

**Call to Action**

**to End Preventable Child Deaths:**

**The International NGO Response**

**CORE Group Fall Meeting 2012**

October 10-12, 2012

Closing Remarks

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I was asked to reflect back over to you what I have heard over the last two days at the CORE Group Fall Meeting, concerning the INGO response to the Call to Action to End Preventable Child Deaths. I'll do some of that, but I've expanded my agenda in three ways. I also want to address some of the USAID reforms that Amie Batson referenced in her talk yesterday. I also want to talk about how USAID might support the INGO response. And I want to add some of my own thoughts to fill in some of the blanks.

After sharing and downloading several gigabytes of field experiences and best practices over the last two days, the volume of information and my rate of speaking in the next half hour might be considered cruel and unusual punishment, but I hope some of it catches your attention and you still have a few megabytes of free space on your biological hard drives. More importantly, I hope my comments might add to the conversations already underway, concerning ways to respond to the Call to Action and broader USAID reforms.

**Opportunities and Assets**  
(from the World Café)

<ol style="list-style-type: none"> <li>1. Connections to comms &amp; govts</li> <li>2. Can share across countries</li> <li>3. Proven interventions</li> <li>4. Some interventions are 'simple' e.g., hand washing</li> <li>5. mHealth</li> <li>6. Community assets exist</li> <li>7. Community-driven health agenda</li> <li>8. CHW incentives and IGAs</li> <li>9. NGOs have entrée to communities</li> </ol>	<ol style="list-style-type: none"> <li>10. Faith community</li> <li>11. Create a norm that 'no child dies'</li> <li>12. NGOs have knowledge, tools, networks, resources</li> <li>13. Can build INGO sharing platforms</li> <li>14. Gradual phase over with capacity bldg</li> <li>15. Focus on delivery systems not just interventions</li> </ol>
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**Challenges**  
(from the World Café)

<b>Generic</b>	<b>USAID-Related</b>
<ol style="list-style-type: none"> <li>1. Weak govts</li> <li>2. Human resources &amp; systems</li> <li>3. Scaling up packages</li> <li>4. Marginalized people</li> <li>5. Hard to reach populations</li> <li>6. Stubborn low coverage</li> <li>7. Financial accessibility</li> <li>8. Weak demand and weak SBC</li> </ol>	<ol style="list-style-type: none"> <li>1. Admin rules &amp; procedures</li> <li>2. Funding for MCH/CS programs</li> <li>3. Funding still siloed</li> <li>4. 5 year project cycle</li> <li>5. Indicator-driven projects</li> <li>6. INGO competition</li> <li>7. Language differences among donors, NGOs, govts</li> <li>8. Fads and fashions</li> <li>9. Time needed to break silos</li> <li>10. Skewed, traditional donor research agendas</li> </ol>

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Slide 1 shows what I heard emanating during the very rapid-fire 30 minute World Café session yesterday morning, in the form of some opportunities and assets the INGO community can bring to that Call to Action. It's a pretty impressive list. Many of these are well-known and it is worth elaborating this list and thinking through how these opportunities and assets can be brought to bear in the Call to Action and in the context of USAID reform.

Slide 2 shows two sets of challenges mentioned during the World Café. Some are generic if you will, related to the conditions within countries (and again we are familiar with these); and an even longer list of USAID challenges that are going to need to be addressed in some manner, if the INGO community is going to be able to support the Call to Action and help the reform efforts be successful. Amie mentioned that there is considerable attention being given to USAID's "engine room" (aka procurement policies and procedures) and this list usefully calls attention to the many other moving parts

of the development field that must sync well with the new engine(s) emerging in the coming years.

**The Broad Context  
(USAID and Beyond)**

**five strategic shifts**

1. Country-owned, country-led aspirations
2. Partnerships, cross-sectoral, silo-busting approaches
3. Implementation and impact at-scale
4. More emphasis on local NGOs, CSOs, private sector
5. More emphasis on learning agendas
  - More emphasis on HOW versus WHAT to do
  - How to reach the hard-to-reach
  - How to scale up local solutions
  - How to share, what resources hubs needed
6. Desire to shape global and national discourse, thinking, policies and practices
7. Five strategic shifts
8. Others ??

- 1 Geography
- 2 High burden populations
- 3 High impact solutions
- 4 Education Empowerment Economy Environment
- 5 Mutual accountability

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Slide 3 lists some of what I heard Amie Batson talking about yesterday: that there is a broad shift globally and within USAID **for country-owned, country-led approaches**; there will be a lot more emphasis on **cross-sectoral work**, partnerships, and silo-busting approaches; she also noted a theme that has been heard many times in recent years, about the need for quality implementation and **impact at scale**; that within USAID there is going to be more emphasis on **local NGOs, CSOs and the private sector**; increased emphasis on policy and **program learning**, as part of USAID’s new evaluation strategy; USAID’s desire to continue to shape **global and national thinking**, discourse, policies and practices, linked in part to the Learning Agenda ; and five strategic shifts as part of that **global roadmap for the Call to Action**. And there may well be other changes that she didn’t mention but that are going to affect the work of all of us. I’ll try to address each of these issues in turn.

## Country Ownership, Partnerships and Silo-Busting Approaches

<ol style="list-style-type: none"> <li>1. Country-owned, country-led aspirations</li> <li>2. Partnerships, cross-sectoral, silo-busting approaches</li> </ol>			
Challenges	Requirements	Role for INGOs	Role for USAID
Multi-stakeholder interests, incentives, conflicts at national level	Shared leadership Strategic capacity High level oversight Mutual accountability Three Ones (UN)	-Mid-level conveners -Support the strategic core -Norm promoters	-High level conveners -Norm promoters -Reform incentives & expectations -Support F2F platforms
Multiple coordinating initiatives underway	Clarify and rationalize roles and responsibilities	-Mid-level conveners -Support the strategic core -Norm promoters	-High level conveners -Norm promoters -Reform incentives & expectations
National-level paralysis by analysis	Focus integration at district and community levels	-Provide guidance on models & capacity building -Catalyze and support needed admin reforms at national level	-Reform RFAs, incentives, expectations & indicators for INGOs -Engage mgt expertise
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Slide 4 shows the grid I will use to examine each of the contextual factors that will shape INGO work in the coming years. The first column identifies some of the challenges, the second column identifies some requirements for addressing those challenges, and the remaining columns suggest the role for INGOs and the potential roles for USAID in addressing the challenges and supporting and enabling the INGOs to fulfill their roles.

### Multi-Stakeholder Involvements

In relation to these first two contextual factors one of the challenges clearly is going to be the multi-stakeholder involvements, incentives and frankly, conflicts, at national level. Partnerships in various forms will be needed for this but real world experience indicates that they are not at all easy to develop and maintain. To illustrate, I want to share with you some of our experiences from the Mainstream Nutrition Initiative(1) which gave us the opportunity to engage in several different countries and observe the

dynamics related to multi-sectoral policy development and implementation at the national level.

In one of our papers from the project (2) we included this quote:

*“The donors and NGOs basically could not get their act together because they were all arguing for their own special interests or their own view of how they thought things ought to be handled for nutrition. “*

This was actually part of an 18 country analysis of how the nutrition agenda has moved within countries over a long period of time. We heard people from countries say in their own words what either enabled or inhibited the movement of the nutrition agenda, including many comments such as the one above.

The **requirements** for dealing with this reality, and of course it's not limited to nutrition, relates to **shared leadership, strategic capacity, high level oversight, mutual accountability and possibly some version of the UN's "Three Ones."** An ethical and behavioral norm of shared leadership is fundamental for working effectively in a multi-stakeholder context and is something that was lacking in many of the countries we studied. To create and foster this norm we identified a need for something called "strategic capacity," which I will return to shortly. We also identified a need for high level oversight of the multi-stakeholder efforts. To illustrate, in three Latin American countries the heads of state expressed strong public commitments to reducing chronic malnutrition, requested multi-sectoral strategies to address it, enacted a variety of laws, decrees and/or financing initiatives and created multi-sectoral structures at national and sub-national levels for coordination purposes. However, they did

not maintain sufficient oversight of progress, such that the disagreements and conflicts over priority interventions, roles, responsibilities and leadership among the mid-level actors (ministries, donors, NGOs) were allowed to persist for months and even years.(1) This could have been prevented if there had been sufficient strategic capacity within the nutrition policy community, if there had been more careful high level oversight throughout the process to break through those logjams and/or if there had been mutual accountability as highlighted in the Call to Action Roadmap. Some version of the UN's notion of the Three Ones might be helpful here: one governance structure, one strategic plan that all the parties support in one way or another and one M&E framework.

### **Strategic Capacity and Shared Leadership**

I want to say a little more about strategic capacity because it is a central piece of this puzzle and one that has not received sufficient attention. In the interviews conducted in the Mainstreaming Nutrition Initiative we heard not only about the conflicts and difficulties at national level but also some practical ways by which they were resolved in some cases. Here are a few examples(2):

*“They had a lot of disagreements those NGOs and donors, but they always went ahead with one voice. They sat behind closed doors and didn't get out, but then they put on a good face when they came out and they had one recommendation.”*

*“The NGOs got together and sort of formed a networking organization or an alliance, they agreed to put their logo on all the national program*

*reports rather than trying to claim ownership by themselves. And things like that. So there was a period where there were a lot of fairly large NGO-run programs and they wanted to make it one National program, and they managed to get their act together and do that, and hand over a coherent program to the government when the government was finally ready for it.*

*“It’s like what you do with governments, you do not shut them out, you do not tell them that they are doing things the wrong way. You just try to work with them; its negotiations and tradeoffs, and trying to find a consensus.”*

These are some of the elements of the ethical and behavioral norm of shared leadership that I think are going to be needed in working towards this goal of country-owned/country-led approaches.

The way we summarized these interviews and experiences in 18 countries is that we noted four things that affect the national nutrition agenda over a long period of time: **societal conditions, catalytic events, structural factors** and **points of contention**. We noted a fifth factors (**strategic capacity**) that determines whether a country experiences enhanced commitment, coherence, coordination and support, or diminished commitment, coherence, coordination and support. Strategic capacity refers to the strategies and tactics that are used by some savvy actors, but supported by others, in order to break through these logjams and help stakeholders rise above their personal or organizational interests, clarify the common interest and work towards it. That is what was lacking in many countries where the

nutrition agendas stalled for many years and it was clearly present in countries that made great progress. Examples of the latter are Thailand in the 1980s and two cases described in detail by James Garrett at IFPRI: Senegal and the state of Antiochia in Columbia.(3)

## Strategic Capacity

The human and institutional capacity to:

- build commitment, vision and consensus towards a long-term national nutrition agenda,
- broker agreements,
- resolve conflicts,
- respond to recurring challenges and opportunities,
- build relationships,
- undertake strategic communications,
- strengthen operational capacities and implementation as part of the national nutrition agenda

Pelletier, D., Frongillo, D., Frongillo, E.A., Gervais, S.G., Menon, P., Ngo, T. (2011) *The Nutrition Policy Process: The Role of Strategic Capacity in Advancing National Nutrition Agendas*. *Food and Nutrition Bulletin* 32(2): 559-569. CORE Fall Meeting, Oct 12, 2012.

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In more formal terms we defined strategic capacity (slide 5) as the human and the institutional capacity to build commitment, vision, and consensus towards a long-term agenda, to broker agreements and resolve conflicts, to respond to recurring challenges and opportunities, to build relationships, to undertake strategic communications, and to have a long-term vision for strengthening operational capacities and implementation, as part of that national agenda. So that’s something to aim towards, that’s something to think through: what would it take to develop the strategic capacity in relation to the Call to Action or any other health goals or overall health agenda for a country?

## Role for INGOs

If those are the requirements, what might be the role for INGOs? They could serve as conveners and facilitators of mid-level actors,

with other mid-level actors. They can support the strategic core, maybe they can model, promote and reinforce the ethic and behavioral norms of shared leadership. They can be the promoters of this norm of trying to identify the common interest and rise above the individual interest. How can USAID help in that regard? They can be conveners of higher-level actors. This is going to require high-level agreements within the countries and even at the global level. They also can promote these norms and walk the walk. And they can reform incentives and expectations of the INGOs to work in this way. It's going to take time it's going to take human effort and it could take away from other kinds of project work that you've traditionally done. That needs to be brought into the reform effort. And finally USAID can support some version of the UN's Three Ones.

### Multiple Coordinating Initiatives Underway

While I've been talking about coordination and alignment at the country-level, another challenge is that there already are multiple coordination efforts going on at country-level, often stimulated by partnerships formed at the global level.

... and with the strong leadership of local, national and global stakeholders working in collaboration through alliances and initiatives NOT EXHAUSTIVE

Global partners	National and local	Global alliances and Initiatives

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This is shown in slide 6, taken from the Roadmap. So we've got to somehow coordinate the coordination efforts, and get some macro-realignment of all that is going on. In general terms what's required is to clarify and rationalize the roles and responsibilities of different parties. Easier said than done, but this is what needs to be done. This will require some of what Jane Vella was talking about yesterday: she talked about education by dialogue and in this case we will need policy reform, planning and coordination by dialogue. So again, the NGOs and USAID can play the same roles in order to make that dialogue go well and clarify those roles and responsibilities.

### National-level Paralysis by Analysis

Another dynamic related to "multi-sectoral, cross sectoral, silo-busting" efforts at national level can be called "paralysis by analysis at 30,000 feet." When people from the national levels from the ministries, the donors, and NGOs sit together in a room and think through, *in the case of nutrition, what's the role of health? what's the role of agriculture? what can education do? and so on and so on*, it seems to go nowhere, and can lead to bickering and just stagnation, people not taking it seriously. So as I mentioned in three of the countries we worked with in the Mainstream Nutrition Initiative the heads of state had made some commitments to nutrition, set-up multisectoral coordinating committees, and allocated money in some cases. We always complain about lack of political will but here was a political window of opportunity and we had a chance to observe what happens next. And what we observed was that in all three cases the mid-level actors got bogged down for one year, two years and in some cases three years. The multi-sectoral aspirations were not materialized because there

was not the strategic capacity to rise above the struggle and facilitate a dialogue process to move forward to find the common cause and common interest.(1) There also was a gap in technical know-how concerning the precise actions that each sector could consider, a gap that could easily be filled if practical knowledge were made available to the right people at the right time and in the right way.

Over the years with a number of colleagues we have wrestled with this problem of paralysis by analysis at 30,000 feet because it has been observed many times, not just in these countries. What really helps is to not start that dialogue at the national level because people and institutions at that level are too deep in their silos and too detached from the ground-level realities. **An alternative is to get those very people down to district and community level for several days for a common immersion experience.** When I was in Malawi in 1985, UNICEF arranged for technical staff from several ministries and organizations (and later UNICEF and WHO managed to get the Principal Secretaries of all the relevant ministries) to spend several days at Club Makakola on the shores of Lake Malawi. There they had comfortable conversations in the evenings by the lake but during the day they were out in the villages and talking with villagers. And then you see what is there, you see what is not there, and the concrete reality becomes vivid. And then they go back to talk about what they must do. It's a lot more concrete and people can agree more readily because they've seen all the same things with their same eyes. **Focusing on what the conditions are at community level, how the districts can support community level action, and the how the region can support the districts and the national level can support all of the rest; that's the way to think it through,**

rather than starting with some sort of siloed thinking at the top.

### INGO Roles

If that strategy were to be pursued, the INGOs could provide guidance and models and capacity building. You all are experts on the community to district interface. You know what's needed to make that work and you all can facilitate those visits of the uppers down there to the community so they can see it for themselves. And you can also catalyze and support the needed ministry reforms at the national level. Working like this, capacitating districts to help communities is going to require lots of administrative reforms at the national and regional levels; their roles and responsibilities need to be spelled out and you all can help that process.

### USAID Roles

The role for USAID would be to reform the RFAs that you all respond to, and the incentives, expectations, and the indicators that you all report on so that you can work in this fashion. And this is right in line with the local national CSOs/NGOs taking a more primary role and somehow all of your experiences supporting that so that over the next ten or twenty years it can be successful. It's a different way of working so those RFAs and procurements have to change. Some of this also requires management expertise, you all know how to manage your own programs, but you may not have the expertise for managing administrative reforms at district level and above. But there are firms that can do that, so I think that they need to be brought into the picture.

## Impact at Scale and Emphasis on Local Actors

3. Implementation and impact at-scale 4. More emphasis on local NGOs, CSOs, private sector			
Challenges	Requirements	Role for INGOs	Role for USAID
Rapidly accelerate mortality reduction while transitioning to govt, local NGOs and CSOs	-Massive (unprecedented) and effective capacity building effort (HSS+++) -Broad international support and participation	Provide knowledge, expertise, tools, networks to the capacity building strategy and efforts	-Global (shared) leadership and champion for HSS+++ -Reform RFAs, incentives, expectations, indicators for INGOs
	-Global political commitment like MDGs -Diplomatic-level interventions -CSO mobilization	Catalyze and support CSO/grassroots movements in countries	-Political leadership at G8, G20 and other venues for HSS+++
	-Effective mutual accountability	Provide <u>implementation</u> tracking tools and capacity to CSOs/NGOs	-Immediate support for development, validation and promotion of tracking tools

The next two contextual factors (slide 7) on the list are implementing and achieving impact at scale and more emphasis on these local actors. The Call to Action goal for 2035 is to accelerate the reduction of child mortality by 12% per year, the recent rate of reduction has been 5.2%. So we need to more than double the rate of reduction for child mortality, while pulling you out as the direct implementers. And all countries should be below 20/1000 deaths by 2035. Pretty ambitious. The question is, can this be done at the same time as country-owned/country-led, where the country will be in the drivers' seat, and transitioning to local NGOs? To some considerable degree there is some tension between these two goals. Can it be resolved? How can it be resolved? We do have until 2035, that's the good news. So the challenge is to rapidly accelerate mortality reduction while transitioning.

The requirement is a massive, unprecedented and effective capacity building effort. I'm calling this HSS+++ (Health System Strengthening +++).

There have been some efforts and investments in health system strengthening but I don't think it's anything like what we would need to realize these goals. And this is going to require broad international support and participation.

### INGO and USAID Roles

So the INGOs can provide knowledge, tools, networks, expertise to the capacity building strategy and effort at country level and to some degree to the global dialogues that will need to take place as well.

The role for USAID is to undertake global, and let's emphasize, shared, leadership because of the perceptions of some actors that sometimes we think we need to be leading the parade. And again, USAID would need to reform the RFAs and the expectations and indicators for the INGOs because we will all be working in a somewhat different way than in the past.

Another requirement is, let's face it, if this is going to succeed, global political commitment like the MDGs, to these goals. This requires diplomatic level interventions and CSO mobilization at the country level to make sure that the heads of state and political bodies at country level are responding to this agenda. So the role for the INGOS might be to catalyze and support the CSO grass-root movement in countries. You all have said that you have good networks with other NGOs and partners, those can be mobilized and expanded. For USAID, political leadership will be needed at the G8 and G20 and other venues for this agenda to help Health System Strengthening +++.

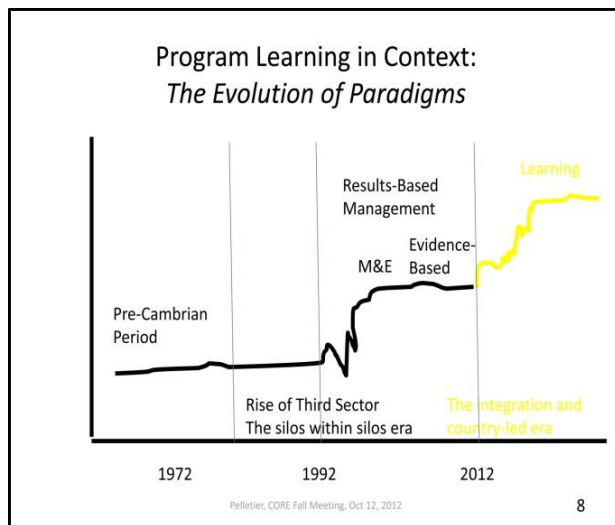
In this connection, one of the five major shifts that are mentioned in the Call to Action is mutual accountability and I will add the adjective "effective" mutual accountability.



I think some of the sessions we have had here about the program learning efforts and some of the indicator development that David Marsh and colleagues have been working on in Community Case Management could figure prominently here. What we will need is implementation tracking tools, not just morbidity/mortality and behavioral tracking tools that we get from DHS and other sources, but actual implementation tracking tools to make that mutual accountability real and evidence-based, and to transfer that capacity to the local CSOs and NGOs. Some of that work has already begun, by people in this room, and that will require immediate support, early on support, for development and testing of these tools, along with alignment with tools being developed by others, and the promotion and adoption of them broadly across countries and with other global partners.

### Program Learning in Context

Moving on to the shift to Learning Agendas (from slide 3), I want to put this in a larger context.

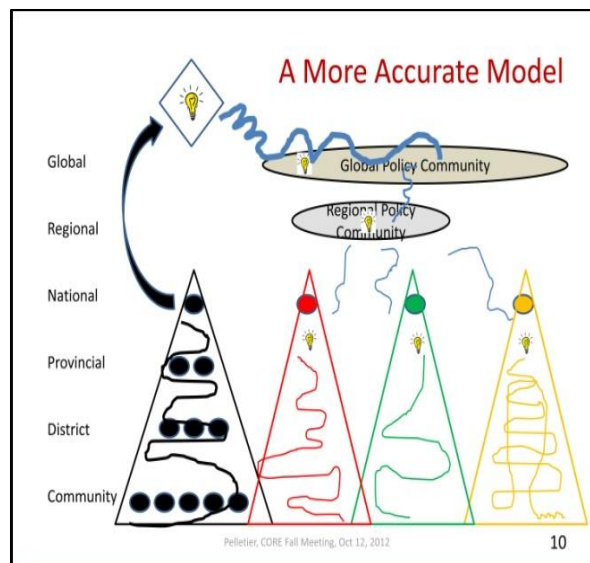
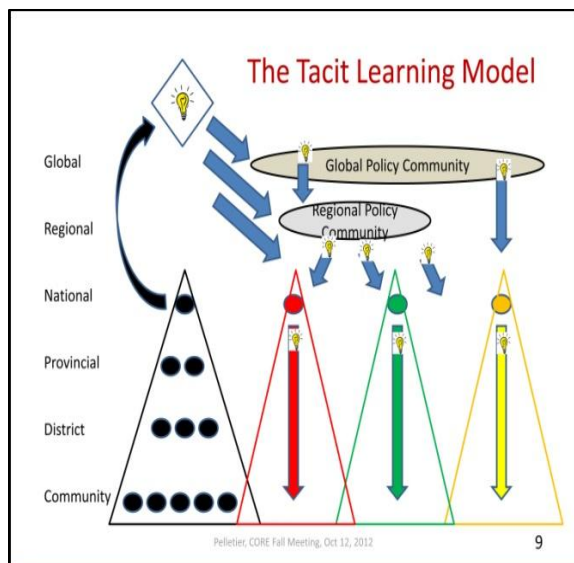


Let's travel back to the pre-Cambrian period as shown in Slide 8. That kind of predates me so I

don't know what to call it, but I know that in my professional lifetime I have seen some major shifts in development thinking and practices. We are entering the learning phase, but earlier (starting in the 1980s) we saw the dramatic expansion of the so-called Third Sector (the NGO movement). For all the good that has been done by that movement, in terms of strengthening service delivery, capacities, advocacy and government accountability, this also is one of the factors that has contributed to the silos within silos. Another major shift was the turn towards results based management in the 1990s, beginning with the Al Gore's reinventing government, and the associated emphasis on monitoring and evaluation and evidenced based programming, policy and so on. So that's what we all have been living with for the past 20 years or so.

And now what I think we are seeing is a move to yet another paradigm, I think it's a welcome one, a **learning paradigm**. Hopefully this movement will go beyond M&E and an emphasis on evidence, to give attention to the broader set of factors that influence the decisions, policies, procedures and practices of individuals, organizations and governments. But this is new, we will need to figure out how to make it work and its going to require many reforms and changes. So you can see there are squiggly lines each time there is a jump to a new plateau which remind us that these transitions are not easy. So we should expect that **we will have to learn how to learn**. So that's just some background context on the learning agenda.

Yesterday, in response to the program learning session, I presented this tacit learning model (slide 9) that we sometimes operate on.



The notion is that somehow you can gather experiences, do research and identify best practices from maybe ten projects in 10 different countries, aggregate those by looking at reports or looking at indicators or research findings at the global level, and then somehow transfer those into the global community, the regional policy communities and countries. And the process works really nicely like this. And so those best practices just flow down beautifully and all is well in the world. Sometimes the way we try to learn seems to follow this model, as though we think the rollout is going to happen just like that.

Of course it does not work this way so we need to rethink who needs to know what, and how it should be collected, if we expect others to buy into what is being learned. Just as we need education by dialogue, we also need **learning by dialogue**. Learning in this context is fundamentally a social process, not a matter of technical information transfer, and the application of learning by organizations and countries is a sociopolitical process.

Slide 10 shows a more accurate model of what happens after some organizations at the top think that they have learned something and they try to disseminate it. It's not a straight linear path as you can all observe- and even if new knowledge gets to country level, the actual implementation is quite complex.

### More Emphasis on "How"

5. More emphasis on "HOW" learning agendas			
Challenges	Requirements	Role for INGOs	Role for USAID
-Implementation processes are complex, contextual and emergent -Actors differ in their information needs	Emphasize capacity building for learning and adaptive management at district and community levels	-Provide guidance on models & capacity building -Catalyze and support needed admin reforms at national level -Partner with researchers to study these models	-Champion learning with intl partners -Support natl reforms -Engage mgt expertise to work with INGOs -Optimize flexibility and standardization
Long-loop learning is not sufficient	Clarify WHO needs WHAT learning and for WHAT purpose, from comm to natl/global	-Lead a global effort to clarify this, building on experience -Lead national efforts to discuss and adapt the framework	-Generate partner support for this collaborative effort -Support F2F INGO platforms for learning, sharing and improving
-Traditional research models are not sufficient	Adopt, adapt and develop new research and evaluation models and methods	-Engage new research partners -Scan what is available -Pilot, publish, promote and support utilization	-Generate partner support for this collaborative effort

So some of the challenges associated with this learning agenda are that implementation processes are complex, highly contextual and

emergent. It is not as though we can identify a best practice, disseminate it widely and expect it to go down to frontline levels with good quality or to even be adopted or accepted by various organizations. A second challenge is that the information needs at the national level differ from those at the sub-national levels, such that long-loop learning (mediated by the national level actors) can never be sufficient. A third challenge is that our traditional research models, developed for the purpose of learning WHAT actions (interventions) are needed are not adequate for answering questions about HOW to implement.

Given the complex, highly contextual and emergent dynamics in community problems, community responses to their own problems and community response to programs introduced from the national levels), a strong case can be made that the ultimate and most sustainable approach is to emphasize the capacity for learning and adaptive management of programs at district and community levels. One of the most enduring learnings in my own career emerged from a field review of the Iringa Nutrition Program which covered 168 villages in rural Tanzania in the mid-1980s and reduced the prevalence of malnutrition from 55% to 38% in three years.(6) The entire program was based on learning and the major lessons have been all but lost to the nutrition and broader development communities. **Learning in the program was catalyzed by introducing the concept of the Triple A cycle (Assessment, Analysis and Action) to actors at all levels,** from mothers and village health workers, to ten cell leaders and village leaders, to staff at ward, district, divisional and regional levels. When mothers were asked what they would do if they could not longer leave their toddlers with the village child care attendant that had been

trained by the program, they responded “We don’t know, but we would do the Triple A cycle to find a solution. And we will never go back to the old way, of carrying our children to the fields.” When asked how he decides which villages to visit on his motorcycle each week, a district program manager said he reviews the quarterly growth monitoring reports, not to examine the prevalence of underweight children, but to identify villages with declining attendance at the weighing sessions. He had learned over time that this is a sign of a leadership problem and his visits are designed to investigate and resolve these. Examples like these at all levels of the program revealed that the practice of assessing, analyzing and taking action had been institutionalized in this program and the role of the divisional and regional levels was to support the learning and respond to requests for supplies, technical assistance and training for the menu of interventions made available to the districts and villages.

The Iringa program illustrates that one of the basic requirements for addressing the challenge of complex, highly contextual and emergent dynamics in community problems and responses is to ask: **Who needs to know what and for what purpose (why), at the national level and various sub-national levels?** Yes there are certain things we need to know up here at the top, but we also need to clarify the information or knowledge needs at that interface between community and the district level. What kind of information system and learning cycles are needed at that level so that they can adapt to a constantly changing environment, solve their own bottlenecks, and request assistance only when they need assistance from those above? What kind of research or learning agenda is needed at higher

levels, to learn how to support such decentralized approaches?

## INGO and USAID Roles

The role for INGOS in this case might be to provide guidance on models and capacity-building for this (drawing upon extensive experience in the INGO community), to catalyze the support needed on administrative reforms at the district, regional and national levels and to partner with researchers to develop and implement learning agendas relevant to national and global decisions.

This community-district orientation clearly implies that the upper levels, regional, national and to some extent global, are in the service of district and community actions. So the role for USAID might be to champion this kind of learning with international partners, support national reforms and engage and exchange with INGO expertise in order to accomplish this flip in orientation- and, to a large degree, to find a better balance between flexibility and standardization of approaches. At the discussion table that I attended this morning we contrasted a Results Framework from USAID, where often the boxes are pre-filled by the agency, with those from another bilateral where the boxes are empty. In the other bilateral one or two of the higher level results boxes are filled, but the others are empty. This leaves it up to the implementing NGO to decide how to accomplish the immediate and ultimate results and gives the INGO flexibility to respond to the context and have the option of changing strategies mid-term if they need to. This small example illustrated to us at the table the need for a broader conversation about how to strike the right balance between standardization and pre-fill on the one hand and discretion and flexibility on the other hand.

The INGO community could lead a global effort to clarify what information is needed at different levels, building on experience, and develop a framework for implementing this within countries. And you could lead multi-stakeholder efforts in the countries where you are working to discuss and adapt this framework. USAID can generate partner support for this collaborative effort and support the face to face INGO platforms for learning, sharing and improving at a country level. If there are a lot of best practices and learnings out there, and if there is a need for people to have face to face interaction in order to share and adopt this new knowledge, then that's going to require support. I floated an idea yesterday with a small group that maybe we should have a national CORE Group like this, in every country, for this kind of sharing and adoption of best practices. This is something USAID could support.

A related challenge to all this is that the traditional research models are not sufficient for a lot of the things we really need to learn to improve implementation. We have good research models for identifying what should be done. But we are still struggling with good research models for HOW to do it, in different contexts, facing different kinds of obstacles, and when the focus is this district to community. So I think it would be useful for the INGOs to engage new research partners who know how to do things other than or in addition to RCTs or impact evaluations, for instance, to measure intermediate outcomes and processes related to implementation, with different methodological toolkits. An early step would be to scan and build upon research models that are already out there (of which there are many) and then publish, promote and support the utilization of these alternative research models

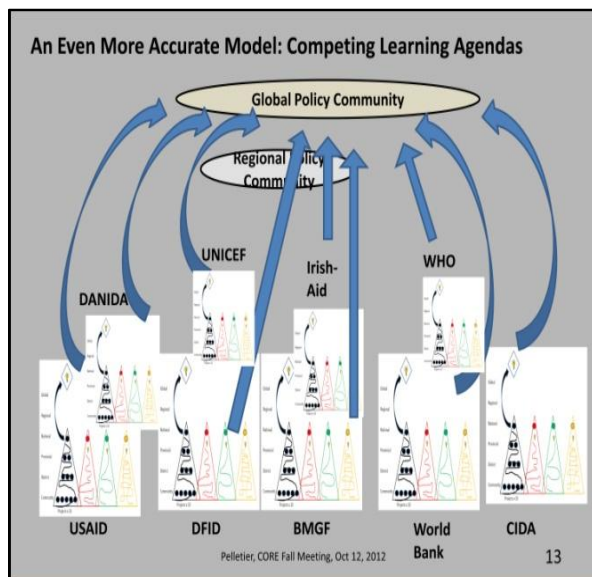
for this new way of working. And USAID might garner partner support to complement its own support for this collaborative effort.

### Shaping Global and National Discourse

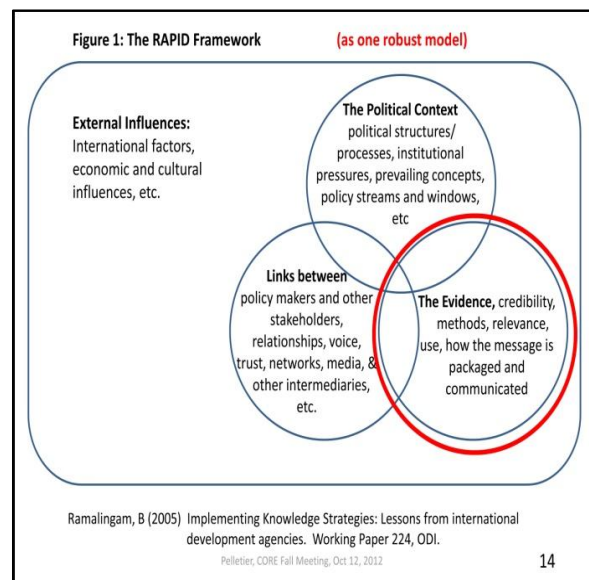
6. Desire to shape global and national discourse, thinking, policies and practices			
Challenges	Requirements	Role for INGOs	Role for USAID
Multiple, uncoordinated learning agendas	-Shared global and national research agendas w/ division of labor and funding	-Help shape the agendas for maximum practicality and relevance -Partner with researchers in doing the research	Champion and support the efforts at global and national levels, in partnership with others
-Moving from learning to broad adaptation & application  -Is a sociopolitical process; not just technical evidence-driven or "learning" based	-Face-to-face platforms to share& negotiate learnings -Leadership and support for adoption, adaptation, realignment and application	-Catalyze, support, facilitate national platforms ("a CORE in every country") -Support adoption, adaptation, realignment and application	-Support global, natl& project platforms -Participate and broker global learning processes -Be one among many -Follow Vella Principles

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As shown in Slide 12 there is this desire to shape national and global discourse, thinking, policies and practices. Earlier, in slide 10, I showed you a "more accurate model" of how knowledge is shared, but even that model is incomplete. Slide 13 is an even more accurate model.



This figure shows multiple, and uncoordinated learning agendas, with many, many organizations trying to learn just like USAID. And the simultaneous hope is to feed all of that new knowledge into global, regional and national dialogues and decisions, but it can't possibly work like that. Because you end up with parallel or competing learning agendas and you end up with conflict once again. A powerful but unfortunate example occurred in one of the Mainstreaming Nutrition countries where, for one and a half years, the government and the NGOs could not agree on which indicator of child malnutrition to use in their national nutrition program. Fierce debates took place, often based on specious arguments and claims concerning "my evidence" versus "your evidence." Evidence is not going to resolve these kinds of issues. It requires a different approach because interests are involved. That's what happens when you have multiple learning agendas and knowledge claims converging on the same decision entities. So what I presented yesterday in the Program Learning Session was the need to not just focus on the evidence, but also to put that into its proper socio-political context (slide 14).



There is a need to have a sound understanding of how individual organizations decide what they are going to emphasize in their programs, what practices and interventions and strategies they are going to use, and how new knowledge or evidence might generate changes in policies and practices. There is a need to interact with those other organizations if one really expects them to buy in, believe in the benefits of this new approach to whatever intervention is at hand, adopt new ideas and integrate them into their work routines.

So if the challenge is multiple uncoordinated learning agendas, the short answer might be a shared global research agenda, with a division of labor and funding. And in light of the acknowledged importance of contextuality, there is a need for corresponding research agendas, divisions of labor and funding at country level. This could build upon the many efforts over the years to define and implement global research agendas for health systems research, but these have not been accompanied by clear divisions of labor and funding at global and national levels; and they have been organized as research “(knowledge creation”) without explicit strategies and links to institutional learning, adoption and application.

### **INGO and USAID Roles**

If such efforts were to take place, the INGOS could help shape a shared research agenda for child survival and health systems more broadly, to be sure it has maximum practicality, relevance to contextual realities and links to national-level learning, adoption and application. INGO involvement is crucial because such an effort could easily become captured and look much like the kind of research we have had before (focused on questions about what to do, rather than

contextuality-relevant how questions). USAID can play a vital role in championing and supporting this effort in partnership with WHO and others already engaged in global health systems research agendas.(7)

As indicated above, the research portion of a learning agenda is only step one, but we ultimately want to move from the learning to adoption, adaptation and broad application by countries and organizations working in those countries. This will require systematized face to face platforms to share and negotiate the learnings and, indeed, to engage in formulating the questions and creating interest/demand for the answers beforehand. I was heartened by something that Karen LeBan mentioned yesterday in the Program Learning Session. When CORE Group recently surveyed its membership, a number of you said that you learned things and had new insights at these meetings, and that you went back to your offices and incorporated them fairly directly into your programs. That’s powerful. It’s testimony to the importance of face to face learning and everything that goes on in these meetings. It should make us pause when contemplating the roles of purely electronic knowledge management platforms, which may be useful tools for disseminating knowledge but are not likely to be sufficient by themselves. I think we are going to need face to face platforms at national level and possibly regional networks as well; and there needs to be leadership and support for assisting the adoption of new knowledge, adapting it to each new context, re-aligning projects and organizational processes to enable its implementation and applying the new practices and approaches in the field. The INGO community can catalyze, support and facilitate much of the learning, as a semi neutral

facilitator, through national CORE-like platforms and informal networking;(8) and they also can support the adoption and application of learning. And USAID can support global and national platforms, participate and broker the global learning processes, and be one among many in this process.

to develop. The suggestions I have made here today are intended to capitalize on that hard-earned experience and expertise, as well as define some enduring roles that the INGO community can play as we enter a new era for development. I hope some of these resonate with you.

### One Final Requirement

A permanent, formal, two-tier INGO Advisory Group to inform, assist, promote, accelerate and give on-going feedback and credibility to the many USAID reforms needed for this new development model

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Given the powerful insights that surfaced in the half hour World Café session yesterday, and much more that I know you have in your heads because of your experiences, my final suggestion (slide 15) would be to create a permanent, formal, two-tier INGO advisory mechanism, to inform, assist, promote, accelerate and give ongoing feedback and credibility to the many USAID reforms that are underway and coming along in the future.

One tier would be technical and field-based; the other would be higher-level and more strategic. I think the right kind of people are in this room and others like it, and that there could be no better service to USAID reform and the communities you serve than to mobilize your ground-level and contextually-rich experiences through this permanent advisory mechanism. One of the great casualties of large-scale institutional reform is the loss of institutional memory which, in this case, has taken decades

## References

1. Pelletier DL, Frongillo EA, Gervais S, Hoey L, Menon P, Ngo T, Stoltzfus RJ, Ahmed AMS, Ahmed T. Nutrition agenda setting, policy formulation and implementation: lessons from the Mainstreaming Nutrition Initiative. *Health Policy and Planning*. 2012 January 1, 2012;27:19-31.
2. Pelletier DL, Menon P, Ngo T, Frongillo EA. The nutrition policy process: the role of strategic capacity in advancing national nutrition agendas. *Food and Nutrition Bulletin*. 2011;32:S59-69.
3. Garrett J, Natalicchio M, editors. *Working Multisectorially to Improve Nutrition: Principles, Practices and Case Studies*. Washington, DC: International Food Policy Research Institute; 2011.
4. Peters D, El-Saharty, S, Siadat, B, Janovsky, K, Vujicic, M (Eds). *Improving Health Service Delivery in Developing Countries*. Washington, DC: The World Bank; 2009.
5. Patton M. *Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use*. NY: Guilford Press; 2011.
6. Pelletier D, Jonsson U. The Use of Information in the Iringa Nutrition Program: Some Global Lessons for Nutrition Surveillance. *Food Policy*. 1994;19:301-13.
7. Alliance for Health Policy and Systems Research. [cited; Available from: <http://www.who.int/alliance-hpsr/en/>]
8. Lapping K, Frongillo EA, Studdert LJ, Menon P, Coates J, Webb P. Prospective analysis of the development of the national nutrition agenda in Vietnam from 2006 to 2008. *Health Policy and Planning*. 2012 January 1, 2012;27:32-41.