



LMS | *Leadership, Management
and Sustainability Program*

Leadership, Management and Sustainability Program

Semi-Annual Report: January 1 – June 30, 2007

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INTRODUCTION

The Leadership, Management and Sustainability (LMS) Program is pleased to present its Semi-Annual Report for the period from January 1, 2007 to June 30, 2007, the second half of Program Year (PY) 2 for the Leader with Associate Award. This reporting period has seen a more explicit focus on family planning activities and continued growth of country programs, particularly in Honduras, Nigeria, and Peru. LMS continued to pursue its mandate to scale up and mainstream leadership and management development capacity through global leadership, implementation of field programs, leveraging the strengths of each LMS partner organization, and collaborating with other programs and Cooperating Agencies (CAs).

The first section of this report is Program Highlights relating two success stories during the reporting period, followed by a Milestones section describing other significant accomplishments, organized by the Office of Population/Reproductive Health's three Intermediate Results. The Performance Monitoring Plan (PMP) is provided in Appendix I, showing LMS' progress against indicators and targets revised subsequent to the Management Review in April 2007. A report (Appendix II) and comments on LMS progress as against FY07 LMS Operational Plan indicators as of June 30, 2007 are also provided. LMS progress on cost share is also described, with a report provided in Appendix III. An expenditure report, Project Year to Date, is provided in Appendix IV.

Engagement with the Global Health Community

In May 2007, select LMS staff attended the International Conference on Global Health in Washington, DC, sponsored by the Global Health Council (GHC). LMS participated in select workshops and presentations, including hosting an Auxiliary Event on Professionalizing Leadership and Management Development in Health, a poster session on LMS' Associate Award program in Afghanistan, and sharing our experiences in implementing virtual programs.

Engagement with GHC in recent months has resulted in an important change in the theme for the 2008 conference. Through discussions with LMS staff, GHC agreed to include "Leadership" in the official title of the conference: "Community Health: Delivering, Serving, Engaging, Leading." LMS plans to showcase its work to strengthen leadership and management capacity and improve access to health services in communities in Nicaragua, Peru, and possibly Nigeria and Tanzania at the event.

Core Investments Continue to Leverage Field Support

LMS, and the previous Management and Leadership (M&L) Program, have a rich history of making solid investments with Core funds that have leveraged field support and facilitated the achievement of results through rapid response to the needs of countries. Many of these programs, approaches, and tools initially developed with Core funds were further refined during field applications using field support funds. The

following are examples of programs and resources developed with USAID Core funds that have leveraged field support in LMS.

Virtual Leadership Development Program (VLDP)—The VLDP was implemented for LMS Peru Healthy Communities and Municipalities (HCM) project. In addition, the MSH bilateral in Rwanda and the BASICS field project with USAID/Iraq have bought into the program.

Business Planning for Health (BPH)—USAID/LAC sponsored a BPH to reach several countries in Central and South America. A BPH for LMS Peru Healthy Communities and Municipalities (HCM) project was launched in June 2007.

Leadership Development Program (LDP)—The LDP has been implemented in numerous LMS field projects, including in Nepal, Nicaragua, Afghanistan, Tanzania, Uganda, and Zanzibar.

Managers Who Lead Handbook—The Handbook 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. It has become the cornerstone of all of LMS' leadership activities in all its field projects and has been translated using Core funds into Spanish and French. A translation into Nepali, using field support funds, is nearing completion.

Management and Organizational Sustainability Tool (MOST)—MOST has been applied in field projects in Nigeria, Tanzania, and Uganda, among many other field programs.

PROGRAM HIGHLIGHTS

Evaluation of the Results-Oriented Leadership Development Program in Nepal

The Government of Nepal (GON) is in the process of decentralizing authority in the development sector to the district level in 12 of 75 districts. To successfully meet this challenge, effective leadership and management are critical for staff to carry out new roles and responsibilities at District Public Health Offices. LMS was approached by USAID/Nepal in early 2006 to develop the leadership and management capacities of district teams. Developed in partnership with the Ministry of Health and Population (MOHP), LMS launched the Results-Oriented Leadership Development Program (ROLDP).

The ROLDP is an adaptation of LMS' Leadership Development Program (LDP), developed under the Management and Leadership (M&L) Program with Core USAID funding. The Program was implemented by the National Health Training Centre (NHTC) of the MOHP with technical assistance from LMS/Nepal, Adventist Development and Relief Agency (ADRA)/Nepal, and the Institute of Cultural Affairs (ICA)/Nepal in three pilot districts: Banke, Jhapa, and Rupandehi. ROLDP engaged a broad cross-section of government and NGO staff at the district level, including managers from health, water, sanitation, women in development, education, and local government councils. A total of 31 teams from district government offices and NGOs participated.

The teams were led through a process of forming a vision for their projects, defining their challenges, developing commitment within their teams and their larger organizations to carry out prioritized action plans, and implement the action plans to achieve desired results over a period of 7 months through December 2006. To build sustainability and scale-up following the end of LMS assistance, ROLDP trained, mentored and supported a cadre of local facilitators to conduct the workshops and provide coaching. Of the original 31 teams, three organizations (two government and one NGO) dropped out of the program before the workshops were completed.

Program Evaluation

In March 2007, the NHTC requested an external evaluation to determine if pilot ROLDP activities had achieved concrete results, to formulate recommendations for replication of the Program in additional districts, and to help it decide whether ROLDP should be integrated into the national health system's decentralization plan. The evaluation addressed: the appropriateness and acceptability of ROLDP for the participants; effectiveness of the program methodology and delivery; participants' use of leadership and management concepts and tools; results achieved by the teams and benefits of the program; and potential for scale-up and sustainability.

Evaluation Findings

The investment of Core funds to create the LDP has yielded significant results in Nepal. To date, LMS has received \$875,000 from the Mission. The Nepal program also leveraged ADRA and GON financial and human resources.

Workshops organized by the Nepali evaluator to collect information revealed that participants were very receptive to ROLDP. They reported that the Program differed from other leadership and management programs in its use of training materials, facilitation methods, discussions on ways to identify problems, identifying challenges, and finding solutions. The following aspects of the program rated highly: materials and tools; facilitation methods; participatory approach, coaching and follow-up; ROLDP's use of practical, real-life examples; and facilitator feedback which helped teams achieve their desired results. More than 80% of participants in the Evaluation Workshops could remember more than five leadership and management concepts. Participants are continuing to apply what they learned, including when developing and implementing work plans, to improve work office environment, to better scan, focus and plan, to conduct results-oriented meetings, and to measure results more effectively.

Participants reported positive changes in their work environments, with staff beginning to “perceive themselves as their own leaders, respecting their own work and the contributions of their colleagues”.¹ Reporting and communication skills have greatly improved as evidenced by the quality of project reports submitted to the evaluator and participant interactions during the Evaluation Workshops. The evaluator also found that “Teams are better equipped to deal with challenges and prioritize actions.”²

Examples of Results Achieved from Each Pilot District (May – December, 2006)

Banke:

- UNESCO Banke Club challenge: to increase the contraceptive prevalence rate (CPR) in Jayaspur Village Development Committee (VDC), a largely Muslim community, from 5% to 11%. Result: CPR increased to 13%, two percent greater than planned.
- District Public Health Office challenge: to increase the utilization of ante-natal care (ANC) services by pregnant women in the district from 31% to 33%. Result: Use of ANC services increased to 32.94%.
- Women's Development Office challenge: to register all newborns in the project VDC and all unregistered children. Result: the project's desired result was fully achieved.
- National Family Health Program (USAID bilateral) challenge: to address maternal morbidity and mortality through proper distribution of misoprostol to prevent post-partum hemorrhage. Result: The availability of misoprostol increased from baseline values of 45% to 61%.

¹ Dr. I.B. Shrestha, Evaluation of the Results-Oriented Leadership Development Program/Nepal, LMS/MSH, March 2007, page 11.

² Ibid, page 19.

Jhapa:

- Women's Development Office: In collaboration with the Women's Agriculture Cooperatives, to organize reproductive health counseling awareness classes for 200 youth in rural areas. Result: 500 youth were counseled.
- District Development Committee: to improve sanitation for the *Sattar* ethnic group by installing toilets in 20 Sattar families' homes in Goldhap VDC. Result: 12 (60%) toilets were installed.

Rupandehi:

- Association of Medical Doctors of Asia: to establish a Community Health Centre in the district. Result: the Centre was constructed with its inauguration pending at the time of the evaluation.
- District Forest Office: to expand forest resources in ten VDCs by completing tree planting on at least 50 hectares of Government land and distributing 300 free trees to at least 300 individuals and/or organizations. Result: the DFO distributed 286,470 saplings to 251 organizations and 701 individuals.
- District Agriculture Office: to cultivate cauliflower in at least 15 hectares of the VDC. Result: more than 15 hectares are under cultivation, and the produce is sold in local markets.

Progress Since the District LDP Concluded

Since the pilot phase was completed, ROLDP has already been replicated independent of LMS. For example, UNESCO Club/Banke and NAMUNA of Rupandehi have used leadership and management concepts to conduct trainings at the community level. ADRA/Nepal has used ROLDP concepts in its trainings and proposed ROLDP in project bids.

With assistance from LMS in developing training modules, ROLDP has been integrated into the new decentralization training program offered by the NHTC. A Training of Trainers for regional trainers was conducted in two new districts to pilot test the curriculum at district and health facility levels. LMS, ADRA and ICA are collaborating with the NHTC in this pilot delivery of the program. Following the conclusion of this pilot test the NHTC intends to scale up the decentralization "hand-over" training approaches to maximize sustainability at the local levels. LMS pilot activities and curriculum development will serve as a foundation for these mainstreaming and scale-up activities.

LMS recently developed training materials in Nepali for training the Health Facility Operation and Management Committee (HFOMC). The materials have been approved by the GON and will be printed by NHTC with their own funds. LMS has also translated the "Managers Who Lead" Handbook into Nepali, which will be printed in PY3.

Expanding Coverage of Family Planning Services in Kigoma, Tanzania

In January 2006, LMS, in collaboration with the USAID-funded EngenderHealth/ACQUIRE Project and the Tanzania Ministry of Health (MOH), initiated a six-month Leadership Development Program (LDP) in Kigoma, a remote rural province in western Tanzania. The aim of the collaboration was to integrate leadership and management development into ongoing technical assistance in an ACQUIRE-led family planning program in order to revitalize family planning in the region and ultimately improve maternal and child health through performance improvement at the service delivery level.

MOH staff from six health facility teams and three district teams participated in the program. With the assistance of Eastern and Southern Africa Management Institute (ESAMI) staff and a local consultant, three LDP workshops were delivered in Swahili. Between the initial workshop and additional workshops in March and June 2006, Kigoma ACQUIRE and district level MOH staff provided follow-up coaching to the teams to help them refine their action plans and apply the leadership and management skills they learned in the workshops.

Early in the LDP, teams were asked to scan—to review their family planning data to assess service delivery weaknesses and strengths. Originally of the opinion that they were doing relatively well, participants realized that they were achieving only modest results vis-à-vis family planning utilization. District teams acknowledged that health centers were under-performing, in part due to poor coordination between district activities and those of the health centers within their jurisdiction, resulting in situations where health centers felt isolated and unsupported.

The Immediate Results

Teams responded well to the participatory approach of the LDP. Several nurses who attended the first workshop revealed how they would seldom speak up and simply performed what was requested of them. By the third day of the workshop they were standing before the entire group of participants and facilitators to present their group's identified challenge.

The participating teams successfully used 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. As a direct result of their data analysis, teams reallocated health personnel to ensure adequate human resources were available for family planning counseling and service delivery; mobilized resources, including transportation for outreach services; provided training and refresher training for providers of family planning; and raised awareness in the communities served by the facilities about the importance of family planning for the health of women and children. These activities were supported by the ACQUIRE Project and the MOH.

Longer Term Results

The LMS Monitoring and Evaluation Specialist collaborated with ACQUIRE/Tanzania staff to obtain and analyze family planning service statistics collected, routinely reported, and provided to ACQUIRE by the MOH district teams and health facilities. All of the MOH teams selected increasing the number of new family planning clients as their challenge. As of December 2006, one year after the start of the LDP, the average number of new family planning clients per month had increased in all nine participating health facilities—in one by as much as 80%. The chart in Figure 1 compares the performance of the nine health facilities between 2005, before the program began, and December 2006, during and after the LDP. Two of the six health centers reported achieving less than a 20% increase in new family planning clients: Kakonko Health Center reported an increase of 7% and Kiganamo Health Center an increase of 2%. During the program both facilities suffered contraceptive stock-outs because of a lack of district transport to supply long acting and commodities for permanent methods. Nyakitonto, Nguruka, Rusesa, Kifura, and Bitale health centers and Kibondo and Kasulu district hospitals increased the average number of new family planning clients per month by 52%, 51%, 20%, 61%, 80%, 20% and 38%, respectively.

Kigoma District Council did not implement an action plan directly. Rather it replicated the workshops in five small dispensaries in its catchment area. The chart in Figure 2 compares the average number of new family planning visits per month at the five dispensaries before the LDP with the average monthly performance during and after the LDP. Even at this basic level in the health system, four out of five of the dispensaries, Mwakizega, Kasuramemba, Kaseke, and Manemba, were able to increase new family planning visits – by 33%, 36%, 50% and 53%, respectively.

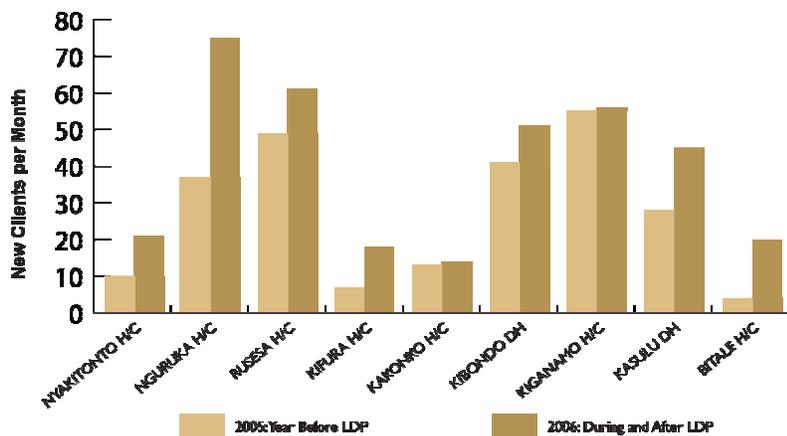


Figure #1: Average Number of New Family Planning Clients per Month in Health Centers Participating in the Leadership Development Program, Kigoma Region, Tanzania

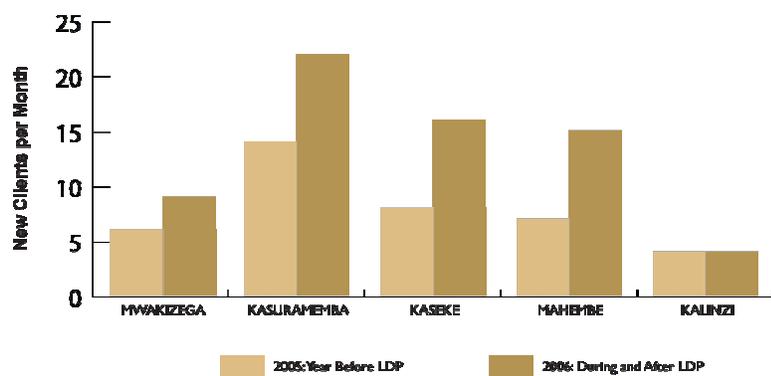


Figure #2: Average Number of New Family Planning Clients per Month in Dispensaries Participating in the Leadership Development Program, Kigoma Region, Tanzania.

What Does the Future Hold?

The chart in Figure 3 demonstrates that overall, the average number of new family planning clients per month increased by 33% in health centers/district hospitals and 62% in dispensaries. These impressive results have motivated the Kigoma LDP facilitators from ACQUIRE and the MOH to scale up the program to 20 more dispensaries and health centers in two districts on their own without technical assistance from the LMS Program. As a first step, they held a workshop in October 2006 to empower lower level facility staff and equip them with leadership and management skills to strengthen health service delivery.

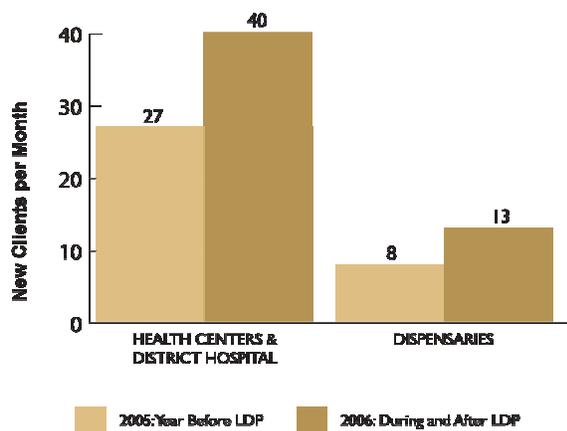


Figure #3: Average Number of New Family Planning Clients per Month in Health Centers and Dispensaries Participating in the Leadership Development Program, Kigoma Region, Tanzania

Health centers, district hospitals and dispensaries in Kigoma successfully applied management and leadership skills learned in the LDP to the challenge they faced of expanding family planning coverage in the region. The ACQUIRE Project, LMS Program and MOH facilitators demonstrated that integrating the LDP into a service delivery project was effective in improving the performance of health units.

MILESTONES

Technical Leadership (IR1)

Professionalizing Leadership Auxiliary Event at 2007 International Conference on Global Health.

In May 2007, LMS hosted an Auxiliary Event at the 2007 International Conference on Global Health in Washington, DC, entitled: “Call to Action: Preparing Leaders to Maximize the Billions Invested in Health.” Designed to be engaging and interactive, five poster stations were set up on leadership advocacy, virtual learning, integrating leadership development into pre-service programs, pharmaceutical management, and human resources for health. Each station was staffed by an expert in the field with hands-on experience. More than 250 representatives from donors, international agencies, and CAs were in attendance. The overall engagement level was high throughout the two-hour event with more than 60 people leaving contact information behind to further discuss the topics. Since the Conference, the LMS website has seen an increase of approximately 20% in unique visitors per day.

Leadership and Management Award. LMS developed the Leadership and Management Award to bring attention to the strong efforts of teams in developing countries who are applying effective leadership and management practices to overcome challenges and improve health outcomes. The annual nomination and consideration process attracted applications from teams around the world working in all areas of health. The winner of the 2007 award was the Bicol, Legazpi field office of the Philippines Department of Health. The award recognizes the significant reduction in stock-outs of essential drugs it achieved in village pharmacies. The announcement of the award was picked up on 15 news-related websites (to date), including MSNBC, *The LA Times*, State House News Service (Massachusetts), and *The Hill*, a newspaper about and for the U.S. Congress. Through this award, the message about the importance of leadership and management as a key factor in improving global health is reaching audiences far beyond the scope traditionally targeted by the international health community.

Meeting with Health Ministers at the Annual East, Central and Southern Africa (ECSA)

Conference. MSH facilitated a Leadership Dialogue at the 2007 ECSA Conference for Ministers of Health and their teams (Permanent Secretaries and Director Generals) from 10 countries (Tanzania, Uganda, Kenya, Zambia, Zimbabwe, Malawi, Mauritius, Lesotho, Seychelles and Swaziland). The dialogue covered leading and managing practices, and applying the Challenge Model to frame national level challenges. Each ministry team developed a shared vision, and identified measurable results, obstacles and priority actions. At the end of the session ministers reported that their job as leaders was to frame the challenges and align and mobilize leaders at all levels to address the challenges. They discussed how to create a climate that would increase communications across the levels of their ministries. They focused on the importance of developing leaders at all levels who are committed to producing results by giving them challenges and appropriate feedback and support. Participants requested information to implement leadership development programs in their ministries. ECSA has invited LMS to participate in the Conference annually.

Engaging With Thought Leaders. In this reporting period, LMS has expanded its efforts to reach out to thought leaders, supporting efforts to scale up and mainstream leadership and management development. The LMS Project Director met with staff at the Brookings Institution and the Center for Global Development in Washington D.C. to discuss the importance of leadership and management in health care and to secure their advocacy. Both institutions were receptive, expressing interest in pursuing discussions on such topics as financing (e.g., the Global Fund and Country Coordinating Mechanisms), studying approaches to technical assistance and capacity building, and evaluation of leadership and management development initiatives. The Center for Global Development will keep LMS in mind to participate in future events and panel discussions which it regularly organizes. LMS also met with senior staff from the Aspen Institute and Rand Corporation in late February to engage in a discussion on the importance of leadership and management in health care, including strengthening preparation of health personnel to undertake their leadership and management responsibilities. In June 2008 the Aspen Institute, in collaboration with the Johns Hopkins Bloomberg School of Public Health, will offer an “African Health Forum” on priority health issues, including HIV/AIDS, reproductive health, infant mortality, and men's health. LMS is maintaining contact with the organizers with the hope of participating. More recently and as a result of multiple contacts with The Economist by the LMS Project Director facilitated by LMS' partner, RF|Binder, a story “More Money Than Sense” was published in the Global Public Health section of the July 5, 2007 edition.

LMS Is Sole Cooperating Agency Invited to Present at a WHO Consultative Meeting in Ghana. In January 2007, the WHO Consultative Meeting in Ghana, entitled “Strengthening Health Leadership and Management in Low Income Countries” assembled a range of high level stakeholders from WHO headquarters and its regional and country offices, senior MOH leadership from several countries, the East, Central and Southern Africa Health Community (ECSA-HC), CDC, U.K. National Health Services, and the Gates Foundation, to develop a framework and strategies for supporting leadership and management capacity building in developing countries. Participants took great interest in LMS' practical approaches and tools for leadership and management development, including the LeaderNet community of practice and the Occasional Paper, “An Urgent Call to Professionalize Leadership and Management in Health Care Worldwide.” Meeting organizers asked LMS/MSH to continue to collaborate with the Policy and Health Systems and Human Resources for Health Departments at WHO/Geneva as work in this area goes forward. The final report from the Consultation, “Towards Better Leadership and Management in Health: WHO/HSS/Healthsystems 2007.3 Working Paper No. 10” was recently released and includes the *Managers Who Lead* Handbook with a web link as a key reference document for strengthening leadership and management in health.

New Collaborations. LMS has engaged in numerous new collaborations in this reporting period. MSH's Global Exchange Network (GEN) for Reproductive Health hosted a virtual forum led by Family Health International (FHI) with support from LMS. The forum, “Addressing Unmet Need for Family Planning in Rural Areas: Introducing Community-Based Distribution of Injectable Contraception,” was held in May 2007. Designed for participants primarily from Anglophone Africa, the Forum provided technical information, case studies, and discussion on CBD of injectable contraception, how this approach could meet the needs of people in rural areas and revitalize declining CBD programs, and how to introduce injectables into a CBD program. The Forum was facilitated by two staff from FHI who were trained and supported by LMS. 331 individuals registered for the Forum of which 188 people logged on (100 women) during or after the event. In the week May 18-25, 137 individuals from 36 countries logged onto the GEN website. 51 registrants

participated in the discussion, contributing a total of 95 postings in the Forum discussion section. The library section had 221 visits from 76 different participants, and the case studies site had 126 visits from 86 participants. While only 18 participants completed and submitted the evaluation questionnaire, the majority (50%) found the discussions very useful for their work, 61% found the documents presented very useful, and 89% reported that they had acquired skills or knowledge that they can apply in their work. One participant commented: *“One of the key issues is looking at different ways family planning and safe motherhood in general can be improved without necessarily increasing resources but utilizing those available optimally.”*

MSH has also provided assistance to FHI’s China AIDS Roadmap Technical Support (CHARTS) Project (funded by DFID and AusAID) to strengthen the Provincial Consultant Network (a pool of national and provincial consultant experts). This network was built as a key component of the project’s sustainability and included concepts similar to the Core-funded Technical Cooperative Network developed under the previous M&L Program and supported by LMS through PY2. LMS continues to implement virtual programs in the field, including the Virtual Strategic Planning Program (VSPP) and the Virtual Leadership Development Program (VLDP). The first implementation of the VSPP included participants from Latin American teams of CEMOPLAF, Plan International, and PROCOSI. The VLDP implemented in Peru—primarily for the Healthy Families and Communities Project—also included teams from Chemonics.

With direction and funding from the USAID Contraceptives Commodities Security (CCS) team, LMS worked with JSI/Deliver and Constella Futures/Health Policy Initiative (HPI) to strengthen the leadership capacity of managers in the Latin America region. The VLDP was adapted to add CCS examples, cases and other materials. This new VLDP was delivered from February 26 to June 22, 2007 for CCS from four countries: Dominican Republic, El Salvador, Honduras and Paraguay. The CCS are national entities composed of high level functionaries from the MOH, the social security system, local NGOs and international partners. Their purpose is to guarantee the availability of contraceptives in their countries. A total of 93 people participated in twelve teams: two teams from the Dominican Republic, three from Honduras, three from El Salvador, and four from Paraguay. As in all VLDPs, the teams selected a real work challenge and developed an action plan to achieve their desired results. In this case, all the teams worked on the common challenge of assuring the supply of contraceptive commodities and increasing access to family planning. During the Program each country organized two face-to-face meetings to build a common vision and align their challenges. In the end-of-program evaluation participants reported the usefulness of integrating the CCS committees in each country to build a common vision and improve the way they are working together. Participants have been invited to join LMS’ GEN website to maintain the exchange among the CCS committees.

Launch of the Guide for Fostering Change and E-learning Module. *The Guide for Fostering Change to Scale Up Effective Health Services*, developed by the Implementing Best Practices (IBP) Consortium, was launched at a skills-building session at the 2007 International Conference on Global Health. The Guide is designed to address the connection and synergy between the use of proven change management practices to introduce, adapt, use, and scale up clinical or program practices. The process for fostering change is divided into five phases and, within each phase, a series of steps. The Guide provides principles, “how to” processes, and illustrative examples. “Fostering Change in Health Services,” is also available on the Global Health e-Learning Center. This course is designed to build the skills of those who are in a position to support change agents in health service delivery. The Global Health e-Learning Center can be accessed at <http://www.globalhealthlearning.org>.

Knowledge Generation (IR2)

LeaderNet Forum: “Global Fund Proposals: How to Create, Support, and Participate in Multi-Sectoral Grant Partnerships”. Held in April 2007, this LeaderNet forum attracted 84 people from 30 countries of Latin America, Africa, Asia, and North America. A number of key themes were documented, including: civil society organizations and Country Coordinating Mechanism (CCM) members need to acquire more information about the Global Fund for AIDS, TB and Malaria (GFATM); arrangements for multi-sectoral proposal development and multi-partner project implementation need to be enriched; CCMs need to demonstrate transparency and clarity in their communications and instructions on stakeholder consultation and implementer selection; and some CCMs are still struggling to define a proposal development process that invites stakeholder participation but is not misleading about the likelihood of actual funding. Many implementing organizations want technical support to develop better, more technically state-of-the-art proposals. Great interest was expressed in continuing to discuss issues around Global Fund activities in the future. Meanwhile, participants were directed to a variety of resources to assist in preparing proposals for the recent round of GFATM grants available on the websites of the GFATM, AIDSPAN, HIV/AIDS Alliance, Global Business Coalition on HIV/AIDS, and WHO.

Menu of Indicators on Management and Leadership Capacity Building. The Menu is a reference tool to guide the selection of indicators in the areas of management and leadership capacity development. Originally developed by MSH under the M&L Program in 2003, it has been revised to include additional indicators validated during the implementation of the M&L Program. The Menu is recommended for use at the earliest stages of program design and planning, when thinking of indicators can be a valuable aid in defining expected outcomes and outputs of activities. The indicators focus on the extent to which performance objectives or results are reached. The indicators may be applied to or adapted for different organizational levels within a health system, from local service delivery points to broader organizational structures at local, regional, or national levels. The Menu is organized into four sections: Indicators of Organizational Management Capacity; Indicators of Organizational and Work Group Leadership Capacity; Indicators of Organizational Sustainability; Program Specific Indicators (this section focuses on indicators directly related to the LMS Program).

Translation of *Managers Who Lead* Handbook into Spanish. *Gerentes que lideran*, the Spanish translation of *Managers Who Lead*, provides practical leading and managing approaches and tools that managers can use with their teams to overcome obstacles and realize their vision of better health for all. Copies of this publication may be obtained by writing: bookstore@msh.org.

New Resource: “Modernizing Health Institutions in Latin America.” Governments and NGOs around the world are seeking to make health services more equitable and accessible for citizens and clients and to be more accountable for quality of care and management. This new material presents a participatory process for restructuring public and private institutions to achieve greater efficiency and public health impact, based on LMS/MSH experience in Nicaragua and other countries. Drawing on systems thinking and business process re-engineering, the guide includes methods and practical tools for policymakers and leaders of ministries and NGOs, senior managers, implementation teams, and facilitators who are planning

and carrying out organizational restructuring. Numerous examples and case studies of successful restructuring illustrate how to design better-functioning work groups and organizations. A complete set of forms and templates for designing new organizational structures are provided. The full text is available free-of-charge from the MSH eBookstore at <http://www.msh.org/publications>.

Update on the Use of the Aswan Video. During the reporting period, 32 unique visitors explored the *Seeds of Success* section of the LMS website, without any direct or indirect prompting (this includes both people who viewed just the case study, downloaded the video, or both). Additionally, 40 confirmed downloads of the video occurred during the reporting period from the original hosting site. The video and case study may be accessed at <http://www.msh.org/aswanvideo>.

Support to the Field (IR3)

Community-Level Leadership Program Transferred from Nicaragua to Peru. The Community Leadership Development (CLD) program developed by LMS/Nicaragua with field support funds has been adapted for application in the LMS Healthy Communities and Municipalities (HCM) project in Peru. Staff from MSH/Cambridge and PRONICASS/Nicaragua conducted a training of trainers for 31 technical staff from the Peru project and then shadowed them as they launched Module 1 of the CLD for 204 community and government leaders from five municipalities. The CLD uses LMS' overall approach to leadership development. It consists of five modules during which participants learn and practice skills to strengthen leadership and management performance at the community level. In Module 1 participants developed a community vision, and discussed the topic of values and their relationship to community involvement, empowerment and democracy. The response to the training is positive, with municipal government authorities advocating the expansion of the CLD to include local women's groups. One municipality has committed to contributing some funds to support expansion of the CLD to more communities.

In June 2007, LMS staff began implementing the Business Planning for Health (BPH) program, developed with Core funding during the M&L Program and updated during LMS. The program will include 35 participants (27 from select municipalities) with teams working to qualify their Local Community Committees to receive public funds for local initiatives.

Another achievement of the HCM Project is has been the introduction of a tool which permits participating communities to self-monitor key maternal and child health indicators. The HCM project promotes the adoption of healthy policies and behaviors at municipal, community and family levels. It was therefore critical to introduce a means to rapidly and efficiently monitor the impact of the project while also building community ownership. Participating communities are responsible for conducting a census every 6 months and reporting on indicators such as: the number of children under the age of 2 living in the community; the number of children who have a growth monitoring chart and who drink boiled or chlorinated water in the house; the number of women of reproductive age living in the community and of these, the number familiar with at least one modern method of family planning. The second recording of such data was completed in December 2006. Results reported in this period demonstrate an increase in healthy behaviors. For example: one region reported a 33% increase in the number of pregnant women giving birth in a health facility (64 to 95%). The monitoring and reporting charts are posted in a public place in the community and are also shared with local decision makers and regional health officials to inform health policy and decision making.

Foundational Work Completed to Prepare NGOs for direct USAID PEPFAR Funding in Nigeria. LMS/Nigeria worked with three NGOs in March 2007 to assess their current management capacity. The purpose was to create greater awareness in each organization about their overall management capacity, and to use findings as a basis for jointly preparing a prioritized management development technical assistance plan. LMS' assistance is designed to prepare NGOs to receive direct USG funding for HIV/AIDS activities. The three organizations involved were the Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), Christian Health Association of Nigeria (CHAN), and the Civil Society Network for HIV/AIDS in Nigeria (CiSHAN). The Management and Organizational Sustainability Tool (MOST)

developed by MSH in 1998 with USAID core funds was slightly adapted for application. MOST is a structured, participatory process that allows organizations to assess their own management performance and develop a concrete action plan for organization-wide improvement. This assessment complemented a prior review by LMS of the NGOs' existing internal financial and administrative controls using MSH's QuickStart tool. LMS has recommended that the NGOs reapply MOST in 12 months to measure changes in priority management components. The MOST tool and experience were rated "excellent" by the NGOs. One participant commented that it provided a "broad understanding of the management components that are essential in any organization."

Leadership Development Program Integrated into the COBES Program of Makerere Medical School in Uganda. Six facilitators from the Faculty of Medicine launched the Program at Ndejje Health Center, a facility which participates in the medical school's Community-Based Education and Service (COBES) program. Participants included 5 health personnel, 12 medical students from Makerere, and 4 medical students from the University of Ghent in Belgium. The Makerere-LMS collaboration aims to transfer capacity to deliver the LDP without outside assistance. The collaboration is also working to generate field-based evidence to obtain the University's approval to formally integrate the LDP into the existing COBES curriculum. The Curriculum Committee gave preliminary approval to integrate the LDP in June 2007. An important connection with the Leadership Initiative for Public Health in East Africa of Johns Hopkins University School of Public Health was made during the LDP launch. Johns Hopkins is collaborating with Makerere and Muhimbili University College of Health Sciences (Tanzania) to strengthen curricula and training. 20 senior faculty members from these institutions, including a staff member from Johns Hopkins/Baltimore, were oriented to the LDP by participating in the program at the COBES site. Feedback was extremely positive, with great interest on the part of all to integrate the LDP into their existing curricula. Johns Hopkins expressed interest in working with LMS to bring the LDP to other countries. Meanwhile another COBES site, St. Stephen Hospital, which is piloting the LDP, has already achieved results. The Hospital wants to increase the number of safe deliveries to 200 by the end of March 2007. Since the LDP began in November 2006 it has conducted outreach to leaders and citizens in the community. Only one month after the LDP launched, 13 safe deliveries were performed at the Hospital; the average number of deliveries per month over the past six months has been eight.

Global Fund Work. LMS has engaged in technical assistance for Global Fund CCMs in Nicaragua, Honduras, Tanzania, Zanzibar, Pakistan, Nigeria, and more recently the Ivory Coast and Guinea. LMS and MEASURE Evaluation conducted an assessment of CCM governance in Nigeria in December 2006. Through document review and focused discussions with key stakeholders, including CCM members, Principal Recipients (PR) and Sub-Recipients, the team reviewed CCM functioning as against GFATM standards, and CCM operations, including implementation of its oversight responsibilities. The team produced a scope of work for consideration by the Nigerian CCM to further strengthen key management functions, including funds flow analysis, monitoring and evaluation, and communications planning. The scope of work proposes the introduction of the "Early Alert System," a tool developed by LMS in Nicaragua which has already been applied by LMS in its GFATM work in Tanzania and Zanzibar. The System facilitates routine monitoring and decision-making on priority management and technical assistance needs of organizations implementing GFATM activities. LMS has been invited to continue working with the Nigerian CCM and its PRs.

Update on Accomplishments of LDP in Aswan Governorate, Egypt. With Core funding from USAID/W, the Management and Leadership (M&L) Program implemented a LDP in Aswan from 2002–2003. Since that time, and with their own resources, the LDP expanded to cover all 185 health units in the Governorate. At their annual conference in January 2006, the health teams made a commitment to continue to address priority health challenges, notably to reduce maternal mortality. At the annual conference in early 2007, the Governorate reported a decrease in the maternal mortality rate from 86.7 per 100,000 in 2005 to 47.5 per 100,000 as of December 2006. Moreover, an infection control program was expanded from 0.6% of health facilities in Aswan (the 11 facilities included in the 2002–2003 program) to more than 80% of facilities.

Tech-Serve/Afghanistan Accomplishments. LMS is working with the central and provincial Ministry of Public Health (MOPH) to build leadership and management capacity to address priority public health needs while ensuring equity, health results and accountability, and fostering sustainability. Tech-Serve continued its Management Support for Provinces initiative by training and mentoring provincial management teams of the MOPH using the LDP. To date, the LDP has been applied in 11 of 13 USAID-supported provinces training a total of 295 staff (including 25 senior-level and 48 female leaders), 89 in the most recent quarter (January – March 2007). MOPH and NGO facilitators developed by LMS are leading the training. An example of a result from the LDP, the vaccinator in the Haiderabad Basic Health Center in Bamyan province has developed an action plan to improve TT2+ coverage through the use of the Challenge Model she learned in the initial LDP training she received in January 2007. Building a shared vision with her team and then focusing on priority challenges to address and overcome obstacles to achieve desired results, the team is on their way to achieve the target they set of a 10% increase in coverage by the end of the fiscal year. Compliance with National Hospital Standards in the five USAID-supported Provincial Hospitals was recently assessed, with findings showing continued improvement. The greatest improvements have occurred in standards for surgical emergencies, management of hospital pharmacies, and human resource management. Overall, the hospitals' compliance with standards has improved from 45% to 75%. Finally, Tech-Serve has introduced a new procedure for improving control of inventory of essential drugs procured and distributed on behalf of the MOPH. Whereas inventory was previously examined only once a year, up to five high-volume and high-value stock items are now inventoried on a weekly basis. The result is a reduction to 0.02% in the value of drugs that are misplaced or miscounted. More information on LMS activities in Afghanistan can be found at: <http://www1.msh.org/projects/lms/WhereWeWork/Asia/Afghanistan.cfm>.

Iraq/VLDP Results. In partnership with BASICS, the VLDP was implemented twice with the MOH of Iraq from September 2005 to July 2006. 23 teams (134 participants) were able to successfully complete the program, a considerable achievement given local conditions. Both implementations included face-to-face workshops in Amman, Jordan, for the team leaders from the MOH at the start of each program. Additional workshops were organized in Amman at the end of each program to train MOH facilitators. The program had an immediate impact. Participants maintained a high level of engagement and enthusiasm. Offering the second VLDP in Arabic enhanced the level of participation and interaction among participants. By the end of both VLDPs, the vast majority of teams had experienced positive changes in work group climate, including improved team work, communication, and positive attitudinal changes. Despite periodic incidents of no electricity, loss of Internet connections, and security challenges, the majority of teams had already

begun to implement activities in their action plans prior to the close of each program. Follow-up inquiries conducted during this reporting period with MOH counterparts have yielded additional results. For example, one team addressing TB increased the case detection rate to 35%. Another team increased service providers' and mothers' awareness about prevention and management of respiratory track infections in children from 50% to 90% at the MOH's El Rahman Nursery. One participant noted, *"If this program continues and expands, it will shorten the space and time needed to improve the health system in Iraq. Now we are able to formulate a better program...all management and leadership levels in the health [system] should be trained in this program."*

Rapid Funding Envelope (RFE) Tanzania Annual Results Conference. Held in March in Dar es Salaam, this second annual conference provided an opportunity for nearly 100 participants, including grant recipients, donors, staff from international and local NGOs, and AIDS Commissions, to share information on the achievements of 30 projects implemented by civil society organizations (CSOs) that had received grants from the RFE during the period 2004-2007. The RFE provides short-term grants to CSOs in Tanzania to scale up HIV/AIDS services, complementing the national HIV/AIDS strategy. The proceedings consisted of: poster sessions on selected projects; panel discussions in which similar projects exchanged information on such issues as multi-sector partnership, capacity building, scaling up, and the benefits of community-led initiatives; and formal transfer of the results to the Tanzanian AIDS Commission (TACAIDS) and Zanzibar AIDS Commission (ZAC) for possible dissemination or adaptation at the appropriate level of the national HIV/AIDS Program. Donor representatives expressed commitment to continue funding of the RFE. An external evaluation funded by the Swiss Development Cooperation, one of the 10 donor partners in the RFE, engaged with RFE donors, managers (Deloitte Consulting and LMS), and civil society organizations to formulate recommendations for the RFE Steering Committee to make this funding mechanism more responsive and cost effective. Among the conclusions were: the need to continue to fund civil society in the fight against HIV and AIDS; the RFE is an effective mechanism for channeling funds to civil society; the RFE's funding criteria should remain the same, however greater emphasis should be given to projects incorporating gender and good governance elements; the RFE should consider funding grants for a longer period (2-3 years) depending on the need being addressed, the type of activity, and the performance of the implementing agency; and all stakeholders (grantees, RFE managers, and TACAIDS and ZAC) must find ways to better capture lessons learned and best practices and ensure that they are widely disseminated for greater use. For more information on the Rapid Funding Envelope, please visit www.rapidfundingenvelope.org.

PERFORMANCE MONITORING PLAN, PROGRESS IN ACHIEVING OPERATIONAL PLAN INDICATORS, AND COST SHARE INTRODUCTION

Progress Towards LMS Targets

LMS uses the Performance Monitoring Plan (PMP) to monitor and report on the overall performance of the LMS partnership in meeting its expected results and targets. The PMP provides output indicators and targets for the three Results, associated Sub-Results, and Anticipated Outcomes defined in the LMS RFA.

LMS collects data on a quarterly basis on progress against output indicators defined in individual Core and field support funded workplans submitted to USAID/W. Progress against PMP targets is also tracked during these quarterly reviews.

A report on LMS progress to date (as of June 30, 2007) against outputs and targets for PY3 and PY5 is provided in Appendix I. The Appendix includes:

- A combined report summarizing achievements since the launch of LMS (August 2005 – June 30, 2007) 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 progress was discussed at the Management Review in April 2007. These discussions resulted in the CTO's formal approval of a reduction in five targets and an increase in all other targets in view of the fact that LMS has already achieved the majority of the targets set for PY3.

Reductions: Targets for six output indicators were lowered (1.2.a, 1.3.a, 1.3.b, 2.4.a, 3.3a, 3.3.b.) because their achievement is highly dependent on core funding. The reductions therefore reflect the reality of current and anticipated core funding through the balance of LMS. In addition, LMS' work to integrate leadership and management development into pre-service contexts has proven to be more time and therefore labor-intensive than expected in the low resource settings where we are working toward institutionalizing the new approaches into curricula. USAID Missions are interested and supportive of this work but have not to date provided field support funding due to their needs for more immediate results on their short-term time frames. Finally, the award of a multi-year grant to MSH from the Bill & Melinda Gates Foundation, which will provide LMS with an opportunity to leverage work in this area, has been unexpectedly delayed. MSH expects to obtain the Gates grant by the end of 2007 however the synergy will begin much later than anticipated. A substantial decrease in the targets for pre-service indicators was

approved to reflect the current reality. In addition, one of the PY5 targets for output indicator 3.a, the number of international agencies which will apply management and leadership practices was also reduced. Given current progress and trends, LMS expects to continue to work with several international agencies, WHO for example. However, it is anticipated that the total number of international agencies will be fewer, with our work characterized by more in-depth or “repeat” work in a variety of leadership and management development areas with a few key agencies, rather than more superficial collaboration with a large set of agencies.

Increases: LMS reviewed other targets to determine where they should be increased based on performance to date. In addition to recording results from programs funded by LMS, we also collect data on results from interventions in which leadership and management approaches, tools, practices, etc. are applied and which are funded by other sources, such as USAID bilaterals which have supported the implementation of VLDPs, and funding provided to MSH by other donors (e.g., DFID) to build leadership and management capacity. Our collection and reporting of this data is consistent with LMS’ mandate to extend its reach, through mainstreaming and scale-up of leadership and management capacity through LMS partners, other CAs, other donors, etc. To date, LMS has had numerous opportunities to share its human and programmatic resources outside the confines of the LMS Program itself. LMS progress against the majority of PY3 targets in the approved PMP has therefore been greater than expected at the time the PMP was finalized and approved in LMS’ PY1. The proposed increases in PMP targets reflect these realities.

Progress in Achieving Operational Plan Indicators and FY07 Targets

LMS and its CTO collaborated to develop and finalize an Operational Plan under the new foreign assistance reform procedures instituted by USAID and the Department of State. The Plan includes a set of Custom Indicators against which LMS is expected to report. Although the reporting period is through the end of FY07 (September 30, 2007), Appendix II provides a report on LMS progress as of June 30, 2007. LMS has achieved all six targets planned as of end FY07, and exceeded targets for five of the six indicators. This data will also be reported in the annual Results Review prepared for the Office of Population and Reproductive Health.

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 the LMS mandate. As stated in our Cooperative Agreement, we are required to achieve a cost share amount of no less than “10% of the total activities costs” under the Leader award by the end of PY5. A report on LMS achievements in cost share is provided in Appendix III. The report shows “realized cost share” and “total future anticipated amount” of cost share to date (August 2005 – June 30, 2007). The realized cost share column itemizes what has been documented as cost share. The “Total Future Anticipated Amount” column contains 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 Future Anticipated Amount” 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. The overall total section of the report now shows more precisely achieved cost share against total activities rather than against total obligated funds as we have reported in the past. This change in reporting allows us to better assess our progress against our cost share requirement as stated in the LMS agreement.

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 behind the actual contributions made by non-USG donors.

The report in Appendix III demonstrates that LMS continues to make progress in tapping non-USAID sources of funding. New sources of non-USAID funding during this reporting period include: Boston University, the PROCOSI network in Bolivia, and DFID. Nearly \$450,000 in cost share is anticipated from the Government of Nicaragua, and additional cost share was received from MSH's collaboration with the Japanese training institution FASID.

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.

PMP Results: August 2005-June 2007

LMS Results - Combined Country Programs and Core Programs

Result I: 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; disaggregated by gender	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
<i>What we have so far CP</i>	486 organizations	1,451 senior leaders (721 women)	184 organizations	0	0 pre-service programs
<i>What we have so far CORE</i>	63 organizations	473 senior leaders (111 women)	16 organizations	4 pre-service programs/ 11 participants	2 pre-service programs
<i>What we have so far PY2</i>	549 organizations*	1,924 senior leaders	200 organizations	4 pre-service programs/ 11 participants	2 pre-service programs
<i>What we had for PY1</i>	90 organizations*	272 senior leaders	13 organizations	2 pre-service programs/ 148 participants	0 pre-service programs
<i>Total to date</i>	639 organizations*	2,196 senior leaders	213 organizations	6 pre-service programs/ 159 participants	2 pre-service programs
<i>Target for PY 3</i>	500 organizations	1,300 senior leaders	30 organizations	6 pre-service programs/ 250 participants	5 pre-service programs
<i>Target for PY 5</i>	650 organizations	1500 senior leaders	50 organizations	12 pre-service programs 400 participants	10 pre-service programs

* Includes leveraged support from other USAID programs e.g. USAID Haiti, USAID Iraq, USAID Guyana, USAID Rwanda and the Capacity Project

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

Program/ Result	1.2.b. No. of participants in face-to-face, blended learning, etc. programs by country, type of organization (public, NGO, FBO, CBO, etc.), and disaggregated by gender and management level	1.3.a. No. of CA staff, partners, TA providers, TCNetwork members actively participating in the Developing Managers Who Lead Community of Practice and other virtual discussions	1.3.a. (cont.) Leadership and management tools and approaches integrated or incorporated into program interventions of CAs:	1.3.b. No. of professional exchange programs on developing managers who lead conducted by LeaderNet, the Global Exchange Network, VSPP	1.3.b. (cont.) No. of publications
<i>What we have so far CP</i>	4831 total/ 2507 women	0	2 CAs	0	2 publications
<i>What we have so far CORE</i>	11154 total / 783women	152 professionals	4 CAs	7 learning programs	11 publications
<i>What we have so far PY2</i>	15985 total/ 3290 women*	152 professionals	6 CAs	7 learning programs	13 publications
<i>What we had for PY1</i>	2846 total/ 1,308 women*	188 professionals	0 CAs	5 learning programs	12 publications
<i>Total to date</i>	18831 total/ 4598 women	340 professionals	6 CAs	12 learning programs	25 publications
<i>Target for PY 3</i>	6500 total 400 midlevel women	400 professionals	8 CAs	15 learning programs	20 publications
<i>Target for PY 5</i>	10000 total 1000 midlevel women	650 professionals	10 CAs	30 learning programs	25 publications

* Includes leveraged support from other USAID programs e.g. USAID Haiti, USAID Iraq, USAID Guyana, USAID Rwanda and the Capacity Project

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

Program/ Result	2.a. No. of organizations addressing management challenges to improve organizational performance	2.1.a. No. of organizational performance assessments conducted , including gender assessments	2.2.a. No. of organizations that implement action plans addressing priority organizational development needs	2.3.a. No. of organizations or teams that develop a plan to improve workplace climate	2.4.a. No. of CAs in different sectors, counterparts, and donors using LMS organizational performance assessment tools, performance improvement processes to address gaps
<i>What we have so far CP*</i>	63 organizations	613 assessments	296 organizations	60 organizations	4 Health CA's 3 Clients/consultants 0 Non-Health CAs
<i>What we have so far CORE*</i>	55 organizations	7 assessments	62 organizations	41 organizations	6 Health CA's 3 Clients/consultants 2 Non-Health CAs
<i>What we have so far PY2</i>	118 organizations	620 assessments	358 organizations	101 organizations	10 Health CA's 6 Clients/consultants 2 Non-Health CAs
<i>What we had for PY1</i>	75 organizations	10 assessments	228 organizations	235 organizations	6 Health CA's 7 Clients/consultants 0 Non-Health CAs
<i>Total to date</i>	193 organizations	630 assessments	586 organizations	336 organizations	16 Health CA's 13 Clients/consultants 2 Non-Health CAs
<i>Target for PY 3</i>	120 organizations	650 assessments	600 organizations	350 organizations	4 Health CA's 25 Clients/consultants 2 Non-Health CAs
<i>Target for PY 5</i>	200 organizations	750 assessments	750 organizations	450 organizations	10 Health CA's 60 Clients/consultants 3 Non-Health CAs

* Includes leveraged support from other USAID programs e.g. USAID Haiti, USAID Iraq, USAID Guyana, USAID Rwanda and the Capacity Project

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.) applying tools and technical approaches	3.2.a. No. of multi-sectoral bodies strengthened	3.3.b. Number of workshops, forums, and information exchanges carried out by Communities of Practice (CoPs) using blended learning strategies
<i>What we have so far CP</i>	34 NGOs/FBOs 44 public sector 2 multi-sectoral bodies 4 international agencies 0 academic institutions 0 private sector	266 organizations	15 multi-sectoral body	0 information exchanges
<i>What we have so far CORE</i>	31 NGOs/FBOs 18 public sector 5 multi-sectoral bodies 8 international agencies 4 academic institutions 3 private	77 organizations	13 multi-sectoral bodies	8 information exchanges
<i>What we have so far PY2</i>	65 NGOs/FBOs 62 public sector 7 multi-sectoral bodies 12 international agencies 4 academic institutions 3 private sector	343 organizations	28 multi-sectoral body	8 information exchanges
<i>What we had for PY1</i>	27 NGO's/FBOs 45 public sector 1 multi-sectoral bodies 4 international agencies 2 private	44 organizations	1 multi-sectoral body	9 information exchanges
<i>Total to date</i>	92 NGO's/FBOs 107 public sector 8 multi-sectoral bodies 6 international agencies 4 academic institutions 5 private sector	387 organizations	29 multi-sectoral body	17 information exchanges
<i>Target for PY 3</i>	65 NGO's 90 public sector 5 multi-sectoral bodies 9 international agencies	145 organizations	18 multi-sectoral bodies	16 information exchanges
<i>Target for PY 5</i>	80 NGO's 110 public sector 9 multi-sectoral bodies 12 international agencies	160 organizations	20 multi-sectoral bodies	20 information exchanges

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

Program/ Result	3.3.b.(cont.) Number of new on-line resources available on LMS websites (i.e. databases, resource libraries, evaluations etc.)	3.3.c. No. of CAs, international partners, and TA providers applying leadership and management practices	3.3.d. No. of programs with strengthened leadership, management, and sustainability (social sector programs e.g., health & education and/or democracy & governance)	3.3.e. No. of seminars, joint projects to disseminate best practices and transfer skills to USAID, CAs and other international partners
<i>What we have so far CP</i>	0 new resources online	8 partners	19 program	2 seminar and joint project
<i>What we have so far CORE</i>	52 new online resources	40 CAs, partners and TA providers	6	18 seminars and joint projects
<i>What we have so far PY2</i>	52 new online resources	48 CAs, partners and TA providers	25 program	20 seminars and joint projects
<i>What we had for PY1</i>	13 new online resources	24 CAs, partners and TA providers	1 program	23 seminars and joint projects
<i>Total to date</i>	65 new online resources	72 CAs, partners and TA providers	26 program	43 seminars and joint projects
<i>Target for PY 3</i>	40 new resources online	70 CAs, partners and TA providers	16 programs	40 seminars and joint projects
<i>Target for PY 5</i>	60 new resources online	150 CAs, partners and TA providers	20 programs	55 seminars and joint projects

PMP Results: August 2005-June 2007

LMS Results – Country 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; <u>disaggregated by gender</u>	1.1.b. No. of organizations <u>institutionalizing</u> leadership and management development as a standard organizational procedure	1.2.a. No. of <u>pre-service</u> programs conducted/ No. of participants in pre-service programs	1.2.a. (cont.) Management and leadership capacity development <u>integrated</u> into pre-service programs
Afghanistan	17 Central MOPH, Kabul Provincial Health Team, 3 health facility teams. 12 provincial public health offices (PPHOs) in Baghlan, Takhar, Badakhshan, Jawzjan, Faryab, Bamyan, Ghazni, Paktya, Paktika, Khost, Heart and Kandahar	100 Senior leaders in alignment meeting. (11 Women). 23 Senior Leaders participated in the LDP scanning workshops in the provinces. (21 m/ 2 f); 1F from UNFPA and 1M from Merlin participated in Badakhshan province scanning LDP workshop. MOPH Centra: 11m; MOPH Provincial: 9m, 2f; NGO: 7m	0	0	0
Bolivia	1 9 regional offices/clinics of CIES have applied the Strategic Plan tool	39 23 Senior CIES staff participated in the Strategic Plan Workshop conducted in Nov 2006: 11F/12 M. 16 CIES staff. Validation of Marketing and HR systems workshop: 13M/3F.	0	NA	NA
E&E	0	0	0	0	0
Guatemala	1 Creciendo Bien	20 Creciendo Bien	0	0	0
Honduras	1 CCM Global Fund	0	0	NA	NA
Honduras ULAT		0	0	NA	NA
LAC BPH/CORE		20 18 men/2 women in BPH; (A subset of the participants (8 men/1 woman) were trained in CORE Plus)		0	0

PMP Results: August 2005-June 2007

Result I (cont.): 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; <u>disaggregated by gender</u>	1.1.b. No. of organizations <u>institutionalizing</u> 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 <u>integrated</u> into pre-service programs
Nepal	35 26 Public Sector Organizations, 8 NGOS, 1 FBO	15 Jaycees: LDP (M:1 – Vice President) RHD, Surkhet: LDP (M:1 – Public Health Administrator) UNESCO, Banke: LDP (M:1 – Executive Director) Regional Health Training Center, Pokhara: LDP (M:1 – Sr. Training Administrator) RHTC, Management Division, ADRA, NHTC, Nepal Family Health Programme, National Health Education Information Communication Center: LDP Training of Trainers (9 M, 2 F)	4 LDP: National Health Training Center, Regional Health Training Center, Pokhara, ADRA/Nepal, Institute for Cultural Affairs	0	0
Nicaragua	7 MOH: 2 CDM (Municipalities): 4 GRAAS: 1	1,178 MOH: 609 (M:233, F:376) MiFamilia: 45 (M:13, F:32) INSS: 102 (M:45, F:57) ProFamilia: 18 (M:6, F:12) NicaSalud: 4 (M:2, F:2) CDM: 164 (M:94, F:70) GRAAS: 12 (M:6, F:6) MOE: 224 (M:120, F:104)	3 ProFamilia:1 MiFamilia:1 NicaSalud:1	NA	NA

PMP Results: August 2005-June 2007

Result I(cont.): 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; <u>disaggregated by gender</u>	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 <u>integrated</u> into pre-service programs
Nigeria	20 TREM; YWCA; CiSHAN; Hope Worldwide ; GECHAAN; CO Foundation; NEPWHAN; CHAN; ProHealth; New Hope Agency; FOMWAN; Usman Bin Affan Islamic Centre; WHED; Grassroot Health Organisation of Nigeria; NSCIA; NIWERELLA; BMCF; Da'awa Academy; ASWHAN; APVIN; ERCON	37 (Total M:28, F:9) TREM: 2, YWCA: 2, CiSHAN: 5, Hope Worldwide: 1, GECHAAN: 5, CO Foundation: 1, CHAN: 4, NEPWHAN: 4, ProHealth: 5; ERCON: 1; BMCF: 1; NIWERELLA: 1; NSCIA : 1); WHED: 1; Pro-Health International: 1; Usman Bin Affan Islamic Centre: 1; New Hope Agency: 1			
Peru	403 Q2: 67 Community Committees, 67 Local Development Offices, 92 Institutional Education Councils; Q3 60 Local Community Committees Q4: 117 CBO	0	177 60 Local Community Committees, 117 CBOs	0	0

PMP Results: August 2005-June 2007

Result I(cont.): 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; <u>disaggregated by gender</u>	1.1.b. No. of organizations <u>institutionalizing</u> leadership and management development as a standard organizational procedure	1.2.a. No. of <u>pre-service</u> programs conducted/ No. of participants in pre-service programs	1.2.a. (cont.) Management and leadership capacity development <u>integrated</u> into pre-service programs
REDSO	0	0	0	0	0
Tanzania		40 TMU SMZ and ZAC attended the Alignment meeting and Leadership Dialogue for the LDP in Zanzibar (1st 2 meetings in Q1, 3rd meeting in Q2)		0	0
Uganda/ IRCU	0	0	0	0	0
Uganda/JCRC	1 JCRC: MOST	2 1 male/1 female (Coordinator of JCRC Mengo Lab. and Coordinator of other labs)	0	0	0
<i>What we have so far PY2</i>	486 organizations	1451 senior leaders/ 721 woman	184 organizations	0	0
<i>What we had thru PY1</i>	29 organizations	146 senior leaders	11 organizations	0	0
<i>Total to date</i>	515 organizations	1597 senior leaders	195 organizations	0	0
<i>Target for PY 3</i>	500 organizations	1,300 senior leaders	30 organizations	6 pre-service programs/ 250 participants	5 pre-service programs
<i>Target for PY 5</i>	650 organizations	1,500 senior leaders	50 organizations	12 pre-service programs/ 400 participants	10 pre-service programs

PMP Results: August 2005-June 2007

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

Program/ Result	1.2.b. No. of participants 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, partners, TA providers, TCNetwork members <u>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 into program interventions of CAs:</u>	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>
Afghanistan	601 47 Senior leaders in alignment meeting: 14 (11F) members in facilitator training. 27 (6F/21M) participated in LDP Scanning workshop in Badakhshan. 15 (5F/10M) in Kabul LDP scanning workshop (2 SL, 21 middle managers, 19 health workers). Q4 workshop: Senior Leaders: 27m/2f; Middle managers: 335m/30f/ 4 unknown. Other: 80m/12f. Public: 194; NGO: 151; Other: 154. [Data on organizational breakdown pending]	0	0	NA	0
Bolivia	70 23 Senior CIES staff participated in the Strategic	NA	NA	NA	0
E&E	0	0	0	NA	0
Guatemala	20 Creciendo Bien (NGO): 2M, 18F, all top level staff.	0	0	NA	0
Honduras	0	0	0	NA	0
Honduras ULAT	0	0	0	NA	0
LAC BPH/CORE	20 18 men/2 women in BPH; (A subset of the participants (8 men/1 woman) were trained in CORE Plus)	0	0	NA	1 BPH success story of municipalities of Nicaragua

PMP Results: August 2005-June 2007

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

Program/ Result	1.2.b. No. of participants 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, partners, TA providers, TCNetwork members <u>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 into program interventions of CAs:</u>	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>
Nepal	125 (M: 68, F: 16) (4 Senior Leaders, 80 Midlevel) Participants came from 26 Public Sector Organizations, 8 NGOS, 1 FBO (26M, 6F) Public, NGO, FBO	0	2 ADRA/Nepal; Institute for Cultural Affairs/Nepal	NA	1 LMS/Nepal bilingual advocacy brochure of success stories of Phase 1.
Nicaragua	2,997 MiFamilia: 91 (M:21, F:70) MOH: 718 (M:206, F:512) MED: 202 (M:80, F:122) CDM: 504 (M:270, F:234) INSS: 104 (M:46, F:58) MOE: 121 (M:54, F:67) GRAAS: 38 (M: 20, F:18) MOH: 805 (M:285, F: 520) MOE: 414 (M:215, F:199)	NA	0	NA	0
Nigeria	61 CHAN(6); CiShan (8); GECHAAN(3); NEPWHAN(7); ProHealth(9). New Hope Agency(2). FOMWAN (2); Pro-Health International(2); Usman Bin Affan Islamic Centre(1). WHED(2); Grassroot Health Organisation of Nigeria(2). NSCIA (2). NEPWHAN (2); NIWERELLA (2). BMCF(1); Da'awa Academy (1); ASWHAN (2); APVIN (2); ERCON (1) [See Nigeria Institution Breakdown]			NA	

PMP Results: August 2005-June 2007

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, partners, TA providers, TCNetwork members <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>
Peru	818 Directors of health centers, director's assistants and staff of Health Regional Directions (226M, 129F); 297M/393F	0	0	NA	0
REDSO	0	0	0	NA	0
Tanzania	104 40 participants in the Alignment meeting and Leadership Dialogue (10 District AIDS Coordinating Committees) 2-day workshop for grantee representatives(M&E and financial accounting and monitoring) 22 participants (11m, 11f)	0	0	NA	0
Uganda/IRCU	0	0	0	NA	0
Uganda/JCRC	15 11 Male, 4 female/MOST follow-up workshops	0	0	NA	0
What we have so far PY2	4,831 total/ 2507 women	0 professionals	2 CAs	0 learning programs	2 publications
What we had thru PY1	1,556 total/ 636 women	0 professionals	0 CAs	0 learning programs	3 publication
Total to date	6387 total/ 3143women	0 professionals	2 CAs	0 learning programs	5 publication
<i>Target for PY 3</i>	6500 total/ 400 midlevel women	400 professionals	8 CAs	15 learning programs	20 publications
<i>Target for PY 5</i>	10000 total 1000 midlevel women	650 professionals	10 CAs	30 learning programs	25 publications

PMP Results: August 2005-June 2007

Result 2: Improved management systems in health organizations and priority programs					
Program/ Result	2.a. No. of organizations addressing management challenges to improve organizational performance	2.1.a. No. of organizational performance assessments conducted , including gender assessments	2.2.a. No. of organizations that implement action plans addressing priority organizational development needs	2.3.a. No. of organizations or teams that develop a plan to improve workplace climate	2.4.a. No. of CAs in different sectors, counterparts, and donors using LMS organizational performance assessment tools, performance improvement processes to address gaps
Afghanistan	0	14 9 PPHOS, 5 provincial hospitals.	18 13 provinces, 5 hospitals	0	1 JHPIEGO
Bolivia	1 Within CIES 9 offices participated in the strategic plan exercise (Model based on VSPP)	11 The 9 CIES offices participated in the WOST analysis (Model based on VSPP); HR Assessment. Leadership assessment in June 07	1 Operational Plan developed	0	0
E&E	0	0	0	0	0
Guatemala	1 Creciendo Bien	0	1 Creciendo Bien	0	0
Honduras	1 Global Fund CCM	0	1 Global Fund CCM	1 Global Fund CCM	0
Honduras ULAT	1 MOH	0			0
LAC BPH		0	6 Two municipalities in Nicaragua and four municipalities in Honduras. All applied both BPH and CORE Plus (All but one of the business plans are health related)	0	0
Nepal	34 Public, FBO, NGO from districts of Jhapa, Dhankuta, Banke, Surkhet, Rupandehi	NA	34 27 Public Sector Organizations, 8 NGOS, 1 FBO	34 Public, FBO, NGO from districts of Jhapa, Dhankuta, Banke, Surkhet, Rupandehi	0
Nicaragua	2 MED: 1 GRAAS: 1	Na	7 MOH: 1 (central) + 3 SILAIS MED: 1 ProFamilia: 1 GRAAS: 1	11 MOH: 1 (central) + 4 Municipalities + 3 SILAIS ProFamilia: 1 NicaSalud: 1 MOE: 1	2 ProFamilia: 1 (dashboard) NicaSalud: 1 (dashboard)

PMP Results: August 2005-June 2007

Result 2 (cont): Improved management systems in health organizations and priority programs					
Program/ Result	2.a. No. of organizations addressing management challenges to improve organizational performance	2.1.a. No. of organizational performance assessments conducted , including gender assessments	2.2.a. No. of organizations that implement action plans addressing priority organizational development needs	2.3.a. No. of organizations or teams that develop a plan to improve workplace climate	2.4.a. No. of CAs in different sectors, counterparts, and donors using LMS organizational performance assessment tools, performance improvement processes to address gaps
Nigeria	18 TREM, YWCA, CiSHAN, CHAN; NEPWHAN, ProHealth; New Hope Agency, FOMWAN, Usman Bin Affan Islamic Centre, WHED, Grassroot Health Organisation of Nigeria, NSCIA, NIWERELLA, BMCF, Da'awa Academy, ASWHAN, APVIN, ERCON	6 TREM; YWCA; CiSHAN; CHAN, NEPWHAN, ProHealth			
Peru	4 MSH-Peru, ADRA, Chemonics, PRISMA	580 305 (JVC), 275(CONEIs)	226 67 (ODL), 92 (CONEIs) 67 (JVC)	4 MSH-Peru, ADRA, Chemonics, PRISMA	4 MSH-Peru, ADRA, Chemonics, PRISMA
REDSO	0	0	0	0	0

PMP Results: August 2005-June 2007

Result 2 (cont): Improved management systems in health organizations and priority programs					
Program/ Result	2.a. No. of organizations addressing management challenges to improve organizational performance	2.1.a. No. of organizational performance assessments conducted , including gender assessments	2.2.a. No. of organizations that implement action plans addressing priority organizational development needs	2.3.a. No. of organizations or teams that develop a plan to improve workplace climate	2.4.a. No. of CAs in different sectors, counterparts, and donors using LMS organizational performance assessment tools, performance improvement processes to address gaps
Tanzania	1 Zanzibar Global Fund Country Coordinating Mechanism	2 Human Resources Management assessment for 2 divisions of the Ministry of Health (Human Resources, and Administration and Personnel) on the mainland	2 Human Resources Management assessment for 2 divisions of the Ministry of Health (Human Resources, and Administration and Personnel) on the mainland	10 DACCOMS in Zanzibar	0
Uganda/ IRCU	0	0	0	0	0
Uganda/JCRC	0	0	0	0	0
<i>What we have so far PY2</i>	63 organizations	613 assessments	296 organizations	60 organizations	4 Health CA's 3 Clients or consultants 0 Non-Health CAs
<i>What we had thru PY1</i>	27 organizations	7 assessments	6 organizations	13 organizations	1 Health CA's 1 Non-Health CAs
<i>Total to date</i>	90 organizations	620 assessments	302 organizations	73 organizations	5 Health CA's 6 Clients or 1 Non-Health CAs
<i>Target for PY 3</i>	120 organizations	650 assessments	600 organizations	350 organizations	4 Health CA's 25 Clients or 2 Non-Health CAs
<i>Target for PY 5</i>	200 organizations	750 assessments	750 organizations	450 organizations	10 Health CA's 60 Clients or 3 Non-Health CAs

PMP Results: August 2005-June 2007

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.) applying tools and technical approaches	3.2.a. No. of multi-sectoral bodies strengthened	3.3.b. Number of workshops, <u>forums, and information exchanges</u> carried out by Communities of Practice (CoPs) using blended learning strategies
Afghanistan	0	0	0	NA
Bolivia	1 9 regional offices/clinics of NGO CIES have applied the Strategic Plan tool (model based on the VSPP). CIES: change management workshop	1 9 regional offices/clinics of NGO CIES have applied the Strategic Plan tool (moel based on the VSPP)	0	NA
E&E	0	0	0	NA
Guatemala	1 Creciendo Bien	0	0	NA
Honduras	1 Global Fund CCM	1 Global Fund CCM	1 Global Fund CCM	NA
Honduras ULAT				NA
LAC BPH				NA
Nepal	36 27 Public Sector Organizations, 8 NGOS, 1 FBO	36 27 Public Sector Organizations, 8 NGOS, 1 FBO	3 District Development Committee Banke; District Development Committee Jhapa; District Development Committee Rupandehi	NA
Nicaragua	18 MOH: 15 SILAIS + Central Level GRAAS: 1 Nicasalud: 1	25 MOH central + 3 SILAIS + 4 municipalities MiFamilia: 1 ProFamilia: 1 NicaSalud: 1 (SIGLIM/RPM, AMAS score, dashboard and PAHO climate tool) MOE: 14 municipalities (PEDL and PDE)	6 CDMs: El Jicaro, La Dalia, Chinandega, San José de los Remates y Kukra Hill, Leon	NA

PMP Results: August 2005-June 2007

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 applying management and leadership practices	3.1.a. No. of organizations by type (public, NGO, FBO, CBO, etc.) applying	3.2.a. No. of multi-sectoral bodies strengthened	3.3.b. Number of workshops, forums, and information exchanges carried out by Communities of Practice (CoPs) using blended learning strategies
Nigeria	21 [See Nigeria Institution breakdown]	21 [See Nigeria Institution breakdown]	3 CHAN, CiSHAN, NEPWHAN	
Peru	4 MSH-Peru, ADRA, Chemonics, PRISMA	181 3 NGOs, 1 FBO; 177 CBO		NA
REDSO	0	0	0	NA
Tanzania	2 Zanzibar Global Fund Country Coordinating Mechanism; ESAMI	1 1 multi-sectoral	2 Zanzibar GFCCM; TNCM Tanzania	NA
Uganda/ IRCU	0	0	0	NA
Uganda/JCRC	0	0	0	NA
<i>What we have so far PY2</i>	34 NGOs/FBOs 44 public sector 2 multi-sectoral bodies 4 international agencies 0 academic institutions	266 organizations	15 multi-sectoral bodies	0 information exchanges
<i>What we had thru PY1</i>	9 NGOs/FBOs 16 public sector 4 multi-sectoral bodies 0 international agencies	13 organizations	1 multi-sectoral bodies	0 information exchanges
<i>Total to date</i>	43 NGOs/FBOs 60 public sector 8 multi-sectoral bodies 8 international agencies 0 academic institutions	13 organizations	1 multi-sectoral bodies	0 information exchanges
<i>Target for PY 3</i>	65 NGO's/FBOs 90 public sector 5 multi-sectoral bodies 9 international agencies	145 organizations	18 multi-sectoral bodies	16 information exchanges
<i>Target for PY 5</i>	80 NGO's/FBOs 110 public sector 9 multi-sectoral bodies 12 international agencies	60 organizations	20 multi-sectoral bodies	20 information exchanges

PMP Results: August 2005-June 2007

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

Program/ Result	3.3.b.(cont.) Number of new on-line resources available on LMS websites (i.e. databases, resource libraries, evaluations etc.)	3.3.c. No. of CAs, international partners, and TA providers applying leadership and management practices	3.3.d. No. of programs with strengthened leadership, management, and sustainability (social sector programs e.g., health & education and/or democracy & governance)	3.3.e. No. of seminars, joint projects to disseminate best practices and transfer skills to USAID, CAs and other international partners
Afghanistan	NA	0	0	0
Bolivia	NA		1 CIES	
E&E	NA	0	0	0
Guatemala	NA	0	1 Creciendo Bien	0
Honduras	NA	0	0	0
Honduras ULAT	NA	0	0	0
LAC BPH	NA	0	6 Two municipalities in Nicaragua (El Jicaró and Santa Lucía) and four municipalities in Honduras (Cabañas, Copán Ruinas, San Jerónimo, Santa Rita de Copán). All applied both BPH and CORE Plus (All but one of the business plans are health related)	
Nepal	NA	0	5 Public Sector Organizations from districts of Rupandehi, Banke, and Jhapa.	1 Dissemination seminar
Nicaragua	NA	2 NicaSalud, Profamilia	6 MED: 2 (PDEL AND PDE) MiFamilia: 3 (PAINIM, DD and PAINAR) MOH: 1 (Woman integral attention protocol)	1 ADRA (FFSDP and Moral Leadership workshops)

PMP Results: August 2005-June 2007

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
Nigeria				
Peru	NA	5 MSH-Peru, ADRA, Chemonics, PRISMA, USAID-Peru	0	0
REDSO	NA	0	NA	0
Tanzania	NA	1 ESAMI	0	0
Uganda/ IRCU	NA		NA	0
Uganda/ JCRC	NA	0	0	0
What we have so far PY2	0 new resources online	8 partner	19 program	2 seminar and joint projects
What we had thru PY1	1 new resources online	1 partner	1 program	1 seminar and joint projects
Total to date	1 new resources online	9 partner	20 program	3 seminar and joint projects
<i>Target for PY 3</i>	40 new resources online	70 CAs, partners and TA providers	16 programs	40 seminars and joint projects
<i>Target for PY 5</i>	60 new resources online	150 CAs, partners and TA providers	20 programs	55 seminars and joint projects

[1] NA throughout this document refers to indicators to which a program would not be expected to contribute by virtue of its design

PMP Results: August 2005-June 2007

LMS Results – 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; <u>disaggregated by gender</u>	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
Scale-up					
LeaderNet	0	4 2F, 2M	NA	NA	NA
GEN	NA	81 18 F (Q4 only)	NA	NA	NA
VLDP	48 VLDP HRM (11) VLDP Peru: (4) *VLDP Iraq II (1) *VLDP Haiti 2: (12) *VLDP Rwanda: (2) VLDP HRM II: (7) VLDP CS:(12) [See VLDP list at end for detail]	74 VLDP HRM: (3M/1F) VLDP Peru: (2M/2F) VLDP Iraq II: (3M) VLDP Haiti II: (5F/5M) VLDP Rwanda: (17M/2F) VLDP HRM II: (6M/4F) VLDP CS: (10M/14F)	8 MOH Iraq; ADRA Madagascar, Capacity Rwanda, CHAM Malawi, Pathfinder Nigeria, DHRH Uganda, Intrahealth Ethiopia, MSH South Africa	1 Student from Jimma University on VLDP team	NA
VSP	0	TBD	0	NA	NA
TCN* [see footnote]	NA	NA	NA	NA	NA
MOST	0	TBD	0	NA	NA
BPH	6 M: 19 F: 8 ADRA/Ghana (2M/1F) ADRA/Kenya (2M/2F) ADRA/Tanzania (4M/0F) Heri Adventist Hospital (3M/0F) RCQHC (3M/2F) ECSA-HC (5M/4F)	15 ESAMI (4M/1F), Other Organizations (9M/1F)	0	NA	NA

* Includes leveraged support from other USAID programs e.g. USAID Haiti, USAID Iraq, USAID Guyana, USAID Rwanda and the Capacity Project. *TCN Final Suvery Data forthcoming

PMP Results: August 2005-June 2007

Result 1 (cont): 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; disaggregated by gender	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
Knowledge & Synthesis	0	0	0	0	0
GFATM	7 GFCCM Nicaragua GFCCM Zanzibar TNCM Tanzania Nicasalud (Global Fund PR GFCCM Nigeria GFCCM Pakistan GFCCM Cote d'Ivoire	143 GFCCM Nicaragua: 20 F, 23 M GFCCM Zanzibar: 6 F, 16 M TNCM & Secretariat Tanzania: 12 F, 13 M GFCCM Pakistan & Secretariat: 5F, 8 CCM Nigeria: 10F, 19M CCM Secretariat Nigeria: 1M CCM Ivory Coast 4 F, 6 M	6 Nicasalud GFCCM Nicaragua GFCCM Zanzibar; TNCM Tanzania; CCM Nigeria; GFCCM Pakistan CCM Ivory Coast	NA	NA
Toolkit	NA	NA	NA	NA	NA
WCRP	0	0	0	0	0
Global Health E-Learning Modules	0	0	0	0	0

PMP Results: August 2005-June 2007

Result 1 (cont): 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
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Mainstreaming

Pre-Service		28 2 deputy deans Makerere U.; 26 Nicaragua Participants of Senior Alignment Meeting in 2/07	1 Makerere Univeristy/ Faculty of Medicine (in the process of 'institutionalizing)	3 10 students (5F, 5M), Boston University School of Public Health, Leading Organizations to Achieve the MDGs for Health Makerere Medical School, Uganda; Nicaragua: to 7 different medical schools (26 people)	2 BUSPH/ Management and Leadership practices incorporated in the course curriculum "Leading Organizations to Achieve the Millennium Development Goals for Health"/10 students in July 2006 course (5F, 5M), Makerere Medical School, Uganda
Partner & Provider Integration	NA	15 ADRA (4F)	NA	NA	NA
Transfer Process	1 MOH Egypt- Governorate of Aswan	0	0	0	0
PUBS/ Dissem.	NA	NA	NA	NA	NA

PMP Results: August 2005-June 2007

Result 1 (cont): 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
Global Leadership					
Advocacy Campaign	0	94 LD workshop at ECSACON Conference for nurses and some health professionals from Kenya, Lesotho, Malawi, Mauritius, Seychelles, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, Eithiopia, Rwanda, Sudan	0	0	0
Professionalizing L&M in Health	0	0	0	0	
Global Leadership Priorities	1 IBP Secretariat (Fostering Change Guide)		1 IBP Secretariat conducted a workshop in India using the Fostering Change Guide. (75 managers trained)	0	0

PMP Results: August 2005-June 2007

Result 1 (cont): 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
MEC					
Technical Leadership	NA	NA	NA	NA	NA
Other					
Other CAs & Organizations	0	0	0	0	0
PPD	0	18 7 women; 11 men	0	NA	NA
Swaziland LDP (name)		1 1 male			
FASID Tanzania	0	0	0	NA	NA
<i>What we have so far PY2</i>	63 organizations	473 senior leaders/ 111 women	16 organizations	4 pre-service program/11participants	2 pre-service programs
<i>What we had thru PY1</i>	61 organizations	126 senior leaders	2 organizations	2 pre-service programs/148 participants	0 pre-service programs
<i>Total to date</i>	124 organizations	599 senior leaders	18 organizations	6 pre-service programs/159 participants	2 pre-service programs
<i>Targets for PY 3</i>	500 organizations	1,300 senior leaders	30 organizations	6 pre-service programs/ 250 participants	5 pre-service programs
<i>Targets for PY 5</i>	650 organizations	1500 senior leaders	50 organizations	12 pre-service programs/ 400 participants	10 pre-service programs

PMP Results: August 2005-June 2007

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</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 into</u> 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>
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Scale Up

LeaderNet	154 50 from other organizations and 15 from MSH. 21 F/44 M 4 senior leaders, 1 USAID, 6 NGOs, 2 International orgs. (WHO and WB), 1 PVO (Save the Children), 1 Partner(ESAMI). Making Multisectoral Partnerships Work: 29F/52M. 30 Countries represented, 2 partners (ESAMI and EMG), 3 PVO World Vision, Save the Children; 1 FBO Anglican Church of Tanzania; 1 CA Intrahealth; 2 Academic Institution from Makerere; 8 Multisectoral (CCMs and PRS from Nicaragua, Nigeria, Honduras, Brazil); 7 senior leaders. For facilitator workshop on SDI: 5 F/ 3 M	22 Blog- Sylvia Vreisendorp posting regularly to leadership blog . Jon Rohde and Jose Cabrejo posting to clinic supervision manual section (1 woman/2 men) 1 ESAMI 1 Save the Children Samer Ubaidy of Iraq posted in blog on TB results From Multilingual Seminar: 2 partners (ESAMI, EMG) 2 PVOs from World Vision 1 PVO from Save the Children 1 CA Intrahealth	NA	4 BUSPH forum, Seminar on Professionalizing Leadership and Management; Making Partnerships Work; Facilitator workshop on SDI tool	0
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PMP Results: August 2005-June 2007

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 into program interventions of CAs:</u>	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>
GEN	556 Actively participating in 2nd forum : 122F/74M. Actively participating in the 3rd forum : 109F/83M. 4th Forum 83M/85F. NGO: 99, FBO: 1, MOH: 8, Universities: 21, Multi-sectoral: 3, MOE: 1, PVO: 8, Other: 27. 33 Senior Leaders; 63 mid-level mgmt; 72 other or not self-identified.	56	NA	2 CBD Injectable Contraception Forum (conducted in association with FHI)	0
VLDP	574 VLDP HRM (27M/33F) VLDP Peru: (M41/F51) *VLDP Iraq II (M44/F33) *VLDP Haiti 2: (47M/65F) *VLDP Rwanda: (M 63, F 20) VLDP HRM II: (35 F, 23 M) VLDP CS: (35M/57F) [See VLDP list at end for detail]	4 DELIVER/USAID team (1 man, 3 women)	0	NA	0

PMP Results: August 2005-June 2007

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 into program interventions of CAs:</u>	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>
VSPP	0	0	0	0	0
TCN	TBD	18 18 New. Total number of TCN members: 30 Individual members and 16 Organizational members.	TBD	NA	0
MOST	0	NA	0	NA	0
BPH	27 10 (9M/1F) senior leaders/ 17 (9M/8F) midlevel staff	0	TBD	NA	0
Knowledge & Synthesis	0	0	0	0	0
GFATM	0	0	0	0	0
Toolkit	NA	NA	0	NA	0
WCRP	0	0	0	NA	0
Global Health E-Learning Module	9,655 This is the number of total registered users on the website.	0	0	NA	0

PMP Results: August 2005-June 2007

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 into program interventions of CAs:</u>	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>
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Mainstreaming

Pre-Service	74 10 students (5F, 5M), BUSPH; 38 (18F, 20M) Makerere/IPH, Makerere Faculty of Medicine, Mohimbili Univeristy College of health sciences, 26 (8F, 18M) Nicaragua: 3 pub, 1 private, 2 both	0	NA	NA	0
Transfer Process	0	1 Pathfinder/ Egypt [TAKAMOL Project]	0	0	0
Partner & Provider Integreation	39 2 workshops at ADRA		1 Capacity Project, Southern Sudan Leadership Program/WCA, L&M practices, Challenge Model		
PUBS/ Dissem.	NA	NA	NA	NA	0

PMP Results: August 2005-June 2007

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</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 into</u> 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>
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Global Leadership

Advocacy Campaign	0	0	0		3 Aswan Case Study, Ceara Case Study, Aswan Video (Arabic Version)
Professionalizing L&M in Health	note: BUSPH course is being reported under Pre-Service	50 participants in the LeaderNet seminar	0	1 LeaderNet seminar on Professionalizing	2 English and Spanish Occasional Papers
Global Leadership Priorities	32 Fostering Change Skills Building Workshop at GHC. 22F/10M. 10 Senior Leaders.	0	1 URC is using the Fostering Change Guide in Peru	0	3 1- A Guide for Fostering Change to Strengthen Health Services, 2- Fostering Change in Health Services USAID Global Health Learning eModule, 3- Tech Brief: Mobilizing Local Resources to Support Health Programs

PMP Results: August 2005-June 2007

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

Program/ Result	1.2 b. No. of participants 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 into program interventions of CAs:</u>	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>
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MEC

Technical Leadership	0	0	0	0	3 Chapter: "Evaluating Leadership Development and Organizational Performance", in The Handbook of Leadership Development Evaluation; Menu of Indicators on M&L; Menu of Indicators for GFATM Assistance
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Other

Other CAs & Organizations	0	1 Lead LDP facilitator Dr Omar Diakite from PRISM Project in Guinea	2 PRISM Project in Guinea, AWARE/RH Program (MOST, FIMAT, LDP, Cfr, MAX)	0	0
PPD	18 7 women; 11 men	0	0	0	0
Swaziland LDP					
FASID Tanzania	25 FASID - training focused on 8 L&M practices. 15/women	0	0	0	0
What we have so far PY2	11154 participants/ 783women	152 professionals	4 CAs	7 learning programs	11 publications
What we had thru PY1	1290 participants/ 672 women	278 professionals	0 CAs	5 learning programs	6 publications
Total to date	12,444 total/ 1455 women	430 professionals	4 CAs	12 learning programs	17 publications
<i>Targets for PY 3</i>	6,500 total/ 400 midlevel women	400 professionals	8 CAs	15 learning programs	20 publications
<i>Targets for PY 5</i>	10,000 total/ 1,000 midlevel women	650 professionals	10 CAs	30 learning programs	25 publications

PMP Results: August 2005-June 2007

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

Program/ Result	2.a. No. of <u>organizations addressing management challenges to improve organizational performance</u>	2.1.a. No. of <u>organizational performance assessments conducted, including gender assessments</u>	2.2.a. No. of <u>organizations that implement action plans addressing priority organizational development needs</u>	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	NA	NA	NA
GEN	NA	NA	NA	NA	NA
VLDP	43 VLDP HRM (11) VLDP Peru: (4) *VLDP Iraq II (1) *VLDP Haiti 2: (12) *VLDP Rwanda: (2) VLDP HRM II: (7) VLDP CS:(12) [See VLDP list at end for detail]	NA	54 VLDP HRM; TBD VLDP Peru: ADRA/Peru, Chemonics/Peru, MSH/Peru, PRISMA. VLDP Iraq 2: 12 of 12 teams have completed action plans. VLDP Haiti 2: 7; VLDP Rwanda: 12 VLDP HRM II: 7 VLDP CS: 12	41 VLDP HRM: 8 VLDP Peru: 13 teams, 4 organizations VLDP Iraq 2: 9 teams completed the pre- and post-WCA. VLDP Haiti 2: 5 teams completed pre- and post- WCAs. VLDP HRM II: 7 teams completed the pre and post WCA VLDP CS: 8 teams completed pre- and post- WCA	7 Capacity/ ACQUIRE; BASICS; ADRA Madagascar, Capacity Rwanda, Pathfinder Nigeria, Intrahealth Ethiopia; DELIVER
VSPP	0	NA	0	NA	0
TCN	NA	TBD	NA	TBD	TBD
MOST	0	0	TBD	NA	0
BPH	0	NA	0	NA	0
Knowledge & Synthesis	0	0	0	0	0

PMP Results: August 2005-June 2007

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

Program/ Result	2.a. No. of <u>organizations addressing management challenges to improve organizational performance</u>	2.1.a. No. of <u>organizational performance assessments conducted, including gender assessments</u>	2.2.a. No. of <u>organizations that implement action plans addressing priority organizational development needs</u>	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>
GFATM	7 Nicasalud; CCM Nicaragua CCM Zanzibar TNCM Tanzania CCM Pakistan CCM Nigeria CCM Ivory Coast	7 Nicasalud; CCM Nicaragua CCM Zanzibar TNCM Tanzania CCM Pakistan CCM Nigeria CCM Ivory Coast	5 CCM Nicaragua CCM Zanzibar TNCM Tanzania CCM Pakistan CCM Nigeria	NA	1 UNAIDS Technical Support Facilities used LMS consultant orientation materials to train new TSF consultants.
Toolkit	0	NA	NA	NA	0
WCRP	0	0	0	0	0
Global Health E-Learning Module	0	0	0	0	0

PMP Results: August 2005-June 2007

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

Program/ Result	2.a. No. of <u>organizations addressing management challenges to improve organizational performance</u>	2.1.a. No. of <u>organizational performance assessments conducted, including gender assessments</u>	2.2.a. No. of <u>organizations that implement action plans addressing priority organizational development needs</u>	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>
Mainstreaming					
Pre-Service	4 Makerere/IPH, Makerere/ Faculty of Medicine, Mohimbili University College of Health Sciences, Mbarara University/ Faculty of medicine	0	3 Makerere/IPH, Makerere/ Faculty of Medicine, Mohimbili University College of Health Sciences,	0	1 Johns Hopkins SPH
Partner & Provider Integration	0	0	0	0	0
Transfer process	1 MOH- Aswan	0	0	0	1 Pathfinder/ TAKAMOL Project
PUBS/Dissem.	NA	NA	NA	NA	NA
Global Leadership					
Advocacy Campaign	NA	NA	NA	NA	NA
Professionalizing L&M in	0	0	0	0	0
Global Leadership Priorities	0	0	0	0	0
MEC					
Technical Leadership	0	0	0	0	0

PMP Results: August 2005-June 2007

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

Program/ Result	2.a. No. of <u>organizations addressing management challenges to improve organizational performance</u>	2.1.a. No. of <u>organizational performance assessments conducted, including gender assessments</u>	2.2.a. No. of <u>organizations that implement action plans addressing priority organizational development needs</u>	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>
Other					
Other CAs & Organizations	0		0	0	1 EngenderHealth/AWA RE project in West Africa has been using the MOST extensively as its general performance assessment tool, and FIMAT with some of its targeted regional institutions.
PPD	0	0	0	0	0
Swaziland LDP					
FASID	0	0	0	0	0
<i>What we have so far PY2</i>	55 organizations	7 assessments	62 organizations	41 organizations	6 Health CA's 3 clients/consultants 2 Non-Health CAs
<i>What we had thru PY1</i>	48 organizations	3 assessments	222 organizations	222 organizations	5 Health CA's 3 clients/consultants 0 Non-Health CAs
<i>Total to date</i>	103 organizations	10 assessments	284 organizations	263 organizations	11 Health CA's 6 clients/consultants 2 Non-Health CAs
<i>Targets for PY 3</i>	120 organizations	650 assessments	600 organizations	350 organizations	4 Health CA's 25 clients or consultants 2 Non-Health CAs
<i>Targets for PY 5</i>	200 organizations	750 assessments	750 organizations	450 organizations	10 Health CA's 60 clients or consultants 3 Non-Health CAs

PMP Results: August 2005-June 2007

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	1 BUSPH collaborating virtually on LeaderNet platform	2 CCMs and PRs from Honduras and Brazil participated in online seminar Making Partnerships Work	5 BUSPH, Seminar on Professionalizing Leadership and Management; Making Partnerships work Facilitator workshop on SDI tool
GEN	NA	0	NA	2
VLDP	49 VLDP HRM (11) VLDP Peru: (4) *VLDP Iraq II (1) *VLDP Haiti 2: (12) *VLDP Rwanda: (2) VLDP HRM II: (7) VLDP CS:(12) [See VLDP list at end for detail]	49 VLDP HRM (11) VLDP Peru: (4) *VLDP Iraq II (1) *VLDP Haiti 2: (12) *VLDP Rwanda: (2) VLDP HRM II: (7) VLDP CS:(12) [See VLDP list at end for detail]	4 DAIA committees in: Paraguay, El Salvador, Dominican Republic, and Honduras	NA
VSPP	0	0	NA	NA
TCN	NA	NA	NA	NA
MOST	0	0	0	NA
BPH	6 M: 19 F: 8 ADRA/Ghana (2M/1F) ADRA/Kenya (2M/2F) ADRA/Tanzania (4M/0F) Heri Adventist Hospital (3M/0F) RCQHC (3M/2F) ECSA-HC (5M/4F)	6 M: 19 F: 8 ADRA/Ghana (2M/1F) ADRA/Kenya (2M/2F) ADRA/Tanzania (4M/0F) Heri Adventist Hospital (3M/0F) RCQHC (3M/2F) ECSA-HC (5M/4F)	0	NA

PMP Results: August 2005-June 2007

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
Knowledge & Synthesis	0	0	0	NA
GFATM	6 GFCCM Nicaragua (12 GOs, 6 Training Institutes, 7 International organizations, 16 NGOs). Nicasalud (Global Fund PR- 16 Sub-recipients) GFCCM Zanzibar; TNCM Tanzania; CCM Nigeria; GFCCM Pakistan	0	7 Nicasalud (Global Fund PR); CCM Nicaragua CCM Zanzibar TNCM Tanzania CCM Pakistan CCM Nigeria CCM Ivory Coast	NA
Toolkit	0	NA	NA	NA
WCRP	0	0	0	NA
Global Health E-Learning Module	0	0	0	NA
Mainstreaming				
Pre-Service	0	4 Makerere/IPH, Makerere/ Faculty of Medicine, Mohimbili University College of Health Sciences	0	0
Partner & Provider Integration	0	2 ESAMI, LDP Justice Resource Institute, non-profit	0	0
Transfer Process	0	0	0	0
PUBS/ Dissem.	NA	NA	NA	NA

PMP Results: August 2005-June 2007

Result 3 (cont): 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.) applying <u>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
Global Leadership				
Advocacy Campaign	0	0	0	1 Leadership & Management Award-success stories from 3 top placing organizations were shared during the LeaderNet announcement of the award.
Professionalizing L&M in Health	0	2 World Health Organization, Management Education & Research Center	0	0
Global Leadership Priorities	1 IBP Consortium in India (Leading Change)	6 IBP Consortium in India (Fostering Change Guide); Fostering Change Guide used in Ethiopia with 1 multi-lateral: WHO and 4 CAs: Pathfinder, JHPIEGO, IntraHealth, and EngenderHealth. WHO also used the Guide in Mali.	0	0

PMP Results: August 2005-June 2007

Result 3 (cont): 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
MEC				
Technical Leadership	0	0	0	0
Other				
Other CAs & Organizations	0	0	0	0
PPD	0	0	0	0
Swaziland LDP	7 public hospitals	7 public hospitals		
FASID in Tanzania	0	0	0	0
<i>What we have so far PY2</i>	31 NGOs/FBOs 18 public sector 5 multi-sectoral bodies 8 international agencies 4 academic institution 3 private	77 organizations	13 multi-sectoral bodies	8 information exchanges
<i>What we had thru PY1</i>	18 NGOs/FBOs 29 public sector 0 multi-sectoral bodies 4 international agencies 2 private	31 organizations	0 multi-sectoral bodies	9 information exchanges
<i>Total to date</i>	49 NGOs /FBOs 47 public sector 5 multi-sectoral bodies 12 international agencies 4 academic institution 5 private	108 organizations	13 multi-sectoral bodies	17 information exchanges
<i>Targets for PY 3</i>	65 NGOs 90 public sector 5 multi-sectoral bodies 9 international agencies	145 organizations	18 multi-sectoral bodies	16 information exchanges
<i>Targets for PY 5</i>	80 NGOs 110 public sector 9 multi-sectoral bodies 12 international agencies	160 organizations	20 multi-sectoral bodies	20 information exchanges

PMP Results: August 2005-June 2007

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 CAs, <u>international partners, and TA providers</u> applying leadership and management practices	3.3.d. No. of <u>programs with strengthened leadership, management, and sustainability</u> (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
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Scale Up

LeaderNet	9 Clinic Supervision Manual and discussion section launched, Occasional Paper on Professionalizing Leadership, and Management online in English and in Spanish; 1 LMAward; 2 facilitator resources in Facilitator Sections (1 series of modules on the LDP and 1 seires of M&E modules). Making Multi-sectoral partnerships work, Summary version of Scaling up HIV-AIDS programs a manual, Generic proposal development timeline.	0	NA	3 BUSPH forum, Seminar on Professionalizing Leadership and Management; Seminar on Making Multi-sectoral Partnerships Work
GEN	38 Experiencia sobre Sustentabilidad en Dos Redes de Distribución Comunitaria de Métodos de Planificación Familiar, ¿Que es liderazgo?, 2 cases studies on Adolescent RH, 1 Lessons Learned doc on Adolescent RH, link to USAID RFP library. 32 resources added to CBD Injectables room of GEN library	0	NA	2 forum; 4 USAID staff actively participated, 56 staff from other CAs and partners participated.

PMP Results: August 2005-June 2007

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
VLDP	NA	8 VLDP Peru: ADRA/Peru, Chemonics/Peru, MSH/Peru, PRISM. VLDP Haiti 2: SAVE; VLDP Rwanda: Basics, MSH Bilateral VLDP CS: USAID/DELIVER team	0	0
VSPP	NA	0	0	0
TCN	NA	6 TCN members: Consulting for results course: 3, HRMA: 1, MOST: 4, WCA: 1, VLDP:1. Final Data pending.	0	0
MOST	NA	0	0	0
BPH	NA	0	0	0
Knowledge & Synthesis	NA	NA	NA	NA

PMP Results: August 2005-June 2007

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

Program/ Result	3.3. b. (cont.) Number of new on-line resources available on LMS websites (i.e. databases, resource libraries, evaluations etc.)	3.3.c. No. of CAs, international partners, and TA providers applying leadership and management practices	3.3.d. No. of programs with strengthened leadership, management, and sustainability (social sector programs e.g., health & education and/or democracy & governance)	3.3.e. No. of seminars, joint projects to disseminate best practices and transfer skills to USAID, CAs and other international partners
GFATM	0	6 2 consultants from Kenya; 1 consultant from Uganda; 1 consultant from Tanzania; 2 consultants from France	6 CCM Nicaragua CCM Zanzibar TNCM Tanzania CCM Pakistan CCM Nigeria CCM Ivory Coast	0
Toolkit	2 Community Drug Management for Childhood Illnesses (C-DMCI) Assessment Tool QuickStart	NA	NA	NA
WCRP	NA	NA	0	0
Global Health E-Learning Module	NA	NA	0	0

Mainstreaming

Pre-Service	0	1 Johns Hopkins SPH	0	0
Partner & Provider Integration	0	0	0	0
Transfer Process	1 LDP coaching templates	1 Pathfinder/ TAKAMOL Project	0	1 Annual LDP conference in Aswan
PUBS/ Dissem.	NA	NA	NA	NA

PMP Results: August 2005-June 2007

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 CAs, <u>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
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Global Leadership

Advocacy Campaign	0	0	0	5 Leadership Development workshop at ECSACON Conference Presentation about LMS's approach to sustainability at Flexible Fund meeting Presentation at FIGO Conference November 2006; WHO Consultative Meeting- Accra, Ghana; ESCA-HC Ministers Meeting
Professionalizing L&M in Health	2 English and Spanish Occasional Paper		0	3 LeaderNet Seminar on Professionalizing Presentation at MAQ Mini-University; Johns Hopkins Univeristy-COBES/LDP workshop at Makerere U.

PMP Results: August 2005-June 2007

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

Program/ Result	3.3. b. (cont.) Number of new <u>on-line</u> resources available on LMS websites (i.e. databases, resource libraries, evaluations etc.)	3.3.c. No. of CAs, <u>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
Global Leadership Priorities	0	0	0	2 Orientation to the Fostering Change Guide for ESD, AED, the Core Group, FHI, Care -Presentation about principles of effective Change at Emerging Trends in International Reproductive Health and Family Planning to nine historically black US-based Universities working in development.
MEC				
Technical Leadership	0	0	0	0

PMP Results: August 2005-June 2007

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
Other				
Other CAs & Organizations	0		0	2 Virtual programs and networks presented to PSP Working Group, PSP adopted the iCohere virtual conferencing technology, Various LMS tools/programs presented to ESD: Virtual programs, MOST.
PPD	0	18 TA Providers Participants from PPD countries: Kenya, Uganda, Zimbabwe, Jordan, China, Bangladesh, India, Pakistan	0	0
Swaziland LDP				
FASID in Tanzania	0	0	0	0
What we have so far PY2	52 new online resources	40 CAs, partners and TA providers	6 programs	18 seminars and joint projects
What we had thru PY1	12 new online resources	23 CAs, partners and TA providers	0 programs	22 seminars and joint projects
Total to date	64 new online resources	63 CAs, partners and TA providers	6 programs	40 seminars and joint projects
<i>Targets for PY 3</i>	40 new online resources	70 CAs, partners and TA providers	16 programs	40 seminars and joint projects
<i>Targets for PY 5</i>	60 new online resources	150 CAs, partners and TA providers	20 programs	55 seminars and joint projects

[1] NA throughout this document refers to indicators to which a program would not be expected to contribute by virtue of its design

Appendix II: PROGRESS IN OPERATIONAL PLAN INDICATORS FOR FY07

Operational Plan Indicators

<p>Indicators/Targets: For each implementing mechanism, you are asked to give targets for the indicators that the implementing mechanism will aim for in FY07 and FY08 with this funding. The first figure (FY06) is a measure of what has been accomplished to date (from the inception of the program until 9/30/06). The second figure (FY07) is a target for what will be accomplished in FY07. The applicable time frame for indicating targets to be achieved in FY07 is from the time of receipt of FY06 funds to the end of FY07, that is what can be accomplished with FY06 funding through the time period ending on September 30, 2007. The third figure (FY08) is a target for what will be accomplished in FY08. The applicable time frame for indicating targets to be achieved in FY 08 is from the time of receipt of FY07 funds to the end of FY08, that is what can be accomplished with FY07 funding through the time period ending on September 30, 2008. The same common indicators that appeared in the Program Element section are included here against which to set targets. If you select N/A for the target to the standard indicators in the drop-down section, then you may use the option to add Operating Unit indicator(s) and targets specific to that implementing mechanism that will be used to measure performance. As our objective is to obtain comparable data across Operating Units, this feature should be used sparingly and only where the standard indicators do not apply. A justification for why the standard indicator could not be used should be included in the narrative box below. Additionally, when adding indicators, an effort should be made to add indicators that can apply more generally to the work that will be done in that Program Element and to multiple implementing partners.</p> <p>Please note that this is the second place where performance targets for the Program Element are being identified in FACTS. Implementing mechanism-level targets refer to the expected partner level achievements in a given Program Element with the funding requested for that partner-activity in a specified fiscal year. It is expected and acceptable that the targets selected for different partners may refer to the same individual beneficiaries and at times the same points of service (sites), and the target for a partner or all partners may be the same as for the Program Element as a whole. Overall, however, this work should be well-coordinated across partners and activities to avoid misunderstandings about which partner targets are captured in the Program Element total.</p>	FY06: 9/30/06	FY07: 9/30/07	LMS Achievements as of June 2007	FY08: 9/30/08
1. Couple-years of protection (CYP) in USG-supported programs	N/A	N/A	N/A	N/A
2. Number of people trained in FP/RH	N/A	N/A	N/A	N/A
3. Number of individuals counseled on FP/RH	N/A	N/A	N/A	N/A

Indicators/Targets	FY06: 9/30/06	FY07: 9/30/07	LMS Achievements as of June 2007	FY08: 9/30/08
4. Number of people that have seen or heard a specific FP/RH message	N/A	N/A	N/A	N/A
5. Number of policies or guidelines developed or changed to improve access to and use of FP/RH services	N/A	N/A	N/A	N/A
6. Number of new approaches (e.g. tools, technologies, operational procedures, information systems, etc.) successfully introduced	N/A	N/A	N/A	N/A
7. Number of service delivery points providing FP counseling or services	N/A	N/A	N/A	N/A
8. Amount of in-country public and private financial resources leveraged for FP/RH	N/A	N/A	N/A	N/A
9. Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP at any time during the reporting period	N/A	N/A	N/A	N/A
10. Number of interventions providing services, counseling, and/or community-based awareness activities intended to respond to and/or reduce rates of gender-based violence	N/A	N/A	N/A	N/A
11. Tools, protocols, procedures, systems, methodologies, guides, curricula, indices, and/or key actionable findings incorporated into the work of other organizations. [INDICATOR ADDED]	3	4	<p>Achievement: 4</p> <p>LDP: ADRA/Nepal ICA/Nepal Johns Hopkins Univ. (Leadership Initiative for Public Health in East Africa) ACQUIRE /Tanzania</p> <p>VLDP: Capacity Project JSI Constella /Futures BASICS</p> <p>GEN: FHI</p> <p>Guide to Fostering Change IBP Consortium members USAID Global Health Bureau</p>	7
12. Tools, protocols, procedures, systems, methodologies, guides, curricula or indices with demonstrated programmatic value validated, scaled up, and/or replicated in contexts other than where they were originally developed. [INDICATOR ADDED]	2	2	<p>Achievement: 6 LDP, VLDP, MOST, BPH, LeaderNet, Guide to Fostering Change</p>	3
13. Key actionable findings and experiences identified, generated, pooled, or summarized and their lessons extracted.	3	1	<p>Achievement: 2 Guide for Fostering Change to Scale Up Effective Health Services Modernizing Health Institutions in Latin</p>	1

			America	
Indicators/Targets	FY06: 9/30/06	FY07: 9/30/07	LMS Achievements as of June 2007	FY08: 9/30/08
14. Contraceptive methods, tools, protocols, procedures, systems, methodologies, guides, curricula, indices, and/or key actionable findings incorporated into mission or country programs or adopted/applied by other CAs. [INDICATOR ADDED]	2	2	Achievement: 5 LDP: ADRA/Nepal Johns Hopkins Univ. ACQUIRE /Tanzania VLDP: Capacity Project JSI Constella /Futures BASICS Guide to Fostering Change IBP Consortium members MOST: AWARE-RH CORE: Pathfinder/Bangladesh	3
15. Organizational capacity to undertake activity as measured on a continuum from : implementing with significant TA . . . serving as a resource for others/leveraging resources. [INDICATOR ADDED]	1	2	Achievement: 7 Organizations that can serve as a resource for others to implement the LDP: ADRA/Nepal ESAMI . . . to implement the VLDP: Capacity Project MSH Haiti transferred the VLDP to MSH Rwanda bilateral Note: the VLDP program is still owned by LMS . . . to implement the BPH: PROCOSI/Bolivia NicaSalud/Nicaragua	3
16. Ratio of field support including Associate Awards to core funding within centrally funded project designed to support the field [INDICATOR ADDED]	61/39	66/34	Achievement: 71/29 (FS/Core) \$11,781,517 Core obligated funds (29%) 16,395,052 FS obligated funds (41%) 12,136,091 AA obligated funds (30%) \$40,312,660 Total obligated funds	75/25