T. Dichter

Learning Agenda Mini-Case #15

Philippines

Kythe, Inc.

Kythe is one of the 120 CSOs chosen for the first round of the USAID funded CSO Capacity Strengthening Project under the Ayala Foundation.

In 1992, Maria Fatima Garcia-Lorenzo, who everyone calls "Girlie," and Icar Castro, another grad student in psychology at Ateneo de Manila University, were talking about the "child life" concept of psycho-social support to terminally ill children which emphasizes, among other things, play therapy. Recognizing that this concept was new in the Philippines, that hospitals tend to look only at the disease of the children and not the children's emotional needs, they founded Kythe (using a Scottish word meaning "to make manifest"). In the mid 1990s Girlie went to the University of California San Francisco Benioff Childrens Hospital Child Life center to get certified in "Child Life." And subsequently Kythe became a member of the Child Life Council, based in Maryland.

Twenty-one years on they have dealt with 8,000 children with cancer, and are affiliated with thirteen hospitals in the Philippines. Their core human resource support are hundreds of volunteers, and they are financed by a dozen or so small grants from corporations and contributions from individuals, as well as an occasional embassy grant (a recent one from the Dutch embassy was for $24,000).

As Girlie tells us about Kythe and its history, both her humility, her dedication and passion for the work come through. Despite all the years of their work, she notes, the concept of child life is still neither widely accepted nor known in the Philippines, and thus Kythe has recently decided to get into advocacy work but, Girlie tell us, *"it is hard going."* It has been a continuous struggle to raise the legitimacy of the concept.

In 2011 Kythe commissioned an evaluation of their own work, hoping to better understand how they can not only bring the Child Life concept into more hospitals, but internalize it more. Girlie explains: *"The evaluation showed us that is not good enough to rely on the hospitals to take on this kind of work, even if they agree with and embrace the concept. In reality they simply put it at a low priority and don't have the time to add it to their duties. There have to be dedicated specialized people."*

"Our lifeblood is our volunteers. They come from all walks of life – the key is their commitment. They have to go though some training. One incentive we offer them in order to retain a cohort of people is to become a volunteer leader. We now have 15 of these and 500 volunteers nationwide. We have nineteen core salaried staff."

Girlie tells us also how hard it is to get financial support. *"The donors used to be big on anything to do with children, but now they are moving to environment and disaster. Kids and health are still important but the slice of the pie is smaller for each. And the trust level of NGOs is low – we're up against challenges."*

"This is a struggle because even though we have recently gone from 8 million pesos per year to 13 million it's hard to maintain this momentum. We now have a fundraising team and a part time communications person and have a cycle that we follow for support and sponsorship – right we now we get 40% of our money from individual contributions and 60% from corporate. But our board has said that this is not sustainable and so now we are aiming at 20% corporate and 80% individual contributions."

Girlie tells us about their involvement in the CSO Strengthening project.

"We never had any USAID support and that is why we applied to be part of the CSO Strengthening project. What we learned was that we lack documentation [written policies]. If donors see good financial governance they'll trust us more. But the real answer for us is to achieve scale – our Board is asking, is it enough to have just 13 hospitals, and they are saying that we have to run things like a business, but we've existed for 21 years! And we're struggling with the thirteen hospitals we have -- it's stressing us out."

"But we cannot grow too fast. It's all about quality, we cannot move on to another hospital until we can say we are doing it well, so we have to go deep as well as wide. We hired a researcher to do an evidence-based study to prove that what we do works. Doctors don't believe in it, so we need to show them there is a science to what we do."

Girlie adds that she is now much more aware of the challenge of succession. *"I'll soon be 60 and who ever comes after me will need a 'recipe book.' I have to leave solid systems behind."*

How did she hear about the CSO project? *"We got an email from AYALA asking if we were interested in applying. The first step was the OCA tool, where we were scored on the 5 pillars, governance, finance, resource mobilization, program cycle, and HR. "*

"I remember a few of the questions: 'Have you done emergency earthquake evacuation drills?' 'Where do you keep your back-up files?' The message was anything can happen. We had never thought about these things. We learned a lot."

"At first there were 20 to 30 people in each workshop. But then when the project was trying to catch up with the deadlines, they brought in 50 to 60 people at a time."

"As for programming, we thought we were OK but then learned about the PDIMME planning cycle (Program Design, Implementation and Management, Monitoring and

Evaluation). We got a low score on some of these indicators, but they really did not apply to us – there should be a waiver for such things."

"On Human Resources we were also OK, but learned that it is necessary to have more written policies – for example, when someone is on leave, I find out I didn't know about it. Why, because it wasn't written down, so now OK, we have a form; there is more order now."

"There was a mentor who visited us, but not often. The mentor 'followed our pace.' [she implies it was a passive relationship and would have preferred some support so that she and her staff could have worked on some of their policies in a separate, secluded space so that they really could concentrate on the subject matter at hand] *We needed 'quality time' to do this and didn't have it. We became embarrassed – we procrastinated. Our mentor would call and say have you done this yet, and we hadn't. You know, the needs of the children come first, there was always that urgency. But really what we need is serious hand-holding and we need templates on what constitutes an acceptable manual. It's a challenge, the project should incentivize us more."*

Girlie says that the daily pressures make it almost necessary to procrastinate on some of the tasks that come out of the CSO strengthening project. But at the same time, she says somewhat guiltily, *"we know we should have more discipline. I'm determined to do some of the required CSO Project work during my upcoming holiday time."*

Girlie also notes that there was supposed to be an "e-group" for on-line learning in connection with the project, but this has turned out not to be useful.
"The real issue is that all the others are busy too. "

What is the biggest lesson for her from the project so far? *"You cannot be all heart – you have to have systems and skills. So now for example we began doing job descriptions. We're learning to do on-line newsletter, and to use Facebook."*