb 2000) reported that 91% of CORE members surveyed had accessed technical information through the network, and 78% reported making use of materials and tools developed by CORE working groups. For example, the Monitoring and Evaluation working group felt that the Knowledge, Practice, and Coverage (KPC) Survey (a standard planning and management tool developed by the CS Support Program at Johns Hopkins University in 1991) was ready for an update. In addition to analyzing the cost-effectiveness, efficiency and statistical validity of the tool, CORE's Monitoring and Evaluation working group took on the challenge of making the tool more relevant by adding new questions about malaria and HIV/AIDS, and designing a flexible, modular format.

The CORE network allowed for rapid dissemination of the new tool, and also enabled PVOs to share their experiences with the new tool with peer organizations. For example, an issue of CS Connections highlighted IRC's experience of using the KPC process in Rwanda to create a sustainable partnership with the MOH. In the article, IRC documented the factors that strengthened the process and offered lessons learned that other members could incorporate in their own projects.[1]

1. *Source:* Tanner, Caroline. "A Study of the Network Function of the Child Survival Collaborations and Resources (CORE) Group." Report for USAID. February 2000; and "The KPC as a Partnership Tool" in Child Survival Connections, Fall 2001.

portunity, as well, in terms of promoting management, team building, and mentoring and leadership skills amongst peers.

There are seven current working groups plus the CORE Polio Partners Project that reflect a broad range of member interests, each of them having a range of products and accomplishments. Working groups include:

- Integrated Management of Childhood Illness
- HIV/AIDS
- Malaria
- Monitoring and Evaluation
- Nutrition
- Safe Motherhood/Reproductive Health
- Social and Behavioral Change

The CORE Group Members

CORE Group members—individually and collectively—have extensive technical staff expertise. Currently, these organizations implement over 80 centrally funded USAID grants, and many more USAID mission-funded projects, and other donor-funded projects that benefit over 250 million children and women of childbearing age around the world. To support this work, CORE PVOs significantly enlarge the stream of resources invested in primary health care programs for the world's most vulnerable women and children by generating over $2 billion annually in funding from private individuals, corporations, foundations, bilateral donors and multilateral institutions.

Over the past two decades, CORE Group members have evolved into experienced, professional and technically sound organizations. These PVOs have demonstrated conclusively that they can simultaneously work effectively in communities *and* on a much larger scale. To help communities meet their aspirations while contributing to *national* or *district* level changes, CORE Group members address health sector issues from multiple vantage points including institutional capacity building, policy advocacy, applied research, and service delivery.

Where Consensus Reigns: Shared Perceptions about CORE Group Members and Their Work.

Two key characteristics of CORE Group members are widely recognized and valued within the world of international public health practitioners, namely, *a strong focus on the community* and *an ability to attract funding and constituency for primary health care programs.* We will discuss each of these characteristics in turn.

- ***A Community-Based Approach.*** Although CORE PVOs may implement some project activities directly with significant input from on-the-ground expatriate experts, the vast preponderance of CORE member organizations' work is implemented through local staff and local NGO partners. The "community-focused" working style of CORE PVOs is participatory and responsive to local customs, needs, and concerns. This approach helps to ensure appropriate project design, culturally sensitive implementation, and long-term sustainability of the gains achieved over the course of a project's lifetime.

  The benefit of PVO experience in particular regions and cultural settings is also "leveraged" as CORE members share lessons learned with one another. Start-up costs are reduced for organizations that undertake work with new methodologies or in new settings as members apply lessons learned by other CORE PVOs that have already had experience in these areas.

  CORE PVOs are committed to empowering communities, which, in practical terms, means engaging local people—women and, increasingly, children—in planning, implementing, monitoring, and modifying programs to meet their self-defined health and nutritional needs. In order to accomplish this, CORE PVOs build capacity in local organizations and institutions. This is done through the provision of extensive training as well as through the widespread practice of implementing projects through local partners. For example, Christian Children's Fund, a CORE Member, has helped communities plan and support local "health huts," which have contributed to the reduction of childhood malnutrition and mortality in underserved parts of Senegal.

- ***Expanding Funding and Constituency for Primary Health Care Programs.*** In addition to delivering services (both directly and through partnerships) CORE Group members address the

Textbox 2: A Community-Based Approach: Health Huts

Health huts—small locally run health centers serving clusters of rural villages— are doing more than healing the body in Senegal. They are energizing communities, spreading public health messages, helping reduce infant mortality and malnutrition rates, and creating a whole new community spirit of self-confidence.

The health huts in Senegal are part of the Community Action for Nutrition and Health (CANAH) Project's efforts to reduce child and maternal mortality. Through a USAID Child Survival grant, Christian Children's Fund (CCF) has enrolled 60 new health huts in Thaidiaye and Joal-Fadiouth Districts in the Thies region of Senegal since 1999. The huts themselves are little more than two-room cement block and tin roof structures. But what happens in these simple buildings is life saving and life sustaining for rural villages where health services are often inaccessible. Even if there are health centers in some areas, the outreach is limited, and families in remote areas often do not have access to minimum primary health care.

On a daily basis, parents can take children to health huts for essential drugs. While these are common medicines, they are not available to village families except through the health huts. A horse-drawn ambulance takes those too sick for treatment in health huts to a more sophisticated medical center in the closest city.

The major strength of this effort is that entire communities are mobilized to develop localized child survival services. In a recent visit to the CCF Health Huts in Senegal, a CCF staffer observed how the Health Huts and CCF's community health program are helping revitalize community spirit as well as improve the health of residents. The presence of health motivators who work through the village committees to help educate community members about disease prevention was particularly important in achieving health outcomes.

"In the old style of implementing a project like health huts, you would work with village leaders and then professionals would execute the project. What we're doing in Senegal is defining the methodology and giving training. But the community—through parents' committees—decides how it's to be done. The community parents' committees interview and hire a professional health worker to run the health huts. But the local people execute the program in their best way. For these people, the results linger well beyond this program. They take the examples they have learned and apply them to new problems. In the long run, with these projects we're laying the foundation for village governance where no government exists. Moreover, we're establishing concrete examples of what democracy in action can be. This democracy involves both men and women. I really see the beginning of a new self confidence because people realize they need not be endless victims of poverty, that they can take control of some of their destiny." [2]

health and nutrition needs of vulnerable women and children in developing and transitional societies by raising public awareness of, and building support for, international development in general, and health sector issues of special import to women and children in particular. The fundraising, outreach, and dissemination efforts that CORE Group members carry out have led to gains in the American public's support of international programs and policies in the arena of child survival and reproductive health.

Because of their long-term commitment to issues, sectors and geographic regions, CORE Group members are the source of many credible and committed spokespersons. These individuals can galvanize new constituencies by exciting ordinary individuals as well as representatives of corporations, foundations, and civil society organizations about the achievable possibilities of, for example, the Child Survival Revolution and Safe Motherhood Campaign.

CORE Group members' outreach to diverse publics has helped them to secure significant levels of private sector funding for primary health care programs that address the needs of vulnerable women and children in developing and transitional societies. And, wherever the public sector funds their work, CORE PVOs routinely expand the impact of those resources by securing "matching" private resources that have the effect of multiplying public sector dollars invested in efforts to improve the health of children and women.

2. Thanks to Christian Children's Fund for providing this textbox.

Setting the Record Straight: Evolution of CORE Group Members and Their Work.

The 2001 Child Survival Grants Program Review notes, "important gains are evident in all technical health interventions addressed by Child Survival grantees." Despite concrete evidence gathered through rigorous Child Survival program evaluations, many key development actors continue to under-appreciate the technical evolution of PVO colleagues, including CORE Group members. Some overlooked or simply misunderstood attributes of these organizations include the following:

- CORE Group members work in partnership with local actors
- To complement, enhance and expand upon their community-level initiatives, CORE Group members also work at the district level and with national task forces
- CORE Group members collaborate with other PVOs
- CORE Group members maintain high technical standards
- CORE Group members work systematically to build capacity in local institutions and communities—benefits that endure well after individual projects conclude

Among the least appreciated but most significant aspects of CORE Group members' work are the following:

- ***Local, National, and International Linkages.*** CORE Group members carry out their missions through health and development projects, which they implement in conjunction with local NGOs, community groups, and ministries of health, as well as bilateral and multilateral development institutions. These PVOs frequently maintain an operational presence at the national level, as well as the district or sub-district level in the countries where they work, which allows them to provide crucial linkages between the public sector and local communities, especially in rural and traditionally underserved areas. Because of their long-standing, ongoing relationships in the countries where they work, CORE Group members are uniquely suited to serve as a "bridge" both between the community and district levels, and between district and national or international institutions.

Their Own Words

"If PVOs follow the lines back along their funding sources, they have a grassroots constituency that development investment sorely needs."

Interview with Al Bartlett, Child Survival Advisor, USAID

In Their Own Words

"In times of great technical advances, it is easy to forget that mothers are the child's first physician and that decisions on and provision of services frequently occur at the community level. NGOs/PVOs bridge the gap between communities and the health system to facilitate improved understanding of, demand for, and practice of healthy behaviors. The CORE Group has the potential to strengthen PVO field effectiveness through sharing of stories and lessons learned and in carrying out priority operational research initiatives.

Interview with Stanley Foster[1]

The CORE Group umbrella enables PVOs to share their knowledge and experience on a national and international scale. Through CORE, PVOs constitute a unified, highly visible presence in international policy-setting bodies. CORE Group members currently play key roles in planning, implementing, and evaluating global initiatives for malaria, polio eradication, HIV/AIDS, and Integrated Management of Childhood Illness (IMCI).

- ***Bringing Cost-Effective Approaches to Scale.*** PVOs achieve broad impact by "scaling up" their programs, often through partnerships with local NGOs and other public and private health sector actors. The impact of activities is increased by PVOs through:

1. Quantitative scaling up—increasing the size of their local staff or supporting their NGO partners to do the same, in order to expand coverage

2. Functional scaling up—increasing the menu of program activities
3. Broadening indirect impact—building local capacity, as well as engaging new actors, especially non-traditional ones, in development and
4. Enhancing organizational sustainability[4]

CORE PVOs take advantage of all these methods, both as individual organizations and through their partnerships with local actors and other CORE members. The ability to scale up promising programs allows the CORE Group to balance the need for rigorous pilot testing and evaluation of new and innovative projects with the desire to reach large beneficiary populations.

- ***Collaboration Among PVOs.*** Inter-organizational partnerships are increasingly recognized as an essential strategy to address the great challenges facing the development community. All actors recognize that in those countries and regions where progress in meeting the health needs of children and women has been slowest, no single organization has all the needed resources and skills. Partnering is, therefore, essential for two reasons: to arrive at the needed scale or "critical mass" through *aggregation* and to achieve the most effective deployment of scarce resource possible through *coordination*. CORE Group members routinely pool their resources and technical expertise to

In Their Own Words

"The CORE Group provides an effective way to reach a large number of NGOs/PVOs. Coordination with the CORE Group also provides a cohesive way to communicate between PAHO/WHO and agencies. Strengthening such coordination between partners at all levels will contribute to a better quality of life and to the achievement of the goals of reduction of morbidity and mortality in childhood."

Dr. Yehuda Benguigui[1]

Textbox 3: CORE PVOs and International Health Policy Process: The Household and Community IMCI Framework

Over the past four years, the CORE Group has worked together to develop a collective PVO approach for the implementation of IMCI. Much has been accomplished during this period. Members of the CORE Group have participated in IMCI policy, planning, and evaluation meetings held at global, regional, and national levels. This has enabled the PVO community to provide a community-based child health perspective in policy dialogue with ministries of health, Unicef, WHO, PAHO, and the World Bank.

CORE Group PVOs have taken a lead in the development and pilot testing of IMCI training for volunteer and auxiliary health workers and have contributed tools and lessons learned to the development of Household and Community IMCI (HH/C IMCI), including a broad based child health and development framework.
The framework articulates the importance of optimizing a multi-sectoral platform that supports sustainable efforts to:

- Improve partnerships between health facilities and the communities they serve
- Nincrease appropriate health care and counseling from community-based providers
- Integrate promotion of key family practices critical for child health and nutrition.

This framework reflects what CORE member organizations have learned through years of child survival programming and evaluation. PVOs have been instrumental in mainstreaming these concepts by applying them in many, diverse field locations worldwide. This dissemination has helped accelerate the number of countries dedicating resources to IMCI, especially to HH/C IMCI, and has led to improved family and community practices in relation to child health.[3]

3. *Textbox 3 source:* "Reaching Communities for Child Health," Workshop Proceedings, January 17-19, 2001.
4. For a full discussion of this Typology of Scaling Up, please see "Scaling Up NGO Programs in India: Strategies and Debates," Peter Uvin, Pankaj S. Jain, and L. David Brown. IDR Reports, 16:6, 2000.

Textbox 4: A Ministry of Health–PVO Partnership in Nepal to Treat Childhood Pneumonia Through Female Community Health Volunteers on a Large Scale

In Nepal, under-five mortality remains high at 100 deaths per 1,000 live births, and as in other high mortality settings, pneumonia is a leading cause of childhood deaths. However, Nepal is a unique example of donor/health ministry/PVO partnership on a large scale to reduce childhood pneumonia deaths through case management at the community-level.

Starting in 1984, controlled intervention trials and pilot projects in three districts of Nepal demonstrated that Pneumonia Case Management (PCM) through community health workers was feasible and that this intervention alone could reduce under-five deaths by 28 percent. In 1993, a joint health ministry/USAID/UNICEF/WHO working group estimated that only 10 to 15 percent of childhood pneumonia cases were being brought to government health facilities. The study group concluded that the ministry of health (MOH) should improve access to this life-saving service by supporting treatment at the community-level. USAID, John Snow Inc., Unicef, and WHO began a partnership with the ministry to train and support Female Community Health Volunteers (FCHVs) to diagnose and treat childhood pneumonia with oral antibiotics, initially on a pilot basis in two districts. Based on findings from the 1997 evaluation of this pilot, the decision was made to expand PCM cautiously through these women volunteers to other districts of the Kingdom.

Several PVOs in Nepal have substantial experience implementing child health activities at the community-level, effective links at community and district-levels, and the flexibility to implement creative approaches to community-based service delivery. Save the Children/US (SC) began PCM training of FCHVs in Nuwakot District in 1997 through a USAID/BHR/PVC-funded child survival project. In Nuwakot's rugged hills northwest of Kathmandu, mothers often choose ineffective home remedies or traditional healers to treat pneumonia, instead of carrying their children for several hours to a health facility. SC and local MOH staff were initially trained as PCM trainers by JSI and MOH experts. These trainees, in turn, trained local health facility staff and FCHVs. Following second round training, the project provided supportive supervision and a regular supply of oral antibiotics to the Volunteers. A variety of methods to promote recognition of childhood pneumonia by parents were introduced; the aim of these techniques was to promote prompt care seeking by parents from the nearby FCHVs. An evaluation of the Nuwakot pilot PCM intervention in December 1997 found that 67 percent of the FCHVs counted respiratory rates correctly, all Volunteers looked for chest indrawing, 78 percent made a correct classification, all FCHVs gave proper home care instructions, and all had adequate supplies.

In 1998, MOH, WHO, UNICEF, and USAID representatives invited PVOs to support the MOH in expanding community-based pneumonia treatment on a district-wide scale because the MOH lacked sufficient staff and resources on their own to effectively support large numbers of FCHVs. In response to this request, four CORE-member PVOs, ADRA, CARE, PLAN, and SC, started working with the MOH, training and supporting FCHVs to treat pneumonia throughout seven districts. The MOH and JSI estimate that twice as many children are now being treated for pneumonia in the districts with PCM-trained FCHVs than in other districts.

In Nuwakot, the final evaluation of the child survival project, conducted in September 1999, found that SC had substantially improved access to PCM through trained FCHVs, that maternal knowledge of pneumonia signs had improved, and that PCM had substantially enhanced FCHVs' job satisfaction and credibility in their communities. This intervention is now being taken to district-wide scale in Nuwakot by SC in partnership with the MOH and the Nepal Red Cross Society through a new USAID/DCHA/PVC-funded child survival grant.[5]

expand service coverage, advance the state of the art in community health programming, and bring successful projects to scale.

- ***Innovation.*** PVOs are often able to reach some of the most marginalized and under-served populations in a developing country, working where no other organizations are willing or able to provide services. Reaching the hardest-to-reach communities requires more than simple replication of programs that have worked in other

5. Thanks to Eric Starbuck of Save the Children for providing this textbox.

settings. CORE Group members draw on their shared expertise and experience to adapt and innovate while ensuring that programs are well suited to the local context. In Benin, Africare used the strong relationship it had developed with communities through a malaria reduction project to expand services to include information on child spacing and STI/HIV-prevention products.

CORE Group members are also uniquely situated to test and refine program innovations in relatively confined geographic areas. When the effectiveness of a new program approach has been demonstrated, CORE PVOs then support implementation on a larger scale, often in conjunction with government or other national-level actors.

In Their Own Words

"PVOs are uniquely positioned to test an innovation. If it doesn't work, we haven't spent millions—and there's a lesson learned. But if the innovation does work, it can be promoted and picked up at the district and national level."

Interview with Leo Ryan, Director, Child Survival Technical Support

Textbox 5: The Voice of the Community: Partnering with the Benin MOH and Local Communities to Reduce Malaria

In parts of Benin, malaria is the leading cause of morbidity among young children. Africare's child survival project worked with the Ministry of Health (MOH) malaria-control program to gain permission to try community-based distribution of chloroquine. After much negotiation, the national MOH program allowed Africare to try this on a pilot basis.

Although the project also addresses the issues of AIDS and child spacing, extension workers began their work selling only malaria medications. Because they were meeting a strongly perceived need, they were able to quickly gain trust and credibility at the community level. From August 1998 to September 1999, local extensionists sold 381,300 chloroquine tablets—enough chloroquine to treat 25,000 cases of fever in adults.

The success of Africare's community distribution of malaria-control products has had broad impact, reaching the level of the national malaria control program, which is now considering authorization of a nationwide, community-based distribution of chloroquine. Once relationships were established in the community, the project began to create demand for other lesser-felt needs, such as child spacing and STI/HIV-prevention products. One method Africare used in changing attitudes and creating demand for child-spacing products is a traditional song contest. Singing has always been an important way to transmit knowledge, values, and beliefs within the local culture. The project capitalized on this heritage by creating a contest for the best traditional song about family planning composed by villagers themselves. A health fair accompanied the finals for the competition.

The community response to the song contest was quite striking, especially in light of the fact that Benin is very conservative about discussion of family planning. The different phases of the competition, including local and semi-finals, were very powerful in raising awareness and discussion of child spacing.

As with the distribution of malaria-control products, the success of the song contests has not gone unnoticed. Representatives from PROSAF (The Benin Integrated Family Health Project, a large USAID-funded family health project in upper Benin), Population Services International, and a local private-sector organization, ABPF, attended song contests, and all have expressed their intent to adapt this approach to fit their own specific needs. Members of PROSAF participated in the Africare mid-term evaluation, and report that the project has been able to furnish many valuable lessons, tools and methods for adaptation by the PROSAF project. The two groups are working together on national-level policy and institutional issues.[6]

6. *Textbox 5 source:* "Success Stories: Africare," CSTS Website. Available online at http://www.childsurvival.com/projects/succ_afric.cfm [5/15/02].

Textbox 6: Positive Deviance/Hearth and the Living University: Scaling up Child Nutrition in Vietnam

Save the Children's Positive Deviance/Hearth program expanded througha Living University strategy shows how CORE PVOs work with other organizations to adapt best practice to the areas where they work, and implement promising program innovations on a larger scale. Beginning in 1991, Save the Children introduced the Positive Deviance (PD) approach in Vietnam, based on research funded by UNICEF in the late 1980's. The pilot project included four communes, with a population of approximately 20,000. A year later, ten more communes were added bringing the total population to approximately 80,000.

The Positive Deviance (PD) approach as applied to nutrition, consists of identifying well-nourished children in impoverished conditions, and carrying out interviews and observations with the family to understand the factors that lead to the child's unexpectedly good nutrition, or "positive deviance." The information gathered from this process is used to create a locally appropriate Nutrition Education and Rehabilitation Program (Hearth) that helps caregivers rehabilitate malnourished children and maintain the children's improved nutritional status. The Hearth sessions are modeled on the Hearth approach developed by Drs. Gretchen and Warren Berggren in Haiti.

By 1994, the Positive Deviance/Hearth (PD/H) program had shown dramatic results. The Positive Deviance/Hearth (PD/H) program data indicated that nutritional status of the target population improved dramatically as a result of the program. The baseline survey showed that in 1991, 68 percent of the under-three population was malnourished (32 percent mild, 30 percent moderate, 6 percent severe). In December 1993, when the program was phased over to the community, the prevalence had been reduced to 31 percent (27 percent mild and 4 percent moderate). Of the malnourished children who participated in Hearth, 89 percent were moderately and 11 percent severely underweight. By the end of 1993, 63 percent of this group was normal, 33 percent mildly malnourished and 4 percent moderately malnourished. All of the severely malnourished children had been rehabilitated. The strategu was formalized through manuals, training for district and commune program manager, and training of trainers. In order to expand beyond the original 14 communities, and to respond to growing interest in the approach by other PVOs and donors, Save the Children established a Living University in Thanh Hoa Province, where the program had originated. The Living University used engaging, interactive techniques to teach the PD/H framework to managers and supervisors who in turn trained volunteers to implement the program at the commune level. By 1996, the PD/H model was serving nearly half a million people, and two additional "mini" Living Universities were established in other provinces. One year later, the program was reaching an estimated population of one million.

Researchers estimate that by the time the program formally ended in 2000, it had served a population of 2.3 million, in 384 communes, in 22 provinces. Approximately 45 percent of these communes were served by 11 different international NGOs and PVOs, including other CORE members such as PLAN International, whose staff had been trained through the Living University. The materials developed and the research conducted in Vietnam have facilitated the expansion of PD/Hearth programs to over 22 countries with implementation by hundreds of different agencies. The Positive Deviance Inquiry assures that each program is culturally and locally specific.[7]

7. *Textbox 6 sources:* Pyle, David, and Tricia Tibbets. "An Assessment of the Living University as a Mechanism for Expansion," (March 2002) draft, and BASICS II/CORE Technical Advisory Group Meeting notes, 4/2000.

Partnering with CORE and its CORE Group Members

The past decade has seen a dramatic rise in partnership as a development strategy. Different terms abound, but whether it is called partnership, strategic alliance, collaboration, coordination, networking or something else entirely, the strategy of working together, across organizational, and sectoral divides has been widely embraced by the development community and CORE Group members. These institutions partner extensively with other actors both *as a unified PVO network* and *as individual member organizations*.

The reasoning behind the strategic shift toward partnership is that no single organization or institution holds all the resource or skills needed to address the overwhelming and inter-related challenges of achieving adequate health, education, livelihood and security for marginalized populations, especially on a global scale. This observation is truer now than ever before because, as noted earlier, the "low hanging fruit" has already been picked. The next round of significant progress on the Child Survival front entails reaching the "hardest to reach," women and children in the communities furthest from the paved road, most marginalized, and most likely to be experiencing the multiple risk factors associated with a life lived in absolute poverty.

In order to attain substantial impact and long-term sustainable development, projects, programs, and policies must take a holistic and integrated approach. What does this mean in practical terms?

Complementary strategies must address entrenched poverty and under-development from several angles at once. These strategies can be categorized into six broad domains of development activity as follows:

- ***Service delivery,*** community-based programs that address the needs of vulnerable women and children in a context of empowerment; includes community mobilization
- ***Training***, building *organizational* capacity or developing the skills of disadvantaged *individuals*
- ***Financial resource mobilization***, the process of securing the financial support required to carry out such activities as service delivery, training, research, advocacy, evaluation, and dissemination of lessons learned
- ***Research and innovation,*** activities that help local people and the development practitioners who work alongside them test or assess new ways of responding to priority needs and problems
- ***Policy advocacy***, activities directed to international, national and district-level entities that set development priorities, determine standards of "best practice," allocate resources to achieve scale, and create the agendas that shape future investments
- ***Networking,*** the creation and maintenance of a broad range of inter-organizational relationships that lead to enhanced effectiveness in achieving shared goals

A single project, organization or institution is unlikely to have the resources to carry out activities in each of these six domains. However, by partnering with other development actors, organizations can create the ideal context for achieving challenging development goals. Table 1 shows the six activity domains and an illustrative list of development actors. Although each type of actor can potentially play a role in each of the six domains, field-based research suggests that actors tend to specialize. When viewed in the context of a coordinated approach, this specialization becomes an asset rather than a liability, as actors, freed from the need to "cover all the bases," develop comparative advantages in their domains of specialization.[8]

8. Levinger, Beryl. "How Governments, Corporations and NGOs Partner to Support Sustainable Development in Latin America," in Building Democracy from the Grassroots: presentations from the forum held in the Hall of the Americas p. 42. Paula Durbin, editor. Inter-American Foundation. 2002. Available on-line at http://www.iaf.gov/news_events/Special_Events/IAF_BuildDemoc_Eng.pdf.

Table 1. Common Partnering Behaviors by Development Actors in Relation to Six Activity Domains

		Common Partnership Domain Activity Preferences					
Actor Category	**Actor Type**	**Service Delivery**	**Training**	**Financial Resource Mobilization**	**Research & Innovation**	**Policy Advocacy/ Formulation**	**Networking**
Private nonprofit	Local CBOs	■	■				
	Local NGOs	■	■	■		■	■
	CORE Group Members	■	■	■	■	■	■
	CORE Network		■	■	■	■	■
Public Sector	Local Govt	■					
	District Govt	■	■			■	
	Nat'l Govt	■	■	■	■	■	
Business Sector	Local			■			
	National			■			
	International			■		■	
International Organizations	Bilaterals			■	■	■	■
	Multilaterals			■		■	■

As depicted in Table 1, activities of CORE Group members span the entire set of development activity domains. Obviously, this graphic should not suggest that every CORE PVO works in all six domains wherever it operates. However, the table is meant to communicate the breadth of activity both among member PVOs and CORE as a membership-based network.

Table 1 also illustrates how bringing a range of actors together in an informal or formal partnership enhances the breadth and depth of development activities beyond what any single actor might achieve. A diverse group of actors with varied skills can respond in agile fashion to changes in the policy or operating environments. Indeed, they can even exert the necessary influence to shape these environments so that they become highly hospitable to primary health care programs that address the needs of children and women sustainably.

In Their Own Words

"PVOs now understand that they can influence what happens in a country in many ways and on a large scale. Policy dialogue, good documentation and dissemination of important program innovations, and advocacy are just a few of the tools that PVOs use to influence policy and practice beyond the geographic areas where they work. Ten or fifteen years ago, many PVOs would have done good work in a small geographic area, but often without much interaction with the larger health system.

Interview with David Oot, Director, Office of Health, Save the Children

Partnering also affords each actor the opportunity to systematically build on partners' past successes. Actors can introduce more complex interventions to take advantage of gains already achieved and can undertake more comprehensive initiatives, because of the diversity of skills, experience and resources available to them.

CORE Group members engage in a variety of partnership mechanisms (e.g., networks, communities of practice, steering committees, learning groups, and partnerships for implementation) in order to take

Textbox 7: Research and Innovation in Nepal: A Successful PVO Partnership to Develop and Promote Nation-Wide Use of Clean Home Delivery Kits to Help Reduce Newborn Infection

As in many developing countries, most births in Nepal take place at home, often without the assistance of trained attendants and under unhygienic conditions that contribute to many of the 41,000 newborn deaths each year in the Kingdom. In 1994, with support from the government of Nepal, USAID, UNFPA, and Unicef, two CORE-member PVOs, PATH and Save the Children/US, along with Save the Children/UK and Redd Barna of Norway, developed a simple and affordable kit, designed specifically for traditional birthing practices in Nepal, that would help reduce delivery-related infection in newborns. The Clean Home Delivery Kit (CHDK) was the result of an 18-month research effort, including a needs assessment, field trials, and test marketing. The kit contains a bar of soap, a plastic sheet, razor blade, plastic disk on which to cut the umbilical cord, and string to tie the cord along with pictorial instructions to guide birthing attendants with limited literacy skills through the delivery,

Readily available for purchase in small shops throughout Nepal, the kits are assembled and marketed by Maternal and Child Health Products Pvt. Ltd. (MCHP), a private, women-owned and operated micro-enterprise in Kathmandu established with funding from USAID and Save the Children Alliance members. Since production began in August 1994, MCHP had produced and sold more than 718,000 kits through mid-April 2002. Buyers include the Ministry of Health, the Contraceptive Retail Sales Corporation, nursing campuses, PVOs, NGOs, and sales agents across the country. The CHDK is a good example of practical and affordable technology to help reduce newborn infection, developed, marketed, brought to scale, and sustained in Nepal through successful partnerships among government and development agencies, private business, and PVOs. Save the Children's global Saving Newborn Lives Initiative endorses the use of CHDKs as part of an overall clean delivery strategy.[9]

advantage of these benefits. Because diverse perspectives enrich the dialogue around primary health care best practice, the CORE membership includes PVOs of various sizes, geographic emphases and programmatic approaches. However, what binds these individual organizations together is their shared commitment to achieving excellence in promoting maternal and child health at the community level. This critical and substantial "common ground" allows CORE to present a unified PVO perspective in discussions about child survival policy, best practice and priorities. In the words of the CORE Group itself, the network represents "unity, without uniformity."

In Their Own Words

"PVOs offer a quick turn around time. They are on the ground. If a program is not meeting expectations, they are able to change their direction much more quickly than, say, the government. PVOs are able to respond to changes in the environment as they unfold."

Interview with Sheila Lutjens, Director, Child Survival Grants Program, USAID

Research has shown that when partnerships succeed in managing diversity, they can create exceptionally powerful development approaches. A principal benefit of partnership among actors who work in environments of mutual trust is that each organization can specialize in those areas where it has the greatest comparative advantages while joining forces with others to achieve complex, common goals.

The key question then is where can individual organizations make the greatest contribution to overall development goals. Are certain actors best suited to specific domains? How can we draw on these strengths to carry out development activities, and specifically, child survival activities, efficiently and effectively?

CORE PVOs have demonstrated valuable skills and capacities in each of the six activity domains. In addition to the skills that individual PVOs contribute, the CORE Group itself also brings valuable resources and expertise to the mix, allowing it to play a role that is distinct from that of individual PVOs. Areas where CORE Group members and the CORE Group as a whole continue to demonstrate great "value added" are described in Table 2.

9. Thanks to Eric Starbuck of Save the Children for providing this textbox.

Textbox 8: Modeling Partnership in the Policy Arena: PVO Secretariats for Polio Eradication

The secretariats established by the CORE Group Polio Eradication Team (PET) are country-based collaborative bodies that focus on national-level initiatives to eradicate polio. The director of each country secretariat serves on that country's Inter-Agency Coordinating Committee, which organizes the national polio eradication effort. Through these committees, the secretariats link national-level actors with PVOs, NGOs, CBOs and communities.

The secretariat model brings a PVO voice to the national planning process and presents views and perspectives that national and international entities such as MOHs, WHO, UNICEF and USAID may not have heard before. At the same time, the secretariats inform PVOs and their NGO partners of national level priorities and policies, and provide a mechanism to bundle the efforts of multiple PVOs and NGOs, deliver state of the art training, and standardize monitoring and reporting efforts, greatly enhancing efficiency and coverage.

The secretariat model demonstrates how CORE PVOs' commitment to partnering at the local and district level is also reflected at the national and international level. The secretariats coordinate PVO efforts on a large scale, but also allow individual PVOs to carry out polio eradication activities in their niche areas, complementing broad-based governmental programs with innovative approaches that reach isolated and marginalized populations. Perhaps the most enduring value of the CORE secretariats for polio eradication is that they have established a new mechanism for PVO participation in the policy arena which can be applied to other national-level health priorities, in addition to polio.[10]

Textbox 9: Partnering with the Private Sector: CARE India and Corporate Partnerships

One of the distinctive strengths of CORE PVOs is their ability to mobilize funding from the private sector through innovative partnerships. A case in point is the partnership between CARE and the Federation of Indian Chambers of Commerce & Industries (FICCI), India's largest and most prestigious business federation. This relationship demonstrates how USAID/BHR/PVC-funded CS projects have acted as a catalyst for introducing new stakeholders to the development and relief arena.

Since 1998, CARE India has partnered with two corporate-sector NGOs, Tata Steel Rural Development Society (TSRDS), and Parivar Kalyan Sansthan (PKS), both part of the larger Tata corporate group, which is known for its well-defined defined social responsibility plan, and which plays a leadership role in the social development and health subcommittees of the larger Confederation of Indian Industries. The purpose of the partnership is to make sustainable improvements in child survival and mobilize additional industries to adopt similar models of corporate citizenship to advance "health for all" in India.

The success of this PVO-corporate partnership resulted in development of a similar but unprecedented partnership between CARE and FICCI for responding to the January 2001 Earthquake in Gujarat. The joint partnership channeled urgently needed resources (approximately $30 million) into the Gujarat Rehabilitation Project, drawing on the complementary skills of a PVO in community mobilization, and the corporate sector in management. Through this partnership, the actors were able not only to provide immediate resources in response to the earthquake, but were also able to focus on long-term activities of rebuilding and rehabilitating villages in partnerships with communities.[11]

10. *Textbox 8 sources:* Smith, Sara and Bill Weiss. "CORE Group Polio Partners Project: PVO/NGO Secretariats: Proess, Achievements, Lessons," (presentation), and CORE Group Polio Partners Quarterly Narrative Report (1 July–30 September, 2001).

11. Thanks to Dr. Sanjay Sinho of CARE International for providing the information for this textbox.

Table 2: Value-added of CORE Group Members and CORE by Activity Domain

Activity domain	CORE Members	CORE
Service delivery	• Design and implementation of projects that respond to community needs • Strong relationships with local NGOs to carry out programs • Create demand and mobilize communities for health and development	
Training	• Participatory planning and community mobilization for building capacity in local organizations (often linked to service delivery)	• Training in child survival state-of-art practices to PVO members and other practitioners
Financial Resource Mobilization	• Ability to leverage new resources, especially from private foundations and the general public • Ability to create and nurture a constituency that supports child survival	• Members can mobilize to submit "bundled" proposals for coordinated activities to funders
Research and Innovation	• Guiding vision that motivates innovation and adaptation in the field • Ability to implement projects through pilot sites before scaling up	• Exploring multiple frameworks creates new "synergistic" strategies • Sharing of best practice across organizations
Public Information and Advocacy	• Strong linkages to US public create a platform for policy advocacy and development education.	• PVO presence at high-level meetings and national steering committees to represent full CORE membership and broader PVO community, not just individual PVOs • Country- level secretariats linked to CORE provides NGOs with a voice at national, regional and global levels while providing national and international partners a means to communicate policy, guidelines and plans to NGOs
Networking	• Linkages with local NGOs, PVOs and other key actors leads, at the *community* level, to expanded coverage, resource availability, and services thereby enhancing long-term impact • Linkages with national and international NGOs, PVOs and other key actors leads, at the *global* level, to expanded dissemination of best practice, resource availability, and influence in the policy-making sphere	• The CORE Group creates a broad range of mechanisms to enhance the reach and visibility of its members in settings where health sector policies are formulated and international standards of best practice are identified • The CORE Group creates a broad range of mechanisms to foster learning and collaboration among members in order to enhance program quality and coverage

By drawing on the distinctive strengths of the CORE network and its individual members, donors and other development actors can maximize their returns on the primary health care investments targeted to vulnerable women and children in developing and transitional societies. The CORE Group powerfully combines two significant advantages. It allows interested parties the opportunity to interact with individual members of the child survival-oriented PVO community. At the same time, these parties can also work with CORE members collectively to achieve the scope and scale needed to improve upon current state-of-art practice and to achieve needed policy reform at the national and international levels.

Textbox 10: Empowering Community Groups through Training: The Credit with Education Approach

Freedom from Hunger's *"Credit with Education"* program is a prime example of how PVOs, working closely with the community to design and implement programs, empower their beneficiaries through training. The approach, which establishes Credit Associations of 25 to 35 women, divided into four to six solidarity groups, draws on the village banking methodology originally developed by the Foundation for International Community Assistance (FINCA) in the early 1980s.

The solidarity group is designed to foster strong cooperation among the women, and to ensure repayment of loans. Women are not assigned to a solidarity group; they choose each other and form their own groups. This principle of self-selection ensures that the women are genuinely interested in working with each other, have a history of supporting each other, and will work together in meeting their commitments.

The success of the program would be noteworthy if it simply offered microcredit services. However, the program's most remarkable innovation is to adapt a time-tested microcredit model to provide an efficient, effective, and self-sustaining delivery system for heath education. The nonformal adult education curriculum covers diarrheal disease management and prevention; breastfeeding; infant and child feeding; birth timing and spacing; immunization; and, HIV/AIDS. Each of these topics consists of three to eight short, highly interactive and participatory learning sessions. These sessions on health and nutrition topics complement other learning sessions on better business development.

Sessions are delivered on a weekly basis at the regular meeting of the Credit Association. Each learning session is designed to last no more than one half hour. The same staff person who organizes, trains and monitors the Credit Association's management of lending and savings services delivers the training. The combination of credit and education in business and health ensures that participating women derive a lasting stream of benefits for themselves and their children.[12]

12. Thanks to Ellen Vor der Bruegge of Freedom from Hunger for providing the information for this textbox.

Conclusions

In *Ethics of the Fathers,* a work written some 1900 years ago, individual responsibility in the face of social injustice is discussed. The text notes: "It is not your responsibility to complete the task, but neither are you free to desist from it." Those who wrote this work understood—at a time when "partnership" was not part of the common lexicon—that social justice flourishes when individuals and groups carve out their own unique but complementary paths for righting the world.

The task of eliminating needless infant and maternal deaths through empowering primary health care programs is a daunting one. Fortunately, CORE and its members are not desisting from it. Rather, they have joined together—metaphorically linking arms—to make common cause with women and children living under precarious circumstances. These PVOs have made an extraordinary contribution to the impressive gains achieved over the past ten years in infant and child mortality reduction. Their unwavering focus on the community along with a strong track record of generating funding and constituency for primary health care programs have been crucial in saving lives. CORE and its members' capacity to bring significant "value added" to their partnering activities enhances the work of other key child survival actors including local NGOs, CBOs, and governmental entities from national ministries to district- and community-level service providers. Individual CORE Group members and the CORE network itself are critical resources for these other actors, which include civil society organizations, research institutions, and a host of bilateral and multilateral agencies.

The CORE network enables its members to be even more effective in their work. Through CORE, self-directed working groups synthesize, define and disseminate state-of-the-art tools, practices, and strategies; build organizational partnerships; exchange information and learning; and represent the CORE community in policy dialogue at national, regional and global levels.

In short, CORE and its members are valuable partners because they contribute—in addition to their strong desire for collaborative work and long-standing ties to communities—technical skills and resources to address critical health issues. More specifically, CORE and its members, routinely engage in rigorous testing of new methodologies while sharing what they have learned with colleague institutions and relevant policy-makers. When CORE and its members partner with national ministries of health and district level health offices, they often serve as a bridge between the mother undergoing a risk-laden pregnancy and the government functionary drafting new national health sector policies.

CORE Group members, viewed collectively, are the only actors whose child survival work spans all six of the development activity domains. In addition to the skills that individual CORE PVOs contribute, the CORE Group itself also brings valuable resources and expertise to mix, enhancing learning and collaboration to improve program quality and coverage.

By drawing on the distinctive strengths of CORE and its members, donors and other development actors maximize their returns on the investments they make in primary health care programs geared toward vulnerable women and children in developing and transitional societies. Most importantly, when these groups join forces, they hold within their realm the power to complete the task of eliminating needless infant and maternal deaths through empowering primary health care programs.

Appendices

Appendix A: Interviews Conducted

The authors extend their thanks to all those who graciously agreed to be interviewed for this paper and who so generously shared their expertise and insights.

Al Bartlett
USAID, Child Survival Advisor

Larry Casazza
World Vision, Senior CS Advisor, and CORE Board of Directors member

Robert Davis
Freedom from Hunger, Senior Technical Advisor for Maternal and Child Health, and chair, CORE Board of Directors

Stan Foster
Emory University, Professor

Kate Jones
USAID, Director Child Survival Grants Program (retired)

Karen LeBan
The CORE Group, Executive Director

Sheila Lutjens
USAID, Director Child Survival Grants Program

Ellyn Ogden
USAID, Worldwide Polio Eradication Coordinator

David Oot
Save the Children, Director, Office of Health, and former CORE Board of Directors member

Leo Ryan
Child Survival Technical Support, Director

Eric Starbuck
Save the Children, Child Survival Specialist and Technical Liasion, CORE Board of Directors

Ellen Vor der Bruegge
Freedom from Hunger, Vice President for Programs, Director, and Former Secretary, CORE Board of Directors

Peter Winch
John Hopkins University, School of Public Health, Professor