



**LMS** | *Leadership, Management  
and Sustainability Program*

## **Leadership, Management and Sustainability Program**

***Annual Report: August 8, 2005 – June 30, 2006***

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# INTRODUCTION

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The Leadership, Management and Sustainability (LMS) Program supports people and organizations around the world, strengthening the way they lead and manage their programs to achieve measurable improvements in health. In its first program year (PY1, August 2005–June 2006), LMS has made significant progress in its mandate to scale up and mainstream leadership and management development through its global leadership, leveraging the strengths of each of the LMS partner organizations, collaborating with other programs and Cooperating Agencies (CAs), and tapping into local resources.

This Annual Report represents the first report to follow the format agreed upon with USAID/W, and covers the first “year” of the LMS Program. The first section of this report is Program Highlights, detailing some of LMS’ major results during the reporting period. A Milestones section follows describing other significant accomplishments of the program year, organized by the Office of Population/Reproductive Health’s three Intermediate Results. The Performance Monitoring Plan (PMP) follows, showing LMS’ progress against agreed-upon targets and indicators. Comments on PMP progress are provided. LMS progress on cost share, achievements and pipeline, is also provided.

## ***Professionalizing Leadership***

Setting itself apart from traditional leadership and management development programs where specific people or groups are targeted for training, LMS is working to professionalize leadership and management development so it is built into the systems and culture of institutions and organizations. Critical elements of this strategy include identifying and promoting “champions” to act as key advocates at all levels of organizations, and encouraging the inclusion of non-clinical health managers among health program leaders. LMS envisions that current and future health managers will have the support, knowledge, and empowerment to lead and manage within their work groups with a drive to improving the health of their communities.

Specific measurable results LMS has identified as part of its initial professionalization strategy include:

- Medical and nursing schools and schools of public health have leadership and management development in their curricula;
- Active country-wide network of leaders and managers in health care in one country;
- Management and leadership credentials are required for senior positions;
- Evidence of recognition and increased status related to leadership and management;
- Health management and leadership programs admitting non-clinical personnel.

Alliances with medical and nursing schools, schools of public health, business schools, and professional associations in developing countries will be sought to expand leadership and management development. The LMS Professionalization Team is currently refining this strategy to include specific indicators of success and more specific actions. Key issues and recommendations will be articulated in the upcoming MSH Occasional Paper, “An Urgent Call to Professionalize Leadership and Management in Health Care Worldwide,” expected to be published in August 2006.

## ***Leveraging Resources through Partnerships***

Realizing the resources needed to meet its mandate exceed its budget, LMS has sought out strategic partnerships in order to scale up leadership and management development programs worldwide. In the past year, LMS has partnered with:

- The USAID bilateral program, HS2007, to implement two Virtual Leadership Development Programs (VLDP) in Haiti (page 3);
- BASICS, to implement two VLDPs in Iraq (page 3);
- The Capacity Project, to implement a VLDP adapted for human resource managers in Africa (page 4);
- The Gates Foundation, to conduct health assessments in Sub-Saharan Africa (page 9);
- LMS Strategic Resource Organizations (SROs), other MSH Cooperative Agreements, and other CAs to provide USG support to Global Fund countries whose funding is in jeopardy (page 7).

The LMS implementing partners and SROs have also sought ways to collaborate to extend the impact of their activities with their available resources (page 13).

## ***First Use of the Associate Award Mechanism***

From May 2003 to September 2006, the USAID bilateral project, REACH, implemented by Management Sciences for Health, has worked to improve Afghan primary health care, focusing on the health of women of reproductive age and children under five years. The REACH program was responsible for ensuring that an estimated 7.1 million people throughout Afghanistan had access to a basic package of health services, with an emphasis on rural and underserved provinces.

The LMS Program was designed as a leader with associate award, allowing flexibility for USAID missions to buy into the program. As the REACH Project comes to an end, USAID/ Afghanistan sought out the LMS Associate Award mechanism to continue a portion of REACH's mandate for the next four years (page 12).

## ***Mainstreaming Model and Guide***

One of the LMS mandates and a key strategic area of the Program is to mainstream and scale-up leadership and management development throughout the world to create a critical mass of sustainable capacity in developing countries, with the ultimate goal of improved health care results. This includes transferring leadership and management technical assistance approaches within the LMS partnership and from LMS to other organizations and sectors, including technical assistance providers, pre-service programs, and public- and private-sector delivery organizations. As part of this strategy, the LMS Mainstreaming Team has developed a draft of the Mainstreaming Model and Guide, which was presented at the LMS Alignment Meeting in June 2006. The model and guide are being further refined and will be finalized in early PY2.

## PROGRAM HIGHLIGHTS

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### Expanding the Reach and Accessibility of Leadership and Management Development

The need for improved leadership and management is beyond LMS' capacity to meet with traditional approaches. The use of electronic technology significantly expands LMS' capacity to reach more health managers around the world. Additionally, we are putting this capability into the hands of others. In this year, LMS built upon its expertise in using virtual programs and in the process leveraged significant funding, opportunities to collaborate with USAID and other CAs, and achieved international recognition. Highlights include the continuing applications and adaptations of the Virtual Leadership Development Program (VLDP), the launch of two new virtual programs, and virtual forums.

#### **VLDPs**

With funding leveraged from USAID/Haiti and USAID/Iraq, LMS conducted four successful programs. The first VLDP in **Haiti**, held in the fall 2005, involved managers and service delivery personnel from the public (departmental level) and NGO sectors. 104 participants received their certificates of completion at a formal ceremony attended by the Minister of Health, senior USAID officials, and press from local newspapers and television. Action plans addressing priority service delivery challenges developed during the VLDP have been integrated into the annual operational plans of the participating departments and NGOs supported by HS2007, the USAID bilateral project implemented by MSH. The second VLDP/Haiti began on April 17 and concluded July 14. Having worked during the first VLDP/Haiti to train HS 2007 staff to fully manage the VLDP—course management, virtual facilitation, technical support—Haitian facilitators are implementing this course with limited technical support from LMS/Cambridge. Wholly funded again by the USAID/Haiti bilateral, the second VLDP involves 13 teams (120 participants) from NGOs (e.g., Save the Children), public sector departments, and hospitals who are delivering family planning (FP), maternal and child health (MCH), and HIV/AIDS prevention, care, and treatment services.

The first VLDP/**Iraq** was also conducted in late 2005. Funded through a Task Order from USAID/Iraq through the BASICS III program, an After Action Review conducted at the conclusion of the Program highlighted that the 80 participants from the central Ministry of Health (MOH) rated the VLDP very highly and sustained a high level of participation throughout the 13 weeks of the program. Positive changes resulting from the VLDP included: improved workgroup climate; *Leader Shifts* (changes in behaviors and attitudes); improved team work and communication; strengthened planning skills; and progress on implementation of activities in the action plans that each team developed to address an organizational or child health service delivery challenge. Mission funding also supported the translation of the VLDP into Arabic. The second VLDP/Iraq began on April 23 and continues until the end of July. As in the first VLDP, the program launched in Amman, Jordan with a face-to-face meeting to introduce the program to team leaders from the MOH/Iraq, and Research Triangle Institute (RTI)/Iraq, a key in-country partner of the MOH. Twelve teams from

the MOH are enrolled, including participants who are addressing such issues as: planning and decision-making; transparency and accountability; and policies/practices regarding management of child respiratory infections and breastfeeding. Again, the VLDP is wholly funded by USAID/Iraq through USAID's BASICS program. This is the first time the program has been offered and facilitated in Arabic. One of the expected outcomes is transfer of capacity to deliver the VLDP to the MOH and RTI.

Jointly funded and planned by LMS and the Capacity Project/IntraHealth, a **new VLDP for Human Resources Managers in Health** began in April and will conclude in July 2006. The goal of the program is to strengthen the leadership capacity of human resource managers and their teams to effectively address the human resource crisis in health. Ten teams from seven countries are enrolled. Participating teams include:

- **Ghana:** Christian Health Association of Ghana
- **Kenya:** Capacity/ACQUIRE Kenya Team; I Choose Life Kenya; Coast Province General Hospital, Mombasa
- **Lesotho:** Ministry of Health and Social Welfare
- **Namibia:** Ministry of Health and Social Services
- **Nigeria:** National Action Committee on AIDS
- **Tanzania:** The East Central and Southern Africa Health Community: ECSA-Health Community Team
- **Uganda:** Uganda Protestant Medical Bureau; Makerere University IPH

Led by a veteran LMS VLDP facilitator, five new facilitators are being trained in the course of the VLDP's implementation: one from Capacity, two from East and Southern Africa Management Institute (ESAMI), and two HR experts from MSH.

In March 2006, LMS learned that the VLDP had been **selected as a finalist** in the health category at the prestigious Stockholm Challenge (page 10).

## ***New Virtual Programs***

LMS launched the **first Virtual Strategic Planning Program (VSPP)** on April 24; it concluded on July 17, 2006. 96 senior level participants from 10 organizations in five Latin America countries participated: Ecuador: CEMOPLAF, Plan Internacional, Plan Internacional Santa Elena, and Catholic Relief Services; Bolivia: CRSA, Socios para el Desarrollo-Prosalud, and PROCOSI; Guatemala: REDDES; Nicaragua: Profamilia; and Peru: Pathfinder. The VSPP is structured in six modules that guide teams through the four basic planning process questions to produce strategic plans for their organizations. Each module includes a theoretical framework, individual readings, exercises, group work, and exchange through the website's "Cafe" between participants and three LMS facilitators based in Latin America.

The **Global Health E-Learning Center** of the USAID Global Health Bureau, a collaboration among MSH, USAID, and the INFO Project, offers a series of e-learning courses on a wide range of public health issues. Six beginning course offerings are available: Antenatal Care; IUD Basics; Logistics for Health Commodities; Preventing Postpartum Hemorrhage; Standard Days Method;

Tuberculosis Basics; and a course on Leading Change is nearly complete. The current e-learning courses:

- Provide useful and timely continuing education for professionals interested in health and population issues
- Offer state-of-the-art technical content on key public health topics
- Serve as a practical resource for increasing public health knowledge

The Global Health E-learning Center and courses are at [www.globalhealthlearning.org](http://www.globalhealthlearning.org).

## ***Virtual forums***

A **Virtual Forum on Financial Sustainability for Reproductive Health Programs and Organizations**, sponsored by the Global Exchange Network for Reproductive Health implemented by LMS, was conducted June 12-23, 2006. This was the first of two planned events on financial sustainability for organizations in countries that have graduated from USAID population assistance and as well as “non-graduated” countries. The forum was in Spanish. Nearly 300 participants from 14 countries in Latin America/Caribbean, plus the U.S., Spain, Mozambique, and Guinea Bissau, were registered. Participant organizations included: international and local PVOs, NGOs, and MOHs; UNFPA; and USAID Missions in El Salvador, Paraguay, Honduras, and Nicaragua. During the first week participants discussed a theoretical framework and approaches to planning for financial sustainability. In the second week discussions focused on the practical application of concepts, using case studies from three LAC NGOs which no longer receive USAID population assistance and have successfully addressed their financial sustainability. There were 6,610 postings from participants during the Forum.

May 1–12, 2006, 81 managers from 22 countries exchanged stories of success in improving health outcomes during a virtual workshop on **“Confronting Health Challenges in the World’s Most Difficult Environments.”** Sponsored by LeaderNet, a community of practice for more than 5,000 managers from developing countries that have participated in management and leadership programs offered by the Management and Leadership Program and LMS, the workshop described models and best practices for leading change in challenging environments and provided an opportunity for LeaderNet’s newest members from Iraq, Afghanistan, and Haiti, to share their experiences. Eleven topic threads were explored, including fighting discrimination of people living with HIV/AIDS in Kenya and Haiti; combating counterfeit drugs in Afghanistan and Brazil; and successfully increasing the case detection rate for TB in Iraq. As one participant from Iraq said, “In our country we face many challenges ...to me the workshop is the only window that I can see and take fresh air by it. It is so good to see the other people in the world.”

## **Strengthening Family Planning Services in Kigoma, Tanzania**

In January 2006 the LMS Program, in collaboration with the USAID-funded ACQUIRE Project, initiated a Leadership Development Program (LDP) in Kigoma, a remote rural province in western Tanzania. The ACQUIRE Project, implemented by EngenderHealth, requested a joint field project to introduce leadership development into a district level program designed to improve reproductive health, including family planning.

A Leadership Dialogue took place in December 2005 in Kigoma to align the key stakeholders in the project, including representation from the MOH, ESAMI, MSH, and ACQUIRE/EngenderHealth. The LDP began one month later with 40 participants from six health facility teams and three district teams. During the implementation of the workshops, LMS staff transferred facilitation skills to ESAMI, a local consultant, and provincial MOH personnel. With the assistance of ESAMI staff and the local consultant, the LDP was delivered in Swahili, a first for the program.

The participatory approach of the LDP was well received by participants. There was immediate ownership of the program and before the first workshop ended requests were already being sent for follow-up sessions. Several nurses who participated related how they'd never speak up and only do what the physicians told them. By the third day of the program they were standing before the entire group of participants and facilitators to present their group's identified challenge. The District Medical Officers advocated scaling the program up at the local level, with local ownership.

Follow-up meetings were held every two weeks after the initial workshop. Additional workshops were held in March and June 2006, and teams have already shown shifts in behavior and promising results. All the participating teams are successfully using the tools introduced in the program, including the priority matrix to engage stakeholders and to identify priority activities, action planning, resource mobilization, and monitoring and evaluation (M&E) planning. Teams have reallocated health personnel to ensure adequate human resources are available for family planning counseling and service delivery; mobilized resources including transportation for outreach services; provided training and refresher training for providers in family planning; and raised awareness in the communities served by the facilities on the importance of family planning for the health of women and children.

As of June 2006, virtually all of the teams have reported increases in new family planning clients that met or exceed goals. Teams will continue to work on their action plans until December 2006. ACQUIRE has expressed interest in integrating the LDP into its program to aid in its mission to advance and support reproductive health and family planning. Seeing the enthusiasm and success of the program, ESAMI has also committed to translating the LDP materials and other LMS leadership products into Swahili.

*[www.msh.org/ldp](http://www.msh.org/ldp)*

## Supporting Global Fund Programs through USG Contracts

The United States Government has set aside funding to provide technical support for 38 countries to manage Global Fund grants. The LMS Program was selected as one of the mechanisms in which this support would be provided to address the following challenges:

- Poor governance, including assisting Country Coordinating Mechanisms (CCMs) to meet GFATM requirements;
- Poor program management;
- Inadequate financial management systems;
- Ineffective procurement and logistics management;
- Lack of multi-sectoral implementation;
- Poor monitoring and evaluation of performance.

In December 2005, LMS initiated a four-day consultation meeting to provide an orientation to the Global Fund on AIDS, TB and Malaria (GFATM). Participants included staff from the Rational Pharmaceutical Management (RPM) Plus Program, the Capacity Project, and Emerging Market Group selected to provide technical assistance in Latin America to Global Fund grants in trouble. The underlying objective of the meeting was to test an approach for transferring competence to staff and contractors on how to provide support to GFATM grants. The meeting was run by LMS staff in English and Spanish, with support and presentations provided by the USAID-funded RPM Plus Program (implemented by MSH) and other MSH staff and LMS partners.

In April 2006, a second four-day consultation meeting was held to strengthen teams for technical assistance assignments in target countries in Africa and Eurasia. Participants included USG observers, staff from ESAMI, USAID's TBCap Project, the TCNetwork, Emerging Market Group, and RPM Plus, all of which may be involved in upcoming consultancies. The meeting, conducted in English and French, focused on the 20 countries in Africa and Eastern Europe most at risk of losing GFATM funding.

In both consultation meetings, participants were engaged by the content and excited about the immediate utility of the preparations in responding to the USG/GFATM Scopes of Work. The modules concerning the separation of roles and responsibilities between the CCMs and Principal Recipients (PRs), the mechanisms for partnership, the financial management modules, and the clarifications about the role of the Local Funding Agent were especially appreciated by participants. Several people said that they "had no idea GF was this complex." Participants from Kenya and Burkina Faso said that they now understood why their GF projects were having so much trouble.

To support technical assistance to GFATM CCMs and PRs, LMS developed the Global Fund Indicators Guide. These outcome and process indicators are designed to measure the performance of the CCMs and PRs in three areas: 1) CCM functioning and representation; 2) strategic leadership; and 3) program monitoring and oversight.

LMS, in conjunction with the Capacity Project, undertook its first rapid needs assessment of the Kenya PR in June 2006. The assessment included proposals for PR and CCM GFATM function assignments, GFATM funds flow processes, and a series of urgent actions to save the more than \$375 million in Global Fund money Kenya is at risk of losing. LMS staff assisted in developing a workplan for the following year. Members of the PR were very receptive to the assessment, remarking that the recommendations were “very practical,” and much more useful than previous similar outside assessments they’ve received. The Permanent Secretary of the Ministry of Finance was in attendance and requested LMS assistance in implementing next steps.

In addition to this Global Fund support process, LMS is also providing technical assistance through field support to the Honduras CCM and has four scopes of work approved for Global Fund support in PY2.

## MILESTONES

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### ***Technical Leadership (IR1)***

***Collaboration with the Gates Foundation.*** With support from the Bill & Melinda Gates Foundation, MSH conducted assessments of the health systems in Ethiopia, Malawi, Tanzania, and Uganda. Interviews with senior MOH staff, USAID personnel, and other stakeholders confirmed that a decentralized health system demands more leadership and management capacity at all levels as well as more coordination between levels and sectors. MSH has followed up the assessment with a proposal Bill & Melinda Gates Foundation that is aligned with the LMS mandate.

***Conference on Leadership and Management Studies in Sub-Saharan Africa (LMSSA).*** LMS staff from MSH and ESAMI, along with a staff member from the Kenyan organization, KENEPOTE, a graduate of the VLDP/Africa, presented at this conference held in Zanzibar, June 2006. The Conference provided LMS with a unique opportunity to network with academics and practitioners who share the LMS vision of developing management and leadership capacity in Africa. Promising contacts were made for deepening our understanding of what it takes to change management and leadership practices. African research supports LMS' empirical findings about management and leadership tensions at the district level and not only showed a great need for the kinds of interventions that LMS provides but also the possibility of fruitful partnerships between academics and practitioners. Many of the senior faculty from African and non-African business schools at the Conference were aligned with LMS' initiative of integrating management and leadership into university curricula as a prerequisite for any field, not just health. LMS' session presenting the key LMS models and approaches was very well received and the only experiential session at the Conference. LMS' paper about the VLDP in Africa, "Rising to the Challenge: An Approach to Uncover Leadership Potential in Africa," will be published in the conference proceedings. The LMS partner, RF|Binder, helped to shape the paper into publishable material. The presentation was done in interview format, with the LMS representative interviewing the KENEPOTE staff member about her notions of leadership before the VLDP and what has changed since the organization participated. The story deeply moved the audience and was a tribute to the power of a process that helps people discover what is possible and the leadership role they can play. The next Conference will be held in 2008 at the Kwame Nkrumah University of Science and Technology in Ghana, one of the African universities actively working on integrating management and leadership education into its curriculum. The Dean attended the Conference; LMS will follow up, especially in relation to the LMS initiative of professionalizing management and leadership in medical education. LMS will consider playing a role in the next conference since the focus is fully aligned with our mandate.

## **Knowledge Generation (IR2)**

***Work Group Climate Assessment Tool Validation Article Published.*** The LMS Program published “Validating a Work Group Climate Assessment Tool for Improving the Performance of Public Health Organizations” on October 13, 2005, in *Human Resources for Health*, an online journal, vol. 3, no. 10. The article describes the validation of an instrument to measure work group climate in public health organizations in developing countries. The instrument, the Work Group Climate Assessment Tool, was applied in Brazil, Mozambique, and Guinea to assess the intermediate outcomes of a program to develop leadership for performance improvement. Data were collected from 305 individuals in 42 work groups, who completed a self-administered questionnaire. The study confirmed the validity and reliability of the Work Group Climate Assessment Tool in work groups with different demographic characteristics. It also showed that there is agreement between the theoretical construct of work climate and the items in the tool across different populations. The authors concluded that the tool is useful for comparing the climates of different work groups, tracking changes in climate in a single work group over time, or examining differences among individuals’ perceptions of their work group climate. To date, the article has been accessed more than 3,100 times.

The complete article can be accessed at [www.human-resources-health.com](http://www.human-resources-health.com).

***Managers Who Lead: A Handbook for Improving Health Services Receives Recognition.*** Management Sciences for Health was awarded first place in the 2005 Blue Pencil Competition for its premier publication, *Managers Who Lead: A Handbook for Improving Health Services*. Essential reading for all those who work in the public or private sector, the handbook empowers managers at all levels to lead teams to face challenges and achieve results. A French-language edition was published in July 2006 and is ready for distribution. *Managers Who Lead* is based on more than 20 years of experience in working with health professionals around the world in the public, private, and nonprofit sectors to strengthen the performance of health organizations and improve people's health. MSH received this award from the National Association of Government Communicators (NAGC), a U.S. nonprofit professional network of federal, state, and local government employees.

A description of the Handbook can be found at [www.msh.org/projects/lms/Programs/MWL.htm](http://www.msh.org/projects/lms/Programs/MWL.htm).

***Virtual Leadership Development Program Recognized in a Global Competition.*** MSH was selected as a finalist in the health category of the prestigious Stockholm Challenge for the entry of the Virtual Leadership Development Program. The Stockholm Challenge is a well-known global competition for information and communication technology (ICT) projects in health, environment, public administration, economic development, culture, and education. The Stockholm Challenge network is a leader in demonstrating how ICT can improve living conditions and increase economic growth in all parts of the world. The Challenge has attracted entries from over 3,000 projects around the world over the past 10 years. The main feature of the event is to share, learn and network with people behind the top innovations in learning approaches and knowledge exchange in health and other fields using ICT.

Additional information is available from [www.stockholmchallenge.se](http://www.stockholmchallenge.se).

***Seeds of Success: A Documentary on the Egypt Leadership Development Program (LDP).*** In May 2006, LMS finalized a 12-minute documentary case study about the LDP in Aswan Governorate, Egypt. Produced by the LMS partner, RF | Binder, the video shows the impact of leadership development on service delivery and health outcomes through compelling stories and statistics. USAID is recognized for encouraging and funding this inspiring program, but the focus is on the health teams themselves, and their sustained accomplishments well beyond USAID financial and LMS technical support. LMS premiered the video on May 17 at USAID/Washington. A worldwide premiere was conducted one week later live via Webfeed, which was followed by an interactive Q&A chat session between premiere attendees, leaders, and participants from Aswan. More than 200 people viewed the video during the live Webfeed and previous USAID viewing, and more have viewed it via the LMS website and subsequent live showings. One participant commented: “I think it's a useful program to share with our people and I do hope all the good work continues. Congratulations for a down-top approach that is bringing results!” A DVD is in the process of being produced and 200 copies will be distributed to target audiences. Further dissemination of the documentary, including airing it in media outlets, is planned to continue to raise the profile of the benefits of improved leadership and management.

The video may be viewed in English and Arabic at [www.msh.org/aswanvideo](http://www.msh.org/aswanvideo).

***“Tools for Planning and Developing Human Resources for HIV/AIDS and Other Health Services” Published.*** Jointly developed and funded by MSH (corporate) and WHO, the purpose of this publication is to assist health program managers, policymakers, and leaders to assess the impact of HIV/AIDS on the health workforce and its capacity to deliver and scale-up HIV/AIDS services. The book provides materials (tested tools and guidelines) to help decision-makers develop a strategy to mitigate the impact of HIV/AIDS, for both a short-term emergency response and a longer-term plan to strengthen human resource management systems. MSH’s contributions include chapters on: the Human Resources for Health Framework; Human Resource Management Rapid Assessment Tool for HIV/AIDS; Leading Change for HIV/AIDS; and indicators for developing and implementing a national human resources for health plan. All of these materials were developed, tested, and refined with support from USAID under the M&L Program.

This publication is available from the MSH eBookstore at [www.msh.org/publications](http://www.msh.org/publications).

## ***Support to the Field (IR3)***

***The Rapid Funding Envelope for HIV/AIDS Attracts New Funding.*** In early 2006, the Rapid Funding Envelope (RFE) hosted three delegations in Tanzania to learn about the program, its pooled donor funding mechanism, and the rapid process for reviewing applications and awarding grants to Tanzanian civil society organizations fighting the AIDS pandemic. Staff from the USAID Bureau for Global Health (Abstinence Advisor) and US Department of Health and Human Services/Center for Faith-Based and Community Initiatives were oriented to RFE's purpose, processes, challenges and successes. A large delegation of Irish Aid Board members visited to meet with organizations that have received RFE grants; Irish Aid is one of the RFE's 10 donors. The highest ranking member of the Swiss Agency for Development and Cooperation, likewise an RFE donor, also visited recipients of RFE grant funds. Meanwhile, Canadian CIDA has recently disbursed an additional 1 million Canadian dollars to the RFE. A new website was also developed to provide potential donors, grantees, and other interested parties general information on the RFE. The website includes features to increase the efficiency and transparency of the grant application process. Recently, RFE grantees have achieved strong results, including:

- Providing vocational training to nearly 250 orphans and vulnerable children
- Establishing a network of religious leaders to advocate for reduced stigma and discrimination
- Improving the services of a local hospital into being rated a "Center of Excellence" in HIV/AIDS care
- Founding a youth center in an underserved community

The RFE website address is [www.rapidfundingenvelope.org](http://www.rapidfundingenvelope.org).

***LMS/Nicaragua Interventions Progress toward Sustainability.*** Within the Nicaragua Ministry of Health (MOH), the Regulation Directorate approved the Basic Services Package—a critical element for the implementation of the Ministry's Health Care Model. The Basic Services Package defines the services provided by the MOH at various levels of the health care system. The Package has been "on the table" for months, if not years; it has recently been approved by the Minister as a Ministerial Resolution. This is a major accomplishment and, combined with health unit classification work that is to begin in LMS PY2, will enable the MOH to establish the cost of services at different levels of the system. The need to develop a basic service package was identified in the first Leadership Dialogue with senior ministry officials in 2001 under the M&L Program. It is an essential activity for the MOH's main challenge of integrating its Health Care Model and five-year strategic plan. Within the Ministry of Social Welfare (MiFamilia), the continuation of institutional development processes initiated by M&L has been incorporated into the work plan of the IDB-funded institutional development project. This assures continuation of assistance once LMS/Nicaragua ends its support to MiFamilia.

***USAID/Afghanistan Awards Associate Award Cooperative Agreement to LMS.*** In order to address the great need for quality health care in Afghanistan, USAID/Afghanistan and LMS have developed an Associate Award to provide capacity building support to the central and

provincial levels of the Ministry of Public Health (MOPH) in Afghanistan. The Technical Support to the Central and Provincial Ministry of Public Health Project (Tech-Serve) will work in close collaboration with the MOPH to improve management and leadership capacity of its units and teams to increase access to quality Basic Package of Health Services (BPHS) and Essential Package of Health Services (EPHS). This four-year project began July 1, 2006 and has an anticipated level of funding of \$24 million.

***LMS Partnership Accomplishments.*** Coordination between MSH, the Adventist Development and Relief Agency (ADRA), and the Eastern and Southern Africa Management Institute (ESAMI) has allowed the LMS Program to respond to needs quickly, to adapt to challenging environments, and to increase each partner's capacity in the areas of leadership and management development. Achievements include:

**ADRA/Tanzania Benefits from Application of MOST.** LMS conducted a three-day MOST (Management and Organizational Sustainability Tool) workshop in May for 25 participants, including representatives from 48 health centers and one hospital operated by the Seventh-day Adventist Church. The Adventist Development and Relief Agency (ADRA) in Tanzania will facilitate the management strengthening of these facilities in collaboration with LMS. All eight participating teams, including the senior management team from the ADRA country office, completed an assessment of their current management capacity and prepared a MOST management improvement plan. ADRA's country director reported that: "The attendees expressed their appreciation many times for the new materials and insights that they gained. People came with a variety of backgrounds so for some these concepts were totally pristine. Others . . . are veterans, but even they found it stimulating and revitalizing. [LMS] made sure that we moved from self-assessment to creating achievable goals in a seamless flow of activities and sharing. We fully intend to be proactive in supporting change within our health sector over the next 12 months at least! I believe that ADRA HQ will back up the initiative in every way possible so as to ensure results."

**LMS Launches a New Leadership Development Program (LDP) in Nepal.** In collaboration with its principal counterpart, the National Health Training Centre (NHTC), LMS initiated a new program—Results-Oriented Leadership Development Program (ROLDeP)—a name coined by Nepali participants. With support and participation from ADRA's Nepal country office, a Leadership Dialogue Workshop was held in Kathmandu during which central and district-level representatives were introduced to the LDP and worked to create a shared vision of strong health programs in the context of decentralization. The LMS, NHTC, and ADRA team then conducted Leadership Dialogues in three districts: Banke, Jhapa, and Rupendehi. Workshop participants included senior leaders in the districts from all sectors and NGOs. LMS has formed a local team, out of previously total strangers, who will implement ROLDeP with coaching support from LMS/Cambridge. The first LDP workshops were conducted in the three focus provinces in June, facilitated in Nepali by the in-country team.

**ADRA Highlights Leadership and Management.** The Spring 2006 issue of ADRA's *First Monday* featured articles on leadership prepared by LMS' Senior Organizational Development Specialist and ADRA's Technical Advisor for LMS. It also featured an interview with ADRA/Nicaragua on its experience using MSH's Management and Organizational Sustainability Tool (MOST) and an article on "Becoming a More Confident Leader", using materials from MSH's *Managers Who Lead: A*

*Handbook for Improving Health Services. First Monday* is a quarterly journal published by ADRA to promote technical excellence within the global ADRA network. Approximately 900 copies are distributed in print and electronic format to ADRA field offices and external subscribers, and another 200–300 copies are distributed in external meetings attended by ADRA staff.

**ESAMI—Laying the Groundwork for Transfer of Capacity.** A one and one-half day Leadership Dialogue with ESAMI’s General Director and 20 professors was conducted in January 2006 to introduce LMS products and technical approaches to leadership development, including the Leading and Managing Framework, application of the Challenge Model, and several modules of the Leadership Development Program. Participants appreciated the practical approach to capacity building, and expressed great interest in adding distance learning components to ESAMI’s training activities in the Africa region. Priority activities and expected results for PY2 were identified.

**Collaboration with ESAMI in Uganda.** MSH and ESAMI staff provided technical assistance to the Joint Clinical Research Centre (JCRC) in Kampala, Uganda, in the area of management systems development. JCRC is the largest single provider of ARVs in Uganda and one of the largest providers in all of Africa. At JCRC’s request, the team co-facilitated two applications of the Management and Organizational Sustainability Tool (MOST), a participatory management self-assessment process. The first application involved the JCRC Board President, Executive Director, and 25 other senior managers from throughout the organization. The workshop produced an assessment of JCRC’s current management capacity; an action plan for improving priority management systems over the next 12 months; an inspirational organizational vision statement for 2011; a new mission statement; a set of organizational values; and the appointment of an internal “change team” to monitor implementation of the action plan. JCRC noted that the participatory process was extremely useful and timely considering JCRC’s very rapid expansion over the past two years, with significant PEPFAR funding. The second workshop also used the MOST—adapted for laboratories—to identify and prioritize key components of JCRC’s laboratory services network throughout Uganda that require strengthening. ESAMI will be able to facilitate the MOST process with other counterparts in Africa in the future.

**Expanding the Cadre of Leadership Development Program (LDP) Facilitators.** In April 2006, LMS conducted Facilitator Orientation on the LDP. Driven by the need to expand our pool of facilitators to respond to current opportunities in the field, there were 16 participants, including three from ESAMI, two from the Capacity Project, one from the Institute of Cultural Affairs (ICA, the LMS partner in Nepal), an LMS staff person from Guatemala, and staff from MSH’s Center for Health Outcomes.

# PERFORMANCE MONITORING PLAN AND COST SHARE INTRODUCTION

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## ***Significant Progress Towards LMS Targets***

The LMS Performance Monitoring Plan (PMP) was approved by the CTO during this reporting period. LMS uses the PMP to monitor and report on the overall performance of the LMS partnership in meeting its expected results and targets. The PMP provides outcome and output indicators and targets for the three Results, associated Sub-Results, and Anticipated Outcomes defined in the LMS RFA for mainstreaming and scale-up of leadership and management approaches and tools for the increased sustainability of health and other sector programs.

Over the past year LMS has collected data on a quarterly basis on progress against output and outcome indicators defined in individual core and field support funded integrated workplans/M&E plans submitted to USAID/W. Progress against PMP targets has also been tracked during these quarterly reviews.

A report on LMS progress against outputs and targets for PY3 and PY5 is provided in Appendix I. The Appendix includes:

- A combined report summarizing achievements as of June 30, 2006 in core and field support funded programs.
- A report detailing achievements in core funded programs which includes information on individual programs contributing to the achievements.
- A report detailing achievements in field support funded country programs which includes information on counterparts contributing to the achievements.

Definitions for terms used in the targets are also provided.

LMS has made significant progress in this reporting period towards PY3 and PY5 targets. In some cases, LMS has already achieved or exceeded its PY3 targets, particularly in the number of organizations applying management and leadership practices to address challenges in improving organizational performance and health service delivery. This may be attributed in part to the opportunity to leverage funding from other USAID sources (e.g., bilaterals). The data also indicate that LMS is engaging women managers in its programs. LMS is also making good progress in collaborating with other CAs, largely through recent intensive work preparing to assist countries that are at risk of losing funding from the GFATM. The report shows little progress in initiating leadership and management development in the pre-service context, however this is to be expected. This area of work is a new venture requiring exploration of opportunities; LMS has made important contacts with medical and nursing schools during this reporting period and plans to launch programs in PY2.

There are a few outputs and targets which are largely supported with core funds as they relate to global leadership activities benefiting multiple countries. (These outputs are denoted by the symbol

→ in the summary report.) LMS has already obtained approval from its CTO that if annual core funding obligated to LMS continues to decline, MSH will consult with her to discuss a redefinition of anticipated targets and in light of core funding levels. Moreover, the CTO has recently suggested that LMS eliminate selected outputs, those for which targets have already been exceeded or nearly so, and concentrate on areas where performance is less significant, e.g., pre-service programs, assessments. LMS will discuss this option and requesting a formal modification to its Cooperative Agreement to amend the PMP in the coming weeks.

## **Cost Share**

One of the requirements of the LMS Cooperative Agreement, and a target in the PMP, is to obtain funding from non-USAID sources to contribute to and expand the impact of LMS' mandate. 10% of funds obligated under the Leader award, plus amounts negotiated under Associate awards, must be achieved by the end of PY5. A report on LMS achievements in cost share is provided in Appendix II. The report shows "realized cost share" and "total anticipated amount" of cost share as of June 30, 2006. The realized cost share column itemizes what has been fully documented as cost share and posted as received. The "Total Anticipated Amount" column combines received amounts, received although not yet posted contributions, anticipated amounts for which we are awaiting documentation from counterparts and donors, and some future life-of-project projections for partners' contributions to cost share, such as ADRA. Therefore the projections in the Total Anticipated column cover different periods of time. For example, the anticipated contribution to cost share of the Rapid Funding Envelope Program in Tanzania is USD\$4M over the life of LMS, however for LMS' partner, ESAMI, we have recorded only the PY1 estimated amount. While we anticipate achieving more cost share from ESAMI in each year, because its agreement with MSH is written on a yearly basis, only the PY1 estimate is shown.

MSH's experience with cost share shows that momentum in opportunities for cost share accelerates as the program becomes established and demonstrates results. Moreover, the receipt and review of documentation to satisfactorily validate the appropriateness of cost share generally lags somewhat behind the actual contributions posted. LMS is currently reviewing some substantial additional PY1 contributions. A revised cost share report will be available once this review is completed and is available upon request.

The report in Appendix II nevertheless demonstrates that LMS has made good initial progress in tapping non-USAID sources of funding in its first year of implementation.

# Appendix I: PERFORMANCE MONITORING PLAN

## ***Definitions in the LMS Performance Monitoring Plan***

***Organization*** refers to health and non-health public and private sector institutions (NGOs, FBOs, PVOs, CBOs, networks, and CCMs) and specifically sub-units (division/department, region/province/district, etc.) that directly benefit from LMS assistance in leadership and management.

***Apply leadership and management practices*** refers to the use of specific technical tools and approaches (e.g., Leadership Dialogue, MOST) with or without LMS technical assistance.

***Management and leadership development programs*** include formally organized trainings funded by the LMS Program, and implemented by LMS Program partners or other collaborating organizations (e.g. TCNetwork members, another CA).

***Senior health leaders:*** The Collaborative for Quality Assurance defines a senior leader as, “The executive in the organization who supports the team and controls the resources employed in the processes to be changed. This person is usually at the administrator level or higher.” For the purposes of LMS reporting, a senior leader is a manager who holds the title of Director, Assistant Director, Minister, Vice-Minister, President, Vice-President, Senior Advisor, or Chief Officer of any one of the following types of health and non-health institutions: Ministry at the central and regional levels, a private sector organization, a not-for-profit organization (PVO, NGO, FBO, CBO), CCMs or a network of organizations

***Institutionalize*** is defined in one of the following ways: 1) A deliberate process for leadership and management development is in an organization’s annual operational plan and/or budget (e.g., Nicaragua Leadership Development Program-MOH); 2) Managers within an organization replicate all or part of a leadership and management approach independently or with limited technical assistance (e.g., Egypt Leadership Development Program); 3) An organization mandates the use of tools or programs to strengthen management and leadership (e.g., MOST as a requirement for Provincial level Strategic Planning in the Mozambique MOH)

***Pre-Service Programs*** are any Medical, Nursing, Midwifery, Community Health Worker, public health, or teacher training program that is offered by an accredited training institution within a country.

***Integrated*** into a pre-service program is defined in one of the following ways: offered in the curriculum or added as a component of a clinical rotation or internship

**Mid-level managers** reports to a senior leader (see earlier definition) and have responsibilities for supervising other employees. Included in this definition are District level managers, and nurses and medical technicians who manage programs or units within a health facility.

**Actively participating** in virtual discussions is defined as: registering to participate in the discussions and logging in to the Web site at least once.

**Integrated** or **incorporated** into program interventions of a Cooperating Agency is defined as: 1) Delivered by the Cooperating Agency as part of technical assistance to a client organization; or 2) Included in printed, web-based or other materials

**Professional exchange programs** include formally organized virtual conferences as well as focused discussions among participants on management and leadership challenges, practices, and development opportunities initiated by LMS or a Community of Practice member

**Publications:** Materials (print and electronic) produced for the purpose of sharing or reinforcing learning that have undergone a technical review process.

**Organization** refers to health and non-health public and private sector institutions (NGOs, FBOs, PVOs, CBOs, networks, and CCMs) and sub-units (division/department, region/province/district, etc.) that directly benefit from LMS assistance in leadership and management.

**Organizations that address management challenges scan** their internal environment for information about the performance of management structures and systems; **focus** on critical performance factors that can be improved; **align** and **mobilize** resources; **inspire** key stakeholders; **plan** using SMART objectives; **organize** and **implement** planned activities; and **monitor** and **evaluate** progress towards objectives.

**Organizational performance assessment.** An organizational performance assessment evaluates the ability of an organization to use its resources efficiently to achieve desired outputs and outcomes consistent with its mission. This could include the use of a formal tool or informal qualitative interviews to measure the impact of programs and services, and cultural attitudes and practices concerning gender that may enhance or serve as barriers to organizational performance. Also included are assessments of country-wide systems such as human capacity development and HIV/AIDS Country Coordinating Mechanisms.

**Action plan.** An action plan has the following components:

- the desired outcome(s) and measurable indicators for achieving the outcome(s)
- the actions or activities that will be implemented
- who will be responsible for carrying out each action

**Implemented an action plan:** Organizations will be considered as having implemented their action plan if they have completed all or any part of its steps.

**Work Climate** is the prevailing workplace atmosphere as experienced by employees. It is what it *feels* like to work together in a group.

**Develop a plan to address work climate** includes any of the following:

- Incorporating steps to improve work climate into an existing action plan for performance improvement
- Including steps to improve work climate in an organization's annual operational plan
- Developing a plan specifically focused on improving work climate

**Using LMS tools** is defined as using organizational performance assessments tools, performance improvement processes to address gaps, and the Workgroup Climate Assessment tool: **Use** of the tools may be with or without LMS funded technical assistance.

**CA** refers to a USAID and other donor-funded organization providing technical assistance in the health or non-health sector.

**Non-health CA** refers to a USAID and other donor-funded organization providing technical assistance in any sector other than health (e.g., RTI implementing a democracy and governance project in a country).

**Multi-sectoral bodies** include CCMs or other formal partnerships organized to address priority health or non-health issues.

**International agencies** include bilateral and multi-lateral donors, USAID or other donor funded CAs, PVOs, and other TA providers working on an international basis.

**Multi-sectoral** bodies include CCMs or other formal partnerships organized to address priority health or non-health issues.

**Strengthened multi-sectoral body:** A strengthened multi-sectoral body includes at least one of the following:

- Defined systems and procedures for internal functioning
- An approved strategic plan
- An operational plan and budget
- Mechanisms for channeling resources to civil society partners
- An approach for harmonizing stakeholder perspectives and for resolving conflict

**Information exchanges:** An **information exchange** is a mutual transfer of information and knowledge in a particular field of expertise carried out in a formally organized fashion either online or face-to face. These can include **workshop** is a brief intensive meeting or series of meetings emphasizing interaction and transfer of knowledge to participants. A

**forum** is an online or face-to-face discussion where participants with common interests engage in an open exchange of knowledge on an issue of common concern.

**On-line resources available.** Management and leadership resources that have been uploaded to LMS websites and communities of practice during a program year (e.g. LeaderNet, GEN, ERC, CoPs, LMS website) or LMS developed resources that have become available on non-LMS websites ( e.g, article on work climate assessment available on online journal Human resources for Health)

**Resource materials** include formal publications, tools or technical resources as well as synthesized knowledge resulting from exchanges among management and leadership practitioners.

**International partners** include ESAMI, ADRA, USAID, other donors. TA providers include TCNetwork members and other sources of TA from consulting firms or individuals.

**Programs** are a set of focused interventions funded by an international agency or local government.

## LMS Results for PY1 – Combined Country Programs and CORE funded Programs

### Result 1: Improved management and leadership of priority health programs

Program/ Result	<u>1. No. of organizations applying management and leadership practices to address challenges in improving organizational performance and health service delivery</u>	<u>1.1.a. No. of senior health leaders trained and/or recipient of TA</u>	<u>1.1.b. No. of organizations institutionalizing leadership and management development as a standard organizational procedure</u>	<u>1.2.a. No. of pre-service programs conducted/ No. of participants in pre-service programs</u>	<u>1.2.a. (cont.) Management and leadership capacity development integrated into pre-service programs</u>
<i>What we have so far CP</i>	29 organizations*	146 senior leaders	11 organizations	0	0
<i>What we have so far CORE</i>	61 organizations*	126 senior leaders	2 organizations	2 pre-service programs/ 148 participants	0
<b><i>What we have so far total</i></b>	<b>90 organizations*</b>	<b>272 senior leaders</b>	<b>13 organizations</b>	<b>2</b>	<b>0</b>
<i>Target for PY 3</i>	35 organizations	300 senior leaders	20 organizations	10 pre-service programs/ 900 participants	7 pre-service programs
<i>Target for PY 5</i>	100 organizations	1,000 senior leaders	50 organizations	30 pre-service programs/ 2,000 participants	20 pre-service programs

\* Includes leveraged support from other USAID programs e.g. USAID Haiti, USAID Iraq, and USAID Guyana

## LMS Results for PY1 – Combined Country Programs and CORE funded Programs

### Result I (cont.): Improved management and leadership of priority health programs

Program/ Result	1.2.b. No. of <u>participants</u> in face-to-face, blended learning, etc. programs by country, type of organization (public, NGO, FBO, CBO, etc.), and <u>disaggregated by gender and management level</u>	1.3.a. No. of CA staff, <u>partners, TA providers, TCNetwork members actively participating in the Developing Managers Who Lead Community of Practice and other virtual discussions</u>	1.4.a. (cont.) Leadership and management tools and approaches <u>integrated or incorporated into program interventions of CAs:</u>	→1.3.b. No. of <u>professional exchange programs on developing managers who lead conducted by LeaderNet, the Global Exchange Network, VSPP</u>	→1.3.b. (cont.) No. of <u>publications</u>
<i>What we have so far CP</i>	1,556 total/ 636 women*	0	0	0	3 publications
<i>What we have so far CORE</i>	1,290 total / 672 women*	278 professionals	0	5 exchange programs	6 publications
<b><i>What we have so far total</i></b>	<b>2,895 total/1,308 women</b>	<b>278 professionals</b>	<b>0</b>	<b>5 exchange programs</b>	<b>9 publications</b>
<i>Target for PY 3</i>	4,000 total/ 400 midlevel women	400 professionals	4 CAs	25 exchange programs	9 publications
<i>Target for PY 5</i>	10,000 total/ 1,000 midlevel women	1,000 professionals	10 CAs	60 exchange programs	20 publications

\* Includes leveraged support from other USAID programs e.g. USAID Haiti, USAID Iraq, and USAID Guyana

→ Outputs denoted by this symbol are ones which are largely supported with core funds as they relate to global leadership activities benefiting multiple countries. If annual core funding obligated to LMS continues to decline, MSH will consult with the LMS CTO to discuss a redefinition of anticipated targets and in light of core funding levels.

## LMS Results for PY1 – Combined Country Programs and CORE funded Programs

### Result 2: Improved management systems in health organizations and priority programs

Program/ Result	<u>2.a. No. of organizations addressing management challenges to improve organizational performance</u>	<u>2.1.a. No. of organizational performance assessments conducted , including gender assessments</u>	<u>2.2.a. No. of organizations that implement action plans addressing priority organizational development needs</u>	<u>2.3.a. No. of organizations or teams that develop a plan to improve workplace climate</u>	<u>2.4.a. No. of CAs in different sectors, counterparts, and donors using LMS organizational performance assessment tools, performance improvement processes to address gaps</u>
<i>What we have so far CP*</i>	27 organizations	7 assessments	6 organizations	13 organizations	1 Health CAs; 3 clients; 1 consultant
<i>What we have so far CORE*</i>	48 organizations	3 assessments	222 organizations	222 organizations	5 Health CAs; 1 client; 2 consultants
<b><i>What we have so far Total</i></b>	<b>75 organizations</b>	<b>10 assessments</b>	<b>228 organizations</b>	<b>235 organizations</b>	<b>6 Health CA; 4 clients; 3 consultants</b>
<i>Target for PY 3</i>	35 organizations	9 assessments	20 organizations	20 organizations	4 Health CAs; 25 clients or consultants; 2 Non-Health CAs
<i>Target for PY 5</i>	85 organizations	200 assessments	50 organizations	50 organizations	10 Health CAs; 60 clients or consultants; 5 Non-Health CAs

\* Includes leveraged support from other USAID programs e.g. USAID Haiti, USAID Iraq, and USAID Guyana

## LMS Results for PY1 – Combined Country Programs and CORE funded Programs

### Result 3: Increased sustainability and ability to manage change

Program/ Result	→3.a. No. of NGOs, public sector institutions, multi-sectoral bodies, and international organizations <u>applying management and leadership practices</u>	3.1.a. No. of organizations by type (public, NGO, FBO, CBO, etc.) <u>applying tools and technical resources</u>	3.2.a. No. of <u>multi-sectoral bodies strengthened</u>	→3.3.b. Number of <u>workshops, forums, and information exchanges</u> carried out by Communities of Practice (CoPs) using blended learning strategies
<i>What we have so far CP</i>	8 NGOs; 16 public sector; 1 multisectoral; 1 FBO	13 organizations	1 multi-sectoral body	0
<i>What we have so far CORE</i>	18 NGOs, 29 public sector, 4 international agency; 2 private	31 organizations	0 multi-sectoral bodies	9 information exchanges
<b><i>What we have so far Total</i></b>	<b>26 NGOs, 45 public sector, 1 multisectoral, 4 international agency, 1 FBO, 2 private</b>	<b>44 organizations</b>	<b>1 multi-sectoral body</b>	<b>9 information exchanges</b>
<i>Target for PY 3</i>	16 NGOs; 12 public sector; 3 multi-sectoral bodies; 9 international agencies	25 organizations	3 multi-sectoral bodies	9 information exchanges
<i>Target for PY 5</i>	42 NGOs; 27 public sector; 9 multi-sectoral bodies; 22 international agencies	60 organizations	9 multi-sectoral bodies	20 information exchanges

→ Outputs denoted by this symbol are ones which are largely supported with core funds as they relate to global leadership activities benefiting multiple countries. If annual core funding obligated to LMS continues to decline, MSH will consult with the LMS CTO to discuss a redefinition of anticipated targets and in light of core funding levels.

## LMS Results for PY1 – Combined Country Programs and CORE funded Programs

### Result 3 (cont.): Increased sustainability and ability to manage change

Program/ Result	3.3.b. Number of new <u>on-line resources</u> available on LMS websites (i.e. databases, resource libraries, evaluations etc.)	3.3.c. <u>No. of CAs, international partners, and TA providers</u> applying leadership and management practices	3.3.d. No. of <u>programs</u> with strengthened leadership, management, and sustainability (social sector programs e.g., health & education and/or democracy & governance)	→3.3.e. No. of <u>seminars, joint projects</u> to disseminate best practices and transfer skills to USAID, CAs and other international partners
<i>What we have so far CP</i>	1 new resources online	1 partners	1 program	1 seminar and joint project
<i>What we have so far CORE</i>	12 new online resources	23 CAs, partners and TA providers	0	22 seminars and joint projects
<b><i>What we have so far Total</i></b>	<b>1 new online resources</b>	<b>19 CAs, partners and TA providers</b>	<b>1 program</b>	<b>13 seminars and joint projects</b>
<i>Target for PY 3</i>	40 new resources online	60 CAs, partners and TA providers	2 programs	9 seminars and joint projects
<i>Target for PY 5</i>	100 new resources online	150 CAs, partners and TA providers	5 programs	20 seminars and joint projects

→ Outputs denoted by this symbol are ones which are largely supported with core funds as they relate to global leadership activities benefiting multiple countries. If annual core funding obligated to LMS continues to decline, MSH will consult with the LMS CTO to discuss a redefinition of anticipated targets and in light of core funding levels.

## LMS Results for PY1 – Core Funded Programs

### Result 1: Improved management and leadership of priority health programs

Program/ Result	1. No. of organizations applying management and leadership practices to address challenges in improving organizational performance and health service delivery	1.1 a. No. of senior health leaders trained and/or recipient of TA	1.1.b. No. of organizations institutionalizing leadership and management development as a standard organizational procedure	1.2 a No. of pre-service programs conducted/ No. of participants in pre-service programs	1.2 a. (cont.) Management and leadership capacity development integrated into pre-service programs
<b>Scale Up</b>					
LeaderNet	1: HS 2007	0	NA	0	NA
GEN	NA <sup>1</sup>	27	NA	NA	NA
VLDP*	25: (23) VLDP teams; (1) Basics <sup>2</sup> ; (1) HS2007 <sup>3</sup>	4: (2) Iraq 1; (2) Haiti 1	0	NA	NA
TCN	TBD (survey in PY2) <sup>4</sup>	TBD	TBD	NA	NA
VSPP	10	19	0	NA	NA
MOST	3: (2) JCRC; (1) ADRA Tanzania	TBD	0	NA	NA
BPH	4: PBSP; GSMF; PROCOSI; APROSAR	2: (1) Dir. Global Environmental Health Solutions; (1) Sr. Tech. Adv. EDS	1: APROSAR	NA	NA
GFATM	0	45 <sup>5</sup>	0	NA	NA
Toolkit	0	0	0	NA	NA
WCRP	0	0	0	0	0

<sup>1</sup> NA throughout this document refers to indicators to which a program would not be expected to contribute by virtue of its design

<sup>2</sup> Includes leveraged support from USAID Iraq

<sup>3</sup> Includes leveraged support from USAID Haiti

<sup>4</sup> TBD throughout this document refers to data that have not yet been collected as they require follow-up or are pending reports from field supported projects

<sup>5</sup> Includes leveraged support from MSH Center for Leadership and Management for co-facilitation of Global Fund Roll Back Malaria regional meeting in Dakar, February 2006. Training on public-private partnership mechanisms for managing GFATM grants provided to Country Coordinating Mechanism (CCM) and Principal Recipient (PR) managers.

## LMS Results for PY1 – Core Funded Programs

### Result 1(cont): Improved management and leadership of priority health programs

<b>Mainstreaming</b>					
Pre-Service	1 Makerere Medical School Uganda	2: Dean and Associate Dean at Makerere University	0	2: Kabul Medical School graduates posted to rural areas/110 participants; Makerere Univ. 38 participants	0
LDP	17: <b>Tanzania:</b> (1)Acquire; (1) MOH; (9) health unit teams; <b>Afghanistan:</b> (1) MOPH Central Office; (5) Provincial Health Coordinating Committees;	27: <b>Aswan:</b> 15 senior MOHP managers attending Aswan Conference <b>Afghanistan:</b> 12 members of the Central Office of the MOPH, including 3 Deputy Ministers and the Directors of all programs	1: Aswan Governorate of Egypt	0	0
PUBS/ Dissem.	NA	NA	NA	NA	NA
<b>Global Leadership</b>	NA	NA	NA	NA	NA
<i>What we have so far</i>	<b>61 organizations</b>	<b>126 senior leaders</b>	<b>2 organizations</b>	<b>2 pre-service programs</b>	<b>0</b>
<i>Targets for PY 3</i>	35 organizations	300 senior leaders	20 organizations	10 pre-service programs/ 900 participants	7 pre-service programs
<i>Targets for PY 5</i>	100 organizations	1,000 senior leaders	50 organizations	30 pre-service programs/ 2,000 participants	20 pre-service programs

## LMS Results for PY1 – Core Funded Programs

### Result 1(cont): Improved management and leadership of priority health programs

Program/ Result	1.2 b. No. of <u>participants</u> in face-to-face, blended learning, etc. programs by country, type of organization (public, NGO, FBO, CBO, etc.), and <u>disaggregated by gender and management level</u>	1.3.a. <u>No. of CA staff, partners, TA providers, TCNetwork members actively participating in the Developing Managers Who Lead Community of Practice and other virtual discussions</u>	1.3. a. (cont.) Leadership and management tools and approaches <u>integrated or incorporated</u> into program interventions of CAs:	1.3.b. No. of <u>professional exchange programs</u> on developing managers who lead conducted by LeaderNet, the Global Exchange Network, VSPP	1.3.b. (cont.) No. of <u>publications</u>
<b>Scale Up</b>					
LeaderNet	81: Workshop/35 women	10: TA Providers & TCN members in Facilitator forum	NA	3 forums	0
GEN	294: June Forum/ 192 women	7: (2) Partners ADRA Moz and Nic.; (1) NGO World Vision; (4) PVOs, CARE Peru, CARE Nicaragua, PLAN Int., PLAN Honduras	NA	1 forum	0
VLDP*	238: Iraq I, Haiti I / 103 women	NA	0	NA	0
TCN	TBD (survey in PY2)	28: members in network	TBD	NA	0
VSPP	90/ 46 women	0	0	1 forum	0
MOST	76/18 women	NA	0	NA	0
BPH	58: (33) GHC, (13)GSMF, (12) PBSP/ 33 women	0	0	NA	0
GFATM	57: (28) GFATM consultative meeting /14 women (29) WHO Stop TB consultants	0	0	0	0
Toolkit	NA	NA	0	NA	1: RAMP: Responsibility and Authority Mapping Tool User's Guide
WCRP	0	0	0	NA	0

## LMS Results for PY1 – Core Funded Programs

### Result 1(cont): Improved management and leadership of priority health programs

Mainstreaming					
Pre-Service	38/10 mid-level women/ 2 deans/ Makerere Univ. Medical School	0	NA	NA	0
LDP	407  45: Tanzania (Acquire) Organization type: CA and Ministry of Health/ 25 men /20 women Management Level Mid and front level ( 10 mid level 35 front line  12: Afghanistan/Ministry of Health/1 woman, 11 men/ 12 senior managers  50: Afghanistan: Association for the Empowerment of Women Health Professionals(NGO) /50 mid-level women  300: Egypt/MOH Aswan Conference/150 women/ 15 Senior level/ 50 Mid level/ 235 front line	NA	0	NA	0
PUBS/ Dissem.	NA	NA	NA	NA	4: (1) Handbook in French; (1) WCA Validation study in HRH journal; (1) “Leading a change process to improve health service delivery.” <i>Bulletin of the World Health Organization</i> ; (1) “Leading Changes in Practices to Improve Health.” <i>Global Health Technical Brief</i> , published electronically on the MAQ Web site ( <a href="http://www.maqweb.org/techbriefs/">http://www.maqweb.org/techbriefs/</a> )

## LMS Results for PY1 – Core Funded Programs

### Result 1(cont): Improved management and leadership of priority health programs

<b>Global Leadership</b>	<b>0</b>	<b>143: viewed Aswan video premiere</b>	<b>0</b>	<b>NA</b>	<b>1: Aswan video</b>
<i>What we have so far</i>	<b>1,339 total / 672 women</b>	<b>278 professionals</b>	<b>0</b>	<b>5 exchanges</b>	<b>6 publications</b>
<i>Targets for PY 3</i>	4,000 total/ 400 midlevel women	400 professionals	4 CAs	25 exchanges	9 publications
<i>Targets for PY 5</i>	10,000 total/ 1,000 women	1,000 professionals	10 CAs	60 exchanges	20 publications

## LMS Results for PY1 – Core Funded Programs

### Result 2: Improved management systems in health organizations and priority programs

Program/ Result	2.a. No. of <u>organizations addressing management challenges</u> to improve organizational performance	2.1.a. No. of <u>organizational performance assessments</u> conducted , including gender assessments	2.2.a. No. of <u>organizations that implement action plans</u> addressing priority organizational development needs	2.3.a. No. of <u>organizations or teams that develop a plan to improve workplace climate</u>	2.4.a. No. of <u>CAs in different sectors, counterparts, and donors using LMS organizational performance assessment tools, performance improvement processes to address gaps</u>
Scale Up					
LeaderNet	NA	NA	0	0	0
GEN	NA	NA	0	0	0
VLDP*	23: organizational teams Haiti I & Iraq I	NA	23: organizational teams Haiti I & Iraq I	23: org. teams Haiti I & Iraq I	2: (1) Basics; (1) HS 2007
TCN	TBD (survey in PY2)	TBD	TBD	TBD	TBD
VSP	10	NA	0	NA	0
MOST	3: (2) JCRC; (1) ADRA, Tanzania	3: (2) JCRC; (1) ADRA Tanzania	TBD	NA	1: ADRA Tanzania
BPH	3: (1)PBSP; (1)PROCOSI;(1)APROSAR	NA	0	NA	0
GFATM	0	0	0	0	0
Toolkit	0	NA	NA	NA	0
WCRP	0	0	0	0	0

## LMS Results for PY1 – Core Funded Programs

### Result 2 (cont): Improved management systems in health organizations and priority programs

<b>Mainstreaming</b>					
Pre-Service	0	0	0	0	0
LDP	9: MOH/ACQUIRE Tanzania teams	0	199 (9) MOH/ ACQUIRE teams Tanzania (185) teams Aswan; (5) Provincial teams and health units, Afghanistan	199 (9) MOH/ ACQUIRE teams Tanzania (185) teams Aswan: (5) Provincial teams and health units, Afghanistan	4: (1)ACQUIRE Tanzania ; (1)MOH Tanzania; (1)TCN Consultant; (1) ESAMI
PUBS/Dissem.	NA	NA	NA	NA	NA
<b>Global Leadership</b>	0	0	0	NA	0
<i>What we have so far</i>	<b>48 organizations</b>	<b>3 assessments</b>	<b>222 organizations</b>	<b>222 organizations</b>	<b>5 Health CAs and counterparts; 1 client; 2 consultants</b>
<i>Targets for PY 3</i>	35 organizations	90 assessments	20 organizations	20 organizations	4 Health CAs; 25 clients or consultants; 2 Non-Health CAs
<i>Targets for PY 5</i>	85 organizations	200 assessments	50 organizations	50 organizations	10 Health CAs; 60 clients or consultants; 5 Non-Health CAs

## LMS Results for PY1 – Core Funded Programs

### Result 3: Increased sustainability and ability to manage change

Program/ Result	3.a. No. of NGOs, public sector institutions, multi-sectoral bodies, and international organizations <u>applying management and leadership practices</u>	3.1.a. No. of organizations by type (public, NGO, FBO, CBO, etc.) <u>applying tools and technical resources</u>	3.2.a. No. of <u>multi-sectoral bodies</u> strengthened	3.3.b. Number of <u>workshops, forums, and information exchanges</u> carried out by Communities of Practice (CoPs) using blended learning strategies
Scale Up				
LeaderNet	0	0	0	3:(1) Workshop; (1) HS2007 section; (1)Facilitator Forum
GEN	0	0	0	1 forum
VLDP*	23: (19) public sector; (4) NGOs	23: (19) public sector; (4) NGOs	0	0
TCN	TBD (survey in PY2)	TBD	TBD	NA
VSPP	12 (9) NGOs, (3) International PVOs: CRS, Plan, Pathfinder	0	NA	
MOST	3: (2) private, (1) FBO	4: (2) private, (1) FBO, (1)CA	0	0
BPH	4: (1) PBSP, (1) GSMF, (1) PROCOSI, (1) APROSAR	4: PBSP, GSMF, PROCOSI, APROSAR	0	0
GFATM	1: WHO Stop TB consultants	0	0	0
Toolkit	0	NA	NA	NA
WCRP	0	0	0	0

## LMS Results for PY1 – Core Funded Programs

### Result 3 (cont): Increased sustainability and ability to manage change

<b>Mainstreaming</b>				
Pre-Service	0	0	0	0
LDP	10: (1) MOH; (9) health unit teams	0	0	0
PUBS/ Dissem.	NA	NA	NA	NA
<b>Global Leadership</b>	0	0	0	5: (1) Aswan vides,; (1)workshop at LMSSA conference (1) presentation at SOGON; (1) presentation at E. Africa Soc. of OBGYN conference; (1) Presentation APHA Leading Change
<i>What we have so far</i>	<b>18 NGOs, 29 public sector, 4 international agencies; 2 private</b>	<b>31 organizations</b>	<b>0 multi-sectoral bodies</b>	<b>9 information exchanges</b>
<i>Targets for PY 3</i>	16 NGOs; 12 public sector; 3 multi-sectoral bodies; 9 international agencies	25 organizations	3 multi-sectoral bodies	9 information exchanges
<i>Targets for PY 5</i>	42 NGOs; 27 public sector; 9 multi-sectoral bodies; 22 international agencies	60 organizations	9 multi-sectoral bodies	20 information exchanges

## LMS Results for PY1 – Core Funded Programs

### Result 3 (cont.): Increased sustainability and ability to manage change

Program/ Result	3.3. b. (cont.) Number of new <u>on-line resources</u> available on LMS websites (i.e. databases, resource libraries, evaluations etc.)	3.3.c. No. of <u>CAs, international partners, and TA providers</u> applying leadership and management practices	3.3.d. No. of <u>programs</u> with strengthened leadership, management, and sustainability (social sector programs e.g., health & education and/or democracy & governance)	3.3.e. No. of <u>seminars, joint projects</u> to disseminate best practices and transfer skills to USAID, CAs and other international partners
Scale Up				
LeaderNet	4	1: HS 2007	0	1: HS2007
GEN	5	NA	0	1: USAID missions in June forum
VLDP*	NA	2: (1) Basics; (1) HS2007	0	2: (1) Basics; (1) HS2007
TCN	0	TBD (survey in PY2)	0	0
VSP	NA	3: (2) PVOs, CRS, PLAN; (1) CA, Pathfinder	0	0
MOST	NA	1: ADRA Tanzania	0	1: ADRA, Tanzania
BPH	NA	4: (1)PBSP;(1)GSMF; (1)PROCOSI; (1)APROSAR	0	1: GHC seminar
GFATM	1 (GF e-Room)	8: (1)TBCAP; (1)EMG; (1)Capacity; (1)ESAMI; (4) TCNetwork	0	3: (2 ) GFATM consultative meetings; (1) seminar for WHO Stop TB
Toolkit	1 RAMI tool	NA	NA	NA
WCRP	NA	NA	0	0

## LMS Results for PY1 – Core Funded Programs

### Result 3 (cont.): Increased sustainability and ability to manage change

<b>Mainstreaming</b>				
Pre-Service	NA	0	0	0
LDP	NA	4: (1)Acquire Tanzania ; (1)MOH Tanzania; (1)TCN Consultant; (1) ESAMI	0	1 joint project with Acquire
PUBS/ Dissem.	NA	NA	NA	NA
<b>Global Leadership</b>	1: Aswan video	0	0	12: (1) Presentation on Leading change at IPB meeting; (1) Screening Aswan video USAID/Washington
<i>What we have so far</i>	<b>12 new online resources</b>	<b>23 CAs, partners and TA providers</b>	<b>0</b>	<b>22 seminars and joint projects</b>
<i>Targets for PY 3</i>	40 new online resources	60 CAs, partners and TA providers	2 programs	9 seminars and joint projects
<i>Targets for PY 5</i>	100 new online resources	150 CAs, partners and TA providers	5 programs	20 seminars and joint projects

## LMS Results for PY1 – Country Programs

### Result 1: Improved management and leadership of priority health programs

Program/ Result	<b>1. No. of organizations applying management and leadership practices to address challenges in improving organizational performance and health service delivery</b>	<b>1.1.a. No. of senior health leaders trained and/or recipient of TA</b>	<b>1.1.b. No. of organizations institutionalizing leadership and management development as a standard organizational procedure</b>	<b>1.2.a. No. of pre-service programs conducted/ No. of participants in pre-service programs</b>	<b>1.2.a. (cont.) Management and leadership capacity development <u>integrated</u> into pre-service programs</b>
Tanzania	3: (1) TACAIDS; (1) CCM; (1) ZAC	TBD <sup>6</sup>	3: (1) TACAIDS; (1) CCM; (1) ZAC	0	0
Nepal	TBD: LDP in progress	TBD	TBD	NA <sup>7</sup>	NA
Nicaragua	12: (1) MOH; (1) MiFamilia.; (1) INSS; (1) Nicasalud; (7) municipalities; (1) PROFAMILIA	136	2: (1) MOH, (1) INSS	N/A	N/A
Honduras	1: CCM	TBD	0	NA	NA
LAC HSR	6: (4) municipalities in Honduras; (2) in Nicaragua	10 elected municipal political officials	0	NA	NA
REDSO	0	0	0	NA	NA
Uganda/ IRCU	1: IRCU	0	6: (1) IRCU and its (5) member FBOs	NA	NA
Guyana <sup>8</sup>	6: LDP teams	0	0	NA	NA
<b>What we have so far</b>	<b>29 organizations</b>	<b>146 senior leaders</b>	<b>11 organizations</b>	<b>0</b>	<b>0</b>
<i>Target for PY 3</i>	35 organizations	300 senior leaders	20 organizations	10 pre-service programs/ 900 participants	7 pre-service programs
<i>Target for PY 5</i>	100 organizations	1,000 senior leaders	50 organizations	30 pre-service programs/ 2,000 participants	20 pre-service programs

<sup>6</sup> TBD throughout this document refers to data that have not yet been collected as they require follow-up or are pending reports from field supported projects

<sup>7</sup> NA throughout this document refers to indicators to which a program would not be expected to contribute by virtue of its design

<sup>8</sup> Includes leveraged support from USAID Bilateral (GHARP)

## LMS Results for PY1 – Country Programs

### Result 1(cont.): Improved management and leadership of priority health programs

Program/ Result	1.2.b. No. of <u>participants</u> in face-to-face, blended learning, etc. programs by country, type of organization (public, NGO, FBO, CBO, etc.), and <u>disaggregated by gender and management level</u>	1.3.a. No. of <u>CA staff, partners, TA providers, TCNetwork members</u> <u>actively participating</u> in the Developing Managers Who Lead Community of Practice and other virtual discussions	1.3.a. (cont.) Leadership and management tools and approaches <u>integrated or incorporated</u> into program interventions of CAs:	1.3.b. No. of <u>professional exchange programs</u> on developing managers who lead conducted by LeaderNet, the Global Exchange Network, VSPP	1.3.b. (cont.) No. of <u>publications</u>
Tanzania	TBD	0	In CORE	NA	0
Nepal	100 Public sector and NGO in Leadership dialogue/ 25 women TBD: district level participants	0	TBD	NA	0
Nicaragua	1,326: (555) in 7 municipalities/ 282 women; (160) facilitators, (45) social workers/psychologists, (566) MINSAs /319 women;	0	0	NA	3: (2) Vols. 2 and 3 of MOH Institutional Reorg. Bulletin; (1) Multisectoral Leadership Module
Honduras	64/ women TBD	0	0	NA	0
LAC HSR	24: public sector/10 women	TBD in LACHSR CoP	0	0	0
REDSO	0	0	0	NA	0
Uganda/ IRCU	NA	0	0	NA	NA
Guyana	42: from NGOs in LDP/women TBD	0	0	NA	0
<b><i>What we have so far</i></b>	<b>1,556 total/ 636 women</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3 publications</b>
<i>Target for PY 3</i>	4,000 total/ 400 midlevel women	400 professionals	4 CAs	25 exchange programs	9 publications
<i>Target for PY 5</i>	10,000 total/ 1,000 midlevel women	1,000 professionals	10 CAs	60 exchange programs	20 publications

## LMS Results for PY1 – Country Programs

### Result 2: Improved management systems in health organizations and priority programs

Program/ Result	<u>2.a. No. of organizations addressing management challenges to improve organizational performance</u>	<u>2.1.a. No. of organizational performance assessments conducted , including gender assessments</u>	<u>2.2.a. No. of organizations that implement action plans addressing priority organizational development needs</u>	<u>2.3.a. No. of organizations or teams that develop a plan to improve workplace climate</u>	<u>2.4.a. No. of CAs in different sectors, counterparts, and donors using LMS organizational performance assessment tools, performance improvement processes to address gaps</u>
Tanzania	3: (1) TACAIDS,; (1)CCM; (1) ZAC	1 country assessment	2: (1) TACAIDS, (1)ZAC	0	0
Nepal	TBD	1 country assessment	TBD	TBD	3: (1)ADRA, (1)NHTC/RHTC, (1)ICA
Nicaragua	5: (1) MOH; (1) INSS; (1)MiFamilia,; (1)Nicasalud; (1) PROFAMILIA	4: pilot municipality assessments	4: (1) MOH, (1)MiFamilia, (1)INSS, (1)Nicasalud,	7 municipalities	2: (1) MOH (AMAS & PAHO climate tool); (1) INSS costing methodology
Honduras	1 CCM	1 CCM assessment	0	0	0
LAC HSR	6: business plans: (4) municipalities in Honduras and (2) in Nicaragua	0	0	0	0
REDSO	0	0	0	0	0
Uganda/ IRCU	6 (1) IRCU and its (5) member FBOs	NA	0	NA	0
Guyana	6 LDP teams	0	TBD	6 teams	0
<b><i>What we have so far</i></b>	<b>27 organizations</b>	<b>7 assessments</b>	<b>6 organizations</b>	<b>13 organizations</b>	<b>1 Health CAs; 3 clients; 1 consultant</b>
<i>Target for PY 3</i>	35 organizations	90 assessments	20 organizations	20 organizations	4 Health CAs; 25 clients or consultants; 2 Non-Health CAs
<i>Target for PY 5</i>	85 organizations	200 assessments	50 organizations	50 organizations	10 Health CAs; 60 clients or consultants; 5 Non-Health CAs

## LMS Results for PY1 – Country Programs

### Result 3: Increased sustainability and ability to manage change

Program/ Result	3.a. No. of NGOs, public sector institutions, multi-sectoral bodies, and international organizations <u>applying management and leadership practices</u>	3.1.a. No. of organizations by type (public, NGO, FBO, CBO, etc.) <u>applying tools and technical resources</u>	3.2.a. No. of <u>multi-sectoral bodies</u> strengthened	3.3.b. Number of <u>workshops, forums, and information exchanges</u> carried out by Communities of Practice (CoPs) using blended learning strategies
Tanzania	3: (1) TACAIDS, (1)ZAC, (1)CCM	3: (2) Gov, (1) multisectoral	1 CCM	NA
Nepal	TBD	TBD	N/A	NA
Nicaragua	12: (1) MOH, (1)MiFamilia,(1) (1)INSS, (1)Nicasalud, (1) PROFAMILIA; (7) municipalities	3 MOH, (AMAS, & PAHO climate tool); INSS costing methodology	0	NA
Honduras	1 multisectoral CCM	0	0	NA
LAC HSR	6: (4) municipalities in Honduras and (2) in Nicaragua	6: (4) municipalities in Honduras and (2) in Nicaragua applying BPH and CORE Plus cost/revenue analysis	0	
REDSO	NA	0	NA	NA
Uganda/ IRCU	1 IRCU	1 IRCU	NA	NA
Guyana	6 NGO teams	0	0	NA
<i>What we have so far</i>	<b>8 NGOs; 16 public sector; 4 multisectoral bodies; 1 FBO</b>	<b>13 organizations</b>	<b>1 multi-sectoral body</b>	<b>0</b>
<i>Target for PY 3</i>	16 NGOs; 12 public sector; 3 multi-sectoral bodies; 9 international agencies	25 organizations	3 multi-sectoral bodies	9 information exchanges
<i>Target for PY 5</i>	42 NGOs; 27 public sector; 9 multi-sectoral bodies; 22 international agencies	60 organizations	9 multi-sectoral bodies	20 information exchanges

## LMS Results for PY1 – Country Programs

### Result 3 (cont.): Increased sustainability and ability to manage change

Program/ Result	3.3.b. Number of new <u>on-line resources</u> available on LMS websites (i.e. databases, resource libraries, evaluations etc.)	3.3.c. <u>No. of CAs, international partners, and TA providers</u> applying leadership and management practices	3.3.d. No. of <u>programs</u> with strengthened leadership, management, and sustainability (social sector programs e.g., health & education and/or democracy & governance)	3.3.e. No. of <u>seminars, joint projects</u> to disseminate best practices and transfer skills to USAID, CAs and other international partners
Tanzania	1 RFE website	0	0	0
Nepal	NA	TBD	0	TBD
Nicaragua	NA	0	1: MOE	0
Honduras	NA	0	0	0
LAC HSR	NA	1: PROCOSI providing TA to municipalities in Honduras and Nicaragua	0	0
REDSO	NA	0	NA	NA
Uganda/ IRCU	NA	0	NA	NA
Guyana	NA	0	0	1 with GHARP
<i>What we have so far</i>	<b>1 new resources online</b>	<b>1 partner</b>	<b>1 program</b>	<b>1 seminar and joint projects</b>
<i>Target for PY 3</i>	40 new resources online	60 CAs, partners and TA providers	2 programs	9 seminars and joint projects
<i>Target for PY 5</i>	100 new resources online	150 CAs, partners and TA providers	5 programs	20 seminars and joint projects

## Appendix II: LMS COST SHARE PROGRESS

Country/Activity	Donor	Description	Realized Cost Share	Total Anticipated Amount
TCNetwork	TCNetwork member agencies & individual consultants	TCNetwork Executive and Council of Trustees meetings: TCNetwork, under LMS, is a mechanism for scale-up and mainstreaming. Standing meetings represent the governance structure that is essential for TCNetwork sustainability.		\$30,000
Tanzania Rapid Funding Envelope for HIV/AIDS*	CIDA, Embassy of Finland, Ireland AID, NORAD, Royal Danish Embassy, Royal Netherlands Embassy, Swiss Agency for Development & Cooperation	The Rapid Funding Envelope (RFE), an innovative partnership of bilateral donors and the Tanzanian Commission for AIDS developed by MSH, has delivered 32 grants to more than 120 civil society organizations leading the fight against HIV/AIDS in Tanzania.		\$4,000,000
Leading Change	Gates Foundation	Implementation of a Leading Change program in 6 countries over 5 years with MOH and local resource organizations in working with teams to face challenges in achieving the Millennium Development goals through improved leadership and management capacity.	\$128,164	\$160,000
Foreign edition of the Handbook	PAHO	PAHO will fund part of the development of the Spanish edition of the <i>Managers Who Lead</i> handbook.		\$32,000
Leadership & Communications Workshop for FASID	FASID	MSH will undertake the facilitating of the workshops on "Leadership for Results" and "Multicultural Communication for Better Team Performance" to be held in Tokyo, May 2006.		\$11,424
LDP for Japanese Development Professionals	FASID			\$37,000

Nicaragua Modernizing Health Institutions book	Anonymous Donor		\$25,000
LMS Partnership	ADRA*		\$22,197
LMS Partnership	ESAMI**		\$71,345
<b>Total Cost Share</b>		\$128,164	\$4,358,966
<b>Total Obligated Amount</b>		\$11,930,920	\$120,000,000
<b>10% of Obligated Funds</b>		\$1,193,092	\$12,000,000
<b>Variance from target</b>		(\$1,064,928)	(\$7,641,034)
<b>Percent Variance</b>		(89%)	(64%)

\* Denotes life of project

\*\* Denotes PY1 amount only