Systems for Improved Access to Pharmaceuticals and Services (SIAPS): Program Guidance

June 2013

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SIAPS
Systems for Improved Access to Pharmaceuticals and Services

SYSTEMS FOR IMPROVED GUIDANCE TO PHARMACEUTICALS AND SERVICES: PROGRAM GUIDANCE

JUNE 2013

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About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

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TABLE OF CONTENTS

1.1 VISION, MISSION AND OBJECTIVES 1

1.2 TECHNICAL STRATEGY 1

1.3 SIAPS CONTRACT INFORMATION AT A GLANCE 4

1.3.1 SIAPS KEY PERSONNEL 4
1.3.2 SIAPS PARTNERS AND RESOURCE ORGANIZATIONS 4
1.3.3 USAID PERSONNEL 6
1.3.4 RESPONSIBILITY OF THE AGREEMENT OFFICER'S REPRESENTATIVE (AOR) 6
1.3.5 PROGRAM REPORTING 6
1.3.6 FINANCIAL REPORTING 8
1.3.7 ADDITIONAL KEY CONTRACT INFORMATION 8

1.4 SUMMARY OF SIAPS EXPECTED DELIVERABLES 13

1.5 SIAPS WITHIN CPM AND MSH 14

1.6 SIAPS MANAGEMENT STRATEGY 16

1.6.1 SIAPS AND SPS PORTFOLIOS 16
1.6.2 SIAPS HQ MANAGEMENT STRUCTURE, TEAMS AND STAFF ROLES 16
1.6.3 SIAPS COUNTRY PROGRAM STRUCTURE AND STAFF ROLES 19

1.7 IMPORTANT ANNEXES FOR PART ONE: OVERVIEW OF SIAPS 22

2.1 SIAPS IN THE CONTEXT OF USAID 24

2.1.1 USAID'S WORK 24
2.1.2 ORGANIZATION OF USAID 24
2.1.3 USAID MISSION BUY-IN 27
2.1.4 US GOVERNMENT INITIATIVES RELEVANT TO SIAPS 28
2.1.5 US GOVERNMENT OPERATIONS RELEVANT TO SIAPS 30
2.1.6 SIAPS/USAID RELATIONSHIP MANAGEMENT 32

2.2 SIAPS HEALTH CONTEXT – TECHNICAL APPROACHES 34

PHARMACEUTICAL SERVICES GUIDANCE 40
SUPPLY CHAIN MANAGEMENT GUIDANCE 50

2.3 SIAPS HEALTH CONTEXT – HEALTH ELEMENTS 55

CONSIDERATIONS FOR PHARMACEUTICAL SYSTEMS STRENGTHENING TO BENEFIT HIV/AIDS PROGRAM OUTCOMES 56
CONSIDERATIONS FOR PHARMACEUTICAL SYSTEMS STRENGTHENING TO BENEFIT FAMILY PLANNING PROGRAM OUTCOMES 61
CONSIDERATIONS FOR PHARMACEUTICAL SYSTEMS STRENGTHENING TO BENEFIT MALARIA PROGRAM OUTCOMES 66
CONSIDERATIONS FOR PHARMACEUTICAL SYSTEMS STRENGTHENING TO BENEFIT MATERNAL AND CHILD HEALTH PROGRAM OUTCOMES 71
CONSIDERATIONS FOR PHARMACEUTICAL SYSTEMS STRENGTHENING TO BENEFIT TUBERCULOSIS PROGRAM OUTCOMES 78

2.4 KEY STAKEHOLDERS 83

2.5 KEY MESSAGES FROM PART TWO: UNDERSTANDING THE EXTERNAL ENVIRONMENT 86

2.6 ANNEXES 87

3.1 COUNTRY PROGRAM START-UP 89

3.1.1 GUIDING PRINCIPLES FOR COUNTRY PROGRAM START-UP 89
3.1.2 ROLES AND RESPONSIBILITIES FOR COUNTRY PROGRAM START UP 90
3.1.3 START-UP PLANNING 91
3.1.4 TECHNICAL START-UP ACTIVITIES 92
3.1.5 OPERATIONAL START-UP ACTIVITIES 93
3.1.6 PROJECT START-UP TOOLS 101

3.2 DESIGN OF COUNTRY PROGRAM STRATEGY 102

3.2.1 GUIDING PRINCIPLES FOR COUNTRY PROGRAM DESIGN AND PARTNERSHIPS 102
3.2.2 ROLES AND RESPONSIBILITIES FOR DESIGN 102
3.2.3 STRATEGIC PLAN DEVELOPMENT PROCESS 104
3.2.4 COORDINATION AND PROCESS OF SIAPS PARTNER ENGAGEMENT 106
3.2.5 PROCESS FOR GETTING SUB-AWARDS APPROVED 107
3.2.6 PROGRAM DESIGN TOOLS AND RESOURCES 108

3.3 WORK PLAN DEVELOPMENT 109

3.3.1 PREPARATORY PHASE 109
3.3.2 LAUNCH PHASE 109
3.3.3 DESIGN PHASE 109
3.3.4 REVIEW PHASE 110
3.3.5 SUBMISSION AND APPROVAL PHASE 110
3.3.6 WORK PLAN DEVELOPMENT TOOLS AND RESOURCES 110

3.4 TECHNICAL ASSISTANCE 111

3.4.1 GUIDING PRINCIPLES FOR TECHNICAL ASSISTANCE 111
3.4.2 ROLES AND RESPONSIBILITIES OF THE HQ-BASED TECHNICAL ASSISTANCE TEAM 111
3.4.3 DELIVERING TECHNICAL ASSISTANCE 112
3.4.4 ACCESSING AND ENGAGING TECHNICAL ASSISTANCE 113
3.4.5 ASSURING QUALITY OF TECHNICAL ASSISTANCE 115
3.4.6 TECHNICAL ASSISTANCE TOOLS AND RESOURCES 115

3.5 CAPACITY BUILDING AND PERFORMANCE IMPROVEMENT 116

3.5.1 GUIDING PRINCIPLES FOR CAPACITY BUILDING AND PERFORMANCE IMPROVEMENT 116
3.5.2 ROLES AND RESPONSIBILITIES FOR CAPACITY BUILDING AND PERFORMANCE IMPROVEMENT 118
3.5.3 THE SIAPS CAPACITY BUILDING APPROACH 118
3.5.4 SERVICES PROVIDED BY THE CB&PI UNIT 119
3.5.5 CP&PI UNIT TECHNICAL ASSISTANCE 120
3.5.6 CAPACITY BUILDING AND PERFORMANCE IMPROVEMENT TOOLS AND TEMPLATES 121

3.6 COMMUNICATIONS AND KNOWLEDGE MANAGEMENT 122

3.6.1 GUIDING PRINCIPLES FOR COMMUNICATION AND KNOWLEDGE MANAGEMENT 122
3.6.2 ROLES AND RESPONSIBILITIES FOR COMMUNICATION AND KNOWLEDGE MANAGEMENT 122
3.6.3 DOCUMENTING LESSONS LEARNED AND DISSEMINATING BEST PRACTICES 123
3.6.4 EDITING GUIDELINES AND INFORMATION 123
3.6.5 INFORMATION SERVICES 124
3.6.6 PRESENTATION GUIDELINES AND TOOLS 124
3.6.7 EVENTS, CONFERENCES AND WORKSHOP GUIDELINES 125
3.6.8 COMMUNICATIONS AND KNOWLEDGE MANAGEMENT TOOLS AND TEMPLATES 126

3.7 MONITORING, EVALUATION AND REPORTING 127

3.7.1 GUIDING PRINCIPLES FOR MONITORING, EVALUATION AND REPORTING 127
3.7.2 ROLES AND RESPONSIBILITIES FOR MONITORING, EVALUATION AND REPORTING 128
3.7.3 DEVELOPING COUNTRY RESULTS FRAMEWORKS (REQUIRED M&E ELEMENT) 129
3.7.4 DEVELOPING COUNTRY PMPS AND SELECTING PERFORMANCE INDICATORS (REQUIRED M&E ELEMENT) 130
3.7.5 DEVELOPING COUNTRY M&E PLANS (REQUIRED M&E ELEMENT) 132
3.7.6 SEMI-ANNUAL PROGRAM REVIEW 133
3.7.7 FINAL EVALUATION 133
3.7.8 OPERATIONAL RESEARCH 134
3.7.9 MONITORING AND EVALUATION TOOLS AND TEMPLATES 135

3.8 PROGRAMMATIC REPORTING 136

3.8.1 GUIDING PRINCIPLES FOR PROGRAMMATIC REPORTING 136
3.8.2 ROLES AND RESPONSIBILITIES FOR PROGRAMMATIC REPORTING 137
3.8.3 PROGRAM REPORTS 137
3.8.4 REPORTING TOOLS AND TEMPLATES 142

3.9 FINANCE AND OPERATIONS 143

3.9.1 GUIDING PRINCIPLES FOR FINANCE AND OPERATIONS 143
3.9.2 ROLES AND RESPONSIBILITIES FOR FINANCE AND OPERATIONS 143
3.9.3 AWARDS THE FINANCE AND OPERATION TEAM SUPPORT 144
3.9.4 FINANCIAL MANAGEMENT 144
3.9.5 TRACKING PROGRAM FINANCIAL INFORMATION 147
3.9.6 USING FINANCIAL INFORMATION FOR DECISION MAKING 148
3.9.7 TRAVELING UNDER SIAPS 149
3.9.8 FINANCE AND OPERATIONS TOOLS AND TEMPLATES 151

3.10 HUMAN RESOURCE MANAGEMENT 152

3.10.1 GUIDING PRINCIPLES FOR HUMAN RESOURCE MANAGEMENT 152
3.10.2 ROLES AND RESPONSIBILITIES FOR HRM 152
3.10.3 RECRUITMENT AND STAFF TRANSFER PROCEDURES 152
3.10.4 PROMOTION AND TITLE CHANGE PROCEDURES 154
3.10.5 SALARY DETERMINATION 154
3.10.6 PERFORMANCE PLANNING, REVIEW AND DEVELOPMENT (PPRD) 155
3.10.7 HRM TOOLS AND TEMPLATES 157

3.11 PROGRAM CLOSE OUT 158

3.11.1 GUIDING PRINCIPLES FOR PROGRAM CLOSE-OUT 158
3.11.2 ROLES AND RESPONSIBILITIES FOR PROGRAM CLOSE-OUT 159

3.11.3 CLOSE-OUT PLANNING 159
3.11.4 TECHNICAL CLOSE-OUT ACTIVITIES 160
3.11.5 OPERATIONAL CLOSE-OUT ACTIVITIES 161
3.11.6 PROGRAM CLOSE-OUT TOOLS AND TEMPLATES 164

3.12 ANNEXES 165

ACRONYMS

ACTs	artemisinin-based combination therapies
ADR	adverse drug reaction
ADS	Automated Directive System
AMR	Anti-microbial Resistance
AO	Agreement Officer
AOR	Agreement Officers Representative
ART	antiretroviral therapies
ARV	antiretroviral
BCC	Behavior Change Communication
BIS	Business Information System
CBPI	Capacity Building and Performance Improvement
CCO	Corporate Contract Office
CCR	Central Contractor Registration
CDC	Centers for Disease Control and Prevention
CFO	Chief Financial Officer
CHW	Community Health Worker
CO	Contracts Officer
COMU	Country Operations Management Unit
COP	Country Operational Plan
CPD	Country Project Director
CPM	Center for Pharmaceutical Management
CPR	Contraceptive Prevalence Rate
DCPD	Deputy Country Project Director
DEC	Development Experience Clearinghouse
DOTS	WHO internationally defined strategy for tuberculosis control
DUNS	Data Universal Numbering System
EMLs	Essential Medicines List
EOP	End of Project
FDCs	Fixed-Dose Combination Medicines
FTF	Feed the Future
FY	Fiscal Year
GFMAT	Global Fund for Malaria, AIDS and TB
GHI	Global Health Initiative
HCSM	Health Commodities and Services Management
HHS	Health and Human Services
HIDN	Health, Infectious Diseases and Nutrition
HRM	Human Resources Management
HSS	Health System Strengthening
IEC	Information/Education/Communication
IM	institutional memory

IPTp	Intermittent Treatment for Pregnant Women
IR	Intermediate Result
IRB	Internal Review Board
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Mosquito Nets
KM	Knowledge Management
LLIN	Long Lasting Insecticide Treated Nets
LMIS	Logistics Management Information System
LOE	Level of Effort
M&E	Monitoring and Evaluation
MCH/FP	Maternal and Child Health/Family Planning
MDRTB	Multi-Drug Resistant TB
MIS	Management Information Systems
MOH	Ministry of Health
MOP	Malaria Operational Plan
MSH	Management Sciences for Health
MTC	Medicines and Therapeutics Committee
NEML	National Essential Medicines List
NMP	National Medicines Policy
NOT	Notification of Travel
NTD	Neglected Tropical Diseases
NTPs	National Treatment Protocols
OMB	Office of Management & Budgets
OR	Operational Research
OST	Operations Support Team
PEPFAR	President's Emergency Plan for AIDS Relief
PHN	Population, Health and Nutrition
PIRSs	Performance Indicator Reference Sheets
PMI	Presidents Malaria Initiative
PMP	Performance Monitoring Plan
PPRD	Performance, Planning, Review and Development
PV	Pharmacovigilance
RDT	rapid diagnostic tests
RF	Results Framework
RFCC	Request for Country Clearance
RSAT	Regulatory Systems Assessment Tool
SCMS	Supply Chain Management Systems
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SOP	Standard Operating Procedure
SOW	scope of work
SPS	Strengthening Pharmaceutical Systems
STGs	Standard Treatment Guidelines
STTA	Short-Term Technical Assistance

TA	technical assistance
TB	tuberculosis
TDY	Temporary Duty
TOT	Training of Trainers
TRAINET	Training Results and Information Network
USAID	US Agency for International Development
WHO	World Health Organization

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PURPOSE OF THE GUIDANCE

The purpose of this Guidance document is to provide direction on standard technical, management and operational approaches to United States-based and field staff of Management Sciences for Health working under the Systems for Improving Access to Pharmaceuticals and Services (SIAPS) Program Award.

While SIAPS staff continue to receive guidance from SIAPS management through recurrent e-mails and are aware of their individual roles within the SIAPS program, this Guidance attempts to pull all the necessary information into one place, outlines the bigger picture and explains what SIAPS Management expects as collective effort of its staff. Given that SIAPS staff will be held accountable to fully execute their individual roles, the Guidance highlights resources available to staff to enable them function maximally. If used properly this Program Guidance will allow staff to contribute to the execution of the SIAPS award in a more informed and efficient way.

The Guidance is presented in three main indexed sections with supplement tools and references for use by staff.

Part One: Provides an overview of SIAPS and describes the internal MSH platform on which the SIAPS program is being implemented.

Part Two: Describes the environment in which the SIAPS program is being implemented. It provides an understanding of the donor - USAID; highlights the global health context in which SIAPS is expected to implement pharmaceutical systems strengthening and attempts to map out the key stakeholders with whom SIAPS collaborates.

Part Three: Provides staff with the basic principles of project management and outlines SIAPS standard technical, management and operational approaches using the SIAPS project management cycle.

While a hard copy of this Guidance along with Annexed tools and templates will be provided to Country Offices and Core teams, the packet will also be available electronically on CD as well as on the Intranet. The intention is to update the document in a comprehensive way annually; however changes that affect SIAPS processes significantly will be updated immediately and update changes brought to the attention of staff via e-mail.

PART ONE:
OVERVIEW OF SIAPS

PART ONE:
OVERVIEW OF SIAPS

The US Agency for International Development (USAID)-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is a global program with funding up to approximately $198 million over five years beginning September 23, 2011, and ending September 22, 2016. The program was awarded by USAID to the Center for Pharmaceutical Management (CPM) within Management Sciences for Health (MSH) and is USAID's follow-on program to the Systems for Pharmaceutical Strengthening (SPS) program.

This section provides staff with the vision, mission, structure, policies and procedures of the SIAPS program so that they may know all about the program they are working on and what is expected of them by SIAPS leadership, the Vice President of CPM, and staff and leadership of other MSH Centers and Offices.

1.1 Vision, Mission, and Objectives

The work performed under SIAPS is expected to be the next generation of strengthening the management of pharmaceutical systems. The goal of the SIAPS Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. The program objective is to promote and use a systems-strengthening approach consistent with the principles of the Global Health Initiative (GHI) that will result in improved and sustainable health impact.

The Intermediate Results (IR) that SIAPS is intended to achieve are:

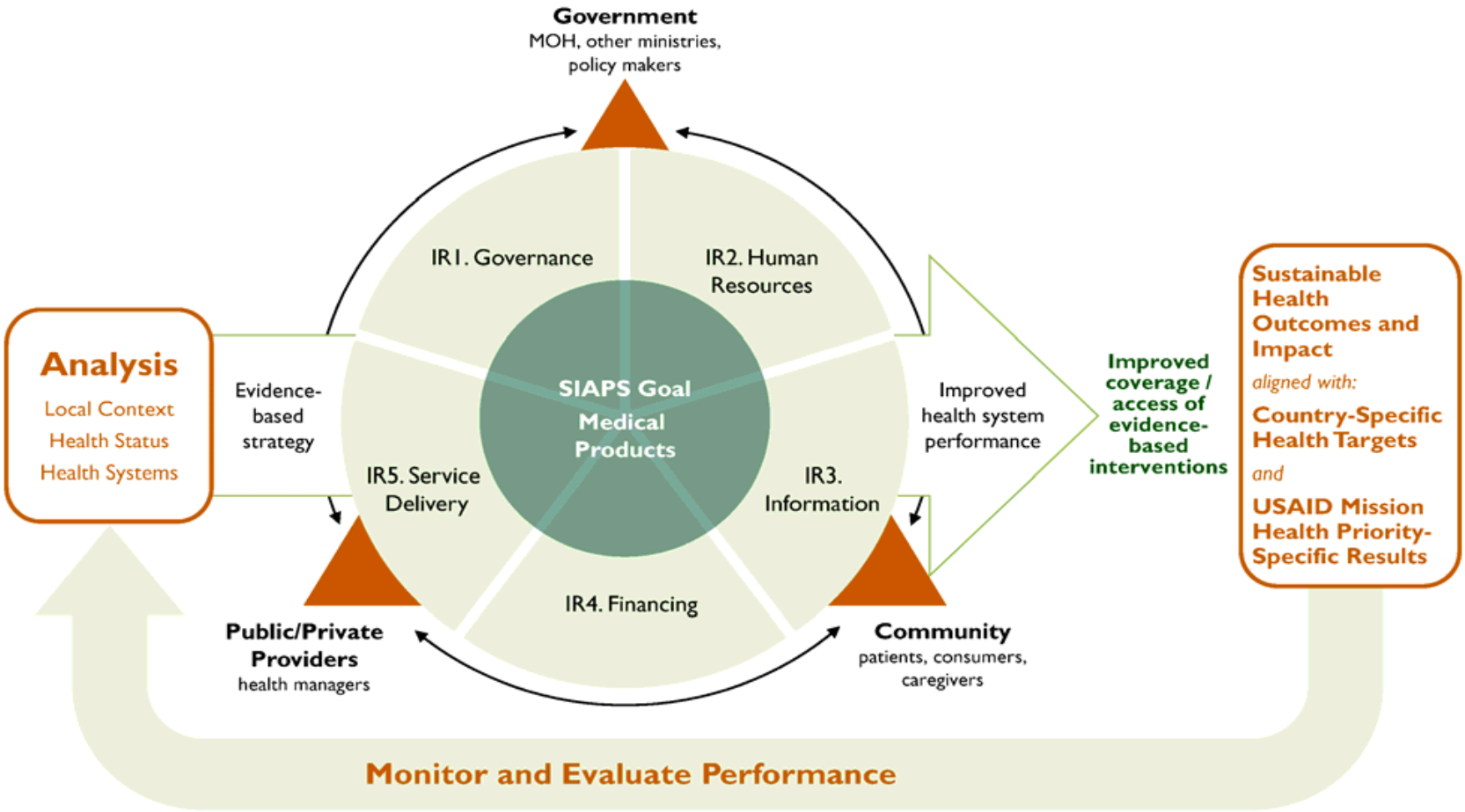
- Strengthen pharmaceutical sector governance
- Build individual, organizational, and institutional capacity for pharmaceutical supply management and services
- Address the information for decision-making challenges in the pharmaceutical sector
- Strengthen financing strategies and mechanisms to improve access to medicines
- Improve pharmaceutical services to achieve desired health outcomes

1.2 Technical Strategy

The SIAPS framework and result areas reflect the dynamic relationships among five health system building blocks: Governance, Human Resources, Information, Financing, and Service Delivery, with a pharmaceutical product overlay that guides technical content.

SIAPS will work on fulfilling disease-specific needs in countries where SIAPS works, while strengthening the overall health system as measured across the five building blocks. SIAPS will assist USAID and partner countries to merge the long-term goals of country ownership, system strengthening and sustainability with the immediate requirements for continuing scale-up and expansion of prevention and treatment programs without adversely affecting health outcomes. The program will double its emphasis on additional GHI principles such as improving metrics, monitoring and evaluation, capacitating local governments and institutions, and again increasing country ownership.

SIAPS System Strengthening Framework



SIAPS Results Framework

SIAPS Goal: Assure availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes.

SIAPS Project Objective: Promote and utilize a systems strengthening approach consistent with the Global Health Initiative that will result in improved and sustainable health impact.

IR1. Pharmaceutical sector governance strengthened	**IR2.** Capacity for pharmaceutical supply management and services increased and enhanced	**IR3.** Information for decision making challenge in the pharmaceutical sector addressed	**IR4.** Financing strategies and mechanisms strengthened to improve access to medicines	**IR5.** Pharmaceutical services improved to achieve desired health outcomes
1.1. Good governance principles embodied across all health systems components. **1.2.** Improved medicines, policies, legislation, regulations, norms, and standards. **1.3.** Transparent and accountable pharmaceutical management systems. **1.4.** National pharmaceutical sector development plans are strategic and evidence-based.	**2.1.** Pharmaceutical management capacity of individuals, institutions, organizations and networks strengthened. **2.2.** Local institutions and organizations provide pharmaceutical services and TA in pharmaceutical system strengthening. **2.3.** Innovative and proven approaches for human resource capacity building adopted and implemented.	**3.1.** Pharmaceutical management information systems (PMIS) support both products and patients. **3.2.** Innovative and proven tools broadly available and used. **3.3.** Strategic information on pharmaceutical systems strengthening available and used.	**4.1.** Financial barriers reduced. **4.2.** More efficient use of existing resources. **4.3.** Additional financial resources are generated.	**5.1.** Availability of pharmaceuticals improved. **5.2.** Patient safety and therapeutic effectiveness assured. **5.3.** Medication use improved. **5.4.** Pharmaceutical services standards defined, adopted and implemented. **5.5.** Emergence of antimicrobial resistance (AMR) slowed.
Strategies Good governance model and metrics Stakeholder engagement Modern policies, legislation, and standards Evidence-based planning	**Strategies** Improved performance metrics Comprehensive capacity building approaches Focus on local organizations	**Strategies** Integrating PMIS into country information system Innovative use of information technologies Harmonization of software tools	**Strategies** Cost analyses Mobilize new resources Access to new financing mechanisms Performance-based financing	**Strategies** Patient-centered interventions Accreditation and standards compliance Increased private sector role Coalition-building for AMR containment

1.3 SIAPS Contract Information at a Glance

Understanding of the SIAPS award, expected deliverables, and accountabilities by all staff members is key to ensuring the successful execution of the program. This section provides staff with an abridged description of the SIAPS award.

Systems for Improved Access to Pharmaceuticals and Services (SIAPS)
AID-OAA-A-11-00021 (A227)
Cost Reimbursement Cooperative Agreement
Total Award Amount: **$197,926,458**
Cost Sharing commitment (non-federal) not less than **$14,844,484** (not less than 7.5% total activity cost)

1.3.1 SIAPS Key Personnel

The following key positions and individuals listed below have been identified as 'Key Personnel' and have been approved by USAID. Any changes in key personnel must be approved in advance and in writing by the AOR and the AO.

Francis (Kofi) Aboagye-Nyame
Program Director

Vicky Hawk
Finance and Oerations Director

Sameh Saleeb
Deputy Director Technical

Michael Cohen
Performance Monitoring and Evaluation Specialist

1.3.2 SIAPS Partners and Resource Organizations

Although MSH is the lead implementing partner of the SIAPS program, there are four other implementing partners who are approved sub-awardees and can be used by any country program with interest and need.

Approved Sub-Awardees	Description of Services
Accreditation Council for Pharmacy Education (ACPE)	Accreditation of pharmacy education and training; development and evaluation of quality standards for pharmacy degree programs and continuing education providers in the United States and abroad; training of evaluators to provide standardization and consistency in the accreditation review process.
Harvard University through: Harvard Pilgrim Health Care and Harvard School of Public Health	Pharmaceutical health insurance, treatment adherence, and pricing information/mechanisms; applied and operations research and evaluation of programs and policies; cost-effective analysis of different interventions; and policy and program activities in logistics systems and pharmaceuticals.

Logistics Management Institute (LMI)	Pharmaceutical supply chain and logistics management in support of global health initiatives; acquisition management; and financial management expertise to conduct policy option analyses on contracting for pharmaceutical-related services.
University of Washington Department of Global Health	Pharmacoepidemiology, pharmaceutical care services, pharmacovigilance, pharmacoeconomics, and product quality control and assurance.

These sub-awardees do not need additional AO or AOR approval beyond being identified and names in the SIAPS core, regional or country annual work plans and budgets.

In addition to the above approved sub-awardees, SIAPS countries have access to the following specialized resources. Please note these resources DO require prior approval from the USAID/W AO and/or AOR before an agreement can be issued to them.

RESOURCE PARTNERS	DESCRIPTION OF SERVICES
African Medical and Research Foundation (AMREF)	Strengthening laboratories as an integrated part of strengthening health systems.
Ecumenical Pharmaceutical Network	Liaison to mission sector in developing countries, coordination and networking, development and provision of technical assistance on pharmaceutical policy and services, human capacity development, and consumer/patient education related to pharmaceutical management and medicines use.
Research for Development	Research and evaluation; leadership development to advance policy and strengthen health systems; health financing and demand-side models such as health insurance; strengthening the capacity of civil society organizations; and integration and collaboration of the public and private sectors to better achieve national health goals.
RTT Group	South Africa-based warehousing and distribution service support.
VillageReach	Management information systems in a developing country context, particularly mHealth and open-source solutions; reaching the last mile of the supply chain; offices in Malawi and Mozambique.
William Davidson Institute	Operations research, supply chain management in developing countries, investigation of business-based approaches to improving health care delivery, research to advance the transition from donor dependence to market-based health systems.

To obtain approval of the resource partners as sub-awardees, a list of standard documents is normally needed for negotiations: scope of work; budget; competition assessment or sole source justification (if applicable); indirect cost rate (NICRA) or other financials (if applicable); and CVs and biodata sheets for proposed staff. These documents must be provided to the MSH Contract Officer for submission to the USAID/W AO and AOR. For detailed information on sub-award approvals please see Part Three, section 3.2.6 Process for Getting Sub-Awards Approved.

Please note that sub-awardees and contractors have no relationship with USAID under the terms of this agreement. All required USAID approvals must be directed through SIAPS/MSH to USAID/W.

1.3.3 USAID PERSONNEL

 Tony Boni USAID Agreement Officer's Representative (AOR) E-mail: aboni@usaid.gov Phone: 202.712.4789 * Primary Point of Contact for SIAPS Program	**Maria Miralles** Senior Pharmaceutical Management Advisor, USAID E-mail: mmiralles@usaid.gov Phone: 202-808-3890 **Lisa Ludeman** Pharmaceutical Management Advisor, USAID E-mail: lludeman@usaid.gov Phone: 202-808-3904
Stella Alexander-Sergeeff USAID Assistance and Acquisition Specialist E-mail: salexandersergeeff@usaid.gov Phone: 202.567.4774 * Primary Point of Contact for MSH Contract Officer	**Patricia Bradley** Contract Specialist E-mail: pbradley@usaid.gov Phone: 202.567.5302 * Stella's supervisor, to be copied on all communication by the assigned MSH Contract Officer

1.3.4 RESPONSIBILITY OF THE AGREEMENT OFFICER'S REPRESENTATIVE (AOR)

The SIAPS AOR approves the following, in coordination with the USAID Country Mission Activity Managers:

- Annual workplans, international travel, knowledge management plans, monitoring and evaluation (M&E) plans, event planning/management, research studies/protocols, and any changes to any activities to be carried out under the award
- Key personnel
- Selection of advisory committee members, coordination with other cooperating agencies
- Cost-reimbursable sub-award recipients up to $2.5m

The SIAPS AOR is not allowed to approve the following:

- Substantial Changes in Program Description
- Fixed price contracts, IQCs, Grants to Foreign Governments, or Public International Organizations
- Only the AO has the authority to make changes to these items

1.3.5 PROGRAM REPORTING

ANNUAL WORK PLANS AND BUDGET					
Each SIAPS country, as well as the core programs, are required to submit an annual work plan and budget to the USAID Mission, AO, and AOR for approval. The SIAPS annual work plan serves several purposes: It guides program implementation; it demonstrates links between activities, strategic direction, intended results and provides a basis for the budget; and it facilitates a yearly monitoring and evaluation plan for the program activities under the agreement.					
Work Plans and Budgets	Year 1 FY2011/12	Year 2 FY 2012/13	Year 3 FY 2013/14	Year 4 FY 2014/15	Year 5 FY 2015/16

Due	October 22, 2011	August 30, 2012	August 30, 2013	August 30, 2014	August 30, 2015
SIAPS has instituted an annual work plan and budget development process which will be discussed in more detail in Part Three: SIAPS Program Management, Section 3.3 Work Plan Development.					

QUARTERLY REPORTS

SIAPS is required to submit a comprehensive quarterly report, covering program activities for all countries and core programs, to the AOR 45 days after the end of the quarterly reporting period. In addition, many missions require a specific quarterly report on the specific SIAPS activities in that country to be submitted to the Mission 30 days after the quarterly reporting period. It is expected that SIAPS countries should use the quarterly reporting mechanism to highlight any program achievements and successes that are important for USAID and MSH to be aware of.

Quarterly Report	Q1: Oct 1 – Dec 31	Q2: Jan 1 – Mar 31	Q3: Apr 1 – Jun 30	Q4: Jul 1 – Sep 30
Due to Mission	January 31	April 30	July 30	October 30
Due to AOR	February 15	May 15	August 15	November 15

SIAPS is using the Newdea reporting system to prepare the comprehensive technical and financial report covering all SIAPS countries for the AOR. This system allows for the field offices to input their quarterly technical and financial progress against their defined indicators and activities in the approved annual work plans.

As part of program reporting, SIAPS is expected to immediately notify USAID of any developments that have a significant impact on the award-supported activities. Also, notification shall be given in the case of problems, delays, or adverse conditions which materially impair the ability to meet the objectives of the award. This notification shall include a statement of the action taken or contemplated, and any assistance needed to resolve the situation.

ANNUAL PERFORMANCE MONITORING REPORTS

SIAPS is required to submit a comprehensive annual report, covering program activities for all countries and core programs, to the AOR 45 days after the end of the program year, and to the USAID Mission 30 days after the end of the program year. This report should provide a summary of activities throughout the year, present results against the performance indicators and document successes, challenges and lessons learned.

Annual Report	Y1 Oct 1, 2011 – Sep 30, 2012	Y2 Oct 1, 2012 – Sep 30, 2013	Y3 Oct 1, 2013 – Sep 30, 2014	Y4 Oct 1, 2014 – Sep 30, 2015	Y5 Oct 1, 2015 – Sep 22, 2016
Due to Mission	Oct 30, 2012	Oct 30, 2013	Oct 30, 2014	Oct 30, 2015	Oct 30, 2016
Due to AOR	Nov 15, 2012	Nov 15, 2013	Nov 15, 2014	Nov 15, 2015	Nov 15, 2016

FINAL PROGRAM REPORT

SIAPS is required to submit a final performance report 90 days after completion of the program. This report should provide a summary of activities throughout the entire life of the program, present results and lessons learned, and enable access to technical resources and tools produced by the SIAPS program.

Final Report: **October 1, 2011 – September 22, 2016**	2 hard copies due to the AOR, AO, M/FM, and USAID Missions: December 20, 2016. One electronic copy submitted to DEC

1.3.6 FINANCIAL REPORTING

SIAPS must report the quarterly financials (with the Federal Form SF-425) for each core and country funded program to the Department of Health and Human Servies and USAID AO and AOR within 30 days after the end of the reporting period. In addition, SIAPS must submit the final financial reports to USAID Washington within 90 days after completion of the SIAPS program. These financial documents are submitted to the appropriate agencies by MSH Corporate Finance Office.

Country-by-Country Breakdown of Expenditures: MSH shall list each country included in the program and total amount expended for each country under the award for the reporting period in the "Remarks" block of SF 425, or on a separate sheet of paper with the "Request for Advance or Reimbursement" SF 270.

1.3.7 ADDITIONAL KEY CONTRACT INFORMATION

- **PROCUREMENT**

The authorized **USAID GEOGRAPHIC CODE** for the procurement of goods and services under SIAPS is 935 (free world) which allows us to buy goods or services from anywhere except foreign policy restricted/ prohibited countries (Cuba, Iran, Iraq, Libya, N. Korea, Syria).

The following are **INELIGIBLE GOODS AND SERVICES** and as such MSH cannot procure them under the SIAPS award:

- Military equipment
- Surveillance equipment
- Commodities and services for support of police or other law enforcement activities
- Abortion equipment and services
- Luxury goods and gambling equipment
- Weather modification equipment
- Goods or services from any individual or firm on "List of Parties Excluded from Federal Procurement"

RESTRICTED GOODS AND SERVICES are those that MSH cannot procure without prior, written approval of the AO or whose procurement must comply with required procedures under an applicable waiver as provided by the AO:

- Agriculture commodities
- Motor vehicles*
- Pharmaceuticals
- Pesticides
- Used equipment
- US Government-owned excess property
- Fertilizer

No restricted equipment has been included under the SIAPS award. No procurement of restricted goods shall commence without the AO's prior approval.

* MOTOR VEHICLES FUNDED BY THE DFA (DEVELOPMENT FOR AFRICA) FUNDING STREAM DO NOT REQUIRE AO'S PRIOR APPROVAL. HOWEVER, MSH MUST CONFIRM THE FUNDING STREAM WITH AOR IN WRITING PRIOR TO PROCUREMENT AND SHALL PROVIDE AOR WITH AN E-MAIL NOTIFICATION FOR AOR'S AWARD FILES. NON DFA FUNDED VEHICLE PROCUREMENT REQUIRE AO'S APPROVAL AS PER THE ABOVE PROVISION.

Prior budget approval for restricted goods will be deemed to have been met when:

- The item is of US source
- the item has been identified and incorporated in the Program Description or Schedule or amendments to the award
- The costs are included in the approved budget of the award.

➢ TITLE OF PROPERTY

Property purchased under the SIAPS program will be vested with MSH. Each SIAPS Country Office needs to have property management and inventory plans in place. The Director of Fin/Ops will help ensure that every office has a property management plan and the plan has been reviewed.

CHECK 22 CFR 226.30 - 37 FOR GUIDANCE ON PROPERTY DISPOSITION

➢ ENVIRONMENTAL CAPABILITY STATEMENT

The SIAPS team must develop Environmental Monitoring and Management Plans for the program overall as well as on a country by country basis as Mission buy-in is generated. MSH must work in close collaboration with USAID to mitigate the impact and elaborate its Environmental Monitoring and Management Plan to be updated and revised throughout the life of award.

Please note that the SIAPS SOW does not support Construction/Renovation activities. Encourage USAID to use other available mechanisms.

➢ INTERNATIONAL AIR TRAVEL

Direct charges for foreign travel costs are allowable only when each foreign trip has received prior budget approval. Such approval will be deemed to have been met when:

- The trip is identified (number of trips, number of travelers, and origin and destination) in the approved work plan and budget.
- The information above is incorporated in the Schedule of award or amendments to award.
- The costs related to the travel are incorporated in the approved budget of the award.

NOTIFICATION: Once the trips have prior budget approval no notification is required unless:

- The primary purpose is to work with USAID Mission personnel.
- Recipient expects significant administrative or substantial programmatic support from the Mission.

Written notifications, containing the traveler's name, date of arrival, purpose of the trip, and funding source, should be sent to the AOR and Mission personnel at least 14 days in advance sent by fax or e-mail.

THE FLY AMERICA ACT:
ALL AIR TRAVEL AND SHIPMENTS UNDER THIS AWARD MUST BE MADE ON U.S. FLAG AIR CARRIERS TO THE EXTENT SERVICE BY SUCH CARRIERS IS AVAILABLE.

TRAVEL COSTS: All travel allowances must comply with the applicable cost principles and must be consistent with those noramlly allowed in like circumstances in MSH's non -USAID-funded activities.

➢ COST SHARING

As part of the cost share agreement with USAID under the SIAPS award, MSH has agreed to expend an amount not less than 7.5% of the total activity cost ($14,844,484.00). Non-US Federal funds may be used to meet the cost share amount but they must meet the following criteria:

- Verifiable from recipient records
- Necessary and reasonable to accomplish the program objectives
- Applicable cost principles
- Not included as contributions for another US Federal assisted program

While SIAPS doesn't have a cost share requirement by country, because of the large requirement under SIAPS, cost share realized collectively from countries will contribute to supplement the main sources CPM is using (other CPM awards not funded by USG). Templates for cost share opportunity approval and valuation and an example of a third party certification can be found in Annex 3.

➢ MARKING AND PUBLIC COMMUNICATIONS

MSH is expected to follow SIAPS approved Marking Plan—annex 4. The SIAPS Co-Branding and Marking plan (including logos) has been approved by USAID/W.

SIAPS must mark any commodities, equipment, infrastructure projects, technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/internet activities, promotional, informational, media communications, events financed by USAID, and public communications with the USAID identity.

The Agreement Officer may require:

- The USAID or cooperating country government's identity to be larger and more prominent if circumstances warrant, and as appropriate depending on the audience, program goals, and materials produced.
- Marking with the USAID Identity in the event that SIAPS does not choose to mark with the SIAPS logo.
- A pre-production review of public communications and program materials for compliance with the approved Marking Plan.

Please note that this program should always be refered to as: USAID's Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program implemented by MSH.

PUBLIC COMMUNICATIONS SHOULD INCLUDE THE FOLLOWING DISCLAIMER:

"This study/report/audio/visual/other information/media product (specify) is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of SIAPS/MSH and do not necessarily reflect the views of USAID or the United States Government."

PRESS RELEASES OR OTHER PUBLIC NOTICES MUST INCLUDE:

"The U.S. Agency for International Development administers the U.S. foreign assistance program providing economic and humanitarian assistance in more than 80 countries worldwide."

➢ PARTICIPANT TRAINING AND TRAINET

Every USAID funded in-country SIAPS training or workshop of two or more consecutive class days, or 16+ contact hours, must be reported in the Training Results and Information Network (TraiNet) Database. TraiNet is USAID's database for reporting of information on all USAID funded training and exchange visitor activities. It is a Web-based application that helps Missions and contractors at various locations to collaborate in training reporting.

ARE YOU IMPLEMENTING A TRAINING?
REPORT IT IN **TRAINET**!
https://trainet-vcs.usaid.gov/Welcome.do

In addition to in-country training, any participant in third-country or regional trainings must also be reported through TraiNet, regardless of the duration of the training. For third-country and regional trainings a participant is regarded as any non-U.S. individual being trained under SIAPS outside of that individual's home country. Please note, no third-country national shall be allowed to participate in any in-country/regional training without prior approval of the AO.

➢ CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER

MSH is obligated to maintain current information in the Central Contractor Registration (CCR) until MSH submits the final financial report required under the SIAPS award or receive the final payment, whichever is later.

MSH may not make a subaward to an entity unless the entity has provided its Data Universal Numbering System (DUNS) numbers and information about their executive salaries to MSH.

➢ REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION

MSH is required to report each action that obligates $25,000 or more in Federal funds to first-tier subawards to www.fsrs.gov no later than the end of the month following the month in which the obligation was made.

In addition, MSH, through the Corporate Contract Office, must report each first-tier subrecipient under the SIAPS award and the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's past fiscal year. The following information is coordinated

between the CCO and sub-recipients within 5 days of completing a fully executed subaward or fully executed modification with obligations over $25,000 or the local currency equivalent:

- Prime Award Full Name
- Prime Number assigned by MSH from Navigator
- Prime Contract Number
- DUNS number of Sub-awardee
- Name of Sub-awardee
- Address of Sub-awardee
- Amount of obligation
- Date of obligation
- Description of products or services
- Performance location

Information on executive compensation must also be sent to the CCO within 5 days of completing a fully executed subaward or fully executed modification that obligates over $25,000 or the local currency equivalent using the approved template.

➢ ADDITIONAL PROVISIONS

Debarment, Suspension and Other Responsibility Matters (Jan 2004)
Drug Free Workplace (Jan 2004)
Equal Protection of the Laws for Faith-based and Community Organizations (Dec 2009)
Executive Order on Terrorist Financing EO 13224 (June 2012)
Foreign Government Delegations to International Conferences (June 2012)
Trafficking in Persons (Oct 2010)
USAID Disability Policy (Dec 2004)
Voluntary Population Planning (May 2006)

➢ OTHER GOVERNING DOCUMENTS AND RESOURCES

A number of other documents and resources issued by the Office of Management & Budgets (OMB) and USAID Automated Directive Systems (ADS) govern how SIAPS works:

22 CFR 226: Administration of Assistance Awards to non-US Government Organizations
A122: Cost Principles for Non Profits & Institutions
A110: Uniform Administrative Requirements for Grants and Other Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations
A133: Audits of States, Local Governments and Non-Profit Organizations
ADS Series 100600: This incorporates USAID official written guidance on policies, operating procedures, and delegations of authority for conducting business.

FIND THESE DOCUMENTS AT:
http://www.whitehouse.gov/omb/circulars_default/
AND
http://www.usaid.gov/who-we-are/agency-policy

1.4 SUMMARY OF SIAPS EXPECTED DELIVERABLES

DELIVERABLE	FREQUENCY	SUBMISSION
Work Plan and Budget for Core and Field support funds	Yearly, within 30 days prior to the end of the current program year	Submitted by the CPD or Core Lead
Quarterly Performance Monitoring Report to USAID Washtington and/or Mission	Quarterly: 30 days after the reporting period	Submitted by the CPD or Core Lead
Quarterly Performance Monitoring Report to AOR	Quarterly: 45 days after the reporting period	Submitted by the Program Director or designee
Annual Performance Monitoring Report to USAID Washtington and/or Mission	Annually: 30 days after the reporting period	Submitted by CPD or Core Lead
Annual Performance Monitoring Report to AOR	Annually: 45 days after the reporting period	Submitted by the Program Director or designee
Financial Reports: Federal Financial Form FFR (SF) 425	On a quarterly basis electronically to Dept of HHS: http://www.dpm.psc.gov. A copy to AOR	Submitted by MSH Finance
Environmental Monitoring and Management Plan (EMMP), by program and country (integrated into work plan)	Yearly, within 30 days prior to the end of the current program year	Submitted by the CPD for the Country and by the Contracts Officer for the Program
Report of the results of the EMMP (included as an annex to the annual report)	Annually, no later then November 1 of each year	Submitted by the CPD for the Country and by the Contracts Officer for the Program
All program and communications materials produced under the award.	As developed, throughout the period of performance	Submitted by CPM Knowledge Management and Communications (Senior Communications Associate)
All reports to be submitted to Development Exchange Clearing House (DEC)	As developed, throughout the period of performance	Submitted by CPM Knowledge Management and Communications (Librarian)
Trip Reports submitted to USAID Missions and AOR	2 weeks after completion of every trip	Submitted by CPD
Final Report	90 days following the completion of the program	Submitted by Program Director/Senior Contracts Officer for program

1.5 SIAPS WITHIN CPM AND MSH

MSH MISSION
Saving lives and improving the health of the world's poorest and most vulnerable people by closing the gap between knowledge and action in public health

MSH VISION
A world where everyone has the opportunity for a healthy life

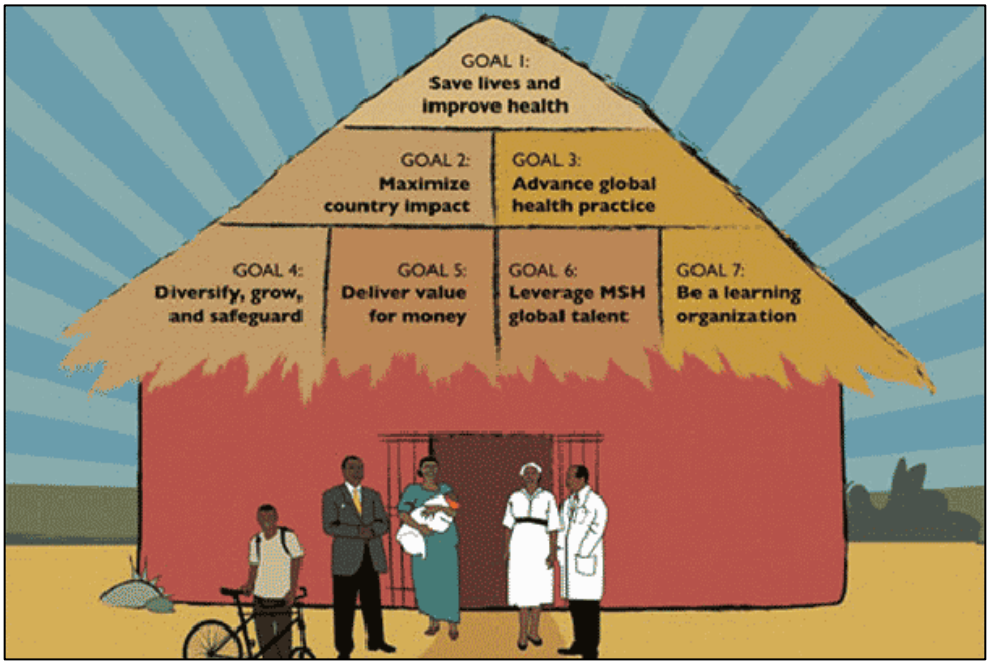
CPM MISSION
Improve health worldwide through enhancing access to and improving use of essential medicines and other health care products and services

CPM VISION
Be a go-to global leader in pharmaceutical system strengthening, capacity building, and development and dissemination of tools and knowledge relevant to our mission

MSH is made up of three technical centers and four adminitrative offices and all of MSH's projects are housed in one of the three technical centers. Each center is also the home to core capabilities that together form MSH's overall technical expertise. MSH's offices provide project and technical staff in the field and centers with expert technical assistance and an extensive range of products and services intended to strengthen a project throughout its lifespan. The MSH and CPM detailed orgnanograms can be found in Annexes 5 and 6.

MSH has instituted a Five Year Strategic Road Map (2012-2017) with the overarching goal of transforming MSH into a dynamic and dynamic and innovative global organization and establishing MSH as the leading international non-profit organization dedicated to building the capacity of local leaders and institutions and strengthening health systems.

MSH STRATEGIC ROAD MAP 2017



The road map is used to organize MSH annual work planning and budgeting. All CPM work will be related to these overarching goals. For each goal listed above, CPM has set one or more targets which contribute to the MSH scorecard, the tool to assess MSH's progress on the roadmap. CPM, like other MSH Centers, has created a set of strategies to achieve each goal. Because these goals are interdependent and interrelated, some of the strategies are intentionally overlapping. Each goal has an organizational champion, responsible for ensuring that all Centers are working with common purpose across the organization to achieve our goals.

SIAPS is a key program within CPM and is implemented using overarching CPM and MSH structures Attainment of SIAPS program results are expected to be achieved through the use of SIAPS core staff with backing from CPM and MSH non-SIAPS program staff.

CPM's up-to-date portfolio of programs includes:

AWARD NAME	DONOR	PERIOD
Systems for Improved Access to Pharmaceuticals and Services (SIAPS)	USAID	2011 – 2016
Strengthening Pharmaceutical Systems (SPS) SPS Afghanistan Associate Award SPS Kenya Associate Award (HCSM)	USAID	2007 – 2012 2011 – 2015 2011 – 2015
Securing Ugandans' Right to Essential Medicines (SURE)	USAID	2009 – 2014
Strengthening Public Health Laboratories in Kenya (SPHLS)	CDC	2009 – 2014
Strengthening Drug Seller Initiatives (SDSI)	Gates Foundation	2011 – 2014
Partnership for Supply Chain Management (Partner with JSI) Supply Chain Management Systems Project (SCMS) Voluntary Pooled Procurement (VPP PSA)	 USAID Global Fund	 2005 – 2015 2009 – 2013
"Small" Projects – (e.g., Global Fund PR, African Development Bank, World Bank, World Health Organization [WHO])		
Technical Support for other MSH Projects		
INRUD Antiretrovirals Adherence Initiative in East Africa * Recently completed	SIDA	2006 – 2011

As a key program within the CPM, SIAPS works in line with the mission and vision of both CPM and MSH. To properly contribute to implementing SIAPS, staff need to invest in understanding MSH as an organization and CPM as a Center.

THE MSH INTRANET
http://intranet.msh.org/index.cfm
PROVIDES STAFF WITH DETAILS ON STRUCTURE, POLICIES AND PROCEDURES, RESOURCES, PROJECTS AND PROGRAMS, ETC. THE WEBSITE SHOULD BE REGULARLY VISITED FOR NEWS AND UPDATES.

1.6 SIAPS MANAGEMENT STRATEGY

1.6.1 SIAPS AND SPS PORTFOLIOS

The SIAPS predecessor, the Strengthening Pharmaceutical Systems (SPS) Program, was a Leader with Associates Award which implemented a multi-country associate award in over 20 countries as well as three separate associate awards: Health Commodities and Services Management (HCSM) award in Kenya; Afghanistan SPS Associate Award; and the Ukraine SPS Associate Award. The SPS Program ran from June 2007 through December 2012.

The full list of SPS and SIAPS Portfolios (Annex 1 and 2) include:

Core-funded Programs: Funding is received annually from USAID Washington for the SIAPS program to provide technical guidance for the development and implementation of innovative strategies and programs to strengthen pharmaceutical management systems for the benefit of **HIV/AIDS, MALARIA, MATERNAL AND CHILD HEALTH/FAMILY PLANNING,** and **TUBERCULOSIS**. Through use of directed and common agenda core funding, SIAPS is expected to support collaborative efforts with USAID, partners, and field programs by identifying opportunities to use new and existing tools, to coordinate technical work, and to ensure that global initiatives are based on and informed by country-level needs and priorities.

Regional and Country-funded Programs: Funding is received annually from USAID Regional and Country Missions for SIAPS to implement interventions which are expected to contribute to the achievement of Mission objectives. Countries receiving funding under the SIAPS and SPS AA awards include Afghanistan, Angola, Bangladesh, Brazil, Burundi, Cameroon, Dominican Republic, Democratic Republic of Congo, Ethiopia, Guinea, Haiti, Jordan, Kenya, LAC, Lesotho, Liberia, Mali, Mozambique, Namibia, Philippines, Rwanda, South Africa, South Sudan, Swaziland, Turkmenistan, Ukraine, Uzbekistan, and Vietnam.

1.6.2 SIAPS HEADQUARTERS MANAGEMENT STRUCTURE, TEAMS AND STAFF ROLES

Approximately 252 in number, SIAPS/SPS AA staff are either located in the United States (largely in CPM in Arlington, VA) or in the field working in countries and/or regions that receive SIAPS funding (Annexes 7 and 8). Being a central program, SIAPS is primarily managed from headquarters (HQ) with field teams implementing set strategies and policies.

The SIAPS Program is managed by a Program Director and 3 Deputies who lead 3 key SIAPS teams: the Portfolio Management, Finance and Operations, and Technical teams. Supplementary support is provided by CPM teams: Capacity Building and Performance Improvement, Knowledge Management and Communications, and Monitoring and Evaluation.

- **SIAPS MANAGEMENT**

Management decisions are determined at three levels:

1. By the core SIAPS management team which meets weekly to strategize on the day-to-day running of the program:
    - SIAPS Program Director
    - SIAPS Deputy Director for Technical
    - SIAPS Deputy Director for Finance and Operations

- SIAPS Deputy Director for Country Programs

2. By the expanded SIAPS management team which meets monthly to strategize on CPM support to the SIAPS program:
    - CPM Director for Knowledge Management and Communications
    - CPM Director for Capacity Building and Performance Improvement
    - CPM Deputy Director for Monitoring and Evaluation

3. By the SIAPS Technical Working Group which embodies positions under 1 and 2 above and includes Technical Area Cluster Leads as well as all Principal Technical Advisors. The group meets monthly to discuss implementation of SIAPS.

➢ SIAPS TEAMS

PORTFOLIO MANAGEMENT TEAM

This team is led by the Deputy Director for Country Programs and includes 4 Principal Technical Advisors for HIV/AIDS, Malaria, MCH/FP, and tuberculosis; and 7 Portfolio Managers, each responsible for managing a cluster of regional/country programs.

The key objectives of this team are to provide technical guidance for pharmaceutical management that support malaria, HIV, TB and MCH/FPRH initiatives; support collaborative efforts with USAID, partners, and field programs; document best practices to help design global initiatives based on and informed by country-level needs and priorities; provide management support to the Country Project Directors and Country Teams; mobilize technical and other resources; and liaise with internal teams, MSH units and USAID/Washington to ensure that Country Programs and Portfolios have the required resources to achieve set goals.

TECHNICAL TEAM

This team is led by the Technical Deputy Director and includes 3 Cluster Leads for Pharmaceutical Systems, Supply Chain and Pharmaceutical Services, Principal Technical Advisors, Senior Technical Advisors, Technical Advisors and Technical Associates.

The key objectives of this team are to support quality programming (design and implementation); support production of quality technical products; and support the development of technical communication materials. In addition the group continuously promotes the capacity of SIAPS technical staff to address program technical priorities.

FINANCE AND OPERATIONS TEAM

This team is led by the Deputy Director, Finance and Operations and includes a Senior Finance Manager, Senior Project Officer, Finance Analyst, Senior Project Associates and Project Associates.

The key objectives of this team are to ensure effective implementation of technical activities within the context of financial and operating systems; complement and support Portfolio Management and Technical Assistance teams in achieving optimal results and cost effective, compliant performance; ensure Program adheres to donor regulations and MSH's standard finance and administrative policies and procedures in all activities; financially manage overall Program including budget preparation and/or review, as well as

monitoring of expenditures, reporting, compliance and internal controls and support development of systems to monitor and report against program activities. In addition, the team liaises with staff to assist in the contracting of consultants, the production of purchase orders, and the processing of other agreements; processes and submits program payables; maintains all program files, both hard-copy and electronic and provides general administrative support to staff, including coordinating conference calls, processing timesheets, printing reports, shipping materials to the field, and other tasks as needed.

➢ CPM Teams

Monitoring and Evaluation

This team is led by the CPM Deputy Director for M&E and includes an M&E specialist and a number of members of the Portfolio Management Team, Technical Team, CPM staff and Field Staff.

The key objective of the team is to assist SIAPS portfolios in establishing the appropriate frameworks and mechanisms for assessing outcomes and evaluating impact.

Capacity Building and Performance Improvement

This team is led by the CPM Director for Capacity Building and Performance Improvement (CBPI) and includes a capacity building advisor and training specialist.

The key objective of the team is to promote excellence in the SIAPS capacity building approach. The team has established standards and systems (quality assurance, resource databases and social learning); guidance (technical assistance, job aids and manuals, coaching and mentoring); internal training (boot camps, eLearning and brown bags) and external training (MDS-3 courses and eLearning).

Knowledge Management and Communication

This team is led by the CPM Director for KM & Communication and includes a Managing Editor, Editor, Senior Communications Associate, Librarian and Communications Specialist.

The key objective of the team is to provide support to the SIAPS program for overall communications and knowledge management strategy, editing, translations, document formatting and productions; ifnroamation access and dissemination; and for the program website, intranet updates, success stories, flyers, press releases, newsletters etc.

➢ MSH Teams

MSH's offices provide project and technical staff in the field and centers with expert technical assistance and an extensive range of products and services that strengthen a project throughout its lifecycle—from the writing of a proposal, through start-up and core years, to the final year and follow-ons—and make a substantial contribution to realizing MSH's mission of improving health and saving lives through effective management of people, medicines, money, and information.

Visit the MSH intranet to understand more about the MSH Offices (their Core Function, Functional Areas/Products and Services, Tools and Resources, Forms and Results)

http://intranet.msh.org/offices/index.cfm

The MSH Offices are:

- OCE Office of the Chief Executive
- SDC Office of Strategic Development and Communications
- FISC Office of Financial Information, Standards and Contracts
- HR Office of Human Resources

➢ OPERATIONS SUPPORT TEAM

The Operations Support Team (OST) is made up of members from the different MSH Offices assigned to support the SIAPS portfolios/countries in the field (annex 9). Each OST includes an Operations Officer, Contracts Officer, HR Officer, IS Officer, Procurement Officer, and the Country Operations Management Unit (COMU) Director if one is present in the country. The Operations Officer is the defacto leader of the OST and coordinates the following contect areas with the other members of the team and the SIAPS CPD and Portfolio Manager:

- Contract/Subcontract Management
- Procurement
- Human Resources
- Information Services/Technology
- Accounting
- Country Registrations
- Security
- Country Operations Systems and Documentation

1.6.3 SIAPS COUNTRY PROGRAM STRUCTURE AND STAFF ROLES

Each country program is led by a Country Project Director (CPD), Deputy Country Project Director (DCPD), and teams which carry out technical and administrative functions. All job descriptions for individual roles mentioned in this section can be found in Annex 10 of this document.

➢ COUNTRY PROJECT DIRECTOR

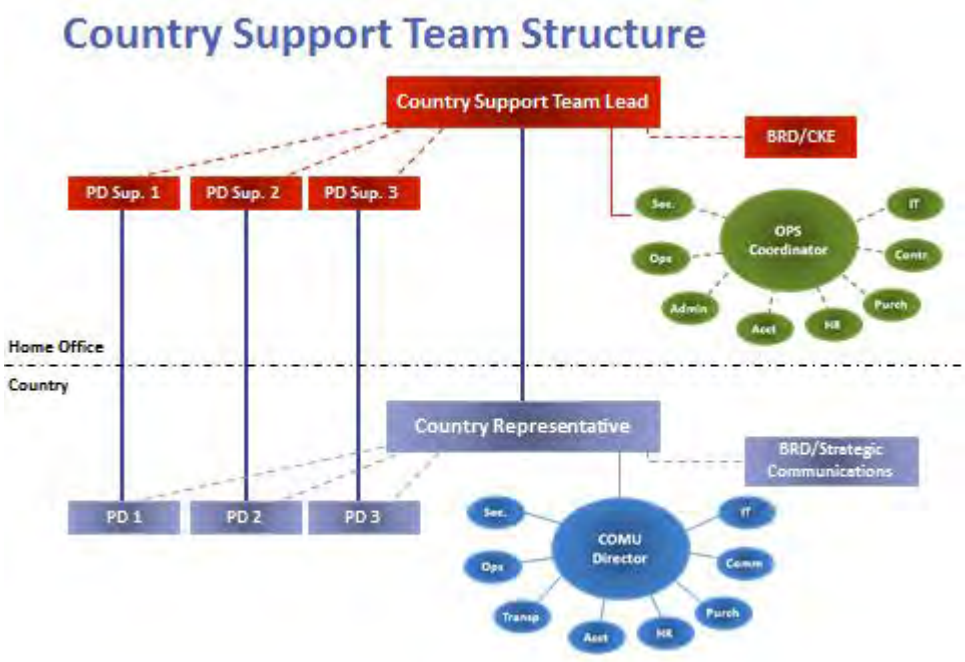
The SIAPS Country Project Directors are responsible for coordinating and managing all activities for SIAPS in their country of responsibility. They are responsible and accountable for the development, regular update and implementation of the country work plans and budgets to ensure attainment of the program goals and objectives in line with the SIAPS mandate and approaches, and to contribute to the goals of the local USAID Mission government partners. They are the primary liaison between SIAPS and the local USAID Mission, Government counterparts, stakeholders, and partners involved with pharmaceutical management activities and/or implementing related programs in the country. They are accountable for the management of the SIAPS Country office, provides strategic and technical guidance and works closely with the assigned Arlington based Portfolio Manager, other SIAPS home office technical and operational staff, and other MSH projects in the country to ensure that MSH/CPM/SIAPS plans and activities effectively address priority pharmaceutical and commodity management needs of the country. As the lead person for the SIAPS team in the country, they supervise staff and ensure the timely and quality delivery of SIAPS products and activities.

SIAPS CPDs receive support from many HQ-based staff (mentioned above) but in addition support is provided to CPDs and their country teams by other CPDs, country project staff and in-country arrangements. Amongst these is the Country Operations Management Unit (COMU).

➢ COUNTRY SUPPORT TEAM STRUCTURE AND THE COMU

For SIAPS to function efficiently, it is imperative that all staff understand their teams' collective role, their individual role and the individual roles of their team members. It is also important that they understand the roles of the teams that support them and the teams that don't. Within the teams that support them, the individual roles are important to ensure the understanding of role boundaries and where to handoff.

The diagram below summarizes administrative and operations support provided to SIAPS technical staff from within the country and from the home office.



The COMU, primarily funded by in-country programs and projects, is the in-country platform that provides day-to-day operations and administrative support and services to all MSH projects in-country. When implemented well, the COMU creates efficiencies and synergies that benefit all MSH-affiliated projects in the country as operating costs and personnel resources are shared; projects enjoy economies of scale and can therefore increase inputs for technical work focused on public health benefits. COMU roles cover field accounting, cash and bank accounts management, coordination of response to and follow up of audit findings, local payroll, field expenses management and reporting, internal controls and risk management, information technology and technical support to IT users, local contracts management, human resource management, safety and security, local purchasing and procurement, travel and logistics management, inventory and materials management, facilities and fleet management, events planning and office administration. However, the size and number of staff on the COMU depends on the funding level of projects in the country and critical functions that need to be performed at country level. At a minimum, banking, accounting, travel and logistics, and facilities management functions will need to be performed at the country level, and these roles may be implemented by one or two people. Other roles that can not be played at country level will be performed by the headquarters operations support team.

It is important to note that not all countries have COMUs and therefore the functions discussed above fall within the mandate of the SIAPS team staff directly.

1.7 IMPORTANT ANNEXES FOR PART ONE: OVERVIEW OF SIAPS

1. SIAPS Country Programs
2. SIAPS Country Office Contact Information
3. Cost Share Information/Templates
4. Branding and marking plan
5. Organization of MSH
6. Organiztation of CPM
7. Organization of SIAPS
8. SIAPS Country Portfolios
9. Portfolio Management Strategy
10. OST Team Assignments
11. SIAPS Job Descriptions
12. SIAPS E-mail Distribution Lists
13. Summary of SIAPS Technical Strategy

PART TWO:
UNDERSTANDING THE EXTERNAL ENVIRONMENT

PART TWO:
UNDERSTANDING THE EXTERNAL ENVIRONMENT

SIAPS is one of many USAID mechanisms designed to receive funding allocations from both Washington as well as directly from USAID Missions, which deem SIAPS services necessary to achieving their program results. Therefore, it is important that all SIAPS staff are familiar with and understand our donors structure and organization, its funding streams, and how such funding is allocated and disbursed. Staff also need to be familiar with USAID operations relevant to SIAPS and must be savvy in how they relate with USAID.

2.1 SIAPS IN THE CONTEXT OF USAID

USAID was created in 1961 as a way of bringing together a variety of foreign assistance organizations under one single agency responsible for administering aid to foreign countries to promote social and economic development. (The following information is from the USAID website: www.usaid.gov.)

2.1.1 USAID'S WORK

USAID works in over 100 countries in Sub-Saharan Africa, Asia, Latin America and Caribbean, Europe and Eurasia, and the Middle East to:

- Promote broadly shared economic prosperity
- Strengthen democracy and good governance
- Improve global health, food security, environmental sustainability and education
- Help societies prevent and recover from conflicts
- Provide humanitarian assistance in the wake of natural and man-made disasters

In the last few years, USAID has been going through significant reforms intended to impact its development assistance programs. Its Policy Framework for 2011-2015 identifies 7 Core Development Objectives one of which is ***Promoting Global Health and Strong Health Systems: From Treating Diseases to Treating People.***

FIND USAIDS POLICY FRAMEWORK AT http://transition.usaid.gov/policy/USAID_PolicyFramework.PDF

In addition, USAID also articulates the following operational principles that will be applied throughout its programs to help it focus on achieving and measuring results:

- Promote gender equality and female empowerment
- Apply science, technology and innovation strategically
- Apply selectively and focus
- Measure and evaluate impact
- Build in sustainability from the start
- Apply integrated approaches to development
- Leverage "solution holders" and partners strategically

2.1.2 ORGANIZATION OF USAID

USAID, an organization of more than 8000 personnel around the world, is headed by an Administrator, Dr. Raj Shah, and Deputy Administrator, Donald Steinberg, both appointed by the President and

confirmed by the Senate. Other key positions include USAID's Counselor, Chief of Staff, Chief Economist and a number of Assistant Administrators.

In Washington, USAID's major organizational units are called bureaus. Each bureau houses the staff responsible for major subdivisions of the Agency's activities. USAID has both geographic bureaus which are responsible for the overall activities in the countries where USAID has programs and functional bureaus that conduct agency programs that are world-wide in nature or that cross geographic boundaries.

USAIDs Geographic Bureaus	USAIDs Functional Bureaus
Asia Europe and Eurasia Latin America and the Caribbean Middle East Sub-Saharan Africa	Global Health Food Security Economic Growth, Education and Environment Democracy, Conflict and Humanitarian Assistance

A diagram of USAID within the US Government as well as the USAID Organizational Chart can be found in annexes 1 and 2.

➢ Bureau for Global Health (GH)

The Bureau for Global Health (GH) (Annex 3) is USAID's center of excellence and focal point in providing worldwide leadership and technical expertise in the areas of child and maternal health and nutrition, HIV/AIDS, infectious disease, population, family planning and related reproductive health, and health systems. As such, the Bureau aligns resources with identified public health and development needs, and influences the global health priorities of the U.S. private sector, U.S.-based foundations, other donor organizations, host country governments, and host country civil society organizations. It also serves as the primary source of technical expertise and intellectual capital to the Agency and other U.S. foreign affairs agencies. The Bureau is the Agency repository for state-of-the-art thinking in biomedical, social science, and operations research and works to produce technical advances and innovations that can be disseminated and replicated at USAID Missions throughout the world.

The Bureau provides program mechanisms (such as grants, cooperative agreements, contracts, and indefinite quantity contracts) and technical expertise to carry out the Agency's global health goals and to facilitate programmatic technical support to field Missions. It also provides field offices the technical and logistical support needed to meet these goals, which includes collaboration with other donors and USG partners. In the sector, GH helps ensure compliance with congressional directives and legislative intentions, and contributes technical content for mechanisms for overall program evaluation and performance measurement. Finally, the Bureau assists HR in workforce planning, recruitment, development, and assignment of headquarters and field staff in the population, health, and nutrition (PHN) sector. It serves as the "home" for PHN sector professionals and ensures that they are provided with the career support, training, and mentoring needed to meet sector requirements.

➢ Office of Health, Infectious Diseases and Nutrition (GH/HIDN)

The Office of Health, Infectious Diseases and Nutrition (GH/HIDN) within the Bureau for Global Health is responsible for sector-wide strategic planning; technical leadership; coordination with external partners; and numerous operational programs in child survival, maternal health, nutrition/micronutrients, infectious diseases, environmental health, health policy, and health systems strengthening, monitoring, reporting, and performance management, as well as biomedical, applied, and operations research.

USAID is the largest bilateral donor in the health sector in the world, and the Office plays a technical leadership role for the Agency at international conferences and high-level consultations with other donors on health, infectious disease, and nutrition matters. The Office is composed of four Divisions. These are the major divisions that provide the majority of core-funding to SIAPS. They also represent the main funding streams for SIAPS work. In addition, the Office of HIV/AIDS provides some core funding.

- The **MATERNAL AND CHILD HEALTH DIVISION (GH/HIDN/MCH)** provides technical leadership and direction in child survival/child health and maternal health. The Division teams focus on child health and survival; polio; child and maternal health research; vaccine introduction and new technologies; and maternal health/survival.

- The **INFECTIOUS DISEASES DIVISION (GH/HIDN/ID)** provides technical leadership and direction in infectious diseases and related environmental health issues, coordinates the Bureau's infectious disease efforts, and is the Agency lead on infectious diseases. The Division teams focus on malaria, TB, and environmental health (both water-borne and vector-borne diseases).

- The **NUTRITION DIVISION (GH/HIDN/NUT)** provides technical leadership and direction in food and nutrition. The Division teams focus on infant feeding and breastfeeding, micronutrients, food supplementation, and applied nutrition programming in the public, private, and nonprofit sectors. The Nutrition Division also manages the Child Survival and Health Grants program with Private Voluntary Organizations (PVOs), as well as research and development of new health technologies.
-
- The **HEALTH SYSTEMS DIVISION (GH/HIDN/HS)** (with Bureau-wide responsibilities) works across the entire portfolio of Global Health and provides technical leadership and direction in health systems strengthening. The Division teams focus on health policy, quality assurance, workforce policy, pharmaceutical management and standards, and information, monitoring, and evaluation.

THE AOR TEAM THAT MANAGES SIAPS CURRENTLY SITS WITHIN THE HEALTH SYSTEMS TEAM IN THE BUREAU. WHILE MOST OF THE CORE-FUNDING PROVIDED TO SIAPS BY THE HIDN/ID TEAM IS EAR-MARKED FOR SPECIFIC ACTIVITY TYPES, THERE IS ALSO FUNDING PROVIDED TO THE HIDN/HS TEAM BY THE ID TEAM WHICH SIAPS USES FOR CROSS-CUTTING COMMON AGENDA ACTIVITIES INTENDED TO FOSTER TECHNICAL LEADERSHIP IN PHARMACEUTICAL SYSTEM STRENGTHENING.

➢ USAID OVERSEAS FIELD OFFICES

The SIAPS and SPS Associate Awards listed in Part One of this manual are funded and managed by USAID overseas field offices. The typical structure and function of USAID field offices includes a Mission Director, Deputy Mission Director, Directors and Teams of the various programs being implemented including: Health, Education, Democracy and Governance, Economic Growth, Environment, Cross-cutting programs, Humanitarian Assistance, etc. SIAPS is typically managed and funded by the Health team, which is led by a Health Office Director/Team Lead and a Deputy Lead in some instances. Most of the Health teams are organized by health areas including HIV/AIDS, MCH/FP, Malaria, and Health Systems Strengthening. Depending on the organization of the health teams, the Activity Manager of SIAPS might sit in any of these teams but in most instances sits in the HSS team and is the focal point for logistics and supply chain management. When the health team is planning how to

implement its strategy to improve health in the particular host country, it allocates health-element funding to the team that is responsible for managing the area in which SIAPS falls.

2.1.3 USAID MISSION BUY-IN

Field support is a process by which USAID missions or bureaus buy-in to centrally awarded contracts, cooperative agreements, and grants. Buy-ins are generally used to meet the needs of USAID missions where:

- Indefinite delivery contracts are not available
- Contract staffing is insufficient in the field
- A particular activity requires flexibility and management

For a centrally awarded program like SIAPS, a buy-in indicates that a USAID mission is interested in accessing technical expertise in any of the areas covered by its program. Buy-ins can consist of short term or long-term technical assistance, and activities can be as short as one week or as long as the duration of the underlying contract. In some cases, buy-ins have resulted in Associate Awards that go beyond the duration of the main contract, for example, the SPS Associate Award in Afghanistan.

The following steps are generally taken when a mission wants to access SIAPS technical assistance through a buy-in:

1. A Mission or Bureau Technical Officer, in consultation with their Agreement Officer, expresses interest via e-mail to the Agreement Officer's Representative (AOR) based in Washington DC: Tony Boni (aboni@usaid.gov). This e-mail usually indicates the general Scope of Work (SOW) for the activity, type of Award anticipated, host country involvement, estimate of funds available, period of performance, and description of how the activity falls under the Main Agreement. The AOR can also assist in developing the program description.
2. The AOR reviews the SOW for appropriate fit within the overall agreement program and authorizes the mission/regional bureau to initiate negotiations with SIAPS.
3. The mission/regional bureau notifies SIAPS of their interest in developing a Field Support program by sending the SOW and related information in the form of a program description.
4. SIAPS will prepare a response application that outlines the proposed approach, activities, and detailed budget for program design. Once the mission approves this response, it may obligate funds for program design and set aside funds for implementation.
5. The mission/regional bureau may request an assessment trip as part of program design. In consultation with the mission Activity Manager, the SIAPS team will produce an assessment and design document through a stakeholder inclusive process.
6. The mission Activity Manager and SIAPS will then work together to finalize the program description for the period of the field support program. The mission's Activity Manager and sometimes their Contract Office works with SIAPS to negotiate the budget.
7. The Washington AOR reviews the final negotiated program description and budget and provides written USAID/Washington approval for the award to be finalized.
8. The mission Contracting Officer issues the award, which obligates funds for implementation.
9. Project implementation, begins once the implementation work plan and budget have been fully negotiated, typically about 3 months after the design phase.

2.1.4 US GOVERNMENT INITIATIVES RELEVANT TO SIAPS

SIAPS funding is largely (1) HIV/AIDS funding from PEPFAR (the US President's Emergency Program for AIDS Relief), (2) malaria funding from PMI (the US President's Malaria Initiative), (3) TB funding, and (4) MCH/FP funding.

In addition to working under the principles of PEPFAR and PMI, SIAPS has to work under the principles of GHI (the Global Health Initiative).

- **GHI**

The US Global Health Initiative (GHI) was established in 2009 by President Barack Obama to strengthen the U.S. Government's existing international health programs. GHI is supporting all US Government agencies to work together with the goal of increasing the impact of U.S. global health investments and allowing greater access to better prevention, care, and treatment activities through the application of **seven core programming principles**. These principles, which are implemented throughout USG Global Health programming, ensure that GHI programs not only achieve impacts, but also contribute to sustainable outcomes. The GHI Principles are:

LEARN MORE ABOUT GHI AT
www.ghi.gov

LOOK FOR THESE KEY DOCUMENTS:
PMI STRATEGY
EXTERNAL EVALUATION
ANNUAL REPORTS

1. Focus on women, girls and gender equality
2. Encourage country ownership and invest in country-led plans
3. Build sustainability through health systems strengthening
4. Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement
5. Increase impact through strategic coordination and integration
6. Promote learning and accountability through monitoring and evaluation
7. Accelerate results through research and innovation

The GHI approach draws upon the expertise and programs of the core GHI agencies including USAID, the Department of State, the Department of Health and Human Services (HHS) including the US Centers for Disease Control and Prevention (CDC) and its other agencies, the Office of the Global AIDS Coordinator, as well as the Peace Corps and the Department of Defense. GHI supports better integration and coordination among programs at both the headquarters and most importantly, at the country-level under the leadership of the U.S. Ambassador. GHI working partners include recipient countries, other governments and donors, the private sector and NGOs.

The Leadership of GHI is the GHI Principals Committee, which is made up of the leaders of the three core GHI agencies: USAID, the Office of the Global AIDS Coordinator, and the CDC. The Principals Committee members have each appointed a deputy to support the day-to-day implementation of GHI.

Key US Global Health Initiatives under GHI include: The US President's Emergency Plan for AIDS Relief (PEPFAR), which is the cornerstone and largest component of GHI; The Presidents Malaria Initiative (PMI); The Feed the Future Initiative (FTF); and the Neglected Tropical Disease Initiative (NTD). The Initiatives the SIAPS works closely with include PEPFAR and PMI.

➢ PEPFAR

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is the U.S. Government initiative to help save the lives of those suffering from HIV/AIDS around the world. This historic commitment is the largest by any nation to combat a single disease internationally, and PEPFAR investments also help alleviate suffering from other diseases across the global health spectrum. Because the global HIV/AIDS epidemic requires a comprehensive, multisectoral approach that expands access to prevention, care and treatment, PEPFAR is driven by a shared responsibility among donor and partner nations and others to make smart investments to save lives.

LEARN MORE ABOUT PEPFAR AT www.pepfar.gov

LOOK FOR THESE KEY DOCUMENTS:
FIVE YEAR STRATEGY
COUNTRY OPERATIONAL PLANS
PARTNERSHIP FRAMEWORKS

The 2008 Lantos-Hyde Act was signed into law, authorizing up to $48 billion until 2014 to combat global HIV/AIDS, tuberculosis, and malaria. As PEPFAR works to build upon its successes, it will focus on transitioning from an emergency response to promoting sustainable country programs. The PEPFAR Goals are:

1. Transition from an emergency response to promotion of sustainable country programs.
2. Strengthen partner government capacity to lead the response to this epidemic and other health demands.
3. Expand prevention, care, and treatment in both concentrated and generalized epidemics.
4. Integrate and coordinate HIV/AIDS programs with broader global health and development programs to maximize impact on health systems.
5. Invest in innovation and operations research to evaluate impact, improve service delivery and maximize outcomes.

As PEPFAR enters its second phase, a new program strategy is underway that supports the Administration's overall emphasis on improving health outcomes, increasing program sustainability and integration, and strengthening health systems.

➢ PMI

Launched in 2005, the President's Malaria Initiative (PMI) was initially a five-year, $1.2 billion expansion of U.S. Government resources to reduce the burden of malaria and help relieve poverty on the African continent. The 2008 Lantos-Hyde Act authorized an expanded PMI program for 2009-2013. The goal of PMI is to reduce malaria-related deaths by 50 percent in 19 countries in Africa that have a high burden of malaria by expanding coverage of four highly effective malaria prevention and treatment measures to the most vulnerable populations: pregnant women and children under five years of age. Interventions include insecticide-treated mosquito nets (ITNs), indoor residual spraying (IRS) with insecticides, intermittent preventive treatment for pregnant women (IPTp), and prompt use of artemisinin-based combination therapies (ACTs) for those who have been diagnosed with malaria.

LEARN MORE ABOUT PMI AT www.pmi.gov

LOOK FOR THESE KEY DOCUMENTS:
PMI STRATEGY
EXTERNAL EVALUATION
ANNUAL REPORTS

SIAPS FUNDING IS MAINLY:
HIV/AIDS funding from PEPFAR
Malaria funding from PMI
TB funding
MCH/FP funding

➢ USAID FORWARD

In 2010, USAID embarked on an ambitious reform effort, USAID *FORWARD*, to change the way the Agency does business— with new partnerships, an emphasis on innovation and a relentless focus on results. It gives USAID the opportunity to transform its agency and unleash its full potential to achieve high-impact development. USAID *FORWARD* is a comprehensive package of reforms in seven key areas:

LEARN MORE ABOUT USAID *FORWARD* AT www.usaid.gov/results-and-data/progress-data/usaid-forward

- Rebuilding policy capacity
- Restoring budget management
- Strengthening monitoring and evaluation
- Leading on innovation
- Supporting capabilities in science and technology
- Building the capacity of local institutions
- Attracting and retaining talent

SIAPS was developed to be implemented in a USAID FORWARD environment focusing on delivering meaningful results and maximizing impact, promoting sustainable, high impact partnerships, and implementing innovative solutions that are focused and results oriented.

2.1.5 US GOVERNMENT OPERATIONS RELEVANT TO SIAPS

➢ USAID FISCAL YEARS

In order to communicate suitably with USAID, all SIAPS staff need to understand and properly embrace the USAID fiscal year.

The USAID fiscal year runs from October 1st through September 30th of the following year. We are currently in the USAID fiscal year (FY) 2013. The 2013 fiscal year started on October 1, 2012 and will end on September 30, 2013. It is important to note that USAID pledged funds are typically obligated at the end of the associated fiscal year and become available for use in the subsequent fiscal year.

IMPORTANT!
SIAPS IS CURRENTLY IMPLEMENTING IN THE FY2013 FISCAL YEAR
BUT FUNDING AVAILABLE FOR IMPLEMENTATION IS **FY2012 FUNDING**

When SIAPS staff are communicating verbally or in written form (presentations, newsletters, technical reports, quarterly reports, annual reports, etc.), it is important to refer to fiscal years correctly to demonstrate understanding of USAID terminology and to avoid confusion.

➢ USAID Mission Strategic Plans

A number of USAID missions develop and use 5-year strategic plans to guide their assistance to countries. These documents, typically found on the country-specific USAID website, are a useful reference for implementing partners like SIAPS to use when planning interventions.

➢ PEPFAR COP Planning and Reporting

PEPFAR Country Operational Plans (COPs) are the vehicle for documenting USG annual investments and anticipated results in HIV/AIDS and the basis for approval of annual USG bilateral HIV/AIDS funding in most countries. The COP also serves as the basis for Congressional notification, allocation, and tracking of budget and targets and as an annual work plan for the USG. For programs that have or are negotiating Partnership Frameworks, it serves as the annual work plan for the USG's contribution to the Partnership. Data from the COP is essential to PEPFAR's transparency and accountability to key stakeholders. The most important part of the COP process, however, is the interagency country planning process, including partner performance reviews, partner consultation, analysis, and planning.

A key focus of PEPFAR is the USG interagency response, in which all USG agencies working in a country or region plan, implement, and monitor a unified country program as one USG team, in most cases with the coordination, active facilitation, and support of a PEPFAR Coordinator. Thus, it is essential that all USG agencies working on HIV/AIDS programs in a country be included in all levels of discussion regarding the COP. All HIV/AIDS programming decisions are to be made as an interagency USG Team. The USG is firmly committed to principles of alignment with national programs, including harmonization with other international partners, and the COP should be fully in keeping with the national strategy and the PEPFAR Partnership Framework or country strategy. Sharing of information with National AIDS Council, local multi-sectoral coordinating body, multilateral partners (e.g., Global Fund, UN agencies), and/or civil society is an essential aspect of effective planning, leveraging resources, and fostering sustainability of programs.

It is critical to monitor and evaluate USG partner performance. The collection of performance data helps ensure consistency and allows teams to evaluate trends over time. The monitoring and evaluation of partner performance is APR (Annual Program Results), and SAPR (Semi-Annual Program Results) processes.

All COPs/ROPs must be submitted by March 1. COP Guidance and Country-specific target templates are available to Operating Units by October. Early Funding Requests are due late October. COP work plans are submitted by October 1.

Refer to the PEPFAR guidance document for more information: http://www.pepfar.gov/documents/organization/198957.pdf

➢ PMI MOP Planning and Reporting

Malaria Operational Plans (MOPs) present a detailed one-year implementation plan for the President's Malaria Initiative in each designated country. The MOPs are developed by in-country collaborative discussions by the USG planning team with national malaria control programs and partners in country. Visits to countries to develop MOPs take place between March and June of the year preceding the fiscal year for which planning is being done e.g. FY2014 MOPs are being developed between March and June 2013. As indicated above, whereas FY2014 MOPs are developed between March and June 2013, funding will be obligated for implementation in the FY2015 fiscal year i.e. October 1, 2014 – September 30, 2015. The MOP briefly reviews the current status of malaria control and prevention policies and

interventions, identifies challenges and unmet needs if the goals of the PMI are to be achieved, and provides a description of planned activities under the PMI. SIAPS staff should contribute to development of MOPs by carefully documenting and reporting, to USAID, results achieved through use of PMI funding, challenges identified and proposals on areas of pharmaceutical system strengthening that PMI should fund in upcoming plans.

PMI solicits content for its Annual Reports from countries between October and December. Reports are finalized in January of the following year and released on April 25. The reports contain achievements over the calendar year. SIAPS staff should endeavor to document and report progress in the form of technical reports, publications, short stories, photos, etc. to their country missions. Throughout the year SIAPS staff should also contribute to populating USAID country websites as well as the PMI website with success stories.

2.1.6 SIAPS/USAID RELATIONSHIP MANAGEMENT

The importance of knowing, understanding, managing and extending courtesies towards members of headquarter-based and field-based USAID staff cannot be over-emphasized. The following USAID staff make funding decisions that affect SIAPS:

- USAID AOR for SIAPS
- In-country AORs of SPS Associate Awards in Afghanistan and Kenya
- Mission based SIAPS Activity managers and their alternates
- Health Team Leads/Deputy Leads
- Field Mission Team Leads for HIV, Malaria, MCH/FP, TB, HSS
- USAID/Washington staff working under PEPFAR and PMI as well as those working in MCH/FP, NTDs, Nutrition, etc.

Proper management of USAID is a key strategy for success. Where SIAPS staff take the time to properly manage USAID Missions, the program benefits immensely. Where staff don't take the time or are cavalier about how they manage Mission staff relevant to us, our program suffers.

As staff implement SIAPS and SPS Associate Awards, it is important to continue to make an effort to understand in-country USAID team members - what their priorities are, their capacities and shortcomings, what they appreciate and what they don't, so appropriate tactics can be developed to keep them happy. As a general rule, it is important to remember that (1) USAID managers do not like surprises and (2) USAID managers feel disrespected when project staff are condescending, do not show accountability and do not give credit in use of the allotted funding.

A few specific important tactics for management of USAID teams:

1. Remember to proactively and routinely provide USAID with verbal and written updates on our program so they can always deliver an accurate technical/financial/operational status when asked by their superiors. Let them know what has been achieved, what works well, what doesn't and clearly inform them when you need their support to remove bottlenecks.
2. Remember that USAID considers SIAPS staff as their eyes and ears at the MOH/Govt so it is important to give them the heads up on things current or imminent that USAID must be aware of, particularly things of a political nature.
3. When going to be out of the office (whether in a personal capacity or in a professional capacity where someone else is funding the trip) it is important to let USAID know. Let USAID know

when you are traveling, why, for how long, and who is holding the fort in your absence. This is so that they don't feel that SIAPS leadership is not being responsible and accountable.

4. When SIAPS staff plan to document achievements/challenges in the form of technical reports, publications, success stories, etc. it is important to involve USAID in the design or at the very least solicit USAID's review and input before circulation, posting or publication.
5. When SIAPS staff are speaking at meetings, it should be obvious that there is understanding and respect of the SIAPS/USAID partnership arrangement in place, i.e. whatever staff say should be representative of the SIAPS opinion as well as of USAID's.
6. SIAPS staff should be respectful of the deadlines USAID sets for submission of deliverables. Staff should remember that the deliverables should be of the requisite quality and that cannot be compromised; however, if necessary, staff can respectfully negotiate an extension of submission deadlines.
7. SIAPS staff should collaborate closely with other USAID programs funded to work in the same area. USAID appreciates it when their implementing partners understand the Mission's big picture/strategy and do their part to make their strategy a success.

KEY MESSAGES FOR WORKING WITH USAID COUNTRY MISSIONS

- Local Missions have the option of buying into our mechanism if they understand what we do and how it will benefit them
- Funding provided through PEPFAR, PMI, Pop, MCH/FP, Nutrition, Water
- Know your Local Mission staff, priorities (project-related, personal, political)
  - Know the organization of OPH/HPN office
  - Get to know the Team leads for HIV, Malaria, MCH/FP, HSS
  - Have a friendly and familiar relationship with your activity manager
- Copy Tony Boni and Maria Miralles on all pertinent communication with your local Mission.

2.2 SIAPS HEALTH CONTEXT – TECHNICAL APPROACHES

To implement the SIAPS award, staff need to be familiar with the primary technical areas in which we are providing assistance.

The PHARMACEUTICAL SYSTEMS approach aims to build capacity of local institutional in systems development, advance regulatory harmonization; develop effective and efficient policy and financing solutions; advocate evidence-based approach in decision-making; and strengthen good governance practices within the pharmaceutical sector. Areas include:

- Pharmaceutical policies and legislations
- Pharmaceutical regulation
  - Premises, practices, persons, products
  - Inspection of manufacturers and distributors
  - Products assessment and registration
  - Pharmacovigilance/post-marketing surveillance
  - Control of drug promotion and advertising
  - Quality Assurance
- Pharmaceutical financing
- Product selection, health technology assessment and pharmacoeconomics, integration of new health technologies and diagnostics.

With the PHARMACEUTICAL SERVICES approach, SIAPS will focus on improving pharmaceutical services by supporting rational medicine use and antimicrobial resistance (AMR) containment. Key system building interventions to improve pharmaceutical services include:

- Pharmaceutical care
- Pre-service and in-service training, including Training of Trainers (TOT)
- Standard Treatment Guidelines (STGs), Essential Medicines Lists (EMLs), formularies and clinical algorithms
- Drug Use Reviews and Evaluations
- Drug and Therapeutics Committees
- Community Case Management
- Medication Adherence
- Public Education through information, education and communication, and behavior change communication (IEC/BCC)
- Medicine and Therapeutics Information
- Infection prevention and Control
- Advocacy and Coalition Building for Containing AMR

The SUPPLY CHAIN MANAGEMENT approach employs a variety of mechanisms including:

- Pharmaceutical forecasting
- Quantification and supply planning
- Procurement planning and management
- Transportation and distribution management
- Warehousing and inventory management
- Logistics management information systems (LMIS)

The following section provides Guidance tables for designing, planning and implementing within the three technical approaches. Guidance is provided by SIAPS principle technical advisors responsible for

leading the technical clusters and is based on experience gained over the years in strengthening pharmaceutical systems.

PHARMACEUTICAL SYSTEMS GUIDANCE

	ACTIVITIES	INTERVENTIONS
Pharmaceutical Policy	• Assessment/Revision/Update of National Drug Policy • Drug Donation Policy • Development of Key Policies and Procedures • Improve Medicine Policies, Legislation, Regulation	1. Review existing policy documents (include: policies and strategy documents of other ministries i.e. Ministry of Finance, Industry, Commerce, etc. as they may have policies or strategic objectives that may affect Pharmaceutical policy); review the policy of a preferred reference country that has recently updated their policy. 2. Identify the objective of the revision of the policy. 3. Identify stakeholders that will contribute to the exercise and invite them to participate in the process. 4. Identify areas needing improvement in the existing policy. i.e. the need to introduce new topics like Generic substitution, tax exemption on pharmaceutical finished products, drug donation, TRIPS, access to medicines as a human right, involvement of civil society, etc. (note that this is the essence of the revision. 5. Begin the process for the policy development or revision; note that the hallmark of the process is to ensure an extensive stakeholder and civil society involvement and a transparent and engaging process. Request inputs from the stakeholders to incorporate into the draft policy, ensure high-level government leadership and buy-in of the policy, and finally organize the launch of the new policy.
	• Develop National Pharmaceutical Sector Strategic Plans • Develop National Pharmaceutical Sector Development Plans • Implement the National Medicines Policy	1. Identify a unit within MOH or in the Pharmaceutical services division with a mandate to coordinate the implementation of the National Medicines Policy (NMP). If such a unit is currently not in place form a committee but plan to establish such a unit within the first 6 months of the launch of the NMP. 2. Task the unit/committee to identify and make an inventory of the immediate/short term (Years 1-2) and long-term (Years 3-5 of a 5year NMP) objectives, interventions, activities, and structures recommended by the NMP. 3. Circulate the objectives for review by relevant departments in the affected Ministries. 4. Identify the existing resources and funding that can support the immediate/short term vs long-term objectives. 5. Hold a stakeholders workshop to agree on the immediate/short-term and long-term objectives and the resources. Discuss and identify potential gaps in terms of support, especially for the immediate/short-term objectives. If solutions are not identified consider moving them to long-term objectives. Also develop plans for how resource allocation for the long-term objectives will be pursued. 6. The Unit or committee develops the draft strategic plan based on the immediate/short-term and long-term objectives identified. 7. Hold a stakeholders workshop to review the draft strategic plan. 8. Incorporate inputs from stakeholders and recirculate to all stakeholders requesting their sign off and approval. All stakeholders who participate in the development and review of the draft strategic plan should be acknowledged in the final document. 9. Submit the draft strategic plan to the MOH for approval. Once submitted to the MOH the Policy

		coordination unit or the committee must develop a tool for the monitoring of the implementation of the strategic plan. If the unit does not exist and the strategic plan was developed by a committee, the committee must develop plan for the formation of a policy coordination unit or identify an existing body to fulfill that role, develop the terms of reference of such a unit, and submit to the MOH for consideration as a key requirement for the successful implementation of the strategic plan. The committee should submit this before being disbanded. 10. Print and disseminate the strategic plan. This may include a launch and active distribution across the country.
Product Regulation	• Improve medicine legislation, regulation, registration systems • Develop licensing and inspection systems • Development of GMP System • Phytotherapy/Traditional/Herbal Medicine Registration • Increase international control of Psychotropic Substances and Narcotics • Development of Import Control System • Establish Health Regulatory Information Center • Options Analysis for NMRC Autonomy	1. Conduct an assessment of the regulatory systems using the Regulatory Systems Assessment Tool (RSAT). 2. Review existing legislations and regulation (be sure to compare the legislative mandate of the NRA with the current reality, regulatory mandate and demands, expectations, and what the current human resources can achieve). 3. Develop regulatory governance by working with the NRA to define their mission, vision, strategy, transparency, accountability, and performance metrics. 4. Identify the need for new regulations, strategy documents, guidelines, and guidance document for the regulated industry. 5. Identify improvements over the existing regulations: Introduce guidelines for biological and biotechnology products, combination products, CAM, and medical devices; ensure transparency and avoid conflicts of interest. 6. Identify developmental stages for the NRA that can lead to greater autonomy and sustainability. 7. Develop systems for the adoption of the regional harmonization guidelines and processes, and reduce independent and duplicative assessments and inspections.
	• Identify and Implement registration process and procedures of enhanced Pharmadex • Identify and implement registration dossier electronic archiving system • Finalization of web-based Pharmadex for pharmaceutical regulation • Develop and implement an online drug registration system	1. Use regulatory assessment findings, regulatory functions, procedures and SOPs to inform the key features required for a suitable regulatory information management system. 2. Confirm that the features are consistent with IMS system planned by other countries within the region. 3. Use the NRA verified features to begin the adaptation of PharmaDex. 4. Organize a remote demonstration and take inputs on desired revisions. 5. Conduct an in-country visit for installation, training, upload of legacy data, and going live.
Pharmacovigilance	• Finalize IPAT for public sector • Collaboration and coordination of Pharmacovigilance activities • Strengthen ADR monitoring and	1. Conduct an assessment of the PV system using IPAT, or conduct a rapid assessment of the PV system using an abridged version of the IPAT. 2. Hold stakeholders meeting to develop a customized system improvement model. 3. Help implement the identified interventions; focus on interventions that relate to active surveillance

	PV Center • Establishment of PV System for patient safety and therapeutic effectiveness	and risk management. 4. Monitor and evaluate medicine safety activities.
	• Pilot active surveillance activities • Development/implementation of active PV surveillance system • PV of ARVs • Implement RSAT/PV system assessment	1. Review the IPAT assessment report to identify active surveillance level and use of data. 2. Identify priority safety concerns within the public health programs, i.e. the safety priority may be to quantify and characterize known but clinically significant adverse reactions and reduce their impact on treatment outcomes rather than trying to identify a new drug induced disorder. 3. Advocate for the development of a sustainable active surveillance system with the following features: Existing M&E/HIS structures; Sustainable platform - active surveillance activity not a study; Stakeholders engagement. 4. Use of data for decision making. 5. Develop a protocol and implementation plan. 6. Identify tools to be used (SIAPS has developed the DCAT tool for active surveillance activities). 7. Develop systems for periodic analysis, reporting, and presentation of the findings from the active surveillance activity. The developed system should also have processes for having the appropriate office take decisions based on the findings and disseminate to health care workers. The system should also have a clear path on how the findings will be contributing to the revision of clinical practice guidelines.
	• Utilize evidence generated from TIPC • Develop post-marketing framework for QA of pharmaceuticals • Development of medicine promotion and advertising control systems and guidelines	1. Develop risk management guidelines that will help with the allocation of NRA efforts in safety and quality monitoring in a risk proportionate basis. 2. Develop guidelines for the control of promotion and advertising, develop tools to facilitate consumer reporting of poor advertisement practices. 3. Develop risk management tools for high-risk medicines.
Pharmaceutical Personnel and Practice Regulation	• Review the pharmacy act • Advocate for enactment of pharmacy and medicine bills • Strengthen governance via support of APCE	1. Review existing regulatory system and provide support for the development of a regulatory framework for personnel and practice regulation. 2. Develop relevant guidelines. 3. Identify opportunities for working with the Health Professionals Council and other stakeholders to address accreditation, CPD, task-shifting, etc.
Pharmaceutical Financing	• Analyzing and controlling pharmaceutical expenditures to optimize budget • Identify cost elements that act as barriers to medicine access • Lead and scale up implementation of APTS	1. Conduct a costing exercise to cost out pharmaceutical expenditures and identify cost drivers. 2. Identify sources of inefficiency (i.e. irrational prescribing, overuse of branded products, expirations, lack of use of economy of scale-pooled procurement, supplier performance, high add-on costs, etc.). 3. Develop interventions for reducing inefficiencies (international bench marketing of procurement prices, pooled procurement, etc.). 4. Develop system for national pricing intelligence to routinely gather price information of key products from different markets and compare with local price, monitor patent status for early registration of generics, negotiate single exact price, etc.

	• Develop guidelines for pharmaco-economics evaluation • Develop medicine price control system • Conduct survey to measure compliance with drug pricing policy	1. Review the pricing regulatory system either as part of the regulatory authority or part of the duties of the medicines selection or pricing committee of the EMLC. 2. Develop guidelines for pharmaco-economic evaluation. 3. Improve pricing transparency through the development of new tools for price reporting and monitoring.

	STEPS	INTERVENTIONS
Hospital Formulary	*Initial Steps*	• Obtain approval and support from hospital administration and MTC • Hospital administration designates a multidisciplinary committee of experts that will develop and implement the formulary process. The Medicine and Therapeutics Committee is the ideal structure to manage this activity. • Develop policies and procedures for using and maintaining the formulary. These policies and procedures can be a part of the MTC or hospital administrative policies.

	Development of the Formulary	• The hospital will need to start from a solid foundation of evidenced-based medicines to develop a formulary. Starting with an evidence-based list of medicines is highly recommended:
		  o National Essential Medicines List
		  o WHO Model Essential Medicines List
		  o Also have available key drug list - current formulary list, medicine prescribing list, procurement list.
		• Review the initial list carefully; delete medicines that are not necessary at the health facility. Use morbidity and mortality data, list of common diseases seen at the health facility, and medicine usage data at the health facility to guide decisions.
		• Using morbidity/mortality information, medicine utilization data for the hospital and evidenced-based medicine information resources, start the process of researching and adding new medicines to the formulary that are not already listed.
		• Selection committees should use the following high levels of evidence when adding medicines to the formulary including systematic reviews and RCTs:
		  o National and local treatment guidelines recommendations (those approved by national bodies)
		  o High level evidence from clinical studies - systematic reviews (Cochrane), meta-analysis and randomized control trials, controlled cohort studies
		  o International treatment guidelines (e.g., NICE, SIGN, US National Guidelines Clearing House, Canadian Medical Association, New Zealand Guidelines Group
		  o Reputable international text books (current editions)
		• Pharmacologic Class Review – after making the initial list, a careful review of each pharmacologic category needs to be undertaken. This involves reviews and making decisions on any possible duplication in a category and which ones should be retained or deleted.

	Training and Dissemination of the List and Policies	• Training – A training program will be implemented to train professional staff on the use and value of the formulary.
		• Dissemination – The final approved list will need to be disseminated widely in the hospital including:
		  o Each medical wards will need a copy (along with policies and procedures) posted clearly
		  o Outpatient department
		  o Pharmacy and procurement departments
		  o Hospital administration

	M&E of the Formulary (A critical step to ensure that the	Quarterly reviews are recommended to determine the following indicators:
		• Availability of the formulary list and manual (hospital wards, OPD, pharmacy, procurement, administration)
		  o Percentage of medicines prescribed that are on the formulary list
		  o Percentage of medicines procured that are from the formulary list

	formulary is being used as required.)	○ Percentage of donations that comply with the formulary list • Developed and approved principles and procedures for managing additions and deletions to the formulary list
Essential Medicines List (EML)	*Working with the highest level of MOH, develop working principles for the development or revision of the EML*	• Ministry of Health specifies purpose of the EML • Public and private sector user • Procurement • Prescriptions • Policies and procedures for development and use of the EML • Appoints an expert committee to identify medicines for inclusion in the EML
	Expert Committee selection	• Members to be chosen by MOH based on relevant backgrounds, previous experience in procurement, supply, and medicine. • Members must be completely separated from any interest in pharmaceutical company or suppliers/distributor • Multidisciplinary committee of physicians, pharmacist, hospital administrators et cetera
	Initial activities of the committee	• Identify a list of common diseases for each level of health care • Identify first-choice treatment for each health problem • Utilize national STGs and WHO Model EML
	Develop explicit policies on how medicines will be selected	• WHO criteria for EML drug selection • Evidence-based resources and information from high level sources (national STGs, systematic reviews, RCTs) all medicines must be selected based on established efficacy, safety, quality and cost–effectiveness
	Establish program for revisions, dissemination and training on the EML M&E	• Develop monitoring and evaluation component for the EML • Indicators of successful implementation ○ Percentage of medicines prescribed that are on the national EML ○ Percentage of medicines procured that are on the national EML ○ Percentage of medicines donated that are one the national EML ○ Percentage of health facilities that have EML available
Medicine and Therapeutics Committee (MTC)	*Initial Administrative Steps*	• Obtain explicit approval from director of the hospital, regional and national MOH officials • Study what MTCs have done in the past; identify gaps in functions and effectiveness • Obtain approval and support from MOH and hospital administration for establishing a MTC • Develop terms of reference and policies/procedures for the MTC • Develop a plan for conducting MTC meetings, regularly, at least 3-6 times a year • Select leadership of the committee ○ A well-known and respected physician will provide leadership for the committee, with a pharmacist as co-chair or executive secretary. These individuals should be appointed by the health care organization's administration. The committee must maintain a line of authority and support to top management in the health care system. • Select specific members ○ Health care professionals from the medical staff (with representatives of the major specialties), pharmacists, nursing personnel, and representatives from administration. • Conduct MTC Training course for MTC members, hospital management, local partners/NGOs and MOH

		○ Identify scope of training ○ Identify participants ○ Develop agenda and schedule ○ Develop field study ○ Develop follow-up plan and monitoring
	Develop specific activities, plan of action for the MTC	• Develop specific activities and functions for the MTC for hospitals or primary Health clinic. Specific functions to include: ○ Formulary Management ▪ Restricted formulary list ▪ Policies and procedures for using the formulary list in prescribing, procurement, outside prescribing ○ Monitoring and identifying medicine use problems ▪ Monitoring medicine use indicators in OPD and inpatient ▪ Medicine Use Evaluation (MUE) for high volume, high risk, high cost drugs ○ Pharmacovigilance activities in line with regional and national programs ○ Improving medicine use activities ▪ Based on identification of medicine use problems, MTC meetings and collaboration with local partners and MOH, implement interventions - STGs, available national guidelines - STGs, develop hospital specific guideline where needed - Rational medicine use (RMU)/antimicrobial resistance (AMR) Education ▪ MUE ▪ Regulatory and supervisory interventions
	Starting a MTC - Groundwork	• Measure medicine use at the hospital. One approach that may address problems of the formulary list, stock-outs, and overuse consist of the following steps: ○ Conduct an ABC analysis to identify which medicines consume most of the budget (i.e., "A" group medicines). ○ Compare the VEN and ABC analyses to see whether any nonessential medicines are in the high cost and consumption "A" category. ○ Conduct medicine use study using health facility and antimicrobial hospital indicators. • Present to all the stakeholders in a meeting and also by report to the hospital administration. Discuss and agree a 'plan of action' with the senior prescribers and stakeholders in the group.
	Implement and Evaluate an Intervention to Correct the Problem	• Implement the intervention and evaluate it by measuring the medicine use problem before and after implementation. Interventions may be educational, managerial, or regulatory, and should be implemented with the full cooperation and participation of the senior prescribers and stakeholders. • Measure also the cost of the intervention and the savings in terms of fewer medicines used because hospital administrators are more likely to be supportive in the future if they see that your measures have saved money. The type of interventions used will depend on the nature of medicine use problem identified and investigated.
	Develop monitoring and evaluation	• Develop a comprehensive monitoring and evaluation plan. Illustrative indicators: ○ TOR developed for the MTC ○ Number of MTC meetings per year ○ Percentage of prescriptions according to the formulary List

		○ Percentage of medicines prescribed according to STGs ○ Number of ADRs reported ○ Cost savings as a result of formulary management and STG implementation
Medicine Use Evaluation (MUE)	*Initial Planning*	• In collaboration with MOH and hospital leadership, form a MUE Committee, a subcommittee of the MTC or separate medical staff committee. • Write policies and procedures. • Define all areas or departments of the hospital where drugs are used (e.g., emergency room, intensive care unit, radiology, surgical department, medical department). • Identify medicines for possible inclusion in the program ○ High risk drugs prescribed in the hospital ○ High use and high cost • Assess evidence-based resources available for criteria development, data collection, and evaluation, and choose medicines to be included in program. • For each medicine, select aspects (indications, dosing, dosage form chosen, etc.) of medicine use to monitor and evaluate. • Select criteria and establish performance thresholds. • Establish methodology for data collection and evaluation and create a schedule. • Educate hospital staff about MUE program and current criteria.
	Data Collection and Evaluation	• Collect data. • Evaluate data and determine if medicine use problems exist. • Disseminate results
	Intervention	• If a medicine use problem was found, design and implement interventions • Collect new data on problem medicine to determine if use of that medicine has improved as a result of the intervention • Disseminate results of re-evaluation
	Program Evaluation	• Evaluate all MUE program activities at end of the evaluation year, and plan program activities for the next year. • Indicators of success in a MUE program ○ Percentage MUE that meet criteria ○ Percentage Individual components that meet thresholds
Infection Control Self Assessment Tool (ICAT)	*Identify and highlight the need for improvement in IC*	• Infection Control Committee (ICC), or hospital medical staff, or visit by a consultant to the hospital identifies the need for improving infection control at the hospital. • Brief report is established describing problems and issues in IC
	Engage hospital management and administration	• Meet with hospital leaders to highlight the IC problems in the hospital and the need to start quality improvement activities—get their support. • Decide whether to implement ICAT alone or in collaboration with other hospitals.
	Identify a multidisciplinary infection control team	• Obtain authorization to implement changes in the hospital and be willing to lead and facilitate dissemination of the approach within and beyond their hospital. • For long-term system strengthening it will be ideal to try to help establish an (ICC), if one doesn't already exist in the hospital.
	Prepare to implement	• The ICC team decide the appropriate training approach for the hospital

	the approach.	• Disseminate orientation information and materials about the tool and approach to the participating hospital infection control teams and key stakeholders. The information covers an overview of the approach rationale, goals, and objectives; preliminary identification of priority problem areas; project timeline; and what will be expected of facilitators
		• Review the guidelines for implementing the standardized approach for general guidance on implementation and suggested timelines
		• Review the ICAT manual and understand the section on module scoring and module scoring sheet.
		  o Review the ICAT modules and checklists. Identify perceived priority problem areas in the hospital.
		  o Use appropriate ICAT modules to assess existing practices in the identified perceived priority problem areas. Use the Template for Reporting ICAT Survey Results to summarize and report the assessment results to stakeholders in the hospital.

	Implementation Workshop	• During the ICAT implementation workshop, IC teams from one or more participating hospitals learn about the tool, approach, AMR, and Hospital acquired infections. • IC teams develop plans for implementing infection control quality improvement (ICQI) interventions in priority areas in their hospitals, present their plans, and get feedback from the group.

	Monitoring and Evaluation	• Work plans are developed for Implementing ICQI interventions
		• Indicators for ICAT programs
		  o Number of ICAT assessments completed
		  o Percentage Improvement in specific IC practices and indicators

Medicine Use Studies	*Working with MOH and local partners, designate a medicine use study team*	• Study objectives
		• Selection of specific indicators and data collection instruments for study
		  o WHO Health Facility Indicators
		  o MSH/SPS Antimicrobial Indicators
		  o Questionnaires on prescribing practices
		• Design Sampling frame
		  o Number of provinces, health facilities
		  o Number of encounters
		  o Types of facilities
		  o Develop data collection forms (and electronic data base, where possible)

	Obtain consensus from key stakeholders on study objectives, methods, and sampling	• Conduct workshop or meeting • Input changes to study design and methods

	Pilot test medicine use study at a hospital and primary health care clinic
	Implement study
		• Select and provide training course for data collectors
		• Provide supervisory support for each study team
		• Analyze data collection
		• Report to stakeholders on results
		  o Key areas of concern
		  o Recommendations for further studies
		  o Recommendations for interventions

Standard Treatment Guidelines (STGs)	*In collaboration with MOH appoint STG Working Group or Committee*	• Multidisciplinary committee of MOH, medical directors, clinicians, nurses, pharmacists and other stakeholders
	Assess current or past guidelines	• Determine how past guidelines were used (or not used); what were the advantages and disadvantages • What evidence was used to develop the guidelines • Gaps and needs, and changes needed
	Determine target groups and type of guidelines that are needed	• Conduct Stakeholder Mapping Exercise • Community level • Primary level • District hospital • Referral (hospital) level • Specialized care
	Develop operational Plan	• Develop guideline Scope • Determine diseases to be included in guideline (disease-specific; a particular group of diseases, eg, infectious diseases; or comprehensive) • Format for the guideline • Content details in the guideline • Determine cost for writing, reviewing, publishing, printing, training, workshops, monitoring and evaluation • Obtain consensus from stakeholders on concept and operational plan • Obtain support for the development, implementation and cost sharing • Selected writers will research and write initial drafts of guidelines using approved evidenced based resources and approved format. Writers will adhere to the following principles: • Write and review of guideline Monographs ○ Follow approved format and writing style explicitly
	Identifying and applying scientific Evidence	• EBM to guide selection of the treatments of choice • Levels of Evidence needed for the guidelines • Use of resources, explicitly described and listed
	Pilot Testing	• Pilot at 3-5 health facilities • Obtain feedback and insert changes into guidelines

	Comprehensive Review and Validation	• Implement a comprehensive review
		  ○ Local consultants
		  ○ Outside consultants
		• Validation Workshop
		  ○ Review guideline development
		  ○ Review evidence used in development

	Formal Launch and dissemination	• STG pamphlet, book • PDF reprints

		• MOH website or other relevant websites

	Monitoring and evaluation	• Develop overall plan for supervision, monitoring and evaluating
		  ○ Monitoring of the use of guidelines at all health facilities
		  ○ Study use of the guidelines and document compliance on a quarterly basis
		  ○ Reporting on compliance to the guidelines
		  ○ Supervisory visits to ensure appropriate use of guidelines
		• Indicators of success:
		  ○ Percentage of health facilities that have STGs available
		  ○ Percentage of prescriptions that are written according to STGs

Information, Education, Communication (IEC)	*Develop an overall strategy for the IEC program*	• In collaboration with MOH and other local partners, develop a comprehensible strategy for IEC/BCC for RMU and AMR awareness/containment
		  ○ Clearly articulated objectives
		  ○ Client focus
		  ○ Incorporate community relations
		  ○ Incorporate healthcare service delivery programs

	Assess the situation	• Determine what medicine knowledge-related gaps and behavior problems and issues exist that can be addressed by IEC • Understand the problems and solutions • What obstacles exist for implementing an IEC program • Determine the mix of mass media and local activities to be used in a communications program
	Implementing a strategy	• Obtain support of community leaders • Establish linkages with service delivery • Utilize Multimedia campaigns and use a mix of channels • Try to craft messages in a way that can support behavior change • Carry out training and capacity building activities
	Monitoring and evaluating a strategy	• Incorporate monitoring: observations, questionnaires, focus group discussions • Evaluations need to be carefully conducted. Specialist in research design and evaluation may be needed.
Adherence activities for ART	*Study current situation*	• What are the problems and issues associated with adherence • What specific problems exist that can be addressed by improved adherence
	Establish a standardized method of measuring ART adherence	• Implement MSH ART adherence tool to measure adherence • Self report • Visual analogue scale (VAS) • Pill identification test (PIT) • Pill count • Identify locally effective adherence support measures, and provide technical support to help implement those measures in the participating facilities, with a special focus on the subsets of patients who have very low adherence rates • Generate longitudinal ARV adherence data • Enable intra- and inter-facility comparison • Encourage networking and collaboration around adherence issues among participating ART facilities

	Monitor and evaluation	• Apply adherence indicators to monitor progress
AMR Advocacy and Containment	*Mobilize Support*	• The first step is to mobilize support among key stakeholders including MOH • MOH to designate a committee or organization to oversee all activities addressing AMR containment and advocacy • Initial investigations should include determining who the key players, institutions, and agencies are and initiating a dialogue about the need for a concerted effort to address AMR. A small group of committed stakeholders (local champion group or AMR working group) will emerge to lead the stakeholders toward coalition building.
	Understand the Local Situation	• During this phase, stakeholders focus on compiling information to guide the development of strategies for advocacy, intervention, and research, using existing information and key informant interviews to understand the local context and to determine what data needs to be collected about antimicrobial resistance surveillance capacity and drug policy management. • Consider more in-depth fact-finding or studies of antimicrobial use, infection control and other AMR issues, where feasible
	Formulate a Plan	• Convene a stakeholder meeting to increase awareness of drug resistance, review local information compiled on AMR, and develop a collaborative plan for addressing drug resistance.
	Implement an Action Plan	• Implement interventions, mobilize interest and resources, and conduct necessary research to fill critical information gaps.
	Monitor and Evaluate	• Evaluate the effect of advocacy and containment efforts and disseminate findings; use evaluation findings to reassess the AMR advocacy and containment strategy and make changes to increase effect and reach.
	Continue the Cycle	• The process will continue as the coalition gains firm footing. With increased resources and support and successful activities, the coalition will shift and expand to focus on different dimensions of antimicrobial resistance. This effort will require renewed and focused attention to each element above
In-service Education on AMR and RMU	*Stakeholders*	• Identify opinion leaders to serve as national or local CME program committee members, with representatives from professional societies and academia.
	Develop RMU/AMR CME Program	• Large-group sessions, small group interactive problem solving case discussions, and role-play on overcoming barriers to appropriate medicine (especially antimicrobial) use, that can be added to existing CME programs • Identify the most important local diseases and infections in terms of prevalence or severity of AMR problems to highlight in CME sessions and materials • Develop (or modify existing) educational materials (e.g., flowcharts, pocket-sized standard treatment guidelines, etc.) targeting these infections for clinicians to share with peers in practice settings • Develop (or modify existing) patient education materials to promote appropriate antimicrobial use for these infections (e.g., posters)
	Evaluate CME Program	• Develop (or modify existing) tools to evaluate the CME program and to assess participants' gains in knowledge and skills • Identify, invite, and confirm presenters and facilitators for the AMR CME program • Follow-up with mailed reminders and educational materials to participants in the AMR CME program to reinforce learning.
	Monitor and evaluate	• Implementation, learning, and behavior change
Pre-service	*Existing Curriculum*	• Review the existing curriculum (e.g. microbiology, pharmacology, parasitology, AMR, clinical therapeutics, etc.) to

Curriculum Reform		identify what is included related to rational medicines use and AMR. • Determine the actual content being covered, the hours of exposure, the teaching-learning methods used, etc. • This will be accomplished through a systematic "self-assessment" by the related teaching faculty members or a formal assessment with TA from SIAPS
	Determine Competencies and Content	• Conduct key informant interviews to determine 'desired competencies' and then identify practical, "real world" content for medicines management, RMU and AMR. • Suggested key informants include MOH personnel, physicians, senior hospital administrators, senior pharmacists, private sector, NGOs, prospective employers, students who have just completed the curriculum that is being reformed, etc.). • New content will be developed from textbooks and reference materials; this process of interviewing key informants is expected to validate the practical aspects of such content in the work setting. • Conduct focus group discussions with recent graduates who have been practicing in the field for a number of years. Focus group discussions may elicit a range of responses not obtained in an individual interview.
	Develop Content	• Work to develop the appropriate content, teaching-learning methods and the amount of time required for the new topics within a curriculum. • Develop the details of the reformed curriculum along with topic areas, contact hours, instructional methods and content summaries (and if possible, instructor's guide). • Conduct a workshop - synthesized information from the interviews is expected to guide the course content for medicines management, RMU and AMR. • Review content by a wider group of stakeholders who had not participated in the workshop. • This wider review will improve the quality of the newly drafted module/content and also increase the buy-in necessary for proper future utilization of the materials in practice. SIAPS will ensure that appropriate stakeholders in practice settings are consulted before the curriculum is finalized.
	Training	• Provide an orientation/training to the teaching faculty members on the finalized curriculum and other technical content details.
	Monitor and Evaluate	• Monitor the implementation of the module/added content (and the level of its incorporation in student evaluation) and to identify any further support needed
• **Medicine Information Center (MIC)**	*Drug information needs assessment*	• In collaboration with MOH, academic institutions, local hospital administrators: • What exists in the country, region and at health care delivery level • What extent and types of medicine information is needed to support appropriate medicine uses
	Obtain consensus	• With MOH, local NGO's, and private sector on what is available and what should be provided • Determine where the MIC should be located – tertiary/referral hospital, university medical school, drug regulatory agency, other MOH office
	Develop scope of activities for MIC	• Collaboration with MOH • Poison, and medicine Information • Bulletins • Pharmacovigilance reporting • Education and training activities
	Develop policies and	• Collaborate with MOH and local partners; determine budget and finances for the center and funding sources

	procedures for the DI center	• Hour of operations • Staffing • Specific duties and responsibilities • SOP for question-answer service (if this is also one of the services provisioned)
	Define resources, equipment	• Drug information resources – journals, texts • Drug information resources - internet • Equipment - computers, printers, telephone lines
	Develop comprehensive training program for DIC staff and administration	• Develop training plans for staff including basic drug information operations • Methods and practices of data retrieval and drug information • Reporting of drug information activities

SUPPLY CHAIN MANAGEMENT GUIDANCE

	KEY QUESTIONS	WHAT NEEDS TO BE DONE?	INTERVENTIONS	COMMENTS
General	What is the current supply chain governance like?	SIAPS needs to document the current supply chain management system(s) of the country; going deeper to the functions, each functional area (e.g. procurement, logistics management) needs to be clearly documented and defined, with structures, key actors, and key factors affecting the supply chain documented. This doesn't need to be a big report but rather the ABCs of the system. [The purpose here is to complement the SIAPS developed country profile with specific technical area information].	• Review of the current supply chain governance framework • Assess the supply chain functions and structures (including key players) • Review the national plans and strategies and document the stage of the supply chain • In some cases conducting needs assessment may be important •	Develop plans to address a comprehensive supply chain governance structure. ***Note**: This is just a snapshot of the supply chain in the country. The information gathered will be used to develop a general background of the SIAPS supply chain management support.* *From the background information provided, develop activities plans to address governance issues relating to supply chain e.g. set up procurement manual, supply management SOP, quantification team etc.*
		The profile will also need to document the key stakeholder, comment on the supply chain risk (and any analysis done)	• Whenever possible, stakeholders analysis could be done to document who plays what role, where and when, this information is useful during planning and implementation of technical support as well as resources allocation	

Forecasting and Supply Planning	Define the problem we intend to solve. What has been done? What needs to be done?
	Is there a formal structure and mechanism for doing quantification?
	Is there any procedure in place?
	Quantification committee?
	What is the capacity of the committee if it exists?
		Documenting if the F&Q is being done currently and if there are any structures and policies that support this.	• Assess the quantification system used
			• Develop a strengthening plan
			• In cases where the system is already in place
			  ○ Review the current practice
			  ○ Assess the capacity gap and how the capacity can be improved
			  ○ Prepare a plan to improve quantification
				Key interventions proposed should address improving the quantification comprehensively with activities such as formation of working groups, mentorship, restructuring, hiring, technology introduction, and stakeholder's engagement and coordination.
				
				***Note**: This will help to establish the starting point where, and which direction to*

	What is the quantification process being followed or	Establish the presence of the commodity security committee (or any	• Assist is establishing or capacity building of the quantification committee	

	done?	other committee/working group that conducts F&Q) within an existing access or other committees. Document the F&Q process, technologies, reports, challenges, and successes.	• Improve or establish the quantification process through trainings, mentorship and continuous monitoring	*go. SIAPS will continue to support F&Q as requested e.g. forecasting for specific programs.* *Build on the available information to develop a 3-5 year plan to improve F&Q /SP e.g. to establish a commodity security committee, F&Q TOT.*
	Can we determine the Quantification data quality? If yes, how good are the data quality Tools for quantification	Document if there is any process or mechanism to ensure data quality management.	• Assess availability of data for quantification • Provide TA on data quality assessment (this is more of LMIS support), scheduled review of pipeline information, inventory updates and update	
	Is there an SOP for forecasting and supply planning? Any coordination mechanism among donors?	Document the SOP, and use when designing any TA/capacity building as a tool for reference or reviewing the SOP.	• Work with the country program to develop SOP for the quantification processes; the SOP should include coordination and all key partners involvement	
	What are the established gaps in the current forecasting, and supply planning capacity that needs to be addressed by SIAPS?		From the above information, establish the best way forward to improve the F&Q with clear objectives, expected deliverables and a dossier outlining next steps (short and long term).	
Procurement	Do we have the procurement management act, regulations and policies in place?	Have a clear understanding of the procurement management processes, structures and the tools used.	• Gather, review, and if there are no tools or documents, explore the possibility of having these documents available or finalized for approvals • Map the procurement management system (structure, functions and resources available) and key actors in the procurement management	Important to design technical support based on comprehensive understanding of the procurement management system as procurement is one of the commonest non-starter in supply chain management. ***Note**: Good procurement support addresses governance issues, structure or improvement. Process reviews and reforms towards higher transparency, technology advancement,*
	Do we have a procurement strategic document or SCM strategic document that address procurement management? Procurement SOP?	Use the document as a roadmap towards achieving the set goals.	• Document the stage of the country's procurement management structure, and functions and recommend the development of the country's procurement management plan • Review the document if available and support the country program to implement the plan	

	What are the tools or systems used for procurement (e.g. online, paper based, guidelines, worksheets etc.)?	Gather, review, and if there are no tools or documents, explore the possibility of having these documents available or finalized for approvals.	• Document review or assessments • Map the procurement process flow • Gather information on procurement procedure and performance such as cycles time	*monitoring, capacity building of the procurement system users, efficiency and effective executions may improve procurement management.*
	What are the procurement structures and entities and how do they operate? Source of funding? What is the GAP in funding? Outsourcing? Capacity to manage contractor? Do they use EML for procurement?	Review available information on procurement entities, what do they procure, and how is the system is designed?	• Document who is doing procurement at what level and what are the procurement mechanisms used • Document any gaps and propose interventions	
	Who are the key players in public procurement and what principles (e.g. WB, GFMAT, local) are in use?	Documenting the key player is necessary, mapping their roles and responsibilities as well as analysis of their influence in the system as well as procurement risks and challenges.	• Stakeholders analysis • Stakeholders engagement • Supporting joint activities	
Distribution and Warehousing	Warehousing management capacity? Storage capacity? Equipment? What is the existing warehousing and transportation network?	Map of the warehousing network, capacities, operating systems and distribution systems.	• Assess the warehouse(s) capacity to handle commodities • Document capacity of each warehouse, infrastructure improvement requirements, any plans to increase capacity, and any fixtures and fitting requirements in a warehouse management document (toolkit) • Assess and document the transportation system including the management procedures	The key message is to assess ability of the warehouse network and infrastructure's ability to serve the supply chain as required. In addition to provide insight of warehouse management practices. With this information develop an improvement plan with the counterpart addressing best practice in warehouse and logistics management focusing on business processes, MIS, cost effectiveness, staff capacity and safety, technology, working tools, infrastructure development. An SOP is key to effective logistics
	What are the business processes and operations in the warehouses (flow charts, management systems and tools)? What about ownership?	Document all necessary information about the tools, data management, data quality validation, business analysis and overall performance of the warehouse and transportation systems including HR, financing, operations, etc.	• Map the warehouse and distribution processes • Draw the flow charts for the processes • Map the internal control procedures (transactional and informational) and draw the charts • Assess the processes and controls flows and any tools used to capture • Design a plan to address a continuous warehouse operations	

			• Develop SOPs	management.
	What is the MIS system used for warehousing and distribution?	Define MIS problem. Document the MIS system(s) used, briefly – more details in the LMIS.	• Document or asses the MIS system used (paper based, electronic, level of advancement, processes etc. • Asses the system capacity to use the MIS • Observe and document the capacity of MIS to support logistics management system • Analyze the ways to improve MIS for logistics	
Inventory Management	What inventory management system is used? And how is it performing?	Define the problem. Is there any record keeping and if yes what type of record keeping is being done (paper based or electronic)?	• Assess and document if there is any record keeping and how is the record keeping done, updated and reported • Assess capacity to conduct inventory	This is the area where continuous monitoring, audits, trainings, onsite mentorship and SOP are main interventions.
	What kind of stock monitoring procedures are being done e.g. stock taking, audits etc.	Observe and document the record keeping and type of tools used, as well as the procedures used.	• Assessment • Development of improvement plans • Capacity building • Continuous monitoring	
	Check for availability of updated inventory reports and tools for reporting. Is a clear internal control SOP being followed?	Documenting if the inventory monitoring is done – this is the basic requirement of any inventory management (data capture, record, report).	• Document review • Feedback	
LMIS	What is the problem? What is the LMIS system used and system maturity?	Define LMIS used, system advancement, how is it supported by the logistics management, if the system is being used.	• Document the LMIS system used and what are the key data indicators used and what methods of data capturing and validation is/are used • Are the people able to use the system • Assess and document if there is a support system to execute the planned LMIS system?	The key task is to have LMIS supported by a robust supply management system and therefore there is a need to have LMIS addressed as a logistics management package rather than a stand-alone intervention.
	System advancement?	Establish the level of system maturity and how it supports the logistics management system.	• Assess the LMIS for different programs, or technical areas on what technologies are being used	
	How is the data quality monitored and managed?	Data quality monitoring	• Document the data quality assessments and validation system in place for LMIS improvement	
	What are the system's tools		• Gather info and document on the tools used	

	are they electronic or paper based?	• Advice on best practice
CROSS CUTTING – HR, PERFORMANCE MONITORING, CAPACITY BUILDING, FINANCING, GOVERNANCE		

2.3 SIAPS HEALTH CONTEXT – HEALTH ELEMENTS

SIAPS staff need to be familiar with the basics for all health elements SIAPS typically receives funding for: HIV/AIDS, Family Planning, Malaria, Maternal and Child Health, TB, NTDs, etc. Staff need to understand the global trends, key global indicators and selected indicators in the country of work, relevant global initiatives, relevant stakeholders, etc.

Funding for the SIAPS HIV/AIDS activities comes through PEPFAR and the Office of the Global AIDS Coordinator. For SIAPS malaria activities the funding comes through the Presidents Malaria Initiative, while funding for Family Planning, Maternal and Child Health, TB, and NTDs comes from USAID Bureau from Global Health and the USAID Country Missions.

TO SEE USAID HEALTH ELEMENT FUNDING LEVELS FOR THE PAST FISCAL YEAR VISIT: http://foreignassistance.gov/Initiative_GH_2012.aspx?FY=2012#ObjAnchor

Recent presentations delivered by SIAPS health-element team leads for HIV/AIDS, Malaria, Maternal and Child Health/Family Planning, Neglected Tropical Diseases and Tuberculosis can be found in annexes 4-9 of this document.

Because SIAPS funding for strengthening pharmaceutical systems is provided by health-element bureaus and is for the benefit of outcomes in the listed disease areas, the following pages provide further considerations to keep in mind.

CONSIDERATIONS FOR PHARMACEUTICAL SYSTEMS STRENGTHENING TO BENEFIT HIV/AIDS PROGRAM OUTCOMES

TECHNICAL AREA	CONSIDERATIONS AND SUGGESTED INDICATORS FOR HIV/AIDS	RATIONALE AND ISSUES
Pharmaceutical Systems	• Please review these guidelines in view of the specific National agenda for reducing the impact of HIV/AIDS • International agenda is mainly focusing on o Reducing new HIV infections o Increasing treatment coverage o Treatment as prevention o ART adherence and retention on treatment o Reduction in MTCT o Reduction in HIV/AIDS related morbidity and mortality o Increasing Male circumcision	
Laws and Regulations	• Are there specific laws or lack of laws that limit access to HIV/AIDS treatment? • Are there laws or procedures that impede access to ARVs, e.g., laws that prevent nurses to prescribe first line ARVs or palliative care medicines?	• Be cognizant of Most at Risk Populations
Medicines Policy	• Does the country have an updated medicines policy with specific language on HIV/ARVs? Reference to WHO guidelines? • Does the policy include language that ensures increased access to generic ARVs in reference to international agreements to increase access to ARVs?	• Updated policy including HIV/AIDS and ARVs is an important step in ensuring access to ARVs. A number of policies date back to the early 2000s when ARVs were not freely accessible. Language on ARVs in the policy ensures that ARVs are mainstreamed in the country's policy framework
Regulatory Affairs	Focus on among others • Number of new ARVs registered in a specific period • Number of new ARVs registered Generics vs. Branded • Number of ARV applications in the backlog of "to be" registered (Fast tracking of ARVs) • Is there a system at the ministry level that ensures collation and analysis of ART services in the private sector?	• Strengthening regulatory authorities in a way of increasing access to medicines. Since the country is receiving USAID funding for HIV, it is important to tease out the impact SIAPS interventions have on HIV medicines superficially.
Quality Assurance	• Does a system for monitoring the quality of ARVs exist and is it functional with up to date reports? • Number and proportion of ARVs and other HIV related commodities tested of batches procured/received • Proportion of ARVs and other HIV related commodities tested that	• As more and more companies are authorized to produce ARVs (in India, China and Africa), the quality of ARVs is an important issue. QA of ARVs is therefore an important activity. • Approaches should also be put in place to identify

	passed the QA tests • Number of ARVs sampled in Post Marketing Surveillance and results of post marketing surveillance in reference to ARVs • Number of sites or pharmacies inspected and the outcomes of these inspections in reference to ARVs and other HIV related commodities	poor response to ART that is likely to be to the quality of medicines
PhV	• Does the country have a system for reporting and analyzing data related to ADRs to ARVs? • Are ARV/general PhV guidelines developed and disseminated? • Number of individuals trained in PhV including ARV related PhV • Number of ARV related ADRs reported (as a proportion of all ADRs reported) • A time series trend of ARV related ADRs reported? Basing on the national guidelines, there is an expected patterns of ARVs which should be monitored so that once abnormal trends are observed an evidence based decision is made	• HIV patients on ART have a high possibility of developing ADRs due to the medication itself, the high possibility of having co-morbidities that are concurrently treated and due to their health status. • Side effects of ARVs can be and are a contributing factor to poor adherence. • In order to ensure patient safety and good adherence, a good monitoring system to track ADRs through spontaneous reports is very important. Collection of the information is not adequate if the information is not analyzed, disseminated and presented to decision makers. Good emphasis should tease out ADRs due to ARVs. In some countries that have a vigilant PhV program, up to 60% of reported ADRs are associated with ARVs
Supply Chain Management		
Quantification	• Does the country have a short to medium term up-to-date quantification of HIV commodities? • In view of developing sustainable plans, is there a breakdown of financial contribution by Government/donors? • Is a system in place to review (on a regular basis) forecasts?	• Long term forecasting for pharmaceutical is very important in planning and ensuring uninterrupted access to products • Some plans exist but they are not regularly reviewed
Supply Planning	• Any supply plans for ARVs and HIV related commodities? • Where the plan exists, is this plan adhered to? If not why and what can be done to ensure compliance to this plan?	• a number o f countries do not have a short to long term plan for the procurement of HIV related commodities.
Procurement	• What are the challenges in the procurement of HIV related commodities? What can be done to enhance efficiency and reduce the cost of HIV related products? Is market intelligence information shared and benchmarked on the countries average cost of medicines? • Is there specific emphasis on monitoring ARV procurement and distribution?	• Internationally there are a number of mechanisms that have been established to ensure access to good quality ARVs and other products. Countries differ in the level of optimization of these opportunities. These opportunities should be explored and optimized

	• What are the gaps? And what can be improved?	
Distribution	• Are HIV related products distributed through the Country's supply chain system or is there a parallel mechanism? • Level of integration of the HIV commodity supply chain with the National supply chain? Is there a plan to ensure that these supply chain are integrated? • What are the gaps? And what can be improved?	• Long term sustainability of HIV service delivery will depend on how national supply chain systems can integrate HIV related commodities as "normal" commodities provided like any other commodities in the dispensing areas or pharmacies. That is the ultimate goal but to get there is a process
Warehousing	• Is there a system for monitoring of warehousing conditions? • Are recommended guidelines followed? • WH conditions should be monitored at all levels • Risks of pilferage of ARVs? Systems in place to ensure accountability for ARVs? • What are the gaps? And what can be improved?	• Warehousing conditions are vital to ensure the quality of medicines?
Inventory Management	• Number of individuals trained in supply chain management of ARVs and other HIV related commodities • Number and Percentage of supported facilities reporting a stock out of any first line ARV medicines (based on National ART guidelines), condoms, MC kits etc. • Number and Percentage of supported facilities reporting a stock out of any second line ARV medicine (based on National ART guidelines), condoms, MC kits etc. • At central medical store or regional medical store level - Number of ARVs and other HIV related commodities reported to be out of stock in a specific period • Volume and cost of ARVs and other HIV related commodities provided by the program in the specific period • Number of individuals receiving ARVs, tested, circumcised with commodities provided by the program • Number of facilities supported on Inventory management for ARVs/other HIV related commodities and subsequent improvement in the management of ARVs in terms of out of stock reports etc. • What are the gaps? And what can be improved?	• Inventory management remains a critical challenge in the delivery of pharmaceutical services. Innovation and effective approaches to improve IM (inventory management) are urgent required especially at the facility level. • Services are being decentralized, task shifting happening but minimal focus on storage and inventory management of ARVs and HIV related commodities. Possible high risk of interrupted sites especially at the outreach and decentralized clinics • IM should be monitored across levels and targeted interventions developed to minimize the risk of interrupted supply of HIV/AIDS commodities
	• SOPs for the management of ARVs and other HIV related commodities (as part of the entire portfolio of medicines) development and in use	
Pharmaceutical Services		
Case management		

Pharmaceutical Care		
Rational Use	• Number of HIV patients started on the appropriate first line regimen • MUEs conducted on ARVs	
Adherence	• Proportion of patients with 90% or more adherence to ARVs • Proportion of patients with "on-time" pick up of ARV refills Number of facilities reporting on ART adherence levels • Number of health workers trained on adherence monitoring • Number of facilities reporting on WHO recommended Early Warning indicators of drug resistance • Number and proportion of patients monitored for adherence by site supported • Cohort analysis of patients started on treatment 12 months ago that are still alive and on treatment (please refer to the WHO recommended early warning indicators for HIV drug resistance)	• Prevention of AMR is vital in ensuring that the cost of ART is contained
AMR	• Proportion of Health workers complying to ART treatment guidelines • Updated ART guideline in place • Proportion of patients on first and second line ART regimens • Interventions against AMR supported with focus on ARVs • Number of H/Ws trained in the prevention of AMR • Analyses accomplished in relation to antibiotic sensitivity patterns	• Prevention of AMR is vital in ensuring that the cost of ART is contained
STG/EML	• Availability of up to date Essential Medicines List including ARVs • Number of ARVs in the Essential Medicine List • National and Facility level compliance to Essential Medicines list recommendations • Availability of up to date STG including ARVs in public facilities • Number of ARVs in the STG	• An updated STG is vital in ensuring that the pharmaceutical system functions to expected standards. • Planning, procurement, distribution, policy and service delivery are so dependent upon an up to date STG/EML to ensure efficiency and access to medicines
Diagnostics	• Availability of RDTs	
Pharmaceutical MIS		•
LMIS	• Pipeline data analyzed regularly • Availability consumption data at central medical stores and at facility level • Does an electronic system exist for compiling the difference aspects of the LMIS for HIV/AIDS commodities?	• Few systems link consumption patterns with patient data to determine and explain the possible assumptions in cases where an significant deference exists
Service Data	• Is there an indicator based system for monitoring pharmaceutical	• This data should be analyzed regularly and

	systems/service delivery? • Regular support visits?	timeously. Late data is "history." •
Patient Information	• A paper based or electronic system in place? • Does a system for integrating this data from facilities exist? • Number of HIV related DQAs conducted on MIS supported tools • Completeness of HIV related reports • Timeliness of HIV related reports • The use of pharmaceutical information in the management of patients – e.g. adherence monitoring, treatment literacy etc. • Does a feedback cycle exist?	• Good patient information systems are the basis for determining requirements, supply needs, and supply plans. • Routine data collection systems need to be integrated and accessible for quick retrieval of data and subsequent analysis. • It is also important to have data/information used at the facility level and not simply compiled and submitted to MoH HQs.
Product Information		
Electronic Tools	• Number of facilities supported with MIS tools • No. of HIV related reports, studies and analyses developed from databases supported by the program • Decisions made based on information and reports from supported MIS systems • Completeness of HIV related reports • Timeliness of HIV related reports • Accuracy of data from electronic system	• Electronic tools should be simple to use, user friendly and staff should understand the need to enter correct information and all the time • These tools are the basis for TA and should be optimized. • Studies and analysis should be compiled from these tools. This usually encourages Health care workers to understand the need and importance of the tool

CONSIDERATIONS FOR PHARMACEUTICAL SYSTEMS STRENGTHENING TO BENEFIT FAMILY PLANNING PROGRAM OUTCOMES

TECHNICAL AREA	CONSIDERATIONS FOR FAMILY PLANNING	RATIONALE AND ISSUES
Pharmaceutical Systems		
Laws and Regulations	• Are community health workers authorized for distribution of FP commodities; permitted to give injections? • -Is emergency contraception registered in all countries?	In most countries community health workers are currently distributing condoms and pills. If they are authorized and trained to give injections, then women will not have to travel far for a repeat dose of injectable, hence lesser chances of discontinuation. Emergency contraceptive pills should be available and registered and every woman should be introduced to Plan B to avoid failure rates.
Medicines Policy	• Are all services free to patients?	While in most countries FP commodities are free in the public sector, ancillary medicines for treatment of side effects (spotting, headaches, vaginal discharge etc.) are oftentimes an out-of-pocket expense thus causing treatment interruptions/defaults.
Regulatory affairs	• Are all dispensing and prescribing outlets/personnel for FP commodities licensed and inspected regularly by respective government authorities?	Private sector (private pharmacies, private service delivery outlets) is often loosely regulated. Governments should adopt a way to regulate the private sector and every practicing physician/ pharmacist/support staff should have a license to practice.
Quality Assurance	• Do NDRA in countries have required capacity to oversee local manufacturers since quite a few commodities (pills, injectable, EC, and condoms) are often produced at local level and SOPs for import?	A strong DRA and QA system will ensure that countries where these products are procured follow set SOPs while selecting, procuring, warehousing and distributing the medicines. Countries with local manufacturing should also be strictly followed for quality standards.
Product Selection	• Is there a regular introduction/piloting of new products through public sector and are the lessons learned from other countries that have been able to increase their contraceptive prevalence rate shared? Do all public sector facilities offer an appropriate method mix?	Low acceptance of permanent or long-lasting family planning methods remains a major programmatic issue. Introduction of newer products through public sector outlets like Implants, Progesterone releasing IUDs, all three types of injectable (4, 8, and 12 weeks), female condoms will ensure women have choice of method and they will not be forced to spend out of pocket to get these services from private sector. There should be a process for justifying sole-source procurement in specific instances so that countries can procure some non-generic products, such as Jadelle, that have only a single supplier. If forecasting and planning ensures appropriate method mix there will be more contribution from LTM and will help increase contraceptive

		prevalence rate.
Medication Safety/PV	• -Do countries have effective and regular reporting system?	There is a week reporting system on data collection, processing and analysis for example there is minimal or no data on client's discontinuation rate and reasons for it, a way to handle it could be through effective counseling on side effects management which will lead to safe, rational and effective use of the FP commodities with fewer unnecessary follow up visits by clients, higher continuation rates, more credibility of product itself. All of these combined will have an overall impact on effectiveness and acceptance of family planning programs at national level.
Financing	• -Is the funding set aside for FP programs sufficient? • -Do public sector facilities have enough stocks to meet the demand?	Marginal budgets set for FP by local governments and so a lot is relied upon international actors to shore up for shortfalls; also many times the facilities run out of stock leaving general public to resort to private sector outlets. With timely forecasting and quantification at both national and district levels for family planning commodities based on past consumption data as well as the individual country targets for increase in contraceptive prevalence rate, MoH will be able to better plan and allocate budgets for FP programs and lesser and no stock outs at Public sector facilities.
Pharmaceutical Services		
Pharmaceutical care	• Are FP services integrated with other vertical programs, and MCH services?	Population growth affects health and development; a rapid increase in population makes even modest gains in health difficult to achieve. Integrating FP and MCH services will offer women a broad set of family planning and maternal and child health services during the same appointment, at the same service delivery site, and from the same provider. Integration also makes the service user friendly for example it will help women receive FP services from a MCH center in areas where it is culturally inappropriate to visit a family planning center.
Adherence	• Are FP services accessible geographically? • Is there proper counseling service available to increase continuation rate?	Although public sector facilities are available in remote rural areas in developing countries yet the coverage is not to the fullest and clients have to travel long distances to get these services which leads to increase unmet need for FP products and services. Counseling on use of FP products is only offered to clients who ask for it there is no proactive counseling for women coming for MCH services. Methods which are client dependent (condoms, pills) require extra counseling to ensure their correct use.
STG/EML	• Is there STG available at every public sector facility on correct use of FP products?	Providers still tend to use the term a 2 and a 3 month injection, there should be emphasis on timings for next injectable (8 weeks and not 2 months for a NET-EN and 12 weeks not 3 months for DMPA). The required literature and guidelines need to be updated

Case Management	• Do providers have required skill to provide all types of FP services?	Providers have personal reservations and biases offering certain products and services which might have conflicting interest with their personal beliefs which should be taken care of before designating them to provide these services. Also many providers require a capacity building to improve their skills in providing services especially IUD and VSC especially in resource restricted settings.
Rational use	• Is there a system for monitoring prescribing practices and medicines use?	Established DTC in countries will ensure designing, implementation, and monitoring of strategies to improve rational use of all medicines including FP products. Countries could look into possibilities to pilot innovative approaches like involving community members in health and family planning programs; build the capacity of service providers and field workers; strengthen health facilities; and create awareness through behavior change communication activities. There is misuse of certain products like IUD and providers tend to use it for inducing abortions. Emergency contraception where available is not prescribed at the recommended time. This is partly because there is not enough product information available and also providers require especial trainings when a new product is introduced to ensure its rational use.
Supply Chain Management		
Supply Planning	• Is there a national strategy for quantification, procurement and distribution of FP commodities?	There is urgent need for developing a formal structure for the quantification at National level especially with increasing decentralization. The structure should ensure every center at district level send their requisition request for FP products. Countries that have two separate ministries (MoH, and Ministry of Family Planning) should have data from both outlets registered at a central level on their need and use of FP commodities.
Inventory management	• Is the program experiencing (or has experienced) FP medicines stock-outs/supply interruptions?	This should be checked at all levels of the program, not trusting central level data. At least 3 months buffer stocks should be available at all level warehouses. Proper storage facilities unavailable to district level pharmacies and outlets. Based on the consumption data the health facilities should be regularly reordering FP commodities to maintain the stock level.
Quantification	• Do countries have regular quantification exercise done annually? Are there tools available for the exercise? Are these data reliable? (What are the data sources and data quality validation mechanisms?)	Lack of, or unreliable data are a common reason of quantification mistakes; at times the supply is based on the push mechanism (fixed quota per facility) in public sector, limited efforts to increase demand.
Transport mechanism	• Do countries have SOPs for GDP? Are they being used?	An effective GDP will ensure that products are consistently stored, transported and handled under suitable condition as required by the marketing authorization (MA) or product specification, especially while being transported to lower level facilities in hot areas. For example,

		maintaining right temperature during transport, storage for DMPA injection, exposure to higher temperature leads to caking of salt, similarly condoms have to be kept away from direct sunlight exposure and so is the NET-EN injection.
Warehousing	• Do warehouses have required facilities to store medicines that need temperature control? • • Does the staff have required training and capacity to handle inventory control?	Encourage district level stores to carry out physical inventory at least every quarter, frequent supervisor visits to ensure adherence to warehousing guideline, the first in and first out policy is being implemented.
Procurement	• Does the current system ensure timely procurement of FP commodities? • • What are the gaps?	The most important factors in achieving contraceptive security are adequate financing and efficient contraceptive procurement mechanisms. Most countries reply on donor funding to procure FP commodities. A commodity security working group should be established in all countries which should have participation of all players (public, private and donors) to ensure smooth procurement at national level and avoid stock outs at central level.
Distribution		When finalizing the finances for procurement, it should be ensured that enough funds are earmarked for covering the transport and distribute cost of the commodities to district level facilities. From the district level there should be a mechanism to promote community distribution of these commodities through the community health workers.
Pharmaceutical MIS		
LMIS	• Is there an effective LMIS in countries to report on use?	There should be a way to carry out data compilation at national level on use by both Public and private sector. Reporting system is very weak especially from the private sector.
Patient Information	• Do MoH and Ministry of FamilyPplanning have data on clients using specific methods? •	Data on continuous use of contraceptives by same client is rarely available due to lack of follow up visits by clients as they resort to obtaining follow up products directly from pharmacies then visiting the service providers. Due to privacy and confidentiality, not much information is available on clients using the method, hence no way to back check these clients.
Product information	• Is there enough product information and literature available for lower level facilities and use by paramedics?	Service providers are not updated on the product information due to lack of marketing of contraceptive commodities. Mass media advertising is expensive and print media is also rarely used for promotion of contraceptive products. Providers are often reluctant to discuss FP methods, as these are not

		considered as core business by general practitioners or gynecologists sitting in private practice or government hospitals.
Organizational information	• Are there linkages between different players in the field?	Linkages need to be established to have the much needed interaction among citizens/service users, government officials and health service providers.
Electronic tools	• Are there tools available to be used be service providers, warehouse managers, procurement teams?	Data is usually recorded manually, capacity building of the local staff to maintain electronic data, design tools and train staff on it. Record keeping tools should be developed that are user friendly and can be used by providers in both public and private sector; tools such as Pipeline available
Dashboard	• Is supply chain information available through dashboards?	Countries can use example of supply chain information portal like the one that is being used in Bangladesh.

CONSIDERATIONS FOR PHARMACEUTICAL SYSTEMS STRENGTHENING TO BENEFIT MALARIA PROGRAM OUTCOMES

TECHNICAL AREA	CONSIDERATIONS FOR MALARIA	RATIONALE AND ISSUES
Pharmaceutical Systems		
Laws and Regulations Medicines Policy Regulatory Affairs	• Are national policies consistent with WHO recommendations? • Are treatment guidelines and National Essential Medicines List updated to include the newly recommended products for managing uncomplicated and severe malaria? • Are regulations regarding dispensing and use of malaria commodities consistent with national policies? • What are the barriers and constraints to introducing antimalarial medicines in private sector? • What are the barriers and constraints to introducing antimalarial medicines in community?	• WHO recommends, where possible, prompt parasitological confirmation by microscopy or use of RDTs for all patients with suspected malaria before starting any treatment. • WHO recommends the use of injectable and rectal Artesunate for severe malaria and pre-referral treatment respectively • If ACTs and RDTs are to be used at the community level/private sector, they have to be deregulated so they can be dispensed at these levels. • Literature on treatment seeking for malaria and fever in sub-Saharan Africa demonstrates that private pharmacy is a widely used source of drugs for fever and malaria both rural and urban areas, among children and adults, and across socioeconomic groups. The availability of antimalarial commodities in private sector and in the community will increase access to malaria treatment

Quality Assurance/ Pharmacovigilance	• What regulations exist and/ or are enforced to ensure that antimalarial drugs are safe, effective, and of high quality
	  ○ At the port of entry
	  ○ In the market
	• Is there an adverse drug reaction (ADR) reporting system in place for malaria products?
	• Is there capacity to establish/maintain quality assurance mechanisms in country?
		• Artemisinin-based products are likely targets for counterfeiting. They are widely used in countries where regulatory controls tend to be weak; they are distributed globally through a wide variety of channels, which can be difficult to control; and large quantities of these relatively expensive products are in circulation. It is therefore essential to monitor malaria products quality throughout the supply chain i.e. product registration, procurement and distribution/dispensing (public and private)
		• Since ACTs are relatively new products, countries must monitor adverse reaction associated with their use. In addition reporting outcomes of unintended exposure to artemisinins during the first trimester of pregnancy will be important.
		• In most of African countries, national regulatory authorities struggle to ensure the quality of the medicines that are marketed in their countries and have little capacity to monitor those that are passing through their territory for marketing elsewhere. Given this situation it is important to strengthen the capacity of the NRA for enforcing regulations and quality control of malaria commodities in the market.

Product Selection	• Is the choice of antimalarial medicines based on the best available clinical evidence as recommended by WHO? • Are fixed-dose combination medicines (FDCs) selected for first-line treatment? • Is the RDTs selection based on the parasite species prevalent in the area of use? • Are LLINs selected based on WHO PES recommendations?	• For malaria control and to minimize new resistance, it is important to select safe, effective medicines and promote their appropriate use as recommended in WHO and national guidelines. • To ensure patient adherence and to promote rational medicines use, co-formulated fixed-dose combinations should be selected. • Select an RDT appropriate to the parasite species prevalent in the areas of use • WHO PES recommendations for LLINs
Financing	• What are the sources of funding for malaria commodities? • Is there any partners' coordination mechanism in place? • What are the challenges to access funding? • Is malaria product free for patients?	• Significantly increased funding is being made available for these medicines by governments, Global Fund, World Bank, PMI • It is important to have donor's coordination mechanism because of multiple funding sources with different requirements. Coordination among donors will minimize delays to access funding • In many countries malaria commodities are free for children and pregnant women and a cost recovery system for the other group of patients. The coexistence of the two systems is sometime challenging for service providers. • Consider all budget requirements, including operating expenses (distribution, supply management, information and communication, training, supervision, quality assurance, quality control, monitoring and reporting) and not just the cost of procuring .
Supply Chain Management		
Quantification	• Are the following data available to be considered for malaria products quantification? Morbidity, past consumption, number of malaria cases, and number of people per net, number of old nets to be replaced? • Do you take into consideration the unique characteristics of malaria, ACTs, and RDTs, and special considerations to be applied in their quantification (Short shelf life of ACTs and RDTs; need to replace LLINs every 3 years)? • Do you consider changing consumption pattern due to prevention activities and introduction of diagnostics? • Is there a quantification committee where relevant	• The quantification of ACTs and RDTs is challenging for a the following reasons: Data required for quantification is often of poor quality; WHO recommendations for case management of malaria now include diagnostic testing with microscopy or RDTs; the epidemiology of malaria is rapidly changing due to the implementation of effective malaria control interventions. Therefore quantification method should be based on data availability • Because to the short shelf-lives of artemisinins-based antimalarial and the varied uptake rates of the different products, annual or semi-annual forecasts may have to be replaced by shorter cycles. • Reliable estimates must be made of the required quantities of

	stakeholders are involved? • Do those involved in quantification have the capacity to do the quantification? • What quantification tool is used?	antimalarial medicines in order to avoid shortages, price increases, stock-outs and wasting of resources due to oversupply and expiry of products. Estimates are made in two phases: quantification of the treatments needed and forecasting of actual amounts to be ordered. • Relevant stakeholders include those who are involved in the procurement, management or distribution of products. • Given the above challenges those involved in quantification must be well informed on using available data and assumptions to estimate needs.
Supply Planning	• Is there option for staggered delivery?	• Staggered schedules for deliveries during the forecasting cycle should be worked out to ensure that products can be stored and used up before they expire. • Develop supply schedules to ensure an uninterrupted supply of ACTs and RDTs and practical steps to manage changing needs of products to avoid over- or underestimating future needs, thereby minimizing shortages or wastage.
Procurement	• Does the system ensure timely procurement of quality malaria medicines? • Are antimalarial products WHO prequalified? • Are LLINs procured based on WHO PES recommendations? • What are donors' requirements? • What is the country-based procurement capacity? • What is involved in customs clearance?	• Artemisinins-based antimalarial medicines may not always be promptly available. The procurement cycle should therefore start at least 6–9 months before the medicines are received. • Procurement entities should request manufacturers to supply documentation demonstrating that their products comply with the standards of the WHO Prequalification of Medicines Programme or stringent regulatory authorities. • Artemisinin-based antimalarial medicines are not always procured directly from the manufacturer, and the complex procurement channels used for these medicines have to be taken into consideration? • Donor requirements/guidelines impact on procurement lead time • In some countries medical and donated medical products are tax exempt. This has to be established ahead of time to avoid delays at the port of entry.
Warehousing and Transportation	• What is the storage capacity at each level of the health system? • Is there cold chain infrastructure available at each level?	• It is important to take into consideration antimalarial products characteristics: Short shelf life of ACTs and RDTs, Nets volume • Most manufacturers recommend RDT storage between 2ºC and 30ºC. Expiry dates are generally set according to these conditions. If kits are stored at temperatures exceeding the recommended limits, it is likely that the shelf life of the RDTs

		will be reduced and sensitivity lost prior to the expiry date • Storage at central and final field facilities should be within the manufacturer's specifications (usually≤30ºC)
Inventory Management	• Are PMI monitoring tools implemented at quarterly based as recommended?	• PMI monitoring tools including EUV, PPMRm are mandatory for all PMI countries.
Distribution	• Are there multiple parallel distribution systems? What are the challenges with in country logistics? Is there cold-chain infrastructure? What are the challenges with routine distribution?	• Comprehensive distribution plans • Public delivery systems for nets- routine services (ANC, MCH, EPI clinics); enhanced routine (child health days/week)
Pharmaceutical Services		

Case management	• Are updated malaria treatment guidelines available and disseminated in country?
	• Are health workers trained on the new treatment guidelines?
	• Is there a communication/IEC strategy to inform health workers and the community on new treatment guidelines?
		• Once guidelines have been revised they should be made available in both the public and private sector.
		  • Community case management (i-CCM to include malaria, pneumonia and diarrhea) and integrated case management of child illness should promoted
		  • WHO recommends parasitological testing for all fever cases before treatment; ACTs as first-line treatment for uncomplicated *P. falciparum* malaria; the use of injectable artesunate for severe malaria treatment; and use of Rectal artesunate for pre-referral treatment
		• Dissemination of treatment guidelines should be coupled with health workers training, sensitization and supervision to support implementation of the new guidelines.
		• Implementation of new treatment guidelines and policies must also be coordinated with communication strategies to ensure that the same message is delivered to health workers at all levels and the public in general.

Rational Use	• Is there a system for monitoring prescribing practices of antimalarial medicines? • What is being done now to ensure that antimalarial medicines are being used appropriately (by health workers and the public)? • Are the treatment regimens prescribed in accordance with the national guidelines and international recommendations?	• Parasitological confirmation of malaria through quality assured diagnosis in all settings before treatment is started. • Wrong combinations, wrong dosages, and monotherapy promote resistance, so that the medicines will become useless. • It is important that health providers adhere to test results and use the results of RDTs tests for patient management
Diagnostics Services	• Are RDTs available in country? • Are RDTs available in private sector?	• It is important to convince clinicians / users / regulatory authorities that tests are working. Consider RDTs introduction in

	• Are RDTs available in community? • Are services providers adhering to RDTs test results? • Are there clear guidelines on how to manage negative test results? • Are services providers trained to performance RDTS test?	public and private sector.
Pharmaceutical MIS		
LMIS	• Is there a system to monitoring use of ACTs, LLINs, and RDTs? • Is information available on nets in the community that are due for replacement? • Are data available on malaria case? • Are data available on antimalarial consumption?	• Lack of accurate and timely data for quantification resulting from poor records and inventory control
Electronic Tools	• What tools are used for malaria commodities management? (e.g., EDT)	• Several software programs exist to calculate the forecasts (e.g., Quantimed) and complete the supply planning steps (e.g., PipeLine®). In the quantification exercise, no tool does it all. Furthermore, the tools require the input of key data to carry out the calculations, and the practitioner must understand the basic data and the steps involved before putting these parameters into a tool.

CONSIDERATIONS FOR PHARMACEUTICAL SYSTEMS STRENGTHENING TO BENEFIT MATERNAL AND CHILD HEALTH PROGRAM OUTCOMES

TECHNICAL AREA	MATERNAL HEALTH		CHILD HEALTH	
	CONSIDERATIONS	RATIONALE AND ISSUES	CONSIDERATIONS	RATIONALE AND ISSUES
Pharmaceutical Systems				
Laws and Regulations/ Medicines Policy	• -What providers are authorized to administer oxytocin and magnesium sulfate and at what types of facilities? • • -Is misoprostol on the EML for ob/gyn uses? • • -Is misoprostol registered for ob/gyn use? • • -Is use of misoprostol for prevention of PPH in the community authorized?	Providers who have not been formally trained in administration of oxytocin and magnesium sulfate may be doing so in some facilities where trained providers are not available. Misoprostol can be used where oxytocin is not available for prevention of post-partum hemorrhage. Many countries are currently introducing misoprostol at the community level. It is important to ensure that policies regarding misoprostol are harmonized.	• -Are community health workers authorized to administer antibiotics (i.e. amoxicillin for pneumonia provided by community health workers)? • • -What is the registration status of zinc: food supplement vs. medicine; • • - Is zinc is authorized for OTC?	An important service delivery strategy for child health is community case management of the three major causes of mortality in children: diarrhea, pneumonia and malaria. In order to treat pneumonia, community health workers need to be authorized to manage antibiotics. In many countries, the registration status of zinc may create a barrier to access. International agencies are currently moving towards achieving OTC status for zinc to facilitate access in the public (e.g. community health workers and private sectors).
Regulatory Affairs	• -What are the regulations concerning licensing of the private sector (wholesalers as well as pharmacy outlets)? • -Does the NDRA have the capacity to inspect private sector facilities)?	The private sector plays an important role in both maternal and child health. It is often the first resort in seeking care for child illness. It is often the source of medicines and supplies for delivery and complications of delivery. Many countries practice sub-national procurement of essential MCH commodities. Also, when essential commodities are unavailable at facilities, patients are	*Same as for maternal health*	

		asked to purchase them outside of the facility		
Quality Assurance	• -What is the capacity of the NDRA to oversee local manufacturers and assure the quality of their products?	Many MCH commodities (e.g. oxytocin, magnesium sulfate, amoxicillin) are manufactured by national pharmaceutical companies. Assuring the quality of these life-saving medicines is essential.	*Same as for maternal health*	
Product Selection	• What are the manufacturers recommendations regarding storage of oxytocin? • Were storage conditions specified in the tender documents? • Is ergometrine present in the current STGs? • Is it listed only as second-line line? Has the need to include it been re-evaluated? • -Has oxytocin in Uniject been considered?	Oxytocin must be stored between 8° and 15° Celsius. Some manufacturers have produced oxytocin that can be stored at room temperature. WHO recommends ergometrine only as 2nd line treatment as it is very sensitive to temperature and light. Oxytocin is available in a non-reusable, sterile injection system (Uniject), which facilitates administration and reduces waste.	• What is the current treatment for pneumonia in children? • If cotrimoxazole, has a switch to amoxicillin been considered? • Are dispersible tablets or pediatric formulations available to allow for administration to infants and young children? • What formulation of zinc is on the EML and/or procured?	The recommended treatment for pneumonia in children is amoxicillin, particularly in settings with a high prevalence of HIV. In many countries, adult formulations of medicines for treatment of children are procured, requiring dispensers (or caregivers) to cut or break apart tablets or pills. This can cause administration of inappropriate doses. It may also render the product less acceptable to the child.
Medication Safety/PV	• -What systems are in place to monitor the safety of MCH medicines?	In most settings, systems to monitor medication safety or report adverse events related to MCH medicines are weak at best. With increasing use of misoprostol at the community level, there is increasing need to monitor medication safety.	• Is there a functional referral system from the community to the next level?	One of the challenges of community case management is making sure the community health workers can effectively and efficiently refer patients who show warning signs of severe illness or who do not respond to treatment to the next level of the health system.
Financing	• -Who is paying for maternal health medicines and supplies? • -Where does procurement	Unlike medicines for TB, HIV, and malaria, most MCH medicines are purchased with government funding. Cost efficiencies are	• - Who is paying for medicines and supplies for CCM?	Donors may provide some CCM medicines. In many countries the information on who is providing what may not

	happen? • To what extent are medicines and supplies funded out-of-pocket? • Is insurance available? • Are there other financing strategies available, such as voucher schemes or equity funds?	critical. There have been successful experiences in many countries with alternative financing strategies. However, most of these have not been taken to scale.	• Are incentives or other strategies to motivate volunteers for CCM in place? • Are there performance-based financing schemes? Insurance plans?	be readily available. As countries strive to improve access to essential medicines for child health, it is important to understand where the potential gaps are in supply. The success of CCM relies on the effectiveness of the community health volunteers; these unpaid providers need to feel motivated to continue their important work.
• Pharmaceutical Services				
Pharmaceutical care	• Are job aids (such as flow charts and checklists) available to assist providers? • -Are available job aids appropriate for low literacy providers?	Providers at the lower levels of the health system, including the community, need tools to assist them in providing quality care. Especially in community settings, these tools need to be appropriate for low literacy providers.	*Same as maternal health*	
Case Management	• Are providers' perspectives on oxytocin, misoprostol and magnesium sulfate known? • If so, do they raise any barriers to use?	In some countries there is anecdotal evidence that providers administer excessive doses of oxytocin because of reservations they have about the quality of the product. There has also been some resistance to scale up of misoprostol for PPH because of its use for abortion. Several studies show that providers are not comfortable administering magnesium sulfate because of the complications in appropriate mixing and fear of toxicity.	• Are community health workers adequately trained to manage malaria, pneumonia and diarrhea? • Are referral systems in place? • Is integrated case management of child illness practiced in the facility setting?	Community health workers must be adequately trained to manage cases of child illness appropriately.

Rational use	• Are oxytocin, misoprostol and magnesium sulfate used properly? • Are all three components of active management of the third stage of labor (AMTSL) practiced?	In some settings, uterotonics are excessively used for induction of labor. This may have an impact on availability of medicines for PPH. Providers and health officials often have concerns about the possible misuse of misoprostol for abortion If skilled providers are available, all three components AMTSL (administration of oxytocin 1 minute after delivery, controlled cord traction and uterine massage) should be practiced.	• Are CHW dispensing antibiotics only for pneumonia? • Are caregivers purchasing antibiotics in the private sector?	The risk of inappropriate use of antibiotics for child illness is high. Caregivers often give children antibiotics for diarrhea or ARI when unmerited. Even in cases where antibiotics are necessary, caregivers sometimes cut the treatment short as symptoms subside.
Adherence	• Iron supplementation for pregnant women	The side effects of iron supplements (dark colored stools, constipation, nauseas) may hinder adherence.	• Are caregivers giving the full treatment of zinc?	Zinc should be taken for 7 to 10 days during an episode of diarrhea. As the child improves, caregivers may stop giving the treatment.
AMR and Infection Control	• How are supplies for maternal health disposed of? • Is the delivery room sterile? • Are gloves routinely used? • Are hand washing practices appropriate?	Oxytocin is administered IM and magnesium sulfate via IV.	• Are CHW dispensing antibiotics only for pneumonia? • Are caregivers purchasing antibiotics in the private sector? • In settings where CHW are using RDTs, how is waste disposed of?	The risk of inappropriate use of antibiotics for child illness is high. Caregivers often give children antibiotics for diarrhea or ARI when unmerited. Even in cases where antibiotics are necessary, caregivers sometimes cut the treatment short as symptoms subside.
STG/EML	• What is the recommended prevention and treatment for PPH? • What is recommended for pre-eclampsia/eclampsia? • Is there harmonization of STGs, EML, and laws and policies?	WHO recommends oxytocin for management of PPH and where oxytocin in unavailable, misoprostol may be used. Many countries are still using ergometrine even though it is extremely sensitive to heat and light WHO recommends magnesium	• What are the recommended treatments for pneumonia, diarrhea and malaria in children? • Has chlorhexidine been recommended for cord care?	The recommended treatment of pneumonia is now amoxicillin. Treatment for diarrhea is zinc and ORS. Chlorhexidine has been found effective in cord cleansing. However, there is currently only one producer of the

		suflate for management of PE/E. Many providers prefer the ease of diazepam.		recommended concentration.
Diagnostic Services			• Are community health workers using RDTs? • Are referral systems in place?	
Supply Chain Management				
Quantification/ Supply Planning	• How is quantification for maternal health commodities done? • Who is responsible for quantification?	Most countries lack reliable data on maternal morbidities. The number of deaths due to PPH may be available, but the number of pregnant women who develop PPH is not. Therefore, quantification is mostly based on historic consumption. This is complicated for oxytocin and misoprostol because they are used for many different indications- PPH, induction etc. Supplies needed for diagnosis and administration also must be properly quantified (e.g. giving sets, syringes urine protein testing strips etc.)	• How are CCM needs quantified?	Most countries lack of reliable data from community level or data are simply not fed into the information system that is facility based. Quantification further complicate because drug is used for many different indications- amoxicillin not just for childhood pneumonia Quantification should be done for each dose /treatment packages per age
Procurement	• Where is procurement of maternal health medicines taking place? • What package size of misoprostol is procured? • Who is responsible for procurement of supplies and equipment? •	Sub-national procurement is frequent, even local procurement. Misoprostol is seldom manufactured in packaging appropriate for use for PPH: may require re-packaging before distribution to community level.	• Who is responsible for procuring child health medicines? • At what level is procurement taking place? • -Do tender documents include appropriate specifications regarding packaging and	CCM medicines may be partially supplied by donors thus coordination is important. There are limited suppliers of zinc, particularly pediatric formulations. There are also limited suppliers of chlorhexidine gel. Appropriate criteria for

			presentation	products include packaging and presentation requirements (e.g., blisters per treatment or per age range)
• **Customs Clearance**				
Transportation	• Is cold storage of oxytocin maintained during transport? • -How are supplies transported to lower levels of the system (i.e., community level in case of misoprostol)?	If oxytocin in system requires cold storage, these conditions should also be maintained during transport.	• What system is in place to ensure supplies reach community-level providers?	Supplying and re-stocking community-level providers is often challenging. Transportation to these levels needs to be budgeted for.
Warehousing	• Is oxytocin stored as per the manufacturer's recommendations?	Oxytocin requires storage between 8°and 15° Celsius. Some manufacturers indicate their products can be stored at room temperature. Monitoring temperature in storage areas is important.	• How are medicines and supplies stored at the community level?	RDTs for malaria require cool storage. Other medicines should be kept out of direct sunlight and in a clean, safe place.
Inventory Management	• -How is the stock taken for use in delivery rooms reconciled with overall stock records? • Are there SOPs and recording tools for stock distribution and management in delivery room?	Small stocks of maternal health supplies are often kept in the delivery room. In most settings these stocks are not accounted for once they leave the facility pharmacy/warehouse.	• Are job aids available for community level providers? • A-re providers instructed to monitor expiry dates?	Community level providers need to be instructed on how to care for the medicines and supplies they manage. Of particular importance is monitoring expiry dates so expired products are disposed of appropriately.
Distribution	• How is oxytocin stored as it is distributed? • What systems are in place for supplying and re-supplying community-level providers?	Cold storage conditions for oxytocin need to be maintained. Getting misoprostol to the community can be challenging.	• -What system is in place for supplying and re-supplying community health workers? What is the requisition system for CCM- push/pull- CHWs order at health center or supervisors take drugs on visits? • Who calculates order quantities?	Many countries implementing CCM struggle to get products to the community health workers. Weaknesses in the distribution system are a huge barrier to access to child health medicines.

• **Pharmaceutical MIS**				
LMIS	• Are maternal health medicines and supplies included in the existing LMIS? • Where misoprostol is available at the community level, has the LMIS been extended to this level?	Typically information on maternal health products is scarce.	• How do community health workers feed into the LMIS?	Just as supplying and re-supplying CHW is challenging so is including CHWs in the LMIS. As CCM is such a major part of national child survival strategies in many countries, it is important to make sure the LMIS extends to this level.
Service Data	• Does the HMIS include information on maternal morbidity?	Information on the number of pregnant women who develop PPH or PE/E is extremely limited	• How do community health workers feed into the HMIS?	Just as supplying and re-supplying CHW is challenging so is including CHWs in the LMIS. As CCM is such a major part of national child survival strategies in many countries, it is important to make sure the HMIS extends to this level.
Patient Information				
Product information				
Organizational information				
Electronic Tools	*Same as child health, particularly when misoprostol is available at the community level.*		• Is mobile technology in use to facilitate contact with the community?	Several examples of using mobile technology to facilitate data collection at community level (e.g., c-stock from JSI) are available. Likewise, work has been done on creating apps for case management algorithms.
Dashboard				

CONSIDERATIONS FOR PHARMACEUTICAL SYSTEMS STRENGTHENING TO BENEFIT TUBERCULOSIS PROGRAM OUTCOMES

TECHNICAL AREA	CONSIDERATIONS FOR TB	RATIONALE AND ISSUES
Pharmaceutical Systems		
Laws and Regulations	Are the WHO-recommended formulations/dosage forms of anti-TB drugs included in the National Essential Medicines List?	Inclusion of medicines into National Essential Medicines List may increases access; in many countries public health financing of drug procurement or waivers for importation are based on NEML
	Do laws and regulations restrict selling of anti-TB drugs on free market without prescriptions? Are there laws/regulations that limit, or establish standards for use of anti-Tb medicines in private sector?	Unrestricted over-the-counter sales of anti-TB drugs contribute to the development and spread of anti-TB drug resistance.
	Is there a fast-track registration mechanism for IQA or WHO-prequalified TB medicines?	
	Do current laws and regulations support the importation (or domestic manufacturing) of quality assured anti-TB medicines? What are the problems? What can be changed?	Drug importation regulatory obstacles may reduce access to quality assured anti-TB medicines (e.g., WHO prequalified medicines). Low quality anti-TB medicines are detrimental to treatment outcomes and contribute to MDR-TB.
	Does the national law on procurement allow inclusion of pharmaceutical product quality criteria into bidding documents? Is procurement from international QA sources allowed?	In many countries the only criterion for awarding supply contract is price, which puts IQA medicines out of the market (IQA medicines cost more) This is important for countries that don't have IQA medicines on local markets
Medicines Policy	Are all medicines required for treatment of TB free to patients? Are all diagnostic services free to patients?	While in most countries anti-TB medicines are free in public sector, ancillary medicines for treatment of side effects and ADRs are oftentimes an out-of-pocket expense thus causing treatment interruptions/defaults
Quality Assurance	Does a formal QA system exist for anti-TB medicines?	This is important in countries with a weak DRA and QA systems; National TB Programs should establish their own QA systems through SOPs for product selection, certification requirements, inspections, handling, reporting quality problems and ADRs
	Are WHO-prequalified anti-TB Drugs registered in the country? Are anti-TB medicines registered by SMRA available on the local	Registration of WHO prequalified anti-TB drugs in the country may easy importation of quality ensured drugs supplied from international sources, thus increase access to them. This is

	market?	important for the GDF countries, where TB medicines are imported through waivers as humanitarian help, and never get properly registered
Product selection	Are anti-TB medicines selected in accordance with the WHO recommendations? Are national TB Guidelines in line with WHO recommendations? Are they readily available for providers?	It's quite typical to see irrational selection of TB medicines, especially for MD-RTB: selection of obsolete medicines ("de-recommended" by WHO), or therapeutic duplication, or unjustified selection of third-line meds
	Are fixed-dose combination medicines (FDCs) selected for first-line treatment?	There is strong evidence that selection of FDC reduces risks of MDRTB development, and improves adherence
Pharmaceutical Services		
Case management	What are anti-TB drugs prescribing practices? Are the National TB Treatment Guidelines Available? Are they in line with the international recommendations (WHO guidelines)? Are they up to date?	WHO guidelines on programmatic and clinical management of TB, DR-TB, Childhood TB, TB/HIV are based on the best available evidences. NTPs should use these important sources for designing and implementing rational TB treatment approaches.
Adherence	Are DOT services available? Are DOT services geographically accessible (how close are TB medicines to patients)?	Long and/or expensive travel to DOT services is known to contribute to treatment interruptions
Rational use	Is there a system for monitoring prescribing practices and medicines use? If yes, what are the results: are the treatment regimens prescribed in accordance with the national guidelines and international recommendations? If no, what tools and methods can be implemented?	Having good National TB Guidelines does not guarantee that prescribing practice and drug use are in accordance with the guidelines. This may lead to irrational use of anti-TB drugs, which may cause poor treatment outcomes and/or development of anti-TB Drug Resistance. Regular supervision, drug utilization reviews, operational research can be implemented to address the problem.
	How are side effects (especially of second-line drugs) managed? Is side-effects management a part of TB Guidelines? Are the ancillary medicines properly prescribed? How they are selected and quantified?	Second-line drugs are toxic and may cause serious side effects. This creates many problems including worsening of adherence of patients to treatment. The problem of side effects should be addressed with adequate treatment with ancillary drugs. Therefore, they should be accessible and rationally used.
Diagnostic services	Are rapid diagnostic tests available? Are they accessible (esp. microscopy and Xpert)? Are laboratory commodities available in adequate quantities?	Placement of diagnostic services is very important.

Supply Chain Management		
Supply Planning	Is there a national strategy for supply of anti-TB medicines? Is there a funding strategy?	Many countries/NTPs do not have a plan for anti-TB medicines procurement and supply management. The GF countries mostly rely on the GF plans, and seldom have exit plan or strategy. Many NTPs have become donor-dependent as donor funds and outside expertise replaced local skills and money. Countries where the GF support is expiring in two-three years require urgent assistance in strategic supply planning .
Inventory management	Is the program experiencing (has experienced) anti-TB medicines stock-outs/supply interruptions?	This should be checked at all levels of the program, not trusting central level data.
	Is buffer stock of anti-TB medicines adequate?	WHO recommends a 12 month buffer stock for first-line TB medicines; this was justified in the past, but currently the shelf life of the GDF FLD was reduced from 5 to 3 years, that caused expiries. For some SLDs shelf life is even shorter, up to 2 years, which requires good inventory management to avoid stock outs or wastage. In some countries, NTPs are not allowed to develop and store a buffer stock (governments don't fund "extra" medicines) .
Quantification	Are the pipeline data readily available? Are consumption data available? Are case enrollment data available? Are these data reliable? (What are the data sources and data quality validation mechanisms?)	Lack of, or unreliable data are a common reason of quantification mistakes; programs tend to use the morbidity method not taking into account actual enrollment of cases, and actual consumption (default rates, treatment failures, drug resistance patterns). This may lead to stock outs or waste of drugs.
	What are the gaps in terms of human capacity for quantification of anti-TB drugs? Are SOPs available? How can the capacity be improved	To some extent quantification of anti-TB drugs is done at each level of TB programs, therefore the corresponding staff should have adequate skills for quantification in order to avoid stock outs or overstock.
	What tools for quantification of anti-TB drugs are available? What tools can be recommended/ will best address the program needs?	There are several different tools available for quantification of anti-TB drugs, which may increase accuracy of quantification. Implementation of the appropriate tool may increase access to anti-TB drugs.
Procurement	Does the current system ensure timely procurement of quality assured medicines?	In countries that procure domestically, there are issues with long and hectic lead times, irregular procurement due to late budget approval, selection of anti-TB formulations not suitable for NTP,

	What are the gaps?	poor quality medicines In countries that procure with the Global Fund monies from GDF, there are issues with long lead times due to late disbursement of funds by country CCMs; poor tracking of orders by NTPs (there's the GDF Order Tracking web-based mechanism); long customs clearance (customs duties not funded, documents not ordered from GDF in advance).
	Are the international procurement mechanisms (like GDF/GLC) utilized?	It is recommended, where feasible, to promote the use of international QA procurement resources, such as GDF - there is practically no market of IQA anti-TB medicines outside the GDF, and most domestically procured medicines are not QA-ed
Distribution	What infrastructure is available for storage of anti-TB drugs? What are the gaps? What and how can the infrastructure be improved?	Not adequate storage conditions may lead to waste of anti-TB drugs or may compromise quality of drugs. Use of those drugs will lead to poor treatment outcomes and/or development of anti-TB Drug Resistance.
	What is the system for anti-TB drug distribution? Is it vertical or integrated? What are the gaps and what can be improved?	Vertical NTP distribution systems are generally weak as there is no special infrastructure, and they are managed by people who lack professional skills. Integrated systems, even well-managed, usually lack proper control over medicines utilization by TB facilities, and do not coordinate well with NTPs,
	Is there a cold-chain infrastructure?	Currently, there's only one anti-TB medicine, PASER (para-aminosalicylic acid) that requires cold storage (below 15°C); there are often breaches in cold-chain, especially during the transportation to lower levels in hot climates. NTPs could switch to a different formulation (PAS sodium).
Pharmaceutical MIS		
	Are the pipeline data readily available? Are consumption data available? Are case enrollment data available? Are these data reliable? (What are the data sources and data quality validation mechanisms?)	NTPs seldom link cases and drug consumption, i.e., do not have a system for cross-checking stocks vs. utilization patterns,
	Does the NTP have an indicator-based monitoring and evaluation	Very few NTPs have developed indicators to monitor the

	system/dashboards?	performance of anti-TB medicines and diagnostics supply system
	What electronic tools are used, do they readily provide all data required for the management of commodities (e.g. inventory control, quantification, consumption, stock-out warning, etc.)	All NTPs have some sort of electronic information gathering tools; it is important to verify if these tools capture all data, if the data can be analyzed, and exchanged with other systems (e.g., fed into WHO or GDF system), and if required reports can be generated.
	Is anti-TB medicines information readily available to prescribers?	There are some sources of basic information available from WHO on anti-TB medicines, but very little on side effects and their treatment, on monitoring of use, precautions and interactions; SIAPS has drafted a DUR for MDRTB Guide that has this information, and developed protocols for active surveillance of TB/HIV co-medication.

2.4 KEY STAKEHOLDERS

One of the key competencies that SIAPS would like all program staff to have is the ability to navigating the environment we work in. To implement SIAPS, it is important to ensure that we know our stakeholders and manage them appropriately.

Because we work in an environment where we play a specific role within a larger context, there are key behaviors that if implemented will help put SIAPs ahead. The first step is to identify key stakeholders and their needs/concerns and then create, implement, and monitor a stakeholder engagement plan with activities such as periodic one-to-one meetings, regular e-mail updates, regular phone calls, individual and program-wide communications.

TO BE CONSIDERED A GOOD PARTNER AND STAKEHOLDER, SIAPS STAFF SHOULD:

- Regularly inform stakeholders of program issues and results
- Meet stakeholder needs by acting with a sense of urgency, practicality, and integrity
- Develop and nurture long-term relationships with a wide range of stakeholders
- Navigate varied cultural, political, and societal environments, considering their impact on the project
- Share project activities and results with multiple audiences, raising visibility of SIAPS/CPM/MSH to funders and the public

➢ COUNTRY GOVERNMENT I.E. MINISTRY OF HEALTH

The Ministry of Health (MOH) is the primary beneficiary of SIAPS work and to a large extent, SIAPS works with selected departments, programs and parastatals at the national, regional and district level in many countries. To work efficiently, SIAPs staff need to be familiar with the Ministry of Health in the country of work. The MOH structure, organization, policies, who-is-who, relationships, etc., are all important.

In addition to knowing and understanding the host Government organization, SIAPS staff need to know how to provide Technical Assistance (TA) to the beneficiary. USAID defines technical assistance as the provision of funds, goods, services or other foreign assistance to developing countries and other USAID recipients in direct support of a development objective. TA provision by SIAPS doesn't mean doing the work of the MOH or other government agencies it means building the capacity of the MOH or government agency so they in turn can do the work themselves.

GuidingpPrinciples of good TA provision include:

- Taking a holistic, systems-based approach
- Addressing short-term as well as longer-term needs and goals
- Fostering country led coordination; seeking and sharing information to support the country in a coordinated manner
- Incorporating gender in the technical approach
- Supporting multi-faceted interventions that can be complementary and bring synergy in action
- Basing country TA on evidence-based analysis of systems
- Leveraging collaboration with other partners
- Building an environment of open communication

- Having clear, measurable activities and products

Specifics on how the SIAPS teams provide TA will be discussed further in Part Three.

➢ External Collaborators

These are mainly other USG implementing partners (Cooperating Agencies, contractors, etc.), non-USG funded partners, multilateral agencies (such as the UN, World Bank, WHO, UNICEF, etc.), bilateral agencies (DfID, CIDA, SIDA, Danida, etc.), and Global Initiatives (e.g., Global Fund, PEPFAR, PMI, etc.) with whom SIAPS collaborates. SIAPS staff should read about the various agencies and initiatives with whom we collaborate globally, regionally and at the country level.

While SIAPS' specific mandate as an implementing partner is similar to the mandate of many other centrally funded programs such as SCMS and the USAID|DELIVER project, the SIAPS competitive advantage is separate and unique. Again SIAPS staff are encouraged not only to read about centrally funded and bilateral programs* with similar and overlapping mandates but to read and understand the SIAPS Program Description (Annex 9) so that they can highlight the SIAPS comparative advantage.

The table below lists key supply chain global collaborators and demonstrates SIAPS competitive advantage:

DELIVER	John Snow International (JSI)
Scope of Work:	**The SIAPS Advantage:**
Provides global procurement and delivery of essential health commodities for non-PEPFAR programs as well as TA in many of the countries where these commodities are consumed. The project designs, develops, strengthens, and operates safe, reliable, and sustainable supply chains that provide a wide range of affordable essential health commodities, including drugs, diagnostics, and supplies to clients in country programs. The project also provides technical support to strengthen global and country environments for commodity security, supporting policy development, financing, advocacy, etc.	SIAPS provides more focus on building the capacity of local organizations (public and private) resulting in increased sustainability and country ownership. Less MSH-led training and more focus on assuring capacity to provide in-service training is institutionalized locally. More district- led performance monitoring linked with capacity building. Help for governments to ensure that policy and regulatory standards are enforced and monitored based on performance metrics.
PQM	**US Pharmacopia (USP)**
Scope of Work:	**The SIAPS Advantage:**
Strengthen quality assurance mechanisms at the country level by improving medicines quality control laboratories and systems for monitoring the quality of medicines in the marketplace, in addition to collaborating with worldwide efforts to combat counterfeit and substandard medicines.	SIAPS takes a holistic, systems-based approach which in some countries includes strengthening quality assurance mechanisms. Where there is need to improve medicines quality control laboratories and systems, SIAPS pulls in and collaborates with PQM.
SCMS	**Partnership for Supply Chain Management – JSI/RTI/MSH**
Scope of Work:	**The SIAPS Advantage:**
Delivers essential lifesaving medicines and products to HIV/AIDS programs around the world as part of PEPFAR. SCMS works to strengthen supply chains to enable the scale-up of HIV/AIDS care and treatment in partner countries.	SIAPS does not procure any pharmaceuticals but builds the pharmaceutical financing and procurement capacity of local organizations to procure and provide their own pharmaceuticals. Helps countries transition toward an integrated chronic care model for HIV/AIDS (where access to antiretrovirals is assured) and other diseases that depend on patient-centered, medicine management strategies. Funding receive is not limited to HIV/AIDS.

2.5 Key Messages From Part Two: Understanding the External Environment

- Plan within the overall global health context (International and Country-level priorities, Donor initiatives)
- Know and understand the needs of USAID Washington and your local Mission and be able to discuss those needs and how SIAPS can address them
- Understand how SIAPS fits within USAID operations and contributes to achievement of USAID health program outcomes
- Position SIAPS as primary TA provider to donors and Country Governments in Pharmaceutical Systems, Supply Chain and Pharmaceutical Services
- Know and understand the breadth of the SIAPS technical mandate so you can speak to it
- Facilitate complete coordination with the Country Government/MOH
- Provide efficient and professional TA to donors, global partners and Governments
- Know what SIAPS competitors are working on and how we can encourage coordination
- Ensure visibility of SIAPS

2.6 ANNEXES

1. USAID within the USG
2. USAID Organizational Chart
3. Bureau for Global Health
4. HIV Element Presentation
5. Malaria Element Presentation
6. MCH Element Presentation
7. TB Element Presentation
8. Cameroon NTD Assessment Findings
9. SIAPS Technical Approach Summary
10. Pharmaceutical Systems Presentation
11. Pharmaceutical Services Presentation
12. Supply Chain Presentation
13. MIS Presentation
14. SIAPS Country Profiles

PART THREE:
SIAPS PROGRAM MANAGEMENT

PART THREE:
SIAPS PROGRAM MANAGEMENT

3.1 COUNTRY PROGRAM START-UP

Program start-up refers to the actions necessary to begin a new SIAPS project in a country. Whenever SIAPS gets invited by a USAID mission to conduct activities in the country, resources must be mobilized to ensure that the project is set up and running so that planned technical activities will begin on schedule. The following may trigger the establishment of a new country program:

- Request from USAID/Mission for technical assistance in pharmaceutical management
- Communication by SIAPS Agreement Officer Representative (AOR) to SIAPS Project Director

Completing the start-up successfully is essential to both the success of the new project and to the donor's assessment of SIAPS capacity to respond quickly, effectively and efficiently to its request for technical assistance. The goal of a start-up is to provide a structure to:

- Understand and address the opportunities and threats to project implementation and SIAPS' programmatic and financial activities in the country;
- Establish a new project effectively and efficiently;
- Ensure a shared understanding of the Program's mission, stakeholder expectations and results expected amongst all who contribute to the Program's success;
- Ensure compliance with the rules and regulations associated the program;
- Demonstrate to the donor MSH's technical and management strengths and capacity to deliver visible results through efficient systems; and
- If applicable, place the new project onto the country platform, with minimal disruption to other project's overall technical and operational objectives.

3.1.1 GUIDING PRINCIPLES FOR COUNTRY PROGRAM START-UP

1. The PLANNING, INITIATION, CONDUCTING, and OUTCOME of start-up of a new project should be done as an integrated organizational undertaking coordinated by the Operations Officer assigned for the country.
2. Starting a country program does not necessarily imply opening a new office. It is important to clearly demonstrate need for a new office before opening one. Given the amount of funding available, does it make more sense to complete work through STTA? Opening and maintaining an office is very expensive. If you open an office, will there be funds available to actually complete activities, or is all funding required to maintain staff and pay for the office operating costs?
3. A start-up matrix or checklist, detailing the major activities and corresponding responsibilities for country program start-up should be developed before the initiation of start-up.
4. A risk assessment and management plan should be initiated upon notice of a new award and/or a new country buy-in. This document will be an evolving document as more information is acquired and new risks are identified.
5. Start-up must be consistently monitored so that necessary adjustments can be made as necessary. Weekly and bi-weekly communications mechanisms must be set up between members of the start-up team to review activities on the start-up plan. Additionally, at six months, a joint review

should be conducted between the Portfolio Manager and Country Program Director (CPD), preferably in collaboration with the USAID Mission to track status of program financials, communications mechanisms, client/stakeholder relationships, hiring progress and appropriateness of staff and budgetary allocations.

3.1.2 Roles and Responsibilities for Country Program Start Up

Starting a country program often involves several staff, at the Corporate, Center, and Project levels. Usually known as the start-up team, these staff must work together to ensure that the start-up is successfully implemented. The chart below shows the major actors in a country program start up and their key roles:

Country Project Director	• Confirm expected project results and deliverables • Review implementation plan • Develop detailed year one work plan • Develop detailed year -one operational plan • Build Year 1 work plan budget • Work with Finance Team to establish budget management codes • Develop communications strategy for the project
Portfolio Manager	• Support CPD to ensure successful technical start-up • Assure availability of all needed input for successful start-up
SIAPS Technical Staff	• Support technical start up activities
Operations Officer	• Coordinate the start-up program • Develop the start-up matrix • Oversee registration exercise • Lead operational risk assessment development
Accounting Team	• Determine accounting staffing needs • Install Accounting software • Set-up accounting system
SIAPS Finance Team	• Determine new program financial management needs • Set up charge codes • Develop and implement financial management and budget monitoring tools • Provide training to project staff on financial management
Contracts Officer	• Obtain approvals or waivers as necessary • Conduct contract reading • Provide compliance training to project staff
Security and Registration Officer	• Verify MSH registration status and assess need for new or renewed registration • Liaise with CFO to confirm registration option • Provide corporate documents to support registration • Assess country security situation • Provide list of minimum requirements for optimal security of staff, facilities and equipment
HR Partner	• Research and clarify local employment laws • Lead staffing and recruitment efforts

	• Ensure establishment of HR systems for recruitment, performance management, compensation and HR information management • Ensure development of Employee Manual • Train staff on HR policies and procedures

3.1.3 START-UP PLANNING

➢ START-UP MATRIX

The start-up matrix is basically the outline for the country start-up plan. It contains all the key steps and elements of things needed, at a minimum, to properly start up your program, technically and operationally. The start-up plan helps the start-up team stay focused and continually assess progress during the start-up period. The OST Operations Officers lead the development of the matrix, in coordination with the Portfolio Manager and Country Project Director, if available. The matrix usually covers activities to be conducted over the initial six-month period. However, some key activities like registration and hiring may happen beyond the six-month period. The MSH start-up matrix template can be found in annex 1.

➢ IN-COUNTRY VISIT/START-UP TDY

In order to facilitate an efficient start-up of a project opening an office, a trip to the country is often necessary. This visit helps to:

- Determine initial focus of in-country activities
- Begin establishing the relationship with USAID/Mission and other in-country stakeholders
- Gather information to begin implementing country start-up and developing the work plan and budget
- Perform a risk assessment
- Begin office set-up processes
- Begin hiring staff
- General reconnaissance: mapping of resources, competitors, collaborators

Many of the activities outlined in the following sections can be initiated, and sometimes completed, during the operational start-up TDY.

➢ RISK ASSESSMENT AND MANAGEMENT PLAN

A standard risk assessment and management plan considers how both technical and operational (security, human resources, fraud, financial management, IT infrastructure, etc.) risks can impact the performance of the project in the short- and long-term. In doing so, the plan helps to identify roadblocks that may prevent the efficient and effective achievement of results if not addressed. Areas to consider during the risk assessment include the current political situation; safety and security of employees; potential for collaboration and competition; staffing and funding requirements; and availability of and strategies for long-term and short-term funding. Key steps for the development of a risk assessment and management plan include:

- Identifying immediate risks that could jeopardize project start-up
- Identifying risks during Project Year One and the life of the project
- Creating a comprehensive risk profile and prioritizing the identified risks
- Developing contingency plans to mitigate priority risks

- Establishing a risk management communications protocol

The Portfolio Manager works with the CPD and Operations Officer to develop the risk assessment plan (annex 2).

3.1.4 TECHNICAL START-UP ACTIVITIES

Technical start-up of SIAPS programs often begins with the development of the work plan and budget. Work plan and budget development are discussed in Chapter 3.3 of this Part of the Guidance. Upon approval of the work plan, key technical start-up activities can be implemented, these include the in-country project team orientation and program launch.

➢ IN-COUNTRY PROJECT TEAM KICK-OFF AND ORIENTATION

This is a facilitated meeting with in-country staff to discuss the Program vision, design, results expected, contract requirements, roles and responsibilities, client/donor expectations and relationships, decision-making, risks, operating guidelines, communications with MSH "home office "and the donor and national counterparts as well as amongst the Program team. It provides an opportunity to build a strong in-country team with a focus on client/donor expectations, program outcomes, and structures and processes for achieving program success.

The following activities constitute the in-country meeting:

- Overview of the vision, design, and expected results of the project
- Discussion of any insights or important information that came out of the work plan development process
- Review and revision, as appropriate, of the risk assessment and management plan
- Review of contractual requirements and client/donor expectations
- Overview of MSH's standard policies and procedures and roles and responsibilities of field and Home Office staff
- Presentation on employee handbook, HR policies, and benefits

Expected outputs for the meeting include:

- Common perspective on client/donor needs and SIAPS' proposed response, including expected results
- Agreement on roles, decision-making and operating guidelines for the in-country Program staff, especially between the Country Project Director and the Home Office Leadership
- Final schedule and content adjustments on Program start-up calendar

A sample agenda for this meeting is presented in annex 3.

➢ OFFICIAL IN-COUNTRY PROGRAM LAUNCH

A public launch of the SIAPS program in the country is a very important mechanism for announcing the award of the program to MSH and initiation plans for transitioning to project implementation. During a public launch, we let partners know that SIAPS has arrived; explain the mandate of SIAPS; explain the relevance of SIAPS within the country context; gain

TIMING OF THE **PROGRAM LAUNCH** CAN BE TIED TO THE IMPLEMENTATION OF A WORK PLAN ACTIVITY, BUT MUST BE DETERMINED IN CONSULTATION WITH USAID MISSION AND OTHER KEY STAKEHOLDERS LIKE GOVERNMENT COUNTERPARTS.

early visibility for the program and reaffirm relationship building already underway with stakeholders and/or to begin building new ones. The program launch should usually be conducted within first three months of office start-up or as activity implementation begins.

Strategies for getting visibility for the Program launch include involving high profile stakeholders, involving the media and issuing a press release. The Portfolio Manager supports the Country Program Director in planning and implementing the Launch, and making resources available as needed for a successful program launch. A sample schedule for an in-country project launch is presented in Annex 4.

3.1.5 Operational Start-Up Activities

➢ Registration

MSH policy states that we cannot operate in a country without the appropriate registration status for the country. Therefore, as soon as we receive notice/approval to work in a country, MSH's registration status for that country must be ascertained, so that we know the appropriate action to take with regards to registration. If the project is being started in a country with an existing MSH presence, MSH's registration may be current, hence there would be no need to pursue registration action. If MSH had a prior presence there, it is possible that we have a current registration, however, the Senior Operations Manager who currently oversees registration at MSH must confirm this. If SIAPS is the first project in that country, or the first to start-up after an expired registration, then we need to register to operate in that country.

The Chief Financial Officer (CFO) provides final approval for the decision to register in country, including the type of registration pursued. The CFO has the authority to grant Power of Attorney to a Senior MSH Staff person for the purpose of facilitating registration and other transactions in country.

Local legal counsel should be procured to determine local registration requirements, including the ease or difficulty of registering in-country, expected costs associated with registration, expected time required for completing the registration process, and detail the processes required to maintain and close registration. The engagement of the legal counsel must follow MSH's procurement procedures and should be conducted through the Corporate Procurement Unit. See annex 5 for a sample Scope of Work for registration services.

The Operations Officer coordinates the process of registering in country, with collaboration from the Office of the CFO and the Senior Operations Manager. The Senior Operations Manager provides all MSH Corporate documents required for registration, including IRS's 501(c)(3) ruling confirming MSH's tax-exempt status; MSH's Articles of Incorporation and By-Laws; List of the members of the Board of Directors; and certificate of Good Standing per the Secretary of the Commonwealth of Massachusetts.

> The SOP for registering in country can be found on the MSH Intranet: http://intranet.msh.org/policies-and-procedures/index.cfm#CP_JUMP_159239

➢ Operational and Administrative set up

Correct operational and administrative set up ensures that the program has everything it needs to handle all operational activities in the country, including staffing, systems, structures, and policies and procedures in place. If the project is being started in a country with an MSH presence, then it is likely that MSH already has an operational structure to manage projects and an existing Country Operations

Management Unit (COMU). This is usually good, and facilitates even faster operational set up for SIAPS. The major challenge would be to integrate the operational management of the SIAPS Program into the existing COMU system. In this case, the Portfolio Manager, Country Project Director, and Operations Officer must work with the COMU Director to determine the needs and facilitate the integration. Some of the issues to be considered include:

DESIGNING NEW COMU STAFF CONFIGURATION: This would involve an assessment of all projects needs for operations support; review of budgetary allocations; review of staffing for operations; mapping of current staffing for all project needs; identifying staffing gaps created by additional project needs; creating additional positions to be recruited by the new project based on revised needs; creating job descriptions for new positions (not necessarily those in new project's budget) and recruiting for these job descriptions.

DETERMINING SPACE FOR NEW PROJECT: This involves an identification of all staff to be seated in MSH offices; identification of common space needs for all projects; mapping of space needs to current space and determining appropriateness; initiating actions toward new office location, if necessary; determining space allocation principles and allocating space to all staff.

PROCURING EQUIPMENT (GENERATOR, PBX SYSTEM, PHOTOCOPIER) FOR JOINT USE: Actions involved here include a review of equipment needs for new MSH project in the country; determining appropriateness of current equipment; determining actual equipment to be procured; developing a comprehensive procurement plan with project-specific "allocations"; and implementing the procurement plan following MSH procurement procedures as well as Donor requirements.

If SIAPS is the first program in the country, then we must work to establish an appropriate operational set-up for the program from scratch, sometimes, without any in-country staff, at the onset. The following key activities will need to be conducted:

TRANSITION PROGRAM TEAM TO POST: If key staff, like the Country Project Director or senior technical staff have already been identified, it is critical to quickly get them to post as soon as possible so that they can support start-up activities. If necessary, the Portfolio Manager will work with Human Resources and the Travel unit to facilitate this transition.

ESTABLISH PHYSICAL PRESENCE AND INFRASTRUCTURE: This includes activities related to securing office space, including site evaluation and selection, infrastructure required "on the ground" and IT systems. The start-up TDY will include research on an office space and services. Sometimes, outside consultants may also be used, if the start-up TDY is not immediately possible.

MSH SOP FOR FACILITIES MANAGEMENT GUIDES ALL ACTIONS RELATED TO THE PLANNING, IDENTIFICATION AND UTILIZATION OF OFFICE SPACE. http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_215084

DEVELOP THE PROCUREMENT SYSTEM: Procurement is critical in start up. All goods, services and supplies needed to facilitate project activities will need to be procured. A detailed procrement plan which lists all items to be procured, budgetary allocations and timelines for the procurement is often helpful. However, the first step in this is to set up the system for ensuring that this is done in line with good procurement priniciples and donor expecatations. MSH has developed policies, procedures and training for procurement to guide staff through the process of sourcing, vendor selection and vendor management.

THESE POLICIES AND PROCEDURES ARE AVAILABLE ON THE INTRANET AT:

POLICY FOR PURCHASES OF GOODS AND SERVCIES: http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_163592

SOP FOR MICROPURCHASES UP TO $3,000: http://intranet.msh.org/policies-and-procedures/PGS_SOP_001_AB_Purchases_of_Commercial_Goods_and_Commercial_Services_Up_to_3000_US_or_Local_Currency_Equivalent.cfm

SOP FOR PURCHASES FROM $3,001 TO $100,000: http://intranet.msh.org/policies-and-procedures/PGS_SOP_002_AA__Simplified_Acquisition_Procedure-_SAP_for_the_Procurement_of_Commercial_Goods_and_or_Commercial_Services_3001_up-_to_100000_US_or_Local_Currency_Equivalent.cfm

POLICY FOR CLEARING INDIVIDUALS FROM US GOVERNMENT AND OTHER DONOR WATCHLISTS: http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_163580

SOP FOR CLEARING INDIVIDUALS FROM US GOVERNMENT AND OTHER DONOR WATCHLISTS: http://intranet.msh.org/policies-and-procedures/CPL-SOP-008-AC-Clearing-Individuals-and-Entities-from-Applicable-US-Government-and-other-Donor-Watch-Lists.cfm

It is also important to note that no staff can engage in any procurement activity without the appropriate delegation of authority for the relevant procurement threshold (up to $3,000, or up to $100,000) from MSH Corprorate Procurement Unit. This means that it is likely that initial procurement will have to be conducted by headquarters-based staff until field-based staff receive the appropriate delegation for procurement activities. The authorized USAID Geographic Code for the procurement of goods and services under SIAPS is 935 (free world). This means you can buy services from anywhere except foreign policy restricted/prohibited countries (Cuba, Iran, Iraq, Libya, N. Korea, Syria). Additionally, all non-expendable equipment, and restricted goods, like vehicles or pharmaceuticals, need approval from the donor before the procurement is initiated and the procurement action will be conducted by headquarters-based staff (see additional information in Part One, Section 1.3.7). The Country Operations Officer will work with the OST Procurement Officer to facilitate all needed training and required delegation.

POLICY FOR DONOR APPROVAL OF EQUIPMENT: http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_163586

SOP FOR DONOR APPROVAL OF EQUIPMENT: http://intranet.msh.org/policies-and-procedures/Donor-Approval-for-the-Procurement-of-Equipment.cfm

POLICY FOR DONOR APPROVAL OF RESTRICTED GOODS: http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_163584

SOP DONOR APPROVAL OF RESTRICTED GOODS: http://intranet.msh.org/policies-and-procedures/Donor-Approval-for-Restricted-Goods.cfm.

SET UP PROPERTY MANAGEMENT SYSTEM: This is also very important. As we procure goods (property) with United States government funds, we are required to assure appropriate custody, care and safekeeping of all property under the control of the project; provide the appropriate level of insurance coverage as we would provide to our personal property; maintain appropriate record of the property and provide regular reports to the donor on the status of the property; and provide detailed account of the property and recommend a plan for disposal of the equipment at project closeout.

MSH POLICY FOR PROPERTY MANAGEMENT
http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_216131

Specific directives related to SIAPS include:

- As a cooperative agreement, pre-approval is required before the procurement of tangible, nonexpendable personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit.
- Property Title will be vested with the MSH until USAID issues disposition instructions.
- A property management plan is required of every country office. SIAPS Deputy Director of Finance and Operations is responsible for ensuring that every country office has this plan in place.

CONFIRM TRAVEL POLICY AND DEVELOP PROCEDURES: Domestic and international travel is essential to ensuring that all movement related to starting and implementing the project is conducted. To accomplish this, we must set up the structures at project start-up to ensure that official travel is conducted in a safe, coordinated, cost-effective and efficient manner that complies with MSH and donor requirements. These structures cover areas related to compliance with US government requirements for air travel (Fly America) and insurance, donor approvals, establishment of local per diem rates, travel advance and expense reporting system and systems for vehicle rental and leasing. While local procedures will take into account available staffing and local laws, the system must be established based on principles documented in MSH Corporate-wide policies and procedures outlined in the following:

ALL TRAVEL REQUESTS MUST BE SUBMITTED BY THE PROJECT ASSOCIATE **AT LEAST THREE WEEKS PRIOR** TO THE EXPECTED TRAVEL DATE

Additionally, SIAPS has set up clear procedures for the management of international travel based on its contractual obligations. Approval for international travel is currently delegated to the AOR and the SIAPS Activity Manager in the Mission. The HQ-based Senior Project Officer coordinates the submission and receipt of approval from the AOR. Mission approval is provided either through a Request for Country Clearance (RFCC) (annex 6) or a Notification of Travel (NOT) coordinated by the appropriate Project Associate. All requests for international travel approval must be approved by a member of the SIAPS Management Team prior to submission to the mission. This approval is coordinated through the Project Associate. Please note, SIAPS home office keeps a database of country clearances and any updates regarding a change in Mission personnel should be shared with the Program Associate so they can update the database.

MSH TRAVEL POLICY: http://intranet.msh.org/policies-and-procedures/travel_policy.cfm

MSH BUSINESS TRAVEL POLICY: http://intranet.msh.org/loader.cfm?csModule=security/getfile&PageID=214363

SOP FOR PROGRAM ACTIVITY ADVANCES: http://intranet.msh.org/policies-and-procedures/Cash-Advances-SOP.cfm

SOP FOR TRAVEL ADVANCES: http://intranet.msh.org/policies-and-procedures/Travel-Advances.cfm

POLICY ON DONOR APPROVAL FOR INTERNATIONAL TRAVEL: http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_163587

SOP FOR DONOR APPROVAL FOR INTERNATIONAL TRAVEL: http://intranet.msh.org/policies-and-procedures/Donor-Approval-Travel-SOP.cfm

ESTABLISH ADMINISTRATION SYSTEMS: This includes the establishment of a filing system (electronic and paper) for key program documents in country as well as at headquarters. SIAPS has created an electronic filing system that could also be replicated for paper systems to ensure accurate and consistent filing of program documents. Annex 7 contains the structure of the system. Additionally, a system should be established for delivery and receipt of in-country and international mail and telephone calls. These systems should include mechanisms for tracking and accounting for personal versus business mail and telephone calls.

CONFIRM SECURITY SYSTEMS POLICY AND DEVELOP PROCEDURES: SIAPS places a high priority on the security of its staff and property all over the world. Therefore, any program start-up must properly plan for infrastructure, systems and processes for assuring that security is considered throughout the implementation of the project. Discussions about security are led by the Senior Operations Manager who advises on all MSH security-related issues. The Senior Operations Manager is tasked with working with the Operations Officer, Portfolio Manager and in-country staff to think through: security alarm systems; security management emergency response systems; identification and procurement of necessary security equipment; establishment and confirmation of an emergency communications plan; contracting of security guards; establishment and confirmation of security guidelines for in-country travel; and establishment and confirmation of security guidelines for expatriate residences (if applicable). These are ultimately documented in the Country Security guidelines, under the direction of the Senior Operations Manager.

SETTING UP THE INFORMATION TECHNOLOGY (IT) AND COMMUNICATIONS INFRASTRUCTURE: Key activities here include confirming the IT infrastructure needs (setup, upgrade, etc.) and support (from local and HQ); creating e-mail accounts for staff; selecting an internet service provider; selecting a local IT support provider; determining whether/how to network computers; setting up information security architecture (storage and backup); selecting a phone system; procuring cabling for the phone system; and procuring IT system and equipment. MSH has established standards for IT infrastructure and systems in country offices. It is critical that Headquarters IT staff on the Operations Support Team provide leadership for these discussions since this is a specialized area. Sometimes, the IT staff must travel to the country to facilitate the placement of appropriate IT systems and infrastructure for the project. Some of the important policies on IT that are available on the MSH intranet include:

APPROVAL REQUIREMENTS FOR ACCOUNTS ON MSH NETWORK: http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_220685

IT HARDWARE AND SOFTWARE PROCUREMENT POLICIES: http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_219973

COMPANY PROVIDED MOBILE COMMUNICATION DEVICE POLICY: http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_163581

SOFTWARE INSTALLATION AND LICENSE COMPLIANCE: http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_221215

DATA SECURITY POLICY: http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_219899

PC DATA BACK-UP AND RECOVERY POLICY: http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_221213

E-MAIL SYSTEM DISTRIBUTION GROUP POLICY: http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_204919

INTERNET AND ELECTRONIC COMMUNICATION POLICY: http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_163596

SERVICE CONTINUITY/MINIMIZING DOWNTIME POLICY: http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_219951

CORPORATE LICENSES FOR MSH SOFTWARE POLICY: http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_221211

➢ ESTABLISH FINANCIAL MANAGEMENT AND ACCOUNTING SYSTEMS

Financial management is an integral part of a project's operations. In order to be efficient in the use of resources, the financial manager must establish systems that help him or her cost, forecast, plan, manage, monitor and account for these resources in the best manner possible. As a U.S. government-funded program, we must ensure the appropriateness and allowability of all expenditures as well as the efficiency of the program's financial transactions.

GUIDANCE FOR ENSURING THAT PROPER FINANCIAL DOCUMENTATION EXIST ARE DOCUMENTED IN MSH CORPORATE FINANCIAL POLICY MANUAL: http://intranet.msh.org/policies-and-procedures/index.cfm#CP_JUMP_154740

Overall financial records for MSH projects are maintained by the Corporate Accounting Office at MSH headquarters. Corporate Accounting manages the flow of funds between donors and projects and ensures that billing requirements for donors are met. To do this effectively, MSH has developed corporate standards for financial management that must be instituted in all field offices. Consequently, one of the key goals for startup is to set up financial management systems and processes that are both ***consistent*** with those of MSH Headquarters and ***tailored*** to the specific needs and requirements of the country program. Involvement and coordination with MSH Corporate Accounting Office is therefore critical for start-up. It is useful to plan for a finance and operations trip to the country within the first 3 months of

office set up to review/improve systems in place. Key areas of focus for financial management and accounting systems include:

STAFFING FOR PROJECT FINANCIAL MANAGEMENT: During ProjectsStart up, the size and structure of the field office is examined, and roles and responsibilities for accounting and financial management activities are assigned in a manner that ensures the maximum internal control and segregation of duties possible.

MSH INTERNAL CONTROL POLICY:
http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_163589

The Portfolio Manager must work with the Operations Officer, SIAPS Finance staff and the Corporate Accounting Office to determine the appropriate staffing structure that would ensure the most effective financial management of the Country program. At a minimum, there must be an Office Manager/Accountant to oversee the programs financial transactions, including operating the bank account. The Office Manager/Accountant must have accounting experience, be fluent in spoken and written English and receive standard training from the Corporate Accounting Office before he/she can begin operating the local MSH bank account. Also, the Corporate Accounting Office should be included in the panel for the recruitment of the Office Manager/Accountant as well as any other senior finance staff.

SETTING UP A BANK ACCOUNT: As soon as possible after field staff has been posted, a bank account should be opened in the name of MSH. The bank selected should offer the best value possible in terms of: customer service; number of branches; fees; minimum balance requirements; and clearing times.

MSH bank accounts must not be opened, closed, or modified without the express knowledge and approval of the Chief Financial Officer (CFO) and Director of Corporate of Accounting at MSH Headquarters. Local bank accounts must be opened in MSH's name, with the MSH Chief Executive Officer (CEO) and CFO, the Project Director (PD) or Country Representative (CR), and his or her deputy listed as authorized signatories. In cases where local banking regulations prohibit foreigners or non-residents from being signatories on bank accounts, the CFO determines suitable alternatives.

MSH POLICY FOR OPENING BANK ACCOUNT:
http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_163599

In most cases, the local staff will coordinate the opening of the bank account. However, when local staff is not yet in place, the Operations Officer coordinates the opening. This may require bringing on a local consultant to assist with the administrative tasks in country until local project staff is hired. Whenever possible, an international bank which has affiliations in the United States is preferable. S/he will also coordinate with the Portfolio Manager, SIAPS Deputy Director for Finance and Operations and Corporate Accounting with regards to these key actions related to the opening of the bank account:

- Assessing country-specific documentation needed to open a bank account prior to and during in-country visit
- Determining how expenditures will be incurred for initial expenses in the absence of a bank account
- Determining who will be financial signatories to the bank account
- Ensuring that local account signatories have signatory authority training

SET UP THE PROGRAM ACCOUNTING SYSTEM: SIAPS programs will use the QuickBooks Pro system for program accounting. The Corporate Accounting representative in the OST will provide guidance in procuring QuickBooks and help set it up for the country in line with the MSH policy for Country office accounting. Other key actions for program accounting include: training the country accounting staff in the use of QuickBooks and Navigator; setting up Navigator codes in QuickBooks and ensuring that the first funds request is made by the project staff in country.

COUNTRY OFFICE ACCOUNTING POLICY:
http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_2139070

PROGRAM ACCOUNTING POLICY:
http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_163605

FUNDS REQUEST SOP:
http://intranet.msh.org/policies-and-procedures/Fund-Request-SOP.cfm

ESTABLISHING PETTY CASH SYSTEM POLICY:
http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_163602

http://intranet.msh.org/policies-and-procedures/Petty-Cash-in-Country-Offices.cfm

MAKING PAYMENTS
http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_235140

EXCHANGING CURRENCIES SOP:
http://intranet.msh.org/policies-and-procedures/Currency-Exchange-SOP.cfm

VAT EXEMPTIONS AND PAYMENT MECHANISMS SOP:
http://intranet.msh.org/policies-and-procedures/VAT-Reporting-SOP.cfm

POLICIES/PROTOCOLS OF PAYMENT OF ADVANCES AND PAYROLL ADMINISTRATION SYSTEMS:
http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_167980

http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_209277

http://intranet.msh.org/policies-and-procedures/MSH-Corporate-Policy-Manual.cfm#CP_JUMP_2092730

DEVELOP THE FINANCIAL MONITORING AND REPORTING SYSTEM: As a centrally-funded and managed Award, SIAPS headquarters-based staff help in the development and setting up of financial monitoring and reporting systems for in-country offices. This system includes, but is not limited to, the following:

- System for monthly tracking of advances, purchase orders, and other commitments and accruals (see attached template)
- USAID accruals reporting - Ask Mission for frequency of accruals reporting
- SIAPS Monthly Financial Review

It is important to note that headquarters-based Finance staff will assist in the preparation of reports arising from all donor requests for financial information to ensure that the data provided is consistent with overall award requirements as well as an accurate representation of financial data. This will be done in conjunction with field-based financial staff as well as the Country Project Director.

➢ HIRING OF STAFF

The hiring of staff is often guided by a staffing plan developed during the work plan process, but reviewed at the beginning of start-up to determine its current relevancy and appropriateness. The staffing plan is usually developed by the Portfolio Manager and Country Project Director (if available) in collaboration with the Human Resources (HR) Partner and Operations Officer (for accounting and operations staff) for the country.

SIAPS must adhere to the labor laws and regulations of the countries in which it operates. When SIAPS begins work in a new country, it is important to consult with a labor lawyer in the country to learn the laws relevant to hiring local staff. Additionally, SIAPS has pre-approval requirement by the AOR and Agreement Officer for the hiring of key personnel. The SIAPS agreement identifies four key personnel located at SIAPS headquarters (Program Director, Finance and Operations Director, Deputy Director, Technical and Performance Monitoring and Evaluation Specialist). However, Missions can define some country level staff as "key" and require participation and approval by them (and sometimes key stakeholders like Ministry of Health and government counterparts) in the recruitment of the staff so identified. The Portfolio Manager and HR Partner should respond to mission requirements in those cases, and seek guidance from the Contracts Officer as necessary. Specific procedures for hiring staff and other human resources actions are presented in Chapter 3.10 of this Guidance, devoted to Human Resources Management.

3.1.6 PROJECT START-UP TOOLS

The following tools and templates for Project Start-Up can be found in the annexes:

1. MSH Start-Up Matrix
2. Sample Risk Assessment Plan
3. Sample Schedule for Team Orientation Meetings
4. Sample SIAPS Launch Program
5. Legal Firm SOW for Registration
6. RFCC Guidance and Template
7. SIAPS File Organization Guidelines

3.2 Design of Country Program Strategy

3.2.1 Guiding Principles for Country Program Design and Partnerships

The following are **Core Guiding Principles** that should govern the thinking for country program design:

Design appropriate interventions: Interventions designed should be technically appropriate and proven to contribute to or achieve expected outcomes. In addition, interventions designed must be appropriate to the needs of the MOH and USAID.

Build on and strengthen existing systems: Try to provide technical assistance to both addresses a country's most pressing needs in the short term, while building on existing systems and local capacity to increase the country ownership and therefore sustainability of USAID efforts in the long term.

Support integration: Where possible, support integration of the various sectors, organizations and departments within the country (for example, work with countries to integrate public health programs and supply systems, so they can continue to scale up while strengthening existing pharmaceutical management systems for long-term sustainability).

Build the capacity of local organizations: Use every opportunity to build or strengthen local capacity and minimize "parachute" assistance. Support creation or strengthening of local organizations or resources that can sustainably and reliably provide in-country pharmaceutical management assistance.

Support country-led coordination: Where possible and appropriate, capacitate governing bodies to create and use mechanisms for in-country stakeholder collaboration to optimize donor resources, coordinate pharmaceutical management planning, and harmonize tools and approaches.

Continually monitor and evaluate: Regarding monitoring and evaluation system for SIAPS, use a combination of cost-effective and rigorous methods and activities that will enable us to adapt to changing conditions and make mid-course corrections as necessary.

Share knowledge and information: Ensure that USAID Missions, other US agencies, implementing organizations, partner country governments, other donors, multinational organizations, and international stakeholders receive the information they need to monitor program progress, avoid duplication of efforts or conflicting plans, and use the lessons learned and best practices to improve complementary activities.

3.2.2 Roles and Responsibilities for Design

While the prime responsibility for program design and design of individual interventions lies with the country team led by the Country Program Director, HQ-based staff members within CPM and SIAPs are the experts in cluster and health-element specific areas as follows:

Technical or Disease Area	Who can we ask?
Governance (Legislation, policy, etc.)	Helena Walkowiak
Selection (EML, Formulary, STGs, etc.)	Mohan Joshi/ Jude Nwokike
Supply Chain Systems (including procurement)	Mavere Tukai
Quality Assurance Systems	David Lee/Tom Layloff

Patient Safety, Pharmacovigilance and Regulatory Affairs	Jude Nwokike
Pharmaceutical Services (rational use, AMR, etc.)	Mohan Joshi
Laboratory Services	Catherine Mundy
Pharmaceutical Financing	Kwesi Eghan
Management Information Systems	Kyle Duarte
Capacity Development and Training	Abibata Handley
Assessment/Options Analysis	David Lee
Monitoring & Evaluation	Michael Cohen
Organizational Development	Abibata Handley
Malaria	Seydou Doumbia or Rima Shretta
TB	Andre Zagorski
MCH/RH/POP	Beth Yeager
HIV/AIDS and Non-Communicable Diseases	Helena Walkowiak
Neglected Tropical Diseases	Gabriel Daniel

➢ SIAPS MCH/FP TECHNICAL LEADS FOR COUNTRY PORTFOLIOS

Core **MCH** Team key expertise/responsibilities (go-to specialists):

- BETH YEAGER: Overall MCH/FP program management, global MCH initiatives, global and USAID MCH strategy; maternal health issues
- JANE BRIGGS: Community case management; child health issues
- SHEENA PATEL: Communications, MCH webpage, M&E
- UN Commission on Life-Saving Commodities:
    - Supply recommendation working group: Beth Yeager, Sheena Patel
    - Pneumonia and Diarrhea working group: Jane Briggs
    - Chlorhexidine: Maheen Malik
    - Maternal health: Beth Yeager

Country	Core MCH technical lead
Angola	Maheen Malik
Bangladesh	Beth Yeager
Burundi	Jane Briggs
DRC	Suzanne Diarra
Guinea	Jane Briggs
Mali	Suzanne Diarra
South Sudan	Beth Yeager

➢ SIAPS MALARIA TECHNICAL LEADS FOR COUNTRY PORTFOLIOS

Core **MALARIA** Team key expertise/responsibilities (go-to specialists):

- SEYDOU DOUMBIA: Overall malaria program management, USAID strategy, malaria supply chain
- RIMA SHRETTA: Malaria quantification, global strategy, operation research, new tools
- ANDWELE MWANSASU: Malaria website, M&E, public-private mix, rational use

Country	Core Malaria technical lead
Angola	Seydou Doumbia
Mali	Seydou Doumbia
Guinea	Seydou Doumbia
DRC	Seydou Doumbia
Ethiopia	Rima Shretta
Burundi	Rima Shretta
Kenya	Rima Shretta
Liberia	Andwele Mwansasu
South Sudan	Andwele Mwansasu

- JENNIFER SHRIBER: Malaria team support, communications, event logistics

➢ SIAPS TB TECHNICAL LEADS FOR COUNTRY PORTFOLIOS

Core **TB** Team key expertise/responsibilities (go-to specialists):

- ANDRE ZAGORSKI: Overall TB program management, global TB initiatives, global and USAID TB strategy
- GUSTAVO BASTOS: MDR-TB, e-TB manager
- EMILY DELMOTTE: Communications, TB website, M&E
- KANJINGA KAKANDA: Public-Private mix
- JOEL KERAVEC: Global Drug Facility, global TB drug quality assurance, global medicines sources
- NIRANJAN KONDURI: O/research, new TB tools
- ANTONIA KWIECIEN: Rational use, DUR, o/research
- SALAMA MWATAWALA: (Africa region) supply chain, NTPs, PMIS
- ALAINE NYARUHIRIRA: Diagnostic laboratory networks
- CHINWE OWUNNA: TB/HIV, quantification, ADR and risk management, supply management
- EDMUND RUTTA: Public-Private mix
- ARCHIL SALAKAIA: NTP management, MDR-TB, quantification, rational use
- DMITRIY SEMENOV: TB team support, communications, event logistics

Country	Core TB technical lead
Bangladesh	Antonia Kwiecien Gustavo Bastos (TB)
Dominican Republic	Gustavo Bastos
DRC	Antonia Kwiecien
Philippines	Antonia Kwiecien
South Africa	Chinwe Owunna
Swaziland	Chinwe Owunna
Turkmenistan	Archil Salakaia
Ukraine	Archil Salakaia
Uzbekistan	Archil Salakaia
Africa regional and for priority countries: Kenya, Uganda, Nigeria, Malawi, Tanzania	Salama Mwatawala (based in Tanzania)

➢ SIAPS HIV/AIDS TECHNICAL LEADS FOR COUNTRY PORTFOLIOS

Core **HIV** Team key expertise/responsibilities (go-to-specialists):

- DAVID MABIRIZI: Overall HIV/AIDS activities coordination, global HIV initiatives, and USAID HIV/AIDS strategy, adherence, patient retention, ART reports
- DAVID/ HELENA WALKOWIAK: UN Technical working groups on Optimization of Regimens, Pediatric ART and MSH Global Technical Lead work

Country	Core HIV technical lead
Angola	David Mabrizi
Cameroon	Gabriel Daniel
DRC	David Mabrizi
Ethiopia	Gabriel Daniel
Kenya	David Mabrizi
LAC	Edgar Barillas
Lesotho	David Mabrizi
Mozambique	Edgar Barillas
Namibia	David Mabrizi
South Africa	David Mabrizi
Swaziland	David Mabrizi
Ukraine	HelenaWalkowiak

3.2.3 STRATEGIC PLAN DEVELOPMENT PROCESS

The purpose of developing a strategic plan is to identify where SIAPS wants to go over the lifetime of the

program and how it is going to get there. The "strategic" part of this planning process is the continual attention to current changes in the SIAPS program, CPM, MSH and the external environment, and how this affects the future of SIAPS and CPM. Strategic planning is critical to the long-term success of SIAPS. The planning includes:

- Establishing statements of mission, vision and values
- Taking a wide look around at what's going on outside SIAPS/CPM/MSH and how it might affect the program (an environmental scan), and identifying opportunities and threats
- Taking a hard look at what's going on inside SIAPS/CPM/MSH, including its strengths and weaknesses (perhaps doing a SWOT analysis)
- Establishing goals to accomplish over the next (usually) three years or so, as a result of what's going on inside and outside the organization
- Identifying how those goals will be reached (strategies, objectives, responsibilities and timelines)

Expected Outputs:

- Strategic Plan
- Country Profiles

KEY POINTS TO REMEMBER:

- The planning process is at least as important as the planning document itself
- The planning process is never "done" -- the planning process is a continuous cycles that's part of the management process itself

➢ STRATEGIC PLAN TEMPLATE

The Strategic Plan Template developed for the SIAPS Program is designed to address the following questions:

"By September 2016 what would you as a country program want to say you contributed to assuring availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes in your country? What strategies would you use and how would you allocate resources to pursue your overall strategy?"

The template is a detailed document that builds off of the Country Profile that has been developed for each SIAPS Country (For Country Profiles, see Part Two, Annex 14). The template can be found in annex 8.

➢ PARTNER ENGAGEMENT

To achieve the program's goals, the SIAPS fosters its collaboration with the partner organizations. The partnership with a consortium of core partners and specialized resource partners brings a wide-ranging mix of skills and expertise to the SIAPS. In particular, the partners will supplement the SIAPS' technical expertise in areas such as financing, supply chain, operations research, and "mHealth."

APPROVED SUB-PARTNERS	DESCRIPTION OF SERVICES
Accreditation Council for Pharmacy Education (ACPE)	Accreditation of pharmacy education and training; development and evaluation of quality standards for pharmacy degree programs and continuing education providers in the United States and abroad; training of evaluators to provide standardization and consistency in

	the accreditation review process.
Harvard University through: Harvard Pilgrim Health Care and Harvard School of Public Health	Pharmaceutical health insurance, treatment adherence, and pricing information/mechanisms; applied and operations research and evaluation of programs and policies; cost-effective analysis of different interventions; and policy and program activities in logistics systems and pharmaceuticals.
Logistics Management Institute (LMI)	Pharmaceutical supply chain and logistics management in support of global health initiatives; acquisition management; and financial management expertise to conduct policy option analyses on contracting for pharmaceutical-related services.
University of Washington Department of Global Health	Pharmacoepidemiology, pharmaceutical care services, pharmacovigilance, pharmacoeconomics, and product quality control and assurance.
RESOURCE PARTNERS	**DESCRIPTION OF SERVICES**
African Medical and Research Foundation (AMREF)	Strengthening laboratories as an integrated part of strengthening health systems.
Ecumenical Pharmaceutical Network	Liaison to mission sector in developing countries, coordination and networking, development and provision of technical assistance on pharmaceutical policy and services, human capacity development, and consumer/patient education related to pharmaceutical management and medicines use.
Research for Development	Research and evaluation; leadership development to advance policy and strengthen health systems; health financing and demand-side models such as health insurance; strengthening the capacity of civil society organizations; and integration and collaboration of the public and private sectors to better achieve national health goals.
RTT Group	South Africa-based warehousing and distribution service support.
VillageReach	Management information systems in a developing country context, particularly mHealth and open-source solutions; reaching the last mile of the supply chain; offices in Malawi and Mozambique.
William Davidson Institute	Operations research, supply chain management in developing countries, investigation of business-based approaches to improving health care delivery, research to advance the transition from donor dependence to market-based health systems.

3.2.4 COORDINATION AND PROCESS OF SIAPS PARTNER ENGAGEMENT

If the country program plans to engage any of the SIAPS partners, it needs to be included in the work plan. The activities that require the engagement of SIAPS partners will be specified in the work plan with the description of how the collaboration will contribute to achievement of the objectives and the overall goal of the SIAPS program in country. The activity requiring the SIAPS partner engagement, the proposed name of partner, expected outcome or deliverable, timeline, estimated LOE, and estimated amount of the ceiling should be provided in annex C of the Work Plan (Anticipated STTA and consultants) and annex D of the work plan (Activity Budget Matrix).

When the work plan is approved, the activity lead/manager submits the scope of work to the SIAPS partner coordinator, Hye Lynn Choi (hchoi@msh.org). As the contract process may take up to several months, the technical lead/manager should ensure that the scope of work is submitted upon an approval of the work plan or at least two months prior to the planned implementation of the activity.

The SIAPS partner coordinator will facilitate the contract process and communication with the nominated partner. Based on the scope of work submitted, the Contract Officer together with SIAPS Technical Manager and Partner Coordinator will determine the mode of contractual agreement (i.e. Task Orders with IQC, fixed-priced contracts, cost-reimbursable agreement, grant, etc.). The technical lead/manager for the activity and the SIAPS partner coordinator will liaise with the nominated partner to discuss the scope of work, the budget, and any other issues related to contract process or implementation process. When the contract is issued to the partner, the technical lead/manager will be informed by the SIAPS partner coordinator. The activity lead/manager will inform the SIAPS partner coordinator when the activity is completed and deliverables are met by the technical requirements/expectations, so that the payment can be made to the partner. Any delay in the implementation of the activity engaging the partner should be communicated to the SIAPS partner coordinator, so that the period of performance can be extended and contract modification can be issued.

3.2.5 PROCESS FOR GETTING SUB-AWARDS APPROVED

Things to know about sub-award approvals under SIAPS

1. AOTR has been authorized to approve assistance type of sub-awards up to $2,500,000, i.e., cost-reimbursable sub-award, fixed price grants, cost-reimbursable grants
2. AOTR is **NOT** permitted to approve acquisition type sub-awards, i.e., fixed price contracts, IQCs w/Task Orders, BOA with Work Orders
3. AOTR is **NOT** permitted to approve sub-awards to foreign government entities or parastatals.

The following steps/processes will need to be followed to ensure compliance:

1. For **CORE PARTNERS**: No additional approvals will be/are required. USAID AO approval will be required for ceiling increases to Core Partners, if any.
2. For **RESOURCE ORGANIZATIONS**: Have been named and identified in the SIAPS Program Description.
   - Name and have organization approved in the portfolio work plan and budget
   - Discuss and identify the type of contractual instrument (see above for differences between instruments) in coordination with your MSH assigned Contracting Officer (CO)
   - Once work plan is approved, send sub-award SOW, budget, and FedCheck to your CO
   - CO will assess technical justification requirements, negotiate budget, draft contract, etc.
   - CO will work with the project team to draft a formal request for USAID approval
   - Once USAID's approval is received, CO will move forward with final contractual negotiations (see above to determine USAID approval required based on type of sub-award being issued)
3. For **ALL OTHER SUBS** (other than core partners and resource organizations): Full and open competition will be required. Consult with your CO for additional requirements and timeline. USIAD approval **WILL BE** required. The following steps/documents will be required:
   - Conduct competition – via RFP/RFA/EOI mechanism for technical and cost proposals (portfolio team and CO)
   - Select sub(s) and notify finalists (CO)
   - Draft selection memo (portfolio team and CO)
   - Draft and submit sub-award approval request to USAID/Washington (CO)
   - Once approved, conclude negotiations and issue a contract (CO)

3.2.6 PROGRAM DESIGN TOOLS AND RESOURCES

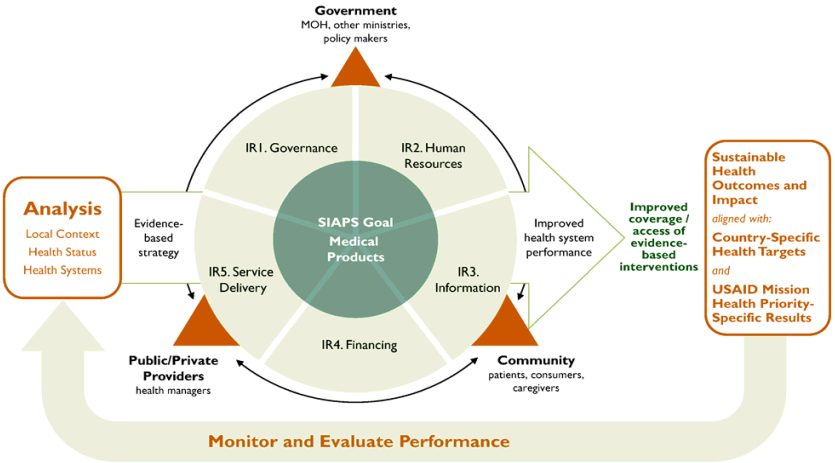
When designing the SIAPS Program, wherever possible, be consistent with CPM frameworks such as:

- Increasing access to products and services
- Improving use of products and services
- Options analysis
- Pharmaceutical management
- Capacity building
- Human capacity development
- Management information systems
- Patient safety and pharmacovigilance
- Pharmaceutical financing
- Service delivery
- Governance
- Quality assurance
- Supply chain management

The SIAPS Program objective is to promote and use a systems-strengthening approach consistent with the Global Health Initiative (GHI) that will result in positive and sustainable health impact.

KEEP THE WHO HSS BUILDING BLOCKS AND GHI PRINCIPLES ALWAYS IN FOCUS WHILE DESIGNING PROGRAMS.

Keep your country program design guided by the SIAPS Systems Strengthening Framework Graphic.



Make use of other available MSH frameworks such as the SPS approaches on pharmacovigilance, governance and AMR advocacy and containment.

The following tools and templates for Program Design are available in the annexes:

8. SIAPS Design of Country Program Strategy
9. Strategic Plan Template
10. CPM Frameworks

3.3 Work Plan Development

In line with its contractual deliverables, SIAPS is expected to develop annual work plans for each recurring October 1 – September 30 implementation period. The work plan is expected to detail, in a clear and concise way, program objectives, associated logical, consecutive clearly stated tasks, how each task will be accomplished and what is expected in terms of outputs and outcomes given the timeframe.

Following the launch of the SIAPS program, the work plan development process previously used under SPS was revamped to achieve a more organized way of utilizing all SIAPS resources to produce good work plans. The work plan guidelines, templates and tools were revised to facilitate the preparation by SIAPS Country Programs, Core Portfolio Managers, and all program staff of quality work plans.

The SIAPS work plan development process can be described as including five phases, namely, the preparatory, launch, design, review, and submission and approval phases.

3.3.1 Preparatory Phase

The preparatory phase happens annually in May and involves the review and adjustment of work plan process, guidance, templates and tools. Review is on the basis of feedback from staff involved in developing, using and monitoring work plans as well as feedback from external users including USAID missions.

The preparatory phase includes the confirmation and assembly of buy-in amounts.

3.3.2 Launch Phase

The launch phase takes place annually in June and is when SIAPS management communicates the launch of the work plan development process and releases templates and guidance for the anticipated work plan year. Staff are briefed on required actions, associated timelines, roles, expectations and available resources. Instructional refreshers on the use of work plan and budget templates are carried out for staff.

During this phase core and country team leads are expected to consult with their USAID activity managers and country beneficiaries on priority activities and achieve verification of buy in amounts from USAID.

3.3.3 Design Phase

The design phase (June through July) is intended to have core and country team leads review work done in the ending work plan year and then undertake an analysis of gaps based on discussions held with beneficiaries (MOHs) and clients (USAID) to determine the needs that correspond to SIAPS' mandate and capability. The goal is to prioritize what is important for SIAPS to focus on for the anticipated year, determine "low-hanging fruit" or "quick wins", determine methods or strategies to use and design evidence-based activities whose implementation is technically and financially realistic and whose results can be easily measured.

The design phase encourages core and country team leads to utilize SIAPS frameworks, principles as well as SIAPS quality standards and expert human resources to produce quality work plans.

3.3.4 REVIEW PHASE

The review phase, like the design phase, is intended to enable the validation, by SIAPS technical cluster staff and health-element experts, of selected approaches. Other work plan reviewers include experts within CPM for monitoring and evaluation, knowledge management and communication and capacity building. Within SIAPS, other reviewers are members of the financial and operations team, portfolio management team and finally SIAPS management team.

Sign-off on field-based work plans is provided by Portfolio Managers. Sign-off on core work plans is provided by SIAPS deputy directors.

3.3.5 SUBMISSION AND APPROVAL PHASE

The submission of country work plans is to country Missions by SIAPS Country Project Directors via e-mail. The same e-mail requests approval of work plans and copies SIAPS management and the USAID AOR team such that approvals may be seen by all.

The submission of core work plans is to USAID/Washington-based activity managers by SIAPS health-element leads and cluster leads via e-mail. The same e-mail requests approval of work plans and copies SIAPS management and the USAID AOR team such that approvals may be seen by all.

3.3.6 WORK PLAN DEVELOPMENT TOOLS AND RESOURCES

The following tools and resources for Work Plan Development can be found in the annexes:

11. SIAPS Work Plan Guidelines
12. SIAPS Work Plan Template
13. SIAPS Yearly Work Planning Country Presentation Template
14. Budget Template Instructions
15. Descriptions of the Budget Line Categories

3.4 TECHNICAL ASSISTANCE

Technical support as defined here refers to guidance and assistance provided in a country, region or global setting by SIAPS staff to beneficiaries (Ministries, other partners and institutions); and guidance and assistance provided to field-based SIAPS staff to design and implement interventions.

It must be recognized that whereas SIAPS staff working in regions and countries are the frontline cluster responsible for implementing the SIAPS award, because SIAPS is a central program, the responsibility for assuring the quality of SIAPS work is shared between HQ and field-based programs. This segment of the guidance provides information to help field-based staff understand the capabilities that exist within HQ-based staff and staff availability to provide technical support to field-based programs. The segment also highlights the process and tools/templates that exist for accessing HQ-based technical resources. It is important that field teams are able to use all available technical resources to design and implement ground-breaking effective interventions.

3.4.1 GUIDING PRINCIPLES FOR TECHNICAL ASSISTANCE

While planning and implementing technical activities, core, regional and country programs need to keep the following guiding principles for technical support in mind:

- A holistic, systems-based approach should be used
- Short-term as well as longer-term needs and goals should be addressed
- Country-led coordination should be fostered and information should be sought after and shared to support the country in a coordinated manner
- Gender should be incorporated in the technical approach
- Multi-faceted interventions that can be complementary and bring synergy in action should be supported
- Country TA should be based on evidence-based analysis of systems
- Collaboration with other partners should be leveraged
- An environment of open communication should be built
- Activities should be clear and deliverables measurable

3.4.2 ROLES AND RESPONSIBILITIES OF THE HQ-BASED TECHNICAL ASSISTANCE TEAM

The HQ-based SIAPS Technical Assistance Team is composed of the Project Director, Deputy Directors, Principal Technical Advisors, Portfolio Managers, Senior Managers, Project Officers, Senior Technical Advisors, Technical Advisors, Technical Associates as well as CPM staff.

Technical assistance is provided to SIAPS Program Portfolios (Country and Core), SPS Associate Awards (Afghanistan and Kenya), other CPM Projects (SCMS, SDSI, etc.), MSH Projects (Global and Bilaterals), collaborating Organizations and Institutions, and Country Governments.

The nature of technical assistance requests determines the involvement of the varied staff listed above. In many cases a team comprised of different staff competencies is constituted in response to a TA request.

3.4.3 DELIVERING TECHNICAL ASSISTANCE

Technical assistance (TA) plans, and budgeting for TA, begin during the work planning process. TA needs in the workplan should include: a brief description of the activity; designation of technical areas; estimate of the level of effort, including timeline; and an overview of the skills required for each activity. While incorporating TA plans for specific activities and anticipated TA providers in the draft work plans, the portfolio management team should inform and consult with the related technical cluster lead or his/her designate to ensure proper support and coordination.

Once the country and health element portfolio work plans are finalized, the technical team will consolidate all TA work into an annual TA projection matrix. Next they will start looking at the skills profiles (in CPM's Central Desk Top) of both internal and external MSH providers looking for those that match the needed expertise and availability. This will allow for a "proactive planning and projections" of the anticipated demand and supply of technical assistance for the entire year. The skill profile tool in the Central Desk Top provides information on the potential TA provider's geographic areas of experience; disease areas of experience (if any); pharmaceutical technical areas and sub-areas of experience; language skills; and other relevant information/comments. This can assist in identifying the most appropriate TA providers for specific tasks, depending on their availability during the timeframe when the TA is anticipated. The technical team will also periodically track LOE commitments and availability of the technical cluster members on a rolling basis to identify SIAPS staff availability for the anticipated tasks.

While it is best to plan all TA needs ahead and include them in the work plan, it is possible that ad-hoc technical assistance needs can come up during the course of the year. The technical clusters will try their best to respond and support such ad hoc requests; since such ad hoc requests can at times be difficult to manage, both the portfolio and technical teams should try their best to minimize such situations.

The following is a general overview of the steps involved in delivering TA:

How we deliver our Technical Support

- Planning for TA
    - Skills Mix: Staff profile
    - Staff Availability and commitments
    - Work plans Technical assistance requirements
    - Resource allocation & identification of gaps
- Operationalizing Technical Assistance
    - Pre-scope and scopes of work
    - Activity / Concept paper
    - Resource allocation, if not previously identified
- Resource Allocation beyond capacity
    - Engaging External Consultants
    - Hiring additional staff
    - Building internal capacity
    - Building internal capacity
        - Identification of program skills gaps
        - Identification of cutting edge areas
        - Development of individual capacity building plans
        - Implementation strategies for CB plans
- Support Quality Program Products
    - Work plan reviews
    - Concept / Activity Papers
    - Technical products review

    - Communication and presentation materials review
- Support development of communication materials
    - Identification of purpose(s) of communicating
    - Identification of themes to be communicated
    - Identification of Avenues and Venues for Communications
    - Allocation of responsibilities
- Overall Guidance for Technical Assistance Team
    - Team Relationships
    - Process for TA resource allocation (roles/responsibilities)
    - Activity/Concept Paper (template & guideline)
    - Trip and Technical Reports (template & guideline)
    - Communication materials (template & guideline)
    - Checklists for TDYs – Pre and Post
    - Do's and Don't when on TDYs
    - Review of Products (who, when, and what)
    - Dissemination and archiving of Technical Products

3.4.4 ACCESSING AND ENGAGING TECHNICAL ASSISTANCE

The process of accessing and engaging technical assistance starts with bringing together the supply and demand in a proactive manner. TA can be provided through either desktop technical work, or a short-term technical assistance (STTA) in-country visit, or a combination thereof.

The procedures outlined below and in the flowchart in annex 16 will guide staff to plan, access, and engage TA in support of country or core portfolio activities. The Country Field Staff (Activity Lead) along with the CPD are responsible for the development of the pre-scope of work (TA request, annex 17), with support of the appropriate Portfolio Manager.

The pre-scope of work (SOW) acts as a request document that opens the conversation between the requester, Technical Cluster Leads, and potential TA provider(s). The pre-SOW for a specific task along with an accompanying "Activity Implementation Description Paper" (annex 18) should be submitted to the STTA coordinator for review through the CPM Central Desk Top. Most of the content for the "Activity Implementation Description Paper" can come directly from the work plan if the proposed activities and their implementation plans were detailed out and articulated well during the time when the work plan was being developed. However, sometimes all the information might not have been available during the work plan development stage, or some insights or modifications might have come along the way such as availability of new information, or additional information, or subsequent mission guidance. So submitting a detailed "Activity Implementation Description Paper" together with the pre-SOW for a specific TA activity will help the technical team to understand the overall context, need, and objectives better and thus help in packaging the TA response in as contextually appropriate a manner as possible.

> THE "**ACTIVITY IMPLEMENTATION DESCRIPTION PAPER**" IS A BROAD AND COMPREHENSIVE DESCRIPTION PROVIDING A FULL PICTURE OF THE ACTIVITY WITHIN THE WORK PLAN WHILE THE PRE-SOW SUBMITTED FOR TA GENERALLY PERTAINS TO A COMPONENT OF THAT ACTIVITY THAT SERVES TO FULFILL CERTAIN SPECIFIC SUB-TASKS OF THAT ACTIVITY.

The STTA Coordinator will review the pre-SOW for completeness. If complete, the pre-SOW along with a charge code are passed on to the Technical Cluster Leads. The related Technical Cluster Leads or their designated technical colleagues provide feedback on the technical aspects of the pre-SOW. Then the

country or element portfolio team, in close collaboration with the Technical Leads, will determine the exact methods of implementation of the TA activity, the preferred TA provider, and how the work plan and budget will be affected. Sufficient lead time is necessary for Technical Leads to provide input into the pre-SOW and for the STTA Coordinator to be able to identify and confirm availability of TA provider(s) with required skill. The STTA Coordinator will work with the related technical lead or his/her designated colleague for an initial review of candidate CVs for the specific TA task requested.

The STTA Coordinator then presents the pre-SOW with qualified and available TA provider(s) to the Activity Lead/CPD/Portfolio Manager for their review and to make final determination on TA provider(s) and final SOW. Once the TA provider has been confirmed, the STTA Coordinator will notify the TA provider, TA provider supervisor (if an internal MSH staff), Activity Lead/CPD, Portfolio Manager, and Technical Cluster Lead.

Prior to implementation of the TA activity, a meeting or an e-mail exchange between the Activity Lead/CPD/Portfolio Manager, Technical Cluster Lead (or designate) and the identified TA provider will be carried out to:

- Reconfirm the details of the activities the TA provider will be undertaking
- Identify any tools or resources that the TA provider will need to use to complete the activity
- Highlight any additional pertinent technical issues or previous work related with the assignment

Where an in-country TA visit is involved, the traveling TA provider will perform a variety of tasks, including:

- Create a checklist of activities and tasks/subtasks that relate to the specific TA activity
- Schedule discussions, as necessary, with other members of the team, Portfolio Manager, and/or the related Technical Cluster Team about the country and/or the environment related to TA
- Ensure the Request for Country Clearance (RFCC) or Notification of Travel (NOT) has been sent and received concurrence from USAID mission
- Become fully familiar with the tools and resources they are planning to use during the in-country work
- Reach out to the in-country team to introduce yourself and validate dates and methodologies
- Prepare in advance for any presentations for any in-briefings to the Ministry of Health, USAID, or other stakeholders/partners

Once in country, it is important for the TA provider to maintain regular communications with the related portfolio and technical cluster teams on progress of the TA assignment to support the resolution of any issues that may arise. Additionally, use opportunities that might arise during the implementation of the TA in country to speak about the SIAPS Program; ensure that SIAPS program materials (e.g. flyers, brochures, and technical papers) are available and distributed during such opportunities.

Prior to departing the country, the traveling TA provider will need to provide an out-briefing to the CPD and country team, as well as other appropriate stakeholders, including the USAID Mission if requested. The information should be packaged in clear terms: what was done during the in-country visit based on the SOW; what are the next steps and recommendations; how does this activity relate to the overall work plan. It is a good idea to prepare a PowerPoint presentation for the debriefing (even if it can be presented only as a paper version).

Post-departure from the country, the TA provider will be encouraged to have a debriefing communication with the Portfolio and Technical Cluster Teams either as a meeting or through a detailed e-mail to

HELPFUL HINT!
TO AID WITH COMPLETING THE TRIP REPORT - KEEP NOTES ON THE DAY TO DAY ACTIVITIES AND AIM TO COMPLETE A DRAFT TRIP REPORT WHILE IN-COUNTRY

summarize the accomplishments, resolve any challenges or opportunities that may have arisen and close the loop on next steps for the activity. The TA provider should then finalize the trip or technical report incorporating any feedback that might have been obtained during the debriefing meetings/discussions.

Immediately following the completion of the technical report, the STTA Coordinator will contact the Activity Lead/CPD to complete the evaluation form. The evaluation form is submitted to the TA workspace and is key in tracking consultant performance. The STTA Coordinator closes out the TA process with the completion of the evaluation form into the workspace.

3.4.5 Assuring Quality of Technical Assistance

Since the SIAPS Programs rely on a significant level of technical assistance it is very important that we assure the quality of said TA. The Technical Cluster Leads or their designees will support quality assurance by:

- Providing technical inputs, as needed, during the work plan development by the country and element portfolios
- Reviewing strategic plans, work plans, and other relevant technical documents.
- Assuring quality of technical products for completeness, accuracy, data interpretation, presentations and formatting.

Technical Cluster Leads need to be informed in advance regarding an anticipated request for review of any major technical document such as technical reports, technical guidance documents, technical flyers, and external technical publications. Additionally, conference meeting abstracts and key technical presentations to external audiences should be sent in reasonable advance for review by the Technical Cluster Leads or their designees.

3.4.6 Technical Assistance Tools and Resources

The following tools and resources for Technical Assistance can be found in the annexes:

16. STTA Process Flowchart
17. STTA Pre-Scope of Work
18. Activity Implementation Description Paper

3.5 Capacity Building and Performance Improvement

It is important that all staff working on the SIAPS program perform at a high capacity level and resources available for coaching, mentoring and self-growth to function efficiently for the benefit of SIAPS.

This section provides staff with an overview of the strategy SIAPS/CPM has in place for staff capacity building as well as the learning resources available to them within CPM and MSH. All staff have a role to play within the capacity building and performance improvement strategy and will need to be willing to get coached and mentored and conversely coach and mentor other staff, government counterparts and institutions.

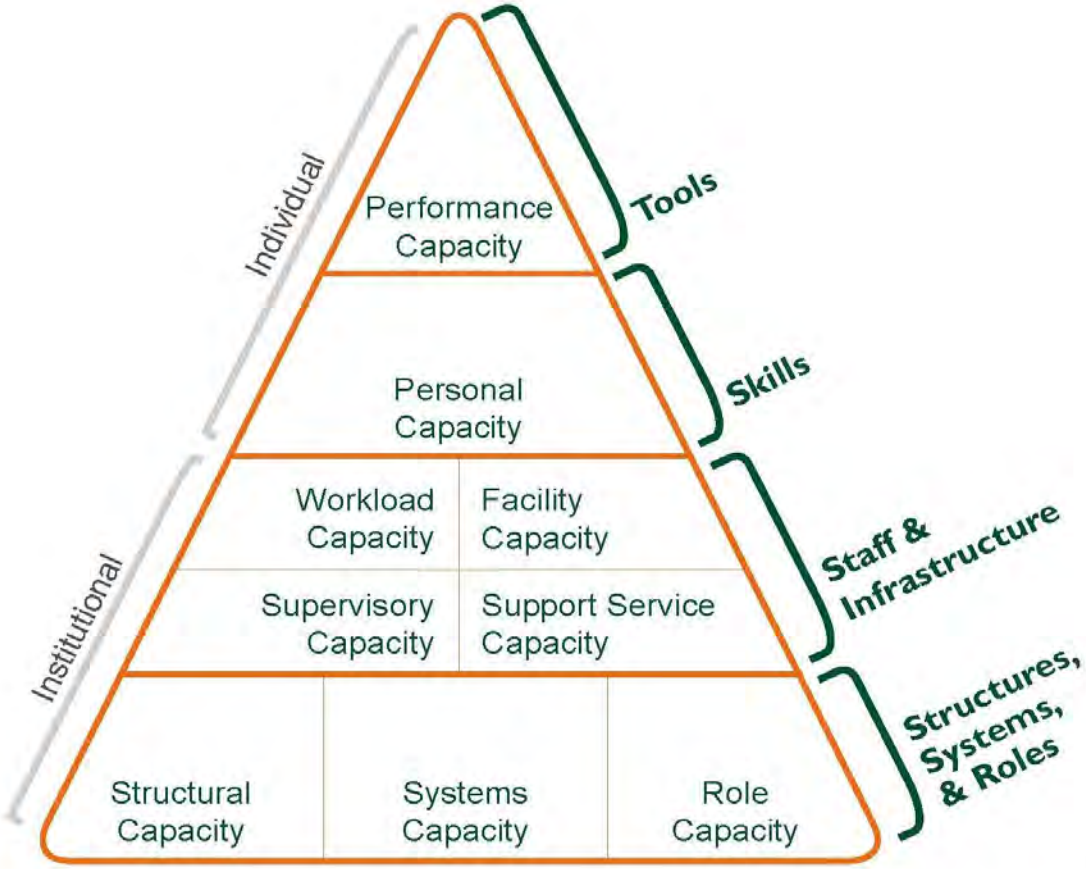
3.5.1 Guiding Principles for Capacity Building and Performance Improvement

With support from the CPM Capacity Building and Performance Improvement (CB&PI) unit, SIAPS is dedicated to creating an enabling environment that supports continuing professional learning and technical excellence for staff at all levels. The project has initiated a number of capacity building and training programs for staff to take advantage of to achieve their professional goals while also working to achieve the goals of CPM/SIAPS goals. SIAPS's overall approach to capacity building is based on a systemic approach for capacitating programs and staff for improved performance on two fronts:

- Internally: Equip CPM/SIAPS staff based at headquarters with the competencies necessary to effectively carry out their roles and responsibilities of providing technical assistance to programs and partner
- Externally: Strengthen the capacity of external beneficiaries in pharmaceutical management through technical assistance

This approach is supported by a number of CPM frameworks, especially CPM's Capacity Building Framework which reinforces the principle that individual performance is highly influenced by institutional context. CPM/SIAPS envisions its entire staff designing, implementing, and evaluating capacity building interventions with this principle in mind. Essentially, instead of staff immediately jumping to training when attempting to address performance issues, they should first consider conducting a needs assessment to determine which capacity building and performance improvement interventions, or perhaps which combination, will be most effective and appropriate for the context in which the performance gaps occur.

Capacity Building Framework



Adapted from Potter, C., and R. Brough. 2004. Systemic Capacity Building: A Hierarchy of Needs. *Health Policy and Planning*. 19(5): 336-345.

3.5.2 Roles and Responsibilities for Capacity Building and Performance Improvement

The CB&PI unit is made up of three staff members with strong backgrounds in international development and extensive experience in institutional and individual development and capacity building.

Gail Naimoli, Capacity Building and Performance Improvement Director: Leads the strategic development and evaluation of approaches, courses, and products to build the technical capacity of pharmaceutical management staff in headquarters and in the field.

Abibata Handley, Capacity Building and Training Advisor: Manages the SIAPS capacity building portfolio. Her responsibilities include designing state of the art approaches and contributing to an overall strategy that reflects MSH's priorities and pharmaceutical management field realities. She advises SIAPS portfolio managers, technical advisors, and in-country teams on the development and implementation of capacity building and training activities, ensuring their adequate contribution to SIAPS results. She contributes to the conceptualization and dissemination of SIAPS/CPM approaches, courses, and products.

Liz Lanni, Senior Training Specialist: Designs capacity building and performance improvement interventions and strategies, develops state of the art approaches in training and eLearning programs, and contributes to an overall strategy that reflects MSH's priorities and field realities.

3.5.3 The SIAPS Capacity Building Approach

Capacity building and performance improvement interventions can take many forms. Often the first intervention that comes to mind is training. Before deciding on training, however, ask the question *is training the answer?* Training interventions, which build and strengthen personal capacity, are often necessary, but may not be sufficient to solve performance challenges. A capacity building and performance improvement strategy is likely to be more comprehensive than merely training.

Use the Capacity Building Framework to guide needs assessment, planning, and evaluation. It will help you focus on nine separate, but interdependent components of capacity and the nature of the relationships among them. Individual performance is highly influenced by institutional context, and so you should seek to identify and address institutional, as well as individual capacity building needs.

When attempting to address performance problems, consider what combination of capacity building and performance improvement interventions will be effective and appropriate for the context in which the problems occur. For example, an intervention could combine elements of motivation or work assistance, along with a change in environmental work factors, so that a desired behavior would be more likely to occur and be sustained.

Selected examples of capacity building and performance improvement interventions include:

- Providing information, documentation, or performance aids
- Providing coaching and effective feedback
- Supporting the authority to perform
- Adjusting organizational structure, workplace design, and task shifting
- Adjusting consequence management
- Providing practice opportunities
- Employing a combination of the above

You may use the following questions to help assess where and how capacity needs to be built or strengthened:

- What is the current level of performance?
- What performance is needed or desired?
- Where are the gaps in performance?
- What might be the possible cause(s) of poor performance? (Be sure to consider all of the components of the Capacity Building Pyramid as potential areas where capacity may be an issue.)
- What interventions can best address the causes for the gaps in performance?
- Is training the best intervention?

If you conclude that training *is* the appropriate intervention to address the performance problems that you have identified, be sure to specify in your work plan the kinds of training interventions you plan to carry out. For example, your training interventions could include:

- In-service training
- Pre-service training
- Training of trainers program
- Instructional design and curriculum development
- Curriculum adaptation
- eLearning

3.5.4 SERVICES PROVIDED BY THE CB&PI UNIT

In collaboration with various teams, the CB&PI unit provides expert services in carrying out our mandate. Our services can be divided into four categories: Standards and Systems, Technical Assistance, Internal Staff Development, and External Training.

➢ STANDARDS AND SYSTEMS

- Develop and disseminate standards and systems for training and capacity building through resource databases and social learning mechanisms
- Provide quality assurance on the training and capacity building standards and systems
- Provide cutting edge capacity building and training materials, tools, and best practices, including online eLearning resources, and resources on Designing a Training Course, Planning a Training Course, and Measuring Training Impact
- Provide an internal user-friendly database and collection of existing CPM training materials organized by topic and reviewed for quality standards

➢ CAPACITY BUILDING TECHNICAL ASSISTANCE

- Inter-unit coordination for designing and implementing technical assistance
- Assist in developing or refining scopes of work for request for technical assistance
- Assist in identifying resources people i.e. staff/consultants with the right expertise and competencies to design and implement capacity building and training activities. The Unit has developed a consultant database to supplement internal resources and meet short term technical assistance needs.
- Conceptualize capacity building and training strategies and approaches
- Design and implement of formal, as well as informal training curricula, courses, and programs

- Develop and implement capacity building and training needs assessment tools
- Develop capacity building training plans in alignment with program work plans
- Deliver training events and programs
- Review, develop, and/or adapt training materials
- Manage the administration/planning/organization of training events and programs
- Design e-learning modules, courses, and platforms
- Evaluate training and capacity building program outcomes

➢ **EXTERNAL TRAINING**

- Design and implement of formal, as well as informal training curricula, courses, and programs
- Develop and implement training needs assessment tools
- Deliver training events and programs
- Review, develop, and/or adapt training materials
- Manage the administration/planning/organization of training events and programs
- Design e-learning modules, courses, and platforms
- Evaluate training and capacity building program outcomes

➢ **INTERNAL STAFF DEVELOPMENT**

More information about the CB&PI services for internal staff development can be found in the Capacity Building and Performance Improvement Guidance in Annex 19 of this document.

3.5.5 CP&PI UNIT TECHNICAL ASSISTANCE

The CPM Capacity Building and Performance Improvement Unit offers a range of technical assistance for your capacity building needs:

- **FIRST TIER**: We can provide general guidance documents, tools, checklists, and examples drawn from interventions that are similar to what you will be undertaking; and then we can follow up with you at the project launch phase.

- **SECOND TIER**: We can provide customized guidance based on the objectives of the activity and assist in reviewing the intervention strategy during the development process, making ourselves available for meetings, e-mail conversations, and phone calls.

- **THIRD TIER**: We can provide considerable support and/or management to the project intervention and assist with the development of the activity from start to finish.

Programs are encouraged to reach out for the unit's assistance through the TA request process as discussed in Section 3.4 above but before submitting a request please ensure the following:

- The technical assistance requested is part of the work plan and that proper funding has been set-aside for it. If not, staff should contact their Portfolio Managers to get the work plan amended.
- Plan ahead and allow enough time for CB&PI to secure the right technical experts to assist with the activity.
- Ensure there is a focal person at local level who can assist with communication, coordination, and appropriate stakeholder involvement.

- Ensure there is a strong rationale to support the request, i.e. there is a "true need" at national level that the activity will address.

FIND CAPACITY BUILDING AND TRAINING TOOLS ON THE CB&PI INTRANET PAGE:
http://intranet.msh.org/centers/cpm/capacitybuilding.cfm

3.5.6 CAPACITY BUILDING AND PERFORMANCE IMPROVEMENT TOOLS AND TEMPLATES

The following tools and templates for CB&PI can be found inannex 19.

19. SIAPS Capacity Building and Performance Improvement Guidance

3.6 Communications and Knowledge Management

3.6.1 Guiding Principles for Communication and Knowledge Management

- **Know your audience**

When producing a report, journal article, one page story, flyer, presentation, etc., first and foremost identify your audience. Is it the donor? Partners? Internal (MSHers, other CPMers, etc.)? General public?

- **Planning & Products**

While budgeting and putting your workplan together, identify products and deliverables that you will need to produce so that you can ensure you have time and money set aside to produce them. What types of products do you need (e.g. reports, stories, flyers, journal articles, abstracts to submit to conferences, website changes/additions, brown bags, meeting presentations, posters, etc.)? How many of these products will you need to produce or can you afford to produce within your work plan year and throughout the lifetime of the project?

Once you have them all listed, make sure you know when they need to be produced and identify the individual or groups that will be working on them (e.g. technical lead, communications, editorial, etc.).

- **Time**

After planning, ensure the individuals or groups of people you will be working with on these products and/or deliverables know well in advance so that they can make time to help you produce them. It doesn't all have to be set in stone, but a general idea of when things are due is always helpful.

3.6.2 Roles and Responsibilities for Communication and Knowledge Management

The Communications and Knowledge Management (C&KM) unit is made up of six staff members with strong backgrounds in communications and information management.

Peter Hobby, Director of Communication and Knowledge Management: Leads the overall communication and knowledge management strategy and work planning.

Laurie Hall, Managing Editor: Leads the Editorial team in editing and translations.

Felicia Wach, Editor: Performs editing, translations, document formatting and production.

Amber Pitts, Senior Communications Associate: Editing, graphic design, document formatting and production.

Kindra Willis, Senior Librarian: Responsible for information access and dissemination, including library services, archiving, literature searches and literature monitoring.

TBD, COMMUNICATION SPECIALIST: Responsible for the CPM project websites, intranet updates, success stories, flyers, press releases, center newsletter, and represents as the communications liaison to other units.

3.6.3 DOCUMENTING LESSONS LEARNED AND DISSEMINATING BEST PRACTICES

The documentation and dissemination of lessons learned and best practices is a very important mechanism through which we can share our successes and achievements with USAID and our Government partners. For helpful suggestions on how to write a good success story/best practice annex 20.

3.6.4 EDITING GUIDELINES AND INFORMATION

The Editorial Department at CPM handles projects from all offices and countries, in many different languages.

ALL DOCUMENTS, INCLUDING TECHNICAL REPORTS, FLYERS, POWERPOINTS, TRAININGS, AND MANUALS, SHOULD GO THROUGH EDITORIAL (EXCEPTION: ROUTINE IN-HOUSE DOCUMENTS/TRIP REPORTS)

All non-routine documents should go through the editorial department to ensure accurate, complete and attractive materials that they are correctly branded, not only is this contractually required but it helps for identification in the field and will raise awareness of what we do.

Once the Editorial Team has received your document they will:

- Corrects spelling, punctuation, and grammar
- Terminology is used correctly and consistently
- Document has clear organization and sequence
- Document does not contain gaps in information or unneeded repetition of ideas or information
- Translations are technically accurate, convey the same information regardless of language, and are grammatically correct
- Documents has been checked and reviewed by all the necessary individuals
- Document has been formatted with correct branding

The editorial process may take up to one month time (or longer for large documents) as the editor will provide a first draft edit which is returned to the author for review and clarification of any questions/comments. After the author reviews the edits and returns the document to the editor, it is shared with the technical team for their final review. With feedback from both the author and the technical team the editor will finalize and format the document for dissemination. For the detailed editing process and style guide please annexes 21 and 22.

How you can help with the editorial process:

PREPLANNING

- When working on a project with partners, include time and budget for editorial process if you intend to publish or produce documents/products/tools

WORK ORDER

- Include code for and date document is actually needed by

DOCUMENT

- Include all components—pictures, annexes, and references

- Formatted as correctly as possible: use templates
- Clear communication of document needs and any special issues

3.6.5 INFORMATION SERVICES

As a user**,** Library and Research Services gives you easy, CENTRALIZED ACCESS to data, research, information, and knowledge on health systems from MSH colleagues and the broader health management, health professional, and research communities. These resources can be immensely helpful to your project work. INSTITUTIONAL MEMORY (IM) also gives you access to knowledge and information about MSH's technical expertise and many project activities. As a contributor, you add value to the knowledge and information repository when you submit project documents for archiving in IM.

The Development Experience Clearinghouse or DEC for short is the largest online resource for USAID-funded technical and program documentation. The DEC database is accessible to the public and we have included a link to the resource on our intranet page. All USAID funded projects are required to submit certain documents to the Development Experience Clearinghouse. The Center for Pharmaceutical Management submits all reports except trip reports. The MSH Senior Librarians then submit project reports to DEC on behalf of MSH.

CPM REPORT ARCHIVING AND DISTRIBUTION GUIDELINES AND THE DOCUMENT AND REPORT PREPARATION, REVIEW AND SUBMISSION SOP:
http://intranet.msh.org/policies-and-procedures/DEC-SOP.cfm

ACCESS THE ONLINE RESEARCH SERVICES:
http://intranet.msh.org/tools-and-resources/reference/index.cfm

Because it is the official record of the organization, it is critical that MSH's Institutional Memory be complete and accurate. You ensure that by submitting all required project documents.

3.6.6 PRESENTATION GUIDELINES AND TOOLS

Any presentation or technical materials developed by SIAPS staff (such as documents, posters, abstracts, journal articles, technical reports) that are going to be submitted for public access in journals, at meetings, and on the Internet must be cleared through the country mission and by the USAID/W AOR before they can be published or otherwise distributed.

1. When writing a document in country (before submitting it to SIAPS editorial), please inform the mission of what you are producing and where it is going. For SIAPS and SPS general material, you do not need to send them the actual document unless they requested it, simply notify the relevant staff of the subject area you are covering. For PMI material—approval by PMI on a final draft is required before submitting to the CPM editorial team. Then the process below will be followed.
2. Once the material has been completed and approved by SIAPS or SPS technical staff, submit it to the CPM editorial orders (CPMEditorialorders@msh.org) for editing as per standard protocol.
3. Once editorial has completed review of your material and you have signed off on the final version, the material will be forwarded to Tony for approval.
4. USAID has up to one week to approve/disapprove the document. If we have not heard at the end of a week's time, the document is considered approved and can be released. Please build this time into your estimate of completing and sending out the document. We cannot release anything that will appear in the various media venues without this approval.

5. In general, administrative documents that are submitted for fulfillment of SIAPS or SPS internal deliverables do NOT have to go through these review steps. If you have any questions, please contact your Portfolio Manager, Peter Hobby or Laurie Hall.

Please remember, any publication or report funded by SIAPS must include the following disclaimer:

> This report is made possible by the generous support of the American people through the US Agency for International Development (USAID), under the terms of cooperative agreement number 306-A-00-11-00532-00. The contents are the responsibility of Management Sciences for Health and do not necessarily reflect the views of USAID or the United States Government.

SIAPS staff and country projects preparing presentations must ensure that they comply with the USAID's policy directives and required procedures on branding and marking USAID-funded programs, projects, activities, public communications, and commodities.

3.6.7 EVENTS, CONFERENCES, AND WORKSHOP GUIDELINES

Good logistical planning is one of the most crucial aspects of events, conferences and workshops. At SIAPS, events can be coordinated from various work units, and the following guidance highlights critical considerations for a successful event, conference or workshop.

> INFORMATION AND RESOURCES FOR WORKSHOPS AND EVENTS CAN BE FOUND AT http://intranet.msh.org/centers/cpm/capacitybuilding.cfm

- The first step in planning logistics for an event is to develop a **CHECKLIST**. In a checklist, you set out what *tasks* need to *happen* by what *date* and who is *responsible*. A sample Training Logistics and Materials Checklist is included in the Annexes.
- Budget carefully, using USAID per diem rates and regulations. USAID per diem rates can be found at the U.S. Department of State Office of Allowances website:
  - Foreign Rates http://aoprals.state.gov/web920/per_diem.asp
  - US Domestic Rates http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentType=GSA_BASIC&contentId=17943
- When selecting **DATES**, make sure there are no local holidays or competing events that may affect attendance or local availability of services and facilities.
- When deciding on a location, look into travel time and visa restrictions for the majority of the participants and choose a location that is central and easily accessed by air or other forms of transport—do not make the participants' travel more complicated than it has to be.
- Ensure that you follow MSH procurement guidelines when choosing a venue. If there is a local MSH office in the location, please contact them for advice on hotels and conference facilities and they may also help you attain local in-country rates, which are typically lower.
- Ensure ongoing and timely communication with organizers, participants and guests on dates and times.
- Make sure that the trainers and guest speakers have the necessary equipment to carry out the training. Check with the venue before booking it and make sure that you have put your equipment requirements in writing.
- Liaise with your local travel staff for participants' travel arrangements. If the workshop or event requires an international trip, ensure that the appropriate approvals and notifications are received. See 3.9.7 Traveling Under SIAPS.

- Identify and procure needed supplies in good time.
- It is important that the workshop materials are put together in an orderly and aesthetically pleasing way with all critical workshop documents.
- Every USAID-sponsored training or workshop must be reported on TraiNet, USAID's repository for all USAID-sponsored training events. Inforamtion on TraiNet can be found in Part One, Section 1.3.7: Additional Key Contract Information/Training and TraiNet.

3.6.8 COMMUNICATIONS AND KNOWLEDGE MANAGEMENT TOOLS AND TEMPLATES

The following tools and templates for Communications and Knowledge Management can be found in the Annexes:

20. Helpful Suggestions on Writing a Story
21. Editorial Process
22. Style Guide
23. Checklist for documents prior to submission to IM
24. CPM Report Archiving distribution guide
25. Document submission requirements for MSH Institutional Memory (IM) and USAID Development Experience Clearinghouse (DEC)
26. MSH Photography Policy
27. Photo Tips: How to take more powerful photos
28. Training Logistics and Materials Checklist

ALL SIAPS TEMPLATES & LOGOS, INCLUDING SIAPS CD LABEL, FLYER, LETTERHEAD, POWERPOINT, TECHNICAL REPORT, TRIP REPORT, LAUNCH BROCHURE ARE ON THE SHARED DRIVE/CD AND CAN BE OBTAINED THROUGH EDITORIAL OR YOUR PROJECT ASSOCIATE

3.7 MONITORING, EVALUATION AND REPORTING

SIAPS uses monitoring and evaluation (M&E) information to manage program activities, identify problems, and make evidence-based design, implementation, and resource allocation decisions during the program's operation. The M&E system supports better-informed decisions and enhanced program impact, helping managers determine more efficient operations through analysis of results data to determine the most effective approaches for working with different target populations or across different contexts.

3.7.1 GUIDING PRINCIPLES FOR MONITORING, EVALUATION AND REPORTING

Other sections of this document remind you to devise clear, measurable activities and products – this is where that effort is rewarded. However, M&E is not just about measuring activities (what you did) – but is about measuring the **OUTCOMES** of those activities (what happens as a result of what you did).

An integrated system of **RESULTS MANAGEMENT** will systematize these elements and apply them at design and decision-making opportunities (*i.e., every day*) and have them available for evaluations.

REQUIRED M&E SYSTEM COMPONENTS INCLUDE:

- RESULTS FRAMEWORK (RF)
- STRATEGIC PLAN
- WORKPLAN
- PMP (PERFORMANCE MONITORING PLAN)
- PIRSS (PERFORMANCE INDICATOR REFERENCE SHEETS)
- M&E PLAN

Use the following guiding principles for developing and carrying out M&E activities:

- Think strategically
  - Develop indicators that run the lifetime of the project
  - Generate the M&E plan with the final evaluation in mind - While SIAPS may not be leading the final evaluation, we are responsible for developing "evaluable programming" that contributes all necessary data to the evaluation
- Design SMART indicators
  - Indicators should be designed to measure outcomes as well as outputs
  - Indicators should measure change over time
  - Indicators should not be changed over the life of the project, or we risk not being able to track progress
- Focus on data quality
  - Data collection should be establish in a scientific and rigorous way
  - Data quality should be periodically assessed using the SIAPS Data Quality Assessment Toolkit (DGAK; provided separately)
  - DGAK Scores will be reported and posted semi-annually
- Be inclusive and participatory. Core principles of participatory M&E are to:
  - Report data back to stakeholders
  - Ensure primary stakeholders are active participants – not just sources of information
  - Build capacity of local partners to analyze, reflect and take action
  - Engineer joint learning of stakeholders at various levels
  - Catalyze commitment to taking corrective actions

- Leave behind more than what was there to begin with
    - Engineer capacity building activities into different phases of the M&E plan and to the diverse range of SIAPS stakeholders
    - Plan for, and *assess sustainability* throughout the program cycle
    - Conduct appropriate and careful operational research to ensure that our methods achieve the intended results and can be shared with similar programs across SIAPS and elsewhere
- Preserve GHI Principles – every one of them can be incorporated into your M&E systems!
    - Integrate women and girls into the design of indicators, targets and research objectives
    - Increase impact through strategic coordination and integration
    - Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement
    - Encourage country ownership and invest in country-led plans
    - Build sustainability through health systems strengthening
    - Improve metrics, monitoring and evaluation
    - Promote research and innovation
- Apply lessons learned from previous programs (SPS, RPM+, RPM)
    - M&E plans within project design must be detailed and practical
    - Measurable and relevant objectives and sub-objectives are needed
    - On-going monitoring should be focused on both program progress & situation context
    - On-going evaluation should build on strategic reviews and participatory evaluations
    - Training in M&E should be offered to project designers as well as other stakeholders
    - M&E should be sufficiently budgeted
    - Staff job descriptions should detail M&E responsibilities

3.7.2 Roles and Responsibilities for Monitoring, Evaluation and Reporting

M&E is a very broad set of activities that is best accomplished in a participatory manner that includes technical advisors, implementing teams, management, reporting unit, external stakeholders, and, of course, the M&E advisor.

The SIAPS M&E Team's role is to help meet the demands for M&E technical assistance that originate from the activities that are included in the core and country work plans.

Michael Cohen, M&E Director: Oversees the development and implementation of the SIAPS M&E strategy; Support field-based projects to maximize their quality and achievement of results in alignment with the SIAPS Results Framework, PMP, and annual work plans.

Tobey Busch, M&E Specialist: Helps develop indicators; provide technical assistance in M&E to field programs; provide technical support in Newdea reporting tool.

In addition to the home office M&E team, each SIAPS country program should have M&E staff if the size, scope and budget of the program allows.

Country M&E Advisor**:** The locally-based M&E Advisors have varying titles: Advisor, Manager, Lead, etc. In all cases, this person oversees and is accountable for, all monitoring, evaluation and data collection. The M&E Advisor will also be responsible for ensuring that the appropriate required research is conducted to obtain baseline and endline data and is done so to a rigor that is commensurate with the expected data use. Depending upon their individual experience and expertise, this person may not be expected to carry out the required research, but will work closely with the management and technical teams to ensure that it progresses smoothly and is managed effectively.

COUNTRY REPORTING ADVISOR**:** The M&E and reporting responsibilities are closely linked and very often in the context of project offices they are performed by the same person.

CPD**:** The CPD is expected to be a primary consumer of the M&E information, but is also an important contributor to development of the portfolio's M&E systems. It is essential that the CPD (and Deputies participate in the development of the key M&E documents to ensure that the data collected coincides with the management needs.

TECHNICAL (IMPLEMENTING) TEAM LEADS: As the focal points for technical expertise, activity design and implementation, the Technical Team Leaders will have a number of obligations to the M&E system carried out together with the M&E Advisor, including to:

- Help develop indicators base on local and international standards
- Collect data to inform indicators on a regular basis
- Provide narrative and data where required for routine quarterly and annual reports
- Review reports and provide guidance for improvement
- Contribute to program reviews and data quality assessments

3.7.3 DEVELOPING COUNTRY RESULTS FRAMEWORKS (REQUIRED M&E ELEMENT)

➢ WHAT IS A RESULTS FRAMEWORK?

- It is a summary of your project that outlines the interactions between necessary results required in order for your project goal to be reached.
- It identifies the results you expect.
- It shows how you will hold yourself accountable with resources given

A **RESULTS FRAMEWORK** IS A **CAUSAL** FRAMEWORK (OR MODEL) THAT OUTLINES THE STRATEGIC APPROACH AND EXPECTED RESULTS IN SCHEMATIC FORM AND DEMONSTRATES HOW THEY WILL LEAD TO THE ULTIMATE GOAL.

The results framework should convey the *development hypothesis* implicit in your portfolio's strategy – namely, the cause-and-effect linkages between the objectives and the sub-objectives. A person looking at a results framework should be able both to understand the premises underlying the strategy and to see within the framework those sub-objectives critical to achieving each objective.

As you draft a results framework, consider how each sub-level in the hierarchy contributes to higher levels: the overall goal, objectives and the sub-objectives necessary to achieve these objectives. A RESULTS FRAMEWORK SHOULD NOT CHANGE OVER TIME. If portfolio objectives change as a result of conditions on the ground, changes in mission requirements or underlying support, then these changes should be coordinated with the mission in cooperation with the home office M&E unit.

➢ FRAMEWORK DESIGN CONSIDERATIONS

- Develop the framework in terms of objectives and sub-objectives – as distinguished from *activities*, for instance:
    - "*Support MoH to train pharmacists*" - is an activity, **not** an objective
    - "Capacity of local pharmacists built" - is an objective
- Establish a single overall project goal with 3-5 objectives. Each Objective may have a few sub-objectives, for example:
    - **Goal**: Larger problem that your project will *contribute* to resolving

- **Objective**: Lower level problem, but one that your project WILL resolve
- **Sub-objective**: results of completed activities (not the activities themselves, but the results that the activities will lead to)

3.7.4 Developing Country PMPs and Selecting Performance Indicators (Required M&E Element)

➢ What is a PMP?

- A PMP is used for selecting appropriate performance indicators and targets
- Using performance information to inform program management decisions (i.e., adjusting specific program activities)
- Analyzing and reporting on performance

> The **Performance Monitoring Plan (PMP)** is a planning and management tool

➢ What does the PMP include?

Result Area	Related stakeholder strategy		Performance Indicators	Means of Verification	Frequency of Collection	Base-line	PY 1	PY 2	PY 3	PY 4	Life of Project Target
	Related SIAPS sub-IR	Related USAID Mission IR									

Result Area: Taken from the Results Framework – thus, the following information is established in relation to the expected results

Related SIAPS sub-IR: The SIAPS IR that is being addressed should be specified here

Related USAID Mission IR: The Mission Intermediate Result (IR) or Strategic Objective (SO) that is being addressed should be specified here

Performance Indicators: SIAPS indicators will be associated directly with expected results – they are not associated with specific activities. The indicators should be developed to measure the extent to which a result has been achieved. Further guidance is provided in the next section, "Selecting Indicators".

Means of Verification (MOV): Methodology used to gather the required data for this indicator. The MOV listed here will be greatly expanded and detailed in the M&E Plan.

Frequency of Collection: How often data to inform this indicator be collected

Baseline: Refers to the initial situation before, or near the start, of the project. This information is used to compare to the final data collection (the "endline") at the completion of the project in order to determine to what extent the activities had an effect on this indicator.

PY1, PY2, PY3, PY4, Life of Project Target: Measurement at the end of year 1, Year 2, Year 3, Year 4, and End of Project. For absolute indicators (i.e., "# of…") this should be cumulative – that is compiled numbers from the beginning of the project up to the current measure. Indicators written in terms of

percentages are not cumulative, but linked to a specific time period (e.g. "last quarter", "previous reporting period", "at last assessment")

➢ PERFORMANCE INDICATORS

Indicators should be carefully selected to ensure that you can monitor progress over time with regard to the established results areas. In general, INDICATORS are:

> **INDICATORS** ARE HOW CHANGE IS MEASURED.
> GOOD INDICATORS ARE SMART

- Evidence that something happened
- An objective way to tell if progress is being achieved
- A measurement used to determine the degree or extent to which something has been achieved, change has occurred, or a target has been reached
- Are used at each level of the project hierarchy: inputs (resources), activities, outputs, objectives (outcomes), goal (impacts)

Indicators require targets. TARGETS are:

- Expected values or verifiable levels of achievement at specific points in time (targets should be set for each year, as well as the life-of-project)
- Incorporate rate or expected amount of change
- Have a specific value, desired level or benchmark

How to select indicators: Indicators must be established for each objective and sub-objective in order to demonstrate that the specific result was accomplished, and to provide evidence against which to make useful management decisions. Consider, also, that these selected indicators will be the primary determinants regarding what data is collected. When the program is evaluated, this is the information that will be used to make an assessment with regard to the level of success of the activities conducted – without the appropriate data to make this assessment, the evaluator will have difficulty confirming the effectiveness of your work.

SMART Characteristics

S	Specific	Is it explicit in terms of what, how, when, where the situation will be changed?
M	Measurable	Are the targets measurable (for example, how much of an increase or how many people)?
A	Appropriate and Actionable	Is this indicator a reliable gauge of the results we expect? Can the data be used to make actionable, evidence-based management decisions? Are the targets attainable?
R	Realistic	Is the project able to obtain the level of involvement and change reflected in the indicator target statement?
T	Time-bound	Does the statement reflect a time period in which it can reasonably be accomplished?

How to select Levels of Indicators: Indicators can measure different aspects of the program. The PMP should include both **OUTPUT** and **OUTCOME** indicators.

ULTIMATELY, SIAPS IS RESPONSIBLE FOR CONTRIBUTING OUTCOME INDICATORS THAT RELIABLY ASSESS THE RESULTS OF OUR ACTIVITIES

- Output indicators: Measure the efforts of the activities – what we DID. For instance:
    - Number of people trained
    - Number of laws written
    - Number of units of medicine distributed
-
- Outcome Indicators: Measure the consequence of the activities – what happened as A RESULT of what we DID. For instance:
    - Percent of stock records that correspond with physical count in SIAPS-supported sites
    - Percent of households with access to appropriate malaria medication
    - Percent of pharmacists that know how to correctly fill in the quarterly report

Having both output and outcome indicators allow the evaluator to not only assess whether or not we have achieved the results we said we would, but why and how we achieved them (or why not, which will also be extremely important).

Where to source indicators: A small set of common indicators have been developed by SIAPS and will be expected to be adopted into the portfolio PMP. These common indicators will allow us to aggregate collected data into overall indicators in order to establish outcomes of the global program.

The following are additional acceptable sources from which to select indicators for inclusion into the PMP. Not every indicator has been vetted yet, so please use the guidance outlined above when making the final selection. Also, please use the global resources within SIAPS to help with your selection, particularly the M&E Unit (Arlington based) and other experienced consultants within the Technical Assistance Team and its Clusters.

1. Rapid Pharmaceutical Management Assessment: An Indicator-Based Approach. MSH. Arlington, VA, USA. 1995
2. Using Indicators to Measure Country Pharmaceutical Situations. Fact Book on Level-I and Level-II Monitoring Indicators. World Health Organization. 2006
3. Indicators for Monitoring National Drug Policies, A practical manual, Second edition. Brudon, Pascale, Rainhorn, J-D., Reich, MR. World Health Organization. 1999
4. Defining and Measuring Access to Essential Drugs, Vaccines, and Health Commodities. Report of the WHO-MSH Consultative Meeting, Ferney-Voltaire, France, December 11–13, 2000.
5. Health Systems Assessment Approach: A How-To Manual. Version 1.75. Health Systems 20/20. 2012.

3.7.5 DEVELOPING COUNTRY M&E PLANS (REQUIRED M&E ELEMENT)

CONSIDER THE M&E PLAN TO BE A "USERS MANUAL" TO YOUR M&E SYSTEM

M&E plans within project design must be detailed and practical. A person reading this document should be able to use it as a guide for collecting, analyzing and reporting the required data. Since turnover in projects is to be expected and planned for, SIAPS expects that no single person should have the knowledge of how data is collected; this document is thus meant to ensure consistency in the M&E process from beginning to end, even if M&E staff change.

The M&E system should allow for data to be collected, processed and transformed into strategic information, to allow for informed decision-making at all levels: local, country and global level. As described in our Results Management System, SIAPS uses the information provided by countries to show that resources are invested to achieve set goals, as well as to make evidence-based decisions regarding continued assistance. The M&E plan and the M&E system and the use of information are linked at many different levels.

The M&E Plan outline:

- Specific roles & responsibilities of M&E staff and stakeholders in country
- Specific M&E Budget
- Results Framework
- PMP with:
    - Performance Indicators linked to results
    - Targets
    - Indicator baseline collection plan
- Performance Indicator Reference Sheets (PIRS) with:
    - Data Source(s)
    - Methodologies for collecting data
    - Frequencies, Schedules, and Duration of Collection
    - Person(s) Responsible
- Description of Data Analyses and Reports
- Projected data utilization (By stakeholders)
- Data quality assessment (DQA) processes
- Data Reporting and Dissemination process
- Final Evaluation Plan, with key objectives

3.7.6 SEMI-ANNUAL PROGRAM REVIEW

An important step in strengthening SIAPS's capacity for evidence-informed decision making is the completion and dissemination of systematic reviews. Portfolio Managers will work closely with the portfolio teams in country to conduct formal technical program reviews every six months. This will provide a forum for sharing lessons learned, improving data quality, and continuous program monitoring against set targets.

Program reviews will be "internal" reviews, and as such, all results will not be reported to outside stakeholders. The reviewers should be open and honest about the status of the program, so that challenges can be mitigated and successes can be reported and shared within the SIAPS community so that we may broaden our reach and make the best use of our resources.
Since SIAPS is required to conduct semi-annual program reviews for each portfolio, this activity should be reported in the corresponding quarterly report – not necessarily the review's outcomes, but at least the activity, so that we may demonstrate our obligations are being met.

3.7.7 FINAL EVALUATION

As detailed under the M&E Plan section, portfolios are expected to consider the final evaluation plan early in the project lifecycle. While we are generally not expected to organize and fund the final evaluation, we will likely have a final evaluation conducted at the end of the last year of implementation.

In order for the evaluation to successfully assess the impact of our activities, it is incumbent upon us to develop a program that is "evaluable". To achieve this, the program must have:

- A well-defined causal pathway – also known as a "theory of change". A thoroughly deliberated Results Framework should establish this causal pathway.
- Rigorous outcome data collection to establish a change of key indicators over time and a correlation with activities and output indicators. This will contribute to the establishment of a causal relationship between the results and SIAPS's activities.

Since it is not possible to collect data retroactively, it is essential that portfolios consider the final evaluation objectives even as the program is starting up. This will help ensure that the appropriate data is collected to inform these evaluation objectives.

THE FINAL EVALUATION OBJECTIVES SHOULD BE WRITTEN INTO THE M&E PLAN

3.7.8 OPERATIONAL RESEARCH

The term "Operational Research" (OR) here refers to the meaning defined by WHO - the use of analytical techniques to define optimal processes of delivery, achieve better outcomes through evidence-based approaches, and provide more cost-effective care (WHO, 2006). The overall OR strategy, therefore, should seek to address the challenge of linking implementation to research and, thereafter, policy, particularly in the context of pharmaceutical management. Consider also DFID's description of "Evidence Informed Policy":

Evidence-informed policy is about decisions based on the careful use of the most up-to-date evidence. Making policies and decisions in this way increases the success of policies, their value for money and their impact by basing decisions on what we know. This is important in international development, where limited funds are targeted at some of the world's most pressing problems.

SIAPS has agreed to focus efforts and resources on conducting OR where it makes sense to do so. The SIAPS Performance M&E Specialist based in Arlington will review, approve and assist the implementation of research activities, which should be part of the overall M&E plan and work plans. Because the research designs will influence implementation rollout, it is very important that OR be considered well in advance of any anticipated data collection activities. The most important step will be to establish the research objectives – the M&E Specialist will then work closely with the portfolio to ensure that the most appropriate methodology and protocols are implemented.

➢ ETHICAL REVIEW

All research, whether considered basic or operational, must be submitted for review to an INTERNAL REVIEW BOARD (IRB) that will ensure ethical guidelines are followed. This also includes research not conducted directly on living persons, such as surveys and medical file reviews. In addition to traditional biomedical and clinical studies, such research includes, but is not limited to, studies that accomplish:

- Use of personally identifiable bodily materials, such as cells, blood, tissues, urine, or hair: even if the materials were collected previously for a purpose other than the current research.
- Collection and use of personally identifiable information, such as genetic information or medical records, even if the information was collected previously for a purpose other than the current research.

- Collection of personally identifiable data, including surveys or questionnaires, through direct intervention or interaction with individuals.
- The search for generalizable knowledge about categories or classes of subjects (e.g., linking availability of pharmaceuticals for populations to health outcomes)

Each organization has the responsibility to enact its own policy in accordance with federal regulations. MSH is currently reforming the process by which ethical reviews for research are being conducted. We will post the updated guidelines here.

There are expedited review procedures for certain kinds of research involving no more than minimal risk, and for minor changes in approved research. *We expect most, if not all, of SIAPS' research to fall under this category, but review is nonetheless a requirement.*

KEY ISSUES TO CONSIDER WHEN OBTAINING APPROVAL BY AN IRB ARE:
INFORMED CONSENT
MONITORING OF RESEARCH ACTIVITIES
PRIVACY CONCERNS
COMPLETED DOCUMENTATION

3.7.9 MONITORING AND EVALUATION TOOLS AND TEMPLATES

The following tools and templates for Monitoring, Evaluation and Reporting can be found in the annexes:

29. Guidance for Incorporating SIAPS Global Indicators into Portfolio PMPs
30. SIAPS Indicator Selection Matrix
31. SIAPS Indicators Level 1 and Level 2
32. SIAPS Performance Indictors
33. SIAPS M&E Plan

3.8 Programmatic Reporting

Reporting is a critical program management function. It enables us keep track of our program, record its successes, achievements and challenges, consistently review our strategies for adjustments, and communicate to stakeholders, partners and donors. With effective reporting, we may even generate more interest in/funding for our work.

Reporting is also a requirement of the Agreement we have with our donor, USAID. The table below highlights SIAPS's key programmatic reports and their requirements.

Report	Scope	Requirements
Quarterly report	All Countries and Core Programs	Focus on progress towards results and successes achieved
Ongoing reports on events of significance	All Countries and Core Programs	Any developments that have a significant impact on the award-supported activities, including problems, delays, or adverse conditions which materially impair the ability to meet the objectives of the award. This notification shall include a statement of the action taken or contemplated, and any assistance needed to resolve the situation.
Annual report	All Countries and Core Programs	A summary of activities throughout the year, present results against the performance indicators and document successes, challenges and lessons learned.
Final report	All Countries and Core Programs	Summary of activities throughout the entire life of the project, present results and lessons learned, and enable access to technical resources and tools produced by the SIAPS program.

3.8.1 Guiding Principles for Programmatic Reporting

- Programmatic reports must be consistent with activities that happened during a quarter and can be verifiable.
- SIAPS reports must consistently ask the question "Are we on track towards our annual objectives and the overall project goal?"
- Report must be written intentionally as a cohesive document rather than a collation of different unlinked parts.
- SIAPS Country reports must aim to demonstrate SIAPS contribution to Mission objectives and filling the gaps identified for which SIAPS interventions were designed.
- SIAPS aggregate report of core and country portfolios must demonstrate SIAPS progress in meeting stated objectives of its Funding Directives.
- SIAPS aggregate report of core and country portfolios must clearly articulate the commensurate efforts of all SIAPS portfolios in meeting SIAPS overall Intermediate Results (IRs).
- Language of SIAPS reports should be clear and unambiguous, and avoid professional jargon.
- Technical and other documents, or reports, cited in SIAPS reports should be properly referenced.

3.8.2 Roles and Responsibilities for Programmatic Reporting

Reporting is a very broad set of activities that includes staff from all several teams in the country and at headquarters, as well as key project leadership: SIAP Management Team, the Country Project Director, Technical staff, Portfolio Management Team, Monitoring and Evaluation Team and Editorial staff. The chart below shows the major actors in a Programmatic Reporting and their key roles:

Country Project Director	• Ensure Accurate reporting of program progress and achievements results • Submit reports to missions as needed
Portfolio Manager	• Support CDP to ensure reporting of program progress and achievements. • Review portfolio reports and provide guidance for improvement
SIAPS Technical Team	• Provide narrative and data where required for routine quarterly and annual reports • Review reports and provide guidance for improvement
Senior Project Officer	• Coordinate reporting process to ensure quality products and on-time reporting
SIAPS Finance Team	• Provide Financial data and analysis for inclusion into SIAPS reports
SIAPS M&E Team	• Support the development of SIAPS reports (at country level). • Provide technical support and interface with Newdea (at headquarters) • Provide Guidance on quantitative indicators and related reporting
SIAPS Management Team	• Review and provide guidance for finalizing reports
SIAPS Communications and K&M Team	• Support editing of SIAPS reports
SIAPS Program Director	• Approve SIAPS Aggregate reports for submission

3.8.3 Program Reports

SIAPS portfolios (country and core) are expected to contribute Quarterly and Annual Reports. For information on specific reporting due dates please see Part One, Section 1.3.5.

All portfolio quarterly reports are due on 15th day following the end of quarter

➢ Quarterly reports

The SIAPS Quarterly Reports that are submitted to USAID consists of two parts: individual portfolio reports and an aggregate report for the SIAPS Global Program. Individual portfolio reports can be submitted directly to USAID Missions as requested. They must also be submitted to SIAPs headquarters to enable the development and compilation of a consolidated SIAPS Quarterly report which is submitted to the SIAPS AOR, Country Missions and Funding Directive leads.

Quarterly reports provide narrative and numeric descriptions of progress towards targets for each quarter of the workplan year. Quarterly Reports are expected to include the following information:

1. Background information on SIAPS (general overview; will not change from quarter to quarter)
2. Highlights from the portfolio, as a whole (*narrative*)
3. Financial quarterly report
4. Portfolios Indicators and current status
5. Key upcoming activities for next quarter
6. Key challenges during the quarter
7. Resources:
    a. Staffing changes (any major additions or changes)
    b. Challenges in quarter, due to limited resources
    c. Need(s) for additional resources in the next quarter
8. Evaluations (internal and external): findings from evaluations during the quarter Internal evaluations of MSH/SIAPS (ex. DQA, semi-annual review):
    a. External evaluations: as part of the work plan (ex. pharmaceutical management at MoH)
    b. Outstanding issues from previous evaluations: how issues raised by previous evaluations have been addressed or resolved
    c. Plans for next quarter: planned upcoming evaluations and the arrangements that are being carried-out to prepare for them
9. For each sub-objective, describe:
10. Progress toward sub-objective
    a. Barriers/constraints during the quarter (narrative):
        i. What are the main challenges in progress toward this sub-objective?
        ii. What can be done to overcome these challenges?
        iii. What steps have been taken to address challenges?
    b. Sub-objective-specific indicators (for each indicator):
        i. Progress toward target (numeric)
        ii. Include narrative section, in the case that actual values are 25% above or below target values, explaining the numbers
        iii. What is being done to ensure that targets will be met?
        iv. If targets may not be meet during the life of project, explain why.
    c. Deliverables:
        i. Planned vs. submitted?
    d. Partner contributions:
        i. Measureable contributions have our partners made? strengths of partner implementation under this sub-objective?
        ii. Were there particular challenges in implementation that were faced by partners? What were they and what was done to address them?
11. STTA
    a. Consultant involved
    b. Results of the assistance/was it helpful?
    c. Plans for next quarter
12. Anecdotal statements, quotes, photos, etc.

The SIAPS reporting template provides for a hierarchical analysis of activities, and progress toward defined outcome targets at the Objective level, and then a summary of our progress toward the overall Goal of the project, as well as providing space for describing any successes and/or challenges we are facing.

At the OBJECTIVE LEVEL, the lowest level of reporting, you should provide raw material in two areas:

1. An accounting of progress made towards the annual targets during the reporting period, as shown in the PMP in the annual work plan.

2. Narrative text that explains what this progress means, in terms of the activities carried out, why these activities were conducted, the lessons learned in the process and whether or not we are on track to meet or not meet the annual targets, and the reasons why.

At the GOAL LEVEL the report should provide a summary of the overall progress made in the quarter and an overall impression of whether or not the goal is likely to be reached by the end of the year, or even better, before the end of the year.

SIAPS uses the Newdea reporting system to prepare reports covering all SIAPS countries for the AOR. This system allows for the field offices to input their quarterly technical progress against their defined indicators and activities in the approved annual work plans. Headquarters staff use these data to develop a consolidated report for SIAPS. Although Newdea is a centralized database, it can be accessed from anywhere, anytime, via the internet. It is also configured to work on a low bandwidth, thereby helping ensure that field offices do not experience delays in their reporting due to the software.

The attached training for Newdea (Annex 34) has been provided to help staff with understanding and using the software. Additional training and technical support for Newdea can be provided as needed. Please contact Tobey Busch (tbush@msh.org) or Julie Frye (jfrye@msh.org) if you need Newdea technical support.

Newdea has been configured to enable us input data to facilitate reporting to donors as well as for internal project management.

PORTFOLIO QUARTERLY REPORT BACKGROUND (STAYS THE SAME EACH QUARTER)			
PORTFOLIO GOAL			
OVERALL QUARTERLY PROGRESS	TECHNICAL ACTIVITY COORDINATION	OFFICE MANAGEMENT	
SEMI-ANNUAL REVIEWS	OTHER EVALUATIONS	PORTFOLIO RESOURCES	TECHNICAL ASSISTANCE
PORTFOLIO OBJECTIVES			
QUARTER PROGRESS		CONSTRAINTS	
DELIVERABLES		PARTNER CONTRIBUTIONS	

QUARTERLY REPORT SECTION	BRIEF EXPLANATION
Portfolio Background	Paragraph of background information on the Work Plan/portfolio. This can be taken directly from the Work Plan and will not change from quarter to quarter.
Overall Quarterly Progress	Update/overview highlighting important progress during the quarter, addressing each objective and progress made towards meeting targets for the objectives. Synthesize and/or analyze overall performance and highlights of achievements of the portfolio during the quarter.
Technical Activity Coordination (internal field)	Includes cross-cutting portfolio expenses, such as work planning, budgeting, office registrations, etc.
Office Management (internal field)	Includes activities related to running the office like local office rental and associated costs (security, communications system, etc.), finance and administrational support etc.
Semi-Annual reviews	SIAPS management will be conducting semi-annual portfolio reviews, to

(internal field)	ensure portfolios are on-track to meet their goals/targets.
Other Evaluations (internal field)	Includes internal evaluations (such as data quality assessment and mid-term evaluations) and external evaluations conducted by SIAPS of programs/entities outside SIAPS (for example, an evaluation of pharmaceutical management at the MoH).
Portfolio Resources (internal field)	Includes human, financial, and physical resources, for example: Major staffing changes made during the quarter and need for additional resources: list resources needed and why.
Technical Assistance (internal field)	Technical assistance utilized this quarter and needs for the next quarter etc.
Quarter Progress for each Objective	Your narrative text should address the following questions to show what the portfolio has accomplished in the past quarter for this objective. Please be analytical rather than just making lists. What are the targets/outputs or results planned for this quarter? Where are we in meeting those targets? What evidence do we have to support this? What activities did we conduct to get us there? Describe activities in brief, highlighting: What we did, why we did it, how we did it, what challenges we faced, if any, what lessons we learned, if any, and what are the next steps for these activities.
Constraints	Main challenges in implementation and progress and what steps have been taken to address these challenges, or to implement recommendations from previous quarters
Deliverables	List any **completed** products under this objective
Partner Contributions	What measurable contributions have our partners made this quarter to the objective? What were particular strengths of partner implementation this quarter (under this objective)? Were there particular challenges in implementation that were faced by partners working towards the objective? If so, what were they and what was done to address them?

The overall SIAPS Quarterly Report that is developed outside of Newdea and has the following outline:

CHAPTER	TITLE	DESCRIPTION
1.	Introduction	A short introduction to the Quarter, and SIAPS requirement to submit this report.
2.	Financial Information	
3.	Progress towards SIAPS Overall Results	A synthesis of all the quarterly reports that analyzes how all the portfolios are contributing to meeting the SIAPS Overall Results.
4.	Global Health Programs a. Malaria b. MCH/FP c. TB d. HIV/AIDS e. USFDA f. Common Agenda	These will be organized by the funding directives and will synthesize what SIAPS Core and country programs are doing and how they are contributing to the global objectives of that funding directive. Country case studies will be used to demonstrate the diversity of achievements.
5.	Country Programs	An edited collation of Country Program Report.

The following outline of process and timelines has been developed to enable us meet the donor-defined deadlines for submitting the Quarterly Reports to the SIAPS AOR Team, Funding Directive Leads and Country Missions.

PROCESS	DESCRIPTION	DATES
1.	Reports in from Countries and Portfolios	5th of the month after the end of the quarter
2.	Review and approval of reports by Portfolio Managers	6th - 9th
3.	Review and Synthesis of Chapters 3 and 4	10th - 20th
4.	Review of Chapters 3 and 4 by SIAPS Management Team	21st - 24th
5.	Finalization of reports sections by teams	25th - 26th
6.	Collation of reports for editorial	27th
7.	Editing and formatting of report	28th - 29th
8.	Submission of Report	30th

➢ ANNUAL PROGRAM REPORTS

All SIAPS Portfolios must develop portfolio specific Annual reports highlighting key achievements and lessons learned during the work plan year. These reports must be submitted to SIAPS headquarters to facilitate the development of an aggregate Annual report for the SIAPS Program. The Outline of the Annual Report mirrors that of the Quarterly Report; however, country reports will be selectively used as case-studies to highlight successes in specific areas. The following process and timeline has been developed to enable prompt submission of the Annual Report by November 15th of each year:

PROCESS	DESCRIPTION	DATES
1.	Annual Reports in from Countries and Portfolios	5th October
2.	Review and approval of Annual Reports by Portfolio Managers	6th - 9th October
3.	Synthesis and Development of Consolidated Annual Report	10th - 31st October
4.	Review of Consolidated Annual Report by SIAPS Management Team	1st- 5th November
5.	Finalization of Annual Report	6th - 8th November
6.	Editing and formatting of report	9th - 14th November
7.	Submission of Report	15th November

3.8.4 REPORTING TOOLS AND TEMPLATES

The following tools and templates for Reporting can be found in the Annexes:

34. Newdea Quarterly Report Training PowerPoint
35. Newdea Quick Guides

3.9 FINANCE AND OPERATIONS

3.9.1 GUIDING PRINCIPLES FOR FINANCE AND OPERATIONS

Be aware of and ensure that the program adheres to USAID procurement regulations and MSH's standard finance and administrative policies and procedures in all activities

3.9.2 ROLES AND RESPONSIBILITIES FOR FINANCE AND OPERATIONS

The Finance and Operations Team is there to support the SIAPS country and home office management staff in ensuring effective implementation of technical activities within the context of financial and operating systems. They complement the Portfolio Management and Technical Assistance Teams in achieving optimal results and cost effective, compliant performance, and ensure that the program adheres to donor regulations and MSH's standard finance and administrative policies and procedures in all activities. In addition they financially manage the overall SIAPS Program including budget preparation and/or review, as well as monitoring of expenditures, reporting, compliance and internal controls. The following team members make up SIAPS Finance and Operations in Arlington:

VICKY HAWK, DEPUTY DIRECTOR FINANCE AND OPERATIONS: Responsible for the successful operation and administration of the program, ensures the effective implementation of technical activities within the context of financial and operating systems.

JOB DIARRA, SENIOR FINANCE MANAGER: Financially manages the overall SIAPS program including budget preparation and/or review, as well as monitoring of expenditures, reporting, compliance and internal controls under the guidance of the DDFO; Ensures that SIAPS is responsive to any USAID requests for financial information; Develops and implements financial management tools; Provides training to staff worldwide on financial management.

ALEJANDRO (ALEX) BELTRAN, FINANCE & BUDGET ANALYST: Produces and disseminates monthly financial reports and any other ad hoc financial reports; Approves charge codes on sub-recipient invoices in collaboration with activity managers and Contract Officer; Reviews and analyzes portfolio work plan budgets and activity codes and, in collaboration with Portfolio Managers, establish and close activity codes.

FABIOLA ODIO, SENIOR PROJECT OFFICER: Helps ensure prompt and effective financial support to CPDs and other senior program staff, in order to facilitate the smooth implementation of scope of work; Supports development of systems to monitor and report against program activities; Assist in preparation and review of work plans and provide inputs into work plan budgets; Oversees monitoring of program's accrual tracking and the routine review of program field expense data.

TBD, PROGRAM SUPPORT ASSOCIATE (PSA): Oversees Project Associates in their coordination of all project logistics support; Monitors budgets to ensure availability of funds, in collaboration with the Senior Finance Manager, and investigate any variations from planned spending and integrity check MSH accounting data, ensuring issues are resolved; Supervises and tracks processing of project payables to include financial commitments against portfolio budgets; Supports tracking compliance with USAID regulations and MSH policies/procedures.

PROJECT ASSOCIATES: Helps coordinate technical field activities by disseminating program information and providing logistical support for specific technical activities (i.e. travel and workshop finance and operations logistics); Liaises with technical and operations staff to assist in the contracting of consultants, the production of POs, and the processing of other agreements; Processes and submits project payables;

Edits, formats, and disseminates trip reports and assist with submissions to SMS; Maintains all project files, both hard copy and electronic; Provides general administrative support to staff, including coordinating conference calls, processing timesheets (also support selected CPM staff), printing reports, shipping materials to the field, and other tasks as needed.

COUNTRY OPERATIONS AND MANAGEMENT UNIT (COMU): The following activities are led and coordinated by the COMU Director in the following core function areas:

- Accounting
- Cash & Bank Account Management
- Information Technology
- Local Contracts Management
- Personnel Administration & Payroll
- Security
- Purchasing & Procurement
- Inventory & Supplies Management
- Facilities & Fleet Management

OPERATIONS AND SUPPORT TEAMS: Activities are led and coordinated by an Operations Officer in the following content areas:

- Contract/Subcontract Management
- Procurement
- Human Resources
- Information Services/Technology
- Accounting
- Country Registrations
- Security
- Country Operations Systems & Documentation

3.9.3 AWARDS THE FINANCE AND OPERATION TEAM SUPPORT

In addition to SIAPS, the Finance and Operations Team also support the SPS Awards.

PROGRAM	AWARD CEILING	AWARD END DATE
SIAPS	$197,926,458	9/22/2016
Kenya Associate Award	$24,996,901	3/31/2016
Afghanistan Associate Award	$24,499,936	8/27/2015

3.9.4 FINANCIAL MANAGEMENT

FINANCIAL MANAGEMENT CAN ALSO BE DEFINED AS: THE PROCESS OF PLANNING, ORGANIZING, CONTROLLING, AND MONITORING THE FINANCIAL RESOURCES OF A PROJECT TO ACHIEVE ITS OBJECTIVES.

Proper financial management is key to SIAPS success. Financial management is the use of financial information, skills, and methods to make the best use of a program's resources. Sound financial management enables us to do the following:

- Make effective and efficient use of resources to achieve objectives
- Fulfill commitments to stakeholders

- Be more accountable to donors and other stakeholders
- Gain the respect and confidence of funding agencies, partners, and beneficiaries
- Gain a relative advantage in the competition for scarce resources
- Prepare for long-term financial sustainability

➢ BUDGETING AND PLANNING

The first step to financial management is Budgeting and Planning. A budget describes the amount of money that we plan to spend for a set purpose over a given period of time. A budget serves to organize and control financial resources, set and realize goals, and decide in advance how money will be used. It serves to secure the resources needed to succeed. A sound budget is the first and most important step towards maximizing program/project financial resources.

There are different types of budgets to use in implementation:

- At the big picture level, the program's **AWARD BUDGET** must be adhered to and expenses must be monitored against it.
- **WORK PLAN BUDGETS** are created or updated every year. Program needs evolve over time, which sometimes necessitates a revision of the work plan budgets before one year.
- Specific **ACTIVITY BUDGETS** are sometimes needed to manage and monitor cost more closely (i.e. for example activities co-funded with another partner, or those that have established ceilings.)
- As the project progresses and approaches its end, **ESTIMATES TO COMPLETION** must be created that forecast full cost based on spending trend, accruals, and activities to be implemented before closeout.

➢ IMPLEMENTATION

Effective work plans and budgets document an agreed upon strategy to achieve results and usually represent a commitment to the clients and beneficiaries. Thus, the first and most important element for successful project implementation is to follow through on those plans and manage in accordance with them. Organizing is equally key, otherwise waste will ensue. Resources (staff, cash, equipment, etc.) have to be coordinated to ensure the implementation of the plan. It needs to be clear which responsibilities need to be undertaken, by whom, and when. Also essential is following internal controls, which are the systems and procedures, checks and balances, that MSH has established to make sure financial resources are handled properly. Controls are indispensable for mitigating internal risks of fraud and mismanagement. More specific financial management actions that can be taken during program implementation are the following:

- Helping prepare accurate monthly cash requirements for the preparation of funds requests from the field to headquarters.
- Setting an example by following financial policies and procedures for internal controls, such as clearing advances promptly.
- Ensuring each proposed expenditure was budgeted for, or that the project can afford to incur an unbudgeted expense.
- Ensuring expenditures are reasonable for the objectives of the project, allowable under USAID guidelines, and allocable to the project.
- Ensuring no payment is disbursed to consultants/vendors until deliverables have been received.

➢ MONITORING

Monitoring involves comparing results against goals and determining reasons for variations to identify weaknesses in a timely manner, take corrective action, and evaluate the effectiveness of plans. Financial monitoring requires regular and timely information, such as budget monitoring reports. For the purposes of monitoring project financial performance, the following resources are used:

- Reports from the local Quickbooks file to review transactions and derive analysis on a monthly basis
- Reports with data from MSH's Business Information System (BIS), Navigator

➢ COLLABORATION

It is important for the technical and finance teams to work together on an ongoing basis to understand the evolving strategies to meet project objectives. One of the great challenges in project financial management is maintaining the ability to meaningfully plan, analyze, strategize, and take action by keeping abreast with the program's changing needs.

> FINANCIAL MANAGEMENT ACTIONS, THUS, ARE NOT JUST ISOLATED ACTIVITIES, BUT RATHER ARE PART OF AN ONGOING AND COLLABORATIVE PROCESS BETWEEN THE TECHNICAL AND FINANCE TEAMS, AND FOR IT TO WORK EVERYONE NEEDS TO UNDERSTAND THEIR OWN AND OTHERS' ROLES AND RESPONSIBILITIES.

The role of the CPD with support from the Portfolio Manager in financial management includes the following:

- Maximize impact of program resources through sound planning and management.
- Fully utilize available financial information and analysis for programmatic decision-making.
- Understand key program financial variables and be able to answer client's questions about them.
- Ensure activities components were budgeted for, or request analysis from finance team to ensure the project can afford to incur an unbudgeted expense.
- Ensure prompt response to any internal audit or systems review findings.

The role of the field Finance and Accounting teams is to implement systems and tools to safeguard, maximize, and track project resources spent in country.

- Program financial management:
  - Perform financial analysis of local cost budget and actuals.
  - Ensure correct coding of local expenditures.
  - Review local transactions reports provided by Accounting on a monthly basis and initiate necessary corrections.
  - Track local program commitments and accruals and share them periodically for inclusion in relevant financial reports.
- Accounting (COMU team):
  - Record and classify financial transactions and submit them on a monthly basis for upload to MSH's BIS.
  - Manage the local bank account.
  - Enforce financial control SOPs, such as that on advance management.

- The role of the SIAPS US Finance Team is to develop financial strategy, analysis, and advice to maximize program resources.
- Devise best methodology to develop budgets that are a sound financial expression of the technical plan.

- Develop and implement program financial status monitoring system.
- Review key country program financial variables and recommend appropriate action to the Country Project Director and Portfolio Manager.
    - Create financial deliverables in coordination with field teams and corporate Accounting in Cambridge.
    - Approve financial transactions for US incurred expenses and local expenses above current signatory threshold.
    - Manage program area coding.

3.9.5 TRACKING PROGRAM FINANCIAL INFORMATION

The Finance and Operations Team track and monitor the expenses of the SIAPS Program through a system of complex charge codes. These charge codes are predefined strings of characters that are assigned to each expense transaction. Charge codes allow for the aggregation of transactions that should be tracked against a particular program or overhead budget, they may also be known as "account codes" (these are different than general ledger codes, which serve to categorize transactions according to MSH's chart of accounts).

We use charge codes for the following reasons:

- To ensure allocability of costs
- To request cost reimbursement from donors/clients
- To track expenditures against budgets
- To capture actual cost information that helps with future budgeting
- To increase accountability for project and budget management

A CPM charge code is composed of two elements: Award/Fund →A227/ PECM05//// ← Speed Key

The Award/Fund Code identifies the program or over head funded department, while the Speed Key is a shortcut that populates some of the following information into the MSH accounting system:

- **Area of Work:** Derived from MSH's 6 x 5 framework, which consists of health impact areas by health system strengthening categories.
- **Code 1:** The combination of CPM's technical areas (supply chain management, rational use, etc.) and interventions (options analysis, training, etc.)
- **Code 2:** A relevant category available for each project to define.
- **Geography:** Region, country, or sub-national area that benefits from the work.
- **Pot of Funds:** Funding directives and sources, such as PEPFAR, PMI, etc.

A full charge code looks like: Award/Speedkey/Code2/Geography/PotOfFund/SubAward.
As an end user of a CPM Code you typically only need to know the Award and Speedkey, but it is necessary to include the four slashes at the end of the code for the system to insert the other pieces.

Charge codes are used every time a financial transaction is initiated. From charging time to procuring supplies to implementing an activity, the correct charge code, associated with your country program, pot of funds, and activity is needed.

AS WORK ASSIGNMENTS CHANGE, SO OFTEN DO THE CHARGE CODES. MAKE SURE YOU ARE ALWAYS USING THE CORRECT CHARGE CODE. NOT SURE WHAT CODE TO USE – ASK YOUR SUPERVISOR!

3.9.6 USING FINANCIAL INFORMATION FOR DECISION MAKING

Financial information is provided to the programs via financial reports. It is through these reports that the country teams can make decisions that will affect their SIAPS programs. The purpose of the financial reports is so that the overall program and portfolio financial status are readily known (are target expenditure levels being met?), to ensure that sufficient funds exist to support planned program activities, and to reduce any "surprises" – good analysis should result in fewer instances of surplus or deficit portfolio balances. The objectives of good financial decision making is to guarantee that funds received by SIAPS are expended according to applicable rules and regulations ensuring that MSH receives all anticipated revenue, and that all operating costs are covered within the budget.

These objectives are very important as they ensure that the Indirect costs that support Project operations are based on expenditure of program funds. Under-spending of direct program expenses means indirect costs are sometimes not fully recovered and would result in indirect costs needing to be reduced or additional revenue found elsewhere.

➢ FINANCIAL REPORTS

The SIAPS Finance and Operations Team provide both internal reports to the SIAPS Management Team, Portfolio Management Team, and Country Office Teams, as well as external reports that go to USAID/W and the USAID Missions.

The internal reports, which are distributed on a monthly basis, include:

- SIAPS Monthly Financial Report (summary): Summary of the budget/obligations and expenses by USAID fiscal year, pot of funds, ratios, cost share; Cumulative expenditures by portfolio; Monthly expenditures by code; Pipeline and burn rates; Estimated months remaining in pipeline
- Portfolio Manager's Confidential Report (detailed): Budget/obligations and expenses by USAID fiscal year; Brief details for all expenses charged for the month. Includes both country and home office expenses
- Any other customized report you may need (see Finance Team)

The external reports include both contractually required reports, the SF-425 and VAT report, as well as the non-contractually required, but often requested, Accruals Report.

The financial reports should be used to: Review obligations and actual expenditures versus budget for your portfolios; Compare previous report with current report; Analyze balance remaining (both positive & negative); Compare financial performance to work plan; Refer to detailed report for some explanations; Refer to Finance Team for additional assistance; Timing issue: Real life – bank statement example; Identify existing accruals and commitments.

THINGS TO LOOK FOR AS YOU REVIEW THE MONTHLY FINANCIAL REPORTS:

- WERE THERE UNANTICIPATED CHANGES (I.E. SALARY INCREASES, EXCHANGE RATE FLUCTUATION, ARRIVAL/DEPARTURE OF ONE OR MORE PROJECTS)?
- WHAT ARE THE ANTICIPATED EXPENSES IN THE NEXT MONTH OR QUARTER (I.E. HSV, EMPLOYER CONTRIBUTION REALLOCATIONS, ETC.)?
- ARE THERE SPECIFIC BUDGET CATEGORIES/ACTIVITY CODES THAT I WANT TO BE TRACKING THE EXPENDITURES MORE CLOSELY FOR AND, IF SO, WHAT ARE THEY?
- WHAT ACTIVITIES CAN BE PARED BACK OR CUT ENTIRELY AND NOT IMPACT OUR OVERALL TECHNICAL PERFORMANCE IF WE NEED TO SPEND MORE ON KEY ACTIVITIES OR TO INCLUDE UNANTICIPATED WORK?

➢ CORRECTING ERRORS

If an erroneous transaction occurred locally in QuickBooks (QB), then the correction has to be done through QB. Please communicate any corrections to your Project Support Associate so they are aware of the error and will not be alarmed by the change in the following month.

If an erroneous transaction originated in HQ, then the corrective action has to be done at HQ.

Any corrective action between two or more separate agreements requires CFO approval (i.e. SPS to SIAPS).

3.9.7 TRAVELING UNDER SIAPS

To travel under the SIAPS award, domestically or internationally, the USAID rules and regulations must be adhered to.

DOMESTIC TRAVEL
(WITHIN THE HOST COUNTRY)

- TRAVEL APPROVAL
- TRAVEL ADVANCE, IF NEEDED
- HOTEL RESERVATION, IF NEEDED
- AIR TICKET, IF NEEDED
- GROUND TRANSPORTATION
- FLY AMERICA ACT CERTIFICATION OF UNAVAILABILITY OF U.S. FLAG CARRIER, IF AIR TRAVEL
- TRAVEL EXPENSE FORM (TEF)
- TRIP REPORT, IF NEEDED

INTERNATIONAL TRAVEL
(OUTSIDE OF THE HOST COUNTRY)

- ALL REQUIREMENTS FOR DOMESTIC TRAVEL PLUS:
- REQUEST FOR COUNTRY CLEARANCE (RFCC)
- ELECTRONIC COUNTRY CLEARANCE (ECC), IF REQUIRED
- AOR APPROVAL
- VISAS
- ISOS FOR OUTSIDE CONSULTANTS AND FIELD OFFICE STAFF

Travel Procedures for ALL Travel:

- Travel Approval from the
- R/Activity Manager in the Mission MUST be received PRIOR to departure
- The travel advance request for 75% of total expected per diem must be submitted at least 15 business days prior to trip.

- The signed TEF and all original receipts and itinerary must be submitted for approval within 10 business days of return from travel (7 days for workshops/TA expenses) to clear advance.
- Submit trip report along with TEF (note: this is always required for International travel).
- Note: the travel time away from duty post must be 12 hours or more to receive per diem.

> FOR THE SOP ON CASH ADVANCES:
> http://www2.msh.org/yourmsh/PMM/FMA/C_Cashflow/C5_Cash_Advances.pdf

➢ FLY AMERICA ACT POLICY

You are required by the "Fly America Act" to use U.S. flag air carrier service for all air travel funded by the U.S. Government for both International and Domestic travel unless, when compared to using a foreign air carrier, such use would:

- Increase the number of aircraft changes you must make en route by 2 or more
- Extend your travel time by 6 hours or more
- Require a connecting time of 4 hours or more at an overseas interchange point

A stopover is allowable when:

- Travel is more than 14 hours combined, a rest stop may be approved

- Day Room is allowable when:
- Layovers of 6 or more hours, a day room may be approved

➢ TRAVEL EXPENSE FORM (TEF)

A TEF may be used for several reasons:

- To clear an advance issued by MSH for business travel of employees or consultants
- To request reimbursement for travel undertaken for MSH, but no advance payment was received
- To claim reimbursement for personal funds used to pay for work-related goods or services
- To clear an advance received for office or workshop costs

> PREPARATION OF THE TEF INSTRUCTIONS:
> http://www2.msh.org/yourmsh/PMM/CM/A_03_CM/PCP/TEF_Instructions_en.pdf

➢ PER DIEM

MEALS AND INCIDENTALS (no receipts) is an amount determined by the Country office or Home Office (which uses State Department figures), which is expected to cover all meals and incidental costs (laundry, tips, porter services, personal phone calls) while you are traveling.

- One brief phone call per week can be reimbursed (less than 10 minutes)
- If meals are provided at a cost to the project (included as part of training, workshops, etc.), these meals must be deducted from M&IE

LODGING (actual cost with receipt) is an amount determined by the Country office or Home Office (which uses State Department figures), which is the maximum lodging rate that will be allowed for reimbursement.

- If room rate is over established per diem rate, a memo is needed for justification for use of hotel Over Per Diem approved by Project Director prior to travel if a valid, non-personal reason exists for doing so.

On the first and last day of the trip only 75% of M&IE is given.

➢ Miscellaneous Travel Expenses

Miscellaneous travel expenses (Itemized list of expenses supported by receipts) include costs that are associated with the business aspect of your travel:

- Transportation for business purpose: taxis, bus, train, bus, parking, toll, personal vehicle (US IRS POV rate)
- Communications: Internet and phone for business use
- Meetings expenses (if snack or meals have been provided, must be supported by participant list and reason for meeting)
- Other (medical services, workshop expenses, etc.)

3.9.8 Finance and Operations Tools and Templates

The following tools and templates from the Finance and Operations Unit can be found in the Annexes:

36. SIAPS Monthly Finance Report
37. SIAPS Monthly Managers Report
38. SIAPS Pipeline Management Report
39. SIAPS Monthly Commitment Tracker Template
40. Financial Report Card
41. Expenses per Account Category Template
42. Cost Reimbursement vs. Fixed Price Contracts
43. Consultant Checklist for Project Associates

3.10 HUMAN RESOURCE MANAGEMENT

3.10.1 GUIDING PRINCIPLES FOR HUMAN RESOURCE MANAGEMENT

The Human Resources Management (HRM) Team is a strategic partner in building MSH's programs by maximizing the value of human capital and aligning with organizational initiatives, values, strategies, and the needs of all stakeholders. HR is dedicated to delivering quality service and maximizing the potential of MSH's greatest asset, the employees, increasing their capacity to achieve the organizational goal of saving lives and improving health worldwide.

3.10.2 ROLES AND RESPONSIBILITIES FOR HRM

The HRM Team acts in the following roles:

STRATEGIC PARTNER: Contributes to the implementation of MSH strategic plan and objectives; Knowledgeable of HR systems impacting HR services; Cost-conscious, streamline processes.

EMPLOYEE ADVOCATE: Support staff to keep them motivated, contributing, engaged, and happy; Support staff on development opportunities, employee assistance programs, rewards, due process.

CHANGE CHAMPION: Supports change linking it to the strategic needs of MSH based on MSH's strategic roadmap and the objectives of the Priority Operations Plan.

The following personnel are part of the HRM Team, which supports CPM:

ROSITA RODRIGUEZ-BARTON, HR Partner II: Supports Arlington Offices.
LUZ NINO, Senior HR Regional Partner II: Supports LAC.
GWEN GLICK, HR Partner II: Supports Cambridge.
CECILIA KELLY, HR Regional Partner II: Supports Eastern Europe, Portuguese Africa and Francophone Southern Africa.
MUNIRA SIDDIQI, HR Regional Partner II: Supports West Africa.
AGNES ACAM, HR Partner II: Supports East Africa.

Human Resources is a core member of the OST. As a core member, it is HR's responsibility, through the HR partners, to attend OST meeting as required, attend project touchbases, address HR needs and requests in each country he or she supports effectively and with a sense of urgency, and ensure that each country office has an effective and well functioning HR system that complies with local labor laws and MSH standards.

3.10.3 RECRUITMENT AND STAFF TRANSFER PROCEDURES

- **RECRUITMENT**

Talent Acquisition strives to bring the right talent to the right place at the right time to meet the immediate and future employment needs of the organization.

In each step of the process the Talent Acquisition Specialist engages the candidate, the hiring manager, the HR Partner, and the Compensation Unit to ensure a thorough and smooth recruitment. If the recruitment is not successful, the process starts again. The following are the steps of the recruitment process:

1. The first step in the recruitment process is PRE-EMPLOYMENT: This is when the business needs of the position are determined, the job description is drafted and sent to Talent Management, the Job Requisition is signed, and the position is assigned to the Talent Acquisition Specialist. The Talent Acquisition Specialist conducts an intake meeting with the hiring manager to agree on skills, where to post, etc., and verifies if the position requires USAID approval.

2. POSTING/ADVERTISING: After meeting with the hiring manager, the Talent Acquisition Specialist posts the position in ICIMS and the review of CVs starts.

3. SCREENING AND INTERVIEWING: Managers receive the pre-screened CVs for their consideration and interviews start (face-to-face, conference call, or panel).

4. SELECTION: If a candidate is selected for an offer, then references are checked including t-checks and the candidate is requested to submit a completed Biodata form.

5. POST SELECTION: Once the candidate has been cleared, the salary negotiation starts, and if the candidate accepts, the job requisition is closed, offer letter is sent, and HR Action prepared. If the position requires USAID approval, the Talent Acquisition Specialist prepares the relevant Nomination letter.

6. If the candidate was not cleared or did not accept the offer, the process starts again with other shortlisted candidates or a fresh search.

Candidates may be hired from within a country or internationally. Depending upon where the candidate is coming from or in which country office he or she will based, there are legal requirements that need to be satisfied (e.g., visa, work permit, concurrence, etc.) before the candidate arrives at Post. At the same time there may be relocation involved, and in some cases, allowances may apply. The HR Partner and the HR Manager in the field work closely with the Staffing Specialist, the Global Compensation and Mobility Analyst, and the Global Benefits Manager to ensure all the appropriate steps have been followed.

➢ INTERNAL JOB TRANSFERS

MSH recognizes that employee growth and development may at times involve applying for openings at other projects, centers, offices, office or units. All internal transfers or promotions require the notification of both the sending and the receiving Center or Corporate Office leaders.

> TO BE ELIGIBLE TO APPLY TO INTERNAL OPENINGS, THE CANDIDATE MUST HAVE BEEN IN HIS/HER CURRENT POSITION FOR A MINIMUM OF ONE YEAR, DEMONSTRATED SATISFACTORY PERFORMANCE AND HAVE HAD NO ADVERSE PERFORMANCE ACTIONS DURING THE PREVIOUS YEAR.

Job openings appear in the Quick Links section of MSH's intranet homepage at Job Postings. This is also known as the MSH Employee Career Center. An employee can create a profile and apply to positions of interest. The following procedures are to be followed by internal jobseekers:

1. Employees interested in a posted position should follow the standard recruitment process by applying through ICIMS.
2. Preliminary inquiries will be treated with priority and in confidence.

3. Employees will not be penalized nor treated less favorably as a result of their inquiry and/or participation in internal recruitment.
4. If the employee is not eligible or qualified for the posted job opening, he/she will be notified. If the employee has a documented performance problem (i.e. performance improvement plan), or Unsatisfactory performance rating, the Staffing Specialist or Human Resources Manager may need to convey the information to the hiring manager in order to decide whether to grant an exploratory discussion, assuming the employee meets the requirements of the open position.
5. If the employee is eligible and would like to have an exploratory discussion before formally requesting consideration for the opening, the Staffing Specialist or Human Resources Manager will arrange for such a meeting with the hiring manager.
6. If, after the exploratory discussion the employee formally applies for the position and is scheduled to be interviewed, the employee must advise both his/her immediate supervisor and the Staffing Specialist or Human Resources Manager about the interview. During any ensuing interviews, the employee must advise and keep his/her supervisor abreast of the process.
7. Successful applicants for internal career opportunities will be transferred on a date to be mutually agreed by the sending and receiving supervisors.

3.10.4 Promotion and Title Change procedures

Significant changes in job requirements are submitted through the Human Resources Manager or Human Resources Partner for review by Compensation to determine whether a job evaluation is warranted.

Ideally, all salary adjustments and promotions should take place at the time of the Performance, Planning, Review, and Development (PPRD) process but can occur at any time if a position has significantly changed. The direct supervisor should initiate a job evaluation by completing the Job Evaluation Form. After conducting a market research, the Compensation Unit will analyze the position and will assign a grade and salary to the role. An employee may also be promoted any time during the year in the event that a promotion is the result of an open position and the employee has met the one-year requirement.

1. Fill out the Job Evaluation obtained from the HR Partner or from Compensation.
2. E-mail their HR Partner with the following:
    a. Job Evaluation Form (as mentioned above)
    b. Job Description
    c. Organizational chart and any supporting documentation that may be helpful for the review
    d. FLSA Review. This is only required in the United States and in cases where FLSA classification is being considered i.e., job changes from non-exempt to exempt status or vice versa
3. If the HR Partner agrees with the promotion, he/she can forward to Compensation for review and approval.

3.10.5 Salary Determination

MSH strives to provide an internally equitable and externally competitive Total Compensation Program that attracts, motivates and retains employees exhibiting strong performance and results attainment, along with desired performance behaviours.

MSH's Total Compensation Program consists of three major components:

- Salary or Base Pay
- Benefits
- Reward and Recognition

➢ BASE SALARY

Base salary is the amount of money agreed to by MSH and an employee and paid in return for work performed. It does not include any benefits, rewards, or any other compensation. In the US employees are paid in a bi-weekly basis; in the field base pay may be paid bi-weekly or monthly depending on common practice in the particular country.

MSH targets median (50th percentile) base salary for comparable positions in the marketplace. Pay levels are determined based on external competitiveness (market data) and internal equity of individuals in similar positions. (Note: not all positions will have market data)

- EXTERNAL COMPETITIVENESS: a measure of an organization's pay structure compared to that of its competitors. This includes:
    - Third party survey data
    - Recruitment
    - Exit interviews
    - Specific skill requirement and availability
- INTERNAL EQUITY: Comparing employees at similar levels for positions with similar responsibilities and qualifications within a group or labor market to ensure equity.

➢ BENEFITS

Keeping employees' welfare in mind, MSH offers a rich and competitive benefits package. It helps MSH attract, retain, and maintain valuable talent.

It is important to know that benefits for country offices are specific to each country and are based on local practice or legal requirements such as housing, transportation, meals allowance, etc. For example, although medical benefits are offered in all field offices, retirement benefits may not be.

3.10.6 PERFORMANCE PLANNING, REVIEW AND DEVELOPMENT (PPRD)

Continuous Performance Management is the system of managing performance continuously throughout the year in order to achieve the employee and MSH's results. It includes setting of achievable expectations, frequent and effective communication between the supervisor and the employee, effective feedback and coaching, and offering development opportunities. It sets the stage for rewarding excellence by aligning individual employee accomplishments with MSH's mission and objectives. Purpose of Continuous Performance Management:

- To maximize the performance of employees
- To provide employees with feedback year round
- To help employees and supervisors plan
- To help MSH be effective and achieve results

At MSH this process culminates with the annual performance appraisal, Performance, Planning, and Review Process (PPRD) that is held between March and May of each year.

The PPRD process follows the following pattern:

➢ SELF-ASSESSMENT

- Employee evaluates self on performance objectives and performance factors
- Supervisor and employee agree on objectives for the year
- Employee forwards the self-assessment to his/her supervisor along with plan for next year
- Supervisor uses employee self-assessment as first draft of PPRD

➢ FEEDBACK COLLECTED BY SUPERVISOR

- Employee and supervisor discuss who should be asked to give feedback. The supervisor may ask others outside of those mutually identified for a more balanced feedback, including contacts outside MSH. The Performance Management Team can provide access to the Feedback form in to those who do not work at MSH.
- For supervisors, all of the supervisor's direct reports should be given an opportunity to provide feedback.
- The supervisor sends the feedback form to those being asked to give feedback with a deadline for submission.
- Those giving feedback return the forms to the supervisor by the specified date. Confidentiality is important in order to encourage honest, constructive responses without fear of retribution or the feeling that only positive feedback should be given.
- The supervisor synthesizes feedback, not attributing specific feedback to individuals, so that feedback remains confidential.

➢ SUPERVISOR ASSESSMENT

- Supervisor reviews the employee Self-Assessment
- The Supervisor combines information from employee self-assessment, feedback obtained from others, own notes and observations, and the job description.
- Incorporates synthesized, confidential feedback from others
- Supervisor obtains rating approval

➢ ANNUAL PERFORMANCE MEETING

- The Supervisor gives employee a copy of the PPRD for review prior to their meeting.
- Meet at a mutually agreeable time in a place without distractions; Speak by phone or Skype if not able to meet in person
- Supervisor gives feedback on past performance
- New performance plan and development plan agreed upon

➢ FINALIZE DOCUMENTS

- If the employee receives a U, ER, or O rating, the supervisor needs to request approval from his supervisor or the VP of the Center before signing and finalizing the document. The employee, the supervisor, and the supervisor's supervisor sign the forms and submit them, through ePM or if using the paper process, to the HR Manager or the HR Partner by the due date.
- The employee, the supervisor, and the supervisor's supervisor sign the forms and submit them, through ePM or if using the paper process, to the HR Manager or the HR Partner by the due date

- The employee and supervisor each keep a copy (hard or electronic)

➢ **PERFORMANCE RATINGS**

Outstanding	O	Meets all standards in Exceeds Requirements and anyone viewing his/her performance would agree he/she has distinguished himself/herself as a role model for peers for the Center/Office/Project. (Note: When using this rating, supporting examples must be provided.)
Exceeds Requirements	ER	Objectives and performance factors are consistently met and for most areas of accountability the employee has exceeded expectations.
Successfully Meets All Requirements	SM	Objectives and performance factors are consistently met and the employee is a clear contributor to the success of the unit and MSH.
Meets Most Requirements	MM	Most objectives and performance factors are met. Performance improvement is needed and expected where not fully competent.
Unsatisfactory	U	Lack of performance toward achieving a significant number of objectives and performance factors. Requires steady and significant improvement.

If an employee receives an MM rating or lower, the supervisor needs to prepare and monitor a Performance Improvement Plan for the employee, an example of which can be found in Annex 44.

3.10.7 HRM TOOLS AND TEMPLATES

The following tools and templates from the Finance and Operations Unit can be found in the Annexes:

44. Performance Improvement Plan
45. HR Capacity Building Reference Manual

3.11 PROGRAM CLOSE OUT

Program close-out involves activities related to the formal closure of a SIAPS country program or the overall agreement and the completion and submission of all final deliverables to the donor/client. As a donor-funded program with a beginning and end date, the expectation is that a SIAPS program close-out happens by the project end date (September 2016) when program's goals and deliverables of the program have been met. However, SIAPS, or any of its country programs, could be asked to close prior to the end date due to decreased funding, consolidation of partners, the lack of satisfaction from the donor/clients with SIAPS work products, or an emergency political or security situation. While some of the factors are beyond our control, all SIAPS staff must work to prevent premature closure of the program from preventable factors related to customer satisfaction. Please see Part Two: Understanding the External Environment of this Guidance for assistance on client engagement mechanisms.

It is important to remember that portfolios (both those that receive Core or Field Support funding) buy into the award on an annual basis (by fiscal year) and as such portfolios are added and subtracted from the award throughout its life cycle.

The objectives of a SIAPS close-out are to ensure that:

- The program ends on schedule and within budget
- Donor technical, financial and operational requirements are successfully met
- Program products/deliverables, including a final report for each portfolio, are well documented and readily available
- Program achievements are acknowledged and celebrated
- Program lessons learned are documented and utilized
- MSH is positioned to win new business because of project's success

3.11.1 GUIDING PRINCIPLES FOR PROGRAM CLOSE-OUT

- Program close-out should be anticipated and planned during the start-up phase of the program. Close-out costs must be budgeted within the work plan and maintained as an existing commitment throughout program implementation in order to ensure that sufficient funding is available when close-out occurs.
- The program close-out should be thoroughly inclusive of all key external and internal stakeholders. A comprehensive analysis of stakeholders/players and their roles or target messages must be delineated at the onset.
- Program close-out is a process, not a single event. As such, clear communication and a shared understanding of the actions, expectations and timelines for all actors and affected persons are recommended, to reduce implementation risks.
- The planning, initiation, conducting and outcome of a SIAPS program close-out should be done as an integrated organizational undertaking coordinated by the assigned Operations Officer, who is a member of the Operations Support Team or OST, for the country.
- A close-out matrix or checklist, detailing the major activities and corresponding responsibilities for country program close-out should be developed before the initiation of close-out.

3.11.2 Roles and Responsibilities for Program Close-out

Closing a country program often involves several staff, at the Corporate, Center and Project levels. Usually known as the close-out team, these staff must work together to ensure that the close-out is successfully implemented.

Country Project Director	• Ensure successful technical and operational close-out of program • Manage all close-out communications • Ensure on-budget close-out
Portfolio Manager	• Support CPD to ensure successful technical close-out • Assure availability of all needed input for successful close-out
SIAPS Technical Staff	• Support technical close-out activities
Operations Officer	• Coordinate the close-out program • Develop the close-out matrix • Lead and guide operational close-out activities
Corporate Accounting Team	• Liaise with CFO on need to close bank account • Provide guidance as needed on financial close-out
SIAPS Finance Team	• Support close-out budget monitoring • Develop pipelines for close-out period • Close charge codes, as appropriate • Ensure compliance with financial management close-out requirements
Contracts Officer	• Obtain approvals or waivers as necessary • Provide donor guidance on close-out requirements to include inventory disposition • Ensure successful sub-recipient and consultant close-out
SIAPS Communications and K&M Team	• Support close-out communications and reporting
HR Partner	• Research and clarify local labor laws related to close-out to include severance pay, if required • Lead staff close-out planning, communications and delivery

3.11.3 Close-out Planning

Key questions and systems initiated at start-up impact project implementation and the efficiency of close-out activities. For example: Is it necessary and cost-effective to open an office? Would the registration process draw resources away from technical implementation? Is the lease flexible enough to allow for unplanned exits? Did we establish adequate systems for monitoring sub-locations, maintain up-to-date documentation, manage inventory, monitor spending and cover close-out costs?

> DID YOU KNOW:
> CLOSE OUT PLANNING IS ACTUALLY INITIATED AT THE START OF THE PROGRAM!

Active close-out planning should ideally be initiated at least nine months before the end of project and starts with the development of a close-out matrix detailing all proposed technical and operational activities and responsible parties. The plan also covers a contract compliance review, inventory of project deliverables, sub-recipient close-out and consultant close-out plans. The matrix is an adaptation of the MSH close-out matrix that is tailored to the particular context of the SIAPS country program. The OST

Operations Officer leads the development of the matrix, in coordination with the Portfolio Manager and Country Project Director. It is then discussed and approved with the country program team at headquarter and country levels, and USAID Mission, if necessary, to confirm the actions and timelines. Annex 46 contains a sample of the MSH close-out matrix.

3.11.4 Technical Close-out Activities

Technical close-out relates to actions aimed at confirming, documenting and transferring all technical deliverables of the program to the donor, clients and/or beneficiaries. It also covers the communication and knowledge management of program products, experiences and lessons learned. Key focus areas for technical close-out include: exit planning, technical products and technical communications.

➢ Exit Planning

An integral part of SIAPS program design is the sustainability of the interventions beyond SIAPS. Our system strengthening approach capacitates local governments and organizations, fosters collaboration between countries and institutions within those countries, and increases country ownership. Each country strategic plan has a sustainability strategy that is incorporated into work plan design every year. The extent to which we achieve this will determine the elements of the plan we develop for exiting the program at close-out.

The exit plan serves to document how we can ensure that the program achievements continue beyond SIAPS and help position MSH for future work in the country. For every continuing program activity beyond the life of the Project, the plan articulates:

- What resources are available in funding, materials and personnel
- Opportunities for further integration and coordination
- Capacity gaps of local stakeholders
- Other challenges that would need to be addressed
- Roles and responsibilities of remaining players

The Country Project Director develops the exit plan, with support from the Portfolio Manager. The CPD should also present the plan to local partners and the Mission for review, approval and adoption prior to the end of project (EOP). The plan can then be presented as part of the EOP dissemination meeting, should such a meeting occur.

➢ Technical Products and By-Products

The key to successful technical closure of the project is to ensure completion of activities and deliverables as planned. Products deriving from these activities must be collected and readily available in electronic form and hard copy (if applicable). These include technical reports, process documents, program evaluations, conference posters, key presentations, etc. In order to do this, we must have an inventory of all deliverables promised in the agreement and/or work plan and track the completion of these deliverables in an ongoing manner throughout the project. A sample deliverables tracking tool is presented in Annex 47.

The Country Project Director must ensure that all technical products and deliverables are properly tracked and accounted for, in preparation for the submission of the final report. If necessary, the CPD must allow time for quality completion of technical work and consider contingency staffing/consulting resources for successful completion.

➢ TECHNICAL COMMUNICATIONS

All SIAPS programs due to close-out should develop and implement a communications strategy to facilitate appropriate information to key stakeholders of the impending close-out: appropriate publicizing of the program's achievements and lessons learned and positioning of SIAPS for potential future work. A small team with representation from the country team, portfolio management team, headquarters technical team and the KM team is recommended to help plan, coordinate and implement the program's closeout communication needs. A communications plan, detailing audience, products, strategies and activities should also be developed. Key activities include:

- Inventory of audience and key messages/products
- Inventory and collation of technical project deliverables
- Submission of all required reports and deliverables
- Development of a dissemination strategy for results and technical products
- Development of debrief packages by audience, including partners, where applicable
- Conduct an end-of-program (EOP) technical event to relay achievements and results and to acknowledge partners and staff
- Development and dissemination of EOP Report
- Conduct a program team After Action review
- Conduct a Program evaluation
- Identification of the "go-to" person for questions after close-out

3.11.5 OPERATIONAL CLOSE-OUT ACTIVITIES

➢ STAFFING

The greatest asset of the SIAPS program is its human capital. They are the key to the realization of the program results and deliverables. It is important that the close-out of the program, which often involves separation of staff, acknowledges and celebrates the contribution of staff and treats all staff with consideration and support.

Throughout the administrative process described below, the Country Project Director, Human Resources representative and Portfolio Manager must reinforce trust and confidence in the country project team until the last day of project operations. Also, because labor laws for each country are different, consultation with a local labor lawyer is recommended to guide close-out actions related to staff. Key activities for staffing close-out include:

HUMAN RESOURCES PLANNING: The Country Project Director must work with the responsible HR officer for the country program and the Portfolio Manager to plan and implement a staff briefing regarding close-out. This is usually done 3-6 months before the close-out (for planned close-out) or as soon after the notice to close-out is provided (for premature close-out). The briefing will cover the close-out timeline and how it relates to separation, benefits, transition support and repatriation for staff, as appropriate. The country office HR contact or HR Partner develops the plan for the staff briefing that is reviewed and confirmed by the CPD and PM.

REPATRIATION (FOR EXPATRIATE STAFF): If there are expatriates on the program, the HRM Compensation Analyst will coordinate with the Contract Officer to communicate specific departure guidelines to expats, arrange for their repatriation and support them in their departure. Some of the transition support provided

to expats includes benefit pay-outs, skills inventory/CV updates, tax forms and references for other jobs. The HR Officer for the country program must always maintain an updated list of expatriate departure dates that is shared with the Portfolio Manager. If the expat's planned departure date is before the EOP, the CPD must make appropriate plans for the reassignment of staff duties if necessary.

SEPARATION (FOR NATIONAL STAFF): Review local labor laws to understand project liabilities for the close-out and plan for those. Things to consider might include: staff leave (keeping in mind that staff may need extra time to search for a new job); preparation of work certificates/reference letters; calculation of severance and other payments related to close-out conditions. Other actions include:

- Review contracts to confirm/amend employee end dates.
- Review employee files to ensure that they are up to date, in order and ready for shipment to HQ at time of close-out.
- Plan calendar of separation for local staff in consultation with the project's HR Partner.
- Ensure that the overall close-out communication plan includes staff appreciation letters or another mechanism for recognizing staff contributions.
- Prepare and sign letters of termination in accordance with MSH policy and local law.
- Communicate with benefits providers to terminate service contracts.
- Arrange meeting with benefits providers and staff to clarify mechanisms for continuing with payments privately if possible. Provide transitional support as appropriate.
- Review vacation accrual to ensure accuracy, monitor vacation accrual and advise staff with accrued vacation to use it before EOP, ensuring that the Country Lead/Country Program Director receives copies of the vacation accrual report.

UPDATE CV DATABASE: During the last month of the project, the country HR contact should collect updated CVs from all SIAPS' staff and send to the HR Partner for use in updating the MSH skills inventory.

EXIT INTERVIEWS: The HR Partner must conduct exit interviews with selected staff to determine and document lessons learned in HR management and provide these to headquarters for use in planning HR management support for subsequent programs.

➢ FINANCIAL MANAGEMENT AND ACCOUNTING

Managing spending and monitoring financial transactions is especially important for project close-out. With the support of the PM, the CPD will work with the local Finance Officer/Manager and/or the SIAPS Finance Team to develop and closely monitor the budget for the final phase of the project, including repatriation costs, benefits payments and shipping of project documents as indicated in the close-out plan.

In the final two months of the project a budget monitoring and pipeline review is conducted weekly, or more frequently if necessary. The SIAPS headquarters Finance team provides support for this close and detailed budget monitoring. Additional actions related to financial close-out include:

- Complete liquidation of all advances
- Conclusion of contracts with vendors (including subcontractors and consultants), including final payments
- Payment and cancellation of all utilities and service contracts
- Conduct required audits, if applicable
- Completion and receipt of payment for all VAT reporting
- Liquidation of all required staffing liabilities (i.e. severance, unused leave, etc)
- Closing of bank accounts

- Confirmation of mechanisms for payment after close-out

➢ OPERATIONAL MANAGEMENT

LEASE MANAGEMENT: The Office/Operations Manager should ensure that the lease is closed successfully, without any liabilities to MSH. S/he reviews the terms of the lease to determine the requirements for giving notice; works with the Operations Officer to determine the need to renegotiate lease terms based upon the potential for follow-on or a no-cost extension; notifies the landlord regarding lease termination if necessary; schedules a walk-through with the landlord to decide upon necessary repairs; arranges for necessary repairs to be made before the close-out date; and arranges to apply the security deposit and prepaid rents to the final rent payment or to receive a cash reimbursement.

COLLECTION OF COMPANY PROPERTY: All SIAPS property provided to staff must be retrieved for disposal at the end of the project. The COP/Finance and Operations Manager must review and reconcile the inventory of items given to staff (phones, laptops, etc.) and ensure that these are returned or that appropriate deductions are made from final staff payments if items have been lost by staff. This includes the shutting off of MSH official e-mail accounts for staff.

PROPERTY MANAGEMENT POLICY: HTTP://INTRANET.MSH.ORG/POLICIES-AND-PROCEDURES/MSH-CORPORATE-POLICY-MANUAL.CFM#CP_JUMP_216131

INVENTORY MANAGEMENT: Treatment of inventory at close-out should be guided by MSH policy for property management and SIAPS contract clauses related to inventory disposition. These include the review and update of the inventory list; repairs and routine maintenance on program property; creation, review and approval of a disposition plan (by the Office/Operations Manager, CPD and PM); submission of the disposition plan to USAID by the Contract Officer and confirmation of USIAD approval of the disposition plan. Once the disposition plan is approved, the program property is transferred or disposed according to the plan. All transfer of property must be acknowledged and signed by the recipient on the MSH Property Transfer/Disposal Form provided in the property management policy. The Contract Officer then completes the final Annual Report of Government Property and submits to USAID.

SHIPPING OF PROJECT DOCUMENTS: The Office/Operations Manager coordinates the shipping of project documents and other materials as well as procures a shipping vendor according to MSH Procurement Guidelines. Additionally, s/he orders the necessary boxes and materials for packing/garbage disposal and briefs staff on MSH Guidelines for the Packing and Shipping of Project Documents. The staff should begin purging and disposal of materials already at headquarters following the Guidelines for Shipping. S/he will provide ongoing guidance and support to staff on packing, schedule pick-up of boxes, and ensure that all boxes are picked up before EOP.

ARCHIVING OF PROJECT DOCUMENTS: Program data is an important source of information for future projects. Additionally, it may be used for responding to questions from USAID at any time within the prescribed record retention guidelines. Consequently, all appropriate program documents must be inventoried and archived electronically in MSH institutional memory, and at the MSH paper archiving system at Iron Mountain Storage facility. The project archive includes a description of the files being stored, how they are stored (paper/electronic), where they are stored, and a point of contact for further information. In-country Office/Operations manager ensures the inventory, packing and shipping of paper documents to SIAPS headquarters. Upon receipt of the documents, the Project Associate works with the CPM Senior Librarian to catalogue documents for institutional memory, and with the Corporate Services Unit to ensure appropriate archiving of the documents and delivery to Iron Mountain.

FINAL LOCK-UP: The Office/ Operations Manager arranges for the final lock-up and key return to the landlord or his/her designee. In collaboration with the CPD, s/he will determine who is responsible for the final closing of doors; brief them appropriately and arrange for all keys to be delivered to that person and confirm the final lock-up and key delivery with the landlord.

CLOSING OF ADMINISTRATIVE EXPENSE CODES: The Project Associate provides specific instructions in an e-mail to IS to shut off the postage, copier, phone and courier (FEDEX/DHL) codes in order to avoid continued charging. After the last payday of the final pay period of the project, the Portfolio Manager coordinates with SIAPS Finance team to close charge codes in Navigator for all tasks and subtasks specific to the program.

- **SUB-RECIPIENT CLOSE-OUT**

The Sub-recipient close-out team (CPD, Contract Officer and SIAPS Technical Advisor overseeing partner engagement) engages each of the sub-recipients individually to reach an agreement on the Sub-recipient Close-out Plan. They will monitor the progress of sub-recipient close-out activities and ensure that they are completed on schedule and within budget. They will also conduct necessary follow-up to ensure that invoices are current and that all outstanding advances are liquidated. When these are satisfactorily completed, the Contract Officer will complete the formal Close-out of Sub-recipient Award through a review the agreement file to ensure that it is complete and will finish by mailing a formal close-out letter to the sub-recipient.

- **CONSULTANT CLOSE-OUT**

To complete the consultant close-out process, Technical Program Managers and the CPD must confirm that all outstanding work by consultants is done and all deliverables have been received; all consultant agreement files are complete, and if necessary any missing documentation is identified and requested from consultants. All consultants should also be made aware of the project close-out date and requested to submit all outstanding invoices and travel expense reports at least one month before the close-out date, for completed work. Once final invoices and expense reports are received, country Finance staff and Project Associates should clear all outstanding advances and process all payments for each consultant. The Contract Officer will be notified so that s/he can close all consultant files using the MSH Consultant Close-out Checklist in Annex 48.

3.11.6 PROGRAM CLOSE-OUT TOOLS AND TEMPLATES

The following tools and templates from the Finance and Operations Unit can be found in the Annexes:

46. MSH Close-out Matrix
47. Deliverables Tracking Tool
48. MSH Consultant Close-out Checklist

3.12 ANNEXES

1. MSH Start-Up Matrix
2. Sample Risk Assessment Plan
3. Sample Schedule for Team Orientation Meetings
4. Sample SIAPS Launch Program
5. Legal Firm SOW for Registration
6. RFCC Guidance and Template
7. SIAPS File Organization Guidelines

8. SIAPS Design of Country Program Strategy
9. Strategic Plan Template
10. CPM Frameworks

11. SIAPS Work Plan Guidelines
12. SIAPS Work Plan Template
13. SIAPS Yearly Work Planning Country Presentation Template
14. Budget Template Instructions
15. Descriptions of the Budget Line Categories

16. STTA Process Flowchart
17. STTA Pre-Scope of Work
18. Activity Implementation Description Paper

19. Capacity Building and Performance Improvement Guidance

20. Helpful Suggestions on Writing a Story
21. Editorial Process
22. Style Guide
23. Checklist for documents prior to submission to IM
24. CPM Report Archiving distribution guide
25. Document submission requirements for MSH Institutional Memory (IM) and USAID Development Experience Clearinghouse (DEC)
26. MSH Photography Policy
27. Photo Tips: How to take more powerful photos
28. Training Logistics and Material Checklist

29. Guidance for Incorporating SIAPS Global Indicators into Portfolio PMPs
30. SIAPS Indicator Selection Matrix
31. SIAPS Indicators Level 1 and Level 2
32. SIAPS Performance Indictors
33. SIAPS M&E Plan

34. Newdea Quarterly Report Training PowerPoint
35. Newdea Quick Guides

36. SIAPS Monthly Finance Report
37. SIAPS Monthly Managers Report
38. SIAPS Pipeline Management Report

39. SIAPS Monthly Commitment Tracker Template
40. Financial Report Card
41. Expenses per Account Category Template
42. Cost Reimbursement vs. Fixed Price Contracts
43. Consultant Checklist for Project Associates

44. Performance Improvement Plan
45. HR Capacity Building Reference Manual

46. Close-Out Matrix
47. Deliverables Tracking Tool
48. Close-out Checklist

PART ONE ANNEXES

SIAPS Country Programs 168

SIAPS Field Office Contact List 169

Cost Share Information/Templates 172

Branding and Marking Plan 182

Organization of MSH 167

Organization of CPM 168

Organization of SIAPS 169

SIAPS Country Portfolios 170

Portfolio Management Strategy 171

OST Team Assignments 174

SIAPS Job Descriptions 177

SIAPS Email Distribution Lists 209

Summary of SIAPS Technical Strategy 210

SIAPS Country Programs

COUNTRY/REGIONAL PROGRAM	COUNTRY PROJECT DIRECTOR/ ACTIVITY LEAD	STAFF NUMBER (APPROXIMATE)
Afghanistan	Zafar Omari	54
Angola	Patrick Gaparayi*	2
Bangladesh	Zubayer Hussain	40
Burundi	Aline Mukerabirori	6
Cameroon	Gege Buki Kaze	2
Dominican Republic	Claudia Valdez	Consultants
Democratic Republic of Congo	Philippe Tshiteta	20
Ethiopia	Negussu Mekonnen	55
Guinea	Serigne Diagne	1
Jordan	Salah Gammouh	1
Kenya	John Chimumbwa	39
LAC Regional	Henrry Espinoza	1
Lesotho	Nomaphuti Hoohlo	13
Liberia	Dunah Menmon	2
Mali	Constance Toure	8
Mozambique	Raouf Qawwas	1
Namibia	Shannon Kakungulu	15
Philippines	Michael Gabra	6
South Africa	JP Sallet	28
Southern Sudan	Albert Nettey*	9
Swaziland	Kidwell Matshotyana	11
Turkmenistan	N/A	Consultants
Ukraine	TBD	Consultants
Uzbekistan	N/A	Consultants

*Acting

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Cost Share Information/Templates

Cost share opportunities summary

Program

Cost Share Opportunities Summary

MSH Office/Technical Specialist: _____

Date: _____

	Source of cost share (name of organization)	Estimated cost share amount (UGX or USD)	Brief description of the cost share	Dates when cost share was/will be received	Have you sent written request for documentation to Source? (Y/N)	Documentation received back from Source? (Y/N)	Documentation submitted to MSH HQ Accounting? (Y/N)
1							
2							
3							
4							
5							
	TOTAL:	-					

Cost Share Proposal Form

Program
Cost Share Proposal Form

Date: _____
Submitted by: _____
Source of cost share: _____

Technical Area _____
Cost Share Category: **Cash** ____ **In-Kind** ____

Description of the cost share: _____

Who is the funding source? _____

Why the cost share is necessary and reasonable for the accomplishment of the project: _____

How will the cost share be valued? _____

How will the cost share be documented? _____

When will the cost share be delivered? _____

Review and Approv (For MSH Central Office Use)

Compliance Reviewer: _____

Pass ____ **Does not pass** ____

Explantation: _____

Approval: _____
Operations/Finance Manager

_____
Date

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Management Sciences for Health

Cost Share in USAID Cooperative Agreements

Developed by Laura Nerney, March 2005
Adapted by CPM, January 2012

Cost Sharing or Matching

What is it?

- A unique requirement for US government funded cooperative agreements and grants.
- Cost sharing or matching is the portion of project or program costs <u>not borne by the US federal government</u>.

What are the rules?

- 22 CFR Part 226 "Administration of Assistance Awards to U.S. Non-Governmental Organizations", Section 23.
- Mandatory Standard Provisions for U.S. Nongovernmental Recipients.
- Mandatory Standard Provisions for Non-U.S. Nongovernmental Recipients.
- ADS 303.5.10.
- AAPD 02-10, which revises ADS 303.5.10.

What are the rules? (continued) AAPD 02-10, which revises ADS 303.5.10

Meeting Cost Share Requirements

- The AOTR monitors the recipient's progress toward meeting the cost share requirement. Cost share generated is reported via the SF425 by MSH corporate Accounting ONLY!
- If it appears that the recipient is not making adequate progress, the AOTR must bring this to the attention of the Agreement Officer.
- The Agreement Officer has the authority to reduce the amount of the agreement by the difference between the expended amount and what the recipient agreed to provide. If the award has expired or terminated, the Agreement Officer may request the grantee to refund the difference to USAID.
- If we exceed the cost share requirement, USAID could

What are the rules? (continued) USAID Regulations CFR Part 226, Section 23

All contributions, including cash and in-kind, must meet all of the following criteria:

- Be verifiable from the MSH's (recipient) records.
- Not be included as contributions for any other federally-assisted project or program.
- Be necessary and reasonable for proper and efficient. accomplishment of project or program objectives.
- Be allowable under the applicable cost principles (i.e. not alcohol!)

Cost Share Categories

Cash Contributions:

- Existing non-USG projects in MSH's portfolio that may have similar technical scope to that of the recipient project and be able to allocate a portion of their budget to fund to joint activities (e.g. – Gates, Sida, Danida – not CDC)
- New funds – We can approach non-USG funders, such as private foundations and governments of other donor countries, to propose that they fund select project activities. This also allows them to maximize the impact of their own contributions.

Cost Share Categories

In-kind contributions:

- Equipment and supplies - Vendor donates products or sells at a reduced rate below normal discount
- Services - Consultants agrees to work at a lower than market rate.
- Project collaborations - Collaborators allow our project the use of facilities or equipment at no charge or volunteers provided by other organizations.

Generating and valuing cost share: Who does what?

- Locating and confirming cost share - Project Director is accountable, with local and US team members as active contributors to this effort.
- CPM Finance manages assignments of CPM non-USG projects to recipient projects (i.e. will help identify CPM projects that SIAPS can use as cost share).
- Monitoring the cost share generated to ensure we are on track - Corporate Accounting produces an internal cost share report; Project Director and SIAPS/CPM Finance monitor progress.
- Valuation and ensuring fair market value and consistency – for in-kind contributions generated in the filed, local team prepares paperwork, US Finance team approves.
- Reporting to USAID on SF 425 only - Corporate Accounting produces – no other reporting needed.

The SIAPS cost share plan:

Target - $14,853,389, about 7.5% of the total program

Examples of what we included:

Source of Cost Share	Nature of Activities	Estimated Value of Cost Share Over 5 Year Period
Sustainable Drug Seller Initiative (SDSI) Bill and Melinda Gates Foundation	Activities focused on expanding the accredited drug seller program in Tanzania, Uganda and Liberia.	$8,000,000
International Network for the Rational Use of Drugs Initiative on Anti-retroviral Adherence (INRUD-IAA) funded by SIDA	ARV adherence at facility level in [illegible], Rwanda, Tanzania and Uganda	$500,000
International Conference for Improving Use of Medicines International Conference for Improving Use of Medicines (ICIUM)	Financial support from various non-USG donors to fund participants' attendance in ICIUM	$164,000

So now what?

Cash contributions from MSH non-USG projects

1. CPM Senior Finance Manager leads process of identifying all CPM projects that could contribute cost share.
2. Looks first for project or activities that will meet the test of "Are necessary and reasonable for proper and efficient accomplishment of project or program objectives" and confirms this is the case with the technical leads of each project.
3. Tags non-USG project or activity to recipient program in Navigator – can include subsets of costs such as by date range, geography, etc.
4. Transactions (costs) under the project are then included on cost share report produced by Accounting and reported to USAID in SF 425.

So now what?

In-kind contributions

1. Most of the time, the technical team identifies in-kind contributions through activity planning and implementation.
2. Valuation – to determine value of in-kind contributions, use actual cost or determine fair market value:
   - Cost info should come from a reliable and independent source, preferably directly from the contributor or vendor.
   - Should include detailed information on valuation (# of units, rates etc.) and when the good or service was delivered.
3. Complete cost share review form
   - CPM Senior Finance Manager approves cost and documentation meet compliance test, signs as "compliance reviewer".

In kind cost share valuation – sample forms

Systems for Improved Access to Pharmaceutical Servicves (SIAPS)

Cost Share Opportunities Summary

MSH Office/Technical Specialist: _____

Date: 11-Jan-12

	Source of cost share (name of organization)	Estimated cost share amount (UGX or USD)	Brief description of the cost share	Dates when cost share was/will be received	Have you sent written request for documentation to Source? (Y/N)	Documentation received back from Source? (Y/N)	Documentation submitted to MSH HQ Accounting ? (Y/N)
1	Geo-information communication (GIC) LTD	202.50	15% Discount on Pre-paid Primary ArcEditor concurrent use maintenance	6-Aug-10	Y	Y	Y
2							
3							
4							
5							
	TOTAL:	202.50					

In kind cost share valuation - sample forms

Systems for Improved Access to Pharmaceutical Services (SIAPS)
Cost Share Proposal Form

Date: 30-Jun-10
Submitted by:
Source of cost share: Geo-information communication (GIC) LTD

Technical Area
Cost Share Category: Cash ____ In-Kind ____

Description of the cost share:
15% Discount on Pre-paid ArcEditor concurrent use maintenance on GIS system

Who is the funding source?
Geo-information Communication (GIC) LTD

Why the cost share is necessary and reasonable for the accomplishment of the project:

How will the cost share be valued?

In kind cost share valuation - sample forms

Systems for Improved Access to Pharmaceutical Services (SIAPS)
Cost Share Proposal Form (continued)

How will the cost share be documented?
Documentation as above- see attached

When will the cost share be delivered?
The maintenance service is provided for a period starting sept 1, 2011 through Oct 30, 2014

Review and Approval: (For MSH Central Office Use)

Compliance Reviewer:

Pass ____ Does not pass ____

Explantation:

Approval:
Operations/Finance Manager

Date

Thank you!

Resources:

http://www.whitehouse.gov/omb/circulars_a110/#23

http://www.access.gpo.gov/nara/cfr/waisidx_10/22cfr226_10.html

http://www.usaid.gov/business/business_opportunities/cib/pdf/aapd02_10.pdf

Any questions?

Management Sciences for Health, Inc.

Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program

Co-Branding Strategy and Marking Plan

Submitted: September 23, 2011

Contents

1.1 Purpose & Scope 184

1.2 Definitions 184

1.3 Applicable Regulations 185

1.4 Responsibility 186
- 1.4.1 Center for Pharmaceutical Management (CPM) Director Communications, Information, and Private Sector Programs (CI&PSP) 186
- 1.4.2 MSH Senior Contract Officer for SIAPS 186
- 1.4.3 SIAPS Program Director 186
- 1.4.4 SIAPS Country Project Directors 186

2.1 SIAPS Co-Branding 186

2.2 SIAPS Branding Strategy 187

2.3 Marking Plan 189

2.4 Presumptive Exceptions 191

2.5 USAID Waiver of Marking Requirements 192

3.1 Other Provisions 192
- 3.1.1 Personnel (Business Cards) 192
- 3.1.2 Offices and Administrative Items 192
- 3.1.3 Pharmaceuticals 192
- 3.1.4 Vehicles 193
- 3.1.5 Websites 193

Appendix A. References 194

Appendix B. Differentiating Between Corporate and Program Communications 195

Appendix C. Presumptive Exceptions 196

Appendix D. USAID Action Memorandum Waiving Marking of Commodities 198

1.1 Purpose & Scope

The purpose of this policy is to assure, to the maximum practical extent, that Management Sciences for Health, Inc. (MSH) complies with the branding requirements imposed by the US Agency for International Development (USAID) through an amendment to 22CFR226, effective January 2, 2006 (specifically, 22CFR226.91). This policy governs the proposed co-branding of the USAID funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program (RFA Solicitation No.: USAID M/OAA/GH/HSR-07-082), including the naming of the program and the design and use of program-specific stationery, the "Branding Strategies" and "Marking Plans," the preparation/submission of exemption requests, and the responsibility for compliance with USAID-approved strategies and plans during program implementation. This policy applies only to the SIAPS Program.

1.2 Definitions

Activity means a set of actions by the SIAPS Program through which inputs -- such as commodities, technical assistance, training, or resource transfers -- are mobilized to produce specific outputs, such as training seminars given, commodities donated, reports disseminated, programs implemented, or policies changed. Activities are undertaken to achieve objectives that have been formally approved by USAID.

Branding Strategy means a strategy document prepared by SIAPS describing how the program, project, or activity is named and positioned (see section 2.2 A.), and how it is promoted and communicated to beneficiaries and cooperating country citizens. It identifies all contributors and explains how they will be acknowledged.

Co-Branding means the identification of a project, activity, or other output of a program as a joint effort of SIAPS, USAID and other potential contributors.

Commodities mean any material, article, pharmaceuticals, supply, goods or equipment, *excluding* MSH offices, vehicles, and non-deliverable items for MSH's internal use in administration of the SIAPS program.

Corporate Communications are documents and messages intended for distribution to audiences external to MSH that pertain to MSH's corporate business as distinguished from SIAPS business. They include, but are not limited to, correspondence, publications, studies, reports, audio visual productions, and other informational products; applications, forms, press and promotional materials used in connection with MSH corporate business (non-SIAPS-specific), including signage and plaques; and non-SIAPS-specific Web sites/Internet activities. *(See Appendix B for commentary on differentiating between corporate communications and project communications.)*

Deliverables means SIAPS outputs (such as events, commodities, publications, training materials, informational materials, radio or television programming, etc.) that are delivered to or otherwise directly benefit the program's intended beneficiaries. *Vehicles, offices, and other administrative items used by MSH to conduct its business are* ***not*** *"deliverables."*

Marking Plan means a plan document prepared by SIAPS detailing the public communications, commodities, program materials and other items that will visibly bear the USAID Identity. Presumptive Exceptions to marking requirements (if any) are clearly identified and justified in the Marking Plan.

Program means an organized set of activities and allocation of resources directed toward a common purpose, objective, or goal undertaken or proposed by MSH to carry out the responsibilities assigned to it.

Projects are direct cost objectives identified by MSH. They include all the costs technically required to produce a desired result (project outcome). Corporate costs applied to projects indirectly are not "project" costs under this definition and for the purposes of this policy.

Public communications are documents and messages intended for distribution to audiences external to MSH that relate specifically (directly) to SIAPS. They include, but are not limited to, correspondence, publications, studies, reports, audio visual productions, and other informational products; applications, forms, press and promotional materials used in connection with SIAPS, including signage and plaques; Web sites/Internet activities; and events such as training courses, conferences, seminars, press conferences and the like.

Subrecipient means any person or government (including cooperating country government) department, agency, establishment, or for profit or nonprofit organization that receives a subaward (subgrant or procurement of services) under SIAPS.

Technical Assistance means the provision of funds, goods, services or other foreign assistance to developing countries in direct support of a development objective.

USAID Identity means the official marking for the United States Agency for International Development (USAID), comprised of the USAID logo or seal and new brandmark with the tagline that clearly communicates the assistance is "From the American People." The USAID Identity is available on the USAID website at www.usaid.gov/branding and is provided without royalty, license or other fee to recipients of USAID-funded grants or cooperative agreements or other assistance awards.

USAID Partner Co-Branding Guide is a USAID-produced publication that is provided free of charge to recipients of USAID-funded grants or cooperative agreements or other assistance awards or subawards, that details recommended marking practices and provides examples of USAID-funded programs, projects, activities, public communications, and commodities marked with the USAID Identity. (Note: not yet published as of March 20, 2007)

1.3 Applicable Regulations

The regulations governing SIAPS in the application of this policy are 22CFR226 (as amended effective January 2, 2006), the USAID Branding and Marking ADS Chapter (http://www.usaid.gov/policy/ads/300/320.pdf?060411) and USAID/OAA AAPD 05-11 (available at http://www.usaid.gov/policy/ads/300/303.pdf). Background on the revisions to 22CFR226 is found at the Final Rule, as published in the Federal Register, Vol. 70, No. 165, Friday, August 26, 2005, page 50183. Additional pertinent information on websites is contained in USAID's Functional Series 500 Interim Update 05-13 found on the Web at http://www.usaid.gov/policy/ads/500/updates/iu5-0513.pdf.

1.4 Responsibility

1.4.1 Center for Pharmaceutical Management (CPM) Director Communications, Information, and Private Sector Programs (CI&PSP)

The Director for CI&PSP is responsible for approving all stationery and website designs used by MSH's Center for Pharmaceutical Management's (CPM) projects/activities. SIAPS must use specific co-branded designs, unless an exception is included in the USAID-approved Marking Plan. The Director for CI&PSP establishes graphics standards for stationery and website designs and assists program implementers to assure that their designs are fully compliant with this policy and 22CFR226.91. The Director for CI&PSP may delegate this responsibility to staff in writing. [See also part 3.1.5 of this Co-Branding Strategy and Marking Plan for additional requirements relating to websites.]

1.4.2 MSH Senior Contract Officer for SIAPS

The MSH Senior Contract Officer is responsible for reviewing and approving draft SIAPS Co-Branding Strategies and Marking Plan and subsequent waiver requests prior to submission to the USAID Agreement Officer. No such strategies, plans, or requests may be submitted without the express approval of the MSH Senior Contract Officer (or designee). The MSH Senior Contract Officer may delegate this responsibility to staff in writing.

1.4.3 SIAPS Program Director

The Director is responsible for assuring that program staff implementing SIAPS activities do so in full compliance with this policy, the graphics standards established by the Director for CI&PSP, and the approved Branding Strategy and Marking Plan. The Director advises program implementers in the development of draft strategies/plans and approves such drafts prior to submission to the MSH Senior Contract Officer for final approval. The Director may delegate this responsibility to staff in writing.

1.4.4 SIAPS Country Project Directors

The Country Project Directors of each SIAPS country program is responsible for compliance with the approved Co-Branding Strategy and Marking Plan for all SIAPS activities being implemented within his or her purview.

2.1 SIAPS Co-Branding

A. Program Deliverables

All technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities and other promotional, informational, media, or communications products, events, and commodities provided/produced for delivery to beneficiaries under SIAPS shall be co-branded in accordance with the Co-Branding Strategy and Marking Plan approved by the USAID Agreement Officer for SIAPS as identified below.

B. Corporate Communications

Corporate Communications, as defined herein, are ***not*** subject to the co-branding requirements described in this policy. MSH's understanding of the applicability of 22CFR226.91 is fully stated in Appendix B hereto.

2.2 SIAPS Branding Strategy

SIAPS Program staff will follow this Co-Branding Strategy for all proposed SIAPS activities.

A. Positioning

(1) What is the intended name of this program?

Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program

(2) Will a program logo be developed and used consistently to identify this program?

Yes a program logo will be used to consistently identify the SIAPS Program. The logo will be developed within 15 days post award and sent to USAID for approval.

B. Program Communications and Publicity

(1) Who are the primary and secondary audiences for this project or program?

Primary: USAID (both USAID/Washington and in-country missions), Ministries of Health (MoHs), Local health workers/pharmacists and other stakeholders, private sector businesses

Secondary: Collaborating agencies (CAs) and other public international organizations

(2) What communications or program materials will be used to explain or market the program to beneficiaries?

- Training materials
- Technical reports and manuals
- Posters
- Flyers and brochures
- Websites
- Electronic media such as CD-ROMs, videos, DVDs, Social Media
- Public service announcements (e.g. TV, radio, etc.)
- Press releases on pertinent topics
- Op-ed pieces on pertinent topics
- Presentations at conference and technical seminars
- E-newsletter
- Brown bags presentations
- Peer-reviewed scholarly publications

(3) What is the main program message(s)?

Assuring the availability of quality pharmaceutical products and effective pharmaceutical services through five building blocks which include governance, human resources, information, financing, and service delivery that will result in positive health outcomes and sustainable health systems.

(4) Will SIAPS announce and promote publicly this program to host country citizens?

When appropriate and in coordination with USAID missions, SIAPS will promote the program and its activities to the host country's citizens.

If yes, what press and promotional activities are planned?

Where appropriate, in-country media will be invited to write about the work that SIAPS is doing.

Where appropriate, interviews with technical staff from the host country will be welcomed.

Where appropriate, posters, press releases, brochures and flyers will be used to promote a SIAPS initiative to the host country's citizens.

For all of these promotional activities, SIAPS will be clearly identified as a program made possible by the generous support of the American people and will clearly be marked with the USAID identity.

(5) Additional ideas about how to increase awareness that the American people support this project or program.

MSH understands that one of USAID's goals is to ensure that both beneficiaries and host-country citizens know that the aid the Agency is providing is "from the American people." To increase awareness, this Co-Branding Strategy and Marking Plan will be made available to all SIAPS staff worldwide to ensure that the promotional activities described in section (2) above and the SIAPS Co-Branding Strategy and Marking Plan are implemented at all levels of the program.

C. Acknowledgements

(1) Will there be any direct involvement from a host-country government ministry?

Yes.

(2) Will the recipient acknowledge the ministry as an additional co-sponsor?

Yes, when appropriate.

(3) Indicate if there are any other groups whose logo or identity the recipient will use on program materials and related communications.

Other potential groups who will be acknowledged include sub-recipients such a SIAPS partners and specialized resources, USAID collaborating agencies (CAs), and local in-country groups as appropriate.

2.3 Marking Plan

A. A description of the public communications, commodities, and program materials that will be produced as a part of the SIAPS cooperative agreement and that will visibly bear the USAID Identity include:

(1) SIAPS Program, project, or activity sites.

(2) SIAPS technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet information and other promotional, informational, media, or communications products funded by USAID. Examples include the following:

Studies, Reports, Papers:

As part of planned technical assistance in SIAPS, the program will produce a large variety of technical studies, reports and papers to communicate and document results. The titles and types of documents are dependent on the technical assistance requested, and therefore sample titles cannot be provided at this time.

Publications:

a. The *Managing Drug Supply III* training materials

b. Posters and oral presentations at conferences including the International Conferences on Improving Use of Medicines (ICIUM) III, International AIDS Conference, Fédération Internationale Pharmaceutique (FIP), American Public Health Association (APHA), International Conference on HIV/AIDS and Sexually Transmitted Infections (ICASA), Global Health Council (GHC), and International Union Against Tuberculosis and Lung Disease (Union) Conference.

c. Peer-reviewed Publications

d. Updates to widely-requested publications produced under SPS and other predecessor programs

Audio-visual productions (including TV and/or radio programming):

a. DVD on selected topics/activities

Websites/Internet activities:

a. SIAPS site

b. Virtual Learning Development Program distance learning materials

c. DTC site

d. Stories on MSH corporate site

e. E-newsletter

f. Country e-newsletters

g. PharmNet

h. Social Media

Other promotional/informational communications:

a. Flyers/Brochures
b. Press releases on pertinent topics
c. Op-ed pieces on pertinent topics
d. Technical briefs

(3) SIAPS Events:

a. Regional and Country-specific training workshops
b. Technical meetings and/or seminars
c. Brown bags
d. International conference presentations (i.e. GHC, APHA)

(4) Commodities financed by USAID:
None.

B. SIAPS will brand all deliverables mentioned in section 2.3.A above, except when a deliverable fits one of the seven exemptions outlined in USAID's Marking requirements document (See Appendix D).

Deliverable	**How it will be branded**
SIAPS website and other web pages	USAID logo co-branded with the SIAPS logo
PharmNet	USAID logo co-branded with the SIAPS logo
E-documents	USAID logo co-branded with the SIAPS logo
Flyer templates	USAID logo co-branded with the SIAPS logo
Report covers	USAID logo co-branded with the SIAPS logo
CD-ROMs	USAID logo co-branded with the SIAPS logo
Manuals and publications	USAID logo co-branded with the SIAPS logo
Software packages	USAID logo co-branded with the SIAPS logo
Posters	USAID logo co-branded with the SIAPS logo
Power point slides	USAID logo co-branded with the SIAPS logo
Brochures	USAID logo co-branded with the SIAPS logo
DVDs/Video	USAID logo co-branded with the SIAPS logo

C. SIAPS will mark all of its products for external distribution unless branding it meets one of the exemptions outlined in USAID's Marking requirements document (See Appendix C).

No products are currently identified that will meet this criteria and would not be marked with the USAID Identity. In the event that a product will not be marked with the USAID Identity, SIAPS will submit a rationale for not marking this program deliverable for approval separately.

2.4 Presumptive Exceptions

In the Standard Provision "Marking Plan – Assistance" (December 2005), USAID identifies seven categories of presumptive exceptions to their marking rule. *(See Appendix C for the precise language, as extracted from the Standard Provision.)* These are seven clearly recognizable conditions that USAID considers to be valid reasons not to co-brand a program output.

Currently no planned SIAPS program commodities, deliverables or products meet the presumptive exception criteria. In the event that new deliverables, commodities or products meet these requirements, SIAPS will submit a separate exception request for approval.

2.5 USAID Waiver of Marking Requirements

If during program implementation conditions arise that make the Marking Plan untenable (e.g., marking outputs in accordance with the Marking Plan would pose compelling political, safety, or security concerns, or when marking would have an adverse impact in the cooperating country), SIAPS may request a waiver of part or all of the marking requirements. Such requests shall be approved by the Contracts Officer (or designee) prior to submission to the Cognizant Technical Officer. Marking may be suspended while a waiver request is in process.

3.1 Other Provisions

3.1.1 Personnel (Business Cards)

SIAPS personnel shall not identify themselves with USAID, whether by the use of the USAID Identity on business cards or by any other personal marking (badges, insignia, etc.).

3.1.2 Offices and Administrative Items

SIAPS and MSH offices and corporate property (computers, furniture, etc.) (i.e. not project deliverables) shall not be marked with the USAID Identity.

SIAPS will work out of MSH Offices located in:

- Luanda, Angola
- Dhaka, Bangladesh
- Rio de Janeiro, Brazil
- Bujumbura, Burundi
- Kinshasa, Democratic Republic of Congo
- Addis Ababa, Ethiopia
- Maseru, Lesotho
- Monrovia, Liberia
- Bamako, Mali
- Windhoek, Namibia
- Manila, Philippines
- Kigali, Rwanda
- Dakar, Senegal
- Mbabane, Swaziland
- Pretoria, South Africa
- Juba, South Sudan

This list of offices may change. If so, MSH will notify USAID and follow all required country specific SIAPS co-branding and marking plans.

3.1.3 Pharmaceuticals

On January 16, 2006, USAID approved the Action Memorandum with the subject line "Branding Requirements for Pharmaceuticals and Medical Products" which waives the branding requirement for pharmaceuticals, essentially ARVs and HIV/AIDS test kits, for all Global Health awarded programs specifically applying it to the following projects: SCMS, RPM Plus and DELIVER. If SIAPS is requested to procure pharmaceuticals, MSH will request that USAID extends this approval to the SIAPS Program as well. Based on this assumption, SIAPS will not mark any ARVs and HIV/AIDS test kits with the USAID Identity as exempted in the attached waiver. Please see Appendix D for the approved waiver of Branding

requirements for pharmaceuticals and medical products. If SIAPS is required to procure any other pharmaceuticals or Restricted Goods items, MSH will request either a blanket waiver or a specific item waiver to facilitate expeditious implementation of USAID's program needs.

3.1.4 Vehicles

SIAPS plans on procuring vehicles and expects vehicles currently in use under existing SPS countries to be transferred to SIAPS from SPS after completion of the SPS Program. MSH received a waiver from the marking requirements for vehicles in Ethiopia in accordance with 22 CFR 226.91 (j) because of security concerns. MSH requests that this waiver extend to SIAPS vehicles in Ethiopia. Should any security concerns, safety issues, etc. arise in other SIAPS countries, SIAPS will request a waiver from USAID. Marking may be suspended while a waiver request is in process.

3.1.5 Websites

(a) MSH Corporate Websites

MSH corporate websites and individual pages thereof that are corporate communications (i.e. not SIAPS deliverables) shall not be marked with the USAID Identity.

(b) SIAPS Websites

SIAPS project website and individual pages thereof that are directly funded by SIAPS or provide SIAPS deliverables to beneficiaries shall be marked with the USAID Identity in accordance with this Policy.

(c) Posting of USG Official Documents

The SIAPS website that is available to the general public shall not present USAID (or other USG) official documents (publications, regulations, rules, policies, other documents, particularly those bearing the USAID Identity), except by specific, case-by-case exception.

References to URLs and active links to such documents may be provided, as an alternative to presenting the publication itself.

(d) Required Disclaimer and Notification When Using the USAID Identity on Websites

(1) Whenever the USAID Identity is used to mark a page on a website, that page, the index page of the site, and every major entry point to the website shall also include the following disclaimer language:

> "The information provided on this web site is not official U.S. Government information and does not represent the views or positions of the U.S. Agency for International Development or the U.S. Government."

(2) LPA/PIPOS must be notified of the URL in advance of the site's launch. Notification (URL) should be sent by e-mail to lpa.uploads@info.usaid.gov.

Appendix A. References

22CFR Part 226 (http://www.access.gpo.gov/nara/cfr/waisidx_02/22cfr226_02.html)

USAID ADS Chapter 303 (http://www.usaid.gov/policy/ads/300/303.pdf)

USAID Standard Provision "Marking Under USAID-Funded Assistance Instruments" (DEC 2005) (http://www.usaid.gov/business/business_opportunities/cib/pdf/aapd05_11.pdf)

USAID's Functional Series 500 Interim Update 05-13 (http://www.usaid.gov/policy/ads/500/updates/iu5-0513.pdf)

ADS Chapter 320 "Branding and Marking" May 2009 (http://www.usaid.gov/policy/ads/300/320.pdf?060411)

Appendix B. Differentiating Between Corporate and Program Communications

The USAID regulations provide no specific guidance for differentiating between corporate communications and project-specific communications. SIAPS recognizes that, particularly in the areas of press releases and website content, it can sometimes be difficult to determine if a particular communication is subject to the USAID co-branding regulation.

This commentary provides guidance to MSH and SIAPS personnel in distinguishing between *corporate communications* (which are *not* subject to co-branding) and *SIAPS communications* (which *are* subject to co-branding). It is organized as a series of questions.

Note that it is almost always appropriate to acknowledge USAID's support of SIAPS. This commentary is intended to help decide when it is necessary to consider *co-branding* a communication, as distinct from simple acknowledgment.

1. **Is the intended audience of this communication restricted to participating country beneficiaries of the project?** (i.e., would this communication be of little or no interest to a wider, Western audience? Examples: local press release announcing a seminar and calling for applications; Web page providing registration instructions for a seminar; any communication to beneficiaries specifically described in the Program Description for SIAPS.)

   If ***yes***: This is a SIAPS communication; you must provide for co-branding in your plan; use SIAPS stationery if this is correspondence.

   If ***no***: This is a corporate communication; you should not co-brand; you should use MSH stationery if this is correspondence.

   If ***not sure***: Proceed to question 2.

2. **Is the intended audience of this communication all persons who are generally interested in development activities?** (I.e., is the communication intended to generally inform a broad audience about MSH's development activities, whether or not it specifically describes SIAPS? Examples: a general press release announcing the completion of a successful seminar in Rwanda; a Web page describing a specific project or group of activities in general terms, usually in association with similar descriptions of other MSH activities.)

   If ***yes***: This is a corporate communication; you should not co-brand; you should use MSH stationery if this is correspondence.

   If ***no***: This *may be* a SIAPS communication; proceed to question 3.

   If ***not sure***: Proceed to question 3.

3. **Is this communication clearly project-specific, but the intended audience is *not* the participating country beneficiaries of the project?** (Examples: a waiver request directed to USAID personnel; a report transmitted to USAID personnel; an offer letter to a candidate for employment on SIAPS;

   If ***yes***: This is a corporate communication; you should not co-brand; you should use MSH stationery if this is correspondence.

   If ***no***: Ask Contracts Officer.

   If ***not sure***: Ask Contracts Officer.

Appendix C. Presumptive Exceptions

Extracted from 22CFR226.91

(h) Presumptive exceptions:

(1). The above marking requirements in §226.91 (a) – (e) may not apply if marking would:

(i) Compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials, such as election monitoring or ballots, and voter information literature; political party support or public policy advocacy or reform; independent media, such as television and radio broadcasts, newspaper articles and editorials; public service announcements or public opinion polls and surveys.

(ii) Diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent.

(iii) Undercut host-country government "ownership" of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications better positioned as "by" or "from" a cooperating country ministry or government official.

(iv) Impair the functionality of an item, such as sterilized equipment or spare parts.

(v) Incur substantial costs or be impractical, such as items too small or other otherwise unsuited for individual marking, such as food in bulk.

(vi) Offend local cultural or social norms, or be considered inappropriate on such items as condoms, toilets, bed pans, or similar commodities.

(vii) Conflict with international law.

(2) These exceptions are presumptive, not automatic and must be approved by the Agreement Officer. Apparent Successful Applicants may request approval of one or more of the presumptive exceptions, depending on the circumstances, in their Marking Plan. The Agreement Officer will review requests for presumptive exceptions for adequacy, along with the rest of the Marking Plan. When reviewing a request for approval of a presumptive exception, the Agreement Officer may review how program materials will be marked (if at all) if the USAID identity is removed. Exceptions approved will apply to subrecipients unless otherwise provided by USAID.

Extracted from the USAID AAPD 05-11 "Marking Under Assistance Instruments" (December 2005).
http://www.usaid.gov/business/business_opportunities/cib/pdf/aapd05_11.pdf

(d) Presumptive Exceptions.

(1) The Apparently Successful Applicant may request a Presumptive Exception as part of the overall Marking Plan submission. To request a Presumptive Exception, the Apparently Successful Applicant must identify which Presumptive Exception applies, and state why, in light of the Apparently Successful Applicant's technical proposal and in the context of the program description or program statement in the USAID Request For Application or Annual Program Statement, marking requirements should not be required.

(2) Specific guidelines for addressing each Presumptive Exception are:

(i) For Presumptive Exception (i), identify the USAID Strategic Objective, Interim Result, or program goal furthered by an appearance of neutrality, or state why the program, project, activity, commodity, or communication is 'intrinsically neutral.' Identify, by category or deliverable item, examples of program materials funded under the award for which you are seeking exception 1.

(ii) For Presumptive Exception (ii), state what data, studies, or other deliverables will be produced under the USAID funded award, and explain why the data, studies, or deliverables must be seen as credible.

(iii) For Presumptive Exception (iii), identify the item or media product produced under the USAID funded award, and explain why each item or product, or category of item and product, is better positioned as an item or product produced by the cooperating country government.

(iv) For Presumptive Exception (iv), identify the item or commodity to be marked, or categories of items or commodities, and explain how marking would impair the item's or commodity's functionality.

(v) For Presumptive Exception (v), explain why marking would not be cost-beneficial or practical.

(vi) For Presumptive Exception (vi), identify the relevant cultural or social norm, and explain why marking would violate that norm or otherwise be inappropriate.

(vii) For Presumptive Exception (vii), identify the applicable international law violated by marking.

(3) The Agreement Officer will review the request for adequacy and reasonableness. In consultation with the Cognizant Technical Officer and other agency personnel as necessary, the Agreement Officer will approve or disapprove the requested Presumptive Exception. Approved exceptions will be made part of the approved Marking Plan, and will apply for the term of the award, unless provided otherwise.

Appendix D. USAID Action Memorandum Waiving Marking of Commodities

E-mail from Linda White (GH/SPBO) confirming application of USAID Action Memorandum (below) to RPM Plus.

-----Original Message-----
From: White, Linda T(GH/SPBO)
Sent: Wednesday, February 08, 2006 7:36 AM
To: Baltas, Bruce(M/OP/OAA/GH); Elia, Eduardo(M/OP/OAA/GH); Bilder, Lisa(M/OP/OAA/GH)
Cc: Quinlan, Anne Theresa(M/OAA/GH); Smith, Jaynell(GH/HIV-AIDS); Ice, Janet L(GH/SPBO/OPS); Bennett, Cheryl C(GH/SPBO/OPS); Dalton, Tanya R(GH/SPBO/OPS); Pridgen, Marcus E.(GH/SPBO)
Subject: Blanket Waiver for Branding Requirement

Attached is a signed scan copy of an approved blanket wavier for waiving branding requirements. The awards listed below please inform them this has been approved and cc a copy of the letter to your respective Technical Office. If you need assistance or have questions, please let me know. Thanks.

1. **The DELIVER project: HRN-C-00-00-00010-00**
2. **Rational Pharmaceutical Management Plus (RPM Plus): HRN-A-00-00-00016-00 Janet OK'd)**
3. **The Supply Chain Management System project (SCMS): GPO-I-00-05-00032-00**

Linda White
Division Chief , GH/SPBO/OPS
Room 3.06-06, RRB
Phone: 202-712-0748

JAN 17 2006

ACTION MEMORANDUM

TO: AA/GH, Kent Hill

FROM: GH/OHA, Connie Carrino CAC

SUBJECT: Branding Requirements for Pharmaceuticals and Medical Products

ISSUES FOR DECISION

To approve a blanket waiver to waive branding requirements for the manufacturing packaging of pharmaceuticals, test kits, and other medical products for Global Health programs.

ESSENTIAL FACTORS

A prime GH contractor (The John Snow, Inc./DELIVER project) has requested a waiver of the marking requirements of the manufacturing packaging for ARVs and test kits because the manufacturers have refused to comply with marking requirements for all product packaging that they produce, i.e. individual items/doses as well as the second-level packaging of multiple items/doses, even at an increased price.

The manufacturers cite a number of reasons

- The quantities ordered are not full batch sizes, and each batch must be labeled identically.
- The cost of labeling for both full and partial batches would almost double the cost of each kit, i.e. the supplier is unwilling to even entertain the idea because of the automated nature of their production line.
- Manual labeling would also be unacceptable on the test kit packs because crucial wording could be obliterated with all the attendant safety issues (this could be even more problematical if the packs were "labeled" in country).

- ARVs and test kits are being supplied under preferential pricing agreements that provided no profit and charging higher prices would defeat the purpose of their preferential pricing agreements which were designed to provide the ARVs and test kits to the largest number of people possible in third world countries.

This problem is not specific to this GH contractor or their specific manufacturers. As the HIV/AIDS and other GH programs begin to buy more pharmaceuticals and medical products we can expect similar objections and outright refusals from manufacturers. Rather than GH offices doing a series of separate waivers we are requesting a blanket waiver for all GH programs.

This waiver would cover branding of the individual and second-level bulk or batch packaging done by the manufacturers. It would cover pharmaceuticals, test kits, and other medical supplies. It does not apply to condoms. It does not apply to the marking of the export packaging or containers.

It is clearly impractical to mark individual dose packaging because it can obscure dosage and other essential information, and the regulations contemplate that marking not be required for individual packaging. With regard to the second-level bulk or batch packaging, the shipments are often shrink-wrapped in black plastic to deter theft. So most often the second-level cartons or boxes are seen only by warehouse personnel. Consequently, marking packages is not a particularly cost effective way of promoting USAID. More importantly, the pharmaceuticals and medical supplies are just one part of a USAID-sponsored activity. The new branding rules require implementing partners to provide a "Branding Strategy," indicating how they propose naming and promoting USAID programs and a "Marking Plan," detailing program materials that will showcase the USAID identity. The "Branding Strategy" and "Marking Plans" will take into account that the manufacturers will not be marking and provide for more effective and less costly alternatives to showcase USAID sponsorship, including marking shipping crates at warehouses or other places in-country where practicable. As a result, not having the manufacturers mark the individual and bulk packaging will have minimal impact on the overall effort to promote USAID sponsorship.

AUTHORITY

Under the current ADS 320, if compliance with the marking requirement is considered impractical with respect to commodities not covered in 320.3.5, the cognizant Assistant Administrator or designee may, after consultation with M/OP/TC, grant a waiver in accordance with ADS 320.3.6a. Under the new branding provisions for grants and cooperative agreements, branding requirements can be waived if marking would have an adverse impact in the cooperating country. The facts in this case meet both of these standards.

CONSULTATIONS

The Bureau for Global Health has consulted with The Office of Acquisition and Assistance, Renata Cameron, concerning the text of this waiver and she has no objections to this waiver.

RECOMMENDATIONS

We recommend that you approve this waiver to waive branding requirements for the manufacturing packaging of pharmaceuticals, test kits, and other medical products for GH programs for the various reasons stated above.

Approve _____

Disapprove _____

Date 1/19/06

Clearance Page for Action Memorandum

Clearances:

M/OAA/T : RCameron ___(draft)_____	Date : 12/13/05
GH/SDAA: GSteele _____	Date:_____
GH/OHA: CHawkins ____(draft)_____	Date: 12/16/05
GH/HIDN: BEmrey _____(draft)_____	Date: 12/16/05
GH/PRH: MRilling _____(draft)_____	Date: 12/16/05
GC/GH: SPascocello _____(draft)_____	Date: 12/16/05
GH/SPBO: LWhite_____(draft)_____	Date: 1/6/06
GH/SPBO/PRH: CBennett_C. Bennett_____	Date: 1/13/06
GH/PRH: MNeuse _____(draft)_____	Date: 1/10/06
GH/DAA: MMiller _____	Date: 1/19

cc: Richard Greene, GH/HIDN
Jaynell Smith, GH/OHA
Janet Ice, GH/HIDN

b. All construction sites and other locations receiving USAID financing must display signs suitably marked and indicating participation by the United States of America.

Under other types of assistance, the following requirements are applicable:

a. All USAID-financed equipment and materials and their shipping containers must be suitably marked.

b. All construction sites and other locations receiving USAID financing must display signs suitably marked and indicating participation by the United States of America. These signs should be erected at an early date in the construction or implementation phase and be replaced by permanent signs, plates or plaques, suitably marked, at the end of this phase.

320.3.4 Marking - Public Law (P.L.) 480 Title II
Effective Date: 08/12/1992

Under P.L. 480 - Title II programs, the following requirements apply:

a. The containers of commodities furnished under P.L. 480 - Title II programs are to be marked in accordance with the procedures set forth in Food For Peace and AID Reg. 11 (or **22 CFR 211**), Section VI.

b. When possible and appropriate, commodities that have been borrowed from non-U.S. sources for emergency requirements under Title II are to be identified as having been made available by the people of the United States of America. (See Mandatory Reference, P.L. 480)

320.3.5 General Exception to Marking Requirement
Effective Date: 08/12/1992

Suitable marking is not required for raw materials shipped in bulk (including, grain, coal, petroleum, oil, and lubricants), vegetable fibers packaged in bales, semi-finished products which are not packaged in any way, items too small or otherwise unsuited for individual marking, and spare parts. Where relevant, the requirement for marking export containers is applicable.

320.3.6 Marking Requirement Waivers
Effective Date: 08/12/1992

The marking requirement shall only be waived under the following circumstances:

a. If compliance with the marking requirement is considered impractical with respect to commodities not covered in 320.3.5, the cognizant Assistant Administrator or designee may, after consultation with M/OP/TC, grant a waiver.

b. The USAID principal officer in an overseas post may waive the marking requirement on a finding that appearance of emblems on commodities or signs at sites would produce adverse reactions in the host country. The USAID principal officer in an overseas post may also authorize the removal of emblems already affixed to commodities or signs already placed at sites, should conditions justifying such actions develop after receipt of the commodities or placement of signs.

320.3.7 Noncompliance
Effective Date: 08/12/1992

In those instances where the marking requirements have not been complied with, the Mission must initiate corrective action. Such action may involve informing the host country of the instances of noncompliance and requesting that it carry out its responsibilities as set forth in the applicable agreement. Major or repeated non-compliance with the marking requirements by a supplier must be referred to M/OP/TC, with details, for consideration of appropriate remedial actions. (See AID Form 1450-1, Report of Violation)

320.4 MANDATORY REFERENCES
Effective Date: 08/12/1992

320.4.1 External Mandatory References
Effective Date: 08/12/1992

a. 22 CFR 201, Section 201.31(d), Rules and Procedures Applicable to Commodity Transactions Financed by AID (Authority for ADS 320)

b. 22 CFR 211, Transfer of Food Commodities for Food Use in Disaster Relief, Economic Development, and Other Assistance

c. Foreign Assistance Act, as amended, Section 641 (Authority for ADS 320)

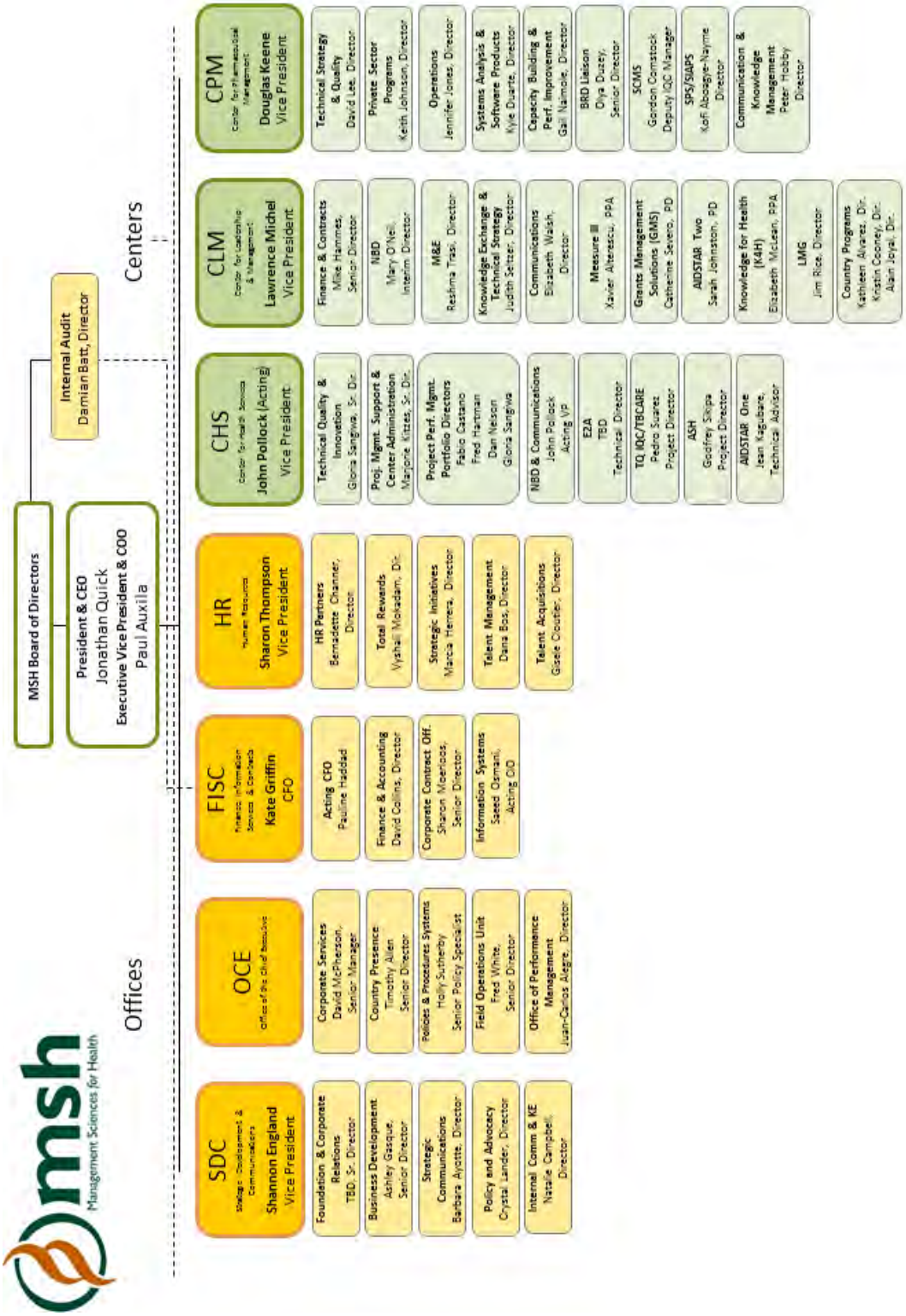
d. Public Law 480, Section 202 (Authority for ADS 320)

320.4.2 Internal Mandatory References
Effective Date: 08/12/1992

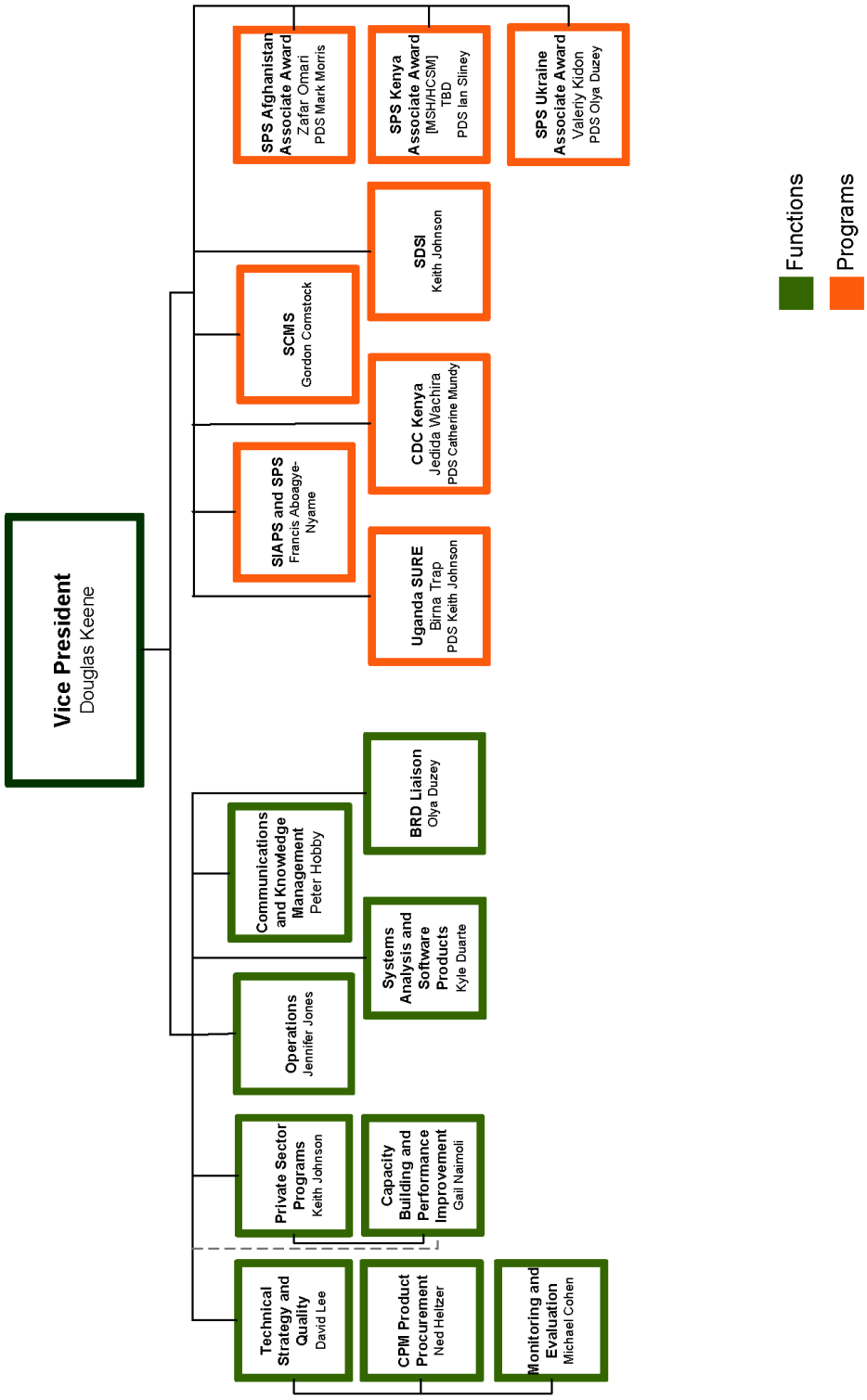
a. USAID Emblem

320.5 ADDITIONAL HELP
Effective Date: 08/12/1992

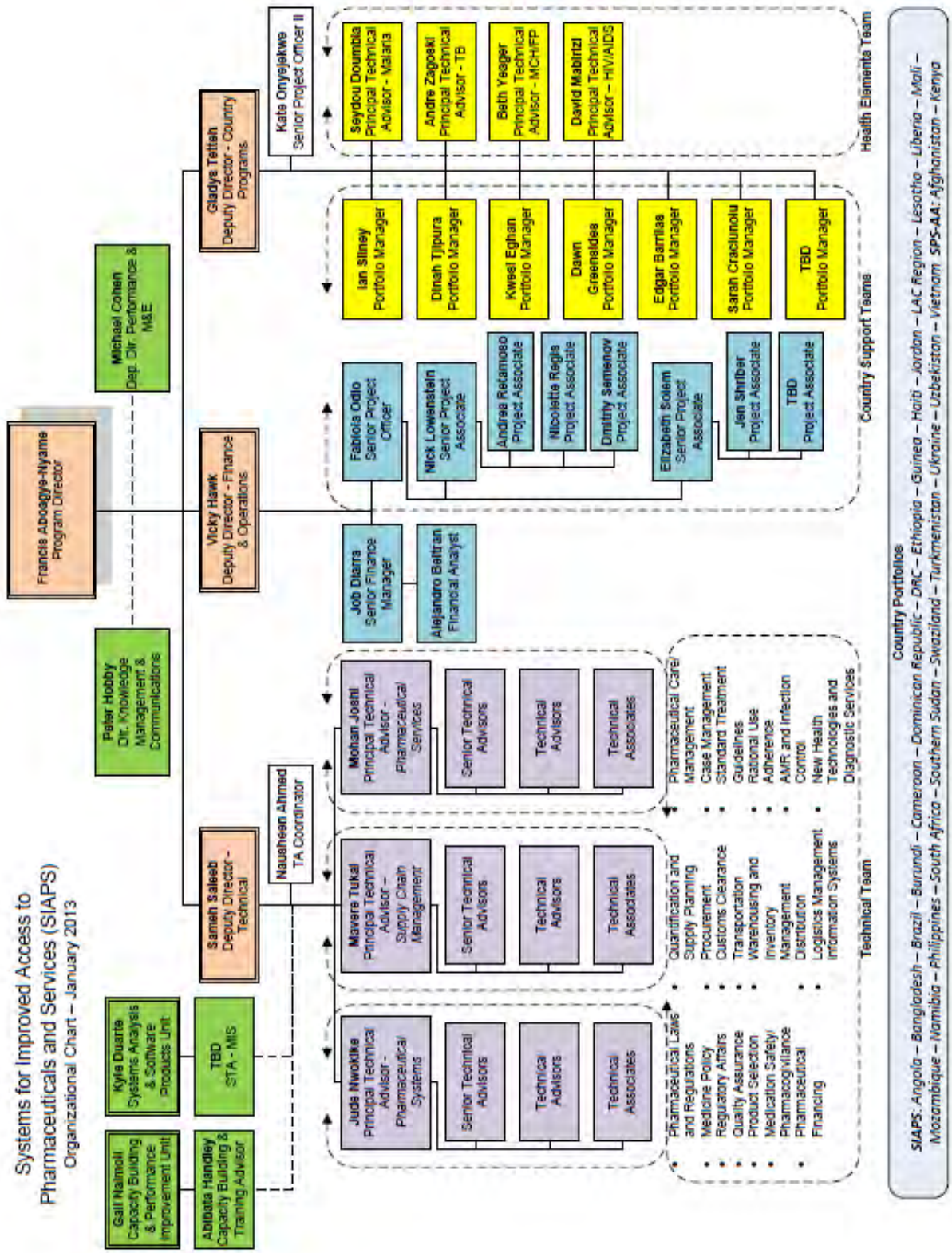
Organization of MSH



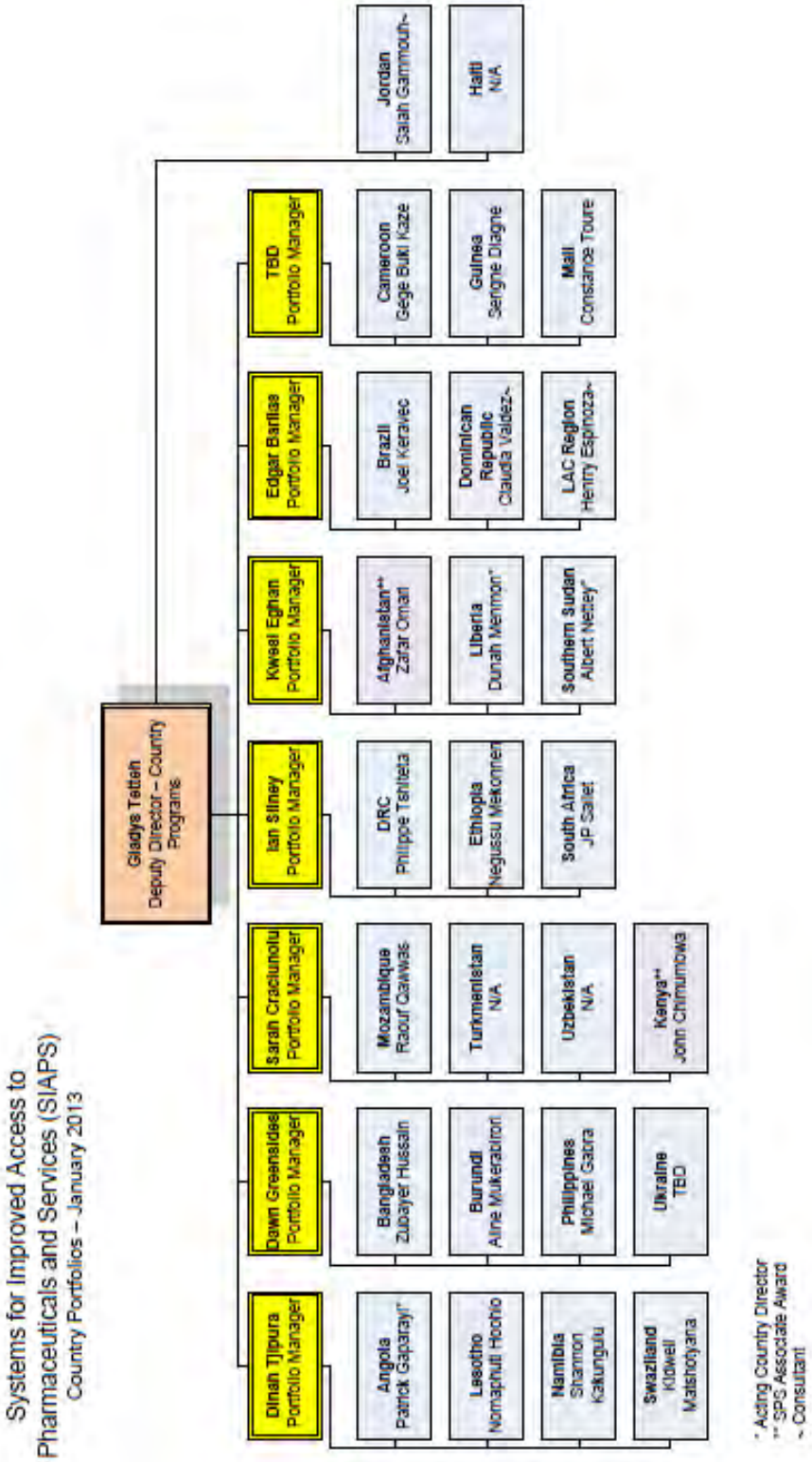
Organization of CPM



Organization of SIAPS



SIAPS Country Portfolios



Portfolio Management Strategy

SIAPS staffing is organized into four teams (senior management, technical, finance and operations, and portfolio management) to maximize technical and managerial expertise. These teams support attainment of USAID plans and country results and help ensure the achievement of SIAPS objectives.

The Portfolio Management team of SIAPS facilitates the management of the SIAPS program as a totality, with unified concepts and a consistent management model that results in improved program planning, standardization, increased visibility and improved measurement outcomes. It helps achieve SIAPS's technical strategy and business strategy goals by:

- managing SIAPS country programs and health element-specific portfolios
- monitoring progress of SIAPS country programs and health element-specific portfolios
- communicating progress to internal and external clients
- coordinating with SIAPS HQ, CPM and other MSH centers and projects

The Portfolio Management Team is organized around 2 major principles: Countries and Health Elements. Country Portfolios are led by Portfolio Managers. Each Portfolio Manager supports a cluster of four countries organized by language, synergy of projects (SCMS, SPS and SIAPS) and size of the country portfolio. The Health Element Portfolio is organized into 3 major health element categories: (MCH/FP, TB, Malaria, HIV/AIDS each with a lead manager at the Home office.

Portfolio managers have primary responsibility for providing management support to the Country Project Director. They will supervise the Country Project Directors, ensure that quality work plans and reports are delivered on time, mobilize technical and other resources, and liaise with USAID/Washington, other MSH technical units, and other partners to ensure that country programs have the required resources to achieve their goals. The PM provides support to country teams to develop and manage work plans and budgets. Through a Resource Allocation forum, Portfolio Managers and the Technical Team will assign technical support to country teams based on requests and observed needs.

As part of their supervisory role for Country Project Directors, Portfolio Managers will also monitor implementation of the following **country project management strategies for success**:

CATEGORY	OPERATIONAL STRATEGY
Navigating the Environment	• Know, understand and manage USAID/Washington and Missions • Plan within overall context (priorities at international, country level and priorities of donors) • Position SIAPS as primary TA provider to the Govt in Pharmaceutical Systems, Supply Chain and Services • Facilitate Govt/MOH coordination role • Know and understand the breadth of the SIAPS technical mandate • Know what SIAPS competitors are working on • Ensure visibility of SIAPS
Leading and Managing the Project	• Provide strategic and technical guidance to program, team, Mission, MOH • Ensure availability of adequate support for financial management • Ensure efficiency through integration across pots of funding • Cross fertilize programs – review other country documents/reports and adapt strategic approaches to setting • Know and use SIAPS Partners • Use HQ and other country program experts to assure high-quality technical design and implementation
Leading and managing the team	• Ensure appropriate skills mix in line with overall plan • Sufficient new-comer orientation • Provide ample support and supervision to Country Team • Understand and tap into support from HQ – peer review, editorial • Build capacity in Country Team – formal capacity building and by teaming up staff with STTA • Use SIAPS Partners to build internal capacity • Ensure that key staff know how to manage and communicate with USAID
Delivering Technical Results	• Map all activities to demonstrate contribution to health outcomes • Baseline and endline measurement for Sub-objective • Partner strategically e.g intervention evaluation • Communicate SIAPS mandate and success in a way that USAID, Ministries, other donors understand. Think big picture • Hold interesting Qtrly mtgs/Brown bags with Missions – keep reminding them what SIAPS can do to help their program achieve its goals • Document! Document! Document! – technical reports, photographs, short success stories, poster presentations, publications

Health Element Leads work closely with each other, Portfolio Managers, and the Technical team to identify opportunities to use new and existing tools, to coordinate technical work, and to

ensure that global (core-funded) initiatives are based on and informed by country-level needs and priorities. Specifically, they are responsible for:

- Providing technical guidance to country teams to develop and implement innovative strategies for pharmaceutical management that support malaria, HIV, TB and MCH/RH initiatives.
- Supporting collaborative efforts with USAID, partners, and field programs aimed at strengthening pharmaceutical management systems for disease specific programs.
- Documenting best practices from countries to ensure that global initiatives are based on and informed by country-level needs and priorities.
- Ensuring uniformity and consistency of technical approaches at global, regional and country levels

Ultimately, the Portfolio management team is the central team that brings every part of SIAPS together. It facilitates a synergistic management operation that draws from the expanded SIAPS team to provide support to country teams in the following areas:

Key Result Area	**Areas of Portfolio Team Support**	**Lead Support Team**
Vision, Technical Strategy and Results	Strategic Planning, Work Planning, Performance Monitoring Plan Development	Country Portfolio Team?
	Activity Implementation and Use of STTA	Technical Team; Health Element Team
	Measurement of results	Monitoring and Evaluation Team
Documentation and Communication	Documentation and Sharing of results with Ministries, USAID and partners	Knowledge Management Team
Project Management	Adequate staffing, efficient structure	Human Resources Team
	Office Set-Up, Logistics, Operations,	Operations Team
	CB/PI, Mentoring	Capacity Building Team
	Procurement/Contracts, LOAs, Approvals, Adherence to MSH procedures, USAID Obligations	Contracts Team
	Financial Monitoring	Finance Team
	Project Monitoring	Monitoring and Evaluation Team
Client Relations	Relationships with USAID, Ministry and other Stakeholders	Country Portfolio Team?

OST Team Assignments

Country Project Inventory - Summary

Country	OST Operations	COMU Director/Point	OST Contracts	OST HR	OST IS	OST Procure-ment
Afghanistan	Amber Jamanka	Steve Morgan	Peter Mahoney	Cecilia Kelly	Saeed Osmani	Grace Durnford
Angola	Claudia Gray-Rudd	Percy Ramirez	Megan Quinn- Mueller	Veronique Mestdagh	Umar Arshed	Atanas Stoilov
Bangladesh	Dan Brame	Md. Akter Hossain	Nino Willsea	Cecilia Kelly	Umar Arshed	Sarah Jette
Benin	Christele Joseph-Pressat	Natacha d'Almeida	Heather Rafey- Camiel	Munira Siddiqi	John Hopkins	Atanas Stoilov
Botswana	Melinda Packman	Carole Evans (South Africa)	Peter Mahoney	Veronique Mestdagh	Saeed Osmani	Atanas Stoilov
Burundi	Luce Caries	Blandine Gahimbare	Mahamadou Thiam	Agnes Acam	Mamoudou Jamanka	Sarah Jette
Cameroon	Dan Brame	Alemnkia Fuotulah	Megan Quinn- Mueller	Munira Siddiqi	Saeed Osmani	Natasha Mahoney
Cote d'Ivoire	Luce Caries	Adama Doumbia	Yen Lim	Munira Siddiqi	Umar Arshed	Natasha Mahoney
DR Congo	Christele Joseph-Pressat	Lila Rabibisoa	Peter Mahoney	Munira Siddiqi	Saeed Osmani	Sarah Jette
Egypt	Amber Jamanka	TBD	Jessica Hemmer	Cecilia Kelly	Saeed Osmani	Sarah Jette
Ethiopia	Luce Caries	Gail Amare	Yen Lim	Agnes Acam	Umar Arshed	Sarah Jette
Gabon	Luce Caries			Gwen Glick	Saeed Osmani	
Ghana	Jennifer Katzka	Hilda Smith	Megan Quinn- Mueller	Munira Siddiqi	Saeed Osmani	Sarah Jette
Guatemala	Claudia Gray-Rudd	TBD	Carla Goncalves	Luz Nino	Saeed Osmani	Sarah Jette
Guinea	Dan Brame	Thierno Bah	Megan Quinn- Mueller	Munira Siddiqi	John Hopkins	Atanas Stoilov
Guyana	Dan Brame	Onecka Newland	Megan Quinn- Mueller	Luz Nino	Umar Arshed	Sarah Jette
Haiti	Christele Joseph-Pressat	TBD	Heather Rafey- Camiel	Luz Nino	Umar Arshed	Natasha Mahoney

Honduras	Claudia Gray-Rudd	Miriam Flores	Carla Goncalves	Luz Nino	Umar Arshed	Natasha Mahoney
Indonesia	Amber Jamanka	Harini Sri	Mahamadou Thiam	Cecilia Kelly	Umar Arshed	Natasha Mahoney
Kenya	Luce Caries	Boniface Njenga	Carla Goncalves	Agnes Acam	Umar Arshed	Sarah Jette
Lesotho	Melinda Packman	Malineo Lejakane	Peter Mahoney	Agnes Acam	Umar Arshed	Atanas Stoilov
Liberia	Jennifer Katzka	Cecilia Sackor	Jessica Sullivan	Munira Siddiqi	Saeed Osmani	Sarah Jette
Malawi	Melinda Packman	Robert Komakech	Carla Goncalves	Veronique Mestdagh	Saeed Osmani	Atanas Stoilov
Mali	Dan Brame	Sirandou Keita	Nino Willsea	Munira Siddiqi	Saeed Osmani	Atanas Stoilov
Mozambique	Claudia Gray-Rudd	Raouf Qawwas	Mahamadou Thiam	Veronique Mestdagh	Saeed Osmani	Sarah Jette
Namibia	Melinda Packman	TBD	Nino Willsea	Veronique Mestdagh	Umar Arshed	Atanas Stoilov
Nigeria	Jennifer Katzka	Donna Coulibaly	Jessica Sullivan	Munira Siddiqi	Saeed Osmani	Natasha Mahoney
Peru	Claudia Gray-Rudd	Magaly Cardenas	Jessica Sullivan	Luz Nino	Umar Arshed	Natasha Mahoney
Philippines	Dan Brame	Elena Martinez & Mildred Fernando	Nino Willsea	Cecilia Kelly	Umar Arshed	Atanas Stoilov
Rwanda	Christele Joseph-Pressat	Marcellin Mugabe (acting)	Mahamadou Thiam	Agnes Acam	Umar Arshed	Atanas Stoilov
South Africa	Melinda Packman	Carole Evans	Peter Mahoney	Veronique Mestdagh	Umar Arshed	Sarah Jette
South Sudan	Jennifer Katzka	Abraham Ayom Ayom	Jessica Hemmer	Agnes Acam	Saeed Osmani	Atanas Stoilov
Swaziland	Melinda Packman	Mphiwa Dlamini	Nino Willsea	Veronique Mestdagh	Umar Arshed	Atanas Stoilov
Tanzania	Melinda Packman	Peter Materu	Jessica Sullivan	Agnes Acam	Umar Arshed	Natasha Mahoney
Uganda	Jennifer Katzka	Patrick Magezi	Yen Lim	Agnes Acam	Umar Arshed	Natasha Mahoney
Ukraine	Dan Brame	Alexandra (Sasha) Brodovskaya	Nino Willsea	Cecilia Kelly	Saeed Osmani	Natasha Mahoney
Vietnam	Amber Jamanka	Ha Nguyen	Yen Lim	Cecilia Kelly	Umar Arshed	Natasha Mahoney
Zambia	Melinda Packman	None	Jessica Hemmer	Veronique Mestdagh	Saeed Osmani	Sarah Jette

Non-OST Countries (No Staff, No Office, No Banking, No Country Award - Current Global/Reg Project)			
Belize	Claudia Gray-Rudd		
Costa Rica	Claudia Gray-Rudd		
El Salvador	Claudia Gray-Rudd		
Cambodia			
Dominican Republic			
India			
Kazakhstan			
Kyrgyzstan			
Libya		Munira Siddiqi	Umar Arshed
Mexico	Claudia Gray-Rudd		
Nicaragua	Claudia Gray-Rudd		
Panama	Claudia Gray-Rudd		
Tajikistan			
Turkmenistan			
Uzbekistan			
Zimbabwe			

SIAPS Job Descriptions

POSITION DESCRIPTION
Center for Pharmaceutical Management
Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program

POSITION: SIAPS Program Director
REPORTS TO: Vice President of CPM
LOCATION: MSH Arlington Office

Overall Responsibilities

The Program Director (PD) is responsible for oversight, administration, supervision, and management of all aspects of the SIAPS Program. The PD provides leadership in formulating technical and operational policies and allocating resources to ensure the program's successful implementation. The PD is responsible for overall program progress and for achieving results. The PD serves as the lead representative and liaison for SIAPS with USAID, other cooperating agencies, institutional partners and collaborators, and other donors and international organizations. The PD ensures that the program is meeting its contractual and technical responsibilities and will be responsible for identifying and negotiating strategic alliances that ensure the most effective use of resources that promote achievement of results. The PD reports to the Vice President for the Center for Pharmaceutical Management (CPM).

Specific Responsibilities

1. Provide leadership in formulating strategic technical and operational policies and allocating resources to ensure the successful implementation of the program, including achieving intermediate results and integrating cross-cutting technical areas into the SIAPS Program.
2. Represent the program with USAID through regular contact with the program's Agreement Officer Technical Representative (AOTR) and through participation at international and/or USAID conferences and meetings; maintain active communication with SIAPS partners, sub-recipients and collaborators; and maintain contact with other cooperating agencies and donors to develop and implement program strategies and coordinate activities.
3. Provide leadership to ensure that program goals and objectives, including an appropriate balance among the core operating principles, are integrated throughout the program; the core principles are analysis and policy development, tools development and testing, technology transfer, capacity development, and field program support.
4. With input from the USAID AOTR, develop proposals for common agenda funding and work plans.
5. Ensure strategic documentation and dissemination of information on program progress and lessons learned.
6. Pursue linkages between SIAPS and other MSH programs as well as other health and pharmaceutical management programs and/or organizations.
7. Chair SIAPS management meetings and represent SIAPS on the CPM management team.
8. Provide direct supervision to SIAPS Deputy Directors and other senior staff.

Qualifications

The PD must have strong leadership qualities, broad technical and management expertise, and demonstrated success in executive-level management of large, complex US government technical assistance activities in developing countries, as reflected by at least 8 years of experience in addressing pharmaceutical systems strengthening issues. The candidate must possess international credibility as a technical leader in pharmaceutical management with experience collaborating with other US government-funded cooperating agencies and contractors, Mission staff, country government officials, other donors, and international stakeholders. Strong interpersonal, writing, and oral presentation skills in English are required, and fluency/proficiency in a second language is highly desirable. Performance as an effective decision maker and competent supervisor (of professional and support staff) must be demonstrated. A master's degree (or equivalent) in pharmacy, public health, health policy, or related field is required.

POSITION DESCRIPTION
Center for Pharmaceutical Management
Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program

POSITION: SIAPS Deputy Director, Country Programs (DDCP)
REPORTS TO: SIAPS Program Director
LOCATION: MSH Arlington Office

Overall Responsibilities

The Deputy Director, Country Programs (DDCP) is responsible for monitoring progress of SIAPS country programs and health element-specific portfolios and for communicating progress to clients, including USAID Agreement Officer's Technical Representative (AOTR), Bureaus, and Missions. The DDCP guides the development of targeted annual work plans and budgets for both country programs and health element-specific portfolios that are both responsive to client priorities and contribute to achievement of intermediate results. The DDCP creates a supportive environment by providing technical and managerial coaching to the country project team and by facilitating timely mobilization of technical and administrative support for the country programs and portfolios. As part of the SIAPS senior management team, the DDCP works with the Finance and Operations Director and the Deputy Director, Technical to ensure consistency, coordination, linkage, and integration of all components of the program. The DDCP reports to the SIAPS Director and serves as Acting Program Director in the Director's absence.

Specific Responsibilities

1. Serve as the technical and managerial resource for the Portfolio and Health Element Managers, overseeing all technical work deliverables and reports and ensuring that all required resources are mobilized in a timely manner.
2. Assist Portfolio Managers and Health Element Managers to create realistic work plans that address the interests of USAID clients and collaborators and the needs of target populations.
3. Monitor the status of annual budget obligations, work plan development, and pipelines of country programs and portfolios; discuss adjustments with the SIAPS Portfolio and Health Element Managers and ensure implementation of revised plans.
4. Regularly brief the SIAPS Director and senior management team on all staffing and other management issues that impact program progress for timely decisions and follow-up action.
5. Work with the Performance M&E Specialist to support implementation of the SIAPS monitoring and evaluation strategy and monitor progress toward achievement of results.
6. Facilitate coordination and mobilization of technical assistance resources in collaboration with the Deputy Director, Technical and facilitate operational and financial resources in collaboration with the Finance and Administration Director in support of the work plans of Portfolio and Health Element Managers.
7. As required, travel to countries in which SIAPS is working to provide technical support to field activities and to actively communicate with donor representatives and country officials.
8. Supervise SIAPS Portfolio and Health Element Managers as assigned.

Qualifications

The DDCP must have at least 6 years of experience in implementing activities related to pharmaceutical systems strengthening in developing countries. The candidate must have demonstrated competence in managing and providing technical assistance in key areas of pharmaceutical management systems, executive level qualities, broad technical and management expertise and experience, and strong interpersonal, writing, and oral presentation skills. Fluency/proficiency in a second language is highly desirable. Experience with one or more disease-specific programs (e.g., HIV/AIDS, malaria, tuberculosis, etc.) and experience in managing USAID/US government programs is highly advantageous. The candidate must have a master's degree in public health or a clinical discipline relevant to pharmaceutical systems strengthening.

POSITION DESCRIPTION
Center for Pharmaceutical Management
Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program

POSITION: SIAPS Deputy Director, Technical (DDT)
REPORTS TO: SIAPS Program Director
LOCATION: MSH Arlington Office

Overall Responsibilities

The Deputy Director, Technical (DDT) is responsible for mobilizing and managing a technical assistance team capable of providing high-quality technical guidance and implementation support to SIAPS countries and health element portfolios. The individual will ensure the development of a mechanism that can be used to document lessons learned and apply them to different countries and portfolios, thereby minimizing duplication and reinvention; actively promote south-to-south information sharing; and provide specialized expertise for specific pharmaceutical management interventions. The DDT will also ensure that resources are available to facilitate the work of the technical assistance teams and that the teams are kept up to date on current trends, approaches, and practices in their areas of expertise. The DDT is responsible for monitoring the quality of the technical team's work, providing adequate guidance, coaching, and on-the-job training to ensure that work of the highest technical quality is delivered every time. In collaboration with the Deputy Director, Country Programs and the CPM Short-Term Technical Assistance Coordinator, the DDT will track the technical assistance requirements of Portfolio and Health Element Managers and match them with the appropriate expertise to ensure that an adequate level of effort is available for all assignments. As part of the SIAPS senior management team, the DDT will work with the Finance and Operations Director and the Deputy Director, Country Programs to ensure consistency, coordination, linkage, and integration of all program components. The DDT reports to the SIAPS Director and serves as acting program director in the absence of the Director.

Specific Responsibilities

1. Assist portfolio and health element managers to develop realistic and appropriate technical interventions that will address the goals of their work plans, the interests of USAID clients and collaborators, and the needs of target populations; identify technical areas requiring attention with input from the Deputy Director, Country Programs.
2. Monitor the implementation of technical activities in country and health element portfolios to ensure that adequate technical resources are available for timely completion.
3. For activities of strategic importance, identify the optimal team for the activity with input from the CPM Deputy Director for Technical Strategy and Quality.
4. Regularly brief the SIAPS Director and senior management team on all staffing and other management issues that affect program progress for timely decisions and follow-up action.
5. Work with the Performance M&E Specialist to support implementation of the SIAPS M&E strategy and monitor progress toward achievement of results.
6. Upon request, write technical reports and/or provide technical reviews of documents.

7. As required, travel to countries in which SIAPS is working to enhance technical support to field activities and to actively communicate with donor representatives and country officials to provide needed assistance to clients, collaborators, and beneficiaries.
8. Supervise SIAPS technical advisors as assigned.

Qualifications

At least 6 years experience in implementing pharmaceutical systems strengthening activities in developing countries is required. The candidate must have demonstrated competence in managing and providing technical assistance in key areas of pharmaceutical management, executive-level qualities, broad technical and management expertise and experience, and strong interpersonal, writing, and oral presentation skills. Fluency/proficiency in a second language is highly desirable. Experience with one or more disease-specific programs (e.g., HIV/AIDS, malaria, tuberculosis, etc.) is highly advantageous. The candidate must have a master's degree in public health or a clinical discipline relevant to pharmaceutical systems strengthening.

POSITION DESCRIPTION
Center for Pharmaceutical Management
Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program

POSITION: SIAPS Deputy Director of Finance and Operations
REPORTS TO: SIAPS Program Director
LOCATION: MSH Arlington Office

Overall Responsibilities

The Deputy Director of Finance and Operations has overall responsibility for the successful operation and financial management of the SIAPS Program. In collaboration with other members of the SIAPS senior management team, the Deputy Director of Finance and Operations ensures effective implementation of the program's technical activities within the context of financial and operating systems. The Deputy Director of Finance and Operations role complements and supports the SIAPS Deputy Directors to achieve optimal results and cost-effective, compliant performance. The Deputy Director of Finance and Operations is responsible for being aware of and ensuring that the SIAPS Program adheres to USAID procurement regulations and MSH's standard finance and administrative policies and procedures in all activities. As part of the SIAPS senior management team, the Deputy Director of Finance and Operations works with the Deputy Director, Technical and the Deputy Director, Country Programs to ensure consistency, coordination, linkage, and integration of all components of the program.

Specific Responsibilities

1. Oversee the formulation of annual and long-term budget strategies and annual work plan budgets for SIAPS program activities; provide technical guidance and support in budgeting activities for the SIAPS Program, and develop tools and templates for program-wide use.
2. Work with the Director and Deputy Directors to ensure that work plan budgets and labor projections are appropriately developed and managed.
3. Maintain a strong knowledge base about the SIAPS Program from an operational standpoint and serve as a central resource for SIAPS field office operations.
4. Ensure that program administrative procedures and practices consistently meet institutional and cooperative agreement standards.
5. Oversee the development and tracking of the SIAPS administration budget and the SIAPS allocable cost factor.
6. Oversee procurement of program goods and services ensuring that the SIAPS Program is in compliance with USAID procurement regulations and standards.
7. Develop and implement administrative and operational management systems to support all core and field program activities; ensure that program systems (including start up, maintenance, and close down of SIAPS field offices), inventory, USAID branding, travel approvals, etc. are maintained with accuracy and efficiency.
8. Regularly monitor and disseminate SIAPS Program financial and contractual information to SIAPS technical program managers.
9. Ensure access to and analysis of budget and financial information for decision-making.

10. Ensure responsiveness and provide accurate information to USAID/Washington and Missions on regular financial reporting requirements and ad hoc requests.
11. Oversee establishment and monitoring of local bank accounts and set up the logistics procedures for regular dollar and local currency cash flows with the US-based home office.
12. Manage and supervise SIAPS finance and operations team consisting of Senior Finance Manager, Finance/Accounting Analyst, Program Support Associates, and Program Associates.

Qualifications

Graduate degree in business administration with at least 6 years of experience with financial and administrative management of government contracts and agreements. Experience and knowledge of USAID regulations and cooperative agreements required.

POSITION DESCRIPTION
Center for Pharmaceutical Management
Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program

POSITION: SIAPS Performance Monitoring and Evaluation Specialist
REPORTS TO: SIAPS Program Director
LOCATION: MSH Arlington Office

Overall Responsibilities

The Performance Monitoring and Evaluation (M&E) Specialist provides guidance and strategic direction for M&E, strategic studies, and operations research for SIAPS. The Specialist contributes to overall communications and data validation activities and identifies and evaluates best practices and state-of-the-art approaches. In addition, he or she develops the capacity of program staff to set goals and objectives; identify outputs, outcomes, and impacts; and collect and use indicator data, including designing a data collection, analysis, and indicator-based reporting framework. The Specialist oversees technical support to element-specific portfolios and country teams in their M&E activities, and participates actively in the development and implementation of program-wide strategies in fulfillment of the SIAPS mandate. The Specialist serves as a member of the SIAPS senior management team.

Specific Responsibilities

1. Provide technical guidance across the SIAPS Program to strengthen M&E.
2. Support integration of SIAPS technical tools and approaches into country programs and element portfolios and ensure that technical approaches are solidly anchored in strategies that lead to measurable results, including the development of performance indicators and targets.
3. Oversee the management and maintenance of the SIAPS Strategic Monitoring System.
4. Oversee preparation of performance monitoring/M&E plans for SIAPS country programs and health-element portfolios
5. Serve as an M&E liaison for SIAPS core-funded and country programs; communicate regularly with portfolio and health-element managers on the status of ongoing M&E work; and provide briefings on new developments, coaching, and technical support.
6. Provide direct technical assistance in M&E as required, including the design and implementation of assessments, evaluations, strategic studies, operations research, sampling, design of data collection methods, and analysis.
7. Develop and implement an effective system to support technical reviews, work planning, and routine reporting to USAID.
8. Identify opportunities to conduct strategic studies, evaluations, and operations research.
9. Contribute to the preparation of technical reports and publications submitted to peer-reviewed journals; also contribute to communications products to ensure appropriate analysis and presentation of data and findings.
10. Establish and maintain professional contacts in other organizations involved in M&E practices, tools, and technical approaches; monitor trends and issues (from both donor and technical perspectives), and recommend SIAPS responses, as appropriate; represent SIAPS in M&E technical meetings.

11. Contribute to knowledge management planning and implementation to encourage evidence-based decision making and project sustainability.

Qualifications

The candidate must have at least 5 years of experience designing, implementing, and supervising M&E efforts for multi-country, pharmaceutical system strengthening or for other health programs. The candidate must have demonstrated analytical skills and experiences in identifying and evaluating best practices and state-of-the-art approaches and must be able to develop the capacity of SIAPS program staff to identify outcomes and impacts and collect and use indicator data. In addition, the candidate must possess strong writing and organizational skills for reporting on program and study results and must have an advanced degree in public health or a related discipline.

POSITION DESCRIPTION
Center for Pharmaceutical Management
Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program

POSITION: SIAPS Principle Technical Advisor, Supply Chain (PTA SCM)
REPORTS TO: SIAPS Deputy Director, Technical
LOCATION: MSH Arlington Office

Overall Responsibilities

The Principal Technical Advisor, Supply Chain Management (PTASCM) provides technical advice for the design and implementation of innovative strategies and programs to strengthen pharmaceutical supply chain management systems and commodity security strategies in SIAPS countries. The PTASCM supports activities to strengthen the supply chain components of country and health element work plans. The PTASCM provides guidance to the technical staff assigned to specific supply chain activities to ensure that the work is of the highest quality. The PTASCM works closely with other Principal Technical Advisors and Portfolio and Health Element Managers to identify opportunities to use new and existing tools, to coordinate technical work, and to ensure that global (core-funded) initiatives are based on and informed by country-level needs and priorities.

Specific Responsibilities

1. Provide technical support for the development and/or review of technical approaches and strategies for strengthening commodity security and supply chain management systems.
2. Provide technical assistance to support the design and implementation of supply chain management and logistics interventions, which may involve work in commodity security, quantification and forecasting, supply planning, procurement, inventory management, warehouse management, distribution and transport, and logistics management information systems and logistics system performance monitoring.
3. Regularly report on SIAPS supply chain management initiatives in accordance with the M&E plan, objectives, and USAID intermediate results.
4. Provide guidance to Portfolio Managers for supply chain work and facilitate the coordination of SIAPS supply chain management initiatives with partners and collaborators.
5. Help develop and review operations research protocols and facilitate multi-country studies on common technical areas; facilitate sharing of technical approaches across SIAPS countries.
6. Plan, organize, and conduct training courses covering supply chain technical areas for external audiences and SIAPS staff.
7. Serve as the technical point person on supply chain management representing SIAPS at USAID meetings and other relevant professional events.
8. Maintain liaison with USAID, international organizations, donor agencies, foundations, universities, and voluntary organizations; seek opportunities for dissemination of lessons learned, research, publications, and other development and communications activities.
9. Support implementation of the SIAPS M&E strategy in collaboration with the Performance M&E Specialist.

10. Provide SIAPS senior management with quarterly, written technical briefs/updates on global technical issues and/or issues of strategic importance.
11. Supervise technical staff as assigned.

Qualifications

Graduate degree in a health-related field with specialized training and/or experience relating to supply chain management required; must possess significant relevant experience in supply chain management and pharmaceutical logistics systems strengthening in developing country context. Experience with public health programs supported by bilateral agencies, such as USAID, and agencies, such as World Health Organization and World Bank, preferred.

POSITION DESCRIPTION
Center for Pharmaceutical Management
Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program

POSITION: Principal Technical Advisor, HIV/AIDS
REPORTS TO: Deputy Director, Country Programs
LOCATION: Arlington, VA

Overall Responsibilities
The Principal Technical Advisor, HIV/AIDS manages the development and implementation of innovative strategies and programs to strengthen HIV/AIDS pharmaceutical management systems. The PTA HIV/AIDS leads collaborative efforts with the World Health Organization (WHO), UNAIDS, the Global Fund, PEPFAR and field programs. The PTA HIV/AIDS guides the development of country-level work plans and activities related to HIV/AIDS pharmaceutical management to ensure that the work is of the highest technical quality and consistent with SIAPS approaches and mandates. The PTA HIV/AIDS works closely with other Principal Technical Advisors and Country and Health Element Portfolio Managers to identify opportunities to use new and existing tools, to coordinate technical work, and to ensure that global (core-funded) initiatives are based on and informed by country-level needs and priorities.

Specific Responsibilities
1. Manage the development and/or review of technical approaches and strategies for pharmaceutical management for HIV/AIDS.
2. Manage the development and implementation SIAPS core-funded HIV/AIDS activities, regularly reporting on activities against USAID intermediate results and work plans.
3. Provide technical oversight for HIV/AIDS-related work of other SIAPS Portfolio Managers and assist in the coordination of SIAPS HIV/AIDS initiatives with partners and collaborators.
4. Assist in the development and review of protocols for operations research and facilitate multicountry studies on common themes and technical areas; facilitate sharing of technical approaches across several SIAPS countries.
5. Plan, organize, and conduct training courses covering pharmaceutical management for HIV/AIDS for external audiences and SIAPS staff as required.
6. Support implementation of the SIAPS M&E strategy in collaboration with the Performance M&E Specialist.
7. Serve as the technical point person on HIV/AIDS representing SIAPS at USAID meetings and other professional events.
8. Maintain liaison with USAID, international organizations, donor agencies, foundations, universities, and volunteer organizations; seek opportunities for dissemination of lessons learned, research, publications, and other development and communications activities.
9. Provide SIAPS senior management with quarterly, written technical briefs/updates on global technical issues and/or issues of strategic importance.

10. Supervise technical staff as assigned.

Qualifications

1. Graduate degree in a health-related field with specialized training and/or experience relating to Pharmaceutical Services required; physician, nurse, or pharmacist qualification preferred.
2. Significant relevant experience in pharmaceutical services including, specialized training and/or experience relating to HIV/AIDS management and control required.
3. Significant relevant experience in international public health with experience in pharmaceutical management, procurement, and systems strengthening strongly preferred, particularly related to medicines use practices and/or HIV/AIDS management and control programs in developing in developing country context required.
4. Experience with medicines use and/or HIV/AIDS management and control initiatives supported by bilateral agencies, such as USAID, and international agencies, such as World Health Organization and World Bank, preferred
5. Interest in and experience managing and supervising technical staff.
6. Demonstrated competence to assess priorities and manage a variety of activities in a time-sensitive environment and meet deadlines with attention to detail and quality.
7. Excellent writing and presentation skills in English are essential.
8. Proficiency in French or Spanish is desired, as are languages of other USAID-supported countries.
9. Ability to travel internationally and domestically as required to support the progress of program activities.

POSITION DESCRIPTION
Center for Pharmaceutical Management
Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program

POSITION: Principal Technical Advisor, Malaria
REPORTS TO: Deputy Director, Country Programs
LOCATION: Arlington, VA

Overall Responsibilities
The Principal Technical Advisor, Malaria (PTAM) provides technical guidance for the development and implementation of innovative strategies and programs to support SIAPS field offices for malaria-related pharmaceutical management interventions and coordinates malaria initiatives with partners and collaborators. The PTAM develops and implements SIAPS core-funded malaria activities and leads collaborative efforts with partners such as Roll Back Malaria, the President's Malaria Initiative, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and field programs aimed at strengthening pharmaceutical management systems for malaria control. The PTAM provides support and guidance for country-level work plans and activities to ensure that the work is of the highest technical quality and consistent with SIAPS approaches and mandate. The PTAM works closely with other Principal Technical Advisors and Country and Health Element Portfolio Managers to identify opportunities to use new and existing tools, to coordinate technical work, and to ensure that global (core-funded) initiatives are based on and informed by country-level needs and priorities.

Specific Responsibilities
1. Provide technical support for the development and/or review of technical approaches and strategies for pharmaceutical management for malaria.
2. Provide direct technical assistance to develop and implement SIAPS core-funded malaria activities, regularly reporting on activities in accordance with the M&E plan, objectives, and USAID intermediate results and against work plans, budgets, and pipelines.
3. Provide technical oversight for malaria-related work of SIAPS Portfolio Managers and assist in the coordination of SIAPS malaria initiatives with partners and collaborators.
4. Assist in the development and review of protocols for operations research and facilitate multicountry studies on common themes and technical areas; facilitate sharing of technical approaches across several SIAPS countries.
5. Plan, organize, and conduct training courses covering pharmaceutical management for malaria for external audiences and SIAPS staff as required.
6. Support implementation of the SIAPS M&E strategy in collaboration with the Performance M&E Specialist.
7. Serve as SIAPS's point person on malaria at USAID meetings and other professional events.
8. Maintain liaison with USAID, international organizations, donor agencies, foundations, universities, and volunteer organizations; seek opportunities for dissemination of lessons learned, research, publications, and other development activities.
9. Provide SIAPS senior management with quarterly, written technical briefs/updates on global technical issues and/or issues of strategic importance.
10. Supervise of technical staff as assigned.

Qualifications

1. Graduate degree in a health-related field with specialized training and/or experience relating to Pharmaceutical Services required; physician, nurse, or pharmacist qualification preferred.
2. Significant relevant experience in pharmaceutical services including, specialized training and/or experience relating to malaria control required.
3. Significant relevant experience in international public health with experience in pharmaceutical management, procurement, and systems strengthening strongly preferred, particularly related to medicines use practices and/or malaria control programs in developing in developing country context required.
4. Experience with medicines use and/or malaria control initiatives supported by bilateral agencies, such as USAID, and international agencies, such as World Health Organization and World Bank, preferred
5. Interest in and experience managing and supervising technical staff.
6. Demonstrated competence to assess priorities and manage a variety of activities in a time-sensitive environment and meet deadlines with attention to detail and quality.
7. Excellent writing and presentation skills in English are essential.
8. Proficiency in French or Spanish is desired, as are languages of other USAID-supported countries.
9. Ability to travel internationally and domestically as required to support the progress of program activities.

POSITION DESCRIPTION
Center for Pharmaceutical Management
Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program

POSITION: Principal Technical Advisor, Maternal and Child Health/Reproductive Health
REPORTS TO: Deputy Director, Country Programs
LOCATION: Arlington, VA

Overall Responsibilities
The Principal Technical Advisor, Maternal and Child Health/Reproductive Health (PTAMC) is responsible for providing technical guidance to SIAPS field offices to develop and implement innovative strategies for pharmaceutical management that support the maternal–newborn–child continuum of health care, thereby ensuring the incorporation of best practices. The PTAMC supports collaborative efforts with USAID, partners, and field programs aimed at strengthening pharmaceutical management systems for MCH/RH programs. The PTAMC works closely with other PTAs and Country and Health Element Portfolio Managers to identify opportunities to use new and existing tools, to coordinate technical work, and to ensure that global (core-funded) initiatives are based on and informed by country-level needs and priorities.

Specific Responsibilities
1. Provide technical support for the development and/or review of technical approaches and strategies for pharmaceutical management for MCH/RH.
2. Provide direct technical assistance to develop and implement SIAPS core-funded MCH/RH activities, regularly reporting on activities in accordance with the M&E plan, objectives, and USAID intermediate results and against work plans, budgets, and pipelines.
3. Provide technical oversight for MCH/RH-related work of SIAPS portfolio managers and assist in the coordination of SIAPS MCH/RH initiatives with partners and collaborators.
4. Assist in the development and review of protocols for operations research and facilitate multicountry studies on common themes and technical areas; facilitate sharing of technical approaches across several SIAPS countries.
5. Plan, organize, and conduct training courses covering pharmaceutical management for MCH/RH for external audiences and SIAPS staff.
6. Support implementation of the SIAPS M&E strategy in collaboration with the Performance M&E Specialist.
7. Serve as the technical point person on MCH/RH representing SIAPS at USAID meetings and other professional events.
8. Maintain liaison with USAID, international organizations, donor agencies, foundations, universities, and voluntary organizations; seek opportunities for dissemination of lessons learned, research, publications, and other development and communication activities.
9. Provide SIAPS senior management with quarterly, written technical briefs/updates on global technical issues and/or issues of strategic importance.
10. Supervise technical staff as assigned.

Qualifications

1. Graduate degree in a health-related field with specialized training and/or experience relating to Pharmaceutical Services required; physician, nurse, or pharmacist qualification preferred.
2. Significant relevant experience in pharmaceutical services including, specialized training and/or experience relating to maternal and child health and reproductive health required.
3. Significant relevant experience in international public health with experience in pharmaceutical management, procurement, and systems strengthening strongly preferred, particularly related to medicines use practices and/or MCH/RH programs in developing in developing country context required.
4. Experience with medicines use and/or MCH/RH initiatives supported by bilateral agencies, such as USAID, and international agencies, such as World Health Organization and World Bank, preferred
5. Interest in and experience managing and supervising technical staff.
6. Demonstrated competence to assess priorities and manage a variety of activities in a time-sensitive environment and meet deadlines with attention to detail and quality.
7. Excellent writing and presentation skills in English are essential.
8. Proficiency in French or Spanish is desired, as are languages of other USAID-supported countries.
9. Ability to travel internationally and domestically as required to support the progress of program activities.

POSITION DESCRIPTION
Center for Pharmaceutical Management
Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program

POSITION: Principal Technical Advisor, Tuberculosis
REPORTS TO: Deputy Director, Country Programs
LOCATION: Arlington, VA

Overall Responsibilities
The Principal Technical Advisor, Tuberculosis (PTATB) provides technical guidance for the development and implementation of innovative strategies and programs to strengthen TB pharmaceutical management systems. The PTATB leads collaborative efforts with the World Health Organization (WHO), the Global Fund, Global Drug Facility, Green Light Committee, Stop TB partners, and field programs. The PTATB guides the development of country-level work plans and activities related to TB pharmaceutical management to ensure that the work is of the highest technical quality and consistent with SIAPS approaches and mandates. The PTATB works closely with other Principal Technical Advisors and Country and Health Element Portfolio Managers to identify opportunities to use new and existing tools, to coordinate technical work, and to ensure that global (core-funded) initiatives are based on and informed by country-level needs and priorities.

Specific Responsibilities
1. Provide technical support for the development and/or review of technical approaches and strategies for pharmaceutical management for TB.
2. Provide technical assistance to develop and implement SIAPS core-funded TB activities, regularly reporting on activities against USAID intermediate results and work plans.
3. Provide technical oversight for TB-related work of other SIAPS Portfolio Managers and assist in the coordination of SIAPS TB initiatives with partners and collaborators.
4. Assist in the development and review of protocols for operations research and facilitate multicountry studies on common themes and technical areas; facilitate sharing of technical approaches across several SIAPS countries.
5. Plan, organize, and conduct training courses covering pharmaceutical management for TB for external audiences and SIAPS staff as required.
6. Support implementation of the SIAPS M&E strategy in collaboration with the Performance M&E Specialist.
7. Serve as the technical point person on TB representing SIAPS at USAID meetings and other professional events.
8. Maintain liaison with USAID, international organizations, donor agencies, foundations, universities, and volunteer organizations; seek opportunities for dissemination of lessons learned, research, publications, and other development and communications activities.
9. Provide SIAPS senior management with quarterly, written technical briefs/updates on global technical issues and/or issues of strategic importance.
10. Supervise technical staff as assigned.

Qualifications

1. Graduate degree in a health-related field with specialized training and/or experience relating to Pharmaceutical Services required; physician, nurse, or pharmacist qualification preferred.
2. Significant relevant experience in pharmaceutical services including, specialized training and/or experience relating to Tuberculosis management and control required.
3. Significant relevant experience in international public health with experience in pharmaceutical management, procurement, and systems strengthening strongly preferred, particularly related to medicines use practices and/or Tuberculosis management and control programs in developing in developing country context required.
4. Experience with medicines use and/or Tuberculosis management and control initiatives supported by bilateral agencies, such as USAID, and international agencies, such as World Health Organization and World Bank, preferred
5. Interest in and experience managing and supervising technical staff.
6. Demonstrated competence to assess priorities and manage a variety of activities in a time-sensitive environment and meet deadlines with attention to detail and quality.
7. Excellent writing and presentation skills in English are essential.
8. Proficiency in French or Spanish is desired, as are languages of other USAID-supported countries.
9. Ability to travel internationally and domestically as required to support the progress of program activities.

POSITION DESCRIPTION
Center for Pharmaceutical Management
Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program

POSITION: Portfolio Manager
REPORTS TO: Deputy Director, Country Programs
LOCATION: Arlington, VA

Overall Responsibilities
The Portfolio Manager (PM) provides management support to the Country Project Director. S/he supervises field-based Country Project Directors, ensure that quality work plans and reports are delivered on time, mobilize technical and other resources, and liaise with USAID/Washington, other MSH technical units, and other partners to ensure that country programs have the required resources to achieve their goals. The PM provides support to country teams to develop and manage work plans and budgets. S/he is accountable to provide (a) effective supportive supervision to the Country Project Director; (b) mentoring and high quality technical, management and political coaching as needed to the Country Leadership Team; and (c) ensure timely mobilization of relevant, high-quality and effective technical support to the country teams.

Specific Responsibilities
1. Support the Country Project Directors in the design, implementation, and monitoring of programs to achieve the results assigned by USAID Missions and USAID/W.
2. Facilitate the technical review and approval of country technical strategies, work plans and budgets
3. Ensure that all technical and operational inputs required for successful implementation of programs under PM's responsibility are in place, that the programs run smoothly, adhere to technical quality, fulfill programmatic objectives within budgetary guidelines, and comply with contractual requirements and applicable regulations.
4. With the support of the Senior Technical Advisors, ensure appropriate integration of technical approaches and tools into programs' design and contribute to technical or management cross-fertilization within SIAPS and MSH.
5. Provide support to Country Project Directors to develop work plans and budgets closely aligned with programs' technical mandate and in compliance with established standards and procedures. Monitor program implementation and use of resources. Regularly review financial reports with the Deputy Director, Country Programs and SIAPS senior management team.
6. Keep SIAPS senior management informed of project activities, challenges, strategic plans, and team dynamics through scheduled meetings.
7. Facilitate the documentation of programmatic achievements of field office activities, including USAID and other donor reporting requirements, SMS, TraiNet data, SIAPS communication materials and technical reports, and technical reviews.
8. Ensure that Field Office Leadership Team has the knowledge, skills, experience, attitudes and behaviors needed to execute its job, and support Country Project Director to develop and implement appropriate capacity building plans to address weaknesses or gaps identified.
9. Provide supportive supervision to Country Project Director as per MSH values, policies, guidelines, and implement an effective performance-management plan which focuses on expected results and Country Project Director accountability, and including regular check-ins, annual appraisals, rewards, training, coaching and career development support.

10. Actively coach and mentor Field Office Leadership Team, as needed to address leadership or management challenges identified, leverage team's strengths, and develop needed technical, management and political/relationship management skills.
11. Support Country Project Director to identify and prioritize technical support needs, develop short-term technical assistance plan and budget.
12. Collaborate with SIAPS Deputy Directors and the CPM STTA Coordinator to identify and mobilize MSH Global Talent and/or external consultants as needed, and ensure timeliness, responsiveness and accountability of internal and external consultants.
13. Ensure and support effective field office participation in MSH Technical Exchange Networks, cross fertilization and south-to-south exchanges.
14. Ensure effective project collaboration, coordination and partnership with the corporate-level Country Operations Support Team, the COMU, the MSH Representative (where applicable) and other projects, Centers and Offices.
15. Contribute to performance evaluations for team members not formally under his/her supervision. Mentor Program Coordinators in the implementation and management of projects. Supervise selected SIAPS and MSH staff, as well as consultants participating in teams under his/her management, in accordance with the project's and MSH's norms and standards.

Qualifications

1. Graduate degree in a health-related field with specialized training and/or experience relating to Pharmaceutical Services required; physician, nurse, or pharmacist qualification preferred. MPH or MBA degree advantageous
2. At least Ten (10) years of progressively responsible, related experience is required.
3. Significant relevant experience in pharmaceutical management systems development and strengthening in developing country context required. Relevant experience in international public health with experience in pharmaceutical services and systems strengthening in developing countries strongly preferred.
4. Experience with public health programs supported by bilateral agencies such as USAID and international agencies such as WHO and World Bank preferred.
5. Demonstrated leadership, management, and supervisory abilities, particularly with senior-level colleagues. Well honed active listening skills, combined with a desire to actively coach, mentor, and provide thoughtful feedback to colleagues, peers, and subordinates.
6. Prior experience and success directing large international donor-funded projects. Demonstrated strategic planning and visioning skills.
7. Familiarity with USG regulations and administrative procedures in the implementation of donor assisted projects.
8. Proven record of aligning diverse, multi-level teams with project mission and vision.
9. Track record of strong commitment to sharing knowledge, documenting experiences, supporting creative initiatives, and sharing credit.
10. Demonstrated ability to build and maintain relationships with senior-level colleagues, particularly interacting productively, proactively, and comfortably with government agencies, NGOs, private sector groups, USAID, CAs, and donor organizations.
11. Demonstrated strategic agility, diplomacy, conflict management, team building, written and oral communication, and negotiation skills.
12. Demonstrated competence to assess priorities and manage a variety of activities in a time-sensitive environment and meet deadlines with attention to detail and quality.
13. Excellent writing and presentation skills in English are essential.
14. Proficiency in French or Spanish is desired, as are languages of other USAID-supported countries.
15. Ability to travel internationally and domestically as required to support the progress of program activities.

POSITION DESCRIPTION
Center for Pharmaceutical Management
Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program

POSITION: Senior Technical Advisor (STA)
REPORTS TO: Principal Technical Advisor
LOCATION: Arlington, VA

Overall Responsibilities
The Senior Technical Advisor (STA) is responsible for providing technical assistance aimed at strengthening pharmaceutical systems[1], supply chain[2] management or pharmaceutical services[3] in developing countries. S/he supports SIAPS portfolio managers and in-country teams in the development and implementation of technical activities ensuring their adequate contribution to SIAPS results. The STA is responsible for the adequate deployment of CPM tools and frameworks and their adequate customization and ownership at the country level. S/he works closely with country portfolio teams and national stakeholders to ensure that technical assistance activities are adequately effective and that deliverables are meeting quality standards. S/he supports measurement and documentation of portfolio results. The STA also contributes and supports CPM and SIAPS capacity building and knowledge exchange plans.

Specific Responsibilities
1. Provide technical support to core and country portfolio managers and to country staff in the conceptualization of pharmaceutical management activities at the global, regional and/or country level, consistently with SIAPS objectives.
2. Lead and participate in activities aimed at pharmaceutical sector assessments, options analysis, operations research, and strategic planning ensuring that findings, recommendations and plans are all consistent with USAID objectives and host government priorities.
3. Provide technical support to SIAPS country teams in the implementation of planned activities and in the review of portfolio deliverables ensuring quality of products.
4. Participate in human resource capacity assessments in the pharmaceutical sector and collaborate with the Capacity Building and Performance Improvement Unit to develop country specific capacity building strategies.
5. Develop training materials, and participate in the planning and delivery of pharmaceutical management training programs aimed at building the capacity of pharmaceutical cadres and training institutions.
6. Collaborate with the CPM Systems Analysis and Software Products Unit for the development, deployment and implementation of appropriate tools necessary to improve pharmaceutical

[1] Pharmaceutical systems include areas such as pharmaceutical law, medicine policy, regulatory affairs, quality assurance, product selection, medication safety / pharmacogivilance, and pharmaceutical financing.
[2] Supply chain includes areas such as quantification, procurement, customs clearance, transportation, warehousing and inventory management, distribution and logistics management information systems.
[3] Pharmaceutical services include areas such as pharmaceutical care/management, case management and implementation of standard treatment guidelines, rational use, adherence, AMR and infection control; it also addresses new health technologies and diagnostic services.

management information systems and their appropriate use for decision making.

7. In coordination with the M&E Unit, support portfolios for the establishment of mechanisms for collecting relevant data to their established indicators. Also participate in SIAPS program review activities and provide adequate recommendations.
8. Support Portfolio Managers and Principal Advisors in the adequate documentation and dissemination of program results and lessons learned including the development and submission of abstracts and articles to scientific journals and conferences.
9. Supervise assigned Technical Advisors and/or Technical Associates ensuring the adequacy of their performance and their continuous professional development.
10. Participate and represent SIAPS and CPM in meetings with USAID, and with national and international partners and collaborators.
11. Contribute to the business development of CPM and participate in the development of proposals as needed.

Qualifications

1. Graduate degree in a health-related field; physician, nurse, or pharmacist qualification preferred.
2. Specialized training and/or experience relating to pharmaceutical systems, supply chain management or pharmaceutical services.
3. Relevant experience in international public health particularly in the implementation of reproductive health, maternal and child health, HIV/AIDS, malaria, and TB prevention, care, and treatment in developing countries.
4. Experience with programs supported by bilateral agencies such as USAID and international agencies such as WHO and World Bank preferred.
5. Ability to write lucid technical reports and documents in English is required.
6. Competence in use of word processing programs required, and experience with spreadsheets and database applications strongly preferred.
7. Interest in and experience managing and supervising technical staff.
8. Proficiency in French, Spanish or Portuguese is desired, as are languages of other USAID-supported countries.
9. Strong organizational skills with the ability to handle multiple tasks simultaneously; excellent interpersonal skills and ability to work effectively in a team spirit.
10. Ability and availability to travel internationally 30% of time or more.

POSITION DESCRIPTION
Center for Pharmaceutical Management
Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program

POSITION: Technical Associate (TA)
REPORTS TO: Senior or Principal Technical Advisor
LOCATION: Arlington, VA

OVERALL RESPONSIBILITIES
The Technical Associate (TA) works closely with SIAPS senior or principal technical advisors to support the adequate implementation of SIAPS core, regional and country level pharmaceutical management activities. The TA provides support in carrying out literature reviews, research and survey activities and participates in the development and implementation of training programs. He/she assists in all planning, monitoring, documentation, and reporting activities relevant to designated program activities.

SPECIFIC RESPONSIBILITIES
1. Assist SIAPS staff and consultants in carrying out literature and/or field based reviews necessary for the conceptualization of pharmaceutical management interventions and for the development of technical briefs and concept papers.
2. Support the implementation of assessment and/or survey activities including the development of data collection and analysis tools; development of data collection guides; and the development and implementation of data management plans for data processing and analysis.
3. Support pharmaceutical management training activities including the development or adaptation of training materials and assist in the planning and delivery of SIAPS training programs.
4. Assist SIAPS senior technical staff and consultants in the planning and implementation of field-based technical assistance activities. This includes coordinating with SIAPS field offices and with relevant partners whenever required.
5. Collaborate with senior technical staff for the development and/or the review of technical reports arising from literature reviews, research or technical assistance activities
6. Assist designated senior technical staff in monitoring and reporting on specific activities, deliverables and indicators.
7. Provide writing and analytical assistance as needed to produce special reports and documents aimed for publication.
8. Participate in the development of communication materials, presentations, articles, abstracts and posters in the context of knowledge management and participate in the presentation of these products to various audiences and forums.
9. Assist in monitoring core portfolio budgets and sub-budgets in collaboration with the finance team, ensuring adequate tracking of accruals and pipelines.
10. Attend technical and brown bag informational meetings when required and prepare related briefs for senior technical staff. Also, work occasionally with senior technical staff for developing MSH proposals and new assistance projects as needed.
11. Perform other duties, as assigned.

QUALIFICATIONS
1. Degree in public health or related field required, and the combination with diploma in medicine

or pharmacy will be a plus.

2. International working experience in health and related field in developing countries highly desirable.
3. Very strong competencies in technical writing and good oral communication required with ability to develop technical briefs.
4. Demonstrated intermediate computer skills in Microsoft Office Suite applications, including Word, Excel, PowerPoint, Outlook and statistical software.
5. Ability to write lucid technical reports and documents in English is required,
6. Proficiency in French, Spanish or Portuguese is desired, as are languages of other USAID-supported countries.
7. Strong organizational and interpersonal skills with the ability to handle multiple tasks simultaneously, set priorities, and work effectively in a team spirit.
8. Willingness and ability to travel internationally and domestically, as needed.

POSITION DESCRIPTION
Center for Pharmaceutical Management
Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program

POSITION: Project Associate
REPORTS TO: Deputy Director, Technical
LOCATION: Arlington, VA

Overall Responsibilities
The Project Associate (PA) for the **Systems for Improved Access to Pharmaceuticals and Services** (SIAPS) project in the Center for Pharmaceutical Management (CPM) is responsible for ensuring administrative support to SIAPS Technical Assistance (TA) Clusters as well as to the Capacity Building and Performance Improvement (CB/PI) and Knowledge Management (KM) teams on SIAPS-related issues. The PA coordinates information and provides logistical support for these different teams. He or she is supervised by the SIAPS Technical Deputy Director (DD), and works with TA Cluster team leaders and members, CB/PI and KM Directors and team members. The PA is responsible for coordination of teams' activities, ensuring that tasks are carried through to completion and information is disseminated. The PA collaborates with other staff within SIAPS, CPM and MSH to facilitate the work of these teams and keeps staff informed of the status of specific activities as well as broader SIAPS, CPM and MSH issues. The PA is aware of, and adheres to, MSH's Procurement procedures in all activities.

Specific Responsibilities
1. Serve as administrative backstop to SIAPS Technical Assistance Cluster Team Leads and TA members, as well as to CB/PI and KM teams in providing daily administrative and logistical support for all SIAPS non-portfolio specific activities. Coordinate meetings, brown bags and workshop logistics, including scheduling, facilities set-up, catering, and equipment needs, and minutes recording. Provide administrative support for streamlining of team systems, standards, and procedures following MSH guidelines.
2. Assist Technical DD and Cluster Team Leads in coordinating the Resource Allocation Tool ensuring that it is kept updated while generating necessary tool outputs for regular reporting, planning and decision making.
3. Provide administrative support to SIAPS non-portfolio specific capacity building events, technical discussion series and to global meetings, along with other PAs, under the guidance of the CB/PI team. Coordinate logistics, registration, production of materials, and communication aspects of these events.
4. Facilitate the collection, classification and dissemination of training information for SIAPS, under the guidance of the CB/PI team.
5. Assist with the audit of the USAID TraiNet system to ensure SIAPS portfolio compliance using the system.
6. Support TA, CB/PI, and KM teams in scheduling and coordinating SIAPS activities related to the respective team work plan and technical product reviews, team reporting and documentation.
7. Collaborate with Management Team and TA members to provide administrative support for Common Agenda activities as well as those implemented in collaboration with SIAPS partners.
8. Coordinate with the Procurement unit to clarify SIAPS non-portfolio specific procurement requests originating from the TA, CB/PI or KM teams, and to provide support for procurement execution as

necessary.

9. Ensure open, ongoing communication flow between TA, CB/PI and KM teams, as well as SIAPS Portfolio Management Team, field offices, and MSH at large as needed
10. Support TA Cluster Leads in scheduling briefing meetings with SIAPS external consultants and in reviewing consultant evaluations in collaboration with the STTA Coordinator.
11. Assist TA, CB/PI and KM teams in tracking SIAPS progress and reporting against their respective approved plans.
12. Conduct or support SIAPS in any special projects, reports, and other duties as assigned.

Qualifications

1. Bachelor's degree and/or equivalent relevant administrative experience.
2. Strong administrative, organizational, and written and verbal communication skills.
3. Ability to work independently and take initiative.
4. Ability to learn complex procedures.
5. International work experience is a plus.
6. Demonstrated intermediate to advanced computer skills in Microsoft Office Suite applications including Word, Excel, PowerPoint, and Outlook, with the ability to learn new software packages.
7. Demonstrated competence to assess priorities and manage a variety of activities in a time-sensitive environment and meet deadlines with attention to detail and quality.
8. Excellent interpersonal skills; demonstrated ability to interact professionally with culturally diverse staff, clients, and consultants.
9. Demonstrated ability to work as an effective team member in a complex and fast paced environment.
10. English fluency required. Proficiency in other languages of USAID supported countries is desired.

POSITION DESCRIPTION
Center for Pharmaceutical Management
Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program

POSITION: Country Project Director
REPORTS TO: Portfolio Manager
LOCATION: SIAPS Country Office

Overall Responsibilities

The Country Project Director is responsible for coordinating and managing all activities for the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program in the country of responsibility. S/he shall be responsible and accountable for the development, regular update and implementation of the country work plan and budget to ensure attainment of the program goals and objectives in line with the SIAPS mandate and approaches, to contribute to the goals of the local USAID Mission government partners. S/he is the primary liaison between SIAPS and the local USAID Mission, Government counterparts, stakeholders, and partners involved with pharmaceutical management activities and/or implementing related programs in the country. The Country Project Director is accountable for the management of the SIAPS Country office, provides strategic and technical guidance and works closely with the assigned Arlington based Portfolio Manager, other SIAPS home office technical and operational staff, and other MSH projects in the country to ensure that MSH/CPM/SIAPS plans and activities effectively address priority pharmaceutical and commodity management needs of the country. As the lead person for the SIAPS team in the country, he or she supervises staff and ensures the timely and quality delivery of SIAPS products and activities.

Specific Responsibilities

A. Vision, Technical Strategy and Results

1. Develop and manage the Results Framework, Performance Monitoring Plan, Technical Strategy, Monitoring and Evaluation (M&E) plan, annual project work plans, technical assistance plan and budget for SIAPS technical assistance in the country, in collaboration with Arlington-based Portfolio Manager and Technical Advisors, as per USAID Mission requirements, obligations, MSH technical frameworks, approaches and standards, and Results Management Systems (RMS) guidelines.
2. Manage the implementation of SIAPS technical activities at the national, provincial/regional, and facility levels ensuring that all activities are adequately and timely implemented and that they adequately address pharmaceutical and commodity management needs at the different levels of the system to meet the expectations of clients, partners and other stakeholders.
3. Facilitate the provision of technical assistance to program activities and review of technical reports developed by other team members and/or consultants ensuring the quality of delivered products and that reports/recommendations are appropriately disseminated among partners.
4. Monitor SIAPS training and on-site capacity building activities, ensuring the development of local institutional and personal capacities needed to maintain adequate pharmaceutical management systems to ensure country ownership and sustainability of interventions

5. In collaboration with the Portfolio Manager and SIAPS Performance and M&E Specialist, ensure implementation of the SIAPS M&E plan.
6. Maintain close interaction with Portfolio Manager based in Arlington to ensure adequate support to the country program, completion of work and the achievement of targets in a timely fashion that is within budget. He or she ensures that plan adjustments are made and documented as necessary.

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B. Documentation and Communication

7. Maintain all verbal and written communications with the local USG team and represent SIAPS in meetings with external partners including the USAID Mission, CDC office, the Ministry of Health, the Global Fund, the Clinton Foundation, MSH projects in country, as well as other partners implementing health activities, and ensuring identification and coordination of commodity management priorities in support of national and USAID priorities.
8. Ensure the development of regular activity updates and their timely submission to the local Mission, and the development of quarterly and annual progress reports and other reports as required to be submitted to SIAPS Program home office in Arlington.
9. Ensure the timely update of the SIAPS Strategic Monitoring System (SMS), USAID TraiNet, external website, financial reports, and other reports as maybe required form time to time.
10. Ensure quarterly submission of technical documentation to MSH's central Institutional Memory System (IMS), clients, partners and stakeholders

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C. Project Management

11. Manage the day-to-day operations of the country office and serve as a liaison with the home office to ensure that logistics, contracts, letters of agreement, and any approvals are adequately in place in support of program activities. Also, ensure adherence to MSH office management and accounting procedures.
12. Conduct budget monitoring and cost control based on sound financial and accounting principles, MSH Standard Operating Procedures, MSH and SIAPS reporting requirements.
13. Ensure implementation of activities in compliance with SIAPS cooperative agreement, MSH and USAID policies, regulations and Standard Operating Procedures (SOPS).
14. Ensure project staffing, structure and reporting relationships are aligned with country needs, local context and available resources.
15. Promote and facilitate staff participation in MSH's Technical Exchange Networks (TEN) and south-to south exchanges.
16. Manage human resources as per MSH values, policies and guidelines, and implement an effective performance-management program focusing on results and individual accountability, including regular check-ins, annual appraisals, supportive supervision, rewards, training, coaching and career development support.

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D. Client Relations

17. Build and maintain strong working relations with key internal and external stakeholders, beneficiaries, subcontractors, suppliers and partners. Provide effective and timely responses to inquiries and concerns.
18. Ensure effective dialogue and relationships with clients, beneficiaries, partners, coworkers and other local and international stakeholders

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E. Other

19. Collaborate with the MSH Country Representative and participate as required in activities organized in the context of MSH Representation in country.

20. Ensure harmonious collaboration with, and cost-effective use of, the Country Operations Management Unit (COMU).
21. Collaborate with the MSH Office of Strategic Development and Communications in aspects of strategic communication, etc.
22. Ensure effective collaboration, coordination and internal partnerships with other MSH projects, Centers and Offices to build synergies across programs for maximum impact.
23. Perform other duties as assigned.

Qualifications

1. Advanced degree in a health-related field with specialized training and/or experience relating to pharmaceutical management required; physician, nurse, or pharmacist qualification preferred.
2. At least 5 years demonstrated relevant experience in pharmaceutical management and/or health care systems development and strengthening in developing country context required
3. Relevant experience in international public health with experience in pharmaceutical management and systems strengthening strongly preferred, particularly those related to the implementation of reproductive health, MCH, HIV/AIDS, Malaria, TB prevention, care, and treatment programs in developing countries.
4. Demonstrated managerial and organizational skills in a development country setting with flexibility to adapt to changing priorities and deadlines.
5. Excellent interpersonal skills; demonstrated ability to interact professionally with culturally diverse staff, clients, and consultants.
6. Interest in and experience managing and supervising technical staff.
7. Experience with public health programs supported by bilateral agencies such as USAID and international agencies such as WHO and World Bank preferred.
8. Demonstrated competence to assess priorities and manage a variety of activities in a time-sensitive environment and meet deadlines with attention to detail and quality.
9. Proven record of aligning diverse, multi-level teams with project mission and vision.
10. Track record of strong commitment to sharing knowledge, documenting experiences, supporting creative initiatives, and sharing credit.
11. Demonstrated ability to build and maintain relationships with senior-level colleagues, particularly interacting productively, proactively, and comfortably with government agencies, NGOs, private sector groups, USAID, CAs, and donor organizations.
12. Demonstrated strategic agility, diplomacy, conflict management, team building, written and oral communication, and negotiation skills.
13. Excellent writing and presentation skills in English are essential.
14. Ability to travel internationally and domestically as required to support the progress of program activities
15. Long-term working resident of the assigned country, proficiency in the major local languages and demonstrated experience and knowledge of the assigned country highly preferred.

SIAPS Email Distribution Lists

A number of email lists have been developed for ease of communication with SIAPS staff.

SIAPS Worldwide: SIAPS-Worldwide@msh.org
This incorporates the email addresses of all SIAPS staff

SIAPS US-based: SIAPS-USBased@msh.org
This list incorporates the email addresses of SIAPS staff physically based in the US

SIAPS US-based team: SIAPS-USbased@msh.org
This list incorporates the email address of HQ-based SIAPS staff

SIAPS US Technical team: SIAPSUSTechnicalTeam@msh.org
This list incorporates the email addresses of CPM staff assigned to the US Technical Team

SIAPS Portfolio Management: SIAPSPortfolioManagementTeam@msh.org
This list incorporates the email addresses of HQ-based CPM staff managing SIAPS portfolios

SIAPS VA Fin/Ops: SIAPSVAFinOPs@msh.org
This list incorporates the email addresses of HQ-based SIAPS staff providing financial and operations support to portfolios

SIAPS Country Project Directors: SIAPSCountryProjectDirectors@msh.org
This list incorporates the email addresses of field-based SIAPS leading and managing portfolios

SIAPS Deputy Country Project Directors: SIAPSDeputyCountryProjectDirectors@msh.org
This list incorporates the email addresses of field-based SIAPS staff working in a deputy role to provide leadership and management to SIAPS portfolios

SIAPS Agreement Officer's Representative team: SIAPSUSAIDAORGroup@msh.org
This list incorporates our SIAPS AOR team (Tony Boni, Maria Miralles, Lisa Ludman)

Summary of SIAPS Technical Strategy

Program Goal:

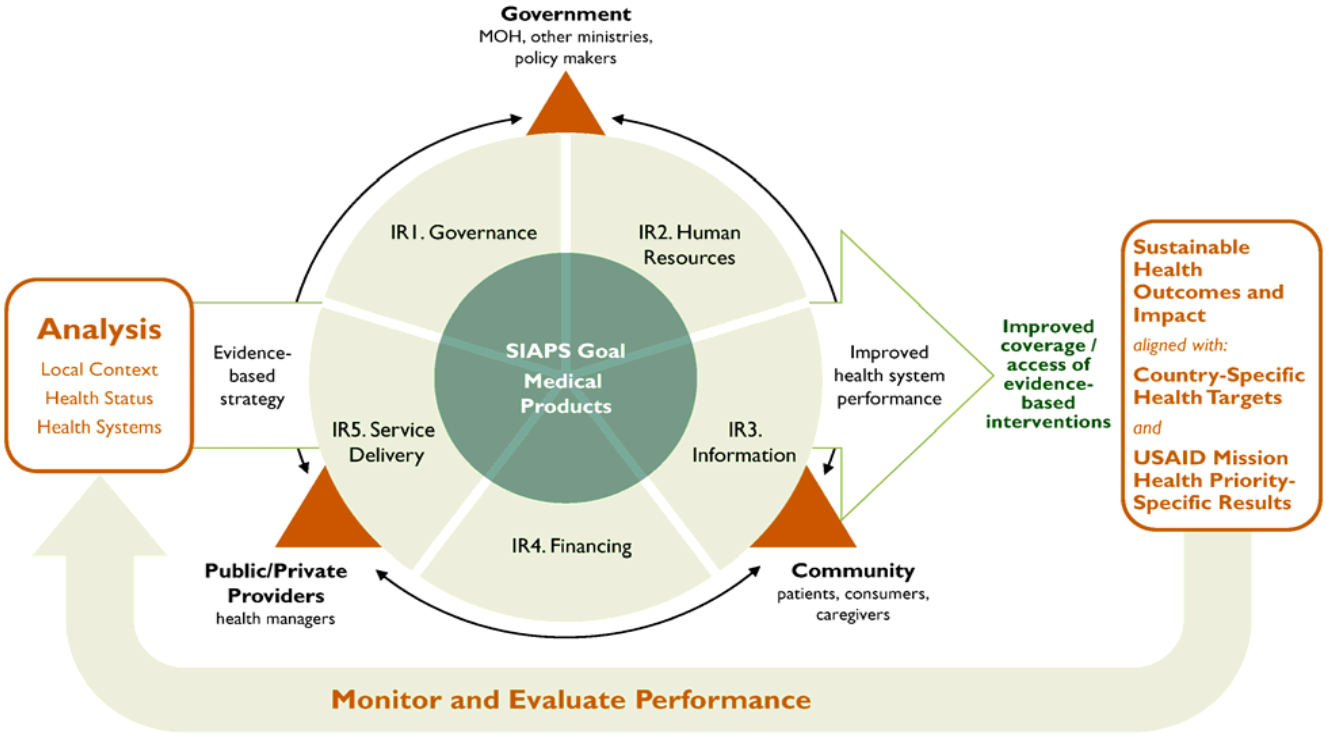
To assure the *availability of quality* pharmaceutical products and *effective* pharmaceutical services to achieve desired health *outcomes*

Program Objective:

To promote and use a *systems-strengthening* methodology consistent with the Global Health Initiatives (GHI) that will result in positive and sustainable *health impact*.

SIAPS will work on fulfilling disease-specific needs in-country, while strengthening the overall health system as measured across five building blocks: **governance**, **human resources**, **information**, **financing** and **service delivery**. We will redouble our emphasis on **GHI principles**, especially improving metrics, monitoring and evaluation, capacitating local governments and institutions, and increasing country ownership.

SIAPS Systems Strengthening Framework



This graphic represents SIAP's interpretation of USAID's definition of health system strengthening as "a continuous evidence-based process of implementing sustainable changes in policies and management arrangements within the health sector for the purpose of achieving good health outcomes." The graphic incorporates the SIAPS guiding framework: a comprehensive set of dynamic relationships among five health systems building blocks, with the sixth, medical products, as an overlay to provide technical content and identify substantive areas of concern. The framework can be adapted to achieve country- specific results that are aligned with USAID health priority goals and national health outcome targets.

SIAPS Core Principles

MSH's technical approach incorporates 8 core operating principles designed to enable SIAPS reach its **goal.** We will apply the SIAPS Core Operating principles to create country-owned sustainable systems that assure the availability of quality pharmaceutical products and services and result in desired health outcomes.

How SIAPS will apply core principles in the technical approach

Core principle	Technical approach
Build on and strengthen existing systems	MSH will provide technical assistance to both address a country's most pressing needs in the short term, while building on existing systems and local capacity to increase the country ownership, and therefore sustainability of USAID efforts in the long term.
Support integration	MSH will work with countries to integrate public health programs and supply systems, so they can continue to scale up while strengthening existing pharmaceutical management systems for long-term sustainability.
Build the capacity of local organizations	MSH will build local capacity rather than use "parachute" assistance—and we will broaden our focus to create local organizations who can sustainably and reliably provide in-country pharmaceutical management assistance.
Support country-led coordination	We will capacitate governing bodies to create and use mechanisms for in-country stakeholder collaboration to optimize donor resources, coordinate pharmaceutical management planning, and harmonize tools and approaches.
Continually monitor and evaluate	Our monitoring and evaluation system for SIAPS will use a combination of cost- effective and rigorous methods and activities that will enable us to adapt to changing conditions and make mid-course corrections as necessary; the plan also proposes operations research studies that will inform SIAPS and other health system strengthening efforts.
Develop improved performance metrics	We propose to bring together global stakeholders in the area of pharmaceutical systems evaluation to develop a consensus framework and metrics to evaluate pharmaceutical strengthening within the construct of the building blocks and GHI principles.
Harmonize tools, approaches, and metrics	In addition to harmonizing metrics and creating stakeholder coordination mechanisms, as mentioned, we will work to harmonize information systems including integrating product and patient information and vertical programs into one.
Share knowledge and information	SIAPS's knowledge management strategy assures that USAID Missions, other US agencies, implementing organizations, partner country governments, other donors, multinational organizations, and international stakeholders receive the information they need to monitor program progress, avoid duplication of efforts or conflicting plans, and use the lessons learned and best practices to improve complementary activities.

SIAPS Technical Approach

- **Take a holistic systems based approach** –that looks beyond product availability and country price to include other essential components such as availability of quality pharmaceutical services and the abil8ty of the patient to access both products and services. SIAPs is therefore able to integrate economic growth, education and health program considerations into the achievement of desired health outcomes
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- **Adopt the next generation of pharmaceutical systems strengthening** – MSH will advance the SIAP program to not only strengthen health systems but develop the best ways to measure that progress across building blocks. Table below highlights key differences between SIAPS's predecessor, SPS's "first generation" approach, and SAIPS's "next generation approach.
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- **Address long and short term needs and goals** – incorporate strategies that incorporate nimble response to critical short tern needs and sustained commitment to systems that increase country ownership and sustainability.
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- **Develop strong relationships and collaboration**- cultivating ties and partnerships, knowing that collaboration with a variety of stakeholders – even competitors – is the best way to accomplish goals.
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- **Global Technical Leadership** – maintaining our high profile global leadership in pharmaceutical management and using that to advance USAID priorities and ensure that best practices from the field are used to inform and guide the design and planning of our work
-
- **Research and Innovation** – SIAPS operations research and innovation will focus on five key areas: engagement of the private Sector to enhance access to medicines; appropriate and sustainable alternative financing mechanisms; measurement and improvement of service quality, adherence and patient safety; operational challenges on bringing innovative approaches to scale; and harmonized metrics for measuring pharmaceutical system performance and GHI investments in this area.
-
- **Field Support** –SIAPS will develop work plans in close coordination with the mission and counterparts, ensuring a mutual understanding of objectives and expectations so that we will continue to provide the best guidance based on global experience that considers USAID priorities and regulations, together with host country government priorities and practices.
-
- **Incorporate gender into the technical approach** – maximizing opportunities to enhance gender equity while implementing SIAPS interventions, including deliberately seeking ways to encourage more participation by women in implementing certain interventions, especially those based in the community. SAIPS will collect gender disaggregated date from the baseline surveys through to monitoring the impact of the interventions across gender.

SIAPS Technical Areas

SIAPs Assistance is grouped into Four Technical Areas:

Pharmaceutical Systems approach aims to build capacity of local institutional in systems development, advance regulatory harmonization; develop effective and efficient policy and financing solutions; advocate evidence-based approach in decision-making; and strengthen good governance practices within the pharmaceutical sector. Areas include:

1. Pharmaceutical policies and legislations
2. Pharmaceutical regulation
    - Premises, practices, persons, products
    - Inspection of manufacturers and distributors
    - Products assessment and registration
    - Pharmacovigilance/post-marketing surveillance
    - Control of drug promotion and advertising
    - Quality Assurance
3. Pharmaceutical financing
4. Product selection, health technology assessment and pharmacoeconomics, integration of new health technologies and diagnostics.

Pharmaceutical Services – SIAPS will focus on improving pharmaceutical services by supporting rational medicine use and anti-microbial resistance (AMR) containment. Key system building interventions to improve pharmaceutical services include:

- Pharmaceutical care
- Pre-service and in-service training, including Training of Trainers (TOT)
- Standard Treatment Guidelines (STGs), Essential Medicines Lists (EMLs), formularies and clinical algorithms
- Drug Use Reviews and Evaluations
- Drug and Therapeutics Committees
- Community Case Management
- Medication Adherence
- Public Education through IEC/BCC
- Medicine and Therapeutics Information
- Infection prevention and Control
- Advocacy and Coalition Building for Containing AMR
-

Supply Chain Management covers:

1. Pharmaceutical forecasting
2. Quantification and supply planning
3. Procurement planning and management
4. Transportation and distribution management
5. Warehousing and inventory management
6. Logistics management information systems (LMIS)

Supply Chain employs approaches like options analysis, innovative solutions including viable private sector partnerships, emerging technologies to manage supply chain information, task shifting, system integration, support for standards certifications/accreditation on supply chain management, monitoring system performance across different elements of the supply chain.

Tools Software and Pharmaceutical Management Information System Strengthening

Activities focus on:

1. Integrating Data from varied sources across vertical programs into dashboards for decision makers
2. Developing and adapting software solutions designs to address the needs of users and managers across the health system, including:

a. ***Pharamdex***: Medicines registration
b. ***Quantimed***: Forecasting
c. ***Electronic Dispensing Tool (EDT)***: Dispensing at clinics
d. ***Rx Solution***: Inventory management
e. ***E-TB Manager***: Case and medicines management for TB control programs

3. Tools that are Field proven, scalable, flexible and locally sustainable

Comparison of SPS approach to SIAPS approach

SPS "first generation" approach	SIAPS "next generation" approach
Primary emphasis on one health systems strengthening building block (governance)	Emphasis on five building blocks (using a medical products overlay) with a conceptual approach demonstrating interrelation of systems for effectiveness and impact.
Partners experience was largely with traditional development programs. Some core SPS partner capacities were not well suited to the evolving SPS requirements	Streamlined list of partners who will play a more central role based on availability of financial resources. Partners selected who bring forward-thinking, "21st Century" problem-solving expertise and innovative approaches (such as **William Davidson Institute, Research for Development [R4D]**, **RTT**, and **VillageReach**).
Developed tools for accreditation of pharmaceutical services as an approach to improve service quality	Development of tools and approaches for accreditation of pre- service education and in-service training with partner **Accreditation Council of Pharmacy Education** (**ACPE**). This will complete the MSH "triumvirate accreditation strategy" for quality improvement, consisting of accreditation schemes for private sector drug sellers, health facility pharmaceutical services, and pharmacy education and training.
Methods for capacity building widely implemented for individuals and in institutions	To determine the effectiveness of capacity building, development of a tool for monitoring performance and metrics for measuring the success/impact of contracting with local partners.
Coordination of work with local organizations but limited development of their own capacity	More focus on identifying and building the capacity of local organizations (public and private) that can manage government contracts for various pharmaceutical management services to support scale-up and sustainability, leading to country ownership (working with partners **African Medical and Research Foundation** and **Ecumenical Pharmaceutical Network**).
MSH-led training and interventions	Less MSH-led training and more focus on assuring capacity to provide in-service training is institutionalized locally. More district- led performance monitoring linked with capacity building. Help for governments to ensure that policy and regulatory standards are enforced and monitored based on performance metrics.
Software tools developed, adapted and made more broadly available	More focus on harmonization of software tools with non-MSH tools; use of open-source platforms, and mHealth devices, including decision-making tools and integration with geographic information systems (GIS) (with assistance from partner, **VillageReach**).
Limited interventions in pharmaceutical financing	More extensive pharmaceutical financing analysis and technical assistance available in part to new partners, **Harvard**, and **R4D.** Stronger relations built and data shared with the ministry of health (MOH) *and* Ministry of Finance to assure evidence of results/impact, which can be used to justify increases in the local health budget; harmonization of SIAPS reporting requirements with MOH budget needs.
Use of public health program-specific indicators for assessment	Development of country-specific SIAPS indicators jointly with local stakeholders to assure that SIAPS indicators align with and contribute to USAID Mission health elements and national targets.
MOH-focused mapping and assessment	Mapping exercises and baseline assessments broader than the MOH to include the Ministry of Finance and other parts of government, as well as private sector and nongovernmental organization (NGO) stakeholders. Focus on understanding how financing is decided for the public health system as a whole as well as the role each agency plays in that process to better determine points of influence.
Documentation and dissemination of results but limited in scope	Knowledge management system established. Expanded current memorandum of understanding with **WHO's Department of Essential Medicines and Pharmaceutical Policy** (WHO/EMP) to collaborate on global dissemination of SIAPS results and lessons learned. Dissemination of information on performance locally with MOH and other partners.
Country workplan interventions developed in response to local MOH needs and mission requests	In addition to an understanding of and response to local needs, help to clients and counterparts to prioritize interventions that will have greatest impact.
Focus largely on adherence and AMR as medicine use interventions	Help to countries to transition toward an integrated chronic care model for HIV/AIDS (where access to antiretrovirals [ARVs] is assured) and other diseases that depend on patient-centered, medicine management strategies (working with partners **Harvard** and **University of Washington** and collaborating with MSH's INRUD-IAA program).

SIAPS PARTNERS AND AREAS OF EXPERTISE

	Organization	Area of Expertise
Lead	Management Sciences for Health	Improving management systems, strengthening pharmaceutical management systems, promoting access to services, and influencing public policy, global project management
Core Partners	Accreditation Council for Pharmacy Education (ACPE)	Accreditation of pharmacy education and training; development and evaluation of quality standards for pharmacy degree programs and continuing education providers in the United States and abroad; training of evaluators to provide standardization and consistency in the accreditation review process
	Harvard University	Pharmaceutical health insurance, treatment adherence, and pricing information/ mechanisms; applied and operations research and evaluation of programs and policies; cost-effective analysis of different interventions; and policy and program activities in logistics systems and pharmaceuticals
	Logistics Management Institute (LMI)	Pharmaceutical supply chain and logistics management in support of global health initiatives; acquisition management, and financial management expertise to conduct policy option analyses on contracting for pharmaceutical-related services
	University of Washington	Pharmacoepidemiology, pharmaceutical care services, pharmacovigilance, pharmacoeconomics, product quality control and assurance
Specialized Resource Partners	African Medical and Research Foundation	Strengthening laboratories as an integrated part of strengthening health systems: management and supervision, integrating laboratory diagnostics, establishing or strengthening external quality assurance schemes; strengthening training of clinicians and laboratory workers
	Ecumenical Pharmaceutical Network	Liaison to mission sector in developing countries, coordination and networking, development and provision of technical assistance on pharmaceutical policy and services, human capacity development, and consumer/patient education related to pharmaceutical management and medicines use
	Research for Development (R4D)	Research and evaluation; leadership development to advance policy and strengthen health systems; health financing and demand-side models such as health insurance; strengthening the capacity of civil society organizations; and integration and collaboration of the public and private sectors to better achieve national health goals
	RTT Group	South Africa-based warehousing and distribution service support (secondary support to LMI)
	VillageReach	Management information systems in a developing country context, particularly mHealth and open-source solutions; reaching the last mile of the supply chain; offices in Malawi and Mozambique
	William Davidson Institute	Operations research, supply chain management in developing countries, investigation of business-based approaches to improving health care delivery, research to advance the transition from donor dependence to market-based health systems, leadership of Prashant Yadav, recently of the MIT-Zaragoza International Logistics Program

SIAPS Results Framework

SIAPS Goal: Assure availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes.

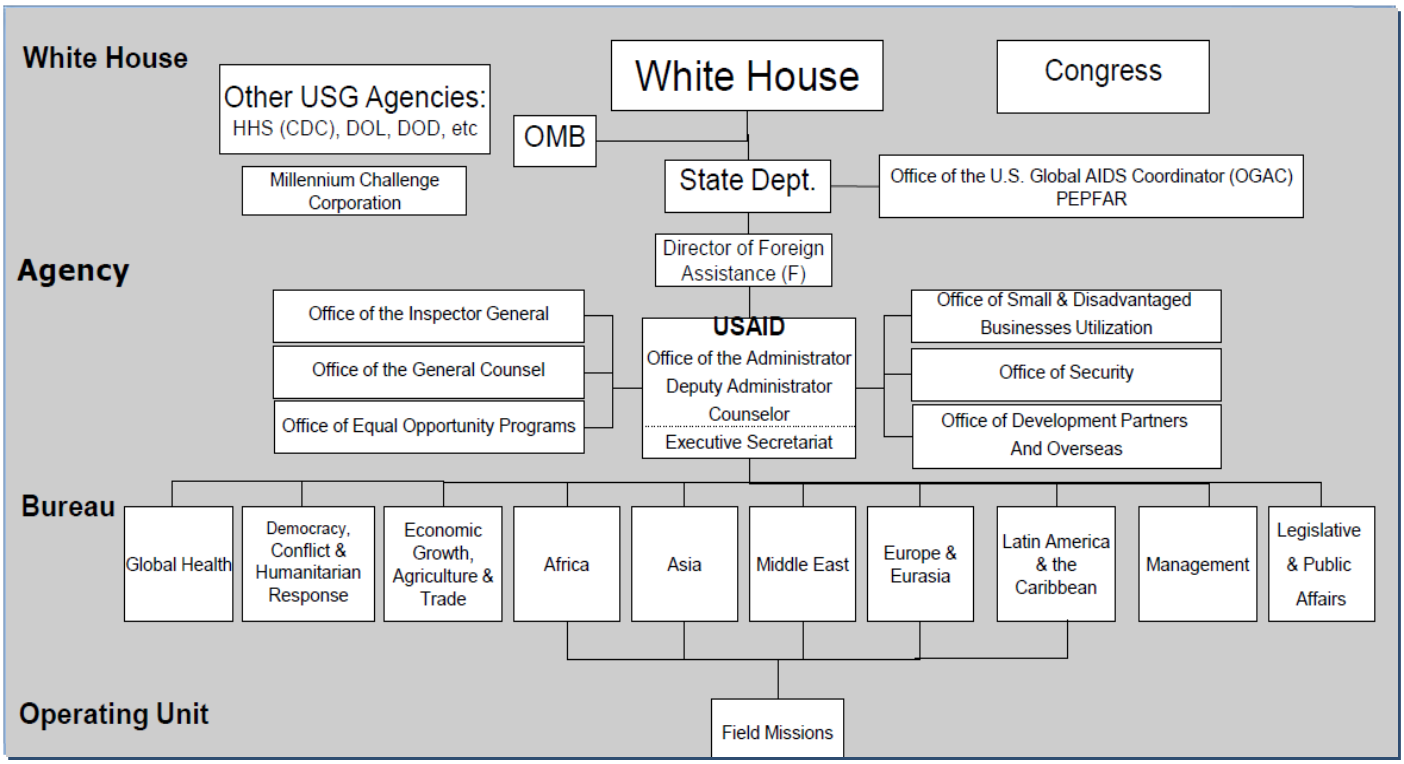
SIAPS Project Objective: Promote and utilize a systems strengthening approach consistent with the Global Health Initiative that will result in improved and sustainable health impact.

IR1. Pharmaceutical sector governance strengthened	**IR2.** Capacity for pharmaceutical supply management and services increased and enhanced	**IR3.** Information for decision making challenge in the pharmaceutical sector addressed	**IR4.** Financing strategies and mechanisms strengthened to improve access to medicines	**IR5.** Pharmaceutical services improved to achieve desired health outcomes
1.1. Good governance principles embodied across all health systems components. **1.2.** Improved medicines, policies, legislation, regulations, norms, and standards. **1.3.** Transparent and accountable pharmaceutical management systems. **1.4.** National pharmaceutical sector development plans are strategic and evidence-based.	**2.1.** Pharmaceutical management capacity of individuals, institutions, organizations and networks strengthened. **2.2.** Local institutions and organizations provide pharmaceutical services and TA in pharmaceutical system strengthening. **2.3.** Innovative and proven approaches for human resource capacity building adopted and implemented.	**3.1.** Pharmaceutical management information systems (PMIS) support both products and patients. **3.2.** Innovative and proven tools broadly available and used. **3.3.** Strategic information on pharmaceutical systems strengthening available and used.	**4.1.** Financial barriers reduced. **4.2.** More efficient use of existing resources. **4.3.** Additional financial resources are generated.	**5.1.** Availability of pharmaceuticals improved. **5.2.** Patient safety and therapeutic effectiveness assured. **5.3.** Medication use improved. **5.4.** Pharmaceutical services standards defined, adopted and implemented. **5.5.** Emergence of antimicrobial resistance (AMR) slowed.
Strategies Good governance model and metrics Stakeholder engagement Modern policies, legislation, and standards Evidence-based planning	**Strategies** Improved performance metrics Comprehensive capacity building approaches Focus on local organizations	**Strategies** Integrating PMIS into country information system Innovative use of information technologies Harmonization of software tools	**Strategies** Cost analyses Mobilize new resources Access to new financing mechanisms Performance-based financing	**Strategies** Patient-centered interventions Accreditation and standards compliance Increased private sector role Coalition-building for AMR containment

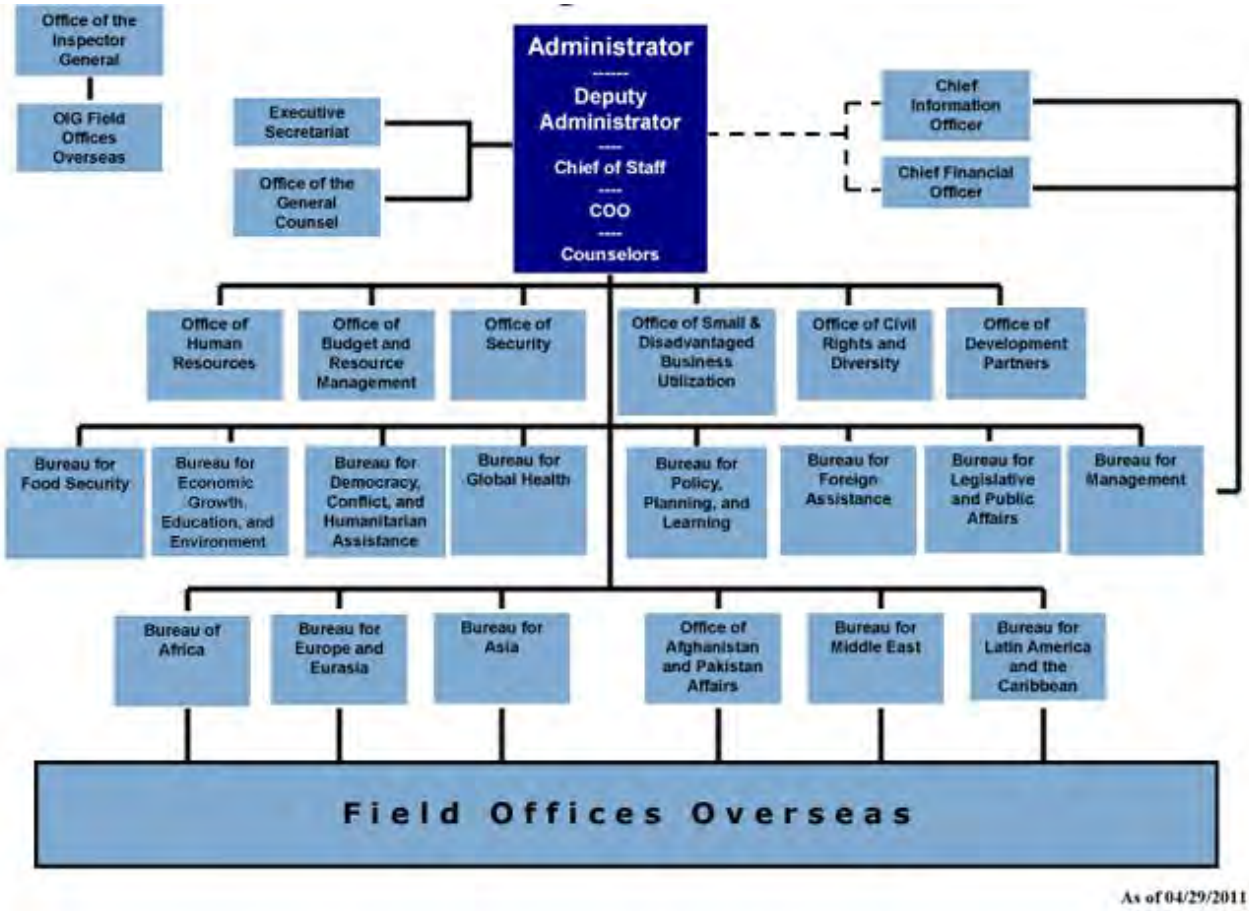
PART TWO ANNEXES

USAID within the US Government 219
USAID Organizational Chart 220
Bureau for Global Health 221
HIV Element Presentation 222
Malaria Element Presentation 224
MCH Element Presentation 227
TB Element Presentation 237
Cameroon NTD Assessment Findings 241
SIAPS Technical Approach Summary 257
Pharmaceutical Systems Presentation 330
Pharmaceutical Services Presentation 333
Supply Chain Presentation 336
MIS Presentation 340

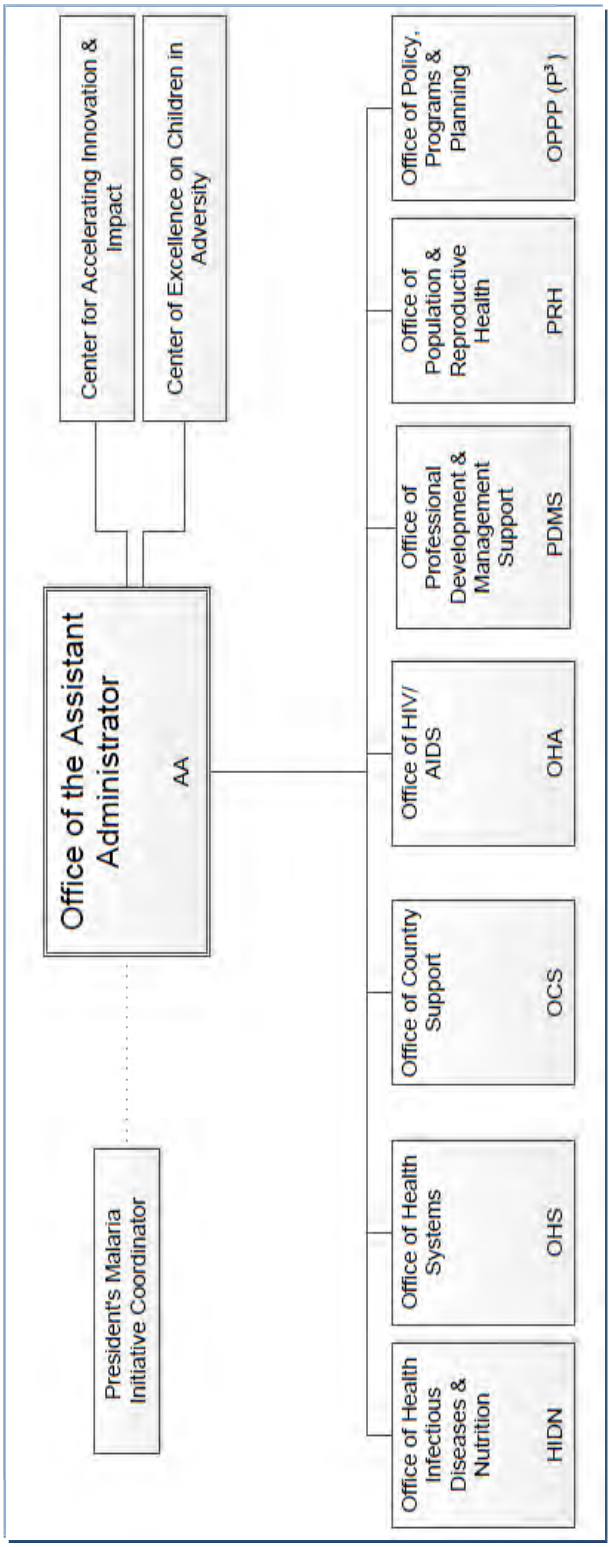
USAID within the US Government



USAID Organizational Chart



Bureau for Global Health



HIV Element Presentation

Health Element HIV/AIDS Presentation
CPD Meeting Arlington
Nov 26 2012

David Mabirizi
Principal Technical Advisor
HIV/AIDS

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GHI/PEPFAR targets:

- Prevention of > 12 million new HIV infections
- Support to > 6 million people on treatment
- Support care for more than 12 million people
  - 5 million orphans and children
- Train and retain at least 140,000 new health care professionals and paraprofessionals

- Issue:
- *major advances in the prevention and treatment of HIV/AIDS,*
- *Est. 33.3 million people live with HIV*
- *Est. 1.8 million people died due to HIV/AIDS and another 2.6 million were newly infected. (2009)*
- *First phase of PEPFAR (2003–2008) - emergency response to AIDS*
- *Second phase of PEPFAR (2009–2013), the focus is transitioning from an emergency response to -sustainable country programs.*

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Approaches

- **Prevent new HIV infections**
  - *addressing gender norms and inequities that affect men's and women's ability to take preventive actions - GBV*

- **Support treatment for those with AIDS**
  - *sustainability of treatment programs*
  - *increase access to quality treatment services*
  - *strengthening country-level capacity through*
    - *training health workers,*
    - *strengthening health systems and health facilities,*
    - *monitoring antiretroviral resistance,*
    - *enhancing supply chain capacity,*
    - *establishing treatment protocols, and*
    - *advancing supportive policy initiatives.*

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Approaches

- Provide care and support to infected/affected
  - *provide services other than antiretroviral therapy needed by HIV/AIDS, e.g.*
    - *prevention and treatment of opportunistic infections and malignancies*
    - *pain and symptom management;*
    - *support the special needs of AIDS-affected children.*
- Health systems strengthening and country ownership
- Partnerships

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Accomplished so far

- Guiding documents for work-planing
- We need to show our impact (through pharmaceutical system strengthening work) on HIV
  - Publishing
  - Conferences – ICASA
  - Sharing success stories
- Way forward
  - Team work with Portfolio manager, and CPDs

Malaria Element Presentation

Malaria Update

New CPDs Orientation

Seydou Doumbia
December 2012

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Outline

- Overview of Malaria situation
- Malaria control technical strategies
- Technical Assistance
  - Pharmaceutical Systems
  - Supply Chain management
  - Pharmaceutical Service
- PMI Monitoring tools
- PMIS

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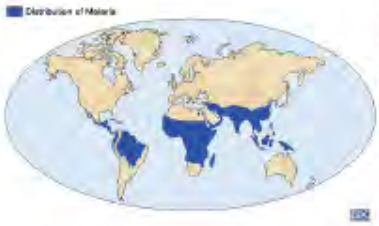
Overview

The Global Malaria Picture



•106 countries and territ
•Half world at risk (3.3 b
•216 million cases (149-
81% in Africa

Determined by:
-presence of competent Anopheles mosquitoes
-temperature, humidity
-human factors, esp. socio-economic, and control measure

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Malaria Control Technical Strategies
.....evidence-based actions

- Early diagnosis and prompt treatment with effective medicines
- Insecticide-treated nets (ITNs), Indoor Residual Spraying (IRS), and other vector-control methods
- Intermittent preventive treatment in pregnancy (IPTp)
- Intermittent preventive treatment in Infants (IPTi)
- Seasonal Malaria Chemoprevention (SMC)

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Key Antimalarial Interventions & Strategies

Prevention
- Insecticide-treated mosquito nets (LLINs)
- Indoor Residual Spraying

In areas of high and stable transmission
- IPT in pregnancy (IPTp)
- IPT in infancy (IPTi)

In areas of high seasonal transmission
- Seasonal Malaria Chemoprevention

Diagnosis & Treatment
- Parasite based diagnosis
  - Microscopy
  - Rapid Diagnostic Tests
- Artemisinin-based combination therapies (ACTs)

Case management service delivery areas:
- Health facilities
- Community Case Management

Surveillance, M & E
- Routine HMIS
- Malaria surveillance and response systems
- Household surveys

Strengthening health systems in endemic countries

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T3: Test. Treat. Track Initiative

April 2012

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Technical Assistance

- Pharmaceutical Systems
  - Products Selection
  - Medication safety and pharmacovigilance
  - Financing
- Supply Chain
  - Quantification
  - Procurement
  - Warehouse and Inventory Management

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Technical Assistance (2)

- Pharmaceutical Service
  - Case management
  - Rational use
  - STG/EML

- MIS
  - PMIS
  - LMIS

THANK YOU

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MCH Element Presentation

Objectives

- Orient SIAPS technical staff on current global trends in Maternal and Child Health interventions, strategies, and initiatives and how SIAPS is supporting these
- Stimulate discussion to inform SIAPS strategic vision for MCH, both at the core and country levels

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Session Outline

- Global burden of maternal and child mortality
- Causes of maternal and child mortality
- Globally recognized treatments and interventions for these conditions
- MCH delivery strategies
- Global initiatives
- SIAPS MCH core activities
- SIAPS MCH field activities
- What else should SIAPS be doing?

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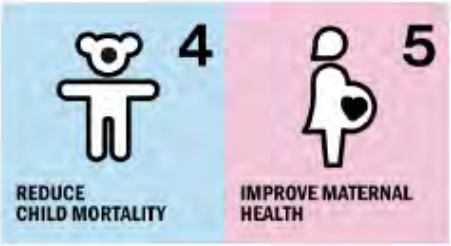
Millennium Development Goals



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Maternal Mortality

- Maternal deaths have dropped from 543,000 a year in 1990 to 287,000 in 2010.
- Concentrated in Sub-Saharan African and South Asian countries:

An African woman's lifetime risk of dying from pregnancy-related causes is 100 times higher than that of a woman in a developed country.

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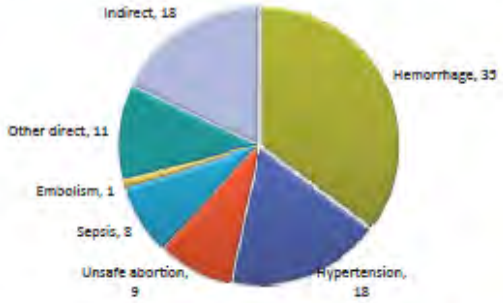
Global Causes of Maternal Mortality



Source: Countdown to 2015: The 2012 Report

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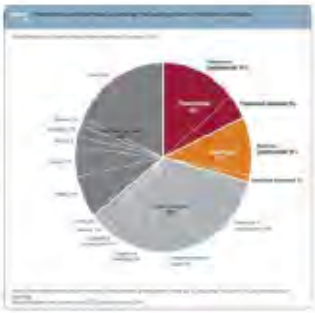
Child Mortality

- Declined from 12 million a year in 1990 to 7.6 million in 2010
- Pneumonia and diarrhea still cause more than two million deaths annually
- Malaria causes are at least 700,000 deaths per year



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21,000 children die every day around the world

Which is equivalent to:

- 1 child dying every 4 seconds
- 14 children dying every minute
- A 2011 Libya conflict-scale death toll every day
- A 2010 Haiti earthquake occurring every 10 days
- A 2004 Asian Tsunami occurring every 11 days
- An Iraq-scale death toll every 19–46 days

Source: http://www.globalissues.org/article/715/today-21000-children-died-around-the-world#Howmanychildrendiedtodayfromthesame

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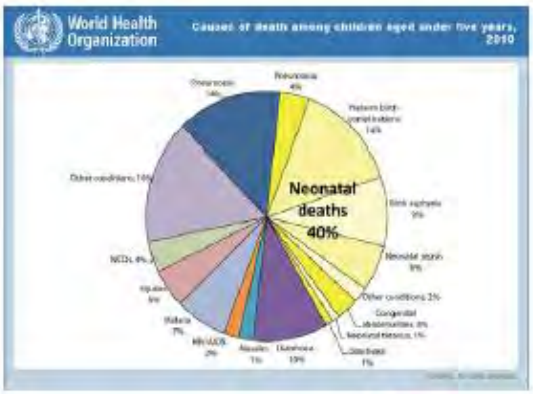

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Country progress towards MDGs 4 and 5

SIAPS Countries	Progress towards MDG 4	Progress towards MDG 5
Afghanistan	Insufficient progress	Making progress
Angola	Insufficient progress	Making progress
Bangladesh	On track	On track
Burundi	Insufficient progress	Insufficient progress
Cameroon	No progress	No progress
DRC	No progress	Making progress
Ethiopia	Insufficient progress	Making progress
Guinea	Insufficient progress	Making progress
Kenya	No progress	Insufficient progress
Lesotho	No progress	No progress
Liberia	On track	Making progress
Mali	Insufficient progress	Making progress
Mozambique	Insufficient progress	Making progress
Philippines	On track	Making progress
Rwanda	Insufficient progress	Making progress
South Africa	No progress	No progress
Southern Sudan	Insufficient progress	Insufficient progress
Swaziland	Insufficient progress	No progress

Source: Countdown to 2015: The 2013 Report

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Continuum of Care for MNCH

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MCH Service Delivery Strategies

Maternal Health

- Promotion of facility births/ skilled birth attendants
- Community distribution of misoprostol
- Post-natal care (home visits)
- Integration of family planning and maternal health services

Child Health

- Integrated management of childhood illnesses (IMCI)
- Integrated community case management

Global Initiatives

- Every Woman Every Child
  - Launched by UN Secretary-General Ban Ki-moon during the UN MDG Summit in 9/2010
  - Purpose: "mobilize and intensify international and national action by governments, multilaterals, the private sector and civil society to address the major health challenges facing women and children around the world"
  - Intended "to put into action" the Global Strategy for Women's and Children's Health

Commission on Life-Saving Commodities

- Focus commodities:
  - 3 maternal health (magnesium sulfate, oxytocin and misoprostol);
  - 4 newborn health (chlorhexidine, injectable antibiotics, antenatal steroids, resuscitation equipment for asphyxia);
  - 3 child health (oral rehydration solution, zinc, amoxicillin);
  - 3 reproductive health (female condoms, implants, and emergency contraception).

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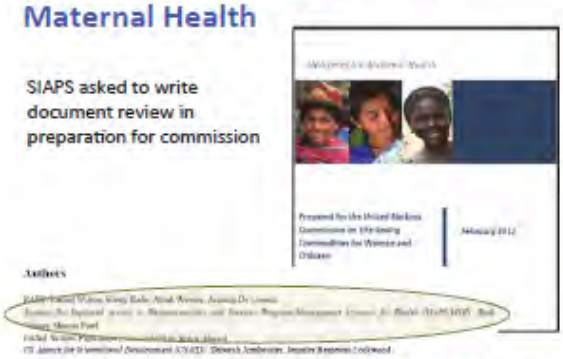
Preparatory Working Groups: Maternal Health

SIAPS asked to write document review in preparation for commission



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Preparatory Working Groups: Pneumonia and Diarrhea

- UNICEF led Essential Medicines Initiative
  - Country case studies and strategies for scale up in 10 countries
    - Niger, Pakistan, Bangladesh (ICDDR-B), Ethiopia (MSH)
    - Tanzania, DRC (PSI)
    - Kenya, Uganda, Nigeria, India (CHAI)

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Recommendations of the Commission

- Shape global and local markets
- Innovative financing at national and consumer level
- Regulatory strengthening: quality assurance & efficiency
- Supply chain: emphasis on ICT innovations
- Demand generation
- Provider performance
- Product innovation

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http://5thbday.usaid.gov/pages/home.aspx

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Child Survival Call to Action

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

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FP/ Reproductive Health	Maternal Health	Child Health
Reproductive Health Supplies Coalition	Maternal Health Task Force	CCM Task Force
Partnership for Maternal, Newborn and Child Health	MCHIP PPH/PE/E Working Groups	Zinc Task Force

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In summary……

How do we work effectively and efficiently to put all the pieces together?

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Objectives of SIAPS MCH/FP/RH Portfolio

- Provide global technical leadership for maternal and child health
- Develop innovative strategies and tools to improve access to MCH/FP/RH commodities
- Support all SIAPS MCH/FP/RH activities

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MCH core-funded activities for FY2011

- Maternal Health (*PPH and PE/E) ($650,000)*
  - Pharmaceutical management assessment in Rwanda
  - Global technical leadership
  - Estimation of unmet need for maternal health commodities
  - Roadmap for improving access for policy makers

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MCH core-funded activities for FY2011

- Child Health (*Zinc and pneumonia) ($450,000)*
  - Support for pharmaceutical management for CCM in Guinea and Mali
  - Intervention guide for improving access and use at the community level
  - Global technical leadership

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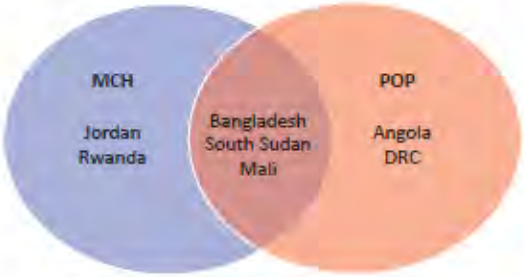
SIAPS countries that received MCH/FP/RH



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SIAPS FP/RH/MCH Country Activities

Country	Activity
Angola ($300,000)	Pharmaceutical systems strengthening • Support supply chain management • Quantification
Bangladesh ($2.7M)	Pharmaceutical systems strengthening • Supply chain: procurement • LMIS
DRC ($200,000)	• PPMRc reporting
Jordan ($200,000)	• Strengthen capacity for appropriate use of antimicrobials • Continuous quality improvement (CQI) system strengthened in the hospitals to improve antibiotic prophylaxis in cesarean section

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SIAPS FP/RH/MCH Country Activities

Country	Activity
Mali ($350,000)	• Ensure that requirements for CCM are included in national supply plans • Assist in holding supply planning workshops • Provide support to the DPM in conducting the inventory • PPMRc reporting
Rwanda ($150,000)	• Strengthen capacity of Community Health Desk to manage pharmaceuticals for CCM • Support central medical stores in national procurement
South Sudan ($1.2M)	• Support pharmaceutical management for introduction of misoprostol • Support EPI program • PPMRc reporting • Distribution plans (overall pharmaceutical systems strengthening)

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Discussion

- For each of the SIAPS IRs, what strategies/ interventions can we be thinking of to improve access to and use of MCH medicines and supplies?

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Intermediate Result 1: Pharmaceutical sector governance strengthened

- What lessons learned/approaches does SIAPS have that can be applied to these medicines (oxytocin, misoprostol, MgSO4)?
- What other examples does SIAPS have in the area of governance that can apply to MCH?

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Intermediate Result 2: Capacity for pharmaceutical supply management and services increased and enhanced

- How can we support strengthening of existing integrated systems through a global funded portfolio?
- How can we foster integration of systems?
- How can we consolidate our expertise of supply management for example for CCM, and make ourselves stand out from other competing projects?
- With the often limited funding available, how can we assist countries in maximizing use of funds and resources to improve access to pharmaceuticals and services?

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Intermediate Result 3: Information for decision-making challenge in the pharmaceutical sector addressed

- What experiences do we have in collecting routine data from peripheral levels even health centers?
- What can SIAPS offer in terms of the role of mobile technologies in CCM and data collection?
- What lessons learned can we compile/share?

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Intermediate Result 4: Financing strategies and mechanisms strengthened to improve access to medicines

- What experiences have we had as a project in advocating for funding priorities?
- What experiences in vouchers, insurance plans do we have and can apply to MCH?
- What about performance based financing as this enters into play with CCM?
- What else should we be thinking of moving forward that can apply to MCH given this is the forgotten IR?

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Intermediate Result 5: Pharmaceutical services improved to achieve desired health outcomes

- Should we do more in case management? What should we be doing?
- How should we be involved in CCM?
  - Most of our experiences to date under MCH have been in collaboration with other partners (e.g. BASICS, MCHIP, or bilaterals) where we have supported the management of medicines – supply chain, information and monitoring and supervision but under the leadership of the other partner with its associated problems.

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Intermediate Result 5: Pharmaceutical services improved to achieve desired health outcomes

- What successful experiences has SIAPS/CPM had with CCM?
- Should we be taking a lead on CCM in its entirety in countries? Should we coordinate with CHS and fund them to provide TA?
- What should we be doing as a global funded portfolio as opposed to country specific activities?

TB Element Presentation

SIAPS TB Core Strategy and Programs

Andre Zagorski
November 27, 2012
CPD On-Boarding Meeting

USAID SIAPS

Global TB Challenges

- 8.8 million people fell ill with tuberculosis (TB) in 2010, including 3.2 million women and 1.1 million people living with HIV
- 1.4 million people died from TB in 2010- equal to 3,800 deaths a day, this includes 350,000 people with HIV
- TB is among the three greatest causes of death among women; 320,000 women died from TB in 2010
- In 2010, there were over 10 million orphan children as a result of TB
- Annually, an estimated half a million people emerge with multidrug-resistant TB (MDR-TB) worldwide, and about 150,000 people die due to MDR-TB – only about 60,000 were put on treatment in 2011
- Globally, it is estimated that around 10% of MDR-TB cases have extensively drug-resistant TB (XDR-TB). 77 countries reported at least one case of XDR-TB by end 2011

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Challenges in Pharmaceutical Management for Tuberculosis...

- Gap between the known and proven good pharmaceutical management practices, and their application by the global initiatives and NTPS
- Weak public health systems, including:
  - pharmaceutical regulation not supporting NTP needs
  - standards and delivery of pharmaceutical services: from supply chains to patient
  - human resources capacity and leadership
  - pharmaceutical management information systems: lack of valid data for forecasting and quantification
- Weak management of finance: ranging from total lack of funding for SLD to underutilization of available funds for IQA SLD

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...resulting in:

- No access to IQA SLD in some countries
- Other countries, access to IQA SLDs limited despite the availability of funds and medicines from global initiatives (GF, GDF)
- Stock-outs and treatment interruptions (but little analysis available of the underlying reasons):
  - Forecasting and quantification mistakes
  - Late procurement/ordering and delivery
  - Country supply chain bottlenecks
  - Expiry and waste of procured SLD
- Risky market for potential IQA SLD suppliers

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SIAPS Contributes to the USG Key TB Interventions

- ***Accelerated detection and treatment of TB in up to 25 countries***: full coverage of DOTS services; fully functional laboratory networks; effective monitoring and surveillance; active engagement of the private sector, communities, and nongovernmental organizations; introduction of new tools
- ***Scaled up prevention and treatment of MDR-TB***: expansion of diagnosis and treatment to combat MDR-TB; introduction of rapid diagnostic tools; routine surveillance at the country level; improvement of access to quality second-line drugs
- ***Expanded coverage of interventions for TB-HIV co-infection***: intensified TB case-finding and treatment; isoniazid preventive therapy; TB infection control
- ***Improvements in health systems***: strengthen health systems by improving supply chain management systems; strengthening laboratory systems; increased access to tuberculosis services through expansion of partnerships with private- and public-sector providers; improved management information systems; accelerated human resource planning and development

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Objective 1: Pharmaceutical Governance for TB Strengthened at Global Level and Country Level

1.1: Improved Global TB medicines policies and strategies in response to National TB control needs	**Activity 1.1.1**: Provide technical leadership to Global TB initiatives and coordination of technical assistance
1.2: Best pharmaceutical management standards and practices available for the adoption by Global and national partners	**Activity 1.2.1**: Conduct annual workshop at the World UNION TB Conference on innovations and best Practices in Pharmaceutical Management for TB **Activity 1.2.2**: Conduct Regional Workshop on Pharmaceutical Management for TB Planning and TA (region TBD: East Europe or Asia/Pacific)

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Objective 2 Capacity for TB Pharmaceutical Supply Management and Services Increased and Enhanced

2.1: Pharmaceutical management capacity of Stop TB partners and NTPs strengthened	**Activity 2.1.1**: Conduct Pharmaceutical Management for TB and MDRTB trainings for NTP Managers, Stop TB consultants and partners, and WHO:
2.2.: Innovative approaches for TB pharmaceutical management capacity building developed and implemented	**Activity 2.2.1**: Pilot an innovative platform for TB pharmaceutical management capacity building

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Objective 3 Improved Utilization of Information for TB Control Decision Making

3.1: Innovative and proven MIS for TB tools available and updated	**Activity 3.1.1**: Improve and maintain e-TB Manager as a system-strengthening tool for TB control
3.2: Capacity for the utilization of information for decision making increased	**Activity 3.2.1**: Pilot test practical guidelines for data analysis and utilization of information for TB control decision making.

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Objective 4: Improved Financing Strategies for Expedited Access to New TB Tools and Pharmaceutical Services

4.1.: Reduced financial barriers and improved financial resources to expedite access to new TB tools for diagnosis and treatment	**Activity 4.1.1:** Finalize and introduce Guidelines on costing and financing of new TB diagnostics and treatment
4.2: Innovative approaches developed for scaling up of PMDT through improving financing of procurement and supply management	**Activity 4.2.1:** Develop a draft protocol for identifying and addressing barriers in financing of procurement and supply logistics to scale up PMDT

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Objective 5: Improved Pharmaceutical Services and Access to TB Products to Achieve TB Goals (1)

5.1: Improved access to TB and ancillary medicines in public sector (Global, regional, and country levels)	**Activity 5.1.1:** Provide technical assistance to improve access to medicines for TB control
5.2 Innovative approaches for engagement of private sector in pharmaceutical services for TB developed	**Activity 5.2.1:** Improve pharmaceutical services for TB in private sector

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Objective 5: Improved Pharmaceutical Services and Access to TB Products to Achieve TB Goals (2)

5.3: TB patient safety and treatment effectiveness assured	**Activity 5.3.1:** Pilot risk management algorithms for TB medicines to strengthen data reporting and decision making for prevention of adverse effects
	Activity 5.3.2: Pilot active surveillance for monitoring the safety of TB/HIV co-medication in selected sites
5.4: Use of medicines in TB programs improved	**Activity 5.4.1:** Promote monitoring of MDR TB medicines utilization and adoption of this practice by NTPs.

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Existing Tools and Methodologies

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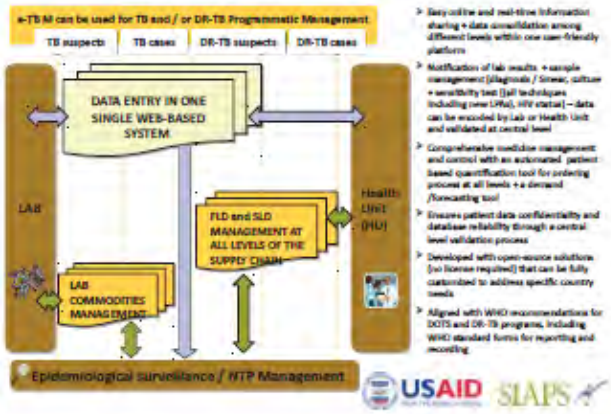
e-TB Manager: Key Interfaces and Features



Tools and Methodologies in Development

- E-TB Manager upgrades:
  - Laboratory Module
  - Interoperability with mHealth tools
  - Stand-alone TB medicines Quantification Tool
- Guidelines for Conducting Drug Utilization Reviews (DUR) for Drug Resistant Tuberculosis
  - Expanded to pediatric TB and ancillary medicines
- Guidelines for Financing the Introduction and Implementation of New TB Tools

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Where We Work

- Africa Region
  - South Africa – PM strengthening
  - DRC – PM strengthening
  - Swaziland – e-TBM (planned), active surveillance
- Eastern Europe and Asia Region
  - Ukraine – e-TBM and HIV/AIDS
  - Uzbekistan and Turkmenistan – e-TBM
  - Philippines – DM, Labs, e-TBM transfer to local MIS
  - Bangladesh – e-TBM, procurement strengthening

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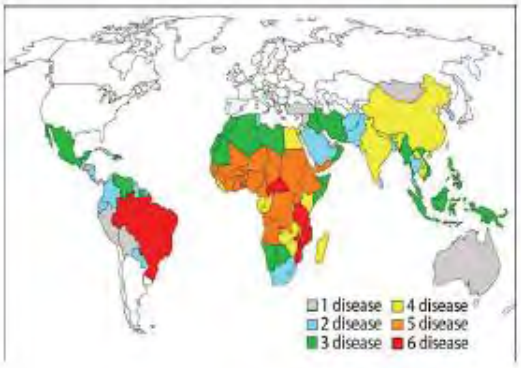
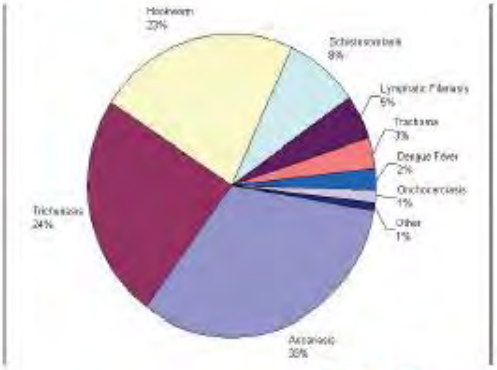
Cameroon NTD Assessment Findings

Figure D-8. Onchocerciasis (river blindness)

Figure D-10. STH: Hookworm





NTD Background

- Neglected Tropical Diseases (NTDs), as defined by the World Health Organization (WHO), are a group of 14 parasitic, bacterial and viral infections
- More than two billion people worldwide are affected by one or more neglected tropical diseases (NTDs).
- Controlled and/or eliminated through targeted mass drug administration (MDA).
- About one billion treatments provided to date.
- Associated with poverty: unsafe water, poor sanitation, substandard housing, insect reservoirs and other vectors

USAID: NTD Control Program

- Established in September 2006
- Currently covers 15 countries with 2012 appropriation of $89 million.
- First major global effort to support country programs to facilitate the integration and scale up delivery of preventive chemotherapy for five NTDs
- Leverage pharmaceutical donations by providing critical funding to allow countries receiving these donated drugs to scale up treatment

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Preamble

- **The current U.S. government initiatives focus on a group of seven NTDs (** Lymphatic filariasis ***(elephantiasis),*** Schistosomiasis ***(bilharzia; snail fever),*** Trachoma ***(blinding eye infection),*** Onchocerciasis ***(river blindness) and*** Soil-transmitted helminthiasis ***(intestinal worm infection)*** **that have inexpensive, safe and effective treatments that are readily available.**

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Donations by Pharmaceutical Companies

Merck & Co:

- Since 1987 Mectizan donation for the treatment of onchocerciasis, "to all who needed it, for as long as needed"
- Since 1998 expanded Mectizan donation to include the prevention of LF in African countries where the disease co-exists with river blindness

GSK:

- Since 1998 committed to donate as much Albendazole as required to eliminate lymphatic filariasis (LF). Over 1 billion Albendazole treatments donated.

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Donations by Pharmaceutical Companies

Pfizer:

- Since 1998 committed to donate Zithromax• (azithromycin) to eliminate blinding trachoma. 145 million treatments of donated

Johnson & Johnson:

- Commitment to donate Vermox• (mebendazole) – up to 50 million doses/yr to treat STHs.

Merck KGaA (Germany):

- In 2007, initiated a ten-year partnership with WHO to donate 200 million tablets of Cesol• (praziquantel) for the treatment of schistosomiasis.

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Overall Objective of Drug and Supply Chain Management for NTDs

In order to ensure that the millions of people who need preventive chemotherapy have access to treatment, robust drug management and supply chains are required to ensure that high quality NTD medicines are available when and where they are needed.

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SPS/USAID NTD Drugs Management Initiative

SPS/MSH is funded by USAID NTD program to provide technical assistance in supporting NTD pharmaceutical management.

- Collaborated with RTI to develop a Drug Management Module for the WHO led NTD program management manual
- Determined the national stock status of Praziquantel in Cameroon following reports of potential overstock in that country by WHO and HKI
- Conducted a four country NTD drug management practices assessments and made appropriate recommendations

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The Assessment

- The purpose of the rapid assessment was to identify best practices and challenges in supply chain management of NTD drugs in the context of NTD integration. And to propose recommendations for pharmaceutical systems strengthening in collaboration with in country partners and relevant partners

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FINDINGS & RECOMMENDATIONS of the 4-Country Assessment

Governance/Integration

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Strengths/Best Practices

- **Some countries have established NTD Program Steering Committees, Task Forces, Secretariats and NTD coordinator positions with well defined roles and responsibilities.**
- **Although full integration is not in place, two of the assessed countries have mandated central medical stores (CMS) to be the focal point for the NTD supply chain integration including the clearance, warehousing and distribution/delivery in consultation with the NTD coordinator.**
- **Ministry of health (MOHs) in two countries cover storage and distribution costs of CMS through a pre-negotiated arrangement for fee**

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Challenges

- Although there are disease/program integrations, supply chain and logistics management information system (LMIS) aspects of integrations for the products with the respective CMSs is weak, the practice is partial and not guided by standard operating procedure (SOP).
- CMS and other pharmaceutical management related staff are not oriented/ trained in NTDs and NTD drugs (NTDDs) management.

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Challenges

- CMS in two of the assessed countries distributes NTDDs every two months with other essential drugs and is not responsive when mass drug administration (MDAs) are scheduled for special campaigns such as EPI campaigns.
- There are multiple sources of some NTDDs like Albendazole, Mebendazole and Praziquantel going directly to the districts without the knowledge of NTD program or CMS. Lack of coordination leads to over stocking or under stocking of these products.
- There were instances where MDAs were planned when schools are on exams or on vacation, indicating lack of coordination in

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Recommendations

- **Strengthen NTDDs management integration at central level**
- Support the establishment/strengthening of NTD unit within CMSs by providing capacity building and when appropriate embedding of pharmaceutical management staff at CMSs to be the point person for NTDDs coordination.
- Conduct an options analysis and develop an action plan for transitioning NTDDs management from NTD programs to national CMSs.

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Recommendations

- Based on the experience of fee-based management of program products such as ARVs by CMSs in different countries, develop a template for an MOU for negotiating CMS management of NTDDs.
- Leverage partner expertise/experiences in provision of NTDD supply management capacity building.

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FINDINGS & RECOMMENDATIONS

Supply Chain

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Strengths/Best Practices

- In two of the assessed countries, Central Medical Stores destributes NTD medicines to the districts at least one to two months before an MDA exercise on the basis of the distribution plan prepared by NTD program.

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Challenges

- Some NTDDs are stored at the offices of program managers and at times at partner NGOs, where storage conditions are inappropriate and inventory control tools (stock/bin cards) not used.
- Storage at district and health facility stores in most instances is not adequate and not organized.
- Reverse logistics of unused NTDDs after MDAs is weak. Sometimes, NTDDs after MDAs remain in the custody of the distributors for long periods (for 7 months in one instance) without being returned to the center.
- Disposal of pharmaceutical waste, such as expired and unwanted medicines, is a challenge at all levels of the supply chain.

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Recommendations

- Provide technical assistance in planned responsive distribution (and re-distribution)
- Provide technical assistance in proper storage and handling of NTD drugs

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FINDINGS & RECOMMENDATIONS

Management Information System (LMIS/PMIS)

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Strengths/Best Practices

- The information system for the NTD drugs at CMS in two of the assessed countries is harmonized with the other essential drugs and the data was entered on time, quantities in stock tallied with inventory control tools.
- All the countries have developed an elaborate management information system such as medication register, which tracks stock inventory and reporting for NTDs.

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Challenges

- NTD programs in all the assessed countries have difficulty receiving timely information on actual quantity of NTDDs distributed from MDAs.
- Stock inventory registers are often not up-to-date, thus rendering the estimation of MDA needs difficult at the district and community level.
- There is no central data hub/pool for NTD management which provides information on stock status, consumption and need in a comprehensive manner

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Recommendations

- **Improve the LMIS/PMIS of NTD drugs**
  - Design a multi-country NTD Drugs security and monitoring system
  - Create data hub at program and supply agency (CMSs) level
  - Build capacity of the NTD program and CMS to monitor stocks from the center to the MDAs along the supply chain

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THE CAMEROON NTD DRUGS MANAGEMENT ASSESSMENT

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Objective of the NTD Assessment in Cameroon

- **Identify management gaps in the pharmaceutical sector**
- **Conduct an assessment of pharmaceutical management in Cameroon with focus on PEPFAR and neglected tropical diseases (NTD)related products.**
- **Use findings to assist in developing a pharmaceutical systems strengthening strategy in collaboration with relevant partners**
- **Use findings to serve as a baseline for measuring progress in collaboration with MoH and DPM**

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Expected Outputs

- A clear description of distribution and NTD pharmaceutical management system from the central all the way to the community level.
- Identification of strengths and weaknesses of the system.
- Proposed solutions for strengthening the system with attainable benchmarks for incorporation into future NTD support.
- Identification of staff capacity needs to be developed at all levels.

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METHODOLOGY

- The following health system levels were targeted: Central, Regional, district, Ministry of Health/DPS, and CENAME.
- Information was collected through a combination of field visits using questionnaires and unstructured interviews with NTD program managers, health sector policy makers, regional focal persons, technical and funding partners and Community Drug Distributors (CDDs).
- The questionnaires were predominantly qualitative and divided into various categories such as policy, procurement, distribution, storage, MIS etc.
- The assessment was conducted by a team of four professionals from MOH, and SPS/MSH and a local consultant.

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Regions Assessed

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Elements of the Drug Supply Chain Management Cycle USED as guiding principle

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Summary of Findings and Recommendations

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NTD Program Management

- NTD programs fall under the Directorate of Disease Control within the Ministry of Health.
- There was no unit or point person that coordinates the different NTDs; hence individual NTD programs report directly the Director General.
- At the regional level, Program Managers report to the regional Delegue
- There seems to be no joint meeting between the different NTD managers to coordinate their work and harmonize their reporting.

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Key Stakeholders

- The Direction de la Pharmacie et du Médicament (DPM) of the MoH, is responsible for the regulation of pharmaceutical activities in Cameroon, including pharmacovigilance.
- CENAME is the government medical stores responsible for the National Pharmaceutical Distribution System (Systeme national d'approvisionnement en medicaments) and is established as an individual autonomous (parastatal) with legal status and financial autonomy for ensuring the availability and accessibility of drugs and basic medical supplies throughout Cameroon.
- CENAME also plays an important role in management (procurement, storage and distribution) of products for Public Health Programs such as ARVs, antimalarials, Ivermectin for onchocerciasis, reagents for HIV and TB testing.
- CAPRs (Centre d'Approvisionnement en Médicaments Essentiels et Consommables Medicaux de Region - Equiv: Regional Medical Stores) are repsonsible for supply chain at regional level.

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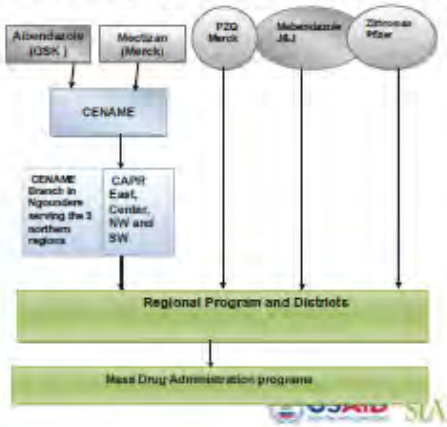
Current NTDDs Supply Chain Mapping in Cameroon



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Cameroon NTD Program Mapping					
NTD	Product	Product Donor	Responsible office at MOH	Partner NGO/ Target Region & Population	NTD Distribution
Oncho	Mectizan®	Merck/MDP	Oncho Program Manager	HKI: N, E, W & Center North, Carter Center: Center IEF: Adamawa, South Sight Savers: SW & North Perspective: Littoral	WHO → CENAME → CAPR Districts → Community Distributors
Lymphatic Filariasis	Mectizan® & Albendazole	Merck (USA) & SKB/MDP USAID; MOH	MOH	HKI: North, East and Center	WHO → CENAME → CAPR Districts → Community Distributors
Schisto	Praziquantel	Merck KGaA (Ger) USAID; MOH	PNLSH/ MOH/MOE	HKI: North, East and Center	WHO → Program Manager → Regional Focal Persons → Districts → CDs
STHs	Mebendazole	Johnson & Johnson / WHO	PNLSH/ MOH/MOE	HKI: National	Regional Disease Control Program → Districts → Schools
Trachoma	Zithromax®	Pfizer/ITI	NatProg for Prevention of Blindness & Trachoma control	HKI: North	Regional Blindness Program Districts → Community → Distributors

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Integration and Coordination

- The Government of Cameroon seeks to implement integrated NTD control programs.
- This requires using the same distribution/delivery method for multiple of NTDs when the coexistence and prevalence justifies such a strategy.
- The partners in the program include the Ministry of Health; United Nations Children's Fund; HKI; The Carter Center; International Eye Foundation; Sight Savers International; Perspective; Lions Club International Foundation; Children Without Worms; Mectizan® Donation Program; WHO; African Programme for Onchocerciasis Control (APOC)

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Integration and Coordination

- **There is no strong secretariat that coordinates NTD programming.**
- **Stock inventory registers are often not up-to-date, thus rendering the estimation of real needs difficult at the district and community level.**

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Human Resources Development

- CENAME/CAPR staff are neither oriented nor trained in NTD drug and SC management.
- Standard operating procedures (SOP) and Manuals for NTD drug and SC management are not available.
- There is no specific person at CENAME delegated to manage NTDDs and liaise with the NTD program managers

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Information Systems | Inventory Control

- Stock registers are often not up-to-date and physical inventory of NTD medicines is not conducted routinely.
- Although the central level NTD managers have consolidated data on number of treatments distributed, logistics data does not reliably move up the supply chain resulting in insufficient information on—
  - Stock status
  - Consumption
  - Medicine requirements

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Storage | Reverse Logistics

- Some NTD medicines are stored in program manager and NGO offices where storage conditions do not meet standards for pharmaceuticals and inventory control tools (stock/bin cards) are not used.
- Storage conditions at district stores and health facilities often do not meet storage standards.
- Reverse logistics of unused NTD medicines after MDAs is weak.
- Only Mectizan and Albendazole are stored by CENAME and CAPRs.
- Praziquantel, mebendazole and Azithromycin are received by MOH through WHO and sent directly to the districts.

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Quality Assurance | Adverse Reactions

- Consolidation of medicine into a single bottle or exposure of opened multi-tablet bottles to air/humidity may make them unfit for use if they are used again for subsequent distribution.
- ADR reporting are not often sent to National PV systems (DPM)
- Co-Administration of potent medicines is a challenge in community treatment programs as they may manifest unexpected responses, hence the importance of pharmacovigilance.

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BEST PRACTICES

- CENAME and the CAPRs have the experience of receiving, storing and distributing some NTD program drugs with other products in an integrated fashion.
- A model for covering logistics cost for the management of program products such as ARVs exists. This model can be applicable to NTDDs.

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BEST PRACTICES

The information system for the NTD drugs handled at CENAME and regional stores (CAPR) in Cameroon is harmonized with the other essential drugs and the data was entered on time, quantities in stock tallied with inventory control

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BEST PRACTICES

HKI in Cameroon has developed an elaborate Information System for medication register, which tracks stock inventory and reporting for NTDs. HKI is currently working with the other partners involved in NTD programs to use this uniform NTD management information system. More support will be required to roll out this system.

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Options for Interventions: Integration

Strengthen NTD drug management and supply chain integration at central level—

- Strengthen CENAME/CAPRS/Districts capacity to support NTD medicine management, and utilize CENAME pharmaceutical management staff for NTD drug coordination.
- Propose plans where feasible to transition NTD drug management from NTD programs to CENAME/CAPRs.
- Establish focal point for NTDs at CENAME.
- Draw upon experience from ARV fee-based management of program products by CMSs and develop template MOU for CENAME & NTD program.

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Options for Interventions: Human Resources

- Provide training on quantification of NTD drugs to program managers and key CENAME staff.
- Develop standard operating procedures (SOP) for supply chain management functions.
- Train staff at all levels in how to implement the SOPs.
- Involve pharmacists in NTD drug management.
- Leverage partner expertise/experiences in provision of NTD medicine supply management capacity building.

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Options for Interventions: Information Systems

- Strengthen the NTD logistics and pharmaceutical management information systems (LMIS & PMIS)
- Create central data hub for NTDs/CENAME for NTD performance and stock status.
- Build NTD program and CENAME/CAPRs/Districts capacity to monitor stock along the supply chain during MDAs
- Ensure availability and use of inventory control and reporting tools at all levels for NTDDs management

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Options for Interventions: Commodity Donation Coordination

- Establish a procedure to update the information –contact list-for suppliers and donors prior to release of the shipment in case contacts change in the months between placing the order and shipment of the consignment.
- Coordinate arrival of shipments to ensure sufficient storage space at central level, and transportation.

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Options for Interventions: Storage

- Provide technical assistance in proper storage and handling of medicines
- Provide shelving and pallets for the proper storage of NTDDs at the appropriate levels.
- Organize storage so that inventory taking can be simplified
- Work with relevant partners in the replacement of the bulk packed NTD drugs with aluminum foil packing for ease of administration, inventory control, drug stability and safety

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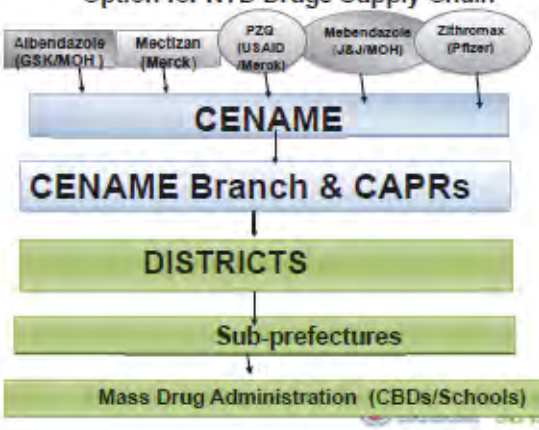
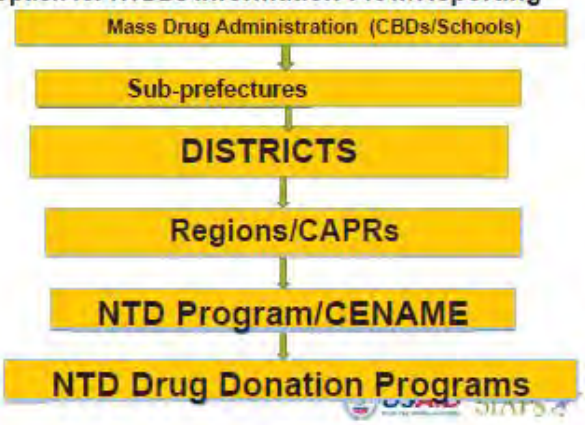
Option for NTD Drugs Supply Chain



Option for NTDDs Information Flow/Reporting



Safety & Effectiveness of Unused & Returned NTD Drugs to Source Can't be Assured for the Next Distribution Cycles

Template for National NTD at a Glance

Disease	Oncho	LF	Schisto	STH	Trachoma
Drug	Mectizan®	Mectizan® + Albendazole	Praziquantel	Mebendazole	Zithromax®
Source of drug/donation					
Year program started					
Who quantifies how much to order?					
What method is used for quantification?					
Who initiates donation application?					
What is the application anniversary?					
Who follows up donation application?					
Target Regions					
Number of districts targeted					

Disease	Oncho	LF	Schisto	STH	Trachoma
Drug	Mectizan®	Mectizan® + Albendazole	Praziquantel	Mebendazole	Zithromax®
Consigned to					
Cleared by					
Clearance cost borne by					
Transported by					
Stored at/by					
Distributed by					
Treatment threshold/cut-off					
MDA method					
Frequency of distribution					
Partners					
Role of partners					
Who prepares post-MDA report?					

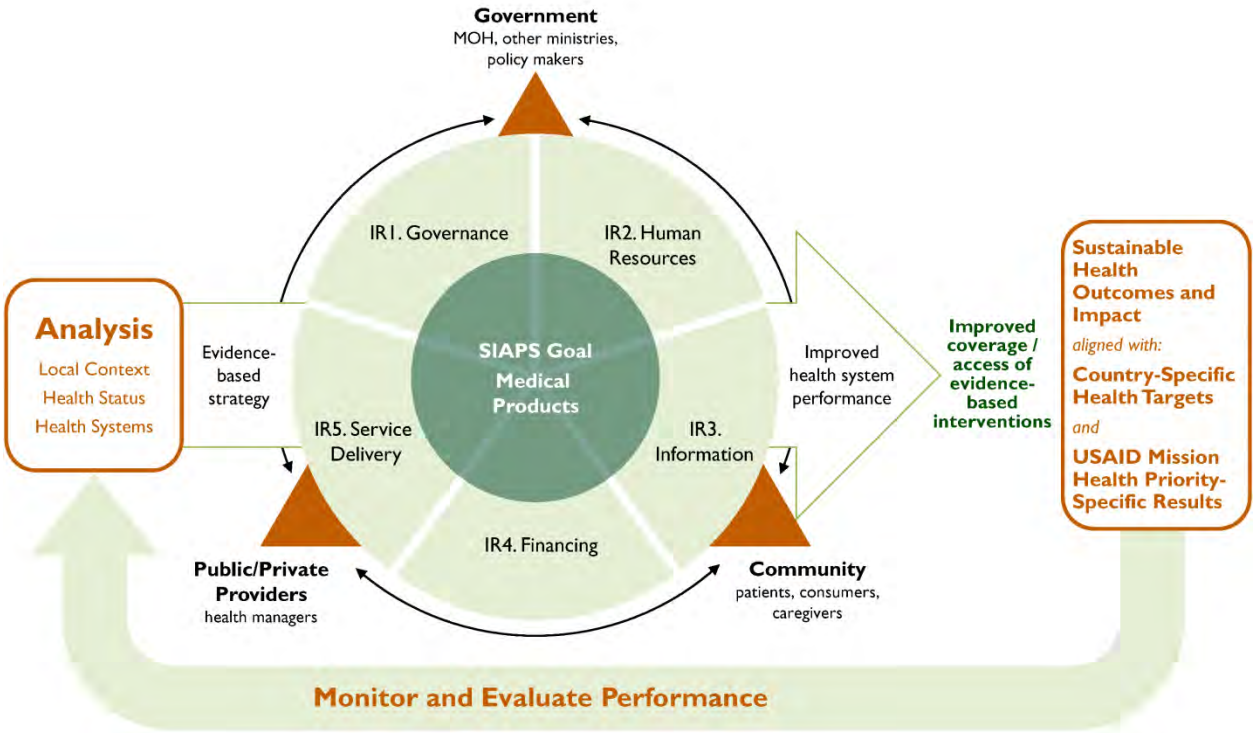
Disease	Oncho	LF	Schisto	STH	Trachoma
Drug	Mectizan ®	Mectizan® + Albendazole	Praziquantel	Mebendazole	Zithromax ®
Number of doses administered					
Number of patients treated					
Eligible population					
Coverage (%)					
Stock-on-hand (qty)					
Stock expired (qty)					
Loss (qty)					
Quantity received in 2010					
Quantity received in 2011					
Qty expected to be received in 2011					
Out-of stock of drug (qty)					

SIAPS Technical Approach Summary

Systems for Improved Access to Pharmaceuticals and Services (SIAPS)

RFA No. SOL-OAA-11-000064

TECHNICAL APPLICATION



MSH's Health Systems Strengthening Framework for SIAPS

Article I. Table of Contents

List of Acronyms 259
Executive Summary 261
Technical Approach 266
Understanding and Overall Quality Of Proposed Strategies, Approaches, and Interventions 266
Taking a holistic, systems-based approach. 266
Next generation of pharmaceutical systems strengthening. 269
Addressing short- and long-term needs and goals. 272
Strong relationships and collaboration. 272
Intermediate Result 1: Pharmaceutical sector governance strengthened 275
Intermediate Result 2: Capacity for pharmaceutical supply management and services increased and enhanced 281
Intermediate Result 3: Information for decision-making challenge in the pharmaceutical sector addressed 287
Intermediate Result 4: Financing strategies and mechanisms strengthened to improve access to medicines 295
Intermediate Result 5: Pharmaceutical services improved to achieve desired health outcomes 302
Program Tasks 312
Global Technical Leadership 312
Research and Innovation 312
Field Support 315
Incorporating Gender in the Technical Approach 317
Program Management 318
Monitoring and Evaluation 324

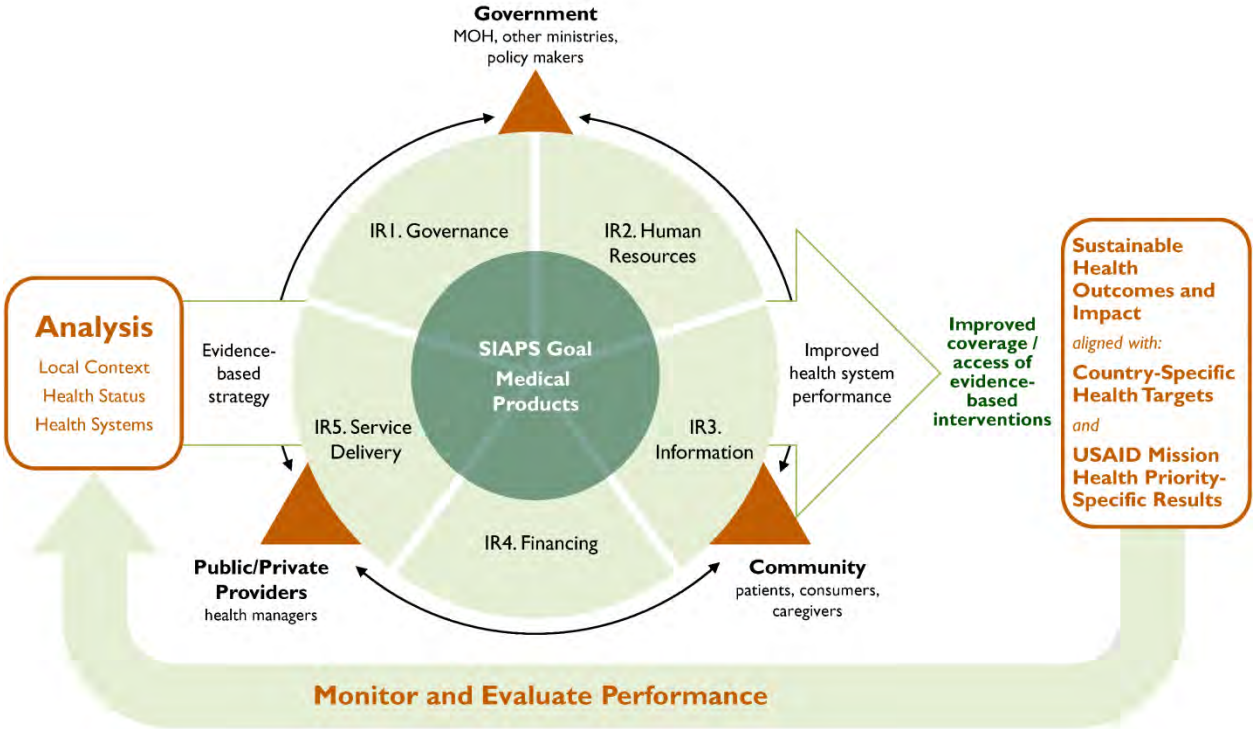
Article II. List of Acronyms

ACPE	Accreditation Council for Pharmacy Education
ACT	artemisinin-based combination therapy
ADDO	accredited drug dispensing outlet [Tanzania]
AMR	antimicrobial resistance
AOTR	Agreement Officer's Technical Representative
ART	antiretroviral therapy
ARV	antiretroviral
CPM	Center for Pharmaceutical Management
DTC	drug and therapeutics committee
EDT	Electronic Dispensing Tool
EUV	end use verification
GHI	Global Health Initiative
GIS	geographic information system
INRUD-IAA	International Network for the Rational Use of Drugs Initiative on Adherence to Antiretrovirals
IR	intermediate result
KEMSA	Kenya Medical Supplies Agency
LMI	Logistics Management Institute
M&E	monitoring and evaluation
MOH	ministry of health
MOHSS	Ministry of Health and Social Services (Namibia)
MOST	Management Organizational Sustainability Tool
MSH	Management Sciences for Health
NDRA	national drug regulatory authority
NGO	nongovernmental organization
NMRC	Namibia Medicines Regulatory Council
PEPFAR	US President's Emergency Plan for AIDS Relief
PMI	President's Malaria Initiative
PMIS	pharmaceutical management information system
PMP	performance monitoring plan
R4D	Results for Development
RPM Plus	Rational Pharmaceutical Management Plus [program]
SCMS	Supply Chain Management System [project]
SEAM	Strategies for Enhancing Access to Medicines [program]
SIAPS	Systems for Improved Access to Pharmaceuticals and Services [program]
SMS	short message service
SOP	standard operating procedure
SPS	Strengthening Pharmaceutical Systems [program]
STG	standard treatment guidelines
SURE	Securing Ugandans' Right to Essential Medicines [program]
TB	tuberculosis
TOT	training of trainers
USAID	US Agency for International Development

USD	US dollar
VEN	vital, essential, necessary
WHO	World Health Organization
WHO/EMP	WHO Department of Essential Medicines and Pharmaceutical Policies

Article III. Executive Summary

Through the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program, Management Science for Health (MSH) will use its role as recognized technical leaders to advance US Agency for International Development (USAID) priorities in pharmaceutical management. To achieve the **SIAPS objective** of promoting and using a systems-strengthening approach consistent with the Global Health Initiatives (GHI) that will result in positive and sustainable health impact, we will build on successes from our implementation of SIAPS predecessor programs, yet advance SIAPS to the next generation of pharmaceutical system—and health system—strengthening, as the figure below illustrates. Under SIAPS, MSH will find ways to fulfill disease-specific needs in-country, while strengthening the overall health system as measured across five building blocks: **governance**, **human resources, information, financing,** and **service delivery**. Through SIAPS we will redouble our emphasis on **GHI principles**, especially improving metrics, monitoring, and evaluation, capacitating local governments and organizations, and increasing country ownership. In all of its work, MSH bases its practical goals for improving pharmaceutical management on the need to develop capacity within partner countries and foster collaboration between countries and institutions within those countries; the key to many of our project achievements has been the broad-based support from all stakeholders built through a participatory approach (involving sectors beyond health) to project design and implementation.



MSH's health systems strengthening framework for SIAPS. This graphic represents MSH's interpretation of USAID's definition of health system strengthening as "a continuous evidence-based process of implementing sustainable changes in policies and management arrangements within the health sector for the purpose of achieving good health outcomes." The graphic incorporates the SIAPS guiding framework: a comprehensive set of dynamic relationships among five health systems building blocks, with the sixth, medical products, as an overlay to provide

technical content and identify substantive areas of concern. The framework can be adapted to achieve country-specific results that are aligned with USAID health priority goals and national health outcome targets.

MSH's technical approach incorporates the core operating principles to reach the **SIAPS goal** of assuring the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes—

Build on and strengthen existing systems. The MSH team will provide technical assistance to both address a country's most pressing needs in the short term, while building on existing systems and local capacity to increase the country ownership, and therefore sustainability of USAID efforts in the long term.
Support integration. MSH will work with countries to integrate public health programs and supply systems, so they can continue to scale up while strengthening existing pharmaceutical management systems for long-term sustainability.
Build the capacity of local organizations. MSH will build local capacity and minimize "parachute" assistance—and now we will broaden our focus to create local organizations who can sustainably and reliably provide in-country pharmaceutical management assistance.
Support country-led coordination. We will capacitate governing bodies to create and use mechanisms for in-country stakeholder collaboration to optimize donor resources, coordinate pharmaceutical management planning, and harmonize tools and approaches.
Continually monitor and evaluate. Our monitoring and evaluation system for SIAPS will use a combination of cost-effective and rigorous methods and activities that will enable us to adapt to changing conditions and make mid-course corrections as necessary; the plan also proposes operations research studies that will inform SIAPS and other health system strengthening efforts.
Develop improved performance metrics. We propose to bring together global stakeholders in the area of pharmaceutical systems evaluation to develop a consensus framework and metrics to evaluate pharmaceutical strengthening within the construct of the building blocks and Global Health Initiative principles.
Harmonize tools, approaches, and metrics. In addition to harmonizing metrics and creating stakeholder coordination mechanisms, as mentioned, we will work to harmonize information systems including integrating product and patient information and vertical programs into one.
Share knowledge and information. SIAPS's knowledge management strategy assures that USAID Missions, other US agencies, implementing organizations, partner country governments, other donors, multinational organizations, and international stakeholders receive the information they need to monitor program progress, avoid duplication of efforts or conflicting plans, and use the lessons learned and best practices to improve complementary activities.

To **achieve the five intermediate results**, MSH will use a flexible approach to designing a tailored intervention; implementing and managing that intervention; monitoring performance; and measuring outcomes. We fully engage local partners to ensure that they are contributing to and building skills at each stage of the intervention and that solutions are locally relevant and potentially sustainable without ongoing support. Our specific approaches to each of the five result areas follows—

Governance. Under SIAPS, our approach to improving governance and accountability will focus on establishing transparent management systems grounded in policies based on best

practices, legislation supported by the rule of law, and regulation supported by appropriate technology and capacity.

Build capacity for pharmaceutical management and services. To increase efficiency, MSH will work with stakeholders to assess a country's capacity to manage pharmaceuticals at all levels. Then, using a stakeholder consensus approach, we will identify areas for improvement and develop interventions to strengthen the system for the long term, such as building capacity among facility level staff to track medicine consumption.

Information for decision-making. Our approach to improving information systems is to integrate pharmaceutical data collection, processing, and presentation of information to help staff at all levels of a country's health system make evidence-based decisions to manage health and laboratory commodities and pharmaceutical services, as well as harmonize our tools with non-MSH tools.

Strengthen financing strategies. Through SIAPS, we will also help countries conduct analyses to inform policy decisions regarding cost containment, greater efficiency, and options for mobilizing financing. Our health management expertise combined with SIAPS partners' knowledge and experience in innovative financing strategies will allow countries to maximize their pharmaceutical resources.

Improve pharmaceutical services. Our strategy for improving pharmaceutical services is not limited to only assuring product availability; our holistic approach strives to ensure that patients receive medications optimized to their clinical needs, in doses that meet their individual requirements, for an adequate time, and at the lowest cost to them and their community. To ensure services that will result in optimal treatment outcomes, we will build systems to train health professionals and providers, provide medicine information and counseling, conduct drug utilization reviews, formulate policies and regulations for improved pharmaceutical care, and disseminate information and educational materials to promote public health.

Technical and managerial resources. MSH manages many complex programs simultaneously, with multi-country field activities, and often with the involvement of multiple donors and country partners. We maintain a high profile as a global technical leader in pharmaceutical management. This leadership has helped to ensure that best practices and experiences from the field are used to inform and guide the design and planning of our work. We have an experienced team of over 300 professionals in place—87% in the field—who are ready to launch SIAPS activities along with our SIAPS partner representatives. Most of these individuals have real-world experience providing services to patients or managing complex programs in both the public and private sectors and most have worked in building block-related activities, as the figure below shows.

Percentage of MSH and SIAPS core and specialized resource partner staff with experience in the IR areas. We have seen that someone can have general experience or expertise in the building block areas, for example, in health financing, but applying those skills to address specific pharmaceutical management issues can often be challenging without having pharmacy acumen; 61% of 235 SPS technical staff members are pharmacists.

We propose **Francis (Kofi) Aboagye-Nyame** to serve as SIAPS Program Director. A pharmacist with a Master in Business Administration degree, he has over 20 years of experience in pharmaceutical and supply chain management in developing countries. As current head of the Strengthening Pharmaceutical Systems (SPS) Program, Mr. Aboagye-Nyame provides leadership in formulating technical and operational policies and allocating resources to ensure the program's successful implementation. In addition, we have a streamlined consortium of core program partner and specialized resource partners who bring an interesting and wide-ranging mix of skills and expertise to our team. The **Accreditation Council for Pharmacy Education** is the only US organization authorized to serve as the national agency for the accreditation of professional degree programs in pharmacy and providers of continuing pharmacy education. They will help carry out our plans to strengthen pre-service education and in-service training through accreditation. ACPE is a new partner to USAID. **Harvard University** has three decades of experience in applied research, technical support, and training on improving access to and use of medicines in the United States and in low and middle-income countries. Their staff has extensive experience in pharmaceutical financial systems, including insurance schemes and pricing. **Logistics Management Institute** has played a large role in implementing many of the supply and logistics capabilities that support US government operations. As an SPS partner, their work in Kenya helped improve transparency and accountability in the national medical stores' operations. The **University of Washington's Department of Global Health** specializes in research and analysis of issues related to pharmaceutical care services, pharmacovigilance, pharmacoeconomics, and pharmaceutical outcomes research as they relate to global health. As an SPS partner, University of Washington staff members contributed their expertise to many pharmacovigilance capacity-building activities. Our specialized resource partners are listed in the box at left.

Core Partners
- Accreditation Council for Pharmacy Education*
- Harvard University
- Logistics Management Institute
- University of Washington

Specialized Resource Partners
- African Medical and Research Foundation
- Ecumenical Pharmaceutical Network
- Results for Development
- RTT Group
- VillageReach
- William Davidson Institute

*New partner to USAID

Program management. MSH proposes connected and almost seamless management of SIAPS and SPS, while assuring that SIAPS key personnel are fully dedicated to program start-up and

implementation. Because of our quality of work and ability to generate field support, SPS reached its ceiling one year early. We can assure that as SPS closes down, SPS staff will transition over to SIAPS without disruption to program work. As required, our key staff of Mr. Aboagye-Nyame, Dr. Sameh Saleeb, Dr. Michael Cohen, and Ms. Vicki Hawk will provide SIAPS their full management support from day one.

Article IV. Technical Approach

MSH's technical approach to achieving USAID objectives will focus on innovative, viable strategies to promote systems strengthening. To achieve the **SIAPS objective** of promoting and using a systems-strengthening approach, we base our strategy on US government initiatives such as the six health system strengthening building blocks and the GHI principles that will result in positive and sustainable health impact. Our ultimate aim is to apply the SIAPS core operating principles to create country-owned sustainable systems that assure the availability of quality pharmaceutical products and services and result in desired health outcomes (table 1).

SECTION 4.01 Understanding and Overall Quality Of Proposed Strategies, Approaches, and Interventions

Our extensive global health systems strengthening experience creates a solid basis for proposed approaches and enables us to take the SIAPS Program to the next generation.

To ensure good health worldwide, governments must create sound, efficient health systems that can provide effective disease prevention and treatment to all. To help meet this goal, the World Health Organization (WHO) recommends local investment in strengthening the building blocks that are the foundation for a well-functioning health system—**service delivery** that meets the needs of patients; an adequate and properly trained **health workforce** to carry out its functions; **health information systems** that include products and patients and that provide data needed for good decision making; **medical products, vaccines, and technologies** that are accessible to the population; **health systems financing** that assures adequate funding and the most efficient use of available resources; and **leadership and governance** that contribute to sustainable and transparent management and organizations. MSH has expertise within and across all of these areas (figure 1), and in conjunction with SIAPS partners, we have the capacity to address myriad challenges related to health systems strengthening. In addition, we have opportunities to leverage with other MSH programs such as USAID's SPS Program and the Supply Chain Management System (SCMS) project. Our new Bill & Melinda Gates Foundation-funded program, Sustainable Drug Seller Initiatives, focuses on expanding access to quality pharmaceutical products and services through the private sector—clearly dovetailing with USAID objectives for SIAPS. SPS has already created synergy through collaboration with International Network for the Rational Use of Drugs Initiative on Adherence to Antiretrovirals' (INRUD-IAA) antiretroviral therapy (ART) adherence program, and our East African Drug Sellers Initiative, predecessor to the new Gates program.

Taking a holistic, systems-based approach. A few years ago, a United Nations Millennium Project task force concluded that global programs cannot successfully address individual diseases until more resources are devoted to strengthening entire health systems, and that the effectiveness of a health system can be measured by the consistent availability of medicines.[1] Evidence suggests that the integration of economic growth, education, and health programs drives health outcomes; for example, up to 50% of declines in child mortality are potentially due

[1] Ruxin J, et al. 2005. Emerging consensus in HIV/AIDS, malaria, tuberculosis, and access to essential medicines. *Lancet* 365(9459):618-21.

Table 1. How MSH will apply the SIAPS core principles in the technical approach

Core principle	MSH technical approach
Build on and strengthen existing systems	MSH will provide technical assistance to both address a country's most pressing needs in the short term, while building on existing systems and local capacity to increase the country ownership, and therefore sustainability of USAID efforts in the long term.
Support integration	MSH will work with countries to integrate public health programs and supply systems, so they can continue to scale up while strengthening existing pharmaceutical management systems for long-term sustainability.
Build the capacity of local organizations	MSH will build local capacity rather than use "parachute" assistance—and we will broaden our focus to create local organizations who can sustainably and reliably provide in-country pharmaceutical management assistance.
Support country-led coordination	We will capacitate governing bodies to create and use mechanisms for in-country stakeholder collaboration to optimize donor resources, coordinate pharmaceutical management planning, and harmonize tools and approaches.
Continually monitor and evaluate	Our monitoring and evaluation system for SIAPS will use a combination of cost-effective and rigorous methods and activities that will enable us to adapt to changing conditions and make mid-course corrections as necessary; the plan also proposes operations research studies that will inform SIAPS and other health system strengthening efforts.
Develop improved performance metrics	We propose to bring together global stakeholders in the area of pharmaceutical systems evaluation to develop a consensus framework and metrics to evaluate pharmaceutical strengthening within the construct of the building blocks and GHI principles.
Harmonize tools, approaches, and metrics	In addition to harmonizing metrics and creating stakeholder coordination mechanisms, as mentioned, we will work to harmonize information systems including integrating product and patient information and vertical programs into one.
Share knowledge and information	SIAPS's knowledge management strategy assures that USAID Missions, other US agencies, implementing organizations, partner country governments, other donors, multinational organizations, and international stakeholders receive the information they need to monitor program progress, avoid duplication of efforts or conflicting plans, and use the lessons learned and best practices to improve complementary activities.

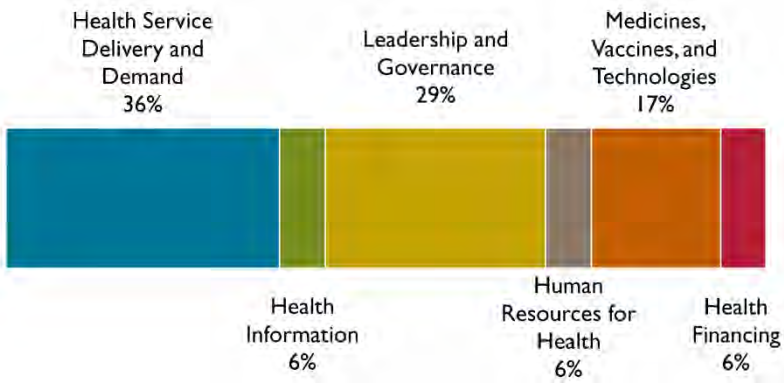


Figure 1. Proportion of the number of current MSH projects categorized by primary health system building blocks. As a company, our three technical centers (pharmaceutical management, leadership and

management, and health services) are organized around three of the six building blocks, which make MSH well suited to carry out a program organized around this paradigm.

to improved education of girls and women.[2] This sort of data points to the need for a comprehensive systems-based approach to maximize health outcomes. The last decade's global health initiatives have helped reduce pharmaceutical prices and supply them to countries in need, but this does not automatically lead to *access* to medicines. MSH takes a holistic approach that looks beyond product availability and country price to include other essential access components such as the availability of quality pharmaceutical services and the ability of the patient to access both products and services (figure 2).

Over the last 30 years, USAID's objectives and our work with USAID in pharmaceutical management have evolved as the global health landscape has evolved. Compared with the comprehensiveness of SIAPS, USAID's originator project, Rational Pharmaceutical Management (RPM) Project focused on three technical areas: drug registration, public pharmaceutical procurement and supply management, and drug information. Over successive programs, we have adapted our approaches to address changing USAID and target country priorities and needs. For example, while SPS works to put basic infrastructure in US foreign assistance framework "rebuilding" countries like Southern Sudan, we provide technical leadership in helping a more advanced country, Brazil, strengthen its national tuberculosis (TB) information system. SPS is already working in seven of eight GHI Plus countries. We have maximized local capacity—including staff from MSH and local counterparts. Since the RPM Project began, we have steadily increased the proportion of staff who work in the field—87% of our current 345 SPS employees—and are also citizens of the countries where they work (88%). Companywide, MSH has 35 field offices and 2,300 employees, of which 83% are field-based.

Next generation of pharmaceutical systems strengthening. The SPS Program has four result areas—only one directly relates to a building block, whereas SIAPS focuses on five building blocks with the overlay of pharmaceuticals. MSH will significantly advance the SIAPS Program to not only strengthen health systems, but to develop the best ways to measure that progress across building blocks. Through SIAPS, we will redouble our emphasis on the GHI principles, especially improving metrics, monitoring, and evaluation; capacitating local governments and organizations; and increasing country ownership. Also, because funding for health system strengthening in SIAPS countries will likely come through disease-specific funding streams and vertical programs, MSH will continue to create ways to fulfill disease-specific needs while strengthening the overall health system. SPS has already demonstrated our success with this approach by using PEPFAR funds to strengthen health systems as summarized in a 2009 publication.[3] Table 2 shows some major differences between SPS's "first generation" approaches and SIAPS "next generation" approaches.

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[2] Gakidou E, et al. 2010. Increased educational attainment and its effect on child mortality in 175 countries between 1970 and 2009: a systematic analysis. *Lancet* 376 (9745): 959–974.

[3] Strengthening Pharmaceutical Systems Program. 2009. *Pharmaceutical Management Interventions that Improve Country Health Systems: The Strengthening Pharmaceutical Systems Program*. Arlington, VA: MSH. Available at http://www.msh.org/projects/sps/SPS-Documents/upload/sps_pm_interventions_improve_health_systems.pdf.

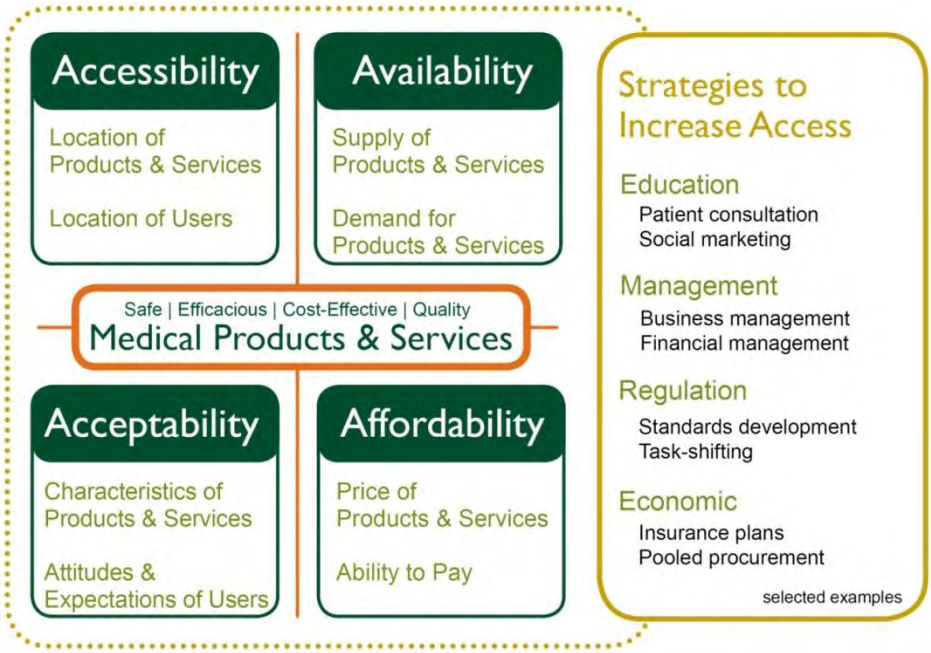


Figure 2. Increasing Access to Medicines Framework. At the core of access is the need to provide medicines and pharmaceutical services that are safe, efficacious, cost effective, and of high quality. Often people assume that if medicines are in stock, then positive outcomes will naturally result. But availability is only one aspect of ensuring access to medicines—equally important are accessibility (geography and convenience), affordability (price and ability to pay), and acceptability (cultural and personal preferences).

Table 2: Comparison of MSH/SPS approach to MSH/SIAPS approach

SPS "first generation" approach	SIAPS "next generation" approach
Primary emphasis on one health systems strengthening building block (governance)	Emphasis on five building blocks (using a medical products overlay) with a conceptual approach demonstrating interrelation of systems for effectiveness and impact.
Partners experience was largely with traditional development programs. Some core SPS partner capacities were not well suited to the evolving SPS requirements.	Streamlined list of partners who will play a more central role based on availability of financial resources. Partners selected who bring forward-thinking, "21st Century" problem-solving expertise and innovative approaches (such as **William Davidson Institute, Results for Development [R4D]**, **RTT**, and **VillageReach**).
Developed tools for accreditation of pharmaceutical services as an approach to improve service quality	Development of tools and approaches for accreditation of pre-service education and in-service training with partner **Accreditation Council of Pharmacy Education** (**ACPE**). This will complete the MSH "triumvirate accreditation strategy" for quality improvement, consisting of accreditation schemes for private sector drug sellers, health facility pharmaceutical services, and pharmacy education and training.
Methods for capacity building widely implemented for individuals and in institutions	To determine the effectiveness of capacity building, development of a tool for monitoring performance and metrics for measuring the success/impact of contracting with local partners.

SPS "first generation" approach	SIAPS "next generation" approach
Coordination of work with local organizations but limited development of their own capacity	More focus on identifying and building the capacity of local organizations (public and private) that can manage government contracts for various pharmaceutical management services to support scale-up and sustainability, leading to country ownership (working with partners **African Medical and Research Foundation** and **Ecumenical Pharmaceutical Network**).
MSH-led training and interventions	Less MSH-led training and more focus on assuring capacity to provide in-service training is institutionalized locally. More district-led performance monitoring linked with capacity building. Help for governments to ensure that policy and regulatory standards are enforced and monitored based on performance metrics.
Software tools developed, adapted and made more broadly available	More focus on harmonization of software tools with non-MSH tools; use of open-source platforms, and mHealth devices, including decision-making tools and integration with geographic information systems (GIS) (with assistance from partner, **VillageReach**).
Limited interventions in pharmaceutical financing	More extensive pharmaceutical financing analysis and technical assistance available in part to new partners, **Harvard**, and **R4D.** Stronger relations built and data shared with the ministry of health (MOH) *and* Ministry of Finance to assure evidence of results/impact, which can be used to justify increases in the local health budget; harmonization of SIAPS reporting requirements with MOH budget needs.
Use of public health program-specific indicators for assessment	Development of country-specific SIAPS indicators jointly with local stakeholders to assure that SIAPS indicators align with and contribute to USAID Mission health elements and national targets.
MOH-focused mapping and assessment	Mapping exercises and baseline assessments broader than the MOH to include the Ministry of Finance and other parts of government, as well as private sector and nongovernmental organization (NGO) stakeholders. Focus on understanding how financing is decided for the public health system as a whole as well as the role each agency plays in that process to better determine points of influence.
Documentation and dissemination of results but limited in scope	Knowledge management system established. Expanded current memorandum of understanding with **WHO's Department of Essential Medicines and Pharmaceutical Policy** (WHO/EMP) to collaborate on global dissemination of SIAPS results and lessons learned. Dissemination of information on performance locally with MOH and other partners.
Country workplan interventions developed in response to local MOH needs and mission requests	In addition to an understanding of and response to local needs, help to clients and counterparts to prioritize interventions that will have greatest impact.
Focus largely on adherence and AMR as medicine use interventions	Help to countries to transition toward an integrated chronic care model for HIV/AIDS (where access to antiretrovirals [ARVs] is assured) and other diseases that depend on patient-centered, medicine management strategies (working with partners **Harvard** and **University of Washington** and collaborating with MSH's INRUD-IAA program).

Addressing short- and long-term needs and goals. Providing effective technical assistance requires addressing a country's critical short-term access needs in the short term while building on existing systems and local capacity to increase the country ownership, and therefore sustainability of USAID efforts in the long term. MSH grasps that dichotomy, and under SIAPS, will deploy strategies that incorporate both. While MSH understands and has responded quickly to emergency situations, our focus is on local capacity building, which puts us in the best position to create country-led, sustainable solutions. MSH uses a flexible approach to designing a tailored intervention; implementing and managing that intervention; monitoring performance; and measuring outcomes (figure 3). We fully engage local partners to ensure that they are building skills at each stage of the project and that solutions are locally relevant and sustainable without ongoing donor support.

Strong relationships and collaboration. MSH has collegial relationships with virtually every international organization and agency working in the field of pharmaceutical and supply chain management, and we have a proven history of successfully engaging donors and other stakeholders at all levels—global, regional, national, and local. For example, MSH leveraged funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria to develop the Pharmaceutical and Health Products Management Country Profile Tool and revise its local funding agent and principal recipient assessment and report tools. These well-established relationships have grown out of MSH's recognized leadership in pharmaceutical management; however, we also carefully cultivate our ties and partnerships, knowing that collaboration with a variety of stakeholders—even competitors—is the best way to accomplish goals. We will continue to foster our stakeholder relationships to achieve SIAPS's goals. For the SIAPS proposal, we have a streamlined team that includes select SPS partners and new partners who supplement our technical expertise in areas such as financing, supply chain, operations research, and "mHealth." To partner more effectively, we have narrowed the statements of work and will allow flexibility to add more regional or country partners as needs emerge. Table 3 summarizes the partners and the technical areas to which they will contribute to SIAPS. Annex 1 includes their capability statements and Annex 2 has their letters of support.

> "We have a long-standing relationship with SPS from previous projects, so it was easy to do this work together with them." —Mr. Wisani Ngobeni, Pharmacy Manager at Tintswalo Hospital, South Africa, referring to plans to improve inventory management and storage and develop SOPs and a new formulary.

In line with GHI principles and USAID objectives, one of our major activities under SIAPS will be to strengthen local institutional capacity (see IR 2.2). Our work under SIAPS will greatly benefit from our focus on making the projects the property of the institutions and countries involved and not of MSH or of the donor.

In the following sections, organized by intermediate result (IR) area, we describe our approach to achieving the IRs and the sub-IRs. For each IR, a table lists the expected results and the illustrative activities we will carry out to achieve the results. It also lists examples of MSH's experience with implementing similar activities as evidence of our ability to achieve results.

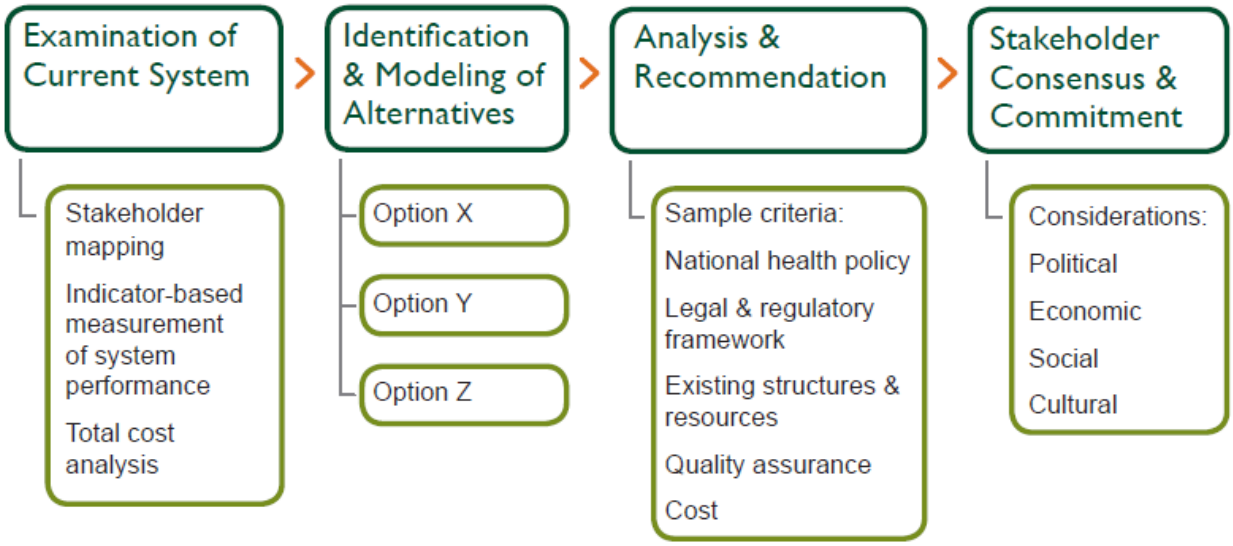


Figure 3. MSH options analysis framework. MSH uses a structured evidence-based options analysis process carried out in collaboration with stakeholders that goes far beyond a traditional assessment. The process typically starts with stakeholder mapping of the system to determine local capacity and gaps, indicator-based measurement of system performance, and total cost analysis. Based upon the outcomes, we develop two or more options for consideration. Analysis of these alternatives yields a recommendation for action, which we vet with stakeholders. Their ownership and commitment to a course of action is central to success.

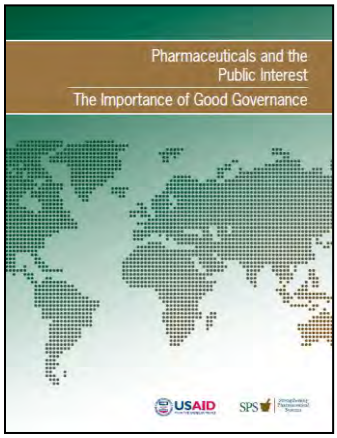
Table 3: SIAPS partners and areas of expertise

	Organization	Area of Expertise
Lead	Management Sciences for Health	Improving management systems, strengthening pharmaceutical management systems, promoting access to services, and influencing public policy, global project management
Core Partners	Accreditation Council for Pharmacy Education (ACPE)*	Accreditation of pharmacy education and training; development and evaluation of quality standards for pharmacy degree programs and continuing education providers in the United States and abroad; training of evaluators to provide standardization and consistency in the accreditation review process
	Harvard University	Pharmaceutical health insurance, treatment adherence, and pricing information/ mechanisms; applied and operations research and evaluation of programs and policies; cost-effective analysis of different interventions; and policy and program activities in logistics systems and pharmaceuticals
	Logistics Management Institute (LMI)	Pharmaceutical supply chain and logistics management in support of global health initiatives; acquisition management, and financial management expertise to conduct policy option analyses on contracting for pharmaceutical-related services
	University of Washington	Pharmacoepidemiology, pharmaceutical care services, pharmacovigilance, pharmacoeconomics, product quality control and assurance
Specialized Resource Partners	African Medical and Research Foundation	Strengthening laboratories as an integrated part of strengthening health systems: management and supervision, integrating laboratory diagnostics, establishing or strengthening external quality assurance schemes; strengthening training of clinicians and laboratory workers
	Ecumenical Pharmaceutical Network	Liaison to mission sector in developing countries, coordination and networking, development and provision of technical assistance on pharmaceutical policy and services, human capacity development, and consumer/patient education related to pharmaceutical management and medicines use
	Results for Development (R4D)	Research and evaluation; leadership development to advance policy and strengthen health systems; health financing and demand-side models such as health insurance; strengthening the capacity of civil society organizations; and integration and collaboration of the public and private sectors to better achieve national health goals
	RTT Group	South Africa-based warehousing and distribution service support (secondary support to LMI)
	VillageReach	Management information systems in a developing country context, particularly mHealth and open-source solutions; reaching the last mile of the supply chain; offices in Malawi and Mozambique
	William Davidson Institute	Operations research, supply chain management in developing countries, investigation of business-based approaches to improving health care delivery, research to advance the transition from donor dependence to market-based health systems, leadership of Prashant Yadav, recently of the MIT-Zaragoza International Logistics Program

*New partner to USAID

(a) Intermediate Result 1: Pharmaceutical sector governance strengthened

Being able to address the broad reach of governance issues in the pharmaceutical sector calls for the kind of systems-oriented approach for which MSH is known.



As a result of increased scrutiny accompanying global initiatives such as the President's Emergency Plan for AIDS Relief (PEPFAR), the President's Malaria Initiative (PMI), and the Global Fund, critical weaknesses have come to light related to health system governance and management practices, such as financial fraud and corruption. To improve governance, MSH focuses on establishing transparent management systems grounded in policies based on best practices, legislation supported by the rule of law, and regulation supported by appropriate technology and capacity. MSH will build the capacity of organizations and their staff members to better lead, manage, and provide appropriate oversight of pharmaceutical management activities. Under SIAPS, MSH will encourage a variety of stakeholders to be involved in governance activities, ranging from ministries of finance to NGOs. We will support efforts to involve civil society groups, such as community rights and consumer advocacy groups, not only in policy-making, but also in the oversight process in medicine selection, procurement, and quality monitoring. Addressing critical system weaknesses maximizes USAID investments, reduces vulnerability to corruption, and sustains outcomes. Under SIAPS, MSH will use a systems-oriented approach to organize interventions that support adherence to the principles of good governance (figure 4). Activities under this IR area will dovetail with those under IR 4 and vice versa, as financial management is intrinsically linked with pharmaceutical system governance.

Select MSH achievements in IR 1

- In Swaziland, SPS provided technical assistance in revitalizing the medicines and pharmacy legislation to be consistent with a comprehensive national pharmaceutical policy. To ensure transparency, a series of consultative workshops enabled stakeholders from governmental, nongovernmental, and private sector organizations to participate in the process. The process has received high-level support and extensive media coverage; the draft bills are with the MOH.
- In the **Democratic Republic of Congo**, SPS worked with the MOH and other partners to **change the National Reproductive Health Program's policy guidelines and the essential medicines list** to incorporate the use of magnesium sulfate. SPS also helped the program begin reviewing the relevant technical guidelines and training materials on how to use magnesium sulfate appropriately.
- In **Namibia,** we provided technical assistance to the Namibia Medicines Regulatory Council (NMRC) to streamline the drug registration process. The result was a **30% increase** in the number of registered ARV medicines and more than a **70% increase** in the number of multisource generic ARVs.
- SPS/Kenya has been an **active member of about 30 MOH committees** and has been instrumental in the establishment of key MOH policy-making, program management, and governance bodies. For instance, commodity security committees have been established for all priority health programs with SPS/Kenya providing technical leadership and support.

Table 4 summarizes the expected results and illustrative activities with examples of MSH's experience conducting similar activities.

Adapted from UNDP. 1997. Governance for sustainable human development. http://mirror.undp.org/magnet/policy/

Figure 4. Strategies to support the implementation of good governance principles in pharmaceutical systems. This approach focuses on establishing policies and legislation supported by rule of law; organizational structures able to exercise appropriate decision making, authority, and oversight; transparent, ethical, and accountable systems and processes grounded in well-formed policies and legislation; and human resource management systems that promote effective performance and ethical practices (from SPS's publication, Pharmaceuticals and the Public Interest: The Importance of Good Governance).

Table 4. Summary of IR 1 Expected Results and Illustrative Activities

IR 1 : Pharmaceutical Sector Governance Strengthened	
Expected Results • More effective governance structures to support pharmaceutical system strengthening • Pharmaceutical policies and legislation promote equitable and sustainable access to safe and efficacious medicines of assured quality • Decreased vulnerability of the pharmaceutical sector to corruption	
IR 1.1 Good governance principles embodied across all health systems components	
Expected Results • Paradigm for good governance in pharmaceutical systems strengthening developed • Increased stakeholder acceptance of harmonized approaches for good governance in medicines	
Illustrative Activities	**Building on What Works**
Work with the MOH, ministry of finance, ministry of education, professional and trade associations, and other stakeholders to develop appropriate governance frameworks and mechanisms to support work force effectiveness, information system responsiveness and accountability, equitable financing schemes, and quality pharmaceutical products and services	Worked with Benin's Board of Directors essential medicines and consumables procurement institution to create legal framework and provide them with training in governance and management; in Rwanda, SPS helped develop the architecture and governance framework of the Coordinated Procurement and Distribution System improving availability of ARVs.
Provide global technical leadership on good governance in medicines	SPS's paper *Pharmaceuticals and the Public Interest: the Importance of Good Governance* provides USAID health program managers, country counterparts (including policy makers and health care managers and workers), and other stakeholders with an understanding of how governance issues permeate pharmaceutical management and influence the effectiveness of health programs.
IR 1.2 Improved medicines policies, legislation, regulations, norms and standards	
Expected Results • National medicines policies updated to reflect best management and clinical practices • Private sector enabled to improve access to quality medicines and services	
Illustrative Activities	**Building on What Works**
Assist in developing and updating national medicines policies, standard treatment guidelines (STGs) and essential medicines lists	SPS assisted in the development or update of medicines policies, STGs, essential medicine lists, or regulatory frameworks in 17 countries.
Assist national drug regulatory authorities (NDRAs) strengthen drug registration systems, including developing expedited review procedures	SPS assisted NDRAs in 15 countries to improve their registration procedures which they then adopted and applied to increase the number of registered products and reduce the backlog of application dossiers waiting review.
Develop criteria for government contracting out for pharmaceutical management operations	In South Africa, we worked with the government on criteria for contracting out management of local facilities dispensing medication for chronic conditions.
Work with professional and trade associations, MOHs and regulatory authorities to develop accreditation programs for pharmaceutical services	MSH worked with the government of Tanzania to make ACTs available through private sector accredited drug dispensing outlets (ADDOs) in select districts, improving use of ACTs, which went from 3% of all antimalarials sold in July 2007 to 26% in June 2008.
Assess the policy environment and support development of policies and SOPs to address health care waste management	SPS provided support for the development of guidelines for pharmaceutical waste management in Ethiopia. SPS is currently assessing medicine waste management practices in the private sector in Namibia, the findings of which will guide the development of policies and SOPs. Through the SCMS project, MSH participated in the development of SOPs to guide good medicine waste management in PEPFAR-assisted programs.

IR1.3 Transparent and accountable pharmaceutical management systems	
Expected Results • Roles and responsibilities for implementing medicines policies, laws, and regulations specified • Governance structures promote stakeholder involvement and oversight	
Illustrative Activities	**Building on What Works**
Assist in developing modern and transparent procurement policies and procedures, including prequalification of suppliers	SPS responded to 38 requests from USAID Missions and NGOs, providing support in supplier selection and procurement of medicines.
Help establish a supplier performance monitoring and evaluation (M&E) mechanism	As a result of the implementation of supplier performance monitoring and back-order management, SPS helped to eliminate stock-outs of ARVs and TB medicines in key facilities in South Africa; in Brazil, SPS assisted in the development of supplier M&E systems in support of prequalification.
Support development of national and community level health advocacy programs	SPS assisted 24 groups worldwide to develop guidance material on how to create communication strategies targeting consumer, civil society, and other advocacy groups for the containment of antimicrobial resistance (AMR).
Work with local watchdog organizations and journalists to develop their capacity for monitoring government pharmaceutical management operations	In Ethiopia, journalists were trained on AMR containment principles, and now actively participate in advocacy activities supporting the rational use of antimicrobials and other medicines.
Promote an inclusive and participatory approach to strategic planning	MSH worked with local counterparts in 7 countries to conduct pharmaceutical supply system costing studies to evaluate options for increased efficiencies.
IR1.4 National pharmaceutical sector development plans are strategic and evidence-based	
Expected Results • Pharmaceutical system strengthening investments are based on clearly defined goals, priorities and targets • Framework and metrics developed for pharmaceutical systems strengthening	
Illustrative Activities	**Building on What Works**
Assist in conducting pharmaceutical sector assessments to inform development plans and policies and identify technical assistance needs	In 29 countries, SPS provided training to conduct indicator-based assessments to inform strategic planning, and assisted in implementing the assessment that led to developing pharmaceutical sector improvement strategies.
Assure consideration of proven approaches and best practices in strategic plan development	We helped 29 countries use an evidence-based approach for strategic planning; we helped Ethiopia, Southern Sudan, and Namibia develop master pharmaceutical sector plans
Assist in assessing the financial and human resource implications of pharmaceutical systems strengthening and in developing a phased master plan	SPS assisted Namibia's MOH to update its National Medicines Policy and in the development the NMP Master Plan, which includes human and financial resource estimates.
Assist in developing M&E efforts to track progress on implementation of strategic plans	In South Africa, MSH worked with a task team to design and implement a results-based M&E system for monitoring pharmaceutical service delivery; In Kenya, SPS assisted in the design of strategic and M&E plans for priority programs (e.g., HIV, malaria, and TB).

(i) IR 1.1 Good governance principles embodied across all health systems components

Governance issues are rarely specific to one system component or one ministry or only to the public or private sector. The MSH team will facilitate dialogue among different stakeholders to achieve mutual understanding of governance issues and agree on next steps to address them. Improving governance may require changing cultural traditions and entrenched power relationships that pervade the government and society. We will work to deal with value systems in a sensitive way; however, sensitivities can stall important activities or decisions and the risks of retaliation are real. For this reason, collaborating with other initiatives that target some of these aspects will be helpful. To support USAID's leadership in health system governance through SIAPS, we will use our approach to provide governance-related assistance by—

Assessing the existing situation. Will work with countries to map stakeholders and identify strengths and weaknesses in governance, using an indicator-based methodology such as WHO's *Assessment Instrument for Measuring Transparency in the Public Pharmaceutical Sector*.
Developing a customized system improvement model. Will use the findings to review options with in-country stakeholders and identify relevant, feasible, and sustainable interventions.
Providing technical assistance for implementation. Will support country partners to implement interventions, develop local capacity, and build advocacy for change.
Monitoring and evaluating activities. Will help country partners establish indicator-based monitoring to objectively measure improvements in governance. Monitoring also identifies needed revisions to strategies to reduce corruption. In addition, MSH will work with stakeholders to document and share successful approaches and lessons learned.

(ii) IR 1.2 Improved medicines policies, legislation, regulations, norms, and standards

MSH will help governments develop well-informed, enforceable medicine policies and legislation that support country priorities and promote good pharmaceutical sector governance. We will also help countries assess compliance with legislation and put mechanisms in place to enable stakeholders and civil society to participate in legislation formulation and enforcement. In addition, we will help countries establish pharmaceutical policies and guidelines that define norms and standards, such as standards of practice. Governments may need help identifying best practices to inform the development of norms and standards for performing key functions. Through SIAPS, we will determine a country's technical assistance needs based on its level of development—countries emerging from conflict may need new legislation while more developed countries may need to update existing laws and policies.

> "MOH departments have been effectively brought into control of its programs, and many guidelines, policies, strategies, and implementation tools are in place and in use. MOH officials make the presentations, lead the meetings, and make the decisions, based on information gathered with assistance from SPS advisors."—*USAID's Midterm Evaluation Report of SPS: Southern Sudan*

The private sector, which includes commercial firms and NGOs, can play a crucial role in advancing public health goals, but MOHs often have limited experience with that sector. Under SIAPS, we will use options analysis to help governments to understand the implications of working with the private sector and to develop innovative approaches for using the private sector to increase access to medicines, including contracting out activities; developing training for private-sector health care providers; and using community-based health care providers to reach the underserved. In Uganda, MSH is helping the National Medical Stores build their capacity to

manage private-sector distribution contracts, which will result in significant cost savings. Our SIAPS partner, the **William Davidson Institute**, has expertise for evaluating private sector capacity to strengthen pharmaceutical supply chains.

(iii) IR 1.3Transparent and accountable pharmaceutical management systems

Good governance requires systems and procedures to provide oversight and hold entities and staff accountable for their performance. These oversight mechanisms must have adequate capacity and funding to function effectively. Potential SIAPS activities include helping implement systems for overseeing the procurement process, including prices paid; and for auditing warehouse operations to identify theft or mismanagement. The MSH team will help civil society groups to build capacity for monitoring health systems' performance. MSH assisted a number of countries to strengthen systems for oversight, particularly for procurement activities; for example, SPS and its partner, **LMI** (also a SIAPS partner), worked with the Kenya Medical Supplies Agency (KEMSA) to build system-wide governance strengthening approaches such as department-specific SOPs, key performance indicators, and a website that publicly posts procurement information.

(iv) IR1.4 National pharmaceutical sector development plans are strategic and evidence-based

Under SIAPS, MSH will help countries increase stakeholder participation in development planning and improve governance through structures such as committees responsible for implementing and monitoring national medicines policies. Given the multisectoral nature of pharmaceutical issues, we will help MOHs develop consensus with other government agencies for each policy component, define roles and responsibilities, and estimate the budget requirement and time frame. SPS has helped several countries, such as Kenya, Namibia, and Rwanda, define terms of reference for planning committees that describe membership criteria, authority, and roles and responsibilities. Through SIAPS, we will conduct operational research to inform the creation and implementation of pharmaceutical sector development plans.

> SPS provided technical support to the **Democratic Republic of Congo** to develop its **first strategic plan** comprising its five-year vision to strengthen the national pharmaceutical system.

Oversight entities and development plan implementers may be paralyzed if they do not have necessary data, have no confidence in data available, or are unable to interpret it. The MSH team will work with governments and institutions to strengthen their pharmaceutical management information systems (PMIS) to generate the reliable data needed for evidence-based decision making, operations, and oversight, and also to build capacity to take appropriate actions based on the information (see IR 3). In addition, we will help develop strong M&E programs that enable continuous performance monitoring and help officials respond to problems. MSH will help assure that formal pharmaceutical system monitoring is established and integrated with the country's national health information system.

(b) Intermediate Result 2: Capacity for pharmaceutical supply management and services increased and enhanced

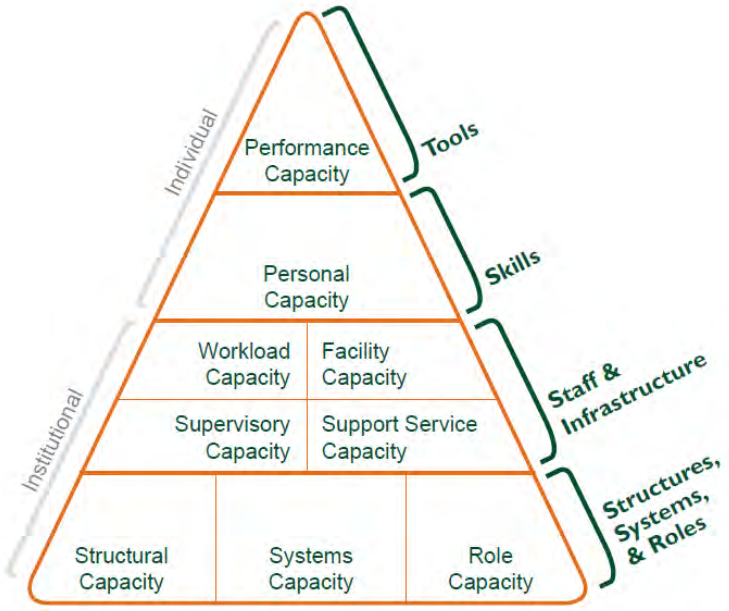
MSH has a strong reputation for building local capacity rather than relying only on "parachute" assistance—and now we will broaden our focus to capacitate local organizations that can sustainably and reliably provide in-country pharmaceutical management assistance.
As mentioned, the MSH approach to pharmaceutical supply management goes beyond the traditional concepts of product availability by considering the four dimensions of access to both products and services: availability, affordability, geographic accessibility, and acceptability. To increase pharmaceutical sector efficiency under SIAPS, we will work with stakeholders to assess a country's or program's capacity to manage pharmaceuticals at all levels, from facility to national. Then, using a stakeholder consensus approach, we will identify areas for improvement and develop long term interventions to strengthen the system, such as building capacity among facility- level staff to track medicine consumption. Meanwhile, MSH will provide short-term assistance when countries have immediate problems that threaten commodity security; for example, when Angola received its first shipments of artemisinin-based combination therapies (ACTs), over 85% of the first order came in doses only for children under 8 years, which meant that facilities started to run out of the treatment for adults within months. MSH assessed each district's needs and developed a redistribution plan so that the health clinics could treat as many patients as possible with the stock available—preventing stock-outs and expiration.

Sustainable access to medicines and other health technologies critically relies on availability of skilled workers to provide and manage pharmaceutical services. MSH will help countries engage in comprehensive workforce planning to address challenges such as increasing demands, resource constraints, and health workforce policy reforms. This will involve collecting and reporting data to help determine workforce needs, match workforce and educational outcomes, and build a compelling case for funding posts in the public sector. Using the capacity building framework for SIAPS, MSH will identify nine separate but interdependent components of capacity and the levels at which intervention will be most powerful and efficient (figure 5).

Select MSH achievements in IR 2

- A package of SPS capacity-building interventions dramatically increased DPT-3 (diphtheria, pertussis, tetanus–3 doses) coverage in Southern Sudan by **65% in one year** (43–71%), exceeding the national target of 70%. The package included: 1) prioritizing immunization activities using the "reaching every country" algorithm, 2) adapting WHO's Vaccine Week Initiative for Southern Sudan's needs, 3) developing monitoring and supervision guidelines for immunization, 4) tracking WHO's Expanded Program on Immunization performance progress, and 5) supporting population-based Expanded Program on Immunization planning.
- In Kenya, SPS developed in-service training curricula for pharmaceutical management topics such as commodity management, pharmacovigilance, supportive supervision, and quantification, which the **government adopted for use on a national level**.
- SPS supported the adoption of new guidelines for tuberculosis (TB) control and developed multidrug-resistant TB guidelines and training materials in Brazil. Our nationwide capacity-building programs for multidrug-resistant TB case management, diagnostic capacity, and monitoring contributed to a **12% increase** in the drug-resistant TB cure rate from 2004–2010.

Table 5 summarizes the expected results and illustrative activities.



Adapted from Potter, C., and R. Brough. 2004. Systemic Capacity Building: A Hierarchy of Needs. *Health Policy and Planning*. 19(5): 336-345.

Figure 5. MSH's capacity building framework is a conceptual framework for building in-country capacity for pharmaceutical management services. It illustrates the concept that health structures, systems, and roles; staff and infrastructure; skills; and tools must all be addressed to strengthen capacity of countries to effectively provide appropriate pharmaceutical services.

Table 5. Summary of IR 2 Expected Results and Illustrative Activities

Intermediate Result 2: Capacity for pharmaceutical supply management and services increased and enhanced	
Expected results • Ministries of Health are able to effectively manage their pharmaceutical systems • Countries have a sustainable supply of qualified managers and health workers for pharmaceutical management operations • Improved implementation of prevention and treatment programs supported by US presidential initiatives, USAID Health Elements, and global health initiatives	
IR 2.1 Pharmaceutical management capacity of individuals, institutions, organizations and networks strengthened	
Expected Results • Health workforce better prepared in pharmaceutical management and services • Institutional capacity to perform pharmaceutical management operations strengthened	
Illustrative Activities	**Building on What Works**
Develop pre-service and in-service pharmaceutical management training materials for health workers at all levels of the health system and help facilitate training	MSH worked with 15 training institutions worldwide to implement/adopt quality in-service training in various aspects of pharmaceutical management.
Support training of faculties of medicine, nursing and pharmacy in AMR containment, appropriate medicines use, and therapeutic outcomes monitoring	SPS assisted 16 countries to implement revised health educational materials that include concepts of AMR and rational medicine use.
Promote the professionalization of supply chain managers and service providers	We worked with local counterparts and professional associations in 15 countries to develop training and licensing program for new cadres of health workers.

IR 2.2 Local institutions and organizations provide pharmaceutical services and TA in pharmaceutical system strengthening	
Expected Results • Local organizations and institutions contracted as implementers of pharmaceutical systems strengthening efforts and services • Government outsourcing of pharmaceutical management functions increased where and when appropriate	
Illustrative Activities	**Building on What Works**
Develop the capacity of selected local institutions to provide pharmaceutical management technical assistance at the country or regional levels	Training of trainers (TOTs) were provided to 73 institutions world-wide to provide training on pharmaceutical management topics.
Develop performance-based contract management capabilities and tools	MSH has developed the *PBF Handbook: Designing and Implementing Effective Performance-Based Financing Programs*, providing a step-wise description of planning and implementing PBF programs.
Provide assistance to organizations to manage and implement grants and contracts for pharmaceutical functions and services from government and private sector entities	SPS has assisted 55 recipients of Global Fund grants to effectively implement their procurement and supply management plan.
IR 2.3 Innovative and proven approaches for human resource capacity building adopted and implemented	
Expected Results • Non-traditional health cadres support pharmaceutical management functions • Coverage and quality of training programs enhanced	
Illustrative Activities	**Building on What Works**
Adapt training materials and approaches for eLearning/eHealth	With SPS technical support, the USAID eLearning Center finalized an AMR course and made it available for free public viewing and learning.
Support development of accreditation programs for pharmaceutical management training	We worked with the Tanzanian Food and Drugs Authority to set up an accreditation system for drug sellers to increase access to essential medicines through the private sector.
Assist MOH and other stakeholders to design task-shifting strategies and tools, including job aids SOPs	SPS assisted 51 countries to develop SOPs and job aids to support good inventory management practices.
Work with professional and trade associations, educational institutions, and medical and pharmacy faculty to develop and implement continuing education programs on pharmaceutical management	MSH worked with the Ethiopian Pharmaceutical Association to provide continuing education programs for pharmacists to improve counseling and referrals. We implemented a similar program in Kenya.

(i) IR 2.1 Pharmaceutical management capacity of individuals, institutions, organizations and networks strengthened

Health care personnel shortages call for a systematic approach to strengthen the capacity of local training institutions to produce competent health care personnel in response to national needs. MSH will work to address developing countries' limited expertise in pharmaceutical management and the dearth of people with the skills needed to provide technical assistance.

> SPS helped develop and reform pre-service curricula in **Kenya**, **Liberia, Namibia**, **Rwanda,** and **Zambia** to address pharmaceutical service gaps. The respective academic institutions **adopted the new curricula** and are using it to teach respective pharmacy students.

We will use our proven capacity-building approach that involves pre-service and in-service activities and interventions that focus on both the people doing the jobs and the institutions responsible for training current and future health workers. For example, we revised existing training courses to include TOT components, so material can be more easily disseminated as part of a long-term, south-to-south strategy. A new emphasis under SIAPS will be on accrediting pre- and in-service training; our new core partner, **ACPE**, will provide expert technical assistance in this area. We are already collaborating with ACPE to map pharmaceutical management training and education in developing countries and assess to what extent academic institutions have incorporated pharmaceutical management into standard curricula. SPS is also a participant in the USAID-initiated Improving Health Outcomes through Professionalizing the Management of Public Health Supply multi-stakeholder initiative.

(ii) IR 2.2 Local institutions and organizations provide pharmaceutical services and technical assistance in pharmaceutical system strengthening

In line with USAID's shift to empowering local institutions to provide technical assistance (e.g., Forward Initiative), through SIAPS, we will build on the success of SPS and continue to capacitate local institutions. Moreover, we will develop a tool to measure the capacity of local organizations to manage government contracts and metrics for monitoring performance and measuring the impact of contracting with local partners. Our goal will be to make advances more measurable and sustainable and to build local ownership in accordance with GHI principles. We will scan SIAPS countries to identify a pool of private-sector and NGO providers that have the capability, or at least the potential, to serve as local technical assistance providers. Performance-based agreements will provide a mechanism to monitor performance and assure the receipt of acceptable deliverables. In our experiences with other local organizations, such as MediaNet in Tanzania and Adret in Uganda, we have provided extensive feedback on deliverables and worked with the local consultants to improve their performance and ability to meet expectations—thereby building their capacity. SIAPS will also build off MSH's Grant Management Solution project experience with their extensive list of local technical partners, such as Oasis in Senegal and Elmako in Kenya, and pool of local experts in areas such as human resources and finance who can build the capacity of local technical organizations.

Among a number of tools and processes available to assess and build organizational and financial skills,[4] MSH has the Management Organizational Sustainability Tool (MOST) and the Financial Management Assessment Tool (which complements MOST). In a MOST assessment,

[4] Described in MSH. 2003. Assessing your Organization's Capacity to Manage Finances. *The Manager* 12(2). Available at http://www.msh.org/Documents/Managers/English/upload/Assessing-Your-Organization-s-Capacity-to-Manage-Finances.pdf.

the organization's leaders, staff, and stakeholders review the organization's development and areas for improvement related to mission, values, strategy, structures, and systems, including financial and human resource management and M&E. MSH has applied MOST over 100 times in about two dozen countries, including recently with GNP+, a global NGO for people living with HIV. MSH's Financial Management Assessment Tool helps organizations determine their financial management capacity in areas related to payroll, procurement, recordkeeping, budgeting, and cash control. For this activity, we will adapt these tools to determine organizations' capabilities and areas where they need strengthening.

To build technical capacity among local organizations, we will collaborate with MSH's Center for Leadership and Management to tap their distance learning experience. MSH is planning to develop training materials based on the upcoming publication of *MDS-3: Managing Access to Medicines and other Health Technologies*. We plan to offer technical courses online through a Virtual Pharmaceutical Management Program (platform based on MSH's Virtual Leadership and Development Program) or through Moodle, which is an open-source learning management system. We will also consider the utility of LeaderNet for local organization capacity-building, which is an online platform for continuous learning through multilingual seminars, support, and peer exchange with over 3,100 members. We also propose holding at least two regional workshops to increase local institutions' capacity to provide pharmaceutical system assistance—both technically and administratively.

(iii) IR 2.3 Innovative and proven approaches for human resource capacity building adopted and implemented

Our approach to building human resource capacity in SIAPS will focus on addressing short-, medium-, and long-term solutions, including traditional face-to-face training, where we are recognized leaders, but also on alternative approaches such as increasing the role of the private sector, facilitating task-shifting, and using MSH's proven monitoring-training-planning approach to skills building and problem solving. Short-term interventions can yield quick results to existing challenges, such as providing job aids and SOPs to facilitate task-shifting (figure 6). Long-term solutions require national-level planning and strategies. The MSH team will help governments collaborate with professional organizations, regulatory bodies, training institutions, and employers to develop long-term workforce plans and address identified gaps. In addition, we have used "embedding" as a way to build capacity in counterparts. In Southern Sudan, USAID asked us to build the capacity of the national staff members to develop, coordinate, and evaluate policies and interventions for malaria and for the pharmaceutical sector; SPS placed two full-time technical advisors within the MOH to mentor their Southern Sudanese counterparts.

> MOH considers SPS less a partner organization than as a "*part and parcel member*" of the MOH. SPS "*gives advice at the right time and sounds caution when needed.*"—Dr. Samson Baba, the Director General for External Relations and Coordination, Southern Sudan
>
> "The SPS program utilizing the model of embedded long-term technical advisors has proven to be exceptionally well-suited to the resource-poor and conflict-affected context of Southern Sudan."—*USAID's Midterm Evaluation Report of SPS: Southern Sudan*

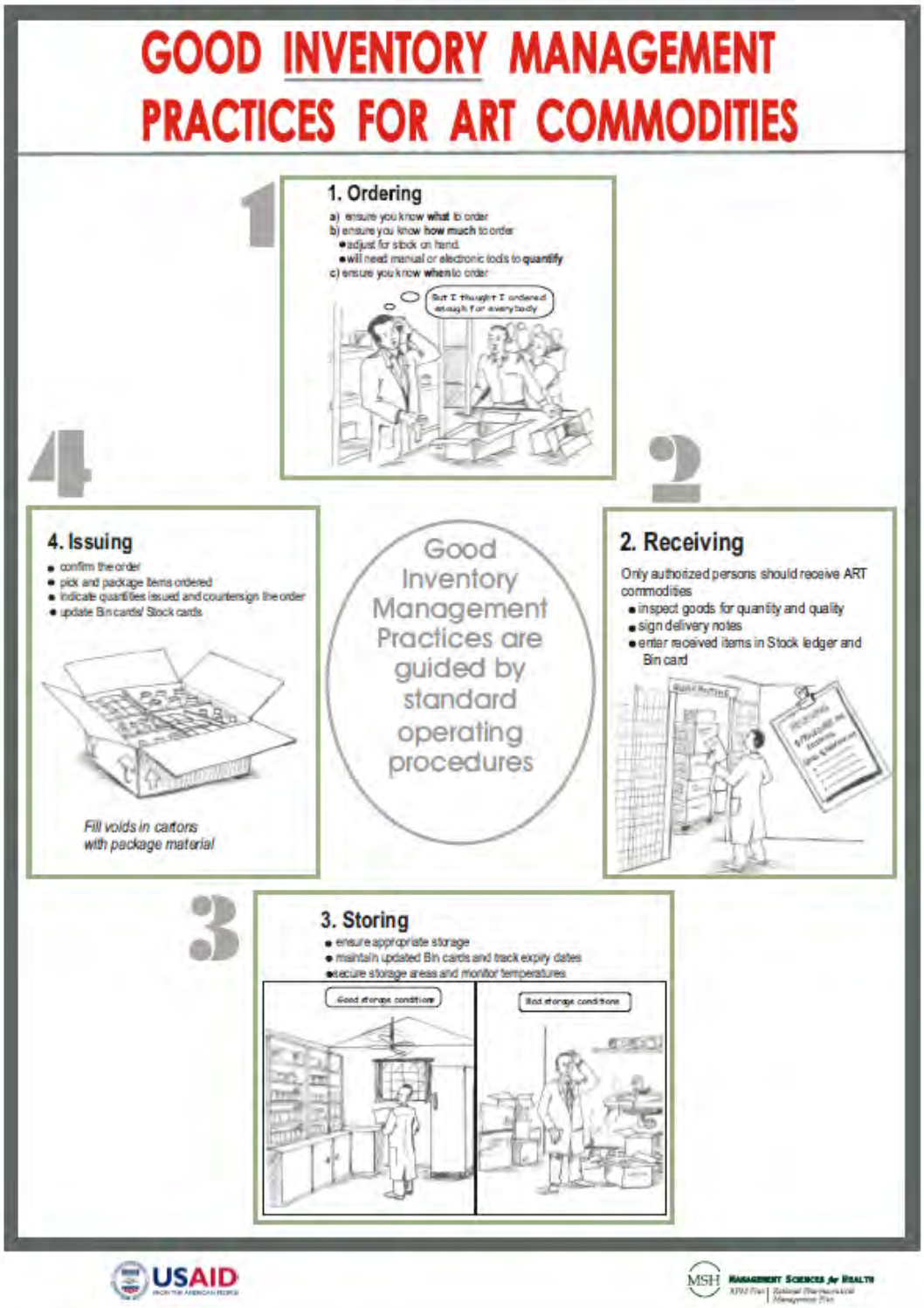


Figure 6. Job aid developed for Kenya's ART program. A series of job aids were rolled out nationwide to all of Kenya's ART providers. They were later adapted for general use in private sector facilities in Tanzania and Uganda.

Under SIAPS, we will work with **ACPE** to help countries develop accreditation credentials for different pre-service education, in-service training, and continuing education programs. Moreover, we will work to ensure that training offered by SIAPS meets those local standards to increase their value for participants. As discussed in IR 2.2, we will also pursue distance-learning platforms for pharmaceutical management training.

(c) Intermediate Result 3: Information for decision-making challenge in the pharmaceutical sector addressed

Our information system strategies go beyond products and vertical programs; this will result in a more integrated, valuable resource for pharmaceutical sector decision-making.

Information for timely and informed decision making is critical for successfully managing pharmaceutical systems. MSH promotes a comprehensive approach to ensure that the PMIS captures information on both product and patient-focused parameters. Figure 7 illustrates the features that distinguish a PMIS from a logistics management information system.

SPS works directly with state, county, and health facility staff members in Southern Sudan to build their skills in how to collect, use, and report health and treatment data.

Our objective under SIAPS will be to assure that staff members at all levels of the health care system have the ability to analyze and use data to make better decisions. MSH will work with countries to assess the existing PMIS and its subset, the logistics management information system, to analyze gaps and develop an overall system that meets stakeholder needs, including harmonizing and coordinating donor activities and reporting. Our view of a PMIS integrates data collection, processing, and presentation of information that helps staff at all levels of a country's health system make evidence-based decisions. We integrate manual and electronic tools into a comprehensive strategy to strengthen pharmaceutical systems. MSH strives to create sustainable, country-owned information systems: in 2010, SPS officially transferred the management of ART-related national data to Namibia's Ministry of Health and Social Services (MOHSS), greatly advancing country ownership.

Select MSH achievements in IR 3

- SPS helped the government of Bangladesh plan, implement, monitor and provide training to Directorate General of Family Planning staff on a **web-based information system** designed to ensure availability of contraceptives at government and NGO clinics. The system provides information on nationwide stock status of contraceptives and raises an alert if there is a possibility of stock shortage. It helps determine the amount of contraceptives needed and helps the government make **evidence-based procurement decisions**.
- In Kenya, SPS worked with district health management teams to create software to facilitate facilities' report on **medicine consumption for major public health programs via short message service (SMS)**. The software enables synchronization and aggregation of data at central and district levels and notifies facilities of delay or absence. Six months after the intervention, **reporting rates** of the 176 user facilities using the SMS had **reached 100%** for ARV and laboratory commodity reporting enabling more accurate and reliable quantification and resupply of medicines to these pilot facilities.
- SPS/Kenya has supported MOH programs to collect commodity usage data from health facilities, resulting in significant improvements in commodity reporting rates; for family planning commodities, **reporting has increased from below 20% to over 65% in two years**.

See Table 6 for a summary of the illustrative activities and expected results under IR 3.

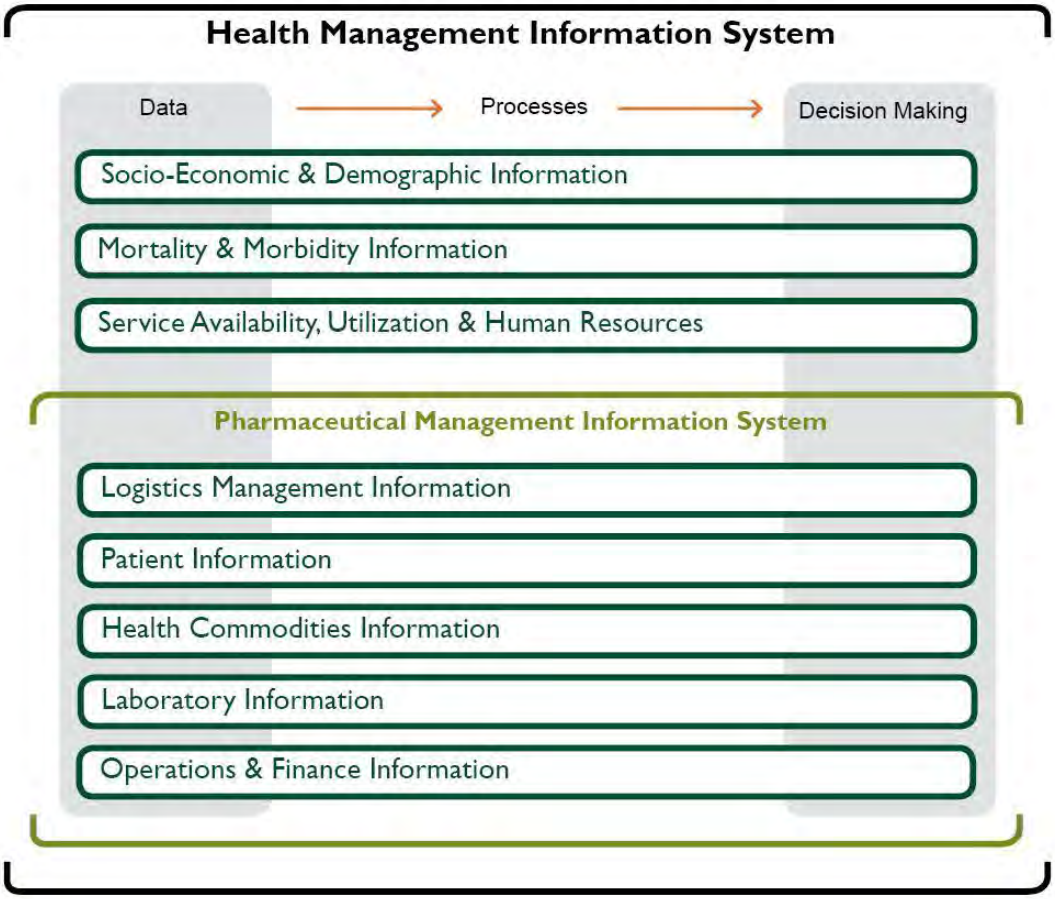


Figure 7. How a PMIS differs from a logistics management information system and links with a country's health management information system. The features that differentiate them include—

- Incorporation of patient-specific data in addition to logistics management information system product-centered data
- A focus on decision making for pharmaceutical services, not just resupply (e.g., patient counseling)
- Information on outcomes related to medicine use, such as adherence, adverse drug reactions, and pharmacovigilance that supports pharmaceutical policy and medicine selection decisions, including individualized treatment options
- Overarching information about the pharmaceutical sector, such as data from donors, importers, and manufacturers
- Varied data sources from the whole pharmaceutical sector, not just procurement and inventory management-related activities
- The ability to triangulate consumption data with clinical and patient-specific data
- Incorporation into a country's health management information system, as feasible

Table 6. Summary of IR 3 Expected Results and Illustrative Activities

Intermediate Result 3: Information for decision-making challenge in the pharmaceutical sector addressed	
Expected Results • Improved access to accurate and timely pharmaceutical management information • Countries are able to measure the performance of their pharmaceutical systems • Countries use information to enhance delivery of pharmaceutical services	
IR 3.1 Pharmaceutical management information systems (PMIS) support both products and patients	
Expected Results • Complementary PMIS enhances health management information system • Supply chain system performance data support continuing availability of medicines • Managers have access to and use data to assess potential medicines use problems	
Illustrative Activities	**Building on What Works**
Work with MOH and partners to develop common platforms for collecting and sharing data on supply chain management, prescribing, dispensing, adherence and patient outcomes	RPM Plus and SPS facilitated the establishment of functional committees that serve as coordinating platforms for data sharing and decision making. Examples of theses are coordinated procurement and distribution systems known as Coordinated Procurement and Distribution System in Rwanda and Afghanistan
Develop links between laboratory supply information systems and pharmaceutical management information systems	SPS's Coordinated Procurement and Distribution System started with ARVs and later added 13 medicines for opportunistic infections and laboratory commodities.
Develop information systems to support medicines use needs for community-case management and down-referral systems	SPS worked with 29 countries to improve PMIS to generate needed data
IR3.2 Innovative and proven tools broadly available and used	
Expected Results • Improved communications between service providers and supply chain managers for improved program implementation. • Web-based tools support patient and medicines management	
Illustrative Activities	**Building on What Works**
Genericize and/or harmonize existing disease-specific pharmaceutical management tools	SPS built on the previously developed ARV Dispensing Tool and genericized it into the Electronic Dispensing Tool (EDT) serving also TB, malaria and essential medicines.
Support adaptation of traditional data collection to mHealth collection devices (mobile phones or other portable device) and the corresponding software platforms	SPS has implemented the End Use Verification (EUV) tool in 9 countries, using it to monitor the availability of commodities and providing information on how malaria is being diagnosed and treated; we are also using EDT to issue automatic SMS reminders to patients to come to facilities to pick up refills before their date of refill, and after the date of missed refill to remind them to come in for a refill.
Develop decision-making tools (e.g., clinical algorithms) with visual image information and communication capabilities	MSH developed a clinical algorithm for the use of adherence measurement tools in resource-limited settings, and published infection control posters for hospitals in Guatemala.
Integrate the use of GIS and GPS with mobile technologies to support pharmacovigilance and inventory management functions	SPS is using the EpiSurveyor GPS function to map health facilities while conducting EUV surveys, allowing MOH and PMI to track supervisory visits.

IR 3.3 Strategic information on pharmaceutical systems strengthening available and used	
Expected Results • Pharmaceutical system performance findings guide investments • PMIS used for performance-based monitoring and evaluation	
Illustrative Activities	**Building on What Works**
Develop a framework and metrics to measure pharmaceutical system strengthening	SPS developed and applied the Situation Assessment Tool and its framework to measure health system strengthening in PMI-supported countries.
Contribute to/advance the global dialogue on measuring pharmaceutical systems strengthening in particular, and health systems strengthening in general	Collaboration with the WHO and other pharmaceutical management partners in the development of the publication *Harmonized Monitoring and Evaluation Indicators for Procurement and Supply Management Systems*.
Monitor outcomes of system strengthening activities, derive lessons learned, document and disseminate findings	In Ethiopia, the Continuous Results Monitoring System is used to track availability and use and monitor performance and regularly meets to share results among stakeholders.

(i) IR 3.1 PMIS supports both products and patients

Operating an efficient pharmaceutical supply system requires relevant, accurate, and timely information exchange to ensure that staff can make sound decisions but often, information systems focus only on logistics, which leaves it incomplete. MSH will engage pharmaceutical sector and laboratory stakeholders to implement systems that meet their needs, including different functional components, such as tendering and procurement planning, inventory management, laboratory supplies, medicine consumption, and clinical data. We will promote a comprehensive pharmaceutical management approach to ensure that both product- and patient-focused parameters are captured and that these data can inform future decisions. An example of a patient-centered solution is SPS/South Africa's down-referral system for ART (figure 8.)

> "They have helped us help ourselves....One of the reasons that the SPS intervention has been so successful is that SPS understands the specific needs of the pharmacy. If they weren't pharmacists, they wouldn't really understand what we need."—Heidi van Rooyen, pharmacist at Job Shimankana Tabane Hospital, Rustenberg, South Africa, referring to SPS's implementation of RxSolution

Under SPS, MSH is ready to pilot an assessment tool to evaluate PMIS capacity by looking at the availability and use of service-generated data from facilities (patients and products); quality of care and treatment outcomes (e.g., adherence and adverse drug reaction reporting), as well as overarching health system information, such as legal framework and policy, registering products, and financial data. The tool also objectively evaluates software options (from MSH and other sources) to find the best fit. Results from the indicator-based PMIS assessment will be used to identify options available related to relative costs and appropriateness of potential solutions.

To address the challenges identified by an initial assessment and to track PMI implementation progress in Ethiopia, SPS developed a continuous results monitoring system that has been widely accepted there (figure 9). SPS helps facilities use the system to continuously monitor progress of selected performance indicators related to both patients and products. We will modify, drop, or add new indicators depending on the speed of change and level of accomplishment as the system matures. SIAPS will continue to work with countries to develop and track indicators to measure pharmaceutical system performance.

(ii) IR3.2 Innovative and proven tools broadly available and used

MSH has developed electronic and manual pharmaceutical management tools that can be adapted for different country contexts. However, under SIAPS, MSH's first step will be to assess each country's situation and recommend the best solution and tools—whether or not MSH developed it. Sometimes, a country is committed to a particular tool. In that case, MSH will work within the country's existing system to maximize PMIS performance given the tools in place. One of SIAPS's specialized resources, **VillageReach,** will help us harmonize country tools.

Examples of SPS electronic tools being used in multiple countries include the **EDT** for dispensing medicines, **RxSolution** for inventory management, **e-TB Manager** for TB medicine and case management, **PharmaDex** for drug registration, and **Quantimed** for calculating pharmaceutical needs. In addition to adapting the tools, MSH will provide in-country training and technical assistance to assure that program staff has the skills and knowledge to successfully

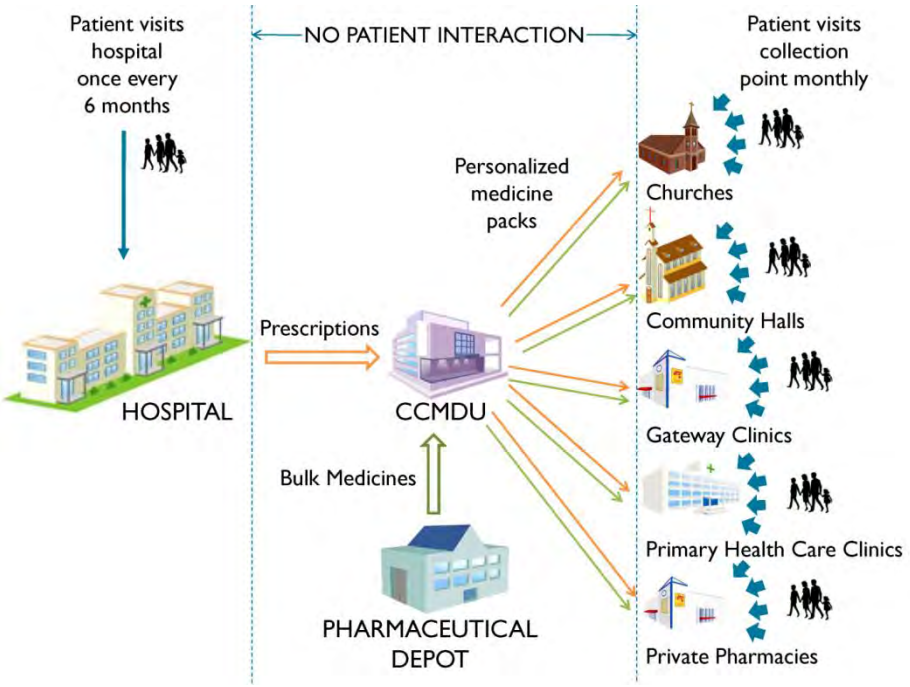


Figure 8. Supporting treatment down-referral in South Africa through a Central Chronic Medicines Dispensing Unit (CCMDU). Prescriptions for stable patients from two hospitals are sent to the central unit where they are packaged for individual patients and sent to 1 of 143 community collection points chosen by the patient. Patients receiving medicine at private pharmacies and community halls waited on average less than 30 minutes, while patients at hospitals waited more than 4 hours. Over 3 years, the unit increased the number of prescriptions by 80% to reach approximately 86,000 patients per quarter. MSH helped develop policies and procedures for the down-referral system and a computerized dispensing system at the dispensing unit.

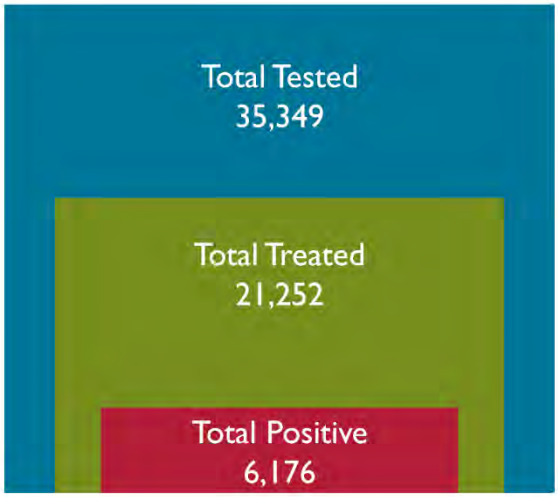


Figure 9. PMI indicator showing testing/treatment gap in Ethiopia. Of the 35,349 people tested for malaria at 68 health facilities in October 2010, 6,176 tested positive; however, the number of persons actually treated was more than triple that. These data have implications for appropriate medicine use and quantification.

launch, establish, and sustain the tools and to help countries determine support and maintenance strategies. The MSH team will work to ensure that the information technology tools introduced (i.e., computers and software) have the potential to reduce workload, support supply chain management functions, increase the efficiency and quality of pharmaceutical services, are compatible with local technology and capacity, and can be supported locally. For example, we will support country programs locally by identifying and training "super" users to conduct routine maintenance and troubleshoot issues and build capacity within local information technology companies to provide technical support. In some cases, electronic tools may not be the best option, so we will help put in place appropriate manual tools to get needed results.

> "EDT has reduced our workload through quicker dispensing, affording us enough counseling time with each patient," said Wendy Chagwinya, pharmacist's assistant at Mariental Hospital, Namibia.

When feasible, we try to harmonize MSH software tools and pursue a cross-cutting system strengthening strategy by incorporating different disease-specific frameworks (i.e., HIV/AIDS, malaria, TB, maternal and child health) into each software tool. For instance, the EDT started as an ART-specific solution, but we broadened its functionality to support many diseases and have adapted it to include country-specific essential medicine lists. In addition, PharmaDex, RxSolution, and e-TB Manager have all been upgraded and expanded to include new features to interface more easily with other software systems and web-based tools, and to serve users in multiple languages. The goal for MSH under SIAPS is to offer a suite of interrelated tools that support critical aspects of pharmaceutical management and that serve the largest number of users and situations.

We expect to use **VillageReach** to help achieve these expected results by advising us on how to create open-source, harmonized, and web-based tools through their OpenLMIS software development initiative. Through OpenLMIS, they developed a last-mile web-based application that consolidates supply system data from paper forms, SMS, smartphones, or computers, and then reports it back out as useable information to each of those devices. Health workers can use whatever device is available and appropriate to report and access relevant information.

(iii) IR 3.3 Strategic information on pharmaceutical systems strengthening available and used

Many indicators exist related to measuring components of the pharmaceutical system, including a handbook of indicators developed by WHO and SIAPS partner, Harvard.[5] In addition, guidance exists on monitoring other health systems or health goals.[6] Under SIAPS, we propose using a similar process to develop a consensus framework and metrics to evaluate pharmaceutical strengthening within the construct of the building blocks and GHI principles that we used to develop access indicators.[7] In 2000, WHO and MSH organized a joint consultative meeting to identify an operational definition of access and propose testable indicators to measure it. More than 40 of the world's leading experts on pharmaceutical issues focused on identifying and

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[5] WHO, Harvard Medical School and Harvard Pilgrim Health. 2006. *Using indicators to measure country pharmaceutical situations: Fact book on WHO Level I and Level II monitoring indicators*. Geneva: WHO.

[6] WHO. 2010. *Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies*. Geneva: WHO; *Delivering on the global partnership for achieving the Millennium Development Goals*. MDG gap task force report 2008. New York, UN.

[7] Center for Pharmaceutical Management. 2003. *Defining and Measuring Access to Essential Drugs, Vaccines, and Health Commodities: Report of the WHO-MSH Consultative Meeting*. Prepared for the Strategies for Enhancing Access to Medicines Program. Arlington, VA: MSH.

selecting a set of indicators for measuring these dimensions of access. The resulting indicators were tested through MSH's Strategies for Enhancing Access to Medicines (SEAM) Program in five countries. We will carry out a similar process under SIAPS by bringing together essential stakeholders in the area of pharmaceutical systems evaluation to develop a framework and metrics to measure pharmaceutical system strengthening. This process will involve calling on the experience of WHO and SIAPS partners **Harvard,** with a long history in developing indicators for measuring pharmaceutical supply chain performance, and the **William Davidson Institute**, who has developed pharmaceutical sector metrics coupled with reference benchmarks. **VillageReach** will contribute insight and techniques on how to use local data from existing PMISs and other sources to evaluate pharmaceutical system strengthening metrics. To promote harmonization, we will also include USAID and programs working on similar issues, such as DELIVER and SCMS. Recognizing the gap in measuring supply chain systems, we will use available resources, including one recently developed for USAID.[8] As a follow-up, we plan baseline assessments to provide a basis for measuring advances or areas needing attention.

(d) Intermediate Result 4: Financing strategies and mechanisms strengthened to improve access to medicines

Our health management expertise combined with our SIAPS partners' knowledge and experience in innovative financing strategies will help countries maximize their pharmaceutical resources. Financing broadly covers resource mobilization, resource pooling, and payment and purchasing. Traditionally, pharmaceutical system financing has been perceived as relating to funding pharmaceutical purchasing, and initiatives such as Global Fund and PEPFAR focus heavily on such funding. However, even countries that have adequate funds to procure medicines cannot always manage the flow of funds and assure availability. Through SIAPS, we will help countries conduct analyses to improve decisions regarding cost containment, greater efficiency, and options for mobilizing financing. Examples of this work may include evaluation of alternate supply chain systems; analysis of financial flow and sustainability; identification of options to remove roadblocks; development and implementation of systems for tracking, monitoring, and controlling pharmaceutical spending; and analysis and evaluation of pricing policy options. As more countries look to pool resources through insurance schemes, the MSH team will help them incorporate coverage of pharmaceuticals to increase affordability. SIAPS partners, **Harvard** and **R4D**, will provide capacity in finance work. In addition, we will participate in R4D's Joint Learning Network for Universal Health Coverage, which hosts multi-country workshops on topics related to health financing reforms.

Select MSH achievements in IR 4

- MSH helped link ADDOs in Tanzania with the **National Health Insurance Fund** to increase pharmacy benefits for members in underserved areas.
- In Uganda, MSH has proposed a new system of public cash-and-carry pharmacies that sell vital medicines at an agreed mark-up. This mark-up allows the facilities to **recover costs** to replenish supplies and even make a **surplus to use for improvements** (e.g., maintenance, salary top-up) as agreed with the community.
- MSH's support to Nyamata Hospital's drug and therapeutics committee (DTC) in Rwanda resulted in **no expiries** in 12 months and a **12% reduction in the medicine procurement budget** after 6 months.

[8] Levenger, Melissa and Kaleb Brownlow. 2011. *Health Supply Chain System Indexation Landscape Analysis: Measuring the Performance of a Public Health Supply Chain System*. Submitted to the US Agency for International Development by the Supply Chain Management System.

- MSH worked with the government of Tanzania to make ACTs available through private sector ADDOs in select districts. The pilot program established a supply of subsidized ACTs for about 2.9 million people, created a **price system with a cost recovery plan**, developed distribution plan to the ADDOs, and trained dispensers. To set prices, we examined drug shop clients' ability to pay based on the sales of other pharmaceuticals sold at ADDOs and **reviewed research examining willingness and ability to pay** for ACTs. We consulted ADDO owners as part of the price negotiations, and they agreed to a fixed price for subsidized ACTs. As a result, the percentage of ADDOs that dispensed at least one course of ACT **rose from 26% during 2007 to 73% during 2008**. The number of malaria patients treated with ACTs gradually increased after the start of the pilot, while the use of non-ACT antimalarials declined: ACTs went from **3%** of all antimalarials sold in July 2007 to **26%** in June 2008.
- Through an extensive **options analysis**, MSH estimated that the government of Uganda could **save 63 million Uganda shillings per year** if public sector infusions were delivered directly from the supplier and **save almost 2 billion shillings** by switching to a private contractor to distribute medicines. As a result, the government is piloting the **use of a private contractor** to distribute medicines; MSH is helping to assess and strengthen their capacity to manage the contract.

Table 7 includes the illustrative activities, MSH experience, and expected results under IR 4.

(i) IR 4.1 Financial barriers reduced

Through SIAPS, MSH and partners, such as **R4D**, will help countries conduct analyses to inform policy decisions that remove financial barriers such as reducing out-of-pocket spending, access costs such as travel to facilities, and finance mechanisms such as subsidies and pharmaceutical benefits management/insurance programs. For example, MSH will help countries determine how to best use insurance to broaden population coverage and incorporate pharmaceuticals. **Harvard** recently published an analysis[9] and will work with MSH to adapt and deploy a pharmaceutical benefit management approach. Our team will also help countries establish or improve mechanisms for monitoring and evaluating medicine prices, especially in the private sector, and develop pricing policy options. In Tanzania, we supported USAID/PMI by collaborating with Novartis and the National Malaria Control Programme to determine a subsidized price at which ADDOs would sell ACTs, including using willingness-to-pay research. MSH's new program, Sustainable Drug Seller Initiatives, is conducting an extensive community survey to determine behaviors related to purchasing and access to medicines in the community, including the effect of prices and geographical access. We can leverage this work and, with **Harvard**, conduct expenditure surveys and out-of-pocket burden analysis, and design interventions looking at vouchers, exemptions, and ways to increase product availability at remote locations.

(ii) IR 4.2 More efficient use of existing resources

Under SIAPS, we will use analytical tools that help managers quantify costs and identify areas to reduce costs; for example, our total cost analysis approach (used in 12 countries) compiles information on variable costs associated with purchasing and inventory management. The VEN (vital, essential, nonessential) system categorizes pharmaceuticals by their relative public health value, which helps set purchasing priorities and pharmaceutical sales prices; and ABC value analysis examines the annual consumption of medicines and expenditures for procurement by categorizing medicines based on usage and cost. MSH can also work with countries to develop a

[9] Faden L, C Vialle-Valentin, D. Ross-Degnan, A. Wagner. 2011. Active pharmaceutical management strategies of health insurance systems to improve cost-effective use of medicines in low- and middle-income countries: A systematic review of current evidence. *Health Policy* 100:134–143.

Table 7. Summary of IR 4 Expected Results and Illustrative Activities

Intermediate Result 4: Financing strategies and mechanisms strengthened to improve access to medicines	
Expected Results • Equitable access to essential medicines and services • Expanded access to quality medicines and pharmaceutical services through the public and private sector	
IR 4.1 Financial barriers reduced	
Expected Result • Affordability of medicines and pharmaceutical services improved	
Illustrative Activities	**Building on What Works**
Support national and community-based insurance funds to develop pharmacy benefits programs	SPS assisted 7 countries to conduct costing and feasibility studies to define appropriate pharmaceutical benefits packages and determine appropriate pharmaceutical funding alternatives.
Assess factors contributing to the pricing of medicines in the private sector and make recommendations to promote affordability	In a pilot program in Tanzania, MSH worked with the government to establish a supply of subsidized ACTs for about 2.9 million people, resulting in a significant increase in the number of patients treated with ACTs.
Identify viable cost-sharing and cost-recovery mechanisms	In South Africa and Brazil, SPS worked to improve the effectiveness of existing cost-recovery mechanisms, insurance/reimbursement schemes, and pharmacy benefits programs; and identified options for improvement.
IR 4.2 More efficient use of existing resources	
Expected Results: • Improved allocation of resources for procurement and pharmaceutical management-related operations • Efficiencies achieved through strategic investments in pharmaceutical system improvements	
Illustrative Activities	**Building on What Works**
Conduct financial analyses to project future budgetary requirements for medicines needs resulting from on-going and expanding treatment programs	In collaboration with local counterparts, SPS assisted 7 countries to conduct pharmaceutical supply system costing studies to evaluate options for increasing efficiencies; MSH developed a pharmacoeconomic model for South Africa, showing savings by switching to a safer ART regimen, which resulted in an estimated savings of 650 million US dollars (USD) over the next two years.
Assess the impact of the introduction of new health technologies	SPS provided assistance to the National Tuberculosis Program and partners in completion of a clustered pragmatic clinical trial to assess feasibility, cost-effectiveness, and impact for new rapid diagnostic tests introduction.
Design and help implement payment for performance schemes for pharmaceutical services	We are launching a pay-for-performance plan in Uganda that will use incentives to motivate public-sector supervisors and facilities to meet specific goals.
Conduct options analysis to enhance system performance and efficiencies, including contracting out pharmaceutical management operations	Securing Ugandans' Right to Essential Medicines (SURE) conducted a stakeholder-driven options analysis that resulted in the government accepting a recommendation to contract out distribution.
Identify opportunities to leverage disease-specific funding sources to support pharmaceutical system strengthening	SPS has taken many tools and approaches developed with PEPFAR funding and adapted them both for other health system issues and for other countries; these include inventory management tools, training programs, and medicine use interventions.

IR 4.3 Additional financial resources are generated	
Expected Results • Countries expand treatment programs to reach previously underserved groups • Realistic costing framework for pharmaceutical services developed	
Illustrative Activities	**Building on What Works**
Provide technical support to prepare Global Fund Procurement and Supply Management plans and access grants through Global Fund and other international health initiatives	SPS assisted 55 countries to effectively implement their procurement and supply management plans
Identify opportunities for public-private partnerships	SPS worked with 9 countries to conduct country-level options analyses to determine viability of public-private partnerships to increase access to essential medicines.
Map donor investments and identify pharmaceutical system needs to facilitate coordination and the most effective use of investments	SPS conducted a study to map donor investments in the DRC's pharmaceutical sector, to identify gaps in geographic coverage. The study served to provide information for donor coordination of planned future investments for the pharmaceutical sector.

framework and strategy for establishing a national-level financial tracking system for medicines and health commodities including vertical program supplies and laboratory supplies.

MSH is a leader in identifying and controlling excess costs in medicine **selection**, **procurement**, **distribution**, and **use**. For example, in South Africa, SPS collaborated with SCMS and the Clinton Foundation to develop a pharmacoeconomic model showing that by using international benchmarking techniques, the government could save money by **selecting** a safer ART regimen. As a result, South Africa saved about 53% on their next ARV tender with estimated savings of USD 650 million over the next two years. Based on that achievement, MSH contributed to the revision of the national essential medicine list by analyzing tender prices and identifying other procurement inefficiencies. SPS also identified an inefficient Dominican Republic policy of **procuring** TB reagents from high-priced local sources (figure 10).

Our total cost analysis process in Uganda estimated significant savings from contracting out **distribution** and arranging direct deliveries. Under SIAPS, MSH will help implement ways to increase staff productivity and reduce expensive turnover through mechanisms such as pay-for-performance schemes. Such schemes also contribute to better medicine **use** by reducing turnover and tying performance targets to better medicines management and use. For instance, in Rwanda, ART facilities use performance-based incentives to significantly increase patient appointment-keeping and retention (figure 11). In addition, Uganda SURE is launching a pay-for-performance plan for supervisors and facilities that is modeled on one used by GAVI Alliance (figure 12).

(iii) IR 4.3 Additional financial resources are generated

SIAPS will help mobilize resources and promote government spending on essential medicines by documenting specific medicine needs, analyzing gaps between needs and expenditure trends, calculating per capita pharmaceutical budgets and comparing them to benchmarks, and highlighting the fact that medicine availability increases public satisfaction with government services. Our partners at **Harvard** will provide expertise in analyzing pharmaceutical financing and expenditures, measuring donor-financed in-kind inputs, and conducting financial sustainability analysis, which helps countries mobilize funding if donor resources decline. In addition, we will help governments identify and obtain additional funding, such as through Global Fund grants. SPS has provided support to several countries to develop their Global Fund proposals resulting in approval of over 79% of the African proposals to which SPS contributed—**over USD 171 million to Southern Sudan** alone. By helping MOHs develop evidence as to what funding is really needed, they can advocate for budget increases. Mapping donor investments and providing a forum for cooperation can also generate resources. For instance, MSH helped the Government of Rwanda and USAID create a mechanism for stakeholder collaboration to address multiple, donor-specific ARV distribution systems, which had been operating autonomously. The Coordinated Procurement and Distribution System optimized donor resources, simplified pharmaceutical management, and standardized ARVs independent from donor programs, and consolidated multiple supply chains into one. Coordination provided by the new program in its first year simplified ART pharmaceutical management and lowered costs: average treatment costs/patient/month decreased from USD 30 to USD 20, and no medicines procured through the system expired, while in the previous year, expired medicines were valued at USD 70,000.

> MSH helped Swaziland implement the electronic tool, RxSolution, to strengthen its pharmaceutical supply management system, resulting in Global Fund's **release of the funds it had withheld**.

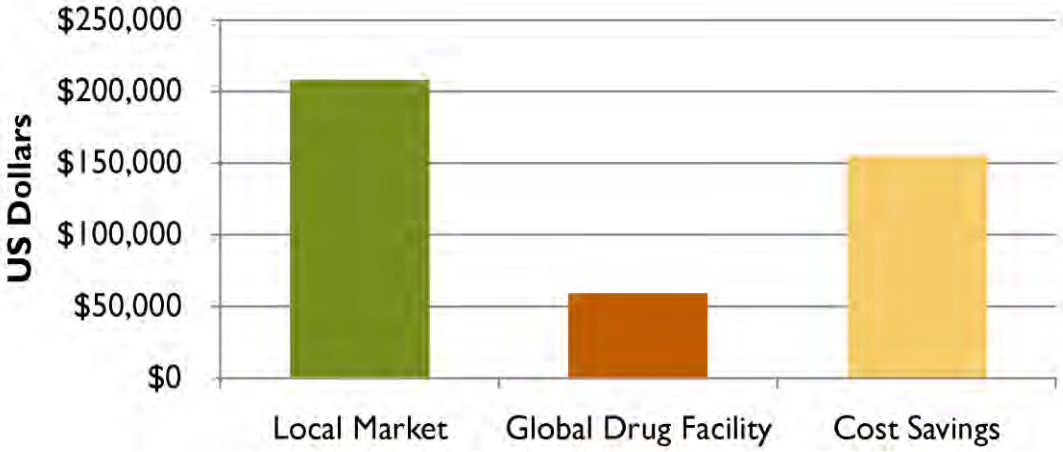


Figure 10. Comparison of the purchase prices of reagents in the local market in the Dominican Republic with the purchase of reagents through the Global Drug Facility, 2008. SPS analyzed the prices of lyophilized products and basic consumables on the local market with reagents and basic consumables from Global Drug Facility kits. MSH estimated savings to the Ministry of Public Health of approximately USD 150,000 for the purchase of these supplies through the GDF. As a result, the Ministry of Public Health passed Ministerial Resolution No. 0000007 on July 2, 2008, which establishes and supports the procurement of diagnosis supplies in the form of kits solely through the Global Drug Facility.

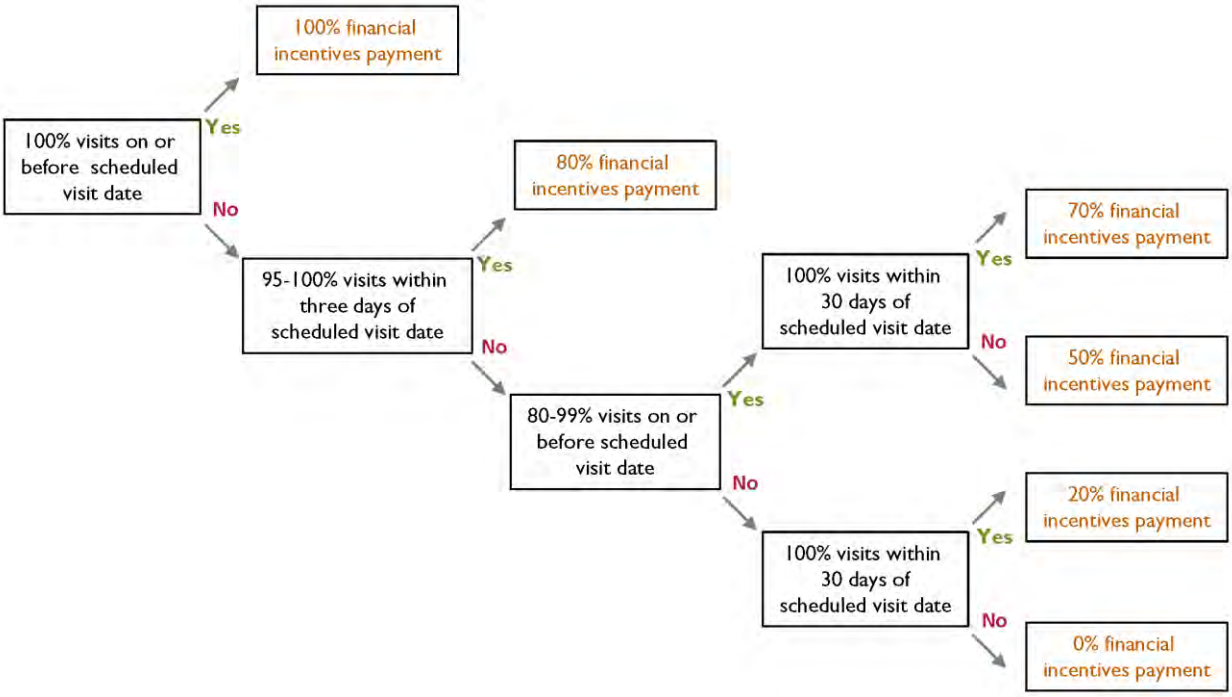


Figure 11. Algorithm to calculate financial incentive to facilities in Rwanda that improve appointment-keeping in ART patients. Within the facility, the incentive amount was equally paid to participating staff regardless of their position or qualifications. Each eligible ART service staff member signed a contract with the study team and this contract was endorsed by the facility administration.

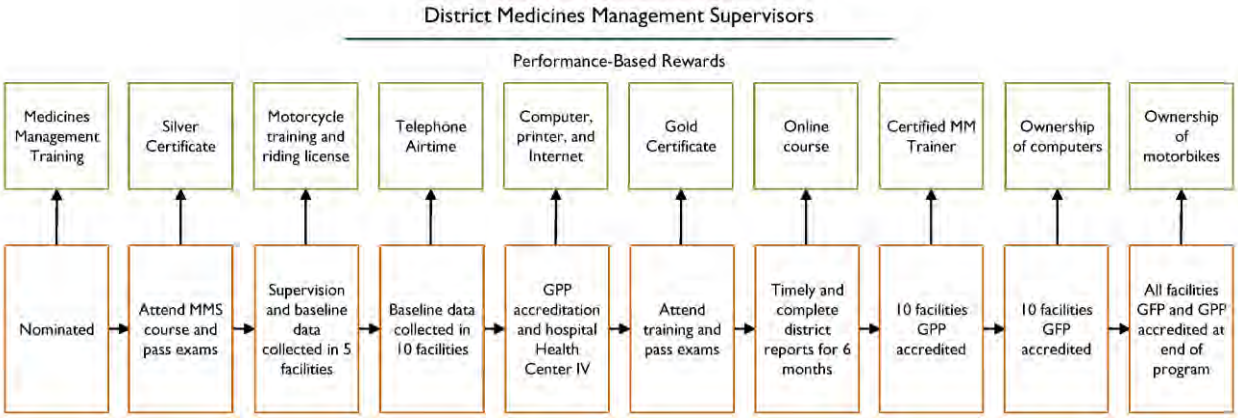


Figure 12. MSH's Securing Ugandan's Right to Essential Medicines (SURE) program's "carrot" scheme for district management medicines supervisors. The plan targets both public-sector supervisors and facilities and provides incentives including certifications, training, equipment, community events, and other incentives when they meet specific performance targets and accreditation for good pharmacy practices (GPP) and good financial practices (GFP).

(e) Intermediate Result 5: Pharmaceutical services improved to achieve desired health outcomes

We have never restricted our approach to improving pharmaceutical services to assuring product availability; our comprehensive strategy strives to ensure that patients receive medications optimized to their clinical needs, in doses that meet their individual requirements, for an adequate period of time, and at the lowest cost to them and their community.

Pharmaceutical services go beyond product supply to encompass medicine information and counseling, monitoring medicine use, and provide policies and regulations for improved pharmaceutical care. To support USAID's leadership in the area, MSH will help countries establish and build their medication safety and pharmacovigilance systems and infection control programs; design and implement interventions for health care providers and the public to improve medicine use, including disseminating educational materials; improve prescribing and dispensing systems, including counseling and monitoring adherence and conducting drug utilization reviews; and develop and implement STGs and essential medicine lists. In addition, the MSH team will continue to establish and build the capacity of national and facility DTCs as a key way to improve pharmaceutical services and improve health outcomes.

Select MSH achievements in IR 5

- To address bottlenecks in Ethiopia, MSH worked with the national medical stores to **streamline HIV/AIDS commodity distribution** to the health facilities. This, combined with **improved storage practices and more efficient inventory control** and tracking have resulted in an uninterrupted medicine supply to the facilities with **no expiries and no losses since 2004**.
- Uganda had a backlog of 3.8 million doses of Coartem® due to shortages in labor and transportation resources at the national medical stores. SPS developed and implemented a plan to help the national medical stores process, package, and distribute emergency supplies by **contracting with the private sector**, and within three weeks, the **3.8 million doses had been delivered—below budget**.
- In 2010, SPS worked with the MOH and the Central Medical Stores to prepare Senegal's regulatory and operational environment to scale-up zinc treatment in time for the arrival of an emergency procurement. This support included **revitalizing the National Zinc Pilot Committee**, which is responsible for guiding the national scale-up of the policy; supporting the finalization of the **zinc treatment policy document** and related MOH directives; and assisting with the **revision of the essential medicines list**, which now incorporates zinc salts and low-osmolarity oral rehydration solution.
- In 2008, with support from SPS and PEPFAR, Namibia launched its Therapeutics Information and Pharmacovigilance Centre, which **launched an adverse drug reaction surveillance and reporting system** for ARVs. The Centre's surveillance indicated that zidovudine-associated anemia was the most frequent adverse effect reported in ARVs (64% of reactions), which was used to **change first-line ART guidelines**. The Centre also **expanded its mandate** to include all essential medicines, not just ARVs.
- To improve coverage in remote outreach sites, SPS developed **EDT mobile**, a handheld scanner. Patient data is uploaded to the EDT scanner via Bluetooth or the phone cradle. This innovation **ensures that patients can receive ART at the health facility nearest their home** and allows managers to collect information on all antiretroviral medicines dispensed in Namibia, including those dispensed from remote ART sites.
- A large private Nairobi hospital DTC reduced the use of three injection products, which **saved USD 4,091 over six months** and deleted 20 pediatric cough and cold medicines from the formulary. After performing a medicine use evaluation, a different DTC established a protocol for cesarean-section antibiotic prophylaxis that will **save the hospital USD 23,970 a year**.
- SPS provided technical support to the formulation of national policy on laboratories in Brazil, including implementation of the laboratory quality system according to the **ISO 17025** and **ISO 15189 norms**; several labs started implementing the new policy, with status being confirmed by an independent audit.
- SPS led a **Rapid Results Initiative** in Kenya to implement bite-sized, high-visibility, and momentum-building projects in 100 days. The Rapid Results Team **developed an action plan and clearly defined milestones**

to reduce KEMSA's delivery time. The team established the baseline delivery time and engaged stakeholders in analyzing the gaps in delivery. The team then developed appropriate interventions: re-map the distribution route; develop a real-time distribution schedule and communicate it to the lowest level; and "containerize" each facility's consignment, so that the transporter can deliver directly to the facility without needing to search and sort in route. As a result, the **144 facilities received their shipments within 4 days** from dispatch at KEMSA—a **reduction of 60%**. The intervention was planned, implemented, and reported in **100 days**. The activity is being rolled out to the other provinces.

See Table 8 for a summary of expected results and illustrative activities under IR 5.

(i) IR 5.1 Availability of pharmaceuticals improved

In addition to pharmaceuticals and health supplies, the MSH team will work to increase the availability of essential laboratory and diagnostics, equipment, and other related supplies for USAID-supported programs through improved management of laboratory commodities and equipment. To increase supply chain efficiency and product availability, MSH assesses a country's or program's capacity to manage pharmaceuticals and supplies at all levels and considers capacities of both public and private sectors. Then, using a stakeholder consensus approach, we develop interventions to strengthen the system for the long term, such as building capacity among facility level staff to track medicine consumption and manage inventory.

"During my tenure, the health system graduated from the level of 'stock out' to availability and rational use of medicines as indicated in the National Health Evaluation and Accreditations Reports 2009 and 2010. Of great impetus to my work is my ability to design and implement appropriate inventory control mechanisms to track the movement of drugs and medical supplies at the various health facilities. The pharmaceutical management operation was greatly improved after MSH/SPS began training dispensers—there is effective use of inventory tools. My supervision and monitoring exercises became easier and were less of a headache because trained dispensers were now managing and handling medicines at the various facilities."—Ethiopia Regional Pharmacist, Mr. Menmon Dunah

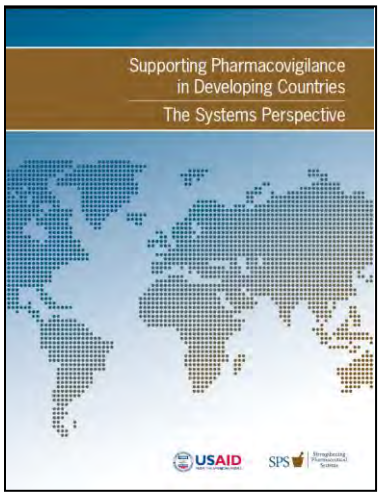
As part of the SIAPS core operating principles, MSH will **build on existing systems** and **support integration**. Vertical supply chains for different public health programs are often set up to facilitate the delivery of a particular treatment. For example, in the rush to get life-saving ARVs to as many people as quickly as possible, there was an initial proliferation of HIV/AIDS supply systems set up in parallel to primary pharmaceutical supply systems. As programs mature, however, MSH under SIAPS will help countries work toward integrating vertical programs into the essential medicines supply system to maximize efficiency and long-term sustainability. Integrating supply services will also allow programs to leverage resources and share capacity-building costs. MSH will also help countries introduce new health technologies. For instance, SPS developed and implemented an assessment tool to introduce zinc as standard treatment for childhood diarrhea. We have also helped MOHs work to update national STGs and add new medicines, such as ACTs, to essential medicines lists.

Table 8. Summary of IR 5 Expected Results and Illustrative Activities

Intermediate Result 5: Pharmaceutical services improved to achieve desired health outcomes	
Expected Results • Essential medicines are available for health programs • Health systems support patient-centered care • AMR is recognized as a serious public health threat	
IR 5.1 Availability of pharmaceuticals improved	
Expected Results • Organizational structures improved for more effective supply chains • Strategies and approaches for integration of new health technologies and products adopted • Expanded use of the private sector	
Illustrative Activities	**Building on What Works**
Assess public sector supply chain capacity and operations and identify necessary system improvements	SPS led a ministerial task force in South Africa to conduct an assessment of the medicines supply chain in the public sector and to make recommendations which were subsequently adopted by the MOH.
Support opportunities to achieve International Standards Organization certification for supply system components	In Brazil, SPS provided technical support to implement the laboratory quality system and quality assurance systems according to the International Standards Organization 17025 norm and helped the national public health laboratory network to meet international standards
Work with national counterparts to design and implement innovative approaches for enhanced use of the private sector for service delivery	MSH worked with the Tanzania government to make ACTs available through ADDOs in select districts. This program substantially increased the number of patients receiving ACTs and has since been implemented in Uganda and is planning to introduce the initiative in Liberia.
Assist national authorities to integrate new medicines and diagnostic tools	13 SPS portfolios addressed developing guidance documents to introduce new products, and SPS provided guidance to 11 countries on integration of new technologies into existing service delivery programs.
IR 5.2 Patient safety and therapeutic effectiveness assured	
Expected Results • Pharmacovigilance systems established and operational • Infection control programs implemented	
Illustrative Activities	**Building on What Works**
Implement adverse drug events and causal assessment reporting systems	SPS is part of the Antiretroviral Cohort Adverse Drug Event Monitoring (ACADEMIK) project underway in Kwa-Zulu Natal, 749 patients were enrolled at 5 cohort sites at the end of March 2010.
Coordinate and collaborate with WHO, International Society of Pharmacovigilance, Global Fund, and other global initiatives to advance the pharmacovigilance and patient safety agenda	SPS hosted the National Pharmacovigilance Systems: Ensuring the Safe Use of Medicines conference, at which MOHs, WHO, the Global Fund, USAID, and the US Centers for Disease Control and Prevention met to discuss a systems-oriented approach to medicines safety.
Document lessons learned and best practices in implementing comprehensive pharmacovigilance programs in developing countries	SPS published *Supporting Pharmacovigilance in Developing Countries: the Systems Perspective*, a conceptual framework and operational approach to strengthen pharmacovigilance systems.
Help establish and capacitate national-level and hospital-based DTCs and infection control units	SPS documented improvements in infection control practices in 4 countries, as a result of application of the Infection Control Assessment Tool and continuous quality improvement (accepted poster for ICIUM conference); SPS has assisted in implementing 209 DTCs that are developing STGs and formularies and conducting evaluations and trainings.

IR 5.3 Medication use improved	
Support the implementation/scaling-up of community case management for malaria and childhood illnesses	MSH worked in Senegal to train community health workers to treat childhood pneumonia and authored a chapter on managing medicines for the *Community Case Management Essentials Guide* coordinated by the CORE Group.
Ensure effective prevention and patient care and treatment through down-referral systems for ART and referral networks for maternal health, and TB/HIV programs	SPS developed a down-referral scheme for South African ART patients that was then expanded to include patients with other chronic conditions.
Strengthen the capacity of health care organizations and institutions to monitor prescribing practices and implement corrective interventions	Following DTC trainings and DTC educational session, prescribing practices in several Kenyan hospitals greatly improved and led to cost savings of more than USD 4,000 over a 6-month period.
Expand use of information, education, communications/behavior change communication messages and strategies in the public and private sectors for providers and patients on responsible self-medication and adherence to recommended treatment regimens	SPS developed radio messages in Tanzania and a television show in Ethiopia on medicine use and collaborated with Voice of America to use the media for important medicine messages.
IR 5.4 Pharmaceutical services standards defined, adopted and implemented	
Expected Results ▪ Minimum standards for patient-centered pharmaceutical services established for public and private sectors	
Illustrative Activities	**Building on What Works**
Work with governments and national professional associations to develop harmonized standards for pharmaceutical services	MSH is testing two tools in Kenya and Ethiopia related to assessing the readiness to implement a pharmacy accreditation program and assessing individual pharmacies based on standards.
Design medicines use components of accreditation programs for primary care facilities and pharmacies in the public and the private sectors	In South Africa, SPS developed the National Core Standards for Health Establishments to measure quality of care and an extended pharmacy audit for in-depth assessment of pharmaceutical services.
IR 5.5 Emergence of AMR slowed	
Expected Results • Global, regional, and country level AMR coalitions established • Cross-cutting AMR interventions supported • Framework to identify the health system costs of AMR developed	
Illustrative Activities	**Building on What Works**
Work with country stakeholders and institutions to develop evidence-based strategic plans for AMR containment	SPS worked with 13 countries to develop and implement AMR interventions, based on community-level assessments of medication use behavior.
Promote global and regional advocacy on AMR issues	MSH has supported the Ecumenical Pharmaceutical Network and the Regional Pharmaceutical Forum and four regional AMR and infection control meetings, all in efforts to create awareness of and address AMR issues on a global scale.
Document the impact and cost-effectiveness of AMR interventions	In a Kenyan hospital, the DTC developed a generic substitution policy that allows the pharmacy to substitute equivalent products, which decreased the average prescription cost by 20%.

(ii) IR 5.2 Patient safety and therapeutic effectiveness assured



Few developing countries have the structures, systems, or resources in place to support medicine safety (pharmacovigilance) activities; those that do often operate them on a limited scale. MSH's approach is to help countries develop realistic and sustainable approaches to patient safety through comprehensive pharmacovigilance systems. Under SIAPS, we will work with countries to develop reporting and monitoring strategies that encompass the full spectrum of medicines safety—product quality, adverse drug reactions, and medication errors—using a range of surveillance methods. Figure 13 illustrates the components of a comprehensive, ongoing pharmacovigilance system from SPS paper, *Supporting Pharmacovigilance in Developing Countries: The Systems Perspective*. SPS developed an indicator-based pharmacovigilance assessment tool for systematic and longitudinal monitoring of country capacity and performance in ensuring the safety and effectiveness of health products registered in the country. SPS has used the tool in several countries, including Ghana and Rwanda. Under SIAPS, we will expand use of the tool to help countries design the best ways to strengthen their patient safety systems, with an eye toward developing a comprehensive pharmacovigilance system. In addition, MSH will collaborate with global leaders, such as WHO and the International Society of Pharmacovigilance, to support countries to develop capacity in pharmacovigilance systems. We also will continue to receive support from the **University of Washington**.

USAID, through SPS has been a leader in establishing DTCs, which is a primary intervention in WHO's Global Strategy for Containment of Antimicrobial Resistance. By strengthening DTCs, facilities and MOHs create a reliable way to identify and address medicine use issues across all public health programs. For more than 10 years, MSH has provided technical assistance to DTCs in developing countries, through direct training and TOT initiatives and through follow-up support; under SIAPS, we will continue with this proven strategy. Since 2001, our DTC course participants have developed and implemented 209 DTCs. In addition, MSH will continue to support infection control programs in institutions under SIAPS. Under SPS, we created an infection control assessment tool combined with a continuous quality improvement methodology that incorporates self-learning and team problem-solving methods. After field-testing, we introduced the tool to hospitals in Guatemala, South Africa, Swaziland, and Namibia through workshops where participants developed infection control work plans. The Guatemala's MOH has expanded the initiative nationally to 43 hospitals. South Africa adopted the assessment tool for national use and trained more than 200 trainers. The institutionalization process has resulted in the development of infection control-related systems, policies, and tools and regional infection control refresher trainings (figure 14).

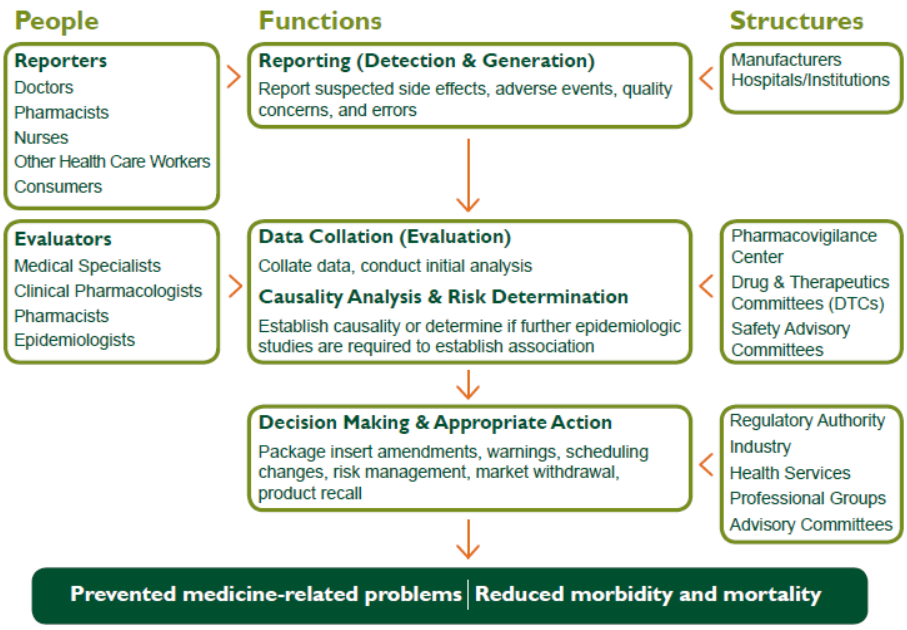


Figure 13. MSH pharmacovigilance framework: relating people, functions, structures, and expected outcome and impact. The figure illustrates the components of a comprehensive, ongoing pharmacovigilance system with functions for monitoring, detecting, reporting, evaluating, and documenting medicine safety data as well as intervening and gathering information from and providing educational feedback to the reporters. To encourage continued participation in the process, interventions should be shared with the data reporters as part of a feedback loop.

Figure 14. SPS-designed hand hygiene job aid. Using SPS's infection control tool and quality improvement methodology, individual hospitals in South Africa, Swaziland, and Guatemala experienced measurable improvements: compliance with hand hygiene policies increased by 51%; observance of contaminated waste policies increased by 92%; an assessment score for hand hygiene doubled; and an assessment score for waste management increased almost seven-fold; percentage of staff who washed hands according to procedures improved 235%.

(iii) IR 5.3 Medication use improved

Decisions about which medicines to buy and how to take them often take place at the community or household level, and private sector and consumer practices contribute to the emergence of AMR. MSH has implemented strategies to improve the use of medical products and services across the health system—in health facilities, laboratories, pharmacies, drug shops, communities, and households. In Tanzania, where many in underserved areas use private-sector drug shops for health care, MSH and country partners created the innovative ADDO model for accreditation and regulation to improve access to quality medicines and services in the private sector. Strategies included developing business incentives, training personnel, and monitoring adherence to standards (figure 15). MSH helped Uganda introduce the same concept and 74 Accredited Drug Shops were established in an underserved district. SIAPS will supply additional opportunities for creating synergy in strengthening community-based medicine use, especially in Liberia, where we are planning to roll out the drug seller initiative with Gates Foundation funding and where the government has requested USAID support in the private sector. MSH's extensive knowledge and lessons learned will facilitate SIAPS's activities and leverage funding in this area.

Community-based health care workers who provide preventive and curative services are an essential component of enhancing public health care. Under SIAPS, we will also collaborate with other community case management implementers to assure that providers have the medicines and supplies they need, manage them appropriately, and use them rationally. This work will build on SPS experience with incorporating critical pharmaceutical management components into training and implementation of community-based care.

MSH set up a pilot project with partners in Senegal to train and supervise **community health workers** to treat cases of childhood pneumonia with antibiotics. Evaluation showed that nearly **90% of workers correctly evaluated, classified, and treated acute respiratory illnesses**, plus there were **no co-trimoxazole stock-outs**. In addition, nearly twice as many pneumonia cases were treated in intervention areas than in control districts. As a result, the MOH **integrated the practice into policy** and extended the community-based pneumonia treatment project nationwide.

MSH is a leader in promoting treatment adherence, which is key to controlling AMR and especially important as many countries move toward a chronic care model for HIV/AIDS and noncommunicable diseases. Our work under SIAPS in this area will build on and leverage work done under MSH's INRUD-IAA, which has published a set of indicators used to develop facility-based interventions, such as reducing waiting time. In addition, the MSH team will look to adapt SPS's multi-method tool to assess treatment adherence to ART, which South Africa has adopted for nationwide implementation.

Before Accreditation

After Accreditation

Figure 15. Retail drug shop in Tanzania before and after ADDO accreditation

- Government recognition of ADDO dispensers as a new health provider cadre
- Over 90% of ADDO dispensers are women
- National standards for quality pharmaceutical services established
- Access to quality medicines, including some antibiotics, increased in underserved areas
- 2,200 private drug shops in 8 regions accredited; over 7,100 dispensers trained; ADDO services expanded to support child health, HIV/AIDS, and malaria programs
- ADDO program being rolled out and institutionalized and owned by Tanzania

(iv) IR 5.4 Pharmaceutical services standards defined, adopted, and implemented

MSH under SIAPS will help developing countries set norms and standards and apply them to pharmaceutical services in the public and private sectors as a shared responsibility among health care providers. A baseline for this work is underway already—SPS and its partner, Joint Commission International, is testing two tools in Kenya and Ethiopia to assess the readiness to implement a pharmaceutical services accreditation program and assess pharmacies based on standards. MSH is working with the Uganda and Brazil MOHs to develop accreditation programs for public-sector pharmacies related to good practices and pharmacy management that will provide lessons learned for SIAPS. MSH also recognizes the need to include the private sector in strategic planning for a country's health system. Often, interventions focus strictly on the public sector, which ignores a substantial proportion of health care providers and clients who seek private sector care. Under SIAPS, we will promote the inclusion of the private sector in interventions to improve pharmaceutical services and accreditation, including working with professional associations. For example, by collaborating with the Pharmaceutical Society of Kenya, SPS helped the MOH introduce a continuing professional development program for private and community-sector practitioners to promote appropriate ARV use. From 2007 to 2010, the Pharmaceutical Society of Kenya held 46 weekend seminars for nearly 3,000 practitioners from private and public facilities and pharmaceutical distributors. SPS is **officially accredited** by Kenya's Pharmacy and Poisons Board as a continuing professional development provider for the material. This innovative approach to engage difficult-to-reach private sector practitioners will be further scaled up in Kenya and replicated in other countries under SIAPS.

(v) IR 5.5 Emergence of AMR slowed

For many years, MSH has collaborated with USAID in advocating for more action on problems associated with AMR. Through SIAPS, we will continue to support global advocacy and regional-, country-, and facility-level implementation of containment activities that target the critical factors that contribute to AMR. Building on achievements, we will support control strategies through infection control, DTCs, rational medicines use, pre-service curricular reform, indicator-based research, and education for providers, the community, and journalists. In addition, we will collaborate with our partner, **Harvard,** to conduct operations research to define costs associated with AMR; we will also leverage with MSH's Sustainable Drug Seller Initiatives Program, which is planning a large AMR-related community-based study in Tanzania.

SPS has been supporting AMR advocacy and calls-to-action in Africa through two **regional** organizations, the Ecumenical Pharmaceutical Network and the Regional Pharmaceutical Forum, serving the East, Central, and Southern African Health Community. SPS and its partners have conducted four regional AMR and infection control meetings for 93 participants from more than 20 countries. The participants have returned home

and generated impressive results; for example, in less than a year, participants at one meeting had initiated more than 40 AMR-related activities in their facilities. In addition, SPS formulated and helped implement a **country-level** AMR advocacy and containment strategy in Zambia and Ethiopia. The approach consists of a rapid assessment to identify important issues and players and the formation of local multidisciplinary AMR working groups to advance advocacy and implementation of AMR containment interventions. SPS helped jump-start a similar process in Rwanda. SPS is updating its publication, *Building Local Coalitions for Containing Drug Resistance,* to help AMR stakeholders organize a collaborative effort to address drug resistance locally. Through SIAPS, MSH will broaden our efforts to build regional and country coalitions around AMR containment.

Section 4.02 Program Tasks

MSH is a recognized leader in pharmaceutical management who has innovative ideas to produce evidence-based, country-led solutions.

(a) Global Technical Leadership

Under SIAPS, MSH will use its role as a technical leader to advance USAID priorities in pharmaceutical management. Through SPS and other projects, MSH has been able to demonstrate that pharmaceutical supply systems are intertwined with other health systems and that pharmaceutical system strengthening both contributes to and requires overall health system strengthening. Under SIAPS, we will continue to help to ensure that best practices and lessons learned from the field are used to inform and guide the design and planning of global initiatives. For instance, MSH staff members are often asked to share their expertise by serving on technical boards and expert working groups; MSH also seconded staff to the Global Fund to provide technical expertise. An SPS staff member was re-elected as the co-chair for the Global Fund's Procurement and Supply Chain Management Working Group in January 2010, and in May 2010, SPS was elected as an alternative Roll Back Malaria board member for the NGO delegation. We promote USAID's position on improving access to quality products and introducing new health technologies through participation in advisory groups involved in designing WHO's product prequalification schemes for TB and malaria products, and supporting policy dialogue through our work with the StopTB Partnership's Retooling Task Force to design a framework and guidelines to implement new technologies for TB control.

We are well known for our annual *International Drug Price Indicator Guide* and will soon be publishing *MDS-3*. As a member of the Global Task Force for Cancer Care and Control in Developing Countries, MSH contributed the section on access to affordable medicines, vaccines, and health technologies for cancer to the 10-part *Lancet Commission Report*. MSH has recently contributed to other joint publications, authoring a chapter on managing medicines for the *Community Case Management Essentials Guide* coordinated by the CORE Group and authoring two chapters for the 2010 *Routledge Handbook in Global Public Health*: "Saving the Lives of Children by Improving Access to Essential Medicines in the Community" and "Global Access to Essential Medicines: Past, Present, and Future." Other examples of our technical leadership include organization of global conferences to assemble stakeholders around major technical issues. In July 2011, SPS is collaborating with WHO and StopTB partners to host the first regional conference on TB pharmaceutical management—**Fighting Drug-Resistant TB in the 21st Century: Novel Approaches to Pharmaceutical Management**—in South Africa. In 2010, we hosted **National Pharmacovigilance Systems: Ensuring the Safe Use of Medicines**. More than 100 participants from over 30 different countries attended. Under SIAPS, we will identify other technical areas that could best be advanced by organizing such a global-level conference.

> In an April 2011 conference, MSH was recognized as a Devex Top 40 Development Innovator.

(b) Research and Innovation

The global health community understands the proven paradigm for product and technology innovation to create new medicines and vaccines and electronic medical records and diagnostic

tests. Arguably, however, the biggest gap is in actually delivering these new products and technologies at scale. This requires systems innovation, for which neither the global health community nor MSH have had a generally accepted paradigm (figure 18). It also requires that the best expertise is brought to bear on thinking through the "scale up" problem, which is why MSH has added partners such as **Harvard**, **R4D**, the **William Davidson Institute**, **VillageReach**, and **RTT** to our SIAPS team.

The SIAPS request for applications calls for operations research and innovation in five key areas; this section discusses one example of potential innovation in each of the areas: ***Engagement of the private sector to enhance access to medicines.*** SIAPS will build on MSH experience in more than 15 countries with applying structured analysis of public and private sector capacity to determine the options and cost/benefit of using private sector capacity to support public pharmaceutical systems. MSH's work on the 2010 Uganda SURE options analysis led to agreement for private sector distribution support to the national medical stores. We will

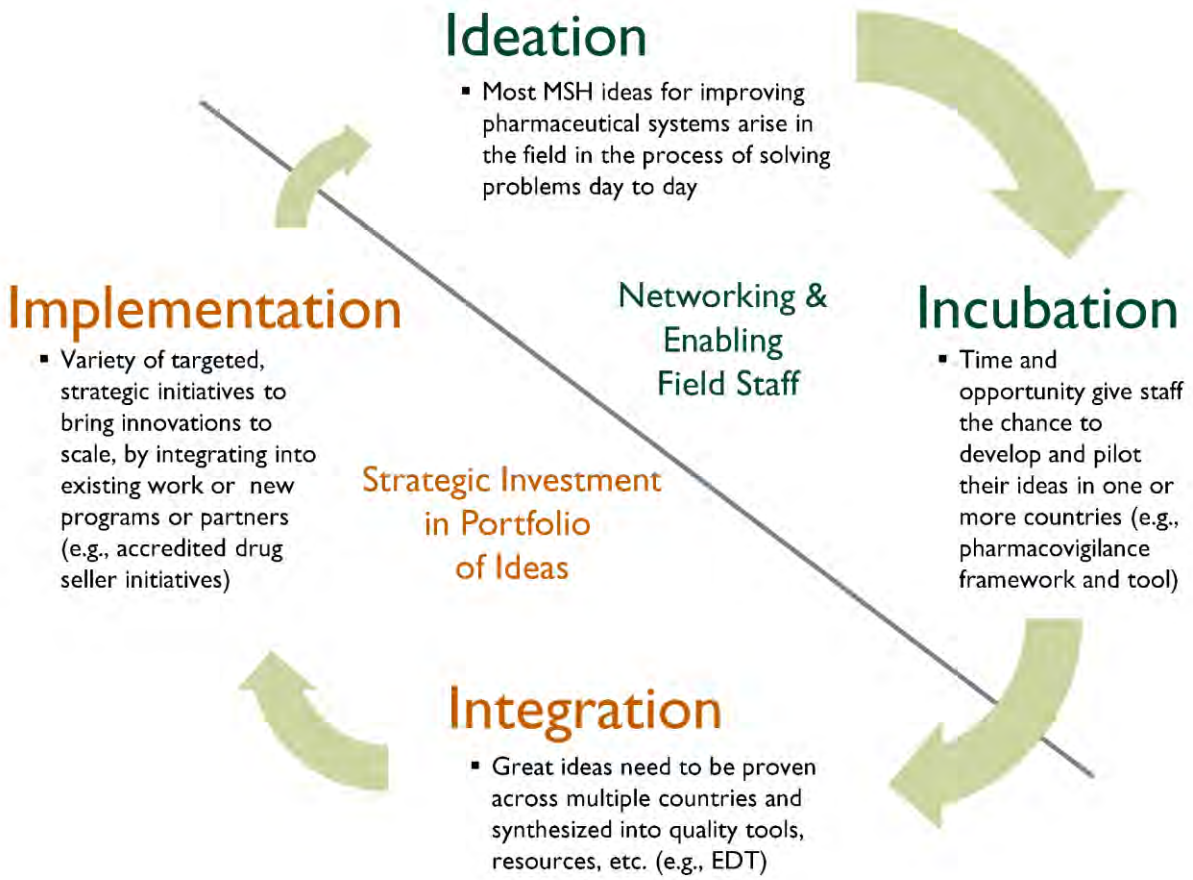


Figure 18. MSH Innovation Paradigm. As indicated by the relative size of the arrows, there are many ideas generated by development projects both in the field and in MSH centers and other development organizations. Many, but not all, can be field-tested on a pilot basis. Once ideas are successfully piloted (incubated) they need to be proven replicable and "packaged" with tools and guidelines (integration). To date, relatively few "great ideas" from MSH (or other development organizations) are successfully scaled up and incorporated at national and global scales. The challenge is to find more effective ways to make more of the successful ideas and tools scalable.

collaborate in these research efforts with **William Davidson Institute,** which is the new home for the MIT-Zaragoza team of supply chain experts; **RTT,** a private sector supply chain provider in Africa; **LMI**, which has supply chain options analysis experience in developed and developing country settings, and **VillageReach**, which developed an innovative last-mile distribution system for Mozambique. ***Appropriate and sustainable alternative financing mechanisms***. To strengthen our financial capabilities under SIAPS, MSH has assembled expert partners, including **Harvard** and **R4D,** to ensure that approaches that are cutting edge as well as proven are applied to strengthen capacity. The MSH team will identify situations where alternative financing mechanisms such as health insurance schemes or cost recovery programs are in place or under consideration. We will then introduce context-specific pharmaceutical benefits management programs that strengthen financial oversight and prevent waste and abuse, while promoting access for the poorest (and then measure the impact of those interventions). ***Measurement and improvement of service quality, adherence and patient safety.*** MSH will work with partners such as **Harvard**, **R4D**, and the **University of Washington** to evaluate evidence from earlier programs and to design, implement, and measure the impact of service quality improvement approaches (such as accreditation, "standards of practice," facility-based adherence programs, and new approaches to capacity building). We will replicate innovations that were used under SPS and other programs, such as INRUD-IAA, to develop and test new approaches under SIAPS as required, and use the results to inform future SIAPS efforts to improve pharmaceutical services. ***Operational challenges of bringing innovative approaches to scale.*** We will develop and implement strategies to support the integration and national and global scale-up of SPS-developed innovations such as the e-TB Manager and RxSolution. We will work with our research institution partners such as **Harvard**, **William Davidson Institute**, **R4D**, and the **University of Washington** to develop, test, and measure the effectiveness and cost of alternative scale-up strategies, considering innovations developed by SPS and SIAPS as well as innovations from other programs, donors, the private sector, and countries themselves. ***Harmonized metrics for measuring pharmaceutical system performance and GHI investments in this area.*** We describe our proposed approach to developing and harmonizing pharmaceutical system performance metrics under IR 3.3. The MSH team are experts in developing, testing, and disseminating performance indicators, and through collaboration with WHO, we will have direct access to participation in the Access to Medicines research network.

Section iii.d on M&E describes our proposed approaches to operational research methodology. Table 10 illustrates a small selection of MSH innovations along with their current state of dissemination.

(c) Field Support

Under SIAPS, we will develop work plans in close consultation with the Mission and counterparts, ensuring a mutual understanding of objectives and expectations. As health services delivery programs are directly affected by poor pharmaceutical supply systems, we must carefully coordinate plans with these partners to address their needs, so that their programs can function effectively. This level of coordination is best conducted at the field level. Only after the final work plan is discussed with the USAID Mission or Health Element lead with oversight from the home office senior management team, is it presented to the Washington-based Agreement Officer's Technical Representative (AOTR) for approval. This approach has allowed MSH to provide the best assistance and guidance based on global experience that considers

Table 10. How MSH has innovated.

MSH has long worked to bridge the gap highlighted in the introduction —to generate new ideas, test and replicate them, and scale up coverage of proven interventions. Below are selected examples related to SIAPS objectives.

Innovation	Unmet Public Health Need	Type of Innovation	Some Keys to Success	Current Stage
Managing Drug Supply	Widespread information gap in developing countries on best practices in managing pharmaceutical systems	Combined contributions from multiple experts with survey of best practices that have succeeded in improving access to medicines	Insistence on evidence-based information/recommendations. Dissemination in collaboration with WHO, USAID and other donors, updating contents as new best practices identified	Globally accepted as "bible" on pharmaceutical management for developing countries. Third edition coming this summer
Accreditation system for private drug sellers	Access to medicines, family planning commodities, bed nets, and related health products	Innovation of partnership and process —applied existing tools to a new group to form a new kind of partnership. MSH identified private drug shops as the first point of care in rural Tanzania; formed a public-private partnership to train and accredit private drug shops.	Looked at what infrastructure did exist to potentially build on to expand access to medicines in underserved areas and brought Government together with the private sector to a common vision of improving services and availability, with strong monitoring component	Going to national scale in Tanzania under Government leadership. Being replicated in Uganda and Zambia with plans for Liberia
Performance-Based Financing Plus (PBF-Plus)	Inefficiency, lack of focus on priority interventions, and under-performance in child care, prenatal care, other areas. Particularly problematic in "fragile states"	Innovation of process—developed a comprehensive approach to incentive-based health financing and applied it in diverse countries	Not the only implementer of this approach, but combined incentive-based contracting, quality assurance, and community-based insurance in a practical way	Piloted in Haiti, replicated in Afghanistan, Rwanda, and other MSH countries. Manual and guidelines developed
e-TB Manager	No linkage between TB clinical information and pharmaceutical information systems leading to stock outs, wastage, and mismatches between demand and supply	Innovation of product combined with innovation in management processes	Collaboration with TB experts, expert information technology systems designers and MSH pharmaceutical management team. Successful "social marketing" to governments and international TB community	Piloted in Brazil under SPS, where it is now the national standard; being replicated in 13 countries; potential for deployment in all high burden countries

USAID priorities and regulations, together with host country government priorities and practices. In addition, MSH will inform the AOTR of all field activity by involving him in discussions regarding changing priorities and by copying him on communications with Missions. We will design technically appropriate field-based interventions that are responsive to the Missions' goals, but that also involve country counterparts to promote country ownership, accountability, and sustainability. In addition to applying best practices, MSH will be flexible in addressing immediate pharmaceutical supply problems while not losing sight of the objective of sustainable improvements. Our interventions result in significant country-level results; for example—

- MSH's **ABC value analysis** in Kenya showed that nevirapine comprised **40%** of the value of the country's ARV budget. After **substituting a generic product** the value shifted significantly to about **9%** of the budget.
- MSH helped the Vietnam MOH, Hanoi University of Pharmacy, and other key stakeholders to **adopt a comprehensive pharmacovigilance framework** that incorporates active surveillance of adverse drug events and promotes public health program participation.
- MSH advocated for a **legislative change** in Ethiopia to allow the private sector to provide ART; we then collaborated with the Ethiopian Pharmaceutical Association to train **more than 800** private sector pharmacists in ARV management, ethics, and good pharmacy practices.
- Increased use of eTB-Manager in Brazil contributed to **no medicine stock-outs** since 2006 and improved TB indicators, such as a **15%** increase in cure rates and a **43%** decrease in the death rate.

(d) Incorporating Gender in the Technical Approach

In line with the GHI core principle of focusing on women, girls, and gender equality, MSH will maximize opportunities to enhance gender equity when implementing the interventions outlined in this proposal. As a corporate entity, MSH is addressing gender equity through its Gender Advisory Group. Taking into consideration the current gender inequalities that negatively affect women in SIAPS target countries, this approach will include deliberately seeking ways to encourage more participation by women in implementing certain interventions, especially those based in the community. For example, over 90% of ADDO dispensers are women—providing them a source of financial support in rural Tanzania; in addition, MSH deployed more than 950 community-based distribution agents to dispense contraceptives and advice in Malawi, resulting in a doubling of contraceptive use in the first year. Gender will be taken into account in SIAPS' implementation include using data collection tools, such as the EDT, to ensure that all patient data collected using these tools can be disaggregated and analyzed by gender to evaluate the gender impact of the interventions. Some activities in which gender-sensitive indicators will be tracked include those related to pharmaceutical service provision (e.g., access to commodity and lab services), tracking participation at trainings and in mentorship programs, and assessing services at health facilities. SIAPS will collect gender disaggregated data from the baseline surveys through to monitoring the impact of the intervention across gender.

Article V. Program Management

MSH will provide strong corporate assets and expertise gained over four decades of experience in managing large, complex, global USAID projects in developing countries.

MSH proposes connected and almost seamless management of SIAPS and SPS, while assuring that SIAPS key personnel are fully dedicated to program start-up and implementation. We can assure that as SPS closes down, staff will transition to SIAPS, without disruption to program work. According to MSH estimates, funding for SPS is approximately USD 147.3 million, essentially reaching its ceiling. (Our quality of work and ability to generate field support resulted in SPS reaching its ceiling one year early.) As of August 2011, the projected remaining balance for SPS will be about USD 11.6 million, with an estimated 6–8 months of pipeline remaining. The SPS multi-country associate award will have a projected balance of USD 9 million remaining by August 2011. Thus, SPS (both leader and associate awards) will not need the same level of program management and administrative support during the final year. The SIAPS Program will maintain the streamlined management structure and field focus that characterizes SPS. Figures 22, 23, and 24 describe the organizational structure and list the estimated breakdown of percentages for senior staff time for SIAPS, SPS during the transition, and SPS associate awards after June 2012. This allows SIAPS to start up immediately and ensures close coordination with SPS technical work. We will convene annual global technical meetings with senior technical staff from SIAPS field offices and SIAPS partners to share results, discuss lessons learned, and develop strategies to monitor program performance and implementation.

MSH has a long record of effective program and financial management. Systems designed to accurately track expenditures and accruals against work plans and potential discrepancies allowed MSH to manage revenue of USD 247 million in our 2010 fiscal year, while meeting program goals without budget overruns. MSH has a strong internal auditing function and a "whistle blower" program that supplements our external auditors, and is designed to identify problems before they become crises. We have had no external audit findings to date, but we have been able to detect and correct problems when they have occurred in certain field offices. All staff members are required to sign the US Anti-Kickback Act, Procurement Integrity Act, the False Claims Act, and the MSH Code of Business Ethics and Conduct. MSH also helps local partners who often need guidance in complying with US government financial standards and reporting requirements.

Figure 25 shows MSH's CPM structure, which will provide technical, managerial, and financial oversight to SIAPS; help coordinate technical assistance from SIAPS sub-recipients and collaborators; and liaise with MSH corporate headquarters to obtain support for select human resources, accounting, audit, finance, and contracts management functions. As CPM Vice-President, **Dr. Keene** will supervise Mr. Aboagye-Nyame's work and oversee SPS and SIAPS performance. With **Mr. Aboagye-Nyame**, he will coordinate and manage relationships with other MSH and CPM technical programs and with MSH corporate offices. **Dr. David Lee**, CPM Director for Technical Quality and Strategy**,** will work with **Dr. Saleeb** and **Dr. Tetteh** to assure the quality and appropriateness of technical strategies and work plans. Dr. Lee will work with SIAPS senior managers to define technical assistance requirements and scopes of work for sub-recipients, and will work with **Dr. Cohen** to develop and implement the SIAPS M&E strategy; Dr. Cohen is slated to devote 25% of his time on SPS in year one to help compile lessons learned and inform planning for SIAPS; starting in Year 2 and through the rest of the agreement, he will

work 100% on SIAPS. **Keith Johnson**, Director of Communications, Information, and Private Sector Programs, will work with Mr. Aboagye-Nyame and the new Knowledge Management Specialist (TBD) to carry out the SIAPS knowledge management plan. The Communications and Knowledge Management Specialist will also liaise with our collaborator, WHO/EMP on knowledge management. **Gail Naimoli,** Director of Capacity Building and Performance Improvement, will oversee training and capacity-building activities, while **Kyle Duarte**, Director of Systems Analysis and Software Products manages interventions related to information systems and tools. **Jennifer Jones**, CPM Director of Operations, will ensure compliance with US government and corporate regulations and policies, manage CPM-specific and corporate issues, and ensure that SIAPS meets cost-share goals. She will work with **Vicky Hawk** to ensure consistency with the financial and contractual operations across different MSH projects. Ms. Hawk, the SIAPS Deputy Director for Finance and Operations will work closely with SIAPS team members to ensure appropriate budgeting and expenditure tracking. SIAPS will generate quarterly and annual financial reports to accompany technical progress reports; ad hoc reporting will continue to be available. MSH has demonstrated through RPM Plus, SPS, and other cooperative agreements that we have strong and flexible financial management systems and practices to monitor, control, and report costs.

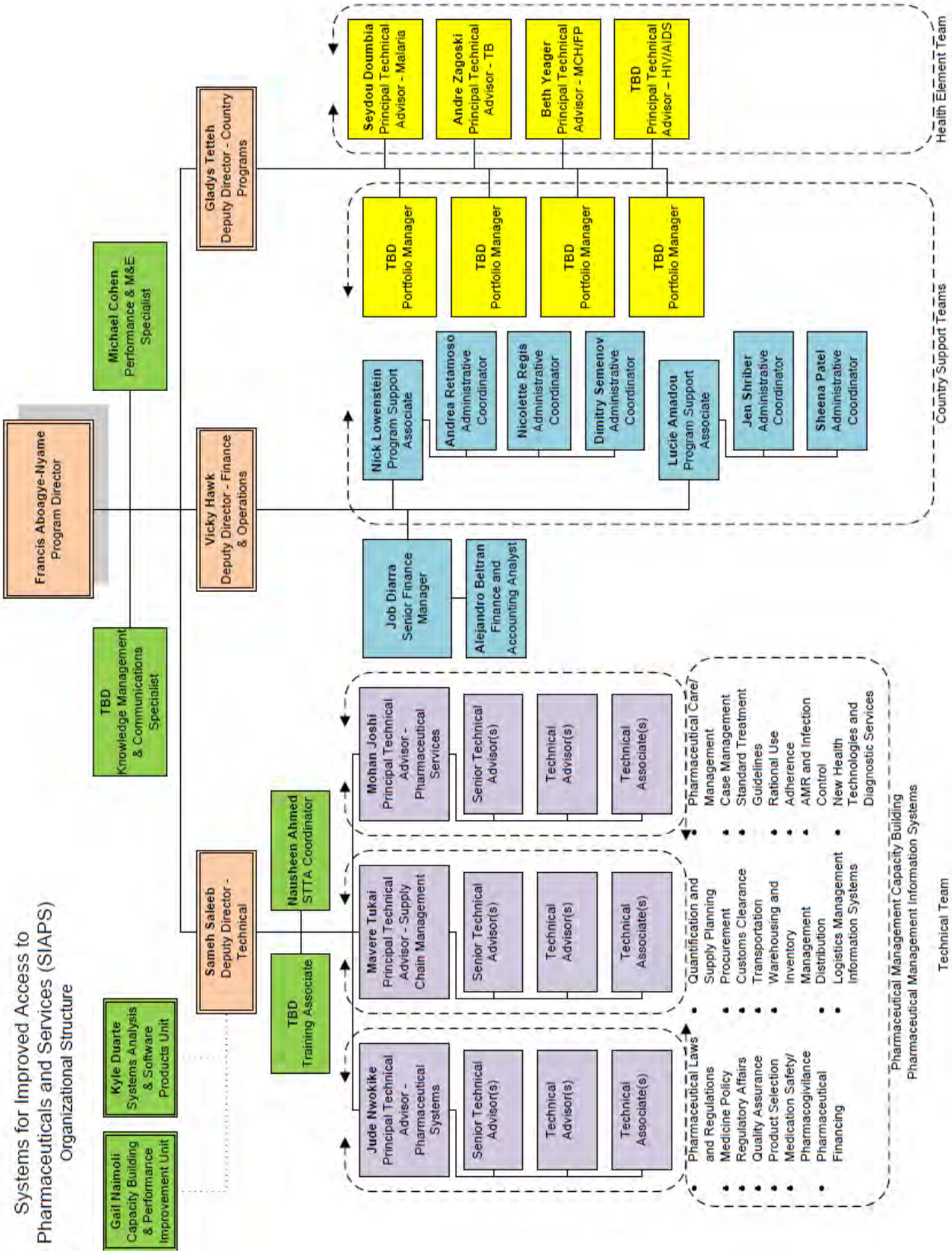


Figure 22. Proposed organizational chart for SIAPS. Senior program managers will divide their time between SIAPS and SPS, with levels of effort based on the funding and demands in their areas of responsibility.

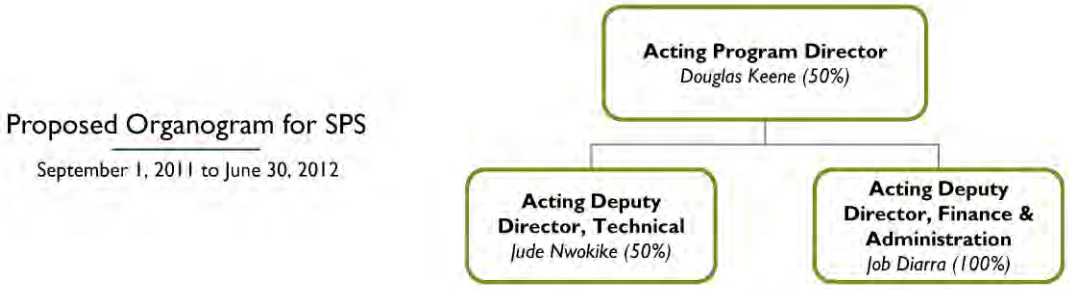


Figure 23. Proposed organizational chart for SPS. During the overlap period MSH proposes that **Dr. Douglas Keene** will dedicate approximately 50% of his time to serve as SPS Director with **Jude Nwokike**, Deputy Director of SPS (50%). A full-time SPS Deputy Director for Finance and Operations, **Job Diarra,** will oversee SPS and its associate awards (100%).

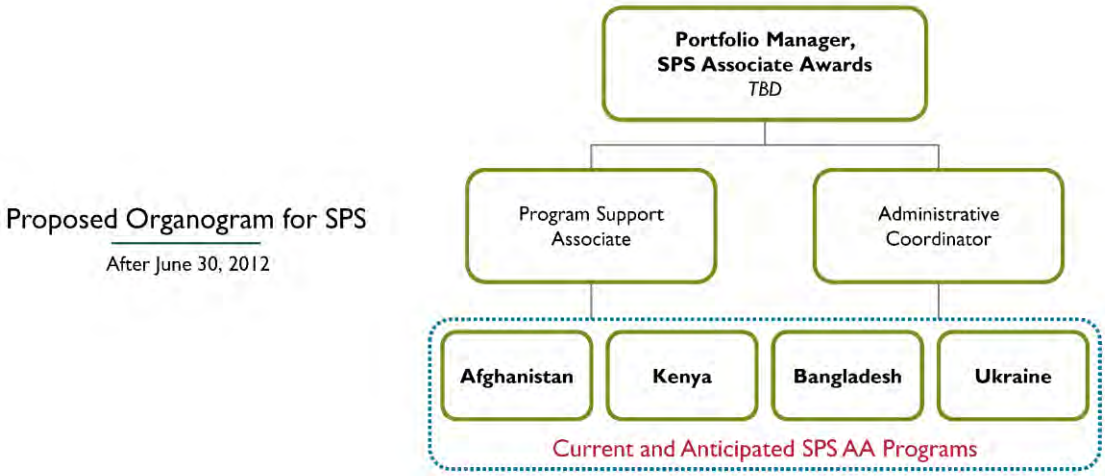


Figure 24. Proposed organizational chart for SPS Associate Awards (AA).

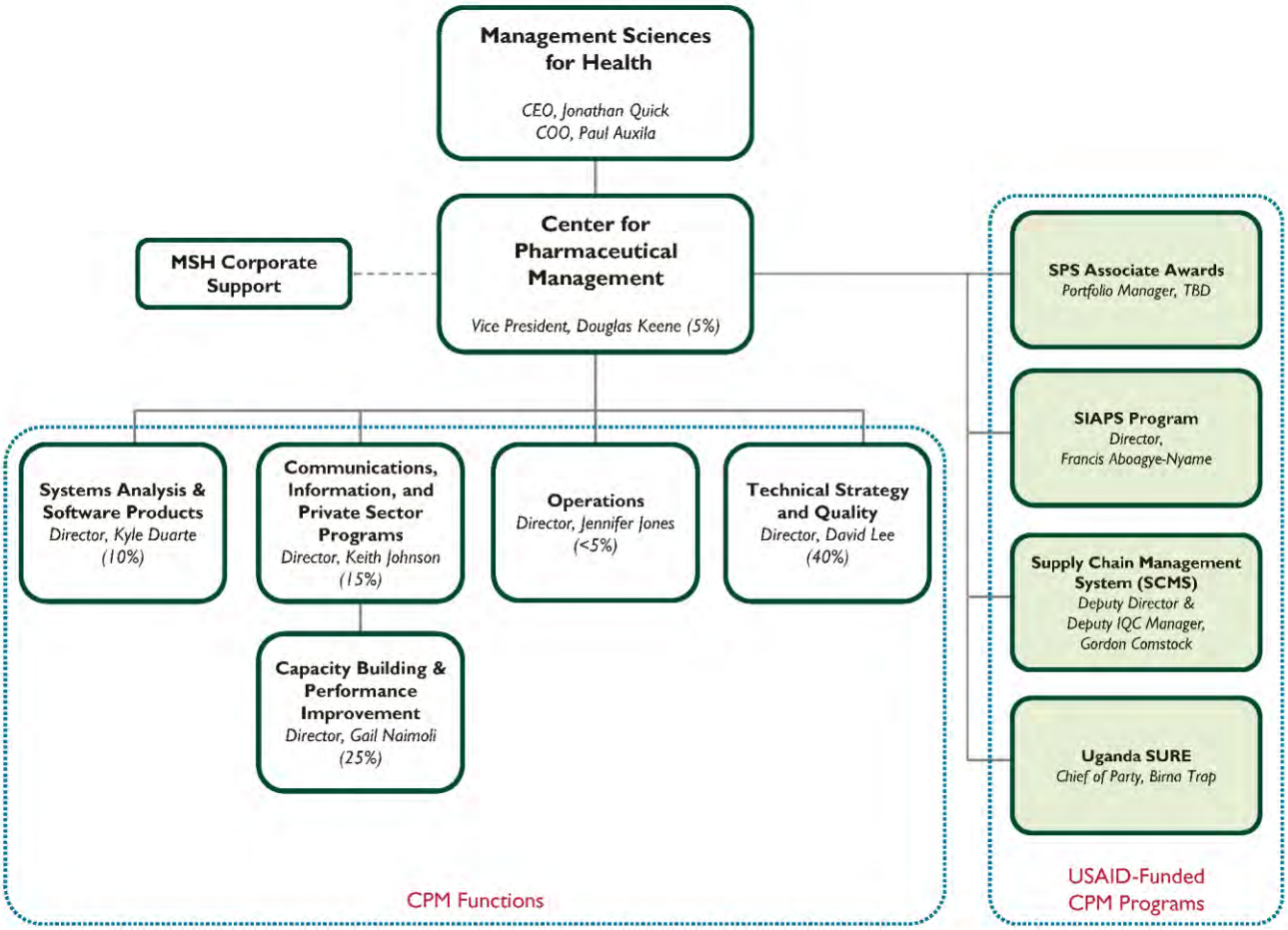


Figure 25. CPM organizational chart.

SIAPS staff is organized into four teams to maximize technical and managerial expertise: 1) the senior management team, comprised of the Program Director, the two deputies, the Finance & Operations Director, the Performance M&E Specialist, and the Knowledge Management Specialist; 2) the technical team, led by the Deputy Director, Technical, 3) the finance and operations team; and 4) the country programs and health element (core-funded) portfolios team, led by the Deputy Director, Country Programs. The rationale for this structure is that the technical team will provide cross-cutting technical support to all country and health element portfolios and will assure the program-wide application of best practices and lessons learned. This will also minimize duplication and reinvention, while providing specialized expertise for specific interventions when needed. This structure also allows the technical team to focus more on operational research and comparative analysis that will contribute to our body of knowledge and enhance technical leadership. By concentrating on technical implementation and not managerial responsibility, staff members will focus more on technical quality and results, which benefits SIAPS and its country programs. The country programs and health elements team will manage their assigned portfolios; for example, country Portfolio Managers will supervise field-based Country Directors, ensure that quality work plans and reports are delivered on time, mobilize technical and other resources, and liaise with USAID/Washington, other MSH technical units, and other partners to ensure that country programs have the required resources to achieve their goals. The health element-specific Principal Technical Advisors will provide management support for the core-funded USAID health element activities, while ensuring global technical leadership, synergy, and uniformity across countries and portfolios.

a. The health element-specific positions are placed under the Deputy Director, Country Programs and the technical cross-cutting positions under the Deputy Director, Technical to split managerial responsibility and oversight from technical implementation. The country programs and health elements are the portfolios that develop work plans and manage budgets; however, these will require technical resources to implement their activities. Therefore, the Deputy Director, Country Programs will oversee personnel who manage portfolios, while the Deputy Director, Technical will organize and maintain a team of technical assistance providers with the right expertise and competence to support implementation of work plans developed by country and health elements teams.

b. This separation of functions will allow maximum flexibility that promotes the use of technical resources, and managerial capacities where they are best suited. We believe this arrangement will be more efficient because of more effective program implementation and the application of lessons learned across multiple countries and portfolios.

c. Interaction among the various teams will be facilitated through the work plan development and performance monitoring process. The country support and health element teams are responsible for developing work plans and interacting with USAID to establish work plan priorities and for reporting; the technical team responds to the resource needs of the country Portfolio Managers and health element team. As part of the work plan development process, the technical team will review work plans to assure technical quality and compliance with the SIAPS approach. Allocation of technical resources to support the country and health element work plans will be coordinated by the Deputy Director, Technical in collaboration with the Deputy Director, Country Programs and the Center for Pharmaceutical Management (CPM)

Short-term Technical Assistance (STTA) Coordinator. They will hold monthly resource management meetings to match activities with available technical resources based on expertise and review individual levels of effort and performance.

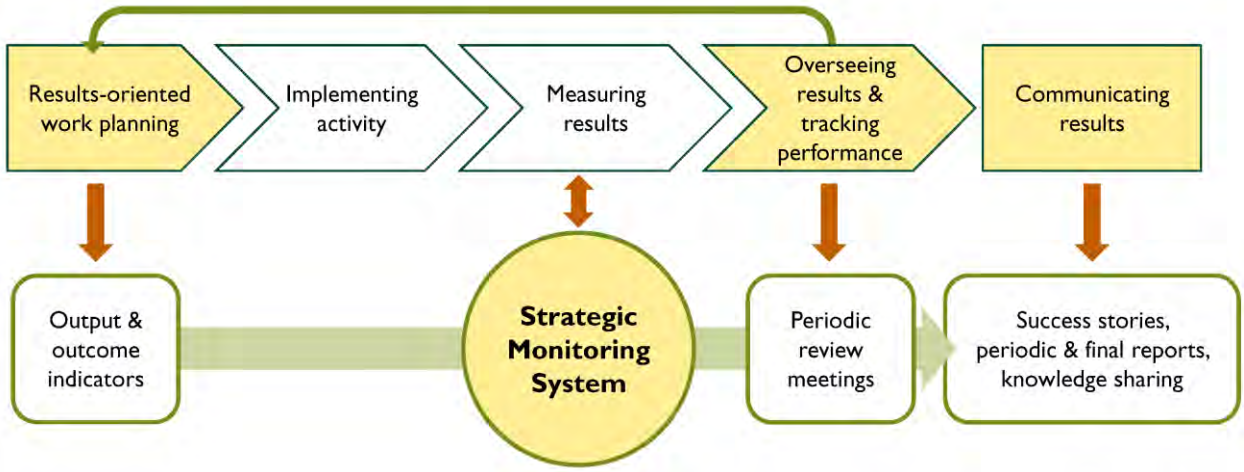
To assure all teams communicate effectively, MSH will hold several regular SIAPS meetings. They include: 1) senior management team meetings held every two weeks that include the Director, the Performance M&E Specialist, the Knowledge Management Specialist, the two Deputy Directors, and the Finance & Operations Director; 2) monthly staff meetings involving all US-based SIAPS staff (technical, administrative, and operational); 3) monthly resource management meetings that involve the two Deputy Directors and the CPM STTA Coordinator; and 4) quarterly CPM world-wide meetings, with field staff participating through webinar links.

d. The health element-specific positions will have direct access to the technical team and country support teams through regularly scheduled meetings as described above. One-on-one interaction and ad hoc meetings are also always encouraged. The operations support staff have responsibility for providing support to both country and health element-specific portfolios. The Finance & Operations Director will ensure that all portfolios have the required operational support.

To be as responsive as possible to the needs of Missions, MSH will continue the SPS approach to establishing and working through field offices when appropriate. This approach minimizes response time to clients, builds stronger relationships with local counterparts, allows for a rapid response to emergencies, and ensures that technical activities are founded on local needs. Under SPS, MSH operates 19 field offices in Africa, Latin America, Asia, and Europe, and 302 of the 345 SPS staff members are field-based—most are hired locally. SIAPS will follow a similar pattern as field support grows.

Article VI. Monitoring and Evaluation

The SIAPS M&E system will use a combination of cost-effective, rigorous, and timely approaches, methods, and activities to enable us to adapt to changing conditions and make mid-course corrections as necessary. As the figure below indicates, M&E will be facilitated by our web-based relational database, the Strategic Monitoring System (SMS). Accessible to all management staff, including those in the field, the system allows managers to document progress quarterly toward defined outcomes and track the completion of products. The system produces data required for routine reports, such as quarterly reports (which are posted on the SPS website), and helps staff address ad hoc requests for project information. M&E activities will be led by the SIAPS Performance M&E Specialist Michael Cohen. The M&E plan will support SIAPS key and core personnel and the entire technical team to make informed management decisions at all levels (in-country and home office), and foster quality programming and learning. This will maximize achievement of intended results according to the overarching SIAPS results framework (figure 26).



Strategic Monitoring System and the M&E Process. MSH's SMS platform operates in parallel with traditional M&E processes, allowing for easier oversight and review of work plan indicators, performance, and results. It ultimately helps foster more rapid and effective communication and knowledge management.

MSH is committed to implementing an evidence-based approach to project management that begins with establishing robust baseline measures prior to the start of SIAPS's activities. Once the project PMP is finalized and approved, we will establish baselines for the associated performance indicators. These baseline studies will generate data to serve as a benchmark against which changes in outcomes will be assessed through the project performance indicators. Furthermore, tracking changes in these key indicators and correlating these data with specific program activities is an effective approach to determine successful programming. This continuous program evaluation strategy will be integrated into SIAPS through a semi-annual process to review achievements against established targets based on the baseline assessments.

We will systematically review data from available recent pharmaceutical sector profiles and relevant data produced by various initiatives, including the country medicine price surveys (WHO/HAI methodology), WHO country profiles, Medicines Transparency Alliance, and the many PMI country profiles, among others. Existing SPS focus countries have contributed data to the SMS that includes some indicators that can serve as a baseline for SIAPS activities. We will draw on documented approaches to establish these measures of success and expand them to include additional countries and an expanded set of commitments. In addition, proven quantitative techniques for determining program impact include mystery patients, provider knowledge surveys, and client exit interviews. Where appropriate, the project will continue to take advantage of these cost-effective techniques and additional sampling strategies, such as lot quality assurance sampling, to facilitate efficient data collection for monitoring progress towards expected targets and results. Where appropriate, the program will take advantage of secondary data and scheduled surveys, including the MEASURE demographic and health surveys and UNICEF's multiple indicator cluster surveys. These surveys are rigorous and provide validated data for resource allocation and the determination of impact.

Through its core functions, the M&E system can demonstrate the impact of SIAPS on pharmaceutical system strengthening and service delivery outcomes in HIV/AIDS, TB, malaria, maternal and child health and other health areas. The **core functions** are—

- **Continuously monitor performance towards results.** The SIAPS M&E system will track performance indicators with achievable targets and benchmarks at various levels described in the illustrative performance monitoring plan (PMP) in Annex 10. SIAPS M&E staff and technical team will support field-based projects to maximize their quality and achievement of results in alignment with the SIAPS Results Framework, PMP, and annual work plans.
- **Undertake internal and external performance reporting.** SIAPS will report project activities, progress towards results, and programmatic results to USAID through quarterly and annual work plans, the PMP (every three months for Year 1; every six months thereafter), and the final report. We will: upgrade the Strategic Monitoring System and conduct results-oriented work planning related to the PMP and the Results Framework.
- **Conduct evaluations to assess project effectiveness for field-supported programs.** SIAPS will conduct rigorous evaluations with clear evaluation questions, sound social science methods (quantitative and qualitative), and required baseline data to assess program effectiveness measured through performance indicators. We will share documented results from these evaluations with USAID Missions and in-country implementing partners to strengthen pharmaceutical and supply chain practices as appropriate. We will conduct baseline studies for field-based projects, when appropriate. In addition, MSH will conduct a final study of SPS to serve as major input for a SIAPS baseline study; complemented with additional secondary data from available reports from the major pharmaceutical projects supported by USAID and other donors. The following are some high-level evaluation questions that SIAPS will address through evaluations and research studies—

  - What is the effect of strengthened pharmaceutical systems on specific disease outcomes?
  - What is the best combination of pharmaceutical strategies and activities to improve use of medicines that result in improved health outcomes?
  - What are the best interventions for improving treatment adherence?
  - What are the most reliable and cost-effective tools and approaches to measure patient adherence to treatment?
  - What is the role of private pharmacy providers in sustained improvements in access to quality pharmaceutical care?
  - How do pharmacovigilance systems support patient safety and therapeutic effectiveness?
  - What is the effect of community-based pharmacy providers on sustained improvements in treatment adherence for major childhood diseases (malaria, diarrhea, and pneumonia)?

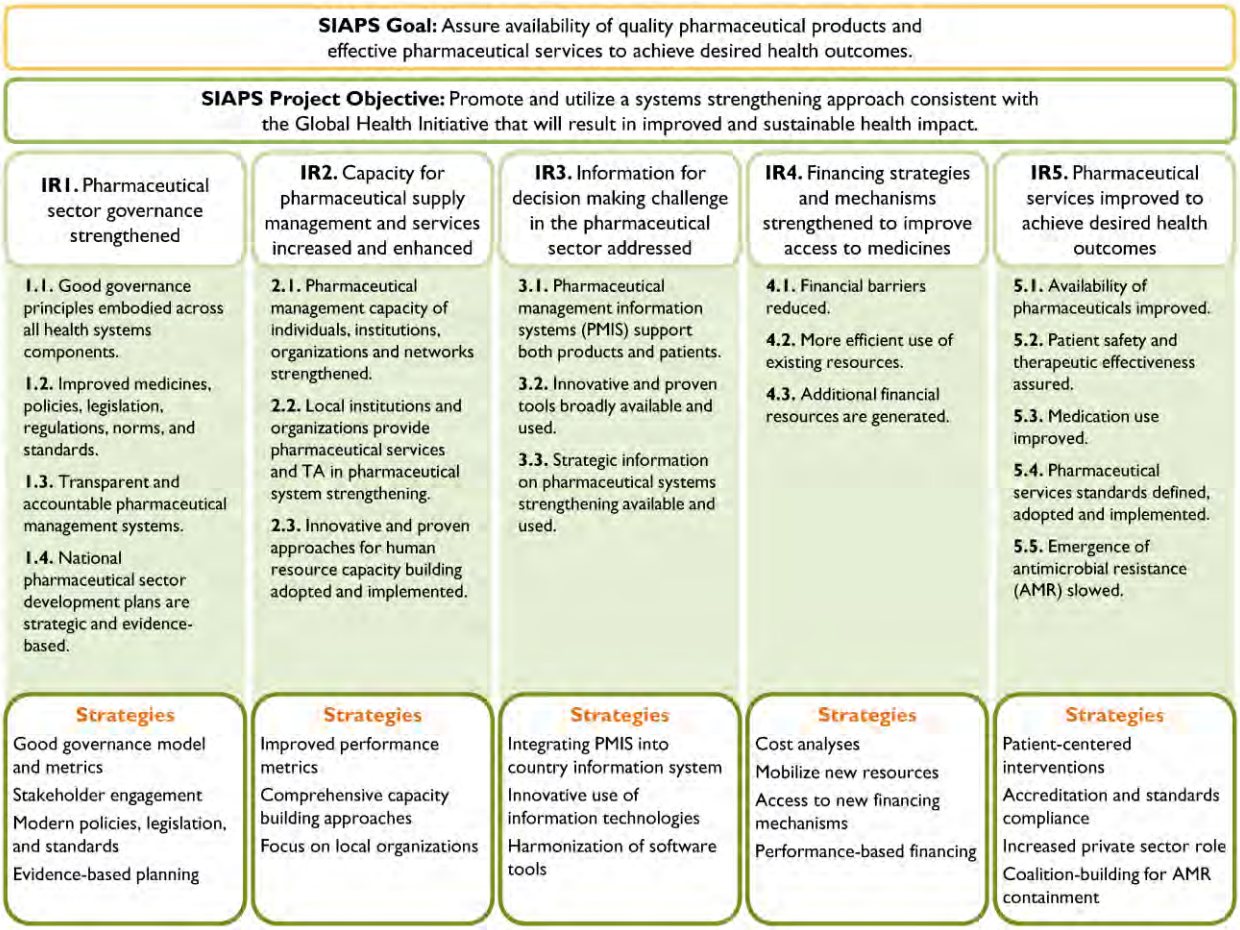


Figure 26. SIAPS results framework. The SIAPS Program will implement an M&E strategy that will allow staff and SIAPS partners to continuously improve project performance and effectiveness through planning and management decisions and achieve the five intermediate results and the project objective articulated in the SIAPS Results Framework.

- **Develop a comprehensive and operational pharmaceutical systems strengthening framework.** In alignment with the GHI core principles and the recently released country strategy guidance, SIAPS will develop a pharmaceutical systems strengthening framework that will provide a robust program theory to strengthen the pharmaceutical systems in countries where SIAPS will work. The framework will provide a clear theory of change, with systemic elements of demand and supply, an enabling policy and social environment at national and sub-national levels, and a hypothesis through which a country's pharmaceutical system will be strengthened. It will provide evidence-based guidance for actions by using RPM Plus and SPS proven strategies with cost-effective implementation strategies and activities to replicate, expand, and scale-up better practices for anticipated SIAPS Program locations and projects. The framework will provide a systematic approach to strengthen pharmaceutical systems and will provide metrics to measure progress in strengthening the medical products building block and its interrelationships with the other five building blocks and the demand side. In addition, the framework will be designed to maximize success in two key elements: country ownership and sustainability.
- **Communicate and share programmatic results with multiple audiences.** MSH will integrate communication and M&E functions to disseminate program results to US-based and in-country stakeholders. This effort will include evidence-based narratives to disseminate results to internal and external technical and non-technical audiences through news stories, success stories, occasional papers, presentations in global health forums, and articles in peer-reviewed journals. SIAPS will provide programmatic information to USAID's AOTR to facilitate program planning and budgeting. We will link with SIAPS knowledge management strategy described in Section iii.e and Annex 9 to share project results.
- **Carry out country-specific and cross-cutting operations research studies.** Described below, we will coordinate operations research studies with the AOTR, technical advisors, and other staff from the Global Health Bureau as appropriate, and the GHI team, including the Bureau of Policy, Planning and Learning/Office of Learning, Evaluation and Research.

Characteristics of operations research studies carried out under SIAPS. SIAPS M&E staff will work with SIAPS partners to design and conduct operations research studies to advance and validate the knowledge and understanding of sustainable tools, models, and approaches of the pharmaceutical sector in various countries and settings. The SIAPS Program will conduct two types of operations research studies: **Type 1 studies** will be country-specific and will assess the results of strengthening pharmaceutical systems at various levels of the health system and its effects on health service delivery in HIV/AIDS, TB, malaria, maternal and child health, and other health areas. This type of study may include more than one sub-system of the health system (one or more building blocks assessed) using a systemic approach to understand the interrelations of health systems building blocks, acknowledging country perspectives, and being conscious and critical about their respective boundaries to take into account the dynamics of the health systems building blocks, the complexity in which they exist, and the changing environment in which they interact. We will base country selection for type 1 studies on US government health initiative priorities, including GHI and PEPFAR 2, buy-in from USAID Missions, and links with other USAID-supported projects.

Type 1 studies will focus on five specific areas—

- Engagement of the private sector to provide quality medicines and pharmaceutical services

- Financing mechanisms that provide sustainable and affordable pharmaceutical services
- Fidelity of cost-effective methods and best practices for measuring and improving quality of pharmaceutical services and patient safety in various settings
- Scale-up of priority pharmaceutical services through country-led and country-owned approaches to ensure sustainability
- Methods to improve and harmonize indicators for measuring, monitoring, and benchmarking pharmaceutical system performance and impact of investment in support of the GHI

Type 2 studies will assess both the success and cost-effectiveness of SIAPS interventions in cross-cutting areas including integration, gender equity, country ownership, and sustainability. SIAPS will conduct four studies in multiple countries (at least three countries in each study). The Type 2 studies' results will contribute significantly to building evidence of what is cost-effective in the pharmaceutical sector to inform policy decisions of both in-country partners and USAID.

With support from partners (**Harvard, R4D, University of Washington, William Davidson Institute**), we will design, implement, analyze, and disseminate the studies with solid research protocols that will produce rigorous results to advance knowledge of sustainable pharmaceutical systems tools, models, and approaches. Studies will be prospective in their design, and will include a select number of key performance indicators to assess changes in pharmaceutical systems and their effects on health outcomes. Both type 1 and type 2 studies will help USAID and the global health community assess critical hypotheses on key principles of global initiatives. In designing the studies we will seek collaboration with other USAID-funded flagship programs including SCMS, DELIVER, Strengthening Health Outcomes in the Private Sector Project, Health Systems 20/20, Capacity*Plus*, and Sustainable Leadership Management & Governance. SIAPS will share operations research results with USAID staff and other global health key stakeholders, and publish them in peer-reviewed journals as feasible. Under SIAPS, MSH will also make use of cost-effective technologies to deliver regular online webinars to further disseminate and share results from research studies, particularly to global practitioners and implementers in SIAPS countries to inform action through knowledge exchange.

Pharmaceutical Systems Presentation

Strengthening Pharmaceutical Systems for Improved Health Outcomes

Jude Nwokike MSc, MPH, RPh, RAC
Principal Technical Advisor
November 27, 2012
CPD/DCPD On-Boarding Meeting, Arlington, VA

USAID SIAPS

You believe there has not been much progress over the last 5 years on the implementation of your country's national medicines policy (NMP)

- You have the opportunity to participate in the revision of the NMP and the development of the pharmaceutical sector strategic document
  - What changes will you advocate for?
  - What process will you put in place to ensure better implementation than the last NMP?
  - How will you measure outcome?

USAID SIAPS

The performance of the national regulatory authority is very poor, registration application backlog mounts, corrupt practices abound, and recent medication mishap killed 80 people

- SIAPS has just been requested by the MoH and USAID to support the NRA and implement pharmacovigilance
  - What is SIAPS approach to strengthening regulatory systems
  - What could be your priority interventions
  - How will you measure their outcome?

USAID SIAPS

The MoH is concerned about the rising cost of pharmaceuticals, civil societies are pushing for the inclusion of newer medicines in the EML and expanding access, government thinks the pharmaceutical sector can be made more efficient

- SIAPS has just been requested by the MoH and USAID to work in pharmaceutical financing
  - What is SIAPS approach
  - What could be your priority interventions
  - How will you measure their outcome?

USAID SIAPS

Objectives of the presentation

- To stimulate participants thinking in potential areas for technical assistance and support
- To introduce the Pharm Systems cluster and define the technical areas, products, tools, and capabilities of the Pharm Systems cluster.

USAID SIAPS

SIAPS Technical Clusters

- The Pharm Systems cluster is one of the 3 SIAPS technical assistance teams that provide specialized technical assistance to all SIAPS country, regional, and global portfolios

USAID SIAPS

Pharm Systems cluster's Technical Areas

- Pharmaceutical policies
- Pharmaceutical legislations and regulations
- Product regulation
- Pharmacovigilance
- Pharmaceutical personnel and practice regulation
- Pharmaceutical financing
- Selection
- pharmacoeconomics
- Health technology assessment

USAID SIAPS

Products and Tools

- Pharmacovigilance concept paper
- Indicator-based Pharmacovigilance Assessment Tool (IPAT)
- Governance concept paper
- Regulatory Systems Assessment Tool (RSAT)
- Sentinel site surveillance tool (SSASSA)
- Data Collation and Analysis Tool (DCAT)
- PharmaDex
- IDRAC
- Expected - Costing tool, Options analysis tool.

NRA staffing need analysis

Current activities

- FDA/USAID interagency agreement
- Strengthening regulatory systems in 7 countries
- Pharmacovigilance activities in 6 countries
- Pharmaceutical financing related activities in current work plan
- Pharmaceutical policy and legislation work in 4 countries
- Health Technology Assessment in development
- Pharmacoeconomics training
- Development of concept notes and policy briefs.

Pharm systems cluster staffing

- Melissa Thumm
- Joao Carapinha
- Chinedum Abanobi
- Hye Lynn Choi
- Elizabeth Ludeman
- Meghan Guida
- Jude Nwokike

Pharmaceutical Services Presentation

Pharmaceutical Services Activities under the SIAPS Program

Mohan P. Joshi
Principal Technical Advisor and Cluster Lead for Pharmaceutical Services

SIAPS CPD On-boarding and Capacity Building Training
November 27, 2012

USAID SIAPS

Why Emphasize Pharmaceutical Services?

Pharmaceutical services—

- A key result area (particularly, IR 5) under SIAPS
- A comparative advantage & opportunity for SIAPS
- Includes patient-centered activities, such as STGs, adherence, pharmaceutical care, case management, infection control

IR—Intermediate Result

USAID SIAPS

What are Pharmaceutical Services?

- *"Pharmaceutical services include all services rendered by pharmaceutical staff to support the provision of patient care and treatment.* *Beyond the supply of pharmaceutical products, pharmaceutical services include educating and training of staff, providing medicine information and counseling in support of prescribing and dispensing practices, monitoring medicine use to assure patient safety and achieve desired health outcomes, formulating policies and regulation for improved pharmaceutical care, and disseminating information and educational materials to promote public health."* (CPM Definition)
- Good pharmaceutical services assure *efficacious, safe, and cost-effective use of quality-assured pharmaceuticals* to those that need them, when and where they are needed

USAID SIAPS

SIAPS Approach to Implementing Pharmaceutical Services Activities

SIAPS will Improve Pharmaceutical Services by using strategies, approaches, tools and interventions to support.....

- Rational medicine use
- AMR advocacy and containment

USAID SIAPS

USAID SIAPS

SIAPS Operational Strategies to Improve Pharmaceutical Services (1)

- When possible, the preferred approach is to adopt a systematic and comprehensive RMU and/or AMR-related initiative
  - *Examples:* Zambia (AMR); Afghanistan (RMU)

USAID SIAPS

SIAPS Operational Strategies to Improve Pharmaceutical Services (2)

- Even where a systematic process is not feasible, effective support can still be achieved by helping implement selected individual interventions
  - *Examples:* Guatemala (IC), DRC (DTC), Rwanda (pre-service curriculum reform), Tanzania (ADDO AMR)
- Even in these circumstances a rapid and brief appraisal will be attempted, where possible, to identify the best intervention option:
  - highly feasible (including being low cost)
  - highly relevant, and
  - likely to bring quick and measurable results

USAID SIAPS

Tools for Pharmaceutical Services Activities (1)

Technical Area/Strategy	RPM Plus/SPS/SIAPS Tools and other Resources
DTC	DTC training materials with TOT; WHO-MSH manual on DTC
AMR Advocacy	*Building Local Coalitions for Containing Drug Resistance: A Guide*
RMU training	Armenia training materials package
Community-based surveys	AMR module for population-based surveys
Indicator-based hospital antimicrobial study	*How to Investigate Antimicrobial Use in Hospitals: Selected Indicators*
Continuous quality improvement (CQI)	Jordan training workshop materials
Monitoring, Training, Planning	*A Guide for Implementing the MTP Approach to Build Skills for Pharmaceutical Management*
Pre-service education	*Revising Preservice Curriculum to Incorporate Rational Medicine Use Topics: A Guide*

USAID SIAPS

Tools for Pharmaceutical Services Activities (2)

Technical Area/Strategy	RPM Plus/SPS/SIAPS Tools and other Resources
Infection control	*Infection Control Self-Assessment Tool and User Manual*
ART adherence	Adherence measurement record with instruction; INRUD-IAA adherence survey indicators and manual
Advocacy to USAID missions to support pharmaceutical services	*Containing AMR: A Guide for USAID Missions to Institution-Based Interventions*
Medicine utilization reviews	*Guidelines for Implementing Drug Utilization Review Programs in Hospitals* (undergoing revision)
Hospital formularies	*Manual for the Development and Maintenance of Hospital Drug Formularies* (undergoing revision)
Assessment and options analysis	CPM framework graphics, *Building Local Coalitions for Containing Drug Resistance: A Guide*
RMU and AMR (General)	AMR, RMU, and infection control flyers; MDS-3 (CPM)

MDS-3 — Managing Access to Medicines and Other Health Technologies, MSH, 2012

USAID SIAPS

Conclusion

- Pharmaceutical services are critical for good health outcomes, but often poorly implemented in resource-constrained settings
- USAID has mandated SIAPS to support pharmaceutical services as a key results area
- SIAPS will use tested and proven RMU/AMR tools, approaches, experiences, and lessons to bring strong and sustainable improvements
- The pharm. services technical cluster will work in tandem with pharm. systems and supply management clusters to effect a synergistic and holistic outcome

USAID SIAPS

Supply Chain Presentation

SIAPS Supply Chain Technical Team

Mavere Tukai
November 27, 2012

On-boarding and Capacity building for SIAPS CPDs and their Deputies

USAID SIAPS

Outline

- Program Goal
- Definition
- Components/functions
- Principles
- Operational approach
- Current dynamics
- Task ahead
- Challenges
- Positioning SIAPS Supply chain

USAID SIAPS

Program Goal

Goal:

- To assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes

Program objective

- To promote and use a systems-strengthening approach consistent with the Global Health Initiative that will result in positive and sustainable health impact

SC Team Role

- Provide technical assistance to SIAPS country programs, and partners and other CPM project/programs on supply chain management activities
- The supply chain team contributes to all IRs

USAID SIAPS

SIAPS Pharmaceutical System Strengthening Framework

This graphic represents the SIAPS guiding framework: a comprehensive set of dynamic relationships among the five health systems building blocks (governance, human resources, information, financing, and service delivery), with a medical products building block overlay to provide tools [illegible] identify substantive areas of concern and related corrective interventions. This framework will be used to achieve country-

Definition

According to the Council of Supply Chain Management Professionals (CSCMP), supply chain management encompasses the planning and management of all activities involved in sourcing, procurement, conversion, and logistics management. It also includes the crucial components of coordination and collaboration with channel partners, which can be suppliers, intermediaries, third-party service providers, and customers. In essence, supply chain management integrates supply and demand management within and across companies. More recently, the loosely coupled, self-organizing network of businesses that cooperate to provide product and service offerings has been called the Extended Enterprise.

USAID SIAPS

Components/functions

- Quantification (forecasting and supply planning and related tools)
- Procurement (planning, packaging, tender processing, award, contracting, performance monitoring and related tools)
- Warehousing and inventory management
- distribution
- MIS
- Governance in Supply Chain

USAID SIAPS

Emphasis on Governance

Adapted from UNDP 1997

USAID SIAPS

Principles...

- Build on and strengthen existing systems
- Support integration
- Build the capacity of local organizations
- Support country-led coordination
- Continually monitor and evaluate
- Develop improved performance metrics
- Harmonize tools, approaches, and metrics
- Share knowledge and information

USAID SIAPS

Operational Approach

- Asses the existing situation
- Develop a tailor made intervention (modeling, options analysis and consensus building)
- Technical Assistance
- Monitoring

Current Dynamics

- Global Trends – Governance, Systems designs and redesigns, Risk assessments, Cost and costing, Outcomes measures, Efficiency and Integration
- Initiatives – technology, tactical, donor driven,
- Stakeholders – Global (SIAPS technical partners, "strategic" partners & national)
- Monitoring – metrics, maturity, KPIs and the use of information communication technology in decision making

The task ahead

- Technical Assistance – from HQ, partner organizations, individual consultancies and in country technical resources
- Standardization of technical approach, tools and TA packages
- Operational research
- Innovation (ICT, cost, logistics networks, procurement methods and tools)
- Partnership and Networking
- Sustainability

Challenges

- Communications
- Ad-hocs and emergency responses
- Not following systematic approach to address supply chain challenges and issues
- Difficulties in transition and resistance to change

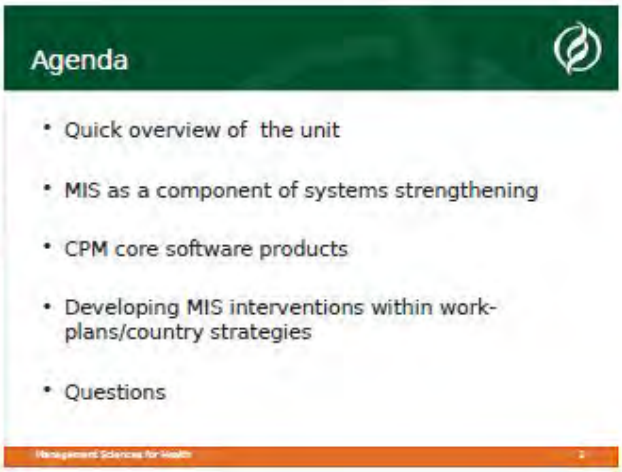
Positioning SIAPS Supply Chain

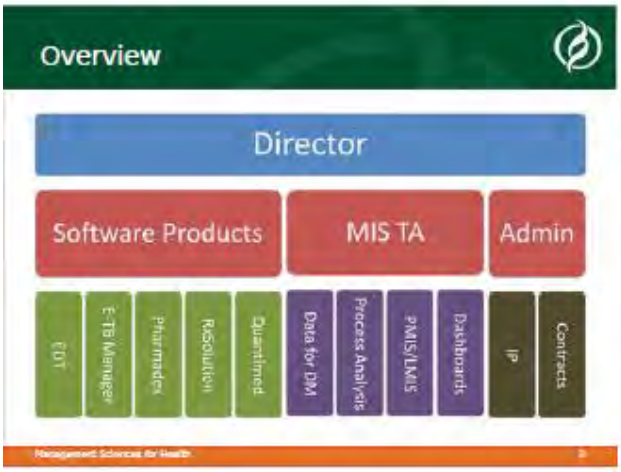
- Team strengthening – creating champions, regional technical resources, hiring
- Standardized approach – tools , guides, training packages
- Improving communication, information sharing and supply chain technical experts networking
- Dissemination of the good work done

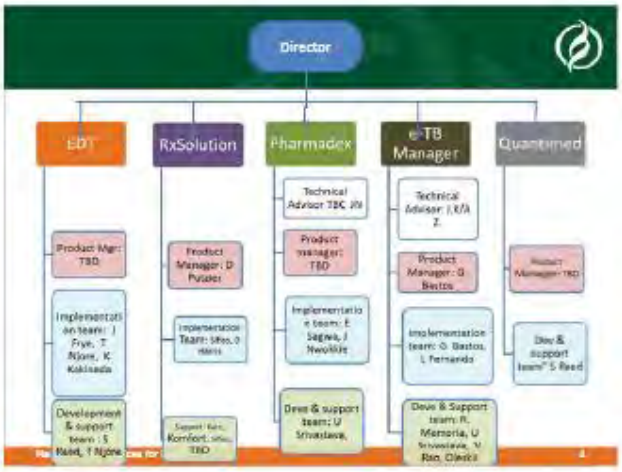
"A team is not a bunch of people with job titles, but a congregation of individuals, each of whom has a role which is understood by other members. Members of a team seek out certain roles and they perform most effectively in the ones that are most natural to them."
Dr. R. M. Belbin

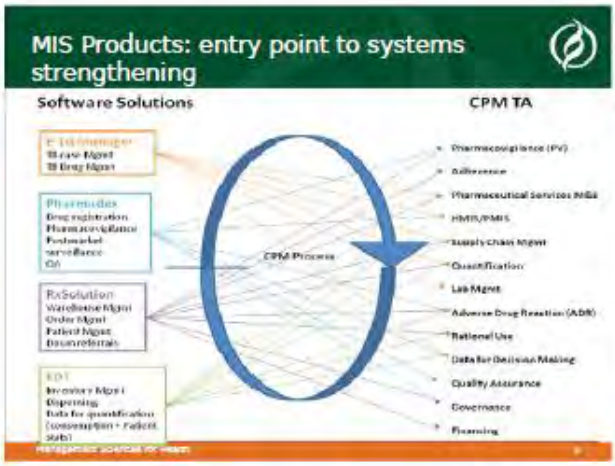
USAID SIAPS

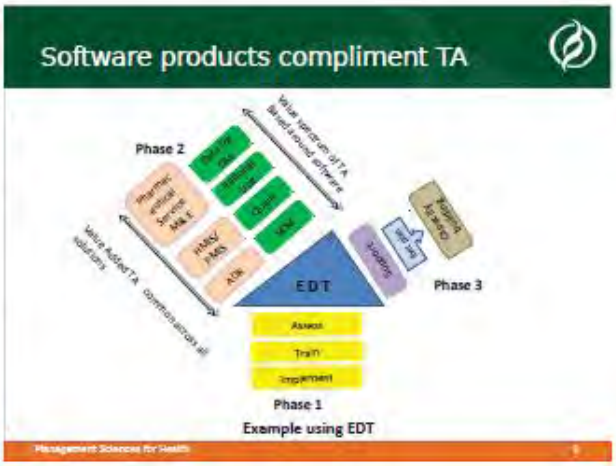
MIS Presentation

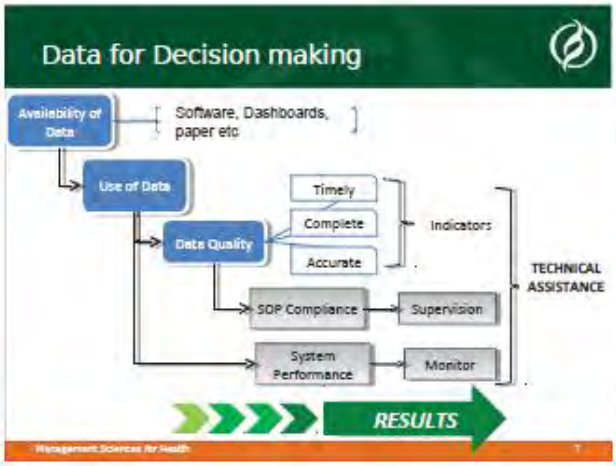


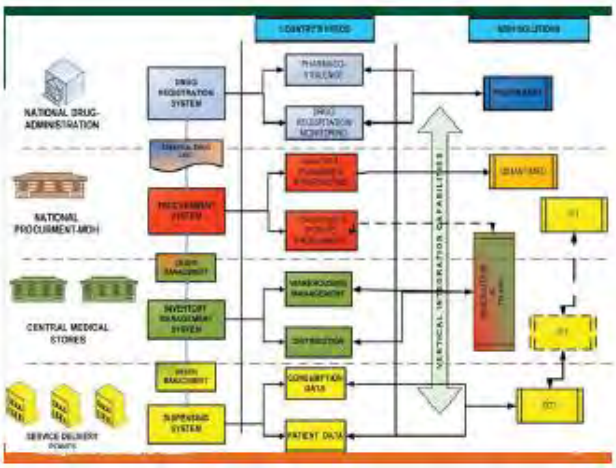





MIS Products: entry point to systems strengthening
Software Solutions
CPM TA
CPM Process
Pharmacovigilance (PV)
Adherence
Pharmaceutical Services MIS
HMIS/PMIS
Supply chain Mgmt
Quantification
Lab Mgmt
Adverse Drug Reaction (ADR)
Rational Use
Data for Decision Making
Quality Assurance
Governance
Planning


Software products compliment TA
Phase 2
Phase 3
EDT
Phase 1
Example using EDT


Data for Decision making
Availability of Data
Software, Dashboards, paper etc
Use of Data
Data Quality
Timely
Complete
Accurate
Indicators
SOP Compliance
Supervision
System Performance
Monitor
TECHNICAL ASSISTANCE
RESULTS


NATIONAL DRUG-ADMINISTRATION
NATIONAL PROCUREMENT-MOH
CENTRAL MEDICAL STORES
SERVICE DELIVERY POINTS
DRUG REGISTRATION SYSTEM
PROCUREMENT SYSTEM
INVENTORY MANAGEMENT SYSTEM
SUPERVISION SYSTEM
CONSUMPTION DATA
PATIENT DATA
VERTICAL INTEGRATION CAPABILITIES

Strategy: Manage centrally, develop globally and support locally

EDT RxSolution Pharmadex e-TB Manager Quantimed

- Standardize functionality across different versions/countries
- Develop frameworks for assessments/evaluations
- Develop structured processes for implementations and training
- Build local capacity; build 'country ownership'

Open access, No cost, MSH retains IP rights

RxSolution

Description: An integrated software system designed to manage all facets of day-to-day operations, from order management, Inventory management, distribution to dispensing to patients.

Site level: Large/Regional Hospitals; Regional depots; regional clinics

Product Manager to oversea the development and implementation

Sites : 180+ (FY2012) – SA, NA, SZ, LS, UG, HT

Pharmadex

Description: Streamlines management of the medicine registration process for all products and suppliers monitored through a national drug regulatory authority. Manages post market surveillance and QA.

Site Level: Central

New Features: Complete revamp all new version. (web-based)
www.pharmadex.msh.org

Sites Added: 1* (WIP)

E-TB Manager

Description: TB System-strengthening web-based tool that addresses all management information needs of TB control programs. (Case management + commodity management)

Site level: National and Site

New Features: Report, treatment module updated, forecasting consumption module updated

Countries: Brazil, UA, BD, NA, Cambodia, Vietnam, Indonesia, Nigeria, Azerbaijan (FY2012)

Quantimed

Description: Supports the calculation of the estimated total cost of medicines, medical supplies, laboratory supplies, and reagents needed to provide services for health programs.

Site Level: National quantification

New Features: Developing all new version*

Sites Added: N/A

Electronic Dispensing Tool: EDT

Description: Designed for managing dispensing of medicines for HIV/AIDS, malaria, tuberculosis, and opportunistic infections.

Site level: Service Delivery points, Health Clinics

New features: New reports; ADR; xml outputs/interfaces

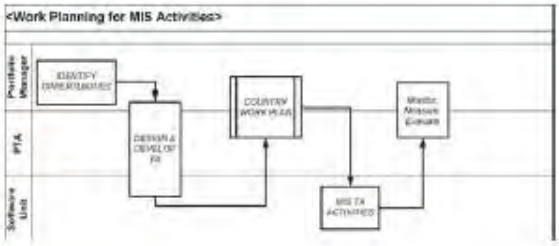
Sites: 450+ across ET, KE, NA, HT, GY, RW, TZ, DRC, Morroco

Best practices in design

Best practices in implementation

Implementation process

Work flow



Product ownership

Roles and Responsibilities

Technical Advisor
- Develops TA intervention
- TA compliments MIS plan
- Drives development of products

Implementation team:
- Product implementation
- User training
- Capacity building
- Documentation

Portfolio Mgmt Team
- Central point of contact
- Manages stakeholders & operations
- Creates enabling environment
- TA within country priorities & strategy
- Impact evaluation

Development team
- New features & functionality
- Customizations
- Product support
- QA

Steps to implementation

Common Challenges

- Software without TA
- Bugs in software
- Lack of stakeholder buy-in, dedicated staff; local subject matter experts.
- In sufficient budget; unrealistic expectations
- Users do not see value – data entry only
- Environment non conducive : political

Country Requirements

MIS Plan

- *Product life cycle*: Pilot –Roll out- Support-Handover
- *Manage Data, measure performance*: Indicators for system performance/project performance
- *Capacity building*: SOP from Subject Matter experts
- *Knowledge Management*: Documentation, success stories
- *Stakeholder management*: Advocate for local funding; collaborations across IP/CA; steering committees

Goal

Questions

Key components:

- **MIS as a component of systems strengthening**
- **CPM core software products**
- **Developing MIS interventions within work-plans/country strategies**

Management Sciences for Health

THANK YOU!

PART THREE ANNEXES

MSH Start Up Matrix 349

Sample Risk Management Plan 353

Sample Schedule For Team Orientation Workshop (5 days) 354

Sample SIAPS Launch Program 355

Legal Firm SOW for Registration 356

Request for Country Clearance 358

SIAPS File Organization Gudelines 361

Design of Country Program Strategy 363

Strategic Plan Template 371

CPM Technical Frameworks 389

SIAPS Work Plan Guidelines 408

SIAPS Work Plan Template 434

SIAPS Yearly Work Planning Country Presentation Template 443

Budget Template Instructions 447

Description of the Budget Line Categories 450

STTA Process Flowchart 454

STTA Pre Scope of Work 457

Activity Implementation Description 459

SIAPS Capacity Building and Performance Improvement Guidance 470

Helpful Suggestions to Write a Story 492

Editorial Process 493

Style Guide 498

Checklist for Documents 512

CPM Report Archiving and Dissemination Guidelines 513

IM and DEC Submission Requirements 515
MSH Photography Policy 517
Photo Tips 519
Training Logistics and Material Checklist 520
Indicator Guidance for SIAPS 528
SIAPS Indicator Selection Matrix 545
SIAPS Indicators Level 1 and 2 546
SIAPS Performance Indicator List 551
SIAPS M&E Plan 558
Newdea QR Training 579
Newdea Quick Guides 595
SIAPS Monthly Finance Report 605
Monthly Managers Report 606
Sample Pipeline Report 607
Sample Commitment Tracker 608
Sample Expenses Per Account Category 612
Cost Reimbursement vs Fixed Price 613
Consultant Checklist for Project Associates 615
Performance Improvement Plan 617
HR Manual 620
Project Closeout Matrix 637
Project Deliverables Tracking Tool 643
Subcontract Agreement Closeout Checklist 644

MSH Start Up Matrix

Start-Up Plan Template

			Post-Award													
	Major Activity	Pre-Award/ Buy-in	Month 1				Month 2				Month 3				Person Responsible	Status
A	REGISTRATION/ LEGAL STATUS		Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4		
1	Determine need to register in country															
2	Collect registration information and engage local firm for application															
3	Assess other legal obligations for operating in country (taxation, labor, local government, cooperating agencies)															
4	Monitor registration process until completion															
B	RISK MANAGEMENT PLANNING															
1	Conduct operational risk assessment															
2	Conduct intersecting technical risk assessment															
3	Develop contingency plans to mitigate priority risks															
4	Establish risk management communications protocol															
C	INITIAL PROJECT ADMINISTRATIVE ACTIONS															
1	Map donor(s) and gather contact information															
2	Map partners and stakeholders and gather contact information															
3	Request project billing (accounting) code assignment (for copying, faxes, charges)															
4	Set up project e-mail addresses if necessary															
5	Create project eRoom if desired															
6	Create project domain name (Internet)															
7	Create project e-mail distribution group if desired															
8	Determine project filing system															
9	Designate/confirm Home Office Operations Support Team															
10	Designate/confirm Home Office Project Team															
11	Confirm COMU Director															
D	COMU EVALUATION															
1	Evaluate COMU needs, assets, resources, status															
2	Plan for adjustments in COMU staffing, systems or structures as necessary															
E	HUMAN RESOURCES															
1	Develop/confirm benefits package and basic local employment contract															
2	Confirm and prioritize local positions to be recruited in first 3 months															
3	Prepare job descriptions for local staff recruitment															
6	Advertise and recruit for positions internally and externally															
7	Weekly, circulate start-up recruitment report															
8	Confirm and prioritize expatriate positions to be recruited															
9	Confirm job descriptions for expat staff recruitment															
10	Prepare Terms of Assignment and Allowances package															
11	If key personnel, obtain necessary donor's approval															
12	Obtain work permit for expat staff, as needed															
13	Coordinate To-Post trip for expat(s)															
14	Procure shipment services for expat belongings															
15	Determine need for an HR TDY to assist with start-up and on-boarding of staff															
16	Plan new employee and project orientation for local staff															
18	Establish or confirm HR policies and procedures															

			Post-Award													
	Major Activity	Pre-Award/ Buy-in	Month 1				Month 2				Month 3				Person Responsible	Status
F	PROJECT KICK-OFF															
1	Conduct handover between proposal and ops and project teams															
2	Plan technical orientation with core team															
3	Review proposal with local technical team															
G	DONOR/PARTNER MANAGEMENT															
3	Conduct an initial meeting with the donor(s)															
4	Notify partner(s) of award /next steps															
5	Engage subcontractors/partners in a series of project review meetings															
6	Finalize Partnership Operating Principles															
7	Develop relationships with donors/partners/sub-contractors															
8	Harmonize partner/prime personnel policies as necessary															
9	Establish relationships with other MSH projects and COMU															
G	FACILITIES AND INFRASTRUCTURE															
1	Determine office space needs. Initiate site(s) selection															
2	If space already occupied, allocate office space for accommodating new project for at least 6 months															
3	Review lease(s)															
4	Sign lease(s)															
5	Setup utilities															
6	Assess need for generator and procure or negotiate with landlord as needed															
7	Design and setup floor plan(s)															
8	Procure renovations if needed															
9	Install MSH and/or Project signage															
10	Obtain renter's insurance as needed															
11	Establish/confirm office space usage policies															
H	CONTRACT															
1	Negotiate with the donor and sign the final award															
2	Obtain necessary approvals and/or waivers from donor, if necessary															
3	Provide partnership updates e.g. pre-award letters, consent or approvals needed, staffing updates															
4	Schedule and conduct contract reading(s)															
5	Determine need for a Contracts TDY to further assist with start-up and on-boarding of staff															
6	Prepare sub awards for partners as necessary															
7	Prepare initial grant agreements as necessary															
8	Identify needs for consultants in year 1															
10	Negotiate consultant rates															
11	Issue Consultant Letters of Agreement															
12	Draft environment management mitigation plan															
13	Submit and obtain approval for environment management mitigation plan															
I	PROCUREMENT AND INVENTORY															
1	Complete procurement plan															
2	Determine if there are restricted goods that will need to be procured															
	Submit waiver for restricted goods															
3	Assess and procure equipment needed for project and/or shared operations															
4	Transfer equipment from another project as needed															
7	Prepare PRs															
8	Weekly, circulate start-up procurement report															
9	Procure shipment services for US-procured equipment. Coordinate with COMU/Field for shipment															
10	Setup project inventory tracking tool and procedures in country (COMU)															
11	Establish equipment usage policies															

			Post-Award													
	Major Activity	Pre-Award/ Buy-in	Month 1				Month 2				Month 3				Person Responsible	Status
J	ACCOUNTING															
1	Assess banking needs/confirm adequacy of banking services															
2	Open bank account as necessary															
3	Setup QuickBooks (QB)															
4	Coordinate training for the Accountant on QB and Navigator															
5	Establish startup code(s) in QB															
6	Facilitate startup funds request															
K	IT															
1	Confirm IT infrastructure needs (setup, upgrade, etc.) and support (from local and HQ)															
3	Create e-mail accounts															
4	Select Internet Service Provider															
5	Select/confirm local IT Support															
6	Select networking for computers															
7	Setup information security architecture (storage and backup)															
8	Select/upgrade phone system															
9	Procure cabling for phone system															
10	Schedule and procure IT equipment and systems															
11	Determine need for an IT TDY to further assist with start-up and training of staff															
L	SECURITY															
1	Security assessment (as part of risk assessment)															
2	Identify and procure necessary security equipment															
3	Establish or confirm emergency communications plan															
4	Recruit staff or contract security guards															
5	Establish or confirm security guidelines for the office															
6	Establish or confirm security guidelines for in-country travel															
7	Establish or confirm security guidelines for expatriate residences															
M	PROJECT STTA AND TRAVEL															
1	Establish/confirm Travel Policies and procedures															
2	Develop Year 1 STTA plan and STTA tracking system															
3	Determine what trips will be needed for project start-up															
4	Secure donor approval for travel															
5	Coordinate visa/ticket/lodging arrangements with the Travel unit and field office															
6	Prepare orientation packages for STTA staff															
N	PLANNING FOR RESULTS: WORKPLAN BUDGETING AND FINANCIAL MANAGEMENT															
1	Confirm expected project results and deliverables															
2	Review and submit implementation plan															
3	Develop a life of project work plan															
4	Incorporate technical strategy into Integrated Country Strategy															
5	Create Year 1 Work plan and budget															
7	Submit and obtain approval for Year 1 Work plan and budget															
8	Establish budget management codes															
9	Develop systems for expenditure monitoring															
10	Establish responsibilities for financial reporting															
13	Setup commitments and accruals tracking tool and processes for local costs															
14	Work with COMU to be included in pro-rate for shared operational costs															
15	Establish COMU and OST LOE budgets															
O	PLANNING FOR RESULTS: MONITORING AND EVALUATION															
1	Working with the donor(s), confirm appropriate indicators for reporting results															
2	Build performance monitoring plan including a deliverables tracker															
3	Finalize monitoring strategy															
4	Complete evaluation strategy															
5	Develop baseline assessment plan															
6	Draft M&E plan															
7	Submit and obtain approval of M&E plan from the donor(s)															

			Post-Award													
	Major Activity	Pre-Award/ Buy-in	Month 1				Month 2				Month 3				Person Responsible	Status
P	PROJECT LAUNCH															
1	Determine if project launch will take place with officials from Donor (USAID, etc.), MoH, and stakeholders															
2	Confirm dates for a launch meeting with donors and local partners															
3	Prepare agenda for project launch															
4	Confirm invitees with donor(s), partners and stakeholders															
5	Create a logistics plan for the project launch															
6	Hold launch meeting															
7	Hold sub-launch meetings if necessary, following steps 2-6															
Q	COMMUNICATIONS															
1	Assess the need for a branding and marking plan															
2	Draft branding and marking plan															
3	Review and finalize branding and marking plan															
4	Submit branding and marking plan															
5	Develop strategic communications plan															
6	Develop a press release announcing start of new project															
7	Obtain photos and quotes for internal and external communication of start-up activities															
8	Develop plan to document and disseminate success stories															

Sample Risk Management Plan

Operations Risk Management Plan for IHP - DRAFT

Risk Event	Type	Probability (High, Moderate, Low)	Consequences (High, Moderate, Low)	Controllable (with Mitigation)	Not Controllable (with Contingency)	What do we do about them? Short Term	What do we do about them? Long Term	Person(s) Responsible
Violence resulting from 2011 Elections	Security	M	H	No		Follow Emergency Response Protocols		
Petty theft in the Office or Guest Houses	Security	M	L	Yes		Identification Badges for staff and visitors; Visitors accompanied from reception to staff member's office; Security Locks that are utilized always		
Breaking into the office or staff residence at nigh	Security	L	H	Yes		A high technical standard of security and guards; Follow security procedures		
Project vehicle breakdown or stuck due to poor road conditions, experiencing significant delays	Security	H	L/M	Somewhat		Assure vehicles checked prior to departure; depart for any assignment early to avoid delay leading to exposure to nigh-time banditory; Adhere to incident reporting procedures		
Road accidents	Security	M	M	Yes		Enforce schedule/procedures for vehicle servicing, driver stafety and incident reporting		
Ambush at the road/Armed robbery	Security	M	M	Yes		Avoid night travel; Follow procedure for responding to armed actors, if attaked		
Riots/demonstrations	Security	M	M			Follow Emergency Response Protocols		
Abduction/Kidnapping	Security	L	H			Follow Emergency Response Protocols		
Project staff/vehicles caught in a crossfire between fighting units	Security	L	H			Follow Emergency Response Protocols		
Individual or groups threatening or attacking sta	Security	L	L			Follow Approproate HR or Security Response Protocols		
Funds stolen in transit	Security	M	H			Reduce Utilization of cash transfers		
Innapropriate handling of equipment or commodities (e.g pharmaceuticals expring during procurment process or not refridgerated)	Contractual	M	H			Enforce pharmceutical management and storage protocols		
Staff Illness	Health	M	M			Take apporpiate precautions for malaria, drinking water and food; Follow Emergency protocol		
Customs clearance protocols prevent timely delivery of commodities	Contractual	M	M			Incorporate lag time into ordering schedule	Explore advocacy to government of DRC though USAID and INGOs to remove obtascle	
Air transport challenges (unavailability, insecure, crash) delay implementation	Contractual	M	M			Appropriate trip planning; follow travel, emergency and incidence reporting procedures		
Program staff carrying cash for activties	Financial	M	H			Implement MSH SOP for Cash Advances		
Conflicts of Interest in implementation of PBF	Contractual	L	M			Trianing on MSH Code of Business Ethics, Procurement Integrity and Conflict of Interest regulations to staff and prospective grantees/contractors; implement internal control protocols; follow recusal/reporting procedures		

Sample Schedule For Team Orientation Workshop (5 days)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30	Objectives, Expectations & Agenda Review -	Recap & Agenda Review	Recap & Agenda Review	Recap and Agenda Review	Recap and Agenda Review
8:45		Overview of MOH/Partners	Overview of Partners	Overview of Partners	Overview of Partners
9:00	Getting Acquainted	Project Management I: Personnel Policies, Benefits Review & Performance Planning and Review	Intermediate Result II Goals, Approaches and Lessons Learned	SIAPS Staff: Managers Who Lead I	Managers Who Lead II: Regional Presentations
10:00	Overview of MSH			Project Management V: COMU	
10:30	**BREAK**	**BREAK**	**BREAK**	**BREAK**	**BREAK**
11:00	Overview of Program Context and the Players	Project Management II: Financial Management-	Project Management III: Procurement Integrity, OCI and Discrimination	Project Management V: Operations	Managers Who Lead II: Regional Presentations contd.
12:00	Program Technical Overview	Team Building for Success	Intermediate Result III Goals, Approaches and Lessons Learned	Intermediate Result IV Goals, Approaches and Lessons Learned	Planning for Implementation (by teams)
12:30					
1:00	**LUNCH**	**LUNCH**	**LUNCH**	**LUNCH**	**LUNCH**
2:00	Creating a Shared Vision	Action Planning for Results: Review of Program Workplan & Status of Implementation -	Intermediate Result III Goals, Approaches and Lessons Learned contd	Intermediate Result IV Goals, Approaches and Lessons Learned contd.	Planning for Implementation contd
2:30			Teaming up to Improve Work Climate	Monitoring and Evaluation	
3:00	Program Contract Reading and Overview –	Introduction to Project Coding			Personal Reflections
3:30	**BREAK**	**BREAK**	**BREAK**	**BREAK**	**BREAK**
4:00	Understanding Roles in Program: Team Work	Intermediate Result I Goals, Approaches and Lessons Learned	Project Management IV: Communications and Knowledge Exchange	M&E contd.	Adoption of Project Vision
4:30					Evaluation
5:00	**WRAP UP**	**WRAP UP**	**WRAP UP**	**WRAP UP**	**CLOSURE**

Sample SIAPS Launch Program

Launching of the MSH-SIAPS Project-South Sudan

Juba Regency Hotel
March 26th, 2013
9:00 am Prompt!!

Objectives

- Officially introduce the SIAPS project to the MOH and partners.
- Share our achievement and collaboration with the MOH and partners.
- Communicate our new activities and strategy for implementation.
- Discuss emerging issues and gaps in the pharmaceutical sector.
- Strengthen future collaboration and build synergies with MOH and Partners.

Time	Description	Facilitator
9.00-9.15am	Arrival and Registration	Pascal Obudra, Neni and Ezekiel
9.15-9.25am	Welcome Introductions and Objectives of the Launch	Dr Harriet Pasquale
9.25-9.40am	Remarks by USAID –Mission Director	William Brands
9.40-9.50am	Remarks from DG of CES MOH	Dr. Paul Tingwa
9.50-10.00am	Remarks from DG WES MOH	Dr. Victor Furangi
10.00-10.15am	Remarks by the Ag. Under Secretary, Ministry of Health.	Dr. Mawien Atem Mawien
10:15-10.35am	Overview on the pharmaceutical management systems in the country (MOH, Directorate of Pharmaceutical Services).	Dr. Bortel Ohisa
10:35-11.05am	Overview on SIAPS project in South Sudan	Albert and Stephen
11.05-11.30am	Questions and Answers session	Albert and Stephen
11:30am	Closing remarks	Dr. Harriet Pasquale
CUTTING OF CAKE, REFRESHMENTS AND DEPARTURE		

Legal Firm SOW for Registration

Selecting a Lawyer for Registration

Management Sciences for Health, Inc. (MSH), under its _____ funded by _____, is commencing project activities in _____. Through the work of _____ staff, MSH has researched and documented requirements for registration to operate as a not-for profit organization in _____, as well as the implications of and the process to obtain such registration. Based on the results of this research, MSH intends to request the assistance of a lawyer or law firm within _____ to process MSH's registration.

MSH will also request that a lawyer or law firm obtain MSH's VAT exemption document and to provide advice on legal obligations of MSH as an employer and as a legally-registered entity in _____. Specific activities (to be established as deliverables) include the following:

A. Determine whether MSH is required under _____ law to register with government authorities to carry out project activities in the country

a. Research relevant legislation to determine whether MSH must register with _____ government authorities in order to operate as a non-profit entity in the region. MSH will provide background information on the nature of our work in _____ to facilitate this determination.
b. Summarize the findings of the research described in deliverable A.a, including sources consulted, and submit to _____ via email.

B. Research and document existing modalities for MSH to legally register in _____ and recommend the best option

a. Describe existing modalities of registration for entities with overseas headquarters seeking to operate as non-profit, non-governmental organizations in _____, and, based on the background information on the nature of our work and the advantages and legal obligations associated with each type of registration, provide guidance in writing on which type of registration is most appropriate for its operation in _____. This guidance shall be submitted to the list specified in deliverable A.b, via email.
b. Provide additional guidance, based on the recommended registration type, for MSH obligations related to value added tax (VAT), income tax, and other taxes and duties, accounting, and audits (including audits sponsored and carried out by the _____ government), and other as appropriate.

C. Assist MSH in the process to obtain its registration

a. Thoroughly explain the registration process, including its requirements, estimated duration, and the costs associated with registration (filing fees, translations, etc.).
b. Provide a detailed list of documents that MSH requires to register in the recommended registration route for a foreign non-profit, non-governmental organization operating in _____. Indicate which documents need a corporate seal, and which agency or agencies need to provide the seal.
c. File the registration application with the appropriate government entities (i.e. NGO Affairs Bureau)
d. Follow up weekly with (see part A for names) on the progress of the registration process and inform MSH of its progress in a timely manner.
e. Provide the completed original registration certificate to MSH and any additional official documents required for operations.

D. Assist MSH in the process to obtain its VAT exemption

a. Thoroughly explain the exemption process, including its requirements, estimated duration, and the costs associated with exemption (filing fees, translations, etc.).
b. Provide a detailed list of documents that MSH requires to claim exemption and the recommended VAT exemption route for a foreign non-profit, non-governmental organization operating in _____. Indicate which documents need a corporate seal, and which agency or agencies need to provide the seal.
c. File the exemption application with the appropriate government entities
d. Follow up weekly with (see part A for names) on the progress of the exemption process and inform MSH of its progress in a timely manner.
e. Provide the completed original VAT exemption certificate to MSH and any additional official documents required for operations.

1. Reports/Deliverables

Deliverable	Due Date
1. Written summary if MSH must register in country to operate in _____	To be determined in consultation with selected lawyer or law firm
2. Written summary of registration types and which would be most appropriate in MSH's case.	To be determined in consultation with selected lawyer or law firm
3. Provide a detailed list of documents required for registration	To be determined in consultation with selected lawyer or law firm
4. Provide confirmation that registration has been submitted to the Government of _____	Immediately after submitted
5. Provide original registration certificate	Immediately after issued
6. Provide confirmation that VAT exemption has been submitted to the Government of _____	Immediately after submitted
7. Provide original VAT exemption document to MSH	Immediately after issued
8. Copy of _____ Employment and Labor Laws	To be determined in consultation with selected lawyer or law firm
9. Responses to individual HR Queries on HR related issues	To be determined in consultation with selected lawyer or law firm

Request for Country Clearance

TO: Name of contact, Position, USAID Country

FROM: Management Sciences for Health (MSH), Systems for Improved Access to Pharmaceutical and Services (SIAPS) Program, cooperative agreement number AID-OAA-A-11-00021

SUBJECT: Travel of MSH/SIAPS Name of traveler, title and dates

COPY: Anthony Boni, USAID/GH/HIDN/HS, AOR for SIAPS
Maria Miralles, USAID/GH/HIDN/HS, Senior Pharmaceutical Management Advisor
Francis Aboagye-Nyame, Director, MSH/SIAPS
Sameh Saleeb, Deputy Director, MSH/SIAPS
Gladys Tetteh, Deputy Director, MSH/SIAPS
Name, Portfolio Manager, MSH/SIAPS
Name, Country Project Director, MSH/SIAPS Country
Name of traveler, MSH/SIAPS
Name, Project Associate, MSH/SIAPS

The SIAPS Program wishes to inform USAID of proposed travel to Name of country by MSH/SIAPS Name of traveler, title and dates.

1. Background:

The USAID awarded the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program, a global program with funding up to $198 million over five years to MSH. SIAPS is a follow-on to the Strengthening Pharmaceutical Systems (SPS) program and will be implemented through September 2016 in approximately 30 countries in Africa, South America, Europe and Asia.

SIAPS receives US Government funding to provide technical guidance for the development and implementation of innovative strategies and programs to strengthen pharmaceutical systems in support of Malaria, HIV/AIDS, TB, MCH/RH, AMR and NTD programs.

SIAPS is collaborating with USAID/Name of the country to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes for the Government of Name of the country.

2. Visit Purpose:

The purpose of the visit is to work with the SIAPS/Name of the country team to include the purpose of your trip.

3. **Scope of Work:**

- Include the Scope of Work of your trip.

During the visit, XXXX is expected to:

- Conduct arrival and departure briefings with USAID and MoH as required;
- In collaboration with staff of SIAPS and Ministry of Health, develop an assessment/evaluation tool for the Pharmacy Strategic plan 2009 – 2012;
- Provide technical oversight for the orientation of data collectors on procedures and pilot testing of data collection tool;
- Provide technical oversight and support for the implementation of the assessment/evaluation – data collection, entry, processing and cleaning, and reporting;
- Provide technical oversight and support for a 5-day workshop for the drafting and finalization of the Pharmacy Strategic Plan 2012 – 2017;
- Within two weeks of the end of the visit, submit a trip report to USAID

4. **Deliverables:**

- Finalized assessment/evaluation tool for the Pharmacy Strategic Plan 2009 – 2012
- Improved assessment/evaluation tool for the Pharmacy Strategic Plan 2009 – 2012
- Completed/filled assessment/evaluation tool for the Pharmacy Strategic Plan 2009 – 2012
- Agreed road map for revising the Pharmacy Strategic Plan 2009 – 2012 at the 5-day workshop
- Draft Pharmacy Strategic Plan 2012 – 2017
- Final Pharmacy Strategic Plan 2012 – 2017, which will be finalized remotely after conclusion of TDY
- Trip report

5. **Anticipated Contacts:**

MSH/SIAPS Staff; USAID and CDC Rwanda; Pharmacy Task Force/MOH; PNILP; USAID/DELIVER; TRAC; Community Health Desk/MOH; and SCMS.

6. **Logistics:**

- Name of the traveler will arrive in Name of the city and country on/around Dates and depart on/around Dates
- Accommodations will be at Name of the hotel
- No Mission assistance is required

7. **Funding:**

All costs for this visit will be funded using SIAPS Name of the country funds

8. Action:

Please advise if there are any reasons why Name of the traveler should not arrive as planned. Please reply via e-mail to the attention of Tony Boni, USAID/GH/HIDN/HS, e-mail: aboni@usaid.gov, tel. (202) 712 4789, fax (202) 216 3702. Please send carbon copies to Maria Miralles at mmiralles@usaid.gov, Francis Aboagye-Nyame at fnyame@msh.org, Sameh Saleeb at ssaleeb@msh.org, Gladys Tetteh at gtetteh@msh.org, Traveler's name and email address and Project Associate's name and email address.

Thank you for Mission cooperation.

SIAPS File Organization Gudelines

SIAPS Country Folders
File Organization Guidelines

FOLDER: **Contracts**

- DOCUMENT: Proposal
- SUB-FOLDER: Approvals
- SUB-FOLDER: Consultants
  - SUB-FOLDERS: Individual consultancies
- SUB-FOLDER: Sub-Agreements
- SUB-FOLDER: MOUs

FOLDER: **Operations**

- SUB-FOLDER: Field Office
  - SUB-FOLDER: Lease
  - SUB-FOLDER: Inventories
- SUB-FOLDER: HR
  - DOCUMENT: Org chart
  - DOCUMENT: Staffing Plan/Directory
- SUB-FOLDER: Procurement
  - SUB-FOLDERS: Individual Purchase Action (Request & Order)
- SUB-FOLDER: Security
- SUB-FOLDER: Travel
  - DOCUMENT: RFCCs/eCCs/Concurrences

FOLDER: **Program Management Reports**

- SUB-FOLDER: Financial Reports
  - DOCUMENT: Cost Share
- SUB-FOLDER: Periodic Reports
- SUB-FOLDER: Trip Reports

FOLDER: **Strategic & Results Management**

- DOCUMENT: M&E Plan
- DOCUMENT: Measures & Indicators
- DOCUMENT: PMP
- DOCUMENT: Strategic Plan

FOLDER: **Technical Reports & Products**

- SUB-FOLDER: Conference/Workshop
  - DOCUMENT: Participant List
  - DOCUMENT: Presentations/Handouts, etc.

FOLDER: **Work Plan & Budget**

DOCUMENT: Work Plan
DOCUMENT: Budget

File Nomenclature

File names should generally follow this structure:

Title/Content_Name of Subject_Country_Date

For example:

Trip Report_Nwokike, Jude_Kenya_May2012

Consultant Agreement_Sikazwe, George_22May2012

Lease Agreement_South Africa_May2012

Additional guidance:

1. Title/Content names should be kept as consistent as possible.
2. When the Subject is a person, their name should be written "Last name, First name"
3. Underscores should only be used to separate each item in the name.
4. Country should be included where this provides important information about the document, i.e. on a trip report or lease.
5. Documents should be dated the date they are finalized, or for trip-related documents, when the travel occurred. Dates should be written with the month spelled out, three letters max (i.e. "Jul" for July), followed by the 4-digit year (i.e. "2012"), with no spaces in between. If necessary, the day can be added before the month (i.e. "10Jul2012").
6. AdCos are responsible for overseeing and maintaining the country folders within their portfolio. Each staff is responsible for the individual documents they work on according to their job duties.

Design of Country Program Strategy

Guiding Principles for Country Program Design and Partnerships

- Core Guiding Principles that should govern our thinking for country program design:
  - Design appropriate interventions—
    - Interventions designed should be technically appropriate and proven to contribute to or achieve expected outcomes. In addition, interventions designed must be appropriate to the needs of the MOH and USAID
  - Build on and strengthen existing systems—
    - Try to provide technical assistance to both addresses a country's most pressing needs in the short term, while building on existing systems and local capacity to increase the country ownership and therefore sustainability of USAID efforts in the long term.
  - Support integration—
    - Where possible, support integration of the various sectors, organizations and departments within the country (for example, work with countries to integrate public health programs and supply systems, so they can continue to scale up while strengthening existing pharmaceutical management systems for long-term sustainability).
  - Build the capacity of local organizations.
    - Use every opportunity to build or strengthen local capacity and minimize "parachute" assistance. Support creation or strengthening of local organizations or resources that can sustainably and reliably provide in-country pharmaceutical management assistance.
  - Support country-led coordination.
    - Where possible and appropriate, capacitate governing bodies to create and use mechanisms for in-country stakeholder collaboration to optimize donor resources, coordinate pharmaceutical management planning, and harmonize tools and approaches.
  - Continually monitor and evaluate.
    - Regarding monitoring and evaluation system for SIAPS, use a combination of cost-effective and rigorous methods and activities that will enable us to adapt to changing conditions and make mid-course corrections as necessary.
  - Share knowledge and information.
    - Ensure that USAID Missions, other US agencies, implementing organizations, partner country governments, other donors, multinational organizations, and international stakeholders receive the information they need to monitor program progress, avoid duplication of efforts or conflicting plans, and use the lessons learned and best practices to improve complementary activities.

Roles and responsibilities for Design

Whilst the prime responsibility for program design and design of individual interventions lies with the country team led by the Country Program Director, HQ-based staff within CPM and SIAPs are experts in cluster and health-element specific areas as follows:

#	Technical or Disease Area	Who can we ask?
1	Governance (Legislation, policy, etc.)	Helena Walkowiak
2	Selection (EML, Formulary, STGs, etc.)	Mohan Joshi or Jude Nwokike
3	Supply Chain Systems (including procurement)	Mavere Tukai
4	Quality Assurance Systems	David Lee / Tom Layloff
5	Patient Safety, Pharmacovigilance and Regulatory Affairs	Jude Nwokike
6	Pharmaceutical Services (rational use, AMR, etc.)	Mohan Joshi
7	Laboratory Services	Catherine Mundy
8	Pharmaceutical Financing	Kwesi Eghan
9	Management Information Systems	Kyle Duarte
10	Capacity Development and Training	Abibata Handley
11	Assessment / Options Analysis	David Lee
12	Monitoring & Evaluation	Michael Cohen
13	Organizational Development	Abibata Handley
14	Malaria	Seydou Doumbia or Rima Shretta
15	TB	Andre Zagorski
16	MCH / RH / POP	Beth Yeager
17	HIV/AIDS and Non-Communicable Diseases	Helena Walkowiak
18	Neglected Tropical Diseases	Gabriel Daniel

SIAPS MCH/FP technical leads for country portfolios

Country	Core MCH technical lead
Angola	Maheen Malik
Bangladesh	Beth Yeager
Burundi	Jane Briggs
DRC	Suzanne Diarra
Guinea	Jane Briggs
Mali	Suzanne Diarra
South Sudan	Beth Yeager

Core MCH Team key expertise/responsibilities (go-to specialists):

- Beth Yeager: overall MCH/FP program management, global MCH initiatives, global and USAID MCH strategy; maternal health issues
- Jane Briggs: community case management; child health issues
- Sheena Patel: communications, MCH webpage, M&E
- UN Commission on Life-Saving Commodities:
    - Supply recommendation working group: Beth Yeager, Sheena Patel
    - Pneumonia and Diarrhea working group: Jane Briggs
    - Chlorhexidine: Maheen Malik
    - Maternal health: Beth Yeager

SIAPS malaria technical leads for country portfolios

Country	Core Malaria technical lead
Angola	Seydou Doumbia
Mali	Seydou Doumbia
Guinea	Seydou Doumbia
DRC	Seydou Doumbia
Ethiopia	Rima Shretta
Burundi	Rima Shretta
Kenya	Rima Shretta
Liberia	Andwele Mwansasu
South Sudan	Andwele Mwansasu

Core malaria Team key expertise/responsibilities (go-to specialists):

- Seydou Doumbia – overall malaria program management, USAID strategy, malaria supply chain
- Rima Shretta – Malaria Quantification, Global strategy, Operation Research, new tools
- Andwele Mwansasu –malaria website, M&E, public-private mix, rational use
- Jennifer Shriber – malaria team support, communications, event logistics

SIAPS TB technical leads for country portfolios

Country	Core TB technical lead
Bangladesh	Antonia Kwiecien – overall, and pharm management Gustavo Bastos – MDR-TB and e-TBM
Dominican Republic	Gustavo Bastos
DRC	Antonia Kwiecien
Philippines	Antonia Kwiecien
South Africa	Chinwe Owunna
Swaziland	Chinwe Owunna
Turkmenistan	Archil Salakaia
Ukraine	Archil Salakaia
Uzbekistan	Archil Salakaia
Africa regional and for priority countries: Kenya, Uganda, Nigeria, Malawi, Tanzania,	Salama Mwatawala (based in Tanzania)

Core TB Team key expertise/responsibilities (go-to specialists):

- Andre Zagorski – overall TB program management, global TB initiatives, global and USAID TB strategy
- Gustavo Bastos – MDR-TB, e-TB manager
- Emily Delmotte – communications, TB website, M&E
- Kanjinga Kakanda – public-private mix
- Joel Keravec – Global Drug Facility, global TB drug quality assurance, global medicines sources
- Niranjan Konduri – o/research, new TB tools
- Antonia Kwiecien – rational use, DUR, o/research
- Salama Mwatawala – (Africa region) supply chain, NTPs, PMIS
- Alaine Nyaruhirira – diagnostic laboratory networks
- Chinwe Owunna – TB/HIV, quantification, ADR and risk management, supply management
- Edmund Rutta – public-private mix
- Archil Salakaia – NTP management, MDR-TB, quantification, rational use
- Dmitriy Semenov – TB team support, communications, event logistics

Available Frameworks for Design
Strategic Plan Development Process

The purpose: To identify where SIAPS wants to go over the lifetime of the program and how it is going to get there.

The "strategic" part of this planning process is the continual attention to current changes in the SIAPS program, CPM, MSH and the external environment, and how this affects the future of SIAPS and CPM.

Strategic planning is going to be critical to the long-term success of SIAPS.

Planning includes:

- Establishing statements of mission, vision and values

- Taking a wide look around at what's going on outside SIAPS/CPM/MSH and how it might affect the program (an environmental scan), and identifying opportunities and threats

- Taking a hard look at what's going on inside SIAPS/CPM/MSH, including its strengths and weaknesses (perhaps doing a SWOT analysis)

- Establishing goals to accomplish over the next (usually) three years or so, as a result of what's going on inside and outside the organization

- Identifying how those goals will be reached (strategies, objectives, responsibilities and timelines)

Expected Outputs---

- Strategic Plan
- Country Profiles

Key points to remember ---

- The planning process is at least as important as the planning document itself
- The planning process is never "done" -- the planning process is a continuous cycles that's part of the management process itself

Strategic Plan Template

Concept Note Development
Partner Engagement

Partner Engagement

3.2.7.1 SIAPS partners and areas of technical expertise

To achieve the program's goals, the SIAPS fosters its collaboration with the partner organizations. The partnership with a consortium of core partners and specialized resource partners brings a wide-ranging mix of skills and expertise to the SIAPS. In particular, the partners will supplement the SIAPS' technical expertise in areas such as financing, supply chain, operations research, and "mHealth". The table X summarizes the partners and the technical areas to which they will contribute to SIAPS.

Table X. SIAPS partners and areas of expertise

	Organization	Area of Expertise
Core partners	Accreditation Council for Pharmacy Education (ACPE)	Accreditation of pharmacy education and training; development and evaluation of quality standards for pharmacy degree programs and continuing education providers in the United States and abroad; training of evaluators to provide standardization and consistency in the accreditation review process
	Harvard Pilgrim Health care	Pharmaceutical health insurance, treatment adherence, and pricing information/mechanisms; applied and operations research and evaluation of programs and policies; cost-effective analysis of different interventions; and pharmaceutical system measurement and monitoring
	Harvard School of Public Health	Pharmaceutical policy, financing sources for pharmaceuticals, medicines management within insurance systems, pricing policies, monitoring and evaluation, international drug policies and global architecture, logistics system design.
	Logistics Management Institute (LMI)	Pharmaceutical supply chain and logistics management in support of global health initiatives; acquisition management, and financial management expertise to conduct policy option analyses on contracting

		for pharmaceutical-related services
	University of Washington	Pharmacoepidemiology, pharmaceutical care services, pharmacovigilance, pharmacoeconomics, product quality control and assurance
Specialized Resource Partners	African Medical and Research Foundation	Strengthening laboratories as an integrated part of strengthening health systems: management and supervision, integrating laboratory diagnostics, establishing or strengthening external quality assurance schemes; strengthening training of clinicians and laboratory workers
	Ecumenical Pharmaceutical Network (EPN)	Liaison to mission sector in developing countries, coordination and networking, development and provision of technical assistance on pharmaceutical policy and services, human capacity development, and consumer/patient education related to pharmaceutical management and medicines use
	Research for Development (R4D)	Research and evaluation; leadership development to advance policy and strengthen health systems; health financing and demand-side models such as health insurance; strengthening the capacity of civil society organizations; and integration and collaboration of the public and private sectors to better achieve national health goals
	RTT Group	South Africa-based warehousing and distribution service support (secondary support to LMI)
	VillageReach	Management information systems in a developing country context, particularly mHealth and open-source solutions; reaching the last mile of the supply chain; offices in Malawi and Mozambique
	William Davidson Institute	Operations research, supply chain management in developing countries, investigation of business-based approaches to improving health care delivery, research to advance the transition from donor dependence to market-based health systems, leadership of Prashant Yadav, recently of the MIT-Zaragoza International Logistics Program

3.2.7.2 Coordination and process of SIAPS partner engagement

If the country program plans to engage any of the SIAPS partners indicated in table X, it should be included in the workplan. The activities that require the engagement of SIAPS partners will be specified in the workplan with the description of how the collaboration will contribute to achievement of the objectives and the overall goal of the SIAPS in country program. The activity requiring the SIAPS partners engagement, the proposed name of partner, expected outcome or deliverable, timeline, estimated LOE, and estimated amount of the ceiling should be provided in Annex C (Anticipated STTA & consultants) and Annex D (Activity Budget Matrix) of the workplan.

When the workplan is approved, the activity lead/manager submits the scope of work (using the template provided) to the SIAPS partner coordinator, Hye Lynn Choi (hchoi@msh.org). As the contract process may take up to several months, the technical lead/manager should ensure that the scope of work is submitted upon an approval of the workplan or at least 2 months prior to the planned implementation of the activity.

The SIAPS partner coordinator will facilitate the contract process and communication with the nominated partner. Based on the scope of work submitted, the Contract Officer together with SIAPS Technical Manager and Partner Coordinator will determine the mode of contractual agreement (i.e. Task Orders with IQC, fixed-priced contracts, cost-reimbursable agreement, grant, etc). The technical lead/manager for the activity and the SIAPS partner coordinator will liaise with the nominated partner to discuss the scope of work, the budget, and any other issues related to contract process or implementation process.

When the contract is issued to the partner, the activity lead/manager will be informed by the SIAPS partner coordinator. The activity lead/manager will inform the SIAPS partner coordinator when the activity is completed and deliverables are met by the technical requirements/expectations, so that the payment can be made to the partner. Any delay in the implementation of the activity engaging the partner should be communicated to the SIAPS partner coordinator, so that the period of performance can be extended and contract modification can be issued.

Process for Getting Sub-Awards Approved

A) Things to know about sub-award approvals under SIAPS
   1. AOTR has been authorized to approve assistance type of sub-awards up to $2,500,000 – i.e. cost-reimbursable sub-award, fixed price grants, cost-reimbursable grants, etc.
   2. AOTR is NOT permitted to approve acquisition type of sub-awards – i.e. fixed price contracts, IQCs w/Task Orders, BOA with Work Orders, etc.
   3. AOTR is **not** permitted to approve sub-awards to foreign government entities or parastatals.

B) The following steps/processes will need to be followed to ensure compliance:
   1. For Core Partners – no additional approvals will be/are required. USAID AO approval will be required for ceiling increases to Core Partners, if any.
   2. For Resource Organizations – have been named and identified in the SIAPS Program Description
      - ✓ Name and have organization approved in the portfolio work plan and budget
      - ✓ Discuss and identify the type of contractual instrument (see above for differences between instruments) in coordination with your MSH assigned Contracting Officer (CO)
      - ✓ Once work plan is approved, send sub-award SOW, budget, and FedCheck to your CO
      - ✓ CO will assess technical justification requirements, negotiate budget, draft contract, etc.
      - ✓ CO will work with the project team to draft a formal request for USAID approval
      - ✓ Once USAID's approval is received, CO will move forward with final contractual negotiations (see above to determine USAID approval required based on type of sub-award being issued)
   3. For all other subs (other than core partners and resource organizations) – full and open competition will be required. Consult with your CO for additional requirements and timeline. USIAD approval will be required. The following steps/documents will be required:
      - ✓ Conduct competition – via RFP/RFA/EOI mechanism for technical and cost proposals (portfolio team and CO)
      - ✓ Select sub(s) and notify finalists (CO)
      - ✓ Draft selection memo (portfolio team and CO)
      - ✓ Draft and submit sub-award approval request to USAID/Washington (CO)
      - ✓ Once approved, conclude negotiations and issue a contract (CO)

Program Design Tools

Program Design Tools and Resources

- Wherever possible, be consistent with CPM frameworks such as:
    - Increasing access to products and services
    - Improving use of products and services
    - Options analysis
    - Pharmaceutical management
    - Capacity building
    - Human capacity development
    - Management information systems
    - Patient safety and pharmacovigilance
    - Pharmaceutical financing
    - Service delivery
    - Governance
    - Quality assurance
    - Supply chain management
- The SIAPS Program objective is to promote and use a systems-strengthening approach consistent with the Global Health Initiative (GHI) that will result in positive and sustainable health impact. So keep the WHO HSS building blocks and GHI Principles always in focus while designing programs.
- Keep your country program design guided by the SIAPS Systems Strengthening Framework Graphic.
- Make use of other available MSH frameworks such as the SPS approaches on pharmacovigilance, governance and AMR advocacy and containment.

Strategic Plan Template

Systems for Improved Access to Pharmaceuticals and Services, [Country], Strategic Plan: June 2012 – September 2016

June 2012

USAID
FROM THE AMERICAN PEOPLE

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About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

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TABLE OF CONTENTS

ACRONYMS 374

EXECUTIVE SUMMARY 374

I. INTRODUCTION 375

II. BACKGROUND: PURPOSE AND PROCESS 375

III. CONTEXT: HEALTH STATUS, HEALTH SECTOR CHARACTERISTICS AND CHALLENGES 376

IV. PHARMACEUTICAL SYSTEM STRENGTHENING: STAKEHOLDER CONTRIBUTIONS 379

V. LESSONS LEARNED AND STRENGTHS 380

VI. PRINCIPLES AND PRIORITIES 383

VII. SIAPS/[COUNTRY] RESULTS FRAMEWORK 383

VIII. ORGANIZATIONAL STRUCTURE, MANAGEMENT AND LINKAGES 387

IX. KEY IMPLEMENTATION STEPS 388

ANNEXES 388

ACRONYMS

RF	Results Framework
WHO	World Health Organization
IR	Intermediate Results
Sub-IR	Sub-intermediate results (beneath Intermediate Results in a program hierarchy)
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

I. INTRODUCTION

This Strategic plan guides the next four years of the USAID funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program in [Country]. Section II elaborates on the purpose for the strategy and explains the process for its development. Sections III, IV, and V present the pharmaceutical systems strengthening context, key issues and problems in the area and the work of other stakeholders. The remaining sections, Sections VI-VIII, present the principles, strategic objectives, intermediate results and anticipated organizational structure for SIAPS/[Country], as well as key implementation steps for the strategy.

II. BACKGROUND: PURPOSE AND PROCESS

a. Purpose

[Note: Strategic planning is an organization's process of defining its strategy, or direction, and making decisions on allocating its resources to pursue this strategy. Responses to the questions below should help define "what the SIAPS Country program does".]

How long has MSH/CPM been providing technical assistance in the area of pharmaceutical management and systems strengthening in your country?

Over the course of period mentioned above, what CPM programs have provided the TA? What was the technical approach used? What were the focus areas of support? Was support provided at the national/ provincial/ district level?

Does the strategic plan build on the successes of CPM's prior technical assistance to the government? Does it take into consideration the many reforms and changes in the governing and funding environment? Does it address problems and issues for which SIAPS assistance is needed and relevant? If yes, please say so.
Is there an overlap between SPS and SIAPS activity implementation? How will this overlap be coordinated?

b. Process

What process did you/will you use for developing the strategic plan?

[*If you have done any strategic planning over the last year the information is still relevant so please include in your description of the process. The process you used for developing your recent workplan is also relevant as it probably involved document review, dialogue and consultation with partners, in-house brainstorming and planning and a review by USAID, Government and maybe partners.]*

Document Review: *Did you/will you undertake a review of a broad array of document? Include in list of references but mention key documents here for e.g. National HIV/AIDS strategic plan, Strategic plan for Pharmaceutical Sector etc . Also if you reviewed/plan to review any relevant Assessment reports or analyze any data, you should record it here and put all documents in a folder which your office staff and HQ staff have access to.*
Dialogue and Consultation with Partners: *Have you had any consultations with the Ministry of Health, Government, USAID or other donors/stakeholders/partners to help develop a strategy for SIAPS work in your country? If these discussions were intended to clarify roles and responsibilities, priority problems and possible solutions you should include the partner here and the strategic discussion held.*
In-house Review and Strategic Planning: *Did you have or are you planning to have internal strategic planning discussions? The output of your in-house review/strategic planning should be identified priorities, weighed against potential impact, SIAPS comparative advantages and experience, and cost. These outputs from deliberations should then be reflected in the strategic directions and intervention planning presented in Sections VI and VII.*
Review with USAID/[Country] Leadership: *Do you plan to present/discuss SIAPS/[Country]'s strategy with USAID? If so, the presentation needs to highlight current gaps in pharmaceutical systems strengthening and how you plan to be more responsive and relevant to filling priority gaps alongside other collaborators and what results you intend to achieve by 2016.*
[Please Note: We don't need approval from USAID for our Strategic Plans but it would help if USAID shared the vision for how we plan to achieve pharmaceutical system strengthening and service delivery if funding were available]
How will this strategic plan be used once it is developed?

[Introduce here and elaborate further in section IX.]

III. CONTEXT: HEALTH STATUS, HEALTH SECTOR CHARACTERISTICS AND CHALLENGES

What program areas is SIAPS/[Country] supporting? HIV/AIDS? TB? Malaria? MCH? FP/RH? Indicate that here. What GHI principles is will be reflected in SIAPS/[Country]'s work?
It would be good to indicate the Ministry relevant strategic objectives here and the USAID relevant key program objective i.e. if SIAPS is supporting pharmaceutical system strengthening/case management for Malaria, please indicate the strategic objectives of the National Malaria Control Program and the USAID/PMI objectives the country Mission is planning to achieve.

a. Health Status

This section should describe the health status in your country and how it has improved or declined over the last decade. It should describe the health challenges that remain.

Provide some background information on what geographic divisions exist? How many regions/provinces/states? How many districts? Is a description of the terrain relevant for this plan? If so, please describe.
Provide data and trends for population, population structure, life expectancy, population growth rate and any other demographics you feel are relevant to the areas we are supporting e.g. ethnic divisions, livelihood if relevant. Are there any conflicts and impact worth mentioning? Where does the country rank on the United Nation's Human Development Index which measures life expectancy, adult literacy and per capita income? What trends are seen as regards total expenditure on health and per capita health expenditures?
Provide data and trends for key overarching health indicators (Infant Mortality, Under-Five Mortality, Child Mortality and Maternal Mortality) with some narrative. Please quote the data source.
Also provide data and trends for relevant program area indicators –

- *Malaria – # cases reported in >5 and <5, % of outpatient admission, % of hospital admissions, case fatality rate etc)*
- *Family planning – total fertility rate (TFR), use of modern methods of contraception, spacing, unmet need for family planning etc.*
- *HIV/AIDS – HIV incidence and prevalence rates, transmission pattern and risk groups, percentage eligible initiated on ART etc*
- *TB – TB cases notified, TB cure rate, % of TB cases with MDR-TB*
- *Other indicators*

b. Health sector characteristics

Provide an overall description of the health sector and an assessment of Health Infrastructure, Management and Organization, Financing.
Health Infrastructure
Describe the Health Infrastructure highlighting relevance to Pharmaceutical Sector performance.

- *What are the key relevant policy documents, strategic plans and operational plans?*
- *What are the service delivery levels of the health care system?*
- *What formal health facilities exist and who are the providers?*
    - *Of the facilities on record, % public sector, % private sector, % other (NGO, faith-based etc)?*
- *What health professionals exist? How are they organized? What is the status of their availability and capacity?*

Ministry of Health Organization and Management arrangements

- *How is the Ministry of Health organized and what role/functions does the MOH have? Is the MOH split? If so, how do the parts work together?*
- *What are the relevant departments/programs and which Ministry do they sit under?*

- *What management arrangements exist? Is the system decentralized? Who oversees, governs and facilitates health activities? Who oversees service provision and supervision to the lower levels?*
- *Any scale up or extension services in place to increase access to health service provision? E.g. community health strategy, agricultural extension workers*

Health care financing

- *What arrangements exist for health care financing?*

Pharmaceutical System

- *How is the pharmaceutical system organized and managed?[Description of the pharmaceutical system]*
- *What are the strengths of the pharmaceutical system?*

c. Health Services Delivery: Issues and problems that affect the pharmaceutical sector (system and services)

Working systematically through the pharmaceutical management cycle, use the health systems blocks to describe issues that impede performance and inhibit access and use of medicines thereby diminishing the achievement of health outcomes.

Selection	*What are the policy and legal framework/governance issues, organization and management issues/human resource capacity and management issues, information management issue, financing and sustainability issues, service delivery*
Procurement	*What are the policy and legal framework/governance issues, organization and management issues/human resource capacity and management issues, information management issue, financing and sustainability issues, service delivery*
Distribution	*What are the policy and legal framework/governance issues, organization and management issues/human resource capacity and management issues, information management issue, financing and sustainability issues, service delivery*
Use	*What are the policy and legal framework/governance issues, organization and management issues/human resource capacity and management issues, information management issue, financing and sustainability issues, service delivery*

IV. PHARMACEUTICAL SYSTEM STRENGTHENING: STAKEHOLDER CONTRIBUTIONS

Who are the donors providing funding to the area of pharmaceutical system strengthening? Identify the stakeholders working under USG funding and describe their contribution. Also identify other development partner and describe their contribution. [See populated sample table below]

USG agency implementing partners

Implementing partner	*USG partner funding*	*Funding available in millions of USD*				*Type of support*	*Focus area of support*	*Level of service to be supported*	*Local office*
		Oct 2012 – Sep	***Oct 2013 – Sep***	***Oct 2014 – Sep***	***Oct 2015 – Sep***				
KEMSA	*USAID*					*TA*	*Capacity building of CMS*	*National*	*Yes*
HCSM	*USAID*	*10*	*8*	*8*		*TA*	*LMIS strengthening*	*Provincial*	*Yes*
CPM	*CDC Kenya*	*2.5*		*NA*		*TA*	*Lab strengthening*		
DELIVER	*USAID*	*15*	*DK*			*TA*	*Procurement*	*National*	*No*
PSI	*Peace Corps*					*TA*	*BCC for case management*	*Community*	*Yes*

Other development partners

Development Partner	*Implementing partner/Sub-recipient*	*Funding available in millions of USD*				*Type of support*	*Focus area of support*	*Level of service to be supported*	*Local office*
		Oct 2012 – Sep	***Oct 2013 – Sep***	***Oct 2014 – Sep***	***Oct 2015 – Sep***				
DfID	*WHO/EDM*	*3*	*3.5*	*NA*		*Direct funding to dept*	*Support to Policy Development*	*National*	*Yes*
DfID	*PSI*	*1.2*	*1.2*	*DK*		*TA*			
DANIDA						*Funding to SWAP*	*Support to supply chain*	*District*	*Yes*
Global Fund	*World Vision*								
Global Fund	*PSI*								*No*
Global Fund	*National AIDS Control Program*								

What forums exist for planning, coordination and collaboration? How often do partners meet and how 1) do gaps get determined, 2) do activities get conceptualized and allocated, 3) does progress get reviewed etc. Does the MOH coordinate properly? Is there a business plan/joint operational plan? Are all relevant partners working within the plan framework?

Undertake an analysis of the stakeholders that your program works with and highlight conclusions in the chart below.

Stakeholder	What are their highest priorities? • Project-related • Personal • Political	How would they rate their relationship with us on a scale of 1-10*?	What are their biggest concerns with your country program?	What indicators would tell us that we are getting and maintaining their support?	How can you improve this relationship?

*** 1 =** Unsatisfying**:** Unproductive, mistrustful, contentious, **10** = Satisfying: Highly productive, trusting, respectful

V. LESSONS LEARNED AND STRENGTHS

What important lessons have been learned over the period CPM has been working in-country? What important strengths have CPM projects (RPM, RPM Plus, SPS) brought to the table? What strengths will SIAPS bring to the table?

a. Lessons learned from recent experience

Write in some important lessons learned over the past five years that can be applied in this strategic plan period.

Strategic Area	***Identified Best Practices***	***Identified Gap - What was not done well in this area?***	***Lesson learned and relevance to this strategic plan period***
Navigating the Environment			

Leading and Managing the Project

Leading and Managing the Team

Delivering, Documenting and Communicating Technical Results

b. CPM Strengths

What are the important technical and programmatic strengths within CPM that will be incorporated into the SIAPS country program?
Brainstorm with staff on internal strengths, internal weaknesses, external opportunities and external threats. Incorporate findings from SWOT Analysis below –

Strengths	**Weaknesses**
Opportunities	**Threats**

Reflecting on your current workplan, identify what you have to do that is not already in the workplan to leverage strengths to take advantage of opportunities (S/O), address weaknesses to minimize threats (W/T), address weaknesses that keep you from taking advantage of opportunities (W/O) and leverage strengths to minimize or neutralize threats (S/T).

Strengths/Opportunities: What does your country office need to do that will leverage your strengths to take advantage of opportunities?

External Opportunities *How to leverage internal Strengths*

Weaknesses/Threats: what weaknesses does your country office have that you have to address in order to minimize threats or neutralize them?
External Threats *How to improve internal Weaknesses*

Weaknesses/Opportunities: what does your country office need to do that will circumvent or improve weaknesses so you can take advantage of opportunities?

External Opportunities	*How to improve internal Weaknesses*

Strengths/Threats: what does your country office need to do to leverage strengths to minimize threats?

External Threats	*How to leverage internal Strengths*

VI. PRINCIPLES AND PRIORITIES

In considering the many pharmaceutical sector challenges and issues in the [Country] health sector, SIAPS/ [Country] recognizes that it cannot take on pharmaceutical system strengthening of all areas, but rather must set priorities consistent with the problems, and with Government priorities, as well as USAID's program objective, directive funding and funding levels. SIAPS must also continue to work in collaboration with sector donors and partners as well as those in other sectors.
The following principles and priorities form the backbone of this strategic plan:

a. Principles

Write out the principles under which the team will work. High on the list should be the GHI principles particularly the principles of Country Ownership and Sustainability. What other principles will guide your team?

b. Priorities

What priorities will SIAPS/[Country] support? What is the basis for selection of priorities? Will attention to these priorities generate results from interventions? What health intervention areas will receive attention? What areas of pharmaceutical system strengthening will be prioritized? What health systems strengthening gaps are of high priority? What geographic areas are priorities? What systems/services level is a priority? What unanswered questions will be answered?

VII. SIAPS/[COUNTRY] RESULTS FRAMEWORK

The SIAPS/ [Country] Results Framework has two major components: 1) the framework itself, which presents what results the country program expects to achieve over the lifetime of SIAPS (i.e. the overall objectives and the sub-objectives); 2) the SIAPS/[Country] causal pathway being implemented to achieve these pharmaceutical system strengthening results.

a. Results Framework

What are the overall objectives of SIAPS/[Country]? Are these objectives reflective of USAID's strategic objectives in support of Government needs?
By September 2016 what would your country program be able to say it contributed to assuring availability of quality pharmaceutical products and to assuring effective pharmaceutical services are in place to achieve desired health outcomes?
How will progress in achieving this overall objective be measured? What evidence would your country program have that will show that you have contributed to 1) assuring the availability of quality pharmaceutical products and 2) guaranteeing that effective pharmaceutical services are in place to achieve desired health outcome?

Insert SIAPS/[Country] results framework here

Think about the sub-objectives you have written for each objective. For each sub-objective what activities will you put in place in your country each year that you believe will lead to achievement of the objective? How will your activities/interventions build on each other such that over the next 4 years your country program fully achieves the objective?

Objective 1 *Write Objective 1 here*	*Activities SIAPS/[Country] implemented in* ***Year 1*** *as a start to getting Objective 1 achieved*	*Expected Results for Year 1*	*Assuming Year 1 expected results are achieved, what gaps will remain that need to be filled to move program closer to attainment of Objective 1*	*Activities SIAPS/[Country] will implement in* ***Year 2***	*Expected Results for Year 2*	*Assuming Year 2 expected results are achieved, what gaps will remain that need to be filled to move program closer to attainment of Objective 1*	*Etc…do this for all 5 years of SIAPS*
Sub-objective1.1 *Write here*							
Sub-objective 1.2 *Write here*							

Sub-objective 1.3

Write here

Repeat this for each Objective in your Results Framework.

Objective 2	*Activities SIAPS/[Country] implemented in **Year 1** as a start to getting Objective 2 achieved*	*Expected Results for Year 1*	*Assuming Year 1 expected results are achieved, what gaps will remain that need to be filled to move program closer to attainment of Objective 2*	*Activities SIAPS/[Country] will implement in **Year 2***	*Expected Results for Year 2*	*Assuming Year 2 expected results are achieved, what gaps will remain that need to be filled to move program closer to attainment of Objective 2*	*Etc…do this for all 5 years of SIAPS*
Write Objective 2 here							

Sub-objective 2.1

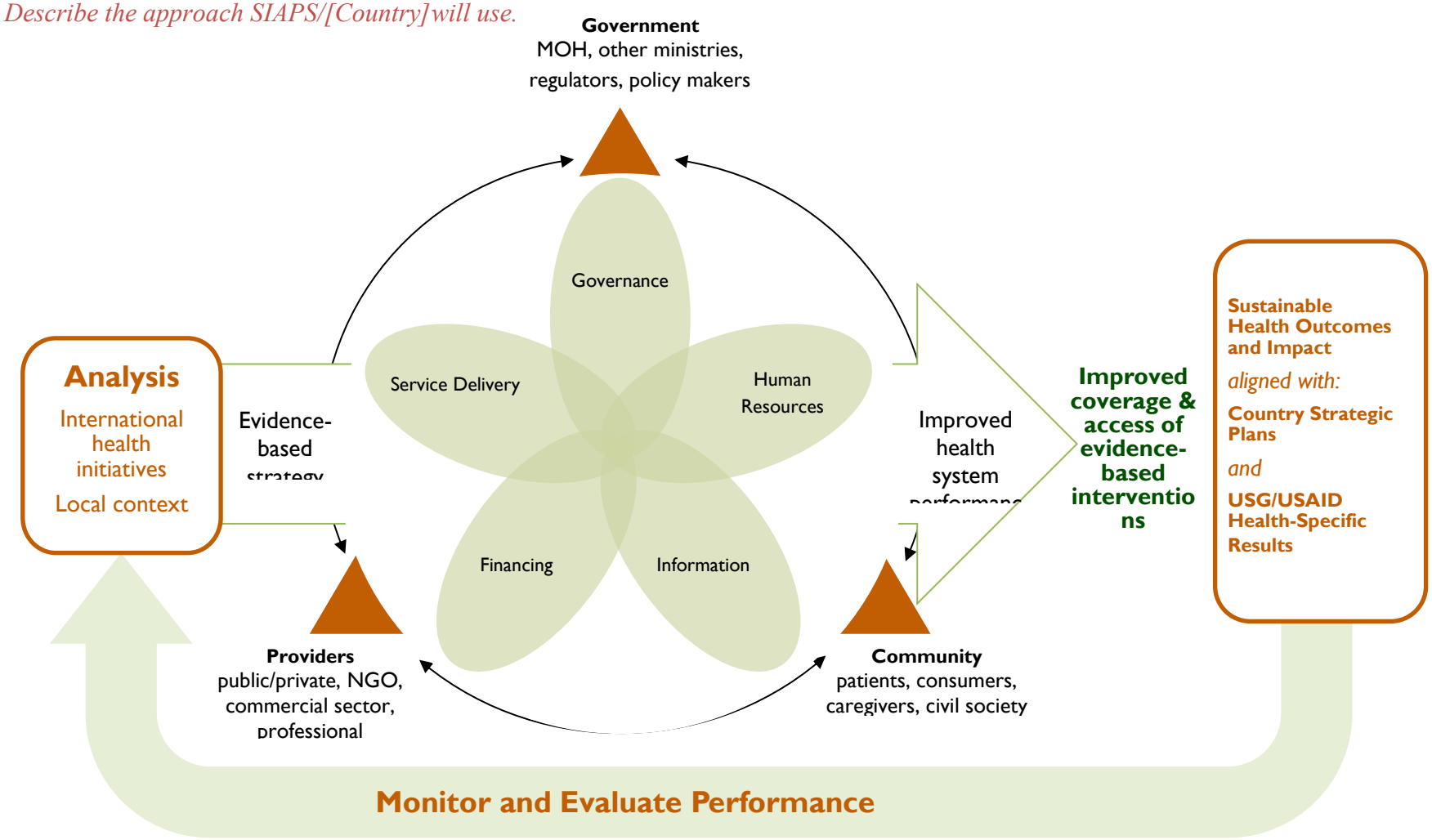
Write here

Sub-objective 2.2

Write here

Remember – the activities selected must be evidence-based i.e. there must be evidence that shows that if you put the particular intervention/activity in place it will contribute significantly to achievement of the sub-objective. As per the USAID Evaluation Policy 2011, where there is a problem identified but no evidence-based intervention (practicable for the local context) to ensure the desired improvement, you should implement the intervention/activity in coordination with research and M&E advisors to generate evidence in support of the activity.

Describe the approach SIAPS/[Country] will use.



VIII. ORGANIZATIONAL STRUCTURE, MANAGEMENT AND LINKAGES

This section describes the organizational structure which presents the local capacity and external short-term technical assistance, strategy management and linkages/collaboration tactics that SIAPS will use to support the achievement of the results framework.

a. Organizational Structure

What skills are required to carry out and measure SIAPS planned interventions? Think about both particular and cross cutting capacities required. What structure is in place? How are you/do you intend to be organized and how will you manage i.e. roles and responsibility? Insert your country office's functional organogram here.

b. Strategy Management

Who in your country office will be responsible for assuring the effective implementation of the strategies within this plan, including facilitating continual attention to all agreements within the plan?

Who will have primary responsibility for coordinating and aligning the SIAPS program with its respective client and counterpart objectives?
Who will ensure that the required skills are in place and there is internal coordination and collaboration to achieve the mission?

Who will ensure that there is a comprehensive technical strategy being adhered to and that activities are appropriate to achieving the mission?

Who will ensure that SIAPS performance is first-rate and that required capacities are resident or put in place through short-term technical assistance so as to achieve the mission? How will performance improvement be enhanced?

Who will be responsible for ensuring the judicious planning and use of budgets and for financial tracking?

Who will lead the development of annual work plans and budgets, ensuring that they are guided by this strategic plan?
Who will ensure that at the end of each year, the status of implementation of activities, progress towards anticipated results will be reviewed and problems discussed and solutions identified such that corrective action, as needed, will be taken for the following year?
Who will ensure final evaluation of the SIAPS/[Country]program?

Who will push the knowledge management and exchange agenda?

c. Linkages and Collaboration with Government and USAID

What linkages and collaboration will happen with Government counterparts? Who will coordinate client relations?

d. Collaboration with Other relevant Stakeholders

How will you collaborate with other relevant stakeholders?

How will you deliberately realize and document cost-share?

IX. KEY IMPLEMENTATION STEPS

What are the key steps you will take within and outside SIAPS/[Country] to use this strategic plan to guide the overall achievement of results?

ANNEXES

ANNEX I REFERENCES

CPM Technical Frameworks

Center for Pharmaceutical Management: Technical Frameworks, Approaches, and Results

What we do and how we do it

msh
Management Sciences for Health
STRONGER HEALTH SYSTEMS. GREATER HEALTH IMPACT.

Foreword

Management Sciences for Health (MSH) is a nonprofit international health organization with more than 2,000 people of 73 nationalities working in 47 countries. Our mission is to save lives and improve the health of the world's poorest and most vulnerable people by closing the gap between knowledge and action in public health. Together with our partners, we help leaders in developing countries create stronger management systems that improve health services for the greatest health impact.

The Center for Pharmaceutical Management (CPM) works to improve health worldwide by enhancing access to and improving use of essential medicines and other health care technologies. We use the frameworks and approaches featured in this collection to organize and guide our work. For each framework, we briefly describe some of the local results the approach has helped us to achieve.

We want this collection of *CPM Frameworks* to be a valuable resource for our staff and for all others who are searching for sustainable ways to achieve health impact. Graphic files suitable for presentation and printing are available for download from: http://intranet.msh.org/centers/cpm/index.cfm. As you use this guidance, please share your results with us. When using any of these frameworks, use the following citation to acknowledge Management Sciences for Health.

Center for Pharmaceutical Management. 2011. *Center for Pharmaceutical Management: Technical Frameworks, Approaches, and Results*. Arlington, Virginia: Management Sciences for Health.

Acknowledgments

CPM gratefully acknowledges the following donors for their support of the examples cited in this brochure.

Project	Funder
East African Drug Seller Initiative (EADSI)	The Bill & Melinda Gates Foundation
International Network for the Rational Use of Drugs Initiative on Adherence to Antiretrovirals (INRUD-IAA)	The Swedish International Development Cooperation Agency
Rational Pharmaceutical Management (RPM) Plus	The U.S. Agency for International Development
Securing Ugandans' Right to Essential Medicines (SURE)	The U.S. Agency for International Development
Strategies for Enhancing Access to Medicines (SEAM)	The Bill & Melinda Gates Foundation
Strengthening Pharmaceutical Systems (SPS)	The U.S. Agency for International Development

The guiding principles for our work are described in *Managing Drug Supply: The Selection, Procurement, Distribution, and Use of Pharmaceuticals (MDS)*. MDS is the leading reference on the best practices in managing essential medicines in developing countries. The third edition of the text has been re-titled as *MDS-3: Managing Access to Medicines and other Health Technologies*.

Center for Pharmaceutical Management

OUR FOCUS

Increasing Access to Products and Services	Accessibility	Availability	Affordability	Acceptability
Improving Use of Products and Services	Systems – Public and Private	Providers	End Users	

OUR APPROACH

Options Analysis → Intervention Design → Implementation and Management → Performance Monitoring → Outcomes Measurement

Capacity Building

OUR EXPERTISE

Human Capacity Development	Management Information Systems	Patient Safety and Pharmacovigilance	Financing
Service Delivery	Governance	Quality Assurance	Supply Chain Management

Most of the leading causes of death and disability in developing countries can be prevented or treated with cost-effective medicines. Despite this fact, hundreds of millions of people do not have access to these medicines. And even when medicines are available, they may not be prescribed, dispensed, or used appropriately. Improving the way medicines are accessed and used is a powerful opportunity to create stronger health systems and achieve greater health impact.

Since its original inception as the Drug Management Program in 1983, the Center for Pharmaceutical Management (CPM) at Management Sciences for Health (MSH) has maintained a sustained **focus** on increasing access to and improving the use of pharmaceutical products (e.g., essential medicines, vaccines, laboratory testing kits, and other health technologies) and services that support these products.

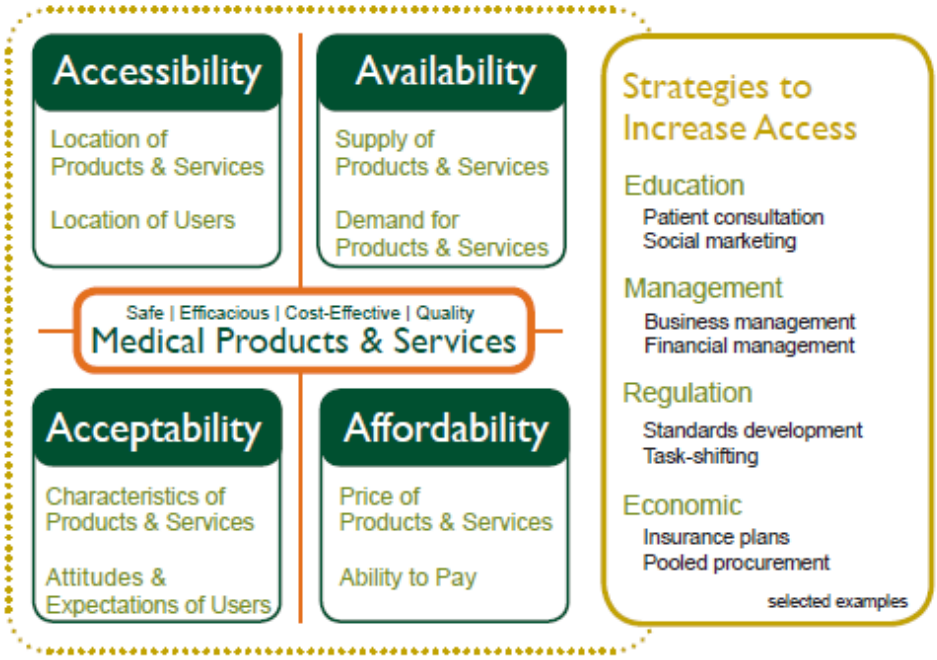
Our **approach** is based on providing high-quality technical assistance and building on existing systems and local capacity. We partner with local, regional, and international stakeholders to build consensus and local buy-in for change and increased capacity in pharmaceutical management. Over many years of supporting pharmaceutical management activities, we have developed and honed **expertise** in a wide range of health systems strengthening capabilities. These include all of the areas listed above.

OUR FOCUS

Increasing Access to Products and Services	Accessibility	Availability	Affordability	Acceptability
Improving Use of Products and Services	Systems – Public and Private	Providers	End Users	

Our focus is on ensuring that products and services are accessible, available, affordable, and acceptable, and on helping improve the use of products and services within the public and private sectors by providers and by end users.

Increasing Access to Products and Services



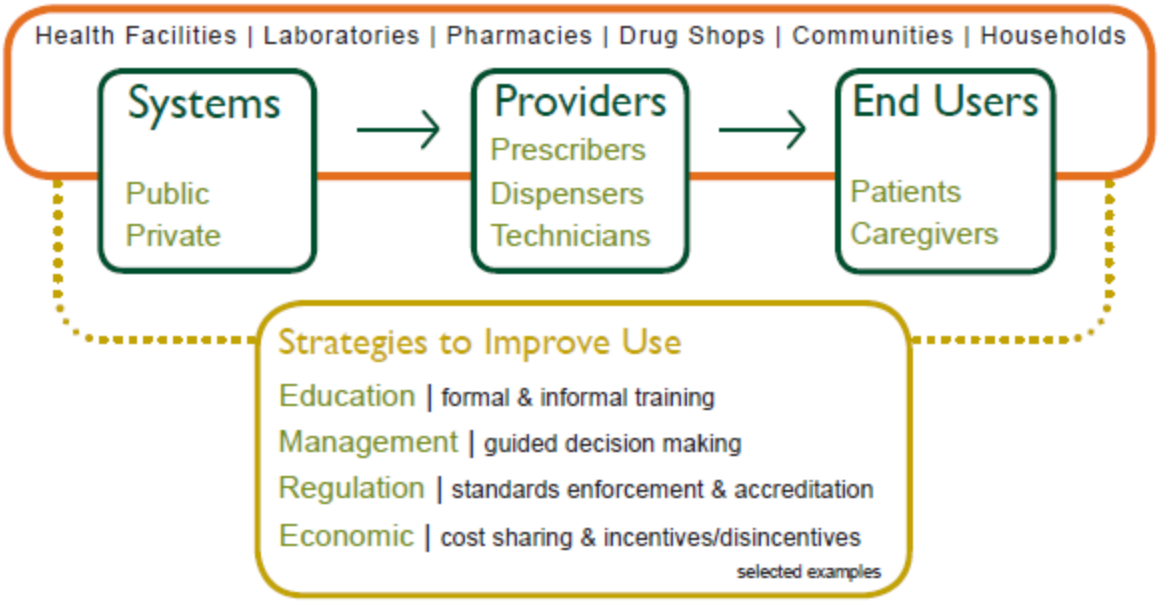
Increasing Access Framework

At the core of access is the need to provide medicines and pharmaceutical services that are safe, efficacious, cost effective, and of high quality. Often people assume that if medicines are in stock, then positive outcomes will naturally result. But availability is only one aspect of ensuring access to medicines—equally important are accessibility (geography and convenience), affordability (price and ability to pay), and acceptability (cultural and personal preferences). In collaboration with countries and other partners, the Center for Pharmaceutical Management (CPM) has developed a variety of strategies for improving access to medicines and pharmaceutical services.

Selected Results

The East African Drug Seller Initiative (EADSI) is helping the government of Tanzania improve access to quality medicines and services provided by drug sellers through standards development, training, accreditation, regulation, and incentives. The work builds on Tanzania's accredited drug dispensing outlet program established by the Strategies for Enhancing Access to Medicines (SEAM) Program. By 2010, more than 1,500 accredited drug shops had opened in 10 regions, and scale-up to all mainland regions of Tanzania is underway. In just two regions, accredited shops have provided care for more than 300,000 people who previously did not have easy access to recommended malaria treatment. Notably, 90 percent of the 4,000 dispensers trained as part of this program are women.

Improving Use of Products and Services



Improving Use Framework

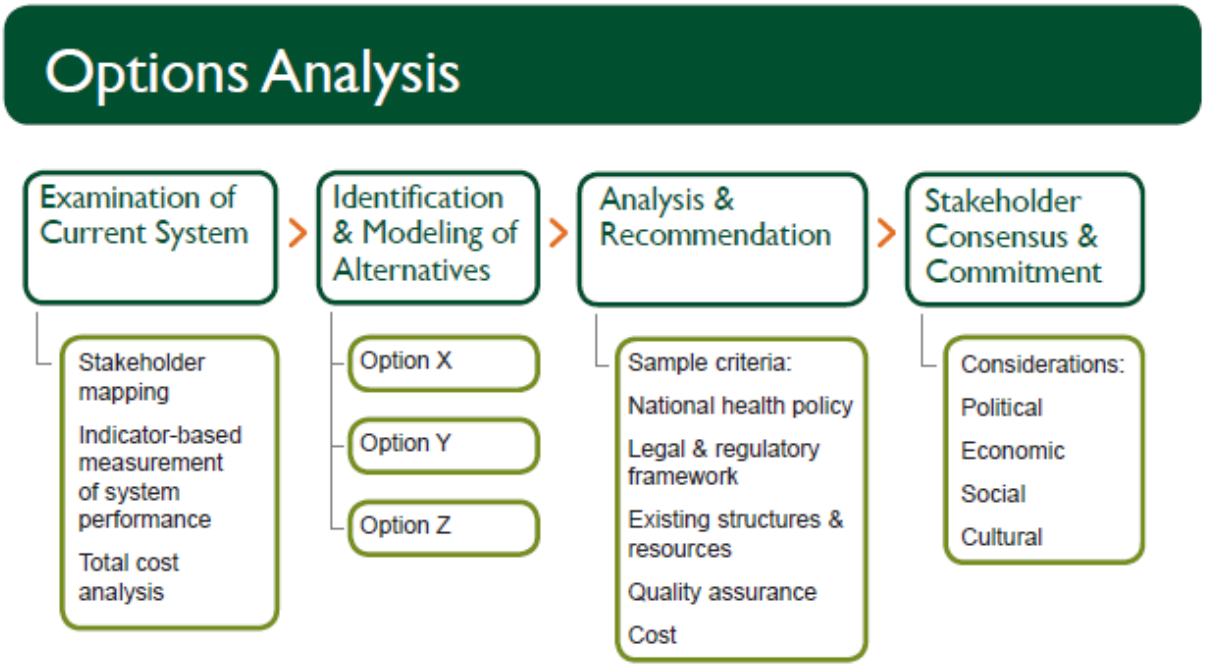
The Center for Pharmaceutical Management (CPM) has implemented strategies across the health system—in health facilities, laboratories, pharmacies, drug shops, communities, and households—to improve the use of medical products and services. In some cases, we do this by helping establish standard treatment guidelines and provide educational material for clinicians, care providers, and patients. Our focus on how medicines and health technologies are used helps ensure that funds spent to provide access are leveraged to achieve measurable improvements.

Selected Results

Sporadic access to and inconsistent use of antiretroviral medicines (ARVs) can lead to drug resistance, which can cause problems for the individual with HIV/AIDS and for the population as a whole as resistant strains proliferate. The International Network for the Rational Use of Drugs Initiative on Adherence to Antiretrovirals (INRUD-IAA), supported by CPM, is exploring whether relatively small, facility-level changes can improve adherence in a large number of patients. INRUD-IAA has published a set of systems indicators developed from interviews and records review in Ethiopia, Kenya, Rwanda, and Uganda that correlate with weight gain and CD4 count (markers of disease status). This set of indicators was used to develop facility-based interventions, such as reducing clinic waiting time and improving patient tracking. Based on INRUD-IAA's work, the International Association of Physicians in AIDS Care recently endorsed the concept of facility-based adherence measurement.

OUR APPROACH

The Center for Pharmaceutical Management (CPM) responds to requests for technical assistance with a five-step approach that includes performing an options analysis; designing a specific, tailored intervention; implementing and managing that intervention; monitoring performance; and measuring outcomes. We view capacity building as the foundation of our approach and involve local stakeholders in every phase of the project. We fully engage local partners to ensure that they are building skills at each stage of the project and that solutions are locally relevant and potentially sustainable without ongoing donor support.



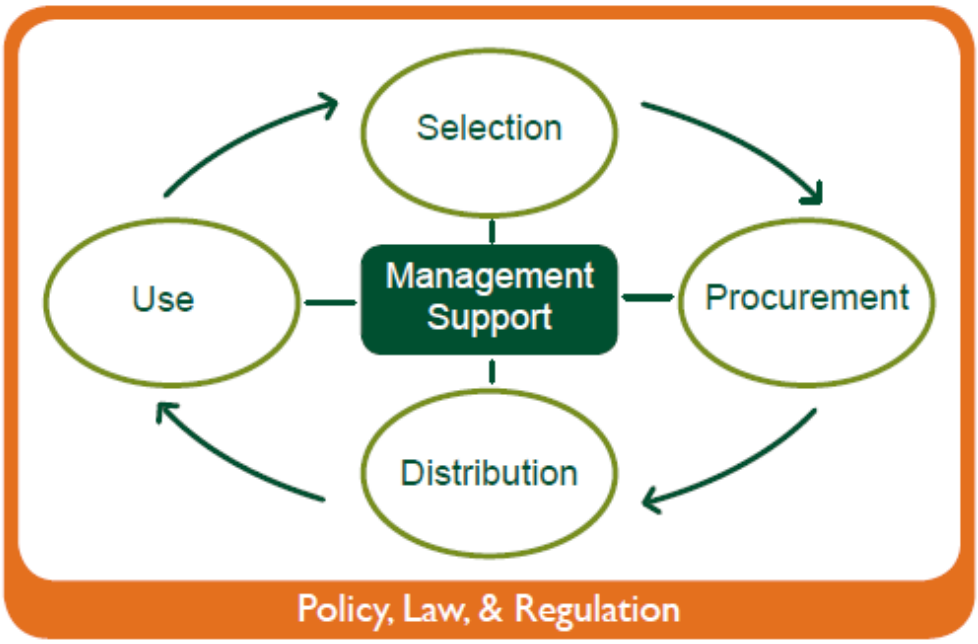
Options Analysis Framework

A trademark of the Center for Pharmaceutical Management (CPM) technical approach is that we use a structured options analysis process carried out in collaboration with stakeholders to examine a pharmaceutical system. The process typically starts with stakeholder mapping of the system, indicator-based measurement of system performance, and total cost analysis. Based upon the outcomes of the examination, we develop two or more alternative options for consideration. Analysis of these alternatives yields a recommendation for action, which is then vetted with stakeholders. Their commitment to a course of action is central to success.

When applied to CPM's work in pharmaceutical supply chain management, this approach has resulted in reforms in policies in 13 countries worldwide. An options analysis in South Africa led to changes in financial allocations and accounting at provincial depots. In Tanzania, results of an options analysis led a faith-based health system to implement a "prime distributor" program in which a private sector provider manages supply chain services for the health system.

The Securing Ugandans' Right to Essential Medicines (SURE) Program used an options analysis to identify policy and finance reforms and supply chain improvements. The analysis defined the changes needed to remove roadblocks, determine the feasibility of particular changes, and provide the basis to obtain necessary commitments to change from stakeholders. This particular options analysis provided a model for reform as well as an alternative model, should the primary option prove unsustainable.

Pharmaceutical Management

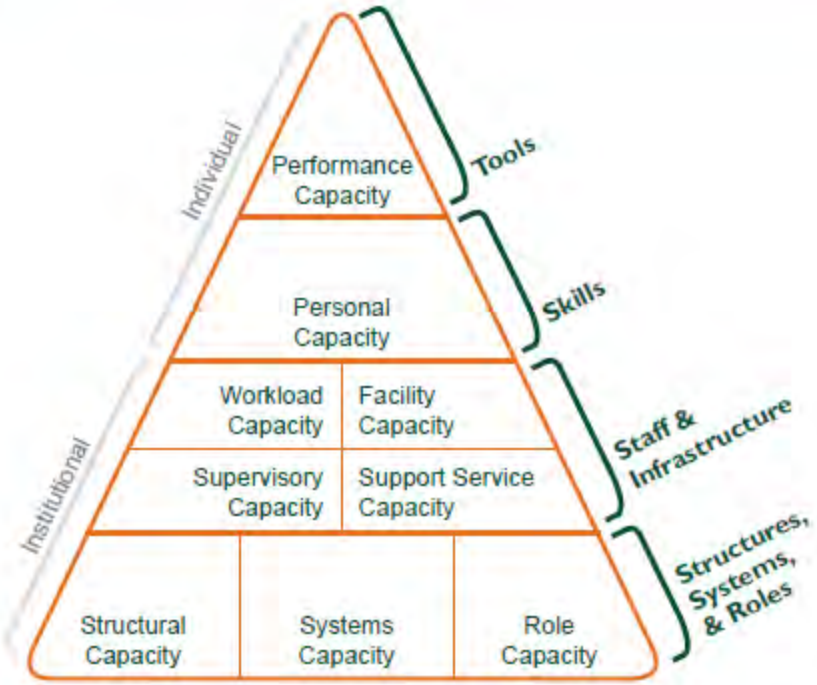


Pharmaceutical Management Framework

Pharmaceutical management is much more than mechanisms for importing or manufacturing medicines. It is a systems-based approach to ensuring sustained access to and appropriate use of safe, effective, quality medicines, vaccines, and other health technologies in any health care setting.

The Center for Pharmaceutical Management (CPM) uses its Pharmaceutical Management Framework to guide the design, management, and monitoring of technical assistance interventions that address gaps in multiple stages of the pharmaceutical management system. The framework identifies four key functions—selection, procurement, distribution, and use—all of which require management support, resting on a foundation of appropriate laws and policies.

Capacity Building



Adapted from Potter, C., and R. Brough. 2004. Systemic Capacity Building: A Hierarchy of Needs. *Health Policy and Planning*. 19(5): 336-345.

Capacity Building Framework

Capacity building is a critical aspect of Center for Pharmaceutical Management (CPM) technical assistance. We seek to ensure that capacity is built incrementally across the lifetime of a project with the ultimate goal of sustainability. Using the capacity building framework to guide our needs assessment, we identify nine separate but interdependent components of capacity and the levels at which intervention will be most powerful and efficient.

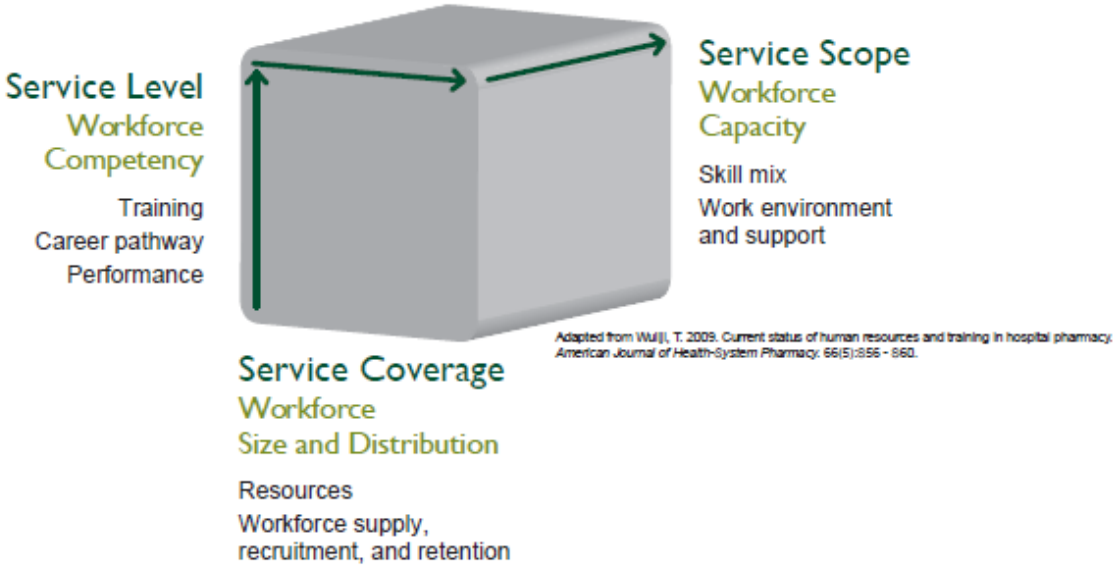
Training, while often necessary, is usually not sufficient to solve performance problems. To address the need for local development and ownership of solutions, CPM has adapted the monitoring-training-planning (MTP) system from the Boy Scouts of America. Using MTP as an ongoing performance improvement approach to skills building, health system staff members learn to mobilize their own resources to improve the management of medicines and other pharmaceuticals at their own facilities. Because MTP is a self-learning activity, its effect is more likely to be sustainable. CPM has worked with ministries of health and institutions in Afghanistan, Ecuador, Ethiopia, Kenya, Liberia, Malawi, Rwanda, South Africa, Southern Sudan, Tanzania, and Uganda to train health care workers on applying MTP to support HIV/AIDS, malaria, and other health care programs. The MTP manual, including case examples, is available for download from the MSH website.

OUR EXPERTISE

Human Capacity Development	Management Information Systems	Patient Safety and Pharmacovigilance	Financing
Service Delivery	Governance	Quality Assurance	Supply Chain Management

To ensure good health worldwide, governments must shape sound, efficient health systems that can provide effective disease prevention and treatment to all. To help meet this goal, the World Health Organization recommends thoughtful local investment in strengthening the building blocks that provide the foundation for a well-functioning health system—service delivery; a health workforce; health information systems; medical products, vaccines, and technologies; health systems financing; and leadership and governance. Center for Pharmaceutical Management has expertise within and across all of these areas, specifically as they relate to pharmaceutical products and services.

Human Capacity Development



Human Capacity Development Framework

Availability of an adequate number of skilled workers (e.g., prescribers, laboratory technicians, dispensers, and managers) to provide and support pharmaceutical services is critical to ensuring sustainable access to medicines and other health technologies. Comprehensive workforce planning helps achieve and maintain the level, coverage, and scope of service needed to ensure access. We use the Human Capacity Development Framework to help countries identify their main health workforce development problems and define their priorities for action.

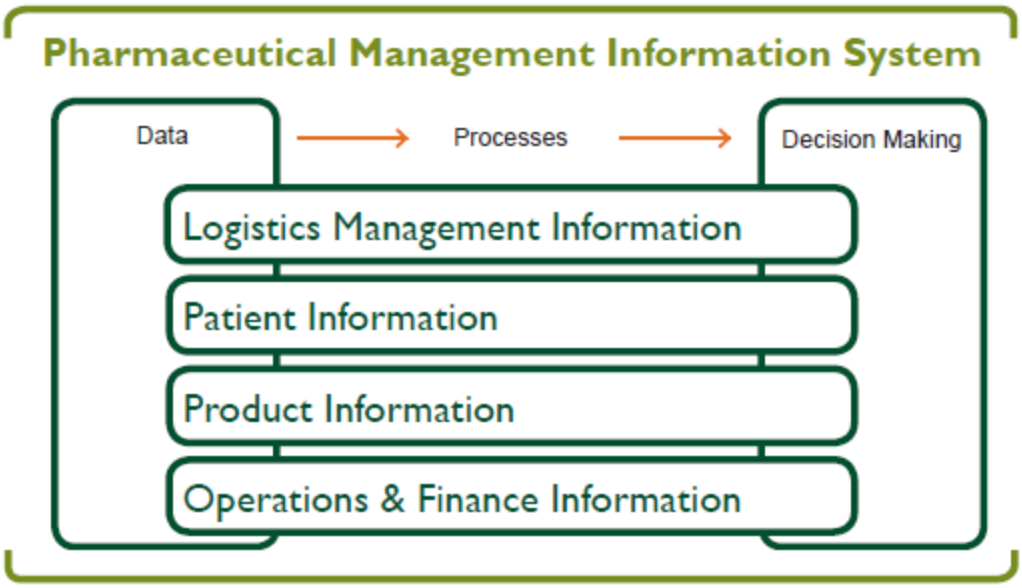
What We Do

We help countries engage in comprehensive workforce planning to address challenges, such as increasing demands, patient safety, resource constraints, and health workforce policy reforms. This often involves collecting and reporting data to minimize inconsistencies, helping determine workforce needs, matching workforce and educational outcomes, and building a compelling case for optimizing the number of funded posts in the public sector.

Selected Results

The Strengthening Pharmaceutical Systems (SPS) Program trained county pharmacists and more than 200 service delivery point workers in ten counties in Liberia on how to correctly manage the country's pharmaceutical supply system. In the most recent accreditation, all ten counties moved from failing to passing as a result of significant improvements. Pharmaceutical management concepts have also been added to the curriculum for all pharmacy graduates at the University of Liberia.

Management Information Systems



Pharmaceutical Management Information Framework

Operating an efficient pharmaceutical supply system requires relevant, accurate, and timely information exchange to ensure that staff can make sound decisions. We engage pharmaceutical sector partners to customize management information systems that meet stakeholder needs, including different functional components, such as tendering and procurement planning, inventory management, medicine consumption, and clinical data.

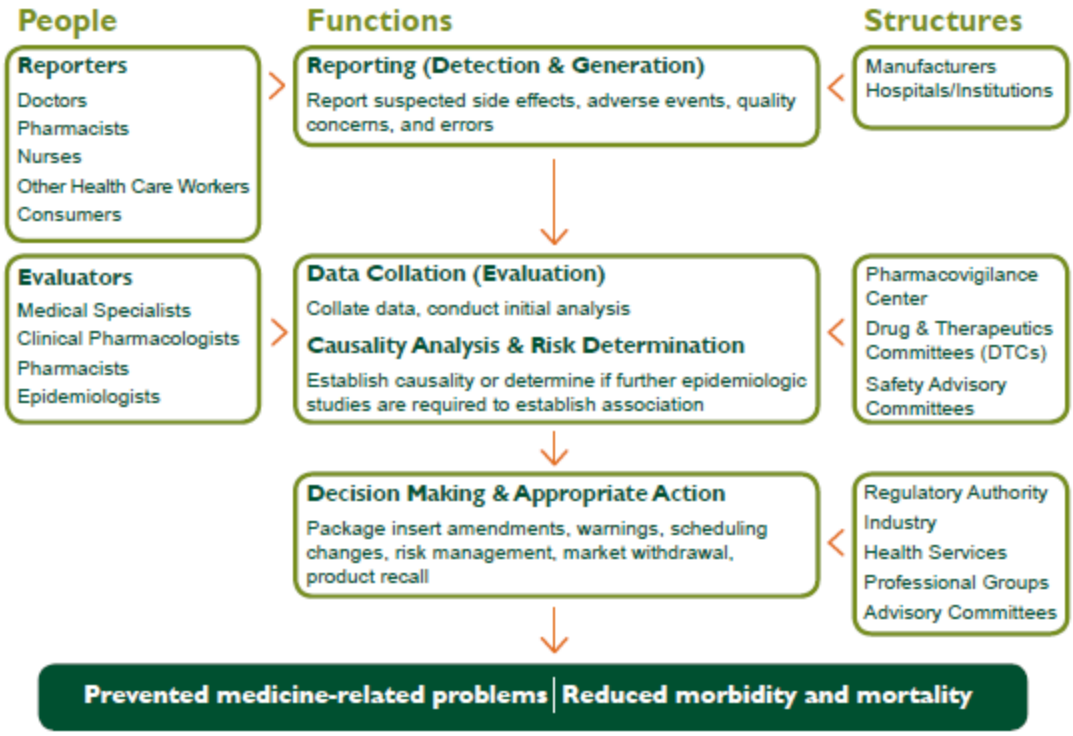
What We Do

Our work with manual and electronic tools helps build and strengthen effective and comprehensive pharmaceutical management information systems (PMIS) in resource-limited countries. We promote a comprehensive approach to ensure that both product- and patient-focused parameters are captured and that these data inform decisions. We provide in-country training and technical assistance to ensure that program staff members have the skills and knowledge to successfully establish and sustain the tools.

Selected Results

The Rational Pharmaceutical Management (RPM) Plus Program, in collaboration with the Hélio Fraga National Reference Center for Tuberculosis (TB) and the National TB Program in Brazil, successfully implemented a web-based surveillance system, eTBManager.org, increasing the detection rate of multidrug-resistant TB by 20 percent. Country-specific adaptations of the system have subsequently been rolled out in Romania, the Republic of Moldova, the Philippines, Ukraine, and the Dominican Republic.

Patient Safety and Pharmacovigilance



Pharmacovigilance Framework

Few developing countries have the structures, systems, or resources in place to support medicine safety activities; those that do often operate them on a limited scale. Our goal is to help countries develop realistic and sustainable approaches to patient safety through comprehensive adverse event monitoring systems.

What We Do

We work with countries to develop reporting and monitoring strategies that encompass the full spectrum of medicines safety—product quality, adverse drug reactions, and medication errors—using a range of surveillance methods.

Selected Results

Strengthening Pharmaceutical Systems (SPS) provided support to Namibia to generate and evaluate an adverse drug reaction signal (zidovudine-associated anemia) and use the findings to strengthen prevention practices. SPS also helped Namibia secure funding from the Global Fund to launch prospective active surveillance, to develop pharmacovigilance guidelines, to improve medicine information services, and to enhance vaccine safety monitoring with the use of the World Health Organization (WHO) PaniFlow® system.

Financing

Traditionally, pharmaceutical system financing has been linked primarily to funding pharmaceutical procurement. Many countries that have adequate funds to procure medicines are not able to manage the flow of funds to assure that medicines are available when and where needed. Health systems often do not have adequate mechanisms to monitor and control expenditures. Incorporating coverage of pharmaceuticals is a concern as more health insurance schemes are implemented. The financing scenario is complicated by the incorporation of private sector providers into the effort to increase access to medicines. Pricing policy and the debate over the effectiveness of price controls are issues in many countries.

What We Do

We help countries conduct analyses to inform policy decisions regarding cost containment, greater efficiency, and options for financing. Examples of this work include evaluation of alternate supply chain systems; development of pharmaceutical benefits management programs; analysis of financial flow and sustainability; identification of options to remove roadblocks; development and implementation of systems for tracking, monitoring, and controlling pharmaceutical spending; and analysis and evaluation of pricing policy options.

Selected Results

The Strengthening Pharmaceutical Systems (SPS) staff developed a cost allocation methodology for the National Drug Services Organization (NDSO) in Lesotho. Working closely with NDSO staff, SPS analyzed financial data to derive the cost of handling donated products. Based on the results of the study, the Global Fund and several Ministry of Health programs agreed to contribute a handling fee to ensure the NDSO's financial viability in managing its donated HIV/AIDS products. The NDSO used the results of the cost allocation study to establish new handling fees for its clients and recoup operational costs.

Service Delivery

Service Delivery Framework

High-quality pharmaceutical service delivery ensures that patients receive medications optimized to their clinical needs, in doses that meet their individual requirements, for an adequate period of time, and at the lowest cost to them and their community.

What We Do

We help countries improve the delivery of pharmaceutical services through a variety of mechanisms, such as improving prescribing and dispensing systems and procedures, establishing drug and therapeutics committees (DTCs), and developing and implementing standard treatment guidelines and essential medicine lists. In addition, we build capacity to monitor and address treatment adherence by patients.

Selected Results

After attending a DTC training course organized by Strengthening Pharmaceutical Systems (SPS), a chief pharmacist in Kenya established a multidisciplinary antimicrobial subcommittee within the hospital's DTC. The DTC endorsed the subcommittee's recommendations to restrict six expensive and overused antimicrobials by introducing an antimicrobial order form, peer education, and treatment guidelines, and by increasing the use of culture and antibiotic sensitivity tests. These multifaceted interventions led to a 62 percent decrease in irrational prescribing of a expensive medication.

Governance

Adapted from UNDP. 1997. Governance for sustainable human development. http://mirror.undp.org/magnet/policy/

Governance Framework

Good governance in public health requires up-to-date, well-informed, and transparent policies, laws, and regulations plus mechanisms that allow for checks and balances throughout the process of exercising authority. The United Nations Development Programme (UNDP) has defined the characteristics of good governance in societal terms, and these characteristics have been linked to good governance in pharmaceutical systems.

What We Do

Our approach to improving governance and accountability focuses on establishing transparent management systems grounded in policies based on best practices, legislation supported by the rule of law, and regulation supported by appropriate technology and capacity.

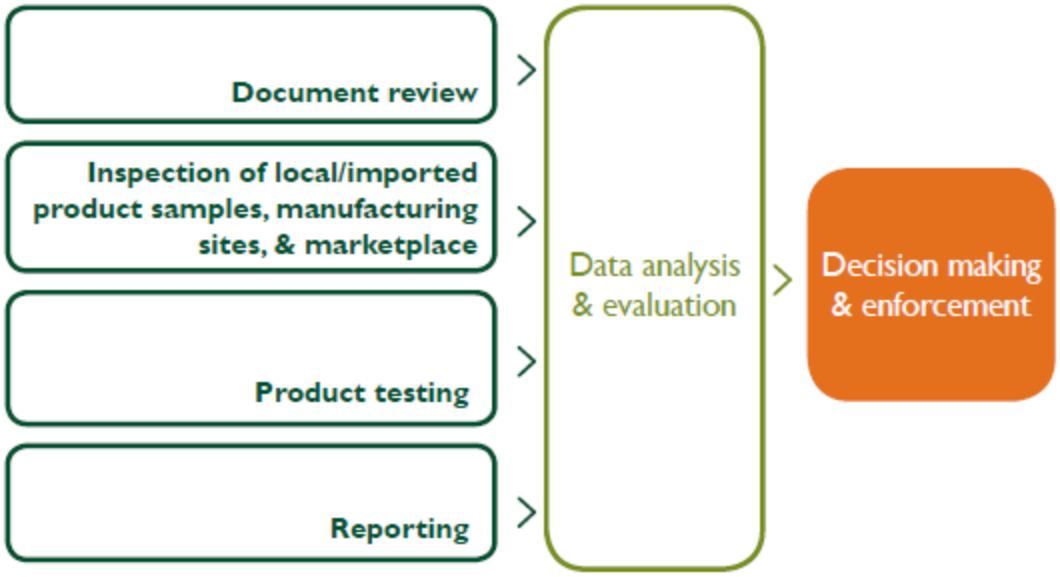
Selected Results

In Swaziland, the government recognized that legislation governing the quality, safety, and efficacy of medicines was outdated. This was contributing to the availability of many unregistered products, a mushrooming of unlicensed vendors, and opportunities for counterfeit products to penetrate the market.

USAID and the Ministry of Health (MOH) asked Strengthening Pharmaceutical Systems (SPS) for technical assistance in revitalizing the medicines and pharmacy legislation to be consistent with a comprehensive national pharmaceutical policy (supported by World Health Organization). To ensure transparency, a series of consultative workshops enabled stakeholders from governmental, nongovernmental, and private sector organizations to participate in the process.

The draft bills (the Pharmacy Bill and the Medicines and Related Substances Bill) would establish Swaziland's first ever Medicines Regulatory Authority to control medicines as well as a Pharmacy Council to regulate the pharmacy profession. The process has received high-level support and extensive media coverage. The draft bills have been handed over to the legal advisor in the MOH to initiate the process of presenting them to Parliament.

Quality Assurance



Quality Assurance Framework

The consequences of use of substandard and counterfeit pharmaceutical products can be severe. Use of poor quality medicines can lead to lack of therapeutic response or prolong the required therapy period, exacerbate the illness, contribute to resistance to medicines, and undermine patient confidence in the health care system.

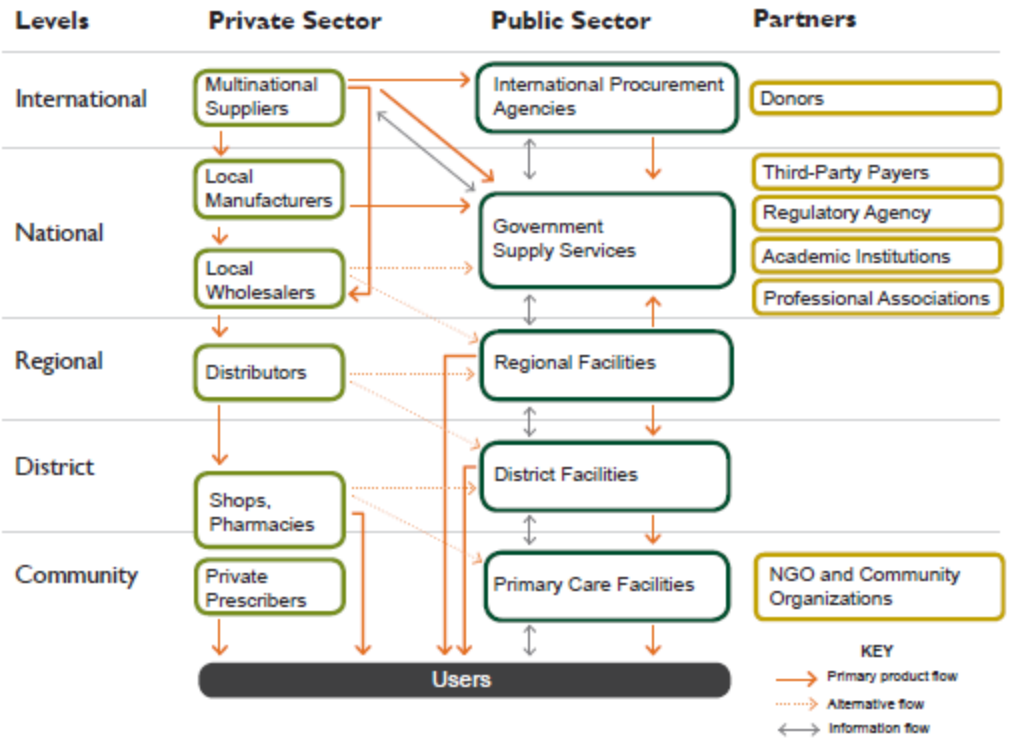
What We Do

We help improve pharmaceutical product quality by building capacity in the national drug regulatory organization to review product documents, inspect manufacturing sites and products at ports of entry and in the marketplace, perform compliance testing with standards, and monitor overall compliance.

Selected Results

The Tanzania Food and Drug Authority, with the support of Strategies for Enhancing Access to Medicines (SEAM), implemented a tiered national quality assurance program to ensure that imported and locally manufactured drugs meet approved quality standards. Inspections of consignments and facilities increased significantly. As a result, in 2004–2005, five batches of counterfeit antimalarial products and six other substandard products were either refused entry into the country or recalled and destroyed. Sustained improvements to the quality assurance program were demonstrated in 2005–2006 when testing revealed 16 defective batches of antimalarial products, which were recalled and destroyed. In 2006–2008, no substandard medicines were detected.

Supply Chain Management



Supply Chain Management Framework

Selecting, procuring, storing, and distributing medicines and other health products effectively and efficiently is a complex process involving a multi-tiered infrastructure including public, commercial, and nongovernmental organization (NGO) systems. Costs related to these activities are often a significant component of a country's total health budget.

What We Do

Our approach involves mapping the entire supply-chain process and the capacities of existing public, commercial, and NGO supply-chain systems. Then we work with stakeholders to identify and implement the most cost-effective systems to assure that appropriate high-quality medicines are available where and when patients need them.

Selected Results

Based on recommendations by Strategies for Enhancing Access to Medicines (SEAM), the Ministry of Public Health and Social Welfare (MSPAS) in El Salvador introduced a joint bidding program for medications and strengthened the quality control of products purchased by hospitals. From late 2002–2007, these actions resulted in lower unit prices for the majority of medicines, better use of financial resources, and better quality products in hospitals. The role of technical assistance was key to building project support among hospital authorities and other government entities; MSPAS saved $17 on acquisition costs for every $1 spent on technical assistance.

Systems for Improved Access to Pharmaceuticals and Services: Guidelines for development of Year 2 Work Plans

June 2012

Systems for Improved Access to Pharmaceuticals and Services
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This document is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID) Cooperative Agreement Number AID-OAA-A-11-00021 The contents are the responsibility of Management Sciences for Health and do not necessarily reflect the views of USAID or the United States Government.

About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

Recommended Citation

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PURPOSE OF THE GUIDELINES

The purpose of these Guidelines is to assist SIAPS Country Programs, Core Portfolio Managers, and all program staff in the preparation of workplans for the October 1, 2012 – September 30, 2013 implementation period. They provide explanations of the different sections of the workplan template and guidance on how to complete the sections. Consequently, this document mirrors the workplan template and has the following sections:

1. Background
2. Strategic Approach
    a. Problem Statement
    b. Portfolio Vision/Goal
    c. Results Framework
3. Planned Activities
4. Technical Resources
5. Program Management
    a. Technical Activity Coordination and Monitoring
    b. Office Management
6. Monitoring and Evaluation
7. Budgeting and Funding
8. Annexes

BACKGROUND

This section will answer the general question as to why SIAPS has been asked to provide technical assistance for this technical area/region/country (refers to the source of funding). The Background could include many or all of the following elements:

- Country profile as relates to the proposed work of SIAPS
- Burden of illness in the relevant program area for which USAID is providing funding to SIAPS
- Key relevant issues, gaps, concerns or opportunities for improvement related to pharmaceutical management systems and that impede or can further promote the adequate delivery of relevant program services
- Relevant US government programmatic priorities for the program area?
- SIAPS or predecessor program (RPM/RPM Plus/SPS) previous experience within this area Define and describe programmatic developments/successes.
- Other partners' key relevant work/experience that is relevant to the SIAPS mandate
- Where appropriate, explain how past work relates to the activities of the current work plan (e.g., "The success of W and X have prepared our counterparts and the mission to address Y and Z as new program areas."

If the work plan is funded to continue work initiated under a previous work plan year, do not reuse the background from the previous work plans without updating it. **Explain how the new funding will build on the previous accomplishments**

Please note that the Background section should be concise with approximately 3-5 paragraphs of text. Writers should try not to exceed one page.

As you refer to previous achievements under SIAPS, please understand that we are currently in the US Government FY 12 implementation year (October 1, 2011 – September 30, 2012) although funding for activities in this period have been achieved through the use of FY11 funding.

STRATEGIC APPROACH

A. Problem / Rationale Statement

In this section, define the problems or the technical or programmatic areas that the plan will address. You can pull information out of the key issues and concerns listed in your background or from your strategic plan, describe overall challenges around assuring availability of quality pharmaceutical products and effective services, and then zone into the immediate problem which this workplan year will address.

The problem statement should be a clear and concise statement that describes the symptoms of the problem to be addressed and is the starting point for establishing a causal pathway.

B. Portfolio Vision/Goal

This section should state the overall vision/goal for the SIAPS program in the country/region and what you plan to achieve in the short-term. Please refer to the immediate problem statement and state how SIAPS will address the problem to yield results that will contribute to the country/region and USAID's objectives. Refer to your Strategic Plan and indicate how SIAPS will alleviate the immediate problem in the current year and how it intends to systematically work to remove the overall problem or to improve a situation.

C. Results Framework

The Results Framework (RF) section should be laid out in graphic form with accompanying narrative. The RF should include the overall portfolio goal, specific objectives and the sub-objectives necessary to achieve the listed objectives over the full course of SIAPS. The RF is not expected to change over time. You should however highlight the specific objectives and sub-objectives that this workplan will be addressing.

"Objectives" and "sub-objectives" are similar to "Intermediate Results" and "Sub-intermediate results" in a Results framework.

The overall SIAPS Results Framework calls these hierarchical elements "Intermediate Results" and "sub-Intermediate Results" and so, we are identifying these elements at the portfolio-level as "Objectives" and "sub-Objectives" in the *portfolio* Results Frameworks, so as not to confuse the two levels of programming (i.e. SIAPS and portfolio).

A person looking at your results framework and reading the accompanying narrative should be able to understand the premise underlying your strategy and to see within the framework those sub-objectives critical to achieving the objective. As you draft this RF, consider how your objectives contribute to the relevant USAID country mission strategic objectives, the Govt/Ministry strategic objectives for the program areas USAID is supporting, and to the SIAPS overall IRs and sub IRs. The graphic below is an example intended to help you present your RF in a way that demonstrates to USAID and countries that you are working to help them achieve their objectives.

Country Strategic Objectives
(for Pharmaceutical Sector Strengthening)
(for HIV/AIDS, TB, Malaria, MCH/FP, AMR, NTD etc)

Global Fund

USAID Strategic Objectives
(for Pharmaceutical Sector Strengthening)
(for HIV/AIDS, TB, Malaria, MCH/FP, AMR, NTD etc)

DfID

Example Portfolio Results Framework

SIAPS/Country Goal
Assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes.

IR 1: Pharmaceutical sector governance strengthened

Sub-IR 1.1: *Improved capacity of the DPM to promote and instill good governance in the Malian pharmaceutical sector*

Activity 1:
Activity 2:
Activity 3:
Activity 4:

Sub-IR 1.2: *Mechanisms for national forecasting, quantification and supply planning of key pharmaceuticals are consolidated and made more efficient and transparent*

Activity 1:
Activity 2:

IR 2: Capacity for pharmaceutical supply management and services increased and enhanced

Sub-IR 2.1: *Technical and management capacity of key actors in Mali's supply chain strengthened*

Activity 1:

Sub-IR 2.2: *Mechanisms for distributing commodities improved*

Activity 1:
Activity 2:
Activity 3:

IR: 3: Pharmaceutical management information available and used for decision making at different levels of the Malian health system

Sub-IR 3.1: *Pharmaceutical management systems (PMIS) support both products and patients*

Activity 1:
Activity 2:
Activity 3:
Activity 4:
Activity 5:

Sub-IR 3.2: *Innovative and proven tools introduced and used*

Activity 1:
Activity 2:
Activity 3:

IR 4: Pharmaceutical services improved to achieve desired health outcomes

Sub-IR 4.1: *Stock outs of tracer pharmaceuticals are reduced*

Activity 1:

The narrative here should refer to the results framework above and describe the cause-and-effect linkages between the objectives and the sub-objectives. Following the logic used when developing the RF above, your narrative should refer to the problem statement, explain your overall strategy for support to attainment of the SIAPS goal, and describe how attaining availability of quality medicines and supplies and effective services will directly contribute to the realization of USAID and country specific objectives.

In addition, you should provide 1-2 paragraphs describing how each objective you list will contribute to solving the identified problem and stating that you plan to use evidence-based interventions in attainment of sub-objectives itemized. If you'd like, you can refer to your strategic plan and speak to how your interventions build on each other such that over the next 4 years your country program will fully achieve each objective listed and meet the overall goal. If any risks threaten the activity, it would be a good idea to mention them and indicate your strategy to mitigate any such risk.

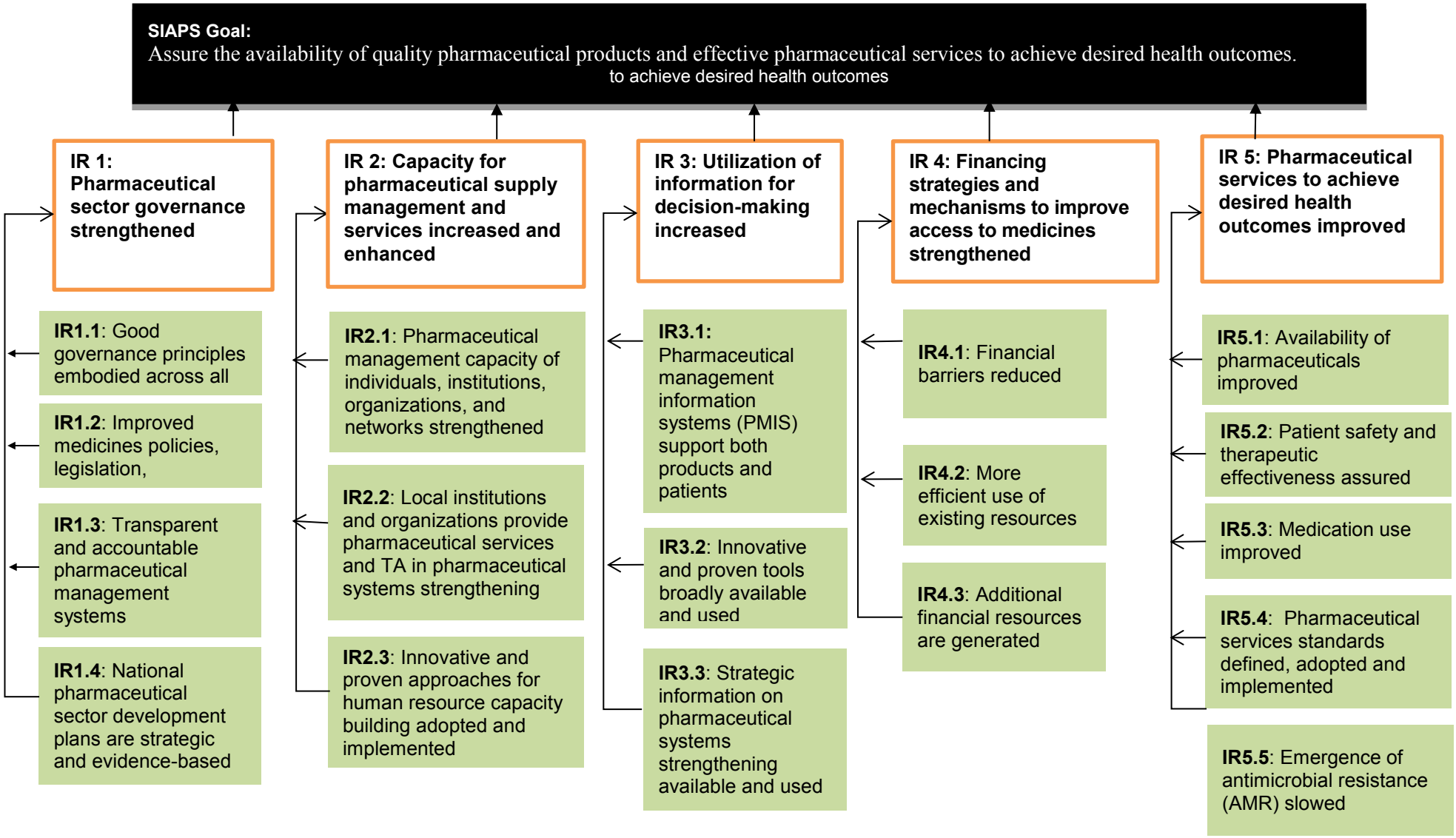
In keeping with expectations of the Global Health Initiative it will be important to mention the strategy you plan to use to ensure country ownership, determine contribution to health system's strengthening and ensure sustainability.

Remember, the SIAPS global IRs are:

IR1: Pharmaceutical sector governance strengthened
IR2: Capacity for pharmaceutical supply management and services increased and enhanced
IR3: Information for decision-making challenge in the pharmaceutical sector addressed
IR4: Financing strategies and mechanisms strengthened to improve access to medicines
IR5: Pharmaceutical services improved to achieve desired health outcomes

The SIAPS global Results Framework is pasted below for your reference.

SIAPS overall Results Framework



PLANNED ACTIVITIES

This is the core section of your plan and should occupy the bulk of it. It should clearly articulate the details of what the program will be doing throughout the year in terms of activities that contribute to the above results framework. It drives many of the other sections and provides their justification so should be given careful consideration. When selecting your activities/ interventions, please refer to CPM Frameworks.

For each objective and sub-objective provide a listing of planned activities that will be conducted this period.

Over the years, our workplans have tended to have too many activities in them. It is recommended that you select a few distinct but comprehensive activities whose outputs string together nicely to achieve programmatic results/outcomes that can be demonstrated at the end of the year and can be built on in the subsequent years. Please also note that it is at the activity level, that you would need to detail your timelines, outputs/deliverables, budgets, etc. so the more manageable these are the better. Also please make sure that the selected wording for an activity is consistently used throughout the other sections of the plan including annexes.

For each activity proposed, provide a description that illustrates the major points and critical details, emphasizing how the activity will contribute to the attainment of the sub-objective.

[Objective 1]
- [sub-objective 1.1]
  - [Title of activity]
    [Description of activity here]

  - [Title of activity]
    [Description of activity here]
- [sub-objective 1.2]
  - [Title of activity]
    [Description of activity here]

  - [Title of activity]
    [Description of activity here]

[Objective 2]
- [sub-objective 2.1]
  - [Title of activity]
    [Description of activity here]

  - [Title of activity]
    [Description of activity here]
- [sub-objective 2.2]
  - [Title of activity]
    [Description of activity here]

[Title of activity]
[Description of activity here]

Repeat as necessary for each objective
Remember – for each activity, provide a good description with the following components:

1. Background to the activity if any and some rationale/justification as to why it had been selected. Refer to country objective and context and determine relevance.
2. How does the activity contribute to achieving the respective sub-objective and the relevant objectives in the RF?
3. How the activity will be conducted and what the key tasks involved are.
4. What the other planned activities (if any) are dependent on this activity; also whether this activity is dependent upon other predecessor activities.
5. What are the specific results expected from this activity?

As you think through your strategies and activities, please note the following CPM/SIAPS "Go to Colleagues" who are available to help in design. Please note that # 1-9 refer to pharmaceutical management technical areas, # 10-13 refer to a cross cutting area, and #14-18 refer to a disease (element) area.

#	Technical or Disease Area	Who can we ask?
1	Governance (Legislation, policy, etc.)	Helena Walkowiak
2	Selection (EML, Formulary, STGs, etc.)	Mohan Joshi or Jude Nwokike
3	Supply Chain Systems (including procurement)	Mavere Tukai
4	Quality Assurance Systems	David Lee / Tom Layloff
5	Patient Safety, Pharmacovigilance and Regulatory Affairs	Jude Nwokike
6	Pharmaceutical Services (rational use, AMR, etc.)	Mohan Joshi
7	Laboratory Services	Catherine Mundy
8	Pharmaceutical Financing	Kwesi Eghan
9	Management Information Systems	Kyle Duarte
10	Capacity Development and Training	Gail Naimoli
11	Assessment / Options Analysis	David Lee
12	Monitoring & Evaluation	Michael Cohen
13	Organizational Development	Gail Naimoli
14	Malaria	Seydou Doumbia or Rima Shretta
15	TB	Andre Zagorski

16	MCH / RH / POP	Beth Yeager
17	HIV/AIDS and Non-Communicable Diseases	Helena Walkowiak
18	Neglected Tropical Diseases	Gabriel Daniel

Knowledge Management & Communications and Capacity Building & Performance Improvement should be incorporated into activity planning so as to be able to adequately deliver, document and communicate quality results.

Knowledge Management & Communications

To guide the incorporation of Knowledge Management/Communications into planned activities, ask yourself the following questions:

1. What areas of knowledge are needed by your country program/portfolio ("key knowledge inputs")?
2. What are the roles and responsibilities within your team for collecting, managing and disseminating acquired knowledge?
3. What processes and technologies are to be used for managing acquired knowledge (e.g. storage database, communication tools, research designs)?
4. Do you have any unanswered questions for which operational research studies and protocols need to be developed?
5. What is your dissemination plan for communicating program innovation/success/best practices? Have the following been written in the workplan and budgeted for?
    - Conferences
    - Stakeholders meetings
    - Other dissemination events
    - Newsletters, fliers, websites, best practices/lessons learned/case study documents

During implementation it is usually helpful to develop and use a "Major Events" calendar, paying particular attention to those events that will or should include USAID. Such events might include:

- Critical stakeholders meetings
- Launches
- Major Workshops
- Policy meetings
- Donor coordination meetings

Capacity Building and Performance Improvement

Selected examples of capacity building and performance improvement interventions that you might want to include in your workplan are:

- Training
- Providing information, documentation, or performance aids
- Providing coaching and effective feedback
- Supporting the authority to perform
- Adjusting organizational structure, workplace design, and task shifting
- Adjusting consequence management
- Providing practice opportunities
- Employing a combination of the above

If you conclude that training *is* the appropriate intervention to address the performance problems that you have identified, be sure to specify in your work plan the kinds of training interventions you plan to carry out. For example, your training interventions could include:

- In-service training
- Pre-service training
- Training of trainers program
- Instructional design and curriculum development
- Curriculum adaptation
- eLearning

As a USAID implementing partner we are mandated to provide technical assistance to Ministries of Health, local counterparts etc. and we staff up our programs to do this; however, it is important that we continually grow our staff technically to be able to deliver technical quality. There will be opportunities for Country Project Directors and their deputies to participate in selected MSH Lead2015/CPM/SIAPS online courses and regional training programs as shown below. There will also be a SIAPS global meeting mid-2013 which will expect participation from country programs/portfolios.

As you plan your activities, remember to incorporate staff capacity building activities for activity leads and other staff who are unable to participate in any of the opportunities mentioned above. For this tier of planning, try not to plan capacity building as stand-alone activities but rather as a component of planned technical activities.

TECHNICAL RESOURCES

It is expected that as you planned out your activities, you considered the capacity needed for implementing each activity and what the staffing plan and strategy needed to be.

In this section, please describe the staffing plan and strategy needed to achieve all the planned activities listed. Indicate planned new hires, staffing changes, anticipated technical assistance required from the Home Office, external local or international consultants, and partner organizations during the year. Refer to the table provided in Annex C.

PROGRAM MANAGEMENT

A. Technical activity coordination and monitoring

Technical activity coordination (TAC) and monitoring includes general management and oversight functions that cannot be directly associated with specific activities defined in the work plan.

The budget for TAC and monitoring should include ---

1) Level of Effort (LOE) for the Activity Leader or Country Program Director

   Because TAC and monitoring activities namely work plan development, management and coordination of technical activities, participation in management meetings, communications with partners and collaborators, general correspondence, progress monitoring, budget monitoring, M&E and reporting are strategic and key to ensuring program success, you should think about them carefully and budget appropriately.

2) Level of Effort (LOE) for HQ based staff

   It is important to note that where funding levels are sufficient and warrants a higher level of support, you should include a minimal amount of level of effort for the CPM Vice-President (Douglas Keene), SIAPS Director (Kofi), Deputy Directors (Sameh, Vicky and Gladys) and home office M&E staff for their time spent on monitoring and evaluation and general programmatic oversight as appropriate (2-3 days/year for each). Any portfolio-specific travel required for these staff should be included in the respective activity budget.

   Otherwise, there is no need to budget LOE for the SIAPS home office Finance and Operations team (including AdCos), Portfolio Managers, and Corporate Operations Staff under the newly Operations Support Team (OST) as the majority of their labor will be funded as part of the program's Allocable Cost Factor, ACF.

3) LOE for Human Resources, Contracts, Procurement, IT/IS etc based on workplan activities

   For example, if you have a large number of procurements that will be handled by the US Procurement team, a large number of recruitments to be handled by US Human Resources, or a number of consultants and subcontracts anticipated where Contract Officer support is required, you need to budget for the home office LOE associated with supporting these actions. Typically 3-5 days/year for each of these labor categories is sufficient.

   Because a number of home office positions are now being supported by ACF, it is expected that the Technical Activity Coordination budget will go below 10% of the overall amount of funding to be received under each individual funding stream. A level of approximately 5% or less is expected.

B. Office Management and Operations

This activity includes provision for local office rental and all associated costs (i.e. security, communication systems, etc.), as well as finance and administrative support functions.

MONITORING AND EVALUATION

In this section, provide a description of how program monitoring and evaluation will be done to track results and ensure that the program implementation is on track and achieving the desired results. This section is an opportunity to make reference to your Monitoring and Evaluation Plan[1] if this has already been developed, or to explain when this will be ready.

Due reference should be given here to the Results Framework as described earlier in the Plan. The indicators of your program **objectives** and **sub-objectives** should be provided in the Performance Monitoring Matrix (Annex A). The matrix is an opportunity to highlight the indicators that link with your Results Framework elements so that you can continuously obtain verification of the project's results and achievements and to use this information to make evidence-based management decisions and inform periodic evaluations, as required by USAID's Evaluation Policy (March, 2011).

In the Performance Monitoring Matrix (Annex A), you are also asked to link the results you are working towards with two other strategic benchmarks: a) the associated SIAPS sub-IRs, and b) related USAID Mission result areas (as per Mission strategic plan). Also Annex A captures your workplan activities along with their deliverables, linking them to your different program objectives and sub-objectives. Specific guidelines for completing Annex A are provided in the Annex Section.

In order to maintain harmonization and uniformity across portfolios (to assist with data aggregating and outcome mapping) please coordinate with your M&E officer and the home office M&E unit. Further guidelines and a list of indicators will be provided by the M&E unit.

In this narrative section, discuss briefly your key output and outcome indicators, set targets for this year explaining their status to date (if any). Also provide any critical assumptions that may influence the realization of these targets or any of your deliverables during the course of the year.

Details of each of the indicators appearing in Annex A should be captured in your Monitoring and Evaluation Plan. The Performance Indicator Reference Sheet (PIRS) captures details for indicator baseline and program stated targets, by FY and for the Life of Project (LoP)> It addresses the data collection and analysis plan, and how the results will be disseminated and used for program management. These PIRS do not have to be included here, but should be produced for inclusion in the portfolio's M&E plan.

As with the program RF, It is <u>not</u> expected that the M&E Plan and associated PIRS, will change over time. Changes in indicators typically lead to an inability to measure outcomes over the life of the project, creating problems for the implementing teams and often rendering the M&E systems inconsequential as a result.

Describe any Data Quality Assessments (DQAs) or Program Evaluations if any of these are planned for this year,

[1] A Monitoring and Evaluation Plan can also be called a Performance Monitoring Plan (PMP), Performance Management Plan or Project Management Plan. Variation may be specific to individual missions and implementing partners - these are all basically the same thing.

Finally, in this section, provide details of the staffing requirements that your portfolio has to carry out the required M&E activities. Provide information about the roles and responsibilities of current staff and indicate whether additional staff is needed to adequately fulfill this role.

BUDGET AND FUNDING

In this section, you should state the total budgetary requirements for implementing the plan and provide a description of how the activities in the plan will be funded. You should indicate all funding sources, if any prior year funds will be used, and if early funding or forward funding will be required.

When describing specific activities in a specific area, year, etc., please be as detailed as possible. For example, include a description of activities, purchases, consultants, etc.

Highlight major procurements like vehicles, office space, equipment, etc. Keep in mind that any expected procurement over USD$5,000 requires USAID approval, so it must be detailed in the work plan in order to avoid the need to obtain a separate approval later.

1. Include named and identified subs.
2. For core subs (which are already approved partners), state that an IQC will be issued. Include total ceiling amount (for all 5 years) and specify funding for each year of the Task Order under the IQC.
3. For resource organizations, be more specific and provide more detail than with the core subs. Include activity and budget. As indicated previously, AOTR and AO approvals may be needed.
4. Planned equipment purchases must be included in this section. Of particular note is equipment over USD$5,000. **Provide a detailed description of the equipment, including unit cost.**
5. Provide specific details about restricted goods, like vehicle procurement. While a USAID waiver will be necessary, we still need to include the description and the amount in this section. Also indicate if you are planning to lease a vehicle with a driver.
6. Consultants: provide a description with an approximate dollar amount to be allocated to a specific activity. This section does not need to be too detailed, but should include the number of consultants required for each activity.
7. Participant Training: include if required. Pay special attention to third-country and regional training.
8. Grants: no funds have been allocated to grants. Therefore, if grants issuing is planned, you must provide a specific description and budget. Additionally, understand that AO approval will be needed to add funds to the ‘grants line item’ under the award.
9. Include named and identified subs.

ANNEXES

Note: The numbers appearing opposite the definitions and guidelines below refer to the number labels in the column headings of the respective Annex

Annex A

1. A goal is a high level attainment and to which program objectives should be contributing to although not necessarily achieving in themselves the goal

2. Program Objectives should contribute to SIAPS overall Results and Program sub-objectives contribute to SIAPS overall Intermediate Results (IRs)

3. Please indicate in numbers which SIAPS overall Result (1, 2,3, 4. etc.) or Intermediate Result (1.1, 1.2, 2.1, 3.2, etc.) that your program objective or sub-objective contribute to

4. Please indicate the USAID Strategic Objective or IR (for the Mission or the Health Bureau) that the program objective and sub-objective contribute to

5. Outcome Indicators are expected at the Objective level while Output indicators are expected to be used at the sub-objective level - When considering how many sub-objectives and related output indicators to include; remember you need to provide the evidence that you can achieve the corresponding objective (outcome) – however, more than necessary is not necessary. Note that all indicators would need to be tracked and be represented in your M&E Plan.

6. Target for this year AWP – this is the target value that the indicator is expected to achieve by the end of this work plan year. It should match with SIAPS Year 2 targets in your portfolio M&E plan

7. Activities should be high level interventions that lead to clear program deliverables e.g. development of SOPs, curriculum developed, establishment of an information system, conducting a sector assessment, etc… while attending meetings or hiring a consultant is not at the level of an activity. Depending on your situation, but it is not impossible to have one program activity contributing to a sub-objective; it is not always that you need several ones.

8. A product or deliverable is a key result from carrying out an activity. Example of a product is an assessment report, a training report, etc.

Annex B

1. Activities listed here are the same as those listed in Annex A under Column 7 – Please use the same language so all matrices are consistent – These activities should also be the same used in Annex C column 1 and Annex D Column 1

2. Technical Areas: Please select the technical area(s) that best describe the nature of the activity. You can choose up to two technical areas to describe the activity when it closely fit the activity. For example you may use *Supply Chain* for Technical Area 1 and *HR/Capacity Development* for Technical Area 2 to describe the activity of: "Build human resource capacity to manage the national pharmaceutical supply chain".

- AMR
- Assessment/Options Analysis
- Case Management
- EML
- Formulary Management
- Governance
- HR/Capacity Development
- Infection Control
- Inventory management
- Laboratory services
- Medicine Registration
- Medicine Utilization
- Monitoring and Evaluation
- New Health Technologies
- Organizational Development
- Patient safety and Pharmacovigilance
- Pharmaceutical Care
- Pharmaceutical Financing
- Pharmaceutical Management Information Systems (PMIS)
- Procurement
- Quality Assurance
- Quantification
- Rational use
- Selection
- STGs
- Supply Chain
- Supply Planning
- Transportation and distribution
- Warehousing.

Annex C

1. Please use the same activity language as appearing in Annex B Column (1) - Actual scope of required assistance in support to the work plan activity will be determined during implementation in collaboration with the technical team and the TA provider.

2. If you are suggesting a specific technical person for technical assistance, please provide the name in this column. Otherwise, please provide the technical area(s) of the person required. Please be guided by the technical areas delineated above for Annex B. If you are suggesting a technical area, pleased also indicate the level of experience you think may be required. This may include Principal Technical Advisor (PTA), Senior Technical Advisor (STA), Technical Advisor (TAs), or Technical Associate (TAs), or Finance and Operations (Fin/Ops) – Refer to SIAPS organogram – If a person is suggested as a Technical Resource but the person is not an MSH staff, please indicate in this case whether the person is a Local or an International consultant.

3. Please specify the required outcome or specific tangible deliverable(s) of the planned Technical Assistance that will contribute to the activity under column 1 of this same Annex

4. To facilitate work and travel planning for the portfolio as well as the TA provider, please provide estimated LOE expected, broken down by quarter. This LOE should include all time required for technical assistance. For example, this should include time for preparation for a TDY, time during in-country, time for preparing a trip report, also time for any remote technical assistance. Final decision of LOE and timing should be determined and updated in collaboration with TA provider

5. To facilitate work and travel planning for the portfolio as well as the TA provider, please provide estimated international travel expected, broken down by quarter to include number of trips and duration of each trip. The travel LOE in this column is expected to be part of the total LOE indicated in the previous column. Final decision of trips required and their respective timing should be determined and updated in collaboration with TA provider.

Annex D

1. Please use the same numbering and activity language as in Annex B & C column 1

A. Performance Monitoring Matrix

Program Goal: (1)

Description of Program Objectives and Sub-Objectives (2)	SIAPS Result or sub-result areas (3)	Related USAID result area (4)	Performance Indicators (5)	Indicator Target for this AWP (6)	Description of Activities contributing to Program objectives and sub-objectives (7)	Activity Products or Deliverables (8)
Objective 1:						
Sub-Objective 1.1:					**Activity 1.1.1**	
					Activity 1.1.2	
Sub-Objective 1.2:					**Activity 1.2.1**	
					Activity 1.2.2	
Objective 2:						
Sub-Objective 2.1:					**Activity 2.1.1**	
					Activity 2.1.2	
Sub-Objective 2.2:					**Activity 2.2.1**	
					Activity 2.2.2	
Objective 3:						

Program Goal: (1)

Description of Program Objectives and Sub-Objectives (2)	SIAPS Result or sub-result areas (3)	Related USAID result area (4)	Performance Indicators (5)	Indicator Target for this AWP (6)	Description of Activities contributing to Program objectives and sub-objectives (7)	Activity Products or Deliverables (8)
Sub-Objective 3.1:					**Activity 3.1.1**	
					Activity 3.1.2	
Sub-Objective 3.2:					**Activity 3.2.1**	
					Activity 3.2.2	
Objective 4:						
Sub-Objective 4.1:					**Activity 4.1.1**	
					Activity 4.1.2	
Sub-Objective 4.2:					**Activity 4.2.1**	
					Activity 4.2.2	

B. Annual Activity Monitoring Matrix

Activities (1)	Technical Area 1 (2)	Technical Area 2 (2)	Partners and Collaborators	Lead Technical Staff	Timeline											
					October 1, 2012 – September 30, 2013											
					Q1			Q2			Q3			Q4		
					O	N	D	J	F	M	A	M	J	J	A	S
Activity 1.1.1																
Activity 1.1.2																
Activity 1.2.1																
Activity 1.2.2																
Activity 2.1.1																
Activity 2.1.2																
Activity 2.2.1																
Activity2.2.2																
Activity 3.1.1																
Activity 3.1.2																
Activity 3.2.1																
Activity 3.2.2																

C. Technical Resources and Related Travel

Activity Requiring Technical Resource (1)	Technical Person (if known) or Technical Area and level Required – (2)	Expected Outcome or Deliverable of TA (3)	FY13 Estimated LOE in Days (4)				FY13 Estimated TA-Related Travel in Days – (5)			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Activity 1.1.1										
Activity 1.1.2										
Activity 1.2.1										
Activity 1.2.2										
Activity 2.1.1										
Activity 2.1.2										
Activity 2.2.1										
Activity 2.2.2										
Activity 3.1.1										
Activity 3.1.2										
Activity 3.2.1										
Activity 3.2.2										

D. Activity Budget Matrix

Activity (1)	Required Resources Required Resources					
	Salaries	Consultants	Travel	Sub-Awards	Other Costs	Total Budget
Activity 1.1.1						
Activity 1.1.2						
Activity 1.2.1						
Activity 1.2.2						
Activity 2.1.1						
Activity 2.1.2						
Activity 2.2.1						
Activity 2.2.2						
Activity 3.1.1						
Activity 1.1.2						
Activity 3.2.1						
Activity 3.2.2						
Total						

SIAPS Work Plan Template

Systems for Improved Access to Pharmaceuticals and Services [Country/Portfolio] Work Plan: October 1, 2012 – September 30, 2013

"[Month Year]"

Systems for Improved Access to Pharmaceuticals and Services
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About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

Recommended Citation

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CONTENTS

Acronyms 436

Background 436

Strategic Approach 437
A. Problem Statement 437
B. Portfolio Vision/Goal 437
C. Results Framework 437

Planned Activities 437

Technical Resources 437

Program Management 437
A. Technical activity coordination and monitoring 437
B. Office Management and Operations 437

Monitoring and Evaluation 437

Budget and Funding 437

Annexes 438
A. Performance Monitoring Matrix 438
B. Annual Activity Monitoring Matrix 440
C. Technical Resources and Related Travel 441
D. Activity Budget Matrix 442

ACRONYMS

BACKGROUND

STRATEGIC APPROACH

E. Problem Statement

F. Portfolio Vision/Goal

G. Results Framework

PLANNED ACTIVITIES

TECHNICAL RESOURCES

PROGRAM MANAGEMENT

H. Technical activity coordination and monitoring

I. Office Management and Operations

MONITORING AND EVALUATION

BUDGET AND FUNDING

ANNEXES

A. Performance Monitoring Matrix

Program Goal: (1)						
Description of Program Objectives and Sub-Objectives (2)	SIAPS Result or sub-result areas (3)	Related USAID result area (4)	Performance Indicators (5)	Indicator Target for this AWP (6)	Description of Activities contributing to Program objectives and sub-objectives (7)	Activity Products or Deliverables (8)
Objective 1:						
Sub-Objective 1.1:					**Activity 1.1.1**	
					Activity 1.1.2	
Sub-Objective 1.2:					**Activity 1.2.1**	
					Activity 1.2.2	
Objective 2:						
Sub-Objective 2.1:					**Activity 2.1.1**	
					Activity 2.1.2	
Sub-Objective 2.2:					**Activity 2.2.1**	
					Activity 2.2.2	

Program Goal: (1)

Description of Program Objectives and Sub-Objectives (2)	SIAPS Result or sub-result areas (3)	Related USAID result area (4)	Performance Indicators (5)	Indicator Target for this AWP (6)	Description of Activities contributing to Program objectives and sub-objectives (7)	Activity Products or Deliverables (8)
Objective 3:						
Sub-Objective 3.1:					**Activity 3.1.1**	
					Activity 3.1.2	
Sub-Objective 3.2:					**Activity 3.2.1**	
					Activity 3.2.2	
Objective 4:						
Sub-Objective 4.1:					**Activity 4.1.1**	
					Activity 4.1.2	
Sub-Objective 4.2:					**Activity 4.2.1**	
					Activity 4.2.2	

B. Annual Activity Monitoring Matrix

Activities (1)	Technical Area 1 (2)	Technical Area 2 (2)	Partners and Collaborators	Lead Technical Staff	Timeline											
					October 1, 2012 – September 30, 2013											
					Q1			Q2			Q3			Q4		
					O	N	D	J	F	M	A	M	J	J	A	S
Activity 1.1.1																
Activity 1.1.2																
Activity 1.2.1																
Activity 1.2.2																
Activity 2.1.1																
Activity 2.1.2																
Activity 2.2.1																
Activity2.2.2																
Activity 3.1.1																
Activity 3.1.2																
Activity 3.2.1																
Activity 3.2.2																

C. Technical Resources and Related Travel

Activity Requiring Technical Resource (1)	Technical Person (if known) or Technical Area and level Required – (2)	Expected Outcome or Deliverable of TA (3)	FY13 Estimated LOE in Days (4)				FY13 Estimated TA-Related Travel in Days – (5)			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Activity 1.1.1										
Activity 1.1.2										
Activity 1.2.1										
Activity 1.2.2										
Activity 2.1.1										
Activity 2.1.2										
Activity 2.2.1										
Activity 2.2.2										
Activity 3.1.1										
Activity 3.1.2										
Activity 3.2.1										
Activity 3.2.2										

D. Activity Budget Matrix

Activity (1)	Required Resources Required Resources					
	Salaries	Consultants	Travel	Sub-Awards	Other Costs	Total Budget
Activity 1.1.1						
Activity 1.1.2						
Activity 1.2.1						
Activity 1.2.2						
Activity 2.1.1						
Activity 2.1.2						
Activity 2.2.1						
Activity 2.2.2						
Activity 3.1.1						
Activity 1.1.2						
Activity 3.2.1						
Activity 3.2.2						
Total						

SIAPS Yearly Work Planning Country Presentation Template

Outline

- Background
- SIAPS overall country strategy
- Anticipated funding
- Proposed objectives
- Technical strategy, activities and expected results
- Technical resources needed per activity
- Budget and funding cost elements

USAID SIAPS

Background (4 slides maximum)

- Key relevant issues and gaps relevant to the SIAPS overall mandate and global IRs
- Key relevant issues and gaps related to pharmaceutical systems that support the disease/program area that SIAPS receives funding for
- Relevant USAID programmatic priorities for pharmaceutical systems strengthening and the disease/program area
- Relevant SIAPS or predecessor CPM program (RPM/RPM Plus/SPS) previous experience? Define and describe programmatic successes and how they have affected issues and gaps identified above.

USAID SIAPS

SIAPS overall country strategy

USAID SIAPS

Anticipated Funding

- Funding Directives and Amounts
- Location for core portfolio effort?
  - Portfolio
  - Anticipated work

USAID SIAPS

Proposed Objectives

- Objective 1
- Objective 2
- Objective 3
- Objective 4
- Objective 5

USAID SIAPS

Objective 1 – Technical Strategy, Activities and Expected Results

- Objective 1
- Technical Strategy
- Activities and Expected Results
- How you intend to measure results
- How strategy/activities/results will contribute to the pharmaceutical system strengthening knowledge base
- How you intend to document and disseminate results

USAID SIAPS

Objective 2 – Technical Strategy, Activities and Expected Results

- Objective 2
- Technical Strategy
- Activities and Expected Results
- How you intend to measure results
- How strategy/activities/results will contribute to the pharmaceutical system strengthening knowledge base
- How you intend to document and disseminate results

USAID SIAPS

Objective 3 – Technical Strategy, Activities and Expected Results

- Objective 3
- Technical Strategy
- Activities and Expected Results
- How you intend to measure results
- How strategy/activities/results will contribute to the pharmaceutical system strengthening knowledge base
- How you intend to document and disseminate results

Objective 4 – Technical Strategy, Activities and Expected Results

- Objective 4
- Technical Strategy
- Activities and Expected Results
- How you intend to measure results
- How strategy/activities/results will contribute to the pharmaceutical system strengthening knowledge base
- How you intend to document and disseminate results

Objective 5 – Technical Strategy, Activities and Expected Results

- Objective 5
- Technical Strategy
- Activities and Expected Results
- How you intend to measure results
- How strategy/activities/results will contribute to the pharmaceutical system strengthening knowledge base
- How you intend to document and disseminate results

Technical Resources needed for each activity

- Local staff expertise available
- External expertise required
  - HQ STTA
  - SIAPS partner(s)
  - Local consultant
  - International consultant

Budget and Funding Cost Elements

- Staff LOE
- Procurement
  - Consultants
  - Sub-Agreements
  - Equipment
  - Training etc

Budget Template Instructions

Guidance on using the Budget Template
SIAPS Year 2 (FY2013) Work plans (October 1, 2012 - September 30, 2013)

Background

Budgeting will take place in two phases:

- Phase One: Once activities are identified and in sync with the work plan development process, draft budgets for each activity should be developed using the CPM Budget Template to estimate the cost of your portfolio of activities. Where applicable (Common Operations Management Unit, or COMU, countries), the budget holder should work with his/her counterparts from other projects to estimate the labor cost as well as other fixed charges. Budgets are to be developed using a collaborative process between the Country Program Director and the home office Portfolio Manager. Once a draft is completed, the SPS Senior Finance Manager (Job Diarra) will review the budgets for accuracy and consistency and provide feedback to the budget, as necessary, resulting in potential updates to the budget prior to finalization. At the same time the technical content of the work plan should be prepared and finalized according to the process identified by Gladys Tetteh, Deputy Director, Country Programs, on 06/27/2012. Based on the consolidation of all portfolio draft budgets, Job will develop a comprehensive labor tracking spreadsheet for further analysis of labor projections for overall SIAPS full-time employees, as well as to aid in the development of the SIAPS administration budget. Consolidated labor projections will be shared with the various home office managers who require the information in order to ensure that all staff have a sufficient level of coverage.
- Phase Two: revisions and balancing of labor in the Budget Template will be completed through a collaborative effort between relevant home office SIAPS managers and Job.

For additional information, please refer to the attached general overview and guide to using the *Budget Template*. The goal of this document is to introduce you to the basic assumptions and design of the budget template, hopefully, guiding you through the process of developing your activity budgets. The budget template is a mix of user-friendly budgeting tips and hints, but is designed to capture the practical requirements of costing the implementation of activities. Additionally, please refer to the "CPM Budget Template Instructions" prepared by Sanka Perera in October 2011.

To summarize, once work plan activities are reviewed by the appropriate staff and translated into activity budgets using the CPM/SIAPS format, the completed budget template should be submitted to Job by e-mail. Based on his review, revisions might be made in coordination with the Country Project Director, Portfolio Manager, and/or the Activity Leader, after which the budget will be designated as final by its author. Job's review will entail several things including verifying realism based on historical costs, ensuring that all elements included in the work plan are accurately captured from a financial view-point, budget amount versus expected obligation levels, etc.

General Information

1) For those of you in the Arlington office, the *Budget Template* is located **G:\SIAPS\COP12 Budget Templates**. Refer to "CPM Budget Template Instructions 101911" for general information about how to use the template. There is a country-specific budget template for almost every country where we currently operate.
2) When working with the template, immediately save your file as **Source of Funding_Country_budgetDraft1 (e.g. COP_Ethiopia_budgetDraft1)**

3) Information should be entered **only** in the **yellow shaded** cells.

4) The workbook and some of the individual worksheets are **password** protected and you will only be allowed to type in certain cells—so some of the formulas cannot be deleted.

5) **Technical Activity Coordination** (Activity 1) should include the Activity Leader/Advisor's or Country Program Director's time for managing an activity, monitoring the budget, communication with collaborators, general correspondence, participation in management meetings, and work planning. This activity is intended to support general management and oversight functions that cannot be directly associated with specific activities defined in the work plan. In addition, where funding levels are sufficient and warrant a higher level of support, you should include a minimal amount of level of effort for the CPM Vice-President (Douglas Keene), SIAPS Director (Kofi), Deputy Directors (Sameh, Vicky and Gladys), and home office M&E staff for their time spent on monitoring and evaluation and general programmatic oversight as appropriate (2-3 days/year for each). Any portfolio-specific travel required for these staff should be included in the respective budgets. Under SIAPS, there is no need to budget LOE for the home office Finance and Operations team (including AdCos), Portfolio Managers (as the position is newly defined for SIAPS), and Corporate Operations Staff under the newly Operations Support Team (OST) as the majority of their labor will be funded as part of the program's Allocable Cost Factor, ACF (see #10 below for additional details). Again, if travel for a specific portfolio is required for any of these positions, the corresponding cost should be borne by the portfolio in question. You will, however, need to budget LOE for HR, Contracts, Procurement, IT/IS, etc based on the activities identified in your work plan. For example, if you have a large number of procurements that will be handled by the US Procurement team, a large number of recruitments to be handled by US Human Resources, or a number of consultants and subcontracts anticipated where Contract Officer support is required, you need to budget for the home office LOE associated with supporting these actions. Typically 3-5 days/year for each of these labor categories is sufficient. Because a number of home office positions are now being supported by ACF, it is expected that ***the Technical Activity Coordination budget will go below 10% of the overall amount of funding to be received under each individual funding stream. A level of approximately 5% or less is expected.***

6) **Close out Costs are intended to** capture severance payments, if applicable, accrued and unused leave, other terminal staff benefits, and other closeout costs (i.e. shipment of materials back to home office, trips required to support the closeout process) related to the end of a program. Since our portfolios are funded on an annual basis, we always need to ensure that we have sufficient funds available to close out a portfolio, if needed.

7) Gather **other cost information** on consultant rates, airfares, and other costs you may be entering into your activity budgets *prior to beginning* in order to make the population of the budget template as easy as possible. Your assigned Program Support Associate and AdCo can assist you with this, if needed. Additionally, if you need specific historical costs you can contact Job.

8) **Draft Budgeting** will be completed by the author of the work plan, the Country Program Director in collaboration with the Portfolio Manager assigned to that activity, and/or the Principal Technical Advisors for the Health Element Team.

9) **ACF** (Allocable Cost Factor) is included in the budget calculation at the current rate of **20%.** This is a provisional rate and may need to be adjusted accordingly based on our planned expenditures for Year 1. The ACF (also referred to as "Admin") budget is used for all of the general project management and administrative costs that can't be directly attributed to a specific portfolio, i.e. salaries for Director, Deputy Directors, Portfolio Managers, Finance and Operations staff, rent and utilities, telephone, office supplies, some equipment, general IT/web support for SIAPS, some technical meetings/conferences, etc. Country-specific travel and the LOE associated with such TA,

should be funded through the individual portfolios requesting the higher level of support that can't be given without travel to a given country.

10) Please budget the time of **all individuals** you will need to work on specific activities. If you cannot identify an individual, use the TBD Senior Program Associate or TBD Program Associate position as a place holder and be sure to specify the skills required for that activity in the work plan. There is also a comments column in the budget and it would be good to identify the type of skills required to implement a particular activity. Remember all Technical Staff in the home office including the Principal Technical Advisors (Jude Nwokike, Mavere Tukai, and Mohan Joshi) needs to be **fully** covered under the different portfolios. Furthermore, the Principal Technical Advisors for the Health Elements (Seydou Doumbia, Andre Zagoski, and Beth Yeager) will also need to be fully booked within their own core portfolios and/or the country portfolios).

Depending on the availability of funds, and if you need to make cuts in the budget because of the obligation ceiling, start with some of the activities you think are not critical or for which you do not have a sufficient level of funding to complete. Such cuts should be discussed first with your supervisor and/or the Senior Finance Manager. Also review the staffing pattern of the employees for your respective portfolios for efficiency especially under the COMU and the Corporate Priority Operations Plan context.

Finally, we suggest that you book Natalie Gaul, or someone with a similar skill set, for one field trip (10 days) in your budget per year, if funding allows and the need is warranted. Natalie is frequently utilized for financial and operational STTA in the field.

Assumptions

1) For staff under the US Labor section there is an estimated **220** working days in a year if all vacation, holidays and a standard amount of sick time are taken. An acceptable range for budgeting purposes for a full time employee should be between 220 and 240 days per year.

2) The 220 days for US payroll staff are broken out as follows:

July-September:	60 days
October-December:	50 days
January-March:	60 days
April-June:	50 days

3) Vacation, holidays, and sick time are not broken down in a separate line for local professionals and local support staff, so to capture the total salary of full time local employees please budget them for **260** days in a year. This is because holiday, sick and vacation time are covered out of the Corporate Overhead pool for US payroll staff, while they are considered a direct charge for local payroll staff.

4) The 260 days for local staff are broken out as follows:

July-September:	70 days
October-December:	60 days
January-March:	70 days
April-June:	60 days

5) If you can identify activities for partner organizations please enter them in on a lump-sum basis under the Sub-Contracts section of the budget.

Description of Template (Please refer to CPM Budget Template Instructions)

Description of the Budget Line Categories

A budget describes the amount of money or a resource earmarked for a particular institution, activity or timeframe, and usually includes an itemized summary of intended expenditures typically coupled with expected revenue.

The CPM/SIAPS budget template has the following budget line categories:

US labor:
Consists of all US based and expatriate staff salaries who are paid through the US payroll. Salaries reflect the blended average salary rate per position type. The salary for unfilled, or TBD, positions can also be entered into the budget template and will also reflect the estimated amount for each position type as determined by the Human Resources Partner in conjunction with the budget holder. US payroll salaries are subject to a Holiday, Sick, and Vacation rate (HSV) of 16.5% in 2011, and an overhead rate of 81%. While budgeting, please ensure that the level of effort (LOE) for a full time employee does not exceed 100% of his/her time which is between 220 and 240 days per year (220 days is typically appropriate for full time staff). Also, please consider if staff will have additional LOE budgeted under other portfolios in order to help ensure that salaries are not double counted.

Due MSH practices with regards to granting merit increases, it is reasonable to assume a rate change will take effect in July of each year. Based on historical information, a 3% annual increase is a reasonable estimate to use for budgeting purposes.

Local Professionals Staff Salaries:
These are national professionals located in the field and not on US payroll that are classified as band 5 and above. Unlike US based employees, their salaries reflect the actual salary rate for all currently filled positions. For new positions, determination of an estimated rate will be made by the Human Resources Partner in conjunction with the budget holder based upon the justification and description of each position and the rules and procedures in place in the host country. Local professional salaries are subject to an MSH overhead rate, which is 42% for 2011 for budgeting purpose. In addition, there are local employee benefits packages which vary per country and should be verified with Human Resources, whenever possible. Please note that the budget template includes estimated rates for local employee benefits packages for our current country portfolios. The rates in the template are based on historical data, cost proposals, information obtained from Human Resources, and other sources where applicable.

Local Support Staff Salaries:
This category refers to national employees classified as band 4 and below. Salaries reflect the actual annual salaries, and are subject to local benefits, which vary per country. Please see information provided in the Local Professional Staff Salaries category above for additional details. Local Support Salaries are <u>not</u> subject to MSH overhead.

Also note that for countries where a field office does not yet exist, an average “blended country” rate is used for budgeting purposes in respect to local employee benefits packages, until the actual rate can be determined.

Consultants:
This category is appropriate when hiring an individual outside of MSH to give professional advice or services (e.g., staff training, expert consultant, evaluation, development of curriculum, etc.) for a fee. Consultants are non-employee individuals who provide short term technical assistance to the project. The services are professional in nature (as opposed to clerical or manual labor, which are treated as Outside Services), requiring advanced education or experience in a specific technical field. There are two categories of consultants: local and international. Both have different rate scales and are subject to the MSH overhead rate of 42% for 2011. For named consultants with prior history with MSH, their daily rates may be obtained through the consultant database. This information can be verified with the appropriate Contract Officer, if necessary. For yet determined consultants, the rate is estimated based on the nature of the work involved and the level of expertise required to successfully complete the assignment. For each required consultant, provide the name of the consultant if known, the daily rate (either known or assumed), and the number of days level of effort anticipated.

Travel:
This category includes airfare, ground transportation and per diem costs for international and regional trips, as well as miscellaneous expenses (visa, passport, etc) for all project-related travel. It also includes expatriate travel expense allowances like home leave travel, Rest & Recuperation (R&R) travel, shipment of Privately Owned Vehicles (POV), educational travel, etc.

Allowances:
Eligibility for allowances and sums to be granted are based on an assessment made by Human Resources as a result of specific circumstances for certain employees (usually expatriates). Most allowances offered are governed by US regulations and contractual specifications. Allowances are not considered to be basic salary, and the amount of allowances varies per country and employment agreement, as well as USG limitations. In addition to the allowances already mentioned above in the travel section, expatriates may be entitled to other allowances like cost of living allowance (COLA), post differential "hardship" allowance, educational allowances for children, danger allowance, etc., all of which should be budgeted accordingly.

Subcontracts:
A subcontractor is an entity that performs duties that are either the same as, or directly related to, the scope of work of the project and is usually considered to be a short term technical assistance service. Their efforts contribute directly to the outcome of the project. Please note that services that are non-technical in nature performed by an entity are not handled through a subcontracting agreement, rather, a purchase order for services would be the appropriate contractual mechanism to employ. The nature of the scope of work is what helps to determine the mechanism to be used. You may simply enter the total budget for each subcontract, and keep the detailed budget for reference. Subcontract budgets are negotiated through Contract Officers.

Other Direct Costs (ODCs):
ODCs are all other project costs related to office operations and not mentioned in other line item categories above. These include Postage & Shipping, Rent & Utilities, Photocopying, Supplies & Materials, etc.

Postage & Shipping:
This category includes postage and shipping fees for items pertaining to the project's operations.

Rent & utilities:
This category includes the office rent and utilities.

Communications:
This category includes local, long distance and international telephone services, facsimiles, internet services, etc.

Photocopying:
This category includes all printing and photocopying expenses related to the operations of the project.

Supplies and Materials:
Supplies and materials include expendable items and also durable goods with a useful life of up to one year and a unit cost below the threshold for equipment and fixtures ($5,000 for most contracts and agreements.) Examples include stationary, kitchen supplies and small office machines, computers, laptops, etc.

Outside Services:
Non technical services provided by outside entities that benefit the project. Outside services include security, payroll services, legal services, etc.

Equipment:
All non-expendable equipment with a useful life of over 12 months and a unit cost at or above the threshold for equipment ($5,000 for most contracts and agreements.) Note that most equipment purchases require prior approval from USAID:

- Major office equipment (some air conditioning systems, for example)
- IT equipment – computers, server, printers, etc. when they meet the cost threshold
- Program equipment – lab equipment (centrifuges, rotating agitators), refrigerators for clinics, etc.
- Vehicles and motor bikes

Training:
This category covers all training costs including travel and per diem for trainees, communications, venue, training fees, materials, etc. Per ADS 253 Participant Training is:

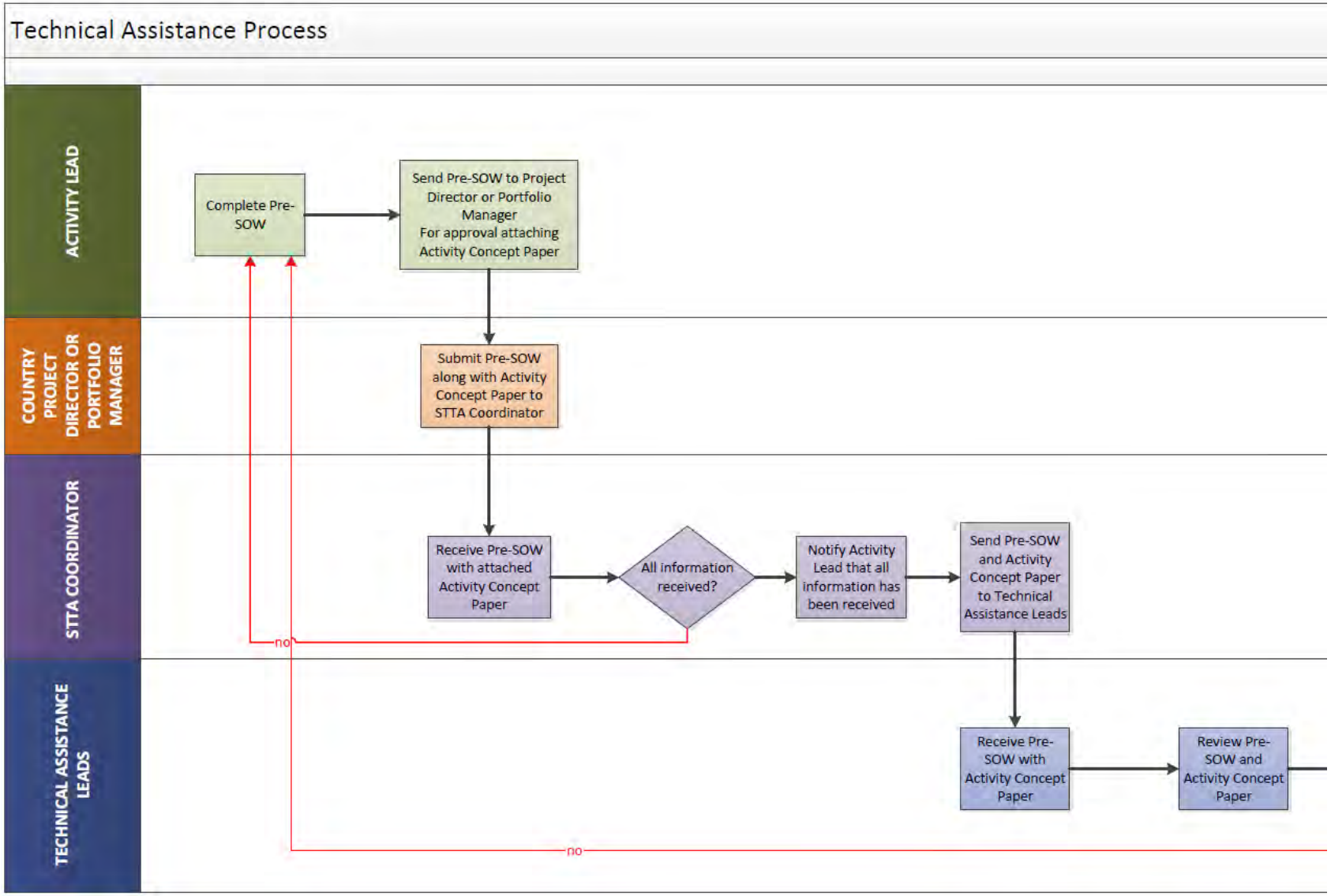
- A learning activity involving Participants taking place in the U.S., a third country, or in-country, in a setting predominantly intended for teaching or impacting certain knowledge and information, with formally designated instructors or lead persons, learning objectives, and outcomes, conducted fulltime or intermittently.
- The transfer of knowledge, skills, or attitudes (KSAs) through structured learning and follow up activities, or through less structured means, to solve job performance problems or fill identified performance gaps. Training can consist of long-term academic degree programs, short or long term non-degree technical courses in academic or in other settings, seminars, workshops, conferences, on-the-job learning experiences, observational study tours, or distance learning exercises or interventions.

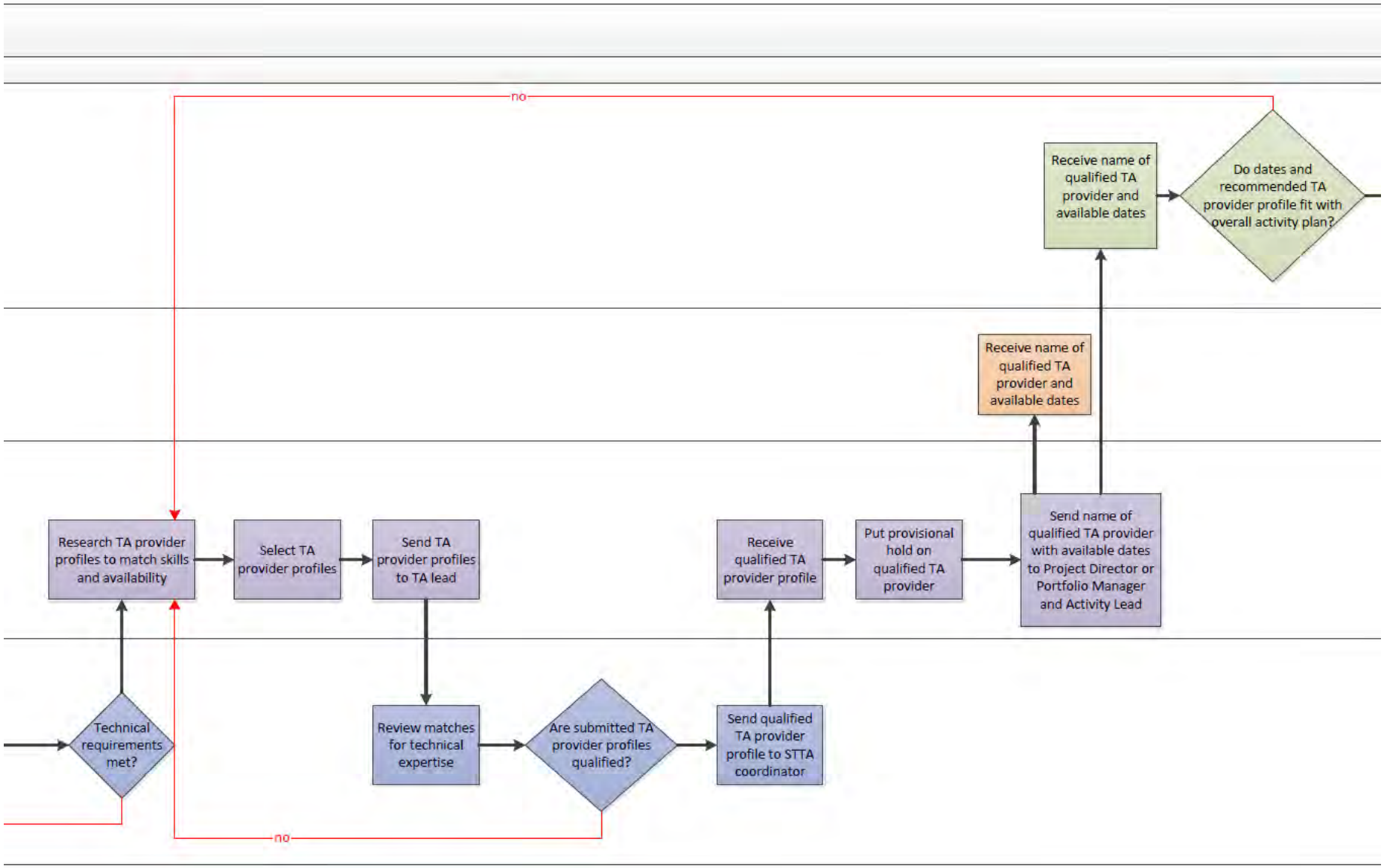
A Participant for a "Participant Training" needs to be formally approved to attend a training falling into the categories identified above. In order to help meet reporting requirements on Trainet, the training section in the budget template is broken down into three key areas: Instruction, Participant, and Travel costs.

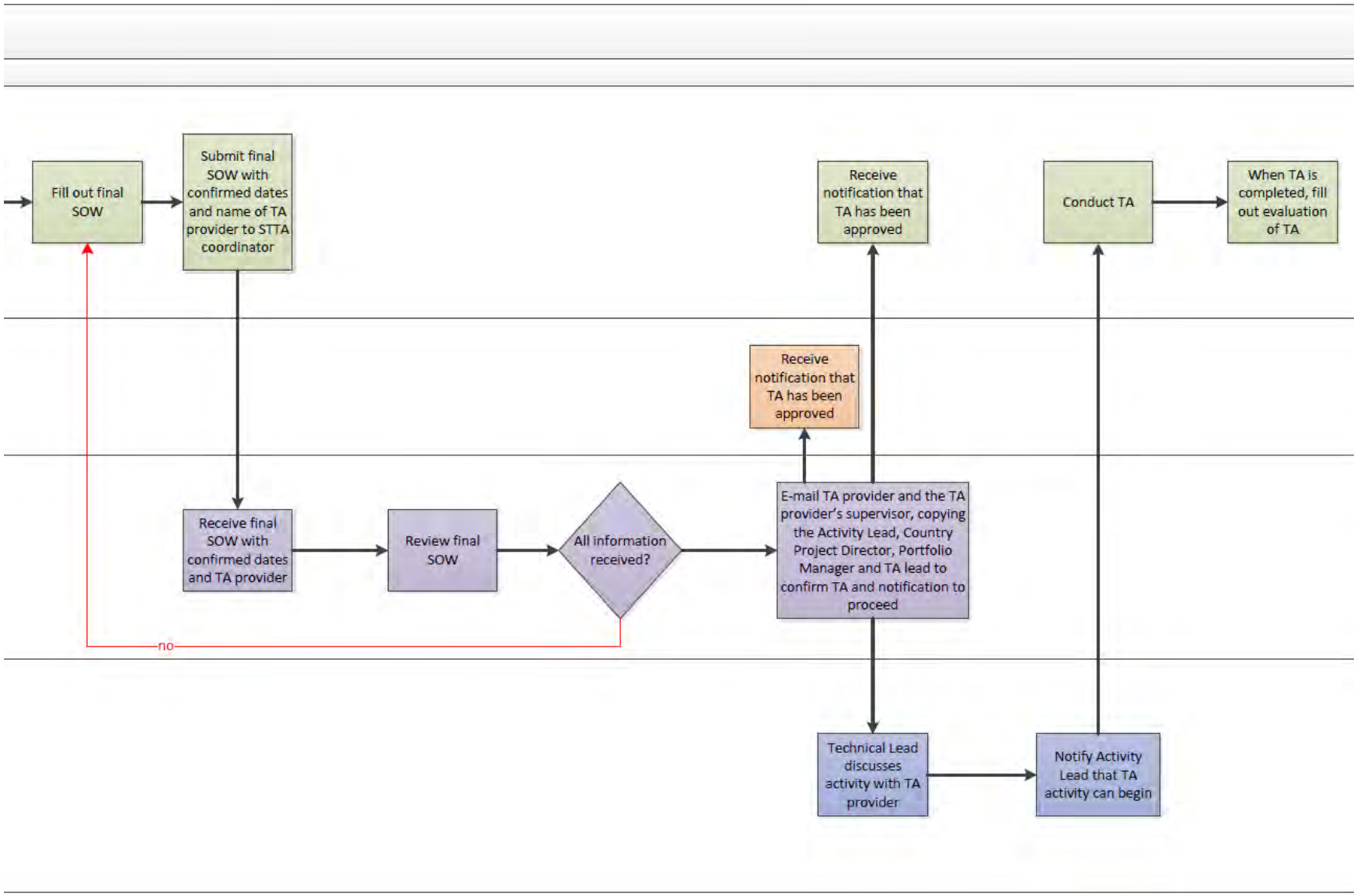
A workshop/conference is a short meeting among technical specialists or others working in a common field generally of a week's duration or less to discuss a particular topic of shared professional interests. A workshop could be part of training, but not all workshops fulfill the "Participant Training" requirements outlined above.

Allocable Cost Factor (ACF):
Currently a provisional rate of 20% for ACF of all direct costs is in effect for SIAPS. This is allocated to portfolios in order to cover certain project support and management costs.

STTA Process Flowchart




no
Receive name of qualified TA provider and available dates
Do dates and recommended TA provider profile fit with overall activity plan?
Receive name of qualified TA provider and available dates
Research TA provider profiles to match skills and availability
Select TA provider profiles
Send TA provider profiles to TA lead
Receive qualified TA provider profile
Put provisional hold on qualified TA provider
Send name of qualified TA provider with available dates to Project Director or Portfolio Manager and Activity Lead
Technical requirements met?
Review matches for technical expertise
Are submitted TA provider profiles qualified?
Send qualified TA provider profile to STTA coordinator
no


Fill out final SOW
Submit final SOW with confirmed dates and name of TA provider to STTA coordinator
Receive notification that TA has been approved
Conduct TA
When TA is completed, fill out evaluation of TA
Receive notification that TA has been approved
Receive final SOW with confirmed dates and TA provider
Review final SOW
All information received?
E-mail TA provider and the TA provider's supervisor, copying the Activity Lead, Country Project Director, Portfolio Manager and TA lead to confirm TA and notification to proceed
no
Technical Lead discusses activity with TA provider
Notify Activity Lead that TA activity can begin

STTA Pre Scope of Work

Preliminary Scope of Work Template

Title of activity:
Name of person submitting request:
Technical supervisor:
Date:

☐ Anticipated STTA listed in Workplan
☐ Anticipated STTA not listed in Workplan

Location:

Technical areas (*check all that apply for this SOW)*

☐ Assessment/Options Analysis
☐ Governance
☐ HR/Capacity Development
☐ Knowledge Management
☐ Laboratory Services
☐ Management Information Systems
☐ Monitoring & Evaluation
☐ Organizational Development
☐ Pharmaceutical Financing
☐ Pharmaceutical Services
☐ Patient Safety & Pharmacovigilance
☐ Quality Assurance Systems
☐ Selection
☐ Supply Chain Management
☐ Other

Result area:

Background statement setting context for the SOW (*brief background statement about the project, the goals, and objectives of the workplan*)

Brief statement & planned activities (*provide a clear overview of what is to be accomplished)*

Experience/qualifications/skills *(specify language requirements or country experience, need for specific skill set, writing skills)*

Mode of implementation (*conference/workshops/seminars; information/material dissemination; technical assistance)*

Deliverables or products to be developed:

Dates and duration of the task:

Potential candidates

CANDIDATE # 1
Preferred Contact #:
Email address:
Departure City:
Returning to:

CANDIDATE #2
Preferred Contact #:
Email address:
Departure City:
Returning to:

CANDIDATE #3
Preferred Contact #:
Email address:
Departure City:
Returning to:

Charge Code:

Activity Implementation Description

Support the DNME and CECOMA to Improve the National LMIS Scope Of Work (SOW)

Background statement: *Use 3-5 sentences to outline technical, political, and other background information that is relevant about why this activity is being pursued and how this activity fits with the project goals.*

Despite the increased flow of commodities through global initiatives such as PEPFAR, PMI, POP, the Global Fund, Angola continues to face stock-outs of key public health commodities. One key challenge is poor national supply chain management system characterized by weak logistics management information systems (LMIS).
Acknowledging the challenges facing the country's SCM, several initiatives have been undertaken including the establishment of the Central Procurement Agency for Medicines and Medical Supplies (Central de Compras de Medicamentos e Meios Medicos– CECOMA) as a semi-autonomous MOH agency outside of the National Essential Medicines Program, to effectively and efficiently procure, warehouse and distribute essential health commodities to public health facilities countrywide. Meanwhile health service responsibilities and decision-making, including financing for health commodities, is being decentralized from central level down to district level. The USAID /SIAPS Program is providing TA to Angola's Ministry of Health (MOH)'s Department of Medicines and Equipment (DNME)/Essential Medicines Program (PNME) and CECOMA to strengthen national procurement and supply chain management (PSCM).

Brief purpose statement: *Provide a concise (2-4 sentences) overview of what activities are linked to technical objectives, and indicate how this work will set a foundation of capacity building in country. Clearly specify why there is need for a TA provider/consultant to do this work.*

In collaboration with SIAPS, the MOH/DNME and CECOMA have identified a need to conduct a comprehensive review of the supply chain management and LMIS systems, to understand Angola's current supply chain situation. The assessment will identify gaps and develop a roadmap to address the identified gaps and improve system performance. The support will include providing support for the operationalization of CECOMA in the immediate term, and building capacity to strengthen the overall public sector PSCM system in the long term. The expected result is more effective and efficient CECOMA/supply chain operations and a functional logistics management system.

The objectives of this task order include–

a. To assist the CECOMA to assess its structure and operations and the national and national PSCM/logistics management system (LMS).
b. Assess, review and document LMIS processes as they relate to CECOMA.
c. To identify necessary system improvements and make appropriate recommendations to CECOMA

Specific tasks to be performed: *Use active verbs (analyze, develop, etc.) to indicate what you want to accomplish during this time and what you want the TA provider/consultant to accomplish. It may include milestones such as attendance at meetings, technical benchmarks, and/or results of work that may influence the direction of the activity.*

LMI will work in close collaboration with the DNME/PNME and CECOMA staff and key local PSCM and LMS stakeholders or appropriate PSCM/LMS technical working groups , including members of the Inter-Agency Coordination Committee (ICC) for Municipal Revitalization, to accomplish the following tasks—

It is expected that this scope will focus on but not limited to:

- CECOMA areas of focus when gathering information;
  - Roles and Responsibilities
  - Organizational Framework
  - Reporting Structures
  - Business processes
  - Procurement Unit Practices
  - Staffing
  - How the transition to the semi-autonomous MOH agency was conducted (with document gathering)
  - Reviewing the KPIs or assess the process (if any) in developing new KPIs
  - Mapping of the CECOMA network
  - Visits to several provincial facilities
- LMIS areas of focus
  - Map the existing data flow and product flow
  - What data sources do they have (Bin Cards, journals, Excel etc)
  - What are the process flows
  - What infrastructure is available
  - Are there SOPs
  - Stock puts etc.
  - Who manages the stocks, the data, and the decision makers?
  - Power issues impact

<u>Schedule</u>

Pre-assessment (Sept 2012)

- Review relevant materials and design an appropriate methodology and tools to conduct the task, in consultation with SIAPS/home office and local SIAPS and MOH staff
- Contact relevant MOH DNME/PNME and CECOMA staff and other local PSCM and LMS stakeholders to plan the assessment and collect pre-assessment materials or data as needed

In-country Phase–provide technical assistance to CECOMA (October 2012)

This involves providing immediate technical assistance to help operationalize the central warehouse, CECOMA. Specific activities include–

- Conduct the comprehensive analysis of CECOMA structures, functions and processes. Review/analyze the current warehouse, storage and logistics management, business processes for the central, regional and provincial warehouses (financing, forecasting, supply planning, procurement warehousing/storage, inventory management and business operations, costing, distribution to health facilities,).
  a. draft a working document/technical report skeleton, to be finalized during the TA visit
  b. Map key supply chain and LMIS processes for re-supply, re-ordering and decision making. Specifically : what data is collected, how is it collected, how do commodities and data flow to/from CECOMA
  c. Review existing SOPs for data collection, commodity flows and re-supply/re-order decision making.
- Based on the findings of the analysis provide debriefing to the key stakeholders on general findings on CECOMA operations for example organizational structure and related governance systems; storage capacity, HR capacity, institutional operational capacity; work-flow for warehouse operations; SOPs/ job aids, efficient fleet management system and route mapping)

a. Analyze and document the existing utilization of all health commodity storage space (central, regional, provincial warehouse)
b. Analyze and document the optimum work-flow of warehouse operation (products, documents, and warehouse staff) Sketch illustrations and charts as needed.
c. Review and document the warehouse Standard Operating Procedures (SOPs) as needed
d. Review to the LMIS SOPs as they relate to CECOMA
e. Work with CECOMA and national staff to validate the identified gaps in LMIS and prioritize CECOMA's objectives and goals towards improved LMIS.
f. Review the transportation/fleet management system including routing

- Hold technical meeting(s) with MOH/DNME, PNME, CECOMA and relevant local stakeholders to share the general findings and solicit their feedback on the findings

Post-assessment (Nov 2012)

- Develop and submit report of trip undertaken as part of this task order, on SIAPS trip report template
- Develop and submit a technical report of the comprehensive analysis of CECOMA, incorporating some recommendations on the the strategic vision and implementation plan, HR capacity-building and training plan and monitoring indicators, for improving CECOMA and national PSCM/LMS performance and efficiency.
- Participate in briefings with representatives from the USAID Mission, as requested.
- To participate in a one day debriefing workshop/meeting with SIAPS home office team to discuss the findings and proposed interventions and the way forward with

Deliverables or products to be developed: *Clearly state required interim and final reports/products, to whom they should be delivered, and deadlines for submission. Specify tangible end results that are expected from each task or activity.*

1. Report of trip undertaken as part of this task, on SIAPS trip report template, within one week of completion of the trip(s)
2. Technical report in SIAPS format incorporating–
    a. Findings of the comprehensive analysis on CECOMA operations
    b. Finding of the LMIS assessment and gap analysis; LMIS priorities for CECOMA and MOH/DNME/PNME
    c. the strategic vision and implementation plan and monitoring indicators for improving CECOMA and national PSCM/LMS performance and efficiency
    d. Comprehensive HR capacity gap analysis and building plan and strategy for CECOMA

Required qualifications of the technical provider(s): *Identify specific requirements: language, skill set, expertise, relevant experience.*

Preferred STTA provider/consultant: *Indicate your preferred TA provider/consultant, whether named by country team (include name and specific expertise) or technical team.*

LMI

Dates and duration of the STTA: *Specify total LOE needed to complete all STTA activities, include benchmarks for completing products/reports. Indicate dates for in-country portion of work.*

October 1, 2012 – Nov 9, 2012

Time Frame	Tasks	Level of Effort
Pre-assessment (October 2012)	• Review relevant materials and design an appropriate methodology and tools to conduct the task in consultation with SIAPS/home office and local SIAPS and MOH Staff • Contact relevant MOH DHME/PNME and CECOMA staff and other local PSCM and LMS stakeholders to plan the assessment and collect pre-assessment materials or data as needed	9 days
In Country Phase (October-November 2012)	• Conduct the comprehensive analysis of CECOMA structures, functions and processes. • Review/analyze the current warehouse, storage and logistics management, business processes for the central, regional and provincial warehouses (financing, forecasting, supply planning, procurement warehousing/storage, inventory management and business operations, costing, distribution to health facilities).	32 days –includes in country time and travel days
Post Assessment Phase	• Develop hypothetical models and review all the documents submitted and match with the hypothetical structures to identify gaps in information submitted • Draft a working document/technical report skeleton, to be finalized during the TA visit • Map key supply chain and LMIS processes for re-supply, re-ordering and decision making. Specifically : what data is collected, how is it collected, how do commodities and data flow to/from CECOMA • Review existing SOPs for data collection, commodity flows and re-supply/re-order decision making • Prepare for and conduct post travel workshop for long term planning for Angola	Total = 10 days

Additional documents to review: *Attach or list any documents, pamphlets, reports, etc., that will assist the STTA provider in successfully meeting project objectives.*

Writing an Effective Scope of Work for a Consultant

The scope of work (SOW) is a document that provides a detailed description of the work to be performed by the consultant. A detailed SOW provides the consultant with a clear concept of the expected output and impact of their interventions in the framework of the overall project. It also ensures mutual understanding of expectations between the consultant and the MSH project and its counterparts and safeguards continuity and the logical sequence of technical interventions within the framework of the project workplan. An initial investment of time and effort to write a clear and high-quality SOW means that—

- Consultants will clearly understand the requirements and needs of the MSH project or MSH corporate work
- The project can more accurately cost the piece of work for budgeting and planning purposes
- The need for changes and modifications that can increase the cost and delay completion can be minimized
- MSH and the consultant can assess performance
- Disputes during implementation can be reduced

An unclear SOW often results in an inefficient use of both the consultant's and the staff counterparts' time. If the end results are not what was required or expected, the ability of the organization to implement the needed changes is jeopardized and staff will be less likely to embrace the change mandate.

Who should author the SOW

The technical manager of the consultant or his or her designee must provide detailed information for all the sections below.

Elements of a Well-Written SOW

A SOW that meets the objective above must at a minimum include the following—

Background information and description of service to be performed - This section clarifies the purpose of the project and the specific tasks the consultant is being hired to perform and how those tasks fit within the project goals. Be clear about why there is a need for a consultant and what it is the consultant is being hired to do.

Technical deliverables - This section states what the consultant is expected to produce and to whom the deliverables are to be delivered. Ensure that deliverables are definite, measureable, and attainable.

Period of performance - The SOW must contain start and end dates for the consultant.

Performance monitoring and oversight - Be clear about who is responsible for performance monitoring and how the oversight will take place.

Level of effort ceiling - For budget monitoring and planning purposes, it is recommended to include a level of effort ceiling in the SOW.

Example: Scope of Work (SOW) STTA Template

EXAMPLE EXAMPLE EXAMPLE EXAMPLE

Background statement: *Use 3-5 sentences to outline technical, political, and other background information that is relevant about why this activity is being pursued and how this activity fits with the project goals.*

The National Control Program (NCP) in MSH Country has launched important initiatives to improve treatment. The medicines procured by the Ministry of Health for the NCP are blister-packed and sorted by age group; the NCP has also begun distributing written instructions for the majority of patients. To date, there has been no study to determine the impact of this strategy. To this end, MSH/SPS has designated USAID funds that can be used to support an evaluation of this intervention.

This evaluation will be one of many studies done in countries using similar protocols in order to determine the prescribing and dispensing practices that promote treatment in the region.

Brief purpose statement: *Provide a concise (2-4 sentences) overview of what activities are linked to technical objectives, and indicate how this work will set a foundation of capacity building in country. Clearly specify why there is need for a consultant to do this work.*

The purpose of this activity is to provide a report of current levels of adherence, activities related to adherence, and factors associated with adherence at health facilities in MSH Country with the overall aim of formulating targeted and effective interventions to improve patients' adherence. The Adherence TWG has identified the need for a Study Coordinator for this activity.

Objectives:

a. To document the actual prescribing and dispensing practices for treatment
b. Systematize the implementation process and evaluate the impact of case studies that promote treatment adherence
c. Determine the impact of written instructions on treatment adherence.

Specific tasks to be performed: *Use active verbs (analyze, develop, etc.) to indicate what you want to accomplish during this time and what you want the contractor to accomplish. It may include milestones such as attendance at meetings, technical benchmarks, and/or results of work that may influence the direction of the activity.*

The consultant will work in close collaboration with staff and other partners, mentioned above, to accomplish the following tasks:

a. Work with other staff to complete deliverables and specific objectives expected
b. Make contact with relevant government personnel and other stakeholders to make appointments and carry out activities with team
c. Conduct interviews with the persons according to the methodology and framework developed by the team, as needed
d. Obtain and review relevant materials, methodology, and tools to conduct the task, particularly materials, documents, and tools related to implementation of grant activities focused on procurement, storage, distribution, and use
e. Participate in briefings with representatives from the USAID Mission, as requested
f. Contribute to a trip report – 3-5 pages format provided in CLOA
g. Write a 1- to 2-page summary of work conducted in fulfillment of this SOW

EXAMPLE EXAMPLE EXAMPLE

Deliverables or products to be developed: *Clearly state required interim and final reports/products, to whom they should be delivered, and deadlines for submission. Specify tangible end results that are expected from each task or activity.*

Deliverables

a. A preliminary consultancy report submitted no later than June 26 to be reviewed by MSH/Country and the CPM headquarters in Arlington
b. A final report (in relevant language and English) including any additional information requested and submitted no later than July 3, 2009
c. All training materials and drug management tools developed individually or in collaboration with MOH and other partners

Required qualifications of the technical advisor(s): *Identify specific requirements: language, skill set, expertise, relevant experience.*

Qualifications

a. Demonstrated experience in developing a plan and activity schedule for implementation.
b. Solid background and understanding of generic regulatory framework for drugs concepts, treatment guidelines, and rational medicines use
c. Knowledge and experience with implementation of policies and programs
d. Experience working in developing countries, at least 3-5 years
e. Medical doctor with strong clinical skills preferred or others with relevant experience
f. Fluency in relevant language (and English)

Preferred STTA provider/consultant: *Indicate your preferred STTA provider, whether named by country team (include name and specific expertise).*

The proposed candidate for this work is Mr. Chris Consultant. Mr. Consultant is a pharmacy technician who is currently not on full-time employment but is doing locum at the ABC clinic. Therefore he is readily available and can be called at short notice. Mr. Consultant has worked with the Hospital Autonomy Program under MSH for 1 year as a Technical Assistant for Pharmaceuticals.

Dates and duration of the STTA: *Specify total LOE needed to complete all STTA activities, include benchmarks for completing products/reports. Indicate dates for in-country portion of work.*

Level of efforts (LOE = 15 days max)

In Country from April 25 to May 6, 2011, plus two travel days and additionally two home-working days; 15 days maximum

Additional documents to review: *Attach or list any documents, pamphlets, reports, etc., that will assist the STTA provider in successfully meeting project objectives.*

Please find attached the STG template to be used in this review.

STG template. DM, ES.doc

SCOPE OF WORK (SOW) FOR SHORT-TERM TECHNICAL ASSISTANCE (STTA) TEMPLATE

Background statement: *Use 3-5 sentences to outline technical, political, and other background information that is relevant about why this activity is being pursued and how this activity fits with the project goals.*

Brief purpose statement: *Provide a concise (2-4 sentences) overview of what activities are linked to technical objectives, and indicate how this work will set a foundation of capacity building in country. Clearly specify why there is need for a TA provider/consultant to do this work.*

Specific tasks to be performed: *Use active verbs (analyze, develop, etc.) to indicate what you want to accomplish during this time and what you want the TA provider/consultant to accomplish. It may include milestones such as attendance at meetings, technical benchmarks, and/or results of work that may influence the direction of the activity.*

Deliverables or products to be developed: *Clearly state required interim and final reports/products, to whom they should be delivered, and deadlines for submission. Specify tangible end results that are expected from each task or activity.*

Required qualifications of the technical provider(s): *Identify specific requirements: language, skill set, expertise, relevant experience.*

Preferred STTA provider/consultant: *Indicate your preferred TA provider/consultant, whether named by country team (include name and specific expertise) or technical team.*

Dates and duration of the STTA: *Specify total LOE needed to complete all STTA activities, include benchmarks for completing products/reports. Indicate dates for in-country portion of work.*

Additional documents to review: *Attach or list any documents, pamphlets, reports, etc., that will assist the STTA provider in successfully meeting project objectives.*

Writing an Effective Scope of Work for a Consultant

The scope of work (SOW) is a document that provides a detailed description of the work to be performed by the consultant. A detailed SOW provides the consultant with a clear concept of the expected output and impact of their interventions in the framework of the overall project. It also ensures mutual understanding of expectations between the consultant and the MSH project and its counterparts and safeguards continuity and the logical sequence of technical interventions within the framework of the project workplan. An initial investment of time and effort to write a clear and high-quality SOW means that—

- Consultants will clearly understand the requirements and needs of the MSH project or MSH corporate work
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- The need for changes and modifications that can increase the cost and delay completion can be minimized
- MSH and the consultant can assess performance
- Disputes during implementation can be reduced

An unclear SOW often results in an inefficient use of both the consultant's and the staff counterparts' time. If the end results are not what was required or expected, the ability of the organization to implement the needed changes is jeopardized and staff will be less likely to embrace the change mandate.

Who should author the SOW

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Elements of a Well-Written SOW

A SOW that meets the objective above must at a minimum include the following—

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EXAMPLE: Scope of Work (SOW) STTA Template

EXAMPLE EXAMPLE EXAMPLE EXAMPLE EXAMPLE EXA

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This evaluation will be one of many studies done in countries using similar protocols in order to determine the prescribing and dispensing practices that promote treatment in the region.

Brief purpose statement: *Provide a concise (2-4 sentences) overview of what activities are linked to technical objectives, and indicate how this work will set a foundation of capacity building in country. Clearly specify why there is need for a consultant to do this work.*

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Objectives:

d. To document the actual prescribing and dispensing practices for treatment
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k. Obtain and review relevant materials, methodology, and tools to conduct the task, particularly materials, documents, and tools related to implementation of grant activities focused on procurement, storage, distribution, and use
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Deliverables

d. A preliminary consultancy report submitted no later than June 26 to be reviewed by

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e. A final report (in relevant language and English) including any additional information requested and submitted no later than July 3, 2009
f. All training materials and drug management tools developed individually or in collaboration with MOH and other partners

Required qualifications of the technical advisor(s): *Identify specific requirements: language, skill set, expertise, relevant experience.*

Qualifications

g. Demonstrated experience in developing a plan and activity schedule for implementation.
h. Solid background and understanding of generic regulatory framework for drugs concepts, treatment guidelines, and rational medicines use
i. Knowledge and experience with implementation of policies and programs
j. Experience working in developing countries, at least 3-5 years
k. Medical doctor with strong clinical skills preferred or others with relevant experience
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STG template. DM, ES.doc

SIAPS Capacity Building and Performance Improvement Guidance

The goals of the CPM/SIAPS Leadership and the Capacity Building and Performance Improvement Unit are that all staff perform at a high-functioning capacity level and have adequate resources available to them for performance improvement and learning to function efficiently for the benefit of SIAPS.

This section provides staff with an overview of the strategy CPM/SIAPS has in place for staff capacity building, as well as the learning resources available to them within MSH. All staff members have a role to play within the capacity building and performance improvement strategy. Staff should be willing to receive the benefits of coaching and mentoring, as appropriate or, conversely, to act as a coach or mentor and in supporting other staff, local government counterparts, or partner institutions.

Table of Contents

Guiding Principles 2
CPM Capacity Building Frameworks 2
Goals of the CB&PI Unit 3
Meet the CB&PI Unit 3
Services Provided by the CB&PI Unit 4
The SIAPS Capacity Building Approach 5
CB&PI Unit Technical Assistance 7
Request Technical Assistance from the CB&PI Unit 7
Internal Staff Capacity Building and Professional Development Activities 9
CPM University 9
Self-directed Learning 11
Semi-structured On the Job Learning 12
External Learning 14
Practical Tips and Resources for Trainers 16
Training Request Form 17
Curriculum Development Checklist 20
Assessing Training Impact 21

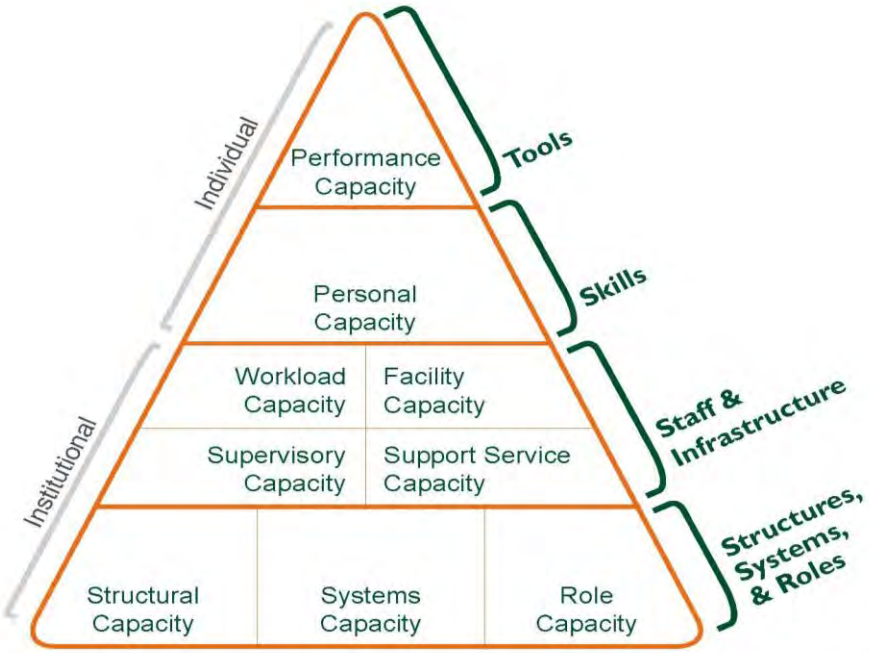
Guiding Principles

With support from the CPM Capacity Building and Performance Improvement (CB&PI) unit, SIAPS is dedicated to creating an enabling environment that supports continuing professional learning and technical excellence for staff at all levels. The project has initiated a number of capacity building and training programs for staff to take advantage of to achieve their professional goals while also working to achieve the goals of CPM/SIAPS goals. SIAPS's overall approach to capacity building is based on a systemic approach for capacitating programs and staff for improved performance on two fronts:

- Internally: Equip CPM/SIAPS staff based at headquarters with the competencies necessary to effectively carry out their roles and responsibilities of providing technical assistance to programs and partner
- Externally: Strengthen the capacity of external beneficiaries in pharmaceutical management through technical assistance

This approach is supported by a number of CPM frameworks, especially CPM's Capacity Building Framework which reinforces the principle that individual performance is highly influenced by institutional context. CPM/SIAPS envisions its entire staff designing, implementing, and evaluating capacity building interventions with this principle in mind. Essentially, instead of staff immediately jumping to training when attempting to address performance issues, they should first consider conducting a need assessment to determine whether which capacity building and performance improvement interventions, or perhaps which combination, will be most effective and appropriate for the context in which the performance gaps occur.

CPM Capacity Building Framework



Adapted from Potter, C., and R. Brough. 2004. Systemic Capacity Building: A Hierarchy of Needs. *Health Policy and Planning*. 19(5): 336-345.

Goals of Capacity Building and Performance Improvement Unit

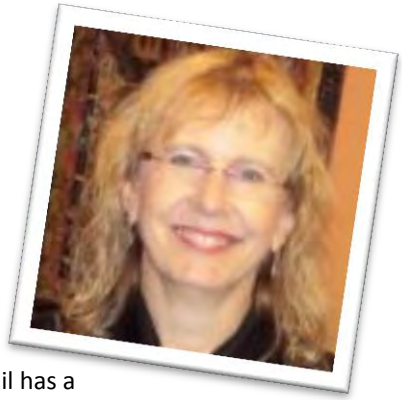
The unit's mandate is to equip CPM/SIAPS staff with the necessary competencies necessary for to carrying out their roles and responsibilities. The CB&PI's interventions revolve around three main goals:

1. Build and strengthen capacity of CPM/SIAPS staff to provide technical assistance in capacity building and training
2. Build and strengthen capacity of CPM/SIAPS headquarters staff to manage projects and provide technical assistance in pharmaceutical management technical areas
3. Build and strengthen capacity of external beneficiaries in pharmaceutical management technical areas

Meet the CB&PI Unit

The Capacity Building and Improvement (CB&PI) unit is made up of three staff members with strong backgrounds in international development and extensive experience in institutional and individual development and capacity building:

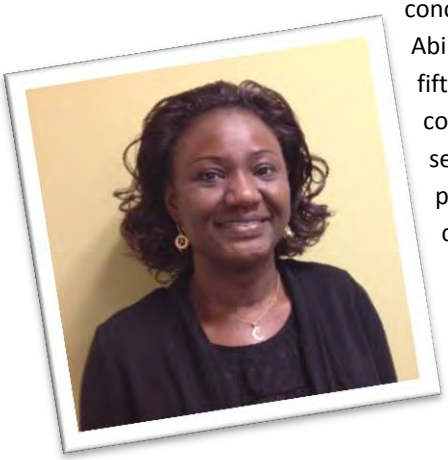
GAIL NAIMOLI, CAPACITY BUILDING AND PERFORMANCE IMPROVEMENT DIRECTOR



Leads the strategic development and evaluation of approaches, courses, and products to build the technical capacity of pharmaceutical management staff in headquarters and in the field. Before joining CPM, she was Senior Instructional Designer at Social and Scientific Systems, Inc., where she was responsible for a range of human resource development activities, including corporate and client training. Prior to that, Gail was the Training Advisor at the Manoff Group, Ins., where she led the design, delivery, and evaluation of curriculum/training initiatives worldwide. She has also worked as an independent instructional design consultant providing technical assistance in Africa and Latin America. Gail has a Ba in Spanish, a MA in Latin American Language and Literature, and a M.Ed. in instructional Design and Educational Media. She is fluent in Spanish and French.

ABIBATA HANDLEY, CAPACITY BUILDING AND TRAINING ADVISOR

Manages the SIAPS capacity building portfolio. Her responsibilities include designing state of the art approaches and contributing to an overall strategy that reflects MSH's priorities and pharmaceutical management field realities. She advises SIAPS portfolio managers, technical advisors, and in-country teams on the development and implementation of capacity building and training activities, ensuring their adequate contribution to SIAPS results. She contributes to the conceptualization and dissemination of SIAPS/CPM approaches, courses, and products. Abibata has been working in international development in both the US and Africa for over fifteen years. Before joining CPM/SIAPS, she has held a number of positions in private companies and international nongovernmental organizations in the US. She is a seasoned Master Trainer of Trainers with extensive experience in capacity building, project management, and organizational development. She has designed curricula and conducted practical training activities for various audiences on an array of health topics including sexual and reproductive health, life skills, and gender equity; has managed a number of projects focused on community development, HIV/AIDS, health, and education; and established her own consulting group, Teleyah, through which she



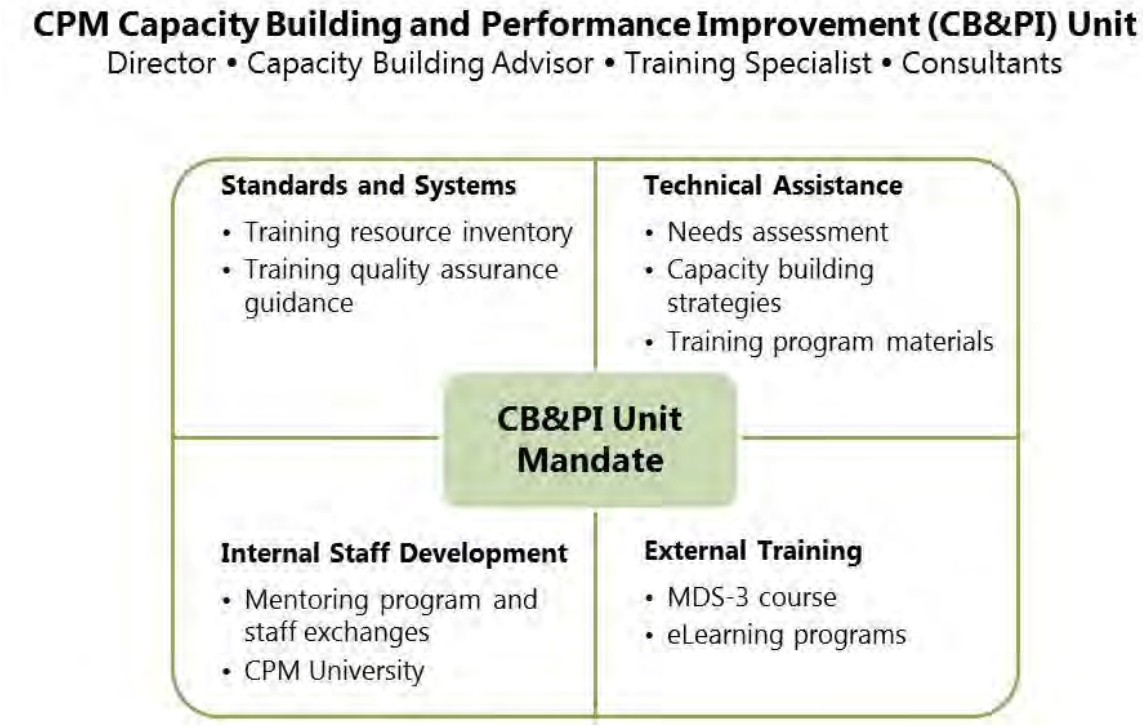
provided technical assistance to local, regional, and international partners to strengthen institutional capacity in Kenya, Rwanda and Uganda. She has interfaced with several donors including USAID, EU and the Bill and Melinda Gates Foundation. She helped reestablish Peace Corps in two different countries: first in her own country, Burkina Faso (1995) and later in Rwanda (2008), where she served for a time as the Deputy Country Director. At various times she has worked with international refugee resettlement agencies providing psychosocial support and mental health counseling services to refugee families and survivors of torture. She holds an MA in Intercultural Training and Consulting (and a minor in International Development) from Lesley University, Cambridge, Massachusetts, and a BA in Sociology of Community Development and Education. She speaks French, English, Dioula, Moore, and Bambara.

LIZ LANNI, SENIOR TRAINING SPECIALIST

Designs capacity building and performance improvement interventions and strategies, develops state of the art approaches in training and eLearning programs, and contributes to an overall strategy that reflects MSH's priorities and field realities. Before joining MSH, Liz worked at the George Washington University within the Executive Education Programs and at the Corporate Executive Board in the in the Leadership Academies program. She has worked as an independent instructional design consultant. Liz holds a MA in Human Organizational Learning and a BA in Psychology.

SERVICES PROVIDED BY THE CB&PI UNIT

In collaboration with various teams, the CB&PI unit provides expert services in carrying out our mandate. Our services can be divided into four categories: Standards and Systems, Technical Assistance, Internal Staff Development, and External Training, as depicted here:



STandards and Systems

- Develop and disseminate standards and systems for training and capacity building through resource databases and social learning mechanisms
- Provide quality assurance on the training and capacity building standards and systems
- Provide cutting edge capacity building and training materials, tools, and best practices, including online eLearning resources, and resources on Designing a Training Course, Planning a Training Course, and Measuring Training Impact
  Provide an internal user-friendly database and collection of existing CPM training materials organized by topic and reviewed for quality standards

Capacity Building Technical Assistance

- Inter-unit coordination for designing and implementing technical assistance
- Assist in developing or refining scopes of work for request for technical assistance
- Assist in identifying resources people i.e. staff/consultants with the right expertise and competencies to design and implement capacity building and training activities. The Unit has developed a consultant database to supplement internal resources and meet short term technical assistance needs.
- Conceptualize capacity building and training strategies and approaches
- Design and implement of formal, as well as informal training curricula, courses, and programs
- Develop and implement capacity building and training needs assessment tools
- Develop capacity building training plans in alignment with program work plans
- Deliver training events and programs
- Review, develop, and/ or adapt training materials
- Manage the administration/planning/organization of training events and programs
- Design e-learning modules, courses, and platforms
- Evaluate training and capacity building program outcomes

Internal Staff Development

More information about the CB&PI services for internal staff development can be found on page 9 of this document.

External Training

- Design and implement of formal, as well as informal training curricula, courses, and programs
- Develop and implement training needs assessment tools
- Deliver training events and programs
- Review, develop, and/ or adapt training materials
- Manage the administration/planning/organization of training events and programs
- Design e-learning modules, courses, and platforms
- Evaluate training and capacity building program outcomes

The SIAPS Capacity Building Approach

Capacity building and performance improvement interventions can take many forms. Often the first intervention that comes to mind is training. Before deciding on training, however, ask the question *is training the answer?* Training interventions, which build and strengthen personal capacity, are often necessary, but may not be sufficient to solve performance challenges. A capacity building and performance improvement strategy is likely to be more comprehensive than merely training.

Use the Capacity Building Framework to guide needs assessment, planning, and evaluation. It will help you focus on nine separate, but interdependent components of capacity and the nature of the relationships among them. Individual performance is highly influenced by institutional context, and so you should seek to identify and address institutional, as well as individual capacity building needs.

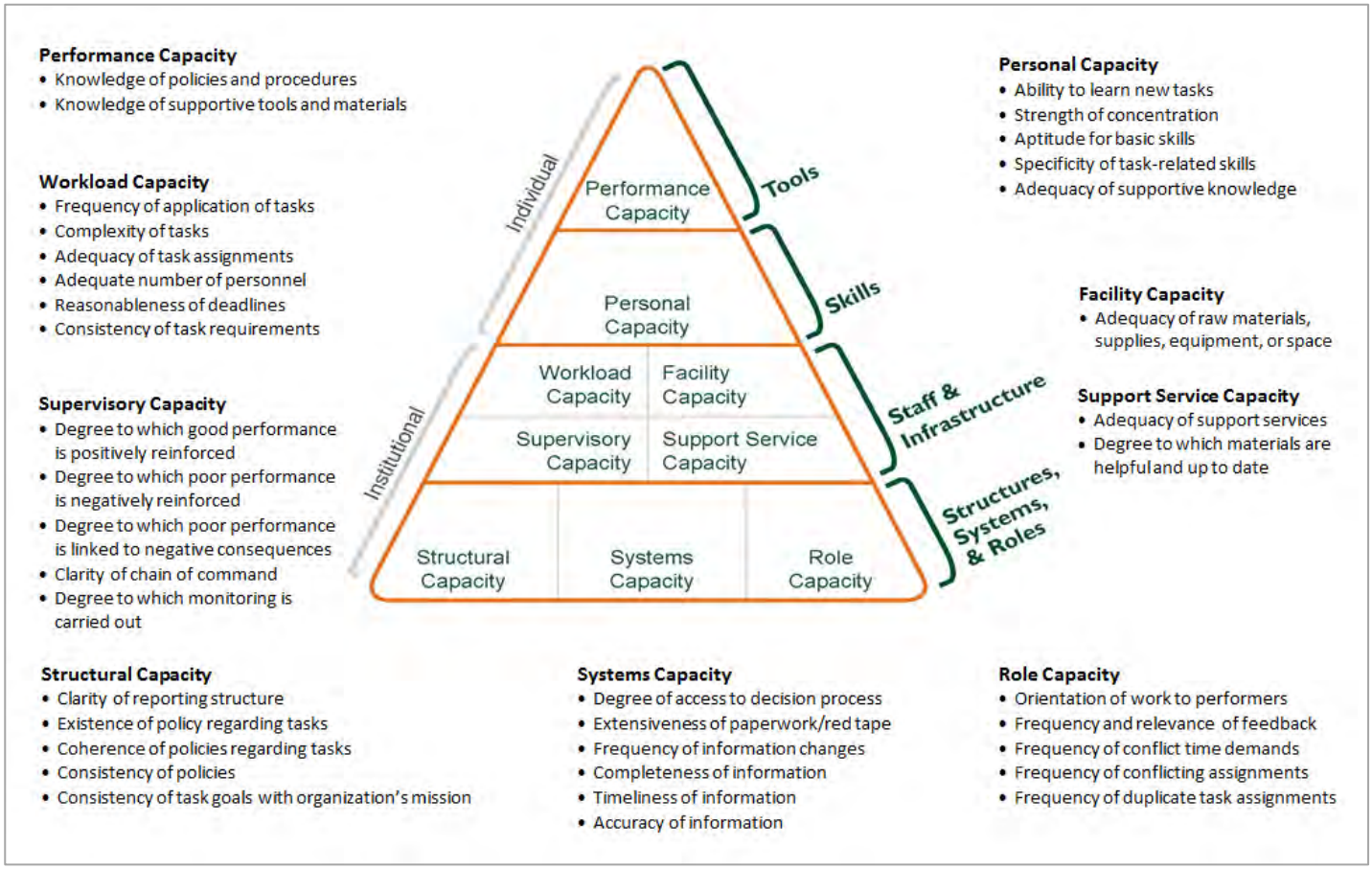
CPM Capacity Building Framework

When attempting to address performance problems, consider what combination of capacity building and performance improvement interventions will be effective and appropriate for the context in which the problems occur. For example, an intervention could combine elements of motivation or work assistance, along with a change in environmental work factors, so that a desired behavior would be more likely to occur and be sustained.

Selected examples of capacity building and performance improvement interventions include:

- Providing information, documentation, or performance aids
- Providing coaching and effective feedback
- Supporting the authority to perform
- Adjusting organizational structure, workplace design, and task shifting
- Adjusting consequence management
- Providing practice opportunities
- Employing a combination of the above

Examples of performance indicators relative to the sections of the capacity Building Pyramid are reflected in the following graphic. This graphic can be used to conduct a preliminary needs assessment when analyzing performance gaps.



RAPID NEEDS ASSESSMENT

You may use the following questions to help assess where and how capacity needs to be built or strengthened:

1. What is the current level of performance?
2. What performance is needed or desired?
3. Where are the gaps in performance?

4. What might be the possible cause(s) of poor performance? (Be sure to consider all of the components of the Capacity Building Pyramid as potential areas where capacity may be an issue.)
5. What interventions can best address the causes for the gaps in performance?
6. **Is training the best intervention?**

CB&PI Unit Technical Assistance

If you conclude that training *is* the appropriate intervention to address the performance problems that you have identified, be sure to specify in your work plan the kinds of training interventions you plan to carry out. For example, your training interventions could include:

- In-service training
- Pre-service training
- Training of trainers program
- Instructional design and curriculum development
- Curriculum adaptation
- eLearning

The CPM Capacity Building and Performance Improvement Unit offers a range of technical assistance for your capacity building needs:

- First Tier – We can provide general guidance documents, tools, checklists, and examples drawn from interventions that are similar to what you will be undertaking; and then we can follow up with you at the project launch phase.

- Second Tier – We can provide customized guidance based on the objectives of the activity and assist in reviewing the intervention strategy during the development process, making ourselves available for meetings, email conversations, and phone calls.

- Third Tier – We can provide considerable support and/or management to the project intervention and assist with the development of the activity from start to finish.

requesting technical assistance from the CB&PI Unit

Programs are encouraged to reach out to the unit's assistance through three key channels. Before submitting a request through any of these channels, staff should ensure the following:

- The technical assistance requested is part of the work plan and that proper funding has been set aside for it. If not, staff should contact their Portfolio Managers to get the work plan amended.
- Plan ahead and allow enough time for CB&PI to secure the right technical experts to assist with the activity.
- Ensure there is a focal person at local level who can assist with communication, coordination, and appropriate stakeholder involvement
- Ensure there is a strong rational to support the request, i.e. there is a "true need" at national level that the activity will address

1. **USE THE SHORT TERM TECHNICAL ASSISTANCE (STTA) PROCESS**

Staff can submit a request for technical assistance electronically by login onto our Central Desktop at https://msh.centraldesktop.com/internalmshta/doc/18376973/

Several key elements are critical to the STTA process. To submit a request for technical assistance, staff must carefully read and fill out the following:

- **Pre-Scope of Work Template (Request for STTA)** – The technical lead/country manager completes this document to start the provider search while the SOW is being developed. Technical leads and country managers are able to identify the technical expertise needed, but may not have the time to fully articulate that vision into a SOW template. This pre-SOW is a quick way to describe the expertise and skills with brief description of the activity.

- **Scope of Work Template with Instructions and Examples** – This template provides more in-depth understanding of the tasks, deliverables, outcomes, and duration of the TA activity. This familiar template gives a consistent format to help understand what TA is being requested.

After a STTA intervention, staff must complete the performance feedback form. This form is intended to rate the quality of the work performed and is intended to provide useful information for future development. Feedback can be given two ways: through the web form located on the Central Desktop website or through the MS Word document. The MS Word document form can be emailed to Nausheen Ahmed (nahmed@msh.org), the SIAPS program's STTA Coordinator.

2. COORDINATE WITH THE PORTFOLIO MANAGER

Although activities will most likely involve the country Portfolio Manager, regardless of the activity type, country program staff may seek assistance and consultation with CB&PI Unit via coordination with their Portfolio Manager.

3. CONTACT THE CAPACITY BUILDING AND PEFORMANCE IMPROVEMENT UNIT DIRECTLY

For technical assistance requests for all SIAPS programs, staff may merely submit requests to the Capacity Building and Training Advisor (Abibata Handley) by simply sending an email to ahandley@msh.org .

Internal Staff Capacity Building and Professional Development Activities

The CB&PI Unit has developed an internal staff development plan, which lays out a continuum for professional development and improvement for its staff. The proposed plan builds on pre-existing MSH corporate staff development philosophy, policies and guidelines. This section provides the information and resources needed to effectively capacitate and develop internal staff. Resources are provided at three different levels within the organization – at the corporate level, the Center level, and at the program level. Country Project Directors are encouraged to refer to this plan for designing and implementing professional development initiatives in their respective countries.

Program Directors should familiarize themselves with the opportunities in the plan, so they are able to proactively set funding aside to capacitate their own staff. This entails including a staff professional development component in their work plans. It is also important for staff members with supervisory responsibilities to stay abreast of professional development opportunities and to take them into account as they conduct PPRDs. Supervisors should work with supervisees to include this in Performance Development Plans (PDPs) as appropriate. This will give staff a competitive edge as they progress and take on meaningful assignments within SIAPS.

Currently, MSH Corporate is offering the following professional development activities:

- Regional leadership workshops organized by Talent Management, which are geared towards project leaders
- New hire orientation, which spans the first three to six months of employment
- Training on PPRD process
- LINGOS, which are self-paced eLearning courses and cover global management skills, including:
  - ✓ Project management
  - ✓ Leadership
  - ✓ Finance
  - ✓ Strategy
  - ✓ Communications
  - ✓ Human resources management
  - ✓ Skills development

"CPM UNIVERSITY" STRUCTURED TRAINING

CPM University refers to a full training package for staff to take part in structured training sessions individually or as cohort. The training package includes a combination of subjects including MDS-3 topics, CPM Frameworks, Consulting Boot Camp, and Training of Trainers. Alternatively, these elements can also be implemented individually, as needed, and not in conjunction with the full CPM University training package. Country programs can fund staff to travel to the location of the training, when announced.

MDS 3 Lectures

Criteria: Open primarily to HQ mid to lower career level staff i.e. Technical Associates and Technical Advisors. Targeted staff will take a test in order to be eligible to participate in these courses. Tests should be developed by one or two teaching senior staff members. Staff will receive a certificate at the end of a one semester course. They can later participate in the mentoring program and can be matched with a member of senior staff who will work with them to help sustain the skills, knowledge and attitudes acquired. They will assist mentors in activities such as:

- ✓ Conducting desk review of related technical materials
- ✓ Preplanning of TDYs materials
- ✓ Post TDY report outs material preparation

- ✓ TDS presentations on related technical area

CPM Frameworks

This is normally a two day intensive training on CPM frameworks. It can, however, be conducted over a period of several weeks (a couple of hours per week). It should be offered once a year and can be offer either to new staff or to existing MSH staff as refresher training. However, a more condensed and advanced version of the training should be provided to seasoned MSH staff members. The primary target audience should be technical staff. The course should include an overview of all the frameworks as well as hands on activities on their actual application. David Lee is currently providing the training so this is a great opportunity to identify potential additional trainers from the pool of participants to train up to become trainers of CPM frameworks. The top two participants selected by David Lee will assist with conducting future quarterly workshops. They will also participate in a selected number of mini TOTs to strengthen their skills in participatory training. They can assist with organizing and conducting training on CPM frameworks for field staff on a need by need basis. For field training all cost will be covered by the country requesting the training. Sub regional training can be organized, and this should help lower the costs if multiple countries put in a joint request.

Criteria: Open to all full time technical staff but prior approval from supervisors should be obtained. Staff should be awarded a certificate only after attending all required sessions, and successfully completing required quizzes/tests.

Consulting Boot Camp

This training will cover the nuts and bolts of consulting activities. It should be organized into two tiers and conducted once per year.

Tier 1

Offered as part of the mini TOTs series and should focus on providing a set of soft skills required for staff to successfully carry out the key components of a consulting exercise. Training should be designed based on a participatory approach where staff take part in experiential activities such as role plays, group discussions etc. Examples of soft skills include:

- Communication skills
- Active listening skills
- Time management skills
- Facilitation skills
- Negotiation skills
- Leadership skills
- Conflict Resolution skills
- Presentation Skills
- Cross cultural skills
- Problem Solving
- Team Building Skills

Criteria: Open to all technical staff who are or will potentially carry out technical assistance assignment for SIAPS programs in the field.

Tier 2

A two day long intensive simulation training (but can be spread over the course of two weeks) can be offered. This is a much more advanced level and the training will focus on the role of the consultant, key consulting processes, and the consulting life cycle. Training should be designed based on a participatory approach where staff take part in experiential activities such as role plays, group discussions etc. Old TA requests can be pulled from the STTA and turned into case scenarios for participants to use during the simulation. At the end of this training participating staff should be able to apply the skills, knowledge and attitudes acquired to:

- Identify and engage clients and stakeholders
- Frame the problem
- Conduct data gathering and analysis
- Present findings and recommendation
- Plan and implement recommendations (as applicable)
- Manage client expectations throughout the activity
- End the engagement and evaluating results

Criteria: Staff must first successfully complete the

prerequisite Tier 1 training. They must therefore provide a copy of the certificate awarded to them in Tier 1 in order to take part in Tier 2 training. They must also obtain approval from their supervisor.

Training of Trainers

A series of mini-TOTs can be organized and led by CB&PI. TOTs will be organized and delivered in a series of mini workshops spread over the course of several weeks. Sessions will be based entirely on a participatory approach and will last no more than 1.5 hours. Training materials will be adapted and/or developed according to standards of training guidelines with an emphasis on competency development. All sessions will be carried out face to face and will include a blend of theory and practice and will ensure participants involvement.

Potential topics will include the following:

- Adult learning theories and how they relate to training
- Participatory training methods (group discussion, role play, case study, etc.)
- Characteristics of a good facilitator
    - ✓ Active listening
    - ✓ Taking the pulse of your audience and adjusting session accordingly
    - ✓ Using training space effectively (room set up and creating the climate for a conducive learning environment)
    - ✓ Managing time effectively
    - ✓ Managing group dynamic: Know-It-Alls, Talkers, and Bullies
- Nonverbal and verbal communication and how it relates to adult training
- Formal and non-formal training techniques
- Creating fabulous flipcharts
- Choosing the right Visual Aids: Flipcharts/Power Point/clips/pictures
- Designing and conducting a training needs assessment
- Planning and scheduling a training program
- Training Design: Why backwards design (session plan; goals and objectives)
- Techniques of giving and receiving effective feedback
- Teach backs
- Developing training assessment tools

Criteria: Open to all full time staff, however training for field staff would need to be organized at a different time on a need by need basis. Those who attend all series will receive a certificate of participation. The selected top five participants will receive the certificate of TOT Facilitator. They can be offered opportunities to shadow the CB& PI team members and other ITAs and will assist with design and implementation of future training here for HQ or field staff. Their contributions will be reflected in their PPRDs.

Technical Area Workshops

This is topical training and can be organized and conducted quarterly, 2 technical areas per quarter. Workshops can be spread out over several weeks. This is a great opportunity for junior technical staff interested in strengthening their skills in a specific technical area. Technical areas to be included in this training range from Pharmaceutical Systems, Pharmaceutical Services, Supply Chain Management, TB, RH/MCH, HIV/AIDS to Malaria. We would need to collaborate with technical cluster leads to further organize and implement this training.

Criteria: Open to staff nominated by their supervisors. They will receive a certificate of recognition, which will go into their employee file. Initially they will shadow a seasoned staff member but eventually will lead TAs on their own once they have gained enough hands on experience.

Self-Directed Learning

Online courses

A list of all online courses and resources (free or otherwise) will be made available to staff interested in taking online classes as part of their professional development plan. CB&PI will find and compile information on outside online classes to supplement the online courses listed below. Most in-house online sources are free and staff may take them at their own convenience. For paid classes offered by distance learning universities, staff would have to refer to the scholarship process to apply for funding for their classes.

Criteria: Open to all staff (field staff and US based staff included) but if a staff member needs this reflected in their PPRD they'll need to have prior discussion and approval from their supervisor and it can be included in their Performance Development Plan (PDP).

- LINGOs: this portal has a number of courses that are self-guided and can be taken at any time. Staff can take courses already offered by sign up through the following link: http://elearning.msh.org/home/
- SIAPS Leadership Platform (under construction)

Technical Discussion Series (TDS)

Criteria: Open to all staff but field staff can join in by calling in. Those who want TDY report outs taken into account during their PPRDs should deliberately include this in their Performance Development Plan (PDP). Staff should work with their supervisor to jointly identify specific topics related to technical areas s/he needs to focus more on for performance improvement.

Technical Updates

Conducted by the clusters. Attendance is mandatory for all SIAPS technical staff. TDs leads should develop an assessment tool to evaluate participants learning at the end of the session. A simple pre and post-test would suffice. An **attendance sheet** should be kept by the TDS logistics coordinator and made available to supervisors as proof of employee' attendance. TDS should be formalized and included in staff PPRD based on their areas of accountability. For senior staff leading TDS, the number of technical discussion series led can be included in their performance development plan (PDP). For technical staff attending TDS, the number of TDS attended can be taken into account in their PPRD. They would need to have prior discussion and agreement with their supervisors on the set of TDS relevant to their PDP.

TDY Presentations

SIAPS should **make it mandatory** for all SIAPS TDYers to report out one week upon their return to home office. These report outs should be conducted in the form of presentations, and should focus on lessons learned from the assignment, process, challenges and any other relevant information. Presentations can be done in the form of TDS, brown bags during lunch breaks or during regular staff meetings. Presenters are responsible for making necessary logistical arrangements. The overall goal is to encourage peer to peer learning.

**Note: To make this more systematic, the list of TDYs (with return dates, presentation dates and a synopsis of upcoming assignments) should be disseminated consistently to allow staff to proactively plan to participate in upcoming presentations they're interested in.*

Extended Internships

Open to field staff only. This entails field staff come and work at HQ for 1-2 months. Parties at HQ and field office must coordinate to make sure objectives and expectations of the excursion tour are clearly stated. This is a great opportunity for field staff interested in gaining HQ experience.

Criteria: Staff can take advantage of this opportunity by going through a competitive process (TBD). To participate in the competitive process, staff meet performance standard on their PPRD (receives "meets Expectations" or higher) first. A selection process will be developed and implemented by SIAPS leadership.

Semi-Structured on the Job Learning

Shadowing Temporary duties (TDYs)

This model works best if senior staff are strongly encouraged to allow junior/ mid-level career staff (good for seasoned Project Associates aspiring to Technical Advisor positions) to tag along on TDYs acting in a shadowing role. These junior staff may come from HQ or the field. Make TDYs deliberate and inform programs that this is part of the learning organization model, which MSH is promoting. By compiling and disseminating the TDY list, CPDs are informed ahead of time so they can recommend one of their staff members to take part in the learning through TDY model. The program sending the shadowing staff is responsible for all costs incurred with a couple of exceptions listed below. Make it mandatory for CPDs to proactively budget for this to increase south to south collaboration.

Criteria: Open to all staff but those who are interested and want it reflected in their PPRDs should deliberately include it in their Performance Development Plan (PDP). Staff should work with their supervisor to jointly identify which TDYs would be appropriate. Recommendations should come from direct supervisors.

North to South TDY

Project should pay for travel expenses for HQ junior/mid-career level staff to tag along with a senior staff on TDY. Assisted country should be informed that this is part of staff development plan. **Criteria:** Staff must meet performance standard on their PPRD (receives "meets Expectations" or higher). Staff can be nominated by his supervisor or another senior staff who worked closely with him/her and can speak to her performance. In this instance, each staff member is allowed one shadowing per fiscal year and should not exceed a period of two weeks. Staff should have prior discussion with his supervisor to ensure there is no gap during the TDY and things don't fall through the cracks. Shadowing staff should work with shadowed staff to jointly determine roles and responsibilities as well as deliverables during the TDY. S/he should also share these with his supervisor. For example: Shadowing staff can carry out activities such as writing the first drafts of the design and approach to the TDY activity before implementation; and writing the first drafts of the technical report, synthesizing the actual activities that took place.

South to South TDYs

There are two scenarios in this category:

Scenario 1

If the staff member is **nominated by their CPD** to take part in the shadowing TDY, the country program should cover all expenses for that staff member. CPDs are responsible for seeking out these opportunities. To stay abreast of upcoming TDYs, CPDs should check the TDY list, consult their Portfolio Managers and speak with other CPDs. CPDs sending their staff members are also responsible for reaching out to the country program hosting the TDY and ensuring that all logistics are sorted out. In order to take full advantage of this learning opportunity, shadowing staff should ensure that expectations, roles and responsibilities are clearly defined prior to traveling.

Criteria: Staff must meet performance standard on their PPRD. Staff should be nominated by their CPD with their supervisor's approval. Country Project Directors must set aside a staff development funds in their budget. Each country program is allowed two nominations per fiscal year. To allow more staff's participation, each staff member is allowed one shadowing per fiscal year and the length of the assignment should not exceed three weeks. Staff should have prior discussion with his supervisor to ensure there is no gap during the TDY and things are not falling through the cracks.

Scenario 2

If a field staff member is selected or **nominated by HQ to assist with a TA due to their expertise**, HQ should cover all expenses for that staff member. HQ should factor this person's LOEs into the negotiation of the SOW. HQ should coordinate with the concerned staff, their CPD as well as their direct supervisor prior to staff traveling. Assignments should not exceed three weeks. Nominated staff can carry out activities such as writing the first drafts of the design and approach to the TDY activity before implementation; and writing the first drafts of the technical report, synthesizing the actual activities that took place. S/he should take part in TDY report outs upon completion of the assignment.

Criteria: Staff must meet performance standard on their PPRD. Staff can be nominated by senior technical staff whom worked closely with him/her and can speak to her performance. In this instance, each staff member is allowed one shadowing per fiscal year and should not exceed a period of three weeks. Staff should have prior discussion with his supervisor and/or the CPD to ensure there is no gap during the TDY and things are not falling through the cracks.

Country Project Director On-boarding and Capacity Building

In this category, a three prong strategy for comprehensive on-going capacity building has been designed by the capacity building unit for SIAPS CPDs and their deputies to take part in. Phase I has been implemented but Phase II and III are under development and will soon be implemented. This includes:

- A two week induction training for new CPDs and deputies, this should be offered once per year
- Specialized capacity building workshops at SIAPS Global meeting, which should be offered once per year
- A Leadership Platform for online training and distance learning program, which should be ongoing.

Criteria: Open to both new as well as seasoned CPDs and their deputies. Participants should be nominated by their Portfolio Managers. Country programs should cover all expenses for their respective staff.

Mentoring Programs

There are two scenarios in this category:

Applicable to CPDs Only

In this model Portfolio Managers will play more of an advocate and/or a facilitator role. Since Portfolio Managers (PMs) cover several country programs they know the challenges CPDs face and can assist with formulating CPDs performance development plan. They can help identify mentors among senior technical staff to work with CPDs through monthly mentoring sessions. In addition to senior technical staff, Portfolio Managers can help identify seasoned CPDs to serve as mentors to rookie CPDs to help further their professional development. PMs can also disseminate best practices.

Criteria: This is a long term activity and will be available to all CPDs. Asking someone to be one's mentor can be intimidating so it would be helpful to have third party (CB&PI for example) coordinate the matching process. They should compile a list of potential mentors to whom they'll send CPDs professional development goals. They should make mentoring guidelines available to both mentors and mentees. CPDs will meet (in person or via teleconference) with their mentors once per month for a period of 8-12 months.

Applicable to all other staff

Staff must work with their supervisor and create an Individual Professional Development Plan; The primary goal of the program is to foster staff development and professional growth through peer to peer learning. Staff will be assigned to either their peers or to senior staff whom they work with for 8-12 months; mentees and mentors meet 2-4 hours per month. To prepare for it, both parties should attend an orientation and mentoring forums and workshops, develop and implement Action Plans.

Criteria: Open to HQ staff only. Interested mentors and mentees should send their bios to CB&PI to be disseminated to potential mentors. **Selection is done through a speed dating activity** where potential mentors and mentees interview each other to seize up each other's skills, experiences and future career goals. At the end of activity mentors will list their top three choices will be matched with their mentees.

Coaching

Coaching is performance driven and usually a coachee has line management relationship to their coach. Coaching is normally part of all supervisors' roles and responsibilities and should not be conducted as a separate staff development activity. However, training and/or resources should be made available to supervisors to strengthen their coaching skills. This should be provided as part of the coaching for result training organized by MSH corporate.

EXTERNAL LEARNING

Selection in this category will be based on professional development needs proposed in employee's Professional Development Plans (PDP). This can also be based on needs identified in the CPM staff skill assessment (conducted by Patti and David Lee). Staff should be given time off to attend trainings. These trainings should be mandatory for staff members who have been nominated by their supervisors to participate. In this category, participating staff will receive a certificate of completion. Staff should be awarded a certificate only after attending all required sessions, and completing required quizzes/tests successfully. Staff must submit a copy of the certificate to supervisor and/or HR to be included in their employee file.

This category pertains to Professional seminars, conferences or workshops symposia, courses or certain executive development training programs offered by a university or a recognized training institution as well as self-study courses or webinars.

Academic Learning

Project will not pay for a whole degree but will pay for individual courses from a certificate program taken at an accredited university. Staff will need to compete for scholarships to pay for courses. Below are a few institutions that provide classes relevant to SIAPS work.

Criteria: Open to all staff who won the academic scholarship. In addition to winning the scholarship, staff must put in a request to their supervisor to take classes for professional development; courses must be job related courses and in line with staff's aspired work previously identified on staff PDP; staff must submit through email a written request along with a justification to his/her supervisor at the beginning of the fiscal year explaining the added value to their work and to the whole organization. Staff must show that what they are learning is linked to the work they are doing or will enable them to take on higher responsibilities within the organization. Staff is responsible for managing her own schedule in conjunction with her supervisor so work continues smoothly and weekly required work hours are met.

Conferences organized by external entities

Criteria for senior staff- Staff interested in presenting at a specific event should be allowed to attend based on their expertise and on their ability to meet conference requirements. SIAPS should make it mandatory for staff to have their presentations vetted by their peers ahead of time. For example, presenters may use technical discussion series as a platform to do dry runs before attending a conference event. Junior staff may attend these dry runs for professional development purposes.

Criteria for junior staff- Use a rotational system where annually 3-5 junior staff members are nominated by their supervisors to attend specific conferences. To ensure that everyone gets a chance to go, a staff member should not be allowed to go twice until everyone on the list has had a chance to attend a conference.

Conferences organized by MSH

For this to work, we will use the list of conferences organized by MSH on an annual basis. Activities junior staff can assist with include organizing the logistics of the conference either remotely or in country and assisting with preparation of PowerPoint presentations.

Criteria: Junior technical staff in each cluster should be allowed to tag along with senior staff to these conferences that involve their cluster. Staff must meet performance standard on their PPRD (receives "meets expectations" or higher).

PRACTICAL TIPS & RESOURCES FOR TRAINERS

The following tools can be used by staff who have the responsibility of designing, developing, and evaluating capacity building and training programs within their programs.

- Training Request Form (page 17)
- Curriculum Development Checklist (page 20)
- Training Impact Assessment (page 21)

Even more tools and resources can be found on the CB&PI Unit Intranet page found through the following web address:
http://intranet.msh.org/centers/cpm/capacitybuilding.cfm

TRAINING REQUEST FORM

If you have determined that training is part of an appropriate intervention for the performance gap, please complete this Training Request Form. At any point, please feel free to contact us with questions.

NAME:
SIAPS PORTFOLIO:
DATE OF REQUEST:

Section A: performance PROBLEMS AND EXPECTED results

What performance problems will the training address?
What indicators will you use to measure success?
What additional activities to support the training may be required to achieve the desired resultS?

SECTION B: **Intended audience**

Please describe the intended audience for the training intervention.

Please answer the following questions:

- ✓ What are their work roles?
- ✓ What is their educational background?
- ✓ What is their reading level?
- ✓ What is their level of computer literacy?
- ✓ How powerful is the internet connection/bandwidth of the audience?

What intervention(s) have been attempted with these participants in the past?

SECTION D: LEARNING OBJECTIVES

To have a successful training intervention, it is important to have clear statements of what you would like the participants to take away from the course, i.e. what will they be able to **do** after the course. These statements are the learning objectives for the training. Learning objectives should follow SMART guidelines (**s**pecific, **m**easurable, **a**chievable, **r**ealistic and **t**ime-bound). To write a learning objective, you must start with a verb. Make sure to use words that describe activities that can be *observed* and *measured* and avoid words that are abstract.

Use *active* words such as:

- Define
- Describe
- Explain
- Identify
- Compare
- Demonstrate
- Plan
- Develop
- Use

Avoid *abstract* words and phrases such as:

- Appreciate
- Know
- Be aware of
- Understand
- Comprehend
- Grasp
- Be familiar with
- Be aware of

Examples of learning objectives are:

- ✓ Distinguish pharmaceutical management from supply chain management
- ✓ Describe the six different components of the pharmaceutical management framework
- ✓ Explain the relationship between the pharmaceutical management system and the larger health-care system

What are 3 to 5 learning objectives for this particular training intervention?

SECTION E: STAKEHOLDERS

Who are the key stakeholders for this intervention and what is their interest in the outcome?

How much time are they able to devote to the training preparation to make decisions and provide approvals, if necessary?
Which of these stakeholders can be a "champion" for the training after it launches to promote its use?

SECTION F: PROPOSED TRAINING INTERVENTION

What type of training intervention do you have in mind? (An online/virtual course, a traditional classroom based face-to-face interactions, or a combination of the two?)
What total duration (hours, days, weeks, etc.) and timescale (all at once, phased delivery, etc.) of the training do you have in mind?
How many participants do you expect to attend each training event/course? How many times do you expect the training to be delivered?
Is there a need to translate the training materials into additional language(s) beyond English? If so, which language(s)?

SECTION A: FUNDING SOURCE

What is the estimated budget for the training intervention? What is the funding source?
Are there any potential cost-sharing opportunities?

SECTION G: PROCESS AND DEADLINES

What is the proposed deadline for launching the training to participants?
Who will be involved in the implementation of this intervention and what will their role(s) be?
Are there any specialist skills needed (e.g. graphic design, audio/video) to complete the project?
What is the approval process, i.e., who will sign off on the final product?

What kind of ongoing review and revision of material may be required in the future?

SECTION H: DEVELOPING THE LEARNING CONTENT

Do the course content and materials already exist? If so, what format are they in? (This can include documentation, website materials, training materials, PDFs, video/audio, etc.)
Has this content been approved? If so, by whom?
If there is material, how complete, usable, and up to date is the material for this training?
Are there any hands-on activities already developed for the course? If so, is it feasible to adapt them for use in the current training?

Which subject matter experts (SMEs) will be available for consultation, as needed? (SMEs provide important technical guidance during course development and delivery.)

SECTION I: REINFORCING THE LEARNING

What can be done before the intervention to build positive expectations and help participants understand what they will learn and how they can use it in their jobs?

What can be done after the intervention to reinforce what participants have learned?

What can be done to help the participants' managers or supervisors hold participants accountable for using what they learn?

SECTION J: COMMUNICATION

What are the best methods for marketing this new training to participants?
Are there any branding requirements for the training materials? For example, do certain logos need to be used?
What kind of "look and feel" do you want the materials to have?

CURRICULUM DEVELOPMENT CHECKLIST

3.1. ANALYSIS

- ✓ Perform a needs analysis
- ✓ Determine if a problem exists that can be appropriately addressed by training
- ✓ Decide who requires the training and their needs
- ✓ Perform an audience analysis
- ✓ Perform an environmental analysis
- ✓ Determine what goals and objectives the training should address
- ✓ Identify what resources are available for the project

3.2. DESIGN

- ✓ Identify participant learning goals
- ✓ Select instructional objectives
- ✓ Develop instructional evaluation techniques and tasks
- ✓ Develop a program monitoring and evaluation strategy
- ✓ Select and develop the instructional strategies
- ✓ Develop the sequence and structure of the course
- ✓ Determine and prepare storyboards of any course materials.

3.3. DEVELOPMENT

- ✓ Prepare all participant and instructor materials for the course
- ✓ Prepare all support materials including audio, video, and other media
- ✓ Review and revision of materials (including pilot testing)
- ✓ Consult with subject matter experts for accuracy
- ✓ Consult with stakeholders to ensure adherence to goals

3.4. IMPLEMENTATION

- ✓ Produce all instructional materials
- ✓ Deliver training of trainers
- ✓ Deliver instruction

3.5. EVALUATION

- ✓ Measure learner satisfaction
- ✓ Measure learner achievement – at the conclusion of instruction
- ✓ Measure transfer of learning – learner application of instruction on the job
- ✓ Change, restructure, or improve instructional materials, as necessary

ASSESSING TRAINING IMPACT

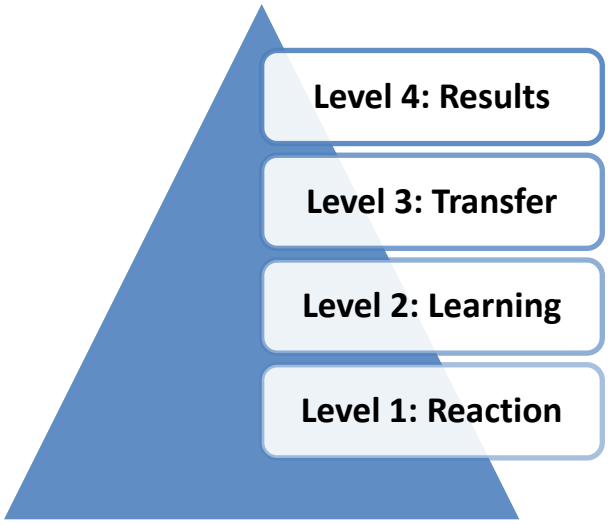
An *assessment* is a broad term that includes all types of activities used for demonstrating learners' mastery of new skills. Effective learning assessments measure whether the learners have met the learning objectives. In fact, assessments that are designed without a clear match to the learning objectives waste both time and effort. Generally, there are four types of assessment used within the training environment. The following chart describes the four different types in detail.

Assessment Type	Details
Entry Skills Test • Are target learners ready to enter instruction? • Do learners possess the required perquisite skills?	Given to learners before they begin instruction to determine their readiness for the instruction and assess their pre-requisite skills
Pretests • Which particular skills have learners mastered already? • How can the instruction be most efficiently presented?	Used to determine if the skills in the instruction have already been mastered and to provide a baseline by which to show a gain in learning after the instruction. If it is determined that certain skills have been mastered, then the instruction is not needed. On the other hand, if the skills have only been *partially* mastered, then pretest data may enable the instructor to be more efficient in determining which learning is necessary. Since both entry skills tests and pretests are administered prior to instruction, they are often combined into one instrument. This, however, does not make them one and the same test. Different items will assess different skills. The pretest usually includes one or more test items for each of the key learning objectives. Sometimes, a pretest is not necessary. If the topic is new to the group, and if their performance would only result in random guessing to test items, it is probably not advisable to have a pretest. A pretest is only valuable when it is likely that some of the learners will have partial knowledge of the content. If time for testing is a problem, an abbreviated pretest that assesses the main objective of the training can be designed.
Practice Tests • Are students acquiring the intended knowledge and skills? • What errors or misconceptions are they forming? • Is the pace of instruction appropriate?	Used to provide active learner participation during the instruction and to enable learners to rehearse new knowledge and skills to judge for themselves their level of understanding and skill. These practice tests should be provided frequently to give learners the opportunity to check their progress individually and demonstrate their learning victory. These checks are informal and should not induce the same amount of anxiety in the learner as a formal Posttest. Instructors can also use practice tests to provide corrective feedback and monitor the pace of instruction. Practice tests are typically focused on a single lesson and contain fewer items than pretests or posttests.

Assessment Type	Details
Posttests • Have learners achieved the main objective of the instruction? • Have they achieved mastery of the intended information and skills? • Is the instruction more or less effective for the obtaining the objectives of the course? • Where the instruction should be revised?	Given to learners following instruction. Parallel to the pretests, except they do not include items on pre-requisite skills. Since Posttests are formal and their consequences can be threatening, they could induce anxiety or discomfort in learners. To reduce this discomfort, frequent testing via Practice Tests is recommended, as well as effectively choosing appropriate test items that reflect the skills and knowledge taught in the training. Should be able to clearly link the skill(s) or knowledge being tested with the item on the test. Should assess all of the learning objectives. May be quite long and comprehensive to measure all skills presented during instruction. If timing is a problem and the posttest needs to be brief, items need to be developed that address the most important skills and the skills that are likely to give learners problems back on the job.

Assessments should be used systematically to measure how well learners have learned what you set out to teach them. According to Donald Kirkpatrick, a famed author of training evaluations, creating a systematic approach to assessment involves tapping into the **four levels** of evaluation.
These four levels allow you to measure various aspects of learning. They are described in the chart below.

Level	Learning Aspect	How can you measure the level?
1: Reaction	The learner's reaction to the training. A measure of **customer satisfaction**. If participants do not react favorably, they probably will not be motivated to learn. Creating a positive attitude towards a change.	"smile sheets" or "happiness sheets", surveys
2: Learning	The learning that took place. The extent to which participants **change their attitudes, improve their knowledge, and/or increase their skill** as a result of attending the program.	Assessment during or immediately after instruction
3: Transfer	The learner's ability to perform back on the job. The extent to which **change in behavior** has occurred since the participant attended the program.	Assessments on the job, observations, checklists
4: Results	The **impact the new performance** has on the learner's workplace	ROI and other financial analysis, statistical analysis from transfer data, surveys of stakeholders



The second level, Learning, is typically the level that we think of and attempt to measure in our test instruments. And this is for good reason. It is important not to bypass levels 1, Reaction, and 2, Learning, in order to only measure changes in behavior as defined in level 3. This is a mistake. Supposed there is a situation with no change in behavior. The obvious conclusion is that the program was ineffective and should be discontinued or modified.

However, this may not be the case. Reactions may have been favorable (level 1) and the learning objectives may have been met (level 2), *but* the level 3 or 4 conditions may not have been present. You would not have been able to come to this conclusion, if you did not attempt to measure all four levels.

Resources

Dick, W., Carey, L., & Carey, J.O. (2009). The Systematic Design of Instruction, 7th ed.

Infoline: Training Basics. (2010).

Kirkpatrick, D.L. & Kirkpatrick, J.D. (2006). Evaluating Training Programs, 3rd ed.

Stiggins, R., Arter, J.A., Chappuis, J., & Chappuis, S. (2007). Classroom Assessment for Student Learning.

Stolovitch, H.D. & Keeps, E.J. (2005). Beyond Telling Ain't Training Fieldbook.

Helpful Suggestions to Write a Story

Communicating Our Work: Helpful Suggestions to Write a Story

Elements of a Story

- Challenge
  - Who is/are the character(s) in the story (e.g. pharmacist, community health workers, patients, managers, etc.)
  - What is the problem the character(s) is/are facing?
  - What is the potential negative impact of the problem?
- Activity
  - What is being done to solve the current issue at hand?
- Outcome
  - How have we helped so far?

Do's and Don'ts

- DO
  - Be concise, keep the writing succinct
  - Use the active voice, not passive
  - Use minimal visuals such as graphics and/or pictures
  - Make sure you are answering the **Who, What, Where, When, Why** and **How**
  - Use a quote, if possible, to give the story a more "human" voice
  - Ensure the story has a character or characters so that reader can better relate and understand the issues
- DON'T
  - Use acronyms without first spelling them out
  - Complicate your writing by including an abundance of technical jargon
  - Focus solely on the activity itself, but what it is helping accomplish
  - Use too many statistics → statistics should be used to support your main point but they should not be your article's main point
  - Veer off the focus of your story or you will lose your audience

Remember…

- A story can be written even without having completed an entire activity or before all results are in.
- A story can be about anything: attending an event/conference, about a new publication, visiting a health center, building a new information system, etc.
- A story shows our funder and potential funders examples of the program's work.

USAID FROM THE AMERICAN PEOPLE SIAPS

Striving to assure the availability and access to quality pharmaceutical products, medicines and effective services to the world's most vulnerable.

Editorial Process

Editorial Process for Documents in English

1. After all rounds of technical revisions, submit:

- **The final document**
- **Any supplements (ie. excel sheets for graphs)**
- **Work order**

to cpmeditorialorders@msh.org.

2. Editorial will confirm receipt

3. An English editor, most likely Felicia or Laurie, will edit the document and return to you with track changes, questions or comments.

4. Review track changes, accepting those you agree with. Respond to ALL comments and changes.
****NOTE: Please leave track changes on as you review****

5. Return to editor.

6. Editor will review and send back to you if there are any remaining questions.

7a. If there are remaining questions, answer and return.
7b. If there are no remaining questions, Editor will send to formatter.

8. Formatter will format the document.

9. Editorial will send a copy marked "FINAL" to you

10. Editorial will submit a copy of the final document to institutional memory.

Editorial Process for Documents in French or Spanish for Translation into English

1. **After all rounds of technical revisions, submit:**
   - **The final document**
   - **Any supplements (ie. excel sheets for graphs)**
   - **Work order**

to cpmeditorialorders@msh.org.

2. Editorial will confirm receipt

3. Editorial will draft a purchase request for a Spanish or French editor and submit to Procurement (note: all Spanish and French editors also edit in English)

4. Procurement will submit a purchase order to Spanish or French editor

5. Spanish or French editor will edit the Spanish or French document and return to you with track changes, questions or comments.

6. **Review track changes, accepting those you agree with. Respond to ALL comments and changes. **NOTE: Please leave track changes on as you review****

7. **Return to editor.**

8. Editor will review and send back to you if there are any remaining questions.

9. **If there are remaining questions, answer and return.**
   If there are no remaining questions, Editor will send to formatter.

10. Formatter will format the document.

11. Editorial will draft a purchase request for a Spanish or French translator and submit to procurement.

12. Procurement will submit a purchase order to the Spanish or French translator.

13. Translator will translate the document

14. Translator will return the translated document to editorial.

15. Editorial will forward translated document to the editor.

16. Editor will review the English translation to make sure all pharmaceutical terminology was translated correctly and compare the translated document to the original document.

17. Editor will send the English translation back for your review.

18. **Review the English translation, noting any track changes and responding to ALL comments and questions. **NOTE: Please leave track changes on as you review****

19. **Return to Editor**

20. Editor will finalize and send for formatting.

21. Formatter will format.

22. Editorial will send BOTH the French or Spanish document and the translated English document to you marked "FINAL"

23. Editorial will submit a copy of the final documents to institutional memory.

Editorial Process for Documents in English, for Translation into French or Spanish

1. **After all rounds of technical revisions, submit:**
   - **The final document**
   - **Any supplements (ie. excel sheets for graphs)**

- **Work order**

to cpmeditorialorders@msh.org.

2. Editorial will confirm receipt

3. Editorial will draft a purchase request to an English editor who also edits in Spanish or French and submit to Procurement

4. Procurement will submit a purchase order to the editor

5. Editor will edit the English document and return to you with track changes, questions or comments.

6. **Review track changes, accepting those you agree with. Respond to ALL comments and changes. **NOTE: Please leave track changes on as you review****

7. **Return to editor.**

8. Editor will review and send back to you if there are any remaining questions.

9. **If there are remaining questions, answer and return.**
   If there are no remaining questions, Editor will send to formatter.

10. Formatter will format the document.

11. Editorial will draft a purchase request for a Spanish or French translator and submit to procurement.

12. Procurement will submit a purchase order to the Spanish or French translator.

13. Translator will translate the document

14. Translator will return the translated document to editorial.

15. Editorial will forward translated document to the editor.

16. Editor will review the Spanish or French translation to make sure all pharmaceutical terminology was translated correctly and compare the translated document to the original document.

17. Editor will send the French or Spanish translation back for your review.

18. **Review the English translation, noting any track changes and responding to ALL comments and questions. **NOTE: Please leave track changes on as you review****

19. **Return to Editor**

20. Editor will finalize and send for formatting.

21. Formatter will format.

22. Editorial will send BOTH the English document and the translated Spanish or French document to you marked "FINAL"

23. Editorial will submit a copy of the final documents to institutional memory.

Editorial Process for Documents in English, for Translation into a Language other than Spanish or French

1. **After all rounds of technical revisions, submit:**
   - **The final document**
   - **Any supplements (ie. excel sheets for graphs)**
   - **Work order**

   to cpmeditorialorders@msh.org.

2. Editorial will confirm receipt

3. An English editor, most likely Felicia or Laurie, will edit the document and return to you with track changes, questions or comments.

4. **Review track changes, accepting those you agree with. Respond to ALL comments and changes. **NOTE: Please leave track changes on as you review****

5. **Return to editor.**

6. Editor will review and send back to you if there are any remaining questions.

7. **If there are remaining questions, answer and return.**
   If there are no remaining questions, Editor will send to formatter.

8. Formatter will format the document.

9. Editorial will draft a purchase request for a translator of the language you request and submit to procurement.

10. Procurement will submit a purchase order to the translator.

11. Translator will translate the document

12. Translator will return the translated document to editorial.

13. Formatter will format.

14. Editorial will send BOTH the English document and the translated document to you marked "FINAL"

15. Editorial will submit a copy of the final documents to institutional memory.

Style Guide

Guidelines for Copyediting

General

The primary goal of copyediting is to ensure the clarity and accuracy of the text while honoring the author's style. Correct spelling, punctuation, and grammar, as well as consistency within the text, are key. In many instances, there may be reasons to make exceptions to the specifics detailed in the style references listed below; keep the author's style, the subject matter, and the intended audience in mind when making such assessments.

For electronic copyediting, use the Track Changes and Comments function in Word.
Be alert to potential problems of organization or sequence, in the document as a whole or in its parts. Also be alert to potential gaps in information or sequence and to unneeded repetition of ideas or information. Notify the assigning editor of such issues; if you find that any of these concerns are substantial—that is, would likely require moving sections of text equivalent to one paragraph or more—please contact the in-house editor to discuss how to proceed.

Please contact the assigning editor for clarification if you have any questions.

Queries

Please follow these guidelines—

- Query for missing information or if something seems unclear to you. You may make a change you think is appropriate and query "edit ok?" if you think you may have changed the meaning.
- On electronic edits, use the Comments function. Please be diplomatic in the wording of your queries.
- Query terms you are unable to verify. Many of the acronyms you will encounter will be found in the CPM acronym list. You can also check the terms on the Internet; however, if there is any question on what the term means or the acronym has several meanings, query the author.

Reference Materials

Primary references for purposes of determining CPM house style are (general) *The Chicago Manual of Style,* 16th edition, and (spelling) *Merriam-Webster's Collegiate Dictionary,* 11th edition. Copy editors should also have both easy Web access *National Library of Medicine's MedlinePlus* http://www.nlm.nih.gov/medlineplus/druginformation.html, as well as access to a medical dictionary, such as *Webster's Medical Dictionary* (available at www.intelihealth.com). See the Guide to Web Resources section for a list of websites useful for confirming facts and spelling.

Language, Diction, and Overall Style

In general, CPM manuscripts are semitechnical. Unless you're instructed otherwise, the prose should have a straightforward, formal style without being unduly stiff. At the same time, our authors are a diverse group, and it wouldn't be desirable or practical to make all texts sound just the same.

Some issues raised in our work can be controversial, for political or personal reasons. Please be sensitive to this; judgmental language is usually best reworded to be more politic. If you notice judgmental phrasing, you may wish to flag for the in-house staff or to simply reword with an "okay?" query if you have become familiar with CPM documents.

Please be aware of the following and edit to eliminate or reduce, thus improving clarity—

- A long list of abstract nouns appearing in one sentence or brief section.

- Use of the passive voice where unnecessary. Use judgment and any pertinent instructions given to guide you. In general, try to keep the use of the passive to about 1/3 of text, unless otherwise instructed. (Sometimes the passive is desired to avoid sounding blunt, impolitic, or judgmental.) Do not create overly long or awkward sentences in the place of passives, however.

- Wordy phrasing. Examples: "that are being developed by" versus "developed by" (unless, in context, this changes desired meaning); "are in the process of being implemented" versus "are being implemented (or carried out or accomplished)."

- An excessive number of prepositional phrases in one sentence.

- Difficult-to-follow and/or murky or very long sentences.

- Pronouns that have no clear antecedent. Example: After Jill went up the hill, they got a pail of water. (Who is "they"?)

- Lack of transition between ideas, be it from paragraph to paragraph or sentence to sentence.

- Lack of or disruptions in the logical order and structure of the document, within each section, and within the work as a whole.

- Redundancy. Examples: "past experience" or "past history," "uniquely singular"

- Repetitious. Rather than cut, however, please flag and query the assigning editor and the author.

Word Choice (see also CMS 5.22)

- Use *assist with* or *assist in,* NOT *assist to*.

- Use *due to* when you mean *caused by* (the stock-out was due to a late order). Otherwise, *because of* (because of the late order, the regional health care facility ran low on malaria medicines)

- Delete vague qualifiers such as very or most, i.e., *most important* should be *important*, *very critical* should just be *critical.* (adding a vague qualifier does not make the phrase better or stand out more, and it does not tell you anything additional—most important out of what)

- Be skeptical of the use of the words *main* and *different*. Often they are better off replaced, i.e., *main* by *major* or *predominant* and *different* by *various.*

- Use *toward,* not *towards,* and *forward,* not *forwards*.

- Place the word *only* directly before the word, term, or phrase it modifies.

- Use *US* as an adjective and *United States* as noun.

- The word *that* signals a restrictive clause and is not preceded by a comma; *which* signals a nonrestrictive clause, and the clause is set off by a comma or commas. Manuscripts written in British English will need to be edited to adhere to this American usage.

- *assure* = reasonably ensure; *ensure* = guarantee; *insure* = underwrite

- Data can be either singular or plural; be consistent (see *Webster's 11th* for details).

- Use *approximately one million* not *around one million*

- *Besides* means "other than, except or together with" and *beside* means "by the side of." However, beside is used when saying, "beside the point."

- *Less* applies to matters of degree, value, or amount (*less than* a gallon of water) and modifies collective nouns, mass nouns, or nouns denoting an abstract whole. *Fewer* is used with expressions denoting things that can be counted (*fewer than* four doctors) and modifies plural nouns. *Less* is more likely than *fewer* to modify plural nouns when distances, sums of money, or time are involved: *less than* 100 miles or an investment of *less than* $2,000.

- *More than* and *over* can be used interchangeably

- Use *N* when referring to an entire sample and *n* when referring to a portion of a sample. Query author if data is questionable.

- Replace < or > with *less than* or *greater than*

- Use *percent* as an adverb or an adjective (20 percent of supplies) and use *percentage* as a noun (a high *percentage* of students attended). The symbol % may stand for either word.

Americanizing British-Style Text

- Spellcheck will help you find and change most British spellings, but remember to use *forward,* not *forwards,* and so on. However, many medical words written in British-style English may not always appear on Spellcheck, such as gynaecology, haematoma, behaviour, etc.

- Also keep an eye out for words that may be spelled the same but have different meanings, such as *boot* (trunk of a car).

- "Watch out for punctuation outside of quotation marks". "Move it inside."

- Follow American style for quotation marks; single quotes should be used only for quotes within quotes.

- Do not Americanize proper names. Example: Organisation for Economic Co-operation and Development. Check the official website of the entity if in doubt.

- Change British-style dates to American style (see also *Dates* section).

Editing Manuscripts by Non-English Speakers

Clarify meaning without losing the author's voice. Reword when necessary, but retain the tone. Writers who speak British English may present manuscripts needing "Americanizing." If you're unsure of the intended meaning, query it.

Fact Checking

In addition to *Webster's 11th* and a drug reference for verifying the names of drugs (use American spellings unless instructed otherwise), standard references for purposes of fact checking include the *CIA World Factbook* (http://www.cia.gov/cia/publications/factbook). See Guide to Web Resources section for a list of useful sites for fact checking.

Verify all generic and proprietary names of drugs. If the manuscript contains what appears to be a foreign-language version of an identifiable English version of the name, query it, noting your best guess. Verify all place names: country, city, province, region, district, institution. Also verify departments within institutions, where possible, through Web research. You should also try to verify terms for specialized or proprietary health commodities or supplies (e.g., vaccines, HIV test kit brands). In addition, copy editors are expected to verify the full publication data of any books, periodicals, or other published materials referred to in the text. If the publication data is internal to MSH (as with some reports and assessments), insert note for in-house editor to check. Google works well with inquiries if you include the country name of the questioned item, i.e., Nelson Mandela Hospital, Kenya.

If you are unable to verify a fact or proper noun, please flag and query for the assigning editor or author. If the style or spelling of any of these unconfirmed terms is inconsistent, please note that for the in-house editor. Also flag any contradictory or unclear sections of the text.

Grammar and Syntax

Clear-cut *errors*—such as lack of agreement between subject and verb, dangling or misplaced modifiers, a vague or missing antecedent, or incorrect usage—should be corrected without querying. Editorial *suggestions*—such as deletions of text, rewriting for clarity, or adding or transposing material—may be made through comment function under track changes, with reasons provided to substantiate the proposed revision. If such instances are frequent, please consult with the assigning editor to discuss handling of rewrites and attendant queries; in some cases, it may be acceptable to enter these edits directly and query if okay while noting the reason for the change.

Spelling

- Consult *Webster's 11th* for common words and compounds, and use *Merriam-Webster's On-Line Dictionary,* the *Physician's Desk Reference* (hard copy), *Nursing Drug Handbook,* or other sources listed in the Guide to Web Resources section for medical and pharmaceutical terminology and proper nouns. Also see the CPM Word List.
- Try to verify the spelling of foreign words; if unable to do so, please flag. Also see the Word List.
- Use the international nonproprietary name (INN) rather than the US accepted name for drug spellings, if possible. MedlinePlus will show most brand and generic names, but some medicines are not used in the United States; in those instances, check the British Pharmacopeia. Also see the CPM Drug Names and Companies list.
- Compound words may be checked in *Webster's 11th*. In general, if the term is not in the dictionary, we do not use a hyphen. Also refer to *CMS* 7.82–7.90 for guidelines.

Comma

Follow *CMS* recommendations on comma usage. Two basics to keep in mind—

- Use serial comma (all items in a series should be separated by commas).
  Example: The report covers Zimbabwe, Nigeria, and Ghana.

- Use a comma before the conjunction in a compound sentence unless the two independent clauses are short and closely related. (Most compound sentences in CPM text will require a comma before the conjunction.)
  Examples:
  - The assessment team interviewed the potential screeners, and the MOH officials provided a lecture on correct procedures and local customs.
  - MSH presented the course and MOH officials fielded questions.

- Note the following distinction—

  Restrictive Appositive
  Example: Holocaust survivor Elie Wiesel will speak today. (In this sentence, "Holocaust survivor" is an adjective describing Elie Wiesel and therefore does not take a comma, just as there would not be a comma in the adjective/noun phrase "the red wagon." He is not the only Holocaust survivor; if he were the only survivor, it would be correct to say, "The holocaust survivor, Elie Wiesel, will speak today.")

  Unrestrictive Appositive
  Example: The president, G. W. Bush, will speak today. (In this sentence, "the president" and G. W. Bush are two ways to indicate the same person; Bush is the only US president. Therefore, "the president" is a noun, not an adjective, and a comma is needed.)

Em Dash

Use an em dash when—

- Bulleted list does not consist of complete sentences

- Em dashes may also be used in sentences to set off amplifying or explanatory element Also refer to *CMS* 6.82–6.91 for guidelines

En Dash

Use an en dash—

- Between a two-word modifier and the word it modifies. Example: World Bank–funded program

- For numerical ranges (except for dates; see *Dates* section). Example: pages 15–19

Colon

Do not use a capital letter after a colon in running text unless what follows is an independent clause that functions as a formal statement. For further discussion of colon use, see *CMS* 6.9, 6.63–6.69.

Examples: The doctor was worried: none of her patients had the medicines they needed. She ordered several medicines: aspirin, tetracycline, and ciprofloxacin.

In the Pharmaceuticals and Poisons Act of 1953, the Belize Ministry of Health created a rule on the importation of medical narcotics: All incoming shipments must be met by an authorized hospital official.

Hyphenation/Compound Words

For technical pharmaceutical phrases, such as stock-out and follow up, check the CPM word list. If not in list, check compound words in *Webster's 11th*. In general, if the term is not in the dictionary, do not use a hyphen. Also refer to *CMS* 7.82–7.90, which offers general guidelines for hyphenation. Some terms that may need hyphenation when they appear as an adjective preceding a noun should not be hyphenated when they follow a noun (*CMS* 7.86).

Examples: In the trauma ward, he saw his first code-blue patient.
One of his patients in the trauma ward was code blue.
One of his trauma ward patients was code blue. (Misreading is unlikely, so no hyphen is used between *trauma* and *ward*.)

Italics

- Use italics to denote words used as words—she could never remember the difference between *principle* and *principal*—and for foreign words that have not been assimilated into English (check *Webster's 11th*).
- Publication titles should always be italicized. Chapters within a publication should be put in quotation marks. Course titles should be typed as cap/lc, capitalizing the first letter of each word.
- Do not italicize proper nouns in another language. Example: Most patients sought treatment at the Saint-Egrève Cas de Santé.
- Do not use italics in heads, table titles, or headers, even for foreign words.
- Eliminate, when possible, the use of *italics* or **boldface** to emphasize words. Let author know that emphasis should be done through writing.

Capitalization

Follow *CMS,* with the following caveats—

Subjects or disciplines. Do not capitalize when used generically—for example, biology, chemistry, physics. Do capitalize the formal, precise name of a department. Example: Department of Chemistry

Professional titles. Capitalize when they are specific to a person (this treatment is a deviation from *CMS*).
Examples: JoAnn Morris, Chief Engineer, helped build the clinic. *But*
The ambassador said that we needed to hire a new chief engineer.

Governments. Capitalize the first letter in the word *government* when it is used with a country name. Examples: Government of India. US Government

Ministries, departments, and boards. Capitalize when referring to the ministry or department of a specific country, even if the country name isn't always included; lowercase when used to mean ministries or departments in general. Capitalize Board even when used alone. *Note:* Many foreign governments capitalize all units of government—Pharmacy Department—even when they are not indicated as a specific entity. Although it is CPM style to lowercase such words, this may be a sensitive issue with the country government and if the document is intended for in country, follow their preferences if specified.

Place names. Follow *CMS* 8.46–8.63. (See *Abbreviations* section for St. in place names.)

- Capitalize *state* when used after the name of a foreign state
  Examples: Minas Gerais State, state of Minas Gerais

In titles.

- When compounds appear in a title, capitalize the first letter of each word that makes up the compound, whether permanent or temporary.
  Examples: HIV/AIDS-Related Products
  Co-Officials in Charge

Foreign Words and Phrases

Confirm the spelling and meaning of all foreign words and phrases, and list them on the style sheet. If you are unable to confirm the spelling and/or sense in context, flag the term for the assigning editor or author. Italics should be used for foreign words and phrases that are not common enough to be in *Webster's 11th*.

Do not italicize proper nouns in another language. Example: Most patients sought treatment at the Saint-Egrève Cas de Santé.

Trademarks

The trademark symbols (™ or ®) comes after the period or comma in a sentence. They should be superscript (above the regular type), and only need to be used the first time a brand name is mentioned.

Example: The patient was prescribed Coumadin® but because his insurance plan would not pay for brand name medicines, the pharmacist suggested that the patient ask his doctor to prescribe warfarin.

However, the CPM style is to use generic names whenever possible instead of brand names.

Initials

A space separates initials used in a proper name.
Example: R. M. Nixon

Abbreviations

- Consult *Webster's 11th* for nontechnical abbreviations.

- Use St., not Saint, in place names (e.g., St. Louis, St. Kitts).
- Do not use i.e. or e.g. in the same parenthetical matter as etc. (i.e., don't do this, etc.) Please watch for use of etc. after words that also mean i.e.—for example, such as.
- The following should be abbreviated only in parentheses: *i.e., e.g.,* and *etc.* The phrase *et al.*, however, can be used in running text, although *and colleagues* is preferable.

Acronyms

Follow these guidelines for handling acronyms—

- Most acronyms should appear in capital letters without periods between the letters.
- Please confirm undefined acronyms; refer to the CPM acronym list (available in hard copy or electronic file) or try to find them on the Web. See suggested sites in the Guide to Web Resources section or search for the acronym directly using Google. *Note:* there are often different names that go by the same acronym, such as CCM can stand for either country coordinating mechanism OR community case management.
- Spell out terms at first mention in text, followed by the acronym in parentheses. Subsequently, do not redefine, even in new chapters or sections. If a term is used only once, do not include the acronym, unless it is better known than the spelled-out name. In cases where there are numerous acronyms in a document, spell out those that are only used a few times.
    - In **PowerPoints,** avoid using acronyms without spelling out at first use. Do not assume that your audience knows what DAG stands for (drug action group).
- Do not define acronyms in heads; wait until their first mention in the text.
- HIV/AIDS does not have to be spelled out, but it can be included on the acronym list of the paper (if there is one).
- Do not use periods for acronyms (UNICEF), only for abbreviations (e.g., et al.). <u>Note:</u> US, D.C.
- Most abbreviations should be spelled out. The following should only be abbreviated in parentheses: et cetera (etc.), that is (i.e.), and for example (e.g.). The phrase *et al.* can, however, be used in running text, although *and colleagues* is preferable.
- At first mention, spell out USAID as US Agency for International Development. (Note: USAID may be used in heads; see next section.)
- If both an acronym and a translation follow a name, use the following format: Communauté Financière Africaine (CFA) (African Financial Community).

Acronyms in Heads

It is acceptable to use a program acronym or one that has become commonplace in a particular document in heads. If these criteria are not met, it is preferred to spell out the term in the head.

<u>Examples</u>: USAID Waiver Requirements for Procurement
SO4 Milestones Achieved

Challenges to Quality Assurance [not *QA*]
The DTC's Role in Ensuring Good Manufacturing Practices [Example shows an acronym that may be common in a document, DTC, and a spelled-out term, Good Manufacturing Practices, that would often be denoted by an acronym once defined in text.]

Numbers

- Always double-check the numbers appearing in text, tables, or figures. When complicated formulas or equations exist, query the other to double-check the math.

- Spell out numbers from one to nine. For 10 and above (including ordinals), use figures. (This is contrary to *CMS*.) See below for exceptions.

- Spell out any number at the beginning of a sentence, or edit to place the number elsewhere.

- Fractions should not be stacked (1/3, not ⅓).

- In general, spell out ordinals, such as "Third (not 3rd) International Conference. Do not use superscripts with any ordinals (10th, 11th—not 10th, 11th) [Tip: In Word, go to Tools/AutoCorrect/Auto Format As You Type/unclick "Ordinals (1st) with superscript."]

    - In citations, use 2nd ed. (not 2d or 2nd), 3rd ed. (not 3d or 3rd).

    - When providing meeting or travel dates, ordinals are not used. Example: the meeting was held in Ghana, February 11–14, 2010. (*not* February 3rd, 2010).

- If a block of text incorporates numerical references that would result in a combination of figures and spelled-out numbers, use figures for all numbers within the same category (*CMS* 9.7). Example: The average age of onset is six years, and the child is often burdened with taking several medicines a day, including 4 rifampin tablets, 6 doses of ipecac syrup, and up to 22 chloroquine capsules (50 mg each) for as long as one year.

Units of Measure

- Always use numbers with units of measure (not including ages and periods of time).

- Abbreviate dosage units (e.g., mcg, L, mL) with numbers; spell out if used alone. Please note use of capital L for liter. However, some countries do not use mL, such as Liberia which uses ml. If document is for use in that country, follow the country style

- Include a space between the number and abbreviation (e.g., 50 mg).

- Do not abbreviate in running text: miles, kilometers, hours, minutes.

- 15 to 25 °C

- Use the International Organization for Standardization (ISO) currency abbreviations for all currencies, unless these will baffle or annoy the audience; check with author or managing editor. (Note that ISO abbreviations use three letters rather than symbols such as £ or ¢; this is helpful for materials that will be printed in countries other than the United States, as printers and keyboards have differing capabilities.) The currency abbreviations should be defined at first mention. Example: In 1999, the drugs cost 30 Tanzanian shillings (TZS). By 2002, the cost was TZS 50.

- Include a space between the abbreviation and the figure (e.g., USD 150).

- The following websites have lists of currency abbreviations (see also next page)—

  http://www.worldbank.org.cn/English/Business/annex4.shtml http://www.sofserv.com/currencylist.htm http://www.xe.com/iso4217.htm

Commonly used abbreviations include—

EUR	euro	KES	Kenyan shilling
GBP	Great Britain pound	TZS	Tanzanian shilling
GHC	Ghana cedis	USD	US dollar
INR	Indian rupee	XCD	East Caribbean dollar

The Communauté Financière Africaine franc is abbreviated XAF or XOF, depending on the country (the alternative is CFA franc, spelled out at first mention).

XAF	**XOF**
Cameroon	Benin
Central African Republic	Burkina Faso
Chad	Cote d'Ivoire
Democratic Republic of the Congo	Guinea-Bissau
Equatorial Guinea	Mali
Gabon	Niger
	Senegal
	Togo

- Use figures for percentages, with the word *percent* spelled out (whether in running text or in parentheses).
  Examples: Of the households surveyed, 63 percent lacked running water.
  Eighty-three respondents (49 percent) said they did not have access to treatment.

- Use figures when discussing any monetary amount, whether specific or general.
  Examples: The cost of a pediatric course of co-trimoxazole in Accra is
  GHC 38,000.
  Zimbabwe's Ministry of Health spent over USD 9 million on prevention last year.

Dates

- Use American style (November 7, 2001), not British style (7 November 2001). NEVER use all-digit style (11/7/2001).

- Don't use hyphen or en dash for year ranges in text. Examples: From 1999 to 2001… In 1998 and 1999…10 to 20 percent. Exception: Fiscal year 1998–99

Time of Day

- Use lowercase a.m. (before noon) or p.m. (after noon) to express time. Do not use a.m. with "in the morning" or p.m. with "in the evening." It is redundant to say, "She caught the bus at 9:00 a.m. in the morning."

- Never use numerals to express noon or midnight, unless using the twenty-four-hour system. Example: The meeting began at 10:00 a.m. and ended at noon.

- When working with European countries and other countries outside the United States, it may be appropriate to use the twenty-four-hour system. Example: The pharmacy was open from 9:00 to 17:00.

References

- All references, when possible, should be double-checked and standardized. Some authors may cut and paste references so there may be inconsistencies.

- If tables or figures appear to be taken from another source, ask authors for citation **even if material came from other MSH documents.** *Managing Drug Supply* is often used as a source material for many CPM documents; however, any material used from it should be referenced.

- See Reference List Guidelines section for examples of entry styles.

- If author's reference style is clear and consistent, do not change. However, follow *CMS* 17 when editing is necessary. Please note the following—

  - Contrary to *CMS* style, always use author's first initial and last name, regardless of the number of authors.

  - *CMS* suggests varying styles for references, bibliographies, and notes. In general, conform to the following. Authors' names should be listed in alphabetical order, with first name noted as "last name, initial.," followed by "initial., last name,". The date should always immediately follow the authors' names. Article or chapter titles should be in quotation marks. Titles should be in cap/lc format.

    Journal example: Jones, B., S. Miller, J. Smith, et al. 1998. The Origin of Altruism.*Nature* 393: 639–40.

    Book Example: Gagnon, J., E. Laumann, R. T. Michael, et al. 1994. *The Social Organization of Sexuality: Sexual Practices in the United States.* Chicago: University of Chicago Press.

  - Between two authors use "and"

  - After three authors use "et al."

  - Do not invert endnotes or footnotes

  - Invert bibliography entries

- Footnotes are preferred over in-text author/date style or endnote style. However, if clear chapter or modules exist in document, endnotes may be used following each chapter or module. If author's style is consistent, do not change. Please see *CMS* 16 for handling notes.

- When websites appear in references (or body text), do not include access date (unless web content is time sensitive) and only include http:// if www is not included in the website address (e.g., www.msh.org rather than http://www.msh.org/)

- Please ensure that all items on the reference list are cited in the text (in the proper numerical order if endnote style is used). Evaluate, as far as possible, whether the listed item is logically connected to the text where its citation appears.

- For in-text citations, use this format—(Smith 2000; Jones 2002). If page numbers are included, use this format—(Smith 2000, 32; Jones 2002, 45–48).

- If a reference list contains more than one work by the same author(s), add lowercase a, b, c, and so on, to year and cite accordingly. Example: (J. Blakney. 1999b)

- If there are several citations for the same organization on a reference list, spell out the first on the list and use the acronym for the subsequent citations.

- There is no space between endnote or footnote numbers. Examples: [4,14], citation[1,2]

- For journal articles, write out full journal name in italics—*New England Journal of Medicine.* If journal name is questionable, either check on PubMed single journal citation http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed or Google.

Figures, Tables, and Annexes

- Spell out the words *table* and *figure* when citing, either in running text or parentheses. Do not capitalize in text.
  Examples: The HIV prevalence rate in Smithville has risen steadily (table 1). Table 2 shows how rapidly the rate has increased. The population has also increased, as seen in table 3. The supply management changes as shown in figure 3 are impressive.

- Do not use the word "see" in callouts.

Figures

- Check to make sure all are cited in the text, in the proper numerical order. The citation may be in running text or in parentheses at the end of a sentence.

- Figure titles should appear centered under the figure, in **Arial 11 pt. bold** with initial cap and no period at end of title. Example: **Figure 1. Number of prescriptions per ATC group**

- Spell out *percentage* and all other words on the axes of graphs, when space allows.

- Use cap/lc title style for phrases appearing on the x- and y-axes of graphs. Example: Number of Women in Tanzania Living with HIV (note that there is no end punctuation).

- For most other wording in a figure itself, use initial cap only (first letter of first word of phrase is capitalized).

- If figure appears to be copied from another source, please ask author for reference, even if it is another MSH document.

Tables

- Check to make sure all are cited in the text, in the proper numerical order. The citation may be in running text or in parentheses at the end of a sentence.

- In table cells and footnotes, use an em dash (—) to mean not applicable and NA to mean not available.

- Use *N* when referring to an entire sample and *n* when referring to a portion of a sample. Query author if data is questionable.

- Include table source when possible (e.g., Source:).

- Only use "Note:" for explanatory material.

- Use letters instead of numbers in table footnotes.

- Table format—

  - Bottom vertical alignment for all text
  - Include horizontal lines with a vertical line adjacent only to the stub column (if more readable with vertical lines throughout, include)
  - Title: Ariel 12 pt. bold cap/lc and centered. Example: **Table 1. Number of Changes Made to Table**
  - Text: sentence case (horizontal alignment: left)
  - Numbers: always align numbers with decimal points (horizontal alignment: right)
  - Do not bold "Total"
  - Stub column: cap/lc, bold (horizontal alignment: left)
  - Use % symbol in tables, and if "%" is included in column or row head, do not repeat % in every cell.

- If table appears to be copied from another source, please ask author for reference, even if it is another MSH document.

Annexes

- Every annex should have an H1 heading.
- Do not number annexes separately unless they are very large. However, annexes should be lettered rather than numbered. For example: "Annex A. Registration List" would include page numbers A-1, A-2, A-3, etc.

Bulleted Lists

  - Bullets should be 12 points in text and 10 points in tables (•). If second and third levels are needed, use hollow round, 12 pt, 0.25" indent from primary (◦); tertiary bullets: solid square, 11 pt, 0.25" indent from secondary (■)

- Make sure list items are parallel—do not use both complete sentences and phrases within one list. This may necessitate making some items into complete sentences.

- Use an em dash after a list's introductory phrase or sentence, with one line space between the introductory sentence and the list items.

- Capitalize the first letter of each bullet point.

- Never use the sentence style of list that uses commas or semicolons, the word *and* before the last item, and a period after the last item.

- List items that are sentences should use standard punctuation.
  Example: My Saturday activities include the following—

  - I go to the grocery store, the drugstore, and the bank.
  - I visit my family.
  - I clean my apartment.

- If the list item is not a full sentence, don't use a period or other end punctuation.
  Example: My cat likes to play with—

  - Mice
  - Insects
  - My neighbor

Degrees

“Dr.” should precede the name of any individual with a PhD, PharmD, DrPH, etc., degree.

Checklist for Documents

Has the document been reviewed for typos, misspellings, and other forms of punctuation?

If there is a table of contents, do the page numbers match up?

Is the document consistent in look? For example, are all the fonts, font sizes, title headings, and sections similar in look and style? Documents should not change in font type and size from one section to another.

Are all annexes / appendices included in the document?

- If annexes are not included in the document, they must be submitted as attachments along with the document.
- If annexes are submitted as attachments, each annex must be properly identified as such, either in the body of the document, or with a title page inserted prior to the annex.
- If certain annexes are unavailable, references to the annex in the main document must be modified.

Are annexes consistent in look (i.e. font type and size) with the main document? If possible, font type and size should match that of the main document.

Is there a proper title page?

Note: If there are specific keywords which should be applied to the document, please include them in your email. This will help ensure the most accurate keywords are applied.

Please save the file with all annexes and title page as a single .pdf document with a clear filename.

To prepare a single .pdf document:

- In Microsoft Word documents can be saved as .pdf in the options under File > Save As…
- In Adobe Acrobat multiple .pdf files can be combined into one by going to File > Combine > Merge Files Into a Single PDF
    - If a PDF is currently open, it appears in the list of included files.
    - Check the upper-right corner of the "Combine Files" dialog box to make sure that "Single PDF" is selected.
    - You can then add files using the "Add Files" menu

Documents should be e-mailed to memory@msh.org.

CPM Report Archiving and Dissemination Guidelines

Archiving

1. When the *editor* (or *author* alone, only in the case of trip reports) determines that the report is **completely** finished, s/he will forward the final electronic copy of the report to memory@msh.org. The entire report should be in **one electronic file**.

2. The *Library Manager*, who monitors memory@msh.org along with the Knowledge Manager, Library and Reference in Cambridge, will archive the electronic file in the CPM, MSH, and USAID archives. This is done as follows:

   a. In the appropriate subdirectory (creating one if needed) go to *:\ARCHIVE* and save the file onto our server. If a new subdirectory is required, the *Library Manager* will create and name the new folder. The subdirectory name should be an easily identifiable term.

   b. Submit the report to the MSH Institutional Memory. She may need additional information on the report and project and will request it if needed.

   c. If the report is funded by USAID submit the electronic version (**except trip reports with few exceptions**) of the report to the USAID archives managed by—

      USAID Development Experience Clearinghouse (DEC)
      http://dec.usaid.gov/

Filing Hard Copy (if applicable) and Deleting Old Versions

1. The final hard copy (original) of the report should be properly labeled and filed by the portfolio's *Administrative Coordinator*.

2. When the report is completely finished and the final hard and electronic copies have been properly filed, earlier versions of the report should be recycled or deleted so they don't take up space and cause confusion.

Distribution of Hard (if applicable) and Electronic Copies

1. The portfolio's *Administrative Coordinator* (for non USAID funded projects this person is sometimes the *Project Support Associate*) is responsible for ensuring that hard copies (if applicable) of the report are made for the Library Document shelf. The *Administrative Coordinator* (for non USAID funded projects this person is sometimes the *Project Support Associate*) is also responsible for ensuring that appropriate people receive electronic copies of the completed report. Distribution will vary with the report, and it should be determined in collaboration with the author.

Internal

a. Internally, for RPM Plus and SPS, one copy each should go to the *Director, SPS*; both *SPS Technical Deputy Directors*; the *Managing Editor, CPM*; and the *author*.

b. Internally, for non USAID funded projects, one copy each should go the *Vice President, CPM*; *Director, TSQ*; *Deputy Director, TSQ*; *Director, PAI&C*; *Managing Editor, CPM*; and the *author*.

c. The final electronic copy of the report should be forwarded to memory@msh.org. Hard copy donations for the Library Document Shelf should go to the *Library Manager*.

External

a. The reports sent to USAID must be accompanied by a general message announcing the completion of a report. The message should be addressed to the Cognizant Technical Officer (CTO) and copied to the Pharmaceutical Management Advisor.

b. Important reports from USAID country projects must be accompanied by a general message announcing the completion of a report. The message should be addressed to specific USAID contacts identified by the appropriate SPS portfolio manager

c. USAID Mission staff and in-country collaborators should also receive copies. For anyone other than MSH staff, please use judgment and discretion in deciding what to send—we don't want to overwhelm anyone with Trip Reports or minor documents.

Announcing Availability

The *Library Manager* will add the report to the new reports list distributed quarterly to all CPM staff.

IM and DEC Submission Requirements

This handout explains document submittal requirements of MSH's Institutional Memory and USAID's Development Experience Clearinghouse.

Institutional Memory (IM) http://intranet.msh.org/tools-and-resources/reference/index.cfm	Development Experience Clearinghouse (DEC) www.dec.org
What is Institutional Memory (IM)? Institutional Memory is a database that contains information about MSH's project activities and technical experience from 1999 - present. All MSH projects contribute to Institutional Memory by submitting documents that have long-term technical and strategic value to the organization. The Information Center categorizes and indexes these materials, and makes them available to staff worldwide via the Intranet at http://intranet.msh.org/tools-and-resources/reference/index.cfm. Institutional Memory documents are for MSH internal use only.	**What is the Development Experience Clearinghouse (DEC)?** DEC is USAID's public version of Institutional Memory. According to USAID, the purpose of DEC is to "acquire USAID-funded project documents and technical materials for dissemination to the international development community." Documents submitted to DEC are made available to the public via USAID's Development Experience Clearinghouse website at www.dec.org. It is a contract requirement that all USAID-funded projects submit their technical and programmatic documents to DEC as they are produced, and preferably in electronic formats.
What types of materials should be submitted to IM? IM collects all technical and project documents that each project produces, **except**: • Financial accounting reports • Non-technical trip reports • Draft documents • Incomplete documents Documents submitted to DEC should always be sent to IM as well.	**What types of materials should be submitted to DEC?** DEC collects most documents that each project produces, **except**: • Non-USAID-funded materials • Time-sensitive materials such as newsletters, brochures, bulletins or periodic reports covering periods of less than one year • Financial accounting reports • Draft or incomplete versions of documents • Non-technical trip reports • Documents having no technical or programmatic value. DEC prefers receipt of documents in electronic format. Please refer to the DEC website for additional information on what types of documents should be submitted: www.dec.org/doctypes.cfm. NOTE: USAID requires that project documents be submitted to DEC as they are produced, and not at the end of the project.

For questions related to IM and/or DEC, please contact Karen Frenchu at kfrenchu@msh.org or Kindra Willis at kwillis@msh.org.

Institutional Memory (IM) http://intranet.msh.org/tools-and-resources/reference/index.cfm	Development Experience Clearinghouse (DEC) www.dec.org
Who decides which documents should be submitted to IM? Field-based Dissemination Liaisons work with US-based AD-COs to ensure that documents are regularly filed with the Information Center.	**Who decides which documents should be submitted to DEC?** A designated senior technical staff member regularly reviews project materials and selects those that are appropriate for submission to DEC. S/he works with a field-based Dissemination Liaison or directly with a US-based AD-CO to ensure that all required documents are regularly submitted. Senior technical staff ensure that materials submitted to DEC are appropriate for dissemination to the development community and a wider public audience.
How are documents submitted to IM? Project AD-COs collect, prepare and submit documents to the Information Center. AD-COs are in regular contact with their project's field-based Dissemination Liaisons to ensure that documents are submitted. When submitting material, AD-COs designate documents for IM or for both IM and DEC. The Information Center does not submit documents to DEC without specific designation and instruction to do so. AD-COs ensure that each document is complete and properly formatted and that a title page template is used to fully and correctly identify each document.	**How are documents submitted to DEC?** Same as with IM. NOTE: A senior technical staff member designates each document intended for DEC. Project AD-COs do not determine which documents will be submitted to DEC. AD-COs should notify the Information Center when they have non-electronic material to submit to DEC. The Information Center will provide advice on photocopying and transmittal procedures, and maintain records of all hard copy transmittals to DEC.
What happens to documents submitted to IM? The Information Center maintains and disseminates project and technical documents to MSH staff in electronic format via the Intranet. The Information Center maintains records of all project materials submitted to IM and to DEC.	**What happens to documents submitted to DEC?** The Information Center submits all project documents in electronic formats to DEC on behalf of each project. Documents submitted to DEC are made available to the public via USAID's Development Experience Clearinghouse website at www.dec.org **Non-electronic material:** The Information Center provides advice and support to projects and/or AD-COs with hard copy documents to submit to DEC. The Information Center coordinates hard copy transmittals by working with AD-COs to ensure that DEC submittal processes are used and to maintain a centralized record of all project submittals to DEC.

For questions related to IM and/or DEC, please contact Karen Frenchu at kfrenchu@msh.org or Kindra Willis at kwillis@msh.org.

MSH Photography Policy

This policy reflects the law generally in the United States, although laws may differ state to state. It does not reflect the law in foreign jurisdictions. Certain countries may prohibit photography of any kind, or in certain areas or of certain subjects. Customs vary region to region, and it may be inappropriate to obtain photographs in some places due to local customs or beliefs. Personal individual rights differ, often substantially, from rights in the United States. Photographers are expected to ascertain and understand the law in the jurisdiction where photographs are taken.

I. Copyright in and Ownership of Photographs

Photographs taken by employees of Management Sciences for Health (MSH) in the course of their employment (or photos taken on employees' own time with MSH-owned equipment) are the copyright and property of MSH, for the benefit of MSH. This policy covers all photos taken while staff are on temporary duty (TDY) during work hours and photos taken during work hours by staff who reside overseas. (See the examples on page 2 for clarification of this policy.) Photos will be credited to MSH unless the staff photographer requests individual credit (e.g., Chevenee Reavis/MSH).

II. Noncommercial Use

MSH photos are available strictly for editorial purposes (nonprofit communications, educational, or research use or other noncommercial use by MSH and other organizations as allowed by MSH). Special contracts with professional photographers and/or model releases are required for any photo intended for commercial or pseudo-commercial use (i.e., social marketing, e.g., portrait of an individual on a condom package). In general, MSH photos are subject to inclusion in the MSH Photo Library, where they may be downloaded and used by others across MSH for nonprofit use promoting international health and development.

III. Photographer's Code of Ethics

Photographers must respect their photo subjects and take into consideration whether photo subjects may experience negative consequences of having their photo taken and used. MSH staff are expected to obtain verbal consent from all photo subjects. When possible, obtaining written consent is the best practice, particularly when sensitive, personal, or private information is revealed in the photo or corresponding caption. See the attached model release form. In general, in the United States, photographs of individuals may be taken if that individual is in a public place. Permission will be required for any commercial use and may be required before disseminating any photograph where an individual is recognizable, unless the person's presence in the photograph is purely incidental (e.g., a photograph of a building that includes pedestrians on a public sidewalk).

IV. Use of Photographs

When preparing presentations, reports, websites, brochures, CD-ROMs, or any other material that incorporates photos, staff are expected to use photos in a context that fairly represents the real situation, subject identity, and/or physical location of the image. Never alter the content or meaning of a photograph. In order to protect the identities of vulnerable people at risk of reprisal, violence, or rejection in their communities as a result of telling their stories, it may be appropriate to leave out detailed information about the content of the photo. Due regard must be given to the individual rights and privacy of photo subjects, especially in clinical settings, and basic tenets of human dignity must be observed.

V. Contracting with Professional Photographers

People hired to take photos should receive clear, written instructions. At a minimum, terms should address ownership of photographs; copyright; expected outputs (prints, negatives, digital files, backup copies, etc.); fees for service; and expected practices (e.g., verbal/written consent).

VI. Submitting Photographs to the MSH Photo Library

After a trip, employees are required to submit photos that MSH owns to the Photo Library *within 10 days.* Instructions appear on the Intranet under External Communications, Photo Search, at http://www.msh.org/yourmsh/images_DB/public/index.cfm

Examples of Application of the Photo Policy

- An MSH employee, after being sent on TDY to an MSH project, takes a week's vacation to enjoy a sightseeing tour. The photos taken by this employee outside work hours and with his own camera do not belong to MSH.

- An employee attends a project-related ribbon-cutting ceremony at a health facility in a Muslim country on a Sunday (during official work hours in that country) and takes photographs with her own camera. The photos belong to MSH.

- An MSH employee travels around a project city over the weekend, on personal time, taking photographs of marketplaces, local people, and landscapes with an MSH owned-camera. The photos belong to MSH.

- MSH pays for an employee's trip to several African countries to write stories and take photographs. In this case, the photos belong to MSH (even if they are taken with the employee's camera and outside work hours), because they are part of the scope of work.

MODEL RELEASE

I hereby give permission to Management Sciences for Health to use my name and photographic likeness in all forms and media for education, information, *promotion and other lawful purposes.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

LOCATION: _____

If model is under 18 years of age: I _____, am the parent or legal guardian of the individual named above. I have read the release and I approve of the terms.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

PHOTOGRAPHER SIGNATURE: _____

**Management Sciences for Health (MSH) is a non-profit organization. We promote the awareness of global health issues. Occasionally we use photographs and illustrations rendered from photographs to promote specific health behavior change. We also use photographs as part of our training materials and in our corporate literature. MSH does not sell photographs.*

Photo Tips

The following guidelines are a quick reference to taking better images related to MSH's work.

Camera settings

Every camera is different. Digital cameras have made the taking, sharing, and processing of photographs far easier, but it has also posed additional challenges. Please refer to your camera's manual for the following:

Set the camera to its **highest resolution** (usually called "Large Fine" or "Maximum"). Even if you think you only want the shots for the web, the highest resolution will give you added flexibility for cropping.

For the **ISO setting** (light sensitivity), initially set it to 100 for compact digital cameras, and no more than 400 for digital SLR cameras. Most cameras produce very poor quality at settings above this, making the results all but useless.

Turn all **sound settings off**.

Autofocus, exposure, and flash settings should be set to automatic. In situations where flash would be inappropriate, set it to off.

Subject matter

People are far more interesting than buildings, vehicles, and equipment. If the purpose of your shot is to show new computer equipment procured for a local office, try having the people.

Capture action over than posed shots. While the group shot is also useful at times, put a priority on capturing the people we are working with engaging in activities. This also helps show the context of their work.

Focus on joy, victory, and accomplishment. We want to focus on how successful people can be in the face of adversity. However, some of the most compelling images contrast the before and after, so don't limit yourself too much.

Don't overdo conferences and workshops. People sitting around a table or standing behind a podium are less interesting than a Dr. demonstrating how to perform a test, or a youth group engaged in a community theatre project.

Improving the quality of your shot

Use good light! The best lighting is daylight, but not harsh direct sunlight. Mid-day is the worst time, while the morning and late afternoons are best. If it is extremely sunny, using the flash of the camera can help prevent harsh shadows.

Get down to eye level—especially with patients, people sitting, and children.

Get close, then closer—try to fill your shot with as much of the subject as possible. If you are worried at first, take multiple shots from different zoom settings/distances.

Shoot often—especially with candid photos, people's facial expressions are not always perfect. Taking at least 2-3 shots of any activities you really want to capture well.

Simplify the background—keep any potentially distracting background elements out. Bushes, a wall, or a hillside are good examples.

Other tips

Try to keep the people you are photographing relaxed. Always get permission. When possible, have them engage in their normal activities

Training Logistics and Material Checklist

Training Course / Event Master Planning Task List

General Items

Task	By Whom?	Deadline	Date Completed
Create a binder to keep a hard copy of participants list, attendance sheet, budget, contracts, etc.			
Create a filing system to keep copies of all electronic materials, communications, etc.			
Determine list of organizers and facilitators and guest speakers			
Determine training agenda, especially the timing of meals and breaks			
Determine how many rooms needed and what size they should be (at least one for class and one for meals, any break out rooms?)			
Ask field office if they have availability and are willing to help			
Determine if simultaneous translation will be necessary or if any materials need to be translated			
Determine if notetakers are necessary and who can perform this role			

Dates and Venue

Task	By Whom?	Deadline	Date Completed
Research potential date conflicts with regional events and holidays			
Research potential date conflicts with internal events and facilitators' calendars			
Contact the local MSH office for advice on hotels and conference facilities (may help you attain lower local in-country rates)			

Task	By Whom?	Deadline	Date Completed
Discuss the following with the conference facility staff: ○ Size of their conference rooms and how many people they can accommodate ○ Possible furniture arrangements, e.g., lecture style, around a large table, small tables ○ Restrooms easily accessible from the conference room ○ Equipment they have available ○ Lunch, tea, and reception options (need several buffet options for lunch) ○ Technical support for AV equipment ○ Simultaneous translation			
Obtain 3 quotes for conference packages and hotel rooms (negotiate for a reduced rate for a conference package by having participants stay in same hotel) ○ Conference room(s) rental ○ Breakfast, two tea breaks, and lunch (buffet) ○ Equipment, e.g., projector, flipchart, microphone, internet access, photocopier, printer access, extension cables, adapters ○ Whiteboard and markers ○ DVD player or Video cassette (VCR) ○ Hotel rooms for participants at (or below) USAID per diem rate ○ Simultaneous translation ○ Signage ○ Welcome reception			
Work with CPM Contracts to finalize the contract with the hotel			
Contact country MOH and USAID office to inform them of the course taking place			

Budget

Task	By Whom?	Deadline	Date Completed
Finalize budget (hotel, food, and per diem rates should be USAID allowable for the location)			

Task	By Whom?	Deadline	Date Completed
Determine tuition costs and fee structure, if any (early-bird rates, or multiple participants, etc.)			
Work with Contracts to finalize the contract with the hotel/conference facility and pay the deposit			
Discuss with Contracts how the hotel balance will be paid			

Marketing

Task	By Whom?	Deadline	Date Completed
Develop target audience strategy (organizations, partner associations, academic institutions, media, organization calendars, etc.)			
Coordinate email blasts – schedule them far out and spaced apart o Create a Save-the-Date announcement and send o Create Early Bird Discount announcement (if one) and send o Email blast individual interested parties			
Maintain development of course website – update with logistics as they develop be reimbursed and then work with Finance to determine how to get the money in-country			
Work with Marie to send out details through MSH distribution lists/channels			
Advertisement through other vehicles, i.e. print material, journals, INRUD?			

Participants

Task	By Whom?	Deadline	Date Completed
Until website finalized, determine registration system (i.e. EventBrite, PayPal, Cvent, etc.)			
Send interested participants the Course Invitation and Registration Form (ask for dietary requirements)			
Maintain updated participant list			
Deal with participant inquiries, as needed			

Task	By Whom?	Deadline	Date Completed
Provide confirmations and payment receipts			
Send participants all information on Visas			
Coordinate travel for facilitators and organizers			
After hotel and conference space has been arranged, send the participants the Training Details and a draft agenda			
Send email reminders of logistics (details and travel, etc.)			
Send pre-work?			

Training Materials

Task	By Whom?	Deadline	Date Completed
Finalize training agenda			
Ensure sufficient time for materials to go through the editing and formatting process			
Secure Facilitator biographies			
Will there be any pre-work to be sent ahead of time?			
Create evaluation form			
Gather materials for binder annexes			
Identify what happens after the course – follow up materials/communications, etc.			

Supplies

Task	By Whom?	Deadline	Date Completed
Secure a cheap cell phone to buy a SIM card in country			
Order the following materials: ○ Nametags and tent cards ○ Pads of paper, pens, and pencils ○ Calculators (if necessary) ○ Binders (A4 or Letter) and divider tabs ○ Certificate paper ○ CDs and CD labels ○ Flipchart paper and markers (if hotel doesn't provide)			
Order gift for participants (i.e. bag or flashdrive)			

Materials

Task	By Whom?	Deadline	Date Completed
Have print materials translated			
Determine if it's cheaper to print materials in country or print in US and send/bring over			
Determine if any materials need to be sent to an external printer, including posters, etc.			
Determine if logos and materials need to be designed (letterhead, binder cover and spine, name tags, job aids, etc.)			
Print training materials and assemble binders; make enough for each participant, guest speaker, and facilitator (and maybe a few extra) ○ Cover and spine ○ Agenda ○ Participants/Facilitators' Manual ○ PowerPoints ○ Handouts ○ Evaluations ○ List of Participants and Facilitators with bios ○ Annexes (suggested reading, glossary, etc.)			
Prepare a welcome packet with the following items (as appropriate) for each participant: ○ Welcome letter ○ Map of town and Town information (cultural activities, local restaurant suggestions, shopping) ○ Transportation information and safety tips ○ Organizers, contact, hotel and training center information			
Print CD Labels and create CDs			
Print name tags and tent cards			
Print certificates			
Print facilitator/organizer materials (attendance sheet, etc.)			
Send the materials to the conference site (allow time for this)			

Onsite

Task	By Whom?	Deadline	Date Completed
Plan to arrive at the venue early on the day of the training to sort out any problems			
Brief notetakers on duties			
Bring or make sure the following is available: ○ Tape, 2-hole, 3-hole or 4-hole punch, and stapler and staples ○ Paperclips, Scissors, and Post-it notes ○ Books (e.g., MDS) ○ Digital Camera ○ Extension cords and surge protectors			
Every morning before the training begins, ensure that— ○ There are enough tables and chairs for all of the participants and facilitators ○ The tables are arranged so that participants can see the trainers, the projector screen, and flipchart ○ There is a table reserved for the trainers and guest speakers ○ There is table set up for registration, materials, and attendance sheet ○ Lighting, ventilation, and room temperature are adequate ○ All electrical equipment (projectors, microphones, etc.) is in working order ○ There are trash cans ○ Participant materials are set up for distribution ○ Presentations are loaded onto the training computer			
Have participants sign attendance sheet every day			
Prepare payment receipt forms for guest speakers. They will have to sign them before being paid.			
Take a group picture			
Finalize and distribute certificates on last day of training			

POWERPOINT PRESENTATION CHECKLIST [APRIL 26, 2011]

Rule #1: Simpler is better.

- ☐ I created simple slides with lots of white space.
- ☐ I did not type every word that I will say in my presentation. I only focus on key points to remember and avoid all unnecessary text.
- ☐ I am keeping the number of slides to a minimum to ensure my presentation will not become too long and drawn out.
- ☐ I often changed the pace of my presentation breaking up the monotony with different kinds of slides and content.
- ☐ I avoided abbreviations and jargon.

Format

- ☐ I used a template that matches the mood of my presentation.
- ☐ I used contrasting colors – either a dark background with light text or a light background with dark text.
- ☐ I avoided busy backgrounds that will make the text hard to read.
- ☐ I applied the theme or background style to all the slides to create a unified design.
- ☐ I only used sans serif fonts, like Calibri, Arial, and Verdana.
- ☐ I never used less than a 20 point font.
- ☐ I avoided using all capital letters or capitalizing each word of a sentence.
- ☐ I removed punctuation that needlessly clutters my slides.
- ☐ I used consistent formatting, like the same fonts and formats for common elements and the case and punctuation are consistent throughout my presentation.
- ☐ I made use of master slides as much as possible to help keep my slides consistent.

Visuals

- ☐ I replaced some words with images to reinforce concepts.
- ☐ I included a lot of pictures and I did not include clip art.
- ☐ I only presented one idea per visual.
- ☐ I avoided more than four colors per visual.
- ☐ I included charts, tables, artwork, or audio/video clips that make my presentation more interesting and help to illustrate key data.
- ☐ I only included animation that would help build layers of information and allow my audience to focus.

Design

- ☐ I used blank space effectively.
- ☐ I used the Rule of 66, which means only six lines per slide with only six words per line.
- ☐ I included a relevant summarizing title on every slide.
- ☐ I kept important information near the top of the slide so that even audience members at the back of the room can see it.

Lists

- ☐ I used numbers when there is a logical order in a list, instead of bullets.
- ☐ I removed the bullet points for short, simple lists.
- ☐ I only included lists with fewer than five bullets. If there is a longer list, I broke it down into two lists.

Organization

- ☐ I built a flow in my presentation. Without looking at the content, my slide titles connect and tell a story.
- ☐ I provided roadmaps, including an agenda and sign-posts throughout my presentation.
- ☐ I constructed my presentation in a clear way, because each point leads logically to the next.

Delivery

- ☐ I rehearsed my presentation to make sure the timing is about right.

- ☐ I prepared notes that will help me remember to say everything I want to say.
- ☐ I have prepared handouts to distribute to my audience; including any graphics that I know won't be readable when projected. I will distribute these handouts at the end of my presentation.
- ☐ I will not read slide text to my audience verbatim.
- ☐ I have included hidden slides I can jump to if I need to fill time, answer questions, or elaborate.

Guidance for incorporating SIAPS-Global Indicators into Portfolio PMPs

February 2013

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CONTENTS

1. Introduction 3

2. Definitions 4

3. How to Select Indicators 4

4. Baseline Development 5

5. Data Quality 6

6. Portfolio M&E plans: The User's Guide to Implementing an M&E System 7

7. Overall Process & Key Milestones: February – April 2013 8

8. Getting Support 9

Annex A: Indicator Listing 10

Annex B: Roles and Responsibilities 17

1. Introduction

SIAPS is required to report on common indicators in order to demonstrate the achievement of defined results. These indicators (which we will refer to as "SIAPS *Program Level* Indicators" or "Level 1 indicators") are outlined in Annex A and will be processed by the SIAPS M&E Unit in Arlington..

In order to assess these program-wide indicators, a set of indicators have been defined that can be calculated at the *country level*. This set of indicators (which we will refer to as "SIAPS *Country Level Indicators*" or "Level 2 indicators" are also outlined in Annex A. The indicators were suggested and reviewed by members of the technical clusters and SIAPS country teams.

In order to report against the Level 1 indicators, it is crucial that we have a single, robust and harmonized, set of indicators for Level 2 that is adopted by each country. For this reason, the SIAPS global technical advisors developed this document which outlines the indicators, as well as the process to incorporated them into portfolio M&E Plans.

We really appreciate the understanding and patience that all the teams have demonstrated.
And we also realize that this is not a perfect set of indicators. In fact, we've come to realize that the "*perfect set of indicators*" unfortunately does not exist; not for a program as large and varied as SIAPS.

In lieu of *perfect* indicators, we have put together a set of indicators that, while not flawless, will provide SIAPS with appropriate measurements with which to demonstrate the outcomes of our activities, and be able to track this over time. The indicators will not represent a complete picture of your programming – we expect that you will still have to monitor many of the indicators that are currently in your PMP; especially with regard to outputs (for example, "number of meetings held"). The indicators presented here are primarily (but not all) designed to measure outcomes.

2. Definitions

Indicators

Indicators should be carefully selected to ensure that you can monitor progress over time with regard to the established results areas.

In general, indicators are:

- Evidence that something happened;
- An unbiased way to tell if progress is being achieved
- A measurement used to determine the degree or extent to which something has been achieved, change has occurred, or a target has been reached

  - Indicators demonstrate *how change is measured*
    their targets (see next section) establish the extent of change expected or required.

Indicators require at least annual targets (and, sometimes, quarterly). Targets are:

- Expected values or verifiable levels of achievement at specific points in time (targets should be set for each year, as well as the life-of-project)
- Incorporate rate or expected amount of change
- Have a specific value, desired level or benchmark

3. How to Select Indicators

The "Level 2 indicator set" has been designed to provide a group of indicators that are sufficient to inform the Level 1 indicators, as well as provide an evidence base on which to make management decisions with regard to activities and resource allocation.

The following guidelines should be used:

1. Determine which SIAPS Intermediate Results (IR) your program is contributing to. As a reminder, the SIAPS IRs are:

   IR 1: Pharmaceutical sector governance strengthened

   IR 2: Capacity for pharmaceutical supply management and services increased and enhanced

   IR 3: Information for decision-making challenge in the pharmaceutical sector addressed

IR 4: Financing strategies and mechanisms strengthened to improve access to medicines

IR 5: Pharmaceutical services improved to achieve desired health outcomes

2. As a default, all indicators listed in **Appendix A** for those IRs for which you are working towards should be included on your PMP.

3. If there are indicators listed which are not applicable for your program, then, with explanation, these can be eliminated. This should be done with prudence, since we are required to address the Level 1 indicators for which the level 2 indicators have been designed to inform.

4. Performance Indicator Reference Sheets (PIRS) present a detailed description of the indicators' definition, use, analysis and reporting. Once indicator selection is complete, carefully read through the provided PIRS and ensure that they are appropriate for your country. Make any supplements to them if required.

Most portfolios have mission-approved PMPs with indicators. Nevertheless, since we are still obligated to report on the Level-1 (SIAPS-wide) indicators, the Level 2 indicators need to be assessed by portfolios. While it's not required that you include any new indicators on your quarterly mission report, early feedback from missions has been extremely positive.

4. Baseline Development

Baseline values for indicators are established as an initial value against which we can compare later assessments to determine the magnitude and direction of change. These later assessments can be carried out periodically (e.g. quarterly, annually) or only once more at the conclusion of the program (this final assessment is called an "endline").

The indicators have been selected based on the expectation that they will be able to provide evidence of the success of our activities. To do this, it is important that baselines be captured without delay. It is usually not necessary to obtain baseline values at the very start of a program (although that would often be ideal), but as soon as possible – the goal is to establish a point-in-time with which to compare the endline against.

Baselines for all SIAPS indicators are expected to be established by the end of March 2013.

Primary Data ***is*** *data collected by the SIAPS program. This data may have advantages since is targeted to exactly what we want to measure, from exactly whom we want to collect the information from.*

Examples include a survey developed and managed by the portfolio or information collected during routine program monitoring.

Secondary data *refers to data collected by anyone else except SIAPS.*

Examples include census data, MOH-provided summary data and MICS & DHS Survey data.

Some baselines are quite easily acquired – for instance output indicators usually have a baseline of zero. Most baseline data is somewhat more complicated. Other indicators require more complex methodologies to obtain this baseline data – for instance sample surveys designed to measure knowledge or behaviors of a specific target group (such as 'pharmacists').

Because we are using the baseline data to establish the magnitude of the results of our interventions, it's important to make sure that the information being used is correct. We are using this information for decision-making and reporting. With our reputation on the line, it's important that all data be validated (*see section 5, Data Quality*). That said, as long as we can ensure its reliability, it's acceptable to use secondary data (*see text-box*) when establishing the baseline. Since we need to repeat the collection of data (at least at the end of the project, and generally periodically along the way) in order to assess change, it is important that a secondary source providing the baseline is either repeated when we need it to be, or we can replicate the methodology. Not having control over the timing of data collection, is frequently the reason why we need to manage the process ourselves and not count on external organizations to provide the data.

The PIRS developed as a companion to the indicator list provide guidance on how to collect the data – and thus, the baseline data (the first time it's collected). Further guidance is available from the M&E Unit in Arlington. Each Level 2 indicator has an associated PIRS – these have been developed by the Technical Clusters, in collaboration with the M&E Unit. We expect that many of these may need to be slightly modified to conform to the specific context in which you are working.

If data is available as secondary data (not collected by SIAPS, but an external organization), this is acceptable, provided that we can demonstrate the quality of the data being used (reliability, validity, accuracy, precision, timeliness, etc…). An example of this is the Demographic and Health Surveys (DHS) carried out in many countries by MEASURE DHS.

5. Data Quality

Data Quality will be considered a priority. Since a successful evaluation will be established by evidence-based metrics, we must ensure that the data is accurate. To assist with this, a SIAPS Data Quality Assessment (DQA) Toolkit has been developed. This toolkit, along with guidance will be distributed separately.

6. Portfolio M&E plans: The User's Guide to Implementing an M&E System

M&E plans must be detailed and practical. Consider the M&E Plan to be a "user manual" to your M&E system. A person reading this document should be able to use it as a guide for collecting, analyzing and reporting the required data. Since turnover in projects is to be expected and planned for, SIAPS expects that no single person should control the knowledge of how data is collected; this document is meant to ensure consistency in the M&E process from beginning to end, even if M&E staff change.

The M&E system should allow for data to be collected, processed and transformed into *strategic information* (SI), to allow for informed decision-making at all levels: local, country and global level. SIAPS uses the information provided by countries to show that resources are invested to achieve set goals, as well as to make evidence-based decisions regarding continued assistance. The M&E plan and the M&E system and the use of information are linked at many different levels.

The M&E Plan outline:

- Specific roles & responsibilities of M&E staff and stakeholders in country
- M&E Budget
    - consider baseline assessments and periodic data collection for all indicators
- Results Framework
- PMP, with
    - SIAPS Level 2 indicators
    - Country-specific performance indicators, linked to results
    - Targets
    - Indicator baseline collection plan
- Performance Indicator Reference Sheets (PIRS) with:
    - Data Source(s)
    - Methodologies for collecting data
    - Frequencies, Schedules, and Duration of Collection
    - Person(s) Responsible
- Description of Data Analyses and Reports
- Data quality assessment (DQA) processes
- Data Reporting and Dissemination process
- Evaluation Plan, with key objectives

7. Overall Process & Key Milestones: February – April 2013

Date	Event	Person			
		Responsible	Accountable	Supporting	Consulted
11 Feb	Guidance and materials sent to portfolio leads	Michael	Kofi	Tobey	Technical Cluster Managers
12 Feb	Webinar (60 minutes) to review process of indicator implementation and expectations	Michael	CPD	PMs	Country M&E Lead
	Indicators selected by Portfolios	Country Technical Managers	Portfolio M&E Lead	PMs	Michael
4-13 Feb	Individual country meetings (by Skype) with: • CPD (in-country) • M&E Manager (in-country) • HQ M&E Unit (Michael and Tobey; Arlington) • CPDS	Michael	Country M&E Lead	Tobey	PM
15 April	Baselines for indicators collected	Country M&E Lead	CPD	Michael	Country Technical Managers s
1 May	Annual Targets for all indicators established	CPD	PM	Portfolio M&E Lead	Country Technical Managers

<u>Specific tasks for selecting and adopting indicators</u>:

1. Review indicators and note any questions or areas that need clarification; send these questions to Michael and Tobey or schedule a meeting to discuss
2. Based on the results areas you are working in and your work plan activities, select the indicators that fit into your PMP (see Section 3 above for more information)
3. Develop a short (yet thorough) rationale for why you are not using the indicators you did not select
4. For each indicator that you chose, develop a preliminary plan for data collection, accounting for major resources (time, money, personnel) that will be needed. The PIRS will be of assistance with this, but consider local costs and needs.

8. Getting Support

The SIAPS M&E Unit, along with Project Managers will schedule initial 1-hour meetings via Skype or phone with each of the Portfolios (including CPDs and M&E Managers) to clarify expectations, address concerns and plan options for providing in-country and remote support .

The Arlington-based M&E unit can help you with the development of your plans, methodologies and analysis strategies required. We anticipate that over this first year, most countries will benefit from our support; if only to serve as an impartial guide and an advocate when describing and justifying these important metrics with our counterparts and clients.

Annex A: Indicator Listing

Related SIAPS IR	SIAPS Ind. #	Performance Indicators		
		Level 1: SIAPS Program Level	Ind. #	**Level 2: Country Level Indicator**
Indicator Requirements				
Project Goal	Improved and sustainable health impact			
IR 1: *Pharmaceutical sector governance strengthened*	1	# of SIAPS supported countries with strengthened pharmaceutical sector governance	1a	Average # of days taken to evaluate and approve regulatory applications
			1b	% of public sector medicine procurements from within National EML
			1c	% of medicines donated in accordance with the country's regulatory guidelines
			1d	% of EML items that have registered products
	1a	Number of SIAPS-supported countries with civil society organizations actively participating in and/or monitoring pharmaceutical management operations	1a.1	# of civil society organizations that participated in and/or monitored pharmaceutical management decision making and operations in past year
	1b	Number of SIAPS-supported countries with improved medicines policies, laws, regulations, norms and standards	1b.1	# of national pharmaceutical policies developed or updated and submitted for adoption.
			1b.2	# of pharmaceutical sector legislations (or regulations) developed or updated and *submitted for adoption*.

Related SIAPS IR	SIAPS Ind. #	Performance Indicators		
		Level 1: SIAPS Program Level	Ind. #	**Level 2: Country Level Indicator**
			1b.3	# of pharmaceutical management guidelines, Lists, and SOPs developed (or updated) and submitted for adoption
	1c	Number of SIAPS-supported countries that have improved transparency in pharmaceutical management processes and decision making	1c.1	% of medicine procurements implemented through competitive bidding
			1c.2	# of functioning committees, structures or related bodies with measures in place to provide oversight and promote accountability in the pharmaceutical sector
			1c.3	% of national procurement packages for which suppliers were all prequalified
			1c.4	% of up-to-date regulatory product registers that are publicly available and provide a minimum-standard level of information
			1c.5	Score on WHO Transparency Indices: Registration, Selection, and Procurement
	1d	Number of SIAPS-supported countries with approved national pharmaceutical sector development plans that are strategic and evidence-based	1d.1	# of national pharmaceutical sector strategic plans developed (or updated)
			1d.2	# of national pharmaceutical sector strategic plans approved
IR 2: *Capacity for pharmaceutical supply management and services increased and enhanced*	2	Number of SIAPS-supported countries with increased capacity for pharmaceutical supply management and services	2a	% of public health facilities with certified pharmacy personnel
			2b	% of trainees successfully completing post-training action plan
			2c	# of pharmaceutical management training programs accredited by a relevant governing body

Related SIAPS IR	SIAPS Ind. #	Performance Indicators		
		Level 1: SIAPS Program Level	Ind. #	**Level 2: Country Level Indicator**
	2a	Number of countries with SIAPS supported pre- service training programs integrating pharmaceutical management tools, models and approaches	2a.1	# of pre-service health professional training curricula developed or reformed to address pharmaceutical management topics
	2b	Number of countries with SIAPS supported in-service training programs integrating pharmaceutical management tools, models, and approaches	2b.1	# of in-service health professional training curricula developed or reformed to address pharmaceutical management topics
			2b.2	# of health or allied health professional associations or councils receiving TA in pharmaceutical management education
	2c	Number of SIAPS-supported countries with SIAPS- supported institutions and/or organizations providing consultancy services and/or technical assistance in pharmaceutical systems strengthening	2c.1	# of Global Initiatives or Organizations that SIAPS collaborated with for the development of guidance documents to improve pharmaceutical management
			2c.2	# of SIAPS supported local institutions or organizations contracted to provide pharmaceutical services
			2c.3	# of SIAPS supported local institutions or organizations providing training or technical assistance in pharmaceutical management
			2c.4	# of trainings or technical assistance assignments completed by local partners
			2c.5	# of contracts awarded to local institutions or organizations providing training or technical assistance in pharmaceutical management
	2d	Number of persons trained in pharmaceutical management	2d.1	# of persons trained in pharmaceutical management (disaggregated by gender)
	2e	Number of SIAPS-supported countries with innovative and proven approaches for human-resource capacity building	2e.1	# of e-learning pharmaceutical management programs developed with SIAPS assistance

Related SIAPS IR	SIAPS Ind. #	Performance Indicators		
		Level 1: SIAPS Program Level	Ind. #	**Level 2: Country Level Indicator**
		adopted	2e.2	# of people successfully completing SIAPS-developed e-learning courses
			2e.3	# of national programs that have adopted a task shifting approach
			2e.4	# of staff members that have acquired new tasks as a result of task shifting efforts
			2e.5	# of health facilities applying an approach for participatory and continuous performance improvement
IR 3: *Utilization of information for decision-making increased*	3	Number of SIAPS supported countries with systems for utilization of information for decision-making improved	3a	% of health facilities that received feedback on previously submitted report or data
	3a	Number of SIAPS-supported countries with functional pharmaceutical management information systems that support both product and patient information	3a.1	% of stock records that corresponds with physical counts for a set of indicator drugs in MOH storage and health facilities
			3a.2	% of health facilities that keep accurate patient information (as per national standards)
			3a.3	% of health facilities that completed and submitted an LMIS report for the most recent reporting period
			3a.4	% of health facilities that completed and submitted a patient data report for the most recent reporting period
			3a.5	% of HF that used consumption data to inform ordering at last assessment (must report denominator as well)
			3a.6	Established functioning system for requesting and receiving pharmaceutical sector information

Related SIAPS IR	SIAPS Ind. #	Performance Indicators		
		Level 1: SIAPS Program Level	Ind. #	**Level 2: Country Level Indicator**
	3b	Number of SIAPS-supported countries using appropriate tools to regularly monitor the availability of essential medicines	3b.1	# HFs that have implemented electronic or mobile technology systems to document and report on specific component(s) of the pharmaceutical system.
			3b.2	# of health facilities that are using country-appropriate tools to reporting logistic and patient data
	3c	Number of SIAPS-supported countries with improved access to data for decision making	3c.1	Date of last submission of report on a standard set of pharmaceutical indicators.
IR 4: *Financing strategies and mechanisms to improve access to medicines strengthened*	4	Number of SIAPS countries with strengthened financing strategies to improve access to medicines	4a	% of average international price paid for last regular procurement of a set of indicator drugs
			4b	# of days worked by lowest paid government employee to pay for treatment of specified tracer conditions (incl. Malaria & ARI (amoxicillin))
	4a	Number of SIAPS-supported countries that have conducted funding gap analysis for commodities to support various major diseases	4a.1	#of health/disease areas for which a funding gap analysis was completed (in the past 12 months)
	4b	Number of SIAPS-supported countries implementing activities to reduce out-of-pocket payments for pharmaceuticals	4b.1	Country is implementing activities to reduce out-of-pocket payments for pharmaceuticals
			4b.2	Country has established a national insurance plan
	4c	Number of GFATM proposals/grants developed and submitted with technical assistance form SIAPS	4c.1	Number of GFATM proposals/grants developed and submitted with technical assistance from SIAPS
			4c.2	Value (in USD) of GFATM grants receiving technical assistance from SIAPS

Related SIAPS IR	SIAPS Ind. #	Performance Indicators		
		Level 1: SIAPS Program Level	Ind. #	**Level 2: Country Level Indicator**
			4c.3	% of total national budget allocated to medicines
IR 5: *Pharmaceutical services to achieve desired health outcomes improved*	5	Number of SIAPS-supported countries with improved pharmaceutical services	5a	% of patients that report satisfaction with information received about their medications
			5b	% of patients surveyed that know correct information about their medications
			5c	% of medicines procured in the public sector that are listed on the National EML
	5a	Number of SIAPS-supported countries with improved availability of pharmaceuticals to patients	5a.1	% of warehouses with stock-outs of a pre-selected group of medicines for 3 days or more in the last three months
			5a.2	% of HFs with stock-outs of a pre-selected group of medicines for 3 days or more in the last three months
	5b	Number of SIAPS-supported countries that have improved patient and medicines safety programs	5b.1	% of ADRs reported that are reviewed in a timely manner
			5b.2	% of SIAPS-assisted sites that have implemented PV or medicines safety activities
			5b.3	% of health facilities using a standardized checklist to monitor storage conditions
			5b.4	% HFs implementing good dispending standards for medicine dispensing
	5c	Number of SIAPS-supported countries with increased percentage of prescriptions in compliance with STGs	5c.1	Number and percentage of SIAPS-assisted structures (MTCs or alternative structures) that have documented evidence-based improvement in medicine use

Related SIAPS IR	SIAPS Ind. #	Performance Indicators		
		Level 1: SIAPS Program Level	Ind. #	**Level 2: Country Level Indicator**
			5c.2	% of prescriptions in compliance with STG
			5c.3	% of facilities with available copy of Standard Treatment Guidelines (STGs)
	5e	Number of countries implementing facility-level activities to monitor and/or promote adherence to recommended treatments	5e.1	% of encounters with an antibiotic prescribed
			5e.2	Multidisciplinary national taskforce or working group for AMR containment established with a documented TOR that met at least once in past year
			5e.3	# of facilities implementing activities to monitor and or promote adherence to recommended treatments
			5e.4	Percentage of SIAPS-assisted structures (ICs, MTCs, or alternative structures) that have implemented AMR advocacy or containment-related activities

Annex B: Roles and Responsibilities

M&E is a very broad set of activities that is best accomplished in a participatory manner that includes technical advisors, implementing teams, management, reporting unit, external stakeholders, and, of course, the M&E advisor.

Main Roles of the Technical Assistance Team and its Clusters
SIAPS M&E Team's role is to help meet the demands for M&E technical assistance that originate from the activities that are included in the core and country work plans. .

- **Country M&E Advisor:**
  The locally-based M&E Advisors have varying titles: Advisor, Manager, Lead, etc. In all cases, this person oversees and is accountable for, all monitoring, evaluation, and data collection. The M&E Advisor will also be responsible for ensuring that the appropriate required research is conducted to obtain baseline and endline data and is done so to a rigor that is commensurate with the expected data use. Depending upon their individual experience and expertise, this person may not be expected to carry out the required research, but will work closely with the management and technical teams to ensure that is progresses smoothly and managed effectively.

- **Country Reporting Advisor:**
  The M&E and reporting responsibilities are closely linked and very often in the context of project offices they performed by the same person. The Reporting Advisor's responsibilities include:

- **CPD:**
  The CPD is expected to be a primary consumer M&E information, but is also an important contributor to development of the portfolio's M&E systems. It is essential that the CPD (and Portfolio Deputies, if such exist) participate in the development of the key M&E documents to ensure that the data collected coincides with the management needs

- **Technical (implementing) Team Leads**:
  As the focal points for technical expertise, activity design and implementation, the Technical Team Leaders will have a number of obligations to the M&E system carried out together with the M&E Advisor, including to:

  - Help define indicators based on local and international standards
  - Collect data to inform indicators on a regular basis
  - Provide data and narrative where required for routine quarterly and annual reports
  - Review reports and provide guidance for improvement
  - Contribute to program reviews and data quality assessments

SIAPS Indicator Selection Matrix

SIAPS Performance Indicators					
	Level 1: SIAPS Program Level		Level 2: Country Level Indicator		
				Choose one of the options from the drop-down	Explanation/questions:
5a	Number of SIAPS-supported countries with improved availability of pharmaceuticals to patients	5a.1	% of warehouses with stock-outs of a pre-selected group of medicines for 3 days or more in the last three months		
		5a.2	% of HFs with stock-outs of a pre-selected group of medicines for 3 days or more in the last three months		
5b	Number of SIAPS-supported countries that have improved patient and medicines safety programs	5b.1	% of ADRs reported that are reviewed		
		5b.2	% of SIAPS-assisted sites that have implemented PV or medicines safety activities		
		5b.3	% of health facilities using a standardized checklist to monitor storage conditions		
		5b.4	% HFs implementing good dispending standards for medicine dispensing		
5c	Number of SIAPS-supported countries with increased percentage of prescriptions in compliance with STGs	5c.1	Percentage of SIAPS-assisted structures (MTCs or alternative structures) that have documented evidence-based improvement in medicine use		
		5c.2	% of prescriptions in compliance with STG		
		5c.3	% of facilities with available copy of Standard Treatment Guidelines (STGs)		
5d	Number of countries implementing facility-level activities to monitor and/or promote adherence to recommended treatments	5d.1	% of encounters with an antibiotic prescribed		
		5d.2	Multidisciplinary national taskforce or working group for AMR containment established with a documented TOR that met at least once in past year		
		5d.3	# of facilities implementing activities to monitor and or promote adherence to recommended treatments		
		5d.4	Percentage of SIAPS-assisted structures (ICs, MTCs, or alternative structures) that have implemented AMR advocacy or containment-related activities		

SIAPS M&E Deliverables				
Deliverable	Deadline	Responsible person	Accountable	Agreed by (initialed)
M&E Plan based on template	31-Mar	M&E Advisor/Manager	CPD	
Final Evaluation objectives	31-Mar	M&E Advisor/Manager	CPD	
Baselines established for all indicators	15-Apr	M&E Advisor/Manager	CPD	
Targets established for all indicators	01-May	M&E Advisor/Manager	CPD	

SIAPS Indicators Level 1 and 2

SIAPS Program Indicators Level 1 and Level 2

Michael A. Cohen
12 February 2013
"Remote Global Meeting"

Session Objectives

1. Restate the commitment we made to report against quantitative indicators with established targets
2. Describe the process used to select indicators
3. Present the structure of Level 1 and Level 2 indicators
4. Clarify expectations for:
   - Incorporating new indicators
   - Establishing baselines
   - Setting targets

2

Q: How do we know if we are making a difference?

By having, using and sharing the right information

- Information in the form of *reported* quantitative indicators with established targets is a requirement

3

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Key milestones

Date	Event	Individual			
		Responsible	Accountable	Supporting	Consulted
11 Feb	Guidance and materials sent to portfolio leads	Michael	Kofi	Tobey	Technical Cluster Managers
12 Feb	Webinar (60 minutes) to review process of indicator implementation and expectations	Michael	CPD	PMs	Country M&E Lead
	Indicators selected by Portfolios	Country Technical Managers	Portfolio M&E Lead	PMs	Michael
9-22 Feb	Individual country meetings (by Skype) with: • CPD (in-country) • M&E Manager (in-country) • HQ M&E Unit (Michael and Tobey; Arlington) • CPDS	Michael	Country M&E Lead	Tobey	PM
15 April	Baselines for indicators collected	Country M&E Lead	CPD	Michael	Country Technical Managers s
01 May	Annual Targets for all indicators established	CPD	PM	Portfolio M&E Lead	Country Technical Managers

4

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Specific tasks

Specific tasks for selecting and adopting indicators:

- Review indicators and note any points for clarification; send questions to Michael and Tobey & schedule a meeting to review
- Based your stated results areas and activities, select the indicators that fit into your PMP
- Develop a *short* thorough rationale for why you are *not* using the indicators you did not select
- For selected indicators, develop a preliminary plan for data collection. Including budget and required technical assistance

5

USAID SIAPS

Representative Indicators

Related SIAPS IR	SIAPS Ind. #	Performance Indicators: Level 1: SIAPS Program Level	Ind. #	Level 2: Country Level Indicator
Indicator Requirements				
IR 1: Pharmaceutical sector governance strengthened	1	# of SIAPS supported countries with strengthened pharmaceutical sector governance	1a	Average # of days taken to evaluate and approve regulatory applications
			1b	% of public sector medicine procurements from within National EML
			1c	% of medicines donated in accordance with the country's regulatory guidelines
			1d	% of EML items that have registered products
	1c	Number of SIAPS-supported countries that have improved transparency in pharmaceutical management processes and decision making	1c.1	% of medicine procurements implemented through competitive bidding
			1c.2	# of functioning committees, structures or related bodies with measures in place to provide oversight and promote accountability in the pharmaceutical sector
			1c.3	% of national procurement packages for which suppliers were all prequalified
			1c.4	% of up-to-date regulatory product registers that are publicly available and provide a minimum-standard level of information
			1c.5	Score on WHO Transparency Indices: Registration, Selection, and Procurement

See *"Indicator Guidance for SIAPS"* document for full indicator set

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Baseline assessments

- Established baseline are required for
  - Assessing change at the End of Project
  - Setting targets (life-of-project and annual)
- Data can come from different (validated) sources
  - National surveys, validated ministry data
  - Past SPS data

➢ expected by April 15

USAID SIAPS

Setting Targets

Some factors to consider in setting targets:

- Baseline values
- Trends before project start
- Level of resources available to project
- Literature Review: what experts predict, what research tells us to expect, what has been done elsewhere
- Stakeholder Expectations (what do donors, beneficiaries, staff expect?)

8

USAID SIAPS

Performance Indicator Reference Sheets: PIRS

The PIRS clearly defines the indicator and its associated parameters

- **Description**
  Completely and precisely define every attribute of the indicator
- **Plan for data acquisition**
  Describe how data are collected, from where, and why
- **Data quality issues**
  Anticipate and mitigate data quality problems
- **Plan for data analysis, review and reporting**
  For instance, will graphs, tables, graphs, etc. be used?
- **Baselines, targets and actuals**
  Describe expected vs. actual performance

9

USAID SIAPS

Follow up

- Meetings have been scheduled with all portfolio teams to review process and schedule technical assistance

10

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SIAPS Performance Indicator List

Related SIAPS IR	SIAPS Ind. #	Performance Indicators		
		Level 1: SIAPS Program Level	Ind. #	**Level 2: Country Level Indicator**
Indicator Requirements				
Project Goal	Improved and sustainable health impact			
IR 1: *Pharmaceutical sector governance strengthened*	1	# of SIAPS supported countries with strengthened pharmaceutical sector governance	1a	Average # of days taken to evaluate and approve regulatory applications
			1b	% of public sector medicine procurements from within National EML
			1c	% of medicines donated in accordance with the country's regulatory guidelines
			1d	% of EML items that have registered products
	1a	Number of SIAPS-supported countries with civil society organizations actively participating in and/or monitoring pharmaceutical management operations	1a.1	# of civil society organizations that participated in and/or monitored pharmaceutical management decision making and operations in past year
	1b	Number of SIAPS-supported countries with improved medicines policies, laws, regulations, norms and standards	1b.1	# of national pharmaceutical policies developed or updated and submitted for adoption.
			1b.2	# of pharmaceutical sector legislations (or regulations) developed or updated and *submitted for adoption*.

Related SIAPS IR	SIAPS Ind. #	Performance Indicators		
		Level 1: SIAPS Program Level	Ind. #	**Level 2: Country Level Indicator**
			1b.3	# of pharmaceutical management guidelines, Lists, and SOPs developed (or updated) and submitted for adoption
	1c	Number of SIAPS-supported countries that have improved transparency in pharmaceutical management processes and decision making	1c.1	% of medicine procurements implemented through competitive bidding
			1c.2	# of functioning committees, structures or related bodies with measures in place to provide oversight and promote accountability in the pharmaceutical sector
			1c.3	% of national procurement packages for which suppliers were all prequalified
			1c.4	% of up-to-date regulatory product registers that are publicly available and provide a minimum-standard level of information
			1c.5	Score on WHO Transparency Indices: Registration, Selection, and Procurement
	1d	Number of SIAPS-supported countries with approved national pharmaceutical sector development plans that are strategic and evidence-based	1d.1	# of national pharmaceutical sector strategic plans developed (or updated)
			1d.2	# of national pharmaceutical sector strategic plans approved
IR 2: *Capacity for pharmaceutical supply management and services increased and enhanced*	2	Number of SIAPS-supported countries with increased capacity for pharmaceutical supply management and services	2a	% of public health facilities with certified pharmacy personnel
			2b	% of trainees successfully completing post-training action plan
			2c	# of pharmaceutical management training programs accredited by a relevant governing body

Related SIAPS IR	SIAPS Ind. #	Performance Indicators		
		Level 1: SIAPS Program Level	Ind. #	**Level 2: Country Level Indicator**
	2a	Number of countries with SIAPS supported pre- service training programs integrating pharmaceutical management tools, models and approaches	2a.1	# of pre-service health professional training curricula developed or reformed to address pharmaceutical management topics
	2b	Number of countries with SIAPS supported in-service training programs integrating pharmaceutical management tools, models, and approaches	2b.1	# of in-service health professional training curricula developed or reformed to address pharmaceutical management topics
			2b.2	# of health or allied health professional associations or councils receiving TA in pharmaceutical management education
	2c	Number of SIAPS-supported countries with SIAPS- supported institutions and/or organizations providing consultancy services and/or technical assistance in pharmaceutical systems strengthening	2c.1	# of Global Initiatives or Organizations that SIAPS collaborated with for the development of guidance documents to improve pharmaceutical management
			2c.2	# of SIAPS supported local institutions or organizations contracted to provide pharmaceutical services
			2c.3	# of SIAPS supported local institutions or organizations providing training or technical assistance in pharmaceutical management
			2c.4	# of trainings or technical assistance assignments completed by local partners
			2c.5	# of contracts awarded to local institutions or organizations providing training or technical assistance in pharmaceutical management
	2d	Number of persons trained in pharmaceutical management	2d.1	# of persons trained in pharmaceutical management (disaggregated by gender)
	2e	Number of SIAPS-supported countries with innovative and proven approaches for human-resource capacity building	2e.1	# of e-learning pharmaceutical management programs developed with SIAPS assistance

Related SIAPS IR	SIAPS Ind. #	Performance Indicators		
		Level 1: SIAPS Program Level	Ind. #	**Level 2: Country Level Indicator**
		adopted	2e.2	# of people successfully completing SIAPS-developed e-learning courses
			2e.3	# of national programs that have adopted a task shifting approach
			2e.4	# of staff members that have acquired new tasks as a result of task shifting efforts
			2e.5	# of health facilities applying an approach for participatory and continuous performance improvement
IR 3: *Utilization of information for decision-making increased*	3	Number of SIAPS supported countries with systems for utilization of information for decision-making improved	3a	% of health facilities that received feedback on previously submitted report or data
	3a	Number of SIAPS-supported countries with functional pharmaceutical management information systems that support both product and patient information	3a.1	% of stock records that corresponds with physical counts for a set of indicator drugs in MOH storage and health facilities
			3a.2	% of health facilities that keep accurate patient information (as per national standards)
			3a.3	% of health facilities that completed and submitted an LMIS report for the most recent reporting period
			3a.4	% of health facilities that completed and submitted a patient data report for the most recent reporting period
			3a.5	% of HF that used consumption data to inform ordering at last assessment (must report denominator as well)
			3a.6	Established functioning system for requesting and receiving pharmaceutical sector information

Related SIAPS IR	SIAPS Ind. #	Performance Indicators		
		Level 1: SIAPS Program Level	Ind. #	**Level 2: Country Level Indicator**
	3b	Number of SIAPS-supported countries using appropriate tools to regularly monitor the availability of essential medicines	3b.1	# HFs that have implemented electronic or mobile technology systems to document and report on specific component(s) of the pharmaceutical system.
			3b.2	# of health facilities that are using country-appropriate tools to reporting logistic and patient data
	3c	Number of SIAPS-supported countries with improved access to data for decision making	3c.1	Date of last submission of report on a standard set of pharmaceutical indicators.
IR 4: *Financing strategies and mechanisms to improve access to medicines strengthened*	4	Number of SIAPS countries with strengthened financing strategies to improve access to medicines	4a	% of average international price paid for last regular procurement of a set of indicator drugs
			4b	# of days worked by lowest paid government employee to pay for treatment of specified tracer conditions (incl. Malaria & ARI (amoxicillin))
	4a	Number of SIAPS-supported countries that have conducted funding gap analysis for commodities to support various major diseases	4a.1	#of health/disease areas for which a funding gap analysis was completed (in the past 12 months)
	4b	Number of SIAPS-supported countries implementing activities to reduce out-of-pocket payments for pharmaceuticals	4b.1	Country is implementing activities to reduce out-of-pocket payments for pharmaceuticals
			4b.2	Country has established a national insurance plan
	4c	Number of GFATM proposals/grants developed and submitted with technical assistance form SIAPS	4c.1	Number of GFATM proposals/grants developed and submitted with technical assistance from SIAPS
			4c.2	Value (in USD) of GFATM grants receiving technical assistance from SIAPS

Related SIAPS IR	SIAPS Ind. #	Performance Indicators		
		Level 1: SIAPS Program Level	Ind. #	**Level 2: Country Level Indicator**
			4c.3	% of total national budget allocated to medicines
IR 5: *Pharmaceutical services to achieve desired health outcomes improved*	5	Number of SIAPS-supported countries with improved pharmaceutical services	5a	% of patients that report satisfaction with information received about their medications
			5b	% of patients surveyed that know correct information about their medications
			5c	% of medicines procured in the public sector that are listed on the National EML
	5a	Number of SIAPS-supported countries with improved availability of pharmaceuticals to patients	5a.1	% of warehouses with stock-outs of a pre-selected group of medicines for 3 days or more in the last three months
			5a.2	% of HFs with stock-outs of a pre-selected group of medicines for 3 days or more in the last three months
	5b	Number of SIAPS-supported countries that have improved patient and medicines safety programs	5b.1	% of ADRs reported that are reviewed in a timely manner
			5b.2	% of SIAPS-assisted sites that have implemented PV or medicines safety activities
			5b.3	% of health facilities using a standardized checklist to monitor storage conditions
			5b.4	% HFs implementing good dispending standards for medicine dispensing
	5c	Number of SIAPS-supported countries with increased percentage of prescriptions in compliance with STGs	5c.1	Number and percentage of SIAPS-assisted structures (MTCs or alternative structures) that have documented evidence-based improvement in medicine use

Related SIAPS IR	SIAPS Ind. #	Performance Indicators		
		Level 1: SIAPS Program Level	Ind. #	**Level 2: Country Level Indicator**
			5c.2	% of prescriptions in compliance with STG
			5c.3	% of facilities with available copy of Standard Treatment Guidelines (STGs)
	5e	Number of countries implementing facility-level activities to monitor and/or promote adherence to recommended treatments	5e.1	% of encounters with an antibiotic prescribed
			5e.2	Multidisciplinary national taskforce or working group for AMR containment established with a documented TOR that met at least once in past year
			5e.3	# of facilities implementing activities to monitor and or promote adherence to recommended treatments
			5e.4	Percentage of SIAPS-assisted structures (ICs, MTCs, or alternative structures) that have implemented AMR advocacy or containment-related activities

SIAPS M&E Plan

Monitoring and Evaluation Plan

September 2012

USAID
FROM THE AMERICAN PEOPLE

SIAPS
Systems for Improved Access to Pharmaceuticals and Services

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About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

Recommended Citation

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CONTENTS

Acronyms and Abbreviations iv

1. Introduction 1
   1.1. Background 1
   1.2. Gender Integration into M&E Plan 2
   1.3. Modifying and Updating the M&E Plan 2

2. Monitoring SIAPS Activities 3
   2.1. M&E within the SIAPS Program 3
   2.2. Results Framework 4
   2.3. Monitoring Plan 6
      2.3.1. Performance Indicator Baselines 6
      2.3.2. Performance Indicator Reference Sheets and Measurement Tools 7
      2.3.3. Monitoring Tools 7
   2.4. Data Reporting Flow and Management 7
      2.4.1. Data Management 8
      2.4.2. Data Quality Monitoring 8
   2.5. Reporting 9
      2.5.1. Reporting Cycle and Content 9
   2.6. Human Resources Supporting the M&E System 10

3. Evaluation Plan 12
   3.1. Program Reviews 12
   3.2. Evaluations 12

Annex A. Performance Monitoring Plan 14

Annex B. Country-Level Indicators 16

Annex C. Performance Indicator Reference Sheet (Template) 17

ACRONYMS AND ABBREVIATIONS

CPM	Center for Pharmaceutical Management
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
IR	intermediate result
M&E	monitoring and evaluation
MCH	mother and child health
MSH	Management Sciences for Health
PIRS	performance indicator reference sheets
PMIS	Pharmaceutical Management Information System
PMP	performance monitoring plan
SMS	strategic monitoring system
SIAPS	Systems for Improved Access to Pharmaceuticals and Services [Program]
SPS	Strengthening Pharmaceutical Systems [Program]
TB	tuberculosis
THE	total health expenditure
USAID	US Agency for International Development

1. INTRODUCTION

1.1. Background

The US Agency for International Development (USAID) awarded Management Sciences for Health its five-year Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program in 2011 as follow-on to its Strengthening Pharmaceutical Systems (SPS) Program. The mandate of the SIAPS Program is to build capacity within developing countries to effectively manage pharmaceutical systems, sustainably implement USAID priority services, and ultimately save lives and protect the public's health by improving access to and use of medicines of assured quality.

SIAPS strives to build capacity within countries to effectively manage all aspects of pharmaceutical systems and services. To accomplish this, SIAPS takes an evidence-based, systems strengthening approach that is rooted in collaborative relationships with all partners and clients at the local, national, regional, and global levels. *Ultimately, SIAPS will be successful when we can demonstrate, not only outcomes, but evidence of their sustainability within the countries in which we are working.*

The SIAPS guiding framework is presented in Figure 1 below and shows a comprehensive set of dynamic relationships among the five health systems building blocks with a medical products building block overlay. This framework will provide technical focus and help to identify substantive areas of concern and the appropriate corrective measures. As is depicted in the framework, an important aspect of the approach is monitoring and evaluation (M&E) of the project's performance. By using this overall M&E plan to guide the alignment of SIAPS' anticipated results with strategic plans in an iterative process, we will be able to provide managers and decision makers with the data to make informed decisions and monitor progress toward attainment of results.

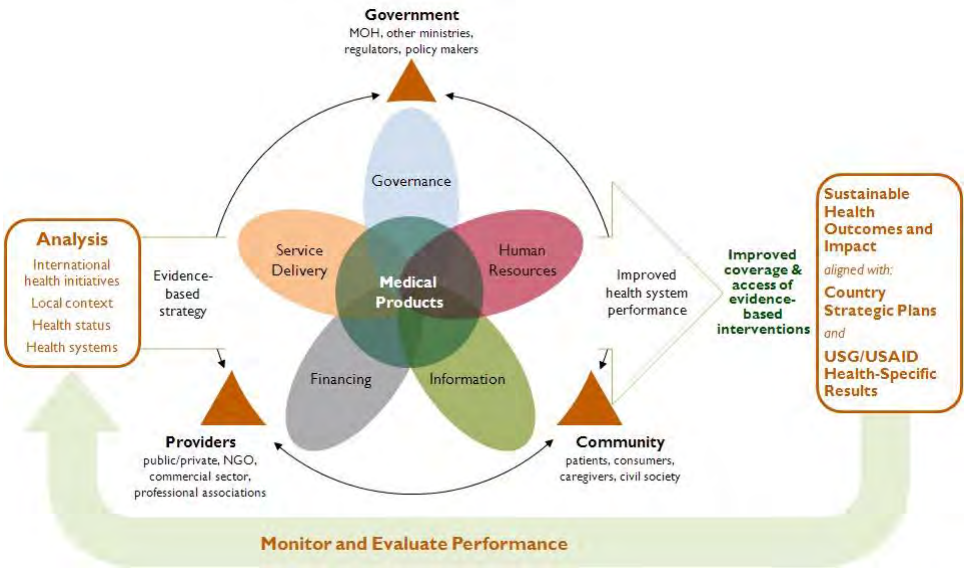

Figure 1. Pharmaceutical management framework

SIAPS uses M&E information to manage program activities, identify problems, and make evidence-based design, implementation, and resource allocation decisions during program implementation.

This document presents an overall M&E plan for the SIAPS Program. It will serve as a blueprint for assessing the outcomes of the full scope of SIAPS' activities. The realization of the ability to assess our results depends on the development and execution of individual portfolio M&E plans that will contribute to the data requirements of this plan.

This M&E plan will also inform USAID as to how SIAPS contributes to the agency's global goals and objectives. This plan has been designed with the following objectives in mind:

- Strengthen mechanisms to increase involvement of beneficiaries and other concerned stakeholders in tracking the progress and impact of adopted system reforms

- Record information on the status of activity implementation, progress toward output and outcomes, completion of products, and linkages to USAID results

- Continuously monitor progress toward outcomes and identify state-of-the-art technologies and approaches, best practices, and lessons learned that could then be taken into account in the planning of subsequent activities

- Ensure that a reporting system is based on reliable, valid, relevant, timely, and accurate data that is easily accessible to program leaders and managers, as well as to USAID for activity progress reports

1.2. Gender Integration into M&E Plan

SIAPS is committed to addressing the needs and protecting the rights of vulnerable populations in target countries, including women and girls. To ensure that our efforts honor this commitment, indicators specifically addressing gender concerns will be integrated into country-level plans. Also, by disaggregating the data by gender where appropriate, we will maintain our focus on delivering results and assessing how we deliver activities targeted to women and girls in the populations we serve.

1.3. Modifying and Updating the M&E Plan

This plan is intended to be a living document. It will be reviewed regularly as part of the annual SIAPS Program review process to ensure continued fidelity to the actual implementation process; if the strategy or geographic focus of the program changes measurably, it will be modified accordingly. It is *not* expected, however, that the performance monitoring plan (PMP; expected results and indicators of success) will change. The indicators were developed and approved and a baseline assessment established with the intention of measuring change over time. Therefore, they are not expected to be altered before the final program report unless environmental or situational changes necessitate it.

2. MONITORING SIAPS ACTIVITIES

2.1. M&E within the SIAPS Program

The SIAPS M&E system will use a combination of cost-effective, rigorous, and timely approaches, methods, and activities to enable us to adapt to changing conditions and make mid-course corrections as necessary. As Figure 2 indicates, M&E will be facilitated by our web-based relational database, the Newdea Impact Platform, a cloud-based software that facilitates M&E and reporting management. This system is accessible to all relevant management staff, including those in the field. The system allows managers to document progress quarterly toward defined outcomes and track the completion of products. It produces data for routine reports and helps staff address ad hoc requests for project information. The M&E plan will support SIAPS key and core personnel and the entire technical team to make informed management decisions at all levels (in-country and home office) and foster quality programming and learning.

The Newdea system will facilitate standardized reporting and information sharing through an overall program database and reporting system. The system is intended to manage the large amount of information required to monitor the implementation of SIAPS program activities and to track progress against targets. By keeping the portfolio monitoring processes within a linked system and incorporating harmonized indicators and definitions, cumulative program-wide metrics are a practical goal and an important contribution to comprehensive outcome reporting.

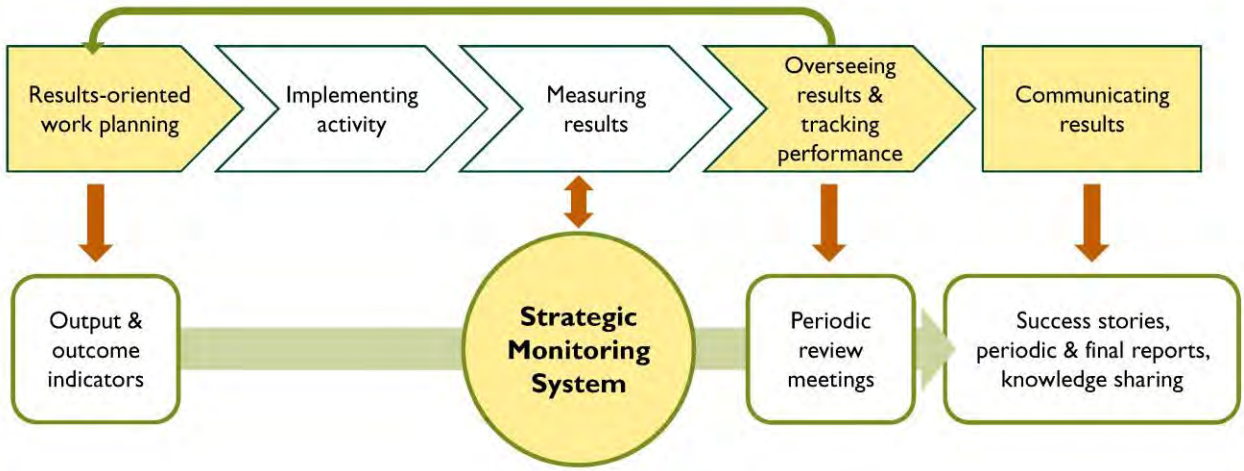

Figure 2. SIAPS's monitoring and reporting process based on the Newdea Impact Platform operates in parallel with traditional M&E processes

To consolidate the monitoring, evaluation, and reporting requirements, SIAPS shall develop portfolio-specific M&E plans focused on each country in which SIAPS works, as well as core programming (including TB, malaria, MCH, and common agenda). These plans provide guidance on what information is required to monitor program progress, assure data quality, support learning between countries, and facilitate information reporting.

Specific portfolio objectives have been established through strategic planning that was guided by the gaps, demands, and resources of host-nation ministries of health, country USAID Mission strategic objectives (outlined in country strategic plans) and projected SIAPS program results. In SIAPS, the program refers to this overlapping area of the different stakeholders' results needs as the "sweet spot", and this is where the program's focus is targeted (Figure 3).

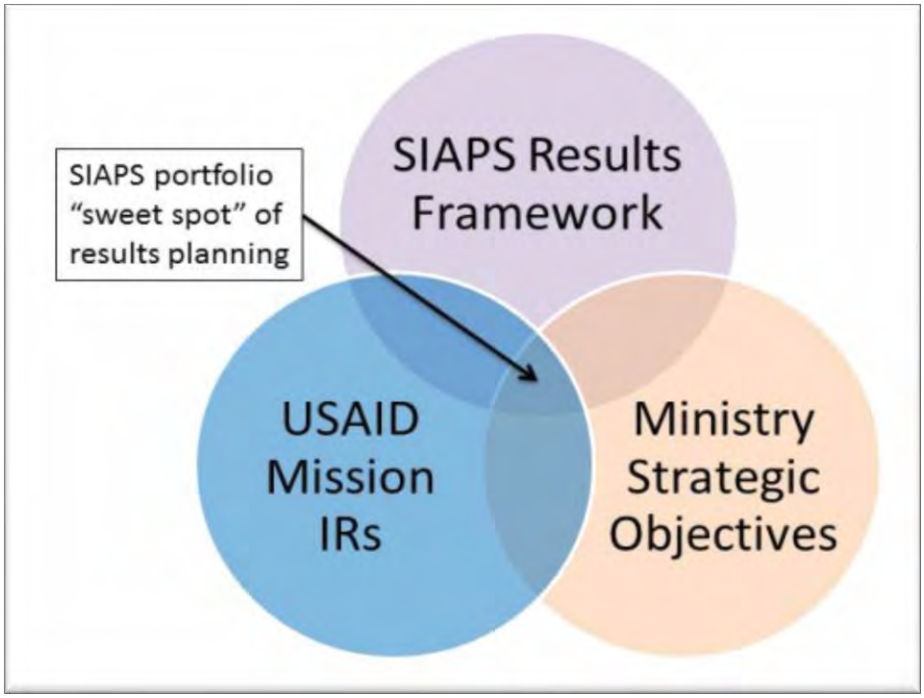

Figure 3. Specific portfolio objectives should be established by considering the objectives of the local Ministry of Health, the country USAID Mission, and the overall SIAPS Program

Within the complexity of a global program, SIAPS must also be able to report on how specific activities contribute to reaching individual portfolio targets in addition to overall SIAPS intermediate results (IRs). The following sections describe how results expected from local activities will contribute to SIAPS' overall global results and describe the output and outcome indicators that will be measured to determine if the results have been achieved (indicators detailed in Annexes A and B).

2.2. Results Framework

The SIAPS results framework presented in Figure 4 shows the expected IRs of the program. Included in this framework are the key results that SIAPS will achieve through its activities and which drive the key outcome-level indicators toward which SIAPS will contribute and present in the PMP (Annex A). The PMP is a planning and management tool. Within the SIAPS context, the PMP will be applied to present the appropriate indicators and targets to demonstrate progress

toward achieving the identified results outlined in the results framework. Based on these performance information metrics, program management decisions will be made to improve and refine (i.e., adjust) specific program activities to ensure success.

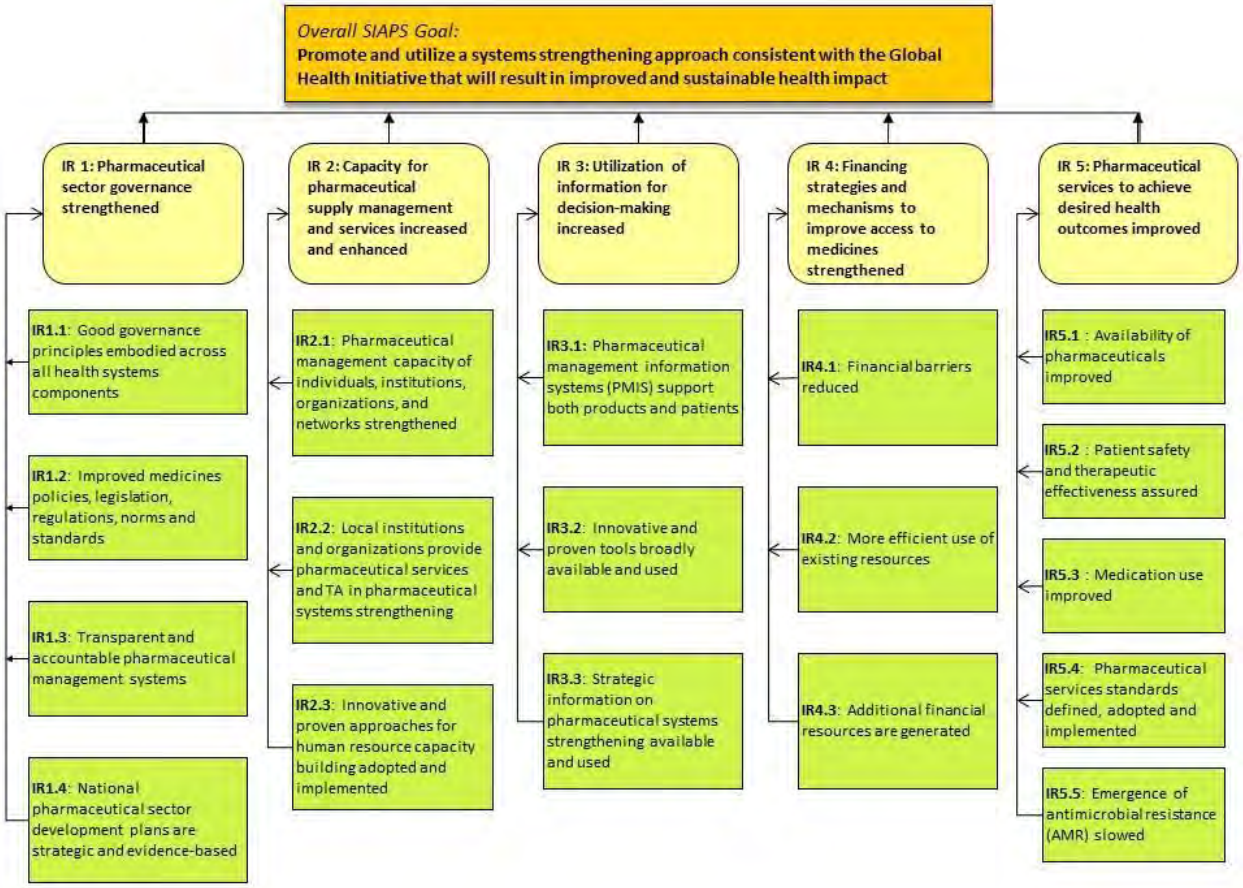

Figure 4. Results framework for SIAPS

The overall SIAPS M&E plan will monitor key indicators to gauge the effectiveness of conventional program activities and the overall impact of SIAPS worldwide. Each portfolio will establish an individual PMP that includes the indicators outlined in this overall SIAPS PMP to the extent that their results framework includes relevant objectives. That is, if a country program is conducting activities that are expected to address a given objective, they will be expected to report against the corresponding indicators and apply a standardized protocol for measuring and reporting this data (as described in the indicator's corresponding performance indicator reference sheet (PIRS). This is not meant to limit the indicators reported on by the portfolio, but to streamline the process across countries and ensure that the data is comparable and aggregable. Individual portfolios are expected to monitor additional indicators, depending on their specific mandates, Mission requirements, and strategic plans.

Each activity under this award falls under one of the SIAPS IRs. Each activity leads to a predetermined set of expected results measured in relation to defined output and outcome indicators. Information gathered is taken into account in the planning of subsequent activities to continuously optimize the program's efforts.

The SIAPS Program indicators presented in this plan (Annex A) are captured at the country-level by a set of indicators that were formulated through a participatory process that included the appropriate technical leads and managers. These country-level indicators were adapted by the individual portfolios' management team into the PMP and will, in aggregate, inform the results of the overall indicators. Data collection mechanisms that inform the indicators will incorporate proven qualitative and quantitative methodologies to illustrate the range of outcomes expected. The combination of quantitative data processes with rigorous qualitative designs provides an opportunity to answer not only the question of "if" something worked, but also "why". As a result, we will have an opportunity to enhance our understanding of obstacles, solutions, and ultimately, our impact, thus informing ongoing activities as well as future health systems strengthening projects.

2.3. Monitoring Plan

As activities are carried out at the field level, activity leads will be responsible for collecting all required data and supporting documentation to report on indicators listed in the implementation plan. The following subsections describe in general how this data will be collected. For the specific details of data collection for respective indicators—frequency, purpose, required tools, and data quality assurance—please consult the PIRS template in Annex C.

2.3.1. Performance Indicator Baselines

The program is committed to implementing an evidence-based approach to management that begins with establishing robust baseline measures. Baselines for the approved performance indicators will be established for countries in which we are working so that they may be aggregated for the SIAPS global program. These baseline assessments will generate data to serve as a benchmark against which outcome indicators will be evaluated, both for the overall SIAPS program and individual portfolios. Furthermore, tracking changes in these key indicators and correlating this data with specific program activities is an effective approach to gauging successful programming. This strategy of periodic program evaluation will be integrated through a review process to monitor achievements against periodic targets that were set according to baseline assessments.

Where feasible and appropriate, we will take advantage of data captured during the SIAPS predecessor (SPS) program implementation. SIAPS will also take advantage of secondary data and scheduled surveys by other implementing organizations [such as MICS4 (UNICEF) and

DHS[1]]. Surveys conducted and rigorously validated provide reliable data for evidence for resource allocation, activity messages, and the determination of impact.

2.3.2. Performance Indicator Reference Sheets and Measurement Tools

The M&E indicators link to key results of the program's five objectives. To improve consistency and harmonization across the SIAPS portfolios that will report against the common indicators, PIRS (Annex C) have been produced. The PIRS defines the details characterizing individual indicators and specifies the data collection, analysis, dissemination, and use. Close collaboration between program M&E and relevant technical staff for each activity area helps assure realistic and useful indicator guidelines. The guidelines will incorporate feasible approaches connected with program activities and field reality, plus necessary technical expertise applied to assure validity, reliability, and data quality appropriate for these measures in target countries. These PIRS, developed by using the standard USAID format, are produced for the SIAPS indicators and subsequently incorporated by field-level M&E staff members.

By working with the country and core teams and helping them understand and operationalize the PIRS presented in this document, we will ensure that data is collected uniformly and used appropriately. The SIAPS M&E Unit will use these PIRS to support country teams as they construct the systems required at the local and national levels.

2.3.3. Monitoring Tools

Where applicable, the project will utilize innovative tools to capture data by using technologies designed to improve the quality, availability, and timeliness of the information. Further details of the tools will be communicated in portfolio M&E plans and be dependent upon the specific indicators selected by the individual projects.

2.4. Data Reporting Flow and Management

The primary source of data for this PMP will be the individual portfolio reports. This information will be incorporated through the SIAPS reporting system, powered by Newdea Impact Platform, which is a cloud-based M&E and indicator management system. Each quarter, portfolio M&E staff will report indictor values, including SIAPS common indicators, through the system. These reports will be aggregated at the central level to provide a SIAPS-wide report. This will afford a system to report results against expected targets, offer justification for any differences, and facilitate support through an ongoing evaluation process (Figure 5).

[1]MICS4, Multiple Indicator Cluster Survey, round 4; DHS, Demographic and Health Survey

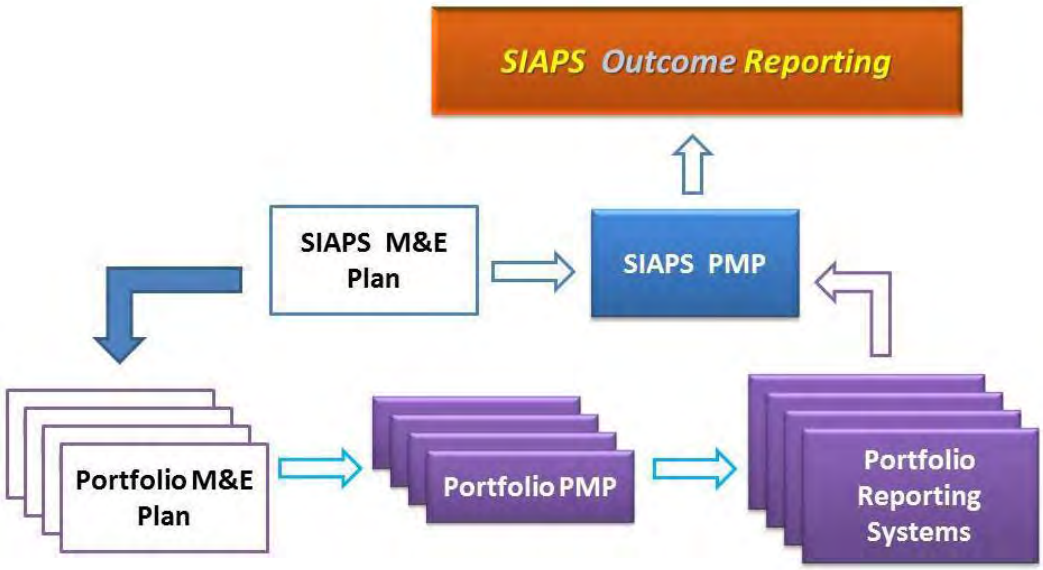

Figure 5. SIAPS integrated M&E system and relationship between SIAPS PMP and portfolio PMP

2.4.1. Data Management

The Newdea system manages the large amount of information required to monitor and report on implementation activities. The system facilitates results-based planning and management as well as the production of routine and ad hoc reports and program information. It allows program information to be tracked and organized by designated data elements.

This system provides an interface for the convergence of program objectives, activities, and results. It provides a structure for routine collection and storage of information on the status of activity implementation, progress toward output and outcomes, completion of products, and contribution to USAID results. It categorizes information and defines meta-data about tasks, activities, resources, and products to enable cross-program and cross-activity searches and correlations. Queries can be made and information generated based on indicator, objective, or other defining characteristics.

2.4.2. Data Quality Monitoring

To ensure good data, quality will be gauged at the country level through a systematic routine based on USAID's data quality assessment (DQA) process, which provides a common approach that can be utilized across projects and evaluated by USAID against common benchmarks. Through this process, the reported data is assessed and the underlying management and systems can be regularly monitored and improved. The process also serves to streamline the efforts of USAID's own data audit process by integrating similar measures of data quality, including accuracy, reliability, precision, and completeness.

The SIAPS program will integrate the routine data quality assessment (RDQA) procedure into its systems. This process is designed to verify the quality of reported data and continuously assess the underlying data management and reporting systems for standard program-level output indicators. RDQA is a toolkit that is tailored for SIAPS programs to conduct semi-annual data reviews following a uniform approach. The methodology is straightforward and is designed as a self-assessment that yields active recommendations for improvement. Although these activities will be conducted at the country level, it's important to recognize that it's *this* level that provides the data necessary for the *overall* reporting systems to function reliably.

Providing consistent and useful feedback to activity managers and developing strong capacity to make use of the collected data encourages the teams to reliably maintain the Newdea database and ensures that reporting is complete and accurate.

The country portfolios will hold formal periodic technical review meetings to discuss progress, lessons learned, potential adjustments to enhance program effectiveness or efficiency, and new technical work opportunities. These meetings will be guided by the expected results and targets and contribute to the overall SIAPS Program reports. Through these meetings, we will identify data-supported success stories for sharing among SIAPS country programs, USAID, country partners, and the international health community in general.

2.5. Reporting

2.5.1. Reporting Cycle and Content

Each SIAPS portfolio will provide updated project status and monitoring information on a quarterly basis via the Newdea monitoring system. This information will be used by the Arlington-based reporting unit to generate an overall report that will be provided to USAID/Washington and USAID missions in target countries, as per our agreement, and according to the schedules outlined in Figures 6 and 7. These schedules are constructed so that quarterly reports are submitted within 30 days of the end-of-quarter and an annual report after the program year end.

In addition to standard program information (budget, activity lead, and dates), these reports will include a narrative description of the activities, progress toward results, barriers or constraints faced, and next steps to be taken. Ad hoc reports can be generated at any time, based on USAID requests or specific project queries. The quarterly reports will include—

- Narrative account
- Updated quantitative indicator data reported against anticipated targets
- Resources information
- Staffing changes
- STTA activities
- Evaluations planned and completed
- Additional supporting information (anecdotes, photos, quotes, etc.)

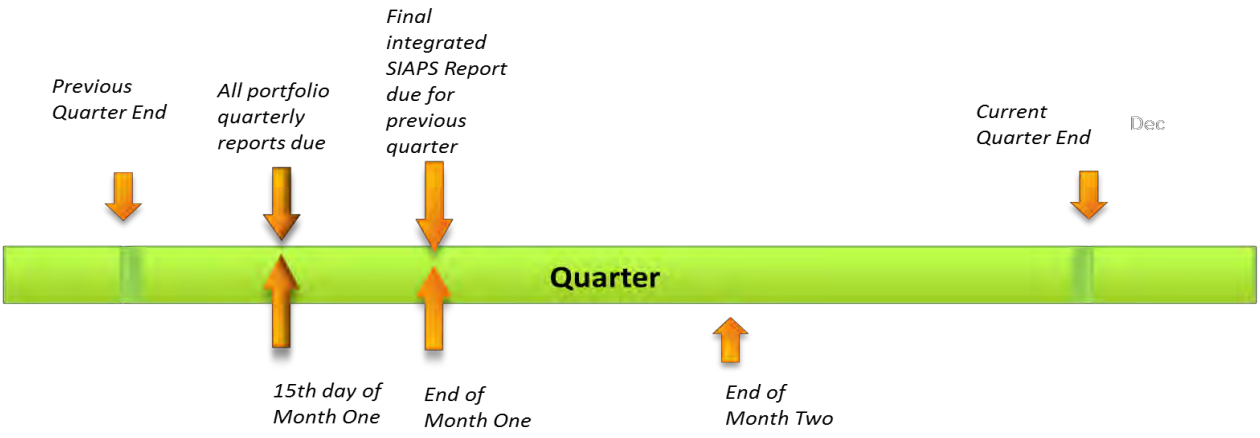

Figure 6. Quarterly reporting schedule

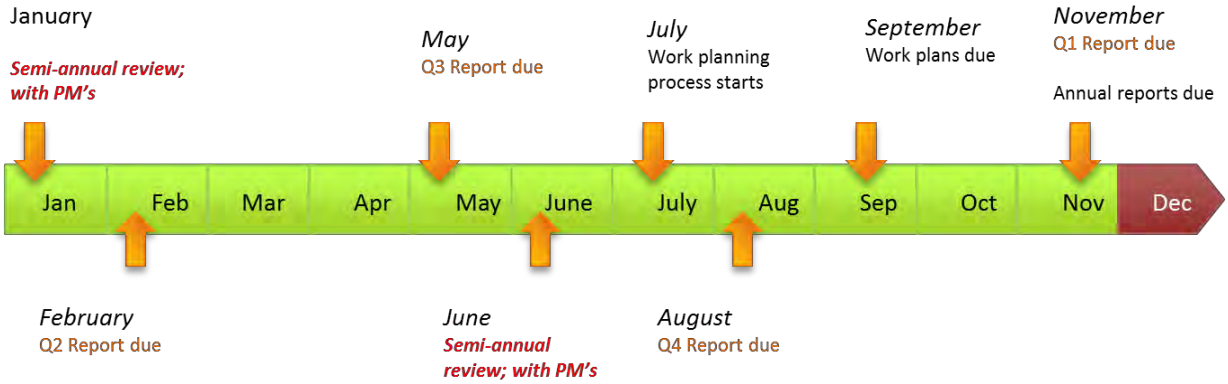

Figure 7. Annual planning and reporting timetable

The system is an important link in the knowledge management chain. Documentation in the form of quarterly and annual reports, technical papers, and other ad hoc reports can be filed, searched, shared, and accessed using this system. To build on lessons learned and eliminate replicating work done previously in different countries or during previous projects, both SIAPS headquarters and portfolio teams will have access to this database.

2.6. Human Resources Supporting the M&E System

Dr. Michael A. Cohen, Deputy Director of Performance Monitoring and Evaluation, maintains accountability for the program's M&E results and reporting. Additional technical assistance and expertise or backstopping from the MSH home office in Arlington will also be provided by Tobey Busch, M&E Specialist, and other internal and external consultants as needed to support program M&E. This support could include targeted requests for building in-country capacity or providing quality assurance, strategic design, evaluation, or other technical assistance.

M&E managers will be appointed in countries to provide technical leadership for the portfolios and oversee related activities in collaboration with relevant technical leads and program directors. In cases where budget or available local capacity does not allow for a dedicated M&E manager, a member of the program staff will be appointed as M&E lead. This person will be responsible for ensuring that project staff members are able to understand and use results information and can identify or analyze implementation obstacles and opportunities.

Quarterly M&E meetings to review common global issues are supplemented with frequent communication among regional M&E staff, program staff, and USAID through different venues. Open communication helps the program monitor progress across all results areas and assures that program achievements are correctly documented and verified.

All staff members have roles to play in M&E, from primary data collection and quality assurance to review, oversight, and use of program results and other M&E information. Any part-time or temporary staff roles in special data collection efforts will be engaged as needed.

3. EVALUATION PLAN

3.1. Program Reviews

MSH will conduct periodic internal reviews to determine the status of program implementation. These reviews will guide any remedial measures required to ensure that the program remains on course and that activities are implemented in the most efficient way.

The reviews will be designed to evaluate—

- Program achievements to date and the contextual factors that have facilitated or inhibited progress
- The program's intended results and key implementation processes to determine their continued relevance and appropriateness
- Any changes in program objectives, priorities, and resources resulting in the need for any modifications in the program's scope, approach, or activities
- Any concrete recommendations to strengthen or reorient the program, if required
- Stakeholders' satisfaction with the implementation methodologies

An end of program review will be conducted to—

- Examine evidence of program results and impact
- Provide lessons for the planning and management of future programs and identify opportunities to improve program approaches
- Identify the relative strengths and weaknesses of different approaches used by the program

These reviews, and potential external evaluations that USAID may wish to solicit, will be achievable as a consequence of a rigorous data collection system coupled with an approach to program design that generates "evaluable" results.

3.2. Evaluations

In addition to semi-annual program reviews conducted by portfolio management, the SIAPS M&E unit will assist the teams with program evaluations. These evaluations are expected to occur at the country level and the overall SIAPS level at the discretion of USAID. To prepare for these activities, terms of reference will be developed early on in the project cycle, well before the evaluation activities are expected to be carried out. Taking the new USAID evaluation policy

into consideration at all stages of the program cycle will allow for rigorous, accurate, and thorough assessments that can enhance future programming.

Objectives will be developed based on standard OECD/DAC (Development Assistance Committee) criteria, which focus on relevance, effectiveness, efficiency, impact, and sustainability.

Illustrative Evaluation Objectives

- Relevance

    a. Are the specific activities and outputs of the program consistent with the overall SIAPS goal and IRs?
    b. Are the portfolio objectives in line with Ministry of Health objectives?

- Effectiveness

    a. To what extent were the stated objectives achieved?
    b. What were the major factors influencing the extent of achievement of the objectives?

- Efficiency

    a. Were activities cost-efficient?
    b. Were objectives achieved on time?
    c. Was the project implemented in the most efficient way, compared to potential alternatives?

- Impact

    a. What has happened as a *result* of the project?
    b. What real difference has the activity made to the beneficiaries?
    c. How many people have been affected?

- Sustainability

    a. To what extent are the benefits of the project likely to continue after donor funding ceases?
    b. What major factors may influence the achievement or non-achievement of sustainability of the program or project?

ANNEX A. PERFORMANCE MONITORING PLAN

Project goal: assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes

Result area	Indicator number	Performance indicators	Frequency of data collection
IR 1: Pharmaceutical sector governance strengthened	**1**	Number of SIAPS-supported countries with strengthened pharmaceutical sector governance	Annual
	1a	Number of SIAPS-supported countries with civil society organizations actively participating in and/or monitoring pharmaceutical management operations	Quarterly
	1b	Number of SIAPS-supported countries with NDRAs with improved registration systems and processes	Annual
	1c	Number of SIAPS-supported countries that have improved transparency in pharmaceutical management processes and decision making	Semi-annual
	1d	Number of SIAPS-supported countries with approved national pharmaceutical sector development plans that are strategic and evidence-based	Annual
IR 2: Capacity for pharmaceutical supply management and services increased and enhanced	**2**	Number of SIAPS-supported countries with increased capacity for pharmaceutical supply management and services	Annual
	2a	Number of countries with SIAPS supported pre-service training programs integrating pharmaceutical management tools, models and approaches	Semi-annual
	2b	Number of countries with SIAPS supported in-service training programs integrating pharmaceutical management tools, models, and approaches	Semi-annual
	2c	Number of SIAPS-supported countries with SIAPS-supported institutions and/or organizations providing consultancy services and/or technical assistance in pharmaceutical systems strengthening	Semi-annual
	2d	Number of persons trained in pharmaceutical management	Quarterly
	2e	Number of SIAPS-supported countries with innovative and proven approaches for human-resource capacity building adopted	Semi-annual

Result area	Indicator number	Performance indicators	Frequency of data collection
IR 3: Utilization of information for decision making increased	**3**	Number of SIAPS-supported countries with systems for utilization of information for decision making improved	Annual
	3a	Number of SIAPS-supported countries with functional pharmaceutical management information systems that support both product and patient information	Semi-annual
	3b	Number of SIAPS-supported countries using appropriate tools to regularly monitor the availability of essential medicines	Quarterly
	3c	Number of SIAPS-supported countries that reported on national indicators to measure the performance of pharmaceutical systems	Semi-annual
	3d	Number of SIAPS-supported countries with improved access to data for decision making	Semi-annual
IR 4: Financing strategies and mechanisms to improve access to medicines strengthened	**4**	Number of SIAPS-countries with strengthened financing strategies to improve access to medicines	Annual
	4a	Number of SIAPS-supported countries that have conducted funding gap analysis for commodities to support various major diseases	Annual
	4b	Number of SIAPS-supported countries implementing activities to reduce out-of-pocket payments for pharmaceuticals	Semi-annual
	4c	Number of GFATM proposals/grants developed and submitted with technical assistance from SIAPS	Quarterly
IR 5: Pharmaceutical services to achieve desired health outcomes improved	**5**	Number of SIAPS-supported countries with improved pharmaceutical services	Annual
	5a	Number of SIAPS-supported countries with improved availability of pharmaceuticals to patients	Semi-annual
	5b	Number of SIAPS-supported countries that have implemented medicines safety programs	Semi-annual
	5c	Number of SIAPS-supported countries with increased percentage of prescriptions in compliance with standard treatment guidelines	Annual (may be only baseline/ endline)
	5d	Number of SIAPS-supported countries adhering to procedures for managing additions and deletions to the formulary list	Annual (may be only baseline/ endline)
	5e	Number countries implementing facility-level activities to monitor and promote adherence to recommended treatments	Semi-annual

ANNEX B. COUNTRY-LEVEL INDICATORS

COUNTRY-LEVEL INDICATORS ARE CURRENTLY UNDER TECHNICAL REVIEW.

ANNEX C. PERFORMANCE INDICATOR REFERENCE SHEET (TEMPLATE)

(Complete PIRS forms will be distributed upon approval of plan)

Performance Indicator Reference Sheet
Objective & sub-objective: Specific SIAPS objective and sub-objective being addressed **Indicator:** insert indicator here
DESCRIPTION
Precise Definition(s): **Unit of Measure:** **Disaggregated by:** **Justification/Management Utility:** Clearly define how this indicator will be used and what decisions will be based on it
PLAN FOR DATA ACQUISITION by SIAPS
Data Collection: **Computation & Example:** **Data Source(s):** **Data Collection Periodicity /Timing of Data Acquisition:** **Estimated Cost of Data Acquisition:** **Data Collection Responsibility:** **Method of Acquisition by USAID:** **Individual Responsible for Data Acquisition by USAID:**
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: **Known Data Limitations and Significance (if any):** **Actions Taken or Planned to Address Data Limitations:** **Date of Future Data Quality Assessments:** **Procedures for Future Data Quality Assessments:**
PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING
Data Analysis: **Presentation of Data:** **Review of Data:** **Reporting of Data:**
OTHER NOTES
Baseline Data Source: **contributed by portfolios** Baseline Year: **2012** Baseline Value: **TBD** Targets ► 2010: **[ ]** 2011: **[ ]** 2012: **[ ]** 2013: **[ ]** 2014: **[ ]** Actual Values ► 2010: **[ ]** 2011: **[ ]** 2012: **[ ]** 2013: **[ ]** 2014: **[ ]** Data Storage:
THIS SHEET LAST UPDATED ON: DAY/MONTH/YEAR

Newdea QR Training

NEWDEA: Quarterly Reports

Tobey Busch, Julie Frye, Kate Onyejekwe
October/November 2012

USAID SIAPS

Newdea: The Basics

USAID SIAPS

What is Newdea?

- A comprehensive program-management solution for all of your monitoring and evaluation needs.
- Designed specifically for the social sector, Newdea is a global patented software-as-a-service platform, with integrated solutions for program monitoring and evaluation, reporting, and collaboration of program results.
- A centralized database that can be accessed from anywhere, anytime, via the internet.

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Planned Newdea Trainings

Goals of this session:

- Introduction to Newdea
- Entering Quarterly Reports
- Quarterly Report content
- Future trainings and timeline of events

USAID SIAPS

Review: outline of the quarterly report

Quarterly Report Portfolio Background			
Portfolio Overview			
Overall Quarterly Progress	Technical Activity Coordination	Office Management	
Semi-Annual Reviews	Other Evaluations	Portfolio Resources	Technical Assistance
Portfolio Objectives			
Quarter Progress		Constraints	
Deliverables		Partner Contributions	

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Let's get started!

USAID SIAPS

Training vs. live site

- During today's training, we are using a customer test site
  - This allows us to practice and train on a site without worrying about the integrity of the data
  - http://customertest.newdea.com
- After the training, you will receive an invitation to join the live site
  - Make sure you are entering your reports on the LIVE site
  - www.newdea.com

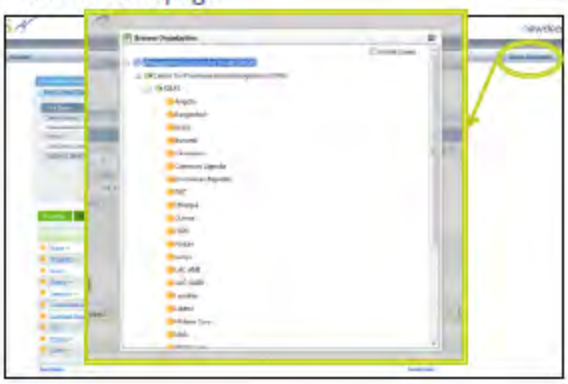
USAID SIAPS

Signing onto Newdea

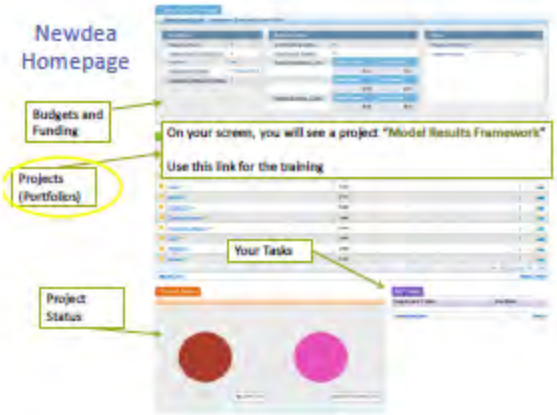
- You will receive an email invitation from Newdea
- Use the link in the email to create a user account
  - *Remember: depending on how many licenses your portfolio has purchased, you may need to share this account with other individuals*

Demo version (what you see today)

SIAPS Homepage



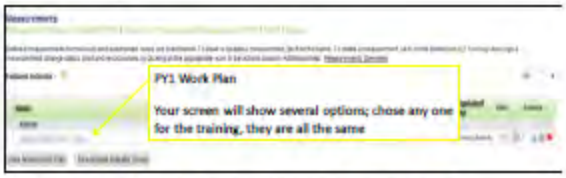
Newdea Homepage



Portfolio-Specific Homepage

Accessing Work Plans

- Through the measurements section



- Your PY1 work plan has already been entered
- PY2 work plans has already been entered

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Annual Work Plan Results Framework

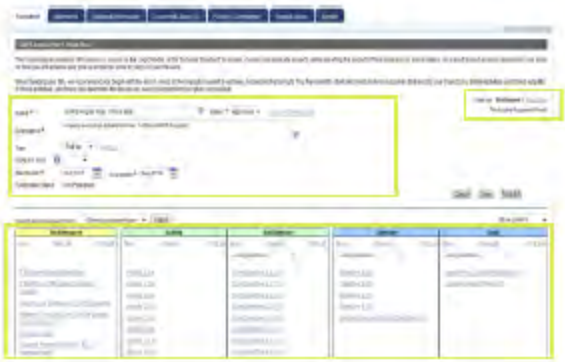
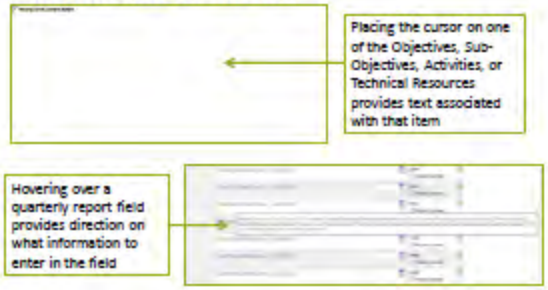


Diagram View of the Result Framework

- As you move across the diagram, you will see different boxes are highlighted
- This shows the direct relationship between the program goal, objectives-sub-objective, activities, and technical resources.

Annual Work Plan Results Framework

"Hovering" over links provides additional information on the link



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Annual Work Plan Results Framework

Additional Information

Here is the narrative information from the work plan

Includes:

- Background
- Strategic Approach
- Technical Resources
- Program Management
- Monitoring & Evaluation
- Budget and Funding
- Portfolio-Specific Acronyms

What is the **Quarterly Report Background**? Shorter (~500 words) version of the background included in the work plan.

Details on what to include in this shorter background later in the presentation

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Entering Quarterly Reports

This can be done in 2 ways:

- Method 1: using the individual columns of work plan results framework
- Method 2: using the "Record Values" tab

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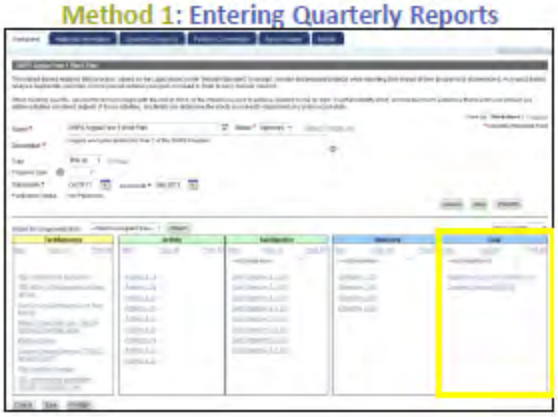
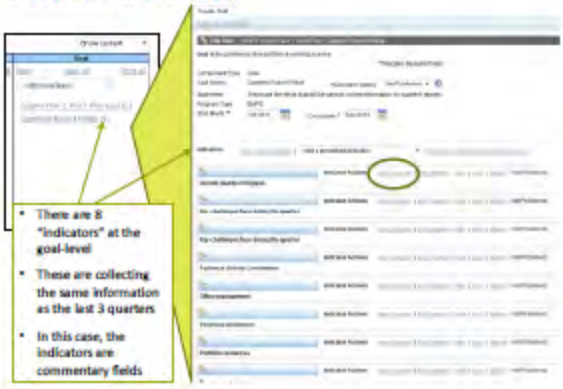
Method 1: Entering Quarterly Reports



Portfolio Goal-Level

Portfolio Goal-Level



Entering Quarterly Reports at the Goal-Level

Entering Quarterly Reports at the Goal-Level

Fields/indicators that are required to be in every quarter's report will be set up for you to report on a quarterly basis, as shown in the screen shots below

Description of the indicator—to guide the information for this field

Prescribed reporting periods

To enter narratives, click on the "notes" icon

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Entering Quarterly Reports at the Goal-Level

USAID SIAPS

Entering Quarterly Reports at the Goal-Level

The "Publish Comment" box will be used after Portfolio Managers have read and approved entries. Therefore, individuals completing quarterly reports should leave this box empty.

When finished, click "save and exit" to return to the list of indicators.

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Entering Quarterly Reports at the Goal-Level

Fields/indicators that are NOT required to be in every quarter's report will require you to input a date, as shown in the screen shots below

Enter the last day of the quarter... December 31, March 30, June 30, September 30

All other aspects of the entry are the same: there is a description of the indicator and a "notes" icon to enter the progress report

Also, note this field is marked "Internal Information" which means it will only be seen by MSH/SIAPS personnel and will not go to USAID. Consider commentary fields that are not marked as "Internal Information" to be "public" fields.

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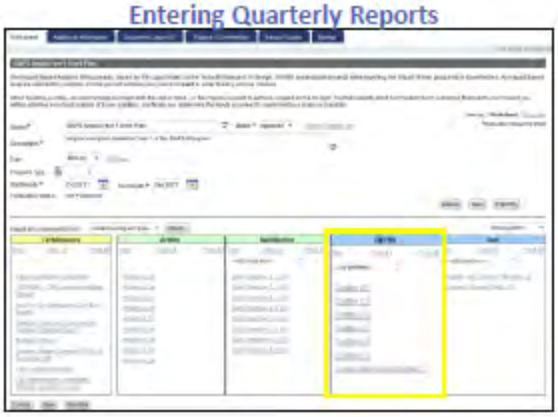
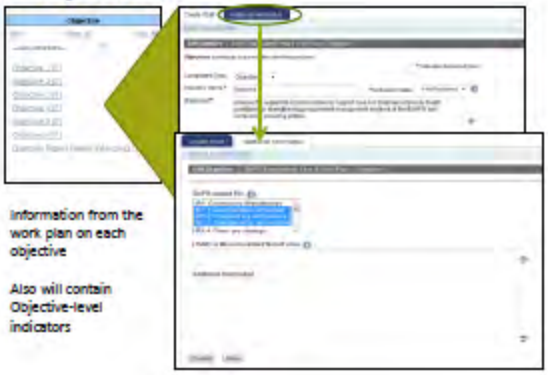
- Continue entering progress reports for the indicators, as necessary
- When finished, click on the "save and exit" button to return to the results framework

Entering Quarterly Reports



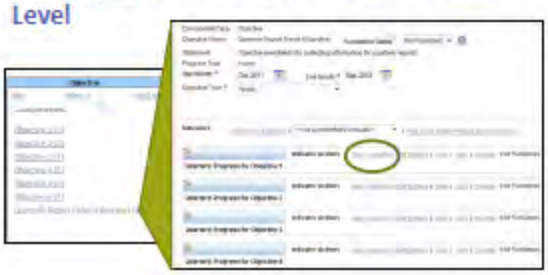
Objective-level



Information from the work plan on each objective

Also will contain Objective-level indicators

Entering Quarterly Reports at the Objective-Level



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Entering Quarterly Reports at the Objective-Level

As with the Goal-level fields, click on the "note" icon for the appropriate quarter to enter text.

Remember, only Portfolio Managers will check the "Publish Comment" box after they have reviewed the entry

When finished, click "save and exit" and continue with the remaining fields at the Objective-level.

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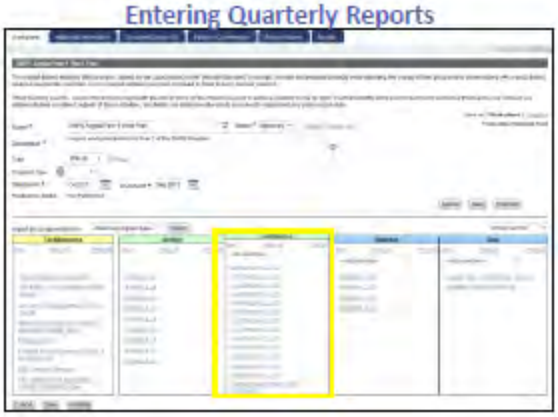
Entering Quarterly Reports



Entering Quarterly Reports

- Once you have entered all the necessary Goal-level and Objective-level fields for the quarterly report, you are done with the narrative section of the report
- Next step: progress on PMP indicators

Future training

USAID SIAPS

Method 2: Entering Quarterly Reports

- Quarterly Reports can also be entered by clicking the "Record Values" tab

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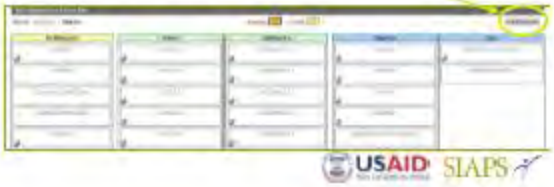
The Record Values Tab

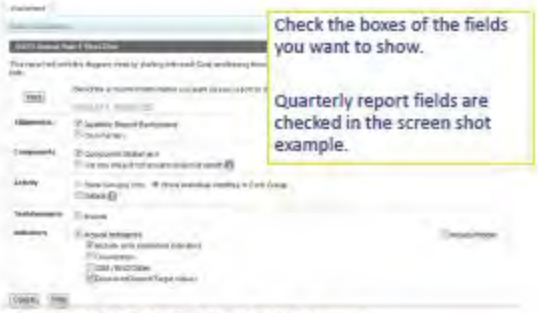
Generating a Quarterly Report

- Reporting requirements
- If you wanted to run a quarterly report for your Mission or your records
- This not a requirement, but we do want you to be able to use the information you have entered

Start from the Diagram view of the results framework and click on the "Print Diagram" button



USAID SIAPS



- When finished, click the "print" button
- Remember to set the browser to allow pop-ups

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The .pdf file appears in a pop-up window and can be viewed or saved from there.

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Converting the document

- If you run a quarterly report, the result will be a .PDF document with all of the requested information
- To convert the document to a Word version use:
  http://www.pdfonline.com/pdf-to-word-converter/?utm_expid=127285-15

This will allow you to edit and format the report as needed.

Quarterly Report Content: *What to put into Newdea*

The Basics

- *WHY* do we have to do quarterly reports?
  - Record of activities and progress in country
  - Documentation of what we are doing across SIAPS
  - Lessons learned
  - Contractual obligation: must account for our expenditures
- *WHO* is responsible for completing quarterly reports?
  - M&E specialist or other designee
  - Ultimate responsibility lies with CPD

The Basics

- *WHEN* are quarterly reports due?

Quarter	Quarter Dates	Deadline for Quarterly Reports to HQ
Quarter 4	July 1- September 30, 2012	NOVEMBER 24, 2012
Quarter 1	October 1- December 31, 2012	JANUARY 15, 2013
Quarter 2	January 1- March 31, 2013	APRIL 15, 2013
Quarter 3	April 1- June 30, 2013	JULY 15, 2013
Quarter 4	July 1- September 30, 2013	OCTOBER 15, 2013

Internal vs. External Fields

- "Internal" denotes information that will only be shared within SIAPS
- Information NOT marked as "internal" should be considered "public" and will be submitted to USAID as part of the quarterly report

Internal Fields
- Semi-annual evaluations
- Other evaluations
- Portfolio resources
- Technical assistance

Portfolio-Specific Quarterly Reports

Outline of the quarterly report

Quarterly Report Portfolio Background		
Portfolio Overview		
Overall Quarterly Progress	Technical Activity Coordination	Office Management
Semi-Annual Reviews	Other Evaluations	Portfolio Resources
Portfolio Objectives		
Quarter Progress	Constraints	
Deliverables	Partner Contributions	

Background sections

In Newdea, there are 2 Background sections

- The portfolio background
  - Taken directly from the work plan
  - The "long" version of the background
- The Quarterly Report Background
  - Provides a brief context for portfolio objectives and activities
  - What are the significant issues/problems that SIAPS will work to address?
  - Limit length to ~500 words

Overall Quarterly Progress

- Update/overview highlighting important progress during the quarter
- Looks at the portfolio as a whole and how progress in each objective is working toward the overall portfolio goal.

GOAL → Synthesize and/or analyze the overall performance of the portfolio during the quarter

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Overall Quart[illegible]xamples

- Example [illegible]

This quar[illegible]

Objecti[illegible] SIAPS di[illegible]inings to improve health[illegible] worker[illegible]pacity in pha[illegible]rtical management. S[illegible] updat[illegible]aining curriculum[illegible]distributed it to suppo[illegible] facilities

Objecti[illegible] No activity

Objective[illegible]eld meetings with the Tw[illegible] HIV[illegible] Four partn[illegible]rticipated and SIAPS staff [illegible] presentation [illegible]ication adherence.

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Overall Quarterly Progress: Examples

- Example 2

During the quarter, SIAPS made considerable progress toward the portfolio's overall goal: improving access to essential medicines in country X. Activities under both Objective 1 and Objective 3 have increased capacity of partners and health care workers in general, working to ensure availability of medicines and proper dispensing. This will ultimately contribute to improving patient health...

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Technical Activity Coordination and Office Management

- Technical Activity Coordination
  - Work plan development
  - Budget monitoring
  - Progress monitoring
  - M&E
  - Reporting
  - Meetings
- Office Management
  - Local office rental and associated costs (security, communications system, etc.)
  - Finance and administrational support

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Evaluations

Two types of evaluations, with separate fields

- Semi-Annual Reviews
  - What were the central findings of the review? How will the results be used?
- Other evaluations
  - Describe the activities, the results, and how the results will be used.

- *Both are Internal information/fields*

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Portfolio Resources

- Important staffing changes that took place during the quarter
- Need for additional resources- list resources and why needed
  - Key personnel
  - Key funding constraints
  - Physical resource constraints

- *Internal information/field*

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Technical Assistance

- Includes Short-Term Technical Assistance and/or any other TA from individuals not part of portfolio staff
- Which consultant(s) and/or MSH staff were involved in providing TA during the quarter?
- What were the key outputs of this TA?
- Plans for TA in the next quarter?
- *Internal information/field*

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Outline of the quarterly report

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Reporting on Objectives

- Narrative on the quarterly progress toward the objective
  - How have sub-objectives contributed toward progress to objective?
- If there was no significant progress in objective-level indicators, what other evidence is there that the portfolio is progressing?
- The narrative section can be used to report on qualitative progress that may not be reflected in the indicators
- Similar to quarter overview for the entire portfolio, this should be more of the "so what"?
  - Please stay away from listing each sub-objective and/or indicator

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Objectives: Challenges

- Constraints to progress
- Issues beyond SIAPS control, but which hamper our progress
- Examples…
  - Elections
  - Natural disasters
  - Delays in document turn-around time
- This is not an internal field… be tactful

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Objectives: Deliverables

Which is a deliverable?

45 People Trained	OR	✓ Training Report
✓ Training Curriculum	OR	Training Curriculum Disseminated
✓ Workshop Report	OR	5 Workshops Conducted

Deliverable: tangible, written items that can (and generally will) be disseminated.

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Objective: Partner Contributions

- Who are our partners?
- SIAPS Core Partners: ACPE, Harvard University, LMI, and University of Washington
- Implementing partners: African Medical and Research Foundation, EPN, R4D, RTT Group, VillageReach, William Davidson Institute
- **OR**, any group or institution conducting work on the behalf of SIAPS

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Quarterly Reports: Other Important Items

- "Ongoing" or "continue" are not sufficient responses
- Remember to be diplomatic or tactful with fields that are not only for internal viewing
- You do not have to wait until the end of the quarter to complete the quarterly report

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Next Steps: Future Trainings

Other requests?

Please let us know!

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Some things to remember

- Quarterly report fields are the same as before
- Indicator data (more detail and training to come)
- Published vs. Not published
  - Portfolio Managers should be the only one changing status to "published"
  - It won't print if it's not published—avoid bottlenecks
- Save, save, save.... And save!
- As you navigate through the system and your work plan(s), let us know if there are problems with the entered information or if something is missing

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Next Steps: Resources

Subject	Contact/Resource
Quarterly report content	Kate Onyejekwe konyejekwe@msh.org
M&E and indicators	Michael Cohen and Tobey Busch mcohen@msh.org tbusch@msh.org
Newdea software	Tobey Busch and Julie Frye jfrye@msh.org Help link in software *(must allow pop-ups)*

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Newdea Quick Guides

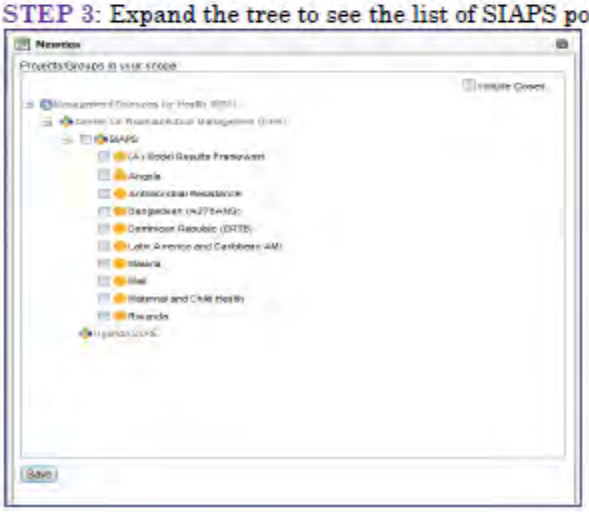
SETTING UP YOUR NEWDEA HOMEPAGE

To select the portfolios that are included on your Homepage (under the "My Projects" heading), follow these steps. For this list, choose the portfolios that you will be accessing most frequently (you will continue to have viewing rights for all SIAPS portfolios, regardless of which portfolios you choose for your My Projects list).

STEP 1: sign onto Newdea (www.newdea.com)

STEP 2: Click on the "My Project/Group List" link.

STEP 3: Expand the tree to see the list of SIAPS portfolios.

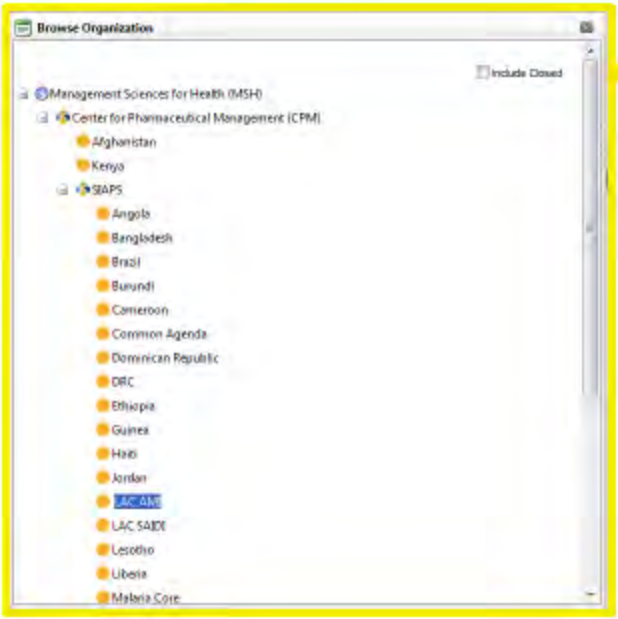


STEP 4: Choose the portfolios you would like to see on the list of portfolios on your homepage.
STEP 5: Click save.

***Note: just because you do not choose a portfolio to be listed on your homepage does not prevent access to view that portfolio. That portfolio can be accessed using the "Browse Organization" link at the top of the page.*

The portfolios you chose will now be listed and visible when you sign onto Newdea.

** *Note*:

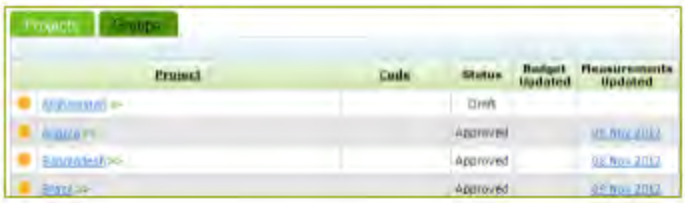


All portfolios are still accessible using the "Browse Organization" link in the upper right hand corner of the Homepage.

ENTERING QUARTERLY REPORTS

STEP 1: Sign onto Newdea (www.newdea.com).

STEP 2: Choose your portfolio from the list of projects in the middle of the SIAPS Homepage.



STEP 3: Click on the "Manage Measurements" link in the Monitoring and Evaluation block on the portfolio homepage.

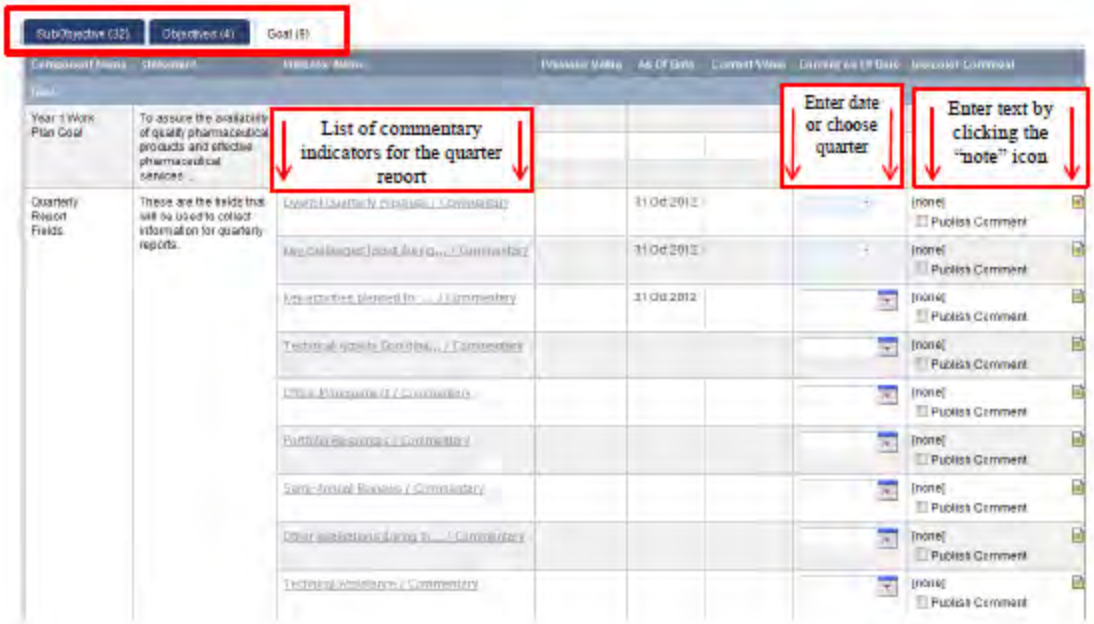
STEP 4: Choose the work plan year for the quarterly report you are entering.

STEP 5: Click on the "Record Values" tab.

STEP 6: Enter quarter reports. Starting with the Goal tab, enter the quarter's updates/reports for each commentary indicator (for which there is information).

(a) Click on the Goal tab.
(b) Enter the date or choose from the drop-down menu.
(c) Click on the "note" icon to enter text.
(d) Click Save.

(e) When complete, click on the Objective tab and enter reports for commentary indicators at the objective-level.
(f) Click Save.
(g) When objective-level reports are complete, click on the SubObjective tab and enter reports for commentary indicators at the sub-objective-level.
(h) Click Save.



GENERATING QUARTERLY REPORTS

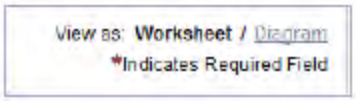
STEP 1: Sign onto Newdea (www.newdea.com).

STEP 2: Choose your portfolio from the list of projects in the middle of the SIAPS Homepage.

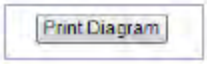
STEP 3: Click on the "Manage Measurements" link in the Monitoring and Evaluation block on the portfolio homepage.

STEP 4: Choose the work plan year for the quarterly report you want to run.

STEP 5: Click on the "Diagram" view of the results framework.



STEP 6: Click on the "Print Diagram" button.



STEP 7: Choose the items you want to be included in the quarterly report.

1
- Quarterly Report Background: the concise (~500 words) background for the annual work plan.
- Commentary: Not applicable.

2
- Commentary Statement: the Goal, Objective, and Sub-Objective text (not just the title, ex., "objective 1").
- List non linked component (at end of report): Not applicable.

3
- Show Groups Only: the titles for each activity in the report.
- Show Individual Activities in Each Group: the titles for each activity in the report.

4
- TechResources the technical resources (title only) associated with each activity in the report.

5
- Include indicators: to access the greyed-out boxes
- *Include only published indicators: include only indicators in the report where the publish box has been checked (have been reviewed and approved).
- Description: description of indicator and instructions on information to be entered
- Start/End dates:
- Baseline/Current/Target Values: Must check to include commentary text.

*Remember, the "include only published indicators" box will determine whether unpublished text/indicators are shown in the report.

STEP 8: Click the "Print" button (remember to allow for pop-ups).

To convert a PDF to Word document, use the free online site: http://www.pdfonline.com/pdf-to-word-converter/?utm_expid=127285-1

PUBLISHING QUARTERLY REPORTS

Important Notes:
1. Only Portfolio Managers should publish quarterly report commentary indicators. Clicking the Publish Comment box signals that the manager has reviewed and approved the text.

2. Publishing the indicators is a critical step, because unpublished indicators will not be included in the quarterly report.

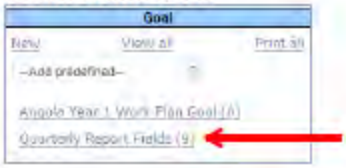
STEP 1: Sign onto Newdea (www.newdea.com).

STEP 2: Choose your portfolio from the list of projects in the middle of the SIAPS Homepage.

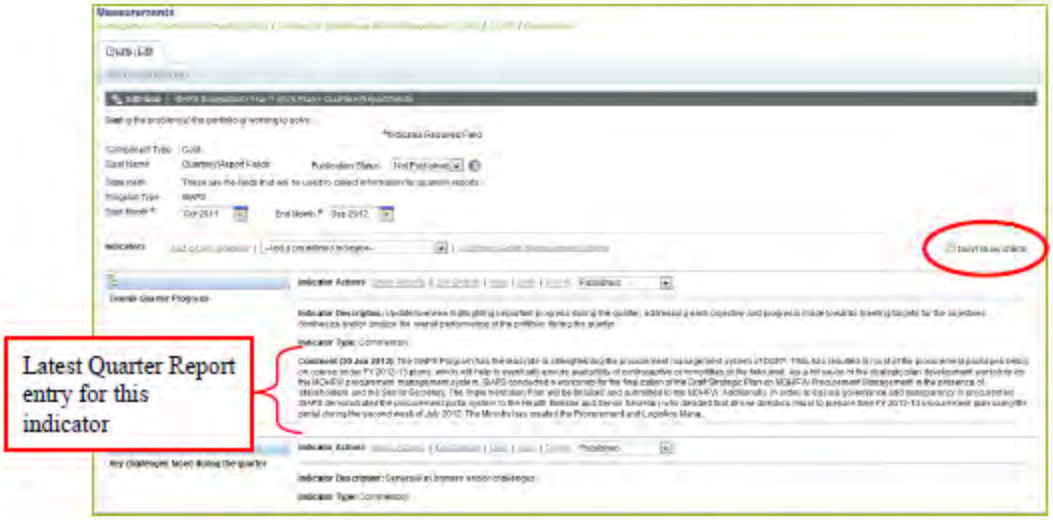
STEP 3: Click on the "Manage Measurements" link in the Monitoring and Evaluation block on the portfolio homepage.

STEP 4: Choose the work plan year for the quarterly report you are entering.

STEP 5: Click on the Quarterly Reports Fields link from the Goal column of the results framework.



STEP 6: Review the quarterly report commentary indicators at the Goal-level\



(a) Click on the "Don't Show Charts" box, removing the check in the box. This will show the latest entry for each indicator. With this view, you can see which indicators have entries for the quarter you are reviewing.

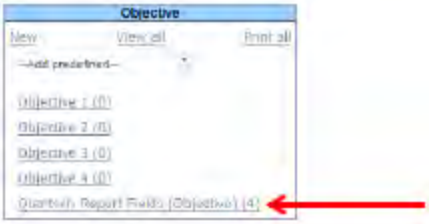
(b) Click "enter actuals" of the commentary indicator to be reviewed.

(c) Click on the "note" icon of for the quarter to be reviewed. Make any and all necessary addition, deletions, and modifications to the text, so that it accurately reflects activity during the quarter and is clear and concise language. Click Save.

(d) Once the information in the commentary box is ready for publication (that is, to be viewed publically), click the "Publish comment box." This signals that the entry is ready to be submitted to USAID.

(e) Repeat (a)-(c) for each Goal-level indicator.
(f) Click Save and return to worksheet.

STEP 7: Click on the "Quarterly Report Fields (Objective)" link from the Objective Column.



STEP 8: Review the quarterly report commentary indicators at the Objective-level.

Follow steps (a)-(e) from Step 6 above.

STEP 9: Click on the "Quarterly Report Fields (Sub-Objective)" link from the SubObjective column.

Follow steps (a)-(e) from Step 6 above.

USING THE LOW BANDWIDTH SETTING

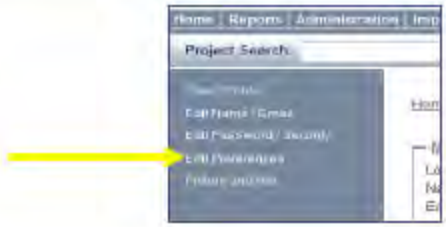
The SIAPS Program has portfolios and offices with varying levels of internet connectivity. In some situations, you may need to work in low bandwidth contexts. If you have a low bandwidth (slow) Internet connection, we recommend using the low bandwidth setting in Newdea to improve performance of the site. You can switch the low bandwidth setting on and off at any time.

STEP 1: Sign onto Newdea (www.newdea.com).

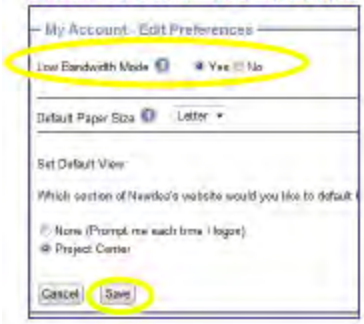
STEP 2: Hover over the drop-down arrow to the right of the user name (located in the upper right hand corner of the homepage; see screen shot below).

STEP 3: From the drop-down menu, click on My Account.

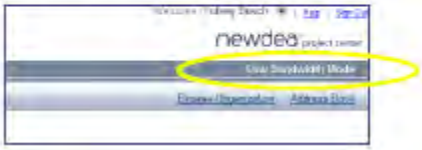
STEP 4: Click on Edit Preferences in the menu that appears on the left.



STEP 5: Click "Yes" for the Low Bandwidth mode and then click Save.



To confirm you are in low bandwidth mode, look at the upper right hand corner of your screen. You should see "Low Bandwidth Mode" displayed underneath the Newdea logo (see screen shot below).



SIAPS Monthly Finance Report

Management Sciences for Health, Inc.
4301 N. Fairfax Drive, Suite 400
Arlington, VA 22203-1627 USA

MEMO

To: SIAPS Staff **Date:** 11/20/2012

From: Alex Beltran

Subject: SIAPS Budget Monitoring/Tracking and To-Date Expenditures and Pipeline

Please note: **Haiti field expenses for October are not included in this report.**

Enclosed in this packet is the information required to monitor budgets and includes (in order):

1. Overview of SIAPS Financial Status
2. Overall SIAPS Pipeline **as of October 31, 2012.**
3. Pipeline sheets categorized by Project Area (HIV, LAC, TB, etc).
4. Burn Rate worksheet
5. Project Budget and Expenditures Spreadsheets
6. Monthly Expenditures by Speedkey
7. New Code Listings
8. Closed Code Listings

Please note we have added a Commitments component to the country portfolios. These reflect the current balance of outstanding liabilities for expenses pertaining to contracts, allowances, and other accrued expenses.

The way that we envision the budget tracking/monitoring to work is:

- All the above materials will be handed out to the Portfolio Manager and Country Program Director for their particular funding stream(s).
- Portfolio Managers and Country Program Directors will be responsible for managing the budget for their portfolio and should a problem arise (over-expenditure or not enough funding to complete the activity) the Portfolio Managers and Country Program Directors should discuss this with the activity leader and find an appropriate solution involving either the Director or the Senior Finance Manager if necessary.
- Please note that we now factor in estimated Commitments into total expenses. These estimates include, among other anticipated expenses, unliquidated agreements with customers and consultants along with estimated severance payments.

As a general rule, focus your attention on the bottom line of the pot of funding as opposed to each activity line item—**re-budgeting is always an option for that particular activity**. If you over-spend on an activity please come see me and we can discuss what the next steps are to avoid further over-expenditure.

Regards, Alex

Managers' Report - SIAPS
October 2012

Manager	Award Speedkey	Speedkey Description	Employee Name	G/L Account No.	G/L Account Name	Posting Date	W/ACF
060003	CAWW02	Donor coordination & part. in conferences/seminars	Walkowiak, Helena	501000	US Payroll Salaries-Direct	10/20/2012	$142.72
060003	CAWW02	Donor coordination & part. in conferences/seminars	Walkowiak, Helena	510000	HSV (Corporate Use Only)	10/20/2012	$24.26
060003	CAWW02	Donor coordination & part. in conferences/seminars		540001	Travel-Airfare	10/10/2012	$4,123.20
060003	CAWW02	Donor coordination & part. in conferences/seminars		570003	Training-Ground Transportation	10/31/2012	$145.36
060003	CAWW02	Donor coordination & part. in conferences/seminars		599800	Overhead-US Payroll	10/31/2012	$135.25
	CAWW02 Total						$4,570.79
060003	CAWW03	Strengthen pharmaceutical sector governance	Jodrey, Patricia	501000	US Payroll Salaries-Direct	10/06/2012	$124.96
060003	CAWW03	Strengthen pharmaceutical sector governance	Walkowiak, Helena	501000	US Payroll Salaries-Direct	10/06/2012	$876.68
060003	CAWW03	Strengthen pharmaceutical sector governance	Jodrey, Patricia	510000	HSV (Corporate Use Only)	10/06/2012	$21.24
060003	CAWW03	Strengthen pharmaceutical sector governance	Walkowiak, Helena	510000	HSV (Corporate Use Only)	10/06/2012	$149.04
060003	CAWW03	Strengthen pharmaceutical sector governance		599800	Overhead-US Payroll	10/31/2012	$949.26
	CAWW03 Total						$2,121.18
060003	CAWW05	Collaboration with Regional Networks for CB	Abanobi, Chinedum	501000	US Payroll Salaries-Direct	10/20/2012	$267.24
060003	CAWW05	Collaboration with Regional Networks for CB	Naimoli, Gail	501000	US Payroll Salaries-Direct	10/20/2012	$37.15
060003	CAWW05	Collaboration with Regional Networks for CB	Abanobi, Chinedum	510000	HSV (Corporate Use Only)	10/20/2012	$45.43
060003	CAWW05	Collaboration with Regional Networks for CB	Naimoli, Gail	510000	HSV (Corporate Use Only)	10/20/2012	$6.31
060003	CAWW05	Collaboration with Regional Networks for CB		599800	Overhead-US Payroll	10/31/2012	$288.47
	CAWW05 Total						$644.60
060003	CAWW06	Participate in PtL Initiative for workforce	Naimoli, Gail	501000	US Payroll Salaries-Direct	10/06/2012	$37.14
060003	CAWW06	Participate in PtL Initiative for workforce	Naimoli, Gail	510000	HSV (Corporate Use Only)	10/06/2012	$6.31
060003	CAWW06	Participate in PtL Initiative for workforce		599800	Overhead-US Payroll	10/31/2012	$35.20
	CAWW06 Total						$78.65
060003	CAWW08	Framework and metrics for systems strengthening	Carapinha, Joao	501000	US Payroll Salaries-Direct	10/06/2012	$431.56
060003	CAWW08	Framework and metrics for systems strengthening	Willis, Kindra	501000	US Payroll Salaries-Direct	10/06/2012	$29.40
060003	CAWW08	Framework and metrics for systems strengthening	Carapinha, Joao	501000	US Payroll Salaries-Direct	10/20/2012	$1,396.24
060003	CAWW08	Framework and metrics for systems strengthening	Lee Chin, David	501000	US Payroll Salaries-Direct	10/20/2012	$231.24
060003	CAWW08	Framework and metrics for systems strengthening	Carapinha, Joao	510000	HSV (Corporate Use Only)	10/06/2012	$73.37
060003	CAWW08	Framework and metrics for systems strengthening	Willis, Kindra	510000	HSV (Corporate Use Only)	10/06/2012	$5.00
060003	CAWW08	Framework and metrics for systems strengthening	Carapinha, Joao	510000	HSV (Corporate Use Only)	10/20/2012	$237.36
060003	CAWW08	Framework and metrics for systems strengthening	Lee Chin, David	510000	HSV (Corporate Use Only)	10/20/2012	$39.31
060003	CAWW08	Framework and metrics for systems strengthening		530500	Consultants	10/05/2012	$1,453.20
060003	CAWW08	Framework and metrics for systems strengthening		530500	Consultants	10/17/2012	$1,660.80
060003	CAWW08	Framework and metrics for systems strengthening		583000	Dues, Books And Subscriptions	10/30/2012	$59.83
060003	CAWW08	Framework and metrics for systems strengthening		588500	Bank Fees	10/30/2012	$0.12
060003	CAWW08	Framework and metrics for systems strengthening		599800	Overhead-US Payroll	10/31/2012	$1,979.22
060003	CAWW08	Framework and metrics for systems strengthening		599900	Overhead-Consultants	10/31/2012	$1,245.60
	CAWW08 Total						$8,842.25
060003	CAWW09	Tools for improving pharmaceutical financing	Carapinha, Joao	501000	US Payroll Salaries-Direct	10/06/2012	$177.70
060003	CAWW09	Tools for improving pharmaceutical financing	Carapinha, Joao	510000	HSV (Corporate Use Only)	10/06/2012	$30.20
060003	CAWW09	Tools for improving pharmaceutical financing		599800	Overhead-US Payroll	10/31/2012	$168.41
	CAWW09 Total						$376.31
060003	CAWW11	Collaborate with WHO for in knowledge management	Bitzer, Alison	501000	US Payroll Salaries-Direct	10/06/2012	$46.78
060003	CAWW11	Collaborate with WHO for in knowledge management	Hobby, Peter	501000	US Payroll Salaries-Direct	10/06/2012	$237.78
060003	CAWW11	Collaborate with WHO for in knowledge management	Willis, Kindra	501000	US Payroll Salaries-Direct	10/06/2012	$120.82
060003	CAWW11	Collaborate with WHO for in knowledge management	Bitzer, Alison	501000	US Payroll Salaries-Direct	10/20/2012	$52.62
060003	CAWW11	Collaborate with WHO for in knowledge management	Hobby, Peter	501000	US Payroll Salaries-Direct	10/20/2012	$158.52
060003	CAWW11	Collaborate with WHO for in knowledge management	Bitzer, Alison	510000	HSV (Corporate Use Only)	10/06/2012	$7.96
060003	CAWW11	Collaborate with WHO for in knowledge management	Hobby, Peter	510000	HSV (Corporate Use Only)	10/06/2012	$40.43
060003	CAWW11	Collaborate with WHO for in knowledge management	Willis, Kindra	510000	HSV (Corporate Use Only)	10/06/2012	$20.54
060003	CAWW11	Collaborate with WHO for in knowledge management	Bitzer, Alison	510000	HSV (Corporate Use Only)	10/20/2012	$8.94
060003	CAWW11	Collaborate with WHO for in knowledge management	Hobby, Peter	510000	HSV (Corporate Use Only)	10/20/2012	$26.95

Sample Pipeline Report

Pipeline Management Report: SIAPS/LAC

07-Sep-12

Funding Source	Obligated	Expended Through	Actual Expenditures			Total Expenditures	Accruals/Commitment	Total accruals and Expenditures as of	Current Adjusted Pipeline**
		Mar -2012	Apr-12	May-12	Jun-12	As of July 1, 2012	As of July 1, 2012	As of July 1, 2012	As of July 1, 2012
Malaria	$900,000	17,058	24,406	30,151	90,778	162,393	2,400	164,793	$735,207
TB	$90,000	$0	-	-	2,643	2,643	240	2,883	$87,117
Total:	**$990,000**	**$17,058**	**$24,406**	**$30,151**	**$93,421**	**$165,036**	**$2,640**	**$167,676**	**$822,324**

Projected Expenditures Per Month	Current Adjusted Pipeline	Projected Expenditures			Total Projected Expenditures	Projected Pipeline as of	Percentage of Expenditures (including accruals/commitment) versus Obligation
	As of July 1, 2012	Jul-12	Aug-12	Sep-12	July-Sept. 2012	As of Oct. 1, 2012	As of July 1, 2012
Malaria	$735,207	$48,445	$48,445	$48,445	$145,335	$589,872	18%
TB	$87,117	$881	881	881	$2,643	$84,474	3%
					$0	$0	
					$0	$0	
Total:	**$822,324**	**$49,326**	**$49,326**	**$49,326**	**$147,978**	$674,346	
Projected Pipeline at the end of each Month:		*$772,998*	*$723,672*	*$674,346*			

Total Amount Obligated:	**$990,000**
Total Amount Expended (thru July 1, 2012):	**$165,036**
Total Accruals & Commitments (thru July 1,, 2012):	**$2,640**
Current Adjusted Pipeline (thru July 1, 2012):	**$822,324**
Past 3 Month Burn Rate:	**$49,326**
Projected Pipeline (July-Sept):	**$49,326**
Months of Funding left (as of July 1, 2012) using projected burn rate:	17

Sample Commitment Tracker

Commitments Tracking Template Guidance

Please save this document as "Field Tracker_insert country name_insert month" and return to your respective PSAs (currently Nick and Lucie) by the 9th day of each month.

Rules for All Columns:

a. If the individual responsible for this task is out of the office during the window for updating the document, his or her backstop will be expected to update the document.

b. The individual updating this document should provide figures in local currency and in USD. Please indicate the exchange rate you are using at the top of the document.

Rules for Updating Specific Columns:

1) **Advances** – Individual responsible for updating this document will keep a record of outstanding SIAPS or Associate Award advances.

2) **Severance** – The individual responsible for updating this document will provide a full list of SIAPS or Associate Award employees as well as their start date. Please note that it is important to list as " Last name, first name". This tab is will be filled out ONCE and only changed thereafter if there is staff recruitment or separation.

3) **Outstanding Commitments**- This tab should include **ALL** commitments under your SIAPS or AA award. This ranges from sub agreements to purchase orders and agreements (including lease agreements). Please note there are built in formulas for calculating outstanding amounts.

4) **Vacation Leave** – Please provide vacation leave situation for each staff member. There is a formula in the document to help you track the days. "Accrued leave days" refers to total days accrued at the beginning of the period, "accrued leave" refers to days accrued during the current period and "leave taken this month" refers to days taken between beginning of period to the end of the month. Please do remember to list staff as "Last name, first name".

[MALI] SIAPS Advances

Exchange rate as of	(F CFA)	3.50

Employee Name (last name, first name)	Date issued	Advance Balance (in local currency)	Advance Balance (in $USD)
Sangaré Abdoul	05/31/2012	1,139,233.00	$2,244.29
Sangaré Abdoul	08/14/2012	3,589,024.00	$7,070.38
Sangaré Abdoul	08/17/2012	225,000.00	$443.25
Diallo Yssouf	08/14/2012	2,480,404.00	$4,886.40
Diarra Modibo	08/17/2012	2,636,014.00	$5,192.95
Mahamane Oumar	08/14/2012	1,146,724.00	$2,259.05
Adam Aiché Doumbia	08/13/2012	574,010.00	$1,130.80
Coulibaly Sirandou	08/15/2012	420,200.00	$827.79
	Grand Total	12,210,609.00	$24,054.90

[MALI] SIAPS Leave Balance

Exchange rate as of	4/302012	3.50

Employee Name (last name, first name)	Accrued Leave days	Accrued leave this month	Leave days taken this month	Total leave balance (In days)	Value of leave balance (local currency)	Value of leave balance ($USD)
Diallo Fatoumata Haidara	19	2.5	0	21.5		
Yssouf Diallo	18	2.5	0	20.5		
Abdoul Sangare	17	2.5	0	19.5		
Sirandou Keita	18	2.5	0	20.5		
Adam Aiche	17.5	2.5	0	20		
Oumar Mahamane	25	2.5	0	27.5		
Modibo Diarra	25	2.5	0	27.5		
			Grand Total		0.00	$0.00

[MALI] SIAPS Severance			
Employee Name *(last name, first name)*	Start date (First day at MSH)	Start Date (of latest employment contract)	Notes
Diallo Fatoumata Haidara	09/01/2009	10/01/2011	Senior Programme Associate Buy and Distribution
Sangare Abdoul	09/01/2009	10/01/2011	Programme associate
Diallo Yssouf	09/01/2009	10/01/2011	Programme associate
Diarra Modibo	09/01/2009	10/01/2011	Programme associate
Mahamane Oumar	11/01/2010	10/01/2011	Driver
Keita Sirandou	10/11/2010	10/01/2011	Office Manager
Doumbia Adam Aiché	02/25/2011	10/01/2011	Administrative Coordinator

[MALI] SIAPS OUTSTANDING COMMITMENTS

Exchange rate as of (0.00197 FCFA 4/30/20	3.50

Name of vendor	Description	Type of contract	Period of performance	Total Value of Agreement	Amount paid to date	Outstanding payments (local currency)	Outstanding payments ($USD)
Mali Service Center	Payroll company	Purchase order	Jan 2012 - Dec 2012	2,907,888.00	726,074.00	2,181,814.00	$4,298.17
Agence Mali Management	Office Cleaning and Guard Services	Agreement	Dcember 2011- December 2012	5,593,608.00	5,358,755.00	234,853.00	$462.66
Nallias SARL	Staff Health Inssurances	Purchase order	Jan 2012 - Dec 2012	9,246,000.00	9,246,000.00	0.00	$0.00
Secure K security	Project Director house guard services	Purchase order	May ,15,2012 - Aprl 15 2013	2,194,800.00	469,443.00	1,725,357.00	$3,398.95
						0.00	$0.00
						0.00	$0.00
						0.00	$0.00
						0.00	$0.00
						0.00	$0.00
						0.00	$0.00
						0.00	$0.00
						0.00	$0.00
						0.00	$0.00
					Grand Total	4,630,544.00	$9,122.17

Sample Expenses Per Account Category

SIAPS DRC

Expenses from Oct to April 2012

FPRH (POP)/PEPFAR/PMI/TB

	Description	Budget FY 11	% of Total Budget	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	Exp Amount Oct - Apr 12	% of Total Expended	% Expended vs. Budget	Amount left
1	Salary and Wages	631,143	40%	4,082	15,063	6,481	56,385	63,783	64,841	60,925	271,559	43%	43%	359,583
2	Overhead	213,227	14%	2,227	8,988	5,249	24,616	23,813	22,351	21,798	109,043	17%	51%	104,185
3	Travel and Transportation*	143,891	9%	-	7	-	-	19,073	14,383	12,781	46,244	7%	32%	97,646
4	Allowances	-	0%	-	-	-	-	-	-		-	0%		-
5	Subcontracts	32,394	2%	-	-	-	-	-	-		-	0%	0%	32,394
6	Training	-	0%	-	4,152	-	-	7,728	4,662	31,997	48,539	8%	#DIV/0!	(48,539)
7	Equipment	34,765	2%	-	-	-	-	-	-		-	0%	0%	34,765
8	Other Direct Costs	521,831	33%	-	-	214	56,183	44,403	32,830	16,733	150,363	24%	29%	371,467
9	Consultants	-	0%	-	-	-	-	-	-		-	0%		-
	Subtotal	1,577,251	100%	6,309	28,210	11,944	137,185	158,801	139,067	144,234	625,749	100%	40%	951,502
	Commitments										59,516			(59,516)
	TOTAL	1,577,251		6,309	28,210	11,944	137,185	158,801	139,067	144,234	685,265		43%	891,986

*Includes R&R and home leave

3-Month Burn Rate (w/o commitment)	147,367		
3-Month Burn Rate (w/ commitment)	167,206		
oblig	1,050,000		
exp to date + comm	685,265	exp. & com in % of budget	65%
bal	364,735	bal in % of budget	35%
Months remaining at current burn rate	2		

Cost Reimbursement vs Fixed Price

COST REIMBURSMENT	FIXED PRICE
Generally issued for non-commercial activities, which cannot be based on reasonably definite functional or detailed specifications	Generally issued for procurement of commercial services on the basis of reasonably definite functional or detailed specifications.
Sub-recipient works until funds are exhausted. Administrative controls are greater – i.e. audit, prior approval, etc.	Sub-recipient must complete all deliverables within the sub-award price – imposes maximum incentive to control costs, but with minimum administrative burden.
Payment is usually tied to expenditures and fund are invoked on yearly basis	Payment is tied to deliverables.
If sub-award ends prior to full expenditure of estimated sub-award cost, unexpended funds must be returned to MSH	If sub-recipient completes and meets all deliverables/requirements below contract price, keeps unused portion.
If prime (SIAPS) is cost-reimbursement, we can issue cost-reimbursement sub-award or grant unless greater control over sub-recipient is needed.	Use a fixed-price under a cost-reimbursable sub-award prime (SIAPS), when greater control over sub-recipient is needed or is warranted by the anticipated SOW and activities.
Requires good financial, management, deliverables and invoice tracking, NICRA adjustment and reconciliation.	Contract administration is less burdensome.
Close out process is lengthy and could be complicated.	Close out process is not lengthy or complicated
Cost share requirement could be imposed	Cost share requirements are generally not imposed
USAID AOTR approval is required. AOTR can approve up to $2.5M. Over $2.5M needs to be approved by USAID AO.	USAID AO approval is required.

USAID AOTR = Agreement Officer's Technical Representative, currently Tony Boni
USAID AO = Agreement Officer, currently Moyra Cassidy

Process for Getting Sub-Awards Approved

C) Things to know about sub-award approvals under SIAPS
   4. AOTR has been authorized to approve assistance type of sub-awards up to $2,500,000 – i.e. cost-reimbursable sub-award, fixed price grants, cost-reimbursable grants, etc.
   5. AOTR is NOT permitted to approve acquisition type of sub-awards – i.e. fixed price contracts, IQCs w/Task Orders, BOA with Work Orders, etc.
   6. AOTR is **not** permitted to approve sub-awards to foreign government entities or parastatals.

D) The following steps/processes will need to be followed to ensure compliance:
   4. For Core Partners – no additional approvals will be/are required. USAID AO approval will be required for ceiling increases to Core Partners, if any.

5. For Resource Organizations – have been named and identified in the SIAPS Program Description
   - ✓ Name and have organization approved in the portfolio work plan and budget
   - ✓ Discuss and identify the type of contractual instrument (see above for differences between instruments) in coordination with your MSH assigned Contracting Officer (CO)
   - ✓ Once work plan is approved, send sub-award SOW, budget, and FedCheck to your CO
   - ✓ CO will assess technical justification requirements, negotiate budget, draft contract, etc.
   - ✓ CO will work with the project team to draft a formal request for USAID approval
   - ✓ Once USAID's approval is received, CO will move forward with final contractual negotiations (see above to determine USAID approval required based on type of sub-award being issued)
6. For all other subs (other than core partners and resource organizations) – full and open competition will be required. Consult with your CO for additional requirements and timeline. USIAD approval will be required. The following steps/documents will be required:
   - ✓ Conduct competition – via RFP/RFA/EOI mechanism for technical and cost proposals (portfolio team and CO)
   - ✓ Select sub(s) and notify finalists (CO)
   - ✓ Draft selection memo (portfolio team and CO)
   - ✓ Draft and submit sub-award approval request to USAID/Washington (CO)
   - ✓ Once approved, conclude negotiations and issue a contract (CO)

Consultant Checklist for Project Associates

Project Name: _____ Project Manager: _____

Account Code: _____ Project Backstop: _____

Date of Assignment: _____ Country of Assignment: _____

_____	**Check Consultant Database for:**
	• Established rate (to see if consultant has a current MSH rate)
	  o If **Yes** need SOW, HCC, TVF results
	  o If **No** need SOW, BD, CV, CSF/Consultant STTA and TVF results for rate negotiation

_____	**Scope of Work (SOW)** • Acquire from Technical Manager • Review to ensure it includes number of work days (level of effort – LOE - pre and post-travel included), start & end date, supervisor's name, country where working, project code, clear deliverables, etc.
_____	**Signed Contractor Employee Biographical Data Sheet – Biodata Form (BD)** ***(ONLY needed if negotiating rate)*** • **Biodata Checklist – Ensure Consultant provides all current and pertinent information**: Block 2: Write **MSH, Inc**. Blocks 4-7: Do not fill out Blocks 3 & 8: Make sure to obtain **all current** contact information Block 14 &15: Refer to **salary definition** in Block 14 instructions Block 16: Consultant's **signature needed** (must be signed in **ink**, scanned/faxed & sent back)
_____	**Host Country Certification (HCC)** ***(ONLY needed if consultant is employed by the host country government)***
_____	**Curriculum Vitae (CV)** ***(ONLY needed if negotiating rate)***
_____	**Consultant Selection Form (CSF)/Consultant Short Term Technical Assistance (STTA) Form** • CSF is to be completed by the technical Manager with AdCo/PSA guidance ***if*** needed. If negotiating multiple candidates for the same/multiple SOW use the Consultant STTA form instead of CSF
_____	**Terrorist Verification Form (TVF)** ***(needed for new consultant and if last record is more than 6 months old)*** • AdCo/PSA fills out the TVF form and submits it to FEDCHECK. Follow up to get results if needed.
_____	**Rate Negotiation:** • Email Link to **e-folder** to rate negotiator: AdCo/PSA saves **BD, CV, SOW, CSF, TVF and its results, (and HCC if needed)** on the G: drive in a new folder under the consultant's name in the Contracts folder under the appropriate project, global program/bureau or program/country program folders. Do not print the forms. **NOTE:** Make sure to convert the CV and BD to PDF files with the standard format: **"Last Name First Name MMM YYY CV"** and **"Last Name First Name MMM YYY BD"** respectively • Rate negotiators are: **CPM Senior Contract Officer** or **Contract Officer** and for consultant to be employees, **CPM Senior HR Manager/Partner** • All of these forms and documents ***must be*** completed in order for rate negotiation to move forward • **Salary support documentation** will be obtained by the negotiator and saved in the e-folder. Negotiator drafts and saves **negotiation memo**. Negotiated rate is send to AdCo/PSA once final. • Once rate negotiation is completed, AdCo/PSA emails documentation, **BD, CV, SOW, CSF, TVF and its results**, **negotiation memo, salary support documentation, and other pertinent rate negotiation correspondence** to corporate CGA for entry into the consultant database.
_____	**Consultant Letter of Agreement (CLOA)** • Please use the standard template located in the public folder at G:\CPM\Forms &

	Templates\Agreements\Consultants\CLOA Templates
_____	**Get CLOA Signed by Financial Signatory Authority** • Can be signed by SPS Deputy Director, Finance and Operations (SPS), and CPM Director of Operations (other CPM Projects) or CPM Contracts and Finance Manager (other CPM Projects). • Email signed CLOA to Consultant ***only*** in **PDF Format** along with certifications and other relevant information and **CC** appropriate team members.
_____	**Ensure CLOA and Certifications are Signed by Consultant and Sent Back to AdCo/PSA, and saved electronically** • File CLOA signed by both parties and any ***modifications/amendments*** in Consultant **paper file**
_____	**Payment** • **Payment Log** should be included in Consultant **paper file** • **Payment Requests** for **all agreements** should include ***technical sign-off*** and be included in the e- and **paper file** • **Deliverables** should be obtained prior payment and saved electronically
_____	**Include any critical/substantive correspondence in the electronic file** • Include for example consultant's wire information, current address and telephone number, etc.

CPM Senior Contract Officer: **Yen Lim**, CPM Contract Officer; **Sahar Shahin**, SPS Deputy Director, Finance and Operations: **Vicky Hawk**, CPM Director of Operations: **Jennifer Jones**, CPM Contracts and Finance Manager: **Ana Garza-Gegundez,** and **CGA:** Kathryn (Kat) Actis-Grande

Performance Improvement Plan

SHRM Home > Knowledge Center

A Step-By-Step Guide to Performance Documents

By Brent Roper

Sample Employee Performance Document

	MEMORANDUM
To the employee	To: John Doe, [Job Title]
From manager	From: Sally Smith, [Manager / Job Title]
The document should be close in time (not more than a few weeks) from when the poor performance occurred.	Date: Current Date
	Subject: Job Performance
	Message:
***Introduction** - explain what the purpose of the memo is.;*	Recently, several areas regarding your job performance have come to my attention. It is absolutely necessary that your performance in the areas outlined herein immediately improve. This memo sets forth the specific problems, what affect they are having on the organization and what you can do to correct the problems.
Bullet each item where performance needs to improve.	• Poor Communication/Poor Customer Service
Brief history of the problem including when the manager previously has addressed the issue.	In your last performance appraisal of Jan. 1, 200X, the appraisal noted several problems regarding your lack of effective communication. The appraisal specifically mentioned customers complaining of how you treated them and problems getting along with several team members. You were rated a "Fair" under the Communication category. Since that time, I have spoken with you numerous times regarding communication problems, specifically on Nov. 15, Nov. 29 and Dec. 14. Unfortunately I have not seen significant improvement in this area and problems continue to arise.
State EXACTLY what the behavior is including all relevant facts (names, dates, times, behaviors, words, actions, etc.). Include policies that were violated if any.	On Dec. 27, you took a call from Judy Edwards, assistant vice president for UID, Inc. Ms. Edwards requested that you send her information regarding the investment product you are working on. Ms. Edwards indicated that you told her that you were busy, that you did not have time to talk to her, that she would not understand the da#! product anyway, that she should contact someone else and then you hung up. Ms. Edwards indicated that she then left you three voice mails and two e-mails, to which you never replied.
Include the employee's side of events.	After I received an irate call from Ms. Edwards on Dec. 29, I spoke to you about it that same day. You indicated that you had spoken with her on Dec. 27, that you did tell her you were busy, that you may have cursed at her once and that she probably should talk to someone in her department. You indicated that you did not remember telling her that she would not understand the issue. You did remember hanging up on her and not returning her voice mails and e-mails.

Include organization policies that were violated.	The company's Employee Behavior policy (see the Employee Handbook at page 28) states: "It is the company's policy that certain rules and regulations regarding employee behavior are necessary for the efficient operation of the company and for the benefit and protection of the rights and safety of all employees. Conduct that interferes with operations or brings discredit to the company will not be tolerated.
"Evaluate" the behavior after considering the employee's side.	Even assuming your version is correct, your actions were unacceptable and violated the company's Employee Behavior policy. All employees must support our customers. It is extremely important that we give professional, courteous support to every customer. You admitted telling Ms. Edwards that you were too busy, cursed at her, hung up on her and did not return her calls or e-mails. These are all examples of poor communication, poor customer service and such conduct clearly brought discredit to the company.
State what the impact or consequences of the employee's behavior is.	The impact of your behavior is that Ms. Edwards has now pulled UID, Inc.'s business worth approximately $25,000 a year with our company and is apparently moving their business to our chief competitor. Since UID is a long-timer customer of ours-having done more than $200,000 worth of business with us over the last 10 years-this is extremely costly to the company. As you know, our marketing efforts seek to differentiate us from our competitors based on our outstanding customer service. If we are to survive in this competitive market we must deliver outstanding service to our customers. We can ill afford to lose good customers like Ms. Edwards due to your poor customer service.
State what corrective action is necessary to bring the performance issue up to an acceptable level.	Corrective Action on this will be for you to treat all customers (internal or external), particularly those from state insurance departments professionally, courteously and patiently. It is expected that you will return all customer voice mails and e-mails within 24-hours. If you cannot do this, you must contact me and let me know why. You must also refrain from cursing at customers and talking down to them in a demeaning manner. In the next 60-days you must attend either an internal or external seminar/training on communication/customer service. I also expect you to contact Ms. Edwards and apologize for your poor behavior.
Consequences if performance issue continues.	If your behavior regarding communication/customer service with internal and external customers does not drastically and immediately improve, you will be subject to further disciplinary action up to and including termination.
If there were more bullet items regarding additional performance issues they would be included here.	
Follow-up/feedback	I will review your performance in approximately 30, 60 and 90 days or sooner as needed. I will be sending you meeting notices for Feb. 1, March 1 and April 1.
Allow employee to ask questions and end courteously.	Please let me know if you have any questions. As you know, I have always tried to work with you in the past and look forward to working with you to resolve these issues.

Thank you.Employee Signature (Indicating Receipt Only):
_____ Date: _____

Brent Roper, SPHR, MBA, JD, is senior manager of human resources for the National Association of Insurance Commissioners, in Kansas City, Mo.

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[Back to Summer 2001 Issue]

HR Manual

SIAPS Manual – HR Section
The HR Section contains information current as of May 21, 2012. Since changes may occur, please consult with your HR Manager or HR Partner. After this date, staff are encouraged to review the most recent country Employment Manual for updated practices and policies such as Internal Job Applications and Promotions.

Philosophy Statement

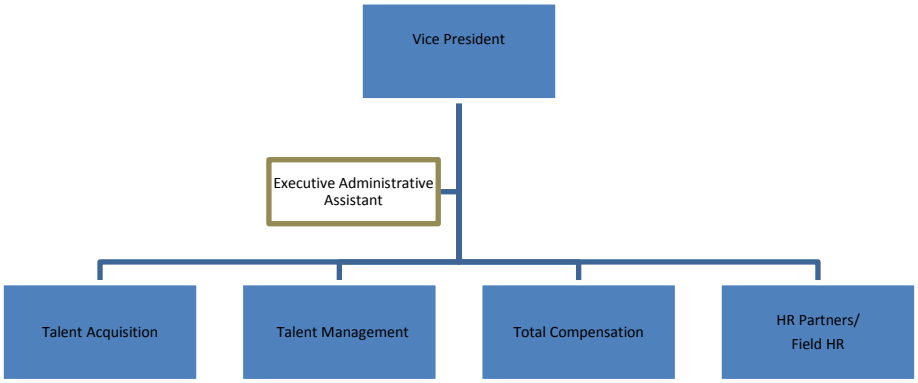
Human Resources is a strategic partner in building MSH's programs by maximizing the value of human capital and aligning with organizational initiatives, values, strategies, and the needs of all stakeholders.

HRM Mission

We, Human Resources, are strategic partners in building MSH's Program by maximizing the value of human capital and aligning with organizational initiatives, values, strategies, and the needs of all stakeholders.

WE are dedicated to delivering quality service and maximizing the potential of our greatest asset, our employees, increasing their capacity to achieve the organizational goal of saving lives and improving health worldwide

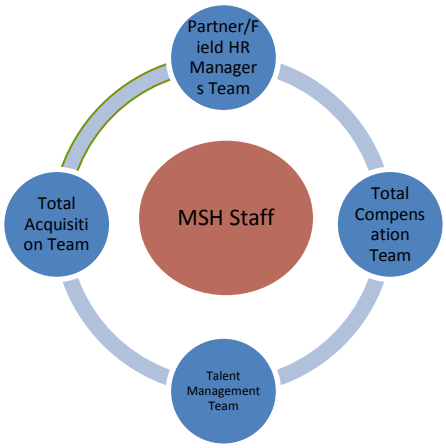
HR Structure and Functions



Traditionally, an HR structure and its functions have been represented by an organizational chart illustrating functions that are not connected to each other with the purpose of supporting the overall organization.

High Performance Work Team

At MSH the HR Team is represented by the High Performance Work Team concept with shows a united, collaborative team with the purpose of providing a cohesive product to the MSH staff member in order for MSH to achieve its Mission and Objectives



High Performance Work Team - A group of people with specific roles and complementary talents and skills, aligned with and committed to a common purpose, which consistently show high levels of collaboration and innovation that produce superior results. (From Wikipedia)

Role of the HR Partner

Strategic Partner:

Contributes to the implementation of MSH strategic plan and objectives
Knowledgeable of HR systems impacting HR services
Cost-conscious, streamline processes

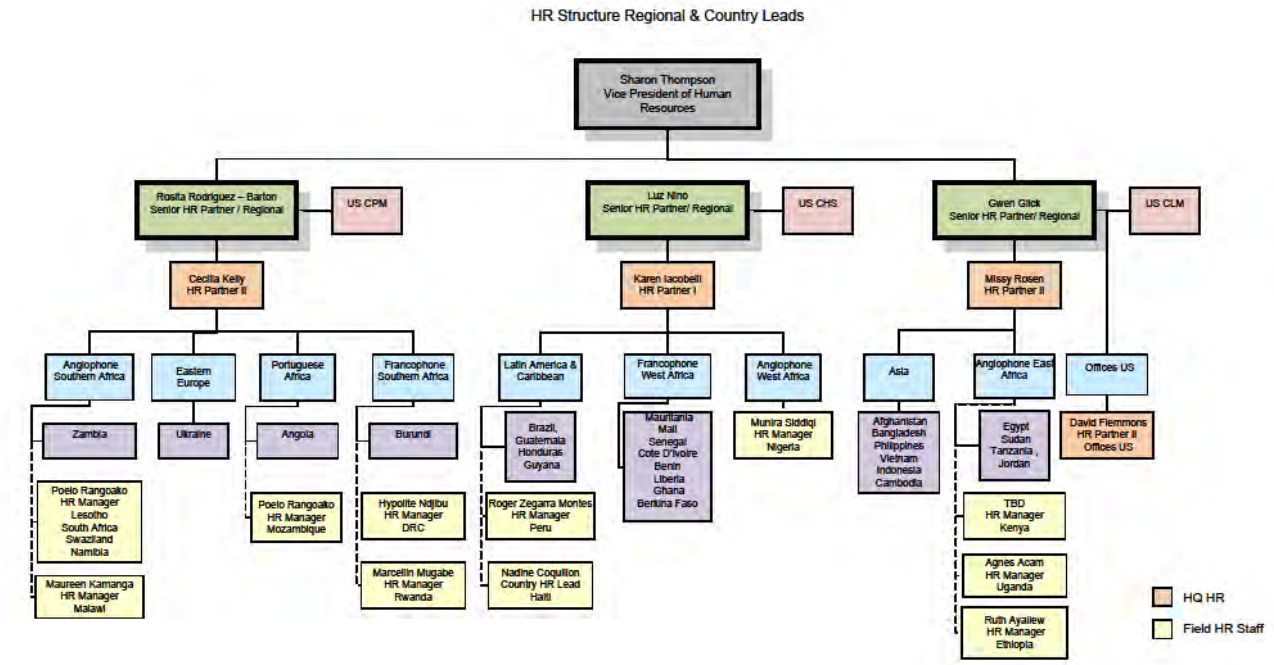
Employee Advocate:

Support staff to keep them motivated, contributing, engaged, and happy
Support staff on development opportunities, employee assistance programs, rewards, due process.

Change Champion:

Supports change linking it to the strategic needs of MSH based on MSH's strategic roadmap and the objectives of the Priority Operations Plan

3.6. Current HR Partner Structure



Talent Acquisition

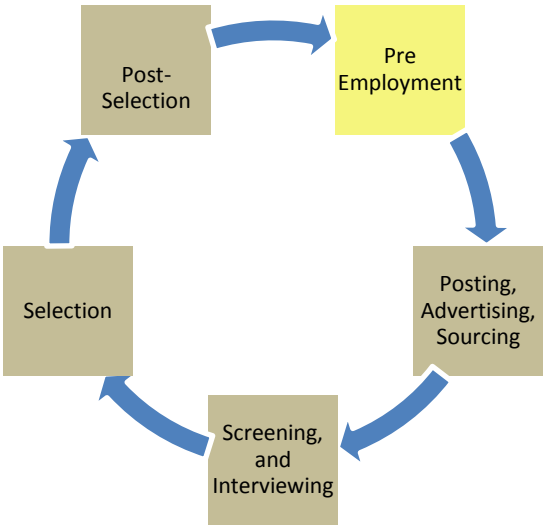
3.7.

3.8. Philosophy Statement

Talent Acquisition strives to bring the right talent to the right place at the right time to meet the immediate and future employment needs of the organization.

3.9. Process and Workflow

The Talent acquisition process follows the following pattern:



In each step of the process the Talent Acquisition Specialist engages the candidate, the hiring manager, the HR Partner, and the Compensation Unit to ensure a thorough and smooth recruitment. If the recruitment is not successful, the process starts again.

- *The first step in the recruitment process is Pre-employment: This is when the business needs of the position are determined, the job description is drafted and sent to Talent Management, the Job Requisition is signed, and the position is assigned to the Talent Acquisition Specialist. The Talent Acquisition Specialist conducts an intake meeting with the hiring manager to agree on skills, where to post, etc., and verifies if the position requires USAID approval.*

- *Posting/advertising: After meeting with the hiring manager, the Talent Acquisition Specialist posts the position in ICIMS and the review of CVs starts.*

- *Screening and Interviewing: Managers receive the pre-screened CVs for their consideration and interviews start (face-to-face, conference call, or panel)*

- *Selection: If a candidate is selected for an offer, then references checking start to include t-checks and request for the completed Biodata form;*

- *Post Selection: Once the candidate has been cleared, the salary negotiation starts, and if the candidate accepts, the job requisition is closed, offer letter is sent, and HR Action prepared. If the position required USAID approval, the Talent Acquisition Specialist prepares the relevant Nomination letter*

- *If the candidate was not cleared or did not accept the offer, the process starts again with other shortlisted candidates or a fresh search.*

3.10. Internal Job Applications

MSH recognizes that employee growth and development may at times involve applying for openings at other projects, centers, offices, office or units. To be eligible to apply to internal openings, the candidate must have been in his/her current position for a minimum of one year, demonstrated satisfactory performance and have had no adverse performance actions during the previous year. All internal transfers or promotions require the notification of both the sending and the receiving Center or Corporate Office leaders.

Job openings appear in the Quick Links section of MSH's intranet homepage at Job Postings. This is also known as the MSH Employee Career Center. An employee can create a profile and apply to positions of interest. The following procedures are to be followed by internal jobseekers:

- Employees interested in a posted position should follow the standard recruitment process by applying through ICIMS.

- Preliminary inquiries will be treated with priority and in confidence.

- Employees will not be penalized nor treated less favorably as a result of their inquiry and/or participation in internal recruitment.

- If the employee is not eligible or qualified for the posted job opening, he/she will be notified. If the employee has a documented performance problem (i.e. performance improvement plan), or Unsatisfactory performance rating, the Staffing Specialist or Human Resources Manager may need to convey the information to the hiring manager in order to decide whether to grant an exploratory discussion, assuming the employee meets the requirements of the open position.

- If the employee is eligible and would like to have an exploratory discussion before formally requesting consideration for the opening, the Staffing Specialist or Human Resources Manager will arrange for such a meeting with the hiring manager.

- If, after the exploratory discussion the employee formally applies for the position and is scheduled to be interviewed, the employee must advise both his/her immediate supervisor and the Staffing Specialist or Human Resources Manager about the interview. During any ensuing interviews, the employee must advise and keep his/her supervisor abreast of the process.

- Successful applicants for internal career opportunities will be transferred on a date to be mutually agreed by the sending and receiving supervisors.

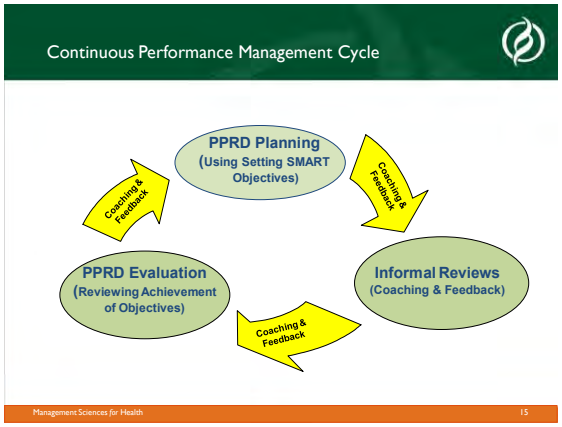
Talent Management

3.11. Philosophy Statement

Talent Management strives to strengthen employee performance across the organization by developing capacity in the areas of performance management, supervision, leadership, team building, and communications.

3.12. Continuous Performance Management

Continuous Performance Management is the system of managing performance continuously throughout the year in order to achieve the employee and MSH's results. It includes setting of achievable expectations, frequent and effective communication between the supervisor and the employee, effective feedback and coaching, and offering development opportunities. It sets the stage for rewarding excellence by aligning individual employee accomplishments with MSH's mission and objectives.

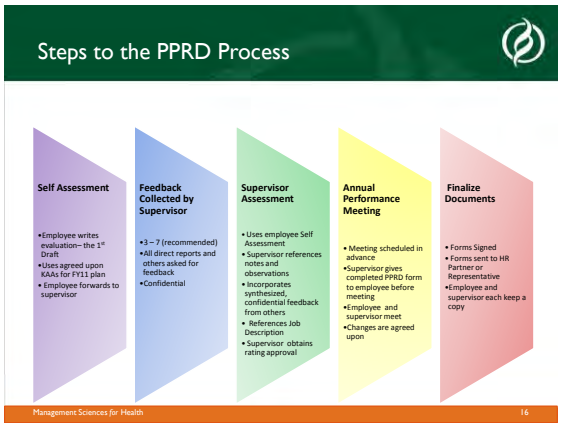


Purpose of Continuous Performance Management

- To maximize the performance of employees
- To provide employees with feedback year round
- To help employees and supervisors plan
- To help MSH be effective and achieve results

At MSH this process culminates with the annual performance appraisal, Performance, Planning, and Review Process (PPRD), that is held between March and May of each year.

Steps in the PPRD Process



The PPRD process follows the following pattern:

Self Assessment

- Employee evaluates self on performance objectives and performance factors
- Supervisor and employee agree on objectives for FY11
- Employee forwards the self-assessment to his/her supervisor along with plan for next FY
- Supervisor uses employee self-assessment as first draft of PPRD

Feedback Collected by Supervisor

- Employee and supervisor discuss who should be asked to give feedback. The supervisor may ask others outside of those mutually identified for a more balanced feedback, including contacts outside MSH. The Performance Management Team can provide access to the Feedback form in the elm to those who do not work at MSH.
- For supervisors, all of the supervisor's direct reports should be given an opportunity to provide feedback.
- The supervisor sends the feedback form to those being asked to give feedback with a deadline for submission
- Those giving feedback return the forms to the supervisor by the specified date. Confidentiality is intentional in order to encourage honest, constructive responses without fear of retribution or the feeling that only positive feedback should be given.
- The supervisor synthesizes feedback, not attributing specific feedback to individuals, so that feedback remains confidential
- Supervisor Assessment

Supervisor Assessment

- Supervisor uses employee Self-Assessment
- Supervisor combines information from employee self-assessment, feedback obtained from others, own notes and observations, and the job description
- Incorporates synthesized, confidential feedback from others
- Supervisor obtains rating approval

Annual Performance Meeting

- Supervisor gives employee a copy of the PPRD for review prior to their meeting
- Meet at a mutually agreeable time in a place without distractions; speak by phone or Skype if not able to meet in person
- Supervisor gives feedback on past performance
- New performance plan and development plan agreed upon

Finalize Documents

- If the employee receives a U, ER, or O rating, the supervisor needs to request approval from his supervisor or the VP of the Center before signing and finalizing the document. The employee, the supervisor, and the supervisor's supervisor sign the forms and submit them, through ePM or if using the paper process, to the HR Manager or the HR Partner by the due date.
- The employee and supervisor each keep a copy (hard or electronic)

Performance Ratings

Outstanding	O	Meets all standards in Exceeds Requirements and anyone viewing his/her performance would agree he/she has distinguished himself/herself as a role model for peers for the Center/Office/Project. (Note: When using this rating, supporting examples must be provided.)
Exceeds Requirements	ER	Objectives and performance factors are consistently met and for most areas of accountability the employee has exceeded expectations.
Successfully Meets All Requirements	SM	Objectives and performance factors are consistently met and the employee is a clear contributor to the success of the unit and MSH.
Meets Most Requirements	MM	Most objectives and performance factors are met. Performance improvement is needed and expected where not fully competent.
Unsatisfactory	U	Lack of performance toward achieving a significant number of objectives and performance factors. Requires steady and significant improvement.

If an employee receives an MM rating or lower, the supervisor needs to prepare and monitor a Performance Improvement Plan for the employee. (Please refer to the sample PIP below)

A Step-By-Step Guide to Performance Documents

By Brent Roper

Sample Employee Performance Document

	MEMORANDUM
To the employee	To: John Doe, [Job Title]
From manager	From: Sally Smith, [Manager / Job Title]
The document should be close in time (not more than a few weeks) from when the poor performance occurred.	Date: Current Date
	Subject: Job Performance
	Message:
***Introduction** - explain what the purpose of the memo is.;*	Recently, several areas regarding your job performance have come to my attention. It is absolutely necessary that your performance in the areas outlined herein immediately improve. This memo sets forth the specific problems, what affect they are having on the organization and what you can do to correct the problems.
Bullet each item where performance needs to improve.	• Poor Communication/Poor Customer Service
Brief history of the problem including when the manager previously has addressed the issue.	In your last performance appraisal of Jan. 1, 200X, the appraisal noted several problems regarding your lack of effective communication. The appraisal specifically mentioned customers complaining of how you treated them and problems getting along with several team members. You were rated a "Fair" under the Communication category. Since that time, I have spoken with you numerous times regarding communication problems, specifically on Nov. 15, Nov. 29 and Dec. 14. Unfortunately I have not seen significant improvement in this area and problems continue to arise.
State EXACTLY what the behavior is including all relevant facts (names, dates, times, behaviors, words, actions, etc.). Include policies that were violated if any.	On Dec. 27, you took a call from Judy Edwards, assistant vice president for UID, Inc. Ms. Edwards requested that you send her information regarding the investment product you are working on. Ms. Edwards indicated that you told her that you were busy, that you did not have time to talk to her, that she would not understand the da#! product anyway, that she should contact someone else and then you hung up. Ms. Edwards indicated that she then left you three voice mails and two e-mails, to which you never replied.
Include the employee's side of events.	After I received an irate call from Ms. Edwards on Dec. 29, I spoke to you about it that same day. You indicated that you had spoken with her on Dec. 27, that you did tell her you were busy, that you may have cursed at her once and that she probably should talk to someone in her department. You indicated that you did not remember telling her that she would not understand the issue. You did remember hanging up on her and not returning her voice mails and e-mails.

Include organization policies that were violated.	The company's Employee Behavior policy (see the Employee Handbook at page 28) states: "It is the company's policy that certain rules and regulations regarding employee behavior are necessary for the efficient operation of the company and for the benefit and protection of the rights and safety of all employees. Conduct that interferes with operations or brings discredit to the company will not be tolerated.
"Evaluate" the behavior after considering the employee's side.	Even assuming your version is correct, your actions were unacceptable and violated the company's Employee Behavior policy. All employees must support our customers. It is extremely important that we give professional, courteous support to every customer. You admitted telling Ms. Edwards that you were too busy, cursed at her, hung up on her and did not return her calls or e-mails. These are all examples of poor communication, poor customer service and such conduct clearly brought discredit to the company.
State what the impact or consequences of the employee's behavior is.	The impact of your behavior is that Ms. Edwards has now pulled UID, Inc.'s business worth approximately $25,000 a year with our company and is apparently moving their business to our chief competitor. Since UID is a long-timer customer of ours-having done more than $200,000 worth of business with us over the last 10 years-this is extremely costly to the company. As you know, our marketing efforts seek to differentiate us from our competitors based on our outstanding customer service. If we are to survive in this competitive market we must deliver outstanding service to our customers. We can ill afford to lose good customers like Ms. Edwards due to your poor customer service.
State what corrective action is necessary to bring the performance issue up to an acceptable level.	Corrective Action on this will be for you to treat all customers (internal or external), particularly those from state insurance departments professionally, courteously and patiently. It is expected that you will return all customer voice mails and e-mails within 24-hours. If you cannot do this, you must contact me and let me know why. You must also refrain from cursing at customers and talking down to them in a demeaning manner. In the next 60-days you must attend either an internal or external seminar/training on communication/customer service. I also expect you to contact Ms. Edwards and apologize for your poor behavior.
Consequences if performance issue continues.	If your behavior regarding communication/customer service with internal and external customers does not drastically and immediately improve, you will be subject to further disciplinary action up to and including termination.
If there were more bullet items regarding additional performance issues they would be included here.	
Follow-up/feedback	I will review your performance in approximately 30, 60 and 90 days or sooner as needed. I will be sending you meeting notices for Feb. 1, March 1 and April 1.
Allow employee to ask questions and end courteously.	Please let me know if you have any questions. As you know, I have always tried to work with you in the past and look forward to working with you to resolve these issues.

Thank you.Employee Signature (Indicating Receipt Only):
_____ Date: _____

Brent Roper, SPHR, MBA, JD, is senior manager of human resources for the National Association of Insurance Commissioners, in Kansas City, Mo.

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PPRD Cycle Trainings

In order to prepare employees for the annual the PPRD process and for supervisors and supervisees to understand their roles responsibilities during the cycle, MSH makes available the following one-hour trainings:

The one-hour long courses are:

- Preparing for the PRD Process
- Your Role as a Supervisor
- Soliciting and Using Feedback Effectively
- Managing Difficult Conversations
- Coaching for Optimal Performance

To assist staff who may need additional help with the electronic PPRD process MSH makes available the Electronic Performance Management (ePM) Lab.

HR Partners and HR Managers are responsible for delivering these trainings as required during the PPRD process. They are also responsible for ensuring that staff in the countries they support or within their portfolios are properly trained timely by providing the training themselves or by engaging trainers who can deliver them. These trainings are offered worldwide for staff that use either the ePM (Halogen Software) method, or the paper process.

3.13. Offerings and Programs

In order to assist supervisors in their role, MSH offers a series of trainings. Supervisors play a key role since it is their responsibility to set and monitor expectations, serve as a coach and champion, guide employees on their development plans and interests, monitor workload, and develop, implement, and monitor performance improvement plans. HR through the HR Manager or HR Partner serves as a consultant to supervisors in order to guide them regarding performance management, rewards, and recognition, development, etc. but it is ultimately the supervisor's role to ensure that the employee performs as expected by providing the necessary tools, removing barriers, delegating effectively, and

stepping out of the way to allow the employee to perform effectively. Weekly touchbases with the supervisees are an effective tool that supervisors should use to support and coach their supervisees throughout the year.

These are some of the supervisory trainings provided by MSH:

- Supervisor Series- 3-hour long training

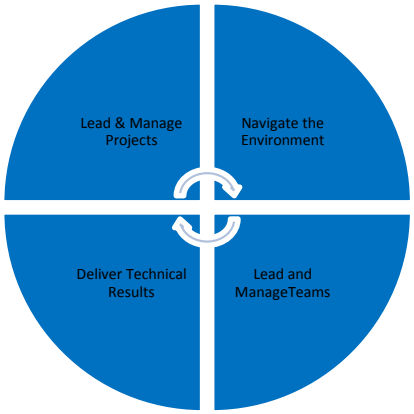
  This series was developed as an expression of MSH's commitment to strengthen the knowledge and skills of MSH supervisors worldwide. The series comprise of several three-hour modules so that managers at any stage of their career can benefit from the knowledge and skills that the modules impart.

  The 3-hour courses offered are:

  - Your Role as a Supervisor
  - Giving and Receiving Feedback
  - Dealing with Difficult Conversations
  - Coaching for Optimal Results
  - Delegating Effectively

- Lead 2015

  Lead 2015 is a capacity building program designed to strengthen the leadership skills of both field and home office management staff. By the year 2015 MSH will have transformed its approach to project leader orientation and development and there will be evidence of the impact of this transformation.



Goals of Lead 2015

1. Develop MSH project leaders who lead and manage their teams and projects effectively to face challenges and achieve measurable health results.

2. Develop MSH project leadership teams with complementary practices to lead and manage project effectively, produce technical results, and navigate their environments effectively.

3. Develop a pipeline of emerging leaders at MSH capable of taking on increasing leadership responsibilities.

Lead 2015 Training Offerings:

- Stakeholder Management Workshop
- Coaching for Results
- PDPro Curriculum
- Team Alignment Meetings Project Kickoffs and Orientation to Leadership Roles

- LINGOS (Learning for International NGOs)
  The MSH LINGOs website is a portal to more than 200 courses, including the Harvard Management Series, in key performance areas such as project management and language training.

  The courses available through LINGOs are offered by different organizations and, as such, come in different formats and require different paths to access. Staff need approval from their supervisors to take these courses; since the project may not have funds for training, they may need to use their own time for this purpose.
  This offering is managed by Talent Management and some courses may be taken with others, and other courses may be taken at the employees' own time.

- Orientation/On-boarding

  The Talent Management Team is developing an orientation/on-boarding program to be used in the US and in field offices. The HR Partner and HR Manager may be involved in the delivery of this program once it has been fully completed and deployed.

  The purpose of the on-boarding program is to assist the new employee in reducing the learning curve that occurs when a person starts a new job. It is designed to help him or her learn about MSH, its Centers, the project to which he or she will be assigned, and about the other projects, systems, and activities under the Center. The orientation and on-boarding program assists the new employee understand how he or she fits under that structure.

  This program takes from three to six months, and will assist the new hire to integrate more effectively to his or her work with MSH.

3.14. Additional Offerings

Upon request from project leaders and senior management, the Talent Management Team is able to provide the following offerings on a consultancy basis:

- Group Facilitation
- Leadership Coaching
- After Action Reviews (with BRD)
- Training Assessment and Curriculum Development
- Train the Trainer (TOT)

Total Compensation

3.15. Philosophy Statement

MSH strives to provide an internally equitable and externally competitive Total Compensation Program that attracts, motivates and retains employees exhibiting strong performance and results attainment, along with desired performance behaviors.

3.16. Components of MSH Total Compensation Program

MSH's Total Compensation Program consists of three major components:

- Salary or Base Pay
- Benefits
- Reward and Recognition

3.17.

3.18. Base Salary

Base salary is the amount of money agreed to by MSH and an employee and paid in return for work performed. It does not include any benefits, rewards, or any other compensation. In the US employees are paid in a bi-weekly basis; in the field base pay may be paid bi-weekly or monthly depending on common practice in the particular country.

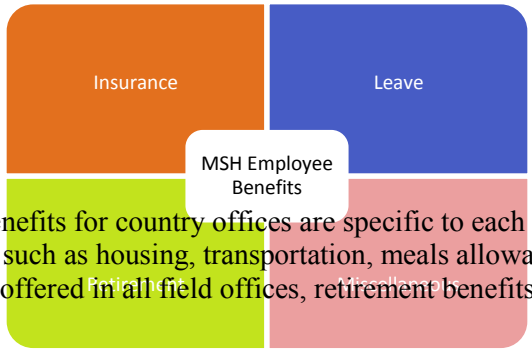
How MSH Derives Base Salary

MSH targets median (50th percentile) base salary for comparable positions in the marketplace. Pay levels are determined based on external competitiveness (market data) and internal equity of individuals in similar positions. (Note: not all positions will have market data)
Compensation in field offices is largely influenced by the local US Government FSN Scale which is one of the main tools MSH uses to obtain external market data. MSH develops its own compensation structures but salaries for projects funded by USAID may require USAID approval and may need to remain within the FSN for the particular country.

3.19. Benefits

Keeping employees' welfare in mind, MSH offers a rich and competitive benefits package. It helps MSH attract, retain, and maintain valuable talent.

MSH Benefits Package



It is important to know that benefits for country offices are specific to each country and are based on local practice or legal requirements such as housing, transportation, meals allowance, etc. For example, although medical benefits are offered in all field offices, retirement benefits may not be.

3.20. Rewards and Recognition Program

The purpose of the Rewards and Recognition Program is to recognize strong performance achieved through desired behaviors and to encourage and empower employees to work and utilize their talents to the fullest.

Types of Awards

- Awards can be of monetary and non-monetary value

  – <u>President's Award</u>

    The President's Award rewards teams and/or individuals that embody efficiency, effectiveness, and empowerment.

    - Safest Driver Award
    - Best Publications Award
    - Project Leadership Award

    This award can be given on a quarterly basis.

  – <u>Thank You Award</u>

    This award recognizes exemplary individual or team performance and accomplishments related to a specific project, event, or outcome. Completed nomination forms found in the MSH Intranet need to be sent to the HR Partner or COMU Director in the field.

    The award can be given monthly.

    Recipients may receive the following:

    - A personalized recognition certificate, and if applicable;
    - A small monetary gift such as a gift card
    - Recognition on the MSH Intranet

  – <u>One MSH (3E+2A)</u>

    This award is given annually to employees and/or teams that have demonstrated the 3E+2A of One MSH:

    - Efficiency
    - Effectiveness
    - Empowerment

- Accountability
- Authority

– Entrepreneurship Award –

This award is given annually to reward success in development of innovative ideas and new business development

– Special Recognition Award –

This award is given annually for outstanding performance during last PPRD period.

– Achievement Awards – signal what we value

– Technical Innovation Award –

This award rewards employees that engage and encourage the application of knowledge to contributing solutions in the area of improving public health services.

This award is given on an ongoing basis.

– Tao of Leadership Award –

This award is given annually to employees that embody the principles of the Tao of Leadership.

Eligibility and Process

Staff who have received a rating of Satisfactorily Meets (SM) and above are eligible to receive an award. To receive the awards staff need to be nominated. Those who wish to nominate others need to complete the Nomination form and follow the process described in the Intranet under "The MSH Reward and Recognition Program."

Promotions

Significant changes in job requirements are submitted through the Human Resources Manager or Human Resources Partner for review by Compensation to determine whether a job evaluation is warranted.

Ideally, all salary adjustments and promotions should take place at the time of the Performance, Planning, Review, and Development (PPRD) process but can occur at any time if a position has significantly changed. The direct supervisor should initiate a job evaluation by completing the Job Evaluation Form. After conducting a market research, the Compensation Unit will analyze the position and will assign a grade and salary to the role. An employee may also be promoted any time during the year in the event that a promotion is the result of an open position and the employee has met the one-year requirement.

Procedure:

1. Fill out the Job Evaluation obtained from the HR Partner or from Compensation.

2. Email their HR Partner with the following:

    a. Job Evaluation Form (as mentioned above)

b. Job Description
c. Organizational chart and any supporting documentation that may be helpful for the review
d. FLSA Review. This is only required in the United States and in cases where FLSA classification is being considered i.e., job changes from non-exempt to exempt status or vice versa

3. If the HR Partner agrees with the promotion, he/she can forward to Compensation for review and approval.

Start-up and Close-down

HR plays an active role during start-up and close down of projects.

During the proposal process, HR contributes by identifying potential candidates for Key positions; obtaining benefits and employment information; developing the Roster; identifying a lawyer; ensuring there is a compensation structure for the particular country, etc. After award HR is an active member of the project Implementation Team. At this stage HR is responsible for recruitment in order to staff the project and the implementation of the compensation program for the project. HR also ensures there is an employee manual to which staff can refer.

Several months before the project ends, the HR Partner works with the local HR manager and the COMU to ensure staff have used their vacation entitlements; confirm which are the end-of-employment benefits to which staff are eligible; draft end-of-employment letters and distribute to staff timely; and complete the appropriate HR actions in the internal MSH employee information system.

Project Closeout Matrix

		Project Close-Out Matrix								
		Project:	**[Project Name]**							
		Draft for Discussion							**Updated - [DATE]**	
Category/	**Primary responsibility**	**Matrix**	**Start Date**	**Statu**	**Time**					
Activities					March	April	May	June	July	August
Close-out Planning										
Initiate the close-out process and	COP	AdCo for the								
Discuss close-out matrix and include project specific issues	PSL with COP	CG&A; Contract Officer								
Project office/ closeout meeting	COP-schedule meeting with project staff to inform about project end date and plans for close-out and termination of staff	CG&A and AdCo								
Meeting with USAID Mission	COP - to inform about starting close-out and discuss specific info/instructions for close-out	AdCo, CO								
Close-out Plan	COP -develop close-out plan based on Close-out Matrix and guidelines of USAID (after contract reading!)	CG&A , PSL and AdCo - provide ongoing support in the development of the plan.								
Contract Reading, Project Deliverables and Compliance issues										
Contract reading: review Contract/CA clauses, project deliverables	CG&A/ CO for the project - initiate contract reading to review contract, clauses and deliverables	COP, PSL, FO&S Director and AdCo for the project; required participation in								
Inventory of deliverables. Reconcile discrepancies in project deliverables and include activities to address discrepancies in close-out plan	COP	PSL, Senior Technical Program Staff, AdCo								
Communication with USAID Mission regarding deliverables	CG&A/CO - communicate with the USAID mission any constraint in complying with contract deliverables	COP								
If it is anticipated that certain activities will take place after the project-end-date (such as shipping and travel), written approval must be requested from the project's CO.	CO	COP								
Preparation of debriefing materials	COP and designated staff	CG&A/CO								
End of project meeting with USAID Mission, Govt. Counterparts, and other parties related to the implementation of the project.	COP	PSL, if time allows, should attend the debriefing during a end-of-project TDY								

Inventory Management										
Perform physical inventory- including vehicles and computers- and cross check inventory list against procurement data in QB files.	Chief of Party or designated staff	Project's operations officer; CG&A/CO								
a) Ensure that list includes expat furniture. All furniture on-loan from US Gov (Mission)requires a separate inventory list and must be returned to USAID.										
b) Ensure that inventory is updated and includes all expendible equipment owned by the project										
Ensure equipment is clean and in working condition. Otherwise, make arrangements for repair (Vehicles may need to be serviced; computers may need hardrives cleaned)	COP									
If equipment is missing, inform USAID and obtain instructions regarding handling discrepencies	Chief of Party/CO	CO								
Send report of problems to MSH Cambridge for equipment of more than $500.										
Create distribution plan of equipment from inventory list and obtain approval from USAID/Donor	Chief of Party									
After approval, prepare distribution plan by recipient (MOH units or USAID/donor) with spaces for recipients to sign for receipt of each item	Chief of Party									
Guidelines: If equipment goes to Government/other recipients, determine what unit should receive the articles, agree on turnover procedures, ensure paperwork for heavy office equipment is in order. If equipment has service plan (prepaid) arrange for transfer of plan to new owner.										
If the project has a library, it will require its own distribution plan	Chief of Party/CO									

Inventory and Disposition of Field Office Files										
Purge files	Chief of Party	Project's operations								
Shred unnecessary or duplicated project documents	Chief of Party	Project's operations								
Using standard label template, label project files depending on whether they will be shipped, transferred, or destroyed.	Chief of Party	Project's operations manager								
Documents that may be transferred include: tehcnical journals, articles, magazines, and books. Documents related to MSH policies and procedures may NOT be transferred. At a minimum, the following files must be shipped to the Home Office: Project field expenses, receipts and financial documents; MSH or Project policy documentation; original approvals required under the contract; contracts with locally hired employees; lease; project activity reports; and evaluations, technical reports and products (manuals)										
For files being shipped, organize by the following management categories: financial, technical, administrative, contractual, HR.										
Use standard packing list template from MSH/C	COP	Project's operations								
Arrange for shipping	COP	Project's operations								
Field must obtain three bids and inform bidders in writing that a US carrier must be used.										
Submit list of archived files to FOS for records	Adco									

Property Management										
Determine whether a mechanism exists to keep MSH's registration open in country.	Chief of Party	Project's operations officer;								
Consult with lawyer about legal requirements and costs invovled for continuing or closing registration		CG&A/CO								
Give written notice to the landlord as agreed in the lease.	Chief of Party	Project's operations officer								
Consult lease contract										
Clean office for final inspection										
Perform walk-through with proprietor										
Request that proprietor sign statement to declare that all property is deemed to be in proper condition										
Request return of security deposit if property is deemed to be in good condition.										
Shut off utilities/cancel services (electricity, garbage, paper, etc.)	Chief of Party	Project's Financial Officer								
Obtain written certification from vendors stating that no outstanding bills exist.										
Send reminders to vendors to submit outstanding invoices before departure date or work out arrangement to pay bills after departure date.										
HR Management										
a) Expat Staff										
Request departure procedure guidelines from Contracting Officer for Expats (*if USAID CO is in-country)*	COP	CG&A/CO, MSH HQ Senior Operations Manager								
Contact PSA for Expat Allowances to initiate shipping arrangements in accordance with expat/TCNs terms of assignment.	COP	FOS PSA for Expat Allowances								
Secure appropriate clearances: EXO, commissary (*if USAID CO is in-country)*	COP	CG&A/CO/ MSH HQ Senior Operations Manager								
Arrange for repatriation travel w/ MSH Travel Coordinator	COP	MSH Travel Coorindator								
Distribute forwarding address to appropriate parties	COP	n/a								
Secure exit visa if necessary	COP	designated staff								

b) National Staff										
COP meets with all staff to discuss start of project close-out and end of staff's contracts	Chief of Party	Project's operations officer; HRM								
Supervisors to meet with individual staff and prepare final PPR	Chief of Party	Project's operations officer; HRM								
Prepare and sign letters of termination in accordance with MSH policy and local labor laws	Chief of Party	Project's operations officer; HRM								
Ensure that all original timesheets are signed and on file	Chief of Party	Project's Financial Office/payroll								
Terminate local arrangements for medical coverage/insurance/benefits	Chief of Party	Project's operations officer; HRA								
Terminate contract for components of local benefits package	Chief of Party	Project's operations officer; HRM								
Pay bonuses or severance pay. Note on receipt that this is final payment	Chief of Party	Project's Financial Officer; HRM								
Provide references for staff	Chief of Party	Project's operations officer/HRM								
Assist staff in obtaining jobs	Chief of Party	Project's operations officer/HRM								
Program Activities and Technical Reporting										
Design outline for End-of-Project Report	COP	PSL; AdCO								
Prepare End-of-Project financial report	CG&A/CO	AdCo; CO; CBA								
Prepare final End-of-Project Report	COP and designated staff	PSL; AdCo								
Combine financial/technical reports in end-of-contract format	COP	PSL/AdCo								
Dissemination of End-of-Project Report and project information	COP	PSL; AdCo; CG&A/CO								
a) Create dissemination plan for reports										
b)Distribute hard copies of final documents to target groups and archives										
Submit all Final Reports to USAID/DEC	COP	AdCo assist in submission								

Financial Management										
a. Budget Monitoring										
Determine the budget for the final phase of the project	CO	Chief of Party, Project's Finance Officer, PSL CG&A/CO								
Closely monitor and control spending for final months, following pipeline budget	Chief of Party, Project's Financial Officer/Accountant	CG&A/CO								
1)Update quarterly pipeline	CO/CGA									
2)Monitor LOE	COP	AdCo								
3)Draft contingency plans when surplus or inadequate funds are anticipated to be available	COP	PSL/CO								
Send reminders about project close down date and when invoices must be in	Project's Operation Officer	Accountant								
Before final remittance of funds to MSH/HQ, conduct a detailed breakdown of outstanding expenses	Chief of Party	Project's Finance Officer/ MSH HQ Deputy Mngr of								
Determine how outstanding bills will be paid after team's departure	Chief of Party	MSH HQ Deputy Mngr of Accounting; Project's Financial Officer								
Submit final field expenses	Chief of Party	Project's Finance Officer								
1)Reconcile/clear all outstanding advances										
2)Updated tabulation of level of effort of field staff										

b. Closing Bank Accounts										
Discuss with local bank whether it has specific procedures for the closure of accounts.	Chief of Party; MSH HQ Deputy Mngr of Accounting	Project's finance officer								
Ensure that all financial obligations have been fulfilled and invoices have been paid.	Chief of Party	Project's Finance Officer								
Transfer remaining monies in local currency into dollar account	Chief of Party	MSH HQ Deputy Mngr of Accounting; Project's Finance Officer								
Send any documentation or paperwork from bank to HQ	Chief of Party	Project's Finance Officer								
Wire any leftover funds from the dollar account to HQ using the following information: Citizens Bank; 53 State Street; Boston, MA 02109 USA; SWIFT Number = CTZIUS33; Account Name = Management Sciences for Health, Inc.; Account Number 1107499078	Chief of Party	MSH HQ Deputy Mngr of Accounting; Project's Finance Officer								
Write bank about forwarding address	Chief of Party	MSH HQ Deputy Mngr of Accounting; designated staff								
Miscellaneous										
Courtesy thank you letter to counterparts, partners, business relations, etc.	Chief of Party	Project's operations officer								
Distribute forwarding address to appropriate parties if applicable.	Project's operations officer	designated staff								

Project Deliverables Tracking Tool

Project Period:

Dates Update:

Objective	Sub-Objective	Activities	Deliverables	Status

Subcontract Agreement Closeout Checklist

		Signature
1)	Original, signed Subcontract on file	_____
2)	Selection memo, financial statements and supporting documentation in the file	_____
3)	Signed Modification Letters on file, if applicable	_____
4)	Work completed in accordance with terms of Agreement	_____
5)	Work completed in accordance with Period of Performance specified in the agreement	_____
6)	Required reports and other deliverables received and approved by technical supervisor	_____
7)	Final invoice received and submitted for payment and any advance payments reconciled and cleared	_____
8)	Subcontract payment log completed and in file	_____

Contents Verified _____

Date _____