NicaSalud & Umoyo Network:
Lessons Learned from Establishing and Managing Health Networks in Nicaragua and Malawi

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Selected Acronyms

AIN-C	Community-based Integrated Child Health and Nutrition Program
ADRA	Adventist Development and Relief Agency
AIDS	Acquired Immune-Deficiency Syndrome
CARE	Cooperative Assistance and Relief Everywhere
DHS	Demographic Health Survey
FP	Family Planning
HIV	Human Immune-Deficiency Virus
LQAS	Lot Quality Assurance Sampling
MOH	Ministry of Health (Nicaragua)
MOHP	Ministry of Health and Population (Malawi)
NGO	Non-Governmental Organization
PLWA	People Living with AIDS
PVO	Private Voluntary Organization
SRH	Sexual and Reproductive Health
STD	Sexually-Transmitted Diseases
VCT	Voluntary Counseling and Testing

Executive Summary

In many developing countries Non-governmental Organizations (NGOs) play an important role in health service delivery, especially in remote rural areas. Some NGOs have a long history of well-developed community presence and support and are well positioned to assume this role. Decentralization and privatization have moved some Ministries of Health to look to NGOs as providers under performance contracts.

Despite their benefits, many NGOs suffer chronic institutional weaknesses that prevent them from improving the quality, quantity, or efficiency of their services. The weaknesses include underdeveloped governance, technical and managerial capabilities in need of improvement, isolation from new technical and methodological advances, poor performance in monitoring, evaluation, and program improvement, lack of systematic and proactive relationship with the Ministry of Health, and lack of scale economies.

One approach to overcome these weaknesses is to work in alliances or networks of NGOs. A number of NGO alliances or federations have been attempted, but there are few success stories documented from which lessons learned can be extracted for future efforts.

This report attempts to overcome this weakness, by describing the origin, establishment, and management of two health NGO Networks: NicaSalud in Nicaragua and Umoyo Network in Malawi. Both networks grew out of the NGO Networks for Health project and were funded by USAID.

Despite the literature that suggests that the best way to begin a network is slowly, nurturing relationships and creating trust among the actors, in both NicaSalud and Umoyo the opposite occurred: the NGOs were brought to the table very quickly to discuss project implementation with the opportunity of financing.

Both networks focused on high quality management, financial and administrative procedures, and technically sound activities. Via NGO Networks there was ample opportunity to receive international technical assistance on all aspects, from running sub-grants programs to the state of the art training materials.

Monitoring and evaluation played a large role in the success of the two networks. Through NGO Networks, both networks had access to international technical assistance for set up and continued support of M&E systems. The added value of a network was shown through the M&E systems. Within three years, especially in the case of NicaSalud, the NGOs were able to show quantitative impacts of their projects and present the results in a uniform manner to donors, the MOH, and others; had learned the M&E methodology and were applying it to other arenas of their work; and M&E had become and important aspect of organizational culture of many of the NGOs.

The sub-grants programs created a natural mechanism to bring the NGOs and other partners together on a regular basis to coordinate activities, exchange information, and learn from one

another. These fora are very well received by the NGOs and are perceived as one of the strong benefits of working in a network.

The two networks have had very different intuitional development paths. While NicaSalud choose to become an independent, Nicaraguan-based Federation of NGOs, Umoyo Network is continuing as a Save the Children project. The different decisions reflect the early vision of the individuals involved in the two networks, the role of USAID in each country, and most importantly the differing realities of Nicaragua versus Malawi. Such differences include the maturity of the NGOs, the perceptions of priorities, government attitudes towards the NGOs, and staff perceptions.

Both networks have been successful. They have demonstrated the impact of their activities and they have continued to attract the attention of donors. In both cases USAID made the decision to continue financing the networks, and NicaSalud was recently chosen to be the Primary Beneficiary for the Global Fund in Nicaragua. Both networks are young and their true success can only be judged in ten or fifteen years. But both have had successes in their short lives that warrant the attention and study of those who are interested in forming similar networks.

Health, NGOs and Networks

In many developing countries Non-governmental Organizations (NGOs) play an increasing role in delivering health services to the poor, especially in rural areas. The label "NGO" includes vastly different organizations in terms of both scope and scale. Here we include all organizations – from large international NGOs to small, five staff-member organizations – under this label. In many countries there is a marked trend towards decentralization and partial privatization of health care systems. As the power over service delivery is devolved to the local level, and funding for Ministries of Health are cut, NGOs are filling the void in health promotion and services. In some marginalized communities NGOs are the only actors providing health care services. In other cases the government formally turns over the provision of service delivery, via a contract, to NGOs in defined areas. (Lavadenz, et al., 2001)

NGOs attempting to provide quality and efficient health services to marginalized populations face great challenges. Many smaller NGOs face potentially crippling weaknesses:

- underdeveloped governance structure,
- poor administrative and financial systems and capacity,
- inadequate technical skills,
- narrow thematic or geographic focus,
- limited capacity in monitoring, evaluation and documentation of their successes and failures, and
- inability to creature a learning and growing institution.

Some of these weaknesses are due to the lack of a scale sufficient to carry out the stated objectives, while others are systematic institutional shortcomings.

Many of these issues can be addressed by forming networks or alliances of organizations. There is a growing body of literature that demonstrates that systematic networks, i.e., clusters of organizations that make decisions jointly and integrate their efforts to produce a product or service, "adjust more rapidly to changing technologies and market conditions, develop new products and services in a shorter period, and provide more creative solutions in the process." (Alter and Hage, 1993). In the case of NGO networks, this occurs by providing a mechanism to link NGOs as a community that facilitates shared learning, quality standards, and an economy of scale that permits access to resources and efficiencies that are unattainable individually.

At an international level, this mechanism is seen in the global alliances created to improve public health in developing countries. The Global Polio Eradication Initiative; Global Alliance for Vaccines and Immunization; Roll Back Malaria; and the Global Fund for HIV/AIDS, Malaria, and Tuberculosis are examples of these global alliances. As recognition of their successes and potential, the Bill & Melinda Gates Foundation are investing 80% of the total value of global health initiatives in alliances. (Bill & Melinda Gates Foundation, 2002)

The Gates Foundation has found the following benefits of alliances or networks:

- Avoiding duplication of investment or activities
- Gaining scale economies
- Sharing or reducing risk to allow new initiatives to take place, which individual partners or donors might not have been able or willing to take on alone
- Sharing knowledge and resources to improve effectiveness
- Accelerating momentum and attracting funding by building a common "brand" that gains legitimacy and funding support

Experiences from the field in developing countries, including experiences in NicaSalud and the Umoyo Network, have found the following benefits of working in networks of health NGOs:

- Coordinating to avoid duplication of activities & investments
- Sharing information, knowledge, and methodologies to improve effectiveness
- Developing common approaches, methodologies, indicators, and monitoring & evaluation techniques to improve effectiveness and harmonize among different organizations
- Developing a common voice and point of contact among the NGOs and the Ministry of Health and other agencies.
- Setting of minimum standards for financial, administrative, and technical compliance
- Creating economies of scale for procurement, access to technical assistance and training
- Improving the capacities of smaller, newer NGOs through partnering or mentoring with larger, more experienced NGOs
- Creating a mechanism for donors to provide resources to reach marginalized communities where smaller NGOs are working, while ensuring technical, administrative, and financial management quality
- Creating a "brand" image that donors and others recognize as representing quality and value
- Promoting the spread of innovations

Sustainable development is much more likely to occur in countries where NGOs are strong and supported by viable, sector-wide institutions. This explains, in part, why donors, including USAID, are focusing greater attention on and providing greater resources to NGOs.

The Gates Foundation (2002) classifies networks or alliances into five functional types:

- Simple affiliation
- Lead partner
- General contractor
- Secretariat
- Joint venture

NicaSalud and the Umoyo Network represent two distinct structural types, yet there are commonalities in their histories. The lessons learned from their two experiences will hopefully assist others who wish to begin working in a network ,or wish to improve their effectiveness, efficiency and sustainability via working in a network.

Objectives & Methodology

This paper explains the establishment, evolution, management of two networks of NGOs working in the health sector in Nicaragua and Malawi. From these two histories emerge several key factors that seem to explain some of the success of the networks. It is hoped that these "lessons learned", will be of use to other practitioners that may be interested in starting or improving other, similar networks or alliances.

The Executive Director of NicaSalud and the Manager of Umoyo Network began a series of conversations about their respective experiences in January 2002, at the NGO Networks for Health meeting. These conversations began in part due to the paucity of literature or practical guides about how to lead and manage networks of NGOs. The conversations began to uncover some of the points drawn out here.

In October 2002 the NicaSalud Executive Director traveled to Malawi to visit with the Manager of Umoyo Network for ten days. This trip allowed for the two directors to continue their discussionsfocused on observations of the functioning of the Umoyo Network. The NicaSalud Executive Director interviewed key actors, including representatives of USAID, Save the Children, other PVOs, Malawian NGOs, Malawian government, other donors, and Umoyo Network staff members. He attended a number of internal staff meetings discussions. He also took advantage of the Umoyo Network documentation center to review many of the Network's documents.

Based on his visit and conversations, the NicaSalud Executive Director prepared a draft report which was improved based on comments from and discussion with the Umoyo Network Manager.

NGO Networks for Health

NGO Networks for Health was a global health partnership program supported by USAID, through a consortium of private voluntary organizations (PVOs): Adventist Relief and Development Agency (ADRA), CARE, Program for Alternative Technologies in Health (PATH), Plan International (Plan), and Save the Children USA (SCUS). Funding was awarded in June 1998 to meet the demand for quality family planning, reproductive health, child survival, and HIV/AIDS information and services around the world. The results expected of NGO Networks were:

Result 1: Sustained PVO capacity to provide quality FP/RH/CS/HIV services:

- 1.1 Increased organizational commitment to use state-of-the-art FP/RH/CS/HIV programming
- 1.2 Improved capacity of PVOs to provide state-of-the-art FP/RH/CS/HIV programming.

Result 2: Accurate knowledge and sustained behavior change at the community level:

- 2.1 Increased PVO/NGO capacity to integrate behavior change interventions (BCI) into FP/RH/CS/HIV programs
- 2.2 Increased implementation of effective behavior change strategies

Result 3: Expanded, sustained PVO/NGO networks to provide FP/RH/CS/HIV services and information, through created/strengthened networks:

3.1 Increased PVO/NGO commitment to improve quality and availability of FP/RH/CS/HIV services and information, through created/strengthened networks
3.2 Increased capacity of networks to provide improved coverage and quality of service

Result 4: Expanded Service Coverage through Public/Private Partnerships

4.1 Increased public/private commitment to provide FP/RH/CS/HIV information and services through partnerships.
4.2 Increased formalization of public/private and private/private partnerships.
4.3 Improved service delivery through public/private and private/private partnerships.

NGO Networks supported the formation or strengthening of a number of networks of NGOs. At project's end the two strongest were NicaSalud in Nicaragua and the Umoyo Network in Malawi.

The Two Networks

"Umoyo Network

The goal of the Umoyo Network is to promote and support the development of networks in order to improve the scope and quality of service delivery mechanisms. Umoyo Network has been managed by Save the Children USA and supported by NGO Networks for Health.

Umoyo Network was created to provide an umbrella funding mechanism and provide institutional strengthening, programmatic support, and monitoring and evaluation to Malawian NGOs. Although it has supported work to improve reproductive health and child survival, its main focus has been to increase the use of HIV/AIDS prevention practices and services.

Its aims are:

- to assist Malawian organizations, both government and non-government, to reduce fertility, improve reproductive health and child survival.
- to increase the use of HIV/AIDS prevention practices and services, and improve care for persons infected with, and/or affected by HIV/AIDS.

Umoyo Network's important activities include:

- Grants management
- Capacity-building and institutional development for local NGOs
- Reproductive health and HIV/AIDS technical assistance
- Information dissemination and logistics support
- Network development
- Monitoring and evaluation
- Strengthening the technical capacity of the Umoyo Network

Grants

Umoyo Network supplies two types of sub-grants: twelve larger grants (between $100,000 and $1.4 million) to Malawian NGOs and ADRA, and forty "small grants" (up to $5,000) to faith-based, community-based, and youth organizations. In addition, Umoyo Network is

collaborating with a private sector company, Bowler Beverages Company, Ltd, for the prevention and mitigation of HIV/AIDS in the workplace and bars.

The grants support the following activities:

- Community-based family planning and HIV/AIDS education
- Provision of contraceptives through community-based distribution agents
- Voluntary Counseling and Testing (VCT)
- Care of, support for and advocacy for people living with HIV/AIDS and for orphans and vulnerable children
- Awareness raising about sexual health issues amongst adolescents
- Prevention and treatment of sexually transmitted diseases
- Behavior change initiatives
- Infection prevention

The organizations receiving sub-grants are:

- Malawi AIDS Counseling and Resource Organization (MACRO)
- Blantyre Christian Centre (BCC)
- Ekwendeni Hospital
- Adventist Health Services
- Malamulo Hospital
- National Association of People Living with HIV/AIDS in Malawi (NAPHAM)
- Malawi Association of National AIDS Service Organizations (MANASO)
- Development Aid from People to People (DAPP-Hope Humana)
- Malawi Network of people living with HIV/AIDS (MANET)
- The Salvation Army
- ADRA Machingiri Home Based Care project

Below is a summary of the key activities, period and amount of funding:

SUB- GRANTEE	KEY ACTIVITIES	PERIOD OF AGREEMENT	TOTAL SUM
WAMI	Provision of FP and STD/HIV/AIDS management services at health centers and in the community; provision of pre and post test counseling at QECH	October 1999 to December 31, 2002	$ 471,468.58
MACRO	Provision of VCT and provision of family planning services to clients	October 1999 to November 30, 2002	$ 1,397,817.91
AHS	Provision of FP and STI/HIV/AIDS management services at health centers and communities	January 2000 to December 2002	$ 347,599.53
EKWENDENI	Safe motherhood program and reproductive health service delivery (includes VCT, FP, STI)	January 2000 to December 2002	$ 247,709.81
MALAMULO	Provision of FP services, VCT and syndromic management of STIs	January 2000 to December 2002	$ 242,351.10
ST. ANNE'S ANGLICAN HOSPITAL	Provision of FP, VCT, Condoms and management of STI using syndromic management.	January 2000 to June 2001	$ 99,995.00
NAPHAM	Facilitation of support groups, Access to care and positive living of PLWAs, HIV/AIDS and STI education in communities, companies and schools	July 2000 to December 2002	$ 361,253.46
DAPP	Support to youth clubs, vocational skills training, MCH clinic, drama groups and VCT	April 2002 to December 2002	$ 209,044.03
MANASO	Operation of a grant agency and network development and distribution of HIV/AIDS information	October 2000 to December 2002	$ 321,301.00
MANET	Capacity building and support for MANET + and PLWHA Support Groups and network development	March 2000 to December 2002	$ 146,802.92
SALVATION ARMY	Community care and addressing harmful cultural practices	March 2000 to December 2002	$ 196,473.00
BBCL	Behavior change interventions, Policy development and promotion of condoms in the work place and taverns	March 2002 to November 2003	$ 167,760.00

ADRA Machingiri Home Based Care project has also received support.

Small Grants

In addition to the sub-grants, Umoyo has a small grants program that allows for the granting of amounts up to US$ 5,000 for specific activities with smaller NGOs or CBOs.

Umoyo Staff

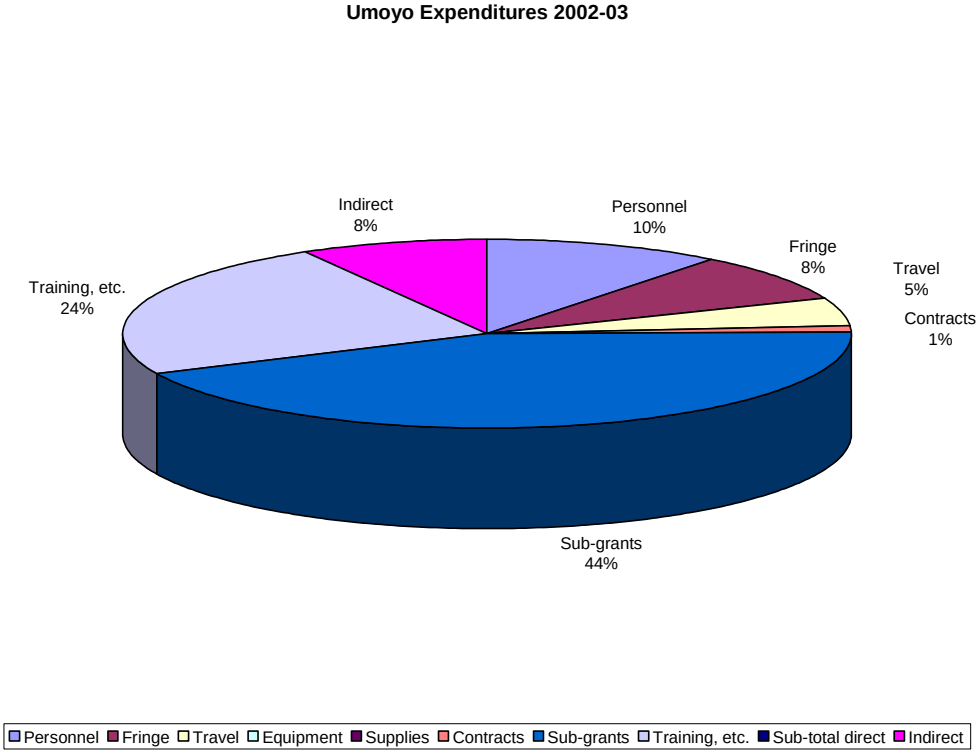
The Umoyo Network has 29 direct staff located in the Blantyre office. Two positions, the Program Manager and HIV/AIDS Advisor are international positions, the remainder are national positions. In addition, the Umoyo Network's budget partially supports the Save the Children Field Office Director (20%), Projects Officer (15%), and Administrative Officer (15%), the NGO Networks Finance and Administration Officer (10%), and an international volunteer.

Umoyo Network Staff

- Project Manager
- HIV-AIDS Advisor
- Reproductive Health Specialist
- Reproductive Health Officer
- HIV/AIDS Officer
- Monitoring & Evaluation Specialist
- Monitoring & Evaluation Assistant
- Monitoring & Evaluation Assistant
- Communications Assistant
- Communication & Resource Centre Assistant
- Projects/Institutional Development Officer
- Projects Officer
- Finance and Grants Manager
- Two Financial Analysts
- Two Finance Assistant
- Office Manager
- Procurement Officer
- Administrative Assistant
- Two Secretaries
- Office Assistant
- Office Assistant
- Four Drivers

Budget

From June 1999 through 30 June 2003, Umoyo Network received $8,281,148 from USAID. Its budget from 1 October 2002 – 30 June 2003 was $2,043,009, which was distributed as following:



The expenditures chart demonstrates that a large portion (24%) of the budget was spent on institutional strengthening, largely through training. Much of the training was directly targeted at improving institutional capacity (administrative and financial procedures, strategic planning, educating board members about their roles and responsibilities, etc.). During its first two years, Umoyo had to dedicate a great deal of effort, through training and staff time, to strengthening the typically weak NGOs.

Although there has been discussion within the Umoyo Network about establishing itself as an independent network, the idea has not moved forward. Many of the NGOs recognize their fragility and that continuing as a Save the Children project provides a degree of stability that might not exist if the governance was taken over by the Malawian NGOs. In addition, there are suspicions about the Malawian government's intentions regarding NGOs, and a feeling that an international NGO, Save, provides greater protection against possible government intervention. Finally, the staff members prefer to be employees of an international NGO, rather than a national organization.

NicaSalud

NicaSalud's Vision is:

"United communities with the right to quality health services, including access to and participation in delivery of such services."

Its Mission is:

"To improve the health of vulnerable groups, through a network dedicated to high quality initiatives."

NicaSalud was created as part of USAID's response to the devastating impact of Hurricane Mitch (October 1998) on the already weak health care system and infrastructure in Nicaragua. It was established in 1999 through NGO Networks for Health to facilitate a systematic, coordinated approach among US PVOs and Nicaraguan NGOs to the rehabilitation of the health sector and the restoration and improvement of the health situation of Mitch-affected families. At its inception NicaSalud operated successfully under the auspices of CARE Nicaragua. In October 2001 it received its legal status as an independent Federation of NGOs in Nicaragua. It continued to receive funding via CARE until June 30, 2003.

In September 1999 USAID Nicaragua provided US$6.1 million in funds to support health projects of the eight founding NicaSalud members- ADRA, Catholic Relief Services, CARE, Project HOPE, PLAN, Project Concern International, Partners of the America, and Save the Children USA - and local NGOs. These funds were provided through the USAID Global Bureau field support mechanism and the NGO Networks project. Each PVO received initial grants of US$400,000, with the exception of Save the Children USA, which received US$700,000. In the spring of 2000, 13 Nicaraguan NGOs were selected from 33 applicants to receive a total of US$1.2 million in sub-grants ranging from US$27,000 to US$100,000.

The NicaSalud Intermediate Results of the Mitch Rehabilitation Phase were:

- IR1: Renovate, re-supply and re-equip health care services
- IR2: Increase accurate knowledge, healthy behaviors and access to quality services in Mitch-affected areas
- IR3: Coordinate and manage partnership to deliver health services to Nicaraguans in Mitch-affected areas

Child survival, maternal health, reproductive and sexual health, adolescent health and vector control programs were implemented in 839 rural communities and urban neighborhoods in nine Mitch-affected departments of northern Nicaragua. A total of 420,450 people have benefited directly and indirectly from NicaSalud's activities in these communities.

A central office, staffed by the NicaSalud Team opened in January 2000. The Team is made up of a Director, Technical Specialists, Finance and Administrative Officers and support staff

The NicaSalud member organizations organized themselves into three regional sub-networks in the main geographic areas of NicaSalud (Jinotega, Las Segovias, and León-Chinandega).

NicaSalud solicited and reviewed proposals, improved their quality, and provided technical assistance and training during their implementation.

NicaSalud's accomplishments and activities under the Mitch program included:

- Benefited 420,450 peoplethrough NicaSalud activities.
- Provided training to member PVO and NGO personnel, and MOH personnel in IEC, monitoring and evaluation, LAM, clinical and community IMCI, Total Quality Management, behavioral change chain, and LQAS.
- Coordinated work between member PVOs and NGOs, on a central and departmental level. Three regional sub-networks were created.
- Awarded and supervised sub-grants with 21 institutions (8 PVOs and 13 Nicaraguan NGOs) for a total of $4,542,072 over the two years 2000-2001.
- Coordinated work with other public and private institutions in the health sector, on a central, departmental and municipal level, including the MOH, ProSalud, Profamilia, Quality Assurance, Johns Hopkins University, and the UNFPA.

NicaSalud demonstrated that PVOs and NGOs working together could create synergies to increase effectiveness and efficiency in the field. NicaSalud and CARE Nicaragua provided high quality financial and sub-grant programmatic oversight. NicaSalud also introduced a rigorous and unified method to monitoring and evaluation (LQAS).

Beginning January 2002 NicaSalud continued to receive USAID field support via CARE to continue its coordination and grants program.

During 2002 eleven organizations received grants to implement community-based integrated child health and nutrition (referred to as AIN-C based on its Spanish acronym). Three projects are working with adolescent reproductive and sexual health. The total granted to the fourteen projects is $914,000 for the period January 2002-June 2003. The projects will benefit 172 communities with a direct beneficiary population of 16,048 children less than five years of age and 9,578 adolescents.

In addition to the fourteen projects that carried on from the post-Mitch funding, a new initiative on HIV-AIDS in the Department of Rivas was initiated. This initiative began with a call for proposals that resulted in the selection of three organizations for funding. The three partners developed and submitted a coordinated proposal. After careful review and improvement of the proposals internally, the proposals were approved. The total funded for the HIV-AIDS projects was $178,000 during 2002. The projects benefited more than 5000 persons through promotion of safer behaviors to decrease the transmission of HIV, detection and treatment, and support to local groups composed of government institutions and civil society institutions. This has led to the creation of a fourth sub-network based in Rivas and composed of the three NGOs working in the area.

NicaSalud oversees the project activities via regular (every three months) field visits for technical oversight and visits to the sub-offices for financial oversight. NicaSalud's specialists travel to the field, often in teams, in coordination with the organizations to review progress and a completed assessment is completed and discussed with the team. A finalized copy is submitted to the organization directors.

In addition to their project oversight responsibilities, NicaSalud's Specialists have geographic responsibilities, to facilitate the functioning of the Sub-Networks. The Sub-Networks coordinate locally to ensure community coverage and to meet with the local MOH representatives. In many cases the Sub-Networks are a type of support group for the project managers in their remote settings.

Finally, the Specialists have thematic responsibilities for which they organize national meetings to review progress, coordinate with MOH and other actors, and provide training. These Working Groups are fora for advancing the technical quality of the programs.

Governance

NicaSalud is a legally-registered Association of NGOs in Nicaragua. NicaSalud's legal status was awarded by Decree of the National Assembly No. 3148 and published in La Gaceta No. 222 of Year CV published 22 November 2001. The Legal Statutes were registered with the Ministry of the Interior (No. 2841 M. 0459107) and published in La Gaceta No. 82 of Year CVI on 6 May 2002.

Membership and Members

Application for membership in NicaSalud is open to organizations that are non-governmental, non-political, non-sectarian, and non-profit and that work to promote healthier, smaller families via community-based primary health activities in Nicaragua.

There are four categories of membership in NicaSalud:

- Founding Members
- Active Members
- Full Members
- Honorary Members

Founding Members are the fifteen organizations that originally constituted NicaSalud and successfully completed two years of work with NicaSalud. They are:

- Adventist Development and Relief Agency International (ADRA)
- Alistar de Nicaragua (Alistar)
- Asociación para el Desarrollo de los Pueblos (ADP)
- Asociación para el apoyo para la nueva familia en Nicaragua (ANFAM/Ixchen)
- Catholic Relief Services (CRS)
- Centro de Estudios y Promoción Social (CEPS)
- Cooperative for Assistance and Relief Everywhere (CARE)
- Fundación para el Desarrollo de la Mujer y la Niñez (FUNDEMUNI)
- Project HOPE The People-to-People Health Foundation, Inc.
- Instituto de Promoción Humana (INPRHU Somoto)
- Partners of the Americas Nicaragua Wisconsin (POA)
- Plan Nicaragua (PLAN)
- Project Concern International (PCI)
- Save the Children USA (SC)
- Wisconsin Partners of the Americas (POA)

Other organizations may request membership as Active Members. Active Members must, in addition to the general criteria expressed above, demonstrate that they have at least three years of experience in primary health care projects in Nicaragua and have managed a minimum of US$30,000 annually. Prospective new members submit an expression of interest, along with supporting documents (including legal registration in Nicaragua and accreditation of the Director or Representative) to the Executive Director. The Executive Director may request a visit to the institution to verify the application. Finally, the Executive Director presents the request to the Board of Directors, which votes on membership. Approval is by simple majority.

Full Members are those that have been Active Members for at least two years and have demonstrated their commitment to the goals and principles of NicaSalud. They may be nominated for Full Membership by a Founding or Full Member of NicaSalud. The nomination is voted on by the Board of Directors.

Honorary Members are those institutions or individuals that, due to their achievements and dedication to the goals of NicaSalud, have been nominated for Honorary Membership by a Founding or Full Member of NicaSalud. The nomination is voted on by the Board of Directors.

All members have access to NicaSalud's resource center. They are invited to participate in appropriate trainings, workshops, and working groups. They may submit proposals for funding when funds are available. Founding and Full Members may participate in the annual General Assembly meetings. They are able to vote and may be elected to the Board of Directors. Active & Honorary Members may participate in the General Assembly meetings but are not given a vote.

Founding, Full and Active Members pay an annual membership fee. Currently the fee is US$2000 for international organizations and US$500 for national organizations. The Board of Directors is responsible for reviewing and modifying the membership fee. As of June 2003, NicaSalud had a total of 22 members.

Board of Directors

The current Board of Directors consists of seven members, elected from the Directors of the Founding and Full Member organizations of NicaSalud. They are elected for a one year term and are eligible for re-election. The board meets monthly and the members receive no compensation for their participation. On 8 November 2002 NicaSalud's General Assembly elected the current members of the Board:

- Plinio Rogelio Vergara Serrano, President (Director, ADRA Nicaragua)
- Leonel Argüello Yrigoyen, Secretary (Director, PCI Nicaragua)
- Charles C. Compton, Treasurer (Director, PLAN Nicaragua)
- Francisco Torres Amaya, Fiscal (Director, HOPE Nicaragua)
- Lara Puglielli (Director, CRS Nicaragua)
- Bertha Flores (Director, FUNDEMUNI)
- Gladys Cáceres (Director, INPRHU Somoto)
- Allan J. Hruska, ex officio, non-voting (Executive Director, NicaSalud)

Before operating as an independent organization, NicaSalud convened a consultative Board of Directors, consisting of the Directors of the eight PVOs plus two representatives of the NGOs, to provide a consultative body to CARE and the NicaSalud management. This body met monthly to discuss strategic issues of NicaSalud.

Technical Advisory Group

The Technical Advisory Group (TAG), with representation from MINSA, UNICEF, PAHO, and the School of Public Health, provides technical guidance to NicaSalud's Executive Director and Board of Directors.

Members for the committee are elected by the Board of Directors. Individuals must be:

- recognized experts in one of the priority areas of NicaSalud,
- likely to contribute positively to NicaSalud's work,
- willing to dedicate 3-5 days per year in voluntary (without pay) support of NicaSalud.

Letters are sent to the nominated candidates inviting them to submit their résumé if they are interested in participating as a member under those terms. The committee members are named for an initial period of two years and are eligible to serve additional terms.

The TAG has as its mandate:

- Review the strategic lines of NicaSalud's work and make recommendations for their improvement.
- Provide an external view of NicaSalud to the Board of Directors and the Executive Director and his team.
- Provide specific technical support, including the review and rating of the proposals submitted for the sub-grant program.

Review of the sub-grants by the TAG is done in parallel to the internal review process of the NicaSalud team. The proposals are reviewed and rated on both the technical and financial/administrative criteria. A joint committee of the TAG and the NicaSalud technical team makes final recommendations to the Executive Director who notifies the organizations about the outcome of the review process.

Planning

NicaSalud has a five year Strategic Plan that was approved by the Board of Directors in October 2001. An Annual Operating Plan (AOP) is developed yearly and Individual Annual Operating Plans (IAOP) is based on the AOP.

NicaSalud developed its Workplan based on USAID Nicaragua's new five-year strategic plan for 2003-2008.

Strategic Objective 3*: Healthier, Better Educated People.* The SO 3 has three Intermediate Results.

Intermediate Result 3.1: Increased and Improved Social Sector Investments and Transparency
Intermediate Result 3.2: Increased and Improved Educational Opportunities for Youth
Intermediate Result 3.3 Improved Integrated Management of Child and Reproductive Health
Sub-IR 3.3.1 Improved and expanded family planning and maternal and child health services and Information/education
Sub-IR 3.3.2 Better nutrition and dietary and hygienic practices

NicaSalud responds directly to IR 3.3 and its two Sub-IRs.
NicaSalud has a total staff of fourteen:

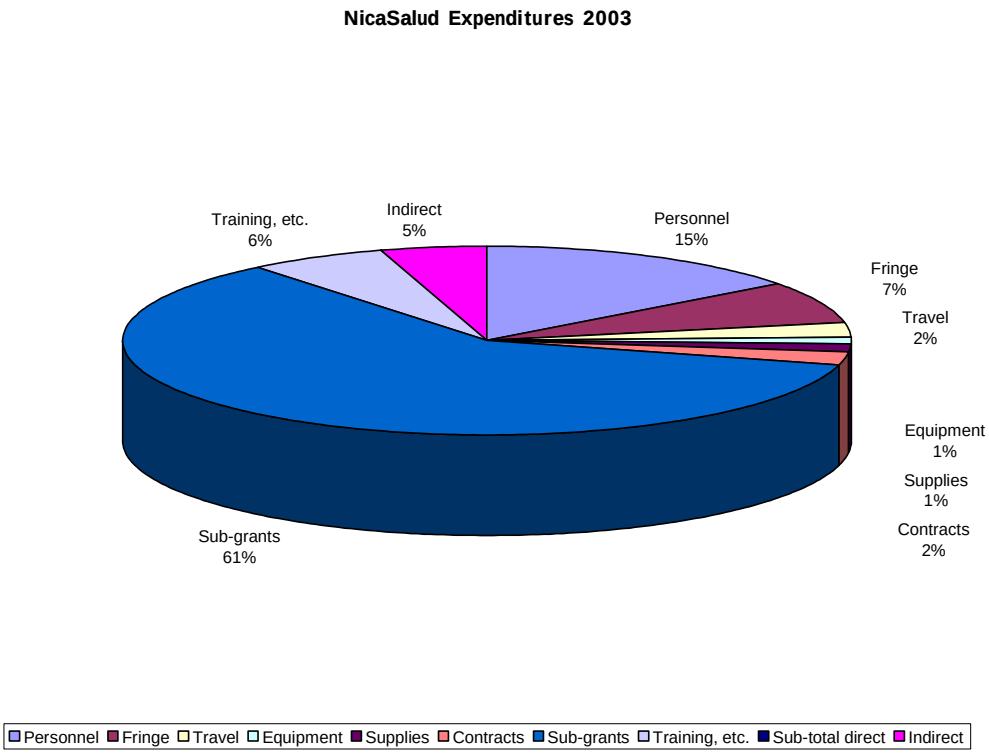
NicaSalud Staff

- Executive Director
- Child Health Specialist
- Sexual & Reproductive Health Specialist
- STI/HIV/AIDS Specialist
- Water, Hygiene & Sanitation Specialist
- Monitoring & Evaluation Specialist
- Monitoring & Evaluation Assistant
- Head, Finance Department
- Communications Officer
- Accountant
- Administrator
- Secretary
- Office Assistant
- Driver

Management Structure

The ultimate governing body of NicaSalud is its General Assembly, composed of the Directors of the Founding and Full members of the Federation (currently 15 organizations). The General Assembly elects a seven-person Board of Directors which, in turn, hires the Executive Director.

NicaSalud will receive $2 million from USAID during 2003, distributed as following:



In addition to this core budget, NicaSalud has separate contracts with the Environmental Health Program for community monitoring ($50,000 for one year) and with the regional USAID-funded HIV/AIDS program for collaboration (PASCA, $5,000 for six months). Currently NicaSalud is negotiating the budget that it will manage for the Global Fund to support the Nicaragua projects.

Evidence of the Success of the Networks

The success of the networks in Nicaragua and Malawi is defined in terms of the increased improvement of quality and impact, or the reduction of costs of initiatives aimed at improving the health conditions of marginal populations, compared with what could be done in the absence of the network.

The success of the networks is examined in three arenas: measured changes in individual knowledge, attitudes, and behavior; institutional strengthening of the individual organizations; and the building or strengthening of a network and the role of that network in strengthening civil society and building social capital.

Changes in the Communities

Both NicaSalud and Umoyo have benefited from the technical assistance provided by NGO Networks in measuring changed knowledge, attitudes, and behaviors at the field level. The Senior Monitoring and Evaluation Specialist of NGO Networks, Joe Valadez, introduced an efficient M&E methodology, Lot Quality Assurance Sampling (LQAS) in NicaSalud and Umoyo. He also created teams of M&E supervisors and trainers, including staff of Networks and staff from the member organizations. The successful introduction and application of the methodology allowed for uniform monitoring and evaluation across all organizations and activities. The uniformity and consistency of M&E has become one of the recognized strengths of both Networks.

NicaSalud and Umoyo have been able to clearly demonstrate improvements in knowledge, attitudes, and behaviors among their target populations. For NicaSalud these changes are amply described in the evaluation completed of the two years of Post-Mitch funding (NicaSalud, 2002). The Umoyo evaluation was completed in March 2003. Both evaluations are available at www.ngonetworks.org

Institutional Strengthening

The measurement of the strengthening of the institutions as a result of their participation in the Networks has been less systematically measured, but is probably one of the most important impacts of Network functioning. Certainly it is one of the "value-added" or "emergent" results, beyond simply grouping institutions together and using the economy of scale generated to make activities more efficient.

Umoyo made institutional strengthening an explicit priority of their activities, with staff dedicated to that goal, as well as considerable resources of staff time and financing dedicated to planning and caring out training courses for the institutions. The NGOs greatly value the training efforts and there has been a notable improvement among the institutions, especially regarding their ability to manage the resources provided by Umoyo. A fair amount of effort has also been placed on training in governance issues. In this area the results seem less obvious. In some cases this is due to the small size of the institutions and an unclear vision,

or perhaps desire, to professionalize and have a separate and functioning governance structure. While the work on improving the technical and managerial capacity of the organizations appears to have clear results, the impact of training on governance seems less clear.

NicaSalud has not had as an explicit objective the strengthening of its members and has not provided trainings with that end. Rather, NicaSalud has worked with its members to identify weaknesses and worked those institutions demonstrating managerial or technical weaknesses to overcome them. There has been a great deal of institutional strengthening, but it has been more the result of carrying out activities with NicaSalud's engagement, rather than an objective. For example, ADP, a Nicaraguan NGO learned the LQAS monitoring and evaluation methodology through carrying out a NicaSalud-funded project. One of ADP's staff became interested in the methodology and saw the benefits of using it in other projects that ADP carries out, independent of NicaSalud. Gradually ADP has come to use the LQAS methodology in many of their projects and has subsequently been able to demonstrate more systematically and convincingly the results of their projects, have been able to learn from these results and mature institutionally, and have been able to present to potential donors as part of a convincing argument about the effectiveness of ADP's programs. Likewise in financial and administrative management, the smaller NGOs have institutionalized many of the procedures and policies that they learned while participating in NicaSalud-funded projects.

NicaSalud's mixture of large, experienced PVOs and smaller, less experienced NGOs provided the opportunity for an informal mentoring process. Although not explicitly conceived as such, a great deal of institutional development came about simply by working side by side with more experienced organizations. This occurred at several levels. The first forum was the Board of Directors and the General Assembly, where CARE, Save the Children, ADRA, PCI, CRS, PLAN were equals with ADP, IXCHEN, INRPHU, and CEPS. These meetings of directors were the only opportunity that the NGO directors had to interact with their international colleagues, and in many cases the only time they met.

In the field, there was a very good sharing of experiences and materials from more experience to less-experienced personnel. The sub-network structure provided a natural forum for this to happen. Typically the sub-networks meet monthly to coordinate, exchange experiences, and seek common solutions. Although all members were of roughly the same experience, education, and background, the institutional experience of each played an important role in spreading new best practices and experiences. For example, as a group of NicaSalud's NGOs and PVOs began new projects in Integrated Management of Childhood Illnesses at the Community level (IMCI-C), some of the institutions had relevant experience upon which they could draw. In one sub-network PCI brought a valuable experience in IMCI to a sub-network and shared it with others, especially the NGOs that had no experience in IMCI-C. One of the NGOs has a number of times publicly recognized the support and mentoring that they received from PCI in starting and carrying-out their IMCI-C projects.

Network Strengthening & Social Capital

The strengthening of individual institutions and the strengthening of the network often go hand-in-hand, as the example above demonstrates. When institutions perceive a value to participating they are more likely to become strongly committed to the network, to be willing to invest more resources and to increase their identification with the network.

The success of the network can be viewed from within: *What added benefits to organizations and community-level activities may be attributed to the existence of the Network?* It can also be viewed from without: *What unique benefits does the Network provide to the collection of institutions within a larger context?*

From within the Network, the most readily identifiable benefit at the technical level is the access to new ideas, experiences, materials, or innovations, by being a member. Sometimes the Network simply provides a forum for communication, either planned or unplanned, where individuals with common interests and concerns are brought together and, through sharing their experiences, gain new insights, ideas, or solutions to their problems. In both NicaSalud and Umoyo this benefit is widely recognized by staff, especially field technical staff. They value the meetings and trainings that facilitate a rich and useful interchange. This benefit is also perceived and valued at the Directors' level.

The Networks provide a scale of operations that permits access to information, training, and financing that would not otherwise be possible, especially for smaller organizations. Both Umoyo and NicaSalud have accessed many consultants who have provided trainings and reviews that have benefited all organizations. In most cases the smaller organizations would not be able access the assistance and training, because the size of their budget would not justify the expense. Both Umoyo and NicaSalud have also set up documentation centers providing access to literature not easily accessible, and in the case of Umoyo, internet access that is not readily accessible outside of the Network.

But beyond the benefits of size and sharing, Networks offer a forum for collective innovation and implementation. One of NicaSalud's major efforts during 2002 was to respond to the demand of eleven of its members to work in IMCI-C. A few of NicaSalud's members had experience in IMCI-C, but many did not. NicaSalud's staff did not have much experience in IMCI-C either. So, NicaSalud embarked on a joint learning and decision-making process. To begin, the NicaSalud staff invited BASICS to assisst. BASICS had provided leadership in promoting IMCI-C in Nicaragua The communities were visited where BASICS had worked with some of the PVOs, including CARE and PCI, and the MSH project Prosalud to establish pilot activities. NicaSalud and BASICS organized a training session for the project managers where BASICS and the Ministry of Health presented the experiences from around the world, including some in Nicaragua. From that training a group was created of the Nicaragua BASICS representative, NicaSalud staff, USAID, and the PVO/NGO managers. This group began developing a uniform program that would be carried out by all of the NicaSalud-funded projects.

Negotiations were held between the group and the MOH to agree upon a standard set of training materials and indicators to be measured. After several months of negotiations, the MOH approved a set of materials, including the training manual, as well as a set of

indicators. NicaSalud reproduced the materials for all of its members, purchased the weighing scales for everyone, led the process of agreeing on indicators, and provided training for each sub-network. The MOH agreed that it would support and follow the experiences closely, as input for a decision about a national-level program.

With this jointly developed and agreed-upon approach and tools, eleven PVOs and NGOs began to implement their IMCI-C projects, with NicaSalud and BASICS providing oversight and facilitating exchanges and lessons learned among them. The experience with the MOH placed NicaSalud in the important role of negotiating on behalf of a large group of important PVOs and NGOs. This experience was one of several that provided NicaSalud a leadership role in the civil society sector with the MOH working for constructive and productive negotiation that led to concrete decisions and action.

The work on IMCI-C has strengthened NicaSalud in several ways. First, through the trainings and discussions, all organizations felt part of the process of jointly creating the program. This increased the commitment to NicaSalud by the member organizations. The activity also placed NicaSalud in a clear leadership role and helped increase the credibility of NicaSalud as a leader in the eyes of the MOH and USAID. And finally, the work in the communities has benefited from a review and implementation of best practices from around the world, international technical assistance, a standardized monitoring and evaluation system to review progress,results, the basis for a national effort and efficiencies of scale.

The Networks also enable a relationship between the members and other actors that is much more difficult or impossible for individual organizations to achieve. In both Umoyo and NicaSalud the Networks have opened dialogue and coordination with the governments that would be difficult for any one PVO or NGO to achieve. NicaSalud has developed a close relationship with the MOH and has signed a five-year agreement to further strengthen relations. In the case of IMCI-C, NicaSalud was able to enter into negotiations as a representative of the most important PVOs and NGOs working in that area. The Nicaraguan MOH has often sought the participation and assistance of NicaSalud, in everything from discussions about the new General Law of Health, to participation in inter-sectoral fora responding to particular crises. Umoyo also enjoys a close working relationship with the Malawian MOH and the National AIDS Commission. The Commission particularly values the work and coordination of Umoyo and has sought to ensure its participation in the upcoming funding from the Global Fund for AIDS, Tuberculosis and Malaria.

NicaSalud has recently been requested, by the MOH and European donors, to play a key role in national dialogue to create a vision of how to carry out a Sector Wide Approach to the health care sector in Nicaragua. NicaSalud has been proactive in these discussions, organizing presentations and discussions among NicaSalud members, donors, and the MOH.

The Networks are attractive to a number of partners that see value in interacting at a Network level. Many international agencies and projects, including OMS/PAHO, UNICEF, UNFPA, BASICS, EHP, PRIME, JHU, and projects operated by the World Bank, GTZ, FHI, the Futures Group, MSH, and JSI implement joint or coordinated activities with the Networks. Both Networks have also attracted private sector interest in collaboration. Umoyo has signed an agreement with the Bowler Beverages Company to help the company on policy towards AIDS and workers living with AIDS, as well as an educational campaign based in taverns

and pubs. NicaSalud works closely with the Clarke Mosquito Control Company and has developed joint proposals with them for both dengue and malaria control.

The Networks help strengthen civil society, by creating a unified and forceful voice that is often heard, or sought, by other sectors in society. The coordination, unified approaches, high quality programs with quantifiable results, close collaboration and coordination with the governments all establish the credibility of the PVOs and NGOs and dissuades some of the typical criticisms of the PVO/NGO sector.

The Networks help to bring together disparate organizations that typically do not coordinate, or even communicate. By being inclusive and carefully non-political, or religious, or partisan, the Networks create a comfortable forum for discussing common problems and solutions among otherwise quite different organizations. NicaSalud has several members that operate clinics for reproductive and sexual health services, with very different approaches. But all have in common the problem of how to fill their clinics, provide services and meet demand, while remaining financially viable. They also face similar questions about certain protocols and when and how to handle referrals to the public health care system. NicaSalud can bring organizations together that might normally see themselves as competitors or on opposite sides of political, religious, or ideological fences.

The Networks help build social capital. Through their inclusive approach without hidden agendas, open discussions seeking best practices and sharing lessons learned, the Networks create transparency, openness, and honest brokering, that results in increasing trust, connectedness, and true participation in the building of national efforts, including public, private, and civil society sectors.

NicaSalud and Umoyo Networks: Comparison of Key Factors

Although they share many similarities, NicaSalud and Umoyo Network also have significant differences in the following areas:

- Network Initiation & Focus: Emergency response (NS) vs. Funding to NGOs (U)
- Focus on technical aspects (NS) vs. institutional building (U)
- Role of PVOs (grants, "Board")
- Members vs. Sub-grantees
- Vision of the future
- Tie-in to global programs (BASICS, PRIME, JHU, etc.)
- Geographic Distances and Sub-Networks (NS)
- Maturity of NGOs & role in civil society
- Staffing

Network Initiation and Focus

NicaSalud and Umoyo were born out of two different situations and began with different visions. NicaSalud was born as part of USAID's response to the devastation of Hurricane Mitch and the immediate need to mobilize resources to the devastated communities. The PVOs which were working in Nicaragua were invited to join the effort and submit proposals. A year later NGOs were invited to submit proposals and began activities. The original impetus was the immediate needs in the communities and the resources that were available to mount a response. Not until the end of that initial phase did NicaSalud achieve its registration in Nicaragua as an independent organization and begin to operate as such. Clear thinking about the functioning and services of a Network emerged slowly. But there was, from the beginning, a vision that NicaSalud would evolve from a CARE project to become a functioning, independent Network.

Umoyo was born out of another crisis, that of the HIV-AIDS epidemic in Malawi, and the overwhelming necessity to quickly build a society-wide response to the crisis. USAID had been funding some of the NGOs under a previous JSI contract and found potential in continuing to build the capacity of the NGOs and finance their operations. Umoyo was started as a Save the Children project in Malawi, with the other PVO partners (CARE, ADRA, PLAN, and PATH), but with the active involvement of only Save the Children, and funding of activities only for ADRA among the PVOs. Umoyo was not conceived as a mechanism to fund the PVOs, while NicaSalud was explicitly planned as such.

NicaSalud's PVOs have been actively engaged through receiving funds, but also because they are members in the General Assembly, and for the first two years met monthly as an advisory board to the Director. The majority of the PVOs have stayed actively involved and participated in the majority of the meetings.

USAID has largely shaped these two distinct visions, encouraging on the one hand a drive toward the creation of an independent organization that includes both PVOs and NGOs (NicaSalud), while on the other hand not encouraging a mechanism that went beyond a prime PVO managing a sub-grant and institutional strengthening program (Umoyo Network). The NicaSalud vision within USAID was largely influenced by a similar experience

(PROCOSI) in Bolivia that brought PVOs and NGOs together to create a Federation. USAID funded the creation of PROCOSI and several of the key USAID officials who were involved in supporting NicaSalud had worked in Bolivia with PROCOSI.

Independent Network vs. International Project

From their inception up to the present the two networks have had a very different formal structure. This has been greatly influenced by USAID but is also due to the different conditions in the two countries.

NicaSalud was designed, virtually from day one, to become an independent federation, registered in Nicaragua and governed by a Board of Directors, elected by the General Assembly, composed of representatives from each member organization. During 2002 NicaSalud completed its registration process with the Government of Nicaragua, finished implementing its administrative and financial systems, including approval by the Board of Directors of its Operational Manuals, including Sub-Grants Manual, and in November 2002 the General Assembly held elections for the Board of Directors. During 2002 NicaSalud signed contracts with USDA, Environmental Health Project (USAID), and PASCA to carry out monitoring and evaluation in school feeding, water, hygiene & sanitation, and HIV-AIDS projects.

The creation of NicaSalud as an independent organization was enthusiastically received by its staff, the Ministry of Health, and other potential donors, along with USAID. NicaSalud filled an empty space in Nicaragua, as there was no network of health NGOs in Nicaragua, nor an organization to provide services to them. There was no forum for PVOs and NGOs to work closely together.

Umoyo Network was not encouraged by USAID to become a separate organization as strongly as USAID encouraged NicaSalud. Although there have been many discussions within the Umoyo Network about becoming a separate organization, the conclusion has never been reached that Umoyo Network should change its status from an internationally-led project (Save the Children USA) to an independent organization. The internal and external reflections focused on:

- The existence of several networks of health NGOs in Malawi, including several that Umoyo is funding.
- The potential politicization of an independent network.
- The potential rejection of a network that is not “organically” grown and that includes PVOs.
- Staff preference for working for an international organization, rather than a local one.
- International status may provide a level of independence that might not be possible as a local organization, due to political pressures.

Focus of Activities

Umoyo has a very clear focus: providing sub-grants to NGOs that work in HIV-AIDS and FP and strengthening the capacity of the institutions to carry out their missions. It works very closely with the government, both the MOH and the National AIDS Commission to ensure that the NGOs are using the government-approved protocols and materials.

NicaSalud has a broader focus. It views it central function to be: to help the civil society sector working in community-based health to provide the most effective and efficient services, within the context of a national healthcare program. Towards this end, it covers a broader range of health issues, including child and maternal health, adolescent sexual and reproductive health, HIV-AIDS and other STDs, and environmental health, including water, hygiene and sanitation and vector control. The sub-grants are viewed simultaneously as opportunities to improve health conditions in the communities while also improving the capacity of the institutions. Institutional strengthening is not a separate activity of NicaSalud's, but rather an outcome of working in NicaSalud.

Partners

Probably as a result of both the structure of the Networks, as well as their foci, NicaSalud and Umoyo have developed different partners. NicaSalud has a range of partners with whom it collaborates closely, including BASICS, EHP, PRIME, JHU, PASCA, and PASMO. Umoyo has developed partnerships with fewer outside programs, but enjoys more "inside" support from Save the Children. Umoyo has developed partnerships with Engender Health and the Policy Project. Both Networks have initiated partnering relationships with the private sector.

External Differences

There are a number of factors external to the Networks that influenced their formation and set constraints on their development.

First is the level of development in the two societies. While often cited as the second-poorest country in the Western Hemisphere, Nicaragua is both rich and developed compared to Malawi. All of the basic development and health indicators (shown in the table below) show the wide gap between Malawi and Nicaragua. The magnitude of the health problems is greater in Malawi, while the capacity of society to respond is much more limited.

This is reflected in many areas, particularly staffing of the Networks. It is much easier for NicaSalud to find highly-trained, experienced national staff than Umoyo. This is displayed in that the HIV-AIDS Specialist in Umoyo is an international hire, while in NicaSalud the same specialist is a national hire.

One area that Umoyo does have an advantage is in language. Because all Umoyo staff are fluent in English, they have much greater access to worldwide information, either from printed sources, the internet, or attending international training or conferences. None of

NicaSalud's national staff has English skills that permit them full access to the global world of English information and training. All NicaSalud staff are currently in English classes.

Geography places a greater constraint on Umoyo than on NicaSalud. The distances that must be traveled to bring the NGOs together, or visit them, are much greater in Malawi than in Nicaragua. This hampers the formation of regionally-based groups, such as the Sub-Networks in Nicaragua that have been a vital element to making NicaSalud successful. NicaSalud can also easily get the majority of its members to meetings in Managua, the capital city, since most NGOs have offices there, and even those who have to travel have little more than a two hour ride. The limitations of geography are further compounded in Malawi by the limited access to the internet and email. Nicaragua has cable access to the internet in Managua and reliable telephone access to secondary cities and smaller towns.

Comparison of selected health indicators: Nicaragua and Malawi.

Indicator	**Nicaragua**[1]	**Malawi**[2]
Population (millions)	5.4	10
Under-5 mortality (per 1,000 live births)	40	189
Maternal mortality (per 100,000 live births)	100	1,120
Total fertility rate	3.2	6.3
Contraceptive prevalence rate	67	26
Young women 15-19 who become pregnant (%)	42	70

Maturity of NGOs & Their Role in Society

Most of NicaSalud's NGOs are mature organizations, with functional governance, technical capacity, and financial management and reporting. They typically have ten to fifteen years of experience. Many of the NGOs were formed and are managed by individuals who at one time were part of the government, due in part to the politicization of government positions. NGOs have been a prominent force in Nicaraguan civil society for a number of years. They are well organized and have a forceful voice in many policy arenas. The Nicaraguan government accepts, though sometimes grudgingly, NGOs as an important and potent force in civil society.

In comparison, the Umoyo NGOs are much less mature, many with only a few years of experience. Some do have the accumulated experience of the churches (of which they form a part), but even the church-based NGOs have only recently scaled-up their operations with funding from Umoyo. Compared to the NicaSalud NGOs, the Umoyo NGOs do not have the same level of politically experienced, forceful leaders. Only recently have NGOs achieved legal status in Malawi and the government is still leery of them. The Malawian government still seems to be trying to control the NGOs and the NGOs do not seem to have gained the space in civil society that they have in Nicaragua.

[1] DHS, 2001

[2] Malawi Population and Housing Census, 1998.

Summary Comparison Matrix

	NicaSalud	**Umoyo**
Role of NGOs	Members	Sub-grantees
Role of PVOs	Members (Eight active). All receive funding for activities.	Nominally five, but only one active (Save), as prime. One PVO (ADRA) receives funding for activities.
Independent Association	Yes	No
Focus of Interventions	IMCI-C, Adolescent SRH, HIV-AIDS & STDs, Maternal Health,	HIV-AIDS, SRH, FP
Networking	Geographic regions and Thematic Working Groups	Thematic, Quarterly National Meetings
Maturity of NGOs	Most are very mature organizations with 10-15 years of experience.	Most are not very mature, with a few years of experience.
Role of NGOs in Society	NGOs are a strong force in Nicaraguan civil society. The government recognizes this position.	NGOs are not yet a potent force in civil society. The government is leery of them.

Key Factors of Success

What have been the key factors that have led to the success of NicaSalud and Umoyo Network?

High quality has been a hallmark of the Networks. The use of correct interventions, using the best practices and methodologies from around the world adapted to local conditions, has led to success and the perception that the Networks produce high quality results.

The ability to forge consensus among diverse members, to create uniformity in methods and rigorous monitoring and evaluation has helped the Networks move beyond the criticism of many NGOs: that they lead to fragmentation, are uncooperative, and don't show the impact of their efforts.

Close coordination with the governments has been key in showing that the Networks are truly interested in developing a national health care program, rather than working individually and independently. The Networks have also collaborated with other organizations and projects, leading to a spirit of openness and collaboration.

Collectively and individually as institutions, a great deal of respect has been generated on the part of the donors, members, and the governments. This respect has been gained in part from past experience with the institutions, and in part from the performance of the Network. The high quality staff of each Network and their management has been a key to achieving the success and respect.

Another reason for the Networks success is that they appear to be satisfying their clients. Both Networks have several clients, including USAID, their member organizations or those they serve, government agencies, and finally the community members where they work. NicaSalud has carried out a client satisfaction survey of a number of these clients and in general received high ratings.

One clear success of the Networks is simple economy of scale. Small NGOs and even some PVOs would not be able to access the technical assistance, training, managerial capacity, recognition from the government, or efficiencies in materials procurement that the Networks are able to offer. Being larger brings efficiencies and recognition of importance.

Networking has worked. As described above, the organizations, USAID, and external viewers have seen that NicaSalud and Umoyo have provided valuble input. Although sometimes less explicitly planned than the behavior changes sought at the level of the communities, the real and perceived benefits of networking mean that the interested parties see value and are interested in continuing. The benefits of networking mentioned above (including coordination, uniform approaches and monitoring and evaluations, producing a common voice to the governments, sharing lessons learned and innovations) are all recognized benefits and parts of key of success.

Both NicaSalud and the Umoyo Network have excellent relations with the Ministries of Health in their countries and, in Malawi, with the National AIDS Commission. The formal and informal communication has led to recognition of their importance to the government.

Finally, USAID has obviously been a key to success. In both cases the Networks were born from activities funded by USAID and would not have been created without that opportunity. But beyond the funding, especially in the case of NicaSalud, USAID encouraged NicaSalud to take the road of establishing the network as an independent organization.

Challenges

NicaSalud and Umoyo face many challenges. The Networks must continue to demonstrate positive results and the value-added of supporting a network. To date both Networks have done a good job of demonstrating the impact at the community level, but more careful attention must be paid to monitoring and documenting the value-added of Networks, and their cost effectiveness. Much of the evidence to date is anecdotal and difficult to compare to other scenarios. One significant advance in this area is the recent study carried out by Hage & Valadez (2002) demonstrating the value-added of NicaSalud.

The two Networks are in very different places and paths of organizational development. It is important for both Networks and future collaborations to identify the different organizational development paths that can be taken, considering the advantages, disadvantages, appropriateness, and possible consequences of each path.

A viable Network depends on the commitment and satisfaction of its members. Greater emphasis must be placed on understanding what the members need, and develop services that respond to these needs.

The number of potential members for each Network numbers in the hundreds. But as currently constructed, due to the intensity of the relationship, it is not possible for the Networks to embrace hundreds of organizations without being overwhelmed. But the Networks must learn how to be inclusive without being weighed down. It's easy to work with the largest, most well established organizations. But that misses the possibility of working with the most innovative smaller organizations, or the challenge of strengthening young organizations with great potential. The challenge is how to respond creatively and with flexibility to different demands. The small grants program of Umoyo permits this type of flexibility for specific engagement without full-fledged commitment.

To achieve sustainability, the Networks must work hard at diversifying their funding bases and provide services that are of value to other development partners. It is too dangerous to depend on just one stream of income that could go dry at any moment.

Lessons Learned

Despite the literature that suggests that the best way to begin a network is slowly, nurturing relationships and creating trust among the actors, in both NicaSalud and Umoyo the opposite occurred: the NGOs were brought to the table very quickly to discuss project implementation with the opportunity of financing.

Both networks focused on high quality management, financial and administrative procedures, and technically sound activities. Via NGO Networks there was ample opportunity to receive international technical assistance on all aspects, from running sub-grants programs to the state of the art training materials.

Management of networks is very intensive, requiring attention to many clients and interests. NicaSalud is especially complex, as a membership organization. Among the key clients are the member organizations, the donors, the MOH, and ultimately the communities and their families.

Monitoring and evaluation played a large role in the success of the two networks. Through NGO Networks NicaSalud and the Umoyo Network had access to international technical assistance for the set up and support of M&E systems. The added value of a network was shown through the M&E systems. Within three years, especially in the case of NicaSalud, the NGOs were able to show quantitative impacts of their projects and present the results in a uniform manner to donors, the MOH, and others; had learned the M&E methodology and were applying it to other arenas of their work; and M&E had become and important aspect of organizational culture of many of the NGOs.

The sub-grants programs created a natural mechanism to bring the NGOs and other partners together on a regular basis to coordinate activities, exchange information, and learn from one another. These fora are very well received by the NGOs and are perceived as one of the strongest benefits of working in a network.

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