The Management and Leadership Program Semiannual Report

July 1, 2004 – December 31, 2004

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Management and Leadership Program
Management Sciences for Health
Boston, MA 02139
Telephone: (617) 250-9500
www.msh.org/mandl

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The M&L Semiannual Report

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USAID FROM THE AMERICAN PEOPLE

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INTRODUCTION

USAID's M&L cooperative agreement has already received 95.2% of the new $75.8 million ceiling—an indicator of the ongoing demand for leadership and management development in the field. It is also an indication of the relevance and replicability of the investments made in programs, approaches, and tools under the M&L program.

Of course leadership, management, and organizational development are but means to achieve results in service delivery. Furthermore, improvements in systems, new policies and programs—at the organizational and national levels—are also only means to provide a firm basis for achieving and sustaining results that improve family planning and other health services.

In the last six months, USAID, through the M&L program, has enabled client organizations and national governments achieve results, supported by leadership skills and management systems. Some examples:

- Nicaragua—improving the leadership and management structure and competencies across sectors through work with Ministry of Health, the Ministry of the Family, the Ministry of Education, the National Social Security Institute, and the municipal government of Waslala, and Profamilia (page iv).
- Uganda—improving the capacity of the Ministry of Health in Uganda to absorb and manage new HIV/AIDS funding; creating effective systems to expand HIV/AIDS services (page vii).
- Mozambique—improving the Integrated Management of Childhood Illness Program through support in curriculum development, creating training plans and manuals (page ix).
- APROFAM—continuing to expand access to family planning services and to increase its financial sustainability (page xv).

In the domain of global leadership, the Virtual Leadership Development program—a program that has reached nearly 700 health leaders and managers in 28 countries—has been published in USAID's HIV/AIDS Electronic Newsletter, *Global HealthLink,* and the American Bar Association's Human Rights magazine. Two teams from USAID's Flexible Fund participated in September, showing how this program is being replicated.

M&L continues to co-chair the MAQ committee on "leading change" and is finalizing a publication on this to support other organizations in their work of scaling-up best practices.

The knowledge generated within the M&L program continued to be shared with other Cooperating Agencies. M&L and ACQUIRE held two in-depth meetings sharing lessons learned and tools in the area of "knowledge to practice." M&L hosted a one day workshop with CARE, EngenderHealth, ADRA, IntraHealth, FHI, and the Population Council to establish the basis for working together on common leadership and management challenges.

This semiannual report provides information on M&L in the period July – December, 2004.

HIGHLIGHTS

Progress and Impact of the Scale-Up of Leadership and Management Initiatives in Nicaragua

The Leadership and Management in Health Project in Nicaragua is M&L's largest field-supported program, and one of its most comprehensive. In the last six months the program has continued to provide comprehensive technical assistance to six public sector and non-governmental organizations: the Ministry of Health (MOH), the Ministry of the Family (MiFamilia), the Ministry of Education, the National Social Security Institute (INSS), the municipal government of Waslala, and Profamilia, Nicaragua's IPPF affiliate. M&L's work in leadership and management development is enabling USAID/Nicaragua's social sector partners to identify and address strategic institutional challenges.

Multi-Sector Work: Transfer of an Institutional Modernization and Reform Approach from One Ministry to Another

M&L began working with the MOH at the central level in April 2003. In close cooperation with the World Bank and the InterAmerican Development Bank's "Modernization of the Health Sector Project," M&L played the lead technical role in designing the MOH's institutional reform and modernization program. Central to M&L's approach is introducing a new way of operating within the MOH by simplifying structures, clarifying roles and responsibilities, and establishing clear results and process indicators for monitoring performance. This massive redesign has been completed, with an implementation plan developed and approved by the government.

The results of M&L's work with the MOH include: the legal reform of the MOH under a new, decentralized structure; all key tools and processes for the modernized and decentralized MOH developed and ready for implementation; human resource and financial systems decentralized; and a finalized 2006 budget and Annual Operating Plan based on a service-contracting model.

M&L began working with MiFamilia in January 2004, using the same institutional reform and modernization process and methodology applied with the MOH. Since January, M&L has assisted in: the development of the Service Delivery Model, which is used to coordinate and organize most of the donor assistance; the design and operationalization of the planning system; the design of the special social protection system; and the development of leadership capacity among senior central level staff 15 Delegations (MiFamilia is organized into 23 Delegations, or departments). M&L also facilitated the introduction of the Quality Assurance Project's rapid quality improvement approach into the MiFamilia delegations.

M&L will continue to work with MiFamilia. Expected results are: a fully operationalized and streamlined special protection program and social assistance program; a plan for integrating the social protection programs; costing of key services; development of a monitoring instrument for

services; and a management performance monitoring system that will integrate quality, cost, and productivity data.

The Ministry of Education (MOE) is the newest M&L client. M&L worked with the Ministry in leadership development and institutional reform from July to December 2004. For the leadership development program, the Ministry chose the introduction of a competency-based curriculum as its organizational challenge. In February 2005, the MOE will introduce its new competency-based curriculum into several hundred schools—as many as 10 percent of all schools in the country—while creating an environment conducive to change as a result of the leadership training.

The MOE will carry out institutional reform with World Bank financing. Based on our experience with the MOH and MiFamilia, M&L is designing the Terms of Reference for the World Bank. Over the next six months M&L will provide oversight of the contracted management consulting firm for the Ministry to assure the quality of the technical assistance. The result will be a well-designed restructuring of the Ministry that facilitates decentralization and is consistent with the new competency-based curriculum.

Scaling Up Fully Functional Service Delivery Points

M&L has built on the PROSALUD Bilateral's Fully Functional Service Delivery Point approach, adapting it to the MOH context and implementing it as a comprehensive health management system called "AMAS." This system has been applied in all MOH primary health care facilities and has contributed to clearly identified improvements in service quality. For example, two recent studies have revealed improvements in coverage of maternal and child health services. M&L and the MOH are ensuring that the AMAS approach is incorporated into the institutional reform and modernization process discussed above.

Preliminary data from the Nicaragua MOH for 2004 shows the impact of the application of AMAS on primary health care in eight SILAIS.

MOH Indicator	Improvement Range Among Facilities
Growth and development surveillance rate for children under one year of age	4.6 % – 53.4 %
Growth and development surveillance rate for children aged one to four years	1.7 % – 21.7 %
Immunization coverage (BCG) for children younger than one	2.8 % – 40.5 %
MMR immunization coverage for children younger than one	5.9% – 55 %
Prenatal care utilization rate	6.3% – 42.2%
Delivery in MOH facilities	1.4% – 35.1%
Early infant health care (first month of life) coverage rate	6.3% – 51.9%
Family Planning coverage rate	3.7% – 28.4%

Leadership Development Programs

Leadership development has been central to the dual challenges of improved service delivery and institutional modernization among M&L's client organizations. In the MOH, M&L's Leadership Development Program has directly trained over 2,000 managers and health personnel and facilitated the training of close to 2,000 more with funding leveraged from other donors. The leadership program was implemented by M&L in 63 municipalities of eight SILAIS (regions), and by PROSILAIS (another project and funding mechanism) in an additional three SILAIS and their municipalities.

To reach these numbers of people, the M&L program built a facilitators network at all levels in the MOH including:

- 10 Facilitators at the central level in the Training Division
- 48 Facilitators at regional level (SILAIS)
- 161 Facilitators at the municipal level
- 8 Facilitators from M&L's team in Nicaragua

In addition to scaling up the Leadership Development program in the MOH, M&L completed the delivery of leadership development programs in the Ministry of the Family and the National Institute of Social Security in this reporting period.

Finally, close to 100 rural leaders completed a leadership development program in the municipality of Waslala, and an additional 120 rural community leaders are currently in a leadership development program. The rural leaders have produced a series of important community development actions that favorably impact health. For example, two leaders built school kitchens to improve the nutrition of community children. Other leaders built a community house where community members can have meetings and trainings and conduct health promotion and prevention activities, such as weighing and measuring children. Others improved a road to the school, while still others held community clean-up campaigns, and are negotiating with potential donors to help implement community-wide potable water systems.

Response to HIV/AIDS Crisis in Uganda Underway

Uganda is receiving substantial resources from the Global Fund against AIDS, Tuberculosis, and Malaria (GFATM), the President's Emergency Plan for AIDS Relief (PEPFAR), and the Multi-Sectoral AIDS Project (MAP) to scale up HIV/AIDS services. M&L's Uganda program focuses on improving the capacity to absorb and manage these funds, and creating effective systems to enable civil society to play effective roles in expanding HIV/AIDS services.

During this six-month reporting period, the M&L Uganda program:

- conducted a rapid assessment of the Human Resource (HR) implications of scaling up HIV/AIDS services;
- developed and launched the Inter Religious Council of Uganda's (IRCU) PEPFAR HIV/AIDS Care and Support Grants Program.

Rapid Assessment of the Human Resource Implications of Scaling Up HIV/AIDS Services

One of the greatest constraints to scaling up HIV/AIDS programs is the shortage of qualified health workers. At the request of USAID/Uganda, M&L conducted a nation-wide HR assessment in August/September 2004.

The assessment team met with key stakeholders and collaborators to gather information on HR studies/projects being undertaken and to obtain agreement with donors and the MOH Policy Advisory Committee (HPAC) on the sites and organizations to be interviewed. The team visited the selected sites and conducted interviews and focus group discussions on the root causes of identified barriers to Human Capacity Development (HCD). The HCD framework was used to further analyze barriers in the four components of the framework (Policy, HR Management, Leadership, and Partnerships). The framework helped identify actions that needed to be taken across sectors to develop an HR strategy that would result in an adequate and sustainable workforce.

The assessment report highlights specific, actionable short-term solutions and long-term recommendations to improve overall HCD, focusing on key issue areas surrounding:

1. health workforce planning;
2. supply of human resources for health and quality of existing staff;
3. distribution of the workforce;
4. motivation, supervision and staff retention;
5. HIV/AIDS and the health workforce.

While the assessment findings are not new, and certainly not applicable only to Uganda, the study brought attention to priority HR issues. It has led to the development of an HCD strategy that provides actionable solutions and shows that some of these seemingly daunting challenges can be addressed in a systematic way, with committed national leadership and continued donor support. The assessment findings were officially presented and recommendations were shared with key stakeholders and donors at a HPAC meeting in October 2004. An HR working group

was tasked with developing a mechanism for wider dissemination and eventual implementation of some of the recommendations. The assessment recommendations were also used to guide Uganda's Fiscal Year 2005 PEPFAR Country Operational Plan. As a result, USAID/Uganda has set aside funds for next year for the new Capacity Project to implement some of these recommendations.

IRCU's PEPFAR HIV/AIDS Care and Support Grants Program Is Underway

IRCU was selected as a Lead Agency by GFATM to receive HIV/AIDS funds and is among the major partners of the United States Government in implementing PEPFAR. Through its network of Faith Based Organizations (FBOs), IRCU plays a critical role in expanding HIV/AIDS services by channeling resources to the community level. M&L is providing technical assistance to IRCU to strengthen their management capacity to issue grants to FBOs and to more effectively plan, coordinate, monitor, and evaluate the FBOs' response to the HIV/AIDS epidemic.

In the past six months M&L's technical assistance to IRCU focused on the development of their PEPFAR HIV/AIDS Care and Support Grants Program, an initiative of $1.7 million expected to reach 10,000 beneficiaries through 15 implementing organizations. M&L staff, together with IRCU staff, defined the kinds of activities to be supported under this program and developed an assessment tool designed to measure potential grant recipients' management and technical capacity. In September 2004, two teams of four technical staff visited 23 nominated organizations to assess their capacity to manage PEPFAR grants and carry out HIV/AIDS care and support activities. Of the 23 organizations assessed, 15 were selected. Inn October 2004, the selected organizations attended a three-day workshop where they received orientation regarding the design and expectations of the grants program and used the performance improvement methodology to develop their HIV/AIDS care and support activity plans and budgets. M&L also assisted IRCU in the design and development of a three-tiered grants program, and an M&E framework and service delivery/financial reporting tools and mechanisms to effectively monitor FBO grant activities.

In the past six months, as a result of M&L's technical assistance to IRCU, the implementing organizations have the resources in hand to expand their HIV/AIDS care and support activities. The IRCU has the necessary tools to effectively manage the grants and monitor progress. The activities supported under this grants program focus on creating a supportive environment that helps people living with HIV/AIDS live a productive life, share their sero status with their significant others, seek HIV/AIDS services, and ultimately delay progression of HIV to AIDS. Programmed grant activities began November 1, 2004, and the first quarterly report from the FBO grantees is due mid-February 2005.

Mozambique: Integrated Management of Childhood Illness

The M&L Program assisted the National Integrated Management of Childhood Illness (IMCI) Program in Mozambique from September 2003 through August 2004 by providing logistics support to the development of management systems and educational materials for training medical and paramedical staff in IMCI.

The IMCI Program of the Ministry of Health of Mozambique (MOH) is focused on assisting the Child Health Section of the Department of Community Health to improve the quality of childcare in the health system, leading to the reduction of morbidity and mortality of neonates, infants, and children, within the context of the overall goal of the National Integrated Health Plan.

The relatively recent introduction of the IMCI Program in Mozambique by the World Health Organization (WHO), required extensive training and refresher training for all senior health care staff and institutionalization of IMCI in educational institutions that train health care providers. It also required that educational materials, namely a standard set of IMCI manuals in Portuguese, be made available in the health sector. M&L provided logistical support for IMCI training and IMCI management information systems.

Development of IMCI Training Manuals

Six Integrated Management of Childhood Illnesses training manuals were produced and are now in print and electronic format:

- Preservice
- Caring for a Child with a Severe Infection or Malnutrition
- IMCI Emergency, Triage, and Assessment
- Malaria Drug Policy and Macro Nutrients Initiative
- HIV and Prevention of Mother-to-Child Transmission
- Counseling and Caring for Children Suffering from HIV/AIDS

It is estimated that 80 percent of clinical staff in each of the six provinces (Gaza, Sofala, Nampula, Zambezia, Niassa, and Manica) receiving the manuals will reference the learner section of the manuals. This includes doctors, nurses, medical technicians, and other health personnel. Additionally, 12–18 teachers from the six provinces will use the tutor section of the manuals to provide instruction in provincial health institutes.

IMCI Trainers and Facilitators Are Trained

IMCI trainers were trained in the Faculty of Medicine and Paramedical Schools and facilitators were trained in IMCI Emergency Triage and Assessment in the provinces of Gaza, Sofala, Nampula, Zambezia, Niassa, and Manica.

A training plan and three regional workshops were completed, bringing together participants from six provinces. Sixty-five health personnel from the central and provincial levels were

trained as facilitators and trainers who could provide district wide training to peripheral health staff in these workshops.

IMCI Curriculum Development

Logistics support was provided for IMCI curriculum development workshops that established a process for the incorporation of revised IMCI curriculum into schools of public health and medical faculties in six provinces.

Initial contact was established with curriculum boards of schools of public health and medical faculties. Discussions focused on introducing the revised IMCI curriculum and holding trainings for facilitators of IMCI training. Three regional workshops were held to facilitate curriculum changes at the institutions. All attending institutions committed to updating their existing curriculums by including the new IMCI training manuals.

Database

Initial database assessments, technology upgrades, and training plans for database use were conducted in the provinces of Gaza, Sofala, Nampula, Zambezia, Niassa, Manica, and Inhambane by the M&L local professional database manager. The IMCI database software has been upgraded from FoxBASE to Access, a more advanced system.

IMCI database training sessions were conducted in seven provinces, with two to three participants per province. Training included database navigation, data entry, and generation of reports. Participants were given a database user manual, produced by the M&L local professional database manager for future reference.

One round of follow up visits was conducted after the training by the local professional database manager. Some provinces experienced additional technology constraints with damaged and infected computers. In these instances the database was reinstalled to enable proper use. An evaluation plan for provincial-level training has been written and finalized.

Conclusion and Looking Forward

With the assistance of M&L, the Mozambique MOH is using WHO guidelines for IMCI training and has updated IMCI training manuals in Portuguese available for use within the MOH and within schools of public health and medical faculties (as of August 2004). There is also a commitment on the part of schools of public health and medical faculties to integrate IMCI training in school curriculums. Also, seven provinces have access to the IMCI management information system and have been trained to both collect and enter information and to access and use information for decision making.

M&L recommendations to the MOH include: continue to strengthen IMCI training in schools of public health and medical faculties; continue making relevant IMCI training materials available in Portuguese; continue encouraging regular use of the IMCI database not only for collecting data but for planning and evaluation purposes; build the MOH's central- and provincial-level capacity in monitoring and evaluation of IMCI activities; and expand IMCI strategies to other provinces.

MILESTONES

During this reporting period M&L achieved important milestones in many projects and activities. We offer descriptions of some milestones below, organized by the USAID Office of Population/ Reproductive Health's Intermediate Results.

Global Leadership

The Virtual Leadership Development Program Offered in Anglophone Africa

The Virtual Leadership Development Program (VLDP) was offered for the first time in Anglophone Africa from March 29 to June 18, 2004. Seven modules, employing a blended learning approach and adapted for organizations working in reproductive health and HIV/AIDS, were delivered over a 12-week period. The 65 participants in the first Africa VLDP came from 10 teams from 6 African countries; Nigeria, Kenya, Uganda, Eritrea, Malawi; and Madagascar. The success of the first VLDP in Africa led to a second offering from September 13 to December 3, 2004. The 95 Participants in VLDP Africa 2 came from 11 teams from 5 countries - Uganda, Kenya, Malawi, South Africa, and India.

The goal of the VLDP in Africa in PY4 and PY5 was to build organizational capacity among teams engaged in Reproductive Health or combating HIV/AIDS in order to meet specific institutional challenges in their organizations. As in previous VLDPs in Latin America and the Caribbean, teams learned to:

- Identify a key leadership challenge related to improving organizational performance or reproductive health services for clients served by their organizations
- Develop a plan to effectively respond to the leadership challenge they have identified
- Align and mobilize people, systems, and resources to meet their challenge

A follow-up evaluation of the two Africa VLDPs has been designed and will be completed in May 2005.

Validation of the Workgroup Climate Assessment

The objective of this special study was to validate the Workgroup Climate Assessment (WCA) tool. The WCA is designed to measure climate among intact teams or workgroups in the health sector of developing countries. It is the first assessment tool that has been developed for this purpose. The results of this study include:

- The study confirmed the validity and reliability of the WCA across workgroups with different characteristics (gender, education, management level, and geographic location).
- Of the 21 climate items tested, the study identified 8 that offer the greatest measurement power for the least number of questions.

- The internal consistency of the eight-item WCA was high across workgroups indicating that the individual items in the instrument are associated with each other and all appear to be measuring the same underlying construct, that is, workgroup climate.
- The eight items selected correlate well with 24 climate items from the Stringer "gold standard" climate instrument, indicating the WCA scale captures the same underlying construct as the Stringer scale in differentiating climate between workgroups.

This special study has been submitted by MSH for publication in an online journal, *Human Resources for Health*. Colleagues from the Population Leadership Program and Population Council have agreed to serve as external reviewers for the journal.

Tanzania: M&L Support of the Tanzanian Mainland Global Fund Country Coordinating Mechanism

M&L has provided support in proposal development, implementation planning, and strengthening of the Tanzanian Mainland Global Fund Country Coordinating Mechanism (GFCCM). Assistance has been provided to develop, coordinate, and monitor large scale multi-sectoral plans for the Global Fund and other new international donors.

The Global Fund Round 3 agreement for $488 million over five years was signed on August 31, 2004. The Round 3 project is entitled "Scaling-up access to quality VCT as an entry point to comprehensive care and support services for TB and HIV/AIDS in Tanzania Mainland through a coordinated multi-sectoral partnership." MSH coordinated the technical negotiation team, with additional technical support provided through a sub-contract with Deloitte. The efforts of MSH in supporting the GFCCM and the Global Fund process in Tanzania were recognized by many (informally) at the signing ceremony. The Chair of the GFCCM, the PS-PMO called MSH "the brains of the Global Fund in Tanzania."

The Global Fund Round 4 implementation plans and budgets were submitted for signature in December 2004. Signature is expected in February 2005. For the HIV/AIDS component, the total requested funding is more than $293 million for five years. Tanzania has requested $58 million for Orphans and Vulnerable Children; $18 million for Condoms; $207 million for Care and Treatment (for two years); more than $5 million for Monitoring and Evaluation; and $4 million for National Coordination. For the Malaria component, the total requested funding for three years is approximately $89 million.

Knowledge Generation

Global Exchange Network

The Global Exchange Network for Reproductive Health promotes the exchange of information and best practices among countries (Colombia, Ecuador, Mexico, Morocco, and Turkey) which have "graduated" from population assistance. The Web site was launched in July 2004, linking members to each other and to the best information on family planning; 67 participants from Latin American family planning institutions took part in a virtual leadership program to discuss the common challenge of repositioning family planning on the national agenda.

www.msh.org/rhglobalexchange

LeaderNet

LeaderNet held its first multilingual forum in October. (Previous forums have been moderated in one language.) Materials provided were in English, Spanish, and Portuguese. The moderator posted her messages and highlights every day in English. A Spanish translation was provided within hours. Thought-provoking contributions to the discussion were translated within hours as well in order to facilitate conversation among the Spanish, Portuguese, and English speakers. This forum on "Leadership and Ethics" had participants from Uganda, Egypt, Kenya, Ghana, Nicaragua, Mexico, Ecuador, Guatemala, Brazil, Bolivia, Peru, Trinidad and Tobago, Belize, Suriname, and the Netherlands Antilles. Participants reported that the highlight of the Forum was the "exchange of experiences in different parts of the world with people of different cultures and needs."

http://erc.msh.org/leadernet/

Health Manager's Toolkit: Nine-fold Increase in Visitors in the Past Year

The Toolkit has seen a number of improvements made in the first half of PY5. They include: an alphabetical list of the tools added to the navigation bar for users who prefer to scroll through all the tools; a link to "Resources for Emergency Contraceptive Pill Programming: A Toolkit developed by PATH"; a link to the "PHRplus Health Reform Series Tools" developed by Partners for Health Reform Plus; an update to version 2.0 of the "Human Resources Management Rapid Assessment Tool for HIV/AIDS Environments"; and preparation for a CD-ROM which will be disseminated to MSH field offices and toolkit users. The Toolkit was presented, as a part of the Electronic Resource Center, at the American Public Health Association annual conference in November; new product information from private and public organizations was researched at the APHA. Our Webtrends report shows a more than nine-fold sustained increase in monthly visitors during the last year (with an average of 14,700 per month) as the Toolkit continues to be promoted and used as a resource in many of our programs.

http://erc.msh.org/toolkit

The Virtual Center for Leadership and Management Is Launched

The Virtual Center for Leadership and Management (VCLM) is a Web-based mechanism that integrates and supports M&L's electronic information resources, online communities of practice, and virtual programs. It provides easy cross-links for members of the TCNetwork, the Communities of Practice, LeaderNet, the Global Exchange Network for Reproductive Health, the Electronic Resource Center, the Virtual Leadership Development Program, and the Business Planning Program. The VCLM is being used by members to learn more about integrated electronic products. The product information posted—including the slideshows—is being adapted by members for presentations to clients.

http://erc.msh.org/vclm/

The Latest Issue of *The Manager* Sponsored by M&L Is Released

"Tackling the Crisis in Human Capacity Development for Health Services," provides a comprehensive framework for addressing human capacity development and presents steps for developing a strategy that will help managers sustain a supply of adequately trained health staff. It examines four components of planning and managing the workforce: policy and financial requirements, human resource management, partnerships, and leadership. The accompanying case scenario may be used for staff development and training. Each issue of *The Manager* is distributed to more than 8,000 health managers worldwide. This issue is also available on the MSH Web site and will be translated into French and Spanish during the next reporting period.

Evaluation Activities

Evaluations completed this period include the follow up of Virtual Leadership Development Program Latin America Cohorts 1–3, the Cross Program Review, the Work Climate Assessment technical report and article, and the Human Capacity Development evaluation. Other in-depth evaluations have been conducted and the reports are awaiting finalization including M&L-Prime collaboration in Armenia and the Synthesis report on Leadership Development Programs. Evaluations of Mozambique and the Indicator Inventory are currently under way.

www.msh.org/mandl/evaluation_notes

Support to the Field

APROFAM Continues to Expand FP/RH Services While Addressing Its Financial Sustainability

Over the past six years APROFAM has made great strides in its goals of becoming self-financed and expanding access to family planning (FP) and other reproductive health (RH) services. Building on past assistance provided by MSH, APROFAM has achieved the following gains between 2003 and 2004:

INDICATOR	Previous Level	Current Level
Couple Years of Protection	94,407 (2003)	97,867 (2004)
• Modern methods (pill, condom, injectable, IUD)	49,087 (2003)	51,436 (2004)
• Permanent methods (male and female sterilization)	45,320 (2003)	46,431 (2004)
Sustainability Rate	81% (2002)	84.61% (2004)

Business Planning Program Replicated with NicaSalud

Between February and July, 2004, a four-person team representing the PROCOSI Secretariat, Save the Children/Bolivia (a member of the PROCOSI network), and MSH/Bolivia, delivered the Business Planning Program (BPP) to the Nicasalud NGO Network and four of its member organizations. The recipients were:

- PROFAMILIA—an IPPF affiliate that provides reproductive health services;
- PROVADENIC—a small faith-based organization supporting the work of health promoters;
- NICASALUD—a network of 24 health service NGOs;
- PROMUJER—an NGO focusing on micro credit and female reproductive health;
- CEPRESI—an NGO offering HIV/AIDS counseling and services to men.

This delivery of the BPP is the first international contract for PROCOSI as a BPP Program Partner. Examples of the ideas contained in these business plans are:

- CEPRESI—Establishment of clinics that offer primary health care services to men in the community.
- PROVADENIC—Converting their training center into a revenue stream by purchasing new equipment and renting it to other NGOs, schools, and community groups. Funds generated will cross-subsidize their work with health promoters
- PROMUJER—Creation of a menu of gender-centered training programs for micro-finance organizations and other non-governmental organizations in Nicaragua.
- NICASALUD—Establishment of a training center that offers essential integrated services to distinct organizations in Nicaragua.

The Technical Cooperation Network on Its Way to Independence

The TCNetwork has developed and implemented a transitional plan to become an independent legal entity by July 2005. The planning for the transition is completed and new sources of funding are being sought by the Network. TCNetwork incorporated in Delaware, and has 501(c3) nonprofit status pending with the IRS. This will enable the network to receive donor funds. A bank account has been established and membership fees are being collected. A business plan was completed and members are disseminating it to donors. Meetings with donors at their headquarter locations are being coordinated with other travel whenever possible. All the original members continue to participate and membership is growing. Donated time by members is estimated at over $100,000. While significant investment has been made in creating the network, members continue to focus on its long term value, as do stakeholders. Ford Foundation and others, for example, are very interested in using the new virtual marketplace.

In September 2004, local members in Nigeria, Kenya, and the Philippines conducted the MSH course, Consulting for Results (CfR), on a fee basis to 43 participants. The three-day course provides seasoned consultants with an opportunity to reflect on their own consulting experiences, exchange insights with colleagues, and acquire new skills and approaches for meeting client needs. In addition to expanding the reach of CfR, the network enabled members on different continents to exchange lessons learned on marketing, costing, and implementation of the course. In Manila, TCNetwork provided the vehicle for a roundtable discussion with donors and local consultants. Two TCNetwork members have also conducted a workshop on M&L's Management and Organizational Sustainability Tool (MOST) in Ghana for the AWARE project. The workshop was attended by two organizations: the Ghana Social Marketing Foundation (GSMF) and the Ghana Institute of Management and Public Administration (GIMPA).

www.tcnetwork.net

Strategic Direction 1
Developing Capacity of Individuals and Teams to Lead and Manage

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Leading and Managing at All Levels Handbook

Project Manager	Task	SubTask
Bahamon, Claire	A2WWCP1D1	90LHPU

The Leading and Managing at All Levels Handbook will help build the capabilities of managers at all organizational levels lead teams to results. It will offer managers effective leadership and management practices to face challenges, improve staff motivation, handle management promotions, shift roles of program levels, and lead change to achieve lasting results. It will be a vehicle for disseminating the experience of M&L's leadership and management projects around the world.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 By June 2005, M&L will have distributed the information it has developed on leadership and management in a practical text that health managers at different organizational levels can apply when faced with challenging situations.	In Process	An internal and external technical review of the draft Handbook by CAs, colleagues, field counterparts, USAID, and the International Review Board was completed in August. Reviewer feedback has been addressed and revised chapters have been prepared. A final review is in process.
Output: 1.1 A practical, easy to read handbook on leading and managing at all organizational levels is produced and distributed as a reference for health managers on how to face common, complex challenges.	In Process	
1.1a Prepare final draft of the handbook.	In Process	
1.1b Produce print-ready copy of the handbook.	Scheduled for next reporting period	
1.1c Print publication, distribute to 9,500 managers worldwide, and make available for orders from managers worldwide, MSH staff leading workshops, CAs, and donors.	Scheduled for next reporting period	

Virtual Leadership Development Program (VLDP)

Project Manager	Task	SubTask
Johnson, Sarah	A2WWCP1D1	90XXPA

In PY5, the VLDP team will continue to scale-up the delivery of the VLDP and to further improve the VLDP Web site and its support materials, with a focus on improving the facilitators' guide. In addition to the VLDP for Africa (delivered September - December 2004), the team will identify opportunities to deliver the VLDP through field supported programs in order to achieve scale up and transfers. The VLDP team will also seek funds for the development of the French VLDP Web site. In PY3, the VLDP was delivered twice in Spanish to MOHs and NGOs in Latin America. In PY4, the VLDP was delivered four times: once in Spanish (Core funds), twice in English (Core funds and FHI sub contract to CLM), and once in Portuguese (Core funds/HCD). The VLDP is a blended learning approach to leadership development, combining individual work on the VLDP Web site (additionally supported by CDs and workshops) with on-site team meetings in the organizations enrolled in the course. Enrolled teams from each organization focus on developing their leadership skills and competencies by addressing real organizational challenges while participating in the course.

Outcome/Output/Activity Description	Status	Notes
Outcome: By September 2005, managers from different health organizations participating in the VLDP will have enhanced their work group climate and team integration, and have taken steps toward resolving identified organizational challenges via one delivery of the VLDP through M&L core funds and two to three deliveries leveraged through field supported projects. The VLDP will be improved as needed (especially a facilitator's guide), and benefits and results of this blended leadership development program will be disseminated to CAs, PVOs, USAID missions, and other organizations.	In Process	Between September 13 and December 3, 2004, a 12-week VLDP was delivered to 95 participants on 11 teams from public and private organizations in five countries (Uganda, South Africa, Kenya, Malawi, and India). During the program—in addition to participating actively, completing on-line readings and exercises, and completing group assignments—participating teams developed and refined action plans to address organizational challenges, with support from program facilitators. Participants reported improved team integration and communication as a result of this program. The VLDP team conducted an After Action Review in December 2004 of this recently delivered VLDP. Based on evaluation information from previous programs, program materials (including the online facilitator tools, CD-ROM, and workbook) have been modified and improved.
Output: 1.1 The VLDP is refined (based on Spring 2004 experience in Africa) and delivered.	Completed	
1.1a Make minor revisions to modules according to evaluation recommendations.	Completed	
1.1b Conduct connectivity survey and enroll participants in new VLDP in Africa or Asia.	Cancelled	
1.1c Prepare and distribute VLDP materials including CD-ROMs and workbooks.	Completed	
1.1d Facilitate and support delivery of VLDP.	Completed	
1.1e Conduct virtual AAR of VLDP.	Completed	
Output: 1.2 Funds for other VLDP deliveries are leveraged from field support and other funding sources.	In Process	
1.2a Identify and provide initial support for new field-funded VLDPs.	In Process	
Output: 1.3 VLDP materials are improved for transfer (e.g. improved facilitators' guide, etc).	Scheduled for next reporting period	
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by June 2005.	Scheduled for next reporting period	
Output: 2.1 Final report and other programmatic documentation required for close-out are prepared and submitted (June 2005)	Scheduled for next reporting period	
2.1a Compile, format and archive relevant electronic materials for institutional memory	Scheduled for next reporting period	

LeaderNet

Project Manager	Task	SubTask
Perry, Cary	A2WWCP1D1	90L2EC

LeaderNet is a global community of practice that enables health managers and leadership development professionals from developing countries to continuously expand and improve their capacity for leadership through ongoing experience exchange and learning opportunities. In PY5, LeaderNet will expand its reach to include management and leadership professionals from other organizations and countries. The offerings of the LeaderNet Web site, available in two languages (English and Spanish, with subsections in Portuguese and French as well) will be strengthened and expanded. As a complement to its Web presence, outreach to members without computer access will be supported through alternative communication methods (fax, phone, CD-ROM, and newsletters). Teams of alumni from M&L's Virtual Leadership Development Program and other members will showcase their achievements through special case studies and an annual recognition event. Building on PY4's field reporting and member journaling, thought leaders in management and leadership will continue to add journal entries to the site, forming the basis of additional experience exchange and learning.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 By the end of PY5 LeaderNet members report increased ability to respond to management and leadership challenges related to the delivery of quality health services.	In Process	LeaderNet's goals for this reporting period have been to increase membership and build sections of the site to support graduates and facilitators of M&L's Leadership and Management programs. Currently the active membership stands at 125. In addition, 674 VLDP graduates have access to the LeaderNet Web site. Forum #4, a moderated two-week forum on Ethics and Leadership, was delivered in three languages (English, Spanish, and Portuguese) from October 11–22. Forty members logged on during the forum and 17 posted. Members represented 16 countries from North America, Central America, South America, Africa, and the Caribbean.
Output: 1.1 Targeting alumni and leadership development professionals through the LeaderNet Web site, three Forums are offered supporting participation in Spanish, English, and Portuguese.	In Process	
1.1a Three Forums are delivered during PY5 and one during the extension period July to Sept - this activity includes the preparation of materials, contacting of participants, the delivery of the Forum, close out, and review.	In Process	
Output: 1.2 An annual event celebrates achievement by VLDP teams and other LeaderNet members - reviewing and celebrating progress on work plans.	Scheduled for next reporting period	
1.2a Enhancements to LeaderNet site to support participation in the annual event.	Scheduled for next reporting period	
1.2b Content for annual event is developed.	Scheduled for next reporting period	
1.2c Annual event is delivered, this activity includes the preparation of materials, contacting of participants, the delivery of the annual event and close out and review.	Scheduled for next reporting period	
Output: 1.3 Facilitators of leadership development programs are supported through mentoring and access to M&L facilitation resources.	In Process	
1.3a Develop content for facilitators, including monthly editorials, tools and other materials.	In Process	
1.3b Enhance site to accommodate additional content.	In Process	
Output: 1.4 Case studies from the field support best practices and innovative initiatives.	In Process	
1.4a Case studies, best practices and innovative initiatives are collected from LeaderNet participants and incorporated within LeaderNet.	In Process	
1.4b Functionality supporting 1.4a is developed, tested and implemented	In Process	

LeaderNet

Output:	1.5 Health care managers and providers in locations with restricted access to the Internet (Nicaragua, Egypt) participate in LeaderNet through alternative access pathways.	Scheduled for next reporting period
	1.5a Continue work with Egyptian LeaderNet members via email and phone; expand alternative access opportunities to Nicaraguan LeaderNet members for those without access to web resources of LeaderNet.	In Process
	1.5b Develop, test, and review alternative access pathways.	Scheduled for next reporting period
	1.5c Develop and repurpose existing content for use by alternative pathways.	Scheduled for next reporting period
Output:	1.6 Membership is expanded to include a pool of diverse health management and leadership professionals.	In Process
	1.6a Liaise with other CAs and health development agencies to identify opportunities to include additional participants.	In Process

Outcome:	2 Project objectives and interventions are effectively monitored and evaluated.	In Process
Output:	2.1 The M&E Plan is determined and completed.	Completed
	2.1a Development, completion and recording of the M&E plan.	Completed

A survey of participants in Forum #4 on Ethics and Leadership was carried out. Responses indicated that participants felt they would like the forum to be longer than two weeks, as many of them have heavy travel schedules. Future forums will be three weeks long. One participant reported he had incorporated materials from the Forum into his teaching. A survey of members on their use of LeaderNet resources to address leadership and management challenges will be carried out at the end of PY5.

Outcome:	3 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by 30 September.	Scheduled for next reporting period
Output:	3.1 Accomplishments and status of LeaderNet made clear to all members via web and other materials	
	3.1a Each section of Web site will contain summary pages for members, highlighting contents. Participants via non web pathways will receive similar overviews and concise materials drawn from past two years of LeaderNet.	

Pre-Service Curriculum for Doctors and Nurses

Project Manager	Task	SubTask
Galer, Joan	A2EGCP1D1	90XXPP

There is a pressing need for doctors and nurses to learn management and leadership skills in order to effectively take on their roles as managers who can lead workgroups to achieve goals. M&L will collaborate with the Medical Faculty of Menoufia University, the Nursing Faculty of Alexandria University, and the National Training Institute of the MOHP to introduce the Developing Managers Who Lead (DMWL) principles, frameworks, and tools into a pre-service curriculum. We will work in close alignment with the USAID mission to Egypt and Health Workforce Development Team, which is reforming medical curricula in pre-service education, focusing on OB/GYN, Community Medicine, and Pediatrics. M&L will offer its program materials to contribute management and leadership modules to these curricula. This will be a pilot program with the goal of institutionalizing the curriculum in the medical faculties across Egypt, followed by transferring this to other developing countries.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 Based on an assessment conducted in PY4 about needs and resources in pre-service medical eduation, M&L will work in coordination with the National Training Institute, the Health Workforce Development Team, and the Medical and Nursing Faculties to design a preservice M&L curriculum.	In Process	A complete Pre-service management and leadership curriculum, based on the needs of medical and nursing schools and their affiliated hospitals, was developed and delivered in Fall 2004. This four-month curriculum used best practices from other medical and nursing management and leadership programs. Facilitator notes and handouts have been developed and the program was delivered to both the nursing and medical schools. Thirty physician interns and 60 nursing interns participated in this program. Participants worked in teams that also included hospital residents and head nurses (in the medical school) and preceptors and head nurses (in the nursing school). The teams focused on achieving measurable results in either infection control or resource allocation. Both faculties have been involved in the design and delivery, and there is active participation of the Health Workforce Reform Project at USAID. Stakeholders, including the Supreme Council of Universities, are regularly updated on the progress of the program. A shortened version of this program was delivered at the National Training Institute of the MOHP. Next steps include outreach to other nursing and medical schools, and consolidating a curriculum manual.
Output: 1.1 A clear definition of needs, objectives and resources for preservice medical and nursing curricula is researched and documented.	Completed	
1.1a Summarize the needs and resources assessment conducted in PY4 of the medical and nursing faculties in Egypt.	Completed	
1.1b Summarize the best practices from available medical and nursing curricula offerings in management and leadership.	Completed	
1.1c Finalize, document and deliver a preservice management and leadership curriculum program for nursing and medical faculties.	Completed	
Output: 1.2 Program design will be finalized with the Nursing and Medical faculties, the Medical Education Committee, the Health Workforce Reform Project, and the National Training Institute.	In Process	
1.2a Design the management and leadership curriculum for nursing and medical faculties.	In Process	
1.2b Meet with all stakeholders in Egypt to finalize the medical and nursing M&L curriculum.	In Process	
Output: 1.3 Selected nursing and medical faculty are trained to begin the delivery of the DMWL curricula.	In Process	
1.3a Train four medical faculty and four nursing faculty in DMWL principles and practices.	In Process	
Output: 1.4 Management and leadership pre-service curricula is delivered to medical and nursing students, and to incoming medical staff in the Ministry of Health and Population.	Completed	
1.4a Conduct a two-day orientation program for faculty of nursing and faculty of medicine.	Completed	
1.4b Conduct monthly classes to provide ongoing support in management and	Completed	

	leadership development.	
	1.4c Conduct a four-day management and leadership workshop as pre-service training as part of the orientation program offered to new physicians by the MOHP.	Scheduled for next reporting period
Output:	1.5 Pre-Service Curriculum processes are measured and evaluated for effectiveness	Scheduled for next reporting period

Leadership and Management Development Technical Assistance (LMDTA)

Project Manager	Task	SubTask
Vriesendorp, Sylvia	A2__CP1D1	90XXMH

LMDTA serves as a vehicle for the consolidation of M&L experience, continuous learning, continued impact, and transfer for south-to-south collaboration.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 A portable and transferable curriculum for Leadership Development (LD) at the most senior levels is used by members of the TCNetwork.	In Process	The program content for unified leadership programs, including competencies and the practices have been developed; also in development is the program and unified approach for developing senior leadership at the top of organizations. Waiting for the go ahead from Senegal Ministry of Health to implement a senior leadership program pilot which may start in Spring 2005.Final documentation of the guide for production has been postponed until the pilot has been completed.
Output: 1.1 A complete facilitation guide for conducting LDPs at the most senior levels.	In Process	
1.1a Convene a meeting of M&L consultants and staff experienced in working at senior and central levels to collect and synthesize their experiences.	Completed	
1.1b Write a draft facilitation guide.	Postponed	
1.1c Review and finalize the guide.	Postponed	
1.1d Produce the final guide in English ready for production and translation to Spanish and French.	Postponed	
1.1e Transfer guidelines during a TCNetwork meeting and coach TCNetwork members as they apply the process.	Postponed	
Output: 1.2 Increased ownership of LDP in Senegal at the central level.	Scheduled for next reporting period	
1.2a Deliver the SLP to a group of central level leaders in Senegal and conduct	Scheduled for next	
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by (June 2005).	Scheduled for next reporting period	
Output: 2.1 Final report and other programmatic documentation required for close-out are prepared and submitted (June 2005)		
2.1a Compile, format and archive relevant electronic materials for institutional memory		

Transfer M&L Programs and Resources

Project Manager	Task	SubTask
Galer, Joan	A2WWCP1D1	90XXPD

By the end of PY5, M&L programs and resources—including the TCNetwork, Maximizing Access and Quality (MAQ), and Implementing Best Practices (IBP)—will be completed and available for distribution to CAs and partners in the field. The Leading Performance Improvement (LPI) program and the Work Climate Assessment (WCA) testing and documentation will be finalized, as well as the transfer process. The transfer process provides a reliable method for the distribution of M&L programs, ensuring their successful implementation in the field.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 The LPI program, the SLP (Senior Leadership Program), and WCA are complete, including all supporting documentation and materials.	In Process	A first draft ready for review has been completed of the WCA. Completion of the WCA is scheduled for January 2005. The LPI is being updated to reflect learnings and recommendations from program use in PY4 and PY5. It is scheduled to be completed in the next reporting period. The SLP is in the program design stage, with plans to be field tested in the next scheduled reporting period. Documentation and completion of the SLP will occur at the end of the next reporting period.
Output: 1.1 The LPI program is completely captured including: a facilitation guide, briefing notes, and a diagnostic explaining how to deploy this program.	In Process	
1.1a Finalize content of program from synthesis of experience with pilot LPI's in PY4.	Scheduled for next reporting period	
1.1b Finalize a facilitator's guide and briefing notes, including a diagnostic and other explanatory materials.	Scheduled for next reporting period	
1.1c Edit finalized content to be consistent in instructional design with other M&L program materials.	Scheduled for next reporting period	
Output: 1.2 The WCA is completely captured including: a facilitation guide, briefing notes and a diagnostic explaining how to deploy this program.	In Process	
1.2a Finalize the WCA, based on input from the validation process.	Completed	
1.2b Develop facilitator and participant materials including: facilitator's guide,	In Process	
Outcome: 2 Development of a product management process is complete.	In Process	A first draft ready for review has been completed of the M&L Product Management process. It will be presented to program managers in January. The process includes: a Product Development Process; an M&L Product Development Introduction—to be used for all M&L products; and an explanation of how M&L products relate to the M&L Results Model—the cornerstone of our programs.
Output: 2.1 A standard transfer process is developed, completed and maintained for LPI, SLP, WCA, BPP, and MOST.	In Process	
2.1a Meet with representatives from BPP, MOST, WCA, VLDP, LPI, SLP, EPG, and Pubs to discuss and determine standard best practices in product management.	Scheduled for next reporting period	
2.1b Develop and maintain a product management process, including a communications protocol.	In Process	
Outcome: 3 The transfer process with a national level management institute in health care is explored to find ways to build sustainable transfer mechanisms.	Scheduled for next reporting period	M&L exchange and transfer of products to a national level management institute in health care is currently being explored.

Transfer M&L Programs and Resources

Output: 3.1 M&L exchanges and transfers its programs and materials with a national level management development institute in health care

3.1a Meet with representatives of a management institute to exchange and transfer management and leadership programs and materials, and explore ways to build a sustainable transfer process.

Outcome: 4 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by (September 2005).

Scheduled for next reporting period

Output: 4.1 Subtask is complete, all materials are catalogued and archived.

4.1a All TP activities are documented and archived

Capacity Development Planning

Project Manager	Task	SubTask
Galer, Joan	A2WWCP1D1	90XXSP

This activity will enable field staff and partner organizations, including the TCNetwork and other cooperating agencies (CA), to be fully capable of setting up and delivering Developing Managers Who Lead (DMWL) programs.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 MSH field staff are supported to deliver effective DMWL programs to clients.	In Process	MSH partners in the field are being supported to deliver DMWL programs and products including the Leadership Development Program and the Workgroup Climate Assessment. About 25 Local facilitators in field projects in Mozambique, Brazil, Senegal, Guinea, and Nicaragua have been equipped to own and deliver DMWL programs through apprenticeship and turnover of program materials.
Output: 1.1 Side by side training in DMWL programs is delivered in key country programs.	In Process	
1.1a Train field staff to deliver LPI, SLP and WCA through planned workshops.	In Process	
1.1b Distribute supporting materials for all DMWL programs.	In Process	
1.1c M&E reviews this Output.	In Process	
Outcome: 2 TCNetwork partners and other cooperating agencies are capable of delivering DMWL programs.	In Process	We have partnered with facilitators from the AWARE Project in Ghana and CAFS in Senegal to enable them to be fully capable of delivering DMWL programs. Conclusion of their training is yet to be determined.
Output: 2.1 Partners are trained in DMWL principles, practices and processes.	In Process	
2.1a Instruct partners in DMWL principles, practices and processes through regularly scheduled training conferences.	In Process	
2.1b M&E reviews this Output.	In Process	
Outcome: 3 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 2005.	Scheduled for next reporting period	
Output: 3.1 Subtask is complete, all materials are catalogued and archived.	Scheduled for next reporting period	
3.1a All CDP activities are documented and archived	Scheduled for next reporting period	

Strategic Direction 2
Improving Management Systems

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Business Planning Program and Web site

Project Manager	Task	SubTask
Seltzer, Judith	A2WWCP1D2	90BBPC

The Business Planning Program (BPP) utilizes both face-to-face and electronic methods to help participating organizations build expertise in such areas as: capturing and packaging breakthrough ideas; identifying target markets; understanding financial and social returns; and configuring human, material, and financial resources for results. The BPP was successfully introduced in Latin America and Africa where our local partners, PROCOSI and GSMF respectively, are delivering the program. During PY5, a third Program Partner, the Philippine Business for Social Progress (PBSP) will be trained to deliver the Program in Asia. PBSP is also a member of the TCNetwork. To assure the continued quality and integrity of the BPP around the world, the BPP team will design and develop a Web site that will update and share material and experiences with partners and clients. The Web site will reduce the costs associated with updating and managing versions of the BPP product line. The BPP will comply with close-out activities and reporting requirements.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 The BPP content is available in a more efficient manner through a customized BPP Web site with links to eRoom.	In Process	The development of the BPP Web site has been underway during the reporting period.The specifications for the BPP Web site have been developed and the BPP team is using the TCNetwork's experience with eRoom as a guide to its design. BPP currently has space on the Virtual Center for Leadership and Management (VCLM) where updates are posted, and a slideshow has been posted for potential clients and funders. The demo of the BPP has also been linked to the VCLM and was successfully launched at APHA, where a presentation about the BPP as a blended-learning tool was given. In preparation for the transfer of material from the CD-ROM to the Web site, all English materials have been revised, and the Spanish and French revisions are being incorporated at this time. Once all of the materials have been updated in Spanish, French and English, the building of the Web site will begin and it will be populated with the features and content agreed to by the BPP team and the Program Partners.
Output: 1.1 BPP Web site is created and maintained with links to eRoom.	In Process	
1.1a Review lessons learned from other M&L interactive Web sites.	In Process	
1.1b Design and develop multi-lingual platform with exclusive access point for Program Partners.	In Process	
1.1c Preparation and transfer of materials from CD-ROM to Web site, including videos, Learning Aids, Resources, Facilitator, IT, and Evaluation Guides.	In Process	
Outcome: 2 Select staff of Asian TCNetwork member organizations are capable of conducting the Business Planning Program and qualified to offer the program to other organizations throughout Asia.	In Process	The Philippine Business for Social Progress has been selected as our next (aspiring) Program Partner. Delivery of the BPP to PBSP will commence in January 2005. They are currently

Business Planning Program and Web site

Output:	2.1 Program Partner staff are trained in delivery of Business Planning Program.	Scheduled for next reporting period	selecting their two business plan development teams.
	2.1a Conduct virtual pre-launch assessment of new partner organization.	Scheduled for next reporting period	
	2.1b Design and participate in on-site launch week.	Scheduled for next reporting period	
	2.1c Review business plan submissions.	Scheduled for next reporting period	
Outcome:	3 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by June 2005.	In Process	The findings from the Pre-Launch Assessment have been incorporated into the First Progress Report, which has been sent to Institutional Memory.
Output:	3.1 All BPP reporting requirements are complete and documentation is distributed to Institutional Memory.	In Process	
	3.1a Write and edit reports, submit to Institutional Memory	Scheduled for next reporting period	

Strengthening NGO Capacity Management

Project Manager	Task	SubTask
Monroy, Alvaro	A2WWCP1D2	90XXST

As the international community mobilizes vast financial resources in response to health issues like HIV/AIDS, TB, and Malaria, NGO capacity development has become a critical need. Confronted by their own managerial and leadership limitations, many NGOs and Faith Based Organizations (FBOs) now face major challenges in designing and implementing health programs needed by their constituencies. Using its years of experience and wealth of technical resources relevant to Organizational Development (OD), M&L will design an integrated a response package of interventions aimed at rapid scaling-up of NGO/FBO capacity.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 Integrated response package to scaling-up NGO/FBO capacity are designed and ready to use.	In Process	The critical analysis of existing OD tools and approaches for NGO/FBO at MSH/M&L is underway, gaps are being identified, and outside complementary products included in analysis. For example, a simple methodology developed by a group of CAs for helping organizations compute their indirect costs (overhead rate), an essential sustainability element, was identified and incorporated. The development of a matrix of relevant OD approaches and tools as a key component of the interventions package is ongoing and will be completed early in the next reporting period.
Output: 1.1 Inventory of MSH/M&L existing tools and approaches applicable to NGO/FBO organizatinal development established, gaps in needs coverage and adaptation requirements are identified.	In Process	
1.1a Carry out critical analysis of existing OD tools and approaches at MSH/M&L.	In Process	
1.1b Evaluate and select OD tools and approaches from outside of MSH/M&L filling identified gaps.	In Process	
1.1c Adapt existing OD tools to NGO/FBO OD applications as required.	In Process	
Output: 1.2 Integrated OD Response Package for NGO/FBO are designed and ready to use.	In Process	
1.2a Conduct analysis of current OD needs for NGO/FBO (informal market survey).		
1.2b Design OD standard Response Package addressing priority scaling-up NGO/FBO needs.		
Outcome: 2 By September 2005, the OD Response Packages for scaling-up NGO/FBO capacity will have been applied and validated at a selected key organizations, which as a result, will have experienced an improvement in its services delivery.	In Process	Contacts have been made during the reporting period with service delivery CAs to apply and validate some of the OD approaches and tools and validate the health sector NGO focused institutional capacity development package in management and leadership. Discussions are currently ongoing with Adventist Relief Agency (ADRA) in relation to their programs in Ghana and Guinea, with the EngenderHealth Acquire program in Tanzania, and with the Christian Health Organization of Ghana (CHAG), through the Population Council Frontiers program.
Output: 2.1 OD Reponse Package is tested in the field and validated.	Scheduled for next reporting period	
2.1a Conduct initial assessment of institutional capacity of selected key NGO/FBO.	Scheduled for next reporting period	
2.1b Develop workplan for OD Response Package delivery.	Scheduled for next reporting period	
2.1c Deliver OD Response Package interventions according to WP.	Scheduled for next reporting period	
2.1d Conduct evaluation of effectiveness of OD Reponse Package.	Scheduled for next reporting period	
2.1e Proceed with the adaptation of the OD Response Package for NGO/FBO.	Scheduled for next	

	reporting period
Outcome: 3 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by (September 2005).	Scheduled for next reporting period
Output: 3.1 All reporting requirements are completed and documentation is submitted to MSH Institutional Memory.	

MOST - Management and Organizational Sustainability Tool Suite

Project Manager	Task	SubTask
Downey, Stacey	A2WWCP1D2	90XXMO

The revised MOST Guide, completed during PY4, will be applied and disseminated through training of MSH staff, technical presentations, and cost sharing applications of the MOST Process during PY5. Additionally, two new "mini-MOSTs" or specialized MOST—Health Information Management (HIS) and in TB—will be completed and incorporated into the MOST Suite. During PY5, the MOST Suite packaging will be completed and disseminated.

Outcome/Output/Activity Description	Status
Outcome: 1 In September 2005, the MOST Suite will be disseminated throughout MSH and partner organizations via orientation sessions and new applications.	In Process
Output: 1.1 10 MSH staff are oriented to MOST (September 2005)	Completed
1.1a Conduct orienatation to 10 MSH staff.	Completed
Output: 1.2 MOST is applied in 5 organizations. (September 2005)	In Process
1.2a MOST process is undertaken completely, including workshop preparation, workshop, and follow up technical assistance.	In Process
Output: 1.3 Health Information Systems mini-MOST is finalized. (September 2004)	In Process
1.3a Edits are made to HIS mini-MOST after field test is completed.	In Process
1.3b HIS mini-MOST is posted on the Toolkit/ERC.	Scheduled for next reporting period
Output: 1.4 MOST Suite packaging in completed. (October 2004)	
1.4a Creation of MOST suite (features MOST, HRM Assessment, FIMAT, HIS mini MOST and brochure) in English, French, Spanish	In Process
Output: 1.5 MOST is presented to 4 external partners (CAs, donors)	In Process
1.5a Make presentation to other CAs and donors TBD	In Process

Notes

During this period, adaptations to MOST continued to progress and the advocacy campaign to get others (TCNetwork members, MSH staff, bilateral staff, and other CAs) to understand the MOST process also flourished.

In September, an orientation was conducted for 10 people—one TCNetwork member, three MSH non-M&L staff, and six M&L staff. Two of the MSH field staff members were returning to new projects in West Africa (AWARE and COMPASS) where they will begin to apply MOST immediately with clients organizations.

The REACH project in Afghanistan oriented its staff to MOST so that they may determine if MOST is appropriate to use with their grantee organizations.

The HIS mini-MOST was field tested with MSH's bilateral PRISM in Guinea in November. Total costs for this activity were split with PRISM and it is expected that this field test will lead to a complete instrument by January.

M&L continues to collaborate with MSH's Center for Health Systems Support to finalize adaptations of MOST for TB Programs and TB/HIV Collaboration. Our CHSS counterparts presented the draft to WHO in early November to get their buy-in and support for the product and MOST for TB Programs was successfully field tested in Ecuador in December.

AWARE has started to use MOST to establish priority areas in organizational development and base lines, and develop institutional capacity development plans with its client organizations. By the end of the reporting period, AWARE had used MOST with nine of its targeted Technical Leader Institutions and Networks in West Africa.

Outcome:	2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by (September 2005).	Scheduled for next reporting period
Output:	2.1 MOST product revision and dissemination strategy is documented for future reference.	
	2.1a Review all files pertaining to product revision and dissemination strategy and archive as appropriate.	

Maximizing Access and Quality (MAQ)/Implementing Best Practices (IBP)

Project Manager	Task	SubTask
Joyal, Alain	A2WWCP1D2	90XXMQ

The M&L Program contributes to the activities and products of the MAQ Initiative as a means to explore and disseminate within the international health community practical approaches and lessons learned to strengthen leadership and management for improved organizational performance in the delivery of high quality services. M&L will continue to support the management, supervision, and the organization of work subcommittees of the MAQ initiative, and will continue to contribute to the Implementing Best Practices Consortium of WHO/USAID.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 Critical management and leadership perspectives and experiences are reflected in the work of the MAQ Initiative.	In Process	During the reporting period, M&L continued to contribute critical management and leadership perspectives and innovations to the work of the Management and Supervision sub-committee. The Organization of Work sub-committee has closed as its goals have been achieved. The M&S sub-committee on the other hand was active and maintained its focus on the role of the health managers and supervisors in efforts to scale up the adoption and adaptation of better practices in health systems and programs. As a result of this effort, an issue of The Manager on adapting and applying best practices for scaling up is under development (see details The Manager: Leading Change in Practices to Improve Health, 2.7). The M&S sub-committee is co-chaired by M&L Director, Joseph Dwyer. M&L also contributed to the IBP knowledge management activities (see Knowledge Management, 4.3).
Output: 1.1 Management and Supervision sub-committee serves as a forum for the exploration of issues related to managing access and quality of health services.	In Process	
1.1a Co-chair the Management and Supervision (M&S) sub-committee.	In Process	
1.1b Review and contribute to product developed by the M&S sub-committee, including making presentations, creating training guides, etc.	In Process	
Output: 1.2 M&L has contributed to the knowledge management activities of the Implementing Best Practices (IBP) Consortium.	Scheduled for next reporting period	
1.2a Participate in domestic and international meetings (IBP consortium and others).	Scheduled for next reporting period	
Output: 1.3 Organization of Work sub-committee serves as a forum for the exploration of issues related to strenghtening management systems and processes at health service delivery points.	Completed	
1.3a Co-chair the organization of work (OOW) sub-committee.	Completed	
1.3b Contribute to and supervise the preparation of OOW products.	Completed	
Output: 1.4 M&L Program is represented at other MAQ-related events.	Scheduled for next reporting period	
1.4a Design and facilitate sessions of MAQ mini-universities and MAQ exchanges.	Scheduled for next reporting period	
1.4b Attend MAQ Steering Committee meetings.	Scheduled for next	
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by August 2005.	Scheduled for next reporting period	
Output: 2.1 All closeout administrative tasks and documentation completed in compliance with requirements and guidelines; key documents are captured by the institutinal memory.		
2.1a Conduct administrative tasks associated to closeout, finalize documents and transfer to institutional memory.		

Performance Improvement Consultative Group (PICG)

Project Manager	Task	SubTask
Joyal, Alain	A2WWCP1D2	90XXPB

The M&L Program contributes to the activities of the Performance Improvement Consultative Group (PICG) as a means to disseminate within the international health community experience and lessons learned in the application of performance improvement to strengthen organizational results.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 Critical management and leadership perspectives and experiences are reflected in the work of the Performance Improvement Consultative Group.	In Process	M&L continues to contribute to the activities of the PICG as a mean to disseminate experience and lessons learned in the application of performance improvement approaches and methodologies. During the reporting period, M&L/MSH supported and attended the conference "Technology of Performance Improvement: How to get Results" sponsored by the PICG and held in Washington, D.C., in September. We presented MSH's experience in Haiti with NGOs on linking PI to performance incentives.
Output: 1.1 M&L experiences in applying performance improvement in field programs and internal projects are shared with the PICG membership.	In Process	
1.1a Attend PICG meetings.	In Process	
1.1b Prepare PI day, gather data, and develop presentations.	Completed	
1.1c Attend PI day.	Completed	
1.1d Co-chair the ICE sub-sommittee and review cases submitted.	In Process	
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 2005.	Scheduled for next reporting period	
Output: 2.1 All closeout administrative tasks and documentation completed in compliance with USAID requirements; key documents are submitted to MSH Institutional Memory.		

The Manager: National Coordination

Project Manager	Task	SubTask
Bahamon, Claire	A2WWCP1D2	90MDPU

This issue of The Manager consolidates M&L's thoughts and experience, and the experience of other organizations in coordinating multiple partners and stakeholders, to address a complex challenge. It culls from experience over the years in family planning programs, epidemics, and other health programs, and more recently in addressing HIV/AIDS.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 By June 2005, health managers will have received information that can help them face complex challenges in a coordinated way with multiple partners and stakeholders.	Completed	This issue, developed and print-ready formatted during the previous reporting period, was printed and distributed worldwide to a large audience of health managers during the semester. More than 8,000 health managers receive each issue of the manager. In addition, MSH Publications has fulfilled orders for more than 1,000 copies as of December 2004.
Output: 1.1 A new issue of The Manager is produced in English as a reference for health managers on how to coordinate the activities of multiple organizations to face a common challenge.	Completed	
1.1a Develop review issue of The Manager which reflects the thinking of a core development group and MSH experience on a current leadership or management topic.	In Process	
1.1b Prepare final draft of the issue, including dissemination for technical review and revision.	In Process	
1.1c Produce print-ready copy of the issue.	In Process	
1.1d Print publication, distribute to a subscriber mailing, and make available for	Completed	

The Manager: Leading Change in Practices to Improve Health

Project Manager	Task	SubTask
Bahamon, Claire	A2WWCP1D2	90MDPU

This issue of The Manager aims to capture the work of the Management and Supervision MAQ Subcommittee. The issue addresses the obstacles that delay broader implementation of proven clinical and management practices. It offers key factors: ownership, accountablity, and a ready environment for change, as well as a change process for initiating use of these practices in a health organization and for scaling them up.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 By June 2005, M&L will have distributed the information from the MAQ Subcommittee on Management and Supervision in a consolidated practical publication that health managers at different organizational levels can apply to lead change in proven practices in their organization.	In Process	Although this issue is breaking new ground for the health sector, its development has proceeded nicely during the reporting period. It is currently undergoing an external review and the development team is seeking more examples to integrate into the issue. As planned, the issue will be finalized, published and distributed during the next reporting period.
Output: 1.1 A publication is produced in English for health managers to refer to in leading change in practices.	In Process	
1.1a Develop review issue of the publication which reflects the thinking of a core development group and MSH experience on a current leadership or management topic.	Completed	
1.1b Prepare final draft of the publication, including dissemination for technical review and revision.	In Process	
1.1c Produce print-ready copy of the issue.	Scheduled for next reporting period	

The Manager: Translate, Print, Distribute, Fulfillment

Project Manager	Task	SubTask
Bahamon, Claire	A2WWCP1D2	97GLPU and 97XXPU

Health managers in non-English speaking countries benefit from the practical guidance in health management and leadership offered by The Manager. Issues of The Manager on National Coordination and one other issue will be translated, printed, and distributed in Spanish and French this year.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 By June 2005, health managers in Latin America and Francophone Africa/Haiti will have practical, state-of-the-art materials on managing and leading health programs and organizations.	In Process	The French and Spanish issues of The Manager, "Coordinating Complex Health Programs" have been printed and disseminated. As planned, the translation into French and Spanish of a second issue, in this case the "Leading Change in Practices" issue, and its distribution will be acomplished during the next reporting period.
Output: 1.1 M&L issues of The Manager are produced in French and Spanish.	In Process	
1.1a Produce print-ready copy of two Managers in French and Spanish.	In Process	
1.1b Print one publication, distribute to a subscriber mailing, and make available for orders from managers worldwide, MSH staff leading workshops, CAs, and donors.	In Process	
Outcome: 2 By June 2005, M&L will have distributed M&L materials requested by order and at public health conferences to readers interested in these materials.	In Process	This recurrent, ongoing activity has been carried out as planned during the reporting period. Fulfillment of orders for and presentation of M&L publications at public health conferences was ensured.
Output: 2.1 MSH ebookstore has MSH publications shipped to managers, CAs, and MSH field staff requesting them. Nonbulk shipments to developing countries are free.	In Process	
2.1a Arrange for fulfillment of orders by mail warehouse storing MSH publications, and represent MSH at conferences (APHA, GHC)	In Process	
Outcome: 3 CLOSE-OUT: By September 2005, the donor has received a report on M&L printed products produced by M&L and health managers have received final foreign editions.	Scheduled for next reporting period	
Output: 3.1 Translations of final M&L issue of The Manager are printed and distributed.		
3.1a Print final publication, distribute to a subscriber mailing, and make available for orders from managers worldwide, MSH staff leading workshops, CAs, and donors.		
3.1b Final report of M&L publications, summarizing products, distribution, and evaluation		

Health Manager's Toolkit

Project Manager	Task	SubTask
Decima, Elena	A2WWCP1D2	90XXTK

The MSH Health Manager's Toolkit is an electronic compendium of resources designed to support health managers around the world to provide accessible, high-quality, and sustainable services. The Toolkit features technical resources for leading and managing health service delivery collected from a range of USAID-funded CAs and international PVOs/NGOs. They include resources for gathering and analyzing data, guidelines for improving organizational performance, and self-assessment tools for evaluating underlying management systems. Each month the Health Manager's Toolkit receives over 1,000 "hits" from users around the world.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 The quality of and access to the Health Manager's Toolkit has improved.	In Process	The Toolkit has seen a number of improvements made in the first half of PY5. They include: an alphabetical list of the tools, added to the navigation bar, for users who prefer to scroll through all the tools; a link to "Resources for Emergency Contraceptive Pill Programming: A Toolkit developed by PATH"; a link to the "PHRplus Health Reform Series Tools" developed by Partners for Health Reform Plus; an update to version 2.0 of the "Human Resources Management Rapid Assessment Tool for HIV/AIDS Environments"; editing and overall update of the Toolkit in preparation for a CD which will be disseminated to MSH field offices and toolkit users. The Toolkit was presented, as a part of the Electronic Resource Center, at the American Public Health Association annual conference in November; new product information from private and public organizations was researched at the APHA. Our Webtrends report continues to show at least a nine-fold sustained increase in monthly visitors over last year, as the Toolkit continues to be promoted and used as a resource in many of our programs. This unusually large increase was investigated by the Electronic Products Group to confirm the validity of the numbers; their recent report confirmed them as accurate. An evaluation of the toolkit is currently being developed to be implemented during the next reporting period, with plans to adjust the Toolkit accordingly.
Output: 1.1 The number of English, Spanish, French, and Portuguese Tools has increased.	In Process	
1.1a Maintain and update the English, Spanish, French, and Portuguese sites including the tools, tool annotations, and the navigational system of the site.	In Process	
1.1b Identify, post, and/ or create links to appropriate useful tools and toolkits developed by MSH projects and other organizations.	In Process	
1.1c Identify and coordinate the technical review of new tools.	In Process	
Output: 1.2 The Toolkit is visited by a greater number of health managers around the world.	In Process	
1.2a Present the Toolkit at conferences such as APHA and GHC and encourage MSH staff to use and to present the Toolkit to other MSH counterparts.	Completed	
1.2b Contact tool developers about new tools that have been posted on the Toolkit.	In Process	
1.2c Search appropriate list-serves and advertise the Toolkit.	In Process	
1.2d Track monthly use and disseminate bi-annual reports to USAID.	Scheduled for next reporting period	
1.2e Ensure that the Communities of Practice and their related Knowledge Folders are aware of and tap into the Toolkit resource.	In Process	
1.2f Ensure that the Toolkit is well presented in the Virtual Center for Leadership and Management and in M&L flyers and written material.	In Process	
1.2g Desseminate contents of Toolkit to all MSH field offices via CD once a year.	In Process	
Output: 1.3 The use and impact of the Toolkit is evaluated.	Scheduled for next reporting period	
1.3a Conduct second evaluation of Toolkit to assess its use and impact on supporting health managers in their work.	Scheduled for next reporting period	
1.3b Adjust the Toolkit based on the results of the evaluation.	Scheduled for next reporting period	
Outcome: 2 CLOSE-OUT: The Toolkit will continue to be used as a resource of MSH.	Scheduled for next reporting period	

Health Manager's Toolkit

Output: 2.1 The Toolkit continues under the management of the Electronic Resource Center (ERC).

2.1a Meet with staff of ERC and transfer Toolkit information and processes.

Human Resource Management (HRM): PRIME II/IntraHealth

Project Manager	Task	SubTask
O'Neil, Mary	A2WWCP1D2	97XXPM

PRIME and M&L have an extensive background in developing supervision systems. Primary providers count on supervisors to help shape their enabling work environment and act as brokers for the things needed to serve clients. Often supervision systems are not focused clearly on the needs of the provider. Likewise, supervision systems implemented by CAs and donors are often not part of the larger Human Resource Management (HRM) system and therefore not sustainable. The problems with supervision are also cited in MAQ Paper No. 4, "Making Supervision Supportive and Sustainable: New Approaches to Old Problems." This paper cites that "too often, short-term successes (in supervision interventions) have faded due to the failure to make the systemic changes in the overall HRM system necessary to main gains in health worker performance." The new model proposed in this joint activity may be replicated widely, if successful, to assure sustainable supervisory support for primary providers.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 Organizational performance of the Ministry of Health will be strengthened by improving the function of supervision at both the organization and provider levels.	Completed	PRIME and M&L worked together to determine a country where one organization had an established presence for the joint project. Armenia was the country selected. Ersin Topcuoglu traveled to Armenia in September 2003, in order to design the evaluation of the project. He conducted the first monitoring visit in May 2004. M&L also participated in an end of the project conference developed by PRIME in order to represent the HRM/supervision component in July 2004. An end of project monitoring and evaluation activity was undertaken in September 2004. The evaluation showed that communication, supervision, and problem solving had improved and also that the MARZ region administration intends to replicate this model in the future. The evaluation indicated that the national level would adopt this model of supportive supervision as part of their emerging HRM plan.
Output: 1.1 Initial assessment of the MOH is carried out and technical assistance plan is developed.	Completed	
1.1a Conduct HRM assessment.	Completed	
1.1b Develop technical assistance plan, including monitoring and evaluation plan, and appropriate blend of learning activities, feedback and support mechanisms.	Completed	
Output: 1.2 Technical assistance plan is implemented (establish supervisory guidelines, train managers in the implemention of new supervisory guidelines in Lori Marz).	Completed	
1.2a Provide technical assistance in the implementation of the action plan.	Completed	
Output: 1.3 Project is monitored and evaluated.	Completed	
1.3a Progress of the technical assistance plan is monitored.	Completed	
1.3b Midterm and final evaluations are conducted.	Completed	
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by January 2005.	In Process	All technical reporting requirements are completed and documentation is in the process of being submitted to MSH's Institutional Memory. Close-out is on schedule to be completed by the end of January 2005.

Human Capacity Development

Project Manager	Task	SubTask
O'Neil, Mary	A2WWCH1D2	20XXHC, 20MEPU

M&L's human capacity development (HCD) activities focus on improving human capacity in the health sector. The HIV/AIDS epidemic, out-migration, and ineffective human resource (HR) management have left health systems critically short on qualified staff. HCD seeks to address these issues through a number of different approaches. M&L staff will contribute to workshops and planning sessions to develop effective strategies for HCD. Direct technical assistance will include work with the National AIDS Commission, Ministries of Health, and the Global Fund Country Coordinating mechanisms to address HCD issues in implementing HIV/AIDS services and to strengthen HRM systems in partner organizations. M&L staff will collaborate with other CAs to coordinate efforts and integrate HCD into field activities wherever possible.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 HCD planning: HCD workshops, strategies, and global fund implementation plans are developed to assist health managers address HCD issues.	In Process	As observed in recent reporting periods, the demand for HCD interventions is developing significantly as its importance in the improvement of health systems is becoming better recognized by decision makers. During this reporting period, the scheduled assessment of the effect of AIDS on the workforce in Nigeria was completed and a group of HR specialists in Africa received HCD training. To date, we have utilized three HR specialists from this group in M&L projects and expect to expand this group in 2005. Additionally, in lieu of the India Business Trust, M&L worked with the National AIDS Commission (NACO) of India to conduct a technical workshop on HCD, management and leadership, which took place in mid-December.
Output: 1.1 Nigeria/NPHCDA: an assessment on the effects of HIV/AIDS on their workforce of current and anticipated new servics of selected clinics located in high risk areas and development of a plan to address issues and concerns identified.	Completed	
1.1a Conduct assessment and prepare implementation plan.	Completed	
Output: 1.2 India: A report on the relevance of the HCD framework for the Indian Business Trust HIV/AIDS strategies is produced.	Reprogrammed	
1.2a Conduct assessment in collaboration with the India Business Trust.	Reprogrammed	
Output: 1.3 A resource group of Human Resources specialists in the field is developed.	In Process	
1.1a Conduct assessment in collaboration with the India Business Trust.	In Process	
1.2a Identify HR specialists in the field and organize group.	In Process	
Outcome: 2 The Tanzania AIDS Commission (TACAIDS) and selected partner organizations have strengthened HRM systems and improved leadership.	Completed	The Lutheran Church Health Services (ELCT) developed an action plan with M&L support during the reporting period and is currently implementing it.
Output: 2.1 Technical assistance in HRM is offered to the Lutheran Church Health Services (ELCT).	Completed	
2.1a Conduct HRM assessment workshop with Lutheran church	Completed	

Human Capacity Development

Outcome:	3 The National AIDS Control Program of Kenya and its partners have an HCD plan and strengthened HRM systems to support the delivery of HIV/AIDS services.	Completed	An assessment was conducted on HCD and recommendations were endorsed by the National AIDS Control Program. Teams from 15 districts completed the leadership development program and strengthened their leadership capacity through facing key organizational challenges. Preliminary results of the leadership program indicate that many of the teams achieved their challenges and embrace the idea of teamwork to solve problems. Funding is not available for further evaluation.
Output:	3.1 A study on the impact of AIDS on the health workforce is completed.	Completed	
	3.1a Conduct study.	Completed	
Output:	3.2 A Leadership Development program is offered to eight District Health Management teams that are serving as pilot sites for decentralization in order to enable them to better support the implementation of HIV/AIDS services.	Completed	
	3.2a Leadership modules are prepared and adapted.	Completed	
	3.2b Four three-day modules on leadership development are conducted, facilitated and evaluated.	Completed	
Outcome:	4 Regional ART pilot sites have been assessed for HR needs and models have been developed to address HR shortages in the implementation of ART programs in Ghana, Kenya, and Rwanda.	Completed	Completed for Kenya only (Outcome 3). Ghana and Rwanda were cancelled by the USAID Missions in those countries.
Output:	4.1 Assessments and models are developed.	Completed	
	4.1a Conduct assessments of regional ART pilot sites and develop models to address HR shortages.	Completed	
Outcome:	5 Haiti's National HIV/AIDS coordinating committee and other key stakeholders in PEPFAR are strengthened through HCD planning.	Completed	A leadership workshop conducted with this committee resulted in a clarification of roles and responsibilities.
Output:	5.1 HCD planning technical assistance is provided.	Completed	
	5.1a Provide technical assistance.	Completed	
Outcome:	6 Products and Publications: products to support the dissemination and knowledge sharing of HCD in the field are produced.	Completed	A VLDP program for AIDS managers was successfully completed in Brazil and provides a platform for replication in other countries. An issue of The Manager on HCD was published and distributed to 14,000 health managers worldwide. The HIV/AIDS Strategic Manual on multi-sectoral planning was published and disseminated to 12,000 health managers worldwide (also available in an electronic format for downloading). The HIV-HRM assessment tool was translated into French and Portuguese and used in Haiti and Mozambique.
Output:	6.1 A Virtual Leadership Development Program (VLDP) for Managers of HIV/AIDS for Brazilian NGOs is developed and implemented.	Completed	
	6.1a Develop, implement and evaluate VLDP for managers of HIV/AIDS programs of Brazilian NGOs.	Completed	
Output:	6.2 An issue of the Manager on HCD is published (separate subtask code 20MEPU for this activity only).	Completed	
	6.2a Write, review, edit, publish and distribute HCD issue of The Manager.	Completed	

Human Capacity Development

Output:	6.3 The HIV/AIDS Strategic Manual is reviewed, edited, and published.	Completed	
	6.3a Review, edit, publish and selectively distribute HIV/AIDS Strategic Manual.	Completed	
Output:	6.4 The HIV/AIDS HR Asessment Tool is translated into French and Portuguese.	Completed	
	6.4a Translate and edit HIV/AIDS HR assessment tool.	Completed	
Outcome:	7 Donor and CA collaboration: planning meetings within donors and other CAs are conducted to introduce and integrate HCD into field activities.	Completed	Abstract was accepted and presented at the Bangkok AIDS Conference as a poster session. The poster session attracted a great deal of interest from attendants.
Output:	7.1 Meetings held with donors and other CAs to introduce and integrate HCD into field activities.	Completed	
	7.1a Attend and present paper at Bangkok AIDS Conference conference.	Completed	

Strategic Direction 3
Partnering Locally for Sustainability

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Technical Cooperation Network (TCNetwork)

Project Manager	Task	SubTask
Tobin, Barbara	A2WWCP1D3	97XXLR

Building on the foundational efforts of PY3 and PY4, PY5 will be devoted to growing the network—attracting a critical mass of members, establishing the brand in the development arena among donors and clients, putting systems in place that members can manage for the network (including managing the Web site, communications, and outreach), demonstrating benefits to members, and attracting new funding.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 An expanding range of services, products, and professional development exchanges is provided to TCNetwork members through September 2005.	In Process	During this period, the TCNetwork demonstrated its effectiveness in scaling up the cost-effective use of proven management and leadership tools and approaches. In September, local members in Nigeria, Kenya, and Philippines conducted the MSH course "Consulting for Results" (CfR) on a fee basis. In addition to expanding the reach of CfR, the network enabled members on different continents to exchange lessons learned on marketing, costing, and implementation of the course. In Manila, TCNetwork provided the vehicle for a roundtable discussion with donors and local consultants. Members have also been tapped to conduct the CfR and MOST in West Africa for the AWARE project. The Chair of the TCNetwork was sponsored to attend the WHO meeting on Human Resources in Health in the Netherlands. This meeting had a focus on the use of networks in tackling HR issues.
Output: 1.1 Foundation for ongoing sustainability is built through increased visibility and brand name recognition (April 2005).	In Process	
1.1a Identify priority topic for professional development exchanges and provide technical support for implementation of professional development exchanges.	Completed	
1.1b Participate in five local professional development exchanges that are organized by and cost-shared with TCNetwork members.	Completed	
Output: 1.2 Added value increased for key stakeholder groups (members, donors and client organizations) (September 2005).	In Process	
1.2a Expand and maintain the repository of TCNetwork opportunities (donor database, contacts database, subscription database, library, access to the Virtual Center for Leadership and Management, etc.).	In Process	
1.2b Introduce members to Quick Start for application with clients.	In Process	
1.2c Develop and create content for the public Web space section for donors and clients (managing consultants, etc.)	In Process	
Output: 1.3 Established and implemented guidelines/approaches for membership contribution to knowledge management and Web site maintenance (November 2004).	Scheduled for next reporting period	
1.3a Dialogue held with Technology & Management Team to establish knowledge management and Web site maintenance needs and guidelines (coordinated with TCNetwork Virtual Hub activities).		
1.3b Training of TCNetwork members in knowledge management, Web site		
Outcome: 2 Through effective stewardship and governance, the TCNetwork has developed and implemented a transitional plan towards becoming an independent legal entity, with resolution of legal, financial and contractual issues by July 2005 (coordinated with TCNetwork Virtual Hub activities).	In Process	The planning for the transition is completed and new sources of funding are actively being sought by the network. TCNetwork has become incorporated in Delaware, with 501c3 nonprofit status pending with the IRS. This will enable the

Technical Cooperation Network (TCNetwork)

Output:	2.1 MSH technical assistance and support provided to TCNetwork members to have a transition plan for ongoing governance (November 2004).	Completed
	2.1a Finalize and achieve consensus of TCNetwork members on the transitional plan toward becoming an independent legal entity (operating principles, banking issues, establishing the structure for the TCNetwork secretariat, contractual and other legal issues).	Completed
Output:	2.2 Business plan for long-term sustainability developed and implemented, and donor outreach conducted (September 2005).	In Process
	2.2a TCNetwork Business Plan finalized and accessible for members to use in submission of proposals for the TCNetwork (plans for funding for the secretariat, technology and knowledge management, etc.).	In Process
	2.2b Presentations and meetings with donors and client organizations held.	In Process
Output:	2.3 TCNetwork Communications Plan finalized and implemented to solidify recognition and credibility with donors, client organizations and members (September 2005).	In Process
	2.3a Develop and deliver targeted information to the range of TCNetwork stakeholders.	In Process
	2.3b Continue dialogue with other interested CAs to expand the number of stakeholders of TCNetwork, such as AED and the Harvard School of Public Health.	Scheduled for next reporting period
	2.3c Keep MSH staff up-to-date on TCNetwork activities so they identify potential members, use network to fill TA requirements.	In Process
	2.3d Documentation of stories, experiences Booths/presentations at Global Health Council.	Scheduled for next reporting period

network to receive donor funds. A bank account has been established and membership fees are being collected. A business plan was completed and disseminated to donors. Several foundations have been approached and have invited TCNetwork to submit proposals. Members are talking with donors locally. Meetings at donor headquarters are being organized in conjunction with other travel whenever possible. While no new funding has yet been secured, members are committed to the network's ongoing sustainability. All the original members continue to participate and membership is growing. Donated LOE by members is estimated at over $100,000. While significant investment has been made in creating the network, members continue to see its long term value as do stakeholders. Ford Foundation and others, for example, are very interested in using the new virtual marketplace. Implementation of the communications plan is ongoing. Outreach flyers, course promotional materials, a prospectus for donors, and templates for outreach letters to potential members and donors have been developed. These materials are posted on the members website for easy use by all members.

Outcome:	3 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 2005.	Scheduled for next reporting period
Output:	3.1 Close-out of the TCNetwork Project under the M&L 2000-2005 Cooperative Agreement (September 2005).	
	3.1a Inventory technical reports and submit to Institutional Memory.	
	3.1b Closely monitor and control spending for final months, following pipeline budget.	
	3.1c Streamline and store TCNetwork files.	
	3.1d Debrief with USAID/Washington (prepare reports, inventory, presentations, etc.).	

Technical Cooperation Network Electronic Hub

Project Manager	Task	SubTask
Rodine, Jennifer	A2WWCP1D3	90VHEC

PY5 will focus on the continued development of the electronic hub as the primary venue for TCNetwork activities (both public and private). Efforts will be on supporting services for members, growing the virtual marketplace, working with members to define and implement policies related to management of the virtual space, and assuring that a solid transitional plan is in place for continued support of the network.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 The TCNetwork Electronic Hub supports an expanding range of services, products, and professional development exchanges to TCNetwork members through September 2005 (coordinated with TCNetwork workplan activities).	In Process	This project year is centered on the continued development of the electronic hub as the primary venue for TCNetwork activities (both public and private). Efforts to date have been primarily focused on supporting services for members, growing the virtual marketplace, and strengthening the overall user experience with the electronic hub. Much of this work has happened behind the scenes to develop integrated, automated systems to support the network's core functions. Specifically: The members' space was reorganized to make it easier for members to navigate and find information. The member's space expanded significantly with a number of new resources, including: donor links, a database of job opportunities, a consultant's library, and links to online journals. Dedicated spaces for the Council, New Membership Team, and Membership Screening Committee were also created. A redesign of the public Web site is underway, which includes an updated look (to correspond with the suite of identity materials that have been developed for TCNetwork), and updated content. The site was launched in January 2005.
Output: 1.1 TCNetwork members usnderstand and use the electronic hub with ease and facility to manage network activities,, engage in technical exchange, and ollaborate .	In Process	
1.1a Develop materials to showcase the electronic hub and train members in its use to support network activities.	In Process	
Output: 1.2 New resources are availble to key stakeholder groups (members, clients, and donors) on the virtual hub.	In Process	
1.2a Support the expansion and maintenance of the repository of TCNetwork opportunities (donor database, contacts, database, subscription database, library, etc.)	In Process	
Output: 1.3 Established and implemented guidelines/approaches for membership contribution to knowledge management and Web site maintenance.	In Process	
1.3a Dialogue held with Technology & Management Team to establish knowledge management and Web site maintenance needs and guidelines.	In Process	
1.3b Training of TCNetwork members in knowledge management and Web site maintenance guidelines.	In Process	
Outcome: 2 Through effective stewardship and governance, the TCNetwork has developed and implemented a transitional plan towards becoming an independent legal entity, with resolution of legal, financial, and contractual issues by July 2005 (coordinated with TCNetwork workplan activities).	In Process	The TCNetwork business plan contains information about hosting options for the electronic hub, including options for transferring it to another server (hosting responsibilities include support, maintenance, development, user support, and

Technical Cooperation Network Electronic Hub

Output:	2.1 MSH technical assistance and support provided to TCNetwork members in developing a transition plan.	In Process	troubleshooting). Efforts to transition Web site management responsibilities to members are underway and will continue in coordination with broader Network outreach and business development activities.
	2.1a Identify options for continued support, development, and hosting of the TCNetwork electronic hub.	In Process	
Output:	2.2 Business plan for long-term sustainability of electronic hub developed (as part of overall TCNetwork business plan), and donor outreach conducted.	In Process	
	2.2a TCNetwork Business Plan finalized and accessible for members to use in submission of proposals for the TCNetwork.		
	2.2b Presentations and meetings held with donors, client organizations, and potential hosts for the virtual hub.		

Outcome:	3 The TCNetwork virtual community is an active, engaging center of exchange and learning among members and stakeholders.	In Process	Continued refinements have been made to strengthen and streamline the online application process for potential new members. Work on further automation of processing and tracking member applications is underway. The team continues to discuss the benefits and limitations of automation versus having a person dedicated to this task. The virtual marketplace, which will allow donors and clients to search for detailed profiles of TCNetwork members, is in the final stages of production. The marketplace integrates data from the applications of accepted members, the member directory within the members' space, and the public site to provide a seamless user experience. It was launched with the updated public Web site in January 2005.
Output:	3.1 The electronic hub facilitates all core network functionality including membership processing, providing members with key technical resources, and supporting the virtual market place.	In Process	
	3.1a Building on development efforts of PY04, prioritize information and communication needs to design, produce, and refine materials and sections of the virtual hub (both public & private Web spaces).	In Process	
	3.1b Evaluate effectiveness of the electronic hub (coordinate with overall TCNetwork evaluation plan).	In Process	

Outcome:	4 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 2005 (coordinated with overall TCNetwork workplan).	Scheduled for next reporting period	

Technical Cooperation Network Electronic Hub

Output: 4.1 Close-out of the TCNetwork Project under the M&L 2000-2005 Cooperative Agreement (September 2005).

4.1a Document relevant aspects of electronic hub in preparation for implementing transition plan.

Global Exchange for Reproductive Health (Graduated Countries)

Project Manager	Task	SubTask
Johnson, Sarah	A2WWCP1D3	90XXGC

In PY5, M&L will continue to work with five Graduated Countries (GC): Colombia, Ecuador, Mexico, Morocco, and Turkey, in forming and implementing the Global Exchange for Reproductive Health. The Global Exchange focuses on information exchange among Graduated Countries on the challenges that they currently face, other topics of interest to them, and best practices. Countries which have not yet "graduated" will participate in select activities in the Global Exchange. The priorities in PY5 include: the start-up of the Global Exchange Web site; exchanges in languages spoken by the members in their area of the Global Exchange site; planning and implementing an international conference on the Global Exchange site and defining the future role of the Global Exchange.

Outcome/Output/Activity Description	Status
Outcome: 1 By September 2005, graduated country members have had exchanges on reproductive health that are of value to them on the Global Exchange Web site. Non-graduated countries will also participate in select events and benefit from these exchanges. These exchanges will focus on information sharing, lessons learned, and challenges that they face in their reproductive health and family planning efforts.	In Process
Output: 1.1 The Global Exchange Web site is functioning with the necessary language capacity, open for member registration, and well maintained.	In Process
1.1a Update and maintain Web site developed at the end of PY4.	In Process
1.1b Provide training to MSH Facilitators on Web site.	Completed
1.1c Promote site and invite all members to enroll and use the Global Exchange site for exchanges in their respective languages and for the international conference.	In Process
Output: 1.2 Language specific areas of the Web site are utilized by organizations from graduated countries to discuss topics of interest and plan the international conferences.	In Process
1.2a Appropriate materials are added to the language areas on the site and links to other informative Web sites in the area of reproductive health are established.	In Process
1.2b MSH staff assists with facilitating and supporting online conversations in the Web site language areas.	In Process
Output: 1.3 One virtual conference is held on topics of interest as determined by the Graduated Countries with a different Graduated Country team developing and providing information on the virtual conference on select topics (eg. contraceptive security, repositioning RH/FP in the public health agenda, maternal mortality indicators) with the support of M&L and Electronics Products Group staff members.	Scheduled for next reporting period
1.3a Plan conference with the Graduated Countries.	In Process
1.3b Support virtual conference and evaluate results.	Scheduled for next reporting period
Output: 1.4 Build relationships with potential partners.	In Process
1.4a Hold discussions with potential partners and donors including organizations in New York and Washington, D.C.	Scheduled for next reporting period

Notes

The Global Exchange Network (GEN) for Reproductive Health Web site is now built and is operating. With an English home page, the site also contains a Latin American regional area and separate areas for each of the LAC countries (Mexico, Colombia, and Ecuador). These areas on the Web site are in Spanish. There is also an area in French for Morocco. The principal events concerning the GEN in PY5 are the two virtual conferences planned for 2005. The LAC countries will offer a one week virtual conference on a reproductive health topic in Spanish and English at the end of April 2005. Participants will include reproductive health workers from NGOs and MOHs in Colombia, Ecuador, and Mexico as well as other LAC non-graduated countries and countries in other regions that will learn from the three LAC Graduated Countries and exchange views with them. The planning for this conference is underway with the GEN team and reproductive health leaders in the Latin American graduated countries. Communication with Morocco regarding the second virtual conference, to be hosted by them at the end of May, has also begun (see Morocco field supported work plan). The GEN team is also working on the instrument to query Graduated Countries about their experiences before, during, and after the USAID Graduation process, as requested by USAID. The questions for this instrument have been reviewed by USAID.

Global Exchange for Reproductive Health (Graduated Countries)

Output:	1.5 An inquiry is conducted with the Graduated Countries to determine three to five key lessons learned while preparing to "graduate" from USAID RH/FP funding. 1.5a A survey is developed and administered with representatives from all	Scheduled for next reporting period
Outcome:	2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 2005.	Scheduled for next reporting period
Output:	2.1 Per USAID and M&L guidelines, document the history and progress of the Graduated Countries virtual network. 2.1a Produce final report detailing the development of the Graduated Countries virtual network.	

Virtual Center for Leadership and Management (VCLM)

Project Manager	Task	SubTask
Griffin, Jude	A2WWCP1D3	90XXWP

The Virtual Center for Leadership and Management (VCLM) is a Web-based mechanism that integrates and supports M&L's electronic information resources, online communities of practice, and virtual programs. It provides easy cross-links for members of the TCNetwork, the Communities of Practice, LeaderNet, the Global Exchange Network for Reproductive Health, the Electronic Resource Center, the Virtual Leadership Development Program, and the Business Planning Program.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 VCLM members will gain knowledge from experience exchanges on the VCLM.	In Process	The VCLM is being used by members to learn more about CLM's integrated information and communication technology products. The product information posted, including the slideshows, is being adapted by members for presentations to clients. In addition, at least one client request for more information on a product came via the VCLM. Additional activities in this outcome were postponed because additional functionality requests were made by users. The budget is currently being assessed to determine what can be accomplished and to prioritize tasks.
Output: 1.1 Members participated in one seminar in English on key management and leadership topics. 1.1a Adapt materials and best practices from projects/products on the VCLM and use them as the basis of multilingual, moderated seminars, with a strong emphasis on reporting out of challenges and results in the field. 1.1b Format adapted materials for the Web, and design and build sections on the Web site.	Postponed	
Outcome: 2 The results of the VCLM evaluation will be documented.	Scheduled for next reporting period	
Output: 2.1 An evaluation plan of the project objectives and interventions is implemented. 2.1a Develop indicators to measure and assess the use of the VCLM and its impact on supporting its members in their work.		
Outcome: 3 CLOSE-OUT: The close-out of the project will be completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 2004.	Scheduled for next reporting period	
Output: 3.1 A summary report and other actions are completed for compliance and within budget. 3.1a Report on M&E results; update website to reflect end of funding status.		

Partnering for Improved Service Delivery

Project Manager	Task	SubTask
Monroy, Alvaro	A2WWCP1D3	90XXCL

M&L will work to strengthen leadership and management capacity of selected service-delivery CAs to achieve organizational results through collaborative information exchange activities.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 Selected service-delivery CAs will have strengthened leadership and management capacity to achieve organizational results through collaborative information exchange activities.	In Process	M&L convened a meeting with six service-delivery CAs in September 2004 to discuss leadership, management, and sustainability challenges. Following this meeting, M&L sent all participants detailed information concerning its programs and the M&L framework. M&L then communicated with the participants individually to assess their interest in a collaborative, field-based intervention. Based on these conversations, M&L has agreed to offer management and sustainability training to the Adventist Development and Relief Association's country projects in both Guinea and Ghana. M&L is also discussing management interventions with the Christian Health Association of Ghana (recommended by the FRONTIERS project, a participant in the original CAs meeting). M&L will compile lessons learned in addressing management, leadership, and sustainability challenges with these field projects and disseminate them to all of the CAs who met in September 2004.
Output: 1.1 Contact made and meetings held with selected service-delivery CAs to agree on priority management and leadership challenges facing health service organizations; Ways to jointly address these challenges identified.	Completed	
1.1a Conduct background research on management challenges facing service-delivery CAs in the field.	Completed	
1.1b Define and list resources needed to diagnose and resolve management problems as well as desired results from management evaluation activities.	In Process	
1.1c Conduct one day meeting in Washington, DC to discuss management and leadership challenges.	Completed	
1.1d Conduct regular follow up meetings with participating CAs.	In Process	
1.1e Familiarize participants with the programs and activities MSH can offer, and the types of problems MSH is equipped to handle.	Completed	
Output: 1.2 Management and leadership challenges facing selected health service organizations will be defined.	In Process	
1.2a Contact made with selected CAs in selected country(ies) to determine needs.	Completed	
Output: 1.3 M&L consultants and selected CAs will jointly develop field approaches to diagnose management issues and improve service delivery.	In Process	
1.3a Demonstrate the use of diagnostic, assessment, and management improvement processes with field staff of international or national health service organizations.	In Process	
1.3b Provide follow-up to evaluate the use of management improvement processes in the field.	Scheduled for next reporting period	

Interagency Coordination and Information Sharing

Project Manager	Task	SubTask
Tobin, Barbara	A2WWCP1D3	97XXCO

Coordination and information sharing with USAID, CAs, and NGOs is made possible by attending Service Delivery Improvement (SDI) meetings, work groups, and regional forums that through collaboration create a greater understanding of the importance of quality and sustained management and leadership practices.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 By June 2005 M&L has participated in activities with USAID, Global Health Bureau, other CAs, and NGOs that have resulted in a greater understanding of how high quality management and leadership practices lead to improved service delivery.	In Process	M&L has participated in a variety of coordination and technically focused meetings linking management and sevice delivery, including SDI meetings and the PRIME end of project meeting. M&L was also represented at the Board meeting of Partners in Population and Development in September 2004 at which the strategic plan that M&L helped PPD develop was approved with praise for its clarity and brevity.
Output: 1.1 M&L mechanisms are in place that promote ongoing, effective coordination and planning among, but not limited to USAID, SDI meetings, and the Global Health Bureau	In Process	
1.1a Meet with CAs, NGOs (in Washington D.C. and New York City) and other projects of the SDI division at USAID to coordinate activities, share information, and discuss the M&L strategy and approach to leadership and management.	In Process	
1.1b Include center directors of MSH in M&L workplanning and other activities as identified.	In Process	
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by June 2005.	Scheduled for next reporting period	
Output: 2.1 Inter-Agency Coordination and Information Sharing staff assist in close out requirements, per USAID and M&L policy by June 2005.		
2.1a Formal documents that are in line with USAID and M&L project close out requirements, are produced and detail the history of M&L Inter-Agency Coordination.		

Guatemala - ProPeten

Project Manager	Task	SubTask
Monroy, Alvaro	A2GTCP1D3	10XXPN

M&L will be providing managerial, technical, and financial oversight to ProPeten, a Guatemalan NGO. M&L will be assisting them with their Remedios II project. Remedios II will develop an IEC program to increase contraceptive prevalence rates in the Peten while improving knowledge and practices related to the region's rich cultural heritage.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 By January 31, 2005 and with M&L's assistance, ProPeten has managed their scope of work within budget, completed all deliverables associated with their SOW and has also planned resource needs beyond January 2005. An example of M&L's managerial responsibilities.	In Process	One supervisory trip to Guatemala was completed (September 27, 2004). The trip findings include the following: 1) there will be a carry-over of $68,000, which needs to be coordinated with USAID; 2) despite the carry-over funds, additional funding needs to be secured for PY5; 3) one project staff position has been filled; and 4) the Monitoring and Evaluation plan will change to accommodate supervisory recommendations. A contract template was drafted and sent to ProPeten (November 2004) to facilitate the contracting of an APROFAM educator. However, ProPeten and APROFAM agreed that it would be easier and less expensive for ProPeten to directly hire an educator. This person will be trained by APROFAM.
Output: 1.1 By January 31, 2005 ProPeten has successfully completed their SOW and deliverables associated with it.	In Process	
1.1a By January 2005, M&L staff has assisted ProPeten in successfully managing their SOW	In Process	
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by June 2005.	Scheduled for next reporting period	
Output: 2.1 M&L technical and administrative staff assist in close out requirements, per USAID and M&L policy by June 2005.		
2.1a Documents that are in line with USAID and M&L project close out requirements are produced.		

Strategic Direction 4
Knowledge Application

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Planning, Monitoring, & Evaluation (PM&E)

Project Manager	Task	SubTask
Ellis, Alison	A2WWCP1D4	97XXRS

In PY5, the M&E Unit will continue to provide technical support for monitoring and evaluation of M&L activities, especially field-based projects. Areas of focus include: the development or refinement of M&E plans for all field-based programs and assistance in the identification of appropriate indicators and methodologies for data collection, analysis, and use of information; maintaining and upgrading the centralized database (Knowledge Information X-change); continuing to test and validate indicators for management and leadership; and documenting results of field-based programs based on routine information collected from monitoring.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 Continue to support the integration and use of monitoring and evaluation in the M&L project planning and management processes.	In Process	M&E liaison assignments and priorities were reviewed and adjusted at the November unit retreat.
Output: 1.1 All field-based projects have an up-to-date Plan for Performance Improvement and M&E plan (June 2005).	In Process	Field-based assistance in M&E has been provided to the REDSO, Tanzania, and Uganda programs.
1.1a Provide ongoing support to program managers in the development or adjustment of Plans for Performance Improvement and M&E plans.	In Process	M&E plans have been prepared or are in progress for new or evolving field programs, including LACHSRI, Global Exchange, Tanzania, Uganda, the Egypt Pre-Service Program, the Virtual Leadership Development Program, and the TCNetwork.
1.1b Provide technical assistance and support to program managers in the collection of data, data collection instruments and strategies, identification and use of indicators, use of information for decision-making, analysis of data and results achieved.	In Process	
Output: 1.2 The M&E system provides routine information on the results of M&L interventions for project management and reporting purposes (June 2005).	In Process	M&E Unit collected baseline data for the TCNetwork and reviewed VLDP/Brazil and VLDP/Africa action plans and provided feedback.
1.2a Provide ongoing support to program managers in the use of the KIX database (data entry, data extraction/reporting, and project monitoring).	In Process	KIX, the centralized database, was used by M&L Staff for internal quarterly reporting in October and for the July–December 2004 semiannual report. The Mozambique IMCI and Malaria projects used KIX to prepare the final report on these programs. New employees are routinely trained in KIX, and only minor adjustments have been required of late. KIX is still not uniformly accessible to non-U.S. staff due to internet connection issues.
1.2b Refine the functionality of KIX based on feedback from U.S. and field-based users.	In Process	
Output: 1.3 The Menu of Indicators on Management and Leadership is updated (September 2005).	In Process	All indicators used in M&E plans are currently being reviewed and analyzed in order to update the Menu of Indicators on Management and Leadership. Although we will not be able to fully test all indicators by the end of PY5, recommendations for refinement will be made upon completion of this review.
1.3a Continue to test and refine indicators based on their use in field-based programs.	Scheduled for next reporting period	

Outcome:	2 Continue to analyze, document, and disseminate the achievements and results of M&L field-based programs.	In Process
Output:	2.1 Results from selected M&L field-based programs are disseminated to outside audiences (June 2005).	In Process
	2.1a Prepare approximately eight Evaluation Notes summarizing the results of select M&L programs based on an analysis of data in KIX and Special In-Depth Evaluations of core- and field-support funded programs.	In Process
	2.1b Represent the Monitoring and Evaluation Unit at meetings and other venues.	In Process

Two M&L representatives (one senior program officer and the program director) attended the Office of Population and Reproductive Health Cooperating Agencies meeting on September 21. The M&E Unit presented key results from major evaluations at the M&L staff meeting on September 16.

Five evaluation notes were disseminated (see Communications and Reporting, 4.4).

Outcome:	3 CLOSE-OUT: This sub-task is completed within budget/pipeline and in compliance with USAID and M&L requirements by September 2005.	Scheduled for next reporting period
Output:	3.1 Continue to provide technical support to program managers with monitoring and evaluation (September 2005).	
	3.1a Provide technical assistance and support to program managers in the collection of data, data collection instruments and strategies, the use of information for decision-making, analysis of data and results achieved.	
	3.1b Provide ongoing support to program managers in the use of the KIX database.	
	3.1c Refine the functionality of KIX based on feedback from U.S. and field-based users.	
	3.1d Update and distribute a revised Menu of Indicators.	
	3.1e Prepare approximately three Evaluation Notes summarizing the results of select M&L programs based on analysis of data in KIX and Special In-Depth Evaluations of core- and field-support funded programs.	
	3.1f Represent the M&E Unit at meetings and other venues.	

Special In-Depth Evaluations

Project Manager	Task	SubTask
Ellis, Alison	A2WWCP1D4	97XXRE

In PY5, the M&E Unit will complete and conduct in-depth evaluations of key strategic M&L field-based programs supported with population core funds that are expected to yield substantial information documenting the results and impact of M&L interventions as well as substantive learning for the benefit of expanding M&L's knowledge. Additional in-depth evaluations will be conducted of select field programs using field support funds.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 M&L will continue to collect evidence of the impact of management and leadership development on organizational performance and compile lessons learned through the implementation of special in-depth evaluations of core-funded programs and the preparation of synthesis reports.	In Process	Evaluations completed this period include the follow up of Virtual Leadership Development Program Cohorts 1-3, the Cross Program Review, the Work Climate Assessment technical report and article, and the Human Capacity Development evaluation. Other in-depth evaluations have been conducted and the reports are awaiting finalization including Armenia and the Synthesis report on Leadership Development Programs. Evaluations of Mozambique and the Indicator Inventory are currently under way.
Output: 1.1 Complete the validation study of the Workgroup Climate Assessment Tool (September 2004).	Completed	
1.1a Complete final analysis of all quantitative and qualitative data collected and prepare draft report.	Completed	
1.1b Review, revise, and distribute the final report; prepare a paper for a peer review journal.	Completed	
Output: 1.2 Complete the follow-up of Latin America/Caribbean cohorts from VLDPs 1, 2, and 3.	Completed	
1.2a Complete analysis of questionnaires and phone interviews.	Completed	
1.2b Prepare and finalize a report.	Completed	
Output: 1.3 Conduct phase II of the evaluation of the M&L-PRIME joint project to improve human resource management and provider performance in Armenia (November 2004).	In Process	
1.3a Collect and analyze data since phase I was completed in May 2004.	Completed	
1.3b Write and distribute the final report.	In Process	
Output: 1.4 Evaluate the results and impact of the Virtual Leadership Development Program conducted in Africa (March 2005).	Scheduled for next reporting period	
1.4a Develop the scope of work and evaluation methodology; develop and pretest the data collection instrument; and collect and analyze the data	Scheduled for next reporting period	
1.4b Write and distribute the final report. (Note: if non-population funds become available, the report will also include results from the evaluation of VLDPs conducted in Brazil [HCD-funded] and the Caribbean [FHI contract to MSH] in late PY4.)	Scheduled for next reporting period	
Output: 1.5 Conduct a comparative analysis of the impact of M&L interventions on organizational performance among PY4 and PY5 core and field-support funded programs (June 2005).	Scheduled for next reporting period	
1.5a Refine evaluation methodology; and collect and analyze data stored in KIX and/or available with M&L Program Managers.	Scheduled for next reporting period	

	1.5b Write and distribute the final report.	Scheduled for next reporting period
Output:	1.6 Update the synthesis report prepared in PY4 regarding best practices and lessons learned in the delivery, follow-up, and sustainability of management and leadership development programs (September 2005).	Scheduled for next reporting period
Outcome:	2 CLOSE-OUT: This sub-task is completed within budget/pipeline and in compliance with USAID and M&L requirements by September 2005.	Scheduled for next reporting period
Output:	2.1 Finalize the synthesis report initiated in PY5 regarding best practices and lessons learned in the delivery, follow-up, and sustainability of management and leadership development programs (September 2005).	
	2.1a Finalize and distribute the report.	

Knowledge Management

Project Manager	Task	SubTask
Ellis, Alison	A2WWCP1D4	97XXPS

Knowledge Management is the collection, synthesis, and sharing of what we know, how we know it, and how it can be applied. Knowledge Management at M&L seeks to fully leverage the organization's intellectual capital through the activities of the Communities of Practice, which are comprised of MSH's leaders in four technical areas. The CoPs work together to capture, review, and synthesize knowledge which is made available in institutional Knowledge Folders, and to the public through various means. The work of the CoPs and the information contained in the Knowledge Folders help us better serve our field partners and clients through the provision of easy-to-access, synthesized information on technical areas that contribute to higher quality technical assistance and more effective use of the resources.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 All four Communities of Practice will have made significant progress in the creation and rollout of their Knowledge Folders and will continue to meet regularly to discuss technical issues relevant to their CoP and to update the Knowledge Folders and develop and publish a product for the public domain.	In Process	Three out of four Communities of Practice have rolled out their knowledge folders, and all are now interacting via in-person meetings and virtual conversations in eRoom. The Developing Managers Who Lead CoP and the Health Information Systems CoP have had more than 15 online discussions covering various leadership topics, which have engaged over 20 Technical Assistance practitioners both in Boston and in the field. The Performance Improvement CoP presented three papers on PI at the Population Health Institute's PI day, as well as at an internal brown bag in September. The Human Resource Management CoP has completed their HRM Knowledge Folder and is beginning to create a Human Capacity Development Knowledge Folder. The Community of Practice User Support eRoom has been reorganized and opened to all MSH eRooms users to promote sharing of best practices online.
Output: 1.1 The Performance Improvement Community of Practice will have significantly contributed to the practice of Knowledge Management at M&L/MSH through regular meetings of the Community of Practice and the rollout of the Performance Improvement Knowledge Folder and other related information to a wider audience (September 2005).	In Process	
1.1a The Performance Improvement Knowledge Folder is maintained; new materials are added, existing materials are updated and revised.	In Process	
1.1b The Performance Improvement Community of Practice will have held 4 quarterly meetings in person and virtually in order to discuss PI issues and continue to hone the Performance Improvement Knowledge Folder and in addition will sponsor a one day discussion on PI: Getting and Monitoring Results at the Organizational Level.	In Process	
1.1c The Performance Improvement Community of Practice will present a Performance Improvement Brown Bag at MSH.	Completed	
1.1d Develop a content area on the ERC entitled "Improving Organizational Performance" and populate with documents.	In Process	
1.1e The Performance Improvement Community of Practice develops and presents PI topics at PHI's PI day in September 2004.	Completed	
Output: 1.2 The Human Resource Management Community of Practice will have significantly contributed to the practice of Knowledge Management at M&L/MSH through regular CoP meetings, and efforts to maintain, update, and distribute the HRM Knowledge Folder materials and other related information to a wider audience (September 2005).	In Process	
1.2a The Human Resource Management Knowledge Folder is maintained; new materials are added, existing materials are updated and revised.	In Process	
1.2b The Human Resource Management Community of Practice will have held 4 quarterly meetings and 1 half-day meeting to discuss HRM trends and challenges and continue to hone the HRM Knowledge Folder.	In Process	

	1.2c The HRM Community of Practice members will make Knowledge Folder material publicly available through the creation and distribution of an HRM CD and "briefcase."	In Process
	1.2d The HRM Community of Practice members will work to actively promote the HRM Knowledge Folder to their colleagues in the field; demonstrating the use and importance of collaborating on HRM trends and challenges via the HRM Knowledge Folder in eRoom.	In Process
Output:	1.3 The Developing Managers Who Lead Community of Practice will have significantly contributed to the practice of Knowledge Management at M&L /MSH through regular CoP meetings, and efforts to maintain, update, and distribute the HRM Knowledge Folder materials and other related information to a wider audience (September 2005).	In Process
	1.3a The Developing Managers Who Lead Knowledge Folder is maintained; new materials are added, existing materials are updated and revised.	In Process
	1.3b The Developing Managers Who Lead Community of Practice will hold 4 quarterly meetings meeting to discuss management and leadership trends and challenges and continue to hone the Knowledge Folder by June 2005.	In Process
	1.3c The Developing Managers Who Lead Community of Practice will synthesize knowledge for each component of the L&M Framework.	In Process
	1.3d The Developing Managers Who Lead Community of Practice will work to restructure the the DMWL Knowledge Folder in light of usability testing results and the need to develop a publicly accessible KF.	Completed
	1.3e Develop and move two to three DMWL tools onto the ERC for greater accessibility to the public by January 2005.	In Process
Output:	1.4 The Health Information Systems Community of Practice will contribute to the practice of Knowledge Management at M&L/MSH through CoP meetings, and efforts to maintain, update, and distribute the HIS Knowledge Folder materials and other related information to a wider audience	In Process
	1.4a The Health Information System Knowledge Folder is maintained; new materials are added, existing materials are updated and revised	In Process
	1.4b Two online panel discussions are held on topics of interest to the HIS CoP. These discussions are synthesized and included in the HIS KF.	In Process

Knowledge Management

Outcome:	2 The overall Knowledge Management initiative is supported within M&L and extended to a wider circle of users of synthesized knowledge.	In Process
Output:	2.1 CoP Leaders meetings are held to discuss issues relevant to the promotion and effective use of CoPs, Knowledge Folders, and eRoom.	In Process
	2.1a CoP Leaders will have learned from their colleagues and applied lessons to their own CoPs.	In Process
Output:	2.2 Knowledge Management and Knowledge Folders are promoted within and outside of MSH.	In Process
	2.2a Promote Knowledge Folders via the VCLM by developing and updating the Knowledge Folder slide show for the VCLM, communicating Knowledge Folder updates for the "What's new" section of the VCLM site, and maintaining the Knowledge Folder flyer for communication purposes.	In Process
Output:	2.3 The CoP Users Support eRoom is maintained for use by all MSH employees using eRoom.	In Process
	2.3a User Support eRoom is updated regularly.	In Process

The Deputy Director of M&L and the Program Officer leading M&L's Knowledge Application initiative have actively collaborated with both MSH staff and other cooperating agencies to share Knowledge Management strategies over the last six months. External activities include: extending Knowledge Folder access in eRoom to multiple users at USAID, Engender Health, and Implementing Best Practices (IBP); participation in the marketing group of the IBP Consortium, Electronic Communication System, by Tim Allen; distribution of the eRoom/CoP/KF guidebook to USAID and ACQUIRE, and two meetings with Jan Kumar, Senior Director Programs, at EngenderHealth to share knowledge management best practices. Internal activities have included promoting the use of eRooms, Communities of Practice, and Knowledge Management to other MSH projects; collaboration with the Development, Communication and Products team on MSH's Knowledge Management initiative, and creation of an illustrative protocol/budget for new CoPs using eRooms.

All Knowledge Management activities and processes have been well documented. Efforts are being taken to ensure that the four knowledge folders find a permanent location on MSH's Electronic Resource Center.

Outcome:	3 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 2005.	Scheduled for next reporting period
Output:	3.1 A one-day meeting will be held for CoP Leaders to discuss the possibility of moving the Knowledge Folders and CoPs forward as a part of MSH Corporate approach to Knowledge Mangement (July 2005).	
	3.1a Convene a one-day meeting.	

Communications and Reporting

Project Manager	Task	SubTask
Ellis, Alison	A2WWCP1D4	97XXCP

Communications and reporting materials for external and internal audiences are prepared and disseminated.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 The M&L Program continues to meet its contractual obligations for routine reporting to USAID.	In Process	M&L's Semiannual Report for the January 1–June 30, 2004 period (the second half of PY4) was completed July 30, 2004 (with subsequent revisions made based on feedback from M&L's CTO). An after-action review was held in October 2004 to improve the process and quality of future versions of this report, with recommendations implemented and showing positive results with more timely participation from staff. The M&L Results Review and Portfolio Review covering the July 2003–June 2004 period were completed October 2004 as scheduled. M&L's Management Review with USAID was held in Washington, D.C., in December 2004. Finally, more than 30 documents have been submitted to USAID's Development Experience Clearinghouse during the reporting period.
Output: 1.1 Routine reports and other documentation required by USAID are prepared and submitted on time (July 2005).	In Process	
1.1a Coordinate, compile and edit information for semiannual reports.	In Process	
1.1b Coordinate, compile and edit materials for the USAID Results Review.	Completed	
1.1c Coordinate, compile, and edit materials for the annual USAID Management Review; meet with USAID/W staff.	Completed	
1.1d Respond to ad hoc requests for information from USAID.	In Process	
1.1e Submit M&L materials to USAID Institutional Memory.	In Process	
1.1f Contribute to the coordination, preparation, and production of the final three-month workplan.	Scheduled for next reporting period	
Outcome: 2 The M&L Program continues to develop and disseminate communications products for external and internal audiences.	In Process	Across the board, the M&L Communications group has exceeded expectations on results within this outcome during the first half of PY5. More than 25 flyers, stories from the field, and country profiles have been updated or developed—including Country Pages for Nigeria, Nicaragua, Bolivia, and Uganda; a revised version of the M&L flyer, "Developing Managers Who Lead;" a closeout write-up on Guatemala (in lieu of having an Evaluation Note); eight new Stories from the Field; and updates of several Technical Notes including the TCNetwork, Global Exchange, LeaderNet, Virtual Leadership Development Program (VLDP), and the Provider's Guide. Carmen Urdanetta spent two weeks in Nicaragua collecting information for at least two additional stories from the field, as well as potential pieces to be published.
Output: 2.1 Communications products are prepared, updated, and disseminated (June 2005).	In Process	
2.1a Develop or update approximately 20 Technical Notes, Country Profiles, and Stories From the Field.	In Process	
2.1b Edit, produce, and disseminate approximately 8 Evaluation Notes.	In Process	
2.1c Translate and distribute key communications products, including maintenance of M&L Library and organizing materials for M&L travelers.	In Process	
2.1d Submit M&L materials to MSH Institutional Memory.	In Process	
2.1e Write and edit reports, fliers, articles, white papers, abstracts, and other materials, as requested.	In Process	

Communications and Reporting

Output:	2.2 M&L knowledge is communicated to external audiences via presentations and seminars (June 2005).	In Process
	2.2a Coordinate presentations by M&L at one MSH-GHC-PAHO Technical Seminar (topic TBD).	Reprogrammed
	2.2b Prepare M&L materials for presentations, as requested.	In Process

The Leadership and Management Framework, Process, and Results Model have all been translated into Portuguese, French, and Spanish. The "Five Principles of Management and Leadership" was translated into French.

Five Evaluation Notes have been finalized and disseminated (Guinea2, Egypt2, Publications, the Cross-Program Review, and the VLDP 1–3).

More than 65 documents have been sent to the MSH Institutional Memory and are currently available to MSH employees.

The Communications office has also been available to M&L staff for general assistance with presentations, communications materials and services procurement, printing needs, and ad hoc requests concerning M&L styles, logo usage, and similar formatting issues. Examples include assistance with the TCNetwork Business Plan, the Leading and Managing Handbook, assistance to a wide array of field support projects (supported by field-support funds), support to the Senior Leadership Development Seminar held in December 2004 (in lieu of a technical seminar), and working on the complete design of a new Human Capacity Development technical brochure due to be produced in early 2005.

Outcome:	3 CLOSE-OUT: This sub-task is completed within budget/pipeline and in compliance with USAID and M&L requirements by September 2005.	Scheduled for next reporting period
Output:	3.1 Final report and other programmatic documentation required for close-out are prepared and submitted (September 2005).	
	3.1a Coordinate, prepare and submit a final report or final Semi-Annual report, as required by USAID.	
	3.1b Submit any outstanding materials to USAID and MSH Institutional Memory.	

M&L Web Space

Project Manager	Task	SubTask
Ellis, Alison	A2WWCP1D4	97WSEC

The external Web site continues to serve as a resource for communicating information about the Management and Leadership Program, including field activities, products, services, accomplishments, and lessons learned.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 The external Web site continues to serve as a resource for communicating information about the Management and Leadership Program, including field activities, products, services, accomplishments, and lessons learned.	In Process	The M&L Web space has achieved a great deal in the first half of PY5, and has thus far exceeded expectations set in the workplan. More than 25 change requests have been processed that have resulted in 15 completely new pages (including four country pages, new Where We Work interactive world and continent map pages, and several new Stories from the Field. Twenty pdf documents have been added (some being entirely new while others updates of existing documents), including updated Technical Notes for the TCNetwork and Virtual Leadership Development Program, five new Evaluation Notes, and the highlights of M&L's most recent Semiannual Report. All new communications pieces are added to the site on a routine basis as needed. Several sections of the site were rewritten and reorganized. The entire site was reviewed with over 50 changes marked, primarily crosslinks to the MSH Web site were added. Following a benchmark where we considered the site at a satisfactory state of completion, a MSH-wide announcement was sent to invite members of the organization to learn about M&L accomplishments.
Output: 1.1 Electronic versions of existing communications materials are posted to the Web site (June 2005).	In Process	
1.1a Adapt and post approximately 15 Technical Notes, Country Profiles, and Stories From the Field.	In Process	
1.1b Adapt and post approximately 10 Evaluation Notes.	In Process	
1.1c Adapt and post other priority communications products, as requested.	In Process	
1.1d Adjust Web site navigation, as required.	In Process	
1.1e Monitor Web trends and make adjustments, as required.	In Process	
Outcome: 2 CLOSE-OUT: This sub-task is completed within budget/pipeline and in compliance with USAID and M&L requirements by September 2005.	Scheduled for next reporting period	
Output: 2.1 Electronic versions of any programmatic materials related to close-out of the M&L Program are posted to the website (September 2005)	Scheduled for next reporting period	
2.1a Adapt and post close-out related materials	Scheduled for next reporting period	

Provider's Guide to Quality & Culture

Project Manager	Task	SubTask
Gail Price	A2USCP1D4	70CCEC

The Office of Minority Health has given USAID $50,000 for the M&L Program to integrate the existing Asian American and Pacific Islander (AAPI) virtual seminar into the Provider's Guide Web site of MSH's Web site so that it will be continually available as a self-instructional learning tool, rather than only available sporatically as a formal course. The purpose of the seminar is to improve the quality of care provided to Asian American and Pacific Islander populations.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 The number of health care providers having access to the content of the AAPI seminar is increased, thereby improving the quality of care for AAPI populations	In Process	All of the seminar materials have been reviewed and reformatted for a self-instructional tutorial. We are now in the process of designing the electronic platform.
Output: 1.1 All of the components of the AAPI seminar will be reviewed, modified for a self-instructional learning tool, and integrated into the Provider's Guide Web site.	In Process	
1.1a Review all components of the AAPI seminar.	Completed	
1.1b Modify components of AAPI seminar for self-instructional learning tool.	Completed	
1.1c Integrate modified components into the Provider's Guide website on the MSH website.	In Process	
1.1d Manage project.	In Process	
1.1e Post information.	In Process	

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Africa Bureau

Workplan is not yet finalized, but is in development. There has been some difficulty in getting a scope of work from the Bureau. Using Africa Bureau funds, M&L will promote effective leadership and management practices to professionals who deliver public health services in Africa through their further training in the use of M&L tools and their participation in technical conferences. Planned activities include:

- Three African M&L staff and consultants will attend the Repositioning Family Planning in Western Africa: A Call to Action conference in February 2005 (organized by Advance Africa, AWARE-RH, POLICY, USAID/WARP, and WHO/AFRO). The staff will share a select group of current M&L programs and will share innovative approaches in management to strengthen family planning programs.
- A human resource technical meeting will be held in Kenya in March 2005 to introduce 20 M&L HR consultants (Africa based) to M&L tools and approaches to addressing Human Capacity Development challenges. The training will build the capacity of regional consultants in human resources management and human capacity development fields.
- Four African public health professionals will attend the "Health Systems: Putting Pieces Together" Global Health conference in May 31–June 3, 2005, in Washington, D.C.
- The French Virtual Leadership Development Program (VLDP), the corresponding CD-ROM for participants, and the French VLDP facilitators guide will be developed by January 2005. Three MSH bilaterals (HS 2004, AWARE, and PRISM) based in Francophone Africa and Haiti have requested that the VLDP be translated into French and will be sharing the cost of this project.

Angola

MOH officials requested changing the scope of the main activity, an HIV/AIDS leadership workshop for MOH and NGO officials at the national level in Luanda. The leadership development workshop in Luanda (August 16-20, 2004) successfully achieved its revised objectives. Over five days, the workshop facilitators provided the 25 participants from HIV/AIDS related programs at the MOH and NGOs with the opportunity to build a shared vision of coordinating HIV/AIDS activities in Angola.

The workshop participants discussed their shared goals and mapped the journey of the struggle against HIV/AIDS in Angola from 1985 until 2008, the end of the current five-year national plan. Throughout the workshop, the facilitators focused on the importance of leadership through the lens of M&L's Leadership and Management Framework. Participants brainstormed 30 leadership challenges related to HIV/AIDS and then prioritized the four most crucial. The four priority challenges were: lack of cooperation; lack of standardized information; low capacity of advocates to disseminate information at the community level; and discrimination against people living with HIV/AIDS. Workshop participants expressed their strong desire to form an active multi-sectoral AIDS committee that would regularly participate in management and leadership seminars. The M&L Angola project contributed to the dissemination of knowledge about HIV/AIDS in Angola by developing a summary of the national HIV/AIDS strategy and providing 500 copies to be distributed to officials and clinic staff at the district level throughout the country.

Bolivia - COMBASE

Project Manager	Task	SubTask
Decima, Elena	A2BOFC2XX	90CBXX

M&L's technical assistance for PY5 will continue to strengthen and implement the management and system changes started in PY3. The team will support and give technical assistance to all the management areas, but will focus on strengthening the use of the new integrated information system (SICOM) and the finance area, and on the generation and implementation of sustainability strategies. MSH will continue to work at strengthening tha management and leadership skills of COMBASE managers and Board members, and worked toward financial sustainability.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 The new integrated information system for COMBASE (SICOM) is finished, completely implemented in the central office, hospitals and all the clinics.	In Process	The development of COMBASE's information system and its installation in all clinics and in the hospital has been completed during the reporting period. Users have discovered during the implementation process that the number of forms could be reduced and a new template has been designed, bringing important benefits for the organization's efficiency. Financial statements are now systematically produced the month after the closing of the books as per established norms and the MSH/COMBASE team continues to monitor the integrity of the data and to address discrepancies. The preparation of the plan of action (POA) using the improved management system has been initiated.
Output: 1.1 All the patient information, from 1/1/2004 on, is entered in the new information system.	In Process	
1.1a Evaluate status of clinical records for 2004 in Combase hospital and clinics.	Completed	
1.1b Finish the new laboratory module.	In Process	
1.1c Together with Combase counterpart, train new personnel on SICOM.	Completed	
1.1d Monitor progress of task via monthly visits to hospital and clinics.	In Process	
Output: 1.2 The new financial system is working and financial statements are produced regularly within the next 30 days after month is closed.	In Process	
1.2a Work with Finance manager to insure that the financial system is working, that all personnel are thoroughly trained and that there are no unresolved issues with the system.	In Process	
1.2b Verify that the links between the programmatic and financial information exist and that reports are being produced monthly.	In Process	
Output: 1.3 Support the managerial team in their monthly monitoring of the POA 2004 and its associated budget.	In Process	
1.3a Assist in establishing a monitoring protocol to monthly review programmatic and financial actuals.	Completed	
1.3b Assist the managerial team in the analysis of financial and programmatic information and its use for adjusting financial goals and planning toward	In Process	

Bolivia - COMBASE

Outcome: 2 The new administrative and financial processes and human resources manuals are validated, socialized and used by all of COMBASE's personnel.	In Process	New manuals for COMBASE's upgraded management systems have been finalized and validated during the reporting period. The administrative and financial manual has been socialized via a training by the Administrator. The HR manual and the job profiles have been finished and they will be socialized by the end of December/beginning of January when the performance review and planning tool is completed.
Output: 2.1 All of COMBASE's personnel have been trained and are using the new Administrative/Financial Processes Manual.	In Process	
2.1a Assist the Administration Manager in the preparation of a socialization plan and its implementation.	Completed	
2.1b Monitor the implementation of the manual and make adjustments if necessary.	In Process	
Output: 2.2 All of COMBASE's personnel have job descriptions, have been socialized, and are using the new human resources manual.	In Process	
2.2a Assist the Administration Manager in the preparation of a socialization plan and its implementation.	Scheduled for next reporting period	
2.2b Monitor the use of the manual and make adjustments if necessary.	Scheduled for next reporting period	
2.2c Review manual against the upcoming new Board of Director's by-laws for	Completed	
Outcome: 3 COMBASE has implemented several strategies to optimize their goal of financial sustainability.	In Process	Although some key activities have been completed during the reporting period, progress in this area has been slower than anticipated. During the last consultation with the Executive Director it was agreed that COMBASE will be developing five proposals/concept papers on projects offering potential for funding. COMBASE's marketing plan was developed with M&L assistance and 10 foundations that provide funding to organizations like COMBASE were identified. Additionally, the participants of the leadership workshop selected financial viability as their main challenge to address: "How can COMBASE increase its cost recovery by a stated percentage during the 2005 calendar year."
Output: 3.1 A plan with various financial scenarios is prepared and implemented by the management team.	Scheduled for next reporting period	
3.1a Assist the management team in the analysis and preparation of a marketing plan.	Completed	
3.1b Assist the management team in the implementation of at least three initiatives to increase financial sustainability.	Scheduled for next reporting period	
3.1c Monitor implementation of the plan against the monthly financial statements and evaluate their impact.	Scheduled for next reporting period	
Output: 3.2 COMBASE has written and submitted two new business proposals to selected donors.	Scheduled for next reporting period	
3.2a Assist the Program Manager in the research of donors and funds, and in the buildup of a proposal/new business data bank for future use.	Completed	
3.2b Assist the Program Manager in the proposal writing and preparation process.	Scheduled for next reporting period	

Bolivia - COMBASE

Outcome:	4 COMBASE's Board of Directors is functioning with its new by-laws and has developed a plan to assist and strengthen COMBASE's management and sustainability.	In Process	The October General Assembly called for a Board members election, including the President position. New members were elected to all positions on the Board. The new Board has been very positive about the work accomplished so far and with the activities in progress, and has pledged full support to assist in addressing the financial situation of the organization (post-USAID support) and the long term sustainability issue. New by-laws were drafted and approved during the reporting period.
Output:	4.1 A financial plan, which incorporates the institution financial and programmatic results and the marketing initiatives, is prepared.	Scheduled for next reporting period	
	4.1a Assist in the preparation of proposals to improve income generation, to capture new local and international funds, to propose new business.	Scheduled for next reporting period	
	4.1b Conduct monthly meetings with the Board to discuss the progress of the activities programmed for this year and evaluate their impact for Combase's sustainability.	Completed	

Outcome:	5 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 30, 2005.	Scheduled for next reporting period
Output:	5.1 All Combase's planned activities and products are finished and delivered by September 15th.	
	5.1a Prepare financial pipeline to insure financial management is on target and review activities for last three months.	
	5.1b Prepare a report of all activities carried out during FY05 and submit all related finished products.	

Bolivia PROSALUD

Project Manager	Task	SubTask
Decima, Elena	A2BOFC2XX	90PSXX

M&L's technical assistance for PY5 will concentrate on finalizing, strengthening and socializing—at the regional level—the implementation of the new PROSALUD management model. Together with the Executive Director, national and regional management teams, we have selected the priority outputs and activities that are needed to establish the basic structures which will transform the model into organizational reality and truly change the management systems of the institution. The work plan for this year includes priority products for each management area, technical assistance to the Administration and Finance area for the on-time production and analysis of financial reports, and continuous support to the Executive Director to follow and monitor progress in all areas and at all levels.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 Implementation of PROSALUD's new management model is finalized and socialized at all levels.	In Process	This year's scope of work, as requested by the USAID Mission in Bolivia, is focused on the Finance and Human Resource areas. In this reporting period priority activities completed in the financial management area were the conduct of the in-depth analysis of the actual system, including the software in use (MENTOR), and their adjustment on the basis of the formulated recommendations. In addition to the financial software, this effort covered mainly the billing processes and the procurement and acquisition system. The strengthening of the skills and knowledge of the various technical and management teams and the socialization of the adjusted systems at the regional levels will be completed next year. As a result of M&L support, financial reports are now being produced by the regions and monitoring of the plans of action (POA) with the newly upgraded modules has started. The specific interventions aimed at strengthening the Human Resource area are scheduled for the next reporting period. The hiring by PROSALUD of its new HR manager has not been completed yet, a key factor in the postponement of some of the interventions in that area.
Output: 1.1 A chronogram of priorities for every management area is developed.	In Process	
1.1a Assess and discuss progress achieved in every management area.	Completed	
1.1b Developed a chart of priority products, activities and indicators with each manager at the national level.	Completed	
1.1c Develop, together with the management team, a chronogram to achieve these products and socialize them at regional levels.	In Process	
1.1d Develop, with the Executive Director, a monitoring tool to track progress across all the national and regional management areas.	Cancelled	
Output: 1.2 The new financial system is completely implemented and is used in all the regional offices.	In Process	
1.2a Work with the Finance and Accounting areas to assess the status of the system and make final adjustments, if necessary.	Completed	
1.2b Assist the Finance and Accounting office in the production of financial statements within one month of closing the books.	Completed	
1.2c Develop tools for monthly monitoring the POA/budget.	Completed	
1.2d Assist the Finance and Accounting office in the development of templates for financial report.	Completed	
1.2e Support the Finance and Administration managers in their socialization of the system, tools and reports at regional levels.	In Process	
Output: 1.3 The Human Resources Manager has produced the products selected for this year (update of job descriptions, and personnel selection processes, performance improvement tools, etc.)	In Process	
1.3a Support the Human Resource Manager in the development of these products.	Scheduled for next reporting period	
1.3b Support the Human Resource manager in the implementation and socialization	Scheduled for next	

Bolivia PROSALUD

Outcome:	2 The Executive Director develops and manages a M&E plan for successfully finishing the implementation and socialization of the model.	In Process	The Executive Director received regular support, in the form of coaching from M&L in monitoring progress in strengthening the organization's management systems. The support to the Executive Director in the socialization of the upgraded systems at the regional level is scheduled for next semester.
Output:	2.1 All of the managers achieve their stated goals toward the finalization of the model's implementation.	In Process	
	2.1a Develop, with the Executive Director, a monitoring tool to track progress across all the national and regional management areas	Cancelled	
	2.1b Support the Executive Director in the monthly monitoring of the progress of the different management areas.	In Process	
	2.1c Support the Executive Director in the socialization of the model in all regional levels.	Scheduled for next reporting period	

Outcome:	3 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 30, 2005.	Scheduled for next reporting period
Output:	3.1 All Prosalud's planned activities and products are finished and delivered by September 15th.	
	3.1a Prepare financial pipeline to insure financial management is on target and review activities for last three months.	
	3.1b Prepare a report of all activities carried out during PY5 and submit all related finished products.	

Bolivia Management

Project Manager	Task	SubTask
Decima, Elena	A2BOFXXXX	97XXXX

The M&L Bolivia Program is managing its technical and administrative responsibilities associated with its technical assistance plan

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 Efficient in-country program management.	In Process	Country program activities are being carried out as planned and expenditures are on target.
Output: 1.1 Efficient cost-effective management and technical support of MSH/M&L Bolivia provided to PROSALUD and COMBASE.	In Process	
1.1a Staffing and on-going operation support of the MSH/M&L Bolivia project.	In Process	
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 30, 2005	Scheduled for next reporting period	Activities will take place in August and September 2005
Output: 2.1 All Combase's and Prosalud's planned activities and products are finished and delivered by September 15th	Scheduled for next reporting period	
2.1a Prepare financial pipeline to insure financial management is on target and review activities for last three months	Scheduled for next reporting period	
2.1b Prepare a report of all activities carried out during FY05 and submit all related finished products	Scheduled for next reporting period	

Ghana

Project Manager	Task	SubTask
Eguia, Cecilia	A2GHFP2XX	90MHXX

USAID Ghana has many Cooperating Agencies (CAs) working to improve health services. At the request of the Mission, M&L led a three-day team building workshop with the implementing CAs, the Mission, and representatives from the government of Ghana, to lay a solid foundation for coherent, synergistic, and effective project implementation of the USAID health portfolio.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 A functioning collaboration of CA project staff, USAID HPN staff, and Ghana government counterparts for the successful implementation of the USAID health portfolio.	Completed	First coordination meeting of the Health Strategic Objective (SO7) stakeholders took place on September 21–21, 2004, in Accra. The 48 participants consisted of senior field management employees from Population Council, Ministry of Health/Ghana Health Services, OICI, PHR Plus, Net Mark, Deliver, GSMF, AED, Catholic Relief Services, World Education, USAID, NACP, and EngenderHealth. A solid foundation for coherent, coordinated project implementation of the Health Strategic Objective was laid out through the first USAID/CA health portfolio meeting. The meeting's objectives were accomplished as the group discussed openly what were the common challenges. A consolidated work plan was produced to provide all stakeholders with a coherent view of the health portfolio, and partners committed to how they will support each other. Agreements were reached on roles and responsibilities from each group regarding cross-cutting issues and activities, as well as what to do in case of breakdowns. Next steps were defined and will involve continued work plan discussions and a coordination meeting in January 2005. This program will be closed-out on January 2005.
Output: 1.1 A consolidated workplan, shared vision, consensus on present challenges, clear expectations, commitments of group contributions to the workplan, and a set of agreements on what to do in case of breakdowns in collaboration, are developed.	Completed	
1.1a Design and facilitate a three-day workshop with USAID HPN staff, CA project staff and government of Ghana counterparts, totaling 60 participants.	Completed	

Guatemala - APROFAM

Project Manager	Task	SubTask
Monroy, Alvaro		

USAID/Guatemala requested that M&L provide technical assistance to APROFAM's Board of Directors. Technical Assistance will focus on improving and increasing the Board's understanding of the different elements of good governance such as accountability, transparency, and responsibilities. The workplan also includes two workshops to help seek alternative solutions for conflicts arising from lack of understanding of the roles and responsibilities of Board members and paid staff. MSH staff will deliver a tailor-made Organizational Performance monitoring tool to be used by the Board as a programmatic and financial follow-up mechanism for all major activities carried out by the organization.

Outcome/Output/Activity Description	Status
Outcome: 1 APROFAM's Board, cognizant of their roles and responsibilities and the importance of accountability, is exercising their roles, implementing their action plan and, together with the Executive Director and senior staff, are utilizing the Organizational Performance Monitoring tool to continually monitor organizational results and recommend improvements.	In Process
Output: 1.1 Provide technical assistance to APROFAM's Board of Directors to strengthen their understanding of their role and functions. Convey the need for good governance practice.	In Process
1.1a Use existing assessment of APROFAM's Board of Directors to focus on needs and challenges.	In Process
1.1b Analyze APROFAM's by-laws and areas of potential conflict with paid staff and Board. Emphasize Board's accountability, responsibilities and transparency issues concluding with an in-depth analysis of what good governance entails.	In Process
1.1c Elaborate an action plan with the Board.	Completed
1.1d Over the course of monthly workshops, work with the Board on management and leadership issues focusing on building leadership skills, responsibilities and competencies.	In Process
1.1e Design and implement an Organizational Performance Monitoring Tool.	Scheduled for next reporting period

Notes

The challenges that APROFAM faces have been addressed through a series of two-day monthly workshops with approximately 24 APROFAM participants including senior staff, the board of directors, and volunteers. The challenges have been split into the following five modules: 1) Profiles and review of norms and bylaws; 2) roles, responsibilities, norms, processes, and procedures of the Board, the Executive Director, and the technical personnel; 3) Ethics and conflict of interest/Channels of communication; 4) Principles of technical sustainability/Resource Development; 5) Developing strategic alliances. These modules are presented during the monthly workshops and are designed to improve communication and interpersonal relationships between the three groups. An action plan was developed in September 2004 with the assistance of USAID, the APROFAM Board of Directors, the Senior Staff, volunteers, and MSH. Thus far three workshops focusing on competencies and responsibilities of the Board, senior staff and volunteers have been completed (October 12, 2004, November 1 2004, and December 1, 2004) as have three informal meetings (September 7, 2004, October 5, 2004, and October 6, 2004) with the Board of Directors, the Senior Staff and Volunteers to discuss their responsibilities and redefine their functions. The contents and results of the first three workshops have been given to APROFAM and USAID/Guatemala. Drafts of full job descriptions have been created for the entire board and all of these changes have been incorporated into the organization's Bylaws which have been entirely analyzed and revised (completed December 2004). APROFAM and MSH will develop instruments to evaluate the performance of board members during the next reporting period. The mission has agreed to extend funding for the project until close out in September 2005.

Outcome:	2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by March 2005	Scheduled for next reporting period
Output:	2.1 Final report and other documentation required for close-out are prepared and submitted	
	2.1a Compile, format, and translate relevant materials for institutional memory	

INDONESIA

Project Manager	Task	SubTask
Ellis, Alison	A2IDFC1XX	90MHXX

The Management and Leadership Program will complete and close-out its program in Indonesia assisting central, provincial, and district level government counterparts to lead and manage effectively in light of decentralization. Specifically, M&L will continue to support decentralization by the MOH and BKKBN (the National FP Coordinating Board) to ensure the delivery of essential services, especially services for the poor and maternal and neonatal health, including family planning, at all levels of the health system by: defining essential public health functions and services and prioritizing maternal and neonatal health; improving drug management and delivery systems for essential drugs; strengthening district leadership and management skills and systems; building the capabilities of district health managers in focus districts to plan and budget for priority primary health care and family planning services; and fostering the use of data by managers to advocate for public health funding at the central, provincial, and district levels.

Outcome/Output/Activity Description	Status
Outcome: 1 The performance of district health management is strengthened through the provision of technical assistance for improving basic health care services to the poor, especially maternal and neonatal health.	In Process
Output: 1.1 The M&L Indonesia field office is operating effectively and technical, administrative, and managerial responsibilities are well coordinated between the field office and M&L/Boston.	In Process
1.1a M&L/Indonesia program is operating effectively.	In Process
1.1b Participate in/convene regular meetings with MOH, BKKBN, CA, donor, etc. partners to share information, results, and lessons learned.	In Process
1.1c Disseminate information on health decentralization topics in technical notes, best practices, newsletters, Indonesian health journals, and other publications with MOH and BKKBN in Bahasa and English.	In Process
Output: 1.2 Cost-effective drug management activities for essential drugs are implemented.	In Process
1.2a Continue to develop National Drug Policy to clarify policies, regulations, roles, and responsibilities, including budgeting, for procurement and distribution of essential drugs.	In Process
1.2b Define procurement and distribution operations and procedures in light of decentralization, including the development of harmonized procurement systems.	In Process
1.2c Assist in the establishment of drug commodity Quality Assurance systems.	In Process
1.2d Coordinate between public sector contraceptive supply and drug supply network.	In Process
1.2e Finalize District Level Assessment Tools.	Completed
1.2f Assist Districts to develop effective drugs budgeting and drugs management systems.	In Process
1.2g Assist vertical drug supply programs to improve procurement and logistics.	In Process
1.2h Continue to support improvement in the reliability of the supply of essential drugs for child survival activities.	In Process
1.2i Register and include into DOEN drugs included in WHO's essential drug list	In Process

Notes

In this reporting period, priority activities have included modifying assistance at the district level to focus on USAID's strategy to reduce maternal/neonatal mortality, continued technical assistance to the BKKBN to implement the Early Warning System and to various levels of the health system in drugs management, and programmatic and administrative documentation and close-out of assistance to the central MOH and focus provinces and districts. Specific accomplishments during this reporting period include:

Office operations: a TDY by N. Gaul in October prepared the M&L offices for administrative close-out;

Drugs Management: the District Level Assessment Tool for 32 essential drugs, and an assessment tool for Malaria Control were finalized in Bahasa Indonesia, and disseminated widely in the central MOH, and participating focus provinces and districts; coordination with WHO and GFATM on the management of new patient kit formulations for TB; trained 441 personnel from the central MOH, participating focus provinces and districts in drug management activities, including management of Fixed Dose Combination TB drugs; introduced Emergency/Contingency Planning for a national buffer stock of TB drugs; the MOH Pharmacy Department (YanFar) promoted an initial target minimum expenditure level of Rp 5,000 (US $0.45) per capita on essential drugs by districts, and has developed preliminary methods and systems for advocacy by district drug units to achieve their required funding levels from district parliaments.

Managing decentralization: the Performance Assessment and Improvement Process (PROSPEK) was published and distributed in November 2004 by the MOH as government guidelines for all provincial and district/municipal health offices; with assistance from MSH and the STARH bilateral

	for managing complications in pregnancy and childbirth for permitted use at Puskesmas.	
	1.2j TB drugs: Manage arrival, distribution, and introduction of new Fixed Dose Combination (FDC) patient kit formulations of the Global Fund for AIDS, TB and Malaria (GFATM)-funded and GFATM supplied anti-TB drugs.	Completed
	1.2k TB drugs: Assist in GFATM monitoring/reporting to ensure continuing availability of GDF mechanism for supply of FDCs.	Completed
	1.2l TB drugs: Conduct training of trainers in drug management for FDCs for the five provinces that will receive FDCs for the first time.	Completed
	1.2m TB drugs: Develop a national drug availability/forecasting system (based on district reports) for regular and long-term re-procurement forecasting.	Completed
	1.2n Develop operations and procedures manuals for drug management.	In Process
	1.2o Assist Rational Drug Use for cost-effective drugs selection and use.	In Process
Output:	1.3 Essential public health functions and services (EPHF/Ss) for Districts/Municipalities, and the MOH, BKKBN, and provincial health offices are defined, prioritized, and monitored for improvement.	In Process
	1.3a Prioritize, monitor and define EPHFs for Districts, MOH, BKKBN and provincial offices.	Completed
	1.3b Assist MoH in developing and field-testing a manual (guidelines) for monitoring and improving the performance of maternal and neonatal health services.	Completed
	1.3c Write, publish, and disseminate an issue of The Manager.	Completed
	1.3d Assist BKKBN in implementing, refining, and institutionalizing the Early Warning and Rapid Response System.	In Process
Output:	1.4 Model public health management methods are developed in focus districts.	Completed
	1.4a Provide ongoing TA in the production of management modules.	Completed
	1.4b Facilitate institutional partners to maintain an inventory of tools and technologies developed by donors, partner agencies, universities, etc. in support of decentralization of health services at the district level.	Completed
	1.4c Implement performance assessment and improvement for cost-effective maternal and neonatal health services in focus districts and municipalities.	Completed
	1.4d Strengthen the capacity of Provinces to provide TA in support of District/Municipal Health Offices to improve public health management practices.	Completed
Output:	1.5 The core Performance Assessment and Improvement curriculum is developed on cd rom, including a facilitator's guide and a tutorial.	Completed
	1.5a Field test the core curriculum on CD-ROM with M&L/Indonesia staff and then with district teams.	Cancelled

project, the National FP Coordinating Board (BKKBN) issued a decree in September 2004 defining minimum service standards for FP which districts/municipalities are obligated to meet; a second decree was issued by the MOH in October 2004 providing guidelines for districts/municipalities to perform basic health services in accordance with minimum service standards. In addition, MSH focus provinces of East and West Java issued their own decrees supporting defined minimum service standards; a catalogue of monitoring and evaluation processes and tools for use by districts was completed; an issue of The Manager entitled "Managing Performance Improvement of Decentralized Health Services" was published and distributed in September 2004; Finalized a blended learning CD-ROM version of PROSPEK.

Capacity Building at the District Level: developed and introduced in July 2004 a new rapid assessment tool for maternal and neonatal health services in Kuningan, West Java in collaboration with JHPIEGO and PATH. Following the assessment and using data collected, the district applied PROSPEK adapted for maternal and neonatal health services. A similar rapid assessment of maternal/neonatal health services was conducted in Pacitan, East Java in coordination with the PERFORM Project, funded by USAID's Office of Democracy and Local Governance; 15 focus districts/municipalities reviewed/revised their existing performance improvement plans to focus on more cost-effective maternal/neonatal interventions for reducing deaths; trained 71 PROSPEK facilitators: 42 from provincial health offices; 2 from district/municipal offices; 22 from the central MOH; 2 from the Center for Health Training; and 3 from other implementing agencies. conducted an end-of-project conference in Jakarta on December 14 which involved 50 participants from the central MOH, BKKBN, focus provinces/districts, USAID, and other donors. The objectives of the conference were: to formally transfer M&L's PROSPEK assessment and planning guides and reports to the MOH; present accomplishments; and disseminate products. Finally, MSH leveraged funding from the World Bank, MOH Directorate of Community Nutrition, Asian Development Bank, European Union, and GTZ for the application of the PROSPEK in several of their respective focus districts.

	1.5b Revise the cd rom for usability as needed based on field testing.	Completed	
	1.5c Create a facilitator's guide in MS Word.	Completed	
	1.5d Work with the M&L/Indonesia team and partners to review the blended learning packaging and the strategy for marketing and dissemination.	Completed	
Output:	1.6 Capacity of districts is strengthened for analysis and use of available data, and when necessary, collection of additional data, in public health management (including planning, budgeting, monitoring performance and engaging in advocacy to obtain resources for maternal and neonatal health services).	Completed	
	1.6a Assist districts in conducting rapid assessments for monitoring performance of maternal and neonatal health services and reducing disparities affecting the poor and other vulnerable groups.	Completed	
	1.6b Assist districts in using indicators (e.g., minimum service standards) to	Completed	
Outcome:	2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by June 2005.	In Process	Plans for both administrative and programmatic close-out are completed. In-country offices in East and West Java closed as of December 31, 2004. The office in Jakarta will close in February 2005. M&L will continue to provide technical assistance to the BKKBN and in drugs management through June 2005 through short-term TDYs.
Output:	2.1 Boston and local M&L Indonesia staff assist in close out requirements, per USAID and M&L policy by June 2005.	In Process	
	2.1a Prepare final report on equipment inventory and obtain USAID approval for its distribution.	Completed	
	2.1b Design and conduct a two-day end-of-project conference to: a) disseminate project accomplishments and b) discuss with central, provincial, and districts counterparts and other donors next steps for the maintenance and scale-up of district capacity to deliver essential services, especially services for the poor and maternal and neonatal health.	Completed	
	2.1c Organize program and financial files, and prepare final technical reports in compliance with M&L Cooperative Agreement requirements and USAID Mission guidance.	Completed	
	2.1d Conduct an in-depth evaluation of the technical assistance processes and results of the M&L Indonesia program.	Scheduled for next reporting period	
	2.1e Conduct local banking, property and human resource management in relation	In Process	

Kenya

M&L is currently engaged with the Kenya Medical Training College (KMTC) in discussions on the development of a preservice management and leadership curriculum. The first training session is anticipated to occur early February 2005. The monthly workshops will continue until May 2005. The M&L program will review and enrich the current leadership and management modules that KMTC is offering to students to include some of the following basic leadership and management practices and commitments as appropriate: introduction to leadership in health institutions; facing leadership challenges especially in the face of HIV/AIDS; competencies in leadership; communication, change management, and advocacy; and influencing skills.

LAC - Health Sector Reform (Pubs) (October 2003 - September 2004)

Project Manager	Task	SubTask
Seltzer, Judith	A2LNFH1XX	80HPXX

Key technical materials will be documented and translated for use by LACHSR participants.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 Technical information becomes easier to access in the LACHSR Region and the quality and quantity of that information have increased	Completed	Country reports and briefs were prepared for each Decentralized Mapping Tool (DMT) test country. Presentations were made at the close of each country application of the DMT. A User's Package was prepared and will be distributed to all DMT country teams in PY5. The DMT User's Package has been translated into English and Spanish and sent to representatives in the Intiative countries.
Output: 1.1 Country report on the DMT is prepared and presented to key persons within the mapping exercise.	Completed	
1.1a Country Synthesis Report is written, published, and presented to the Initiative countries prior to a workshop that will convene in order to discuss country findings post-DMT.	Completed	
1.1c LACHSR Initiative will assist in the creation of a content management system and will translate and disseminate, throughout the LACHSRI Region, the Business Planning Program, entitled The Art of Crafting a Business Plan for Social Return on Investment.	Completed	

LAC - BPP for Municipalities

Project Manager	Task	SubTask
Seltzer, Judith	A2LNF__XX	90BBXX

The Business Planning Program (BPP), utilizes both face-to-face and electronic methods to help participants, usually staff of non-governmental organizations, build expertise in capturing and packaging breakthrough ideas; identifying target markets and marketing strategies; determining the best complement of staff to develop the ideas; and navigating the financial aspects of a business plan, including social and financial return projections. Under the auspices of the LACHSRI, the BPP will be adapted for use by a select group municipalities in Nicaragua.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 The BPP is used by Municipalities in Nicaragua to request and disburse funds.	In Process	The workplan for LAC was approved on November 24, 2004, and activities commenced shortly thereafter. In early December, the LAC team convened for a series of meetings to develop a strategic action plan for the remainder of the project cycle to complete the adaptation of the BPP for municipalities. The team visited with five municipality mayors (Rivas, Tola, Quezalguaque, Waslala, and Masaya) in Nicaragua, all of whom will be assuming their position as mayor in January 2005. Interest in the BPP and availability of personnel to participate in its adaptation were discussed at each meeting. The BPP Market Research Workshop is scheduled tentatively for January 31, 2004 – February 3, 2005.
Output: 1.1 A one year Strategic Action Plan is drafted for application of BPP.	Completed	
1.1a Convene members of BPP design and delivery team in Nicaragua to draft Strategic Action Plan, including protocol for market research and schedule for expanded orientation (four-day meeting to take place in Nicaragua).	Completed	
Output: 1.2 Market Research report is prepared based on findings from expanded orientation week with sample Municipalities.	Scheduled for next reporting period	
1.2a Conduct an expanded orientation week in Nicaragua with sample Municipalities to identify necessary adaptations to BPP (eight-day orientation).	Scheduled for next reporting period	
1.2b Revise BPP based on findings from research conducted during the expanded orientation week.	Scheduled for next reporting period	
1.2c Complete the translation, packaging and production of revised BPP.	Scheduled for next reporting period	
Output: 1.3 Revised BPP is Beta-tested in Nicaragua with sample Municipalities and LAC/BPP E-Room is launched for BPP team access (six-day beta-test).	Scheduled for next reporting period	
1.3a Conduct a Beta-test in Nicaragua and launch the LAC/BPP E-Room (six-day launch, four-month roll-out).	Scheduled for next reporting period	
Output: 1.4 Accompaning publications, reports, and presentations are drafted and disseminated.	Scheduled for next reporting period	
1.4a Adapt Facilitator's Guide for Municipalities (by PROCOSI).	Scheduled for next reporting period	
1.4b Conduct evaluation based on beta-test and draft beta-test report.	Scheduled for next reporting period	
1.4c Present BPP findings on Public-Private Collaboration in LAC countries, in response to an invitation to be a presenter at the International Health Summit in Miami.	Scheduled for next reporting period	

LAC - Cost and Revenue Analysis Tool (CORE) for Municipalities

Project Manager	Task	SubTask
Seltzer, Judith	A2LNF	_ _XX 80CEXX

CORE, a spreadsheet-based Cost and Revenue analysis program, is a planning tool that managers of health and family planning organizations use to improve the efficiency and financial viability of their services. The tool analyzes and compares a facility's costs and revenue for each service provided, compares results across facilities, and allows the user to answer management questions and to run potential scenarios. Under the auspices of the LACHSRI, the CORE tool will be adapted for use by a select group of municipalities in Nicaragua.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 The CORE tool is adapted for application by municipalities in Nicaragua.	In Process	The workplan for LAC was approved on November 24, 2004, and activities commenced shortly thereafter. In early December, LAC team convened for a series of meetings to develop a strategic action plan for the remainder of the project cycle to complete the adaptation of the CORE tool for municipalities. The CORE team visited with five municipality mayors (Rivas, Tola, Quezalguaque, Waslala, and Masaya) in Nicaragua, all of whom will be assuming their position as mayor in January 2005. Interest in the tool and availability of personnel to participate in the tool adaptation were discussed at each meeting. The CORE Market Research Workshop is scheduled tentatively for February 3 – 7, 2005.
Output: 1.1 A one year Strategic Action Plan is drafted for adapting CORE to Nicaragua (five-day session in Nicaragua broken into two-day and three-day sessions).	Completed	
1.1a Conduct a pre-assessment to lay the groundwork for Steps 1.1b and 1.1c (four-day session).	Completed	
1.1b Convene CORE design and delivery team in Nicaragua to draft Strategic Action Plan (two-day session to take place in Nicaragua).	Completed	
1.1c Conduct expanded session on use of CORE and its functions with sample Municipalities to identify necessary adaptations (three-day session to take place in Nicaragua).	Completed	
Output: 1.2 Market research report is prepared based on findings from delivery of CORE orientation session with sample Municipalities.	Scheduled for next reporting period	
1.2a Revise CORE based on findings from research conducted during expanded CORE session.	Scheduled for next reporting period	
1.2b Complete the translation, packaging and production of revised CORE.	Scheduled for next reporting period	
Output: 1.3 Revised CORE is Beta-tested in Nicaragua with sample municipalities. (four-day Beta-test)	Scheduled for next reporting period	
1.3a Conduct a Beta-test in Nicaragua of the revised CORE tool and launch LAC/CORE eRoom with sample Municipalities (four days).	Scheduled for next reporting period	
Output: 1.4 The LAC-CORE eRoom and on-site coaching increases ability to share knowledge and effectively use CORE.	Scheduled for next reporting period	
1.4a Provide virtual follow up support and coaching to CORE users in Nicaragua via eRoom.	Scheduled for next reporting period	
1.4b Provide on-site follow up support and coaching to CORE users in Nicaragua.	Scheduled for next reporting period	

LAC - Decentralization Mapping Tool (October 2003 - September 2004)

Project Manager	Task	SubTask
Seltzer, Judith	A2LNF__XX	80DMXX

M&L will build on the introduction of the Decentralized Mapping Tool (DMT) that took place in Jamaica and the Dominican Republic in PY3, by introducing it in up to three new countries in the LAC region. Upon completion of the exercise, the findings will be presented to the personnel within Ministries of Health in each of the countries where the DMT was applied. At the end of the project year, M&L will convene a workshop at which we will circulate a synthesis report to the Initiative countries. The workshop will provide a forum in which participating countries will discuss the findings of DMT exercise and generate ideas, refinements, and effective strategies in regard to decentralization.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 The LACHSR Region has Increased its use of Inititative [M&L] Tools, approaches, and technical materials	Completed	The DMT was successfully applied in Guyana, Nicaragua and Ecuador - which replaced Peru as a trial country. Internal briefs were prepared and circulated to the M&L management team, USAID and members of the LACHSRI steering committee. Results were also shared during the Technical Seminar held in March 2004. In July, the LACHSRI hosted a regional forum where all of the tools developed or enhanced under the Initiative were presented. DMT was presented at this forum, as were CORE and the BPP.
Output: 1.1 Apply DMT in three additional countries.	Completed	
1.1a Participate in team meetings throughout the project year in order to revise, review, and edit the DMT to make it country specific prior to site visits	Completed	
1.1b Prepare and conduct fieldwork and visits to Nicaragua, Guyana, and Peru	Completed	
1.1c Synthesize, analyze data and identify patterns and gaps within the selected countries	Completed	
1.1d Prepare, present, and disseminate results via Regional Workshop	Completed	

LAC - Decentralization Mapping Tool Workshop (October 2004 - September 2005)

Project Manager	Task	SubTask
Seltzer, Judith	A2LNF__XX	80DMXX

The Decentralization Mapping Tool (DMT) is a practical rapid assessment tool for policy makers and managers in decentralized or decentralizing countries. The DMT illuminates managers' perceptions regarding the distribution of responsibility and authority among health sector management levels; the extent to which health management functions have been decentralized; and variations in these perceptions by management level. The DMT can also identify any narrowing in those variations, which may result from targeted interventions. The tool is now part of a complete User's Package, consisting of a set that includes the DMT, a User's Guide, and an accompanying CD-ROM containing both. Under the auspices of the LACHSRI, the new and complete DMT User's Package will be presented to DMT teams from each of the five test countries (the Domincan Republic, Jamaica, Guyana, Nicaragua, and Ecuador). These teams will be expected to introduce the DMT throughout their respective countries and post findings in the DMT eRoom.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 The new DMT User's Package is introduced to counterparts from Ecuador, Dominican Republic, Guyana, Jamaica, and Nicaragua.	In Process	Workshop planning is currently underway. The DMT team is working with USAID missions to decide workshop participant recommendations. After receiving official USAID approval, each participant will be invited to the workshop. Haiti, CARE Nicaragua and CARE Ecuador have been invited to participate as well at their own cost and their responses are currently pending. The workshop will be held during the week of February 21 – February 25, 2005. The DMT eRoom will be introduced during the conference and implemented soon after during the next reporting period and further monitored for the remainder of PY5.
Output: 1.1 A workshop is held to introduce and test the DMT User's Package and to launch the LAC/DMT eRoom.	In Process	
1.1a Organize a workshop to present new DMT User's Package.	In Process	
1.1b Conduct a three-day workshop to present and test the new DMT User's Package with reps from five DMT test countries.	Scheduled for next reporting period	
Output: 1.2 The LAC/DMT eRoom enhances ability to share knowledge about and experiences with the DMT.	Scheduled for next reporting period	
1.2a Launch and monitor LAC/DMT eRoom that was introduced during three-day workshop.	Scheduled for next reporting period	
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 2005.	Scheduled for next reporting period	
Output: 2.1 Evaluation report of the DMT is disseminated.		
2.1a Evaluation of the DMT and its application.		

LAC - Initiative Workshop (October 2003 - September 2004)

Project Manager	Task	SubTask
Seltzer, Judith	A2LNFC1XX	80DMXX

Participants from the Latin America region will share their experiences in managing decentralization in a regional workshop. This workshop will assist M&L and the Initiative in creating a productive strategy on how to best advance the work of the Initiative.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 Participants from the Latin America region share their experiences in managing decentralization.	Completed	This forum was held in July 2004 and attended by 250 participants from Initiative countries. All partners of the Initiative collaborated on the design and delivery of the LACHSRI forum. MSH staff presented three tools at the LACHSRI workshop: the DMT, the BPP, and CORE as well as the Leadership at all Levels effort with the Nicaraguan MOH.
Output: 1.1 Organize and document a workshop for Latin American participants.	Completed	
1.1a M&L staff prepares for and participates in a year-end Initiative workshop [Location is TBD but most likely will take place in Miami].	Completed	

LAC- Haiti - Human Resources Assessment

Project Manager	Task	SubTask
O'Neil, Mary	A2HTFH4LN	20XXXX

Haiti is the first of 14 countries where the President's Emergency Plan for AIDS Relief (PEPFAR) was launched. USAID/Haiti, CDC and principal national stakeholders in Haiti working in the field of HIV/AIDS are concerned about available and appropriately trained human resources to deliver HIV/AIDS services. M&L, at the request of the office of HIV/AIDS, plans and implements a human resource assessment and an assessment of institutional human resource systems capacity, surveying key PEPFAR service delivery sites in Haiti. Findings and recommendations are reported and methodologies and tools used in Haiti are shared with other countries facing these needs.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 By September 2004, the HR and HRM assessments have been conducted in a representative sample of Haitian institutions delivering HIV/AIDS services with PEPFAR funding. Human resource gaps and management problems in institutional human resource management systems have been identified and recommendations made.	Completed	In February 2004, M&L discussed the approach and methodology of HRM assessments with USAID, MSH's HS 2004 project, I Tech, MSH experts in the area, and other stakeholders. The HRM-HIV assessment tool was reviewed and translated into French in February 2004. An MSH staff person attended an I Tech-sponsored models of care meeting in Haiti in March 2004. Haitian consultants were recruited and trained in HR survey and HRM assessment tools in March 2004. The assessments were carried out during the reporting period and reports were prepared on recommendations and disseminated to USAID office of HIV/AIDS and MSH HIV/AIDS group.
Output: 1.1 M&L has planned and implemented two assessments in Haiti to determine HR gaps and HRM systems challenges.	Completed	
1.1a Discuss approach and methodology of assessments with USAID, MSH's HS2004 project, I Tech, MSH experts in the area, and other stakeholders	Completed	
1.1b Translate HRM-HIV Assessment into French and review tool; translate and review role clarification tool; prepare general study protocol	Completed	
1.1c MSH staff person attends I Tech sponsored models of care meeting in Port-Au-Prince	Completed	
1.1d Recruit, hire, and train Haitian consultants in HR survey and HRM assessment tools.	Completed	
1.1e Prepare reports on findings and recommendations and disseminate tools and study protocol to USAID office of HIV/AIDS, MSH HIV/AIDS group, toolkit, etc.	Completed	

LAC - Management (October 2003 - September 2004)

Project Manager	Task	SubTask
Seltzer, Judith	A2LNFC1XX	80HMXX

Undertake project management in support of field-based activities and attend Initiative Steering Committee Meetings in Washington, D.C.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 Attend Quarterly Partner Steering Committee meetings to assist the LACHSR Region and the other Initiative partners to better understand what can be done in order to improve health sector reform.	Completed	MSH and PAHO were the only Initiative partners given funding for PY5. M&L received funding to continue work under the Initiative. Work focused on expanding the use of the DMT in five test countries (Guyana, DR, Jamaica, Nicaragua, and Ecuador). In addition, the CORE and BPP tools will be adapted for use by municipal officials in Nicaragua in early 2005. Funding was given based on submission of one-page concept papers (three of six concept papers received funding). M&L largely participated by video conference to save money.
Output: 1.1 Determine and identify the present and future direction of the Initiative.	Completed	
1.1a Attend Quarterly Steering Committee in Washington, D.C., with the other LACHSRI partners (RPM+, URC [QAWD], PHRplus, and PAHO).	Completed	

Malawi MOHP (September 2003 - October 2004)

Project Manager	Task	SubTask
Erard, Amy-Simone	A2MWFM3XX	20MHXX

The Malawi Ministry of Health and Population (MOHP) and USAID/Malawi have asked M&L to recruit and technically backstop a HIV/AIDS Coordination Technical Assistant who will be primarily responsible for assisting in coordinating the implementation of HIV/AIDS health sector interventions both within the MoH and with other stakeholders.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 Technical Assistant to the HIV/AIDS Unit, Ministry of Health and Population (MOHP) is successfully recruited, relocated and oriented to MSH and M&L.	In Process	Prior to this reporting period, Dr. Erik Schouten was assigned to the MOHP in November 2003 as resident advisor. The USAID Mission expressed its satisfaction in regard to the quality of the services provided by the resident advisor and his contribution to their program. The mission requested a more detailed and focused workplan for him in order to facilitate management of high demand of support by MOHP various units and partners.
Output: 1.1 Job description is developed, recruitment and selection of final candidate is completed.	Completed	
Output: 1.2 Technical Assistant is oriented to MSH/M&L program.	Completed	
Output: 1.3 Technical Assistant continues to develop technical expertise.	In Process	
Output: 1.4 Technical Assistant is relocated to Malawi.	Completed	
Outcome: 2 Technical Assistant supports the MOHP's capacity to coordinate HIV/AIDS activities in the Health Sector.	In Process	The M&L resident advisor has provided valuable support to the MOHP HIV/AIDS unit in various ways during the reporting period. As an MOHP representative, he submitted an abstract with Members of the National AIDS Commission and presented at the Bangkok AIDS conference. He has contributed to major MOH policy papers (example: policy paper on equity and ARV) and supported the development and implementation of individual MOH directorate workplans, has reduced duplication between directorates, analyzed procedures and processes to facilitate flow of GF funds from NAC to the MOHP, revised the MOU between UNICEF and the MOH for procurement of ARVS and other commodities to support ARV scale up, and has established good working relations with the National AIDS Commission. In consultation with Mr. Schouten, the USAID mission, and the MOHP, it was determined that it was not necessary to conduct a formal situation analysis.
Output: 2.1 Situation analysis of Malawi Public and Private Sector response to HIV/AIDS conducted.	Cancelled	
Output: 2.2 Preliminary workplan drafted in coordination with M&L Boston, the MOHP, and USAID/Malawi.	In Process	
Output: 2.3 Technical Assistance is provided to the HIV/AIDS unit at the MOHP.	In Process	

Malawi - MOHP

Project Manager	Task	SubTask
Erard, Amy-Simone	A2MWFM3XX	20MHXX

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 Planned HIV/AIDS activities in the health sector are successfully implemented	In Process	The HIV/AIDS Coordination Technical Assistant, Erik Schouten, is providing Technical Assistance (TA) to the Ministry of Health (MOH) in programming, planning, monitoring, and evaluation for activities. The Ministry of Health has received finds from the National AIDS Commission (approximately US$ 5 million approved). Co-ordination between partners in the health sector has improved since regular co-ordination meetings have been organized. Currently, plans are underway to send a US-based HIV/AIDS technical staff member to Malawi to support Mr. Schouten in this work. Mr. Schouten is also working to coordinate the MOH work plan with that of the NAC. In February, 2005, Mr. Schouten will travel to Copenhagen to work with UNICEF and the MOH on an MOU for the procurement of pharmaceutical products.
Output: 1.1 Global Fund proposal for year 3, 4, 5 reprogrammed	In Process	
1.1a HIV/AIDS Coordination Technical Assistant provides Technical Assistance (TA) to MOH and NAC in programming, planning, monitoring and evaluation for activities, and remains current in HIV/AIDS issues via attendance at relevant international conferences; US-based senior MSH staff provide HIV/AIDS technical support to HIV/AIDS Technical Assistant.	In Process	
Output: 1.2 HIV/AIDS activities of the MOH workplan are integrated into the NAC work plan	In Process	
1.2a HIV/AIDS Coordination Technical Assistant coordinates the development of plans of work between NAC and the MOH		
Output: 1.3 MOU between UNICEF and MOH on the provision of procurement services assessed and revised	In Process	
1.3a HIV/AIDS Coordination Technical Assistant coordinates the assessment of the MOU between UNICEF and the MOH and negotiates the renewal of the MOU with input and TA from US-based MSH staff		
Output: 1.4 Anti-RetroViral equity paper finalized, passed as policy and implemented	In Process	
1.4a HIV/AIDS Coordination Technical Assistant supports the development of the national ARV policy and implementation plans		
Outcome: 2 Gaps in HIV/AIDS activities in the health sector identified, research conducted, and actions identified to reduce gaps	In Process	Mr. Schouten is currently working on an analysis of the implementation of HIV/AIDS activities and on proposals addressing the gaps found. An appropriate supply management system for HIV test kits and co-ordination in the health sector have been addressed, proposals for actions have been prepared and accepted, and actions have been implemented.
Output: 2.1 Proposals to address gaps/weaknesses in the implementation of HIV/AIDS activities in the health sector submitted to President's Cabinet and National AIDS Commission	In Process	
2.1a HIV/AIDS Coordination Technical Assistant conducts analysis of the implementation of HIV/AIDS activities and submits proposals to address gaps		
2.1b HIV/AIDS Coordination Technical Assistant meets with the Treatment Action Campaign in South Africa to discuss future collaboration.		

Malawi - MOHP

Outcome:	3 Adequate administrative, logistic, and management support provided to the M&L MOH Malawi work	In Process	MSH Boston-based staff and MSH field support in Malawi are working together to ensure adequate support and supervision for Mr. Schouten. In addition to routine touch-base calls with Mr. Schouten and logistic, administrative, and managerial support from Boston staff, Mr. Schouten's supervisor will travel to Malawi in January for a supervision and support visit.
Output:	3.1 A plan for effective communication, management of expenses, allowances, and security issues is developed and implemented	In Process	
	3.1a Ongoing management and supervision of M&L Malawi activities	In Process	
	3.1b MSH field office provides administrative, logisitical, technical, and IS support	In Process	
Output:	3.2 Annual workplan and budget are developed and monitored for necessary revisions	In Process	
	3.2a Define key work objectives and review original terms of reference	In Process	

Outcome:	4 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by August 2005	
Output:	4.1 Evaluation of M&L's technical support to MOH in coordinating HIV/AIDS activities is conducted	Scheduled for next reporting period
	4.1a Prepare a final report of all activities carried out since December 2003.	Scheduled for next reporting period
Output:	4.2 Plans for continuation of HIV/AIDS Coordination Technical Assistant's contract established after M&L ends	Scheduled for next reporting period
	4.2a	

Morocco - Global Exchange Network for Reproductive Health

Project Manager	Task	SubTask
Sherk, Karen	A2MAFC3XX	10GCXX

In PY5, Morocco will actively participate in the Global Exchange Network for Reproductive Health, exchanging valuable information on best practices with other countries and strengthening the internal Moroccan capacity in RH/FP.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 By June 2005, Morocco has imparted valuable information to other graduated countries and non-graduated countries and benefited from the information shared by others on best practices and current approaches on RH/FP	In Process	Planning for a week-long virtual conference, facilitated by the Moroccan Health Ministry and supported by MSH, is underway. The proposed conference theme will be safe motherhood and maternal mortality. The conference will facilitate information exchange among participating countries regarding the trends, opportunities, new approaches, best practices, and challenges that they currently face in the area of Safe Motherhood. Communication is currently on-going with key Moroccan MOH staff to organize an MSH-MOH team to design and develop the virtual conference. The Consulting for Results course has been cancelled as all of the workplan resources will be focused on the virtual conference.
Output: 1.1 Moroccans working in RH/FP share best practices from Morocco (eg. Maternal mortality indicators).	In Process	
1.1a Support and facilitate conversations on the Moroccan area of the Global Exchange Web site.	In Process	
1.1b Technical assistance in preparing the virtual conference.	In Process	

Mozambique - Management and Leadership for Health Sector Support (M&L/HSS)

Project Manager	Task	SubTask
Korkiamaki, Marjut	A2MZFC3XX	90MHXX

The general objective of the M&L/HSS project is to strengthen the Mozambican Ministry of Health's (MISAU) leadership and management capacity in order to enable the health care system to provide quality health services in accordance with the vision and established principles of the Strategic Plan for the Health Sector (PESS) 2001-2010.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 By September 2005 MISAU has strengthened leadership and management capacity to achieve organizational results at the central level through developing and implementing selected organizational improvement plans (MOSTambique) linked to MISAU's operational plans.	In Process	The M&L program has focused its central level leadership training and management capacity building to two out of the four Directorates of the Ministry of Health (MISAU), the Directorate of Administration and Financial Management (DAG) and the Directorate of Human Resources (DRH). Teams from these two directorates identified in the previous semester have been working on implementing their respective action plans created in the earlier MOSTambique workshops. DAG has 11 teams with 63 participants and DRH has 7 teams with 38 participants. There are 4 facilitators in each Directorate. All of the MOSTambique action plans that are now being implemented by these teams form an integrated part of the respective Directorate's annual operation plan and many of them are funded from the common fund. In the two Directorates, MOSTambique analysis has become a prerequisite for all workplans / actionplans soliciting financing from the Common Fund. The implementation teams have learned effective monitoring techniques for assessing the progress of their action plans and for adjusting their plans. This has been accomplished through on-going technical assistance and follow-up and continuous coaching provided by the M&L advisors MISAU facilitator as well as through continuation of refresher workshops offered to the implementation teams and the facilitators. A joint Monitoring Workshop for DAG and DRH teams was held in September with 26 participants from DAG and 18 from DRH and the second facilitator meeting was held in conjunction with this workshop. (The first facilitator meeting took place in the previous semester.) A specific approach for effective implementation and monitoring of planned activities, the REPARE-approach (RE=realistic, PA=participatory, RE=responsible), created during this process has been actively used and improved. This implementation and monitoring experience has been shared also with the other two Directorates (Directorate of Planning and Cooperation, DPC and National Health
Output: 1.1 MOSTambique action plans within DAG and DRH departments of MISAU have been prioritized and integrated to the operational plans of the Directorates, and teams to implement the plans are appointed.	Completed	
1.1a Achieve consensus on the MOST plans that are integrated to the respective Directorate's operational plan.	Completed	
1.1b Establish the process of linking the MOSTambique plans with the Operational Plans (meetings with the respective Directorates and the DPC).	Completed	
1.1c Designate the teams and guide them to implement MOSTambique components of the operational plans (two three-day workshops).	Completed	
1.1d Evaluate the performance of the MOSTambique implementation teams and make necessary revisions to the team structures and implementation process (evaluation workshop with DAG and HR).	Scheduled for next reporting period	
Output: 1.2 DAG and DRH teams implement selected MOSTambique components of the operational plans using the M&L framework.	In Process	
1.2a Conduct Launch meeting (in conjunction with 1.1.c. workshops) with all MOSTambique components' implementation teams to define roles and responsibilities of the teams and the facilitators.	Completed	
1.2b Conduct periodic refresher workshops (three half-day meetings) on leadership and management skills for MISAU facilitators.	In Process	
1.2c Facilitators and MSH Advisors provide technical assistance to the DAG and DRH teams in refining and implementing the MOSTambique components using the M&L framework.	In Process	
1.2d Facilitators and MSH Advisors meet with the teams for Periodic Management and Leadership workshops (e.g. scanning, focusing, aligning, communication, team building etc.).	In Process	
1.2e Establish and maintain a Leadership and Management Reference Library at the MISAU.	In Process	

Directorate, DPS) and the experience has improved the programming of the 2005 Annual Operational Plan of the Ministry (POA).

Documentation of the monitoring techniques and of the implementation process in DAG and DRH was presented along with the Directorates' progress reports in November 2004 in the Annual Coordination Meeting of the Health Coordination Committee, part of the Sector Wide Approach. The management systems and leadership capacities have increased significantly in both of the Directorates that worked with the M&L program. Regardless of the initial delays in receiving funds from the common fund, both of the two Directorates had an acceptable level of performance: most scheduled activities were in process of implementation or had been completed. Very few activities were canceled. These results were clearly superior to those of the Directorates that were not focused in the M&L program.

Libraries of management and leadership reference materials have been established and are continuously maintained and updated at each of the 4 directorates, DPC, DRH, DNS, DAG. The libraries allow for collection of new and organization of existing M&L documentation and reference materials. Basic books on Management and Leadership were sent to DAG (including Maintenance Department and Supply Center), DPC, DRH, and the MISAU libraries. Upon their request, the directors of the four Directorates also received copies of the basic

M&L books. The facilitators are reporting high demand for these books. The DAG and DRH are requesting more reference materials specifically pertaining to management and leadership. M&L videos have been acquired and distributed in December. Copies of the Manager in Portuguese have been distributed to all participants of the DAG and DRH monitoring workshop and to the MISAU Reference Center.

Mozambique - Management and Leadership for Health Sector Support (M&L/HSS)

Outcome:	2 By September 2005 management and leadership capacity of key provincial and district managers of MISAU in selected provinces is strengthened to complete strategic level plans, align operational plans with strategic plans, and support the process for improving health services in Health Units.	In Process
Output:	2.1 Provincial level strategic plans for Nampula, Zambezia and Gaza are completed.	In Process
	2.1a Provide technical assistance for the completion of Gaza Strategic Plan.	Completed
	2.1b Provide technical assistance for the completion of Zambezia Strategic Plan.	In Process
Output:	2.2 Knowledge transfer to key stakeholders, appointed by MISAU, for completion and maintenance of Strategic Planning in other provinces.	In Process
	2.2a Carry out a learning exchange in the field btw M&L and key stakeholders by doing the PESS processes with them in a selected province.	In Process
	2.2b Provide on-going technical assistance in the coordination and planning meetings of MISAU and the other key stakeholders (including a two-day workshop in September).	In Process
Output:	2.3 Revise and apply "The Guide for the implementation of provincial operational plans in line with the Strategic plan."	In Process
	2.3a Make necessary revisions to the Guide document.	In Process
	2.3b Provide assistance in selected provinces for aligning their annual operational plans with the provincial strategic plans by using the guide.	In Process
Output:	2.4 Key provincial and district level managers in Nampula have improved management, leadership and facilitation skills to support the process for improving quality of health services in Health Units.	Completed
	2.4a Continue periodic management and leadership workshops in the Nampula province with participation of selected central, provincial and district level managers / facilitators-in-training, two to three person teams from selected health units and other key stakeholders (e.g. NGOs).	Completed
	2.4b Organize refresher workshops (in conjunction with 2.4.a. workshops) for the facilitators providing follow up to the service improvement plans.	Completed

The M&L program continues to support the Strategic Planning Processes in the Provinces. The strategic plan of Zambezia is almost completed—by the end of this reporting period, the logical framework was finalized and the budgeting process started in December 2004 (will be completed in March 2005). The Gaza Strategic Plan was completed in September 2004, approved at the DPS council, and presented to the Governor of Gaza for official approval.

M&L is also assisting the MISAU's goal to complete and maintain strategic planning in all of the provinces by transferring the knowledge and experience acquired in the Strategic planning processes of Nampula, Gaza, and Zambezia. M&L continues to support the Technical Planning Group (GTP) established in May 2004 to take charge of the provincial strategic planning processes in MISAU. GTP requested M&L's assistance in developing the strategic plans for Sofala and Maputo provinces. This learning exchange process was started by completing the Gaza's Provincial Strategic Plan together with representatives from GTP and of Sofala and Maputo provinces. The Zambezia strategic planning process that is about to be completed and Sofala process will also be used as case examples when working with the other provinces.

During this period, M&L continued periodic workshops on planning, implementation, monitoring, team building, and evaluation. The third workshop in these series focusing on implementation and monitoring took place in Nacala in July with 43 participants. The fourth and the fifth workshop were held in October and November respectively and focused on the evaluation of results.

The provincial and district level facilitators continued regular follow-up visits to the health units with the assistance of M&L advisors.

Mozambique - Management and Leadership for Health Sector Support (M&L/HSS)

Outcome:	3 By September 2005, selected health units in Nampula, Zambezia and Gaza provinces have strengthened leadership and management capacity to deliver quality primary health services focused on integrated reproductive health and HIV/AIDS.	In Process
Output:	3.1 Selected health Units from Nampula Province have improved management and leadership skills and have developed their preliminary service improvement plans to support the process for improving quality of health services.	In Process
	3.1a Coordinate the participation of the service improvement teams of selected health units in the periodic management and leadership workshops in the Nampula province together with selected central, provincial and district level managers / facilitators-in-training and other key stakeholders (e.g. NGOs). (for the scheduling of these workshops see activity 2.4.a.).	In Process
Output:	3.2 The preliminary service improvement plans of the selected Health Units are implemented and evaluated.	Completed
	3.2a MSH Advisors and MISAU facilitators provide technical assistance to the Health Unit Teams in choosing the key challenges that will be included in the preliminary service improvement plans, defining the indicators to measure the expected improvements, and defining the baseline against which to measure these indicators.	Completed
	3.2b MSH Advisors and Provincial and District level Facilitators, in conjunction with Health Unit Teams, evaluate the progress achieved through implementation of the service improvement plans and make any necessary adjustments.	In Process
Output:	3.3 Program for improving quality / performance of selected health units is established.	In Process
	3.3a Study tour of key MISAU managers to one or two (one trip) other African countries, where different quality improvement approaches have been used at the level of primary health care.	Completed
	3.3b Integrate national and provincial level representatives of MISAU to a quality improvement working group which will focus on primary health care in reproductive health and HIV/AIDS (5-day wshop at central level.)	Completed
	3.3c Define a joint methodology with MISAU and establish the coordinated approach for MSH, MISAU, and other possible key stakeholders (two-week workshop in Nampula with central, provincial, and district level managers).	Completed
	3.3d Align the preliminary service improvement plans with the complete quality/performance improvement model and make any necessary revisions to the plans.	Scheduled for next reporting period
	3.3e MSH Advisors train the selected health unit teams and provincial and district level facilitators from Nampula province in how to support the quality/performance improvement methodology and tools and provide periodic monitoring (follow up visits by DPS and DDS facilitators to the health units).	In Process
	3.3f Prepare manuals for the facilitators and the health units on how to use the quality/performance improvement model, and prepare the final report of the	Postponed

Representatives of the 11 health units from Nampula province participated in the service improvement plans program. Each health unit selected one or two challenges to work on, and for each challenge, they created an action plan and defined indicators to measure the results. The health units also established a continuous follow up process for the implementation of the service improvements plans.

A preliminary evaluation workshop of the service improvement plans approach was completed in July with a total of 35 participants from eleven health units, five health Districts, the DPS, and MISAU. Results showed eight health units were performing successfully in the implementation of their plans, two did not advance significantly due to the lack of financial resources, and one health unit was delayed due to changes in their management unit. Taking the results of the evaluation workshop into consideration, various adjustments were made to the plans during the follow-up visits to the health units.

Another monitoring workshop was held in October with 36 participants and an in-depth evaluation was held in November with 43 participants. The second work group climate evaluation carried out in October/November showed improved results.

The program for improving quality in Nampula was established, the facilitators trained, a base line done and the methodology for follow up tested during this semester.

A base group from the MISAU started to collect norms of all the services at the health center level in the different Directorates of the MISAU in July. It was established that the sole focus would not be on HIV, but in all the health center services including HIV, to give a broader campus of practices. A MOH group was established with the coordination of the Medical Services Department. A three-day workshop was held in Namaacha in July with 18 representatives from the MOH and Maputo Province to discuss and agree upon a quality improvement methodology, the services to be included, and the basic
formats.

Facilitators at the national level were trained by the MSH Quality Consultant in the workshop in Namaacha. In an August workshop in Nacala, 18 participants with

	consultancy.	
Output:	3.4 Selected health Units from Nampula Province develop and implement their "quality / performance improvement plans" focused on integrated reproductive health and HIV/AIDS services.	In Process
	3.4a MSH advisors coordinate with DPS/Nampula and collaborate with NGOS and other partners to develop criteria to select health units to participate in the quality/performance improvement program with a focus on health units that have participated in provincial level M&L training.	In Process
	3.4b MSH coordinates with Provincial and District level Managers the establishment of quality improvement teams in the selected health units.	Completed
	3.4c MSH Advisors and the Provincial and district level facilitators work with the selected health units teams to conduct the baseline in each health unit.	Completed
	3.4d MSH advisors and the Provincial and District level facilitators analyze the results of the baselines and formulate the health unit improvement plans with the HU teams.	Completed
	3.4e MSH advisors and Provincial and District level Facilitators provide follow-up support to the implementation of the health unit improvement plans.	In Process
	3.4f Evaluation of the quality and preliminary performance improvement approaches evaluation visits to the 3 Hus implementing the quality approach and a workshop in Nacala with the 9 Hus implementing their preliminary service improvement plans).	Completed

representatives from the MOH, Nampula DPS and selected District Health Directorates (DDS), were trained in the quality methodology and how it would be the organizational approach to start in the three health centers. A provincial team was established to support and monitor the process.

Criteria for selecting the first three health centers were the quality methodology would be introduced at were established in a meeting with the MISAU Department of Medical Services. Based on these criteria, three type 1 health centers were chosen for this initial phase, the health centers of Carapira, Namialo, and Mossuril.

A workshop was held in Nacala to adapt the standards for each service at Health Center level to the Nampula Health conditions. A new draft of instruments was developed. DPS and DDS trained ten participants from the health unit and ten from the Provincial level and three from central level in July in Nacala. A workshop was held in Nampula-Nacala in August. Eight provincial level and three central level Teams were selected and four participants from the central level and five participants from the provincial level attended. Baselines were conducted in the three HUs with the national facilitators and DPS facilitators. Following the baseline activities, health unit quality improvement plans were designed in collaboration with the Facilitators of DPS and MOH and the HU teams. The health units started implementing these plans immediately in August and September. Follow up is being provided by the facilitators of DPS and MOH. A participatory monitoring methodology involving the personnel of the health centers was developed. A follow up visit by the M&L program together with the facilitators conducted in November shows that the HUs have begun the path of improving quality of health services. Baseline results show that out of 161, the number of satisfied standards were 16, 18, 41 for Namialo, Carapira, and Mossuril respectively, these standards have respectively increased to 27, 73, and 55.

Mozambique - Management and Leadership for Health Sector Support (M&L/HSS)

Outcome:	4 Project Objectives and Intervention Strategies are Effectively Monitored and Updated, and the Project has Efficient Coordination and Administrative, Logistic and Management Support.	In Process
Output:	4.1 The M&L/HSS project's activities are well coordinated and the implementation strategy is well defined and revised when necessary with MISAU and USAID.	In Process
	4.1a Carry out on-going monitoring of the project activities and outputs in the field and adjust the implementation strategies when necessary in close coordination with MISAU and USAID/Mozambique.	Completed
	4.1b Coordinate the technical activities in the field and knowledge transfer between the project and the global M&L program including the preparation of the final report.	In Process
Output:	4.2 Effective monitoring system is established and in use to guide the planning and decision-making related to the project; annual operational plans are developed accordingly.	In Process
	4.2a Set up the monitoring and evaluation system for the health units level and make any necessary adjustments to the tools and indicators in the central, provincial and district levels.	Completed
	4.2b Provide assistance in the preparation and revision of Annual Operational Plans and final reports.	In Process
	4.2c Carry out final evaluation of project results and provide recommendations for future interventions	Scheduled for next reporting period
Output:	4.3 Efficient in country financial, administrative and logistic support is provided by field staff, and technical, management and administrative support will be provided by MSH Boston offices.	In Process
	4.3a Efficient cost-effective financial and administrative support provided by MSH Mozambique local office to the M&L/HSS project and to MSH Boston for efficient project close out, per USAID and M&L policy.	In Process
	4.3b Efficient technical, management, and administrative support provided by MSH Boston office including efficient project close out, per USAID and M&L policy.	In Process

Project objectives and intervention strategies have been regularly monitored and updated as necessary during this reporting period. Efficient coordination and administrative, logistic and management support has been provided.

Periodic internal project team meetings and periodic meetings with the MOH and USAID counterparts have been carried out to coordinate the project activities with other projects and programs of the MOH. There has been ongoing communication between the field team and M&L in Boston to learn new initiatives in Management and Leadership. Preparations for the final report began in November and will be completed in March/April 2005. Project indicators have been identified and a monitoring and evaluation plan completed. Monitoring will continue, as scheduled, in the next reporting period. The final evaluation is scheduled in two phases: one in November and one in February. The November evaluation has been completed, which included a presentation at the final evaluation workshop by the District and Health Units in Nampula Province about their progress. The second phase of the evaluation will take place in February and will include assessing progress on Provincial level strategic and operational plans in Gaza, Nampula, and Zambezia, and assessing the progress on MOST action plans in DRH and DAG Directorates at MISAU Central Level.

Assistance in preparing and revising the annual operational plans and final reports has begun and will continue in the next reporting period. Ongoing management support in provided for the HSS project for technical, financial, and administrative work. This support will continue for the duration of the project. Project close-out task lists were developed in November with activities continuing through the close out of administrative activities in April 2005.

Mozambique - Integrated Management of Childhood Illnesses (IMCI) (July - August 2004)

Project Manager	Task	SubTask
Braga, Jennifer	A2MZFC3XX	90MHCI

The National Integrated Management of Childhood Illnesses Program (IMCI) of the Ministry of Health of Mozambique (MISAU) has an overall objective to assist the Child Health Section of the Department of Community Health of the MISAU to improve the quality of childcare in the health system, leading to the reduction of morbidity and mortality of neonates, infants and children, within the context of the overall goal of the National Integrated Health Plan (five-year plan).

M&L assists the National IMCI Program in Mozambique by supporting the development of management systems and educational materials for training medical and para-medical staff in "Integrated Management of Childhood Illnesses" (IMCI). M&L also ensures that the USAID funds are managed in accordance with USAID rules and regulations. This administrative and logistic support is carried out with the help of an M&L Management Unit in Mozambique consisting of both technical advisors in administration and logistics and local support staff in office management.

M&L's technical role in the National IMCI Program is to provide coordination and management support to IMCI Health Team activities, as defined by the M&L MISAU counterpart,and to ensure that selected MISAU provincial level personnel are adequately trained in use of the IMCI data base system that will support accurate decision-making in selected provinces. The Local Advisor in Management will coordinate development of IMCI training and education manuals; provide logistics support and follow up to MISAU-led trainings in IMCI; and manage the establishment of a process for inclusion of IMCI training in public health school curriculums. The Local Advisor in Data Base Management will conduct a data base needs assessment in selected provinces, provide adequate training in the use of the IMCI data base, and conduct a follow up and evaluation of the database training.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 By August 2004 IMCI training and reference materials are available to the provinces for the training of medical and para-medical staff and facilitators, training of IMCI trainers and facilitators in selected provinces is conducted and evaluated, and a process for IMCI training is established in selected schools of public health.	Completed	The six IMCI training and reference manuals are completed, printed and ready to be distributed. MISAU will distribute this manual using funds from other donors such as UNICEF and WHO. The training plan is complete and training was conducted in the six provinces of Gaza, Sofala, Nampula, Zambezia, Niassa, and Manica from May through June 2004. Training of a minimum of three IMCI trainers and three facilitators per province was completed in all six provinces. Activities to introduce the process for revising the IMCI curriculum and integrating them into schools of public health and medical faculties were conducted.
Output: 1.1 Logistics support provided to develop, reproduce and distribute IMCI training and reference manuals for medical and para-medical staff in selected provinces	Completed	
1.1a Provide logistics support to develop, reproduce and distribute IMCI preservice training manuals for medical and paramedical personnel	Completed	
1.1b Provide logistics support to reproduce and distribute IMCI Emergency, Triage & Assessment training manuals in selected provinces (Gaza, Sofala, Nampula, Zambezia, Niassa and Manica)	Completed	
1.1c Provide logistics support to revise, reproduce and distribute the manual on the new Malaria Drug Policy and Macro Nutrients Initiative	Completed	
1.1d Provide logistics support to revise, reproduce and distribute IMCI training materials on HIV and Prevention of Mother-to-Child Transmission (PMTCT)	Completed	
1.1e Provide logistics support to revise, reproduce and distribute the existing manual on Counseling and Care for Children Suffering from HIV/AIDS	Completed	
1.1f Provide logistics support to revise, reproduce and distribute the manual on Caring for a Child with a Severe Infection or Malnutrition	Completed	
Output: 1.2 Logistics support provided for training of IMCI trainers and facilitators in selected provinces	Completed	
1.2a Provide logistics support for training IMCI trainers in the Faculty of Medicine and Paramedical Schools in selected provinces (Gaza, Sofala, Nampula, Zambezia,	Completed	

	Niassa and Manica)	
	1.2b Provide logistics support for training facilitators in IMCI Emergency, Triage & Assessment in selected provinces (Gaza, Sofala, Nampula, Zambezia, Niassa and Manica)	Completed
Output:	1.3 Revised IMCI curriculum in selected public health schools in selected provinces.	Completed
	1.3a Recruit a local advisor in management and local secretary to manage and coordinate IMCI education and training related activities	Completed
	1.3b Conduct curriculum development workshop to establish a process for introduction of revised IMCI curriculum into schools of public health training sessions for medical and para medical workers in selected provinces (Gaza, Sofala, Nampula, Zambezia, Niassa and Manica)	Completed
Outcome:	2 By August 2004 provincial level MISAU staff in selected provinces are trained in IMCI data base entry and data base use to access childhood illness results and data of the MISAU Child Health Program	Completed
Output:	2.1 Initial IMCI data base assessment in selected provinces is conducted, technology upgrades are completed, and a training plan for IMCI database use at the provincial level is developed	Completed
	2.1a Recruit a local advisor in data base management	Completed
	2.1b Conduct an initial data base assessment (includes identification of end user and technology needs and review of provincial level training plans for IMCI database use) and develop a training plan for selected provinces (Gaza, Sofala, Nampula, Zambezia, Niassa, Manica)	Completed
Output:	2.2 Selected staff of MISAU Department of Child Illnesses at the central and provincial levels is trained in the use of the IMCI data base	Completed
	2.2a Upgrade technology in selected provinces (Gaza, Nampula, Sofala, Zambezia, Niassa, Manica) to ensure adequate support for IMCI data base use, and conduct IMCI database training sessions (including database navigation, data entry and access of existing data)	Completed
	2.2b Follow up and evaluate the provincial level data base trainings conducted in selected provinces	Completed

Teotonio Fumo was contracted as the local professional database manager in November 2003. Initial database assessments, technology upgrades, and trainings for data base access and use were conducted in the provinces and are complete. The initial data base system was in FoxBASE software. Access, a more advanced system, is the newly implemented system. Previous to M&L involvement, there had been no directed database training program.

The training plan for using the IMCI database was developed and training sessions were conducted in all six provinces plus the province of Inhambane, with two to three provincial level data base operators in each province. Approximately 16 provincial level health personnel were trained. The majority of upgrades were software and hardware related (installing MS Access, adding memory and storage capacity). One round of follow up visits was conducted. The results of the first evaluation indicate that the training was satisfactory and comprehension was good. There will be a second round of follow-up visits at a later date, to be carried out by MISAU. The evaluation plan is ready and will be implemented by MISAU after six months of data collection. The evaluation is projected to begin in February 2005.

Mozambique - Integrated Management of Childhood Illnesses (IMCI) (July - August 2004)

Outcome: 3 Adequate administrative, logistic, and management support provided to the M&L/IMCI project.	Completed	Ongoing management support was provided to the IMCI Project for logistics, financial, administrative, and technical work. The IMCI workplan and budget was approved for September 2003 through August 2004. A detailed activity plan and budget were approved for September through December 2003 with M&L, Ministry of Health, and USAID/Mozambique counterparts so that activities could begin immediately. In November 2003, a comprehensive activity plan and budget were agreed upon by all counterparts and submitted for final approval for the months of September 2003 through August 2004. The Plan for Performance Improvement and the Monitoring and Evaluation Plan for the IMCI Project has been written and reviewed by the M&L Monitoring and Evaluation Unit. The Monitoring and Evaluation Plan will be shared with both the Ministry of Health and USAID/Mozambique.
Output: 3.1 Annual work plans and budgets are developed and monitored for necessary revisions.	Completed	
3.1a Define program goal, outcomes, outputs, activities, resources and respective budget with MISAU, and USAID/Mozambique counterparts.	Completed	
3.1b Develop a monitoring and evaluation plan for M&L support to the IMCI Program of the MISAU.	Completed	

Mozambique Malaria (July - August 2004)

Project Manager	Task	SubTask
Braga, Jennifer	A2MZFC3XX	40MHML

The National Malaria Control Program (NMCP) of the Ministry of Health of Mozambique (MISAU) has an overall objective to reduce the morbidity and mortality caused by malaria in vulnerable groups (women of child bearing age, children from 0-5 years old and the socially disadvantaged), within the context of the overall goal of the National Integrated Plan for Communicable Diseases (five-year plan).

M&L assists the NMCP in Mozambique by ensuring that the USAID funds are managed in line with USAID rules and regulations. This administrative and logistic support is carried out with the help of an M&L Management Unit in Mozambique consisting of both technical advisors in administration and logistics and local support staff in office management.

M&L's assisted the NMCP in the development of an adequate data collection and information management system that will support accurate decision-making related to the NMCP Program. M&L and NMCP will develop a monitoring and evaluation system, under the direction of the Monitoring and Evaluation Resident Technical Advisor.

M&L is responsible for provision of management support to the NMCP and technical assistance in monitoring and evaluation. M&L does not hold responsibility for the technical design and implementation of other NMCP activities. MISAU is in charge of the design and implementation of the NMCP program, reporting on the outputs and outcomes of the activities that are included and budgeted in the workplan and proposing adjustments to USAID/Mozambique when necessary. MSH/M&L has to be informed of all changes to the workplan and/or budget. MSH will make adjustments accordingly to the M&L workplan to ensure alignment with the M&L cooperative agreement.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 Efficient Program Management.	Completed	At the close of the project in August 2004, all vehicles, equipment, and supplies were disposed of in accordance with USAID regulations.
Output: 1.1 Logistics support provided to the staffing of the NMCP.	Completed	
1.1a Logistics support to two national field workers contracted by MISAU for field surveys and lab work.	Completed	
1.1b Logistics support to a local advisor contracted by MISAU for case management and implementation of drug policy.	Completed	
Output: 1.2 Staff developed to correspond to NMCP needs.	Completed	
1.2a Logistics support for English courses for two NMCP staff members (entomologists and parasitologists).	Completed	
Output: 1.3 Adequate logistic support provided to the NMCP program office and the activities and vehicles financed by USAID.	Completed	
1.3a Logistics support for purchasing of office supplies and office equipment for NMCP and MSH Advisors working in the MISAU.	Completed	
1.3b Logistics support for maintenance, fueling, and repair of eight vehicles purchased by USAID for NMCP use.	Completed	
1.3c Logistics support for providing insurance for vehicles used in the provinces.	Completed	

Mozambique Malaria (July - August 2004)

Outcome:	2 Efficient Case Management Program and Successful Implementation of Drug Policy.	Completed
Output:	2.1 Logistic support provided to strengthen clinical and laboratory diagnosis of malaria.	Completed
	2.1a Provide logistics support for training and/or refresher courses for health personnel on clinical and laboratory diagnosis in seven provinces (Manica, Niassa, Cabo Delgado, Nampula, Zambezia, Tete, and Sofala).	Completed

Laboratory diagnosis training for Manica, Sofala, Nampula, Inhambane, and Gaza was completed with approximately 12 to 15 microscopists from each province, totaling 72. Training in Tete, Cabo Delgado, Zambezia, and Niassa was not done due to time constraints caused by delays in starting activities by the MISAU. The MISAU and the Mission have been informed that this is an incomplete activity.

Logistics support for laboratory diagnosis was provided for Manica, Nampula, Sofala, Inhambane, and Gaza. The training session for the new drug policy and clinical diagnosis is complete. Training sessions for improved laboratory diagnosis was completed in Nampula, Sofala, Inhambane, Manica, and Gaza. The laboratory training was not completed in Niassa, Cabo Delgado, Tete, and Zambezia due to delays in the MISAU.

Outcome:	4 Improved Surveillance.	Completed
Output:	4.1 Logistics support provided to enhance surveillance system for case management at eleven district level sites.	Completed
	4.1a Provide logistics support for transportation and compensation of personnel.	Completed
	4.1b Provide logistics support for didactic material.	Completed
	4.1c Provide logistics support for report editing and distribution.	Completed
Output:	4.2 Logistics support provided for mapping of vector distribution and bionomics.	Completed
	4.2a Provide logistics support for supervision visits to the sites.	Completed
	4.2b Provide logistics support for the purchase of entomological equipment (tubes, paper cups, batteries, torches, towels containers, alcohol, and silica gel, etc.).	Completed

Logistic support was provided for monitoring and supervision in eleven district sites. Logistics support was provided for three central level MISAU supervisors and the management unit logistics manager in eight visits. Some sites, including Quilimane and Manica, were not completed due to MISAU time constraints and some provinces were not prepared to receive the team. Per MISAU request, support was instead provided to the annual conference in August. This conference allows for the annual meeting of central and provincial level employees directly involved in the Malaria project to gather with participating donors and technical experts. Planning, review, and evaluation are all focus points for this conference. Logistics support provided for report editing and distribution of the surveillance system for case management in Maputo.

Logistics support for site supervision visits was provided for two central level MISAU supervisors and the logistics manager from January to July 2004.

Outcome:	6 Epidemics and Emergency Preparedness and Control.	Completed
Output:	6.1 Logistics support provided to organize and compile all existing information from BES (Weekly Epidemiology Bulletin instrument) and the rural hospitals.	Completed
	6.1a Provide logistics support based on an assessment (including bed conditions and recovery of information from registration books from 1993 to 2000) of the health centers in the province of Manica, to designate one rural hospital in the province of Manica.	Completed
	6.1b Provide logistics support to revise rural hospital information from Gaza and Niassa in registration books.	Completed
	6.1c Provide logistics support to revise BES data bases from Zambezia.	Completed
Output:	6.2 Logistics support provided to train personnel in epidemiological vigilance at the central level and in the provinces in design, use, maintenance, and updating of databases.	Completed
	6.2a Provide logistics support to train six MISAU selected personnel in the use of Excel and Power Point.	Completed
Output:	6.3 Logistics support provided to improve capacity at the provincial level in data analysis and use of information for decision making and prediction of epidemiological events.	Cancelled
	6.3a Provide logistics support to train ten personnel in epidemiological vigilance concepts: functions, collection of data and information, types of data, source of data, epidemiology case investigation, data processing and analysis, decisions to actions re-feeding the system in Nampula for the provinces of Nampula and Niassa.	Cancelled
	6.3b Provide logistics support to train ten personnel in routine investigation of epidemics and outbreaks: confirmation of diagnostics, confirmation of epidemics and outbreaks, characterization of an epidemic, hypotheses formulation, data search, processing and analysis, methods of control, reporting, and disclosure in Beira for the provinces of Manica and Sofala.	Cancelled
	6.3c Provide logistics support to train ten personnel to calculate levels of epidemics to diagnose occurrence of epidemics in Maputo for the provinces of Maputo and Gaza and Maputo City.	Cancelled
Output:	6.4 Situational analysis room developed at the central level with geographic, demographic, economic, environmental, and health information to monitor epidemic and emergency situations.	Completed

Logistics support was provided to compile and organize data previously collected from the Weekly Epidemiology Bulletin instrument (BES) and rural hospitals. Logistics support has also been provided to analyze health centers and rural hospitals so that one rural hospital in Manica can be designated to provide epidemic data for national analysis. Two health centers - Manica city and Manica provincial - now serve as reference hospitals. The central level data-base, which tracks incidence of malaria and all other communicable diseases in outpatient and inpatient records, is now updated and complete. Logistics support has been provided for revision of the BES data-base from Zambezia province.

Due to unavailability of local Ministry of Health human resources, training at the provincial level in data analysis and use of data for decision making in epidemiological situations has been cancelled.

Logistics support was provided to purchase supplies and computer equipment for the situational analysis room at the MOH.

6.4a Provide logistics support to equip a room to provide information on all possible variables that interfere in the behavior of the health situation of the country and the provinces.	Completed	

Outcome: 7 Increased Community Participation, Health Promotion, and Advocacy.	Completed	Completed and reported on in the last reporting cycle.
Output: 7.1 A community based advocacy, communication and education program is launched in three districts using the youth based theatrical, song and dance group.	Completed	
7.1a Provide logistics support to acquire materials (clothes, instruments, decoration material, establishment of a training camp, etc.) for a community campaign.	Completed	
7.1b Provide logistics support for local travel and performances by youth group.	Completed	
7.1c Provide logistics support for renting hall space.	Completed	

Outcome: 8 Efficient Monitoring and Evaluation Program within NMCP.	Completed	The Senior Technical Advisor in Monitoring and Evaluation concluded implementation of technical activities in August 2004. Sentinel site visits for assessment are complete and project monitoring purposes are complete. The coordination meeting for data collectors and managers was held in August 2004. The final assessment is delayed until enough data is collected. As of August 2004, there are only four months of data in the data-base system. The activities were delayed due to MISAU delay in approving the new data base collection form, printing of data sheets, and personnel time constraints from NMCP. The Mission and MISAU have been notified of this delay. The responsibility for rescheduling the assessment rests with the MISAU.
Output: 8.1 Orientation and relocation of Technical Advisor in Monitoring and Evaluation.	Completed	
8.1a Provide orientation and relocation logistics support to technical advisor in monitoring and evaluation	Completed	
Output: 8.2 Adequate data collection and information management system established to ensure accurate decision-making related to NMCP intervention activities.	Completed	
8.2a Establishment of efficient data collection, storage and analysis system for M&E evaluation and impact assessment in three sentinel sites in three provinces.	Completed	
Output: 8.3 Intervention activities supervised for process and impact and results monitored and reviewed.	Completed	
8.3a Sentinel site visits conducted for supervision and monitoring of activities.	Completed	
8.3b Coordination meeting for data collectors and managers held.	Completed	
Output: 8.4 Final evaluation and assessment reports completed.	Postponed	
8.4a Production and printing of final report.	Postponed	
Output: 8.5 Data analysis at central level completed for final report.	Postponed	
8.5a Short term consultant contracted to assist in statistical analysis.	Postponed	

Outcome: 9 Adequate administrative, logistic, and management support provided to entire M&L/Malaria project until it ended in August 2004.	Completed	Qualified staff is in place to ensure that the Malaria project is successfully closed out in accordance with USAID regulations.

Mozambique Malaria (July - August 2004)

Output:	9.1 Annual work plans and budgets are developed and monitored for necessary revisions.	Completed
	9.1a Staffing, materials & equipment for necessary malaria administration and financial management support are provided.	Completed

Mozambique - HCD Assessment

Project Manager	Task	SubTask
O'Neil, Mary	A2MZFH4RA	20XXXX

Increasing awareness of the Human Resources crisis has resulted in a request for M&L to conduct an HCD assessment in Mozambique. The results of this assessment will assist USAID in developing their 5-year PEPFAR plan.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 By September 2005, the Mozambican Ministry of Health and its partners have an HCD plan and recommendations to strengthen a Human Capacity Development.	In Process	An HCD assessment was completed in November 2004. The assessemnt was conducted in 2 phases (one phase was conducted in September 2004 and the other in November 2004). A report with recommendations that will support the implementation of the 5-year HR strategy in Mozambique is being drafted and will be submitted to CDC, the Ministry of Health, and other key stakeholders by February 2005.
Output: HCD assessment to be completed.	Completed	
Conduct HCD assessment.	Completed	
Output: Report with recommendations to support the implementation of the 5-year HR strategy in Mozambique to be completed and submitted to CDC, the Minstry of Health, and other key stakeholders.	In Process	
Write and submit report to support the implementation of the 5-year HR startegy in Mozambique to CDC, the Minsitry of Health, and other key stakeholders.	In Process	

Mozambique - Project Management

Project Manager	Task	SubTask
Korkiamaki, Marjut	A2MZFC3XX	97XXXX

M&L assists the Ministry of Health in Mozambique through both providing technical support to the M&L/HSS, M&L/Malaria and M&L/IMCI Projects, and ensuring that the USAID funds provided to these projects are managed in compliance with USAID rules and regulations. The administrative and logistic support for all three projects is carried out with the help of an M&L Management Unit in Mozambique consisting of technical advisors in administration, and logistics and local support staff in office management. MSH/Boston based staff provide ongoing support to the M&L/HSS, M&L/Malaria, M&L/IMCI Projects and MSH/M&L Management Unit in Mozambique in technical, administrative, project management, coordination, contracting, and procurement issues.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 Efficient In-Country Program Management	Completed	M&L activities in Mozambique are well managed and on track. Ongoing in-country and HQ management support was provided to all components of M&L work in Mozambique for logistics, financial, administrative, technical work and, in the cases of the IMCI and Malaria components, to close-down processes and activities. Budgets were monitored on a monthly basis and project budgets analysis conducted regularly, with findings shared with the Mission. Qualified personnel were in place and material and other logistic requirements for the administration were being provided on a routine basis.
Output: 1.1 Efficient cost-effective management and technical support of MSH/M&L Mozambique provided to the M&L/HSS, M&L/Malaria and M&L/IMCI projects	Completed	
1.1a Staffing and operation of the MSH/M&L Management Unit in Mozambique	Completed	
Outcome: 2 Ongoing technical, management and administrative support provided by MSH Boston offices	Completed	
Output: 2.1 Technical, administrative, project management, coordination, contracting and procurement support provided to the M&L/HSS, M&L/Malaria, M&L/IMCI Projects and MSH/M&L Management Unit in Mozambique	Completed	
2.1a Ongoing technical, management and administrative backstopping of all M&L Mozambique projects and the MSH/M&L Management Unit	Completed	

Nicaragua PROFAMILIA

Project Manager	Task	SubTask
Johnson, Sarah		

As PROFAMILIA continues to focus heavily on organizational and financial sustainability, the Nicaraguan Leadership and Management in Health Project will continue its technical assistance to PROFAMILIA in PY5 to further strengthen the organization's management and leadership capacity through strengthening essential management systems, the capacity of the Executive Director and Board and the organizational climate.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 By March 2005, PROFAMILIA has up-to-date and fully-operational administrative, financial and information systems and a new social marketing scheme for the clinics has been implemented.	In Process	M&L technical assistance in strengthening organizational capacity and sustainability of PROFAMILIA has continued during the reporting period. The management control system was designed, is operating, and has been regularly monitored for the past few months. In addition to this, 16 directors of clinics were trained in clinic's budget development and, as a result, the fiscal year 2005 budgets were ready prior to the conclusion of 2004. Although further support is still needed to implement the inventory module, as of the end of December 2004 support to the improvement of the PROFAMILIA financial management system is mostly completed. PROFAMILIA is now using more updated information as reports are currently approximately 60 days behind compared to 180 days previously. Further progress is needed and it is understood that these will be mostly achieved by PROFAMILIA in an autonomous fashion. M&L support to PROFAMILIA's social marketing network on the other hand is awaiting the resolution of the organization's internal difficulties that have been creating some delays.
Output: 1.1 PROFAMILIA has updated information and administrative-financial systems and are in support of the goal of increased financial sustainability.	In Process	
1.1a Redesign the CBD (community-based distribution) network of PROFAMILIA.	Postponed	
1.1b Follow-up and continued TA with the Organizational Results Monitoring Tool (control de mando gerencial).	In Process	
1.1c Technical Assistance for the 2005 PROFAMILIA budget.	In Process	
Outcome: 2 By March 2005, the newly redesigned community-based distribution network for PROFAMILIA is fully operational.	In Process	The diagnostic phase of the community-based distribution network redesign has begun. Final approval of the new organizational structure is currently pending.
Output: 2.1 Community-Based Distribution (CBD) Network is fully functional.	In Process	
2.1a Redesign the community-based distribution network.	In Process	
2.1b Train staff on the logistics, norms, and procedures of the newly designed and implemented network.	In Process	

Nicaragua PROFAMILIA

Outcome:	3 Provide technical assistance and monitor Profamilia's social marketing plan developed in PY4 by analyzing the budget execution system.	Scheduled for next reporting period	The Marketing plan has not been implemented as funds were not available in the current budget. Funds will be allocated in the 2005 budget in order to implement the marketing plan.
Output:	3.1 Profamilia's social marketing plan has been implemented and results analyzed.	Scheduled for next reporting period	
	3.1a Monitor budget execution system previously developed	Scheduled for next reporting period	
	3.1b Provide technical assistance in monitoring/improving Profamilia's social marketing plan.	Scheduled for next reporting period	
Outcome:	4 By March 2005, the Executive Director and Board have strengthened their management and leadership capacities and organizational climate is improved.	In Process	Technical assistance is currently being provided to the Profamilia Board and Executive Director through a series of workshops (with the board) and monthly coaching meetings with the Executive Director.
Output:	4.1 Coach and support the new Executive Director and Board.	In Process	
	4.1a Conduct periodic workshops and coaching sessions with executive director and board	In Process	
	4.1b Organizational climate assessed and performance improvement plans implemented at clinc and central office levels	In Process	
Outcome:	5 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by March 2005	Scheduled for next reporting period	
Output:	5.1 Final report and other documentation required for close-out are prepared and sbumitted		
	5.1a Compile, format, and translate relevant materials for institutional memory		

Nicaragua Ministry of Education

Project Manager	Task	SubTask
Johnson, Sarah		

In PY5, the Leadership and Management in Health Project will provide technical assistance in management and leadership to the Nicaraguan Ministry of Education at the request of USAID Nicaragua. USAID Nicaragua has made this request based on their observation that the institutional reengineering and modernization methodology successfully being used with the Ministry of Health and other organizations is also highly applicable to the Ministry of Education and coherent with USAID Nicaragua's social sector strategy in their new strategic plan. The technical assistance offered will include those services described in the activities below.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 Provide methodological and technical tools to the Ministry of Education in order to prioritize areas and implement three to four prioritized educational processes, based on the new Ministry of Education competency-based educational model and adapt the Ministry of Education's management systems to support the new methods.	In Process	M&L actively supported the Ministry of Education's (MOE) reform efforts during the reporting period. As a result of this support the priority areas to address have been identified; the methodology for the introduction of competency-based education at the municipality level as well as the methodology for the reengineering of the necessary management systems has been developed and is currently being applied. M&L has helped the MOE develop a detailed and feasible implementation plan for reforming the Ministry of Education in line with its new vision and mission. The implementation of the reform plan is underway and will be completed in 2005.
Output: 1.1 Ministry of Education has developed a detailed and feasible implementation plan for reforming the Ministry of Education in line with its new vision and mission.	In Process	
1.1a Work with the Ministry of Education (MOE) to identify the priority areas that MOE will address under the modernization process through supportive TA and workshops.	Completed	
1.1b Develop the methodology with the Ministry of Education for introducing competency-based education at the municipal level after defining competencies and a conceptual framework through supportive TA and workshops.	In Process	
1.1c Develop methodology, terms of reference and work plan for necessary management systems reengineering required by the new competency-based educational focus, through supportive TA and workshops.	In Process	
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by March 2005	Scheduled for next reporting period	
Output: 2.1 Final report and other documentation required for close-out are prepared and submitted		
2.1a Compile, format, and translate relevant materials for institutional memory		

Nicaragua Ministry of Health

Project Manager	Task	SubTask
Johnson, Sarah		

In PY5, the Nicaraguan Leadership and Management in Health Project will continue with its work on Institutional Modernization and Leadership with the Ministry of Health (MOH), the Ministry of the Family(MiFamilia) and the National Social Security Institute (INSS). The project will also begin to work with the Ministry of Education in institutional modernization (see separate work plan). This work with these four public sector organizations is in line with USAID Nicaragua's social sector strategy outlined in the new USAID Central America and Mexico strategic plan. In addition, the project will extend the values-based community leadership development program to community leaders in other municipalities in Nicaragua and will continue technical assistance support to Profamilia (see other work plan).

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 By March 2005, the Ministry of Health (MOH), through an overall institutional modernization and decentralization process, has reengineered all its systems, processes, procedures, norms and its structure through the use of an M&L systems strengthening and reform approach and has also incorporated a strengthened Fully Functional Service Delivery Point approach, facilitated by creating an environment propitious to change as a result of on-going leadership strengthening.	In Process	Institutional modernization of the MOH: Significant progress has been made with the institutional modernization of the Nicaraguan Ministry of Health (restructuring and reengineering of the MOH) during the reporting period, and with the extension of the M&L project in Nicaragua to the end of the M&L project (September 29, 2005), even greater progress will be made before close-out. By the end of December 2004, the Nicaragua M&L team working closely with the MOH team had completed the redesign of the new Ministry of Health. Products include a new MOH mission and vision; the description of the functional areas of the MOH; new organizational systems and processes each with their respective norms and procedures and activities; the functional and organizational structure of each of the systems and job descriptions. All the new systems have been approved and the list of requirements for implementing the organizational systems (instruments, tools, other specifications, etc.) is complete. The initial implementation plan has been developed and discussed with key MOH counterparts, and we anticipate completion of the plan during the workshop with key health managers scheduled for early 2005. A methodological guide on how to restructure organizational systems has been outlined and is scheduled to be released during next reporting period.
Output: 1.1 Institutional reorganization of Ministry of Health is designed and documented.	In Process	
1.1a Design of overall systems and development of administrative manuals for the following systems: Supply, Maintenance, Control, Management, Human Resources, Finance, Planning, Information, Service delivery, Communication and Governance.	In Process	
1.1b Design of implementation strategies and development of implementation plan.	In Process	
1.1c Document the Ministry of Health institutional modernization and reorganization process.	In Process	
1.1d Develop a methodological guide detailing how to restructure Organizational Systems to enable health reform.	In Process	
1.1e Develop and publish a guide for designing a National Health Care Model.	Scheduled for next reporting period	
1.1f Prepare articles, make presentations and disseminate strategies/products (article on National Health Care Model, Municipal Leadership Development, etc.).	In Process	
Output: 1.2 Strengthen leadership capacities to address organizational challenges in MINSA, INSS. and Mi Familia.	In Process	Strengthen leadership in MINSA, INSS, and MiFamilia: Leadership Development (LD) module units and training interventions were delivered to the targeted SILAIS and to senior staff from health facilities in Managua. The creation of an effective referral system was among the priority challenges retained by the participants. On the basis of the M&L experience gained in LD worldwide and in Nicaragua, the development of generic LD training material to be used further in Nicaragua, by the INSS and MiFamilia for instance, has been undertaken and well advanced during the period. All of the nine units have been conceptualized, six of them drafted and four validated. The completion of this effort and delivery
1.2a Improve interpersonal relations of municipal health unit personnel in Matagalpa, Jinotega and Boaco with learning unit designed to complete original municipal leadership development module.	Completed	
1.2b Provide technical assistance to strengthen leadership capacity of directors and high-level subdirectors in hospitals and other facilities in Managua.	Completed	
1.2c Develop and publish a generic leadership development module focused on improving organizational climate and service delivery results that can also be delivered in other social sector institutions.	In Process	

	1.2d Evaluate leadership development activities.	Scheduled for next reporting period
	1.2e Prepare articles on municipal leadership development program for publication.	In Process
Output:	1.3 Consolidate the AMAS (FFSDP) implementation process in 17 SILAIS.	In Process
	1.3a Document, evaluate and disseminate the practical utility of AMAS (FFSDP).	Completed
	1.3b Complete AMAS (FFSDP) complementary tool package and assure formal adoption by MINSA.	In Process
	1.3c Support continuous monitoring of institutionalization of AMAS (FFSDP) including facilitator and supervisor training.	In Process
	1.3d AMAS monitoring guide and instruments are refined on the basis of one year of field experience.	In Process
	1.3e Published article on impact of FFSDP approach.	In Process
Output:	1.4 Technical Assistance for institutionalization of National Health Accounts (NHA) in the MOH is concluded.	Scheduled for next reporting period
	1.4a NHA training for MINSA Officials and Inter-institutional NHA Team (occurs 7/04 through 3/05) planned and implemented by HSPH.	Scheduled for next reporting period
	1.4b Analysis by HSPH of the NHA 1997-2002 series within an international perspective (occurs in March 2005).	Scheduled for next reporting period

of the material is scheduled for the next reporting period.

AMAS (FFSDP) implementation: Study on the utility of FFSDP for decision making was completed and the results of the study were shared with the Ministry of Health and sent to PAHO. The results were also sent to the GHC as an abstract. Four technical tools were approved by MINSA: 1) consistency of data tool; 2) organizational climate tool; 3) client satisfaction tool; and 4) tool for organization of health services. Four other tools are in the advanced stages of development and will be completed during the next period. Technical support, including the training of supervisors, has been provided. A comprehensive review of the AMAS institutionalization process with the Ministry of Health and other stakeholders has been carried out. During the coming period a new manual for monitoring will be produced based on this review. Currently three meetings a week are held with the Ministry of Health for constant monitoring.

Outcome:	2 By March 2005, the Ministry of the Family (MiFamilia) has validated the ministry's new service model both internally and with public and private sector partners, is using tools for the completion of the reengineered planning system, has redesigned the social protection program (programa de proteccion social), and has at its disposition the current regulatory framework to permit it to control the quality of its internal and contracted services and has identified areas that that framework needs to be strengthened.	In Process
Output:	2.1 Strengthen the management and leadership capacities of senior and mid-level management teams of MiFamilia.	In Process
	2.1a Senior and mid-level managers of MiFamilia have strengthened their leadership capacity in the process of implementing and strengthening the planning, monitoring and evaluation system of MiFamilia.	In Process
	2.1b MiFamilia personnel at decentralized levels utilize their strengthened leadership capacity to improve organizational climate and service results through the delivery of the generic leadership module.	In Process
Output:	2.2 MiFamilia has validated the new model and initiated a management reengineering process with a key priority program, in line with the new Integrated Service Model.	In Process

As an essential preliminary step to the restructuring effort at MiFamilia, a total of 55 staff members are currently receiving leadership capacity development training using the new generic Leadership modules (see 1.2.c). The planning system has been completely designed with four subsystems: 1) strategic plan; 2) operational plan; 3) investment plan; and 4) a monitoring, evaluation and supervision instrument. In November, the Ministry of the Family used the new operational planning system and tool for its 2005 annual operating plan.

As of the end of the reporting period, the new Special Protection system is nearing completion and a first draft has been given to the Minister. Upon the request of the Minister, the validation of the model was postponed until the Special Protection System was reengineered. The final design of the Special Social Protection System was presented to the Minister in the first week of December for approval and we

2.2a Discuss and validate the already developed Integrated Services Model (Modelo de atencion).	In Process	expect ministerial approval during the coming reporting period. Otherwise, the implementation work plan was developed and its implementation is on schedule. Two of four planning, monitoring, and evaluating instruments have been completed.
2.2b Redesign the Special Social Protection System (SSPS) of MiFamilia using the management reengineering approach already applied to the planning system.	In Process	
2.2c Develop the instruments necessary for the implementation of the MiFamilia planning, monitoring and evaluation system including the adaptation of the strategic planning modules, design of MIS, designed POA, etc.	In Process	

Outcome: 3 National Social Security Institute (INSS) has successfully addressed select institutional challenges and completed the cost study.	In Process	Leadership training of 53 INSS senior staff members, using the new generic leadership modules has been completed during the reporting period and training at the middle level is underway. Monitoring and evaluation of the INSS plan has shown that communication has increased. The prevention plan is underway, but has proven more difficult to evaluate. The protocol for the cost study has been designed and approved during the period and the basic investigation instruments are currently being designed. Twenty-six pathologies have been selected and their respective protocols have been completed. The EMP cost methodology was adapted and applied to the principal job-related medical conditions found in INSS population.
Output: 3.1 Strengthened leadership in the National Social Security Institute (INSS) through the implementation of an M&L leadership development program to address select institutional challenges.	In Process	
3.1a Leadership development program concluded at the central level of INSS for INSS professionals involved in health services for workers (salud previsional) and job-related health injuries (riesgo profesional).	Completed	
3.1b Monitoring the design and implementation of INSS plan of action to improve internal communication and implement a risk prevention program in select industries.	In Process	
3.1c INSS personnel utilize their strengthened leadership capacity to improve organizational climate and service delivery results (through the generic leadership module).	Scheduled for next reporting period	
Output: 3.2 Complete cost studies in the following INSS areas: workers' health services and job-related injuries.	In Process	
3.2a Complete cost study of the 25 most common illnesses in the INSS population.	In Process	
3.2b Adapt and apply the EMP cost methodology to the principal job-related medical conditions found in INSS population.	Completed	

Outcome: 4 By March 2005, values-based leadership development program for rural community leaders is strengthened,documented and scaled-up and leaders' support for social sector community outreach services is strengthened, documented and scaled up as well.	In Process	During the reporting period, M&L continued to support and strengthen leaders in 10 communities initiated during PY4 and initiated the leadership development program in 10 additional

Nicaragua Ministry of Health

Output:	4.1 Continue to support and strengthen leaders in 10 out of 11 initial communities from PY4 and implement the leadership development program in 10 additional Waslala communities where PROCOSAN (community growth promotion program) operates.	In Process	Waslala communities where PROCOSAN (community growth promotion program) operates. The first follow-up workshop was held in October for the first group trained in June, 2004 and a follow-up survey is planned for the next reporting period. Training has begun in the 10 new communities and two workshops have been carried out with the teachers. Meanwhile, the local values-based leadership radio program is widely recognized and observations show an increased level of knowledge of the program and of the importance of leadership at the community level. Likewise, the documentation of the program has progressed during the period. An agreement has been reached with the Ministry of Health on the content of the training materials and drafting of the manual has begun. A contract has been obligated for a video documenting the Waslala work to be developed in early 2005.
	4.1a The leaders in 10 of 11 initial communities are further strengthened as well as leaders from 3 communities linked to PROCOSAN to strengthen PROCOSAN.	In Process	
	4.1b Systematize and document increase in social capital in first 10 communities (sub Harvard-Alva).	Scheduled for next reporting period	
	4.1c Community leadership program is planned and delivered in 10 new communities in Waslala and its impact on the growth monitoring program (PROCOSAN) is measured and documented following initial baseline data collection (ALVA sub).	In Process	
	4.1d Teachers from Waslala have strengthened leadership capacity to support community leaders and communities.	In Process	
Output:	4.2 A values-based Leadership development program for community leaders is documented in a manual.	In Process	
	4.2a Strengthen information and communication strategy on the program through radio, presentations, etc.	In Process	
	4.2b Develop and disseminate manual containing leadership module for community leaders.	In Process	
	4.2c Document and share gained experience with others in the field.	In Process	
Outcome:	5 Select Nicaraguan NGOs have concluded their business plans as a result of the Business Planning Program (BPP) initiated in PY4.	Completed	PROCOSI provided final technical assistance to the NGOs participating in the BPP during a closing workshop held in September and select Nicaraguan NGOs have finalized their business plans and have concluded Business Planning Program (BPP) activities during the reporting period.
Output:	5.1 PROCOSI provides final technical assistance to those NGOs participating in the BPP.	Completed	
	5.1a Implement closing workshop in September with all participating NGOs.	Completed	
	5.1b Prepare final report detailing BPP activities.	Completed	
Outcome:	6 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by March 2005.	Scheduled for next reporting period	
Output:	6.1 Final report and other documentation required for close-out are prepared and sbumitted.		
	6.1a Compile, format, and translate relevant materials for institutional memory.		

Nigeria - National Primary Health Care Development Agency

Project Manager	Task	SubTask
Hall, Michael	A2NGFH3XX	90MHXX

Building on the work of PY4, three management areas will be addressed: 1) A new field worker structure will be designed and staff trained to implement it; 2) Financial reports will be developed and staff trained in their use for decision making; and 3) New service statisitics gathering system will be extended to all operative health centers.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 The National Primary Health Care Development Agency (NPHCDA) has a redesigned structure and trained field staff and the accurate and timely service statistics and financial information necessary to monitor field staff and program performance.	In Process	HRM: Redesigned field staff structure has been delayed due to uncertainties in government funding for NPHCDA. A Presidential request to construct 100 new health centers (in addition to the 200 constructed by NPHCDA in the last 2 years) has stretched existing field staff and made it impossible, as of now, to pair them up for each center as originally planned. In July and August the Staff HR Committee met and finalized, with the help of M&L, a field based performance planning and appraisal system. In September the new system was presented to field staff in a workshop and a "training of trainers" was included in its use. Financial management: In June M&L installed financial software and NPHCDA became the first parastatal in Nigeria to have a computerized financial system. June through August 2004, additional software support was provided to input this year's financial information and to ensure that all financial staff could use the system. In November a new financial manual, which details the use of the financial software and upgraded financial processes, has been developed and presented to NPHCDA for review and approval. Management Information System: In September a programmatic MIS software program was identified for use at NPHCDA (the program developed by MSH in its Equity Project in South Africa). In September it was installed at NPHCDA and several key staff received training in its use by software staff introducing the same program in 4 States in Nigeria for the MOH. NPHCDA, with the help of M&L, is presently developing a design for phased implementation of the program. Software staff will be brought in during the first quarter of 2005 to review the design and to develop specific work plans for its implementation. Given the hardware demands of new computerized financial and MIS systems, M&L purchased 10 new computers for NPHCDA and they will be delivered in December. Four of these computers will be placed at the four regional offices of NPHCDA and will allow for the phased decentralization of some of the basic financial and programmatic record keeping.
Output: 1.1 NPHCDA field staff have a new structure, pairing medical and community organizing personnel, and a training program necessary to complete their new functions.	Postponed	
1.1a Based on field job evaluations conducted during PY4, new job descriptions are developed to reflect the pairing of field staff.	Postponed	
1.1b A training program is developed and delivered in support of the new paired structure of field staff.	Postponed	
1.1c A pilot project for the pairing of field staff is designed and implemented. Results are evaluated and used to finalize new structure and duties of field staff.	Postponed	
1.1d Field staff have a finalized performance based planning and evaluation system.	Postponed	
Output: 1.2 Management and staff are able to use financial information produced by PY4 supported installation of financial software for timely decision making at all levels of the organization.	In Process	
1.2a A series of appropriate financial reporting formats are designed and tested for the Board of Directors, central headquarters staff and zonal offices.	In Process	
1.2b A series of appropriate financial reporting formats are designed and tested for the Board of Directors, central headquarters staff and zonal offices.	In Process	
Output: 1.3 NPHCDA has reviewed results of PY4 supported Pilot Project for gathering service statistics, finalized system and applied it to operative health centers throughout the country. NPHCDA is equipped to operate its newly installed financial and MIS software and to use information from it for quality decision making.	In Process	
1.3a Service Statistics Pilot Project results are reviewed and final recommendations made.	In Process	
1.3b Operations manual for the regular gathering of Service Statistics is developed.	In Process	
1.3c Operations manual for the regular gathering of Service Statistics is developed.	In Process	
1.3d National implementation plan for the new service statistics gathering system is developed and implemented at all operative health centers throughout the country.	In Process	

Outcome:	2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by March 2005	Scheduled for next reporting period
Output:	2.1 Closeout activity: reports are submitted to institutional memory, and debreifing with USAID and NPHCDA	
	2.1a Compiling reports and preparing documents according to the requirements of USAID Nigeria and NPHCDA.	

REDSO: CRHCS

Project Manager	Task	SubTask
Grum, Ida	A2RDFH2XX	90CRXX

The Commonwealth Regional Health Care Secretariat (CRHCS) works primarily in the policy arena, sharing best practices and using policy advocacy to encourage member states to adopt and implement health policy changes. M&L has in the past year been providing technical assistance to CRHCS in strategic planning, financial planning and management information systems. M&L will continue to provide technical assistance focusing on the development of technical area strategies that are in line with and contribute to their overall strategy - a medium term financing plan, a consultant management system and a regional partnership and network management system.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 CRHCS follows its organizational and technical area strategic plans and financing plan to deliver a program of high quality services to its member states.	Scheduled for next reporting period	In order to coordinate all of REDSO's partner and CA workplans, REDSO requested waiting until the REDSO Partners meeting was held at the end of October 2004 to develop a workplan with CRHCS. In addition, CRHCS has lost their two key staff responsible for managing M&L activities and as a result it was decided to implement activities after the new staff are hired in January 2005.
Output: 1.1 CRHCS' technical area strategies allign and contribute to the overall organizational strategic plan.	Scheduled for next reporting period	
1.1a Provide technical assistance to develop long term strategic plans for CRHCS' technical areas.	Scheduled for next reporting period	
1.1b Provide technical assistance to refine CRHCS' performance monitoring system to include clear targets, process and impact indicators for their organizational (and technical areas) strategic plan.	Scheduled for next reporting period	
Output: 1.2 CRHCS has in place a medium term financing plan that defines the expected income and costs associated with their program portfolio.	Scheduled for next reporting period	
1.2a Provide technical assistance to develop medium term financing plan for CRHCS.	Scheduled for next reporting period	
1.2b Provide technical assistance to develop internal capacity to identify and secure funding to implement CRHCS' technical programs.	Scheduled for next reporting period	
Output: 1.3 CRHCS has increased capacity to manage and use consultants and regional partnerships and networks.	Scheduled for next reporting period	
1.3a Provide technical assistance to develop a consultant management system and skills.	Scheduled for next reporting period	
1.3b Provide technical assistance to develop regional partnership and network management system including advocacy (involves one workshop).	Scheduled for next reporting period	
Output: 1.4 CRHCS has increased knowledge about its perceived leadership role among key stakeholders in the region.	Scheduled for next reporting period	
1.4a Conduct survey of CRHCS' leadership effectiveness and compare results to	Scheduled for next	

REDSO: RCQHC

Project Manager	Task	SubTask
Grum, Ida	A2RDFH2XX	90RCXX

Through training, technical assistance and research RCQHC works with ministries of health and others involved in the field of sexual and reproductive health, population and development to strengthen the quality of their services . M&L has in the past year been providing technical assistance to RCQHC in a variety of organizational development areas. Building on this technical assistance, M&L will continue to assist RCQHC develop their long term vision and strategy and continue to strengthen their human resources and financial management capacity to be able to implement and sustain their overall program strategy.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 RCQHC has a long term vision and strategy to deliver a program of high quality services and products to regional clients	In Process	In order to coordinate all of REDSO's partner and CA workplans, REDSO requested waiting until the REDSO Partners meeting was held at the end of October 2004 to develop a workplan with RCQHC. As a result, activities did not start until November. An initial visit to assess some of the governance issues was held in early December 2004. M&L has been providing on-going technical assistance to RCQHC in financial management and procedures. M&L's assistance in this reporting period includes the installation of SunSystems accounting system, finalization of the activity coding scheme, the implementation of timesheets used to track and allocate costs appropriately, suggestions on how to allocate indirect costs to programs, and a review and update of their financial management manual. M&L also helped the finance and administrative staff develop an annual workplan for the department and outline specific areas for M&L support.
Output: 1.1 RCQHC' 2003-2006 strategic plan developed and used to guide development of a business plan	Scheduled for next reporting period	
1.1a Develop long term vision and strategy for the centre	Scheduled for next reporting period	
1.1b Conduct an assessment and provide recommendations to RCQHC on the advantages and disadvantages of various models of association with Makerere university	Scheduled for next reporting period	
1.1c Begin the process to develop a business plan by identifying strategies for diversification of funding and costing of courses (conduct an internal workshop).	Scheduled for next reporting period	
Output: 1.2 RCQHC has functioning human resources and financial management systems and skills to support their program strategy	In Process	
1.2a Continue to provide technical assistance to develop RCQHC' human resources management system	In Process	
1.2b Conduct salary survey for technical staff in the region	In Process	
1.2c Provide technical assistance in the implementation and use of SunSystems accounting software	In Process	
1.2d Provide technical assistance in the development of an activity based costing system and cost structure to determine overhead costs	In Process	
Output: 1.3 RCQHC has increased capacity to manage and use consultants and regional partnerships and networks.	Scheduled for next reporting period	
1.3a Provide technical assistance to develop a consultant management system and skills.	In Process	
1.3b Provide technical assistance to develop regional partnership and network management system including advocacy (involves one workshop)	In Process	
Output: 1.4 RCQHC has increased knowledge about its perceived leadership role among key stakeholders in the region.	Scheduled for next reporting period	
1.4a Conduct survey of RCQHC's leadership effectiveness and compare results to	Scheduled for next	

REDSO: Centre for African Family Studies (CAFS)

Project Manager	Task	SubTask
Grum, Ida	A2RDFH2XX	90CFXX

Centre for African Family Studies (CAFS) is an African institution dedicated to strengthening the management capacity of organizations and individuals working in the field of reproductive health, population and development through regional training, technical assistance and research. M&L's technical assistance to CAFS through REDSO funding focuses on providing technical assistance in the review and update of their long term strategic plan and development of a business plan. In addition, M&L provides technical assistance in human resources and financial management to support implementation of their strategy and program portfolio.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 CAFS follows a five year Strategic Plan (2005-2010) to deliver a sustainable program of high quality training and technical assistance in Africa.	In Process	In order to coordinate all of REDSO's partner and CA workplans, REDSO requested waiting until the REDSO Partners meeting was held at end of October 2004 to develop the workplan with CAFS. As a result, activities did not start until November 2004. An initial visit to begin a review of the current five year Strategic Plan was held in November 2004. A structure and process for the review was agreed upon with key CAFS staff outlining the composition of various working teams, their duties and activities. A retreat with these teams is scheduled for January 2005. The process is designed to also position CAFS for the development of a new Strategic Plan and Business Plan.
Output: 1.1 CAFS' current five year Strategic Plan from 2000-2005 reviewed and a new five year Strategic Plan for 2005-2010 developed.	In Process	
1.1a Conduct a review of CAFS' current five year Strategic Plan (2000-2005)	In Process	
1.1b Provide technical assistance to CAFS in the development of a new five year Strategic Plan for 2005-2010 based on the outcomes of the review of the current plan.	In Process	
Outcome: 2 CAFS has in place a four year business plan that defines the expected income and costs associated with a newly defined portfolio of training and technical assistance programs.	Scheduled for next reporting period	
Output: 2.1 Market research of the training and technical assistance needs of existing and potential clients completed and used to help design portfolio for CAFS' business plan.		
2.1a Provide technical assistance to CAFS in the analysis and structuring of market information for CAFS products and services.		
2.1b Based on the Market Research, develop a detailed design of a portfolio of training and technical assistance programs to be the focus of the business planning process.		
2.1c Develop detailed cost and revenue projections for the new portfolio of programs and the new corporate structure that is consistent with the results of the market research.		

	2.1d Develop Marketing Plan that continuously markets its newly defined portfolio and provides regular feedback to CAFS and its clients regarding the quality and appropriateness of its programs.	
Output:	2.2 CAFS' corporate structure and Human Resources and Financial Management systems reflect and maximize quality and effeciency of their new portfolio of programs.	
	2.2a Conduct a comprehensive review of CAFS' corporate structure including a review of the use and qualifications of its personnel and provide technical assistance to develop and implement an efficient Human Resources system (involves one workshop).	Scheduled for next reporting period
	2.2b Provide technical assistance in the development of an activity based costing system to support the new portfolio of programs and the new corporate structure.	Scheduled for next reporting period
Output:	2.3 CAFS has increased knowledge about its perceived leadership role among key stakeholders in the region.	
	2.3a Conduct a survey of CAFS' leadership effectiveness and compare results to last years baseline results.	Scheduled for next reporting period

REDSO: Management

Project Manager	Task	SubTask
Grum, Ida	A2RDFXXXX	97XXXX

Regional Economic Development Services Office for East and Southern Africa's (REDSO) Strategic Objective 7 is the Enhanced Regional Capacity to Improve Health Systems in Eastern and Southern Africa (ESA). REDSO's focus is providing assistance to African regional institutions and other regional entities in four areas: 1) activities aim to strengthen the institutional capacity and sustainability of regional partner institutions; 2) focus is given to expanding the base of human, technical and program resources available to improve systems throughout the region; 3) efforts are made to increase the analysis, dissemination and application of information to enhance sector programs; and 4) the enhancement of the policy environment by improving regional dialogue on regional policy issues in key technical areas that include HIV/AIDS, maternal and child health and nutrition, reproductive health, infectious disease, and health care financing. REDSO currently has three regional partners: East, Central and Southern Africa Health Community Secretariat (ECSA-HC, formerly CRHCS) in Arusha, Regional Centre for Quality Health Care (RCQHC) in Kampala and Centre for African Family Studies (CAFS), in Nairobi. M&L's technical assistance is focused on strengthening these three regional institutions and helping REDSO identify other potential partners in the region.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 REDSO activities are efficiently and effectively managed and all activities are closed out in accordance with USAID guidelines	In Process	In order to coordinate all of REDSO's partner and CA workplans, REDSO requested postponing the development of the workplans with each of the three REDSO Partners until the October 2004 REDSO Partners meeting took place. As a result, activities were not initiated until November 2004. Those activities that have been implemented thus far have been efficiently managed and coordinated.
Output: 1.1 REDSO workplan effectively carried out	In Process	
1.1a Manage and coordinate REDSO activities	In Process	
1.1b Close-out REDSO activities by September 2005	Scheduled for next reporting period	
Outcome: 2 Other potential REDSO regional African partners identified	Scheduled for next reporting period	
Output: 2.1 List of other potenitial REDSO regional African partners with information about their principle focus areas and potential as regional partners.		
2.1a Conduct an assessment of regional African institutions in the REDSO region		

Tanzania

The Rapid Funding Envelope for HIV/AIDS—The Rapid Funding Envelope (RFE) for HIV/AIDS contributes to the PEPFAR goals through grants for care & support, prevention and Orphans and Vulnerable Children (OVCs). It also contributes by scaling up best practices and identifying innovations that improve the national response. The work in this period focused on identifying and documenting best practices and the conditions necessary for replication, on making additional grants, and on leveraging additional funds for the RFE. Activities include:

- On July 12, 2004, M&L/Tanzania's resident advisor presented the RFE at the Global AIDS Conference in Bangkok, Thailand. After the presentation, requests for information came from the London-based HIV/AIDS Alliance, the AIDS Foundation of South Africa, IDASA budget information service in South Africa, the Bernard van Laer Foundation in Holland, DFID India, World Bank Washington, and others.
- The RFE continues to provide grants to Tanzanian Civil Society Organizations working to support the national response to the HIV/AIDS epidemic. On September 30, the RFE concluded its latest round of grantmaking, awarding eight grants totaling $332,000 to organizations based on Unguja and Pemba in Zanzibar. This brings the total value of RFE grants to date to $3.4 million. The Zanzibar AIDS Commission has indicated its appreciation for the support from MSH and Deloitte. In particular, ZAC has noted that this support has created a dialogue on the Zanzibar Strategic Plan for HIV/AIDS between ZAC and civil society partners.
- M&L continues to document success stories and best practices from the RFE as part of its efforts to implement the communications plan approved by the RFE steering committee. M&L's Tanzania submission on the RFE appeared in the December 2004 issue of the USAID publication *Frontlines*.
- In October 2004, the Swiss Agency for Development and Cooperation and the Royal Norwegian Embassy, both RFE donors, conducted an assessment of the Rapid Funding Envelope. The findings were extremely positive and their report recommended extending the RFE through June 2007.
- In late 2004, DFID, a new donor to the RFE, pledged 3 million pounds sterling to support future rounds of grant making.

Capacity Building for National Partners—This activity seeks to build the capacity of partner organizations contributing to the national response to HIV/AIDS and to increase the number of contributing organizations. The key efforts during the reporting period include:

- Mainstreaming activities with the ministry of Education are currently underway, with support from the Ministry of Finance; President's Office of Public Sector Management; Ministry of Labor, Youth Development, and Sport; and the Ministry of Community Development, Gender, and Children, scheduled for the second half of PY5.

- In collaboration with the Foundation for Advanced Studies in International Development (FASID), M&L delivered a course on HIV/AIDS planning to Tanzania's Regional Facilitating Agencies in November 2004. A final report will be available in early January.
- M&L has finalized a capacity building sub-grant with APHTA totaling $25,000. This grant supports the cost of salaries for an Executive Director and an administrator for a period of six months. The first tranche of funds has not yet been disbursed. APHTA plans to submit an invoice for these funds in early 2005.
- M&L has finalized a subcontract with the Tanzania Public Health Association to support the costs of a baseline assessment of private sector capacity to provide health services. Work is scheduled to begin in early 2005.

GFCCM/Global Fund—M&L has provided support in proposal development, implementation planning, and strengthening of the Tanzanian Mainland Global Fund Country Coordinating Mechanism (GFCCM). Assistance has been provided to develop, coordinate and monitor large scale multi-sectoral plans for the Global Fund and other new international donors. These activities will continue in the next reporting period in connection with Global Fund Round 5.

- The Global Fund Round 3 agreement for $487.8 million over five years was signed on August 31, 2004. The Round 3 project is entitled "Scaling-up access to quality VCT as an entry point to comprehensive care and support services for TB and HIV/AIDS in Tanzania Mainland through a coordinated multi-sectoral partnership." MSH coordinated the technical negotiation team with additional technical support provided through a sub-contract with Deloitte. The efforts of MSH in supporting the GFCCM and the Global Fund process in Tanzania were informally recognized by many at the signing ceremony. The Chair of the GFCCM, the PS-PMO, was called MSH "the brains of the Global Fund in Tanzania."
- The Global Fund Round 4 implementation plans and budgets were submitted for signature in December 2004. Signature is expected in January 2005. For the HIV/AIDS component, the total requested funding is $293,263,290 for five years. Tanzania has requested $58 million for Orphans and Vulnerable Children; $18 million for Condoms; $207 million for Care and Treatment (for 2 years); $5.16 million for Monitoring and Evaluation; and $4 million for National Coordination. For the Malaria component, the total requested funding for 3 years is approximately $89 million.
- Since August 2004, MSH has provided technical support to coordinate the preparations for Global Fund Round 4 signature. The efforts were reported at the GFCCM on October 12, 2004 and include: the creation of six teams for development of each component (Malaria, Condoms, Coordination, Research, Orphans and Vulnerable Children, Care & Treatment); technical support and coordination of each team through work sessions, partner meetings, planning templates, budget templates; engagement of Deloitte accountants to support budget development of each team; engagement of an education specialist to assist the Orphans and Vulnerable Children team; collaboration with the Clinton Foundation and WHO on support to Care & Treatment Team; technical support for Medical Stores Department to address the institutional strengthening issues in the procurement assessment and the needs of the malaria, condoms and Care & Treatment components; technical support to

TACAIDS to complete design of the Coordination activities and develop new job descriptions; and negotiations with GFATM and the LFA on arrangements for the recipients.

- Support for Global Fund Round 5 is scheduled to begin around March 2005.

HIV/AIDS Commissions—M&L Tanzania has been providing support for the Tanzania Commission for AIDS (TACAIDS) in coordinating the district and community response and in the area of sound financial management and resource mobilization. M&L has also been continuing its ongoing institutional support to the TACAIDS. In particular, M&L has been working to strengthen the Policy, Planning, and National Response Division through facilitation of meetings and technical support to staff. Also, M&L is providing support in operations and core competencies (computer training, presentation skills, etc.) to key staff members throughout the organization. Activities with the Zanzibar AIDS Commission (ZAC) have not begun; however, in the next reporting cycle, MSH will assist ZAC in coordinating roll-out of its first strategic plan.

- Most of the support provided to TACAIDS has focused on Global Fund preparations. Round 3 has been signed and Round 4 has been submitted for signature. Following completion of Global Fund Round 3 for signature, the Policy and Planning Officer from TACAIDS was selected to be mentored by the MSH Resident Advisor for this process.
- In July 2004, the Resident Advisor provided technical assistance to the District and Community Response (DCR) and FARM during the technical review of the TMAP Regional Facilitating Agencies tender. MSH was one of three outside groups providing support, the others being World Vision Tanzania and the Clinton Foundation.
- Other support was provided to TACAIDS for Finance, Administration and Resource Mobilization. The new planning year for Public Expenditure Review (PER) began in September. TACAIDS leads the PER process for HIV/AIDS with support from the Swiss Development Cooperation, the UK Department for International Development (DFID), and MSH. The PER working group completed TORs and selected Paul Smithson as consultant, who began work in October.
- Support was also provided to TACAIDS for Institutional Strengthening. In August, M&L conducted a second series of skill-building workshops for TACAIDS staff. Ten to twenty people per day attended sessions on Facilitating Meetings, Managing Time, Making Presentations, and related skills. As a result of this training, M&L is working on a long term capacity building schedule with Human Resources Director, Esther Kazenga.
- Additional Institutional Strengthening support was provided by Falguni Valhambia (Falu) who joined the MSH team on September 27, 2004 as a long term consultant in IT Training for TACAIDS. Most TACAIDS staff members have only basic skills in word processing functions and do not know how to use their computers effectively. This may be a significant cause of delays in email communications and loss of documents at TACAIDS.
- Zanzibar AIDS Commission (ZAC) related activities are scheduled to begin in 2005.

Management—The M&L Dar es Salaam field office and the Cambridge, MA office share management responsibilities for the M&L Tanzania project. Effective management of the project is outlined through June 2005 in the workplan for both field support and PEPFAR funded activities.

- Ongoing management support is provided for the M&L Tanzania project for technical, financial, and administrative work. This support will continue for the duration of the project.
- A detailed workplan and budget for July 2004–May 2005 has been submitted.

Uganda - Joint Clinical Research Center (JCRC)

Project Manager	Task	SubTask
Grum, Ida	A2UGFH4PF	20JC20

M&L Uganda will provide technical assistance in leadership and management to the staff of JCRC's rapidly expanding network of laboratories in Uganda. Through a series of workshops, M&L will work with JCRC to achieve a goal of fully functional labs providing essential lab services in the near future, led by teams that understand the work they need to do and their roles and responsibilities in order to accomplish the site objectives.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 The leadership and management capacity of the JCRC laboratory network is strengthened.	In Process	Based on the needs identified during an initial TDY to Uganda in June 2004, M&L developed a laboratory performance improvement program designed to strengthen laboratory management systems and develop laboratory managers who lead. The program will be implemented through a series of workshops. The first of 2 scheduled workshops was held in October 2004. Nineteen participants from three regional laboratories (Mbale, Fort Portal, and JCRC) attended the workshop. Participants included laboratory staff, medical officers, doctors, and nurses from each facility. As a result of this introductory workshop, each of the three teams developed initial performance improvement plans which will be refined during subsequent workshops. In addition, the M&L team developed a monitoring tool which is currently being used by each team to collect baseline performance data. The next workshop is scheduled for January 2005. While current funding allows for only one more workshop, M&L is negotiating with USAID/Uganda and expects to reallocate funds from other activities to cover an additional three workshops, bringing the total number of workshops to five.
Output: 1.1 JCRC's laboratory network is an accessible and appropriately managed laboratory system with adequate number of trained staff, capable of providing a package of quality-assured services which are closely coordinated with the clinical, epidemological and administrative component of the ART program.	In Process	
1.1a Implement a leadership and management program through a series of workshops that will address laboratory challenges affecting the efficiency and quality of laboratory services, align laboratory improvement priorities with clinical HIV/AIDS strategies, create a climate of staff motivation, and commitment to continuously identify client needs and improve service results and build capacity to monitor and evaluate own performance.	In Process	

Uganda: Human Resources Assessment

Project Manager	Task	SubTask
Grum, Ida	A2UGFH4PF	20HR20

In Uganda there is a critical need to scale-up the existing HIV/AIDS programs and services to reach people who need them, including those in hard to reach areas. Demands placed on the health system at all levels have increased dramatically now that ART for people with HIV/AIDS has become a possibility. The Health Sector Strategic Plan mid-term review highlighted human resource capacity as a major factor limiting the scale -up of services. USAID has requested that M&L assess and identify both short and long term solutions to the human resources crisis in scaling up HIV/AIDS services including treatment programs in Uganda's national health system.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 Short and long term solutions to the human resources crises in scaling up HIV/AIDS services in Uganda identified.	Completed	A multi-disciplinary team of four experts and a planning/logistics assistant spent the month of August 2004 in Uganda conducting a rapid assessment of the Human Resources implications of scaling up HIV/AIDS services in the health sector. The assessment report identifies key issue areas, highlighting specific actionable short term solutions and provides long term recommendations to improve overall human capacity development (HCD) in order to implement the new Health Sector Strategic Plan (HSSP) and the National Strategic Framework (NSF), especially in the face of scaling up HIV/AIDS services and programs. The sites visited during the assessment included units in the Ministry of Health (MOH), the Ministry of Public Service, the Uganda AIDS Commission, municipal and district service sites, schools of medicine and nursing, and selected organizations in the Private Not-for-Profit sector. The assessment report includes a review of staffing requirements and identifies key issues around staffing shortages. The report also outlines the existing capacity for sites to staff up, retain existing staff, and absorb new staff. Last, it reviews the capacity of pre-service training institutions to respond to impending staff shortages. The final report was shared with the MOH, USAID, and other key stakeholders during a dissemination meeting in October 2004. An HR working group was then tasked with developing a mechanism for wider dissemination and eventual implementation of some of the recommendations. The assessment recommendations were also used to guide Uganda's fiscal year 2005 PEPFAR Country Operational Plan (COP) and as a result, USAID/Uganda has programmed funds for the upcoming year for the new USAID Capacity Project (in which MSH is a subcontractor) to implement some of the recommendations.
Output: 1.1 An assessment clearly outlining the current human resources situation, the constraints and gaps that exist in the provision of HIV/AIDS services, and recommendations for short and long term solutions.	Completed	
1.1a Assess the staffing requirements and staff available to implement HIV/AIDS services including ART and identify key issues around staffing shortages	Completed	
1.1b Assess the HRM system capacity of the MOH sites and other relevant partners to adequately staff up ART programs, retain staff, absorb and train new and existing staff and contribute to the overall productivity of the system	Completed	
1.1c Assess the pre-service training institutions' capacity to respond to staffing and training issues in HIV/AIDS care and treatment.	Completed	

Uganda: Inter Religious Council of Uganda (IRCU)

Project Manager	Task	SubTask
Grum, Ida	A2UGFM2XX, A	20IRXX, 20IR15, 20IR20

USAID/Uganda has requested that M&L provide support to the Inter Religious Council of Uganda (IRCU). IRCU was recently selected as a Lead Agency for Uganda's Global Fund activities and is a key recipient of the President's Emergency Plan for AIDS Relief (PEPFAR), serving as a coordinating and grant-making body for Uganda's Faith Based Organizations (FBOs). M&L support will be provided in the form of a series of grants (for care and support to people living with HIV/AIDS and their families, including OVCs) to IRCU along with technical assistance to build up IRCU's capacity to manage large grants and coordinate the FBO's involvement in the national fight against HIV/AIDS. The grants to IRCU will be further distributed through the Religious Coordinating Boards (second-tier grants) to Ugandan FBOs contributing to the national response to HIV/AIDS. M&L's technical sssistance will focus on building IRCU and the second-tier organizations' grants and financial management capacity, planning, implementation and M&E of FBOs' HIV/AIDS activities.

Outcome/Output/Activity Description	Status
Outcome: 1 By September 2005, the Inter Religious Council of Uganda (IRCU) has the necessary capacity to coordinate the response of Uganda's faith-based organizations (FBOs) to the HIV/AIDS crisis.	In Process
Output: 1.1 IRCU sub-agreements are effectively managed.	In Process
1.1a Manage and ensure financial compliance of the Capacity Building sub agreement awarded to IRCU to cover salaries, equipment and rent for 1 year.	In Process
1.1b Manage and ensure technical quality and financial compliance of the OVC sub agreement awarded to IRCU, to include 2 external audits of IRCU's finances	In Process
1.1c Manage and ensure technical quality and financial compliance of the care and support sub agreement awarded to IRCU	In Process
1.1d Conduct 2 external audits of IRCU's finances	Scheduled for next reporting period
Output: 1.2 The organizational and techncial capacity of IRCU and the Religious Coordinating Boards(RCBs) strengthened to meet the demands of supporting an extensive HIV/AIDS program	In Process
1.2a In conjunction with the management of the sub agreements, provide technical assistance to IRCU and the RCBs (second-tier organizations) in grants management, financial management and administrative and operating procedures.	In Process
1.2b Provide technical assistance to IRCU and the RCBs (second tier organiztaions) in governance, organizational development, strategic plannning, coordination and implementation, monitoring and evaluation of the FBOs role in the national response to HIV/AIDS	In Process
1.2c Provide technical assistance to FBOs in scaling up access to VCT and preventive packages	In Process

Notes

The primary focus of M&L technical assistance to IRCU during the first half of PY5 was in the area of grants management. As part of its support in this area, M&L has three sub-agreements currently in place with IRCU.

The first is a capacity building sub-agreement. The purpose of this subagreement is to provide IRCU with the necessary funds to expand its operations, including the hiring of additional staff, a move to larger offices, and the payment of recurring office costs. To date, $219,998 has been disbursed. IRCU has hired three key staff members (an accountant, grants officer, and M&E specialist), and has secured and equipped new office space. Initially, IRCU was late in preparing its financial and technical reports, which M&L requires prior to disbursement of each tranche of funding. In addition, information contained in these reports was often confusing or incomplete. M&L provided additional technical assistance in finance and accounting in an effort to resolve these problems. Since then, IRCU's performance in this regard has improved considerably, and reports are now of high quality and often submitted prior to deadlines.

The second is a cost-reimbursement sub-award. This sub-award provides IRCU with the funds necessary to implement a grants program aimed at supporting a target of 7,900 orphans and vulnerable children (OVC). To date, $354,867 has been disbursed, and a total of 7,868 OVC have received support through the grants program. Reports from IRCU due at the conclusion of the first and second reporting periods were submitted after stated deadlines. It was discovered that the Religious Coordinating Bodies (RCBs) were having difficulty collecting the necessary programmatic data from the implementing organizations. IRCU recently hired an M&E officer (as of November 1, 2004). M&L's Technical Advisor to IRCU has been working closely with him and the M&E

staff of the Religious Coordinating Bodies to address these problems. Future reporting is expected to improve.

The final agreement is a cost-reimbursement sub-award. The sub-award provides IRCU with the funds necessary to implement a grants program for organizations providing services in HIV/AIDS care and support and HIV/AIDS prevention. IRCU/M&L selected 13 implementing organizations. All the agreements were signed by the end of October 2004 and the first installment of funds ($585,138) was allocated for a November start date. M&L also assisted IRCU in the design and development of an M&E framework and M&E and financial reporting tools which will allow IRCU and its subgrantees to effectively monitor activities. No programmatic results will be available until the conclusion of the first reporting period in February 2005.

In conjunction with the assessment and development of the grants program for the PEPFAR Track 2 Care and Support activities, MSH's TA to IRCU focused on grant management, financial management, and governance.

MSH's Financial Management Advisor (FMA) has been working closely with the IRCU Accountant to train him in the use of QuickBooks accounting software, develop an activity coding scheme, design a timesheet and train all staff in its use, set-up a payroll system, and to prepare the monthly invoices and financial reports for the M&L sub agreements with IRCU. As stated above, the timeliness and quality of IRCU's financial reporting has improved dramatically over the first half of PY5.

MSH's FMA together with the IRCU accountant also visited two of the IRCU RCBs – the Uganda Muslim Supreme Council and the Orthodox Church – to track the disbursement of the OVC grants to CBO/FBOs, and to recommend improvements to the systems currently in place to ensure accountability of the grants.

M&L's FMA has been working with IRCU staff to update their Financial and Administrative Manual. A draft of this manual is currently under review by IRCU's senior management.

In conjunction with the development of the grants program for the Care and Support activities, M&L grants management staff worked closely with the IRCU Grants Manager to build his

capacity. As a result, the grants manager now has the capacity to design and develop grants programs and has since developed a program on his own for Global Fund activities. A database of institutions receiving IRCU grants has been developed and updated to include all the OVC grant and Care and Support grant recipients

Through collaboration with M&L grants management staff, IRCU, its RCBs, and implementing organizations have improved their capacity to design, and respond to, grants programs. An M&L/IRCU team designed and conducted an in-depth assessment (September 2004) of potential grantees prior to award of the Care and Support grants. Following that assessment, the M&L/IRCU team facilitated a workshop (October 2004) for four–six members of each grantee organization. This workshop provided an orientation to the program design, as well as support in the development of workplans and budgets.

M&L conducted a two day workshop (December 2004) to review IRCU's governance structure. Attendees included: IRCU's Executive Council members, Appointments Committee members, HIV/AIDS and Peace and Conflict Committee members and IRCU Secretariat staff. Explicit recommendations were presented to the Secretary General and Executive Council for review. The Executive Council and M&L will present recommendations to the Council of Presidents at their next meeting scheduled end December 2004/beginning January 2005.

M&L's technical advisor has reviewed IRCU Secretariat staff job descriptions and a draft HR manual. She is also working with IRCU to develop a performance review and planning system. These systems are still in draft and expected to be completed next quarter. MSH assisted in the recruitment of an M&E Officer for IRCU who started work on November 1, 2004.

Uganda: Uganda AIDS Commission (UAC)

Project Manager	Task	SubTask
Grum, Ida	A2UGFH4PF	20UA20

USAID/Uganda has requested that M&L provide technical and financial support to the Uganda AIDS Commission (UAC). The UAC is the coordinating body for all HIV/AIDS activities at the national level and will house the newly formed PEPFAR Advisory Committee. M&L has been requested to provide a sub agreement to support the committee. In addition, building on M&L's involvement in the mid-term review and revision of the National Strategic Framework, M&L will assist UAC in disseminating it at all levels and to all sectors. M&L will also be providing technical assistance to UAC in building their internal capacity to coordinate, monitor, and evaluate all HIV/AIDS activities throughout the country.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 The Uganda AIDS Commission is better enabled to lead, coordinate, plan and monitor Uganda's response to the HIV/AIDS crisis, including the PEPFAR initiative.	In Process	The PEPFAR Advisory Committee meets monthly to oversee Uganda's PEPFAR activities. Thus far they are in the process of completing the design of a five-year Country Operational Plan, responding to queries from the U.S. government, as well as a roll-out of the National Strategic Framework and National M&E plan through a series of regional workshops. M&L is ensuring their financial compliance regarding these activities. Agreements for these activities are in place and the first quarterly financial report was submitted.
Output: 1.1 UAC is able to roll-out the National Strategic Framework nationally at all levels and provide secretariat support to the PEPFAR Advisory Committee.	In Process	
1.1a Manage and ensure financial compliance of the UAC sub agreement in support of the PEPFAR Advisory Committee.	In Process	
1.1b Manage and ensure financial compliance of the UAC sub agreement in support of the National Strategic Framework roll-out.	In Process	
Output: 1.2 Uganda's reproductive health and HIV/AIDS Programmes reviewed and health sector priorities set for the upcoming year	In Process	M&L participated in the preparation of the agenda and helped facilitate/document one of the breakout sessions for the Health Sector Joint Review. M&L has participated in an initial meeting discussing the topic of National AIDS conference and has held a series of meetings with M&E staff of UAC to learn more about the existing systems and identify needs. The M&L technical advisor has supported the UAC by regularly attending the Partnership meetings as members of the UAC Partnership Forum as well as facilitating a meeting with UAC to discuss overlaps with HMIS activities within the Ministry of Health Resource Center.
1.2a Represent USAID and provide technical guidance and facilitation of the Health Sector Joint Review Mission	Completed	
1.2b Provide technical support to UAC in the planning and facilitation of the 4th Uganda National AIDS conference to be held in March 2005	Scheduled for next reporting period	
1.2c Participate in and provide technical support to the Uganda Partnership forum	In Process	
Output: 1.3 The Uganda AIDS Commissions' various Management Information Systems (NADIC, M&E system, Resource Tracking system, etc.) are harmonized and UAC is able to manage and operate systems.	In Process	The UAC has appointed the former Prime Minister of Uganda as chairman of the PEPFAR Advisory Committee. MSH has assisted in his transition into the new role.
1.3a Provide technical assistance to UAC M&E staff in harmonizing and operationalizing their M&E system including developing operational tools, manuals, checklists etc.	Scheduled for next reporting period	
1.3b Provide on-going technical assistance to UAC staff member(s) assigned to manage UAC's information systems to build internal capacity in how to harmonize and operate the system.	Scheduled for next reporting period	

Uganda: National TB and Leprosy Program (NTLP)

Project Manager	Task	SubTask
Grum, Ida	A2UGFH4PF	40NTTB

The National TB and Leprosy Program (NTLP) has requested M&L assistance in developing a national IEC strategy for TB, and in the development of Standard Operating Procedures at the regional, districts, and facility levels.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 NTLP has increased capacity and management tools to coordinate and scale up TB services	In Process	M&L's support to the NTLP was put on hold until October 2004 due to a new MOH regulation requiring an official request from NTLP and MOH's approval for USAID's assistance to NTLP. M&L worked with partners in the region to identify the TB IEC/BCC needs. Five possible local communications/strategy firms to work with on the development of the TB IEC/BCC Strategy were identified and a Request for Proposal (RFP) issued. Of the five firms identified, three submitted proposals. Communications Development Foundation of Uganda (CDFU) was selected on technical and cost proposals and negotiations are in process. Both the IEC/BCC Strategy and the Development of Standard Operating Procedures activities will commence in January.
Output: 1.1 NTLP has developed a National Information, Education, Communication (IEC)/Behaviour Change Communication (BCC) strategy, Standard Operating Procedures for use in facilities and an in-service training program. Pre-service TB training modules have been updated.	In Process	
1.1a Develop a national IEC/BCC strategy for Tuberculosis that can be adapted and implemented at the local level as needed.	In Process	
1.1b Develop Standard Operating Procedures at the regional, district and facility levels.	Scheduled for next reporting period	

Uganda: Management

Project Manager	Task	SubTask
Grum, Ida	A2UGFXXXX	97XXXX

M&L will establish an office in Kampala, Uganda in order to better coordinate its efforts in Uganda. This office will house a resident advisor and an office manager. Further support will be provided through MSH's Nairobi office and the efforts of the Uganda team in Boston.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 M&L Uganda activities are efficiently and effectively managed, and all activities and offices are closed out in accordance with USAID guidelines.	In Process	M&L Uganda activities are well managed and on track. It has been a busy six months with the relocation and training of an HIV/AIDS Management Development Advisor; recruitment and training of an Office Manager; and the opening of a new office. M&L/Uganda hired a local consultant and sent the Uganda administrative coordinator to finalize the office set-up details. This involved managing the recruitment process for an Office Manager; registering MSH with the legal authorities; opening a bank account, finding office space, and negotiating a lease; setting up phone and Internet services; and procuring office equipment, furniture and supplies. We are sharing the office space with Abt Associates/PHRplus and an MOU outlining our relationship has been developed. At this point the office is open and fully operational.
Output: 1.1 Office established and M&L activities effectively coordinated.	In Process	
1.1a Establish M&L office in Kampala.	Completed	
1.1b Manage, coordinate and closeout M&L Uganda activities by September 2005.	Scheduled for next reporting period	

Worldwide and Units

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Project Equipment

Project Manager	Task	SubTask
Morgan, Steve	A2WWCP1WW	97XXEQ

Purchase a limited number of desktop or laptop computers to accommodate any new hires in the last year of the project or to replace unforeseen equipment failures requiring action before the end of the project. Country-based equipment is to be purchased through individual Field Support funds.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 Computer and printer support will meet workplace requirements of all staff assuring optimal productivity.		Computer and printer support has met all workplace requirements. MSH conducted a review of all of its computers and printers at the end of PY4 to ensure that existing resources would be appropriate for use through the end of the program. The present budget is intended for replacement of equipment unavailable for use due to causes outside of normal program activities (theft, damage, etc.), and such causes have not been encountered to date. MSH has maintained its procurement policy to select and purchase equipment on a competitive basis, and has assessed program needs for computer and printer equipment on a periodic basis. No equipment purchases have been made during the reporting period, as internal resources have been shifted to meet the needs of the program.
Output: 1.1 MSH replaces equipment as equipment becomes obsolete and unable to meet user requirements through the end of the project.		
1.1a MSH researches the market competitively and selects and purchases replacement desktops, laptops and printers when existing equipment fails and is no longer able to meet user needs through the end of the Project.		

USAID Online Learning

Project Manager	Task	SubTask
Rodine, Jennifer	A2WWCE1WW	90VHEC

Building on the pilot efforts of PY4, MSH will continue to collaborate closely with USAID and the INFO project to develop and expand a pilot online learning program to deliver effective, time-efficient, Web-based continuing education to USAID staff around the world.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 Continue development and expansion of the USAID Public Health e-Learning Center, delivering continuing education to USAID field staff around the world.	In Process	Pilot course in Tuberculosis was developed and tested at the Africa and ANE SOTA conferences. Course platform and design were refined based on feedback from user testing. Course on IUD is currently in development. A prototype of the content management system which allows course authors to build their courses directly has been developed, along with a guide to course development. Discussions for large-scale roll out are underway with USAID.
Output: 1.1 Refine and complete pilot on TB & HIV/AIDS Co-Infection.	In Process	
1.1a Compile feedback from testing of TB & HIV/AIDS Co-Infection pilot, refine course design and content.	Completed	
1.1b Roll-out TB & HIV/AIDS Co-Infection course for large-scale delivery.	In Process	
1.1c Evaluate TB & HIV/AIDS Co-Infection course in order to further refine program design and delivery methodology.	In Process	
Output: 1.2 Develop one new course for delivery within the USAID Public Health e-Learning Center platform.	In Process	
1.2a Identify course topic and develop content and instructional design for presentation of materials.	Completed	
1.2b Fully produce the course for delivery on the learning platform.	In Process	
1.2c Roll out new course for large-scale delivery.	In Process	
Output: 1.3 Work with USAID to develop long-term plan for continued development of the USAID Pulblic Heatlh e-Learning Center.	In Process	

Staff Development and Project Representation

Project Manager	Task	SubTask
Galer, Joan	A2WWCP1WW	97XXSD

Provides support for M&L staff to participate in and present at conferences and meetings

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 M&L staff will share methods and lessons learned with other CAs at key meetings, and will enhance their own capacity by learning from other CAs and health professionals.	In Process	M&L staff have spent the first half of PY5 at a variety of development and training opportunities to enhance their capabilities for on-the-job application. Staff have attended the following institutions and development activities: The Evaluator's Institute; Participatory Monitoring and Evaluation; Project Management Essentials; USAID Rules and Regulations Workshop; Community of Practice Online Conference; Principles of Graphics Workshop; and a two day course at Sloan—Building, Leading, and Sustaining. M&L staff will continue to seek out opportunities for development in the second half of PY05, as well as take the opportunity to share their experiences with others at the GHC in June, the M&L Conference in June..
Output: 1.1 Staff attend critical conferences and trainings and explicitly communicate information and learning to others at MSH and in the M&L program through written debriefings, oral debriefings, Brown Bags and the sharing of key materials.	In Process	
1.1a M&L staff attend professional/business conferences to present, represent and learn.	In Process	
1.1b M&L staff attend outside training and workshops to expand skills and knowledge. (conferences/ presentations may include: GHC, APHA, ISPI, PMI, PVO Financial Managers Association, Cape Cod Institute, International Facilitators Association and other relevant organizations TBD).	In Process	
1.1c Selected M&L staff from the field attend the annual meeting in Boston to bring field perspective to workplanning.	Scheduled for next reporting period	

New Initiatives

Project Manager	Task	SubTask
Ip, Amanda	A2WWCP1WW	97XXXX

During PY5, M&L will build upon the impact and experiences that M&L has had in other countries and projects worldwide over the previous four years. New initiative funds will allow M&L to meet the proven demand for our services in the critical areas of management and leadership and respond to Mission requests for M&L technical cooperation.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 By June 2005, M&L conducts management and leadership technical cooperation in selected new program sites and builds new opportunities from the existing ones.	In Process	M&L programs were presented to IPPF/WHR, ACQUIRE, Hauser Center for Non-Profit Organizations, and PVO/NGO Flexible Fund Partners meeting to explore opportunities for collaboration. Some possible follow-up opportunities include: 1) collaborating with ACQUIRE, an EngenderHealth project which has shown interest in adapting the content of the Provider's Guide for an electronic course on Reducing Discontinuation Rates in Bolivia; and 2) deliver two one-day workshops to an NGO (PROSALUD) and the public sector in Bolivia to market the Leadership Program based on the Nicaraguan Leadership model. In addition, an agreement with Calides to act on M&L's behalf to deliver the Virtual Leadership Development Program (VLDP) to ISSTE, a potential client in Mexico, is being prepared. The purpose is to scale up the VLDP to potential new clients and to pursue potential VLDP partners.
Output: 1.1 By the end of PY5 the M&L program demonstrates technical assistance, methods and products in selected countries worldwide in order to: 1) Link with field needs, 2) Fill gaps in USAID capabilities and knowledge, 3) Leverage where possible, and 4) Demonstrable Results.	In Process	
1.1a Develop and distribute M&L materials for the program and respond to requests for information.	In Process	
1.1b Present M&L program in various fora and explore opportunities for collaboration.	In Process	
1.1c Present on management and leadership with up to three potential clients.	In Process	
1.1d Deliver workshops or other opportunities in countries.	In Process	

Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by June 2005	Scheduled for next reporting period	
Output: 2.1 New Initiatives and assists in close out requirements, per USAID and M&L policy by June 2005.		
2.1a Formal documents that are in line with USAID and M&L project close-out requirements, are produced and detail the history of M&L New Initiatives.		

Country Programs Unit

Project Manager	Task	SubTask
Joyal, Alain	A2WWCP1PG	97XXXX

The Country Programs Unit has primary responsibility for all M&L programming of field activities, project management, and TA activities. The Unit ensures a consistent approach to programming field activities; integration of monitoring and evaluation into all field activities; consistent, strengthened and more widespread staff capacity in project management; and systematic technical and inter-country sharing and learning.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 The Country Programs Unit is organized in alignment with other units and is effectivley supporting the M&L program in workplanning, budgeting and implementing activities in the field.	In Process	Country Programs Unit continues its technical and administrative support to field activities and its administrative support to most of the SD's Core-funded activities. The Country Programs Unit meets biweekly with M&L Project Admin and M&E to maximize collaboration between units and efficient use of resources. Unit staff meetings are held monthly, while AdCo meetings are held weekly. The Ad Co's receive adequate training for procedures and processess in the Country Programs Unit, i.e. standard operating procedures review for Consultant Agreements, Purchase Orders, and Sub Agreements. The Country Programs Unit leadership focused on the recruiting and hiring of an additional AdCo.
Output: 1.1 Country Programs Unit staff operate in a consistent, coordinated way within M&L.	In Process	
1.1a The Country Programs Unit staff participate in staff wide meetings and coordinate country project activities in order to maintain alignment with the M&L Program.	In Process	
1.1b Routine supplies and services are available to support the Unit's work.	In Process	
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by (add date)	Scheduled for next reporting period	
Output: 2.1 The Country Programs Unit activities are closed out and all files are archived appropriately.		
2.1a Review, organize and archive as appropriate all Unit files (LOE covered in 1.1a above).		

Monitoring and Evaluation (M&E) Unit

Project Manager	Task	SubTask
Ellis, Alison	A2WWCP1RE	97XXXX

The M&E Unit supports the implementation of Strategic Direction 4 and all activities related to capturing and applying knowledge.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 The M&E Unit is organized in alignment with other Units and is effectively supporting the M&L Program in planning, monitoring, evaluating, capturing, reporting, and applying knowledge and lessons learned.	In Process	Necessary systems are in place and are functioning to provide ongoing technical support to M&L staff in monitoring and evaluation, knowledge management, communications and reporting. The M&E Unit held a retreat in November 2004 to review and discuss progress, problems, and solutions to carrying out its role and function. Priorities for the Unit's and individual staff's workplans were confirmed, and human and financial resources appropriately allocated.
Output: 1.1 M&E Unit staff operate in a consistent, coordinated manner for the effective functioning of the Unit as well as the larger M&L Program (June 2005)	In Process	
1.1a M&E Unit coordinates, supports, represents ongoing activities and closes out M&L Program activites at project end.	In Process	
1.1b M&E Unit staff participate in periodic Unit retreats	In Process	
1.1c Routine supplies and services are available to support the Unit's work and effective communications	In Process	

Management and Leadership Development Unit

Project Manager	Task	SubTask
Galer, Joan	A2WWCP1LD	97XXXX

The MLD Unit supports the implementation of Strategic Direction 1.

Outcome/Output/Activity Description	Status	Notes
Outcome: 1 SD 1 initiatives are supported by the MLD Unit.	In Process	The MLD unit continues to support the initiatives of SD1 by ensuring coordination, support, and representation of programs and activities.
Output: 1.1 The MLD Unit coordinates SD1 programs and activities.		
1.1a Coordinate, support, represent, and close out SD1 activities.		
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 2005.	Scheduled for next reporting period	
Output: 2.1 Unit staff close-out Unit activities and contribute to the close-out of the larger M&L Program (September 2005).		
2.1a Complete Unit activities and contribute to the close-out of the larger M&L Program.		

M&L
Expenditure Report
Project Year to Date
July - December 2004

SD/Team/Country	Expenditures
Strategic Direction 1 - Developing Capacity	
Preservice Program - Egypt	88,481
Leader & Mgmt Dev TA-Guinea	155
LD Follow-up Workshop -Senegal	9,271
Leadernet	69,891
Leading & Managing At All Levels Handbook	165,752
Leader & Mgmt Dev TA	53,086
Virtual Lead Dev Prog (VLDP)	127,032
Transfer M&L Programs & Resources	42,585
Capacity Development Planning	7,175
Total SD 1	**563,427**
Strategic Direction 2 - Improving Management Systems	
Human Capacity Development	201,547
Business Planning Prog-Africa	135
Business Planning Program and Web Site	24,911
Pubs Storage and Fulfillment	54,117
Manager: National Coordination	21,724
Manager: HCD	40,739
Manager: Adapting and Applying Best Practices	38,873
MOST Suite	61,487
MAQ/Implementing Best Practices (IBP)	15,688
Strengthening NGO Capacity Management	52,122
Perf Improve Consult Grp(PICG)	4,404
Health Manager's Toolkit	38,191
Manager: Print / Translate / Distribute	30,407
HR Management: PRIME II/IntraHealth	30,115
Total SD 2	**614,460**
Strategic Direction 3 - Partnering Locally for Sustainability	
TC Network Electronic Hub	85,701
Global Exchange on Reproductive Health	96,830
Virtual Center for Leadership and Management	40,437
Interagency Coordination and Information Sharing	25,636
TC Network	181,051
ProPeten	30,893
Partnering for Improved Service Delivery	73,322
Total SD 3	**533,870**
Strategic Direction 4 - Capturing & Applying Knowledge	
Providers Guide to Qual & Cult (IAA/Pop)	31,458
Providers Guide to Qual & Cult (Core/Pop)	5,530
M&L Web Space	26,139
Communications and Reporting	117,974
Knowledge Management	113,633
Special In-Depth Evaluations	67,267
Planning, Monitoring & Evaluation (PM&E)	64,757
Total SD 4	**426,757**

M&L
Expenditure Report
Project Year to Date
July - December 2004

SD/Team/Country	Expenditures
World Wide	
USAID Online Learning	48,423
EPG Project Support	315
Project Equipment	56
New Initiatives	37,179
Publications Project Support	10
Staff Development and Project Representation	12,460
Virtual Strategic Mngt Module	7,881
New Initiatives - BPP CDROM	168
End of Project Conference	2,809
Total World Wide	**109,300**
Total Core	**2,247,814**

M&L
Expenditure Report
Project Year to Date
July - December 2004

SD/Team/Country	Expenditures
FIELD SUPPORT	
Afghanistan	125,471
Angola	50,747
Bolivia	108,719
Brazil	(1,515)
Ghana	22,773
Guatemala	77,557
Indonesia	1,237,312
Kenya	8,294
Malawi	162,989
Morocco	8,672
Mozambique	898,193
Nicaragua	1,448,508
Nigeria	87,075
Region Africa	55,793
REDSO	93,842
LAC	227,689
Tanzania	528,933
Uganda	1,645,341
Total FS	6,786,392
Total MLD	9,034,206

M&L
Cost Sharing
through December 2004

Country/Activity	Donor	Description	Amount
Afghanistan: Health Resources Survey*	European Commission	The European Commission has covered a variety of costs associated with carrying out the Afghanistan National Health Resources Survey.	$493,011
Afghanistan: Health Resources Survey*	JICA (Japanese Int'l Cooperation Agency)	The Japanese International Cooperation Agency has covered a portion of equipment costs associated with carrying out the Afghanistan National Health Resources Survey.	$17,520
Afghanistan: Health Resources Survey*	UNFPA	UNFPA has covered a variety of equipment costs associated with carrying out the Afghanistan National Health Resources Survey.	$328,546
Bahamas: Adolescent Reproductive Health	JOICFP (Japanese Organization for Int'l Cooperation in Family Planning)	MSH staff conducted a two-week training workshop for the Bahamas Family Planning Association on project management and data monitoring, as part of a program to strengthen the institutional capacity of BFPA.	$11,525
Brazil: State Personnel Service	UNFPA	MSH staff provided technical assistance to the state and municipal agencies in Brazil, in improving management systems, capacity building and increasing quality of services.	$58,838
Brazil: TA to Sao Paulo SOH	Levi Strauss Foundation	MSH staff developed course curriculum and conducted a workshop on "Managing Integration of Reproductive Health and STD/AIDS services" for the Sao Paulo State Secretariat of Health staff. Issues of "The Manager" on this topic were translated into Portuguese.	$14,533
Burkina Faso: Transformation Process	IPPF	MSH staff assisted family planning associations in Burkina Faso & Madagascar, in developing business strategies and supporting plans, and other sustainability-related issues as the organizations transform their focus from general services to adolescent youth services.	$35,705
IBP Conference*	WHO	MSH staff presented the Leading and Managing Framework to the international community at the International Conference on Implementing Best Practices.	$5,589
In Kind Cost Share	Various		$13,751
India: CORE India Consultancy	IPPF	MSH provided a training and practicum in the use of CORE in collaboration with Vision 2000 Fund staff for a selected family planning association in Southeast Asia.	$15,549
Mexico: Assistance to MOH	Calides	MSH staff assisted the Ministry of Health in Mexico in developing their Strategic Direction.	$369
Mexico: Prog. de Aseguramiento	Calides	MSH staff assisted Calides, an organization based in Mexico, in developing monitoring systems and Performance Improvement processes through conducting workshops.	$10,963
Mexico: Strategic Planning	Calides	MSH staff assisted the Ministry of Health in Mexico in developing their Operational Planning Processes for the Reproductive Health Direction.	$11,155
Papua New Guinea: HSSP HRD	Australian Aid	MSH staff worked in PNG to develop a national human resource strategy for the publicly financed health sector.	$364,784
US: BU Course	Boston University, School of Public Health	MSH staff taught and prepared students for the 2000 Management Methods for International Health Certificate Program.	$1,072
US: BU Course	Boston University, School of Public Health	MSH staff designed and taught a 2 hour credit course at Boston University School of Public Health on Management of Reproductive Health Programs in Developing countries.	$3,861

M&L
Cost Sharing
through December 2004

Country/Activity	Donor	Description	Amount
US: BU Course	Boston University, School of Public Health	MSH staff taught, prepared and advised students for a Management and Finance for International Health course at Boston University.	$1,516
US: BU Course	Boston University, School of Public Health	MSH staff taught, prepared and advised students for a Management and Finance for International Health Course at Boston University.	$11,437
US: BU Course	Boston University, School of Public Health	MSH staff taught, prepared and advised students for a Management and Finance for International Health course at Boston University.	$1,228
US: CORE-India Web Support	IPPF	In collaboration with IPPF Vision 2000 Fund, MSH provided follow-up technical assistance and support to the participants of the Bhopal CORE training through a Web-site and email. The support involved reviewing workplans and progress on the participants cost and revenue analysis, and was done with the assistance of MSH's Electronic Communications Unit.	$7,243
WW: Rockefeller LLITNs WW: UNICEF LLITNs WW: WHO LLITNs	Rockefeller Foundation UNICEF World Health Organization	In collaboration with Rockefeller, UNICEF and WHO, MSH prepared a strategic plan for the accelerated development, manufacturing and widespread distribution of long-lasting, insecticide-treated bednets to reduce transmission of malaria. With Rockefeller, MSH will produce the Market Assessment portion of this multi-faceted strategic plan. Market assessment includes a comprehensive analysis of the market, both in financial and demographic terms. MSH will produce the Producer Analysis (study of issues faced by manufacturers, including cost models and projections) and Business Plan and Strategy Development (provide a roadmap for manufacturers, suppliers, donors, etc. for scaling up supply and demand for bednets in Africa) portions of this multi-faceted strategic plan.	$27,308 $46,749 $59,529
Virtual Leadership Development Program (VLDP)	Various NGOs	M&L Program expenses in developing and presenting the VLDP in LAC and Africa were offset by registration fees charged to participating organizations.	$16,345
Joint Learning Initiative	Thailand, Ministry of Health	MSH staff drafted a human resource priority research agenda for presentation in the September 2004 Human Resource for Health (HRH) research meeting in South Africa.	$4,217
WW: SEAM	Gates Foundation	The Gates/ SEAM project has covered a variety of costs associated with the development strategies, tools, and templates in the area of information and communication, all of which will benefit M&L electronic products.	$4,789,768
Total Cost Share Realized			$6,352,111
5 Year Cost Share Commitment			$6,500,000
Cost Share Remaining			$147,889
% of Commitment Achieved			98%
% of 5 Year Project Completed			85%

** Estimated Amounts*