



Abt Associates Inc.

Final Report Small Grants Program

Iraq Health System Strengthening Project

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Executive Summary

The Small Grants Program (SGP) is part of the Iraq Health System Strengthening (IHSS) project implemented in post-conflict Iraq from May 2003 to April 2004 (with an extension till July 2004). The primary objective of the IHSS project was to strengthen the health system through rapid-response, collaborative interventions, based upon needs assessment both of the community and the medical sector. The SGP was a part of the IHSS project that successfully implemented 33 grants worth \$1.2 million, most of which were executed in the last four months of the contract (contract received a three-month extension). The following Final Report is a compilation of all the strategies, activities, outcomes and lessons learned from implementing a Small Grants Program in a complex emergency environment.

Chapter 1 discusses the background of the project and correlation of the SGP to the objectives of the IHSS project goals. It also describes the importance of rapid response interventions in complex emergency environments.

Chapter 2 describes the Small Grants Program implementation process. This chapter lists the objectives set by USAID and Abt Associates, describes the mid-stream strategy, developed to ensure consistency in the grant review and approval process and details the administrative, financial and monitoring and evaluation activities. The program implementation section details the three stages of program activities categorized into capacity building, proposal review and selection, and grant implementation. The new strategy helped reduce delays in implementing the program given the time available to fulfill the project's deliverables and assist with the ongoing humanitarian efforts. The staffing, financing and monitoring and evaluation strategy explains how the program tackled the challenges of recruiting inexperienced medical staff, maintaining a contiguous capacity building process to meet the demands of the program, and highlights the financing issues faced when operating in a cash transaction economy. The monitoring and evaluation section explains the plan used to evaluate rapid response grants under short time lines and the challenges the team faced in trying to complete the M&E under the increased insurgence of violence in the country. It also explains the reasons for not implementing a long term M&E strategy to establish the sustainability of the grants awarded.

Chapter 3 discusses the immediate outcomes of the SGP and categorizes the outcomes based on the three periods of the program implementation, the pre-administration of the grants awarded, the grants awarding phase, and the post implementation phase

Chapters 4 highlights the lessons learned over the last year and lists both successes and failures of working in a complex emergency environment that required rapid response solutions to serve the immediate health needs of a victimized population. Successes are tallied against the pre-set objectives of the program listed in section 3.1.

Acronyms

| | |
|-------|--|
| USAID | United States Agency for International Development |
| CTO | Cognizant Technical Officer |
| CO | Contracting Officer |
| IHSSP | Iraq Health System Strengthening Project |
| SGP | Small Grants Program |
| MOH | Ministry of Health |
| MOE | Ministry of Education |
| MCH | Maternal and Child Health |
| PH | Public Health |
| HCD | Health Care Delivery |
| HIS | Health Information System |
| DIS | Disease Surveillance |
| EH | Environmental Health |
| DoD | Department of Defense |
| CPA | Coalition Provisional Authority |
| IO | International Organization/s |
| NGO | Non-governmental Organization/s |
| WHO | World Health Organization |

1. Introduction

The Iraq Health Systems Strengthening (IHSS) Project began in May 2003 for all intents and purposes as a coordinated effort to assess the needs of the community and implement a rapid response program in a post-conflict environment. Efforts required getting on the ground, assessing health needs in collaboration with local and international humanitarian organizations, and jointly implementing activities to support and strengthen the health system. As a result of these initial activities, the Small Grants Program (SGP) was established as an independent program with separately defined objectives, in addition to its dual role supporting overall contract objectives and Workplan activities.

The Small Grants Program was launched in July using a defined set of objectives. The strategy of the program was to focus initially on training and capacity building of the Iraqis to form non-governmental organizations (NGOs) and engage in proposal application and submission, progressing into the proposal review and reward phase, finally ending with the grant implementation and monitoring and evaluation phase. After conducting the workshops in several governorates the Iraqis were able to form non-governmental organizations and begin applying for grants. The grant review included reviewing grant applications by program staff, the Grants Manager, the Grant Review Committee consisting of technical team leaders working on the IHSS project, followed by the Chief of Party, after which selected grants were submitted to USAID for review and approval. During the change in management of the Small Grants Program, another step was added to finalize the grants approved for implementation. It included a more informal, yet equally mandatory process involved reviewing the grants with the technical advisors from the Coalition Provisional Authority (CPA) Ministry of Health.

The Small Grants Program successfully implemented 33 grants amounting to \$1.2 million. The grants were spread across 11 of the 18 governorates and program focus areas included, renovation and rehabilitation, environment and public health, maternal and child health, school health, women's health, health information systems and health care delivery.

The program implementation strategy carefully incorporated a network of grant mentors and grant mentor assistants, distributed across seven regional offices¹. The grant mentors assisted the grantees with administrative, budgetary and financial tracking activities and provided support for weekly grants tracking. The grants monitoring and evaluation team performed a mid-program and end of the program evaluation to assess the impact of the intervention.

The IHSS project team encountered several security, staffing and logistical obstacles common to international projects in complex emergency countries. These challenges

¹ Grants Program offices were located in Erbil, Mosul, Kirkuk, Baghdad, Al Kut, Al Hilla (was closed in January 2004) and Basrah.

propagated through all the technical work areas of the IHSS project, including the Small Grants Program. However, while the challenges were many, the benefits outweighed these challenges. Benefits included the capacity building efforts of the workshops and the grant mentoring program, temporary jobs created in renovation and rehabilitation programs, and to the grant recipients and community through the health interventions funded by the grants.

2. Project Implementation

2.1. Background

The IHSS Project (IHSSP) entitled, “post-conflict” was intended to focus on rapid assessment, stabilization and basic reconstruction. USAID and IHSSP leadership established that the Small Grants Program would operate as an independent program, outside of the IHSS Technical Work Plan and after the team completed reconnaissance on the situation in Iraq. The experienced humanitarian organizations and NGOs present in the country, had already begun building a network of emergency relief support services and many of the US Government contractors had begun basic reconstruction of municipal services, health and education facilities and other infrastructure. In addition, the CPA – the civilian arm of the Department of Defense – had program funds to invest in any infrastructure reconstruction they deemed necessary. Hence, in the first three months of the project, USAID and the IHSSP leadership, wrestled with solidifying the technical deliverables. Given the knowledge that basic reconstruction and numerous assessments were being done all around the country, USAID expressed that it would be ideal to transition the IHSSP Work Plan from post-conflict into pre-development activities while supporting activities related to post-conflict. Pre-development activities focused on capacity strengthening and sustainability of a health system.

The Small Grants Program was a vehicle by which local and international NGOs received funding to abate ongoing health crisis at the local level. However, the program staff and the client noted that the grants program could begin only after the environment permitted the operation of a hands-on program. Furthermore it was agreed that all grants would be awarded in consultation with USAID.

2.2 Grant Objectives and Goals

The objectives of the Small Grants Program were to:

- 1) Speed up the reconstruction and re-equipment of medical facilities and health sector infrastructure – priority will be given to those facilities that support primary health care, particularly, care focused on women and children;
- 2) Support service providers and community initiatives to restore and maintain health services in areas and facilities disrupted by the conflict;

- 3) Enhance IHSSP efforts and roll out project results to more facilities, regions, and communities of Iraq to contribute to the following important goals:
 - Restore and modernize primary health services, particularly, women’s and children’s care;
 - Reconstitute health financing and administration;
 - Modernize disease surveillance and health reporting;
 - Reconnect Iraqi health providers with international standards and best practices through modernized clinical training and care management;
 - Develop health and management data systems to provide policy- and decision-makers with the evidence of health needs and health sector performance;
 - Increase participation of the Iraqi communities and families in the matters of health, particularly disease prevention and health promotion;
 - Help health system leaders of Iraq develop a broader look on the present and future of the Iraqi health care sector;
 - Foster health care and policy research;
 - Support for professional associations such as doctors, nurses, pharmacists, lab technicians, public health and allied health sciences.
- 4) Other objectives that target important and effective solutions in the health care sector of Iraq.

The primary focus of these objectives was to reconstruct and renovate, build capacity of the local health leaders and organizations and inject resources at the local community level. The objectives provided the IHSSP technical team leaders a framework to link their project activities, under the Technical Work Plan, to any interventions funded by the SGP.

2.3 Grant Program Strategy

Challenges faced during program implementation typified the nature of working in countries facing complex emergencies. The IHSSP was designated a post-conflict/pre-development project and the technical work plan was crystallized assuming that the ongoing conflict would decrease over time. However, the continuous attacks on expatriate contractors, on Iraqis working for the Americans and on the Iraqi people in general maintained the country’s chaotic environment and increased the hardships of implementing a strategy initially developed by the program leader. Given the changing nature of the security in the country, the program manager developed a program strategy with goals and timelines that needed frequent revisiting.

The initial strategy involved tying the marketing of the grants program into the capacity building effort. The marketing targeted both international and local NGOs, however, the capacity building workshops were designed to train local Iraqi NGO staff. The planned next step of the grant program strategy was to continue the capacity building and begin a grant-mentoring program for local NGOs to educate them about grant proposal writing and budgeting; followed by grant reviewing and selection of promising grants. Well-designed projects that responded to the objectives of the program were selected for approval by

USAID. In anticipation of assessing the outcomes of a rapid response grants program, a Grants M&E strategy was put in place and a team was assembled and trained.

Launching capacity building workshops was slowed by the security status in the country. However, some regions remained safe during the period of August and September and resulted in high turnouts at the workshop. While the workshops were a success, the number of grants approved by November 2003 were few due to the need for additional capacity building and mentoring of Iraqis who were inexperienced in starting NGOs and the absence of a formalized grant approval process. Finally, progress on IHSSP activities, unrelated to the Grants Program, interfered with the CTO's ability to review the grants and caused delays of three to four weeks. These problems were exacerbated by a one-month freeze of the SGP imposed by the CTO in October/November 2003.

With only five months remaining to complete the IHSSP contract, the Small Grants Program had committed \$441,000 to four grants. The delay in approving grants resulted in a gradual loss of confidence amongst the local NGOs and reduced the number of applications received to a trickle. In order to compensate for time lost owing to security, communications breakdown, and a month's freeze on the Small Grants Program it was necessary to evaluate the status of the program and develop a new strategy immediately.

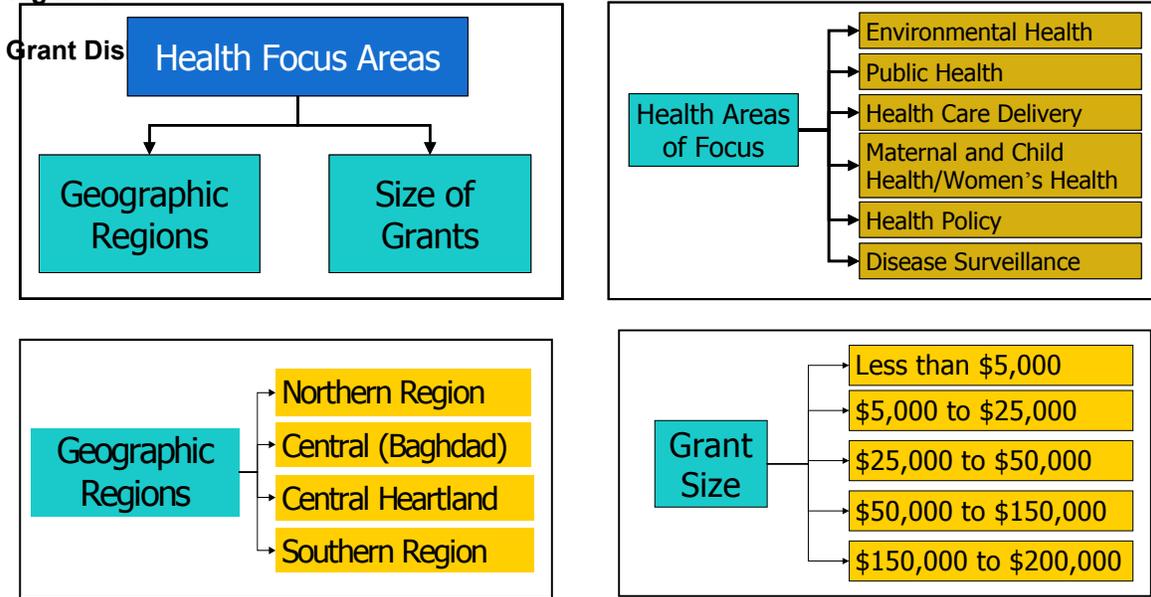
2.3.1 New Grant Strategy

In December 2003, USAID lifted the freeze over the SGP. IHSSP management developed a grant program strategy that outlined specific grant funds disbursement goals to respond to the grant objectives. The strategy was presented to USAID and to the CPA as per the CTO's request. Presenting the strategy thrust the grant program into a new phase of program implementation, one in which both the client and CPA were aware of the IHSSP Grant Program goals and where the grant review, approval and implementation processes were streamlined.

In an effort to concentrate on grant activities proactively we developed a grant disbursement strategy that factored in regional allocation, grant size, and program focus areas. This strategy was necessary to map out the grant disbursement over the remaining five months (December 2003 - April 2004) of the IHSSP and assist the local grants team to develop internal milestones against which the performance of the grants program could be measured.

The new strategy structured grants disbursement based on several factors. These included Health Focus Areas and within that Geographic Regions and size of Grants (Figure 1).

Figure 1



The program focus areas helped draw attention towards funding programs that supported the health system strengthening strategy of the IHSSP as well as recommendations by the Ministry of Health through the Strategic Working Group² process. Each grant could target a program focus area that could involve any one or more of the following five activities:

- 1) Renovation, Rehabilitation and Equipment procurement
- 2) Capacity Building of health professionals
- 3) Health Research and Monitoring
- 4) Health Policy
- 5) Health Education Programs

Each of the five activities was further divided into sub-activities that specified the program target.

- 1) Renovation, Rehabilitation and Equipment
 - a) Sewage stations.
 - b) Water Pumping Stations.

² The Strategic Working Group Process was conceptualized at a conference held in August 2003 with participants from various international donor organizations. The objective of the Strategic Working Group was to form 9 working groups and hold weekly meetings for a period of 8 weeks to discuss and develop a vision for a new health system. Meetings were coordinated and organized by Abt Associates Inc. from September-November 2003 during which time nine working groups were formed. The nine working groups were named, Health Care Delivery; Public Health; Health Care Finance; Health Information System; Education and Training; Human Resources; Pharmaceutical, Medical Supplies and Equipment; Legislation and Regulation; and Licensing and Credentialing. Participants in the working groups included, representatives from the Ministry of Health, USAID, CPA, WHO, international NGOs and representatives from medical and paramedical institutions, health facilities and local directorates of health.

- c) Renovation of Health facilities (Primary Health Care Centers, Hospitals, Laboratories, Blood banks).
- d) Equipping Health facilities.
- 3) Capacity Building, Capacity Strengthening of health professionals
 - a) Introducing new curriculum and continuing education programs for medical and paramedical staff (Nursing, Public Health, Public Policy).
 - b) Conferences, workshops, short courses.
 - c) Technology development to improve skills or research capabilities.
 - d) Networking across universities.
- 4) Health Research and Disease Monitoring (Governorate, Catchment³, District and Community level)
 - a) Disease Research, Treatment and Reporting
 - b) Disease Surveillance
- 5) Health Policy
 - a) Client Satisfaction Surveys and exit interviews
 - b) Household Surveys
 - c) Case studies
- 6) Health Education Programs
 - a) Women's Health (Breast Cancer)
 - b) Maternal and Child Health (Pregnancy, Nutrition, Prenatal, Postnatal Care)
 - c) Community Health Programs (Hygiene, water purification, dental care, safety at home, use of medication, health awareness campaigns)

2.4 Grant Program Implementation

2.4.1 Capacity Building

USAID objectives for the SGP emphasized capacity building coinciding with reconstruction and rehabilitation. In August 2003 the grant program team began planning and implementing a series of workshops across the country. The idea was to launch an aggressive marketing effort to innervate a tier of new non-profit community organizations that can implement ongoing health program interventions at the local level. The workshops were targeted towards local and international NGOs, community organizations, and individuals interested in learning about the SGP.

Initially, the grant workshops were designed to provide basic information on the IHSSP and SGP, to explain the SGP grants application process, and to highlight the SGP objectives in order to facilitate applications that were responsive to the objectives. However, ongoing reconnaissance of the various regions and feedback from the existing NGOs indicated that the Iraqis were inexperienced in grant proposal writing as well as initiating community

³ Catchment area: a demographic spread designated by the Iraqi government to describe the geographical spread of population that spanned more than one district or postal code.

organizations and NGOs. Hence, sessions on designing program intervention, forming community organizations or NGOs, grants proposal writing, program management, budgeting, and monitoring and evaluation (M&E), were added.

The finalized program included the following sessions:

- Introduction to the IHSS project and the SGP
- Objectives of the SGP
- Prerequisites to form a community organization or an NGO (mainly targeting locals)
- Formulating a program intervention to compliment the SGP Objectives
- Components of the SGP Grant proposal submission
- Grants Budgeting and Financial tracking
- Overall Grants Management
- Grants Monitoring and Evaluation and its linkage to program performance
- Working Sessions on filling out grant proposal forms, formulating program interventions
- Question and Answer Session

The SGP successfully implemented nine workshops across the country between August-October 2003 (Table 1). Prior to each workshop group emails were sent to local NGOs and fliers were distributed to the Directorates of Health for each governorate, the schedule was submitted to USAID and to the Ministry of Health.

Table 1

Summary of Workshops

| Small Grants Program Workshops | | | | |
|---|------------|-----------|-------------------------|-------------------|
| Introduction to the program and Capacity Building on Grants | | | | |
| No. | Location | Date | Place | No. of attendants |
| Central - Baghdad | | | | |
| 1 | Baghdad | 14-Aug-03 | Al-Ilwiya Club | 80 |
| 2 | Baghdad | 18-Aug-03 | Ihalan Wasahlan Hall | 120 |
| 3 | Baghdad | 11-Nov-03 | IhlanWasahlan Hall | 26 |
| Central - Heartland | | | | |
| 1 | Kut | 11-Oct-03 | Kut Public Hospital | 35 |
| South - Marshlands | | | | |
| 1 | Basrah | 7-Oct-03 | Rumaila Hotel | 30 |
| North | | | | |
| 1 | Kirkuk | 22-Sep-03 | DOH Kirkuk Center | 53 |
| 2 | Erbil | 24-Sep-03 | Chawarchra Hotel Hall | 85 |
| 3 | Dohok | 20-Oct-03 | Jiyan Hotel | 20 |
| 4 | Sulaimanya | 22-Oct-03 | Sulaimanya Palace Hotel | 42 |

2.4.2 Grant Proposal Review and Selection

While many of the grant review and selection policies and procedures remained unchanged, in order to speed up the process and increase the number of grants awarded, the grant review and selection process incorporated a few new policies in December 2003. During the first phase of the grants program all grant applications were reviewed, rated, and prepared for submission to USAID. No grant application was denied and none of the grants were rejected for submission to USAID by the SGP team. Of course, grantees were encouraged to submit proposals outlining program interventions that met the objectives of the SGP.

Previously, grantees submitted completed proposals under close mentoring by the grants team, outlining the budget, activities, deliverables and a timeline, after which the Program Manager, the monitoring and evaluation coordinator and the review committee rated the grant and then submitted the same to USAID for approval. USAID grant review process often involved a review and response time period of four weeks. The Iraqis, new to the process of grant application expressed frustration and anger at having invested in an endeavor with no returns when they discovered that their grants were rejected. The discontent became more visible as the time period for review of approval increased and especially during the one-month freeze of the Small Grants Program activity by USAID in

November 2003. By that time USAID had approved only five grants, all of which were grants recommended by the Coalition Provisional Authority and USAID. Increasing queries from grantees who had not heard about the status of their applications submitted in August and the scant approval of grant awards through November implied that the grant proposal submission, review and selection process had to be revisited given the mandate of the Small Grants Program – to award rapid response grants.

2.4.2.1 Grant Proposal Review

The grant review process involved providing close mentoring on writing the grant proposal and drawing up a grant budget. The two teams that directly assisted with the grants review and selection were the Grants Technical Team and the Grants Finance Team.

The Grants Technical Team assisted the grantee in clarifying their ideas through mentoring meetings. Often these mentoring sessions were used as a means of training the grantee to begin thinking of their organization as one that serves a community broader than their area of residence. To ensure that the proposal was from a genuine entity and that the intervention responded to the needs of a locality, grantees were asked to collaborate with local health officials and acquire endorsement letters from the Director General of Health (DGH) for their respective governorates where the interventions were to be implemented. Incorporating the pre-requisite of an Endorsement Letter from the DGH office increased the credibility of a newly formed organization and hopefully initiated the first step towards a formal registration of the NGO. The letter kept the DGH officials well informed about program interventions targeted for their regions and invited them to recommend changes to the grantee’s strategy, scope of work, or target population. Also the letter established a relationship between the grantee and the DGH office and opened up a channel of communication, between the IHSSP-SGP team and the local leadership, at the governorate level.

The **Grants Finance Team** played the crucial role of an internal auditor by incorporating mechanisms to minimize discrepancy in budgeting. Prior to accepting finalized budget submissions with the grant proposal, they reviewed the budget, confirmed that all items were properly estimated and that all costs, including travel, salaries, and purchases, were consistent with the USAID regulations for disbursement of rapid response grant monies. Grantees were required to provide three quotes for activities related to procuring equipment, supplies, renovation and rehabilitation. The grantee had to provide justification for selecting a quote. Absence of legalized registry of businesses, fluctuation of the Iraqi currency and a mushroom growth of new vendors after the war, necessitated checking the existence of any vendor and confirming their quotes. The team carefully scrutinized quotes that appeared inconsistent with market trends and team members personally checked the presence of vendor business offices in the market place as well as confirmed rates quoted by the vendor. Edits recommended by the team were forwarded to the grantee. After the grantee revised the budget the finance team reviewed it a final time for approval. Only after the budget was approved did the Grants Program Manager review the whole proposal. Additional changes

made to the budget hereafter had to go through the same review and approval process with the Grants Finance Team.

2.4.2.2 Grant Selection

To structure the grants selection process and to define the role of the involved team members, we developed a **Grants Selection Team**.

The **Grants Selection Team** included the technical team, finance team, the program manager and a Review Committee. The selection team did not have the authority to award grants. Previously, the Review Committee, comprised of the Small Grants Program Manager, the M&E Coordinator and the Grants Finance Manager, independently rated the grant (Appendix-Rating Sheet). The grant package with ratings was then submitted to USAID for selection. However, in December 2003 the structure of the Review Committee changed. The Review Committee now included, the senior team leaders of the various IHSSP work areas – Health Care Delivery, Resource Mobilization, Health Information Systems, Chief-of-Party, Health Education and Monitoring and Evaluation. Along with the SGP Program Manager and Finance Manager, the role of the Review Committee was to weed out grants that either did not meet the objectives of the SGP or did not show the capacity to implement the defined program intervention. In the new selection process, only those grants that satisfied all parties were submitted to the client reducing the burden of grants selection.

2.4.2.3 A New Grant Review and Selection Strategy

Since the grant proposal writing and budgeting process was significantly time consuming, it was necessary to implement a pre-screening process before the grantee engaged in the proposal submission process. Such a strategy reduced the burden both on the grantee, the Grants Mentoring team and the client. The following procedures were incorporated into the review process.

- 1) The grantee was invited to meet the grant mentor with an idea and discuss verbally the context of their program intervention, the program objectives, targeted population and an estimated program budget to implement the program. The grantee was told that they would hear back from the Grant Mentor after the idea was carefully assessed for program implementation feasibility.
- 2) The Grant Mentor submitted a brief summary of the idea to the Program Manager. The summary included the name of the organization, program idea, geographic location of intervention, targeted audience, rough estimate for the overall program cost and the time period of implementation.
- 3) The Program Manager and the Review Committee discussed the idea verbally and explored the feasibility of implementing the idea under the given time and budget constraints. If the idea was rejected then the grant mentor informed the grantee immediately and advised them to rethink their program. If the idea seemed feasible, the Program Manager submitted a brief summary via email to the client.

- 4) Once the client indicated that the idea was interesting and relevant to the SGP objectives, the grantee was invited to begin the grant application process.

These four steps significantly contributed to the change in the grant award strategy and improved our relations both with the local Iraqi NGOs as well as the client. The pre-screening strategy required the SGP to establish strong channels of communication with the IHSSP team, the client and the Iraqis.

2.4.3 Grant Mentoring

Iraq's post-conflict environment contributed towards an increased funding pool for small-scale and large-scale health program interventions resulting in a mushroom growth of inexperienced, local, non-governmental, community organizations, seeking a share of the country's growing pool of funds. Typically, community representatives were determined to bring resources to their neighborhoods and did not consult with the local leadership if the interventions complimented the needs of their communities. On some occasions participants focused on acquiring financial resources to fund private and personal agendas, often unrelated to the health system strengthening objectives of the SGP. Trained doctors and recently elected health officials were well experienced and able to articulate the health care needs of the community. However, very few could comprehend the grant funding mechanism and tended to misperceive the IHSSP-SGP as an arm of the CPA funding mechanism. Many sought instructions to start community organizations or NGOs as vehicles of targeted health program interventions at the local level. Well aware of the rising number of inexperienced NGOs, the SGP leadership planned for the capacity building and mentoring of the grantees through the life of the program.

The Grants Program focused on funding, Rapid Response grants. However, providing financial resources to fund the grant was insufficient when the objective of the SGP was sustainability of NGOs, post SGP funding. The team noted that the strength of the Grant-Mentoring program would define its success and assist in the sustainability of NGOs in the long term. The Iraqi NGOs needed capacity building in advocacy, proposal writing, financial planning/tracking, program implementation, reporting, and monitoring and evaluation, to ensure the sustainability of their organizations. The Grantee Mentoring was designed to respond to the needs of the newly forming NGOs in implementing an existing grant and building expertise to acquire funding after the IHSSP-SGP grant. Hence, workshops were designed to train potential grantees on forming an NGO, applying for grants and skills to implement a grant.

The workshops were the perfect mechanism to explain the SGP to the Iraqis, to provide instructions on the grant application process and to identify the Iraqi expertise in implementing small grants projects. The inexperience of the potential grantees necessitated planning for a Grants Mentoring Program, in which each grantee received one-on-one guidance through the various steps of grant application and implementation. Each of the SGP offices staffed a Grants Mentor and a Grants Mentor assistant. The Grants Mentor

focused on working with the grantee to identify program ideas and familiarize the grantee with the grant application process. Grantees were inexperienced in writing grant proposals, developing grant program budgets and most importantly, formulating concrete ideas for health program interventions. Grantees were unfamiliar with developing budgets. Often salaries for similar job titles, with similar degrees and work experience showed a variance of 50-100% from one grant proposal to another. Materials for similar kinds of renovation projects were quoted by unregistered vendors or by the same vendor but with a large variability in price. The Grant Mentors began mentoring to develop a list of program interventions during the workshop break out sessions. Hence, many ideas for grant proposals were formulated during the Workshops sessions. In didactic discussions, grant mentors had to encourage the grantees to develop an intervention with quantifiable outcomes, a distinct timeline, qualified staff and collaborators and clear budgetary requirements. Mentors advised the grantees to seek community approval and discuss the technical challenges of implementing their program with local health officials.

Grant Mentors provided technical support during the grant application and implementation phase. Prior to beginning any grant review formalities all grant proposals needed textual and contextual editing. Absence of computer technology (grant budgets often listed procurement of computer, printers etc.) resulted in grantees needing assistance to complete application documents and to detail the technical aspects of their program. Grant Mentors visited the site of implementation and conducted a pre-assessment for those projects that required restoration, renovation and rehabilitation of health care centers, hospitals or environmental and public health related construction. During the implementation, the Grant Mentor remained in contact with the grantee on a weekly basis to track the work of the grantee and to assist with any technical barriers. When planning conferences and training events, grant mentors reviewed materials designed for distribution with the technical team leaders of the IHSS project to ensure quality of the message. Also, grantees received guidance on submitting activity reports, mid-term and final reports and on collecting and analyzing data.

2.4.4 Grants Tracking

Grant Tracking was part of the Grants Mentoring strategy and was developed as an add-on to the Grantee-Mentoring program. While newly forming NGOs were unable to register at the Ministry of Health, since no formal NGO registration formality was in place, it was the responsibility of the SGP team to frequently test the legitimacy of the NGO. Furthermore, the rapid response nature of the grants, cash transactions in a cash-based economy and, time constraints given the security risks and the desperate health conditions of the people, necessitated a grants tracking mechanism to ensure timely completion of all the activities.

In December 2003, the Grants Tracking process was incorporated to ensure that the grantees were staying close to their objectives and that deliverables, as stipulated in their grant agreement, were completed. As part of the Grantee-Tracking system, grantees received continuous guidance through program implementation and the Grant Mentor remained well

informed about the challenges faced in the program. This often enabled the NGO to receive any additional extension to complete the project.

Grants tracking involved a weekly site visit during which time the grant mentor interviewed the grantee, took pictures on the progress of the project and inquired about the invoices to review the monies spent on the project thus far using a Grants Tracking Form. The mentor filed the form with photographs for future comparison to Progress Reports submitted by the grantee when collecting reimbursements against expenses incurred. The Grants Tracking forms assisted the technical and finance team to confirm that the grantee is incurring costs as planned and using the funds to accomplish deliverables stated in the grant proposal.

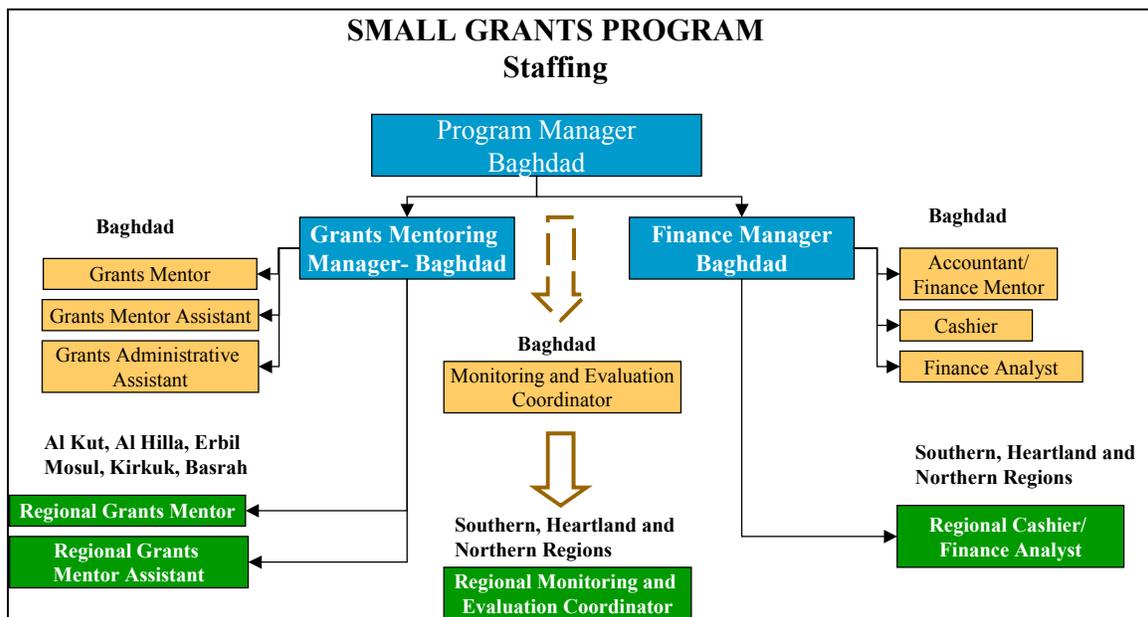
2.5 Administration, Staffing and Logistics

2.5.1 Staffing

The majority of the staffing for the SGP was completed in the months of July-September 2003. The management envisioned a reporting structure that would strengthen the communication channels between the six regional offices and the Baghdad headquarters (See Figure 2).

Figure 2

Staffing for the IHSSP Small Grants Program.



The Iraqis were inexperienced in Small Grants Program management and implementation, and the security risks of hiring unknown individuals increased the challenge of staffing the

SGP. The SGP manager recognized that individuals with extensive backgrounds in medicine might be useful for the IHSSP small grants program. The grant mentors in each of the regional and main offices were doctors and the grant mentor assistants were either doctors or engineers. Hiring medical doctors had the added benefit of their knowledge on the politics of the health sector and the health related challenges and much needed intervention at the governorate level. The doctors' past experience further enabled testing the feasibility and the reliability of certain health program interventions proposed by the grantees. Recruiting engineers as grant mentor assistants enabled evaluation of costs proposed by grantees for renovation and rehabilitation programs and provided the technical and analytical skills necessary in some of the data collection and assessment projects.

The Grant Mentor and the Grant Mentor Assistant fulfilled multiple roles in the SGP and as a result developed new skills with each added responsibility. The mentors also learned to implement grants tracking instruments as part of the grant-mentoring role. Many of the grant mentors were later trained as M&E assistants to conduct M&E site visits of the grants. Overall, the decision to hire doctors to work as grant mentors in a health system strengthening project was critical to the success of the small grants program.

2.5.2 Financing

Iraq's post-conflict environment triggered a decision by the CPA to close all banks in the country, resulting in a purely cash transaction environment. Implementing a small grants program in cash required the Grants Finance Team to implement strict disbursement policies to maintain the legitimacy of the transaction under severe security and time constraints. Transporting cash into the country on an as needed basis to minimize the security risk to the team members in the field office required planning weeks ahead of time and projecting needs of grants that were awarded as well as those that may be awarded. The Grants Finance Team had to develop innovative grants disbursement mechanisms under the USAID guidance that conformed to USAID regulations but were also responsive to the Iraqi NGOs.

Cash projections were closely tied to the grant proposal budgets, timelines and deliverables. Adhering to the timeline of each grant was necessary if the grantee was to receive reimbursements against expenses incurred regularly. The team had to work closely with the grantee to develop the proposal budget and unnecessary costs or costs unrelated to the program intervention were closely monitored and cut from the budget. The finance team members visited vendor shops and confirmed the market rate of equipment and services for all proposals. Price checks were conducted in the locality of the program intervention. This meant that if a proposal for renovating a clinic was submitted from Kirkuk (northern region) then price of equipment, transportation, and services were checked in the Kirkuk market area.

The team incorporated formal procedures for all cash disbursements to grantees against expenses incurred. The grantee had to submit a "progress report" to the Grants Technical Team where all activities and deliverables were listed with a reference to the timeline

submitted in the proposal. The Grants Technical Team reviewed the progress report and compared it to the weekly Grants Tracking Report to confirm that the grantee was reporting on all activities accurately. The Program Manager initialed the report and the documents were submitted to the Grants Finance Team. The finance team assisted the grantee to submit a formal invoice using the SGP standard formats. After the invoices were thoroughly checked, and the prices were compared to the three quotes submitted by the grantees earlier the documents were prepared for processing. The final payment documents were reviewed and required the signature of the Chief-of-Party, the Program Manager and the Grants Finance Manager. Only then did the grantee receive a cash payment for invoices submitted.

The Grants Finance Team

- Assisted the grantee in developing and finalizing a budget for the grant proposal
- Checked that the grantee provided no less than three quotes for all procurement, purchasing and construction activity
- Compared the prices quoted in the proposal with the same vendors in the market.
- Ensured that the budget line items did not conflict with USAID budgetary regulations for the Small Grants Program.
- Cross checked that all edits to the timeline, deliverables and activities by the Grants Technical Team correlate to the budget based on market cost.
- Developed an invoice check mechanism to ensure the legitimacy of the costs incurred by the grantee
- Implemented a strict grants disbursement mechanism to follow all USAID regulations for the small grants program.
- Collaborated with USAID to incorporate a revolving account and submit invoices to USAID for grants monies disbursed to ensure receipt of timely payment from USAID to the company.

2.6 Grant Monitoring and Evaluation.

2.6.1 Monitoring and Evaluation Plan

IHSSP utilized an internal M&E team to monitor the progress of the project, assist the technical team leaders to submit weekly and monthly updates, to inform the project members on progress of other work areas, provide relevant and as needed information to the USAID external M&E consultant, and to submit monthly reports to USAID. The M&E team developed a separate plan to evaluate each of the technical work areas including the grants program. Staff recruited for the M&E team were trained to implement the M&E instruments. The two senior M&E coordinators were research doctors and faculty members at one of the medical universities in Baghdad and were familiar with M&E making it easier to train and launch the M&E program.

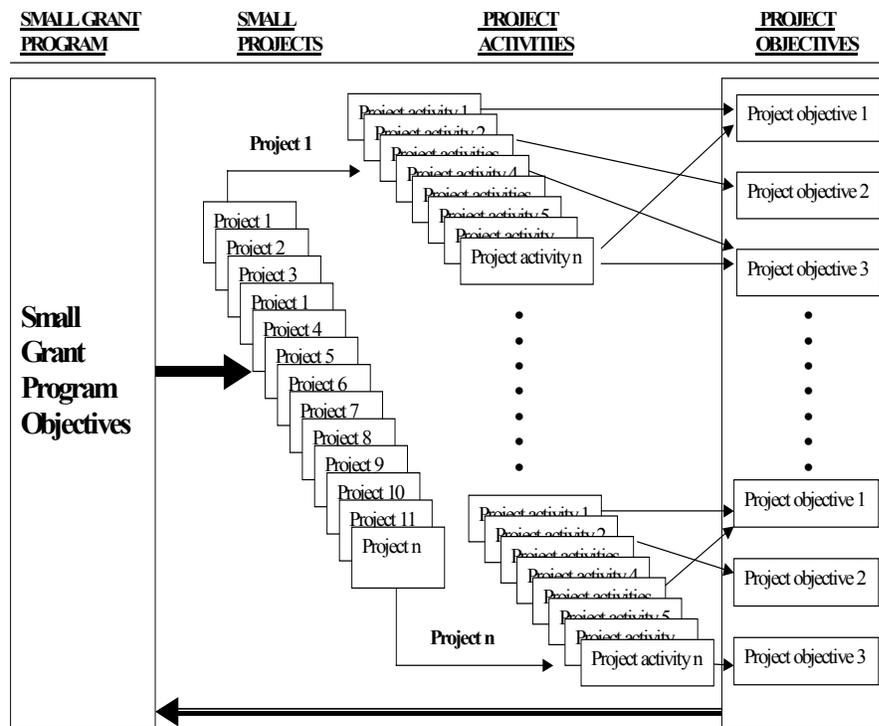
The framework for M&E of the SGP (Figure 3) was based on linking grant program activities to program objectives that were then linked to the I-HELP objectives and provide

an overall evaluation of the effectiveness of the program. A program's success was rated based on the following criteria:

- 1) Identify whether the grant activities were related to the program objectives outlined in the grant proposal
- 2) Assess that the NGO completed activities related to the program objectives under the preset timeline and deliverables of this program.
- 3) Identify the total number of grant objectives that corresponded with the overall I-HELP grant program objectives.
- 4) Estimate the social benefits of the I-HELP program, for example, number of individuals employed, number of individuals who increased and improved their skills set through capacity building efforts, number of direct beneficiaries of the program and the quantity of services.

Figure 3

I-HELP Framework for Monitoring and Evaluation



Developed by Dr. Xingzhu Liu, M&E Team Leader, IHSS Project and Dr. Namir Al-Tawil, M&E Coordinator Baghdad, July, 2003.

The M&E team designed a mid-project and an end-of-the-project M&E form to assess the progress of the project and to gather data on measurable outcomes on each of the grants.

2.6.2 Challenges of M&E

Some of the challenges faced by the team prevented the implementation of a rigorous pre and post-program intervention comparison study during the early months of the contract. However, in December 2003 – around the time that there was an increase in the number of grants approved by the client – the grants team began incorporating mandatory pre-assessment site visits, to ensure that grants were relevant and in parallel with the program objectives. Another challenge that undermined the timeliness of mid-project and end-project M&E was the security situation in the country. The M&E delays subsequently delayed disbursement of final monies to grantees, a problem in a cash economy based on trust between the vendor and the customer. Another challenge faced was the lack of observation and data collection skills, at the junior level, to apply the M&E instruments. The staff that was hired to assist the M&E coordinators was inexperienced in data collection. Many were previously grant mentors or grant mentor assistants. The M&E management had to develop workshops to train and build capacity of the team to collect and report data appropriately. This additional step added to the delay in implementing the M&E activities.

An interesting positive element observed through out the project was the grantee's willingness to learn and adopt the M&E prerogative and ensure the successful completion and evaluation of their program. In fact, when grantees observed the SGP staff take pictures during pre-assessment, tracking and M&E site visits, they chose to add photographs to their progress reports when submitting invoices for reimbursement, to assist our team to visually absorb the completed activities

3 Outcomes

Despite the security risks to the grantees and program staff, the large gap in skills and capabilities of both the staff and the grantees, and the risks of operating in a cash economy, I-HELP successfully implemented 28 grants worth \$1,162,566.73 with the majority of the grants approved and initiated in January 2004.

3.1 Pre-implementation of Grants

Beneficiaries – NGOs and potential grantees

Before the grants were awarded, the I-HELP team needed to set the wheels of capacity building, in motion. Workshops were organized to disseminate information on the I-HELP program and provide training on starting up NGOs, applying for an I-HELP grant and developing skills in budgeting, financial tracking, program implementation and reporting necessary during grant implementation. Hence individuals who directly benefited during the pre-implementation phase of the Small Grants program were the grantees and the program staff.

3.2 Implementation of Grants

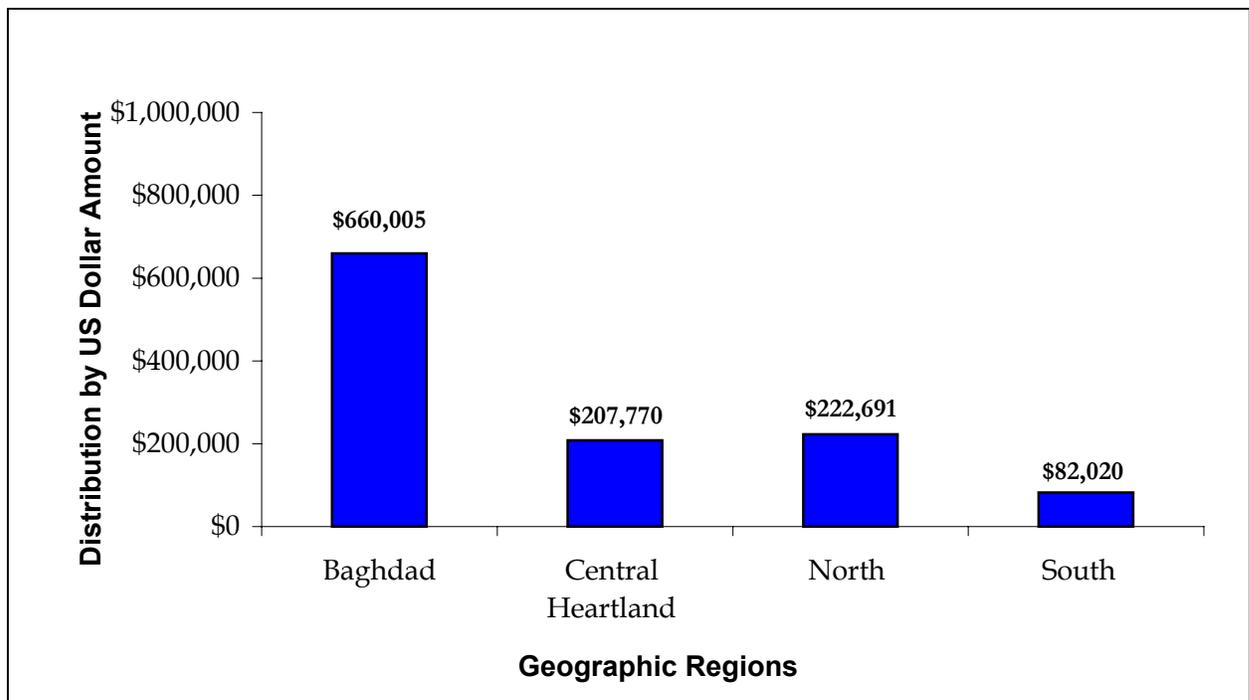
In January 2004, a total of 55 grants equaling \$2.5 million were approved for implementation both by USAID and the CPA-Health Team. However contract budget cuts, contract negotiations, inability of grantees to manage the logistics and implement grants under contract deadlines as well as technical challenges of meeting USAID requirements reduced the total number of grants implemented to 29 with a final disbursement of \$1,172,486. The Grants were approved in four waves and the first 35 grants were launched for implementation, however, the last 20 grants while approved were never set up for implementation (Table 2).

Table 2: Last 20 I-HELP Grants approved in January 2004 not set up for implementation

| Sr. No. | Grant Description | Name of the Organization | Region | Amount in US\$ |
|---------|---|--|--|----------------|
| 1 | Family and Children Awareness Promotion Programs | The Iraqi Society for Environment and Safety | Baghdad, Karbala and Basrah | \$43,180.00 |
| 2 | DINA Institute for the care of the Mentally Handicapped. | Handicapped Children Supporting Group | Baghdad | \$12,590.00 |
| 3 | Waste Management in Six Health facilities in Najaf | Iraqi Health and Development Organization | Najaf | \$14,600.00 |
| 4 | Improvement of Dental Services in Falluja and Simawa | Friends of Health Group | Falluja and Samawa | \$26,419.00 |
| 5 | Nurses Training Sessions in Basra | Iraqi Nurses Association | Basrah | \$13,400.00 |
| 6 | Health Education Campaign for Pregnant women in south | Pregnant women care in South | Basrah | \$18,500.00 |
| 7 | Education of women about early detection of Breast Cancer | CMCC | Erbil | \$17,420.00 |
| 8 | Erbil PHCCs Incinerator | Barary Group | Erbil | \$45,800.00 |
| 9 | Improvement of nursing school | Friends of Health Organization | Karbala and Samawa | \$18,090.00 |
| 10 | Kirkuk Breast Cancer Center | Brother Association | Kirkuk | \$8,830.00 |
| 11 | Water Project in Yeachy & Laylan | REACH | Kirkuk | \$34,780.00 |
| 12 | Kirkuk PHCCs Incinerator | Engineering Giving Hand | Kirkuk | \$43,870.00 |
| 13 | Renovation of Main water Supply Yangega | Health and Environment Friends Association | Kirkuk | \$42,280.00 |
| 14 | Educational Program about Diarrhea | Healthy Life Society | Muthana and Messan | \$17,950.00 |
| 15 | Rural Children Rehabilitation Program | ACORN | Sulaimania | \$18,656.00 |
| 16 | Primary School Children Campaign in four Governarates | Call For Health | Unbar, Diala, Kirkuk and Salah Al Deen | \$51,650.00 |
| 17 | House of Healing | Counterpart International Inc. | Kirkuk | \$14,585.00 |
| 18 | Dental Care Campaign | Human AID | Amara, Samawa and Nassiriyah | \$34,010.00 |
| 19 | Disability Awareness | ACORN | Sulaimania | \$24,405.00 |
| 20 | Raising Community Awareness through Education Activity | Health Media association | Sulaimania & Kirkuk | \$25,800.00 |
| | | | | \$526,815.00 |

Since budget cuts decreased the allocated funds for grants disbursement the team was challenged with meeting the pre-defined strategy of resource allocation along all the dimensions – geographic, focus areas and types of intervention. The revised budget resulted in allocation of grant funding in which Baghdad received 56% of the grant funding (See Figure 4). While it was estimated that with a population of 8 million residents Baghdad would receive the majority of the grant monies, part of the reason for the disproportionate distribution was the timing and ability of the team to expand the grants program during the first days of implementation. The workshops were first launched in Baghdad and the first set of grants received came from there. Hence, many of the grants initially awarded were to Baghdad and a larger proportion of the grants were centered in this region. Had the total number of grants approved been implemented the geographic distribution for the 55 grants would have complimented the Grants Strategy.

Figure 4: Total Regional allocation of I-HELP Grant Monies



The grants were distributed across six focus areas, namely: Disease Surveillance/Health Information System; Health Care Delivery; Public Health; Environment Health; Health Policy; and, Maternal and Child Health (Figure 5 and 6). Major portions of the funds were allocated to the Environmental Health and Public Health focus areas amounting to \$780K.

Figure 5: Disbursement of I-HELP Grants by Focus Areas

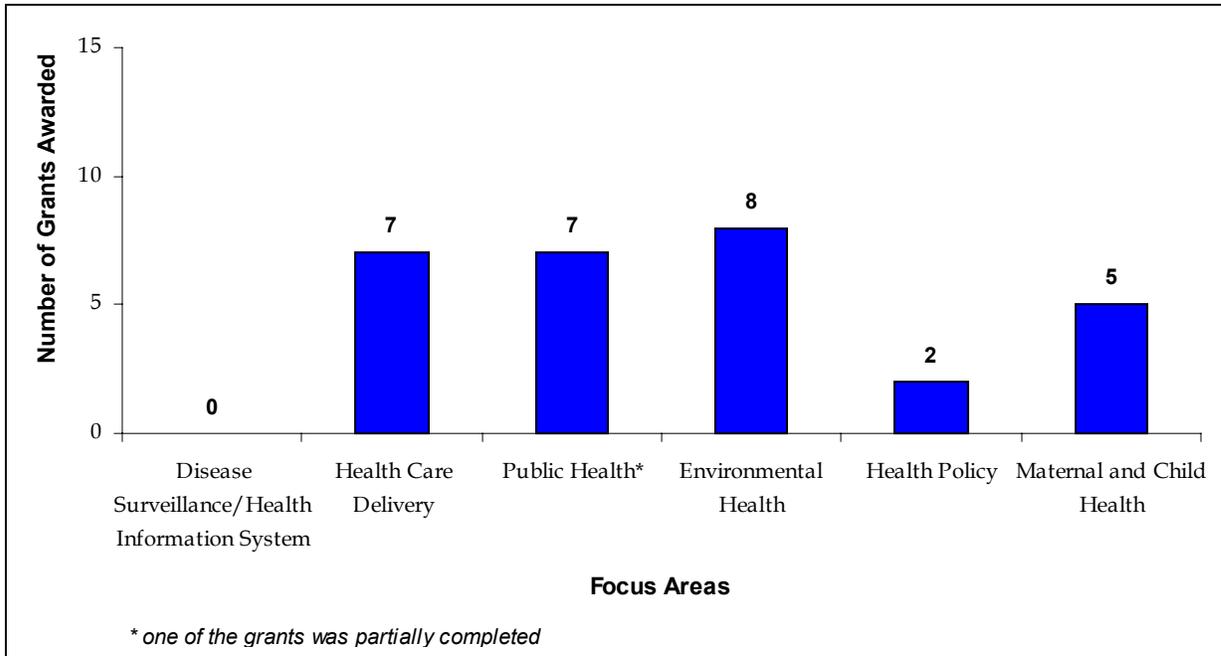
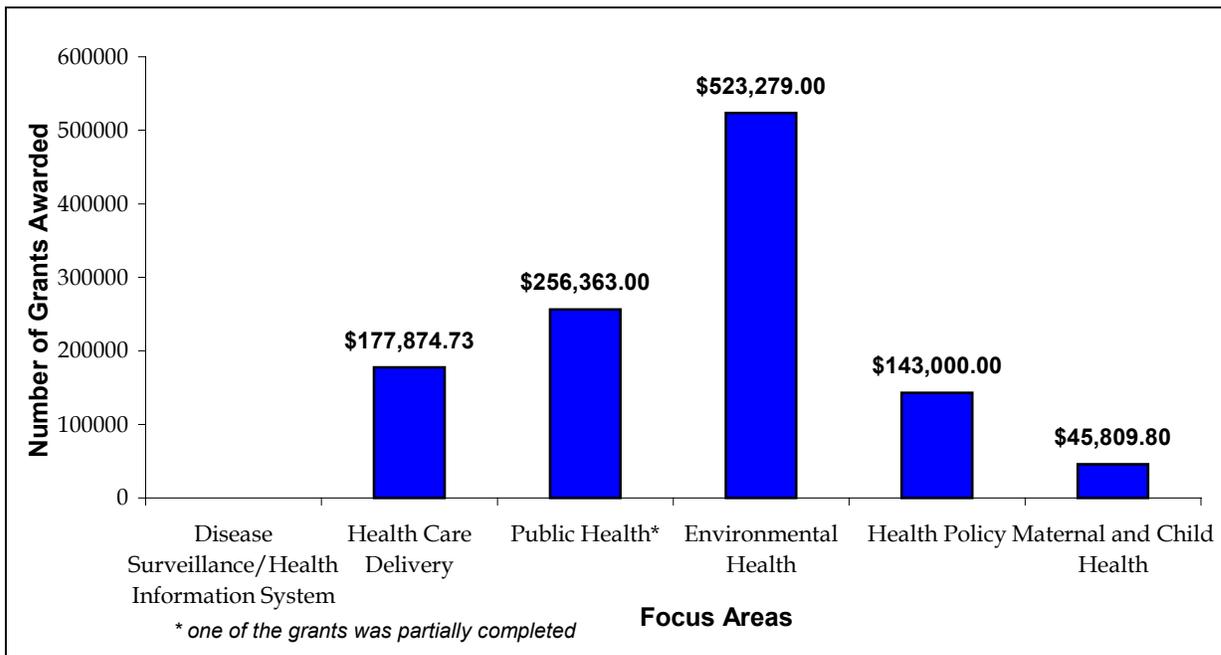


Figure 6: I-HELP Grant Resource Allocation by Focus Areas



The major projects implemented in the Environmental Health area were repair of sewage disposal stations and pipelines, building of medical waste incinerators, renovation of water pumping and purification stations. In Public Health the projects focused on renovation and equipping of primary health care centers and local hospitals including providing oxygen tanks and cylinders.

Under each Focus Area grants were distributed by four program types (Figure 7 and 8): Renovation, rehabilitation and equipping, Capacity Building of Health Professionals, Health Research and

Monitoring, Health Education and Health Policy. Given the post-conflict environment and the deterioration of public health facilities and services, and the USAID mandate to approach the first phase of the IHSS project as rehabilitation and renovation in a post-conflict environment, 16 of the 29 grants were conducted which involved rehabilitation, renovation and re-equipping of health centers, hospitals and public works amounting to \$750K of the total grant monies disbursed.

Figure 7: Distribution of Grants by Program Type

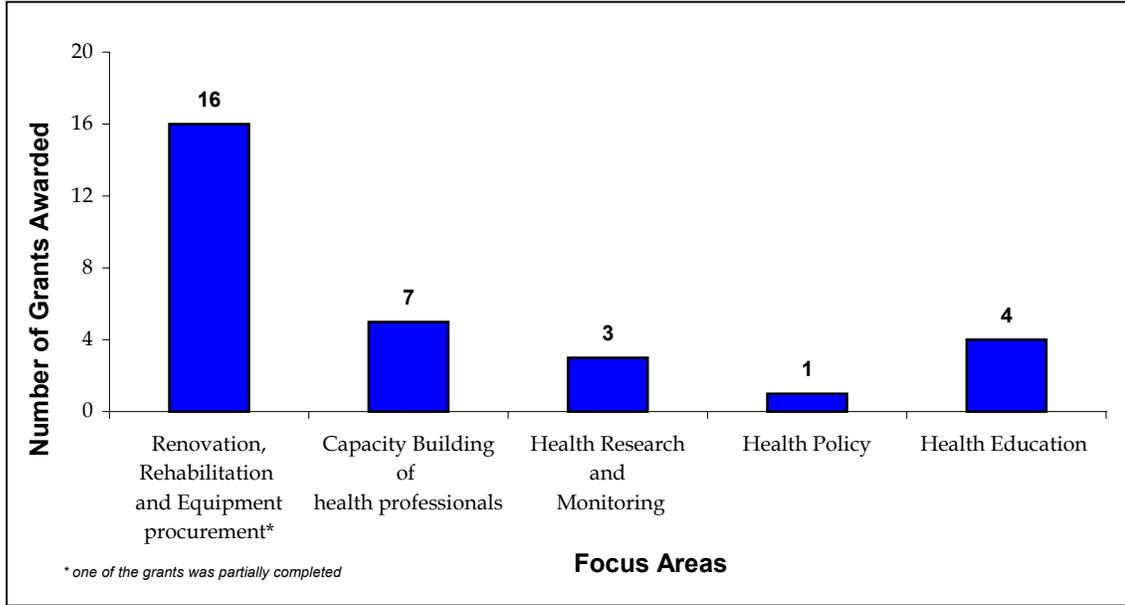
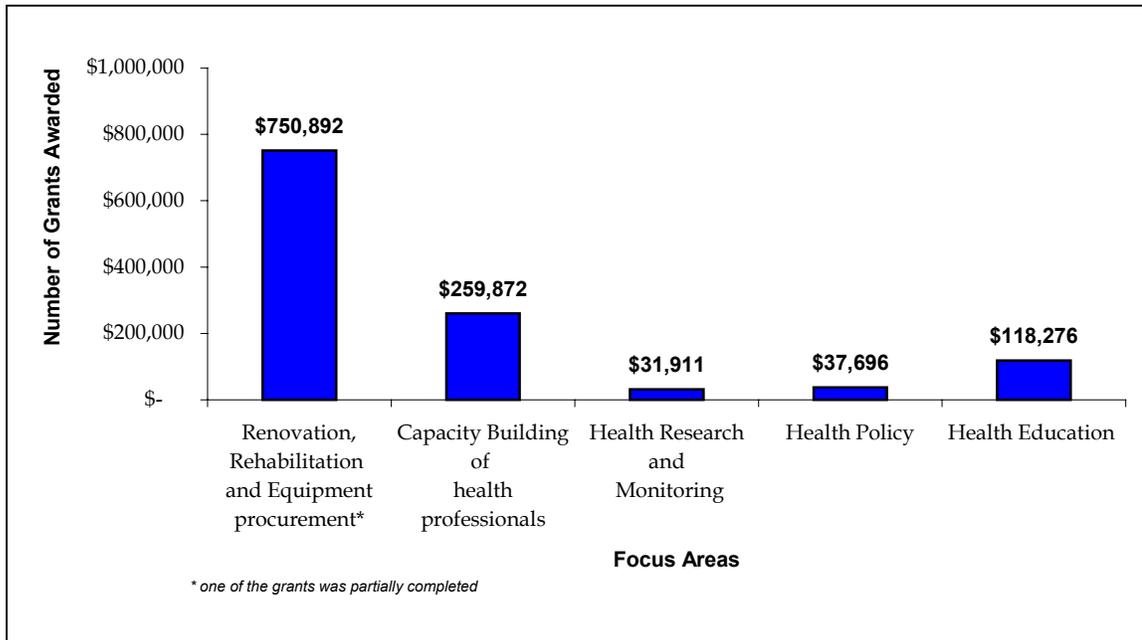
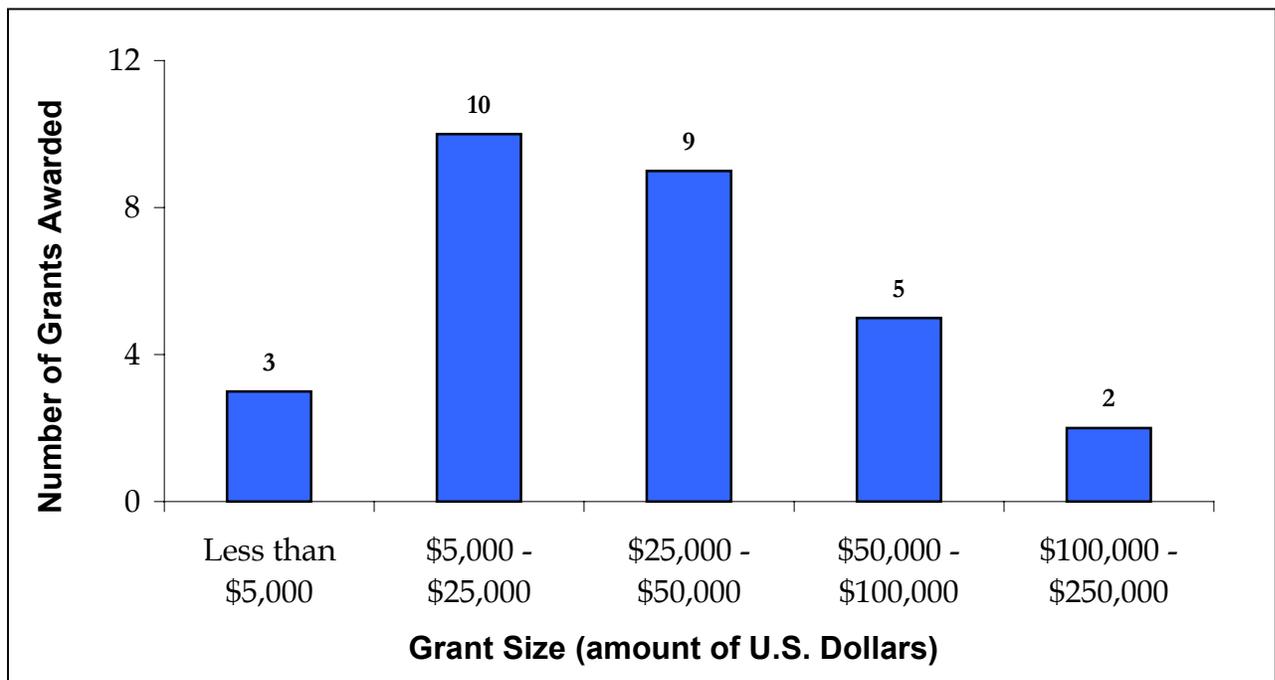


Figure 8: Distribution of I-HELP Grants by Program Type in US Dollars



The grants strategy incorporated grant amount sizes which enabled a reasonable distribution of small, medium and large grants. The grant monies were distributed into five categories of grant sizes ranging from \$5,000 and less to more than \$100,000. The USAID grant disbursement regulations indicated the grant amount for a non-U.S. based NGO should not exceed \$250,000 and to a U.S. based NGO should not exceed \$100,000. Only 2 grants exceeded the \$100,000 mark and 3 were awarded in the \$5,000 and less range (Figure 9). In addition, the strategy helped newly formed NGOs, which were unable to absorb large sized grants, participate in the reconstruction and rehabilitation effort.

Figure 9: Disbursement of I-HELP Grants by Amount Size



3.3 Post-implementation

The increased incidences of violence against civilians and international contractors made it difficult to establish and implement monitoring and evaluation indicators for long-term sustainability. Traveling to locations towards the end of the I-HELP program to assess the impact of the intervention both to the recipients and the grantee was challenging. The Monitoring and Evaluation team were able to conduct rapid end-of-term assessments to ensure that the program was completed as indicated in the contract. Furthermore, the one-year contract term of the IHSS Project did not allow for evaluating long-term post program implementation outcomes.

At the onset of the IHSS program the new Ministry of Health did not have a formalized process for registration of NGOs. As a result, any new NGOs might have formed to receive funding with no vision statement and plans for long term sustainability. Towards the end of the program there was a new department that did set up a formal process for registration of NGOs and the I-HELP team advised the grantees to register their organizations should they want to receive future funding for their programs.

4 Lessons Learned

The grant program underwent dramatic changes in strategy through the course of the contract. The I-HELP team encountered numerous challenges including volatility of the post-conflict environment, leadership changes at USAID, Abt Associates, CPA and the Ministry of Health, and USAID budget cuts. However, even under the extenuating circumstances the team conducted the training workshops effectively and solicited a large number of grant proposals in a short amount of time.

4.1 Successes

Building capacity of local I-HELP staff - In order to implement the grant mentoring, grant solicitation and grant implementation activities, the I-HELP team had to be trained in the principles of a Small Grants Program and the indicators that define the success of such a program.

Hiring a large local Staff – Recruiting a large Iraqi staff composed of out-of-work physicians was a double benefit to the I-HELP program. The mobility of the Iraqi staff was less restricted and the local hires in the regional offices were always accessible to provide grant mentoring. Their medical backgrounds added a level of expertise that compensated for their inexperience with working on a Small Grants program. All programs pertaining to Environmental Health, Public Health, Health Education, and Disease Surveillance were critically reviewed.

Building Capacity of the Grantees - Launching the I-HELP workshops was an organized means of both marketing the grants program and training potential grantees on proposal writing and program design. This was a key factor contributing to our receipt of a wide variety of grant proposals. Furthermore interested individuals were able to develop innovative and much needed interventions in the various regions of the country to respond to the grant selection criteria.

Incorporating a Grant Mentoring Program - Providing one-on-one grant mentoring during the grant proposal writing, review, approval and implementation phases, enabled the grantee to learn more about budgeting, financial tracking, monitoring and evaluation, and reporting. This assisted the I-HELP team members to monitor the progress of the program and provide technical support during challenging times, reducing the risk of failure of the program.

Encouraging formation of new NGOs - Increasing the number of new NGOs and community based organizations during the Workshop Training sessions created a competitive environment so that the grantees were motivated to develop relevant and feasible programs and to compete against their peers to win funding. The formation of these NGOs already strengthened the link of the NGO to the local communities and made the interventions more relevant to the needs of the people.

Incorporating formal procedures for developing programs between NGOs and local Director General of Health (DGH) - Establishing formal ties between the local Directorate of Health and the newly formed NGOs ensured a validity check for any program intervention proposed by the grantee. Furthermore, it established an open channel of communication between the DGH and the NGO and empowered the newly appointed local government to play an active role in the types of interventions implemented in their communities.

Grants Disbursement Strategy – An interim grants disbursement strategy that was approved both by the client and the Coalition Provisional Authority made it easier at two levels. 1) The I-HELP team became focused on reviewing grants that met the USAID small grants criteria and 2) The new strategy reduced the risk of too many rejections during review by the client and the Coalition Provisional Authority. The strategy also assisted the I-HELP team in constantly assessing whether the goals of the program were being met.

Grants Review and Approval Strategy – The growing shortage of time to review, approve and implement grants made it essential to reduce the time taken by the client and the Coalition Provisional Authority Health Team, to review and approve a grant. Hence introducing a three-step review process shortened the time taken for review and approval by the I-HELP team management and staff, the technical team at IHSS, USAID and CPA from a few weeks to less than a week. Incorporating an informal verbal discussion with the grantee about their idea was the first step. Introducing the idea verbally to the client was the next step. This was followed by starting the formal grant application process for submission after a verbal approval by the client that the intervention was a good idea and relevant to the goals of the program and submitting it for technical review and clean up to the technical team. The final step was submitting the proposal to the client and CPA for approval.

Weekly Grants Tracking Process – Setting up a weekly grants tracking program was crucial to ensuring that grants were implemented in the allocated time and that grantees reporting expenditures in their progress reports tallied with the actual activities at the site of implementation. The delay in grants approval and implementation emphasized the importance of timely implementation and the weekly tracking process helped the team to monitor the progress of the program and to provide added assistance to any of grantees unable to meet their interim time deadlines.

Grants Finance Mentoring – Introducing a one-on-one grants finance mentoring process enabled the grantees to develop error-free budgets. Checking the market rates of itemized lists by directly going to the vendors prevented fraudulent practices by new grantees.

Grants Progress Reports - Grantees were required to provide progress reports with invoices that helped the Finance Team and the Technical Team. The progress reports provided a description of the activities and the associated costs making it easier for the Finance department to tally the invoices to the budget submitted during the proposal. The report also assisted the technical team to compare their Weekly Tracking Report with the grantee's Progress Report and corroborate the activities reported. The progress report also assisted the Monitoring and Evaluation team in assessing the progress of the implementation according to the deliverables mentioned in the Grant Proposal.

4.2 Challenges

Post-conflict environment – The volatile environment made it difficult to plan and execute travel around the country. Staff safety was of utmost importance. As a result there was a delay in implementation of the Workshop Training sessions that subsequently delayed the review, approval and implementation of grants.

Inexperienced local Staff – The Iraqis were unfamiliar with the nature of a small grants program and there were no experienced grants program staff in the country. As a result, the staff had to be trained before launching the program and with training provided throughout program implementation.

Freeze of the I-HELP Program – The one month freeze of the Small Grants program by USAID in November 2003 reduced the period of execution of the small grants program and significantly delayed the review and approval process

Budget Cuts – The IHSS project experienced budget cuts made by USAID that reduced the size of the small grants program to less than a third of its original budget. The reduced budget implied lesser programs implemented. However, the budget cuts also disillusioned the grantees who were eagerly working towards proposals to the I-HELP program

Cash Economy – The absence of any banking system meant that all transactions were made in cash. This increased the security risk to the headquarter office, the incidence of fraudulent practices, and logistics difficulties stemming from having cash transported into the country. As a result, grantees who were unable to fund the initiation of their project personally were delayed in starting implementation when they relied on the IHSS project for cash funds.

Frequent “Changing of the Guard” – During the course of the I-HELP program there were leadership changes at the IHSS management level, the I-HELP management level, the USAID management level, and the CPA technical leaders levels. New leaders needed to familiarize themselves with the I-HELP program. This caused an unintentional delay in the grant proposal review and approval process.