



Report on Management and Technical Assessment Of HS 2004 Technical Subcontractors

October 21-November 13, 2002

Prepared by:

**Judy Seltzer, MPH, MBA, Team Leader
Elena Decima, MSc, MA, Management Specialist
Susana Galdos, BA, Gender and Community Mobilization Specialist
Elke Konings, PhD, HIV/AIDS Specialist
Ned Spang, BS, Data Analyst**

**Management Sciences for Health
Haiti Health Systems 2004 Project
USAID Contract Number: 521-C-00-00-00023-00**

Table of Contents

Executive Summary	3-12
I. Introduction	13-15
II. Assessment Methodology	15-17
II. Key Findings and Recommendations	18-49
IV. Conclusions	50-57
Attachment 1: Assessment Primer and Instrument	58-70
Attachment 2: Instructions for Application of Instrument	71-73

Executive Summary

Background

The *Haiti Santé* 2004 (HS 2004) Project was developed to advance the USAID Strategic Objective 3 (SO3), “Healthier families of desired size.” The Project was designed in two phases. The first phase (1995 – 2000), provided a focus on the creation of a network of service provider organizations, both public and private, to deliver the Ministry of Health’s Minimum Package of Services to clearly defined populations throughout Haiti. In addition, through a National focus, technical assistance was provided to both the Ministry of Health (MOH), and specialist NGOs for the development of national health and population policies, national programs in immunizations, reproductive health, child health, IEC, and institutional development.

Phase II (2000 – 2004), represented a significant change in design, with the MSH contract for HS 2004 Project no-longer providing direct assistance to the public sector, but focusing exclusively on technical assistance to and the expansion of quality services provided by the private NGO sector, with a continuing emphasis on coordination with the public sector. Assistance to the public sector was to be provided through a separate Strategic Objective Agreement (with focus on MIS, LME, and Finance & Administration) managed directly by USAID.

To effectively carry out its expanded scope, HS 2004 drew upon local resources to serve as a technical extension of the HS 2004 team. Specifically, subcontracts were developed with INHSAC, GC, IHE, KF, PAGS, POZ, and AOPS to provide products and services related to a number of technical areas germane to the Project’s objective.

Purpose of Assessment

In October, an internal MSH Assessment Team was named to review the past and potential contributions of the subcontractors to the Project goals. Working jointly with staff from MSH/HS 2004 and the respective subcontractor, the objectives of the assessment were to:

- Evaluate the technical achievements and progress of the subcontractor and relate those results to the achievement of the HS 2004 Project’s original mandate and USAID’s Intermediate Results. The original IRs pertaining to this SO3 are:
 - *IR 3.1: Increased Use of Quality Child Survival & Nutrition Services*
 - *IR 3.2: Increased Use of Quality Reproductive Health Services*
 - *IR 3.3: Youth Better Prepared for Responsible Family Life\Men More Engaged in Responsible Family Life*
 - *IR 3.4: Women Empowered*
- Inventory and describe the technical products and services that will be produced by the end of the current subcontract.
- Describe how the individual technical products and services will contribute to achieving HS 2004 Project goals.
- Analyze the diversification of funding streams.

- Assess the unique competencies and comparative advantage of the subcontractor and how they can contribute to the revised HS2004 goals and revised USAID IRs:
 - *IR 3.1: Increased use of quality child survival services*
 - *IR 3.2: Increased use of quality reproductive health services*
 - *IR 3.3: Reduced transmission of selected infectious diseases*
- Determine the scope and purpose of full or partial continuation of the current subcontract through 2005, including an appropriate package of activities necessary to achieve the strategic objectives of USAID in a reduced financial resource environment.

Organization of Assessment

The MSH Assessment Team was composed of five Boston staff members: Judy Seltzer, Elena Decima, Susana Galdos, Elke Konings, and Ned Spang. Each member brought to the assessment the experience and knowledge that uniquely qualified them to review the work of a particular subcontractor – in some cases more than one.

An assessment instrument was designed to facilitate the inquiry process undertaken by members of the Assessment Team with those subcontractors assigned to them (refer to Attachment 1). All members of the Assessment Team used the instrument to collect and organize data and information related to the assessment objectives.

The overall findings and recommendations generated through the application of the assessment instrument are broken down into the following sections:

- Performance of the HS Project in relation to IRs
- Performance of subcontractors against contract deliverables
- Trends
- Global Recommendations
- Summary of subcontractors: their contributing roles and recommended actions

Performance of HS 2004 Project in Relation to IRs

As is evidenced in Table 1 below, the HS 2004 Project has routinely achieved over 90% of its objectives. Using 94% achievement as the threshold, in 2001, the HS 2004 Project achieved 4 out of its 10 objectives; in 2002, the data show that 8 out of 12 objectives were achieved.

However, to fully appreciate the achievements of the HS 2004 Project, it is important to understand that: 1) the data sources have shifted over time, as the service delivery organizations belonging to the HS 2004 Network change; 2) the quality has not always been reliable, though it has improved with the insertion of systematized quality control mechanisms; and, 3) the population bases (denominators) have been based on projections from the DHS, rather than on census data in many cases.

Intermediate Results	Indicators	2000			2001				2002 (Jan - June)			
		Raw #	% of Target Population	% of Objective Achieved	Raw #	% of Target Population	% of Objective Achieved	Objective Substantially Achieved? (>93%)	Raw #	% of Target Population	% of Objective Achieved	Objective Substantially Achieved? (>93%)
3.1	Infants (under 1) Fully Immunized	38,829	90%		48,198	80%	115%	Yes	17,942	62%	74%	No
	Weighings of Children (under 5)				898,299	44%	125%	Yes	445,263	45%	84%	No
	Weighings Showing "Underweight" Results					23%	56%	No		18%	120%	Yes
3.2	Women Completing 3 Prenatal Consultations	39,419	67%		35,286	46%	86%	No	17,734	51%	98%	Yes
	Births Attended By Trained Personnel	35,032	81%		37,504	65%	100%	Yes	17,748	65%	93%	No
	Women Receiving Postnatal Consultation at Home				8,351	11%			23,813	77%	285%	Yes
	Women Seeking Postnatal Consultation at a Clinic				3,158	4%			3,553	10%	107%	Yes
	New Modern Contraception Users	87,509	18%		95,198	15%	86%	No	48,576	17%	88%	No
	Modern Contraception Users	178,828	31%		174,193	28%	94%	Yes	150,678	27%	96%	Yes
	"Drop-outs" of Pill and Injection Contraception Methods					31%						
Couple-years of Protection	103,081			122,535		61%	No	68,552		107%	Yes	
3.3	New Modern Contraception Users (under 25)	31,105			19,741		58%	No	19,551		166%	Yes
	Male Modern Contraception Users (25 and older)	17,491			11,177		58%	No	10,356		161%	Yes
Notes:	1. Data for each year represents a different group of service delivery points (based on changes in the network), therefore making comparisons from year to year must be done carefully.											
	2. Number of Service Delivery Points involved in the network each year:											
	First half of 2000 - 18											
	Second half of 2000 - 31											
	First half of 2001 - 29											
	Second half of 2001 - 28											
	First half of 2002 - 26											
	3. Haiti has not had an official census since 1982, so the target populations are <i>estimations</i> based on DHS surveys.											
	4. The objectives were determined in accord with USAID as reasonable goals for indicator improvement.											
	5. Data for the year 2000 was collected with a methodology that differed from that used for 2001 and 2002. Gray scale formatting is used to illustrate this difference.											
	6. Intermediate Results:											
	3.1 - Original - Increased Use of Quality Child Survival & Nutrition Services											
	Revised - Increased Use of Quality Child Survival Services											
	3.2 - Original & Revised - Increased Use of Quality Reproductive Health Services											
	3.3 - Original - Youth Better Prepared for Responsible Family Life/Men More Engaged in Responsible Family Life											
	Revised - Reduced Transmission of Selected Infectious Diseases											
	3.4 - Original - Women Empowered (no data in table relating to this IR)											

The data in Table 1 pertaining to *Percent of Objective Achieved* clearly demonstrate that the HS 2004 Project has experienced an overall increase in the achievement of its objectives for all IR's from 2001 to 2002. However, a careful study of the *Raw Numbers* uncovers two negative trends that were supported by discussions with HS 2004 technical staff: a decrease in immunization and a decrease in contraception use. The HS 2004 team is cognizant of these trends and has already taken action to design and implement initiatives to reverse them. It may be helpful to develop some specific indicators relating to TB and HIV/AIDS, since these two initiatives will have increased significance with the revised mandate.

Performance of Subcontractors against Contract Deliverables

Research undertaken by the Assessment Team revealed that the subcontractors were able to complete the deliverables outlined in their subcontracts to varying degrees. When results delivered by the subcontractors were compared against the deliverables outlined in their contracts with the HS 2004 Project (between the period extending from 2000-2001), levels of compliance fell into 3 distinct categories: high performance – having achieved 80% or more of the deliverables stated in the subcontract; medium performance – having

achieved between 50-80% of the deliverables stated in the subcontract; and low performance – having achieved 50% or less of the deliverables stated in the subcontract.

The low performing subcontractors included IHE, KF and AOPS, while the medium performing subcontractors were INHSAC, GC and POZ. The lone high performer was PAGES.

It should be noted that the low performers were deemed as such, either because they did not complete 50% of the deliverables stated in their subcontract, or they required so much technical assistance from the HS 2004 Project team, that the completion of the task cannot be credited to the subcontractor. The medium performers performed the majority of the tasks, but did not show the initiative to demonstrate complete follow-through on the achievement of their mandate (Note: GC achieved the majority of their tasks *with a heavily reduced SOW*). PAGES is clearly the only subcontractor that merits the distinction of being a “Technical Partner” to the HS 2004 Project team.

As far as the performance of the subcontractors as related to the achievement of the IRs, all of the organizations can assume some indirect role in strengthening the capacity of those working in the service delivery organizations to impact the quality of child survival, nutrition, and reproductive health services. Moreover, subcontractors, such as KF and POZ are working towards better preparing youth for responsible family life and empowering women. And POZ and IHE are particularly well positioned to reduce the transmission of selected infectious diseases through their respective efforts at community mobilization and HIV/AIDS prevention, counseling and support; and the establishment of surveillance systems.

Trends

Based on a careful review of the findings generated from the application of the assessment instrument, 5 trends have been observed. These are:

- 1. Necessary Reductions to Scopes of Work.** Five of the seven subcontractors saw reductions made to their SOWs. AOPS was found unsuitable to take over the management and development of the NGO Network, and a number of their members were switched to the Project Network; INHSAC completed its downsized training agenda routinely, but only with extensive technical and logistical support from the Project; likewise, IHE, GC and POZ have had their SOWs reduced once it became apparent that their core competencies were either more limited than previously understood by the HS 2004 team, or they were to need more technical assistance and follow-up by the team than was deemed reasonable.
- 2. Talent Gap.** A talent gap between the executive level and the lower levels was observed in IHE, INHSAC, KF, POZ. Generally, all of these organizations have a talented Executive Director and one or two strong technical leaders; however, below that level the ranks are very weak. As a result, the most qualified staff in each of these organizations are overextended and this impacts the quality of their

deliverables. GC has an inverse situation, whereby the mid-level and senior managers do much of the consulting work, and the Executive Director is largely uninvolved and unavailable to manage client relationships. AOPS suffers from a powerful and talented board that leaves little space for the Executive Director to make decisions, or offer a technical presence. In both meetings with the Board and the Executive Director, there was confusion about roles and a visible lack of commitment to participating in the assessment exercise (AOPS is the only subcontractor to not submit their assessment report on time).

3. **Absence of Strong Management and Leadership.** With the exception of PAGS, all of the subcontractors lack strong management and leadership. Particular weaknesses are noted in their inability to plan their work and chart their organizations' strategic directions; their unavailability of resources to attract talented staff, and continue to build their capacity during their tenure in the organization; their dependence on out-sourced staff; and their inattention to their markets and the need to develop responsive products and services.
4. **Lack of a Business Perspective.** With the exception of PAGS and GC, all of the organizations carry substantial financial risk due to a lack of diversified funding streams. They are not actively seeking to enter new markets or to invest donor money into activities that will reap long-term institutional return (such as buildings). They are not familiar with the practices of market studies, calculating overhead rates, pricing strategies, cash flow analysis, product development, or client relationship management. As they strive to become more independent of USAID and the other major donors, they need to adapt more of a business perspective.
5. **Inattention to Outcome and Impact Measures.** In general, the subcontractors tend to look only at output indicators; they do not track outcome indicators, such as shifts in knowledge and practice, amongst those to whom they deliver their services, nor do they study and record the impact of their products, services and activities.

Global Recommendations

Given the weaknesses hampering the performance of INHSAC, IHE, AOPS, KF, POZ, and, to a lesser extent, GC, the HS 2004 Project should pursue these organizations less as *Independent Technical Partners*, from whom HS 2004 can purchase high quality products and services, with minimal follow-up and supervision; and more as *Extensions of Project Staff* in technical areas where the Project has Technical Advisors, who can provide both technical direction and management oversight to the development and delivery of the products and services outlined in the subcontracts. Presumably, this would serve as "on-the-job" capacity building for the respective organizations.

Instituting this approach successfully would require that three strategies be put in place concurrently:

1. **Reduce the expectations** and deliverables of the mid- and low-performing subcontractors to those products and services that can be developed and rolled out with minimal day-to-day follow-up, but that hold the promise of contributing to the Project's results.
2. **Institute strategies that will target the weakest areas** of the subcontractors, such as the assignment of "Business Advisors," and the institution of a Leadership Development Program. The resident "Business Advisors would have Core Responsibilities that would include the following:
 - Help the subcontractor to design and conduct market studies.
 - Work with subcontractor to implement client satisfaction and impact studies of products and services delivered to inform about: 1) the improvements needed to current products and services, and 2) the potential demand for new products and services.
 - Review the subcontractor's product development process, including the use of Product Development Plans.
 - Assist the subcontractor to prepare financial analyses and cash flow projections, particularly for use of Institutional Support Funds.
 - Collaborate with the subcontractor to review and, if necessary, re-calculate their overhead rate.
 - Explore pricing strategies.
 - Secure new funding streams (loans, private sector grants, foundation grants) by building their capacity to:
 - write compelling proposals, grants and business plans
 - develop marketing and PR materials
 - make a capital investment, as appropriate

In addition, each contract with the "host subcontractor" would be tailored to include tasks specific to the needs of the subcontractor. The contract would be drafted between HS 2004, and either PAGS or GC (both have access to a pool of potential "Business Advisors", such that they would be responsible for the management targets set for the "Host Subcontractor," and for supervising the achievement of these targets. This would relieve HS 2004 staff of taking on additional supervisory tasks with the subcontractors.

These contracts should last for a period of 6 months to one year, depending on the recipient organization. The resident "Business Advisor" should have a direct line to the Executive Director of the "Host Subcontractor," and should be instructed to bring in technical expertise from his/her "Home Organization" as needed.

3. **Instill the practice of using Institutional Support funds as investment money**, and require subcontractors to prepare projected institutional returns (financial or social), resulting from the use of these funds.

Summary of Subcontractors: Their Contributing Roles, and Recommended Actions

The following synthesizes the contributing roles of the subcontractor and describes the recommended actions to be taken with each one to ensure that they contribute effectively to the Project’s goals, and receive the institutional support, in terms of management, technical and financial assistance, that will position them to become more productive organizations.

Summary Table of Subcontractors: Their Contributing Roles, and Recommended Actions

Sub-contractor	Contributing Role as Subcontractor	Recommended Action
INHSAC	Development and delivery of training programs to MOH and service delivery staff; and maintenance of a training data-base	<p>INHSAC should be subcontracted to do only the level of training it can absorb with minimal assistance from HS 2004. At the same time, INHSAC should receive a resident “Business Advisor” to work with the Executive Director to carry out the Core Responsibilities mentioned in Figure 1, as well as:</p> <ul style="list-style-type: none"> • Conducting a feasibility study for making a capital investment in a building. This asset would allow INHSAC to: continue to rent space, at a market rate, to client organizations; improve their regular cash-flow and elevate their level of working capital; expand into additional space as they grow, without having to rent it; and have much needed equity in the event of a major economic boost or down-turn. Possible funding sources for such a capital investment include: USAID and the Summa Foundation (http://www.summainvestments.org).
GC	Preparation of a Minimum Management Package; application of management tools, such as CORE and MOST; and training in data for decision making for service delivery organizations	<p>GC merits a review of their SOW. It may be that they should discontinue undertaking those activities which require substantial assistance from HS 2004 to implement; however, their SOW may be modified to include activities that they have the capacity to do, but that have not been explored by HS 2004, for example:</p> <ul style="list-style-type: none"> • Business incubation for younger NGOs to look at the feasibility of their business models. This would be of particular use to KF, POZ and INHSAC. It should be explored whether GC could supply these organizations with a resident “Business Advisor”, supervised by CG to help them improve their business practices (see INHSAC section) • Marketing studies for organizations overly dependent on donor and pass-through funds, such as KF, POZ, INHSAC, and IHE. • Management training to members of the AOPS Network. • Business plan and feasibility studies for KF, POZ, IHNSAC, and IHE. First, however, we should compare their business plan program with the one developed by MSH. Still, GC could serve as a delivery agent. The feasibility study might be of particular use to INHSAC, since they have been advised to make a capital investment in property. • Client satisfaction surveys for AOPS. Indeed, before any additional funds are allocated to AOPS, a complete member satisfaction survey should be carried out to assess degree of satisfaction with services, support, and areas of additional support required by members (see AOPS section). • Using their connections in the media and the private sector as a way to advance and broadcast the goals and achievements of HS 2004. • GC may have the capacity to assign “Business Advisors” to weaker Technical Partners/Subcontractors, on a medium-term basis, to help them improve their management capacity and increase their business savvy.

Summary Table of Subcontractors: Their Contributing Roles, and Recommended Actions

Sub-contractor	Contributing Role as Subcontractor	Recommended Action
IHE	Creation of a monitoring and evaluation system to capture and report on output and impact indicators; training in HIS management for service delivery organizations; and implementation of census surveys	<p>IHE's SOW should be reduced to those areas in which they have proven skills, including:</p> <ul style="list-style-type: none"> • Conducting large and small-scale surveys • Carrying out sero-prevalence studies • Establishing surveillance systems to track diseases <p>HS 2004 should provide IHE with a resident "Business Advisor" to work with the Executive Director to carry out the Core Responsibilities mentioned in Figure 1, as well as:</p> <ul style="list-style-type: none"> • Projecting the kind of technical staff complement IHE can retain on a full-time basis, based on current and new business projections. • Creating and instituting better internal management systems to handle a large workload or large sums of money. According to one of their references, IHE does not have the capacity to manage a large sum of work or money; therefore, their role in the Global Fund may prove problematic.
KF	Implementation of community mobilization activities and initiatives to empower women	<p>KF should continue to be subcontracted to assist HS 2004 with community mobilization through the training of leaders to form Promotion Cells. HS 2004 may use this community organization model for nearly all the IRS corresponding to the HS 2004 Project, where community mobilization is required. Likewise, KF has a Mass Media Network that can be utilized by HS 2004 to achieve numerous IRS.</p> <p>HS 2004 should provide one or more Technical Advisors to support KF in:</p> <ul style="list-style-type: none"> • Focusing their activities according to the IRS. • Designing a data-base to store information and data about the communities in their sphere of influence. • Monitoring and evaluation of activities and interventions, such as selecting the principal indicators for each IR and developing a basic line with the Cell's leaders. • Developing a mass media program related to the goals that could include other NGOs as well. <p>HS 2004 should provide a resident "Business Advisor" to work with the Executive Director to carry out the Core Responsibilities mentioned in Figure 1, as well as:</p> <ul style="list-style-type: none"> • Strengthening the planning process undertaken by KF, such that they can convert strategic plans into operational plans.

Summary Table of Subcontractors: Their Contributing Roles, and Recommended Actions

Sub-contractor	Contributing Role as Subcontractor	Recommended Action
PAGS	Provision of financial verification analysis to service delivery organizations; and delivery of technical assistance in financial management	<p>PAGS could expand the scope of its subcontract to include the following additional services:</p> <ul style="list-style-type: none"> • Preventive technical assistance to address, ahead of the findings, some of the difficulties that the NGOs are having in the area of financial administration (a task currently carried out by the Project). These could be discrete consultancies, with a well-defined SOW that could, in some cases, bring together several NGOs with similar difficulties. • Through COGEFOSA, a local management training and consulting firm, affiliated with PAGS, that maintains a network of qualified consultants available to be dispatched on an as-needed basis, HS 2004 could access well-trained staff, composed of the most qualified trainers and consultants; seven tested and proven courses (public management, administrative assistance, management, finances and marketing, continuous education, information systems, etc); and conference rooms equipped with state-of-the-art technology. • COGEFOSA may have the capacity to assign “Business Advisors” to weaker Technical Partners/Subcontractors, on a medium-term basis, to help them improve their management capacity and increase their business savvy.
POZ	Mobilization of the community to raise awareness of HIV/AIDS; formation of PLWA support groups; and elaboration of guidelines and curricula for the culturally sensitive delivery of prevention services to those at risk of contracting HIV, and support services to those afflicted by HIV/AIDS	<p>HS 2004 Project should continue to contract the services of POZ and support them in their institutional development. This assertion is based on the following argument:</p> <ul style="list-style-type: none"> • POZ meets a need that no one else meets, namely, de-medicalized, confidential, psycho-social support to community and individuals by being an interface with the medical establishment. • POZ makes an important contribution toward achieving the IR of reducing HIV infection, increasing access and improving quality of care. <p>Nonetheless, the HS 2004 Project should reduce the scope for POZ, allowing the organization to focus its contributions on what it does well, namely:</p> <ul style="list-style-type: none"> • Offering a drop-in and documentation center for support to HIV-infected people. • Serving as a coordinating body for all HIV/AIDS partners. • Functioning as an interface between the affected and at-risk community and the medical establishment. <p>POZ requires technical assistance from a resident “Business Advisor” to work with the Executive Director to carry out the Core Responsibilities mentioned in Figure 1, as well as:</p> <ul style="list-style-type: none"> • Assisting POZ with an analysis of monthly costs of running a drop-in center and starting up new centers.

Summary Table of Subcontractors: Their Contributing Roles, and Recommended Actions

Sub-contractor	Contributing Role as Subcontractor	Recommended Action
AOPS	Coordination and strengthening of local service delivery NGOS	<p>No further subcontract work or funds should be given to AOPS until a client member satisfaction survey is undertaken by an independent group (GC or PAGES could do this). This should be financed directly by USAID to protect HS 2004 against a conflict of interest charge. The survey should look at:</p> <ul style="list-style-type: none"> • Types of support provided by Secretariat • Level of satisfaction with support • New areas of support required/desired • Compliance with payment of fees <p>Data should be used to determine how AOPS Secretariat should be re-engineered, specifically:</p> <ul style="list-style-type: none"> • What support activities should they routinely carry out for their member organizations • What services can they render to their members that might represent a savings: customs, human resource management, grant writing, information technology support, technical and management training • What fee might they reliably collect and what costs might this cover • What kind of permanent staff does the Secretariat require <p>Technical assistance for the re-engineering of AOPS should be provided by HS 2004, once the findings from the survey are analyzed by AOPS, HS 2004, and USAID. The survey should be the priority activity for AOPS, since it is questionable whether they are functioning as a network secretariat, serving a cluster of member organization, or as a separate NGO, cannibalizing business opportunities that should be farmed out to the appropriate member organizations.</p>

I. Introduction

Background

The *Haiti Santé* 2004 (HS 2004) Project was developed to advance the USAID Strategic Objective 3 (SO3), “Healthier families of desired size.” The Project was designed in two phases. The first phase (1995 – 2000), provided a focus on the creation of a network of service provider organizations, both public and private, to deliver the Ministry of Health’s Minimum Package of Services to clearly defined populations throughout Haiti. In addition, through a National focus, technical assistance was provided to both the Ministry of Health (MOH), and specialist NGOs for the development of national health and population policies, national programs in immunizations, reproductive health, child health, IEC, and institutional development.

Phase II (2000 – 2004), represented a significant change in design, with the MSH contract for HS 2004 Project no-longer providing direct assistance to the public sector, but focusing exclusively on technical assistance to and the expansion of quality services provided by the private NGO sector, with a continuing emphasis on coordination with the public sector. Assistance to the public sector was to be provided through a separate Strategic Objective Agreement (with focus on MIS, LME, and Finance & Administration) managed directly by USAID.

To effectively carry out its expanded scope, HS 2004 drew upon local resources to serve as a technical extension of the HS 2004 team. Specifically, subcontracts were developed with INHSAC, GC, IHE, KF, PAGES, POZ, and AOPS to provide products and services related to a number of technical areas germane to the Project’s objective. These roles are noted in Table 1 below.

Table 1: Subcontractors and Their Contributing Roles

Subcontractor	Contributing Role as Subcontractor
INHSAC	Development and delivery of training programs to MOH and service delivery staff; and maintenance of a training data-base
GC	Preparation of a Minimum Management Package; application of management tools, such as CORE and MOST; and training in data for decision making for service delivery organizations
IHE	Creation of a monitoring and evaluation system to capture and report on output and impact indicators; training in HIS management for service delivery organizations; and implementation of census surveys
KF	Implementation of community mobilization activities and initiatives to empower women
PAGES	Provision of financial verification analysis to service delivery organizations; and delivery of technical assistance in financial management
POZ	Mobilization of the community to raise awareness of HIV/AIDS; formation of PLWA support groups; and elaboration of guidelines and curricula for the culturally sensitive delivery of prevention services to those at risk of contracting HIV, and support services to those afflicted by HIV/AIDS
AOPS	Coordination and strengthening of local service delivery NGOS

Assessment Objectives

In October, an internal MSH Assessment Team was named to review the past and potential contributions of the subcontractors to the Project goals. Working jointly with staff from MSH/HS 2004 and the respective subcontractor, the objectives of the assessment were to:

- Evaluate the technical achievements and progress of the subcontractor and relate those results to the achievement of the HS 2004 Project's original mandate and USAID's Intermediate Results. The original IRs pertaining to this SO3 are:
 - *IR 3.1: Increased Use of Quality Child Survival & Nutrition Services*
 - *IR 3.2: Increased Use of Quality Reproductive Health Services*
 - *IR 3.3: Youth Better Prepared for Responsible Family Life\Men More Engaged in Responsible Family Life*
 - *IR 3.4: Women Empowered*
- Inventory and describe the technical products and services that will be produced by the end of the current subcontract.
- Describe how the individual technical products and services will contribute to achieving HS 2004 Project goals.
- Analyze the diversification of funding streams.
- Assess the unique competencies and comparative advantage of the subcontractor and how they can contribute to the revised HS2004 goals and revised USAID IRs:
 - *IR 3.1: Increased use of quality child survival services*
 - *IR 3.2: Increased use of quality reproductive health services*
 - *IR 3.3: Reduced transmission of selected infectious diseases*
- Determine the scope and purpose of full or partial continuation of the current subcontract through 2005, including an appropriate package of activities necessary to achieve the strategic objectives of USAID in a reduced financial resource environment.

Composition of Team

The MSH Assessment Team was composed of five Boston staff members: Judy Seltzer, Elena Decima, Susana Galdos, Elke Konings, and Ned Spang. Each member brought to the assessment the experience and knowledge that uniquely qualified them to review the work of a particular subcontractor – in some cases more than one. The distribution of subcontractors across the Assessment Team can be appreciated in Table 2 below.

Table 2: Assessment Team and Schedule

Technical Patner	HS 2004 Liaison	MSH Team	Dates of Assessment	Submission of Report	Synthesis	Final Report
AOPS	Paul Auxila	Judy Seltzer/ Elena Decima	11/4-8	11/13	11/15	11/20
INHSAC	Marie Cristine Uder Antoine	Judy Seltzer	10/21 -25	10/31		
GC	Uder Antoine	Judy Seltzer/ Elena Decima	11/4-8	11/13		
IHE	Pasquale Farese Bernateau Desmangles	Judy Seltzer	10/21 -25; 11/4-8	11/13		
KF	Florence Guillaume Elsie Lauredent	Susana Galdos	10/28-11/1	11/8		
PAGS	Uder Antoine Patrick Schutt	Elena Decima	11/4-13	11/13		
POZ	Georges DuBuche Florence Guillaume	Elke Konings	11/4-8	11/13		
Data Verification and Analysis	All members of HS 2004 Team	Ned Spang	11/4-13	11/13		

II. Assessment Methodology

Design of Instrument

An assessment instrument was designed to facilitate the inquiry process undertaken by members of the Assessment Team with those subcontractors assigned to them (refer to Attachment 1). All members of the Assessment Team used the instrument to collect and organize data and information related to the assessment objectives.

The assessment instrument is divided into six sections, each corresponding to one of the assessment objectives, the sections are:

- i. Evaluation of the technical achievements and progress of the subcontractor and relationship of those results to the achievement of the HS 2004 Project Intermediate results.
- ii. Inventory and description of the technical products and services that will be produced by the end of the current subcontract.
- iii. Description of how the individual technical products and services can contribute to achieving HS 2004 Project goals.
- iv. Analysis of the diversification of funding streams.
- v. Assessment of the unique competencies of the subcontractor.
- vi. Scope and purpose of full or partial continuation of the current subcontract, including an appropriate package of activities necessary to achieve the intermediate results of HS 2004.

Completion Process

The process for administering and completing the assessment instrument was determined during the initial visit by the Team Leader (week of October 21, 2002) when *L'Institut Haitien de Sante Communautaire* (INHSAC) was reviewed. The process involved 8 steps, which are summarized below (refer to Attachment 2 for full details of process). Worth noting is that nearly all of the subcontractors elected to self-administer the instrument, and most commented that they found it a useful way to reflect upon their current and scheduled product and service lines, their funding streams, and their contributions to the HS 2004 Project.

Step 1: Briefing with HS 2004 COP and Liaison

- Each member of the Assessment Team met with the HS 2004 Liaison to:
 - Get background information on the Subcontractor
 - Identify a list of 2-3 references for the Subcontractor to be checked by the member of the Assessment Team
 - Schedule a final Debriefing Meeting for the end of the week

Step 2: Introductory Session with Subcontractor

- Each member of the Assessment Team held an introductory meeting with their assigned Subcontractor(s) to:
 - Introduce and review the Assessment Instrument, and explain its purpose
 - Leave a copy of the Assessment Instrument (hardcopy and diskette)
 - Collect brochures, annual reports and other background materials about the Subcontractor
 - Get a list of 2-3 possible references
 - Schedule the Check-up Meeting and the Close-out Meeting with the Subcontractor (see steps 4 & 6)

Step 3: Briefing with USAID

- Each member of the Assessment Team had a short briefing with USAID

Step 4: Check-up Meeting with Subcontractor

- Each member of the Assessment Team had a mid-assessment Check-up Meeting/phone call with the Subcontractor(s) assigned to them to:
 - Review progress made by the Subcontractor in completing the Assessment Instrument
 - Clarify any points of confusion expressed by the Subcontractor

Step 5: Meetings with References

- These meetings took place after the Introductory Session with the Subcontractor (Step 2). The purpose of these meetings was to gather supplemental, qualitative information about the Subcontractor from staff, clients, board members, etc

Step 6: Close-out Meeting with Subcontractor

- Each member of the Assessment Team had a final Close-out Meeting with the Subcontractor(s) assigned to them to:
 - Review the completed Assessment Instrument with the Subcontractor
 - Clarify any points of confusion expressed by the Subcontractor

Step 7: Debriefing Meeting with HS 2004 Liaison

- Each member of the Assessment Team held a final Debriefing Meeting with the appropriate HS 2004 Liaison (Step 1) to:
 - Review the completed Assessment Instrument with the Liaison
 - Clarify any discrepancies found in the completed Assessment Instrument

Step 8: Preparation and Submission of Report to Assessment Team Leader

- Each member of the Assessment Team prepared and submitted their report to the Assessment Team Leader. The data and information collected during the assessment exercise was organized into a final report that included:
 - A background description of the respective subcontractor
 - A list of those persons with whom the members of the Assessment Team met
 - A list of documents referenced
 - An executive summary
 - The contents of the completed assessment instrument
 - Recommendations to HS2004 and USAID

III. Key Findings and Recommendations

The HS 2004 Project and the Subcontractors

HS 2004 Project Performance

The following table¹ provides a summary of the indicators measured from 2000 to 2001, and shows their relationship to the objectives agreed upon by the HS 2004 Project and USAID. As is evidenced by the data displayed in the table, the HS 2004 Project has routinely achieved over 90% of its objectives. Using 94% achievement as the threshold, in 2001, the HS 2004 Project achieved 4 out of its 10 objectives; in 2002, the data show that 8 out of 12 objectives were achieved².

Intermediate Results	Indicators	2000			2001				2002 (Jan - June)			
		Raw #	% of Target Population	% of Objective Achieved	Raw #	% of Target Population	% of Objective Achieved	Objective Substantially Achieved? (>93%)	Raw #	% of Target Population	% of Objective Achieved	Objective Substantially Achieved? (>93%)
3.1	Infants (under 1) Fully Immunized	38,829	90%		48,198	80%	115%	Yes	17,942	62%	74%	No
	Weighings of Children (under 5)				898,299	44%	125%	Yes	445,263	45%	84%	No
	Weighings Showing "Underweight" Results					23%	56%	No		18%	120%	Yes
3.2	Women Completing 3 Prenatal Consultations	39,419	67%		35,286	46%	85%	No	17,734	51%	98%	Yes
	Births Attended By Trained Personnel	35,032	81%		37,504	65%	100%	Yes	17,748	65%	93%	No
	Women Receiving Postnatal Consultation at Home				8,351	11%			23,813	77%	285%	Yes
	Women Seeking Postnatal Consultation at a Clinic				3,158	4%			3,553	10%	107%	Yes
	New Modern Contraception Users	87,509	18%		95,198	15%	86%	No	48,576	17%	88%	No
	Modern Contraception Users	178,828	31%		174,193	28%	94%	Yes	150,678	27%	96%	Yes
	"Drop-outs" of Pill and Injection Contraception Methods					31%						
Couple-years of Protection	103,081			122,535		61%	No	68,552		107%	Yes	
3.3	New Modern Contraception Users (under 25)	31,105			19,741		58%	No	19,551		166%	Yes
	Male Modern Contraception Users (25 and older)	17,491			11,177		58%	No	10,356		161%	Yes

Notes:

1. Data for each year represents a different group of service delivery points (based on changes in the network), therefore making comparisons from year to year must be done carefully.
2. Number of Service Delivery Points involved in the network each year:
 - First half of 2000 - 18
 - Second half of 2000 - 31
 - First half of 2001 - 29
 - Second half of 2001 - 28
 - First half of 2002 - 26
3. Haiti has not had an official census since 1982, so the target populations are *estimations* based on DHS surveys.
4. The objectives were determined in accord with USAID as reasonable goals for indicator improvement.
5. Data for the year 2000 was collected with a methodology that differed from that used for 2001 and 2002. Gray scale formatting is used to illustrate this difference.
6. Intermediate Results:
 - 3.1 - Original - Increased Use of Quality Child Survival & Nutrition Services
Revised - Increased Use of Quality Child Survival Services
 - 3.2 - Original & Revised - Increased Use of Quality Reproductive Health Services
 - 3.3 - Original - Youth Better Prepared for Responsible Family Life/Men More Engaged in Responsible Family Life
Revised - Reduced Transmission of Selected Infectious Diseases
 - 3.4 - Original - Women Empowered (no data in table relating to this IR)

¹ Table 1 was compiled from data covering the last 2.5 years (Jan. 2000– June 2002), and presents the indicator results by Intermediate Result and by year. Changes in data collections from year to year, as well as changes in the actual target populations make direct comparisons between 2001 and 2002 complicated. In order to get a sense of the HS2004 impact at the service delivery level, it is most useful to examine the columns showing “% of objective achieved.”

² Dr. Pasquale Farese, the Monitoring and Evaluation Technical Advisor, provided guidance in the analysis of three significant trends (decrease in immunization, increased postnatal consultations at home, and decreased contraception use) that he has monitored through data and observations in the field.

However, to fully appreciate the data represented in Table 1, it is important to understand the sources of the data, its quality, and the population bases used to calculate the rates.

The data provided in Table 1 represent a mix of sources: In 1999, the evaluation data used by HS 2004 was based on sample surveys of the population served by the HS 2004 Network of service delivery organizations. In 2000, the HS 2004 Project began developing a systematic data collection system for all the service delivery points in the Network. In 2001, HS 2004, with assistance from IHE, implemented the data collection system at all the service delivery points in the Network. Worth noting, however, is that during this time, the composition of the service delivery organization Network changed almost regularly. In 2000, the Project worked with 18 institutions for the first half of the year and 31 institutions by the end of the year. In 2001 the Project worked with 29 service providers in the first half of the year and 28 in the second half of the year. In 2002, the tally was 25 institutions. These changes in the number of institutions participating in the Network are a factor in interpreting impact and comparing result between 2001 and 2002. Another factor to consider is the quality of the data. Through a validation process, HS 2004 found errors in the reports coming in during 2000 and 2001. HS 2004 provided even more rigorous training and technical assistance to both IHE and the service delivery providers to improve the quality of the data.

Finally, because of the lack of a reliable census data in Haiti, it has been necessary to estimate the target population for each IR. Using assumptions based on the Demographic Health Survey (DHS), data about population trends was used to *estimate* target populations to get a sense of current indicator status, and therefore generate future impact objectives.

Against this backdrop of mixed data sources, unreliable data quality, and shifting denominators, the most important observations to be made of Table 1 pertain to infant immunization coverage, postnatal home consultation levels, and modern contraception use rates.

In regard to infant immunization rates, the table reveals that from 2001 to June 2002, HS 2004 went from achieving 115% of the objective, to achieving only 74% of the objective. This suggests a significant decrease in the results of the Project's work in immunization. Possible factors for this decrease in immunization rates include:

- An original inflation of the early impact data, as a result of data gathering and validation flaws.
- Vaccine stock-outs (although there was no decline in the results for our performance-based contract partners.)
- Diversification of the HS 2004 mandate.

This negative trend was identified at the beginning of 2002, and HS 2004 has responded by: 1) creating mini-campaigns at the community level to increase the incidence of infant vaccination, and 2) working to improve and maintain the vaccine cold chain network.

Conversely, the data pertaining to women who receive postnatal consultation at home demonstrate an increase from 11% of the target population receiving postnatal visits in the home in 2001, to 77% of the target population receiving visits in June 2002. The data for 2002 show that HS 2004 achieved its objective by 285%. This elevation in levels is due to a new strategy started mid-2001, when the Project began sending community health workers to the homes of women who have recently given birth (within 1 week).

Rates of modern contraception use is another area of questionable success for the Project. Although Table 1 shows an increase from 94% to 96% achievement of the Project’s objective for this result, field observations and the raw numbers suggest a possible decrease in modern contraception use. To address this, the HS 2004 Project is implementing a counseling program and follow-up intervention for modern contraception users, in order to reduce the drop out rate.

Because the DHS surveys have shown unsatisfied demand for contraception, the HS 2004 team is working to improve the availability of short-term contraceptive methods, and also hopes to recruit more “long-term” (surgical procedures and Norplant) contraceptive clients.

In conclusion, it is clear from the data in Table 1 that the HS 2004 Project has experienced an overall increase in the achievement of its objectives for all IRs from 2001 to 2002. However, two negative trends were uncovered through discussions and backed-up by the data: a decrease in immunization and a decrease in contraception use. The HS 2004 team is cognizant of these trends and has already taken action to design and implement initiatives to reverse them. It may be helpful to develop some specific indicators relating to TB and HIV/AIDS, since these two initiatives will have increased significance with the revised mandate.

Subcontractor Performance

Research undertaken by the Assessment Team revealed that the subcontractors were able to complete the deliverables outlined in their subcontracts to varying degrees. When results delivered by the subcontractors were compared against the deliverables outlined in their contracts with the HS 2004 Project (between the period extending from 2000-2001), levels of compliance fell into 3 distinct categories: high performance – having achieved 80% or more of the deliverables stated in the subcontract; medium performance – having achieved between 50-80% of the deliverables stated in the subcontract; and low performance – having achieved 50% or less of the deliverables stated in the subcontract.

Table 4: Performance of Subcontractors – Level of Achievement of Deliverables in Subcontracts

Low Performance (<50% SOW Completed)	Medium Performance (50%<X<80% SOW Completed)	High Performance (>80% SOW Completed)
AOPS IHE KF	GC INHSAC POZ	PAGS

It should be noted that the low performers were deemed as such, either because they did not complete 50% of the deliverables stated in their subcontract, or because they required so much technical assistance from the HS 2004 Project team, that the completion of the task cannot be credited to the subcontractor. The medium performers performed the majority of the tasks, but did not show the initiative to demonstrate complete follow-through on the achievement of their mandate (Note: GC achieved the majority of their tasks *with a heavily reduced SOW*). PAGS is clearly the only subcontractor that merits the distinction of being a “Technical Partner” to the HS 2004 Project team.

As far as the performance of the subcontractors as related to the achievement of the IRs, all of the organizations can assume some indirect role in strengthening the capacity of those working in the service delivery organizations to impact the quality of child survival, nutrition, and reproductive health services. Moreover, subcontractors, such as KF and POZ are working towards better preparing youth for responsible family life and empowering women. And POZ and IHE are particularly well positioned to reduce the transmission of selected infectious diseases through their respective efforts at community mobilization and HIV/AIDS prevention, counseling and support; and the establishment of surveillance systems.

What follows is a description of the findings from the application of the assessment instrument to each of the 7 subcontractors. Five clear trends can be distilled from the analysis of the assessment of the subcontractors. These are:

1. **Necessary Reductions to Scopes of Work.** Five of the seven subcontractors saw reductions made to their SOWs. AOPS was found unsuitable to take over the management and development of the NGO Network, and a number of their members were switched to the Project Network; INHSAC completed its downsized training agenda routinely, but only with extensive technical and logistical support from the Project; likewise, IHE, GC and POZ have had their SOWs reduced once it became apparent that their core competencies were either more limited than previously understood by the HS 2004 team, or they were to need more technical assistance and follow-up by the team than was deemed reasonable.
2. **Talent Gap.** A talent gap between the executive level and the lower levels was observed in IHE, INHSAC, KF, POZ. Generally, all of these organizations have a talented Executive Director and one or two strong technical leaders; however, below that level the ranks are very weak. As a result, the most qualified staff in each of these organizations are overextended and this impacts the quality of their deliverables. GC has an inverse situation, whereby the mid-level and senior managers do much of the consulting work, and the Executive Director is largely uninvolved and unavailable to manage client relationships. AOPS suffers from a powerful and talented board that leaves little space for the Executive Director to make decisions, or offer a technical presence. In both meetings with the Board and the Executive Director, there was confusion about roles and a visible lack of commitment to participating in the assessment exercise (AOPS is the only subcontractor to not submit their assessment report on time).

3. **Absence of Strong Management and Leadership.** With the exception of PAGES, all of the subcontractors lack strong management and leadership. Particular weaknesses are noted in their inability to plan their work and chart their organizations' strategic directions; their lack of resources to attract talented staff, and continue to build their capacity during their tenure in the organization; their dependence on out-sourced staff; and their inattention to their markets and the need to develop responsive products and services.
4. **Lack of a Business Perspective.** With the exception of PAGES and GC, all of the organizations carry substantial financial risk due to a lack of diversified funding streams. They are not actively seeking to enter new markets or to invest donor money into activities that will reap long-term institutional return (such as buildings). They are not familiar with the practices of market studies, calculating overhead rates, pricing strategies, cash flow analysis, product development, or client relationship management. As they strive to become more independent of USAID and the other major donors, they need to adapt more of a business perspective.
5. **Inattention to Outcome and Impact Measures.** In general, the subcontractors tend to look only at output indicators; they do not track outcome indicators, such as shifts in knowledge and practice, amongst those to whom they deliver their services, nor do they study and record the impact of their products, services and activities.

L'Institut Haitien de Sante Communautaire (INHSAC)

Overview

L'Institut Haitien de Sante Communautaire (INHSAC) is a non-governmental organization with a mission to contribute to the promotion of health in Haiti by improving the capacity of health care workers to manage the delivery of services.

Since its creation, in 1986, INHSAC has contributed to the formation of more than 14,000 health workers, representing both the public and the private sector. INHSAC's flagship course is the Community Health Course; they also offer courses in reproductive health. INHSAC designs and delivers courses based on the needs and performance requirements of its clients and client organizations.

The objective of INHSAC is to build the capacity of Haitian health workers in public health, and in community health. As such INHSAC is positioned to:

- Contribute to the development of human resources in the health sector;
- Ensure that quality, appropriate training is available for all cadres of health workers.

Starting with the first phase of the HS 2004 Project, INHSAC has had a premiere role in training health workers affiliated with the Network of service delivery organizations working under the Project.

Under Phase I of the HS 2004 Project, MSH/Haiti developed a close partnership with INHSAC to meet two objectives: 1) to implement the HS 2004 training plan under MSH supervision, and 2) to review and address INHSAC's strategic and operational issues. Under Phase II of the Project, the partnership has continued, with the hope of developing INHSAC into a "home" for the National Trainers Network. This Network is to sustain the HS 2004 training interventions after the year 2004.

INHSAC has been ranked as a medium performer, having achieved between 50-80% of the deliverables stated in its subcontract with the HS 2004 Project.

Findings

1. As an established training institution, with a variety of training programs, INHSAC can contribute to the goals of HS 2004 by delivering the following courses, which are directly aligned with the Project's current IRs:
 - FP and HIV/AIDS Counseling Course (2 wks)
 - Community Leadership Course (4 wks)
 - Training of Trainers Course (2 wks)
 - Community Health Course (12 mths)
 - Contraceptive Technology Course (4 wks)
 - Refresher Course on Family Planning Methods (1 wk)
 - Organization of Community Services Course (1 wk)
 - TOT for Integrated Management of Child Illness (2 wks)

2. Regarding the revised IRs, INHSAC could also assist the Project by delivering the following training programs to the service delivery organizations, and to the MOH health care workers:
 - Commodities Logistics Management Course (w/practicum) in partnership w/AISDS
 - Community Leadership Course
 - Training of Trainers Course
 - TOT in Tuberculosis Case Management Course with DOTS
 - STD/AIDS Management Course

3. At the same time, INHSAC suffers from financial, management, leadership and technical weaknesses that need to be addressed, so that the organization can achieve a greater level of institutional sustainability and more effectively implement the training programs it is contracted to deliver. These weaknesses include:
 - INHSAC has a budget of G. 5.4m for 2002, which represents a G. 2.8m reduction in funding from the previous year. INHSAC has seen the Institutional Support received by HS 2004 fall by more than two-thirds over the last two years; during the same period, HS 2004 has purchased training services at an increase of 62% between 2000 and 2001, and at a decrease of 19% between 2001 and 2002. Other organizations, such as FHI and JHPIEGO also reduced their contributions to the overall funding of INHSAC over the last two years. Indeed, INHSAC's overall funding level dropped by nearly G. 280k between 2001 and 2002. As a result, INHSAC has very little financial maneuverability, and a minimal amount of working capital generated from the sale of its products and services.
 - INHSAC has a tendency to center its planning activities on the needs of its various funders. As a result, their planning horizon is short, only one year. Often funders require a short turn around time for their plans and budgets. All of this impacts staff, since: 1) they feel extremely vulnerable to the funding levels available for any given year, and 2) there is a sense of management and planning by crisis.
 - The Executive Director is the only technical staff member of INHSAC (full-time). He is pulled in a number of directions, and needs more technical staff to assist with:
 - Development of new products and services
 - Marketing of products and services
 - Management of client relationships with tenants and partners
 - Preparing cash-flow analysis of investment opportunities
 - Although INHSAC feels that monitoring and evaluating its training programs is essential, both to maintain the quality of its products, and to assess needs in the field, the current resource levels do not allow for this to be done regularly. Follow-up to a training program was last done 4 years ago.

Recommendations

1. INHSAC should work to exploit its computer center services by becoming a Training Agent for international and regional educational institutions seeking to deliver distance-learning programs in Haiti. JHU and the University of Montreal are options worth exploring.
2. INHSAC should look into the possibility of purchasing a building. This asset would allow them to: continue to rent space, at a market rate, to client organizations; improve their regular cash-flow and elevate their level of working capital; expand into additional space as they grow, without having to rent it; and have much needed equity in the event of a major economic boost or down-turn. Possible funding sources for such a capital investment include: USAID and the Summa Foundation (<http://www.summainvestments.org>).
3. INHSAC would benefit greatly from the following support from the HS 2004 Project:
 - Targeted institutional support to help with evaluation of products and services that can be used to develop new and improve current products and services.
 - Development of a formal agreement between HS 2004 and the other institutions lending trainers to the Network. At present, training commitments are not always fulfilled, because the organizations lending the trainers are hesitant to free their staff for training engagements.
 - Identification of new, cutting edge training topics, such as CORE and business planning.
4. To undertake these new endeavors, and to behave more like a small business, INHSAC will need more staff, either on a permanent or on a temporary basis. To not incur long-term costs associated with excessive staff build-up, INHSAC would benefit from having HS 2004 place a “Business Advisor” on the INHSAC staff, for a period of one year, to advise and assist Dr. Pierre-Louis in the following areas:
 - Designing and conducting market studies.
 - Implementing client satisfaction and impact studies of products and services delivered to inform about: 1) the improvements needed to current products and services, and 2) the potential demand for new products and services.
 - Reviewing the product development process, including the use of Product Development Plans.
 - Preparing financial analyses and cash flow projections, particularly for use of Institutional Support Funds.
 - Reviewing and, if necessary, re-calculating the overhead rate.
 - Exploring pricing strategies.
 - Securing new funding streams (loans, private sector grants, foundation grants) by building their capacity to:
 - write compelling proposals, grants and business plans
 - develop marketing and PR materials
 - make a capital investment, as appropriate
 - Conducting a feasibility study for making a capital investment in a building.

Group Croissance (GC)

Overview

Group Croissance (GC) was founded by four partners, who met at the university, and embodied a range of expertise, including: economics, banking and finance, business administration, and industrial engineering. Their vision was to create an organization that could draw from a pool of talented experts to deliver a broad array of consulting services to the public and private sectors. The goal of GC is to contribute to the creation and redistribution of national wealth through the reinforcement of national skills. GC supports the creation, the start-up and the development of Haitian organizations, with the purpose of improving the quality of training for entrepreneurs and groups who will contribute to the development and modernization of the country.

Group Croissance is made up of *Croissance-Conseil SA* (technical assistance) and *Fonds D'Investissement Citadelle SA* (financial arm). GC is managed by Kesner Pharel, President, and has a core group of 19 consultants. *Croissance-Conseil SA* has an Executive Director who manages the administration and finance office, and the three technical divisions:

- Market Studies
- Organizational Development
- Training

Because of their different consulting areas, the company is an aggregation of groups comprised of: *Croissance-Conseil* (technical business assistance, management information systems, research), *Croissance-Technologie* (Web-systems), *Croissance-Media* (net, T.V., radio), *Croissance-Formation* (training, seminars, workshops), *Impression SA* (printed products) and *Croissance Finance* (financial planning).

In an effort to draw from a large and diversified field of expertise to satisfy their clients' needs, GC collaborates with specialists from international corporations and specialized institutions (e.g. university research centers, center for professional development, archive centers, etc). The organization also taps the talents of international experts, based abroad with whom they have developed partnerships for specific projects.

One of the goals of the HS 2004 project was to “promote sustainability by maximizing the use of local technical capacity and of members of the target groups in the development, implementation, monitoring and evaluation of project strategies and interventions.” As part of that strategy, *Group Croissance* was one of three outstanding Haitian organizations originally selected as a subcontractor of the Project. *Group Croissance* was selected for its expertise in health economics and called upon to provide:

- Training for community and women groups in the use and management of micro-credit.
- Unit cost analyses of effective service delivery in different settings (community, rural health center, urban health center and hospital).
- Training to Project partners in the use of the CORE.
- Applications of MOST to help partners strengthen their organizational structure.
- Assistance to the HS2004 Network to develop or reinforce their institutional capacity (information systems, drug management, human resources development).
- Implementation of PBS (Performance-based Strategy) according to the work plan developed by Project management.

As some of the goals of the HS 2004 Project shifted, *Group Croissance's* contributions also changed. Presently, CG is providing assistance to the HS 2004 Project in the following areas: establishing the PMG (Minimum Package of Services), conducting costing studies, applying MOST, providing coordination with other organizations, and implementation and evaluation of the Performance-based Strategy.

GC has been ranked as a medium performer, having achieved between 50-80% of the deliverables stated in its subcontract with the HS 2004 Project.

Findings

1. GC has worked with HS 2004 to improve the management and financial systems of the service delivery organizations belonging to the Project Network. In particular, CG has provided assistance in terms of: conducting MOST evaluations, applying the CORE tool, developing administrative handbooks, and delivering a range of other technical services for the use of management and assessment instruments.
2. GC has also been instrumental in two areas unique to the HS 2004 Project: assessing NGO eligibility for Performance-based Financing (PBF), calculating the unit costs of a minimum package of services, and evaluating and providing follow-up to NGOs' Actions Plans resulting from SDMAs.
3. There are particular services offered by GC that may be of use to HS 2004, these include: business incubation for younger NGOs to look at the feasibility of their business models, marketing studies, management training, business plan and feasibility studies, client satisfaction surveys, and social communication.
4. GC has a broad range of clients from the public, private, small business and NGO sectors. Their clients reach as far as Trinidad and the USA.

5. GC's funding stream does not reflect any clear trend. They currently have a budget of G. 3.1m, only half of their budget for 2001. Hence, although their total funding increased by 52% from 2000 to 2001, it appears (given that the numbers for 2003 probably reflect income to October) that the total income for 2003 may show a decrease with respect to 2002. The funding distribution does not suggest any particular pattern either: private sector funds have remained stable, but the other categories do not show any recognizable trend. The numbers seem to reflect a reactive strategy catered to the changing demands of the market.
6. GC behaves, managerially, like an established consulting group practice, with particular strengths in regard to organizing their work, managing their clients' needs, and capitalizing on the technical capacity that the group has at its disposal. A sample of their management practices follows:
 - All GC project managers are completely accountable and responsible for the performance of their respective projects. Final authority for negotiation and decision-making is carried out by a core group of project sponsors.
 - One of the main incentives to insure quality results and an efficient use of logistic and financial resources is to give complete responsibility to each team working on a project. Moreover, each member of the core personnel is a shareholder of the division and is entitled to return on benefits from each project managed according to CG standards.
 - Staff are directly in contact with their respective clients and are responsible for understanding their challenges and providing adequate solutions.
 - CG is developing a data base of problems encountered and best practices.
7. GC is recognized for its culture of innovation, and its capacity to think out of the box and communicate it to the public at large.
8. Despite the organization's strengths, GC admittedly needs to improve its product development process and product marketing techniques. It also should consider making sure *senior* consultants are available to meet with clients, particularly the larger ones.

Recommendations

In general, there is a strong argument for CG to continue to function as a subcontractor to the HS 2004 Project. At the same time, it would be advisable to explore an expanded scope for GC. As such, the next scope may consist of the following:

1. GC should continue to work with HS 2004 to improve the management and financial systems of the service delivery organizations belonging to the Project Network. In particular, CG should continue to provide assistance in terms of: conducting MOST evaluations, applying the CORE tool, developing administrative handbooks, and delivering a range of other technical services for the use of management and assessment instruments.

2. GC should also continue with the functions of: assessing NGO eligibility for Performance-based Financing (PBF), calculating the unit costs of a minimum package of services, and evaluating and providing follow-up to NGOs' Actions Plans resulting from SDMAs.
3. New activities to be included in the organization's scope include:
 - Business incubation for younger NGOs to look at the feasibility of their business models. This would be of particular use to KF, POZ and INHSAC. It should be explored whether GC could supply these organizations with a resident "Business Advisor", supervised by CG to help them improve their business practices (see INHSAC section)
 - Marketing studies for organizations overly dependent on donor and pass-through funds, such as KF, POZ, INHSAC, and IHE.
 - Management training to members of the AOPS Network.
 - Business plan and feasibility studies for KF, POZ, IHNSAC, and IHE. First, however, we should compare their business plan program with the one developed by MSH. Still, GC could serve as a delivery agent. The feasibility study might be of particular use to INHSAC, since they have been advised to make a capital investment in property.
 - Client satisfaction surveys for AOPS. Indeed, before any additional funds are allocated to AOPS, a complete member satisfaction survey should be carried out to assess degree of satisfaction with services, support, and areas of additional support required by members (see AOPS section).
 - Using their connections in the media and the private sector as a way to advance and broadcast the goals and achievements of HS 2004.
 - GC may have the capacity to assign "Business Advisors" to weaker Technical Partners/Subcontractors, on a medium-term basis, to help them improve their management capacity and increase their business savvy. A contract can be drafted between HS 2004 and GC, such that GC is responsible for the management targets set for the host Technical Partner, and then is responsible for supervising the achievement of these targets. This would relieve HS 2004 staff of taking on additional supervisory tasks with the subcontractors.
4. It should be mentioned that GC feels that the HS 2004 Project has served as a good benchmark for the organization, allowing them to evaluate their strengths on a regional level. Having recognized that, it is also clear that GC has not actively marketed itself to the Project; hence, HS 2004 has not made full use of their capabilities. Moreover, there is the perception in HS2004 that although the client-consultant interface was good, the professionals sent to carry out the SOW assigned to GC were rather junior and that there was a lack of supervision of these consultants on the part of GC. It is possible that given the SOW assigned to GC (mostly to work with HS 2004-developed tools) they did not see it fit to send their senior consultants.

L’Institut Haitien de L’Enfance (IHE)

Overview

L’Institut Haitien de L’Enfance (IHE) is a private non-profit organization that was created in 1985 with support from USAID. IHE endeavors to produce scientific information relevant to health and social development with the goal of improving the quality of life among Haitian communities, especially women and children. IHE has three organizational objectives: 1) To collect and update public health information, 2) To promote innovative ideas based on research findings, and 3) To inform authorities and deciders to make adequate decisions.

To carry out these objectives, IHE engages in monitoring health indicators on child health and the health of the child’s family, evaluating health projects, researching maternal-child health problems, and supporting institutions to collect and analyze health data and information.

To each engagement, IHE brings its extensive experience in: carrying out surveys, conducting field research, establishing surveillance systems, designing health information systems, conducting situational analyses, monitoring health information systems, evaluating health projects, and planning projects.

IHE is overseen by a Board of Directors composed of six members with two-year terms. The Board has responsibility for setting the strategic direction and providing managerial oversight to the organization. IHE has a technical and administrative staff of thirteen and a budget of US\$ 1.4m.

Under HS 2004, Phase II, MSH looked to partner with IHE to provide technical assistance and training to review and strengthen information systems at the central and local levels. At the beginning of HS 2004, Phase II, IHE conducted censuses in the areas of intervention to refine population estimates to assure the most rational distribution of services and resources, and to better assess performance with reliable denominators. It was anticipated that IHE would have a critical role in conducting studies that would demonstrate the level of impact of programmatic activities, including services rendered and NGO performance, and that IHE would be able to consolidate the data generated through the SDMAs into synthetic reports. However, the scope needed to be adjusted due to an inability to effectively manage this task.

At present IHE’s scope is limited to: 1) Establishing methods and tools for service delivery data collection and analysis, monitoring of objectives and results in support of decision making processes for planning and management, and data validation and reliability of reports; 2) Controlling data quality using system designed by HS 2004; and 3) Training staff of service delivery organization in: data collection, data validation, data analysis and elaboration of results packages, results analysis, and using data for decision making; and 4) Conducting follow-up of training to assess its impact on performance.

IHE has been ranked as a low performer, having achieved between 50% or less of the deliverables stated in its subcontract with the HS 2004 Project.

Findings

1. IHE, through its numerous activities, has influenced the service delivery organizations to record results associated with the IRs under which the HS 2004 Project falls. Specifically, IHE has assisted with the:
 - Design and revision of data collection instruments and training of approximately 100 staff members working with the HS 2004 Network Information System to produce reliable data. Such information is important to assess the intermediate results of HS 2004 and to take appropriate action for the second phase of the Project.
 - Provision of technical support to approximately 80 staff members to reinforce their capacity, to evaluate their performance, and to make appropriate decisions in order to achieve set objectives.
 - Analysis of data generated by the institutions and formulation of recommendations to improve data quality and management and to take appropriate action for achieving their objectives. Since the beginning of the year, IHE has been sending feedback to 8 institutions, a reduction from 20. In this vein, IHE has contributed to the production of reliable data that has proven very essential to monitor the progress and performance of selected institutions of the HS 2004 Network.
 - Development of protocols and data collection instruments designed for Child Health and Reproductive Health.
 - Creation of geographic maps, which are essential to conducting censuses in the catchment areas of the HS 2004 Project's Network of service delivery organizations to estimate the population to be served.
 - Elaboration of a HIV/STI Strategic Plan.
2. IHE has proven to be extremely skilled in the areas of:
 - Conducting large and small-scale surveys
 - Carrying out sero-prevalence studies
 - Establishing surveillance systems to track diseases
3. Still, there are areas where IHE needs strengthening. Specifically:
 - IHE needs more permanent technical staff. One of the major concerns is the "talent gap" present at IHE. It seems that only Michel and Florence really have the technical capacity to do the work.
 - IHE requires excessive HS 2004 follow-up. When working outside of their core competencies, IHE requires enormous training, direction and supervision by HS 2004 staff. This was particularly the case when they were contracted to manage the consolidation of the SDMA reports and to check the quality of the data contained in the reports submitted by the service delivery organizations belonging to the HS 2004 Network. The consolidation report task had to eventually be removed from their contract; and the data quality check is now being done with a

tool not developed by IHE, but by a Technical Advisor from the HS 2004 Project. All of this makes it quite costly to use IHE as a subcontractor, since they do not eliminate work that needs to be done by HS 2004.

- IHE needs better internal management systems to handle a large workload or large sums of money. According to one of their references, IHE does not have the capacity to manage a large sum of work or money; therefore, their role in the Global Fund may prove problematic
- IHE needs a more stable cash inflow. Currently, IHE has a budget of G. 6.75m. From 2000 to 2001, IHE saw a nearly G. 10m decrease in its available funds (from G. 23m to G. 13.5m). As we enter the final quarter of 2002, we note that funding levels have dropped further for this last year – by another 50% (though it should be noted that contracts may still come in during the last quarter). Since 2000, the number of funders has dropped by more than half (from 13 to 6).
- IHE needs a longer-term planning horizon. Currently planning is done only on a very short-term basis. Most of their partners do not engage IHE's services on a long-term basis; indeed, most do not even communicate their multi-year Monitoring/Evaluation or research plans to IHE. Only MSH (HS 2004) and UNICEF provide IHE with their plans. The tendency is to engage IHE services on an ad hoc basis; i.e. they publish announcements of bidding opportunities or contact IHE directly for short-term contracts. IHE, therefore, monitors these announcements and presents proposals as requested. Generally, the life of these projects does not exceed 6 months. As a result, it is difficult to project funding levels at any given time, and it is impossible to forecast staffing needs. More importantly, it is difficult to provide job security to some staff.

4. IHE feels that the planning function could be improved in the future:

- If IHE were given the opportunity to establish multi-year projects/programs.
- By reinforcing the system of management by results, and reorganizing the allocation of resources on that basis.
- If IHE could develop a comprehensive performance monitoring plan.
- By authorizing IHE to charge an indirect cost on all projects in order to generate funds for investing in IHE capacity building and to have a minimum cash flow security.

5. There is a sense that the partnership between IHE and their clients needs to be developed to influence the decision-making process, and enable IHE to contribute more, based both on its years of experience and the results of completed studies, to modifications in service delivery strategies and the development of subsequent research activities. Getting in on the ground level may well help IHE better position themselves for work. At present, it is not unusual for some of their clients to decide on their own, or with their financing agencies, which projects to undertake, without even consulting IHE to hear their perspective and gain critical information concerning related projects that could influence the decision.

Recommendations

1. With the abovementioned weakness acknowledged by IHE, they are willing and committed to taking corrective actions, as soon the appropriate resources are available. Along these lines, IHE feels that it is time to re-negotiate its contract with HS 2004 to allow IHE to access some of the necessary resources. IHE would like MSH to consider incorporating the following points into their next subcontract:
 - Preparing a budget in US dollars³ in order to protect the institution against the galloping inflation and sudden day-to-day variations of the gourde.
 - Having an indirect cost related to each project based on IHE's procedures, and in accordance with sound financial practices.
 - Introducing a clause in the contract to be able to jointly amend (IHE and HS 2004) the budget and the scope of work as needed.
 - A new salary scale for the personnel to take into account inflation and cost of living adjustments.
2. The next contract with IHE should include payment for deliverables the organization can undertake with minimal HS 2004 supervision, as well as some institutional development money that should be allocated upon delivery of certain pre-agreed upon results that can have a long-term impact on the performance of IHE.
3. Like some of the other organizations assessed, IHE would benefit from having HS 2004 place a "Business Advisor" on the IHE staff, for a period of one year, to advise and assist Dr. Cayemittes in the following areas:
 - Designing and conducting market studies.
 - Implementing client satisfaction and impact studies of products and services delivered to inform about: 1) the improvements needed to current products and services, and 2) the potential demand for new products and services.
 - Reviewing the product development process, including the use of Product Development Plans.
 - Preparing financial analyses and cash flow projections, particularly for use of Institutional Support Funds.
 - Reviewing and, if necessary, re-calculating the overhead rate.
 - Exploring pricing strategies.
 - Securing new funding streams (loans, private sector grants, foundation grants) by building their capacity to:
 - write compelling proposals, grants and business plans
 - develop marketing and PR materials
 - make a capital investment, as appropriate
 - Projecting the kind of technical staff complement IHE can retain on a full-time basis, based on current and new business projections.
 - Creating and instituting better internal management systems to handle a large workload or large sums of money.

³ As accepted by other contractor like USAID, UNICEF; the budget is in US\$, but IHE will receive gourdes according to a monthly established rate.

Konesans Fanmi (KF)

Overview

L'Alliance pour la Survie et le Developement de l'Enfant" (a.k.a. "The Alliance") was founded in 1988 as a consortium of several civic-minded institutions. The Alliance is composed of several organizations and institutions representing the Ministries of Health, Education, and the media, as well as international agencies like UNICEF. KONESANS FANMI SE LESPWA TIMOUN (KF) is the Alliance's main project for integrating a gender perspective into the framework of its mission: *The family health promotion of the women and youth*. In reality, the Project is better known than the Alliance and has effectively become synonymous for it.

KF's mission is to contribute to the improvement of Haitian women's reproductive health and protection against STD/HIV/AIDS, and to facilitate their transition to economic independence and social responsibility.

KF has developed a unique strategy for community mobilization through the training of community leaders who have been organized into cells. These cells, known as Promotion Cells, are responsible for communication activities with target groups of community members, most of which are women and youth.

KF was invited to join the NGOs working with MSH during the first phase of the HS 2004 Project. Since this time, they have been contributing to the original IRs through:

- Mobilizing community leaders to endorse family health promotion
- Establishing an integrated approach to gender and health, primarily in fifty community-based organizations in order to:
 - Change behavior through communication (*Communication for le Changement de Comportement – CCC*)
 - Increase access to health services
 - Improve the perception of family planning, STD/HIV/AIDS prevention, and child care needs for men, women and adolescents
 - Empower women

Since the beginning of the second phase of the HS 2004 Project, KF has been adapting its focus to the revised IRS of HS 2004, specifically: child survival; vaccination; and reproductive health, including: family planning, prevention of STDs and HIV/AIDS. Moreover, KF has been working in the area of community mobilization and communication through mass media.

KF has been ranked as a low performer, having achieved 50% or less of the deliverables stated in its subcontract with the HS 2004 Project.

Findings

1. KF has been working under USAID's Strategic Objective 3 (SO3) "Healthier families of desired sizes," and under the following IRs: "Youth better prepared for Responsible Family Life\Men more engaged in Responsible Family Life (3.3)", and "Women Empowered (3.4)." KF's two major areas of contribution to the HS 2004 IRs are in community mobilization and women's empowerment.
2. In terms of community mobilization, KF offers the following interventions:
 - KF contributes to community mobilization by delivering programs using manuals and modules designed to educate communities about:
 - Child survival: vaccination
 - Reproductive health: maternal mortality, family planning
 - Infection diseases: STS/HIV/AIDS prevention
 - KF's community mobilization strategy envisions bringing together five community leaders from a target community (three women and two men, who are in turn trained in community mobilization). They will form a Promotion Committee or Cell (in French) to encourage community participation in health activities.
 - Likewise, the leaders, health workers, and the key community stakeholders form the Community Action Committee, which serves as a bridge between KF and the Promotion Cells. Most of the Cells are established in rural areas, where there is little access to health services. This organization made it possible to extend health activities and awareness programs to many people who previously did not have such access.
3. Regarding women's empowerment, KF is launching the KRAFF Program.
 - KF has developed a strategy for women's empowerment at the community level called KRAFF. This strategy is designed to reduce gender inequities and to improve the situation of women. The strategy combines women's services and community mobilization through a partnership between local and international NGOs and government. Three principle services have been proposed through the model: educational services, including literacy and citizenship, professional training and community development; economic services, including loans, credit, micro-enterprise development, marketing and commercialization of local products, and employment generation; and health services, including an insurance program (*Mutuelle de Sante*), activities in reproductive health, and improving access to services and communication for behavior change (BCC). KRAFF is still in the proposal stage, but KF has already developed activities around leadership development for outreach activities, and mobilization in reproductive child health.
4. Although KF has a proven strategy for community mobilization, and is positioned to make important contributions women's empowerment and to a host of the HS 2004 IRS, the organization needs to strengthen its financial, management, leadership and

technical capacity to prepare for a greater degree of institutional sustainability. Specific weaknesses include:

- Although KF has a budget for 2002 of G. 5.6m, which represents a G. 3.5m increase from the 2000 funding level, the organization is in a precarious situation with only two funding streams: HS 2004 and UNICEF. HS 2004 funding has decreased from a percentage of total funding of 83% to 76% between 2001-2002; however, this obscures the fact that, in real terms, the gourde amount has increased by over G. 1m. At the same time, UNICEF has increased its funding level, from 17% to 24% of total available funds, representing a gourde increase of G. 650k. Still, HS 2004 represents three-fourths of the funding available to KF.
- KF believes that they have too much work and not enough resources to continue to achieve all of their institutional objectives, particularly the empowerment of women.
- Although KF regularly monitors their activities by querying their community leaders and a sample of their target population, they recognize that their monitoring and evaluation activities are a weak point. For example, KF does not have indicators for each element of their work, nor do they have baseline data that would allow them to monitor and assess progress and trends in terms of increased knowledge or service utilization.
- Since KF does not have a system for monitoring and evaluating the impact of its activities, the organization is unable to focus on what they need to do to reach their objectives. The leaders are involved in the community and are able to identify the community's needs, but there is a risk that they will be distracted from their primary objective: the development and implementation of products and services that will contribute to the achievement of the HS 2004 IRs. The risk is greater since they work without indicators for each product or service.

Recommendations

1. KF has experience in community mobilization through the training of leaders to form Promotion Cells. HS 2004 could use this community organization model for nearly all the IRs corresponding to the HS 2004 Project, where community mobilization is required. At a minimum, it could be instituted in communities where the Project is currently undertaking activities.
2. KF has a Mass Media Network that can be utilized by HS 2004 to achieve numerous IRs. They will need to develop and assess mass media programs for the HS 2004 Project goals with the participation of all the NGOs in the NGO Network.
3. HS 2004 should provide one or more Technical Advisors to support KF to fulfill its commitment to improving community mobilization. Specific areas of support include:
 - Helping KF to focus their activities according to the IRs.
 - Working with KF to design a data-base to store information and data about the communities in their sphere of influence. All this information should be updated and collated according to the HS 2004 goals and used to generate useful reports.

- Assisting KF in the areas of monitoring and evaluation, such as selecting the principal indicators for each IR and developing a basic line with the Cell's leaders.
 - Developing a mass media program related to the goals that could include other NGOs as well.
4. Like some of the other organizations assessed, KF would benefit from having HS 2004 place a "Business Advisor" on the IHE staff, for a period of one year, to advise and assist Ms. Toureau in the following areas:
 - Designing and conducting market studies.
 - Implementing client satisfaction and impact studies of products and services delivered to inform about: 1) the improvements needed to current products and services, and 2) the potential demand for new products and services.
 - Reviewing the product development process, including the use of Product Development Plans.
 - Preparing financial analyses and cash flow projections, particularly for use of Institutional Support Funds.
 - Reviewing and, if necessary, re-calculating the overhead rate.
 - Exploring pricing strategies.
 - Securing new funding streams (loans, private sector grants, foundation grants) by building their capacity to:
 - write compelling proposals, grants and business plans
 - develop marketing and PR materials
 - make a capital investment, as appropriate
 - Strengthening the planning process undertaken by KF, such that they can convert strategic plans into operational plans.
 5. KF needs at least 3 computers for the technical team, so they can update and store all of their data and information. These computers would also be used to streamline and improve their technical and financial reports.
 6. Since technical coordination requires a significant supervisory effort, not only for monitoring and evaluation activities in the Promotion Cells, with the leaders, and in the committees; but also to update data and undertake other responsibilities, it is necessary for one person to be in direct contact with HS 2004 Technical Advisors to receive direct input. Moreover, it is recommended that a nurse from KF attend each meeting with HS 2004 staff to provide the team with direct knowledge of what is happening in the community.
 7. Since HS 2004 has another community mobilization program run by JHU, it would be useful to contrast and compare the JHU and KF strategies. We recommend having at least two IRS under the HS 2004 Project, with the same indicators for both programs, the goal being to determine the most effective.

Sample Indicators by Area of Intervention

Maternal Mortality IR indicators about:

Knowledge: Recognition of prenatal care and signals of risk.

Behaviors: Increase in and more appropriate use of services.

Community mobilization: How does community organize an escape route for high-risk pregnancy?

Child Survival Vaccination IR indicators about:

Knowledge: How many people improve their knowledge regarding child vaccination?

Behavior: Number of children fully vaccinated.

Community mobilization: Vaccination campaigns, children census.

Family Planning: Contraception IR indicators about:

Knowledge: Knowledge about contraception methods, and their pros and cons.

Behavior: Number of consultations for family planning services.

Community mobilization: Number of alternatives for condom distribution in places in which there are no health facilities.

AIDS Prevention IR indicators about:

The TA, with the team, as in the others issues, should choose the best indicators for it.

Pierre-André Guillaume et Associés (PAGS)

Overview

Pierre-André Guillaume et Associés (PAGS) is a Haitian consulting firm founded and legally constituted in 1991, with offices in Port-au-Prince. PAGS is also currently affiliated with the US accounting firm Sewell Company PA, based in Miami, Florida.

PAGS brings together “a group of professionals whose objective is to provide advice, technical assistance, and expert opinion to the private and public sectors, international organizations, NGOs, and professional associations.”

PAGS provides its clients with a wide range of services, in the areas of:

- Accounting, auditing and elaboration and implementation of financial procedures;
- Management consulting, elaboration and implementation of administrative procedures and project evaluation, quality studies; and
- International marketing, market studies, exports and industrial promotion.

Through its affiliation with the Sewell Company PA, PAGS keeps up with the General Accepted Auditing Standards of AICPA, and has already pre-qualified as one of the accounting firms who can conduct audits for USAID. Through this alliance, PAGS intends to increase its knowledge base about the international auditing standards of IFAC, and to use this capacity to develop and deliver new products and services.

PAGS staff is made up of qualified professionals, graduates from Haitian and international universities, who bring diverse experiences to the firm. PAGS also draws from local technical experts and consultants for short-term technical assistance and services.

Partner and Executive Director, Monique César Guillaume manages PAGS. It staff includes a Technical Director and eleven senior, intermediate and junior accountants.

One of the goals of the HS 2004 Project was to “promote sustainability by maximizing the use of local technical capacity, and of members of the target groups in the development, implementation, monitoring and evaluation of Project strategies and interventions”. As part of that strategy, PAGS was selected as one of the three outstanding Haitian organizations to serve as a Technical Partner on the Project.

PAGS was selected for its accounting and auditing experience to provide “financial verification service to ensure Non-Governmental Organizations (NGOs) are operating with subcontract requirements, USAID regulations and good financial practices,” to “strengthen financial systems, internal controls and management systems.” In December 2001, PAGS’ scope of work with the Project was extended to include the provision of “technical assistance in financial services to assess and implement the Minimum Package of Management/Paquet Minimum de Gestion (PMG)” to members of the HS 2004

Network. Their efforts are to be focused on the Finance and Accounting components of the PMG.

PAGS has been ranked as the sole high performer, having achieved 80% or more of the deliverables stated in its subcontract with the HS 2004 Project.

Findings

1. There seems to be a unanimous opinion that PAGS does good work in general, and that they are doing a good job for HS 2004. There is no doubt as to their current and future value to the Project and they should continue to be one of the subcontractors for HS 2004.
2. Under the HS 2004 Project, PAGS has been contracted to perform financial verifications twice a year and provide technical assistance to over 30 organizations throughout the country. PAGS staff attends HS-2004 meetings, workshops, and so on, in and outside of Port-au-Prince.
3. Subsequent to the financial verification sessions, PAGS conducts follow-up visits to organizations that were found to have anomalies when the financial verification was performed. These visits are intended to see that findings are corrected. During each follow-up visits, PAGS has to analyze the organization's action plans and revise their supporting documents for expenses not supported and/or not adequately supported during the verification.
4. PAGS strives to maintain high quality standards, at the level of international consulting firms, always keeping strong ethics, professional independence, and quality control at the forefront of its business practices. They have established internal quality controls systems: all reports audit and otherwise, are reviewed by the Executive and Deputy Directors, and by Sewell Company PA.
5. Their recent inclusion within USAID list of pre-qualified firms for conducting government audits within Haiti, and their passing of the General Inspector Office review and audit, establishes them as a serious and professional accounting institution. Their association with Sewell Company PA implies, theoretically, the availability of another source of specialized technical assistance for them, which could contribute to improve the breadth and quality of their services and keep them on the cutting edge of accounting products and services.
6. PAGS' overall funding has steadily increased over the past three years, by 24.3% in 2001 and by 10% thus far this year. Presently, PAGS has a budget of \$305k, an increase of \$82k since 2000. At the same time, PAGS' source distribution pattern has remained quite consistent. Worth noting is that their increase in income has come from the private sector and NGOs, while the public sector contribution continues to decrease.

Recommendations

1. Both the Project staff and Ms. Guillaume agree that PAGS could expand the technical assistance it provides to the Project. The HS 2004 Project could benefit from PAGS offering the following additional services:
 - Preventive technical assistance to address, ahead of the findings, some of the difficulties that the NGOs are having in the area of financial administration (a task currently carried out by the Project). These could be discrete consultancies, with a well-defined SOW that could, in some cases, bring together several NGOs with similar difficulties.
 - Through COGEFOSA, a local management training and consulting firm, affiliated with PAGS, that maintains a network of qualified consultants available to be dispatched on an as-needed basis, HS 2004 could access well-trained staff, composed of the most qualified trainers and consultants; seven tested and proven courses (public management, administrative assistance, management, finances and marketing, continuous education, information systems, etc); and conference rooms equipped with state-of-the-art technology.
 - COGEFOSA may have the capacity to assign “Business Advisors” to weaker Technical Partners/Subcontractors, on a medium-term basis, to help them improve their management capacity and increase their business savvy. A contract can be drafted between HS 2004 and PAGS, such that PAGS is responsible for the management targets set for the host Technical Partner, and then is responsible for supervising the achievement of these targets. This would relieve HS 2004 staff of taking on additional supervisory tasks with the subcontractors.

7. In order to appropriately meet the need of HS 2004, PAGS requires two vehicles and two more accountants. According to the agreement terms HS 2004 has to provide PAGS with a vehicle and driver for transportation; however, at times the vehicles are not available, the drivers are late, and on occasion the Project forgets to include PAGS in the planning.

Promoteurs Objectif Zero (POZ)

Overview

Promoteurs Objectif Zero-SIDA (POZ) is a non-profit, non-governmental organization created in 1995, with funding from Plan International, with the mission to contribute to reducing the social impact of HIV/AIDS among individuals, family, and community members. POZ came into being following the closure of FHI's AIDSCAP Program in Haiti. Its initial purpose was to fill a gap previously filled by FHI/AIDSCAP, namely, offering social support to HIV affected and infected individuals.

POZ's organizational objectives are to increase awareness of HIV/AIDS; change behavior to reduce the spread of HIV; and, improve the quality of life of HIV infected and HIV affected individuals, families and community members. To meet these objectives, POZ employs three major strategies: IEC and behavior change communication, advocacy, and the delivery of psycho-social support to those afflicted.

The feature products and services offered by POZ include:

- A telephone hotline (*Tel.Bleu*)
- An information center
- Two drop-in centers in *Porte au Prince* and *Montrouis*
- Support groups
- Coordination between HIV/AIDS partners

POZ has a Board of Directors that oversees the Executive Director, and assists her in reviewing the overall organizational goals and direction. The Executive Director oversees and manages the POZ office, which includes minimal administrative staff, social workers and two additional senior technical staff. POZ has two support centers: *Port-au-Prince* and *Montrouis*. These centers have each a director, social workers, administrators and are supervised by a senior technical staff.

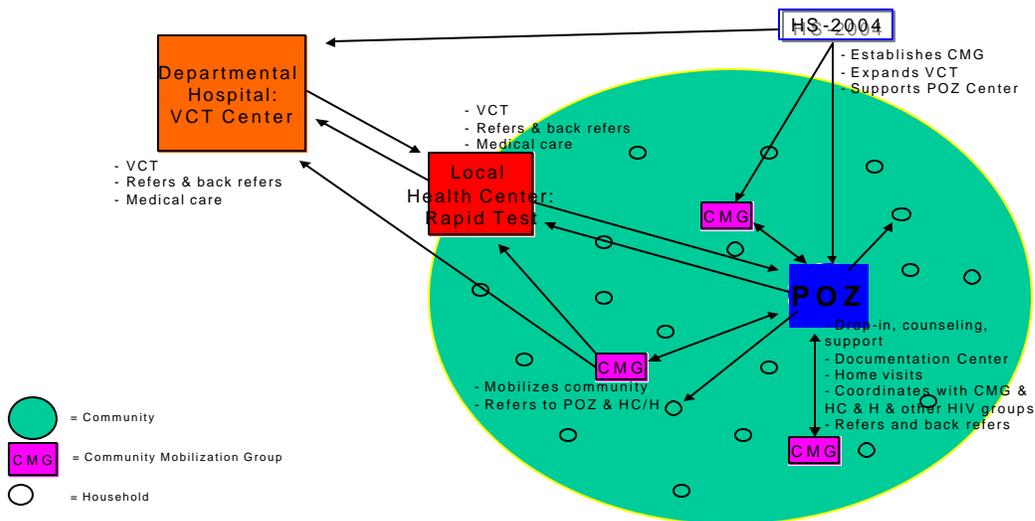
POZ's primary role with the HS 2004 Project has been to: 1) Mobilize the community to raise awareness of and support for the fight against HIV/AIDS; 2) Promote awareness and provide technical assistance to health personnel; 3) Bring together PLWHA to form support groups; 4) Identify NGOs and assist them to organize services around providing care and support to those afflicted with HIV/AIDS, and in developing their staff to offer services in STIs and HIV/AIDS, and a supportive environment for PLWHA, 5) draft guides and training manuals for the establishment and mobilization of a network of support groups, using models that are culturally sensitive, 6) Design and implement a model for providing community-based services related to HIV/AIDS.

POZ has been ranked as a medium performer, having achieved between 50-80% of the deliverables stated in its subcontract with the HS 2004 Project.

Findings

1. Unlike any other local institution in Haiti, POZ functions as the main coordinator between organizations and partners working in HIV/AIDS. It also offers very highly valued and widely respected “de-medicalized,” psycho-social support services to HIV-infected and affected individuals, families, and communities. Over the past 5 years, POZ has emerged as a national catalyst for HIV/AIDS-related advocacy events, such as the AIDS memorial candlelight vigil. These are very important functions that are a central component of a comprehensive national response to HIV/AIDS: fostering de-stigmatization, political leadership and community participation.
2. POZ represents a technical force and an important alliance for the HS 2004 Project. For this reason, POZ should be linked to the HS 2004 Project a narrower, but better-defined role, as a stronger and more specialized partner (see Figure 1). It is important to clearly determine POZ’s function and delineate its responsibilities in implementing the integrated response that HS2004 offers.

Figure 1: A model for community based support for HIV/AIDS



3. POZ nevertheless has its weaknesses, some of which are directly related to POZ’s difficulty in delivering products on time, and some of which are challenging its institutional sustainability. Specifically, POZ struggles with:
 - **Weak institutional management.** POZ has no office manager, no chief of operations, and their management support systems are poorly designed. Their systems are designed in response to projects and donor needs, rather than to serve an independent institution. One of POZ’s biggest managerial challenges relates to the way they conduct their financial management and accounting: POZ has no official overhead rate or fund balance. The organization’s financial management must become more rigorous, robust, and systematic.

- Staff turn-over. Most senior technical staff are employed on a part-time basis, with much of their time being donated. POZ depends on the support of specific projects, and is hence limited to employing staff for the duration of these projects. Most funding cycles of POZ projects are for the duration of one year only. The result is that POZ has difficulty attracting and keeping permanent senior technical staff. The staff they have are spread much too thin. Much of the proposal development, report writing, and overall budget monitoring and management is done directly by the Executive Director.
- Lack of sufficient technical and management staff. Because of its tenuous financial state, POZ has not been able to hire sufficient staff to meet the demand for their services. In addition, POZ has been unable to develop its own senior staff, particularly in areas of proposal development, fund-raising, and report writing.
- Inability to packaging its model as a product. POZ is not producing annual reports, technical manuals, and other products in a regular fashion. POZ has difficulty synthesizing their work and packaging it as a series or suite of marketable products and services. This is largely related to being understaffed and to having little continuity in staff.
- Failure to integrate community mobilization and new activities. POZ is being asked by many organizations and donors to expand its scope to include community-based mobilization activities, and some training activities, both of which POZ can do technically, but for which POZ has not yet fully established a reputation. Struggling with financial stability of the institution, POZ has tended to accept contracts to expand into these areas, but has failed to meet the contractual deliverables in a timely fashion.
- Tendency to function as a social service institution. Thus far, POZ has been functioning as a social service, meeting a real need, but serving clients without any cost re-recovery mechanism. Therefore, the long-term sustainability is questionable.
- Financial limitations. POZ is in dire need of a more robust financial basis. At present, POZ has a budget of \$124k coming from six funding streams; however this obscures the fact that three of the funders (FHI, CHS/CDC, MSH) represent nearly 85% of all funds.

Recommendations

1. Despite these inherent weaknesses, most of which can be addressed, it is felt that the HS 2004 Project should continue to contract the services of POZ and support them in their institutional development. This assertion is based on the following argument:
 - POZ meets a need that no one else meets, namely, de-medicalized, confidential, psycho-social support to community and individuals by being an interface with the medical establishment.
 - POZ makes an important contribution toward achieving the IR of reducing HIV infection, increasing access and improving quality of care.

2. Nonetheless, the HS 2004 Project should reduce the scope for POZ, allowing the organization to focus its contributions on what it does well, namely:
 - Offering a drop-in and documentation center for support to HIV-infected people.
 - Serving as a coordinating body for all HIV/AIDS partners.
 - Functioning as an interface between the affected and at-risk community and the medical establishment.
3. HS 2004 should obtain information from POZ on the monthly costs of running a drop-in center, and the costs of starting up new centers in rural areas outside Port-au-Prince. Subsequently, a careful analysis should be made to determine in which departments HS 2004 can support the creation of POZ centers. Preferably, this should be co-determined by the progress made in the VCT expansion activities.
4. Like some of the other organizations assessed, KF would benefit from having HS 2004 place a “Business Advisor” on the IHE staff, for a period of one year, to advise and assist Dr. Genece in the following areas:
 - Designing and conducting market studies.
 - Implementing client satisfaction and impact studies of products and services delivered to inform about: 1) the improvements needed to current products and services, and 2) the potential demand for new products and services.
 - Reviewing the product development process, including the use of Product Development Plans.
 - Preparing financial analyses and cash flow projections, particularly for use of Institutional Support Funds.
 - Reviewing and, if necessary, re-calculating the overhead rate.
 - Exploring pricing strategies.
 - Securing new funding streams (loans, private sector grants, foundation grants) by building their capacity to:
 - write compelling proposals, grants and business plans
 - develop marketing and PR materials
 - make a capital investment, as appropriate
 - Assisting POZ with an analysis of monthly costs of running a drop-in center and starting up new centers.

Association des Oeuvres Privées de Santé (AOPS)

Overview

L'Association des Oeuvres Privées de Santé (AOPS) was established in 1982, with the financial support of USAID, to coordinate and standardize the efforts of the NGO community in Haiti. Presently, more than 100 health care organizations belong to the Association. AOPS' mission is to improve the access of the Haitian population to quality health care services by establishing standards and harmonizing the interventions implemented by the member organizations. In this realm, AOPS works to coordinate development efforts across sectors by providing technical coordination and financial support (largely via pass-throughs) to its member organizations, which are located throughout Haiti.

AOPS objectives are to:

- Defend the interests of the non-governmental health sector
- Contribute to the organizational development of the Association's member organizations
- Develop a partnership with the Haitian Ministry of Health to assist them in implementing the National Health Plan.

AOPS has a Board of Directors, as well as a General Directorate. The Association also has a Consultative Board, Departmental groups, and six commissions, including: Scientific, Partnership, Fund Raising, Public Relations, Mediation and Ethics, and Certification.

Under HS 2004, Phase II, MSH assumed the role of permanent authority responsible for setting and maintaining the quality of care delivered by the HS 2004 Network of NGOs, which includes a number of high performing organizations that were previously overseen by AOPS. Over time, however, there is an expectation that this oversight role may be transferred to AOPS.

In preparation for such a transfer of authority, HS 2004 is using technical staff from the AOPS Secretariat to carry out a number of technical activities, including:

- Participating on the SDAP evaluation teams
- Collaborating with the HS 2004 monitoring and evaluation group to monitor service delivery data, particularly utilization rates
- Supporting the MOH with essential drug logistics
- Replicating the HS 2004 successes with non-Network NGOs
- Strengthening the capacity of NGOs to use research data to improve the delivery of services

AOPS has been ranked as a low performer, having achieved 50% or less of the deliverables stated in its subcontract with the HS 2004 Project.

Findings

1. Membership to the AOPS Network can be broken down into four categories:
 - Active members. These organizations regularly comply with the membership requirements.
 - Affiliate members. These are organizations that are interested in the work carried out by the Association; they might work with AOPS members, and are interested in eventually becoming members of the Association.
 - Donating members. These organizations fund the activities of the Association.
 - Honorary members. These include ex-Board Presidents and other former members, as well as Board Members who have contributed to AOPS at some point.

What remains unclear is what the membership benefits are by category, or if the categorization is simply based on “*who gets in,*” rather than on “*what one gets out of membership.*” According to one source, there is no list or posting of benefits provided to the member organizations.

2. Requirements for membership to the Association are, in theory, strict and consist of: presentation of a written request to the Board of Directors; official recognition by the Haitian government; commitment to adherence to AOPS policies, guidelines, and procedures; willingness to be part of AOPS activities and departmental groups; approval of the consultative board and board of certification; and submission of all approvals and reports at the application meetings.
3. Grounds for termination of membership include:
 - Loss of official status
 - Written withdrawal by the member from AOPS
 - Expulsion by the consultative board for serious reason
 - Non-payment of annual membership fee

Nonetheless, discussions with an ex-Board member suggest that very little is collected in the way of membership fees, and yet no one is dismissed. Even if all membership fees were collected, the income generated would be only a nominal amount (about US\$3,000/year).

4. According to one source, AOPS performed well when contracted to undertake very specific activities, such as: an iodine deficiency workshop, and EPI planning at the department level – in both cases the work was carried out by Secretariat staff.
5. Other interviews with members and those familiar with AOPS indicated the following institutional weaknesses:
 - AOPS does not undertake any activities to develop the capacity of its member organizations.
 - AOPS has not attempted to help member organizations develop skills in grant or proposal writing; rather, the practice has been for the Secretariat to prepare the proposals for the member organizations.

- It is questionable whether the AOPS Secretariat is functioning as a network secretariat, serving a cluster of member organization, or as a separate NGO, cannibalizing business opportunities that should be farmed out to the appropriate member organizations.
 - AOPS requires continuous supervision when undertaking a task for which they have been contracted.
6. AOPS Secretariat has a potential role in serving its members by reducing their individual costs, and offering, at scale, services in:
- Logistics
 - Auditing
 - New business development
 - Customs clearance
 - Advocacy
 - Human resources contracting
- Nonetheless, to position themselves to offer these services, the AOPS Secretariat needs to survey the members about the services they require, and increase the annual fee to cover the costs of providing an array of services, such as those mentioned above.

Recommendations

It has been assumed from the beginning of Phase II of the HS 2004 Project, that MSH and AOPS can each capitalize on the positioning and experience of one another, for example:

- HS 2004 can benefit from receiving technical input from AOPS and the members of its Association
- HS 2004 can benefit from the geographic extension afforded by the AOPS Association, such that tools and strategies developed by HS 2004 can be transferred to non-Network NGOs
- HS 2004 can prepare AOPS for the gradual transfer of Network oversight
- HS 2004 can elevate the visibility of AOPS in the field

However, experience has suggested otherwise. Given its poor performance record, AOPS is more of a liability to the HS 2004 Project than a Technical Partner or an asset.

Based on our meetings with Board members, Secretariat staff, the HS 2004 Technical Advisors, and a review of pertinent documents, it is recommended that no further subcontract work or funds be given to AOPS until a client member satisfaction survey is undertaken by an independent group (GC or PAGS could do this).

Specifically, the following is recommended:

1. A client satisfaction survey should be undertaken by an independent, local group, and financed directly by USAID to protect HS 2004 against a conflict of interest charge. The survey should look at:
 - Types of support provided by Secretariat
 - Level of satisfaction with support
 - New areas of support required/desired
 - Compliance with payment of fees
2. Once a report is generated the findings should be used to determine how AOPS Secretariat should be re-engineered, specifically:
 - What support activities should they routinely carry out for their member organizations
 - What services can they render to their members that might represent a savings: customs, human resource management, grant writing, information technology support, technical and management training
 - What fee might they reliably collect and what costs might this cover
 - What kind of permanent staff does the Secretariat require
3. Technical assistance for the re-engineering of AOPS should be provided by HS 2004, once the findings from the survey are analyzed by AOPS, HS 2004, and USAID.

IV. Conclusions

Performance of HS 2004 Project in Relation to IRs

The HS 2004 Project has routinely achieved over 90% of its objectives. Using 94% achievement as the threshold, in 2001, the HS 2004 Project achieved 4 out of its 10 objectives; in 2002, the data show that 8 out of 12 objectives were achieved.

However, to fully appreciate the achievements of the HS 2004 Project, it is important to understand that: 1) the data sources have shifted over time, as the service delivery organizations belonging to the HS 2004 Network change; 2) the quality has not always been reliable, though it has improved with the insertion of systematized quality control mechanisms; and, 3) the population bases (denominators) have been based on projections from the DHS, rather than on census data in many cases.

The data in Table 3 pertaining to *Percent of Objective Achieved* clearly demonstrate that the HS 2004 Project has experienced an overall increase in the achievement of its objectives for all IR's from 2001 to 2002. However, a careful study of the *Raw Numbers* uncovers two negative trends that were supported by discussions with HS 2004 technical staff: a decrease in immunization and a decrease in contraception use. The HS 2004 team is cognizant of these trends and has already taken action to design and implement initiatives to reverse them. It may be helpful to develop some specific indicators relating to TB and HIV/AIDS, since these two initiatives will have increased significance with the revised mandate.

Performance of Subcontractors against Contract Deliverables

Research undertaken by the Assessment Team revealed that the subcontractors were able to complete the deliverables outlined in their subcontracts to varying degrees. When results delivered by the subcontractors were compared against the deliverables outlined in their contracts with the HS 2004 Project (between the period extending from 2000-2001), levels of compliance fell into 3 distinct categories: high performance – having achieved 80% or more of the deliverables stated in the subcontract; medium performance – having achieved between 50-80% of the deliverables stated in the subcontract; and low performance – having achieved 50% or less of the deliverables stated in the subcontract.

The low performing subcontractors included IHE, KF and AOPS, while the medium performing subcontractors were INHSAC, GC and POZ. The lone high performer was PAGS.

It should be noted that the low performers were deemed as such, either because they did not complete 50% of the deliverables stated in their subcontract, or they required so much technical assistance from the HS 2004 Project team, that the completion of the task cannot be credited to the subcontractor. The medium performers performed the majority of the tasks, but did not show the initiative to demonstrate complete follow-through on the achievement of their mandate (Note: GC achieved the majority of their tasks *with a*

heavily reduced SOW). PAGS is clearly the only subcontractor that merits the distinction of being a “Technical Partner” to the HS 2004 Project team.

As far as the performance of the subcontractors as related to the achievement of the IRs, all of the organizations can assume some indirect role in strengthening the capacity of those working in the service delivery organizations to impact the quality of child survival, nutrition, and reproductive health services. Moreover, subcontractors, such as KF and POZ are working towards better preparing youth for responsible family life and empowering women. And POZ and IHE are particularly well positioned to reduce the transmission of selected infectious diseases through their respective efforts at community mobilization and HIV/AIDS prevention, counseling and support; and the establishment of surveillance systems.

Trends

Based on a careful review of the findings generated from the application of the assessment instrument, 5 trends have been observed. These are:

- 1. Necessary Reductions to Scopes of Work.** Five of the seven subcontractors saw reductions made to their SOWs. AOPS was found unsuitable to take over the management and development of the NGO Network, and a number of their members were switched to the Project Network; INHSAC completed its downsized training agenda routinely, but only with extensive technical and logistical support from the Project; likewise, IHE, GC and POZ have had their SOWs reduced once it became apparent that their core competencies were either more limited than previously understood by the HS 2004 team, or they were to need more technical assistance and follow-up by the team than was deemed reasonable.
- 2. Talent Gap.** A talent gap between the executive level and the lower levels was observed in IHE, INHSAC, KF, POZ. Generally, all of these organizations have a talented Executive Director and one or two strong technical leaders; however, below that level the ranks are very weak. As a result, the most qualified staff in each of these organizations are overextended and this impacts the quality of their deliverables. GC has an inverse situation, whereby the mid-level and senior managers do much of the consulting work, and the Executive Director is largely uninvolved and unavailable to manage client relationships. AOPS suffers from a powerful and talented board that leaves little space for the Executive Director to make decisions, or offer a technical presence. In both meetings with the Board and the Executive Director, there was confusion about roles and a visible lack of commitment to participating in the assessment exercise (AOPS is the only subcontractor to not submit their assessment report on time).

3. **Absence of Strong Management and Leadership.** With the exception of PAGS, all of the subcontractors lack strong management and leadership. Particular weaknesses are noted in their inability to plan their work and chart their organizations' strategic directions; their unavailability of resources to attract talented staff, and continue to build their capacity during their tenure in the organization; their dependence on out-sourced staff; and their inattention to their markets and the need to develop responsive products and services.
4. **Lack of a Business Perspective.** With the exception of PAGS and GC, all of the organizations carry substantial financial risk due to a lack of diversified funding streams. They are not actively seeking to enter new markets or to invest donor money into activities that will reap long-term institutional return (such as buildings). They are not familiar with the practices of market studies, calculating overhead rates, pricing strategies, cash flow analysis, product development, or client relationship management. As they strive to become more independent of USAID and the other major donors, they need to adapt more of a business perspective.
5. **Inattention to Outcome and Impact Measures.** In general, the subcontractors tend to look only at output indicators; they do not track outcome indicators, such as shifts in knowledge and practice, amongst those to whom they deliver their services, nor do they study and record the impact of their products, services and activities.

Global Recommendations

Given the weaknesses hampering the performance of INHSAC, IHE, AOPS, KF, POZ, and, to a lesser extent, GC, the HS 2004 Project should pursue these organizations less as *Independent Technical Partners*, from whom HS 2004 can purchase high quality products and services, with minimal follow-up and supervision; and more as *Extensions of Project Staff* in technical areas where the Project has Technical Advisors, who can provide both technical direction and management oversight to the development and delivery of the products and services outlined in the subcontracts. Presumably, this would serve as “on-the-job” capacity building for the respective organizations.

Instituting this approach successfully would require that three strategies be put in place concurrently:

1. **Reduce the expectations** and deliverables of the mid- and low-performing subcontractors to those products and services that can be developed and rolled out with minimal day-to-day follow-up, but that hold the promise of contributing to the Project's results.

2. **Institute strategies that will target the weakest areas** of the subcontractors, such as the assignment of “Business Advisors,” and the institution of a Leadership Development Program. The resident “Business Advisors would have Core Responsibilities that would include those found below in Box 1.

Box 1: Core Responsibilities of Resident “Business Advisor”
<ul style="list-style-type: none"> • Help the subcontractor to design and conduct market studies. • Work with subcontractor to implement client satisfaction and impact studies of products and services delivered to inform about: 1) the improvements needed to current products and services, and 2) the potential demand for new products and services. • Review the subcontractor’s product development process, including the use of Product Development Plans. • Assist the subcontractor to prepare financial analyses and cash flow projections, particularly for use of Institutional Support Funds. • Collaborate with the subcontractor to review and, if necessary, re-calculate their overhead rate. • Explore pricing strategies. • Secure new funding streams (loans, private sector grants, foundation grants) by building their capacity to: <ul style="list-style-type: none"> • write compelling proposals, grants and business plans • develop marketing and PR materials • make a capital investment, as appropriate

In addition, each contract with the “host subcontractor” would be tailored to include tasks specific to the needs of the subcontractor. The contract would be drafted between HS 2004, and either PAGS or GC (both have access to a pool of potential “Business Advisors”, such that they would be responsible for the management targets set for the “Host Subcontractor,” and for supervising the achievement of these targets. This would relieve HS 2004 staff of taking on additional supervisory tasks with the subcontractors.

These contracts should last for a period of 6 months to one year, depending on the recipient organization. The resident “Business Advisor” should have a direct line to the Executive Director of the “Host Subcontractor,” and should be instructed to bring in technical expertise from his/her “Home Organization” as needed.

3. **Instill the practice of using Institutional Support funds as investment money**, and require subcontractors to prepare projected institutional returns (financial or social), resulting from the use of these funds.

Summary of Subcontractors: Their Contributing Roles, and Recommended Actions

The Summary Table on the proceeding pages synthesizes the contributing roles of the subcontractor and describes the recommended actions to be taken with each one to ensure that they contribute effectively to the Project’s goals, receive the institutional support, in terms of management, technical and financial assistance, that will position them to become more productive organizations.

Summary Table of Subcontractors: Their Contributing Roles, and Recommended Actions

Sub-contractor	Contributing Role as Subcontractor	Recommended Action
INHSAC	Development and delivery of training programs to MOH and service delivery staff; and maintenance of a training database	<p>INHSAC should be subcontracted to do only the level of training it can absorb with minimal assistance from HS 2004. At the same time, INHSAC should receive a resident “Business Advisor” to work with the Executive Director to carry out the Core Responsibilities mentioned in Figure 1, as well as:</p> <ul style="list-style-type: none"> • Conducting a feasibility study for making a capital investment in a building. This asset would allow INHSAC to: continue to rent space, at a market rate, to client organizations; improve their regular cash-flow and elevate their level of working capital; expand into additional space as they grow, without having to rent it; and have much needed equity in the event of a major economic boost or down-turn. Possible funding sources for such a capital investment include: USAID and the Summa Foundation (http://www.summainvestments.org).
GC	Preparation of a Minimum Management Package; application of management tools, such as CORE and MOST; and training in data for decision making for service delivery organizations	<p>GC merits a review of their SOW. It may be that they should discontinue undertaking those activities which require substantial assistance from HS 2004 to implement; however, their SOW may be modified to include activities that they have the capacity to do, but that have not been explored by HS 2004, for example:</p> <ul style="list-style-type: none"> • Business incubation for younger NGOs to look at the feasibility of their business models. This would be of particular use to KF, POZ and INHSAC. It should be explored whether GC could supply these organizations with a resident “Business Advisor”, supervised by CG to help them improve their business practices (see INHSAC section) • Marketing studies for organizations overly dependent on donor and pass-through funds, such as KF, POZ, INHSAC, and IHE. • Management training to members of the AOPS Network. • Business plan and feasibility studies for KF, POZ, IHNSAC, and IHE. First, however, we should compare their business plan program with the one developed by MSH. Still, GC could serve as a delivery agent. The feasibility study might be of particular use to INHSAC, since they have been advised to make a capital investment in property. • Client satisfaction surveys for AOPS. Indeed, before any additional funds are allocated to AOPS, a complete member satisfaction survey should be carried out to assess degree of satisfaction with services, support, and areas of additional support required by members (see AOPS section). • Using their connections in the media and the private sector as a way to advance and broadcast the goals and achievements of HS 2004. • GC may have the capacity to assign “Business Advisors” to weaker Technical Partners/Subcontractors, on a medium-term basis, to help them improve their management capacity and increase their business savvy.

Summary Table of Subcontractors: Their Contributing Roles, and Recommended Actions

Sub-contractor	Contributing Role as Subcontractor	Recommended Action
IHE	Creation of a monitoring and evaluation system to capture and report on output and impact indicators; training in HIS management for service delivery organizations; and implementation of census surveys	<p>IHE's SOW should be reduced to those areas in which they have proven skills, including:</p> <ul style="list-style-type: none"> • Conducting large and small-scale surveys • Carrying out sero-prevalence studies • Establishing surveillance systems to track diseases <p>HS 2004 should provide IHE with a resident "Business Advisor" to work with the Executive Director to carry out the Core Responsibilities mentioned in Figure 1, as well as:</p> <ul style="list-style-type: none"> • Projecting the kind of technical staff complement IHE can retain on a full-time basis, based on current and new business projections. • Creating and instituting better internal management systems to handle a large workload or large sums of money. According to one of their references, IHE does not have the capacity to manage a large sum of work or money; therefore, their role in the Global Fund may prove problematic.
KF	Implementation of community mobilization activities and initiatives to empower women	<p>KF should continue to be subcontracted to assist HS 2004 with community mobilization through the training of leaders to form Promotion Cells. HS 2004 may use this community organization model for nearly all the IRS corresponding to the HS 2004 Project, where community mobilization is required. Likewise, KF has a Mass Media Network that can be utilized by HS 2004 to achieve numerous IRS.</p> <p>HS 2004 should provide one or more Technical Advisors to support KF in:</p> <ul style="list-style-type: none"> • Focusing their activities according to the IRS. • Designing a data-base to store information and data about the communities in their sphere of influence. • Monitoring and evaluation of activities and interventions, such as selecting the principal indicators for each IR and developing a basic line with the Cell's leaders. • Developing a mass media program related to the goals that could include other NGOs as well. <p>HS 2004 should provide a resident "Business Advisor" to work with the Executive Director to carry out the Core Responsibilities mentioned in Figure 1, as well as:</p> <ul style="list-style-type: none"> • Strengthening the planning process undertaken by KF, such that they can convert strategic plans into operational plans.

Summary Table of Subcontractors: Their Contributing Roles, and Recommended Actions

Sub-contractor	Contributing Role as Subcontractor	Recommended Action
PAGS	Provision of financial verification analysis to service delivery organizations; and delivery of technical assistance in financial management	<p>PAGS could expand the scope of its subcontract to include the following additional services:</p> <ul style="list-style-type: none"> • Preventive technical assistance to address, ahead of the findings, some of the difficulties that the NGOs are having in the area of financial administration (a task currently carried out by the Project). These could be discrete consultancies, with a well-defined SOW that could, in some cases, bring together several NGOs with similar difficulties. • Through COGEFOSA, a local management training and consulting firm, affiliated with PAGS, that maintains a network of qualified consultants available to be dispatched on an as -needed basis, HS 2004 could access well-trained staff, composed of the most qualified trainers and consultants; seven tested and proven courses (public management, administrative assistance, management, finances and marketing, continuous education, information systems, etc); and conference rooms equipped with state-of-the-art technology. • COGEFOSA may have the capacity to assign “Business Advisors” to weaker Technical Partners/Subcontractors, on a medium-term basis, to help them improve their management capacity and increase their business savvy.
POZ	Mobilization of the community to raise awareness of HIV/AIDS; formation of PLWA support groups; and elaboration of guidelines and curricula for the culturally sensitive delivery of prevention services to those at risk of contracting HIV, and support services to those afflicted by HIV/AIDS	<p>HS 2004 Project should continue to contract the services of POZ and support them in their institutional development. This assertion is based on the following argument:</p> <ul style="list-style-type: none"> • POZ meets a need that no one else meets, namely, de-medicalized, confidential, psycho-social support to community and individuals by being an interface with the medical establishment. • POZ makes an important contribution toward achieving the IR of reducing HIV infection, increasing access and improving quality of care. <p>Nonetheless, the HS 2004 Project should reduce the scope for POZ, allowing the organization to focus its contributions on what it does well, namely:</p> <ul style="list-style-type: none"> • Offering a drop-in and documentation center for support to HIV-infected people. • Serving as a coordinating body for all HIV/AIDS partners. • Functioning as an interface between the affected and at-risk community and the medical establishment. <p>POZ requires technical assistance from a resident “Business Advisor” to work with the Executive Director to carry out the Core Responsibilities mentioned in Figure 1, as well as:</p> <ul style="list-style-type: none"> • Assisting POZ with an analysis of monthly costs of running a drop-in center and starting up new centers.

Summary Table of Subcontractors: Their Contributing Roles, and Recommended Actions

Sub-contractor	Contributing Role as Subcontractor	Recommended Action
AOPS	Coordination and strengthening of local service delivery NGOS	<p>No further subcontract work or funds should be given to AOPS until a client member satisfaction survey is undertaken by an independent group (GC or PAGS could do this). This should be financed directly by USAID to protect HS 2004 against a conflict of interest charge. The survey should look at:</p> <ul style="list-style-type: none"> • Types of support provided by Secretariat • Level of satisfaction with support • New areas of support required/desired • Compliance with payment of fees <p>Data should be used to determine how AOPS Secretariat should be re-engineered, specifically:</p> <ul style="list-style-type: none"> • What support activities should they routinely carry out for their member organizations • What services can they render to their members that might represent a savings: customs, human resource management, grant writing, information technology support, technical and management training • What fee might they reliably collect and what costs might this cover • What kind of permanent staff does the Secretariat require <p>Technical assistance for the re-engineering of AOPS should be provided by HS 2004, once the findings from the survey are analyzed by AOPS, HS 2004, and USAID. The survey should be the priority activity for AOPS, since it is questionable whether they are functioning as a network secretariat, serving a cluster of member organization, or as a separate NGO, cannibalizing business opportunities that should be farmed out to the appropriate member organizations.</p>

Attachment 1: Assessment Primer and Instrument

Primer for Management and Technical Assessment of Technical Subcontractors

Background

The HS 2004 Project has a mandate to help achieve the USAID Strategic Objective 3 (SO3), “**Healthier families of desired size.**” The original IRS pertaining to this SO3 are:

- *IR 3.1: Increased Use of Quality Child Survival & Nutrition Services*
- *IR 3.2: Increased Use of Quality Reproductive Health Services*
- *IR 3.3: Youth Better Prepared for Responsible Family Life\Men More Engaged in Responsible Family Life*
- *IR 3.4: Women Empowered*

In pursuit of these broad goals, the Project has subcontracted to seven local NGOs (herein referred to as the *subcontractor*) to assist with specific aspects of Project implementation: INHSAC, GC, IHE, KF, PAGS, POZ, and AOPS.

Scope of Work

General

This *Scope of Work* is for experts from MSH Boston to work with MSH/HS2004 and the respective subcontractor to jointly:

- Evaluate the technical achievements and progress of the subcontractor and relate those results to the achievement of the HS 2004 Projects original mandate and USAID's Intermediate Results.
- Inventory and describe the technical products and services that will be produced by the end of the current subcontract.
- Describe how the individual technical products and services will contribute to achieving HS 2004 Project goals.
- Analyze the diversification of funding streams.
- Assess the unique competencies and comparative advantage of the subcontractor and how they can contribute to the revised HS2004 goals and revised USAID IRS:
 - *IR 3.1: Increased use of quality child survival services*
 - *IR 3.2: Increased use of quality reproductive health services*
 - *IR 3.3: Reduced transmission of selected infectious diseases*
- Determine the scope and purpose of full or partial continuation of the current subcontract through 2005, including an appropriate package of activities necessary to achieve the strategic objectives of USAID in a reduced financial resource environment.

Instrument for Management and Technical Assessment of Technical Subcontractors

Introduction

An assessment instrument has been designed to facilitate the inquiry process to be undertaken by members of the Assessment Team at those subcontractors assigned to them. All members of the Assessment Team should use this instrument to collect and organize data and information related to the following objectives:

- Evaluate the technical achievements and progress of the subcontractor and relate those results to the achievement of the HS 2004 Project Intermediate results.
- Inventory and describe the technical products and services that will be produced by the end of the current subcontract.
- Describe how the individual technical products and services will contribute to achieving HS 2004 Project goals.
- Analyze the diversification of funding streams.
- Assess the comparative advantage and unique competencies of the subcontractor.
- Determine the scope and purpose of full or partial continuation of the current subcontract, including an appropriate package of activities necessary to achieve the HS2004 Project goals and strategic objectives of USAID.

The data and information collected during the assessment exercise should be organized into a final report that includes:

- A background description of the respective subcontractor
- A list of those persons with whom you met
- A list of documents referenced
- An executive summary
- The contents of the completed assessment instrument
- Recommendations to HS2004 and USAID

Part I:

Evaluation of the technical achievements and progress of the subcontractor and relate those results to the achievement of the HS 2004 Project Intermediate results.

Instructions

Evaluate the technical achievements and progress of the subcontractor and relate those results to the achievement of the HS 2004 Project Intermediate results.

- The Team will meet with key individuals from the HS2004 Project implementation team, the respective subcontractor, USAID, and other agencies connected with this work in Haiti to:
 - Review the HS2004 goals and USAID Intermediate Results in relation to subcontract goals.
 - Identify the technical achievements and progress of the subcontractor and relate those results to the achievement of the HS 2004 Project goals and USAID Intermediate results.
 - Note that a perfect correlation will be difficult; therefore, those on the Team should consult the current SOW for the subcontractor to look for a reasonable relationship between the achievements made by the subcontractor and those made by the HS 2004 Project.

Inquiry

- What have been the major achievements of the HS 2004 Project by IR, using both the original IRS and the revised IRS? (*note*: this information will be available from the field team and will be provided to the Assessment Team)
- What have been the major achievements of the subcontractor by IR?
- Where have the major achievements of the subcontractor contributed to the achievements of the HS 2004 Project?

**Table 1: Comparative Achievements by HS 2004 and Subcontractor,
according to IR**

	HS 2004 Project	HS 2004 Project	Subcontractor	
	USAID Intermediate Results <i>Original/Revised</i>	Achievements by IR	Achievements by IR	Description of Relationship between Achievements and HS 2004 Project Goals
O r i g i n a l I R s	<i>IR 3.1: Increased Use of Quality Child Survival & Nutrition Services</i>			
	<i>IR 3.2: Increased Use of Quality Reproductive Health Services</i>			
	<i>IR 3.3: Youth Better Prepared for Responsible Family Life \ Men More Engaged in Responsible Family Life</i>			
	<i>IR 3.4: Women Empowered</i>			
R e v i s e d I R s	IR 3.1: Increased use of quality child survival services			
	IR 3.2: Increased use of quality reproductive health services			
	IR 3.3: Reduced transmission of selected infectious diseases			

Part II:

Inventory and description of the technical products and services that will be produced by the end of the current subcontract.

Term	Key Distinctions and Definitions
Product	<i>A product is something that can be packaged, priced and delivered at a number of sites. It is something that has a defined purpose and use. Using a product does not require interface with another individual. Examples of products include: Tools, guide lines, or manuals.</i>
Service	<i>A service is also something that can be packaged, priced and delivered at a number of sites; however, it is something delivered in response to a need and often requires at least some interaction with another individual (even if virtually). Examples of services include: pap smears, surgery, consultations, and consulting.</i>

Instructions

Inventory and describe the technical products and services that will be produced by the end of the current subcontract.

- The Team will work with members of the HS 2004 Project implementation team, and the staff of the respective subcontractor to understand and describe the technical products and services that currently exist and those that 1) will be produced during the remainder of the current subcontract, and 2) could be produced over the next two years.

Inquiry: Current Scope

Product Scope

- What products does the subcontractor currently offer?

Service Scope

- What services are currently available through the subcontractor?

Market Scope

- Which segment(s) of the market is the subcontractor currently targeting (men, women, children, pregnant women, etc.)?

Geographic Scope

- What geographic area(s) are is the subcontractor currently covering?

Inquiry: Scheduled Scope

Product Scope

- What products does the subcontractor plan to add to the inventory before 2005 ?

Service Scope

- What services does the subcontractor plan to add to the inventory before 2005?

Market Scope

- Which *segment(s) of the current market* does the subcontractor intend to target (men, women, children, pregnant women, etc) with the *new product(s) or service(s)* before 2005?
- Conversely, into which *new segment(s) of the market* does the subcontractor intend to introduce *current products and services*?

Geographic Scope

- Which *current geographic area(s)* does the subcontractor intend to cover with the *new product(s) or service(s)* before 2005?
- Conversely, into which *new geographic areas* does the subcontractor intend to introduce *current products and services*?

Table 4: Scheduled Product Inventory

Column I: Product Scope	Column II: Strategic Positioning of Products	
Products	Market Scope	Geographic Scope
<i>Note if it is an existing Product</i>	<i>List the intended target market for the particular product.</i>	<i>Note the geographic area in which this product will be used</i>

Table 5: Scheduled Service Inventory

Column I: Service Scope	Column II: Strategic Positioning of Services	
Services	Market Scope	Geographic Scope
<i>Note if it is an existing Service</i>	<i>List the intended target market for the particular service</i>	<i>Note the geographic area in which this service will be delivered</i>

Part III:

Description of how the individual technical products and services can contribute to achieving HS 2004 Project goals.

Instructions

Describe how the individual technical products and services can contribute to achieving HS 2004 Project goals.

- The Team will analyze how the individual technical products and services can contribute to achieving HS 2004 Project goals.

Inquiry

- Which of the products listed in Tables 2 & 4 contribute to the goals of the HS 2004 Project?
- Which of the services listed in Tables 3 & 5 contribute to the goals of the HS 2004 Project?

Table 6: Subcontractor Current Contributions to Project Activities

Current Areas	Products Contributing	Services Contributing
Child Health		
Reproductive Health		
Infectious Diseases		

- Which of the products and services listed in Tables 2-5 can contribute to new activities in the areas of:
 - HIV/AIDS
 - Tuberculosis
 - Commodities logistics (essential drugs, FP supplies)
 - Collaborative relationship with MSPP
 - Increased emphasis on maternal health
 - Expansion of focus to national program and departmental level

Table 7: Subcontractor Potential to Contribute to New Project Activities

New Areas	Products Contributing	Services Contributing
HIV/AIDS		
TB		
Commodities		
Work w/ MSPP ⁴		
Maternal Health		
Work at Dept. level ⁵		

***Make specific reference to the revised framework and revised USAID IRs**

**Part IV:
Analysis of the diversification of funding streams.**

Instructions

Analyze the diversification of funding streams.

- The Team will review the respective subcontractor’s funding streams and prepare a percent distribution (pie chart) of the various streams. This should be done for the last two years.
- Please note, this may not be possible to do due to the lack of available data. Please note in your report if this part of the assessment could not be done.

Inquiry

- What were the sources of funding for the subcontractor in 2000? In 2001? In 2002?
- What changes do you observe between 2000 and 2002 in terms of the distribution of funding sources?
- What trends do these observations suggest?

Table 8: Diversification of Subcontractor’s Funding Streams, 2000

Funding Source	Amount	% of Total Amount
TOTAL		

⁴ refer to Geographic & Market Scope in Tables 2-5

⁵ refer to Geographic & Market Scope in Tables 2-5

Table 9: Diversification of Subcontractor’s Funding Streams, 2001

Funding Source	Amount	% of Total Amount
TOTAL		

Table 10: Diversification of Subcontractor’s Funding Streams, 2002

Funding Source	Amount	% of Total Amount
TOTAL		

Part V:

Assessment of the unique competencies of the subcontractor.

Instructions

Assess the unique competencies of the subcontractor.

- Unique competencies are the capabilities that set the organization apart from its competitors, giving the organization a unique and sustainable advantage.
- The Team will make specific recommendations for improvements in management, leadership and technical capacities in support of future activities.
- The Team will make specific requirements for improvements in management, leadership and technical capacities necessary in relation to HS2004 program needs.
- Please note that the following inquiry is designed to guide the assessment process, and need not be applied as a survey. It should serve the Team in the collection and organization of information related to the subcontractor’s core competencies.

Inquiry: Management Capacity

Planning

1. How does the subcontractor currently set short-term goals and performance results?
2. How does the subcontractor currently develop multi-year and annual plans?
3. How does the subcontractor currently allocate resources (money, people, and materials)?
4. How could any of these functions be carried out better in the future?

Organizing

1. Does the subcontractor currently ensure a clear structure of accountability and authority?
2. Does the subcontractor currently have in place effective systems in human resource management, finance, logistics, quality assurance, operations, information, and marketing?
3. How could the subcontractor strengthen these structures and systems in the future?

Implementing

1. How does the subcontractor currently balance competing demands with available resources?
2. How could the subcontractor better coordinate demands and work flow in the future?

Monitoring and Evaluation

1. How does the subcontractor currently monitor and evaluate progress and results against plans?
2. How does the subcontractor currently provide feedback and make adjustments based on the results?
3. What could the subcontractor do to strengthen its ability to monitor and evaluate progress and results in the future?

Inquiry: Leadership Capacity

Scanning

1. Does the leadership of the subcontractor track the challenges and needs of both external and internal clients, as well as stakeholder?
2. Does the leadership of the subcontractor communicate to the staff the challenges and needs of clients and stakeholder?
3. How could leadership carry out these functions more effectively?

Focusing

1. Does the leadership of the subcontractor engage the staff in strategic thinking?
2. How does the subcontractor identify priority products, services, and competencies to be developed and delivered to the client?
3. Which of these functions does the leadership of the subcontractor need to do better and how?

Aligning and Mobilizing

1. Does the leadership of the subcontractor ensure the congruence of the mission, strategy, structure, systems, motivation, and daily actions?
2. Does leadership require that rewards and recognition be linked to achievement of results?
3. Which of these functions does the leadership of the subcontractor need to do better and how?

Inspiring

1. Does the leadership of the subcontractor provide staff with clear challenges?
2. How does the leadership of the subcontractor acknowledge and reward accomplishments?
3. How does the leadership of the subcontractor support creativity, innovation, and learning?
4. Which of these functions does the leadership of the subcontractor need to do better and how?

Inquiry: Technical Capacity

1. What are the technical competencies that currently exist in the subcontractor's organization?
2. Which of these are central to the work that is carried out by the subcontractor?
3. Which of these are unique to the subcontractor?
4. What new competencies might the subcontractor need to develop or hire?

Part VI:

Scope and purpose of full or partial continuation of the current subcontract, including an appropriate package of activities necessary to achieve the intermediate results of HS 2004.

Instructions

- Prepare a summary statement with your analysis and conclusions that supports or rejects the continuation of the current subcontract.
- If you support the continuation of this subcontractor, indicate those activities that the subcontractor is best suited to undertake to contribute to the IRS of HS 2004. If you feel the subcontractor is particularly weak, indicate the areas of weakness or non-alignment with HS 2004 goals. Make recommendations and present rationale for any priority technical assistance or support that the subcontractor needs in order to appropriately meet the needs of HS2004 and USAID.
- Include in the summary statement a description of those areas in which the subcontractor feels the HS 2004 Project team is particularly strong in terms of its support to the subcontractor, and those areas in which the Project team needs to improve its support (*note*: this should refer only to management, leadership and technical support, and not to financial support).

Attachment 2: Instructions for Application of Assessment Instrument

Step 1: Briefing with HS 2004 COP and Liaison

- Each member of the Assessment Team will meet with the HS 2004 Liaison to:
 - Get background information on the Subcontractor
 - Identify a list of 2-3 references for the Subcontractor to be checked by the member of the Assessment Team
 - Schedule a final Debriefing Meeting for the end of the week
- The Assessment Team member and the Liaisons are as follows:
 - INHSAC: Judy meets with Marie Christine Bisson
 - IHE: Judy meets with Pasquale Farese
 - KF: Susana meets with Paul Auxila and Elsie Laudent
 - AOPS: Judy and Elena meet with Paul Auxila
 - PAGS: Judy and Elena meet with Uder Antoine
 - GC: Judy and Elena meet with Uder Antoine
 - POZ: Elke meets with George DuBuche and Florence Guillaume
- Louise of HS 2004 is coordinating all of these meetings and will make sure they are scheduled early in your trips

Step 2: Introductory Session with Subcontractor

- Each member of the Assessment Team will hold an introductory meeting with their assigned Subcontractor(s). These meetings will be convened to:
 - Introduce and review the Assessment Instrument, and explain its purpose
 - Leave a copy of the Assessment Instrument (hardcopy and diskette)
 - Collect brochures, annual reports and other background materials about the Subcontractor
 - Get a list of 2-3 possible references
 - Schedule the Check-up Meeting and the Close-out Meeting with the Subcontractor (see steps 4 & 6)
- Louise of HS 2004 has/will schedule the Introductory Meeting with each of the Subcontractors. Please see attached for details
- The Assessment Team member is required to schedule the Check-up Meeting and the Close-out Meeting with those Subcontractors assigned to them
- The Subcontractor is required to schedule and confirm the appointments with the decided upon references for the Assessment Team member assigned to them

Step 3: Briefing with USAID

- Each member of the Assessment Team is required to have a short briefing with USAID
- Louise of HS 2004 will schedule these meetings and Paul will accompany the Assessment Team member

Step 4: Check-up Meeting with Subcontractor

- Each member of the Assessment Team should schedule a mid-week Check-up Meeting with the Subcontractor assigned to them. These meetings are intended to:
 - Review progress made by the Subcontractor in completing the Assessment Instrument
 - Clarify any points of confusion expressed by the Subcontractor

Step 5: Meetings with References

- These meetings are to be scheduled by the Subcontractor
- These meetings can take place at any time during the TDY after the Introductory Session with the Subcontractor (Step 2)
- The purpose of these meetings is to gather supplemental, qualitative information about the Subcontractor from staff, clients, board members, etc

Step 6: Close-out Meeting with Subcontractor

- Each member of the Assessment Team should schedule a final Close-out Meeting with the Subcontractor assigned to them. These meetings should take place at the end of the week, and are intended to:
 - Review the completed Assessment Instrument with the Subcontractor
 - Clarify any points of confusion expressed by the Subcontractor
- In the event the Assessment Instrument has not yet been completed, the Assessment Team member is responsible for making arrangements to have it completed and sent to them via e-mail ASAP

Step 7: Debriefing Meeting with HS 2004 Liaison

- Each member of the Assessment Team should schedule a final Debriefing Meeting with the appropriate HS 2004 Liaison (Step 1). These meetings should take place at the end of the week, and are intended to:
 - Review the completed Assessment Instrument with the Liaison
 - Clarify any discrepancies found in the completed Assessment Instrument

Step 8: Preparation and Submission of Report to Assessment Team Leader

- Each member of the Assessment Team is required to prepare and submit their report to the Assessment Team Leader. The data and information collected during the assessment exercise should be organized into a final report that includes:
 - A background description of the respective subcontractor
 - A list of those persons with whom you met
 - A list of documents referenced
 - An executive summary
 - The contents of the completed assessment instrument
 - Recommendations to HS2004 and USAID