



THE MANOFF GROUP

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PROCOSI Network Technical Assistance Project
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Acronyms

AIN-C	<i>Atención Integral a la Niñez – Comunitario/</i> Integrated Care of the Child in the Community
CBGP	Community-based Growth Promotion
CHP	Community Health Project/ <i>Proyecto de Salud Comunitario</i> (PSC)
CHW	Community Health Worker / <i>Agente Comunitario de Salud</i> (ACS)
COP	Chief of Party
CPC	<i>Centro para programas de comunicación/</i> Center for Communication Programs
CQI	Continuous Quality Improvement
CY	Calendar year
DCOP	Deputy Chief of Party
FY	Fiscal year
IMCI	Integrated Management of Childhood Illness
LOW	Line of Work
M&E	Monitoring and Evaluation
MOU	Memorandum of Understanding
MH&S	Ministry of Health and Sport / <i>Ministerio de Salud y Deporte</i>
NGO	Non-governmental Organization
PAYA	M&E system for CHP (“Number Two” in Aymara)
PMP	Performance Monitoring Plan
PROCOSI	<i>Programa de Coordinación en Salud Integral/</i> Coordinating Program in Integrated Health (An NGO serving 34 member NGOs in Bolivia)
PY	Project year
RFA	Request for Agreements
RIG	Regional Inspector General
SIG	<i>Sistema de Información Gerencial—</i> Management Information System for PROCOSI and its network
SIG/PAYA	Integration of PROCOSI’s SIG and CHP’s PAYA systems
STI	Sexually Transmitted Infection
TA	Technical Assistance
TDY	Tour of Duty
TIPs	Trials of Improved Practices (<i>Pruebas de Practicas Mejoradas—PPMs</i>)
TOR	Terms of Reference
USAID	United States Agency for International Development

Program Description

USAID/Bolivia has developed a strategy and program portfolio to strengthen the Government of Bolivia's decentralized public health system and provide critical technical and managerial capacity-building support to major partners. The strategy, objectives, and desired results are aimed at expanding, integrating, and improving the quality of health services in targeted geographic areas in order to reach USAID Bolivia's Strategic Objective 3: To improve the health of the Bolivian population and thus contribute to an improved quality of life. A high priority under the USAID strategy is to strengthen the coverage and quality of community-based health services offered through the Bolivian and international NGO members of the PROCOSI (*Programa de Coordinación en Salud Integral--Coordinating Program in Integrated Health*) network.

On August 27, 2005, USAID/Bolivia awarded a three-year contract for the PROCOSI Network Technical Assistance Project to The Manoff Group. This contract provides assistance to strengthen the technical and managerial capacity of both the PROCOSI team and member NGOs to carry out health programming more effectively and in a manner that bolsters their own sustainability as health development partners. The project has two distinct objectives and three related results:

- Objective 1 seeks to strengthen the technical capacity of PROCOSI and its members to deliver a standardized package of community-based health interventions. This objective focuses technical assistance on the USAID-supported PROCOSI Community Health Project (CHP). Under Objective 1, there are two anticipated results: Result 1.1 will be strengthened technical capacity within PROCOSI to design and implement community-based health activities using the best national and international practices and quality standards. Result 1.2 will be the development and implementation of an institutional approach for continuous quality improvement (CQI) monitoring and evaluation (M&E) within the PROCOSI network.
- Objective 2 focuses on strengthening management capacity within PROCOSI and the network to improve health program administration and institutional sustainability. Under Objective 2, Result 2.1 will be development and implementation of an institutionalized approach for assessing and strengthening health program management capacity among NGO members of the PROCOSI network.

What follows is a summary of progress and achievements during the third and final project year (October 1, 2007–September 30, 2008). The annexes to this report contain detailed workplan and performance monitoring information, as well as a summary of project expenditures for the year in question.

Project Year 3 in Context

During the third and final full project year (PY3), The Manoff Group made significant progress in completing the contract's goals, reaching most of the major milestones established for the year. Prior to describing the activities and accomplishments, however, it is important to note several overarching issues that affected the work during the year.

Continued alliance with the Ministry of Health and Sport: Since the beginning of the project, the community health work has been carried out in coordination with the Ministry of Health and Sport (MH&S), but coordination with the MH&S increased during this past year due to their interest in integrating some of the work of the Community Health Project (CHP) into the community-level activities of their national program. The MH&S vision of a standard set of materials supporting these activities resulted in increased MH&S involvement than previous years in the development of certain CHP modules, particularly the Family Planning/Reproductive Health/Sexually Transmitted Infection (STI) module and the Young Child Health and Nutrition module. While changes in leadership at the MH&S caused delays in meetings and in approvals, we persisted (together with the CHP team) in working with MH&S officials and used two key consultants recommended by the MH&S for the child health and nutrition module. This concerted effort has produced lasting results: The final product will be adopted by the MH&S, expanded nationwide, and sustained beyond what could be achieved by the NGOs alone.

Reductions to the CHP budget: PROCOSI's FY09 budget allocation for the CHP was reduced, resulting in a change in implementation priorities and partner project timelines and coverage, as well as a reduction in personnel. While the partners were reassessing their plans in light of budget restrictions, it was difficult to continue with many of the planned activities such as monitoring and supervision of the Community Health Workers (CHWs). New priorities put on hold or eliminated expenditures on items such as printing materials in some of the modules.

Manoff Group project staff: During the first half of year three, the PROCOSI Network Technical Assistance team was at "full strength", but our team began to finalize activities and close operations in CLIN 2 during the last half of the year. For most of the year the Chief of Party (COP) and Deputy Chief of Party (DCOP) divided their responsibilities according to CLIN: The COP assumed primary responsibility for implementation of activities under CLIN 2 as well as general project administration, and the DCOP took responsibility for CLIN 1, which covers all programming linked to the implementation of the basic package, including strict coordination with the CHP team within PROCOSI and close working relationships with the NGO partners implementing the project in the communities. Table 1 below reflects our staff and key changes made during the year. Of note is the emphasis we placed on supporting the information system and M&E during this year by hiring a full-time specialist to work on the system and with the NGO partners.

Table 1. Manoff Group project staff in PY3

Title--Person		Status	Duration
COP	Neha Shah; Victoria de Alvarado	Full-time, Bolivia-based	Change in 5/08: COP departed and DCOP became COP
Community Health and Nutrition Advisor/DCOP	Victoria de Alvarado	Full-time, Bolivia-based	Became COP 6/08; Sole representative in Bolivia
Administrative Assistant	Denisse Moscoso	Full-time, Bolivia-based	Ended employment 9/08
M&E Advisor	Kjell Enge	Part-time, US-based consultant	Intermittent: US support and 4 TDYs
M&E Systems Specialist	Adiba Fernandez	Full-time, Bolivia based	
Behavior-change Technical Advisor	Marco Polo Torres	Part-time, US-based Manoff Group staff	Intermittent: US support and 2 TDYs
Senior Advisor	Marcia Griffiths	Part-time, US-based Manoff Group staff	Intermittent: US Support and 2 TDYs
Program Manager	Christina Fontecchio	Part-time, US-based Manoff Group staff	Intermittent: US Support and 1 TDY

Annex A contains a complete listing the names and positions of the Technical Assistance team at the end of PY3, all consultants involved during the year, and Manoff Group headquarters staff responsible for project activities.

Progress and Achievements by Objective/Result

As summarized above, the PROCOSI Network Technical Assistance Project has two objectives and three related results. In addition, under each objective/result, the workplan contains lines of work (LOW). These lines of work were established as a way to group activities in order to keep a focus on the expected results. Not all lines of work had activities in PY3. The report that follows includes only those lines of work with activity in PY3.

Objective 1. Strengthen the technical capacity of PROCOSI and its members to deliver a standardized package of community-based health interventions.

Result 1.1. Strengthened technical capacity within PROCOSI to design and implement community-based health activities using the best national and international practices and quality standards.

LOW 1: Support the definition of the community health Basic Package, implementation methodology, and supporting materials.

ACHIEVEMENTS in PY3
1. Completed all materials for the remaining modules of the Basic Package: Family Planning/Reproductive Health/STIs, Young Child Health and Nutrition, and Infectious Diseases.
2. Ensured that materials for all modules (with the exception of Hygiene) follow a similar format reflecting limited testing with users.
3. Trained PROCOSI's CHP team on best practices in Young Child Health and Nutrition and key elements for the materials in this module.

Table 2: Current Status of Implementation of the Basic Package Modules (LOW 1, LOW 2, LOW 3)

MODULE	Written/ Prepared	Approved by	Printed	Disseminat ed	NGOs trained	CHWs trained	Implemented in field
Under-five child health & nutrition	✓	CHP & MHS/ USAID for national use	Currently		✓	Oct-Nov	
Maternal- Neonatal health	✓	CHP & MHS/ USAID for national use	✓	✓	✓	✓	✓
TB	✓	CHP & MHS/ USAID	✓	✓	✓	✓	✓
Infectious Disease	✓	CHP & MHS	Will not be printed because Bolivia did not receive funding for this activity.				
Family Planning/ Reproductive Health/STIs	✓	CHP & MHS/ USAID	✓	✓	✓		
Hygiene	<i>Done by SODIS</i>		✓	✓	✓	✓	✓

In PY3, Manoff Group staff and consultants continued to work in close collaboration with the CHP team to develop the modules of the Basic Package that remained incomplete at the end of PY2. Finished and approved at the start of PY3 were modules on

Maternal-Neonatal health and Tuberculosis (TB) prevention, case management, and treatment. During PY3, through working with the CHP team and the MH&S, the following modules were completed: Family Planning/Reproductive Health/STIs, Infectious Diseases, and Young Child Health and Nutrition. The only Basic Package module not included in this list is Hygiene, even though hygiene programs are a particular strength of The Manoff Group and a key element of our proposed technical assistance. Instead, PROCOSI partnered with the SODIS Foundation for the hygiene work in the CHP. SODIS developed the hygiene module in collaboration with the CHP team.

The focus of our technical assistance in completing this LOW during PY3 was ensuring a consistent format when finalizing the modules, the majority of which we had helped draft in PY2. Although some modules vary in their components, the basic format includes a trainer's guide, a CHW manual, and materials to aid discussions with either an individual or a group. Vicky de Alvarado and Gail Naimoli worked over several months with the CHP team to prioritize the content and CHW tasks in each module and to resolve issues and problems that had emerged in the review of the materials or during their use on a pilot basis. All materials were revised using simple, straightforward language and best practices from adult education, emphasizing the tasks required of the trainers and the CHWs rather than technical information about the topics of the modules. All technical information was carefully crafted in digestible units and placed in a consolidated appendix to the CHW manual.

Coordination with the MH&S was much closer this year than it had been in previous years. This was particularly true during the finalization of the Young Child Health and Nutrition Module. This module has been a priority since the beginning of the project, but it has been difficult to orient it toward prevention—particularly related to the integration of nutrition—when all existing materials focused on treatment of childhood illness. By the mid-point in PY2, the CHP had produced a module that integrated prevention and treatment, health and nutrition. However, the program approach for nutrition activities was community-based growth promotion (CBGP), which focused on ensuring the adequate growth of every child in the community under two years of age. A key component of this approach is the monthly weighing of children to assess if their weight gain (a proxy for growth) has been adequate. Late in PY2 / early in PY3, the MH&S objected to this approach because the national *Desnutrición Cero* (Zero Malnutrition) program uses weight-for-height or height-for-age as an indicator of under-nutrition, but not weight-for-age, which is used in CBGP. After many consultations, meetings, and attempts to work together on a pilot community nutrition scheme, it became clear that the MH&S would not accept even a trial of CBGP by a few NGOs under CHP.

At the suggestion of the MH&S, The Manoff Group and the CHP modified the CHW tasks to include attained linear growth assessments

***Collaborating with the MH&S on
Young Child Health and Nutrition***



NGO partner staff learn here how to detect child stunting using a portable mat printed with minimum length measurements for selected ages.

(height-for-age), that is, whether a child is stunted (short) for his/her age. Vicky de Alvarado, Oscar Gonzales (CHP), and Alberto Tenorio (Plan International) are developing a new tool to enable length-for-age measurements in the community. The Manoff Group also contracted with two consultants who had worked extensively on MH&S materials to rework the Young Child Health and Nutrition Module according to the MH&S approach. The work was completed in consultation with Vicky de Alvarado Oscar Gonzalez, and Alberto Tenorio, and finalized in coordination with Gail Naimoli to standardize the format and resolve a few training issues.

LOW 2: Sub-agreements, training, and NGO technical capacity building process.

ACHIEVEMENTS in PY3

1. Improved the capacity of all CHP NGO partners in techniques of training based on appropriate adult learning principles.
2. Developed and instituted a checklist for the NGO partners on quality training.
3. Supported the training of all NGO partners in each of the Basic Package modules, except Infectious Diseases.
4. Trained the CHP team and NGO partners in the TIPS methodology of formative research (see LOW 4).
5. Trained the CHP team, CPC staff, and NGO partner staff on quality counseling and how to assess and improve it.

Although technical assistance was still being provided for the development of the modules in PY3, we tried to focus the majority of our effort under result 1.1 on the training that needed to be accomplished before implementation could begin. Throughout PY3, The Manoff Group team emphasized building the capacity of the CHP team and NGO partners in skills-based training using lessons from adult education.

Starting early in PY3, Vicky de Alvarado was involved daily with the CHP team in planning and executing trainings for the NGO partners. Training on the Maternal-Neonatal Health Module had begun with a few groups of NGO facilitators in PY2 and continued in the first quarter of PY3. Ms. Alvarado frequently visited the field sites of the NGO partners to provide support and work closely with them to plan how they would then train their teams of community volunteers. She repeated this process as the new modules—Infectious Disease, Family Planning/Reproductive Health/STIs, and Young Child Health and Nutrition—were finished and the training of the NGO technical officers and facilitators began. Ms. Alvarado routinely helped with the trainings, offering a model for some of the sessions, providing feedback to the trainers on the process, and supporting the NGO trainers as much as possible when they trained their community workers.



In addition to Vicky de Alvarado's routine technical assistance, Gail Nemoli, a Manoff Group consultant, offered two capacity

building workshops developed specifically to strengthen the training skills of the CHP team and NGO facilitators. The first workshop on adult education and learning methods and processes offered new skills, emphasized the importance of incorporating the trainees' existing knowledge and experience in the training design, and stressed the importance of skills practice as part of the training experience. These workshops also made the connection between training and the supportive supervision that must follow. The workshops were received enthusiastically and a few participants have replicated them. Ms Naimoli has been asked by participants to return to offer the workshop to others.

After her initial workshops with the CHP team and facilitators, Ms. Naimoli returned to Bolivia to follow-up with the facilitators as they trained their CHWs. During these workshops she worked with the facilitators to develop a training quality checklist that they could use to prepare a training session, auto-evaluate, evaluate one another, and serve as a common language to discuss training expectations with the CHP team. In coordination with the CHP team, Ms. Naimoli worked individually with several NGOs and helped the CHP team share observations and lessons with the NGO partners.

In addition to building capacity among the CHP and the NGO partners, The Manoff Group provided a capacity building experience concerning the use of a qualitative investigation methodology, Trials of Improved Practices (TIPs), to improve program design and strengthen the young child feeding program component. This activity is described in more detail under LOW 4, but it is mentioned here because it was a major undertaking that involved new learning and experiences in qualitative research as well as young child feeding. Marcia Griffiths, Christina Fontecchio, and Tita Picado all supported Vicky de Alvarado in developing and implementing this activity for the CHP and NGO partners. During the month that Dr. Picado worked with the NGO participants, they received training, implemented the research, and participated in an analysis workshop at the end of fieldwork. Unfortunately, the travel ban forced the cancellation of a subsequent workshop on results analysis. Our goal is to leave interested NGOs with the capacity to carry out this type of research in the future without a consultant present. The final report and findings of the study were disseminated to all interested parties, including the MH&S, and the findings were used to modify the counseling materials developed for the Young Child Health and Nutrition Module.

At the end of PY3, The Manoff Group began to plan for a final major activity related to working with the CHP on implementation quality. In general, because of the delays in finalizing the Basic Package materials and therefore in training, implementation of the program is very delayed. However, since the Maternal-Neonatal Health and TB Modules have been implemented we felt it was time to review the quality of that implementation. Much of the CHP is built on the interpersonal counseling that will take place as the CHW makes home visits. Therefore, we chose to begin with an assessment of counseling in order to have time to correct any weakness encountered. There is more of a description of this activity under LOW 3, but it was an important capacity building exercise, in that it entailed videotaping several counseling sessions per NGO partner to allow careful analysis, discussion, and reflection on training techniques. This exercise

has given NGOs a quality guide for assessment and the opportunity to study in detail the various steps in the counseling process of their own CHWs.

Part of our PY3 workplan included two additional capacity building activities for the NGO partners that were not implemented:

- 1) Training on the new WHO child growth standards and different techniques for measuring growth. However, as the MH&S and the *Desnutrición Cero* program expressed their interest in leading this type of activity and were opposed to CBGP programming, it did not make sense to invest in this type of training in PY3.
- 2) A second international study tour for the NGOs and the CHP team. Due to the pressures to get the CHP implemented and budget restrictions, the study tour was cancelled.

LOW 3: Formation, support, and supervision of community agents.

ACHIEVEMENTS in PY3

1. CHWs trained on Maternal-Neonatal health and TB modules.
2. Training quality improved through application of adult learning principles and ongoing feedback to trainers.
3. Effective interpersonal communication skills of CHWs assessed and strengthened.

PY3 marked the beginning of the CHW training and subsequent CHP implementation in the community. Just as Vicky de Alvarado worked continuously with the CHP team to provide training to all of the NGO partners on the different Basic Package modules, she worked steadily to ensure that the next level of training—from NGOs to their respective CHWs—was carried out systematically and with quality control. For the initial modules of Maternal-Neonatal Health and TB, Ms. Alvarado attended multiple trainings to provide feedback to the training teams. She then worked with the CHP to develop strategies for NGO support to their CHWs.

Through this work, Ms. Alvarado recognized the need for a stronger quality control system to use in training CHWs and supporting them once they return to their communities. To build this system, The Manoff Group carried out two technical assistance activities: Gail Naimoli returned to Bolivia to work with the CHP team and NGOs to develop a training quality checklist for the CHW training (*see also* LOW 2). She reinforced the use of adult education techniques that she had introduced earlier and visited most of the NGOs in their training sites to work more closely with them. The NGOs have since acknowledged the tremendous improvement in their training skills.

In order to help the CHP accelerate implementation and to assist NGOs with field supervision of CHWs, The Manoff Group recruited a skilled nurse with years of experience as a field supervisor, having developed supervision systems and worked

between health services and the community. Alba Lidia Sanchez was scheduled to arrive in Bolivia for about two months of work just as the travel restriction was imposed. Her assistance is now programmed at the end of this calendar year (CY08).

The capacity building activity provided for NGO facilitators under LOW 2 to improve skills in interpersonal communication/counseling also was undertaken with CHWs to help them succeed in their jobs. One of the most important aspects of the CHWs' work to improve the health conditions in their communities is effective interpersonal communication and counseling for behavior change. Although all of the manuals and training guides include support for this activity, experience has shown time and again that a weakness in program implementation is counseling that actively involves clients.



In order to address this known weakness, Marco Polo Torres spent more than a month in Bolivia working in close collaboration with staff from the *Centro para Programas de Comunicación* (CPC) and NGO technical advisors and facilitators in selected communities to assess and strengthen these interpersonal communication skills. He used video to record interactions between a CHW and a caregiver, couple, or family, developed a tool to assess the quality of that interaction, and followed the filming of each interaction by a one-on-one interview with the CHW and the participant to discuss impressions of the

session, strengths, weaknesses and capacity to improve. This activity is ongoing and will culminate in November with a workshop with the NGO facilitators on CHW counseling performance and how to improve it.

LOW 4: Contributions to particular aspects of CHP implementation.

ACHIEVEMENTS in PY3

1. Completed training, implementation, and reporting on a qualitative investigation on young child feeding and nutrition during pregnancy and how to improve both.
2. Transferred the skill to conduct TIPs methodology, which is valuable for formative research and program implementation modifications.

Work for PY3 under this LOW was organized to meet two needs: First, to provide information to the Basic Package modules focused on women and children related to nutrition, particularly infant and young child feeding practices and maternal diet during

pregnancy and lactation. Second, to assist with organizing the experiences gained under the CHP in order to raise important issues and share lessons and recommendations.

The first activity (maternal child feeding practices research and capacity, building on the TIPS methodology--see also LOW 2) was initiated in April and carried out between late May and early August. In April, Marcia Griffiths and Christina Fontecchio trained the technical team and two field supervisors of the CHP on the TIPs method. They planned the research with the CHP team, leaving a detailed sampling and logistics plan and a tentative budget. The CHP shared the plan and research design and purpose with their NGO partners, and a research program was finalized with interested partners. Dr. Tita Picado worked intensively with Vicky de Alvarado and the CHP team to finalize all of the research instruments and the plan. She then provided technical assistance directly to the NGO participants, beginning with a training workshop in May. The field work was conducted during the month of June, and in early July there was a final workshop to analyze information collected in the communities. A research report was completed by The Manoff Group and shared with the CHP and MH&S as final revisions were made to the Young Child Health and Nutrition Module.



A researcher demonstrates the use of a specially marked child feeding bowl to improve food quantity

The value of the TIPS research process is that it is participatory, allowing for the voice of program participants to influence program design. In this case women were able to tell programmers what they could and could not do to improve their nutritional practices. The target research participants were: a) caregivers/mothers of children from 0–24 months, segmented by the child’s age and nutritional status (defined by stunting—height-for-age); b) caregivers/mothers of sick children from 1–4 years; and c) pregnant women. Results fed into program recommendations on counseling by CHWs.

The TIPs Process

The TIPs process consisted of three household visits and discussions with these participants: The first visit identified current feeding practices to learn what issues would need to be addressed. During the second visit, the caregiver/woman selected and agreed to try new recommended behaviors for about two weeks. The third visit assessed the trial period to learn what worked and what didn't. Outcomes of each session were recorded.

In the first exploratory visit; current practices were assessed and a 24-hour dietary food recall was used to get as accurate a picture as possible of foods used, their preparation and quantities, and frequency of feeding/eating. The investigator analyzed the information gathered from this visit to focus on key strengths and weaknesses of the dietary pattern and practices, and consulted with a research supervisor about what recommendations should be offered during the next household visit.

On the second visit, the investigator discussed the results of the assessment and various ideas for improving the diet of either the woman or the child. S/he negotiated with the caregiver/woman to reach an agreement on what ideas would be feasible to try during the next several weeks. Prior to leaving the second visit, the investigator made sure that the caregiver/woman had committed to trying several new practices.

Each household was then visited a third time to gather the caregivers'/women's reactions and feedback on their experiences in trying the agreed-upon practices: Had they followed through? Did they continue the new practices, change any, or share their experiences with others? The outcomes of these trials influenced program recommendations to make the program counseling more feasible.

The second activity planned under this LOW was designed to meet the needs of both the CHP and The Manoff Group to organize, document, and disseminate key insights, lessons, and recommendations from this experience. As this is the final PY of The Manoff Group's technical assistance contract, this activity is critical to leverage the assistance and activities of the past three years. During Marcia Griffiths' trip in April, there were discussions about how to coordinate this work between the CHP team and others at PROCOSI and The Manoff Group team. We shared preliminary ideas on prioritization of topics that merit a systematic review and documentation based on the objectives of PROCOSI's and The Manoff Group's contracts with USAID. This prioritization would be followed by an organized review using appreciative inquiry techniques to assess the status of implementation to date, followed by an analysis meeting and draft documentation. Although the CHP team expressed interest in our plans, they have a consultant from one of the partner NGOs working with them on

documentation involving the NGO members, and thus did not feel that our technical assistance was needed in this area.

When Vicky de Alvarado was in the US in June on personal travel, she met with The Manoff Group team to plan for the final documentation of our technical assistance to PROCOSI. The team concluded that it is still important to carry out the review of implementation, to leave a record of the status of the program as well as to identify areas for expansion and for improvement. In undertaking this review, we will work more closely with the implementing NGOs and their teams in the communities. We modified our planning to focus the last quarter of PY3 on the review, which began with Mr. Torres' work on interpersonal communication described earlier in this report. Other parts of the review had to be postponed because of the travel ban.

LOW 5: Support for special initiatives.

The idea of supporting special initiatives was developed with the CHP at the outset of the program, when they realized that there were certain concepts or project activities that were not appropriate as part of the Basic Package, but that merited inclusion in the program. In our PY3 workplan there were three such "special initiative" items.

The first was to develop additional activities and support around the Maternal-Neonatal Health Module that CHWs could undertake in communities located far from medical care. Development of these additional activities was postponed until the core module was implemented and could be assessed in the remote communities. Our plan was for Pam Putney, an experienced nurse midwife with years in Bolivia, to do this work in September, but this was prevented by the travel ban. We have postponed this assistance until the final months of the project.

The second special initiative began in PY2: Irma Yolanda Nuñez, a maternal nutrition specialist, provided training and technical assistance to the CHP team on pregnancy weight gain, maternal nutrition, and weight monitoring of pregnant women to ensure maternal and infant health. Although the CHP has been enthusiastic about adding this task to the Maternal-Neonatal Health Module, it was not included due to fears among CHP staff that the MH&S would object to the weighing of pregnant women (the MH&S does not support child weighing). The CHP team, however, decided that monitoring maternal weight was important for the health and safety of the mother and baby during pregnancy, and with Vicky de Alvarado they developed a guide for this activity and added it as an annex to the Young Child Health and Nutrition Module. There is a space in the maternal register for the worker to include weight gain. All of the NGO facilitators and technical leaders have been trained on this activity.

The third special initiative is using radio to disseminate consistent messages to communities and CHWs working in the CHP and as a tool for refresher training.

Table 3: Orientation Sessions, Presentations, and Workshops Conducted by The Manoff Group under Result 1.1

Month/Year	Activity	Participants
October 2007	Workshop(s) on the Maternal-Neonatal module with CHP	NGO partner groups (8) with a follow-up for trainers (3)
November 2007	Workshop/training on the Maternal-Neonatal module with CHP	NGO partner groups (3)
January 2008	Workshop/training on the Maternal-Neonatal module with CHP	NGO partner groups (3)
February 2008	Workshop/training on the Maternal-Neonatal module with CHP	NGO partner groups (3)
February 2008	Workshop on adult education techniques	NGO partner groups (8)
March 2008	Workshop on education activities in the TB module	NGO partner groups (8)
March 2008	Workshop/training on the Maternal-Neonatal module	NGO partner groups (3)
March 2008	Facilitated 2-day TIPs logistics workshop with CHP team	PSC Team (6) and field representatives (2)
May 2008	TIPs training and implementation workshop	PSC Team (5 people); 6 NGO partners (18)
June 2008	TIPs analysis workshop	PSC Team (5 people); 6 NGO partners (18)
July 2008	Follow-up on training capacity strengthening—training quality	PSC Team (6); NGO partner groups (8)
July–August 2008	Community work on interpersonal communication	CHWs (32); NGO partner groups (7); CPC staff (2)
July–August 2008	Workshop on the Young Child Health and Nutrition Module	NGO partner groups (8)

Result 1.2. Development and implementation of an institutional approach for continuous quality improvement (CQI) M&E within the PROCOSI network.

LOW 1: Completion of a baseline study to measure impact of the CHP.

ACHIEVEMENTS in PY 3

1. Completed and reported on the baseline study of 7 additional municipalities.

In PY2 with the CHP M&E unit, we completed the baseline study of the municipalities selected for the CHP after it was relocated from the Altiplano to the Media Luna region of Bolivia. However, as the NGOs better defined their areas of influence for the project, there seven municipalities were added to program. In the first quarter of PY3, The Manoff Group's M&E Advisor for the project, Dr. Kjell Enge, provided technical assistance to the CHP M&E team in La Paz as they planned and executed the baseline study in these additional seven municipalities. The entire protocol and questionnaires used in the initial baseline were repeated for this extension. The research report containing the survey results was printed by the CHP and widely disseminated to the NGO partners and the MH&S.

LOW 2: Support the NGOs in their baseline study to measure the results at the community level of their work on the CHP.

ACHIEVEMENTS in PY 3

1. NGO CHP partners trained and managing their community-level data:
 - NGOs trained in exporting data from baseline study EPI-INFO to Anthro 2005 to calculate anthropometric indices
 - NGOs trained to analyze data from community baseline (census)
 - NGOs trained to enter data from consolidated CHW forms into CHP monitoring system
 - NGOs trained to export data from monitoring system and carry out data analysis
2. CHWs trained and completing daily activities logs and consolidating their activities on a monthly basis

There are two levels of M&E in the CHP: one at the level of the entire project (see the baseline report description, above); and another at the level of the community and the NGO partner. In past project years, we had focused on the baselines and building the overall M&E system. In PY3 we were able to turn our attention to the NGO partners and the CHWs. Working closely with the CHP M&E team, Dr. Kjell Enge held several capacity building workshops. Most important, he then worked individually with each of the eight NGO partner groups to build their capacity for data collection and ongoing M&E of their programs. Because the work with the individual NGOs was intense and time-consuming, and because much of it was focused on improving or modifying their

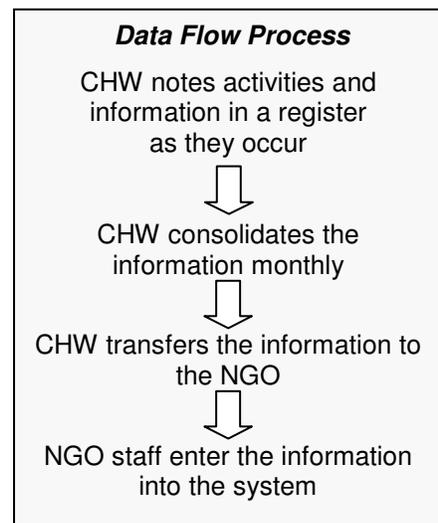
respective M&E data systems, The Manoff Group supported Adiba Fernandez, an M&E systems specialist, to ensure that the NGO partners received sufficient technical assistance. In PY3 she visited each NGO twice for support in trouble-shooting data entry and analysis.



The work under this LOW in PY3 progressed in two steps: First, with the leaders of each NGO partner team, and then with the CHWs,—the first line in the data collection process. Early in PY3 the project M&E system, PAYA (described in greater detail in LOW 3), was installed in the regional offices of each CHP NGO partner. Dr. Enge provided TA to ensure that the M&E professional from each partner was trained in data management, including data cleaning, data entry, data management, and data analysis, which would enable the detection of certain trends in the project. Part of the training and follow-up to the training was

assisting the NGOs in transferring baseline survey data, which was entered in EPI-INFO, into another software program, Anthro-2005, better suited to calculating anthropometric indices. Each NGO has a data set from the baseline survey for their area of operation.

The next step in establishing the M&E system for every NGO partner was ensuring that the information from each community’s census was cleaned and entered in the system. This was followed by the largest challenge: training on the flow, quality, and use of routine data gathered by the CHW on a monthly basis. Both Dr. Enge and Ms. Fernandez worked continually with the CHP M&E team on this aspect of the system through the entire second half of PY3. The process of bottom-up flow (see box) is a challenging system to support and guarantee data quality. There are many points along the way for data to get transposed, added, or dropped. Dr. Enge worked closely with all parties throughout the year to ensure that the procedures for each level of data collection and management were explicit and well-supervised by the CHP, and that the NGO technical staff understood the data so that they could conduct meaningful analyses.



LOW 3: Develop and support a system for monitoring and quality control.

ACHIEVEMENTS in PY 3

1. PAYA monitoring system installed at the office of each NGO lead partner.
2. Each NGO partner group is using the PAYA monitoring system.
3. Together with Dr. Velasquez (CHP), data quality control has been developed and tested.
4. Tested data quality control system with NGO associates 1 and 3 and identified weaknesses in data collection and management, and NGO-level data entry. Corrective actions suggested that will strengthen system.

The activities under LOW 2 and LOW 3 work together. In order to progress with LOW 2, the system developed under LOW 3 must function. In PY3, Dr. Enge and Ms. Fernandez, in close collaboration with Dr. Velasquez (CHP), installed the monitoring system, PAYA, at each regional NGO office and provided extensive training on the system's function and purpose and how to report problems, as well as practice in how to use it. By the second quarter of PY3, the system was in place and running for each lead NGO partner. However, there were frequent problems relating to the quality and use of data to monitor project progress. To address these problems, The Manoff Group adopted the individualized approach to TA that has been described under LOW 2. In addition, a quality control process was developed and launched with Dr. Velasquez and piloted with several of the NGOs. Throughout the latter part of PY3, Dr. Enge and Ms. Fernandez worked to identify each NGO group's particular weakness with respect to data quality and to work with them to institute changes. Technical assistance from The Manoff Group to the NGO groups to improve the data management system for project monitoring will continue until the end of the project.

LOW 4: Develop and support a system for monitoring the financial and administrative capacity of the NGOs in the PROCOSI network.

ACHIEVEMENTS in PY 3

1. System in place at each regional NGO office with capacity to track expenditures in relation to project budgets.

Although this activity goes beyond the focus of Manoff Group TA, which has been on establishing an M&E system for the CHP, we worked closely with PROCOSI/CHP to install, integrate, and ensure the functioning of a cost module in the M&E system. This module allows NGO administrators to enter expenditures as they are incurred, and will enable NGO administrators to compare expenditures with project budgets to determine if actual costs are within allowable budget parameters. This expenditure information feeds into the PROCOSI-wide management information system, the SIG. While Dr. Kjell Enge offers advice on the SIG from time to time, the SIG is not a focus of our TA.

Table 4: Orientation Sessions, Presentations, and Workshops Conducted by The Manoff Group under Result 1.2

Month/Year	Activity	Participants
November 2007	Training on data collection and preliminary data analysis	NGO partner groups-- Santa Cruz (4)
November 2007	Presentation of definitions and analysis of nutritional data	NGO partner groups-- Tarija (4)
February– March 2008	Individual trainings (8) with each NGO partner on use of SIG/PAYA	NGO partner groups (8)
July–August 2008	Second round of individual trainings (8) with each NGO partner on use of SIG/PAYA	NGO partner groups (8)

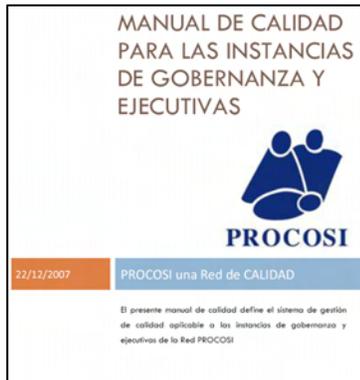
Objective 2: Strengthen management capacity within the PROCOSI network to improve health program administration and institutional sustainability.

Result 2.1: Development and implementation of an institutionalized approach for assessing and strengthening health program management capacity among NGO members of the PROCOSI network.

LOW 1: Support PROCOSI’s institutional sustainability.

<i>ACHIEVEMENTS in PY 3</i>
<ol style="list-style-type: none"> 1. Successful completion of the Quality Management System for PROCOSI, including: <ul style="list-style-type: none"> ▪ Development of the Quality Manual with the central elements approved by the PROCOSI Board ▪ Presentation of Quality Management System workshops for PROCOSI NGO members, Management, and the Board 2. Development and presentation of week-long workshops and small group sessions on ‘Successful Network Models’ and other relevant topics

The Quality Program Advisor, Neha Shah, began work with PROCOSI and its NGO members on the design, development, and implementation of a Quality Management System in March 2007. A proposal that laid out the phases of the project was presented and approved by PROCOSI’s Institutional Strengthening Unit. The Quality Program has five phases: 1) Investigation of quality management system models and best practices, 2) Design of the Quality Program, 3) Development of the Quality Manual, 4) Publication of the Quality Manual, and 5) Training for PROCOSI and NGO members. Last year, the first two phases of the program were completed. This year began with the development of the Quality Manual, the third phase of the program. As of September 2008, all five phases of the Quality Program are complete.



The Quality Manual is divided into two parts: 1) the central elements of the Quality Management System and 2) PROCOSI's specific processes. The central elements of the Quality Management System include the following chapters: Introduction of the Quality Management System, Presentation of PROCOSI, Quality Policy, Quality Directives, and Responsibilities and Authorities of the Quality Management System. These chapters have been presented, reviewed, and approved by the PROCOSI Board, Management, and Quality and Membership Committee.

The second part of the Quality Manual, which involves the documentation and implementation of PROCOSI's specific processes, is a constant work-in-progress. PROCOSI has begun documenting its processes, beginning with its Purchasing process and Projects and Programs processes. The PROCOSI Management Team has been provided the technical assistance, tools, and methodologies to continue implementation of the Quality Management System. The Quality Management System has been distributed to NGO members and published on the PROCOSI Intranet. Training workshops and quality management orientation sessions have been held throughout the past year for PROCOSI NGO members, Management, and Board (see Table 5).

Another key achievement during the past year was the technical assistance provided by The Manoff Group consultant, Dr. Beryl Levinger, in the area of network models, collaborative technologies, and a variety of other relevant topics for PROCOSI. During the week-long visit by Dr. Levinger in March 2008, a workshop was held on "Successful Network Models" for NGO members and PROCOSI Management. This workshop focused on sharing successful network models and best practices on a national and international level. The workshop was very interactive in its structure and utilized collaborative technologies to present case studies, share ideas, and engage the audience.

In addition to the "Successful Network Models" workshop, Dr. Levinger hosted several small group working sessions on the following topics chosen by PROCOSI:

- Application of no-cost or low-cost technologies to promote collaboration inside the PROCOSI network
- Application of strategic mapping for organizations
- Strategies, frameworks and practical tools for building alliances
- Development of measurable, high-quality indicators for health programs
- Use of the results-based versus the logical framework
- Situational analysis of 12 worldwide networks
- Strategic planning at the network level

This technical assistance was extremely well received by the NGO members, PROCOSI Management, and the Board.

LOW 2: Support PROCOSI's financial sustainability.

ACHIEVEMENTS in PY 3

1. Successful completion of the following activities related to *Friends of PROCOSI*:
 - Workshop presentation on Regulations, Funding Flows, and Fundraising for the PROCOSI Board and Management
 - Completion of a detailed investigation, analysis, and vendor selection for the *Friends of PROCOSI* website
 - Development and approval of 2008 detailed budget
 - Submission of "Report on Online Fundraising"
 - Submission of "Report on Potential Foundation Donors"
2. Successful completion of a three-part Social Enterprise Workshop Series for PROCOSI NGO members

During the last year, the TA provided by The Manoff Group was highly successful in supporting PROCOSI in its desire to become more financially sustainable. Two key activities produced significant achievements under this line of work:

- Further development of *Friends of PROCOSI*
- Hands-on workshop series on Social Enterprise—planning, development, and implementation—for NGO members of the PROCOSI network

Friends of PROCOSI

The Organizational Development Advisor, Kelley Coyner, completed her deliverables for *Friends of PROCOSI* during this project year. In April 2008, Ms. Coyner presented a half-day workshop to the PROCOSI Board on various themes related to *Friends of PROCOSI*. The themes included IRS regulations for a tax-exempt 501(c)(3) organization operating in the United States, funding flows from *Friends of PROCOSI* to PROCOSI and vice versa, online fundraising options, and real-time website demonstrations. The workshop was well-received by the PROCOSI Board and Management.

During PY3, significant TA was provided for the investigation, design, and development of a *Friends of PROCOSI* website. The Manoff Group consultant, Anne Marie Dinardo, held a series of working meetings with the *Friends of PROCOSI* Board Chairperson and PROCOSI Management to understand customer requirements for the website. Based on this information, a detailed process was used to research, analyze, and select potential website vendors to meet the needs of *Friends of PROCOSI*. All of the relevant documentation has been delivered to PROCOSI to complete the design and development of the *Friends of PROCOSI* website.

The screenshot shows the Network for Good website interface. At the top, there is a navigation bar with links for HOME, DONATE, VOLUNTEER, CRISIS RELIEF, and MY PROFILE. Below the navigation bar, there is a section titled "HELP YOUR FAVORITE CHARITY" with the subtext "Spread the word with a charity badge (What is this?)". The main content area displays a fundraising page for "National Multiple Sclerosis" with a raised amount of \$28243. Annotations with arrows point to various elements: "Amount raised, tracked in real time" points to the raised amount; "Code and links to display badge on your own website, blog or social networking site" points to the "Charity" and "Share" buttons; "Photo uploaded by user" points to a photo of a woman; "Link to donate securely to one of over a million charities" points to the "Donate" button; "Video link added by user" points to the "Watch My Video" button. On the right side, there is a "REGISTER TO BUILD A BADGE" form with fields for First Name, Last Name, Email Address, ZIP Code, Password, and Confirm Password. A caption below the screenshot reads: "An online fundraising option presented to the group".

In addition to these key areas of TA related to *Friends of PROCOSI*, The Manoff Group provided reports, presentations, and working papers on potential foundation donors, online fundraising, a 2008 proposed budget, and other relevant topics.

Social Enterprise and Public-Private Alliances

In May 2007, the work on models of social enterprise and public-private alliances began. A proposal was prepared, presented, and accepted by PROCOSI that included the following four phases:

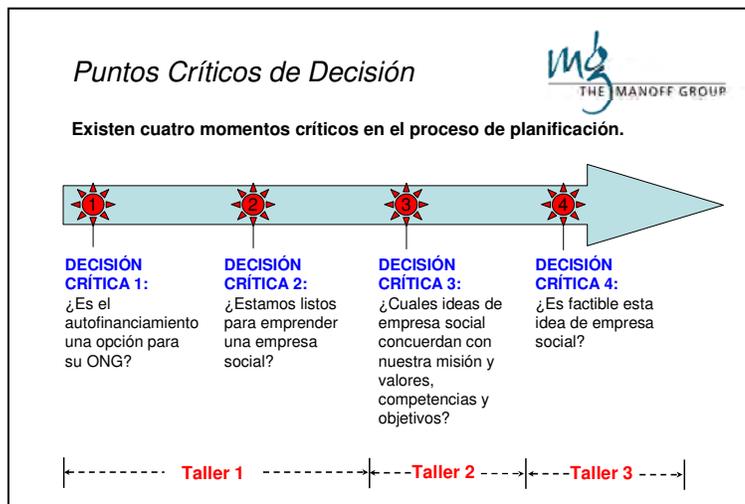
- 1) Investigate models of social enterprise and public-private alliances
- 2) Develop a presentation on this topic
- 3) Organize and conduct an Information Session for NGO members of the PROCOSI network
- 4) Organize and conduct implementation workshops on this topic

What is a Social Enterprise?

A social enterprise is an organization that applies innovative market-based solutions in order to further its social mission, generate income, and meet the needs of the community. The term can apply to for-profit and non-profit organizations.

As of May 2008, all four phases of this project are complete. During PY3, a three-part Social Enterprise Workshop Series was designed, developed, and presented to approximately 26 participants from the NGOs in the PROCOSI network. This workshop series took place over the course of six months, and each workshop was held for one to one and a half days. The series covered the following five phases in the design, development, and implementation of a social enterprise:

- 1) Evaluation of the readiness of the organization for social enterprise
- 2) Selection of a social enterprise idea
- 3) Feasibility analysis for the social enterprise idea
- 4) Development of a business plan
- 5) Search for funding for the launch of the social enterprise



Decision-making process in developing a social enterprise

The workshop series introduced social enterprise conceptual frameworks, worksheets, case studies, and guides to support the participants during each phase, and was highly regarded by all of the participants. The level of interest, enthusiasm, and desire to continue implementation of the social enterprise was tremendous. A special 'Seminars' site on the PROCOSI Intranet was created to host all of the workshop materials and supporting documentation. In order to meet the requests of the participating NGOs for more support in this area, PROCOSI Management decided to hire a local consultant to

work on an individual basis with the 14 core implementing NGOs to complete their social enterprise business plans. The Manoff Group continues to receive much positive feedback and follow-up questions/comments from the NGO participants in this workshop series.

A summary of the orientation sessions/presentations/workshops provided by The Manoff Group under Objective 2 of the project in PY3 are listed in the table below. The participants in these sessions included:

- PROCOSI Board, which is comprised of representatives from NGO members of the network
- PROCOSI Management
- PROCOSI National Committees, which are comprised of representatives from 4–6 NGO members of the network
- NGO members of the network
- *Friends of PROCOSI* Board in the United States

Table 5: Orientation Sessions, Presentations, and Workshops Conducted by The Manoff Group under Objective 2

Month/Year	Activity	Participants
<i>Line of Work 1: Support PROCOSI's Institutional Sustainability</i>		
Feb 2008	Quality Management System Workshop	4 NGO members from the Quality and Membership Committee; PROCOSI Management (2 people)
Feb 2008	Quality Management System Mini-Workshop	PROCOSI Management (6 people)
Mar 2008	Workshop on "Successful Network Models" by Dr. Beryl Levinger	24 people representing 13 NGOs and PROCOSI Management (5 people)
Mar 2008	Quality Management System Mini-Workshop	PROCOSI Finance and Administration Team (4 people)
Mar 2008	Quality Management System Working Session	PROCOSI Management (5 people)
Apr 2008	Quality Management System Working Session	PROCOSI Finance and Administration Team (13 people)
<i>Line of Work 2: Support PROCOSI's Financial Sustainability</i>		
Nov 2007	First Social Enterprise Workshop (of a series of three) titled "Evaluation of the readiness of the organization"	PROCOSI Board and Management (3 people) <i>Friends of PROCOSI</i> Board (4 people)
Mar 2008	Second Social Enterprise Workshop (of a series of three) titled "Selection of a social enterprise idea"	29 people representing 17 NGOs
Apr 2008	Working Session with the PROCOSI Board on topics related to <i>Friends of PROCOSI</i>	15 people from the NGOs and PROCOSI Management
Apr 2008	Third Social Enterprise Workshop (of a series of three) titled "Completing a feasibility analysis for the social enterprise idea"	26 people representing 14 NGOs
May 2008	US Study Trip involving briefings on the development of the <i>Friends of PROCOSI</i> website, exploratory meetings for a potential remittance project partnership, and detailed research on remittance providers in the US	PROCOSI Board and Management (3 people); <i>Friends of PROCOSI</i> Board (1 person)

Performance Monitoring Plan (PMP) Progress

The Manoff Group submitted a modified Performance Monitoring Plan (PMP) in May 2007 that was accepted as part of the contract modification approved by USAID/Bolivia on June 14, 2007.

The PMP includes performance indicators, milestones, data sources, frequency of data collection, and performance targets for the duration of the contract. Annex C shows the products and milestones planned for PY3, along with the status of achievement of each milestone. Overall, progress against milestones in 2008 was good, particularly in light of TA delays experienced due to USAID travel restrictions in the last quarter of PY3. Also of note is that many milestones are tied to the decisions and progress of PROCOSI and the CHP. During PY3, the CHP's implementation has been delayed for many reasons that are beyond our control but have severely affected our ability to complete milestones. Following is a summary of the status of completion of the milestones for PY3:

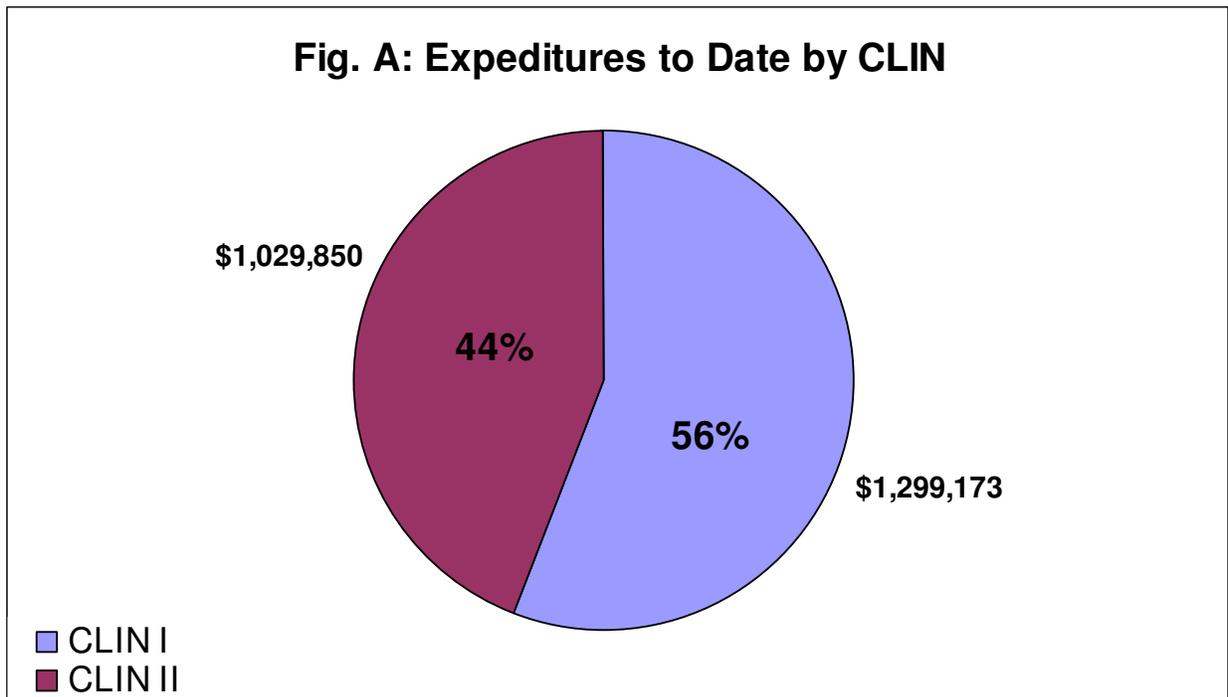
Objective/Result	Milestones in PY3	Completed	In progress	Unmet
1.1 Technical capacity of PROCOSI & CHP NGOs and Implementation of CHP	15	3	9	3
1.2 CQI and M&E	13	11	2	0
2.1 PROCOSI Institutional and Financial Strengthening and Sustainability	10	8	0	2

The five unmet milestones are of concern. The three that are under result 1.1 will at least be partially met by the end of the project because they are related to improved monitoring and quality control of the Basic Package implementation. If we are able to carry out the implementation review in the final quarter of this calendar year, we will be able to realize these milestones. This is also true for many of the milestones under 1.1 that are only partially met at this time. The two unmet milestones under 2.1 will not be met: we have been unsuccessful in our many attempts to work with and provide TA to PROCOSI in the area of knowledge management, i.e. the organization of project experiences and the distillation of best practices and lessons learned for dissemination.

Financial Analysis

Overview

The financial summary for FY 2008 is found in Annex D. The summary is presented in three parts: overall expenditures by line item followed by expenditures under each CLIN by line item. In the contract, the budget is divided in a 60/40 ratio between CLIN 1 and CLIN 2, respectively—the assumption at the beginning of the project being that there would be more activity and thus expenditure under CLIN 1. What these financial summary sheets show is that as of September 30, 2008, CLIN 1 represents 56% of expenditures and CLIN 2 represents 44% of expenditures (see Fig. A).



Of the funds remaining in the contract, 72% are under CLIN 1 and 28% under CLIN 2 (Fig B). Looking at expenditure patterns by CLIN shows that as of September 30, 2008, with almost 95% of the project time elapsed, CLIN 1 was 84% expended (see Fig. C) while expenditures under CLIN 2 were on target with 92% of the budget being spent (Fig. D).

The more rapid rate of expenditure of the CLIN 2 budget is because, like last year: 1) PROCOSI has been clear on its TA needs as its institutional development plans are maturing, 2) the implementation of many of the activities in the workplan under CLIN 2 are within the manageable interest of The Manoff Group, and 3) with the departure of Neha Shah in June 2008, nearly all of the activities under CLIN 2 were completed. Low expenditure in CLIN 1 is due to delayed implementation of the CHP exacerbated by reductions in the CHP budget and the political unrest in Bolivia. Many of the events

affecting program activity and therefore expenditure of project funds under CLIN 1 were beyond our control.

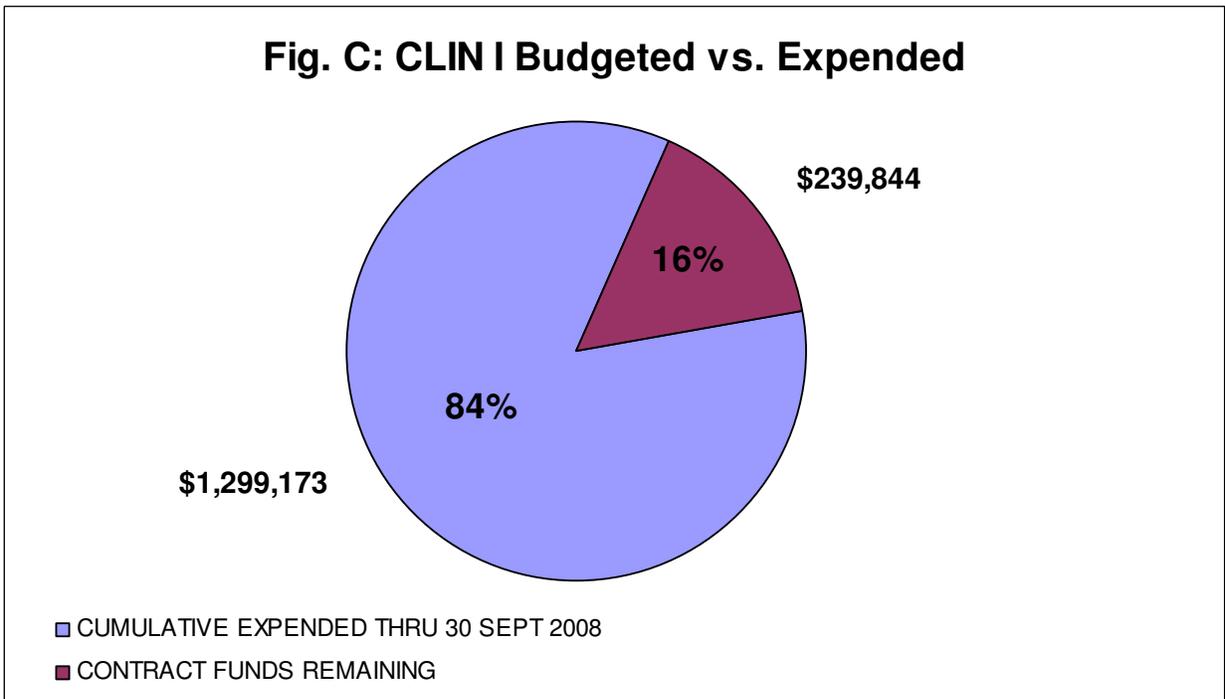
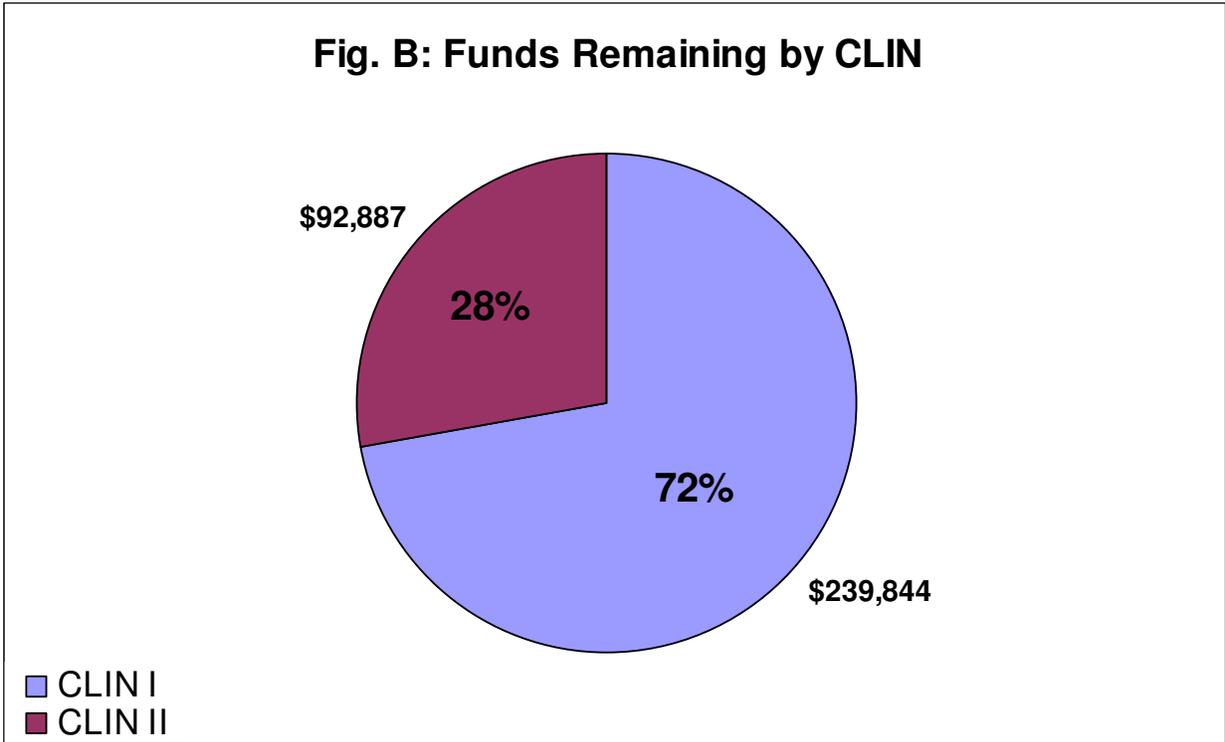
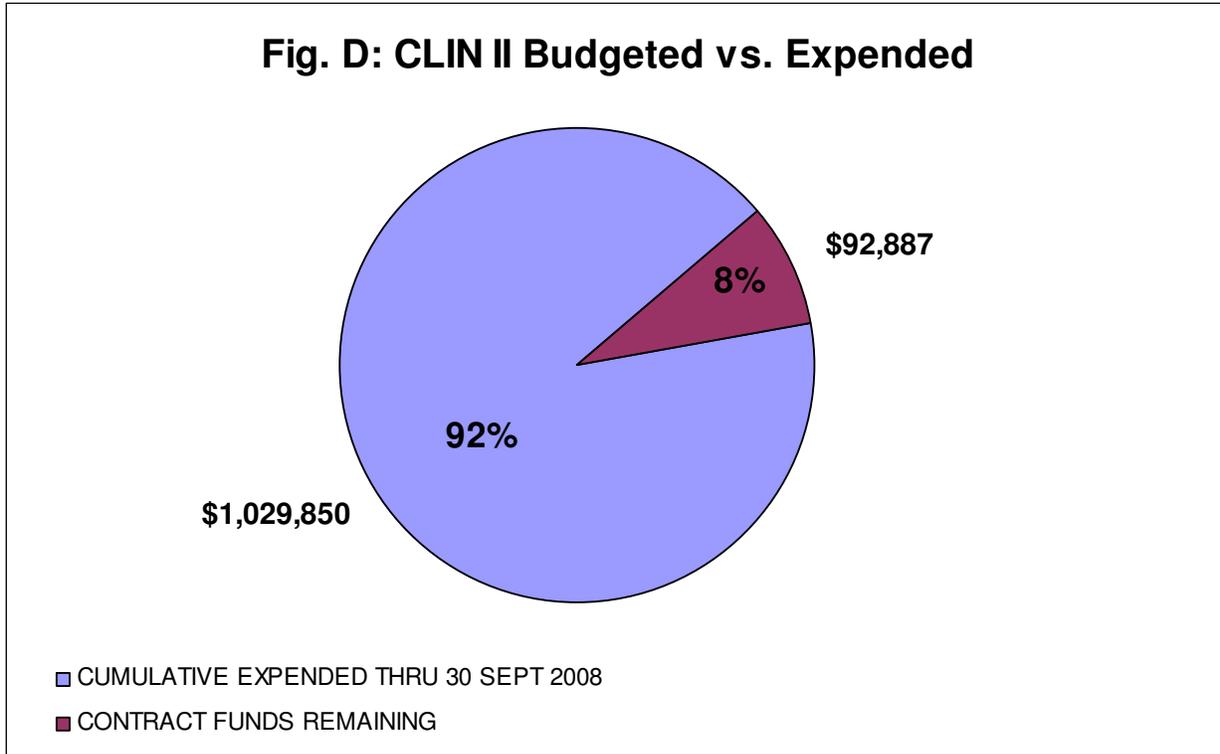


Fig. D: CLIN II Budgeted vs. Expended



Expenditure Priorities in PY3

Although the expenditures during PY3 remained focused on the same core activities as earlier years, we made an effort in PY3 to ensure that our TA expenditures under CLIN 1 were more focused on the NGO partner groups than they had been in the past. Due to delays in implementation, the majority of TA related to the Basic Package had been dedicated to working with the CHP group at the PROCOSI offices in La Paz and, to a certain extent, with the MH&S. In PY3, with the NGO CHP partners selected and functioning in their respective districts, Manoff Group assistance could be provided directly to them, although always in a tightly coordinated fashion with the central CHP team. In order to be able to provide more assistance directly to the partners and to ensure better coordination in planning workshops between the CHP team and The Manoff Group, USAID approved an increase in the ceiling of our subcontract with PROCOSI so that we could provide more financial support for these events. Therefore, there were more recipients of TA in PY3 and more of an opportunity for the TA to make a difference in services provided to CHP communities and the ultimate outcomes in those communities.

Cost Efficiencies

The Manoff Group continued its efforts of the previous year to provide cost savings to USAID. Measures taken in 2008 include the following:

- The project Deputy Director/Chief-of-Party generously opened her home to several short-term consultants, thereby reducing per diem costs (as in 2007).
- An intern with significant private sector experience hired by The Manoff Group who worked from late 2007 through mid-2008 supported CLIN 2 initiatives

- and development of the materials for the social enterprise workshops, at no cost to the contract.
- Through cost control measures, The Manoff Group has been able to lower General and Administrative Expenses, benefitting the contract.

Budget Projections

With the delays in implementation and particularly the travel restrictions at the time that we were preparing for our final major activity before closing out the contract work, money remains in our contract that could fund at least two more months of assistance. Because we would like to complete the review of CHP implementation to date with the NGO partners, we have requested (under separate cover) a two-month extension to our contract. If this extension is granted, our projections are for expenditures between CLINs to be in line with our original projections.

Observations from Implementation during PY3

In reflecting on PY3 we note that many tasks were successfully completed in a challenging environment. Working more closely with the NGO partner teams implementing the CHP brought great satisfaction, as did working directly with the communities and, particularly, the CHWs. While we have achieved major accomplishments, we also recognize that there were activities that were not realized and some that could have been done better. Below is a list of selected issues that arose over the past year, with descriptions of how we tried to resolve or cope with them and lessons learned in the process:

- **Providing technical assistance in a dynamic external environment**

The political situation in Bolivia and the need for USAID to impose travel restrictions late in the year proved a challenge. However, having a small, non-American staff presence in Bolivia has allowed us to continue our TA, albeit in a scaled-back fashion. In addition, the majority of our assistance is provided by advisors employed by The Manoff Group. This has made it easier to accommodate the external need to constantly reprogram and adjust our TA. We have had more of a problem securing the services of independent consultants when TDYs were cancelled or postponed.

- **Reorienting technical assistance priorities to meet new Bolivian Government (MH&S) policies**

An important element of the TA that The Manoff Group was tasked with providing the PROCOSI NGO network was in the area of integrated, preventive, community-based health programming using the growth of young children (under two year) as a leading indicator for program progress and impact. A major amount of work had gone into the Young Child Health and Nutrition Module in terms of integrating growth promotion (preventive focus) with Integrated Management of Childhood Illness (curative focus). We have been able to maintain the nutrition focus, however, through an emphasis on improving maternal diet and infant and young child feeding practices and introducing the measurement of child linear growth in the community. Building on pilot work in Peru, we have been able to work with the CHP, Plan International, and the MH&S to develop prototypes of a measurement mat for use in the community as a standard for attained linear growth. We plan to monitor this closely in the remaining time in our contract in order to see if it can be an effective innovation and contribution of the CHP to community health programming.

- **Technical assistance reach**

An important evolution in our TA in PY3 has been working directly with the NGO partners implementing the CHP. It would have been desirable to have a broader base of organizations taking advantage of our assistance earlier, but both the rate of CHP implementation and PROCOSI's reluctance for us to work with individual members prevented further outreach until PY3. Any future TA contracts of this nature should have a clear mandate and receive support in reaching out in an appropriate manner to multiple organizations.

- **Ability to fund local costs related to some technical assistance activities**

The Manoff Group contract has restrictions on how much money can be spent in Bolivia on services that could be obtained from an American source. In addition, at the outset of our work with PROCOSI, USAID was firm that our contract money should not be spent on local costs for activities that the PROCOSI/CHP and The Manoff Group teams agreed upon in annual workplans. While this is reasonable in theory, in reality it has not been an entirely satisfactory situation: We have often agreed on activities, but when it came time for workshops or field activities, PROCOSI/CHP did not have the money available for local costs. In PY3, USAID approved an increase in the ceiling of our subcontract with PROCOSI that enabled us to ensure that there is money for local costs and for occasional TA of a more permanent nature that needs to be paid in local currency (e.g. M&E specialist Adiba Fernandez). Our ability to increase the funds available to PROCOSI through the sub-contract mechanism has also improved coordination and reduced last-minute changes in consultant trips.

Annexes

- A. Technical Assistance Team and Support staff
- B. Achievements Against the PY3 Workplan
- C. PMP PY 3 Milestones and Status
- D. Financial Summary September 1, 2005–September 30, 2008

Annex A: Technical Assistance team and Support staff

In-Country Team and Long-Term Consultants (as of September 30, 2008)

Neha Shah
Chief of Party (through May 2008)
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Mickey Vanden Bossche
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(through June 2008)
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Christina Fontecchio
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Kim Remsberg
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(as of June 2008)
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Katherine Coleman
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Short-Term Technical Assistance during FY 2008

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Gail Naimoli
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Janet Irene Picado
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Marco Polo Torres
Behavior Change Technical Advisor
mptorres@manoffgroup.com

Kelley Coyner
Organizational Development Advisor
kellycoyner@yahoo.com

Annex B: Achievements Against the PY3 Workplan

During the first quarter of PY3, the TA team held a three-day offsite Annual Planning Session with representatives of the executive staff of PROCOSI and the CHP team to finalize the TA workplan for CY2008 (the annual workplans follow the CY). The resulting 2008 workplan was built from the 2007 plan, with necessary adjustments for realities on the ground and budget concerns.

This annex contains two sets of workplans, as the annual reporting period (October 1, 2007–September 30, 2008) covers a different time period than the project year (January 1, 2008–December 31, 2008). The two workplans included in this annex cover the following time periods:

1. January 1, 2008–September 30, 2008 (last 3 quarters of PY3)
2. October 1, 2007–December 31, 2007 (first quarter of PY3)

Progress made against the workplans is noted by quarter. The status of each activity is noted, along with comments on accomplishments, delays, or reprogramming.

Objective 1: Strengthen the technical capacity of PROCOSI and its members to deliver a standardized package of community-based health interventions

Result 1.1: Strengthened technical capacity within PROCOSI to design and implement community-based health activities using the best national and international practices and quality standards

Products from POA	Actividades	Sub-actividades	Productos												Status	Comments	
CHP			J	F	M	A	M	J	J	A	S						
Línea de trabajo 1: Apoyar el desarrollo de definición del paquete básico en salud comunitaria, la metodología para su implementación y sus materiales de apoyo																	
Equipos técnicos de las ONG implementadoras capacitadas en los módulos del Paquete Básico	1. Apoyar la finalización del Modulo de Salud y Nutrición del Menor de 5 Años con la readecuación de la parte de crecimiento de acuerdo a las políticas del MSD	1.1 Contribuir a readecuar de acuerdo a los criterios del MSD la parte de crecimiento en el manual del ACS y guía de capacitación del modulo Salud y Nutrición del Menor de 5 Años		X	X									Training guide and CHW manual finalized	Complete	The Manoff Group worked with the CHP team and the MH&S and two consultants recommended by the MH&S to create this module.	
		1.2 Validar e introducir las modificaciones y ajustes correspondientes al manual y a la guía de capacitación		X	X									Module tested	Complete	The needed modifications after testing were discussed with the MH&S and made accordingly.	
		1.3 Apoyar el reajuste de los materiales educativos en la parte del modulo sobre crecimiento de acuerdo a los cambios sugeridos		X	X	X									Final education materials	Complete	
		1.4 TDY Consultor		X	X										Trip Report	Complete	Gail Naimoli

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2. Apoyar la finalización del Módulo de Enfermedades Transmitidas por Vectores con la elaboración del borrador de la guía de capacitación de los ACS y su validación	2.1 Contribuir a elaborar metodología y guía de capacitación para el ACS vigilante	X	X							Training guide and CHW reference manual produced	Complete	Gail Naimoli worked extensively with the CHP team to complete these modules—in a standardized format using proven methods for organizing the training and materials for low literacy audiences.
	2.2 Participar en la validación de la guía de capacitación al ACS junto con el manual para enfermedades transmitidas por vectores		X							Testing done	Complete	
	2.3 Introducción de las modificaciones y ajustes resultantes de la validación correspondientes al manual y a la guía de capacitación			X						Guide and manual finished	Complete	
	2.4 TDY Consultor	X	X							Trip Report	Complete	
3. Apoyar la finalización del Modulo de Infecciones de Transmisión Sexual (ITS) con la elaboración del borrador de la guía de capacitación de los ACS.	3.1 Contribuir a elaborar metodología y guía de capacitación de los ACS en ITS	X	X							Training Guide complete	Complete	
	3.2 Contribuir en la validación de la guía de capacitación y su manual sobre ITS			X						Pretesting complete	Complete	
	3.3 Introducción de las modificaciones y ajustes correspondientes al manual de ITS y a la guía			X	X					Manual and Training Guide revised based pretesting and input from various stakeholders	Complete	

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	3.4 TDY Consultor	X	X								Trip Report	Complete	
4. Apoyar la finalización del modulo sobre Anticoncepción apoyando en la validación del manual y las guías de capacitación del ACS	4.1 Contribuir a la validación del manual y guía de capacitación de Anticoncepción finalizarlos		X								Manual for the CHW and the training guide tested and revised	Complete	As with other modules, Ms. Naimoli began with the existing drafts, which they were tested and she revised and standardized the format and methodology.
5. Apoyo en la elaboración del manual y guía de Higiene y sus instrumentos	5.1 Apoyar en la elaboración del manual, metodología y guía de capacitación para el ACS	X	X									Cancelled	The activities relating to the hygiene module were removed by the CHP leadership as an area for which they needed our TA. PROCOSI reached an agreement to implement this module with support from the SODIS Foundation.
	5.2 Contribuir en la validación del material, manual y guías para capacitación		X									Cancelled	
	5.3 Introducción de las modificaciones y ajustes como resultado de la validación en el material, manual y guía			X	X							Cancelled	
	5.4 TDY Consultor			X	X							Cancelled	
6. Apoyar en la definición y plan para la documentación y acceso de los módulos del Paquete Básico	6.1 Discusión y plan sobre documentación y acceso a los módulos del Paquete Básico						X					In progress	The finished BP modules will be available on the PROCOSI website. Assistance with the CHP's documentation is still under discussion, but will be minimal so the TDY is cancelled.
	6.2 TDY apoyo con documentación									X		Cancelled	

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Línea de trabajo 2: Proceso de capacitación y fortalecimiento de la capacidad técnica de ONG														
Equipos técnicos de las ONG fortalecidos en sus habilidades de capacitación de adultos y capacitados en los módulos del Paquete Básico	1. Taller de capacitación para fortalecer las habilidades de capacitación de adultos de los facilitadores del PSC y facilitadores de las ONG (posiblemente dos talleres)	1.1 Preparación y desarrollo del taller sobre capacitación utilizando destrezas de educación para adultos		X							Technical staff from CHP and the NGO Partners trained	Complete		
		1.2 TDY Consultor - mismo de LOW1 para el desarrollo de guías de capacitación		X							Workshop report	Complete		
	2. Seminario sobre los nuevos estándares de crecimiento y las diferentes técnicas de medición	2.1 Preparación y desarrollo del seminario				X	X						Cancelled	Growth promotion is not a priority for the CHP nor the MH&S. Other priorities were more pressing
		2.2 TDY Consultor - mismo de LOW1, actividad 1.1			X	X							Cancelled	
	3. Apoyar en la capacitación de los técnicos de las ONG del PSC	3.1 Apoyo a la preparación del proceso de capacitación sobre crecimiento y salud para menores de 5 años								X	X	NGO technical staff trained	Complete	With the exception of the hygiene module, this work was completed by ongoing support and direct facilitation by Vicky Alvarado.
		3.2 Apoyo al proceso de capacitación en Anticoncepción										NGO technical staff trained	Complete	
		3.3 Apoyo al proceso de capacitación en ITS		X	X							NGO technical staff trained	Complete	
		3.4 Apoyo al proceso de capacitación en Higiene			X	X							Cancelled	

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	4. Study Tours internacionales y nacionales sobre temas esenciales del Paquete Básico <i>(pendiente la disponibilidad de recursos financieros, a ser confirmado en abril 2008)</i>	4.1 Segundo viaje de estudio a programas de Supervivencia Infantil y Salud Materno													Cancelled	Given the delays in project implementation, this activity was not approved.
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Línea de trabajo 3: Formación, apoyo y supervisión a agentes comunitarios (los ACS)

Los ACS capacitados en los diferentes módulos del Paquete Básico	1. Apoyar en capacitación a los ACS	1.1 Apoyo al proceso de capacitación de los ACS en Salud Materna-Neonatal	X	X	X									CHWs trained	Complete	The CHWs have been trained in the TB and Maternal-Neonatal modules, with Manoff Group TA. Trainings for the other modules are starting now and Manoff Group staff will support them until the end of the project.
		1.2 Apoyo al proceso de capacitación en Tuberculosis	X	X	X									CHW trained	Complete	
		1.3 Apoyo al proceso de capacitación en Anticoncepción			X	X									In process	
		1.4. Apoyo al proceso de capacitación en Infecciones de Transmisión Sexual			X	X									In process	
		1.5. Apoyo al proceso de capacitación en Salud del Niño Menor de 5 Años					X	X							In process	
		1.6. Apoyo al proceso de capacitación en Higiene y Enfermedades Transmitidas por Vectores					X	X	X						In process	

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Sistema de supervisión, monitoreo diseñado, implementado y funcionando	2. Apoyar el seguimiento de los indicadores de calidad de la implementación, mediante visitas de seguimiento a los ACS (supervisión)	2.1 Acompañamiento a los técnicos de las ONG y fortalecimiento en destrezas de supervisión		X	X	X	X	X	X	X	X	X	Supervision report	In process	Plans for intense TA on supervision have had to be postponed until the last quarter of CY 08 due to the travel restriction and the delay in CHP implementation.		
	3. Apoyar el seguimiento de los indicadores de calidad de la implementación, mediante una revisión del proceso de implementación por los ACS (monitoreo)	3.1 Elaboración de instrumentos de evaluación de la calidad del desempeño e implementación de ACS		X	X	X	X							Supervision guides available		In process	
		3.2 Elaboración de instrumento de evaluación de satisfacción de usuarios del PSC		X	X									Client satisfaction guides available		In process	
		3.3 Prueba de instrumentos			X	X										In process	
		3.4 TDY Consultor		X	X											Postponed	
	4. Seguimiento a la capacitación a los ACS y a la implementación por los ACS (monitoreo)	4.1 Visitas de seguimiento a la capacitación de los ACS por los diferentes socios y a las comunidades para fortalecer la implementación del módulo Salud Materno-Neonatal por los ACS				X	X							Follow-up realized—report		Complete	Gail Naimoli's second TDY was specifically oriented to provide intense follow-up and quality standards for training of the CHWs.
		4.2 Apoyo y fortalecimiento al proceso de implementación				X	X							CHP staff and NGO technical staff reinforced		Complete	
		4.3 TDY Consultor				X	X							Trip report		Complete	

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		4.4 Visitas de monitoreo sobre las destrezas de comunicación de los ACS y apoyo a fortalecer procesos de comunicación				X			X		X	NGO technical staff trained in quality counseling and monitoring complete	Complete	Marco Polo Torres' applied a video evaluation technique to evaluate and build skills in interpersonal communication. He will hold a workshop with the NGO facilitators to provide more training in late November 2008.
		4.5 TDY Consultor				X					X	Trip report and monitoring report	Complete	
	5. Documentación de las lecciones acerca de la capacitación y la implementación	5.1 Preparación de informes de monitoreo							X		X	Report and presentation to the Inter-Institutional Committee	In process	This process cannot be completed until the project has reached a more advanced stage of implementation.

Línea de trabajo 4: Aportes a aspectos particulares de implementación

Aportes particulares incorporados en el Paquete Básico de PSC	1. Fortalecer las orientaciones/acciones programáticas sobre la alimentación de la embarazada y del niño 6 - 24 meses enfocado especialmente en el uso de alimentos locales, a través de capacitación en el uso de destrezas nuevas de investigación cualitativo	1.1 Recopilar información y experiencias existentes						X	X			Literature review	Complete	The research report and the recommendations will be disseminated beyond the CHP in November 2008.
		1.2 Capacitar en la metodología de TIPS y otras destrezas cualitativas						X	X			CHP and NGO technical staff trained in the TIPS methodology and in local options for improving the local diet of women and children	Complete	
		1.3 Hacer la "validación"/prueba						X	X			Investigation complete	Complete	
		1.4 TDY Consultor						X	X			Trip report	Complete	
		1.5 Recomendaciones programáticas								X		Research report with recommendations	Complete	

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2. Desarrollar metodologías para fortalecer las capacidades de sistematización de mejores prácticas en las organizaciones de la Red	2.1 Contribuir a elaborar el paquete de capacidades de las ONG en la sistematización de las mejores prácticas (ej. PSC)									X	X	Cancelled	The CHP has enlisted the help of another consultant for this work. The Manoff Group will ensure that they work closely with the CHP on documentation related to the project up to end of our contract.	
	2.2 Desarrollar un taller de capacitación para PSC									X	X	Cancelled		
	2.3 Acompañamiento en la aplicación de esta metodología de sistematización									X	X	Cancelled		
	2.4 TDY Consultor									X	X	Cancelled		
Línea de trabajo 5: Apoyo a iniciativas especiales														
1. Elaborar una propuesta sobre como fortalecer el cuidado del neonato en comunidades lejos de atención médica	1.1 Seguimiento a la incorporación de estas iniciativas especiales a ser incorporadas en el Paquete Básico					X	X						Postponed	Due to the travel restriction, this activity has been postponed until November and December 2008.
	1.2 TDY Consultor - mismo de LOW3					X	X						Postponed	
2. Incorporación al módulo de salud materna de la iniciativa de la toma del peso a la mujer embarazada	2.1 Seguimiento a la inclusión del mecanismo de la toma de peso en el módulo de Salud Materna en algunas comunidades									X		Appendix to the Child Health and Nutrition Manual	Complete	Conclusion of the work of Irma Yolanda Nunez in PY2. Requires follow-up since this is a new activity for the NGOs.
	2.2 Taller de capacitación a los técnicos del PSC y algunos facilitadores de las ONG			X	X							NGO trained	In process	

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	2.3 Visitas de seguimiento para fortalecer la implementación de la toma de peso en la embarazada por los ACS en la comunidad					X	X							Postponed	Postponed until Nov/Dec 2008 due to travel restrictions. It will now be part of the implementation review.
	2.4 TDY Consultor - mismo LOW 1		X	X										Postponed	
3. Socializar la propuesta sobre el uso del Radio en el PSC	3.1 Presentar la propuesta formalmente al nuevo gerente del PSC y a USAID y hacer el seguimiento requerido		X	X								Proposal presented		Complete/ Cancelled	The proposal developed in PY2 was presented again, but lack of funding prevented any action.

Objective 1: Strengthen the technical capacity of PROCOSI and its members to deliver a standardized package of community-based health interventions

Result 1.2: Development and implementation of an institutional approach for continuous quality improvement (CQI) monitoring and evaluation within the PROCOSI network

Productos de POA	Actividades	Sub-actividades													Productos	Status	Comments
			J	F	M	A	M	J	J	A	S						
Línea de Trabajo 1: Completar la línea de base para medir el impacto de PSC																	
Sistema de supervisión, monitoreo y evaluación diseñado, implementado y funcionando	1. Recolección de datos Línea de Base en los seis municipios adicionales (a los municipios confirmados en 2007)	1.1 Revisión de instrumentos y planificación para el trabajo de campo	X	X										Instruments were reviewed and finalized	Complete	This baseline was repeating what had already been completed in other areas.	
		1.2 Revisión y supervisión de los procedimientos de la recolección de datos antropométricos	X											Procedural guide reviewed	Complete		
		1.3 Seguimiento al trabajo de campo.	X	X										Supervision report	Complete		
	2. Revisión de resultados Línea de Base en los municipios adicionales y elaboración de informe	2.1 Trabajo junto con la unidad de M&E			X									Final report is shared with everyone in the CHP	Complete		

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Línea de trabajo 2: Apoyar las ONG en sus líneas de base para medir resultados a nivel comunitario de su trabajo en el PSC														
Sistema de supervisión, monitoreo y evaluación diseñado, implementado y funcionando	1. Apoyo en la capacitación a los técnicos para la realización de análisis de resultados y uso de la información de cada comunidad	1.1 Apoyo en implementación de sistema de información comunitaria	X		X	X	X	X	X			Quality monitoring reports complete	Complete	This work has been done in a workshop setting and with each NGO in their offices and with CHW in their communities.
		1.2 Capacitación a las ONG en Taller de Arranque - nuevas comunidades	X									NGO staff trained	Complete	
		1.3 Seguimiento a las ONG en la aplicación		X	X	X	X	X	X	X	X	Trip reports	Complete	
	2. Apoyo en hacer investigaciones y análisis cualitativos	2.1 Capacitación a personal de las ONG y los ACS			X		X	X	X			CHP and NGO staff oriented to qualitative methods	On-going	
		3. Diseminación de los resultados del PSC	3.1 Socialización en el Comité Interagencial								X	X	Comité is discussing CHP results	
	3.2 Documentación de los resultados en diferentes formas - uno para reuniones										X	CHP monitoring information is being reported	Complete	
	3.3 TDY Consultor				X		X	X		X		Trip report	Complete	

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Línea de Trabajo 3: Desarrollar y apoyar un sistema de monitoreo y control de calidad (este sistema utiliza datos y se vincula con líneas de trabajo 1 y 2)

Sistema de supervisión, monitoreo y evaluación diseñado, implementado y funcionando	1. Taller de capacitación en manejo de paquetes estadísticos (a PSC)	1.1 Definir y aplicar la modalidad de capacitación		X							CHP team trained	Complete	All systems are complete with the exception of ongoing work with the CHP and PROCOSI's executive directorate in establishing cost monitoring and strategic alignment for the organization as a whole.
	2. Taller de capacitación en manejo de paquetes estadísticos (a las ONG)	2.1 Implementar el taller de capacitación			X	X					Technical staff of the NGOs trained	Complete	
	3. Apoyo al arranque del sistema de monitoreo	3.1 Apoyo en la definición de salida (reportes a diferentes niveles)			X	X	X				Reports have been defined for different audiences	Complete	
	4. Control de datos de crecimiento	4.1 Revisión de información de listado de menores de 2 años de la comunidad				X	X	X	X	X	Anthropometric indicators compiled	Complete	
	5. Seguimiento o al funcionamiento del sistema de monitoreo	5.1 Taller sobre SPSS para el personal de las ONG y del PSC			X	X	X				Workshop report	Complete	
		5.2 TDY Consultor			X	X	X		X		Trip report	Complete	
	6. Metodologías de M&E de proyectos y programas utilizados por miembros de la Red, respondiendo a requerimientos de financiadores	6.1 En coordinación con personal de Informática de PROCOSI, contribuir al diseño del sistema de información para medir el costo de las actividades de PSC					X	X	X		Finanacial data has begun to be integrated into the SIG	In process	

Objective 2: Strengthen the management capacity within the PROCOSI network to improve health program administration and institutional sustainability

Result 2.1: Development and implementation of an institutionalized approach for assessing and strengthening the health program management capacity of PROCOSI and its members

Productos de POA	Actividades	Sub-actividades													Productos	Status	Comments
			J	F	M	A	M	J	J	A	S						
PROCOSI																	
Línea de Trabajo 1: Apoyar el desarrollo de la sostenibilidad institucional de PROCOSI																	
Red de desarrollo organizacional	1. Diseñar, desarrollar e implementar un sistema de gestión de calidad para la Red PROCOSI basado en ISO 9000	1.1 Desarrollar y presentar la primera versión del Manual de Calidad (Revisión de Diciembre 2007) a PROCOSI para aprobación	X	X	X									Approved Quality Manual	Complete		
		1.2 Desarrollar y presentar el plan de implementación para la primera versión del Manual de Calidad a PROCOSI para aprobación	X	X	X										Approved Implementation Plan	Complete	

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<p>1.3 Desarrollar los procesos y procedimientos en las siguientes áreas: recursos humanos, planificación estratégica, programas y proyectos</p>		X	X	X	X			X	X	Processes and procedures developed	Complete	
<p>1.4 Apoyar la difusión del Manual de Calidad en el sitio Web de PROCOSI y para los talleres</p>				X	X	X				The Quality Manual is published on the PROCOSI website and for the workshops	Complete	
<p>1.5 Apoyar la aprobación y la formación del Comité de Calidad</p>			X	X	X					The Quality Committee is formed	Complete	
<p>1.6 Arranque de la implementación del sistema de gestión de calidad con la Dirección Ejecutiva de PROCOSI</p>				X	X		X	X	X	The Implementation Workshop is carried out by the Dirección Ejecutiva	Complete	

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		1.7 Arranque de la implementación del sistema de gestión de calidad con el Comité de Membresía y el Comité de Planificación Estratégica (que comprende de las ONG miembros de la Red)				X	X					Workshop is implemente don quality Management with two National Comites made up of members of the PROCOSI network	Complete	
	2. Apoyar la Dirección Ejecutiva de PROCOSI en el desarrollo de un "Balanced Scorecard" que complement a su Plan Estratégico	2.1 Participar en reuniones con la Directora Ejecutiva y el Directorio, como apropiado, para conversar sobre el tema de "Balanced Scorecard"	X	X								Meetings are completed on the "Balanced Scorecard"	Complete	
Red de conocimiento	3. Fortalecer de la Red PROCOSI a través de la exploración de modelos exitosos de redes	3.1 Desarrollar y presentar los modelos exitosos de redes nacionales y internacionales		X	X	X						Workshop carried out on successful models of nacional and internation networks	Complete	

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		3.2 Guiar PROCOSI en la adopción de acciones para mejorar su posición como una Red			X	X						A list of actions is made to improve PROCOSI's position as a leading NGO network.	Complete		
Línea de Trabajo 2: Apoyar la sostenibilidad financiera de PROCOSI															
Red para consolidación financiera	1. Apoyar la operacionalización de <i>Amigos de PROCOSI</i>	1.1 Apuntar y detallar políticas y procedimientos que describan la composición y las operaciones del Directorio de Amigos de PROCOSI	X	X	X	X						Policies and procedures written for the Board of Friends of PROCOSI	Complete		
		1.2 Desarrollar una sección del Manual del Directorio de PROCOSI sobre los procedimientos respecto a Amigos de PROCOSI	X	X									A section of the PROCOSI Board manual completed related to procedures between PROCOSI and Friends of PROCOSI	Complete	
		1.3 Realizar una sesión informativa con el Directorio de PROCOSI sobre las reglas, normas,		X	X								Informational session realized	Complete	

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expectativas y leyes de EE.UU. respecto a <i>Amigos de PROCOSI</i>												
1.4 Apoyar el desarrollo de un presupuesto para Amigos de PROCOSI para 2008	X									Draft annual budget for Friends of PROCOSI developed and presented	Complete	
1.5 Desarrollar una guía de procedimientos que describa el proceso de la transferencia de fondos a Bolivia de EE.UU.		X	X							Procedural Guide written including diagrams of how funds should flow between PROCOSI and Friends of PROCOSI	Complete	
1.6 Investigar y presentar opciones de servicios legales, auditorías, contabilidad y marketing que <i>Amigos de PROCOSI</i> puede usar en los Estados Unidos	X									A report for options for the provision of key services needed for Friends of PROCOSI presented	Complete	

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1.7 Investigar y recomendar opciones para la recaudación de fondos por el Internet para <i>Amigos de PROCOSI</i>	X	X	X					A report of options for Internet living/donations presented	Complete	
1.8 Detallar el proceso del desarrollo de propuestas para dos fundaciones para proyectos de salud y/o filantropía, usando el modelo en 'Análisis de Interesados'		X	X	X				Foundations research and recommendations provided	Complete	
1.9 Investigar y presentar contactos de la filantropía y/o la responsabilidad social corporativo de 5 proveedores de remesas con servicios a Bolivia	X	X	X					Remittance providers are identified and meetings set up for the Direccion Ejecutiva	Complete	
1.10 Apoyar el diseno y desarrollo de el sitio Web de <i>Amigos de PROCOSI</i>		X	X	X	X			A plan for the website of Friends of PROCOSI is developed	Complete	

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2. Diseñar, desarrollar e implementar los talleres de Empresa Social para las ONG miembros de la Red	2.1 Desarrollar, organizar y realizar el segundo taller de Empresa Social (una serie de tres en total)		X	X							The second workshop is carried out	Complete		
	2.2 Desarrollar, organizar y realizar el tercer taller de Empresa Social (una serie de tres en total)				X	X						The third workshop is completed	Complete	
	2.3 Apoyar el consultor de PROCOSI de empresa social en su apoyo a las ONG miembros para definir en detalle su idea de empresa social y desarrollar un plan de negocios			X	X	X	X	X	X	X		There is at least one NGO from the Network with a Social Enterprise plan	Complete	
	2.4 Apoyar el desarrollo de un modelo educativo de Empresa Social por el sitio Web de PROCOSI									X		The educational model for Social Enterprise is developed for PROCOSI's website.	Complete	

Objective 1: Strengthen the technical capacity of PROCOSI and its members to deliver a standardized package of community-based health interventions

Result 1.1: Strengthened technical capacity within PROCOSI to design and implement community-based health activities using the best national and international practices and quality standards

Productos de POAs		Actividades	Sub-actividades				Productos	Status
PSC	PROCOSI			Oc	No	Di		
Linea de trabajo 1: Apoyar el desarrollo de definicion del paquete basico en salud comunitaria								
Equipos tecnicos de las ONGs implementadoras capacitadas en los modulos del Paquete Basico		1. Validar modulo y gua de capacitacion para los menores de 5 anos y tuberculosis.	1.1. Contribuir a elaborar metodologia, guias para validación y participar en la prueba de validación				Módulo y guia elaborados y validados	Complete
			1.2. Introducir las modificaciones y ajustes correspondientes al modulo y a la guia de capacitación				Módulo y guia ajustados	Complete
			1.3. Identificar las lecciones aprendidas a fin de mejorar la metodologia de prueba para otros modulos.				Lecciones aprendidas identificadas	Complete
		2. Apoyo en la elaboración del modulo y guia de capacitación de salud materna y neonatal.	2.1. Contribuir a elaborar metodologia, guias y materiales para el uso durante la capacitación de facilitadores y ACSs				Metodologia y guias elaborados	Complete
			2.2. Introducción de las modificaciones y ajustes correspondientes a la metodologia, guias y materiales				Metodologias, guias y materiales ajustados	Complete
			2.3. TDY Consultor				Mision cumplida	Complete

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Equipos técnicos de las ONGs implementadoras capacitadas en los módulos del Paquete Básico	3. Apoyo en la elaboración del módulo y guía de enfermedades transmitidas por vectores	3.1. Contribuir a elaborar del manual y materiales para ACSs			Manual elaborado	Complete
		3.2. Contribuir en la elaboración de materiales para capacitación de facilitadores y ACSs			Materiales de capacitación elaborados	Complete
		3.3. Introducción de las modificaciones y ajustes resultantes de la validación correspondientes al módulo y a la capacitación			Módulo de enfermedades transmisibles ajustados	Complete
	4. Apoyo en la elaboración del módulo y guía sobre ITS y Anticoncepción.	4.1. Contribuir a elaborar contenido, metodología y guías para el ACS vigilante			Módulo sobre ITS y Anticoncepción elaborados	Complete
		4.2. Contribuir en la elaboración de manuales para capacitación			Manuales elaborados	Complete
		4.3. Introducción de las modificaciones y ajustes correspondientes al módulo y a la capacitación			Módulo sobre ITS y Anticoncepción ajustado	Complete
		4.4. TDY Consultor			Misión cumplida	Complete
	5. Apoyo en la elaboración del módulo y guía de higiene y sus instrumentos.	5.1. Elaborar metodología y guías para el ACS			Módulo e instrumentos producidos.	Cancelled
		5.2. Contribuir en la elaboración de material para capacitación			Material de capacitación elaborado	Cancelled

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		5.3. Introduccion de las modificaciones y ajustes correspondientes al modulo y a la capacitacion			Modulos e instrumentos ajustados	Cancelled
		5.5. TDY Consultor			Mision cumplida	Cancelled
	6. Participación en la validacion de instrumentos, manuales y guias de enfermedades vectoriales, materno neonatal, higiene, ITS y anticoncepción.	6.1. Los siguientes temas: menores de 5 anos, TB, salud materna y neonatal, enfermedades transmisibles, ITS y anticoncepción, higiene.			Instrumentos, manuales, guias validados	Complete
	7. Organizar Study Tours internacionales y nacionales sobre temas esenciales del paquete básico.	7.1. Segundo viaje de estudio a programas de Supervivencia infantil en Centro America, y Nacionales.			Experiencia del equipo técnico del PSC y las ONG fortalecidas.	Cancelled

Línea de trabajo 2: Proceso de subdonacion y capacitacion a los ONG implementadotes

Equipos tecnicos de las ONGs implementadoras capacitadas en los modulos del Paquete Basico	1. Apoyo en la capacitación a equipos de ONG implementadoras en el Taller de Arranque (Bases conceptuales, Censo Comunitario e Informacion Basica de la Comunidad).	1.1. Apoyar al equipo del PSC en el desarrollo del taller de arranque			Talleres desarrollados	Complete 07
	2. Participacion en la revision de propuestas.	2.1. Revision y calificacion de propuestas			ONGs implementadoras seleccionadas	Complete 07
	3. Taller de capacitacion en promoción del crecimiento para técnicos del PSC y personal técnico principal de ONG's.	3.1. Preparacion y desarrollo del taller			Técnicos del PSC y ONG's capacitados.	Complete 07
		3.2. TDY Marcia Griffiths			Participacion en el taller	Complete 07

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	4. Apoyar en la capacitación de los técnicos de las ONG's en promoción del crecimiento.	4.1. Apoyo a la preparacion del proceso de capacitacion				Tecnicos del PSC y ONGs capacitados	Cancelled
	5. Apoyar en el Taller de capacitación de ACSs en promocion del crecimiento en menores de 2 años y tuberculosis	5.1. Apoyo al proceso de capacitacion				ACSs vigilantes capacitados	Complete
	6. Apoyar en el Taller de capacitación materna y neonal y anticoncepcion a ONGs	6.1. Apoyo al proceso de capacitacion	x			Tecnicos de ONGs capacitados	Complete
	7. Apoyar en capacitacion materna, neonatal y PF a los ACSs	7.1. Apoyo al proceso de capacitacion	x			ACSs capacitados	Complete
	8 Apoyar en capacitacion en higiene y enfermedades transmisibles por vectores pata ONGs	8.1. Apoyo al proceso de capacitacion		x		Tecnicos de ONGs capacitados	Complete
	9. Apoyar en capacitacion en higiene y enfermedades para ACSs vigilantes	9.1. Apoyo al proceso de capacitacion			x	ACSs vigilantes capacitados	Complete
Linea de trabajo 3: Formacion							
Sistema de supervision, monitoreo y evaluacion disenado, implementado y funcionando	1. Apoyar el seguimiento de los indicadores de calidad de la implementación.	1.1. Recoleccion de datos	x	x	x	Seguimiento realizado. Resultados analizados.	In process (see above)
	2. Supervisar la implementacion inicial y hacer recomendaciones sobre ajustes para mejor calidad con miras a estandarizacion del	2.1. Apoyo a la supervision en el campo	x	x		Supervision de calidad	In process (see above)

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		proceso de supervision de la capacitacion.	2.2. Feedback (informe) del proceso de capacitacion a la administracion del PSC con recomendaciones			Informe sobre el proceso de capacitacion	In process (see above)	
Linea de trabajo 4: Aportes a aspectos particulares de implementation								
Iniciativas especiales incorporadas en el Paquete Basico de PSC		1. Fortalecer las orientaciones/acciones programáticas sobre la alimentación de la embarazada y del niño 6 - 24 meses enfocado especialmente en el uso de alimentos locales.	1.1. Recopilar información y experiencias existentes.			ONG capacitadas en la prueba de mejores prácticas (TIPs) para tener orientaciones mas especificas. Componente de alimentacion fortalecido con opciones locales	Complete	
			1.2. Desarrollar una metodología para validar la información/experiencias por las ONG's representante por área (TIPS).			Metodologia de validacion desarrollada	Complete	
			1.3. Hacer la "validación"/prueba.			Validacion implementada	Complete	
			1.4. TDY consultor				Complete	
			1.4. Capacitar ONG representante por área.			ONGs capacitadas	Complete	
			1.5. Recomendaciones programáticas.			Recomendaciones formuladas	Complete	
			3. Taller de capacitación al equipo del PSC con ONGs implementadores en la elaboración de artículos científicos y otros.	3.1. Preparacion del taller			Taller de capacitacion preparado	Complete 07
				3.2. Desarrollo del taller			Taller implementado	Complete 07

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			3.3. TDY consultor			Mision cumplida	Complete 07	
Linea de trabajo 5: Apoyo a iniciativas especiales								
Iniciativas especiales incorporadas en el Paquete Basico de PSC		1. Elaborar una propuesta para el uso del radio como mecanismo para la capacitación continúa/ refrescamiento a distancia.	1.1. Revisar experiencias con capacitación a distancia.			Una propuesta con los detalles.	Complete 07	
			1.2. Elaborar la propuesta y presentarla.			Propuesta elaborada en forma operativa	Complete	
		2. Elaborar una propuesta sobre como fortalecer el cuidado del neonato en comunidades lejos de atención médica.	2.1. Identificacion de iniciativas especiales a ser incorporadas en el paquete basico.			Propuesta para acciones.	In process	
			2.2 Incorporacion de las iniciativas especiales en el modulo del neonato.			Iniciativas especiales incorporadas al modulo	Complete	
			2.3 Diseno de materiales			Materiales disenados	Complete	
			2.4. TDY consultor			Mision cumplida	In process	
		3. Incorporación al módulo de salud materna de la iniciativa de la toma del peso a la mujer embarazada.	3.1. Inclusion del mecanismo, instrumentos de informacion de la toma de peso en el modulo de salud materna			Manual producido incorporando la toma de peso de la embarazada.	Complete	
			3.2. TDY Consultor			Mision cumplida	Complete	
		4. Apoyo en la metodología educativa/participativa sobre salud reproductiva de hombres.	4.1. Elaborar modulo educativo sobre salud reproductiva de hombres	x	x	x	Módulo educativo listo para 2008.	Cancelled— this activity was taken out of the 2008 workplan due to low priority for the CHP

Objective 1: Strengthen the technical capacity of PROCOSI and its members to deliver a standardized package of community-based health interventions

Result 1.2: Development and implementation of an institutional approach for continuous quality improvement (CQI) monitoring and evaluation within the PROCOSI network

Productos de POAs		Actividades Manoff Group	Sub- actividades	Oc			Productos	Status
PSC	PROCOSI			No	Di			
Línea de Trabajo 1: Completar la línea de base para medir el impacto de PSC								
Sistema de supervisión, monitoreo y evaluación diseñado, implementado y funcionando		1. Recolección de datos Línea de Base:	1.1 Revisión de instrumentos y planificación para el trabajo de campo				Intrumentos revisados y finalizados	Complete 07
			1.2 Revisión y supervisión de los procedimientos de la recolección de datos antropométricos				Informe de procedimientos	Complete 07
			1.3. Seguimiento al trabajo de campo.				Informe de seguimiento.	Complete 07
		2. Revisión de resultados Línea de Base II y elaboración de informe.	2.1.Trabajo de gabinete con el reporte final de consultoría				Informe final socializado al interior del PSC.	Complete 07
			2.2. TDY consultor				Mision cumplida	Complete 07
Línea de trabajo 2: Apoyar las ONG en sus líneas de base para medir resultados a nivel comunitario de su trabajo en el PSC								

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Sistema de supervisión, monitoreo y evaluación diseñado, implementado y funcionando	1. Apoyo en la capacitación a los técnicos para la realización de análisis de resultados y uso de la información	1.1. Apoyo en implementación de sistema de información comunitaria.				Informe de seguimiento a las ONG's.	Complete
		1.2. Capacitación a ONGs en Taller de Arranque				Técnicos de ONGs capacitados	Complete
		1.3. Seguimiento a ONGs en la aplicación				Implementación del PSC a tiempo y con calidad	Complete
	2. Apoyo en hacer investigaciones y análisis cualitativas	2.1. Capacitación a personal de las ONGs y ACS				Técnicos de ONGs y ACS capacitados en investigaciones cualitativas	Complete
	3. Diseminación de resultados del PSC	3.1. Socialización en el Comité Interagencial				Resultados del PSC diseminados a nivel nacional	Complete
		3.2. Publicaciones de resultados en reuniones internacionales y nacionales (Global Health Council etc)	x	x	x	Resultados del PSC diseminados a nivel internacional	Complete
		3.3. TDY consultor				Misión cumplida	Complete

Línea de Trabajo 3: Desarrollar y apoyar un sistema de monitoreo y control de calidad (este sistema utiliza datos y se vincula con líneas de trabajo 1 y 2)

Sistema de supervisión, monitoreo y evaluación	1. Taller de capacitación en manejo de paquetes estadísticos (a PSC)	1.1. Definir modalidad de capacitación, Aplicar				Equipo de PSC capacitado	Complete
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diseñado, implementado y funcionando		2. Taller de capacitación en manejo de paquetes estadísticos (a ONGs)	2.1. Implementar el taller de capacitación				Técnicos de las ONGs capacitados	Complete
		3. Apoyo al arranque del sistema de monitoreo	3.1. Apoyo en la definición de salida (reportes a diferentes niveles)				Set de reportes tipo definidos para distintos públicos.	Complete
		4. Control de datos de crecimiento.	4.1. Revisión de información de listado de menores de 2 años de la comunidad.	x	x	x	Evaluación del impacto de las intervenciones en el crecimiento de los niños	De-prioritized/ Cancelled
		5. Seguimiento al funcionamiento del sistema de monitoreo	5.1. Taller sobre SPSS para el personal de las ONGs y del PSC				4.2. Se cuenta con un sistema de M&E fortalecido e integrado al SIG de PROCOSI.	Complete
			5.2. TDY consultor				Misión cumplida	Complete
		6. Metodologías de M&E de proyectos y programas utilizados por miembros de la red, responden a requerimientos de financiadores.	6.1 En coordinación con personal de Informática de PROCOSI contribuir el diseño del sistema de información para medir el costo de las actividades de PSC				5.2 Datos financieros integrados al sistema de información del PCS	In process
Línea de Trabajo 4								
Sistema de supervisión, monitoreo y	Red de desarrollo organizacional	1. Desarrollar la propuesta de capacitación para las ONGs	1.1. Revisión del diagnóstico de las ONGs				Recomendaciones para la propuesta	Complete 07

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evaluación diseñado, implementado y funcionando		implementadoras	1.2. Consultas con Directorio y ONGs seleccionadas				Recomendaciones para la propuesta y prioridades institucionales	Complete 07
			1.3. Desarrollo de la propuesta				Propuestas de capacitacion	Complete 07
			1.4. Impementar el programa de capacitacion				Funcionarios administrativos y financieros de las ONGs capacitados	Complete 07
			1.5. TDY consultor				Mision cumplida	Complete 07

Objective 2: Strengthen the management capacity within the PROCOSI network to improve health program administration and institutional sustainability

Result 2.1: Development and implementation of an institutionalized approach for assessing and strengthening the health program management capacity of PROCOSI and its members

Productos de POAs		Actividades	Sub-actividades				Productos	Status
PSC	PROCOSI			Oc	No	Di		
	Red de desarrollo organizacional	1.Desarrollar la propuesta de capacitacion para las ONGs miembros de la Red	1.1. Revision del diagnostico de las ONGs				Recomendaciones para la propuesta	Complete 07
			1.2. Consultas cn Directorio y ONGs seleccionadas				Recomendaciones para la propuesta y prioridades institucionales	Complete 07
			1.3. Desarrollo de la propuesta				Propuesta desarrollada	Complete 07
			1.4. Implementacion de la propuesta				Tecnicos de las ONGs capacitados	Complete 07
			1.5. TDY consultor				Mision cumplida	Complete 07
	Red de conocimiento	1. ONG de la red han desarrollado la capacidad de identificar, sistematizar y difundir sus mejores prácticas.	1.1 Desarrollar una propuesta/plan anual de fortalecer en mejores practicas.				Propuesta/plan anual para fortalecer mejores practicas	Complete 07
			1.2 Desarrollo de un modulo de capacitacion para sistematizacion de mejores practicas.				Modulo de capacitacion en mejores practicas desarrollado	Complete 07
			1.3 Facilitar el (los) taller(es) de capacitacion.				Talleres de capacitación facilitados.	Complete 07
			1.4 Asistencia periodica para la sistematizacion de mejores practicas.				Asistencia oportuna	Complete 07

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			1.5 Identificación de contactos académicos a nivel internacional.			Información sobre contactos académicos facilitada	Complete 07
			1.6 Estrategia de difusión de las mejores prácticas a nivel internacional.			Estrategia elaborada	Complete 07
			1.7 TDY - Consultor	x			Complete 07
	Red de desarrollo organizacional	2. Desarrollar una propuesta/un plan para operacionalizar el concepto de "organización de aprendizaje" por la Red.	2.1. Consultas sobre expectativas de PROCOSI. Acopio de información sobre ejemplos de organizaciones de aprendizaje y sobre el concepto.			Consultas efectuadas e insumos reunidos	Complete
			2.2. Elaboración de la propuesta/plan para implementar la organización de aprendizaje en PROCOSI			Propuesta y plan elaborado	Complete
			2.3. Presentación al Directorio de PROCOSI			Presentación realizada	Complete
		3. Desarrollar una propuesta de estándares de calidad y como monitorearlas en la Red.	3.1. Analisar el diagnóstico de las ONGs			Recomendaciones del diagnóstico	Complete
			3.2. Talleres de trabajo con Directorio y ONGs seleccionadas			Recomendaciones analizadas y transformadas en Plan de Acción	Complete
			3.3. Desarrollo de la propuesta			Propuesta elaborada	Complete
			3.4. Implementación piloto con ONGs seleccionadas			Experiencia piloto realizada	Complete

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		3.5. Capacitacion de ONGs				ONGs capacitadas	Complete
Red para consolidación financiera	1. Capacitación de ONGs miembros en diseño de propuestas de proyectos para donantes.	1.1. Desarrollar el TdR para el taller.				Talleres de capacitación realizados con un informe y los materiales.	Complete
		1.2. Desarrollar la metodología del taller.				Metodología del taller desarrollada	Complete
		1.3. Implementar el taller a nivel de PROCOSI.				Taller desarrollado a nivel PROCOSI	Complete
		1.4. Replicar el taller a nivel regional para ONGs miembros	x	x		Taller desarrollado para ONGs miembros a nivel regional.	Complete
	2. Lanzamiento de la organización "Amigos de PROCOSI" en EEUU	2.1. Terminar el proceso de registro como 501-c-3 o sea exención de impuestos				"Amigos de PROCOSI" registrada como 501-c-3	Complete
		2.2. Desarrollar guía de procedimientos.				Guia de procedimientos	Complete
		2.3. Apoyar en la formulación y capacitación del Directorio de la nueva organización (viaje de Wendy McFarren a los EEUU)				Directorio de "Amigos de PROCOSI" conformado y capacitado	Complete
	3. Elaborar una estrategia de lanzamiento de "Amigos de PROCOSI"	3.1 Desarrollar un plan preliminar de estrategias/actividades para el primer año de "Amigos de PROCOSI"				POA2007 de "Amigos de PROCOSI".	Complete
		3.2 Desarrollar organigrama y descripción de funciones para el				Organigrama y descripción de funciones del personal de	Complete

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		personal de "Amigos de PROCOSI"			"Amigos de PROCOSI"	
		3.3 Desarrollar guía de procedimientos y/o implementar un taller para el personal de "Amigos de PROCOSI"			Guía de procedimientos elaborada y el personal de "Amigos de PROCOSI" capacitado	Complete
		3.4 Elaborar materiales promocionales de "Amigos de PROCOSI"			Materiales promocionales de "Amigos de PROCOSI" desarrollados.	Complete
	4. Elaborar una estrategia sobre como desarrollar las posibilidades que "Amigos" abre para PROCOSI.	4.1. Hacer un análisis de los diferentes stakeholders para "Amigos de PROCOSI" de acuerdo a las opciones.(Viaje de Wendy)			Stakeholders analysis de "Amigos de PROCOSI" desarrollado en coordinacion con la visita de la ExDir de PROCOSI a los "Amigos de PROCOSI".	Complete
		4.2. Elaborar un módulo de información de "Amigos de PROCOSI" para posibles donantes y socios incluyendo materiales promocionales.			El modulo de informacion de "Amigos de PROCOSI" para posibles donantes y socios. Materiales promocionales.	Complete

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		4.3. Elaborar plan operativo de "Amigos de PROCOSI" que incluye lineas de trabajo con las posibles fuentes de financiamiento y socios			POA2007 de "Amigos de PROCOSI" incluye lineas de trabajo con las posibles fuentes de financiamiento y socios.	Complete
		4.4. Desarrollar una estrategia de comunicación que cubre las diferentes "audiencias" de Amigos de PROCOSI (Tool Kit ? para PROCOSI y sus miembros.)			Estrategia de comunicación para "Amigos de PROCOSI" desarrollada (incluye Tool Kit)	Complete

Annex C: PMP Year 3 Milestones and Status

The milestones **shaded in blue** represent those set for PY3.

Objective 1: Strengthen the technical capacity of PROCOSI and its members to deliver a standardized package of community-based health interventions

RESULT 1.1. Strengthened technical capacity within PROCOSI to design and implement community-based health activities using the best national and international practices and quality standards

General products	Milestones/Performance Targets	Status	Comments
<i>Product 1: PROCOSI (CHP) has a basic package (BP) of community-based health activities using standard guides and materials that allows for quality implementation.</i>	Nov-Dec 2005 Basic Package (BP), including state of the art actions, defined with CHP team and USAID.	<ul style="list-style-type: none"> Complete 	
	Dec 2007 All materials for implementation are ready for use in the communities or by the NGOs.	<ul style="list-style-type: none"> Complete 	
	March 2008 100% of CHP NGOs have implemented all components of the BP in all communities programmed for year 1.	<ul style="list-style-type: none"> 50% complete 	<ul style="list-style-type: none"> The NGOs are only implementing the maternal and TB modules currently.
	March 2008 The web page or other electronic format with materials approved by CHP NGOs is functioning / available.	<ul style="list-style-type: none"> 50% complete 	<ul style="list-style-type: none"> Since all of the materials are just now finished and ready for use, they haven't yet all been uploaded to the PROCOSI website
	July 2008 100% of the NGOs of CHP have analyzed the first year of implementation experience and have made adaptations to the BP and its operational manual.	<ul style="list-style-type: none"> 0% complete 	<ul style="list-style-type: none"> None of the NGOs have been implementing for more than a few months.
	July 2008 PROCOSI or a CHP NGO will have made presentations about the BP and the CHP and been able to have exchanges on similar programs in other countries.	<ul style="list-style-type: none"> 0% complete 	<ul style="list-style-type: none"> The study tour was cancelled.

Objective 1: Strengthen the technical capacity of PROCOSI and its members to deliver a standardized package of community-based health interventions

RESULT 1.1. Strengthened technical capacity within PROCOSI to design and implement community-based health activities using the best national and international practices and quality standards

General products	Milestones/Performance Targets	Status	Comments
	<p>Sept. 2008 Each PROCOSI NGO member offering health services has considered and included appropriate components of BP in their programming.</p> <p>Nov. 2008 PROCOSI or at least one NGO will be expanding the BP with resources other than those of USAID.</p>	<ul style="list-style-type: none"> ▪ 0% complete ▪ 0% complete 	<ul style="list-style-type: none"> ▪ This activity has not happen in a systematic fashion, since the BP has just been completed ▪ Although diversifying the funders for PROCOSI is a top priority, before actually finishing and disseminating the BP to the project associates, it has not been a priority to work on expanding its implementation.
<p><i>Product 2: NGOs from PROCOSI Network are capable of implementing a community-based program offering quality BP services, showing improvement in basic health indicators within their areas of influence, and linking with health services.</i></p>	<p>March 2007 Competitive NGO grant procurement process complete.</p> <p>April 2007 100% of CHP NGOs receive orientation to the program.</p> <p>May 2007 100% of NGOs have launched implementation of CHP in the designated communities.</p> <p>Dec. 2007 100% of NGOs (sub-grantees of CHP) have their projects assessed for quality implementation and have suggestions for strengthening.</p> <p>Mar 2008 100% of NGOs trained in all pieces of the BP / CHP and they have trained their CHWs in CHP program and use of tools.</p>	<ul style="list-style-type: none"> ▪ Complete 07 ▪ Complete 07 ▪ Complete 07 ▪ 20% complete ▪ 60% 	<ul style="list-style-type: none"> ▪ To date, several aspects of the NGO implementation have been looked at, from training quality to interpersonal communication skills, but there has not been a complete implementation review or a look at modules beyond the TB and Maternal-Neonatal modules.

Objective 1: Strengthen the technical capacity of PROCOSI and its members to deliver a standardized package of community-based health interventions

RESULT 1.1. Strengthened technical capacity within PROCOSI to design and implement community-based health activities using the best national and international practices and quality standards

General products	Milestones/Performance Targets	Status	Comments
	<p>June 2008 100% of CHP NGOs have their implementation reassessed for quality and have recommendations for strengthening—75% of CHP NGOs are implementing the first module of activities meeting 80% of the quality standard.</p> <p>August 2008 CHP NGOs have completed all training of community workers—every CHP component is fully operational.</p> <p>Oct. 2008 NGOs oriented on quality implementation standards of CHP.</p> <p>Dec. 2008 80% of NGOs are implementing their programs of CHP with quality (coverage and improved practices).</p>	<ul style="list-style-type: none"> ▪ 0% ▪ 60% ▪ 10% ▪ 50% 	<ul style="list-style-type: none"> ▪ This milestone will not be met unless a quality rating is given during the first assessment, to be conducted in late CY08 ▪ This will be better assessed and reported following the TDY in early CY 09 to strengthen supervision and quality and the completion of the process review to indicate the current status of implementation.
<p><i>Product 3: CHP and PROCOSI have information available from operational, qualitative studies (and the capacity to carry out the studies) and from routine data collection at the community level in order to improve program</i></p>	<p>Sept. 2007 Group of representatives of NGOs from CHP sub-grantees formed to serve as CHP implementation group to be trained in qualitative operational study designated. Studies identified.</p> <p>Dec. 2007. Training workshops held in use of qualitative research methodologies (esp. TIPs) and use of routine data.</p> <p>Oct. 2008 Two studies completed and used to improve implementation.</p>	<ul style="list-style-type: none"> ▪ Complete ▪ Complete ▪ Complete 	<p>Two studies include the Maternal Diet and Young Child Feeding Study and the study of Interpersonal Communication Processes.</p>

Objective 1: Strengthen the technical capacity of PROCOSI and its members to deliver a standardized package of community-based health interventions

RESULT 1.1. Strengthened technical capacity within PROCOSI to design and implement community-based health activities using the best national and international practices and quality standards

General products	Milestones/Performance Targets	Status	Comments
<i>implementation.</i>			
<i>Product 4: Network of community health workers in the CHP priority areas with improved performance</i>	<p>Jan 2008 Review complete of CHW experience (exchange between NGOs) to date on CHP with an analysis of NGO management and support schemes for CHWs.</p>	<ul style="list-style-type: none"> • 20% 	<ul style="list-style-type: none"> ▪ This is beginning to be discussed at the inter-institutional committee that is discussing implementation issues of the CHP
	<p>March 2008 Incentive scheme complete for CHWs.</p>	<ul style="list-style-type: none"> ▪ 30% 	<ul style="list-style-type: none"> ▪ Some incentives have been initiated by the NGOs, but with budget cuts there is no guarantee that a permanent system will be put in place
	<p>Aug 2008 CHW training complete for entire BP/CHP.</p>	<ul style="list-style-type: none"> ▪ 25% 	
	<p>Nov. 2008 NGOs fully trained on supervision for quality with revised instruments covering the full Basic Package.</p>		

Objective 1: Strengthen the technical capacity of PROCOSI and its members to deliver a standardized package of community-based health interventions.

Result 1.2: Development and implementation of an institutional approach for continuous quality improvement (CQI) monitoring and evaluation within the PROCOSI network.

General Product	Milestones/Performance Targets	Status	Comments
<i>Product 1: Tools and a baseline completed/agreed to, to measure the impact of CHP, and for PROCOSI to use as a model for program evaluation with PROCOSI staff trained in analysis and reporting.</i>	Dec. 2007 Plan and instruments ready for final evaluation.	▪ Complete	
<i>Product 2: NGOs (CHP subgrantees) and PROCOSI have protocols and instruments for measuring the quality of implementation of community health programs.</i>	Dec. 2007 Compilation of quality “evaluation”/monitoring methodologies to assess the quality of CHP implementation.	▪ Complete	
	March 2008 Training workshops completed with NGOs on monitoring program quality assessments.	▪ Complete	
	Oct. 2007 Supervision visit to each NGO implementing CHP in order to review and support implementation of monitoring and continuous quality improvement (M&CQI).	▪ Complete	
	March 2008 Annual quality monitoring/evaluation undertaken,	▪ Complete	
	July 2008 CHP information system improved based on experience and staff training updated.	▪ Complete	

Objective 1: Strengthen the technical capacity of PROCOSI and its members to deliver a standardized package of community-based health interventions.

Result 1.2: Development and implementation of an institutional approach for continuous quality improvement (CQI) monitoring and evaluation within the PROCOSI network.

General Product	Milestones/Performance Targets	Status	Comments
	<p>Sept. 2008 M&E CQI visit to NGOs to assess monitoring system improvements.</p> <p>Nov. 2008 Final report with recommendations for PROCOSI M&E department.</p>	<ul style="list-style-type: none"> ▪ 80% 	
<p>Product 3: <i>Communities equipped with tools to measure their own progress in community health</i></p>	<p>Sept–Oct. 2007 Presentation of options for community information systems.</p> <p>Sept–Oct. 2007 The NGOs (CHP sub-grantees) support communities to establish their information systems.</p> <p>Jan. 2008 Information System included in the CHP Operational Guide.</p> <p>June 2008 Communities are able to report on their own progress.</p>	<ul style="list-style-type: none"> ▪ Complete ▪ Complete ▪ Complete ▪ Complete 	
<p>Product 4: <i>PROCOSI/CHP has a monitoring system to track the quality of NGOs' health program management systems (see Product 1, Obj. 2.1)</i></p>	<p>Dec. 2007 Initial indicators are piloted in a monitoring system.</p> <p>June 2008 Formal review with PROCOSI of quality monitoring system.</p> <p>Oct. 2008 Report on monitoring system for quality management with recommendations (see 2.1).</p>	<ul style="list-style-type: none"> ▪ Complete ▪ 25% ▪ In process 	

Objective 2. Strengthen management capacity within the PROCOSI network to improve health program administration and institutional sustainability

Result 2.1. Development and implementation of an institutionalized approach for assessing and strengthening health program management capacity among NGOs members of the PROCOSI network.

General Products	Milestones/Performance Targets	Status	Comments
<p><i>Product 1: PROCOSI has a system for managing quality of key operations of NGO members with a plan to improve NGO capacity related to standards</i></p>	<p>April 2007 “NGO Diagnosis” conducted by PROCOSI analyzed to establish quality standards.</p> <p>May 2007 Decisions made on overall design of a quality management system</p> <p>Sept 2007 Standards developed on two components of the quality program.</p> <p>Nov 2007 Training program developed for two components of standards.</p> <p>Dec. 2007 PROCOSI has a Quality Manual that describes its internal procedures and which complies with its quality principles.</p> <p>Mar. 2008 At least 2 NGOs have been trained to meet standards in two areas of the quality system as a pilot of the system.</p> <p>June 2008 Quality standards revised for two areas of quality program and expanded to other areas per Board’s desires</p> <p>Sept 2008 Management system for NGO quality performance finalized with recommendations for implementation.</p>	<ul style="list-style-type: none"> ▪ Complete ▪ Complete ▪ Complete ▪ Complete ▪ Complete 	<ul style="list-style-type: none"> ▪ Implementation workshop completed

Objective 2. Strengthen management capacity within the PROCOSI network to improve health program administration and institutional sustainability

Result 2.1. Development and implementation of an institutionalized approach for assessing and strengthening health program management capacity among NGOs members of the PROCOSI network.

General Products	Milestones/Performance Targets	Status	Comments
<i>Product 2: PROCOSI 's Board has clear operating procedures and a manual for guidance on key issues.</i>	Mar 2006 Options about Board functions, communication, decision making, and a manual of functions and a code of ethics presented to the Board of Directors.	▪ Complete	
	June 2006 Finance, Human resources and Membership chapters of the Board Policy Manual drafted and shared with the Board.	▪ Complete	
	Sept 2006 Board Reference guide prepared.	▪ Complete	
<i>Product 3: PROCOSI has a plan and products for dissemination related to Best Practices of PROCOSI and its members</i>	Jan 2008 Two PROCOSI projects have a strategy developed for systematizing experiences and disseminating results—one is the CHP.	▪ Cancelled	▪ During PY3 there were meetings with PROCOSI to shift this activity from PROCOSI-wide assistance to the CHP. However, the CHP reported that they are working with their own consultant and have a documentation process underway.
	July 2008 At least two key activities under the two dissemination strategies have been implemented.		
	Nov 2008 PROCOSI is working with two member NGOs on Best Practices dissemination strategies.		
<i>Product 4: PROCOSI has a set of activities underway to enhance its financial self-sustainability</i>	Oct 2007 Stakeholder analysis complete for <i>Friends of PROCOSI</i> .	▪ Complete	
	Oct 2007 <i>Friends</i> has an approved workplan for 18 months of operation.	▪ Complete	
	Feb 2008 Training complete for NGOs on financial self-sustainability.	▪ Complete	