

Volunteer Evaluation Programme: Audit Report Form & Notes

What is the Volunteer Evaluation Programme?

The Volunteer Evaluation Programme (VEP) is designed to help GlobalGiving UK understand selected partners in as much detail as possible. This is done through an in-depth organisational assessment carried out by trained, skilled individuals. In doing so a comprehensive audit report is produced which highlights areas of the organisation's existing strengths as well as key areas for potential improvements. This enables GlobalGiving UK to strengthen the relationship with their partners and learn how to best support them in the future. GlobalGiving UK is able to provide partners with access to expert training on an extensive range of topics through various platforms, which include GlobalGivingTime, GlobalGiving's Peer Learning Network and the VEP itself. GlobalGiving UK also uses VEP reports alongside other information in making recommendations to foundations and companies when new funding opportunities emerge for its partners.

Volunteers Names	Belinda Saunders and Hannah Gladman
Organisation Name & ID	Institute of Health Management Pachod, Ashish Gram Rachna Trust #18405
Relevant Project Names & IDs	Empowerment of 6000 Adolescent Girls in India #16826
Visit Dates	28th to 31st July 2014
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1. Executive Summary

The Institute of Health Management Pachod (IHMP) is a unique and truly innovative organisation. Their work is exceptional, and through their scalable models IHMP has become a significant influence in wider society, achieving impact above and beyond their direct programmes. Many organisations in both the private, public and non-profit sectors could learn a great deal from the fantastic example IHMP sets. We have been thoroughly impressed by the originality of programmes and the policy shifts they have been able to bring about. It is this ability to innovate and collaborate to achieve maximum social impact that we feel are IHMP's greatest strengths. The biggest challenge they face as an organisation, however, is that their external communications do not justly reflect the ground-breaking work they are doing. As such, in the future, we would like to see IHMP really focus on improving this area of their organisation so that they are able to further increase their success by increasing awareness of their institution, and by more actively involving their current networks. We feel that improving their communications should also enable IHMP to increase the funds they generate. At present we feel that IHMP is operating below capacity in this regard, particularly in terms of individual and corporate support.

As such our three main recommendations from our visit are:

- That IHMP hire a dedicated communications and fundraising officer to help achieve all of the above.
- That IHMP make increased use of skilled international volunteers, on an organisational level, to help assist with these improvements.
- Strengthening IHMP's database will also be crucial if communications and fundraising are to be effectively developed.

Given that IHMP are themselves aware that these areas need attention we are certain that they will implement changes effectively. This belief is furthered by how dedicated they are as an organisation to feedback and opportunities to learn. As such we have no doubt that IHMP will continue to create lasting positive change in the future.

2. The Organisation's Story

Founded in 1979, Institute of Health Management, Pachod (IHMP) is a groundbreaking organisation working to improve the health and lives of individuals in rural and urban Maharashtra. Through links with the Government and other NGOs their reach extends far beyond the state in which their programmes run. IHMP are currently based in both Pune (a major city) and Pachod (a rural village), with a similar but slightly distinct set of projects in each area. Over their 35 year history they have worked in a diverse range of fields, including: malnutrition, maternal and neonatal health, sanitation, child-centered development and empowerment of adolescents. Their current focus is an integrated intervention to empower adolescent girls and decrease the rate of early marriage and pregnancy in rural and urban India. This involves three distinct projects:

- **Unmarried adolescent girls:** these girls receive one year of life skills training in areas such as self confidence, reproductive and sexual health, communication skills and women's and children's rights. The girls are also encouraged and supported to negotiate with their parents to remain in education rather than becoming child brides. This project currently only runs in rural areas, with plans to expand into urban areas too.
- **Married adolescent girls:** for those girls who have already been married, IHMP works with them and their families to advocate family planning and a delay of first pregnancy until the girl reaches adulthood. Using engaging flipcharts, the health dangers of teenage pregnancy for mother and child are explained, and contraceptives are provided. For girls who do fall pregnant, IHMP educate them about the risk factors and how to recognise them, as well as providing monthly antenatal checks and the necessary vitamin supplements. This project runs in both Pune and the rural area surrounding Pachod.
- **Young men (married and unmarried):** IHMP recognise that girls in India cannot be fully supported without engaging young men in the fight for gender equality. Through discussion groups with their peers and IHMP staff, young men are educated about the benefits of choosing adult brides, and encouraged to help bring about an attitudinal shift in their communities regarding domestic and sexual violence. This project currently only runs in rural areas.

These innovative projects are implemented using Community Health Workers (called ASHAs in rural areas), who are elected by their local community to receive training and provide these services. Community Health Workers are monitored by Health and Development Committees, also elected by their village/slum, who identify the gap between the health needs of their community and the provision of services, and provide plans of action to address this.

IHMP are innovators; they develop new projects in collaboration with the community, implement them in a small area to prove their efficacy, before scaling up through partnerships with other NGOs and advocacy with the state and national Government. They have been extremely successfully in influencing policy across Maharashtra and India with previous projects, and hope to do the same with their current ventures. We are extremely impressed by IHMP's projects, and have seen the incredible impact they are having, not only in their local community, but in shaping ideas regarding health and development issues in general.

3. Governance & Accountability

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IHMP have very strong governance. IHMP is the executive body running programmes under the Ashish Gram Rachna Trust (AGRT), which acts as the governing body for the organisation and controls their finances. Their practises make them accountable at all levels due to the excellent organisational structure, frameworks and systems in place at the organisation. The trust deed specifies that they must always have between 3 and 7 trustees and that there must also always be an odd number. Due to the recent retirement of two such members, there are currently 5 trustees, although IHMP are actively trying to recruit another two to replace those who have recently left. Due to the value IHMP places in their trustees and how active they are as a result, recruitment occurs on a basis of the skills, experience and influence members would be able to bring. All existing board members suggest names following research, and then once consensus is reached individuals are specifically invited to become a board member, following which there is a formal acceptance process. Given the recent CSR bill in India, which requires corporates to give 2% of their profits to NGOs, Ashish Gram Rachna Trust (AGRT) are currently looking to appoint someone with corporate experience or contacts. Following the retirement of a demographer, who had excellent research skills, they are also looking for to appoint another trustee who has strengths in this area. Trustee positions are unpaid, though travel expenses are reimbursed if necessary, and both the Chairperson and Managing Trustee are re-elected every 2 years. The board meet on a quarterly basis, with an agenda sent out 15 days in advance. As the both the Director (also the founder) and Assistant Director are on the board they are automatically included in these meetings and the Finance Manager is also always in attendance. Decisions by the board of trustees are made through voting, with the chairperson having the deciding vote if for some reason there was an even number of trustees in attendance and opinion was divided. However, the chairperson has never had to cast a deciding, as the board try not to make any decision without consensus. The board also meet with all staff at least annually, and also meet with beneficiaries at either the trustees or beneficiaries request. The Management Committee for Administration, made up of the Managing Trustee, Director and Finance Manager also meet once a month. IHMP does not have an AGM as they are a trust, however it is clear that due to the excellent relationship between the executive and trustees (both past and present) that IHMP is in a strong position strategically.

4. Finance & Administration

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IHMP overall has strong financial practices. They use accounting software developed by their own Finance Manager, who also improves it on an annual basis. IHMP are very transparent about their finances. They willingly provided us with all documentation requested and ensured all our questions were answered. By following their financial policy, outlined in a document we were shown, IHMP ensures strong financial practises are maintained. These include avoiding cash payments, especially over the value of 5000 rupees, paying all staff salaries by direct bank transfer or cheques (which require two signatures), and using any exchange rate gains for projects themselves.

For the Financial Year ending on 31st March 2013 the organisation's income was 11,138,896 rupees. 46% of income was generated from interest payments (interest rates were around 9%), 13% was from grants and the remaining 41% was from other sources such as the sale of farm products and live stock, the sale of scrap, profit on the sale of a vehicle and course fees from IHMP's training programmes. Historically IHMP has not received any funding from individual donors or corporate partners. Moving forward, however, they plan to diversify their donation base and move into these areas, which is something we would strongly endorse.

The organisation's expenditure for the same financial year was 12,627,857.12 rupees, 6% of which was as a result of depreciation. Of the remaining 94%, 59% was spent on medical relief, 39% on secular education and 2% was farm and cattle expenditure.

Based on discussions with the programme managers, both the individual project budgets and overall aggregated organisational budget are prepared by the Finance Manager. The Director and Managing Trustee then review these. The Board of Trustees also approves the final budget before it is sent to the Charity Commission in accordance with the statutory requirements.

IHMP/AGRT take their financial sustainability very seriously. As such, they have a large Corpus Reserves Fund, of 36,453,770 rupees, which is equivalent to 3 years of expenditure. They are insistent that this fund should never have to be used as operating reserves, so explained that if donations were to dry up they would scale down their programmes and fund existing projects through the interest earned on their Corpus. All of IHMP's programmes are fundamentally

designed as models that can be effectively scaled up, so that many more can benefit from the organisation's innovations. As such their philosophy is that scaling down programmes in the short term will not affect the organisation's long term impact, as all projects can easily be scaled up again when financial circumstances improve. This situation occurred when MacArthur had to reduce their funding 4 years ago, meaning IHMP now work in 32 rather than 72 villages. Another reason why IHMP/AGRT places such value on their Corpus is that, until recently, all funding has been from funding agency grants, which do not allow any flexibility within budgets. However, by utilising the sizeable income from interest payments on their reserve fund, IHMP/AGRT is able to be flexible and adjust their programmes over time to ensure they are best meeting the needs of the community. As such, although legislation dictates that 85% of the organisation's income is spent within each financial year, IHMP try to invest the remaining 15% of interest earned on their Corpus back into the reserve fund, because of how much they value sustainability and flexibility. IHMP/AGRT also try and increase their corpus in other ways. For example, they recently won a 'Dasra girl power award'. Seeing as the financial year was almost over (within which they would have had to spend 85%, which they didn't judge to be the best use of funds) they signed an MOU with Dasra to allow them to use it for their corpus, where it would be guaranteed to have both immediate (through interest generated income) and long term benefits.

The Director and Managing Trustee are in charge of fundraising for IHMP, which, as previously mentioned has only been done through grants historically. Their activities are currently only funded by Oxfam and MacArthur, however having funded IHMP for 18 and 11 years respectively they have very strong relationships with these organisations. However, in recognition of the value of having a more diverse fundraising base (particularly for sustainability), IHMP are actively branching out to include individual donors and corporate partners in their fundraising efforts. This will be particularly important given that Oxfam is going to withdraw their funding at the end of the year.

Due to the inherent ability for IHMP's innovative programmes to be scaled up at state and national levels, and their impressive organisational capacity, we feel IHMP would be able to successfully manage large corporate funds. Indeed IHMP are already making strong progress in securing funding this area seeing they are one of the only two organisations who have reached the final stage of application for the Dasra Giving Circle. If selected as the chosen organisation they would receive 35,000,000 rupees over the course of 3 years. Showing the strength of their reputation and network, IHMP have also been approached by a corporate in Pune who is interested in funding their urban programme. Having completed a pitch and submitted a proposal, IHMP are now in the third and final stage of the process, negotiating the budget.

The Managing Trustee also recently went to Delhi to take part in a week-long training course run by the EU. Following this, IHMP are in heavy conversation with DFID, having already submitted 3 concept notes and a full proposal. What remains clear about IHMP's funding policy is that they ensure they remain mission led. For example in the past they have previously been approached by corporates, but have turned down funding, feeling that the requirements outlined didn't align with their work and would lead to unjustifiable compromises.

IHMP were recently incredibly successful in their fundraising campaign as part of GlobalGiving UK's Gateway Challenge. This is especially impressive given that, having never been involved with individual donors, this IHMP's first ever online fundraising campaign. We are therefore confident that IHMP will be successful in fundraising from individuals in the future, especially given how deserving their outstanding work is, and the incredibly strong base of supporters they already have as part of their networks. To effectively mobilise these existing networks, as well as reaching new donors, we suggest able IHMP strengthens their contact database. This is discussed in further detail in the 'Use of technology' section below.

Seeing as IHMP is planning to generate and channel most of their individual donations through GlobalGiving, as part of our visit we also ran a training session at both the Pune and Pachod centres so that staff are aware of how to use GlobalGiving's platform most effectively. In addition to concentrating on project pages and reports, we particularly focussed on the partner rewards, effectiveness dashboard and web analytics information. We showed them how to monitor and maximise their success on the site, including how they can progress up the GlobalGiving rankings to become a 'Superstar' organisation, and the benefits of this. It is important that IHMP actively utilises GlobalGiving to make the most of the fundraising platform, by creating specific campaigns and including these in the organisation's overall fundraising strategy. It would be a good idea to centre campaigns around GlobalGiving bonus opportunities (such as match campaigns), as these give individuals additional motivation to donate because the overall value of their donation is increased. Additionally, anniversaries of the organisation, of specific projects or festivals can be excellent foundations for fundraising efforts. All fundraising campaigns should ideally include a specific funding target and purpose and should incorporate a well-publicised build up prior to the specific event, another reason why IHMP will need to ensure they have strong external communications if they are to be successful in the future.

5. Use of technology

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IHMP are making excellent use of technology in their programmes. For example they ran a study comparing the accuracy of digital blood pressure meters, rather than the more expensive but accurate mercury-based equipment. Their

results showed that the digital readers were sufficiently accurate to justify their usage in slum or rural settings, where a local person can be trained to regularly measure blood pressure of those in need in their community, for a much smaller fee than at the hospital. Similarly, they also found a simple glucometer could be used in communities to monitor the health of diabetics, as the glucometer has a similar level of accuracy to WHO laboratory testing. Given that 67% of the adolescent girls they work with are anaemic, IHMP is also investing in Pronto-technology developed by Masimo that can very easily measure haemoglobin levels, without requiring any blood to be drawn or any pain felt. This should enable IHMP to monitor girls' iron levels regularly and treat their anaemia. It is particularly important to reverse anaemia before a girl becomes pregnant, after which is much harder to do and can cause maternal and neonatal issues.

IHMP are also planning to incorporate Computer training into their Life Skills Education programme. Developing these practical and transferable computer skills should help in terms of employability as well as the overall empowerment of the girls. IHMP might want to look into taking advantage of NASSCOM's programmes to access free/heavily discounted software and hardware if this is something they implement in the future. They also plan to use mobiles for their surveillance programmes in the future. Indeed, IHMP is sending their employee responsible for monitoring and evaluation to visit Mumbai and learn from Sneha, an organisation who works in similar areas to IHMP that is already using mobile technology in the field. We also suggest IHMP look into the idea of utilising free group SMS services such as way2SMS.com to remind the women they work with to go to their antenatal clinics, as an example.

We feel that IHMP could make better use of technology in their organisational operations. We recommend they use Google Drive or Dropbox, to share and organise their files more efficiently, especially between their two offices. If IHMP begin writing quarterly newsletters, as we suggest in the 'Communications' section below, they may also want to use Google Docs to facilitate this process. Doing so would allow each relevant project coordinator to write their individual sections or contributions, and enable monitoring and editing by an appointed person.

Except for when analysing data (during which daily back-ups occur), IHMP currently backs up their systems manually using an external hard drive on a monthly basis. We suggest introducing a back-up server, which would provide an additional layer of security as well as being operationally easier as automatic backups would be possible. In the meantime we would recommend IHMP make back ups of their finances on a weekly, though ideally daily, basis.

IHMP currently has compiled an excel database of over 3000 contacts made up of past trainees, NGOs, funding agencies as well as contacts for organisations who might be of use to IHMP in the future. It does not include any individual donors as IHMP use the GlobalGiving donations manager to store this data, since currently GlobalGiving is their only source of individual donations. We would seriously advise IHMP to create a more detailed database because it is the fundamental base for effective external communications and individual fundraising, which they hope to improve imminently. A strong database would have many practical uses and benefits for IHMP moving forward. For example, by recording more information to better understand and categorise contacts, all communications could be specifically tailored to the reader. Audience-specificity should mean fundraising campaigns and other calls to action are more successful and supporters remain engaged, as they would only receive the most relevant information. Previously IHMP has felt uncomfortable asking past supporters for donations. Given the amount of support past trainees have shown when approached (many of whom had not been contacted for 20 years), it clear to us that if IHMP did reach out for donations many would be keen to contribute. Having a strong database would allow IHMP to contact these individuals specifically, and this tailored approach may appeal more to IHMP as they are keen not to 'spam' supporters. For example, they could send out a short newsletter outlining current projects and trainee success stories, connecting directly to the reader's interests, and as part of that communication also ask for support in the form of a donation. Another use of the database would be in converting recent, one-off individual donors to long-term supporters of IHMP. This could be done by specifically contacting them to thank them for their recent support, and ask them if they would like to further help IHMP by making their donation on a monthly, quarterly or annual basis, explaining the additional impact the individual would have on IHMP's beneficiaries.

We have outlined various ways we feel IHMP could improve their use of technology and we feel confident that these changes will be implemented moving forward, because IHMP are aware this is a current weakness and are therefore keen to improve. For example, even during our discussion the Director made a phone call to their technical advisor setting up a meeting to discuss the use of a server.

6. Communications

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External communications are currently IHMP's major weakness. We are incredibly impressed by the work that IHMP do, and therefore it is a shame that this fantastic work is not reflected in their external communications. Part of the reason for the shortcoming in this area is that, until recently, external communications and individual fundraising has not been an important part of their strategy. However, IHMP realise they cannot solely rely on funding agencies indefinitely and have a strong desire to improve in their communications, something which we are very keen to assist them with.

Across all channels of communication, IHMP's staff find it difficult to use language that is appropriate for individuals who have no background in health development. This is because they have traditionally raised all funds through grant applications, which require a large amount of data and technical language, and therefore this is the style of writing that all staff are used to. They recognise that online communications and individual fundraising require a different kind of language to the scientific writing which has been their strength. To address this, IHMP have decided to hire a Communications Officer, who will have experience writing in simple, engaging English, meaning that IHMP's excellent work can be translated into a language that the uninitiated can understand. One area in which we think this change of style will be particularly useful is in their GlobalGiving reports. They are currently incredibly informative, but place too much emphasis on sharing lots of statistics, rather than thanking the donor and engaging them emotionally, as well as sharing their main successes of the quarter. Their first report contains some excellent photographs and a fantastic case study, so with a small change in language and layout, as discussed, we believe IHMP will have very strong GlobalGiving reports. We would be happy to see drafts of the next few reports to help guide the new communications officer in this area.

Currently IHMP do not have newsletters of any kind. We would strongly recommend creating newsletters at least on a quarterly basis to keep all interested parties abreast of their work and successes and drive further donations. This should not be a large amount of work for the communications officer, especially because they will already be creating content for their quarterly GlobalGiving report, much of which can also be used in a newsletter. We would recommend these newsletters are no more than 2 pages, and share details of new projects, major achievements and milestones, engaging photographs and strong case studies. These newsletters could also have links to IHMP's social media accounts (requesting that they engage with IHMP on these platforms), and a link to GlobalGiving UK for donations (using the widget). These newsletters also provide an easy way to reach out to supporters for donations on special occasions: for example, GlobalGiving matching or bonus days, when a new project is added, IHMP's anniversary or #GivingTuesday. As mentioned, IHMP have such strong networks of past trainees, supporters and volunteers that we feel these people would be very happy to be kept up to date with their work and help them achieve further by donating.

At present IHMP's website is very poor, both visually and in terms of content. It is difficult to navigate to find the desired information, both because of the confusing web of links and also because interesting content is buried within huge amounts of text peppered with jargon and acronyms. It is also very out of date and difficult to distinguish between past projects and current programmes. Their amazing achievements unfortunately do not come across at present. Currently, we feel this website will be actively putting off individual donors. IHMP are aware that the website is not strong, and have already started the process of creating a new one. They recognise that internally they do not have the skills in web design, so we advise them to reach out to skilled volunteers, either through GlobalGiving Time or through their extensive networks in India and abroad. We have discussed in detail the important aspects to be considered in this new website, which include: consistency in style and message, a separation of past and current projects, inclusion of social media links on every page, a clear structure breaking down information into drop-down menus, shorter paragraphs of text, no technical jargon and all acronyms initially expanded out. It would be particularly helpful to include a tab entitled 'Get Involved' with information on donating (through GlobalGiving for international donors and bank transfer for Indian donors without international credit cards), volunteering, and subscribing to the newsletter. Programmes, research and advocacy also needs to be clearly separated, to emphasise the excellent work IHMP are doing in each area. It would also be helpful to include a video explaining the work they do, as a quick and engaging way for people to understand their mission and recent achievements. A link to donating via GlobalGiving on every page could also prove successful in driving greater donations. It is excellent that their finances are currently shared transparently on their website, and we would encourage this to be carried over into the new site. On the website, as well as on all other channels of communication, we would suggest IHMP make use of their truly astounding data to create engaging infographics. This would help people to fully understand and appreciate their successes. Once the new website is created, the new Communications officer should be well equipped to manage the site. Again, we have offered to give more specific advice to the Communications officer, once appointed, in this area.

Another current area of weakness is social media. IHMP have a Facebook page set up by a past volunteer, but this has not been updated since her departure. They do not have Twitter or Linked In. We strongly recommend making use of social media, as it is a particularly useful tool for reaching individuals who are donating online through GlobalGiving UK. The content created by the volunteer for Facebook is excellent, providing a great platform from which to build in future. There are some very engaging photographs with informative captions, a video from the DASRA Girl Power Awards and photos and a quote from a past beneficiary. We recommend creating more of this content, particularly as during our visit we heard some inspiring stories which would make excellent case studies for social media. We discussed the importance of striking a balance between sharing IHMP's own successes and being 'thought leaders' by sharing interesting content from the wider sector. We encourage all staff to be involved in feeding case studies and interesting information to the communications officer, making social media a group effort. It is also important to include varied 'calls to action' on their Facebook posts, such as 'like our page', 'share with friends', 'sign up to our newsletter', 'donate here' and 'volunteer with us'. We also encourage IHMP to create a Twitter account as this can be used to reach a different demographic to Facebook. Twitter in particular can be used to link IHMP's content with popular hashtags such

as #GivingTuesday (a global day of giving on 2nd December 2014 this year) to reach out to interested individuals who perhaps have not come across IHMP's work previously. IHMP can also reach out to their extensive network (including GlobalGiving UK) by linking their tweets to other organisations using the @ symbol, encouraging other organisations to retweet their posts which again reaches out to a whole new audience. For both Twitter and Facebook, programmes like HootSuite can be used to schedule posts in advance, meaning the week's posts could be pre-planned by a communications officer, leaving the rest of the week to focus on their other tasks. Analytics tools for both Facebook and Twitter can help IHMP identify which posts are most successful and driving the greatest engagement, allowing them to fine-tune their social media strategy. It will also help them to understand the demographic currently engaging with them, and tailor their content and language appropriately. Further detailed recommendations for both Twitter and Facebook have been shared in addition to this report, and we are again happy to review early drafts of this content to help their communications officer start off on the right track.

For online advertisements, we would recommend IHMP use Google Ad Grants to access up to \$10,000 worth of free advertising a month. Since so many other NGOs use this service, IHMP are effectively being put at a disadvantage by not using it. By using Google Ad Grants IHMP should feature higher on Google searches, which could help them in their bid to increase their individual donor base, especially if their advertisement links directly to their donate page on their new and improved website. Google Ad Grants, only requires a monthly log in to keep the account active, something that would be very easy for a Communications Officer to do.

IHMP have excellent communications with their beneficiaries. As expanded upon in the 'Inclusion and Access' section below, IHMP include community members (including children) in all project planning and implementation. In particular we were impressed by the material IHMP have created to communicate the importance of family planning and delayed first pregnancy in young girls, and the material used to impart the risk factors of pregnancy and how to stay healthy. These flip charts, explained to each family by their elected Community Health Worker from their own neighbourhood, are extremely clear and informative. Even in our short visit we could see the impact this knowledge was having on the lives of the beneficiaries.

Overall, if the recommended changes are made to strengthen IHMP's external communication strategy and a new communications officer is appointed, we feel IHMP will achieve a much greater revenue from individual fundraising and wider international support. The work that IHMP are doing is truly outstanding, so we feel passionate about supporting IHMP in communicating this effectively to the outside world in future.

7. Innovation & Flexibility

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IHMP are true innovators. Over their 35 year history they have created new and exciting programmes in diverse fields, ranging from sanitation, malnutrition, maternal and neonatal health, child-centred development and youth empowerment. The true power of this organisation is their ability to develop innovative interventions in collaboration with the community, and then scale them up through collaboration with other NGOs and advocacy with the Government. This means that some of their interventions have gone viral, and triggered new ways of addressing problems across the NGO sector in India. An example of this is their child-centred development programme (encouraging formation of children's committees to assess and address community needs themselves), which has subsequently been adopted by thousands of NGOs who were trained by IHMP.

IHMP have recently developed a scale to measure girls' self esteem and self efficacy, and they feel this will cause a paradigm shift in the way empowerment is measured in future, and how NGOs working in this area evaluate their success. IHMP decided to focus on this area after noticing the number of NGOs claiming to 'empower' girls without having an effective way to measure this, and also because they wanted to be able to clearly evaluate their own adolescent empowerment programme. The scale has been developed over several years after conducting a thorough literature review, and holding 12 focus groups with adolescent girls, their parents and life skills teachers to determine what they saw as self esteem and self efficacy. Girls who had previously taken part in life skills training were invited back to help IHMP develop the correct language for the scale to ensure the questions would translate well into local vernacular. This scale will be published in the very near future and we are extremely excited to see the impact this innovation will have on the NGO sector in India and beyond.

Another key innovation from IHMP in recent years has been the development of their health surveillance system; this involves elected community members visiting each house in their village or slum once a month and assessing their individual health needs, before referring them to the appropriate health service and following up to ensure the correct help has been given. This is IHMP's answer to universal health coverage in a developing country, and they are planning to scale up this system through both the NGO and Government channels, believing that this system could revolutionize primary healthcare in India. The need for this kind of system has been clearly established by IHMP in their area: for example, in their baseline survey of the slum community of Pune they found 85% of outpatient respondents used private medical clinics, incurring unnecessarily high costs and going into debt (for example, it costs almost 28 times more to get an antenatal check-up at a private clinic than at the Government hospital). This is mainly due to lack of

awareness of, and confidence in, the Government primary healthcare services. Through our visit we saw the immense value of IHMP's surveillance system, as the community clearly placed a lot of trust in their elected community health worker (who could refer them to the cheapest and most appropriate service for their ailment), and the measurable results are excellent. The value for the state in terms of reducing pressure on the overstretched tertiary health services is also clearly apparent. We therefore agree with IHMP that this system could indeed prove revolutionary for primary health systems in India, once the efficacy of this system has been proven in their current pilot stage.

A final innovation that must be mentioned is their excellent behaviour change communication system, such as effective flip charts used by Community Health Workers to communicate the benefits of delaying first pregnancy in young girls. These communications have already been used by PATH in an intervention across 7 cities, by a collaboration of 5 NGOs across 5 districts, and are currently being shared with the state Government of Maharashtra to be replicated state-wide. This again demonstrates that the most impressive aspect of IHMP's innovations is that they are always actively sharing them as widely as possible, ensuring they have maximum impact.

Most of IHMP's funding comes from grants with attached conditions, and this means that the budget for each grant-funded project is generally set at the start, making it hard to change programmes part-way through in response to changing needs of the community. As mentioned in the 'Inclusion and Access' section, IHMP actively include the community in each stage of planning for every project, as well as conducting baseline surveys and needs assessments before starting any new programme, which means that the projects are generally very well tailored to community needs and therefore don't require large changes once implemented. However, IHMP recognise that needs can change, and if a major need is identified that was not included in grant funding they will use interest from their Corpus to address this. Again, we would recommend expanding their individual fundraising to generate funds that can be used more flexibly for projects that fall outside grant funding.

8. Networking & Collaboration

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IHMP have an incredibly strong network, created mainly from the training courses they ran extensively in the past. IHMP has so far trained people from over 5000 NGOs, small, large, local, national and international, meaning that IHMP's network is also highly diverse. The strength of their network and the respect members show towards IHMP is demonstrated by the fact that IHMP, despite not actively advertising courses any more, are regularly contacted by NGOs requesting that courses are run for their employees. IHMP now runs their training programmes on a demand basis; if an NGO has 15 willing participants, IHMP will run the course. On this basis they ran 3 training programmes for Oxfam this year. They are also currently arranging another one, having been contacted by a past trainee who valued the training he received from them 25 years ago so much, that he got in touch to request further training despite this not being publicised.

Another example of IHMP's excellent collaboration is regarding their married adolescent girls project. This project was first established in 2003, with the aim of delaying the age of first conception among new brides because of the health implications for both mothers and their newborns. When the programme was externally audited in 2006 the results surpassed expectations by an extraordinary margin. IHMP therefore decided to scale up their programme, so that more people could benefit, however they didn't have the funds to do so themselves. Instead, they submitted a proposal to the Indian Foundation to fund 5 NGOs, each in a different district, who would replicate IHMP's model themselves. Out of the 21 NGOs who applied for this opportunity, who were among the 250 NGOs trained by IHMP between 2002 and 2005 in reproductive and child health, due diligence was completed for 18 before the final 5 NGOs were selected. This collaboration was so successful that the results were even more impressive than the pilot.

IHMP also collaborates with the government, influencing policy through the adoption of their models into state health services. For example they advocated that in addition to the National Rural Health Mission there should be an equivalent urban one. In 2005, they were invited by the central Government to help formulate the Indian Public Health Standards minimum requirements for primary urban health centres. IHMP are currently working in collaboration with the Pune Municipal Corporation to demonstrate the efficacy of IHMP's health models in 18 Pune Slums, and therefore are influencing government-level capacity development in the future.

By carrying out extensive, high standard research prior to programme development and subsequently during implementation IHMP have collected and analysed vast amounts of data. IHMP then share their findings with other NGOs and the government, so that through collaboration they are able to have the largest positive impact for public health. In the future IHMP also hopes to see their practises implemented through a Public Private Partnership (PPP) model, which they are developing in response to the recent CSR bill in India. They believe that bringing together corporate, NGOs and the public sector will allow the most progress to be made. They hope to make a success of this partnership so that it can act as a model for other NGO-corporate-Government collaborations in the future across India.

IHMP's recent success in the GlobalGiving UK Gateway Challenge, which required them to raise £2000 from 50 donors in one month, is also evidence of the strength of IHMP's networks. Having never engaged in individual or online fundraising before, IHMP reached out to contacts whom they hadn't contacted in years or decades, all of whom were

delighted to hear from IHMP, and many of whom decided to donate. As such the only advice we would offer for networking and collaboration is that in future IHMP take greater advantage of the strong network of individuals they have created. By keeping this network active with regular outward communications, like a quarterly newsletter, they should be able to convert past trainees to current financial supporters by engaging them in fundraising efforts.

9. Development of staff and volunteers

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IHMP employ 12 staff at their Pune office and 35 in Pachod, including 7 paid support staff. Overall IHMP's staff development is a key strength of the organisation, as evidenced by the highly impressive staff retention rate; the majority of the core staff team have worked for IHMP for circa 20+ years. Those who do leave, mainly community health workers, generally do so because of personal circumstances, such as marriage or migration, or because of the stigma attached to working in slum areas as an example. The main reason for the overall strong staff retention is that staff at IHMP are given true ownership of their work, and therefore develop a sense of pride. One member of staff voluntarily approached us whilst we were eating dinner to share his experiences of working at IHMP. He said that he found IHMP a far more rewarding place to work than NGOs he had previously worked for, because the excellent evaluation systems that are integral to all programmes allow employees to really see the difference that the organisation is making. This measurable, visible impact motivates staff enormously. It is therefore unsurprising that staff are so happy at IHMP and don't look for work elsewhere.

As part of their orientation, which usually lasts a week and involves staff doing many field visits to get a good overview of the entire organisation, staff are actively involved in determining their own job responsibilities, alongside the recruitment team. This gives them ownership of their work and holds them accountable for their job performance. Their responsibilities are also explicitly incorporated into the Logical Frameworks, which form the basis of all programmes. Staff also commented that they felt they were always learning and developing at IHMP. This may be largely due to the value IHMP places on training. The majority of staff are trained internally, which is appropriate seeing as IHMP have such skilled staff that they also train other NGOs. For example, two thirds of all staff, including all senior staff, have participated formally in IHMP's PIME (planning, implementation, monitoring and evaluation) course. Since inception this 10 day course has had over 9000 participants. In addition, external individuals with particular expertise are also brought in where appropriate. For example, an external trainer was brought in so that all staff could participate in a day-long workshop on domestic violence. Likewise, IHMP regularly take up opportunities for staff to take part in training opportunities away, such as the Assistant Director, Manisha, who recently attended a week long course run by the EU.

The recruitment process is different for Community Health Workers (CHWs or ASHAs) and other staff. Community Health Workers are selected out of those nominated by their communities. The recommended women are then interviewed by someone from a different village (and IHMP staff), to avoid bias. An MOU is then signed between IHMP and the village's elected Health and Development Committee. The Ashish Gram Racha Trust makes payments straight to this committee who then disburse payments to the CHWs based on their performance. To achieve the maximum 300 rupees a month (reached by around 22 out of 24 each month), the women are required to enrol a minimum of 15 girls (12 in smaller villages) in their 6 month long Life Skills Education classes. Some women go beyond to successfully reach the maximum 25 class size. The women also need to ensure their classes have an 80% attendance rate. For each girl who completes the course the CHWs are given a bonus of 200 rupees. Moving forward IHMP are looking to base this bonus on the girls' performance as well as attendance, so that the CHWs are held accountable for their programme's outcome too. ASHA's are similar to Community Health Workers, but are elected by the village through a Government scheme rather than IHMP's own recruitment process.

Other staff are recruited mainly through personal and professional networks, approaching individuals, informing them about vacancies and asking them to apply. Graduates also often ask IHMP if they have any vacancies and send them their CVs. For new projects advertisements are placed in local newspapers and posted on the internet. Applicants are requested to send CVs explaining their qualifications, past professional backgrounds and to send their educational attendance and work certificates. Interviews are then conducted by three managers.

Although feedback, training and staff support is clearly strong at IHMP, appraisals currently only occur informally. Staff performance is assessed as part of the weekly programme review meetings. Therefore although it is taken seriously, it is casual and doesn't include written records. Introducing a more formal staff appraisal process could allow clear targets to be set and progress to be monitored, and this could help create an even more motivated and driven staff team. One additional suggestion we have relating to staff development is that IHMP produces a formal child protection policy (on top of their overall HR policy) and require staff to review, sign and be tested on this, as part of their induction and also thereafter on an annual basis.

In the past IHMP have had several volunteers. For example, they had an intern for 8 months who was a Fullbright Scholar from Stanford University. They also have doctors sent to them as part of their obligatory one year rural posting. These doctors are sent by NGIM, who previously had staff trained by IHMP. TATA Institute of Social Science also send just under 10 interns a year, who are split between both the Pune and Pachod offices and stay for 4 months each.

They also had 3 volunteers join them through iVolunteers, however this particular scheme has now been discontinued. Whilst this is excellent, we also suggest IHMP looks to develop their use of highly skilled international volunteers. We recognise that sometimes volunteers, especially those who stay short amounts of time, can cost more in training and orientation than they are able to deliver through their work. In addition, we understand the importance of speaking the local language for many roles. However, we feel strongly that IHMP has the potential to develop their use of volunteers for organisational development rather than programme implementation. By creating more structured and specific volunteering opportunities, and actively advertising and recruiting only highly skilled individuals, IHMP would be able to benefit significantly from specific skills that they feel fall outside their current areas of expertise. In particular, we feel IHMP could benefit from volunteers with experience in social media, web development and online fundraising. These volunteers could be recruited from top US and European Universities, tapping into the large internship market, either by using personal contacts or contacting University Careers Departments. By creating specific internship programmes IHMP would be able to dictate that volunteers work for a minimum time frame, perhaps 2/3 months to enable students of all years (not just graduates, who have more time) to take part. These placements would work particularly well, both for IHMP and for volunteers, if specific outcomes were predetermined, such as developing a website, creating an online fundraising strategy, or improving the database. This should ensure that they are able to access volunteers whose objectives align with theirs, unlike the current international volunteers who frequently approach IHMP enquiring about potential placement opportunities, but whose objectives often do not meet IHMP's current needs.

10. Inclusion & Access

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Inclusivity is at the heart of IHMP and underpins all their activities, truly setting an example for the entire NGO sector. All projects are entirely beneficiary led, and based on the current needs of the community, as identified by both the community themselves and a rigorous baseline survey and needs assessment. This inclusive approach is evidenced by the way in which the recent integrated intervention for adolescent girls was planned. Initially, the course material for the Life Skills Education classes was developed in collaboration with adolescent girls and their parents, each of whom fed in the different aspects the course should cover. External experts were then invited to input their suggestions for material, and the finished draft was again consulted and tweaked with the community (fathers, for example, did not want their daughters learning about reproductive health until they hit puberty). This ensured that when the time came to introduce the classes, the community felt ownership and thus supported the programme, and the girls already knew they were learning about things important to them. Before the classes were started IHMP still held at least 1 meeting in each of 32 pilot villages with adolescent girls, mothers and fathers separately, explaining to them the benefits of participation in language appropriate to each group. The Life Skills Education classes are also run by community members (called ASHAs or Community Health Workers), elected by the village themselves to represent them. Beneficiaries are frequently given the chance to offer feedback about the programmes.

We were particularly impressed that in planning future projects, beneficiaries (including children's committees) are invited to IHMP to create Logical Frameworks (determining the objectives, inputs, outputs and outcomes) for new projects. These frameworks are then computed and translated, before being used by senior management in the project planning. IHMP proudly showed us the Logical Frameworks created by children, all of which were in an incredibly impressive level of detail and have been kept from many years back.

IHMP are innovators and therefore tend to develop new ideas with communities, test them in a pilot phase to determine their efficacy, and then scale them up through collaboration with the Government and other NGOs. This means that once they have successfully proved the efficacy of their new scheme to the Government they usually gradually withdraw from that project (as they generally do not have grant funding to continue beyond this stage) and start innovating in a new area. The result of this can be that villages, which previously received assistance from IHMP, have this help withdrawn when funding ends or when the Government decides to incorporate aspects of the project in legislation. An example is that villages which received Life Skills Education classes from 1998-2006 (in which time all adolescent girls in the area were reached) are now not included in the current integrated adolescent project, because the funding agency wanted the new programme's efficacy tested in an area that had not received help before. A new generation of adolescent girls has grown up in these villages who want access to Life Skills Education, but this is difficult for IHMP to offer without funds. We suggest that by building up individual fundraising IHMP will have more income that is not tied to specific grant conditions, which they can use to support projects in villages beyond the life of the grant. To help spread their support beyond the pilot villages, IHMP have already offered leadership training and training to become Life Skills Education teachers to 94 girls (out of the 753 who have attended the life skills course so far), so that wherever they go when married they will bring the course to these new villages. This is an excellent example of empowering individuals to bring sustainable change for the future.

11. Environment & Well-Being

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IHMP consider the environment in both their programmes and operations. In recent years their projects have made a huge environmental impact in their surrounding area. For example, over 6 years IHMP helped 1.4 million people by introducing thousands of biogas units which convert human, animal and agricultural waste into methane gas (used for cooking) and fertilizer for organic farming. IHMP also published guidelines on best practice in managing this project so that other NGOs can introduce it in their areas, impacting even more people. Most impressively, IHMP have also involved children in improving the environment for their individual communities. Children's committees regularly met and decided on community projects to undertake (with the support of IHMP). One project involved the children measuring all the water sources in 196 villages using simple bottles impregnated with indicator paper to turn black if the water is contaminated. Through this work they empowered children to become future leaders, educated the community about sanitation and the environment, and protected villages from consuming contaminated water.

On the operational side IHMP uses solar water heaters on the roof, recognizing that both water and electricity are major operational costs. They also sell their plastic bottles on for recycling. In Pune, where the facilities exist, they also sell paper for recycling. Since this is not an option in rural Pachod, they burn the paper in a compost pit which is used to fertilize their fields.

12. Delivery & Impact

10/10

IHMP's Monitoring and Evaluation processes surpass those we have seen in any other NGO. Each and every project is preceded by a baseline survey to establish the current situation and most pressing needs of the community. This also establishes a baseline from which the success of IHMP projects can be assessed. A recent baseline survey for maternal health in urban slums found that only 1.3% of women sampled were getting services from primary urban healthcare centres (which is where they should be going), with many unnecessarily increasing the burden on tertiary centres. It also found that only 29% of mothers were getting a minimum standard of antenatal care – a figure IHMP is increasing through its Community Health Worker outreach programmes and antenatal monthly clinics. As well as data collected themselves on the target population, IHMP uses secondary data to compare the target group to the general population, establishing whether they are in particular need. Before initiating a project a Logical Framework Analysis is created (in collaboration with beneficiaries, including children) to determine the objectives of the intervention, and for each objective what the inputs will be, the workload, the outcomes and how they will be measured. This is then used throughout the project to gauge its success against the progress indicators determined in advance. In this way IHMP are consistently aware of the impact their interventions are having, not just qualitatively but also quantitatively.

Once a project is initiated there are constant monitoring and evaluation systems built in. For example, for the current health project running in the slums of Pune, Community Health Workers collect data on every single household in their area each month, making a list of all individuals who require referral to further health services. The project focuses on maternal and neonatal health, and therefore individual women are monitored from the day they miss their period through to the birth and the first year of the child's life, meaning IHMP knows the history of every pregnancy should complications arise. IHMP also have an efficient referral system whereby those in need are sent to the appropriate Government healthcare service, but IHMP follows up to check they attended and received the necessary standard of care. The Community Health Worker produces a Monthly Progress Report tracking the health status of her area. These reports are used for identifying community needs, monitoring project progress and future project planning. The Community Health Worker also reports to the Health and Development Committee in her village/slum area, who are a body elected by the community to identify gaps between the needs in the community and the healthcare provision of the Government and IHMP. The Health and Development Committee then prepares action plans to address these gaps. They also hold the Community Health Worker accountable for good quality work, and decide whether she should be paid her full wage that month, based on her performance. This empowers the community to take charge of their own health needs, and to encourage sustainable change for the future.

The impact of each project is measured externally to ensure there is no question of any bias. For example, IHMP facilitated the expansion of their Married Adolescent Girls project into 5 districts of Maharashtra by collaborating with 5 NGOs. IHMP was responsible for training each NGO and also the monitoring and evaluation of the entire programme. IHMP trained external investigators to collect data in the field (with 6-8 days of intensive training) to ensure all data was unbiased and of high quality. The results of both this project and others are extremely impressive. For example, between 2003 and 2009 the median age of marriage increased from 15.8 to 18 (and in 2006, age of marriage was 17 in the intervention area and just 15.9 in a control area). The prevalence of postnatal morbidity also decreased from 36% to 8%, and the prevalence of low birth weight babies (a key indicator of the health of both mother and child) decreased from 36% to 21%. The exceptional level of monitoring and evaluation achieved by IHMP is key to persuading the Government and NGO sector to support them in scaling these projects up further.

As well as monitoring their own programmes, IHMP undertakes independent research into related fields, funded mainly by interest from their corpus. This has included in the past: a study to determine the criteria to identify marginalised groups and households in the community, a study on nutritional anaemia and the reproductive health of adolescent girls and a study on male involvement in women's health. The most recent piece of research is the development of a scale to measure empowerment of girls, using measures of self esteem and self efficacy. These studies inform IHMP's future work, but also are shared with both the NGO sector and Government to inform policies more widely, and thus are incredibly valuable.

The impact that IHMP are having on both their beneficiaries and the wider population in general is astounding. Many examples of this impact have been cited throughout this report. What is particularly impressive is that not only does IHMP provide excellent services for the local communities through their interventions, but that they are so successful in scaling their projects up via the Government and other NGOs. Another example of this is that IHMP noticed that health outcomes were measured in terms of mortality rather than morbidity (a stage in which something can still be done to intervene). IHMP demonstrated the benefits of monitoring morbidity, and now the State Government of Maharashtra has incorporated morbidity monitoring into their health policies. In the mid 1990s IHMP also successfully put pressure on the Government to make nutritional supplements palatable for under 3 year-olds because over 80% of malnutrition was in this group (but the Government was focusing on 3-6 year olds at that time). These are just a few examples of the many successes IHMP has had in incorporating elements of their programmes and research into Government policy, and this is something they are aiming for with the current adolescent project also. Therefore the impact of IHMP extends far beyond their immediate area, indirectly affecting populations both state- and nation-wide.

13. Summary of Key Recommendations:

Finance and Administration:

- Diversify funding sources into individual and corporate avenues, both to increase income and to generate more funds that can be used flexibly to address community needs which fall outside grant criteria.

Use of Technology:

- Develop a more detailed database to create a stronger base for communications and fundraising.
- Take advantage of NASSCOMM's free and heavily discounted hardware and software if introducing computer training into Life Skills Education.
- Make use of free group SMS tools to remind beneficiaries of appointments, meetings or antenatal clinics.
- Use Google Drive or Dropbox to efficiently store and share information between Pune and Pachod offices.
- Use a remote server to automatically back-up all office data on a weekly basis, with finances being backed-up (manually if necessary) on a daily basis.

Communications:

- Appoint a Communications Officer to support IHMP in the transition into online and individual fundraising.
- Reach out to past volunteers and supporters for donations using a quarterly newsletter to keep them up to date with IHMP's latest successes and ask for donations.
- Develop a new website as a matter of urgency.
- Spread awareness of IHMP's work using social media, in particular Facebook and Twitter.
- Make use of Google Ad Grants for up to \$10,000 a month of free Google advertising.
- Ensure consistency of style and language across all communication platforms.

Development of Staff and Volunteers:

- Make increased use of intentional volunteers by developing structured and specific internship opportunities aimed at highly skilled individuals at leading European and US universities, who can assist IHMP on the administrative side of the organisation. This would be particularly helpful for help with communications and individual fundraising.
- Create a formal child protection policy which all staff read, sign and review on an annual basis.
- Think about developing a more formal staff appraisal process on an annual basis.

14. Conclusion

Institute of Health Management, Pachod is a truly outstanding organisation. Having been privileged to see first-hand how exceptional their work is, we would recommend them to anyone, without hesitation. Our only frustration was that, to date, IHMP have not been able to effectively communicate their phenomenal successes to a global audience. If IHMP concentrates on implementing the necessary changes in this area, which we have already seen evidence of them doing, we are certain that they will go from strength to strength. With stronger external communications IHMP should also have more success with individual fundraising. Given that the frameworks, models and programmes which IHMP

have developed are deliberately designed to be scalable, with increased funds we believe that they will have an exceptionally large, positive impact all over India. Institute of Health Management, Pachod are true innovators and we will follow their future work with great excitement.

15. Appendix – Useful resources shared with IHMP during our visit

Communications:

- Social Media Advice Document
- GlobalGiving Advice Document
- Database Advice Document
- Examples of effective infographics from AAWC found at a) <http://www.aawc.in/act/give.aspx> and b) <http://www.globalgiving.co.uk/pfil/15473/projdoc.pdf>

Child Protection Policies:

- iPartner India's Child Protection Policy
- AfC Child Protection Policy
- Plan Child Protection Policy