

Management and Leadership Program Semiannual Report

January 1, 2005 – September 29, 2005

September 29, 2005

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Management and Leadership Program
Management Sciences for Health
784 Memorial Drive
Cambridge, MA 02139
Telephone: (617) 250 9500
www.msh.org/mandl

Introduction

This semiannual report provides information on accomplishments and results of the Management and Leadership (M&L) Program during the period of January 1, 2005 – September 29, 2005 (M&L close date). This is the last Semi-annual of the M&L Program. The reporting period is nine months: the second half of M&L’s Program Year (PY) 5, and the final three months of the Program, which is called “PY5+”.

Each activity report is labeled to identify the reporting period. Some programs have reports on the two separate periods, PY5 and PY5+. In several instances, activities during the final three-month period were extensions of activities initiated in PY5; in these cases there is one report covering the full nine-month period.

As in previous reports, a Highlights section is included, describing some of M&L’s major results during the reporting period. In addition, a Milestones section is included—organized by OPRH’s three IRs— to detail other significant accomplishments in the reporting period.

Highlights

M&L Publishes *Managers Who Lead: A Handbook for Improving Health Services*

Managers Who Lead: A Handbook for Improving Health Services was published by M&L in June 2005. This publication empowers health managers at all levels of a health system to lead teams to face challenges and achieve results. It answers questions such as: How can I lead and manage more effectively? How do I create a shared vision and a clear path for achieving it? What can I do to improve work climate? How can I prepare myself and others for higher levels of responsibility? How do I lead change inside and outside my organization?

The handbook provides practical approaches for applying key leading and managing practices that managers can use with their teams to face challenges, overcome obstacles, and realize their vision of better health for all. Real-life examples illustrate how to transform work groups and organizations into high performers. It offers exercises and guidelines to strengthen individual and team performance. The accompanying CD-ROM includes additional resources for developing the ability to lead.

Managers Who Lead is based on more than 20 years of experience in working with health professionals around the world in the public, private, and nonprofit sectors to strengthen the performance of health organizations and improve people's health. The handbook is a synthesis of the work and lessons learned in the area of leadership by the M&L Program. It also builds on the ideas and approaches of renowned leadership thinkers and researchers, and applies these approaches to the challenges that health managers face.

The Handbook has been distributed to every MSH employee (including those working in the field), and to the 90 participants at the M&L End of Project Conference. An initial mailing of 200 copies of the handbook were sent to individuals and programs that are leaders in the field of leadership and health management training, especially for health managers from developing countries. Illustrative examples of organizations included in this initial mailing are:

- The Executive Directors of all organizations who have participated in M&L Virtual Leadership Development Programs (Latin America, the Caribbean, and Africa);
- International organizations, including WHO, PAHO, Canadian International Development Agency, the World Bank, GFATM, DFID, and the Global AIDS Alliance;
- U.S. Government, e.g., USAID Office of Health, Department of Health and Human Services, CDC, National Association of Country and City Health Officials;
- Cooperating Agencies, e.g., Pathfinder, JSI, FHI, Project HOPE;
- Universities, e.g., Harvard School of Public Health, Johns Hopkins Bloomberg School of Public Health, University of Dar es Salaam, University of the Free State (South Africa), University of Malawi, Moi University (Kenya), University of Pretoria, Rand University (South Africa), Makerere University Institute of Public Health (Uganda);

- Management institutes, e.g., Asian Institute of Management, Invertis Institute of Management Studies (India).

Since its publication at the end of June, MSH has received several orders from both MSH field programs as well as other organizations. Illustrative examples include: Health Sector Strategic Master Plan Initiative (Mongolia), Institute of Information Technology and Management (India), Association for Peace and Prosperity (Pakistan), FHI (bulk order of 25 copies), WHO/Department of Health Service Provision (bulk order of 10 copies), Partners in Population and Development (Bangladesh), ZVITAMBO Project (Zimbabwe), Centre for Health and Population Research (Bangladesh), and the International Rescue Committee.

As of mid-August, 1,132 copies had been distributed. A large mailing to 8,000 health managers and overseas libraries is planned for Fall 2005. The handbook will be translated into French and Spanish under the LMS program.

Although only recently published, MSH has received wonderful unsolicited testimonials from recipients, including:

“Wow this book is impressive! I have used similar publications from American Society for Training and Development, and this exceeds them all. This is just the topic I have been training to, that is developing managers to think of themselves as leaders. It is a different approach to organizational life and to influencing growth and change. What a rich and wonderful resource!”

—Gretchen Castle, Director of Leadership and Training, Friends Services for the Aging

M&L Conducts a Highly Successful End of Project Conference

On June 14, 2005, 90 participants from the USAID and Cooperating Agency communities participated in M&L's End of Project Conference: *The Management and Leadership Challenge—Making Lasting Improvements in Health Care*. The agenda featured a Program Fair to demonstrate a variety of M&L programs and technical assistance resources developed in the course of M&L's five year implementation. It also featured eight in-depth sessions on the following topics:

- ▶ **Virtual Leadership Development Program**—Developing leaders around the world while working with your own team at your organization
- ▶ **Information and Communication Technologies for Results**—How to reach more people and organizations through the use of new technologies¹
- ▶ **Leadership at the Top**—*Leadershifts* . . . Learning how to lead as others learn to lead presents a new dynamic
- ▶ **Tanzania: Rapid Scale-up**—How M&L helped shape the national response to the HIV/AIDS epidemic
- ▶ **Nicaragua: Scale-up**—Leadership development at the national level
- ▶ **Management and Organizational Sustainability Tool (MOST)**—A process to allow you to make the *most* of management assessments
- ▶ **Leading Change: The Egypt Case**—Developing leaders and producing results beyond technical assistance
- ▶ **Mozambique “Challenges Program”**—Improving management and leadership skills at all levels in the public sector . . . How? Using the *challenge model*

In the two weeks prior to the Conference, M&L held two simultaneous pre-conference forums on the LeaderNet² Web site: “Leadership at the Top” and “Achieving Results in Low-Resource Settings: Stories from Mozambique.” These forums reached 93 people from 17 countries, including USAID Mission personnel specifically invited to participate, thereby leveraging M&L's ability to share its lessons learned and engage participants overseas who were unable to attend the events in Washington.

All participants received M&L's new publication, *Managers Who Lead: A Handbook for Improving Health Services* (see previous Highlight), and a poster summarizing significant accomplishments and results mapped to the five principles of leadership and management development. These same principles have guided the M&L Program since its inception.

¹ This presentation summarized our experience and learning in the design and facilitation of blended learning programs (Business Planning Program, VLDP), on-line learning (USAID Public Health Learning Center), Communities of Practice, and M&L's work in creating and facilitating networks (Global Exchange Network for Reproductive Health and Technical Cooperation Network).

² LeaderNet is an MSH Community of Practice for graduates of Leadership Development Programs worldwide. Through a combination of the Web, phone, fax, and print, LeaderNet provides opportunities for networking, experience exchange, access to resources on management and leadership, and continuous learning.

The Conference concluded with the following five “pearls,” a synthesis of lessons learned captured during the day from the presentations and discussions among participants:

1. Design for the result that you want to create:

- Action learning: learn while doing, tackling the challenges that need to be tackled and combining capacity building in leadership and management
- Adapt approaches and materials for each level of the health system
- Look for synergy between interventions at the operational and political levels
- Design for the whole person (head, heart and soul)
- Build around teams; facilitate the growth of support networks
- Assure synergy between training and technical assistance wherever possible and needed
- Build in opportunities for practice to develop confidence and skill
- Build a process over time, so that participants may practice what they learn
- Assure that participants benefit from continuous challenge, feedback, and support for new skills to “stick”
- Assure flexible funding and programming arrangements

2. Seek ownership to anchor the interventions:

- Create the conditions for change to happen from the inside out
- Secure inside sponsorship and top-level commitment wherever you can
- Have a local champion to keep things moving
- Root the long-term work in the local health system and its workers
- Link leadership with existing management systems, e.g., human resource management and quality assurance

3. Stimulate the emergence and support the practice of new habits:

- Diagnose deeply and together
- Invest in building trust
- Pick feasible but significant challenges
- Balance inquiry with advocacy
- Seize opportunities
- Partnership – help groups develop effective partnerships through brokering

4. Provide the tools:

- Make available products that meet needs, are adaptable and scalable
- Have a process that is simple and replicable
- Give everything away
- Provide simple frameworks to communicate new or complex concepts

5. Balance doing with being:

- Values matter—become more aware and making behavior more congruent with values
- Persist; overcoming obstacles is our challenge too (projects may last five years but life lasts longer)
- Model and look for *Leadershifts*
- Everything is possible
- Trust the people and believe in them—support them through the whole process
- Be caring, patient, and love the people who do the work
- Don’t rush
- Be flexible

From Egypt to Afghanistan—A South-to-South Leadership Development Exchange

In May 2005, 15 Afghan doctors visited Upper Egypt's Aswan region, where health staff are continuing the leadership development begun with the M&L Program. Because they perceived fundamental similarities between the two regions, Afghan visitors reported that the techniques they witnessed in the traditional Islamic setting of Aswan could also work in the health sector of Afghanistan, which currently faces significant challenges. In Aswan, leadership facilitators say: "Think big. Start small. Act now." This concept resonated with the Afghan visitors. With his country's specific challenges in mind, one Afghan doctor explained, "We will start in one place within a province, and like when dropping a stone in a pond, the ripples will spread to the rest of the country."

Aswan's vision

Not long ago, health clinics in the impoverished Aswan region faced numerous difficulties. The region had dismal health statistics and the population was dissatisfied with the level of care available. Overcome by seemingly insurmountable challenges, health staff in Aswan lacked motivation to deal with the problems they encountered on a daily basis.

Aswan doctor Morsy Mansour attended an M&L presentation on the Leadership Development Program (LDP), which enables front line health care workers to "own" the processes that improve health delivery services. He came out of the LDP presentation believing that the approach might be an appropriate way to address the Aswan health sector's significant organizational challenges. Under the LDP, health staff themselves conceive of solutions to challenges they encounter in their workplace, and with this ownership they increase their commitment to improving services.

In 2002, the M&L Program and the Egypt Ministry of Health and Population began a pilot Leadership Development Program in three different districts of the Aswan region. Less than a year later, Aswan's discouraging situation had changed dramatically. By promoting leadership and engaging all staff in the process of improvement, health unit teams in Aswan were working more effectively than ever to improve service results. All teams that participated improved their family planning and maternal/child health service indicators. News of their dramatic results quickly spread throughout the region. Now, three years later, there are more than 100 teams using LDP leadership methods in Aswan, and health indicator improvements have continued.

When program funding and assistance from the M&L Program ended in June 2003, Aswan district teams continued the leadership process they had begun, without additional funding or technical support. To date, the teams have developed 36 facilitators—nurses, doctors, and other health workers—to champion additional LDP teams throughout the region. The original 10 LDP teams have grown to over 100. Dr. Mansour is now the Director of the Leadership Development Program in Egypt, and is working with the teams to expand the program to the whole Aswan region by the end of 2005. The program is now entirely led and supported by local facilitators and district managers, and all resources to support the program come from local health units. Recently, Aswan facilitators have been called to three other regions of Egypt to help health staff there develop similar leadership programs.

Aswan LDP teams report improvements in family planning, infection control, vaccination coverage, and patient visits. Dr. Barakat Sayeed, General Director for Health for the Aswan Governorate, offers his appreciation and support for the results: "Now there are leaders throughout the governorate!"

South to South

M&L's CTO, Susan Wright, visited Aswan's LDP teams in January 2005. She was impressed by the teams' enthusiasm and commitment to their program, as well as the improvements in health indicators that have accompanied team activities. Believing that the low-resource, self-sustaining LDP model could be developed in other countries, she shared her experiences in Egypt with colleagues at USAID. Jim Griffin, CTO for the REACH Project in Afghanistan, recommended that a group of Afghans travel to Egypt to learn about how a low-resource, rural leadership program at the district and health unit levels was improving health results.

The team of fifteen physicians from Afghanistan representing eight provinces arrived in Egypt in May 2005 to witness the Leadership Development Program in action. In Aswan, the Afghan group met with health unit teams and community members to hear about how the LDP teams had improved health indicators in the area. The Afghan visitors were amazed by the similarities between the Faris village they visited in Aswan and their native Afghanistan. "The culture of the village is the same as our villages in our country," one Afghan doctor remarked. "We saw people from a traditional culture using and supporting modern maternal and child health practices."

The Afghan doctors were impressed by the level of participation of all health staff, praising the leadership program's democratic nature. One Aswan health unit clerk left a particularly good impression on the Afghan doctors with a presentation in which he analyzed the problems of his health unit, demonstrated his team's planning chart, and illustrated his personal accountability for overcoming obstacles. The other presentation that stood out for the Afghan doctors was that made by a female lab technician, fully covered in Nikab, with only her eyes showing. She spoke about Muslim female leadership in the health sector in Aswan, and how the LDP's leadership process had enabled her personally to practice the principles of her religion through her work in the health sector. The technician's presentation sparked a discussion among the Afghan doctors and their Aswan counterparts on the distinction between commitment and compliance in both religion and the workplace—the consensus was that the technician's choice about her work was a commitment freely made, based on her beliefs.

Through this south-to-south exchange of learning and experience, Aswan LDP teams were able to convey the key elements of the leadership development program to the visiting Afghan professionals and demonstrate LDP tools and principles in practice. The Afghan group reported they were able to feel the credibility of the LDP process by witnessing it firsthand in Aswan.

The interaction of the Aswan and Afghan teams was highly beneficial. Because they perceived fundamental similarities between the two regions, Afghan visitors reported that the techniques they witnessed in the traditional Islamic setting of Aswan could work in the health sector of Afghanistan, which currently faces significant challenges. "We will bring strong leadership to the health system in Afghanistan," the Afghan doctors reported at the end of their visit, clearly enthused by what they had seen of the LDP and hopeful about its application in their own country. With Afghanistan's specific challenges in mind, one Afghan doctor explained, "We learned not to be heart broken about the conditions in our country. That we can, using our own resources, mobilize our people to improve the health system—this is what we learned from the people in Aswan."

Milestones

IR1: Global Leadership

The Global Exchange Network for Reproductive Health (GEN)

This virtual network was designed to generate and sustain exchange and sharing among RH decision makers, policy makers, and service providers in “graduated” countries no longer receiving USAID population funding so that they are better able to handle the challenges that they currently face, and to take advantage of trends, opportunities, new approaches, and best practices. Two three-day virtual international conferences have been conducted. The first, planned and implemented in partnership with organizations in Ecuador and Mexico, enabled 165 participants in 16 Latin American countries to meet virtually about Adolescent Reproductive Health, using presentations followed by audio and on-line discussions. The second virtual conference, led by the Ministry of Health of Morocco, focused on Safe Motherhood. Ninety-eight people from nine Francophone countries participated. (Page 35)

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

Health managers can bring about lasting, meaningful change by becoming internal change agents within their organizations. “Leading Changes in Practices to Improve Health” explores ways health managers can lead a five-phase process to make significant changes in clinical and management practices, even without strategic or structural interventions from higher organizational levels. It spells out key success factors to include in every change effort and ways to work with coworkers’ responses to change. The issue also contains a helpful change agent’s guide to action as well as a simple self-assessment of readiness for change. 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 available on the MSH Web site and plans are in place to have it translated into Spanish and French. (Page 23)

www.msh.org/publications

IR2: Knowledge Generation

Virtual Center for Leadership and Management (VCLM)

The goal of the VCLM is to improve health services by reinforcing and expanding access to quality information, knowledge, and programs related to performance improvement available to health professionals around the world. Since its inception, the VCLM has received more than 100 visitors per month. Visitors have included people from the United States, United Kingdom, Belgium, Mexico, Italy, the Philippines, Trinidad and Tobago, Honduras, and South Africa. In March 2005, four individual Knowledge Folder pages were created on the VCLM to provide a brief description of each Knowledge Folder and links to the knowledge folder public domain deliverables on the Web. Support for the VCLM has shifted from the M&L Program to MSH's Center for Leadership and Management, where it will continue to be home to virtual learning programs, communities of practice, and electronic information resources. (Page 37)

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

Knowledge Management

Knowledge Management concerns the production and management of knowledge for the purpose of utilization and application. It is the explicit sharing of what we know, how we know it, and how it can be applied for improved problem solving in the field. Numerous activities have been implemented by M&L with core funding during the M&L Program. One of the most important recent achievements is the culmination of work of the Communities of Practice (CoP), groups of practitioners in MSH that regularly engage in sharing and learning in four technical areas: performance improvement, developing managers who lead, human capacity development (HCD), and health information systems (HIS). Each CoP has produced a Knowledge Folder which documents and codifies knowledge. This knowledge is available to the general public on MSH Web sites, including the Electronic Resource Center (ERC) (<http://erc.msh.org/>) and the Health Manager's Toolkit (<http://erc.msh.org/toolkit/>). Examples of new materials, most of which are available for download, include: the revised Work Group Climate Assessment Tool and its Facilitator's Guide; the Leadership Development Program Guide; and the Toolkit from M&L's publication, *Managers Who Lead: A Handbook for Improving Health Services*. The HCD CoP has disseminated a "Human Resource Management Resource Kit" via the Web and on CD-ROM; and the HIS CoP has posted a guide to appropriate technical strategies and approaches for HIS development. The CoPs took advantage of opportunities to interact with members of the international health community by making presentations at the 2005 Global Health Council Conference; six presentations were made by practitioners from the CoPs. (Page 52)

Scaling Up HIV-AIDS Services Through an FBO Network: Capacity Building with the Inter-Religious Council of Uganda

Over the last year and half the M&L Program has provided technical assistance (TA) to the Inter-Religious Council of Uganda (IRCU) to strengthen the IRCU as a lead coordinating and grants making body for faith-based organizations in Uganda. An evaluation was conducted in August 2005 to explore the effectiveness and appropriateness of M&L's technical assistance to the IRCU from January 2004 to September 2005 in order to determine whether the program design should be replicated in future capacity building work with networks, and if so, what modifications may need to be made. The evaluation was based on semi-structured interviews with M&L program staff, donors, IRCU members and the Implementing Partners that they funded. The evaluation concluded that M&L's capacity building TA to the IRCU was highly successful, as governance, finance and grants management, human resource management, and monitoring and evaluation improved dramatically over the course the intervention. Equally important, M&L assisted the IRCU in disbursing and monitoring over \$2.1 million in USAID funding to its network of implementing partners. However, the report also concluded that given the accelerated rate of PEPFAR funding and its expected results, the style and delivery of M&L's TA to PEPFAR-funded activities would need to be modified to keep pace and allow M&L to effectively respond to the HIV/AIDS crisis. (Page 176)

IR3: Support to the Field

Technical Cooperation Network (TCNetwork)

Supported with core funds under the M&L Program, the Technical Cooperation Network (TCNetwork) is a global community of independent health management and leadership consultants and organizations from Africa, Asia, Eurasia, and Latin America. The TCNetwork provides a means for donors and clients to access pre-screened local expertise. Launched in November 2003, the TCNetwork currently has: 40 members from 17 countries in Africa, Asia, and Latin America; a public Web site hosting a marketplace of expertise; a members-only Web site with professional resources and discussion forums; a distributed governance structure managed by a representative Council of Trustees and supported by member teams; and nonprofit 501(c)3 status. TCNetwork members have become increasingly active in seeking resources. In the past year, members have contacted 18 bilateral, multilateral and foundation donors, and proposals have been submitted to foundations. Moreover, TCNetwork has seen a significant increase in the number of new opportunities posted on the network Web site by donors, which has led to new business for some network members. (Page 31)

Nicaragua

The largest and most comprehensive of M&L's field support funded country programs, TA has been provided to eight different clients in the public and private sector. In addition to work with the MOH and national family planning association (PROFAMILIA), for the first time M&L worked outside the health sector, with the Ministry of the Family (MiFamilia), National Social Security Institute (INSS), Ministry of Education, and the President's Social Cabinet. A recently completed in-depth evaluation of assistance to these clients documented that M&L's approaches to leadership development (initially supported with core funds at the municipal level) and to organizational reform are relevant and readily adaptable to challenges faced by senior leaders in such social sector institutions. The Nicaragua portfolio is also characterized by the successful scale-up and institutionalization by the MOH of two innovative programs which have impacted access to and quality of health services: the Municipal Leadership Development Program, and the Fully Functional Service Delivery Point Program. (Page 121)

Working at All Levels to Improve Health Services: Results from Mozambique Documented

An evaluation of the Mozambique Health Sector Support Program (HSS) was carried out between November 2004 and April 2005. This in-depth study documented results and contributions of the HSS Program to the Ministry of Health's goal of strengthening leadership and management at all levels of the health care system in order to improve the quality of health service delivery. The evaluation was based on semi-structured interviews with M&L program staff, donors, managers at MOH Central, Provincial, and District levels, and health care providers. Results for the MOH included increased ability to plan and monitor at all levels, increased confidence on the part of donors in MOH transparency and accountability; improved team work and communication; finalization of Strategic Plans for five provinces; development of a Quality Improvement

Methodology for primary care and improved quality of health services in the three health centers that piloted the program; improved health services in 10 out of the 11 health centers that participated in the Challenges program; and creation of a team of facilitators in the MOH to expand the management and leadership program to other Central-level Directorates and district health centers. (Page 114)

Senegal

In June 2005, a Senior Leadership Program for national directors of key health programs was conducted in Senegal. This led to the start of a four-part leadership strengthening program, loosely modeled after other M&L programs tested extensively in Africa. In just a couple months, the dialogue has produced: the determination of a common challenge plus a series of actions and for each a champion and a list of supporters to make sure the plan gets implemented; a plan to start a four-workshop leadership program at the end of July; a common vocabulary and framework on leadership; and an interest in looking at their own behavior as supporters (or potential inhibitors) of leadership development at the regional and district levels. At the end of the dialogue, agreement was reached to initiate a four-workshop program to which some of the missing Division Heads would be invited. The initial workshop took place six weeks later, over a weekend at the end of July. The fact that this group of senior civil servants decided to give up their weekend and spent the time together focusing on leadership is in itself a significant indication of commitment. The remaining three workshops in the Leadership Program will be conducted by the USAID/Senegal bilateral program which is implemented by MSH. (Page 10)

Indonesia

In Indonesia, M&L undertook a new piece of work during this reporting period with available field support funds at the request of the Mission to assist the government in responding to the tsunami disaster in Aceh province. In collaboration with the MOH Department of Pharmacy and several other donors (e.g., AusAID, JICA), M&L conducted two major assessments at provincial and district levels on the state of drug management, including the availability of drugs, staff, and infrastructure. Based on the analysis of findings, M&L and the Department of Pharmacy designed a new model to rehabilitate and greatly improve drug management in Aceh. By the close of activities (July 2005), draft policies and a complete description of the model, including definition of roles and responsibilities at various levels, was in the hands of MOH senior leadership as the basis for preparing a Ministerial Decree to authorize implementation of the model. (Page 86)

Strategic Direction 1

Developing Capacity of Individuals and Teams to Lead and Manage

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Leading and Managing at All Levels Handbook (July 2004 - June 2005)

Project Manager	Task	SubTask
Bahamon, Claire	A2	90LHPU

"Managers Who Lead: A Handbook for Improving Health Services" will help to build the capabilities of health managers at all organizational levels to lead teams to results. It will offer managers effective leadership and management practices to face challenges, improve staff morale, address decentralization, handle management promotions, and lead change. It will be a vehicle for disseminating the experience of M&L's leadership and management projects around the world.

Outcome/Output/Activity	Status	Notes
Outcome: 1 By September 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.	Completed	The goals for this reporting period of finalizing and producing the handbook have been met. The comprehensive contents of the handbook, including 100-page toolkit, annotated bibliography, index, and CD-ROM resulted in a book that was more costly to produce than initially anticipated. As a result, bulk distribution of the handbook will take place in a subsequent project. Instead, an initial mailing of the handbook will occur in the next reporting period.
Output: 1.1 A practical, easy to read handbook on leading and managing at all organizational levels is distributed as a reference for health managers on how to face common, complex challenges.		
1.1a Prepare final draft of the handbook. (activity completed before July 2005)	Completed	
1.1b Produce print-ready copy of the handbook. (activity completed before July 2005)	Completed	
1.1c Distribute publication to 8,000 managers worldwide, and make available for orders from managers worldwide, MSH staff leading workshops, CAs, and	Reprogrammed	

Leading and Managing at All Levels Handbook (July 2005 - September 2005)

Project Manager	Task	SubTask
Bahamon, Claire	A2	90LHPU

"Managers Who Lead: A Handbook for Improving Health Services" will help to build the capabilities of managers at all organizational levels to lead teams to results. It will offer managers effective leadership and management practices to face challenges, improve staff morale, address decentralization, handle management promotions, and institutionalize leadership and management practices at all levels. It will be a vehicle for disseminating the experience of M&L's leadership and management projects around the world.

Outcome/Output/Activity	Status	Notes
Outcome: 1 By September 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.	Completed	During this period, a launch event was held to announce the handbook's publication. Copies were distributed to colleagues in related programs at Harvard University, Boston University, and local Cooperating Agencies such as JSI. The authors and editors compiled a bulk mailing list to 200 individuals and programs, who are leaders in the field of leadership and health management training, especially for health managers from developing countries. Included in this initial mailing list are the coordinators of English-speaking teams that had participated in the Virtual Leadership Development Program. A larger bulk mailing to 8,000 health managers and overseas libraries is anticipated in the autumn.
Output: 1.1 A practical, easy to read handbook on leading and managing at all organizational levels is distributed as a reference for health managers on how to face common, complex challenges.	Completed	
1.1a Prepare final draft of the handbook. (activity completed before July 2005)	Completed	
1.1b Produce print-ready copy of the handbook. (activity completed before July 2005)	Completed	
1.1c Distribute publication to 8,000 managers worldwide, and make available for orders from managers worldwide, MSH staff leading workshops, CAs, and	Reprogrammed	

Virtual Leadership Development Program (VLDP) (July 2004 - September 2005)

Project Manager

Johnson, Sarah

Task

A2WWCP1D1

SubTask

90XXPA

In PY5, the VLDP was successful in the scale-up of the delivery of the VLDP and the further improvement of the VLDP Web site and its support materials, including a facilitator's guide. In PY5, the VLDP was delivered in English to health organizations in Africa and in Portuguese to NGO teams in Brazil, supported by core funds. The VLDP team successfully leveraged funds for the development of the VLDP Web Site in French. The VLDP is currently offered in French for Haitian MOH and NGO teams and a VLDP in English will be delivered to the Iraq Ministry of Health in September-December 2005; both offerings are supported through funds that come from outside of M&L. At the conclusion of the M&L Program, the VLDP will have been delivered to approximately 850 people in 30 different countries.

The VLDP, a blended learning approach to leadership development which combines individual work on the VLDP Web site (further supported by CDs and workbooks) with face-to-face team meetings, offers participating teams the opportunity to develop their leadership skills and competencies by addressing real organizational challenges over the course of the 13-week program. The VLDP was delivered for the first time in October 2002. Prior to PY5, the VLDP was offered six times: four times in Spanish in Latin America and twice in English (in Africa and the Caribbean). Five of these deliveries were funded by M&L core funds; the sixth delivery was funded by FHI.

Evaluation study findings show that the VLDP has a favorable impact on team integration, work climate, and individual and team leadership practices and capacities.

Outcome/Output/Activity	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	Completed	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 online 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 the program. The VLDP management team conducted an After Action Review of the program in December 2004. Based on the evaluation information from previous programs, program materials (including online facilitator tools, CD-ROM, and workbook) have been modified for subsequent offerings of the VLDP. A facilitator's guide has also been completed.
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	Completed	
1.1b Conduct connectivity survey and enroll participants in new VLDP in Africa.	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.	Completed	
1.2a Identify and provide initial support for new field-funded VLDPs.	Completed	
Output: 1.3 VLDP materials are improved for transfer (e.g. improved facilitators' guide, etc).	Completed	
1.3a Improve and produce facilitator guide.		
Output: 1.4 One article on the VLDP is prepared for publication.	Completed	
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by June 2005.	Completed	
Output: 2.1 Final report and other programmatic documentation required for close-out are prepared and submitted (June 2005).	Completed	
2.1a Compile, format and archive relevant electronic materials for institutional Memory.	Completed	

LeaderNet (July 2004 - June 2005)

Project Manager	Task	SubTask
Perry, Cary	A2	90L2EC

LeaderNet is a global community of practice which 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 three languages (English, Spanish, and Portuguese) 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, which will form the basis of additional experience exchange and learning.

Outcome/Output/Activity	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. (Outcome completed before July 2005)	Completed	LeaderNet's goals for PY5 have been to build the community of practice by increasing membership; enabling graduates of M&L virtual and face-to-face programs to become accustomed to participating in activities on the site; and expanding LeaderNet's reach to low resource settings. During this reporting period, membership in LeaderNet increased from 125 to 424 members from over 30 countries in Africa, Latin America, Asia, and the Caribbean. In addition to the Web site in Spanish and English, a Portuguese site was launched in June 2005. A workshop on Executive Coaching (January–February 2005) reached 63 participants, and a Short Course on Monitoring and Evaluation (April–May 2005) for the Egypt Leadership Development Program reached 29 participants. For the M&L End of Project Conference, LeaderNet held two simultaneous pre-conference forums on Leadership at the Top and Achieving results in low-resource settings (Stories from Mozambique) that reached 93 participants from 17 countries. LeaderNet offers moderated online discussions in three languages, Web-based resources on the latest thinking in Leadership and Management, and an Alumni section for members to keep in touch with their colleagues. LeaderNet successfully piloted two forums in Egypt and Mozambique, where access to the internet is very limited. Managers from rural areas in Mozambique participated by sending text messages via cell phone that were posted to the LeaderNet site by colleagues with Internet access.
Output: 1.1 Targeting alumni and leadership development professionals through the LeaderNet website, three Forums are offered supporting participation in Spanish, English, and Portuguese.	Completed	
1.1a 3 Forums are delivered during PY05 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.	Completed	
Output: 1.2 An annual event celebrates achievement by VLDP teams and other LeaderNet members - reviewing and celebrating progress on work plans.	Reprogrammed	
1.2a Enhancements to LeaderNet site to support participation in the annual	Completed	
1.2b Content for annual event is developed.	Completed	
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.	Reprogrammed	
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.		
1.3b Enhance site to accommodate additional content.		
Output: 1.6 Case studies from the field support best practices and innovative initiatives.	In Process	
1.6a Case studies, best practices and innovative initiatives are collected from LeaderNet participants and incorporated within LeaderNet.		
1.6b Functionality supporting 1.5a is developed, tested and implemented		

LeaderNet (July 2004 - June 2005)

Output: 1.7 Health care managers and providers in locations with restricted access to the Internet (Nicaragua, Egypt) participate in LeaderNet through alternative access pathways.	Completed
1.7a 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.	
1.7b Develop, test, and review alternative access pathways.	
1.7c Develop and repurpose existing content for use by alternative pathways.	
Output: 1.8 Membership is expanded to include a pool of diverse health management and leadership professionals.	Completed
1.8a Liaise with other CAs and health development agencies to identify opportunities to include additional participants.	Completed
Outcome: 2 Project objectives and interventions are effectively monitored and evaluated. (Outcome completed before July 2005)	Completed
Output: 2.1 The M&E Plan is determined and completed	Completed
2.1a Development, completion and recording of the M&E plan	Completed
Outcome: 3 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by 30 September.	In Process
Output: 3.1 Accomplishments and status of LeaderNet made clear to all members via web and other materials	In Process
3.1a Each section of website 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.	In Process

LeaderNet (July 2005 - September 2005)

Project Manager	Task	SubTask
Perry, Cary	A2	90L2EC

LeaderNet is a global community of practice which 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 three languages (English, Spanish, and Portuguese) 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, which will form the basis of additional experience exchange and learning.

Outcome/Output/Activity	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. (Outcome completed before July 2005)	Completed	Between July and September of 2005, the LeaderNet Facilitator and Case Study sections were launched. A summary evaluation of the eight forums was also carried out and a report on LeaderNet's evolution and lessons learned was produced. These results were posted to the LeaderNet Web site.
Output: 1.1 Targeting alumni and leadership development professionals through the LeaderNet website, three Forums are offered supporting participation in Spanish, English, and Portuguese.	Completed	
1.1a 3 Forums are delivered during PY05 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.	Completed	
Output: 1.2 An annual event celebrates achievement by VLDP teams and other LeaderNet members - reviewing and celebrating progress on work plans.	Reprogrammed	
1.2a Enhancements to LeaderNet site to support participation in the annual		
1.2b Content for annual event is developed.		
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.		
Output: 1.3 Facilitators of leadership development programs are supported through mentoring and access to M&L facilitation resources.	Completed	
1.3a Develop content for facilitators, including monthly editorials, tools and other materials.		
1.3b Enhance site to accommodate additional content.		
Output: 1.6 Case studies from the field support best practices and innovative initiatives.	Completed	
1.6a Case studies, best practices and innovative initiatives are collected from LeaderNet participants and incorporated within LeaderNet.		
1.6b Functionality supporting 1.5a is developed, tested and implemented		

LeaderNet (July 2005 - September 2005)

Output: 1.7 Health care managers and providers in locations with restricted access to the Internet (Nicaragua, Egypt) participate in LeaderNet through alternative access pathways.	Completed
1.7a 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.	Completed
1.7b Develop, test, and review alternative access pathways.	Completed
1.7c Develop and repurpose existing content for use by alternative pathways.	Completed
Output: 1.8 Membership is expanded to include a pool of diverse health management and leadership professionals.	Completed
1.8a Liaise with other CAs and health development agencies to identify opportunities to include additional participants.	Completed
Outcome: 2 Project objectives and interventions are effectively monitored and evaluated. (Outcome completed before July 2005)	Completed
Output: 2.1 The M&E Plan is determined and completed	Completed
2.1a Development, completion and recording of the M&E plan	Completed
Outcome: 3 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by 30 September.	Completed
Output: 3.1 Accomplishments and status of LeaderNet made clear to all members via web and other materials	Completed
3.1a Each section of website 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.	Completed

Pre-Service Curriculum for Doctors and Nurses (July 2004 - September 2005)

Project Manager

Galer, Joan

Task

A2 EGCP1D1

SubTask

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 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	Status	Notes
Outcome: 1 Based on an assessment conducted in PY4 about needs and resources in pre-service medical education, 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 pre-service M&L curriculum.	Completed	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 were 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) for a combined total of 162 participants. The teams focused on achieving measurable results in either infection control or resource allocation. Both faculties were involved in the design and delivery, and there was active participation of the Health Workforce Reform Project at USAID. Stakeholders, including the Supreme Council of Universities, were regularly updated on the progress of the program. A shortened version of this program was delivered at the National Training Institute of the MOHP. Students and faculty from the nursing and medical schools participated in a course on Monitoring and Evaluation delivered April 25—May 27, 2005 sponsored by LeaderNet. This consisted of a two day face-to-face workshop followed by three weeks of online activity via LeaderNet to support them in monitoring and evaluating their challenges. A meeting was conducted April 24 with deans from nursing schools throughout Egypt to share the results of the pre-service program and determine interest in spreading the program to other schools.
Output: 1.1 A clear definition of needs, objectives and resources for pre-service medical and nursing curricula is researched and documented.	Completed	
1.1a Summarize the needs and resources assessment conducted in PY04 of the medical and nursing faculties in Egypt. (Activity completed before July 2005)	Completed	
1.1b Summarize the best practices from available medical and nursing curricula offerings in management and leadership. (Activity completed before July 2005)	Completed	
1.1c Finalize, document and deliver a pre-service 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. (Output completed before July 2005)	Completed	
1.2a Design the management and leadership curriculum for nursing and medical faculties.	Completed	
1.2b Meet with all stakeholders in Egypt to finalize the medical and nursing M&L curriculum.	Completed	
Output: 1.3 Selected nursing and medical faculty are trained to begin the delivery of the DMWL curricula. (Output completed before July 2005)	Completed	
1.3a Train 4 medical faculty and 4 nursing faculty in DMWL principles and practices.	Completed	
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. (Output completed before July 2005)	Completed	
1.4a Conduct a 2 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	
1.4c Conduct a four day management and leadership workshop as pre-service training as part of the orientation program offered to new physicians.	Completed	

Leadership and Management Development Technical Assistance (LMDTA) (July 2004 - September 2005)

Project Manager

Vriesendorp, Sylvia

Task

A2__CP1D1

SubTask

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	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 senior leadership programs, including competencies and practices, has been defined but not tested in a systematic way. Senegal was identified as a site to test the approach but MOH leadership changes led to several postponements. In the meantime several senior leadership dialogues took place elsewhere and have produced a prototype for such entry interventions. A leadership dialogue with the MOH in Senegal was conducted June 2005 in Mbour and led to the initiation of a senior leadership strengthening program, which kicked off in July 2005. These two events were co-financed by M&L (for technical assistance) and PREMOMA, the USAID bilateral in Senegal which is being implemented by MSH. Twelve participants representing child health, research and planning, reproductive health, nutrition and primary health care are enrolled in the program. The facilitation team consisted of MOH, PREMOMA, and CEFA/CAFS. The leadership strengthening program will be conducted from July–December 2005. Financing of all but the first of these will be under the bilateral. A second senior leadership program is being launched in Cote d'Ivoire with RPM+ financing but using the M&L trained facilitators and materials. Final documentation of the guide for production has been postponed until the Kenya, Senegal, and Cote d'Ivoire experiences have been evaluated.
Output: 1.1 A complete facilitation guide for conducting LDPs at the most senior levels.	Cancelled	
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.	Cancelled	
1.1c Review and finalize the guide.	Cancelled	
1.1d Produce the final guide in English ready for production and translation to Spanish and French.	Cancelled	
1.1e Transfer guidelines during a TCNetwork meeting and coach TCNetwork members as they apply the process.	Cancelled	
Output: 1.2 Increased ownership of LDP in Senegal at the central level.	Completed	
1.2a Deliver the SLP to a group of central level leaders in Senegal and conduct evaluation of district leaders	Completed	
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by (June 2005).	Completed	
Output: 2.1 Final report and other programmatic documentation required for close-out are prepared and submitted (June 2005)	Completed	
2.1a Compile, format and archive relevant electronic materials for institutional memory	Completed	

Transfer M&L Programs and Resources (July 2004 - June 2005)

Project Manager

Galer, Joan

Task

A2WWCP1D1

SubTask

90XXPD

By the end of this project year, 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 process for the distribution of M&L programs, ensuring their successful implementation in the field.

Outcome/Output/Activity	Status	Notes
Outcome: 1 The LPI program, the SLP, and WCA are complete including all supporting documentation and materials.	Completed	The WCA has been finalized and is complete with a facilitator's guide and revised tool posted in the Health Manager's Toolkit. The LPI has been recaptured using the learnings and recommendations from program use in PY4 and PY5 and renamed as the Leadership Development Program (LDP). It has been documented and is complete with guide, facilitation notes, and all supporting materials. It is available electronically through the Health Manager's Toolkit and the facilitator section of LeaderNet. The complete SLP is in the process of being piloted in Senegal at the MOH. The Senior Alignment meeting (the dialogue) was conducted June 8—12 with 12 participants. It has been taken over by the Senegal bilateral because a late start made it impossible to complete before the end of M&L. Documentation and completion of the Senior Alignment meeting and the first workshop has been completed.
Output: 1.1 The LPI program is completely captured including: a facilitation guide, briefing notes, and a diagnostic explaining how to deploy this program.	Completed	
1.1a Finalize content of program from synthesis of experience with pilot LPI's in PY4. (Activity completed before July 2005)	Completed	
1.1b Finalize a facilitator's guide and briefing notes, including a diagnostic and other explanatory materials.	Completed	
1.1c Edit finalized content to be consistent in instructional design with other M&L program materials.	Completed	
Output: 1.2 The WCA is completely captured including: a facilitation guide, briefing notes and a diagnostic explaining how to deploy this program. (Output completed before July 2005).	Completed	
1.2a Finalize the WCA, based on input from the validation process.	Completed	
1.2b Develop facilitator and participant materials including: facilitator's guide, briefing notes, and a diagnostic and other explanatory materials.	Completed	
Outcome: 2 Development of a product management process is complete. (Outcome completed before July 2005)	Completed	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.	Completed	
2.1a Meet with representatives from BPP, MOST, WCA, VLDP, LPI, SLP, EPG, PUBS to discuss and determine standard best practices in product management	Completed	
2.1b Develop and maintain a product management process, including a communications protocol.	Completed	

Transfer M&L Programs and Resources (July 2005 - September 2005)

Outcome: 3 The transfer process with a national level management institute in health care is explored to find ways to build sustainable transfer mechanisms. (Outcome completed before July 2005)	Reprogrammed	The opportunity to test the transfer of the LDP to local facilitators came up in March and this outcome was reprogrammed to support this opportunity in Guyana. This entailed the exchange and transfer of the LDP (and the WCA) to a team of local facilitators and supporting them in the preparation and delivery of the program.
Output: 3.1 M&L exchanges and transfers its programs and materials with a national level management development institute in health care	Reprogrammed	
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.	Reprogrammed	
Outcome: 4 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by (September 2005).	Completed	
Output: 4.1 Subtask is complete, all materials are catalogued and archived.	Completed	
4.1a All TP activities are documented and archived	Completed	

Capacity Development Planning (July 2004 - September 2005)

Project Manager

Galer, Joan

Task

A2WWCP1D1 90XXSP

SubTask

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	Status	Notes
Outcome: 1 MSH field staff are supported to deliver effective DMWL programs to clients.	Completed	MSH partners in the field are supported to deliver DMWL programs and products including the Leadership Development Program and the Workgroup Climate Assessment Tool. About 125 local facilitators in field projects in Mozambique, Brazil, Senegal, Guinea, and Nicaragua have been equipped to own and deliver DMWL programs through apprenticeship and transfer of program materials. Capacity has expanded to include the development of non-M&L facilitators: in Guyana three facilitators have been coached and supported in the delivery of the LDP (LPI). A one day orientation workshop was delivered on the LDP and the WCA for M&L staff and MSH staff from the field in June. The SLP has not been included at this time due to delay in conducting the pilot.
Output: 1.1 Side by side training in DMWL programs is delivered in key country programs.	Completed	
1.1a Train field staff to deliver LPI, SLP and WCA through planned workshops.	Completed	
1.1b Distribute supporting materials for all DMWL programs. 1.1c M&E reviews this Output.	Completed Cancelled	
Outcome: 2 TCNetwork partners and other cooperating agencies are capable of delivering DMWL programs.	Completed	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. Local facilitators in Kenya have been trained in DMWL programs and delivered an LDP program at the Kenya Medical Teaching College. Conclusion of their training is yet to be determined.
Output: 2.1 Partners are trained in DMWL principles, practices and processes.	Completed	
2.1a Instruct partners in DMWL principles, practices and processes through regularly scheduled training conferences. 2.1b M&E reviews this Output.	Completed Cancelled	
Outcome: 3 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 2005.	Completed	
Output: 3.1 Subtask is complete, all materials are catalogued and archived.	Completed	
3.1a All CDP activities are documented and archived	Completed	

Strategic Direction 2

Improving Management Systems

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Business Planning Program and Web site (July 2004 - June 2005)

Project Manager

Seltzer, Judith

Task

A2WWCP1D2

SubTask

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 and certified 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

Status

Notes

Outcome: 1 The BPP content is available in a more efficient manner through a customized BPP Web site with links to eRoom.	Completed	The BPP team completed an analysis of the information needs of the BPP Program Partners located in Ghana and Bolivia. Based on the assessment findings, M&L developed an eRoom as its virtual workspace.
Output: 1.1 BPP Web site is created and maintained with links to eRoom.	Completed	
1.1a Review lessons learned from other M&L interactive Web sites.	Completed	
1.1b Design and develop multi-lingual platform with exclusive access point for Program Partners.	Completed	The BPP eRoom was launched in May 2005. It is accessible to the certified BPP partners and trained facilitators via the Internet. The BPP eRoom is a management tool for the extended BPP development and delivery team. BPP team members are using the eRoom to: download the latest BPP content, share new learning aids or other resources, download BPP marketing materials such as the brochure or PPT overview, and to share experiences and post suggestions.
1.1c Preparation and transfer of materials from CD-ROM to Web site, including videos, Learning Aids, Resources, Facilitator, IT, and Evaluation Guides.	Completed	The eRoom is linked to all BPP spaces on the MSH Web site, including the Virtual Center for Leadership and Management (VCLM) where updates are posted for potential clients and funders.
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 (PBSP) has been selected as a Program Partner in Asia. The BPP team launched the program with PBSP in January 2005. By the end of the reporting period, PBSP was in the process of finalizing its

Business Planning Program and Web site (July 2004 - June 2005)

Output: 2.1 Program Partner staff are trained in delivery of Business Planning Program.	Scheduled for next reporting period	business plan to offer a new service, "Health in the Workplace Programs." PSBP's business planning program team is composed of seven highly skilled staff members from their Human Resources, Training, Finance, and MIS departments.
2.1a Conduct virtual pre-launch assessment of new partner organization.	Completed	
2.1b Design and participate in on-site launch week.	Completed	
2.1c Review business plan submissions.	In Process	PSBP will complete a one-week facilitator training program in August 2005. Upon completion of the training, PSBP will have an opportunity to sign an MOU with MSH to become the BPP Program Partner for Asia.
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 MSH 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	

Business Planning Program and Web site (July 2005 - September 2005)

Project Manager

Seltzer, Judith

Task

A2WWCP1D2

SubTask

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 and certified 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	Status	Notes
Outcome: 1 The BPP content is available in a more efficient manner through a customized BPP Web site with links to E-Room	Completed	The BPP eRoom was launched in May 2005 and is being used by the BPP team as its Web site. The eRoom has now become the virtual hub for all program materials and communication.
Output: 1.1 BPP Web site is created and maintained with links to E-Room	Completed	The primary audiences for the BPP Web site are the Program Partners worldwide and MSH's BPP team. The Web site is a management tool for the extended BPP development and delivery team. Program Partners use the BPP eRoom to download the latest BPP content, share a new learning aid, download the latest BPP marketing materials such as BPP brochure or PowerPoint overview, update their MOU, ask questions of one another, post suggestions for the materials, share experiences, and learn where the program is currently being offered.
1.1a Review lessons learned from other M&L interactive Web sites	Completed	
1.1b Design and develop multi-lingual platform with exclusive access point for Program Partners	Completed	
1.1c Preparation and transfer of materials from CD-ROM to Web site, including videos, Learning Aids, Resources, Facilitator, IT and Evaluation Guides	Completed	
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	Completed	Philippine Business for Social Progress (PBSP) was identified as the BPP Program Partners in Asia. The BPP was launched with PBSP in January 2005. PSBP has carried an internal BPP exercise leading to the development of a new service, "Health in the Workplace Program." PSBP's business planning program team is composed of seven highly-skilled staff members from their Human Resources, Training, Finance, and MIS departments. Their training was completed in August 2005 and as of the end of the reporting period the organization has been certified as a qualified BPP service provider.
Output: 2.1 Program Partner staff are trained in delivery of Business Planning Program	Completed	
2.1a Conduct virtual pre-launch assessment of new partner organization	Completed	
2.1b Design and participate in on-site launch week	Completed	
2.1c Review business plan submissions	Completed	
2.1d Design and facilitate Facilitator Training	Completed	
2.1e Conduct on-site closeout of the BPP including Facilitator Training	Completed	
Outcome: 3 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by June 2005.	Completed	
Output: 3.1 All BPP reporting requirements are complete and documentation is distributed to Institutional Memory.	Completed	
3.1a Write and edit reports, submit to Institutional Memory	Completed	

Strengthening NGO Capacity Management (July 2004 - June 2005)

Project Manager

Monroy, Alvaro

Task

A2WWCP1D2

SubTask

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	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 NGOs and FBOs is underway, gaps have been identified, and complementary products have also been included. For example, a simple methodology developed by a group of CAs for helping organizations compute their indirect costs (overhead rates), an essential sustainability element, was identified and incorporated. Categories and sub-categories have been created under which to group the OD tools. The main categories are: Systems, Structures, Strategies, and Skills. M&L has created an easy-to-use graphic to guide users to the appropriate tools. A pilot Web page design has been developed. We have also created a self-assessment for organizations to decide whether they should use MSH's MOST process.
Output: 1.1 Inventory of MSH/M&L existing tools and approaches applicable to NGO/FBO organizational 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	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	
Output: 2.1 OD Response Package is tested in the field and validated.	In Process	
2.1a Conduct initial assessment of institutional capacity of selected key NGO/FBO.	In Process	
2.1b Develop workplan for OD Response Package delivery.	In Process	
2.1c Deliver OD Response Package interventions according to WP.	In Process	
2.1d Conduct evaluation of effectiveness of OD Response Package.	In Process	
2.1e Proceed with the adaptation of the OD Response Package for NGO/FBO.	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 All reporting requirements are completed and documentation is submitted to MSH Institutional Memory.		

Strengthening NGO Capacity Management (July 2005 - September 2005)

Project Manager	Task	SubTask
Joyal, Alain	A2	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 to 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	Status	Notes
Outcome: 1 Integrated response package to scaling-up NGO/FBO capacity are designed and ready to use.	Completed	MSH tools have been analyzed and new tools and approaches from other organizations have been identified. Categories and sub-categories have been created under which to group the OD tools. The main categories are: Systems, Structures, Strategies, and Skills. M&L created an easy-to-use graphic to guide users to the appropriate tools. A pilot web page design has been developed. We have also created a self-assessment for organizations to decide whether they should use MSH's MOST process. The Web page is not live and will need further development before being linked to MSH's Electronic Resource Center Web site.
Output: 1.1 Inventory of MSH/M&L existing tools and approaches applicable to NGO/FBO organizational development established, gaps in needs coverage and adaptation requirements are identified	Completed	
1.1a Carry out critical analysis of existing OD tools and approaches at	Completed	
1.1b Evaluate and select OD tools and approaches from outside of MSH/M&L filling identified gaps	Completed	
1.1c Adapt existing OD tools to NGO/FBO OD applications as required	Completed	
Output: 1.2 Integrated OD Response Package for NGO/FBO are designed and ready to use	Completed	
1.2a Conduct analysis of current OD needs for NGO/FBO (informal market		M&L organizational development interventions with the Inter-Religious Council of Uganda have been documented. The final report details how M&L's technical assistance contributed to IRCU's organizational development and ability to scale-up. The document reports a model that other NGOs/FBOs can use to scale-up rapidly. M&L completed a MOST process with the Christian Health Association of Ghana (CHAG) in April 2005. Through this intervention M&L facilitators guided staff members from CHAG in developing an action plan to improve their organizational development and management systems.
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.	Completed	
Output: 2.1 OD Response Package is tested in the field and validated	Completed	
2.1a Conduct initial assessment of institutional capacity of selected key NGO/FBO	Completed	
2.1b Develop workplan for OD Response Package delivery		
2.1c Deliver OD Response Package interventions according to WP		
2.1d Conduct evaluation of effectiveness of OD Response Package		
2.1e Proceed with the adaptation of the OD Response Package for NGO/FBO		
Outcome: 3 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by (add date).	Completed	
Output: 3.1 OUTPUT is italicized and described at this level (one output per box). Clear cell and type here.		All close-out activities were completed by the end of September 2005.
3.1a ACTIVITY, which produces the above output, is described here in regular type (one activity per box). Clear cell and type here.		

MOST - Management and Organizational Sustainability Tool Suite (July 2004 - September 2005)

Project Manager
Downey, Stacey

Task
A2WWCP1D2

SubTask
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	Status	Notes
Outcome: 1 In September 2005, the MOST Suite will be disseminated throughout MSH and partner organizations via orientation sessions and new applications.	Completed	MOST has been applied over 60 times through the AWARE and COMPASS projects. Additionally, MOST for TB/HIV collaboration was field tested in South Africa with non-M&L funds. Recently, the TB Union Conference accepted a presentation on MOST for TB. MOST was also presented at M&L's End of Project Conference to USAID and other Cooperating Agencies. Finally, the Institute of Tropical Medicine in The Netherlands published a book acknowledging MOST as a foundation for their product.
Output: 1.1 10 MSH staff are oriented to MOST (September 2005) 1.1a Conduct orientation to 10 MSH staff.	Completed Completed	
Output: 1.2 MOST is applied in 5 organizations. (September 2005) 1.2a MOST process is undertaken completely, including workshop preparation, workshop, and follow up technical assistance.	Completed Completed	
Output: 1.3 Health Information Systems mini-MOST is finalized. (September 2004) 1.3a Edits are made to HIS mini-MOST after field test is completed. 1.3b HIS mini-MOST is posted on the Toolkit/ERC.	Cancelled Cancelled Cancelled	
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	Completed Completed	
Output: 1.5 MOST is presented to 4 external partners (CAs, donors)	Completed	
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by (September 2005).	Completed	
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.	Completed Completed	

Maximizing Access and Quality (MAQ)/Implementing Best Practices (IBP) (July 2004 - September 2005)

Project Manager

Joyal, Alain

Task

A2WWCP1D2

SubTask

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	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 <i>The Manager</i> on adapting and applying best practices for scaling up has been conceived, developed, and published (see details <i>The Manager: Leading Change in Practices to Improve Health</i>). The concepts around Leading Changes have been presented to the IBP group in May at the annual GHC conference. It was decided then to develop and carry out a joint MAQ/IBP initiative concerned with linking Leading Changes' concepts and approaches (framework/model) with the body of knowledge on Implementing Best Practices. Monthly meetings of the joint team will be starting in July 2005 and the effort is planned to be concluded by end of 2005. 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).	
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.	Completed		
1.1a Co-chair the Management and Supervision (M&S) sub-committee.	Completed		
1.1b Review and contribute to product developed by the M&S sub-committee, including making presentations, creating training guides, etc.	Completed		
Output: 1.2 M&L has contributed to the knowledge management activities of the Implementing Best Practices (IBP) Consortium.	Completed		
1.2a Participate in domestic and international meetings (IBP consortium and others).	Completed		
Output: 1.3 Organization of Work sub-committee serves as a forum for the exploration of issues related to strengthening 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.	Completed		
1.4a Design and facilitate sessions of MAQ mini-universities and MAQ	Completed		
1.4b Attend MAQ Steering Committee meetings.	Completed		
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by August 2005.	Completed		Close-out conducted and concluded in accordance with established procedures
Output: 2.1 All closeout administrative tasks and documentation completed in compliance with requirements and guidelines; key documents are captured by the institutional Memory	Completed		

Performance Improvement Consultative Group (PICG) (July 2004 - September 2005)

Project Manager

Joyal, Alain

Task

A2WWCP1D2

SubTask

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	Status	Notes
Outcome: 1 Critical management and leadership perspectives and experiences are reflected in the work of the Performance Improvement Consultative Group.	Completed	M&L continued to contribute to the activities of the PICG as a means to disseminate experience and lessons learned in the application of performance improvement approaches and methodologies. During the reporting period, M&L/MSH support was provided through virtual means.
Output: 1.1 M&L experiences in applying performance improvement in field programs and internal projects are shared with the PICG membership.	Completed	
1.1a Attend PICG meetings.	Completed	
1.1b Prepare PI day, gather data, and develop presentations.	Completed	
1.1c Attend PI day.	Completed	
1.1d Co-chair the ICE sub-committee and review cases submitted.	Completed	
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 2005.	Completed	
Output: 2.1 All closeout administrative tasks and documentation completed in compliance with USAID requirements; key documents are submitted to MSH Institutional Memory.	Completed	

The Manager: Translate, Print, Distribute, Fulfillment (July 2004 - June 2005)

Project Manager

Bahamon, Claire

Task

A2WWCP1D2 97GLPU and 97XXPU

SubTask

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 "Coordinating Complex Health Programs" and one other issue will be translated, printed, and distributed in Spanish and French this year. Orders for M&L materials will be fulfilled.

Outcome/Output/Activity	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 <i>The Manager</i> , "Coordinating Complex Health Programs" have been printed and disseminated.
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.	Completed	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 bookstore has MSH publications shipped to managers, CAs, and MSH field staff requesting them. Nonbulk shipments to developing countries are free.	Completed	
2.1a Arrange for fulfillment of orders by mail warehouse storing MSH publications, and represent MSH at conferences (APHA, GHC)	Completed	
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		

The Manager: Translate, Print, Distribute, Fulfillment (July 2005 - September 2005)

Project Manager

Bahamon, Claire

Task

A2WWCP1D2

SubTask

97GLPU

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	Status	Notes
<p>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.</p>	Completed	<p>The French and Spanish editions of “Leading Changes in Practices to Improve Health” were printed in July. These editions were distributed in August to 9200 readers, 4200 French and 5000 Spanish. Now French and Spanish readers of <i>The Manager</i> have information and tools to lead a process to change ineffective practices and to coordinate with other organizations to tackle complex health problems. Closeout took place at the end of August.</p>
<p>Output: 1.1 M&L issues of The Manager are produced in French and Spanish.</p>	Completed	
<p>1.1a Produce print-ready copy of two Managers in French and Spanish.</p>	Completed	
<p>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.</p>	Completed	
<p>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.</p>	Completed	
<p>Output: 2.1 MSH bookstore has MSH publications shipped to managers, CAs, and MSH field staff requesting them. Nonbulk shipments to developing countries are free.</p>	Completed	
<p>2.1a Arrange for fulfillment of orders by mail warehouse storing MSH publications, and represent MSH at conferences (APHA, GHC)</p>	Completed	
<p>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.</p>	Completed	
<p>Output: 3.1 Translations of final M&L issue of The Manager are printed and distributed.</p>		
<p>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.</p> <p>3.1b Final report of M&L publications, summarizing products, distribution, and evaluation</p>		

Health Manager's Toolkit (July 2004 - June 2005)

Project Manager

Decima, Elena

Task

A2WWCP1D2 90XXTK

SubTask

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

Status

Notes

Outcome/Output/Activity	Status	Notes
Outcome: 1 The quality of and access to the Health Manager's Toolkit has improved.	In Process	In the second half of PY5, four new tools have been added, three tools have been updated, and another tool has been enhanced with additional support materials. New tools include: the Child Needs Assessment Toolkit; Making Sense of Focus Group Findings; Clinic Assessment of Youth Friendly Services; and the Managers Who Lead Toolkit. The HRM Assessment Tool for NGOs and Public Sector Health Organizations and the Inventory Management Assessment Tool have been updated; the Workgroup Climate Assessment Tool has also been updated based on a successful validation study conducted last year. COPE for Quality Improvement in Family Planning and other RH Services was enhanced with two additional free downloads: the 2003 COPE Handbook and the COPE Toolkit.
Output: 1.1 The number of English, Spanish, French, and Portuguese Tools has increased.	Completed	
1.1a Maintain and update the English, Spanish, French, and Portuguese sites including the tools, tool annotations, and the navigational system of the site.	Completed	
1.1b Identify, post, and/ or create links to appropriate useful tools and toolkits developed by MSH projects and other organizations.	Completed	
1.1c Identify and coordinate the technical review of new tools.	Completed	
Output: 1.2 The Toolkit is visited by a greater number of health managers around the world.	Completed	
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	Completed	
1.2c Search appropriate list-serves and advertise the Toolkit.	Completed	Dissemination of the Toolkit on CD was completed with mailings to all MSH field offices and staff. Remaining CDs have been used as compensation for workshop participants and completions of surveys throughout M&L programs including: LeaderNet and VLDP. Over 100 CDs were distributed at the annual Global Health Council conference in June where information about the Toolkit was presented.
1.2d Track monthly use and disseminate bi-annual reports to USAID.	Completed	
1.2e Ensure that the Communities of Practice and their related Knowledge Folders are aware of and tap into the Toolkit resource.	Completed	
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.	Scheduled for next reporting period	
1.2g Disseminate contents of Toolkit to all MSH field offices via CD once a year.	Completed	The home page of the Toolkit was redesigned to improve flow and functionality and reduce its previously cluttered-look. An evaluation survey of the Toolkit was developed and conducted during this time.
Output: 1.3 The use and impact of the Toolkit is evaluated.	In Process	
1.3a Conduct second evaluation of Toolkit to assess its use and impact on supporting health managers in their work.	In Process	
1.3b Adjust the Toolkit based on the results of the evaluation.	Scheduled for next reporting period	Results of the survey are currently being analyzed and will be written up for posting on the website during the Close-out period. All tools will also go through a brief assessment to ascertain that links and contact information are in working order during this time. A plan for handover of the Toolkit to the ERC will also be developed and implemented. Two more announcements of Toolkit Updates are scheduled to be sent out to the Toolkit User Groups, Developers, and MSH World Wide; one by the end of July and one at the end of September.

Health Manager's Toolkit (July 2005 - September 2005)

Project Manager

Decima, Elena

Task

A2

SubTask

90XXTK

The MSH Health Manager's Toolkit is an electronic compendium of tools 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	Status	Notes
Outcome: 1 The quality of and access to the Health Manager's Toolkit has improved.	Completed	During the July—September 2005 reporting period, the final activities of the Toolkit have been completed. The final Web trends report was completed and approved. The survey/evaluation results were analyzed and a report was produced. Survey results were posted on the Toolkit site and recommendations for improvements included in the final report. All tools were assessed for working links and contact information and updated as needed. At a meeting with the ERC, general maintenance of the Toolkit was discussed. A final announcement of Toolkit Updates was sent out to the Toolkit User Groups, Developers and MSH World Wide with survey results and other pertinent information.
Output: 1.1 The number of English, Spanish, French, and Portuguese Tools has increased.	Completed	
1.1a Maintain and update the English, Spanish, French, and Portuguese sites including the tools, tool annotations, and the navigational system of the site.	Completed	
1.1b Identify, post, and/ or create links to appropriate useful tools and toolkits developed by MSH projects and other organizations.	Completed	
1.1c Identify and coordinate the technical review of new tools.	Completed	
Output: 1.2 The Toolkit is visited by a greater number of health managers around the world.	Completed	
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	Completed	
1.2c Search appropriate list-serves and advertise the Toolkit.	Completed	
1.2d Track monthly use and disseminate bi-annual reports to USAID.	Completed	
1.2e Ensure that the Communities of Practice and their related Knowledge Folders are aware of and tap into the Toolkit resource	Completed	
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	Completed	
1.2g Disseminate contents of Toolkit to all MSH field offices via CD once a year	Completed	
Output: 1.3 The use and impact of the Toolkit is evaluated	Completed	
1.3a Conduct second evaluation of Toolkit to assess its use and impact on supporting health managers in their work.	Completed	
1.3b Adjust the Toolkit based on the results of the evaluation.	Completed	
Outcome: 2 CLOSE-OUT: The Toolkit will continue to be used as a resource of MSH.	Completed	
Output: 2.1 The Toolkit continues under the management of the Electronic Resource Center (ERC).	Completed	
2.1a Meet with staff of ERC and transfer Toolkit information and processes.	Completed	

Human Resource Management (HRM): PRIME II/IntraHealth (July 2004 - June 2005)

Project Manager

O'Neil, Mary

Task

A2WWCP1D2 97XXPM

SubTask

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	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	Completed	
Output: 1.2 Technical assistance plan is implemented (establish supervisory guidelines, train managers in the implementation 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.	Completed	All technical reporting requirements are completed and documentation has been submitted to MSH's Institutional Memory.

Human Capacity Development (July 2004 - September 2005)

Project Manager	Task	SubTask
O'Neil, Mary	A2WWCH1D	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	Status	Notes
Outcome: 1 HCD planning: HCD workshops, strategies, and global fund implementation plans are developed to assist health managers address HCD issues.	Completed	As observed in recent reporting periods, the demand for HCD interventions has been 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 four HR specialists from this group in M&L activities and we anticipate extended use of their expertise by MSH and other organizations in the future. 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. This workshop took during the previous reporting period (in December 2004).
Output: 1.1 Nigeria/NPHCDA: an assessment on the effects of HIV/AIDS on their workforce of current and anticipated new services 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.	Completed	
1.2a Conduct assessment in collaboration with the India Business Trust.	Completed	
Output: 1.3 A resource group of Human Resources specialists in the field is developed.	Completed	
1.1a Conduct assessment in collaboration with the India Business Trust.	Completed	
1.2a Identify HR specialists in the field and organize group.	Completed	
Outcome: The Tanzania AIDS Commission (TACAIDS) and selected partner organizations have strengthened HRM systems and improved leadership.	Completed	
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	
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	This outcome was achieved and its set of activities completed during the previous reporting period (July-Dec 04). 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
Output: 3.1 A study on the impact of AIDS on the health workforce is completed.	Completed	
3.1a Conduct study.	Completed	

Human Capacity Development (July 2004 - September 2005)

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	facing key organizational challenges. Preliminary results of the leadership program indicate that many of the teams achieved their challenges and embraced the idea of teamwork to solve problems. Funding has not been available for further evaluation through M&L but ongoing work to follow up on this assessment is being carried out through the Capacity Project.
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 (see 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. Follow-up action on recommendations will be addressed under HS-2007 project.
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	<p>Achieved during previous reporting periods:</p> <ul style="list-style-type: none"> - A VLDP program for AIDS managers was successfully completed in Brazil and provides a platform for replication in other countries. - An issue of <i>The Manager</i> 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. <p>Achieved during the present reporting period (Jan-Sept 05):</p> <ul style="list-style-type: none"> - M&L produced an HCD brochure that outlines the tools and work that MSH does. This brochure was featured at the Global Health Council Meeting in June.
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	
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 Assessment 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 participants.
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.	Completed	

Strategic Direction 3
Partnering Locally for Sustainability

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Technical Cooperation Network (July 2004 - September 2005)

Project Manager

Tobin, Barbara

Task

A2WWCP1D3

SubTask

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 (including managing the website, communications, outreach) for the network, demonstrating benefits to members, and attracting new funding.

Outcome/Output/Activity	Status	Notes
Outcome: 1 An expanding range of services, products and professional development exchanges is provided to TCNetwork members through September 2005.	Completed	During this period, the TCNetwork was able to expand its use of proven management and leadership tools. Consulting for Results was offered in Uganda, Kenya, Nigeria and the Philippines to over 100 consultants in 2004-2005. A team of members from the Philippines, Uganda, Nigeria and Georgia worked on the companion piece—Maximizing the Consultant—a modularized mentoring approach to helping clients manage and monitor external consultants effectively. Members have access to expanded on-line MSH knowledge through the Virtual Center for Leadership and Management and MSH knowledge folders. Technology guidelines and assistance are available for new members to successfully navigate and utilize the private members' web site.
Output: 1.1 Foundation for on-going sustainability is built through increased visibility and brand name recognition. (Output completed before July 2005)	Completed	
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).	Completed	
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.).	Completed	
1.2b Introduce members to Quick Start for application with clients. (Activity completed before July 2005)	Cancelled	
1.2c Develop and create content for the public web space section for donors and clients (managing consultants, etc.)	Cancelled	
Output: 1.3 Established and implemented guidelines/approaches for membership contribution to knowledge management and website maintenance (September 2005).	Completed	
1.3a Dialogue held with Technology & Management Team to establish knowledge management and website maintenance needs and guidelines (coordinated with TCNetwork Virtual Hub activities).	Completed	
1.3b Training of TCNetwork members in knowledge management and website maintenance guidelines.	Completed	
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	Completed	The planning for the transition is completed and new sources of funding are actively being sought by the network. TCNetwork is incorporated in Delaware, with 501c3 nonprofit status. This will enable the network to receive donor funds. A business plan was completed and disseminated to donors.

Technical Cooperation Network (July 2004 - September 2005)

Output: 2.1 MSH technical assistance and support provided to TCNetwork members to have a transition plan for ongoing governance (September 2005).	Completed	Several foundations have been approached and have invited TCNetwork to submit proposals. Members are talking with donors locally. Meetings at donor headquarters were 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.
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).	Completed	
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.) (Activity completed before July 2005)	Completed	
2.2b Presentations and meetings with donors and client organizations held.	Completed	
Output: 2.3 TCNetwork Communications Plan finalized and implemented to solidify recognition and credibility with donors, client organizations and members (September 2005).	Completed	
2.3a Develop and deliver targeted information to the range of TCNetwork stakeholders	Completed	
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	Completed	
2.3c Keep MSH staff up-to-date on TCNetwork activities so they identify potential members, use network to fill TA requirements	Completed	
Outcome: 3 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements. (September 2005).	Completed	
Output: 3.1 Close-out of the TCNetwork Project under the M&L 2000-2005 Cooperative Agreement (September 2005).	Completed	
3.1a Inventory technical reports and submit to institutional memory.	Completed	
3.1b Closely monitor and control spending for final months, following pipeline budget.	Completed	
3.1c Streamline and store TCNetwork files.	Completed	
3.1d Debrief with USAID/Washington (prepare reports, inventory, presentations, etc.).	Completed	

Technical Cooperation Network Electronic Hub (July 2004 - September 2005)

Project Manager

Rodine, Jennifer

Task

A2WWCP1D3

SubTask

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	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).	Completed	This project year centered on the continued development of the electronic hub as the primary venue for TCNetwork activities (both public and private). Efforts to date primarily focused on supporting services for members, growing the virtual marketplace, and strengthening the overall user experience with the electronic hub.
Output: 1.1 TCNetwork members understand and use the electronic hub with ease and facility to manage network activities, engage in technical exchange, and collaborate.	Completed	
1.1a Develop materials to showcase the electronic hub and train members in its use to support network activities.	Completed	The public Web site was redesigned to highlight key elements of TCNetwork, featured new graphics and content as well as a structure which made information sorting and retrieval by key user groups easier and more intuitive.
Output: 1.2 New resources are available to key stakeholder groups (members, clients, and donors) on the virtual hub.	Completed	
1.2a Support the expansion and maintenance of the repository of TCNetwork opportunities (donor database, contacts, database, subscription database, library, etc.)	Completed	The marketplace, the centerpiece of the TCNetwork public site, was launched with functionality allowing users to tailor their searches across multiple terms and categories.
Output: 1.3 Established and implemented guidelines/approaches for membership contribution to knowledge management and Web site maintenance.	Completed	
1.3a Dialogue held with Technology & Management Team to establish knowledge management and Web site maintenance needs and guidelines.	Completed	
1.3b Training of TCNetwork members in knowledge management and Web site maintenance guidelines.	Completed	
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).	Completed	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 troubleshooting). Efforts to transition Web site management

Technical Cooperation Network Electronic Hub (July 2004 - September 2005)

Output: 2.1 MSH technical assistance and support provided to TCNetwork members in developing a transition plan.	Completed	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.	Completed	
Output: 2.2 Business plan for long-term sustainability of electronic hub developed (as part of overall TCNetwork business plan), and donor outreach conducted.	Completed	
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.	Completed	Continued refinements have been made to strengthen and streamline the Web site.
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.	Completed	
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).	Completed	
3.1b Evaluate effectiveness of the electronic hub (coordinate with overall TCNetwork evaluation plan).	Cancelled	
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).	Completed	
Output: 4.1 Close-out of the TCNetwork Project under the M&L 2000-2005 Cooperative Agreement (September 2005).	Completed	
4.1a Document relevant aspects of electronic hub in preparation for implementing transition plan.	Completed	

Global Exchange Network for Reproductive Health (Graduated Countries) (July 2004 - September 2005)

Project Manager	Task	SubTask
Johnson, Sarah	A2WWCP1D3	90XXGC

The Global Exchange Network (GEN) for Reproductive Health is designed to foment and sustain virtual exchange and sharing among reproductive health decision makers, policy makers, and service providers in countries no longer receiving USAID reproductive health and population funding (called "Graduated Countries" by USAID). GEN activities also frequently includes reproductive health professionals from non-graduated countries in order for them to benefit from the experiences of others. GEN strives to be a South-to-South virtual network.

In the virtual exchange, GEN focuses on areas of interest identified by Graduated Countries (GCs) and may include discussion related to proven practices, new information in the field or current challenges in reproductive health.

In PY5 M&L is working closely with four GCs, including Colombia, Ecuador, Mexico and Morocco, to launch the Global Exchange Network for Reproductive Health. Brazil and Turkey, the other two Graduated Countries at the present, will participate at a later date.

The priorities in PY5 include the start-up of the Global Exchange Web site and the conclusion of the VLDP for RH professionals from select NGO and public sector organizations in Colombia, Ecuador and Mexico. The most prominent GEN event in PY5 are two international virtual conferences on reproductive health topics. The first virtual conference will be spearheaded by RH organizations in Colombia, Ecuador and Mexico, featuring presentations from those countries and targeting people in these three countries as well as in non graduated countries in Latin America. The second virtual conference is hosted by Morocco, featuring presentations from Morocco MOH technical staff and officials and targeting Moroccan and African francophone countries. M&L will partner with these countries to sponsor these events.

Outcome/Output/Activity	Status	Notes
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.	Completed	The Global Exchange Web site was designed and implemented. 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) in Spanish. There is also an area in French on the site for Morocco. The site was used for exchanges to plan the two PY5 GEN virtual conferences. Materials from the conferences were subsequently placed on the site following the conference. The Web site was also used for an exchange with Colombia, Ecuador and Mexico regarding their activities in family planning and reproductive health since graduating from USAID assistance. The Web site has considerable future potential for virtual exchanges, courses, etc. With planning and implementation of the two successful GEN virtual conferences, the GEN budget did not permit further dialogue and exchange on the site in PY5. The highlight of GEN in PY5 were two highly successful three day virtual conferences conducted with partner organizations from Graduated Countries. With the support of M&L and EPG and Icohere (the latter a sub contractor providing virtual conference support), the first conference took place on April 26-28 2005, planned and implemented by 6 LAC organizations including CEMOPLAF and Fundacion Esquel in Ecuador, Profamilia and Ser Humano and Mexfam and the Ministry of Health in Mexico. The topic of the conference was Adolescent Reproductive Health, a topic chosen by the three GCs. The conference was in Spanish with translation in English for the
Output: 1.1 The Global Exchange Web site is functioning with the necessary language capacity, open for member registration, and well maintained.	Completed	
1.1a Update and maintain Web site developed at the end of PY4.	Completed	
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.	Completed	
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	Completed	
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.	Completed	
1.2b MSH staff assists with facilitating and supporting online conversations in the Web site language areas.	Completed	

Global Exchange Network for Reproductive Health (Graduated Countries) (July 2004 - September 2005)

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.	Completed	small number of non Spanish speaking participants. 165 participants from 16 LAC Countries participated. Eight power point presentations were featured with audio and on-line discussions following each presentation. Conference participants were highly satisfied with the quality of the conference presentations, the on-line dialogues, the virtual conference methodology and the opportunity for networking according to survey data. There were many requests to continue this type of exchange and information sharing. The second virtual conference in French on the topic of Safe Motherhood was conducted by the Moroccan MOH, with support from M&L and EPG. 98 people participated in this virtual conference including people from Morocco and eight Francophone countries in Africa. The conference was also highly rated by participants. See Morocco workplan for more information on this conference.
1.3a Plan conference with the Graduated Countries.	Completed	
1.3b Support virtual conference and evaluate results.	Completed	
Output: 1.4 Build relationships with potential partners.	Completed	
1.4a Hold discussions with potential partners and donors including organizations in New York and Washington, D.C.	Completed	
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.	Completed	
1.5a A survey is developed and administered with representatives from all Graduated Countries to gather information on what they learned regarding the "graduation" process.	Completed	
1.5b A summary is written, posted on the Web site, and submitted to USAID.	Completed	
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 2005.	Completed	All the requisite reports will be on the I drive and in institutional memory by mid September 2005.
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) (July 2004 - June 2005)

Project Manager

Griffin, Jude

Task

A2WWCP1D3

SubTask

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	Status	Notes
Outcome: 1 VCLM members will gain knowledge from experience exchanges on the VCLM.	Completed	The planned forum on the VCLM was shifted to the LeaderNet platform where two simultaneous multilingual moderated forums on leadership and management were conducted in June of 2005. This was done to provide the simplest interface and most convenient method of interaction for the participants.
Output: 1.1 Members participated in one seminar in English on key management and leadership topics.	Completed	
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.	Completed	
1.1b Format adapted materials for the Web, and design and build sections on the Web site.	Completed	
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 Web site to reflect end of funding status.		

Virtual Center for Leadership and Management (VCLM) (July 2005 - September 2005)

Project Manager

Ip, Amanda

Task

A2WWCP1D3

SubTask

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 and their related Knowledge Folders, LeaderNet, Global Exchange on Reproductive Health, the Electronic Resource Center, the Virtual Leadership Development Program, and the Business Planning Program.

Outcome/Output/Activity

Status

Notes

<p>Outcome: 1 VCLM members will gain knowledge from experience exchanges on the VCLM. (Outcome completed before July 2005)</p>	<p>Completed</p>	
<p>Output: 1.1 Members participated in one seminar in English on key management and leadership topics.</p> <p>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.</p> <p>1.1b Format adapted materials for the web and design and build section on website.</p>		
<p>Outcome: 2 The results of the VCLM evaluation will be documented.</p>	<p>Completed</p>	
<p>Output: 2.1 An evaluation plan of the project objectives and interventions is implemented.</p> <p>2.1a Develop indicators to measure and assess the use of the VCLM and its impact on supporting its members in their work</p>	<p>Completed</p>	<p>The evaluation of VCLM was completed in September, using Web Trends reports generated by the Electronic Product Groups. The average number of unique visitors per month during the reporting period was 93, with the average number of total visits 116. The majority of these visits came from the United States (82%), followed by visits of unknown origin (12%), and international visits about 5% coming from countries, including Saudi Arabia, Germany, Australia, Indonesia, France, Switzerland, Peru, Canada, Brazil, Netherlands, Trinidad and Tobago, Honduras, South Africa, Rwanda, France, and Iran.</p>
<p>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 2005.</p>	<p>Completed</p>	
<p>Output: 3.1a A summary report and other actions are completed for compliance and within budget.</p> <p>3.1a Report on M&E results; update website to reflect end of funding status.</p>		

Partnering for Improved Service Delivery (July 2004 - September 2005)

Project Manager

Monroy, Alvaro

Task

A2WWCP1D3

SubTask

90XXCL

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

Outcome/Output/Activity	Status	Notes
Outcome: 1 Selected service-delivery CAs will have strengthened leadership and management capacity to achieve organizational results through collaborative information exchange activities.	Completed	During the reporting period, the Partnering with Service Delivery CAs built upon the relationship established with the Adventist Development and Relief Agency (ADRA) by facilitating a MOST exercise with ADRA staff in Guinea. After sharing information on M&L approaches and tools with them, the directors of both the Guinea and Ghana field offices requested that M&L conduct MOST assessments. The exercise with ADRA/Guinea was carried out as planned from May 4-6, 2005; however, the training in Ghana that was originally planned for June 2005 was cancelled due to the unavailability of ADRA/Ghana staff before the end of the M&L Program. The ADRA/Guinea MOST workshop drew 26 participants from the various projects being implemented by ADRA throughout Guinea, staff from the ADRA Head Office in Conakry, and several board members. The Country Director and members of senior management joined the team during the plenary sessions and for the final consensus building and decision-making discussions about objectives and action plans. ADRA staff members participated actively and demonstrated a high level of commitment throughout the MOST exercise. Jana Ntumba, an MSH staff member based in Ghana, and Theodora Acquah, a consultant from the Ghanaian Social Marketing Foundation (GSMF) facilitated the workshop in English and French.
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.	Completed	
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.	Completed	
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.	Completed	
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.	Completed	
1.3a Demonstrate the use of diagnostic, assessment, and management improvement processes with field staff of international or national health service organizations.	Completed	
1.3b Provide follow-up to evaluate the use of management improvement processes in the field.	Reprogrammed	
1.3c Assist participating CAs in applying lessons learned in supervision and evaluation.	Reprogrammed	

Interagency Coordination and Information Sharing (July 2004 - September 2005)

Project Manager

Tobin, Barbara

Task

A2WWCP1D3

SubTask

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

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.	Completed	M&L has participated in a variety of coordination and technically focused meetings linking management and service delivery, including meetings with USAID/SDI and with the Gates Foundation.
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	Completed	
	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.	Completed	
	1.1b Include center directors of MSH in M&L workplanning and other activities as identified.	Cancelled	
Outcome:	2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by June 2005.	Completed	
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 - ProPetén (July 2004 - June 2005)

Project Manager	Task	SubTask
Monroy, Alvaro	A2GTCP1D3	10XXPN

M&L will be providing managerial, technical, and financial oversight to ProPetén, 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 Petén while improving knowledge and practices related to the region's rich cultural heritage.

Outcome/Output/Activity	Status	Notes
Outcome: 1 By January 31, 2005 and with M&L's assistance, ProPetén 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	An APROFAM-trained community educator was hired by ProPetén in March 2005. This educator is responsible for traveling with mobile biosphere and disseminating information about environmental/reproductive health issues in the local communities. During March and April 2005, ProPetén hired personnel to write scripts for the Radio Novella and 60 episodes were prepared. Several episodes have been reviewed by Alvaro Monroy. Episodes will also be sent to USAID/Guatemala for a full review, and will be aired beginning in August.
Output: 1.1 By January 31, 2005 ProPetén has successfully completed their SOW and deliverables associated with it.	In Process	
1.1a By January 2005, M&L staff has assisted ProPetén 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.		

Guatemala - ProPeten (July 2005 - September 2005)

Project Manager	Task	SubTask
Monroy, Alvaro	A2GTCP1D3	10XXPN

M&L will be providing managerial, technical, and financial oversight to ProPeten. ProPeten is a Guatemalan NGO and M&L will be assisting them with their Remedios II project. Remedios II will develop an IEC program to increase the use of contraceptives in the Peten while improving knowledge and practices related to the regions rich cultural heritage.

Outcome/Output/Activity	Status	Notes
Outcome: 1 By September 1, 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 September 2005.	Completed	In the reporting period, the ProPeten Mobile Biosphere visited 10-15 communities and educated them on issues on Environmental/Reproductive Health, providing them with useful information and working with local NGOs and Ministries of Health. By September 29, 2005, 39 (of 60) episodes of the Radio Novella were taped (bilingual actors hired in August 2005) and aired by multiple radio broadcasters.
Output: 1.1 By September 1, 2005 ProPeten has successfully completed their SOW and deliverables associated with it.	Completed	
1.1a By September 2005, M&L staff has assisted ProPeten in successfully managing their SOW	Completed	
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by June 2005.	Completed	
Output: 2.1 M&L technical and administrative staff assist in close out requirements, per USAID and M&L policy by September 05.	Completed	
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) (July 2004 - June 2005)

Project Manager

Ellis, Alison

Task

A2WWCP1D4 97XXRS

SubTask

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	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 2004 unit retreat. Assignments were also reviewed at the June 2005 unit retreat; adjustments were not required.
Output: 1.1 All field-based projects have an up-to-date Plan for Performance Improvement and M&E plan (June 2005).	In Process	
1.1a Provide ongoing support to program managers in the development or adjustment of Plans for Performance Improvement and M&E plans.	In Process	Assistance in M&E has been provided to the following programs during this reporting period: LACHSRI, Global Exchange Network for RH, Bolivia/PROSALUD, and the Kenya Leadership Development program.
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	The M&E Unit collected monitoring data for the TCNetwork. Results will be shared in an updated flyer on the TCNetwork.
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	
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, January, April, and August, and for the January-June and July-September 2005 semiannual reports. No adjustments to the KIX system have been required over the past six months. KIX is still not uniformly accessible to overseas 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).	Scheduled for next reporting period	
1.3a Continue to test and refine indicators based on their use in field-based programs.	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 M&L, recommendations for refinement will be made upon completion of this review.

Planning, Monitoring, & Evaluation (PM&E) (July 2004 - June 2005)

Outcome: 2 Continue to analyze, document, and disseminate the achievements and results of M&L field-based programs.	In Process	The M&E Unit Director participated in the first full meeting of the new OPRH-CA Sub-committee on M&E in April 2005. A presentation entitled "So What?! The M&L Evaluation Journey" was given for MSH staff to share lessons learned and to generate ideas for strengthened evaluation within MSH as a whole. Three Evaluations Notes (Nicaragua Leadership Development Program, Armenia, and VLDP/Caribbean [funded under a sub-contract from IMPACT/FHI]) summarizing findings of evaluations were disseminated during this reporting period.
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	In Process	
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		
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.		

Planning, Monitoring, & Evaluation (PM&E) (July 2005 - September 2005)

Project Manager	Task	SubTask
Ellis, Alison	A2	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	Status	Notes
Outcome: 1 Continue to support the integration and use of monitoring and evaluation in the M&L project planning and management processes.	Completed	Key achievements during this reporting period include:
Output: 1.1 All field-based projects have an up-to-date Plan for Performance Improvement and M&E plan (Output completed before July 2005)	Cancelled	<ul style="list-style-type: none"> • Completion of monitoring of the TCNetwork's progress as against performance indicators in its M&E plan based on in-depth telephone interviews. The findings have been disseminated internally. • Completion of a thorough review of all indicators used throughout the life of the M&L Program. Findings were summarized in a brief report and recommendations were offered for revision and expansion of the Menu of Indicators on Leadership and Management.
1.1a Provide ongoing support to program managers in the development or adjustment of Plans for Performance Improvement and M&E plans	Completed	
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.	Completed	
Output: 1.2 The M&E system provides routine information on the results of M&L interventions for project management and reporting purposes (Output completed before July 2005)	Completed	
1.2a Provide ongoing support to program managers in the use of the KIX (Knowledge Information X-Change) database (data entry, data extraction/reporting, and project monitoring)	Completed	
1.2b Refine the functionality of KIX based on feedback from U.S. and field-based users	Cancelled	
Output: 1.3 The Menu of Indicators on Management and Leadership is updated (Output completed before July 2005)	Completed	
1.3a Continue to test and refine indicators based on their use in field-based programs	Completed	

Planning, Monitoring, & Evaluation (PM&E) (July 2005 - September 2005)

Outcome: 2 Continue to analyze, document, and disseminate the achievements and results of M&L field-based programs.	Completed
Output: 2.1 Results from selected M&L field-based programs are disseminated to outside audiences (June 2005)	Completed
2.1a Prepare approximately 8 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 (Activity completed before July 2005)	Completed
2.1b Represent the Monitoring and Evaluation Unit at meetings and other	Completed
Outcome: 3 CLOSE-OUT: This sub-task is completed within budget/pipeline and in compliance with USAID and M&L requirements by September 2005.	Completed
Output: 3.1 Continue to provide technical support to program managers with monitoring and evaluation (September 2005)	Completed
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	Completed
3.1b Provide ongoing support to program managers in the use of the KIX	Completed
3.1c Refine the functionality of KIX based on feedback from U.S. and field-based users	Cancelled
3.1d Update and distribute a revised Menu of Indicators	Cancelled
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	Completed
3.1f Represent the M&E Unit at meetings and other venues	Completed

Key achievements during this reporting period include:

- The M&E Unit Director participated in the second meeting of the OPRH-CA Sub-Committee on M&E in September.
- Evaluation Notes on the following will be prepared and disseminated within MSH and to USAID prior to the close of M&L: Cross Program Review II, Nicaragua Senior Leadership Development Program, Egypt Pre-Service Leadership Development Program, Mozambique Health Systems and Services Project, Uganda/Inter-Religious Council of Uganda, and the VLDP/Africa cohorts I and II.

See Outcome 2 above for a summary key achievements.

Special In-Depth Evaluations (July 2004 - June 2005)

Project Manager

Ellis, Alison

Task

A2WWCP1D4 97XXRE

SubTask

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	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: a follow-up inquiry on the Senegal Leadership Development Program, the Nicaragua Leadership Development Program (supported with field support funds), PRIME-M&L joint project in Armenia, and VLDP/Caribbean (funded under a contract to MSH by FHI/IMPACT). Field work for the following evaluations has been completed with the reports pending finalization:
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	Nicaragua Senior Leadership Development Program (field-support funded), Mozambique Health Systems and Services project (field-support funded), Pre-Service Program in Egypt, and the follow-up evaluation of the VLDP Africa I and II cohorts. Data has been collected for the Cross Program Review II and is in the process of being analyzed.
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	As soon as the Mozambique and Nicaragua reports are available, the M&E Unit will complete a synthesis report on lessons learned from the implementation of leadership development programs.
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	Completed	
1.3a Collect and analyze data since phase I was completed in May 2004.	Completed	The evaluation of the Bolivia/PROSALUD program was postponed until September at the request of the Mission due to civil unrest in Bolivia in May. This activity is supported with field support funds.
1.3b Write and distribute the final report.	Completed	
Output: 1.4 Evaluate the results and impact of the Virtual Leadership Development Program conducted in Africa (March 2005).	In Process	
1.4a Develop the scope of work and evaluation methodology; develop and pretest the data collection instrument; and collect and analyze the data	In Process	
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.)	In Process	
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).	In Process	
1.5a Refine evaluation methodology; and collect and analyze data stored in KIX and/or available with M&L Program Managers.	In Process	

Special In-Depth Evaluations (July 2004 - June 2005)

1.5b Write and distribute the final report.

In Process

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).

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 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.

Special In-Depth Evaluations (July 2005 - September 2005)

Project Manager	Task	SubTask
Ellis, Alison	A2	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	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.	Completed	In-depth evaluations of the following programs were completed during this reporting period: VLDP/Africa I and II, the Cross Program Review II, Pre-Service Program in Egypt.
Output: 1.1 Complete the validation study of the Workgroup Climate Assessment Tool (Output completed before July 2005)	Completed	With field support funding, the following in-depth evaluations were also completed: Mozambique Health Systems and Services, Nicaragua Senior Leadership Development Program, Uganda/Inter-religious Council of Uganda, and Bolivia/PROSALUD.
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 (Output completed before July 2005)	Completed	The reports on all of these evaluations will be shared with M&L senior staff, concerned USAID Missions, and USAID/W prior to the close of M&L. The Bolivia/PROSALUD report is available in Spanish only.
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 (Output completed before July 2005)	Completed	
1.3a Collect and analyze data since phase I was completed in May 2004.	Completed	
1.3b Write and distribute the final report	Completed	
Output: 1.4 Evaluate the results and impact of the Virtual Leadership Development Programs conducted in Africa (Output completed before July 2005)	Completed	
1.4a Develop the scope of work and evaluation methodology; develop and pretest the data collection instrument; and collect and analyze the data	Completed	
1.4b Write and distribute the final report.	Completed	
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 (August 2005)	Completed	
1.5a Refine evaluation methodology; and collect and analyze data stored in KIX and/or available with M&L Program Managers (Activity completed before July 2005)	Completed	

Special In-Depth Evaluations (July 2005 - September 2005)

	1.5b Write and distribute the final report	Completed	
Output:	1.6 Update the synthesis report initiated in PY4 regarding best practices and lessons learned in the delivery, follow-up, and sustainability of management and leadership development programs (Output completed before July 2005)	Completed	
Outcome:	2 CLOSE-OUT: This sub-task is completed within budget/pipeline and in compliance with USAID and M&L requirements by September 2005.	Completed	A brief report synthesizing key lessons learned from the design and delivery of leadership development programs was finalized and shared with M&L staff.
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)	Completed	
	2.1a Finalize and distribute the report	Completed	

Knowledge Management (July 2004 - June 2005)

Project Manager

Ellis, Alison

Task

A2WWCP1D4

SubTask

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 (CoP), 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	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 Communities of Practice finished refining the structure and content of their knowledge folders; development of the fourth Community of Practice Knowledge Folder (Performance Improvement) is ongoing. All four Communities of Practice engaged in regular face-to-face meetings and virtual conversations in order to exchange best practices as well as to create and fine-tune tools and methodologies in their topic areas. Significant achievements of each Community of Practice for PY5 include:
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	Human Capacity Development (HCD) - Contents and structure of the Knowledge Folder on Human Resource Management were expanded to encompass the four components of the HCD Framework; HCD resources were made publicly available in the "HRM Resource Kit" on MSH's Electronic Resource Center; a two-week facilitated virtual discussion on the Joint Learning Initiative (JLI) report was held in February, as well as a full day retreat in March to rework MSH's HCD strategy.
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	Developing Managers Who Lead - Three presentations on Developing Managers Who Lead were delivered at Global Health Council (GHC) Conference June; CoP members developed the first draft of a chapter on "Evaluating Organizational Change/Transformation Efforts" for the forthcoming (November 2006), Leadership Development Evaluation Handbook being organized by the Center for Creative Leadership; and MSH's "Developing Managers Who Lead: A Handbook for Improving Health Services" was completed and distributed both internally and externally; finally, over 15 online conversations occurred in eRoom that included more than 20 MSH practitioners from the field.
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	In Process	
1.2a The Human Resource Management Knowledge Folder is maintained; new materials are added, existing materials are updated and revised.	Completed	Performance Improvement (PI) Community of Practice - Three papers on PI were presented at Population Health Institute's PI day; a brown bag on Performance Improvement was delivered at MSH; and two highly successful virtual discussions were facilitated on "Fully Functional Service Delivery Points" and "Using Performance Improvement to
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.	Completed	

Knowledge Management (July 2004 - June 2005)

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	Generate Innovation.”
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	Health Information Systems (HIS) - Three presentations on HIS were delivered at GHC Conference by CoP members; a presentation on District Level HIS Development in South Africa was given at the RHINO conference organized by JSI; the HIS section of the ERC was revised and updated using HIS Knowledge Folder materials; and the performance
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	assessment and service monitoring frameworks as developed by M&L in Indonesia were shared with other countries such as Afghanistan, Malawi, and Guyana.
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 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.	Completed	
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.	Completed	

Knowledge Management (July 2004 - June 2005)

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	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: presenting M&L's Knowledge Management program at USAID at the End of Program Conference; extending Knowledge Folder access in eRoom to multiple users at USAID, EngenderHealth, and the Implementing Best Practices (IBP) Consortium; 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
Output: 2.1 CoP Leaders meetings are held to discuss issues relevant to the promotion and effective use of CoPs, Knowledge Folders, and eRoom. 2.1a CoP Leaders will have learned from their colleagues and applied lessons to their own CoPs.	In Process In Process	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 MSH's Development, Communication and Products team on MSH's Knowledge Management initiative, and creation of an illustrative protocol/budget for new CoPs using eRooms.
Output: 2.2 Knowledge Management and Knowledge Folders are promoted within and outside of MSH. 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 In Process	
Output: 2.3 The CoP Users Support eRoom is maintained for use by all MSH employees using eRoom. 2.3a User Support eRoom is updated regularly.	In Process 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 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 Management (July 2005). 3.1a Convene a one-day meeting.	Scheduled for next reporting period Scheduled for next reporting period	

All Knowledge Management activities and processes have been well documented. Steps to ensure that the four knowledge folders find a permanent and publicly accessible location on MSH's Electronic Resource Center were initiated during this reporting period and will be completed by September 29, 2005.

Knowledge Management (July 2005 - September 2005)

Project Manager	Task	SubTask
Ellis, Alison	A2	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	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.	Completed	All four Communities of Practice (CoP) finished refining the structure and content of their Knowledge Folders; select materials from each CoP's Knowledge Folder were made publicly available via MSH's Electronic Resource Center (ERC).
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 (Sept. 2005)	Completed	Other significant achievements for each Community of Practice during this three month period include: Human Capacity Development - MSH's learning on HCD was publicly shared via a pamphlet on "Addressing the Global Crisis in Human Resources for Health." A Human Resource
1.1a The Performance Improvement Knowledge Folder is maintained; new materials are added, existing materials are updated and revised	Completed	
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	Completed	Tool Kit was created and made publicly available via the MSH Electronic Resource Center Web site. A CD-ROM of knowledge folder resources was created and distributed for MSH field staff use. M&L HCD Community of Practice members collaborated with the World Health Organization on common areas of interest in HCD.
1.1c The Performance Improvement Community of Practice will present a Performance Improvement Brown Bag at MSH	Completed	Developing Managers Who Lead - The publication, Developing Managers Who Lead, and accompanying toolkit on CD-Rom were completed and disseminated. A section on Developing Managers Who Lead on the Electronic Resource Center was created in order to further share MSH's knowledge and tools on leadership development, including the Work Climate Assessment tool and five issue of <i>The Manager</i> on the topic of leadership. A pre-conference forum for the M&L End of Project Conference on "Leadership at the Top" was facilitated for LeaderNet members and invited USAID personnel.
1.1d Develop a content area on the ERC entitled "Improving Organizational Performance" and populate with documents	Completed	
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 (Sept	Completed	
1.2a The Human Resource Management Knowledge Folder is maintained; new materials are added, existing materials are updated and revised	Completed	Performance Improvement (PI) Community of Practice - The learnings from the virtual discussions on "Fully Functional Service Delivery Points" and "Using Performance Improvement to Generate Innovation" were synthesized and used to create a tool. Case studies were prepared on Fully Functional Service Delivery Points, PI in Leadership Development Programs and the use of Performance
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	Completed	

Knowledge Management (July 2005 - September 2005)

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" (activity completed before July 2005)	Completed	Improvement at Manuela Ramos in Peru.
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	Completed	Health Information Systems (HIS) - The MSH HIS Approach document was fine-tuned and made publicly available via the ERC.
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 (Sept. 2005)	Completed	
1.3a The Developing Managers Who Lead Knowledge Folder is maintained; new materials are added, existing materials are updated and revised	Completed	
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	Completed	
1.3c The Developing Managers Who Lead Community of Practice will synthesize knowledge for each component of the L&M framework	Completed	
1.3d The Developing Managers Who Lead Community of Practice will work to restructure the DMWL Knowledge Folder in light of usability testing results and the need to develop a publicly accessible KF (activity completed before July 2005)	Completed	
1.3e Develop and move two to three DMWL tools onto the ERC for greater accessibility to the public by January 2005 (activity completed before July 2005)	Completed	
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	Completed	
1.4a The Health Information System Knowledge Folder is maintained; new materials are added, existing materials are updated and revised	Completed	
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. (Activity completed before July 2005)	Completed	

Knowledge Management (July 2005 - September 2005)

Outcome: 2 The overall Knowledge Management initiative is supported within M&L and extended to a wider circle of users of synthesized knowledge.	Completed	Lessons learned from M&L's work in the area of Knowledge Management were shared with leaders from MSH's Center for Leadership and Management (CLM) in order to help guide the creation of CLM Practice Areas and Knowledge Management strategy. Ongoing actions will be undertaken to ensure that CLM and LMS Knowledge Management activities build on past experience and learnings.
Output: 2.1 CoP Leaders meetings are held to discuss issues relevant to the promotion and effective use of CoPs, Knowledge Folders, eRoom	Completed	
2.1a CoP Leaders will have learned from their colleagues and applied lessons to their own CoPs	Completed	
Output: 2.2 Knowledge Management and Knowledge Folders are promoted within and outside of MSH	Completed	
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 (activity completed before July 2005)	Completed	
Output: 2.3 The CoP Users Support eRoom is maintained for use by all MSH employees using eRoom.	Completed	
Outcome: 3 M&L contributes its experience in the evaluation of leadership development to the domestic and international community	Completed	As reported in the PY5 Semi-Annual Report, M&L submitted the first draft of its chapter on "Evaluating Organizational Change/Transformation Efforts" to the Center for Creative Leadership (CCL) on time, June 2005. The chapter was very well received. Alison Ellis participated in the 2nd Author's Conference organized by CCL in August. The Conference allowed authors to exchange information on lessons learned from evaluating leadership development programs in all social sectors. Draft #2 of the chapter, reflecting feedback received from CCL editors and peer reviewers is due on 1 October. The Leadership Development Evaluation Handbook will be published by CCL in November 2006.
Output: 3.1 Participate in the preparation of a Handbook on Leadership Development Evaluation in collaboration with the Center for Creative Leadership (September 2005)	Completed	
3.1a Draft chapter outline; draft and revise the chapter on organizational outcomes of leadership development.	Completed	
Outcome: 4 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 2005.	Completed	A four-hour facilitated discussion was held on August 3 to review the challenges, successes, and lessons learned as regards Knowledge Management in M&L over the last four years. Nineteen people participated in the face-to-face meeting. Input was also collected from the field in order to synthesize M&L employees' feedback and ideas for future knowledge management activities under LMS.
Output: 4.1 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 Management (July 2005)	Completed	
4.1a Convene a one-day meeting	Completed	

Communications and Reporting (July 2004 - September 2005)

Project Manager

Ellis, Alison

Task

A2WWCP1D4 97XXCP

SubTask

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

Outcome/Output/Activity	Status	Notes
Outcome: 1 The M&L Program continues to meet its contractual obligations for routine reporting to USAID.	Completed	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. The Semiannual Report for the July 1–December 30, 2004 period (the first half of PY5) was completed January 31, 2005. This report included several suggestions implemented from the after action review held in October 2004, which resulted in a more timely report of higher quality. In April 2005, an after-action review was held with key staff members to verify that the process and quality of the report was improved, and to determine if there were any additional steps toward improvement that could be made. Additional uses for Semiannual Report content were also discussed. In PY5, approximately 50 documents were submitted to USAID's Development Experience Clearinghouse.
Output: 1.1 Routine reports and other documentation required by USAID are prepared and submitted on time (July 2005).	Completed	
1.1a Coordinate, compile and edit information for semiannual reports.	Completed	
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.	Completed	
1.1e Submit M&L materials to USAID Institutional Memory.	Completed	
1.1f Contribute to the coordination, preparation, and production of the final three-month workplan.	Completed	

Communications and Reporting (July 2004 - September 2005)

Outcome: 2 The M&L Program continues to develop and disseminate communications products for external and internal audiences.	Completed	<p>Across the board, the M&L Communications group has exceeded expectations on results within this outcome during PY5. More than 35 flyers, Stories from the Field, and country profiles have been updated or developed—including Country Pages for Angola, 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); 14 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, one of which will be published in a future issue of USAID’s FrontLines newsletter. A consultant, Michael Paskavitz, spent two weeks in Mozambique with Cora Peterson (who was sent using MSH overhead funds) to develop four articles based on M&L’s work in the country. Michael Paydos spent one week in Belize to develop a story from the field based on results from the VLDP Caribbean (using funds from FHI’s IMPACT Project). A high-quality Human Capacity Development brochure was also produced using HCD funds.</p> <p>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.</p> <p>Nine Evaluation Notes have been finalized and disseminated (Guinea2, Egypt2, Publications, the Cross-Program Review, VLDP 1–3, PRIME-Armenia, VLDP Caribbean, Nicaragua, and Senegal).</p> <p>More than 220 documents have been sent to the MSH Institutional Memory during the program year and are currently available to MSH employees.</p> <p>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 support for the M&L End of Project conference.</p>
Output: 2.1 Communications products are prepared, updated, and disseminated (June 2005).	Completed	
2.1a Develop or update approximately 20 Technical Notes, Country Profiles, and Stories From the Field.	Completed	
2.1b Edit, produce, and disseminate approximately 8 Evaluation Notes.	Completed	
2.1c Translate and distribute key communications products, including maintenance of M&L Library and organizing materials for M&L travelers.	Completed	
2.1d Submit M&L materials to MSH Institutional Memory.	Completed	
2.1e Write and edit reports, fliers, articles, white papers, abstracts, and other materials, as requested.	Completed	
Output: 2.2 M&L knowledge is communicated to external audiences via presentations and seminars (June 2005).	Completed	
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.	Completed	

Communications and Reporting (July 2004 - September 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.	Completed
Output: 3.1 Final report and other programmatic documentation required for close-out are prepared and submitted (September 2005).	Completed
3.1a Coordinate, prepare and submit a final report or final Semi-Annual report, as required by USAID.	Completed
3.1b Submit any outstanding materials to USAID and MSH Institutional Memory.	Completed

Semiannual Report for the July–September, 2005 period (the second half of PY5 plus the final three months of M&L) was completed and submitted to USAID in September 2005.

A Final Report, covering M&L’s five program years of work, was completed in September 2005. This report includes short write-ups of every substantive M&L subproject and activity, with notes on where more detailed information can be accessed.

As part of basic close-out procedures, all pertinent M&L documents have been submitted to USAID’s Development Exchange Clearinghouse.

M&L Web Space (July 2004 - September 2005)

Project Manager

Ellis, Alison

Task

A2WWCP1D4 97WSEC

SubTask

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	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.	Completed	In PY5, the M&L Web site has truly become representational of the Program as a whole, its work, and its goals. PY5 activities have involved maintaining the site by adding new content as it is developed. As a result, the Web maintenance has become a matter of routine. All pertinent communications products (see the Communications and Reporting workplan, page 58), are adapted for use on the Web, either as new HTML pages or as PDF downloads (this includes every Story from the Field, Evaluation Note, Technical Note, and the Leading and Managing Framework). In addition, unique content, such as an article covering a technical exchange between M&L's Leadership Development Program in Egypt with health managers in Afghanistan, was also produced.
Output: 1.1 Electronic versions of existing communications materials are posted to the Web site (June 2005).	Completed	The Web site was also used as a hub to connect potential attendees to the M&L End of Project Conference online registration form. The agenda for the conference and pertinent links were also provided.
1.1a Adapt and post approximately 15 Technical Notes, Country Profiles, and Stories From the Field.	Completed	
1.1b Adapt and post approximately 10 Evaluation Notes.	Completed	
1.1c Adapt and post other priority communications products, as requested.	Completed	
1.1d Adjust Web site navigation, as required.	Completed	
1.1e Monitor Web trends and make adjustments, as required.	Completed	
Outcome: 2 CLOSE-OUT: This sub-task is completed within budget/pipeline and in compliance with USAID and M&L requirements by September 2005.	Completed	The primary close-out activity for this workplan is to ensure the M&L Web space can stand as a lasting legacy for the program by removing overly dated material and ensuring that all information is fully up to date. The M&L Final Report has been uploaded onto the Web space in an interactive area, allowing users to select individual subprojects to read an overview of the work and results, with links provided to access more detailed information.
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)	Completed	
2.1a Adapt and post close-out related materials	Completed	

Provider's Guide to Quality & Culture (July 2004 - June 2005)

Project Manager

Gail Price

Task

A2USCP1D4

SubTask

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 sporadically 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	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	Completed	The materials from the virtual seminar, "Reducing Health Disparities in Asian American Pacific Islander Populations" have been modified and re-purposed as a permanent section of the Provider's Guide to Quality and Culture Web site (http://erc.msh.org/aapi/index.html).
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.	Completed	
1.1a Review all components of the AAPI seminar.	Completed	The materials from the two- week virtual event are now available as seven modules on the Provider's Guide, including: Introduction to Cultural Competence, AAPI Demographics, AAPI Medical Traditions, Techniques for Taking a History, Patient Adherence, Communicating Across Cultures, and AAPI Epidemiology. In addition, users now have access to a series of new video clips of patients and providers describing clinical encounters.
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.	Completed	
1.1d Manage project.	Completed	
1.1e Post information.	Completed	

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Afghanistan (July 2004 - June 2005)

Project Manager

Downey, Stacey

Task

A2AFCP2XX

SubTask

99SDXX

As the Ministry of Health in Afghanistan begins to form partnerships with the NGO sector to provide better health care services, improving the capacity of the human resources is critical to achieving this objective. During this year, local Ministry of Health and NGO staff will participate in international capacity building activities, including study tours, trainings, and conferences. A key activity will be a study tour to the M&L program in Egypt which will also include a five-day training about implementing performance improvement at the health center level. Additionally, key management materials will be translated and printed as appropriate.

Outcome/Output/Activity	Status	Notes
Outcome: 1 Improved management capacity of Afghanistan's Ministry of Health and NGO sector staff is applied to improve the quality of health care services provided.	In Process	Through a study tour to the Leadership Development Program of Egypt and a follow up visit in Afghanistan, MOH and REACH staff improved their leadership and management capacity to implement family planning/reproductive health programs. Additionally, select
Output: 1.1 Management skills of select Ministry of Health and NGO sector staff are improved through study tours and trainings in performance improvement and Data	In Process	MOH and REACH staff improved their data management skills through a course at Agha Khan University in Islamabad. Finally, 52 staff from the MOH and REACH are currently undertaking a part-time Business Administration Program in Kabul to improve their overall management capacity as a team.
1.1a Study tour to M&L's Egypt Leadership Development Program with a five-day training in performance improvement and implementing a leadership development program.	Completed	
1.1b Leadership development training is conducted as follow up with the teams that participated in the Egypt study tour and with the Minister of Health and his deputies.	In Process	
1.1c Eight staff from both the Ministry of Health and the NGO Grantees participate in a Statistics and Data Management course in Pakistan in order to improve their management information systems.	Completed	
Output: 1.2 Selected teams from Afghanistan's Ministry of Health and NGO sector will use increased capacity in management and business administration to provide better quality health care services in collaboration with the REACH Capacity Building	Completed	
1.2a Five teams from the Ministry of Health and three teams from the NGO sector will join selected REACH Capacity Building Team members in a local program in Management and Business Administration in order to improve their overall capacity in management and put these new tools to use in their teams back at their service delivery sites.	Completed	
Output: 1.3 Senior members of Afghanistan's Ministry of Health and NGO partners participate in the Global Health Council's Annual Conference to bring new ideas back to Afghanistan.	Completed	
1.3a Four Ministry of Health staff, two staff from the NGO grantees and two REACH staff will participate in GHC in order to share the Afghanistan experience in rebuilding its health system.	Completed	
1.3b One REACH staff member (Pashtoon Azfar) will participate in the American College of Nurse Midwives' 50th Annual Meeting to share the initiating of Afghanistan's nurse midwifery program and receive the 2005 International Midwives Award.	Completed	

Afghanistan (July 2004 - June 2005)

- | | |
|--|-------------------------------------|
| <p>Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 2005.</p> | Scheduled for next reporting period |
| <p>Output: 2.1 Programmatic and financial close out of project completed in accordance with the M&L Cooperative Agreement.</p> | Scheduled for next reporting period |
| <p> 2.1a One MSH staff person will take a three-week TDY to Afghanistan for close-out activities.</p> | Scheduled for next reporting period |

Afghanistan (July 2005 - September 2005)

Project Manager

Downey, Stacey

Task

A2AFCP2XX

SubTask

99SDXX

As the Ministry of Health in Afghanistan begins to form partnerships with the NGO sector to provide better health care services, improving the capacity of the human resources is critical to achieving this objective. During this year, local Ministry of Health and NGO staff will participate in international capacity building activities, including study tours, trainings and conferences. A key activity will be a study tour to the M&L program in Egypt which will also include a five-day training about implementing performance improvement at the health center level. Additionally, key management materials will be translated and printed as appropriate.

Outcome/Output/Activity	Status	Notes
Outcome: 1 Improved management capacity of Afghanistan's Ministry of Health and NGO sector staff is applied to improve the quality of health care services provided.	Completed	During this period, M&L leadership development expert, Joan Galer, and her Egyptian counterpart, Morsy Mansour, traveled to Kabul to provide follow-up technical assistance to the Afghan participants from the Egypt study tour to help them explore applications of their leadership and management skills.
Output: 1.1 Management skills of select Ministry of Health and NGO sector staff are improved through study tours and trainings in performance improvement and Data	Completed	
1.1a Study tour to M&L's Egypt Leadership Development Program with a five-day training in performance improvement and implementing a leadership development program.	Completed	Additionally, leadership modules were given to Senior Ministry of Health staff and REACH staff to improve their ability to lead and manage.
1.1b Leadership development training is conducted as follow up with the teams that participated in the Egypt study tour and with the Minister of Health and his deputies.	Completed	
1.1c Eight staff from both the Ministry of Health and the NGO Grantees participate in a Statistics and Data Management course in Pakistan in order to improve their management information systems. (Activity completed before July 2005)	Completed	
Output: 1.2 Selected teams from Afghanistan's Ministry of Health and NGO sector will use increased capacity in management and business administration to provide better quality health care services in collaboration with the REACH Capacity Building Team. (Output completed before July 2005)	Completed	
1.2a 5 teams from the Ministry of Health and 3 teams from the NGO sector will join selected REACH Capacity Building Team members in a local program in Management and Business Administration in order to improve their overall capacity in management and put these new tools to use in their teams back at their service delivery sites.	Completed	
Output: 1.3 Senior members of Afghanistan's Ministry of Health and NGO partners participate in the Global Health Council's Annual Conference to bring new ideas back to Afghanistan. (Output completed before July 2005)	Completed	
1.3a 4 Ministry of Health staff, 2 staff from the NGO grantees and 2 REACH staff will participate in GHC in order to share the Afghanistan experience in rebuilding its health system.	Completed	
1.3b One REACH staff member (Pashtoon Azfar) will participate in the American College of Nurse Midwives' 50th Annual Meeting to share the initiating of Afghanistan's nurse midwifery program and receive the 2005 International Midwives Award.	Completed	

Afghanistan (July 2005 - September 2005)

Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 2005.	Completed
Output: 2.1 Programmatic and financial close out of project completed in accordance with the M&L Cooperative Agreement.	Completed
2.1a One MSH staff person will take a 3-week TDY to Afghanistan for close-out activities.	Completed

Natalie Gaul, one of MSH's close-out specialists, went to Kabul during the reporting period to support the close-out activities. All close-out requirements were completed by September.

Africa Bureau (July 2004 - June 2005)

Project Manager

Eguia, Cecilia

Task

A2RAFS1XX

SubTask

90RAXX

To 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.

Outcome/Output/Activity	Status	Notes
Outcome: 1 Select group of African Human Resource professionals are trained in effective leadership and management practices through further exposure to M&L tools and participation in technical conferences and meetings.	Completed	A select group of African Human Resource (HR) professionals were trained in effective leadership and management practices through further exposure to M&L tools and participation in technical conferences and meetings.
Output: 1.1 Role of management and leadership is well represented at the Repositioning Family Planning in Western Africa: A Call to Action conference (February 15-18, 2005). M&L representative will share a select group of current programs and innovative approaches in management to strengthen family planning programs.	Completed	Chris Onyejekwe, an M&L Consultant, and Mamadou Ba, MSH employee based in Senegal, presented on February 15–18, 2005 at the Repositioning Family Planning in West
1.1a A delegate of the M&L program attends the conference.	Completed	Africa: A Call to Action Conference and shared with 3,000 conference participants a select group of leadership and management approaches to strengthen family planning programs.
Output: 1.2 M&L will continue to train and share the knowledge and tools of M&L with African Human Resource counterparts who work in the public health field at a Human Capacity Development Technical Meeting in Nairobi, Kenya, on April 26-27, 2005. M&L staff will learn skills and tools from the technical meeting, as well.	Completed	M&L also sponsored a two-day technical meeting in Nairobi, Kenya in April 2005 for 27 representatives of 14 African countries (15 HR consultants and 12 staff members of MSH projects in Africa) to build their capacity to identify and apply solutions to the HR crisis.
1.2a HR Technical Meeting will be held in Kenya to introduce the participants to the M&L tools and approaches to addressing Human Capacity Development challenges.		
Output: 1.3 M&L will support the further development of African public health professionals by sponsoring their attendance at the Global Health Conference on May 31-June 3, 2005 in Washington, D.C.	Cancelled	M&L provided a training in consulting skills to 20 health management consultants based in East Africa through a Consulting for Results course in Kampala, Uganda on
1.3a Two African public health professionals will attend the "Health Systems: Putting Pieces Together" Global Health Conference.	Cancelled	February 21–25, 2005. The course raised the awareness of individual strengths and weaknesses and how these impact their effectiveness as consultants; increased the capacity to build clients' commitment to long term improvement; and
Output: 1.4 M&L will provide a training in consulting skills to health management consultants based in East Africa through a Consulting for Results (CfR) course held in Kampala, Uganda on Feb. 21-25, 2005.	Completed	reviewed the phases of the consulting process and the most appropriate tools and approaches for each phase.
1.4a CfR co-facilitators in training will receive instruction through the CfR workshop.		
Output: 1.5 Improved functionality of the central level of the Malawi's Ministry of Health and Population (MoHP) through better communication, coordination and team work skills and practices, and effective delegation of authority.	Cancelled	
1.5a Carry out a Leadership Development Program for central-level leaders at the MoHP.		

Africa Bureau (July 2005 - September 2005)

Project Manager

Eguia, Cecilia

Task

A2RAFS1XX

SubTask

90RAXX

To 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.

Outcome/Output/Activity	Status	Notes
Outcome: 1 Select group of African Human Resource professionals are trained in effective leadership and management practices through further exposure to M&L tools and participation in technical conferences and meetings.	Completed	A select group of African Human Resource professionals were trained in effective leadership and management practices through further exposure to M&L tools and participation in technical conferences and meetings.
Output: 1.1 Role of management and leadership is well represented at the Repositioning Family Planning in Western Africa: A Call to Action conference (February 15-18, 2005). M&L representative will share a select group of current programs and innovative approaches in management to strengthen family planning programs.	Completed	Best practices from M&L's Tanzania program were documented and finalized in order to facilitate replication and scale up of those practices throughout the Africa Region. Judy Seltzer, MSH's Interim Manager, Health Reform & Finance, traveled to Tanzania June 30-July 28, 2005 to document the best practices of the highly successful funding mechanism, the Rapid Funding Envelope (RFE). During this same TDY, Judy Seltzer worked with APHTA to complete their business plan with the objective of developing a revolving development fund for APHTA members so they can purchase supplies and equipment to improve service quality. In collaboration with APHTA, market research of HIV/AIDS organizations was facilitated in Tanzania to gauge the organization's interest in learning how to draft business plans, so they can expand their line of products and services and diversify their funding streams.
1.1a A delegate of the M&L program attends the conference.	Completed	
Output: 1.2 M&L will continue to train and share the knowledge and tools of M&L with African Human Resource counterparts who work in the public health field at a Human Capacity Development Technical Meeting in Nairobi, Kenya, on April 26-27, 2005. M&L staff will learn skills and tools from the technical meeting, as well.	Completed	Christine Whalen, Director of MSH's Tuberculosis Program, participated in the coordination and planning of the Global Fund Round 5 proposal on Zanzibar. Experiences with proposal coordination and development in Zanzibar will be drawn upon in future Global Fund proposals in other parts of Africa.
1.2a HR Technical Meeting will be held in Kenya to introduce the participants to the M&L tools and approaches to addressing Human Capacity Development challenges.	Completed	
Output: 1.3 Best practices from M&L's Tanzania program are documented and finalized in order to facilitate replication and scale up of those practices throughout the Africa Region.	Completed	M&L finalized a set of indicators to be used for all of the components of the HCD Framework. These indicators will be used to monitor MSH work in addressing challenges to the HR crisis in many African countries.
1.3a Document best practices of M&L Tanzania's successful Rapid Funding Envelope (RFE) and Global Fund Planning Process and build capacity to provide these services to other African countries.	Completed	
1.3b Collaborate with APHTA to conduct market research of HIV/AIDS organizations in Tanzania to gauge their interest in learning how to draft business plans, so they can expand their line of products and services and diversity their funding streams. Findings from this research would serve as a proxy for like institutions in other parts of Africa.	Completed	
Output: 1.4 M&L will provide a training in consulting skills to health management consultants based in East Africa through a Consulting for Results (CfR) course held in Kampala, Uganda on Feb. 21-25, 2005.	Completed	Africa Bureau contributed some funds to the three-day virtual conference on "Safe Motherhood and the Moroccan Experience" which was hosted by the Moroccan Ministry of Health and MSH in June 2005 over the Internet in French. Ninety-eight participants, from nine francophone African countries, Switzerland, and the United States, viewed the presentations given by the Moroccan MOH staff and took part in the online discussions.
1.4a CfR co-facilitators in training will receive instruction through the CfR workshop.	Completed	

Africa Bureau (July 2005 - September 2005)

Output: 1.5 M&L will develop a set of HR/HCD indicators to use in Africa. MSH will develop a mechanism for tracking and analyzing evidence of the impact of the HR/HCD technical work and produce a report of the evidence from the Africa field projects.	Completed	
1.5a HR/HCD indicators will be developed.	Completed	
Output: 1.6 Support a virtual leadership conference in Morocco for 13 francophone African countries.	Completed	
1.6a Carry out a virtual conference for African participants.		
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 2005.	Completed	Process has been completed. The final results review/technical report with financial pipeline balance and results will be provided to USAID by September 29, 2005.
Output: 2.1 Programmatic and financial close out of project completed in accordance with the M&L Cooperative Agreement.		

Africa Bureau: Exchange - Mozambique (July 2005 - September 2005)

Project Manager

Eguia, Cecilia

Task

A2RA

SubTask

(new code needed)

Exchange of M&L Lessons-learned between African countries to improve the planning of future interventions for improving management and leadership skills at the health sector. (Same as what is included as the outcome).

Outcome/Output/Activity	Status	Notes
Outcome: 1 Exchange of M&L Lessons-learned between African countries to improve the planning of future interventions for improving management and leadership skills at the health sector (June, 2005)	Completed	An exchange of M&L lessons-learned between African countries to improve the planning of future interventions for improved management and leadership skills in the health sector was supported.
Output: 1.1 Mozambique REPARE, Challenge and Quality approaches are documented and presented to health professionals in other countries and to donor community	Completed	<p>A LeaderNet forum was conducted from June 6-17, 2005 titled “Strategies for Success in Low Resource Settings: Stories from Mozambique.” It featured four stories about the M&L Program strengthening management and leadership at all levels of the Ministry of Health of Mozambique. It was designed to address the following questions: What does empowerment really mean? What makes people in the public sector motivated to improve health services and the systems on which they depend? What can health centers do to improve services with few additional resources? What are the trade-offs between allowing health centers and communities to have greater autonomy in how to improve services and using a quality standards approach that comes with time-tested answers? Ninety-three people from 17 countries exchanged experiences across national boundaries and languages. Over 160 comments were posted in three languages: English, Spanish, and Portuguese. There were 25 participants from Mozambique.</p> <p>The forum was presented at the M&L End of Project Conference (June 20, 2005) and provided an excellent opportunity for the presentation of the Mozambique M&L experience to USAID and other CAs. Federico Rocuts, MSH’s Senior Advisor in Management and Technical Coordination for Mozambique and Barbara Tobin, MSH’s Director for Partnership and Program Development, presented the Health Sector Support Project in Mozambique.</p> <p>The complete design and printing of a poster presenting the challenges, results, and products of the M&L Mozambique Health Sector Support Project was completed. This poster examines how the different levels of the health sector—Central MOH, provincial, and district health directorates and health unit levels—were impacted by the M&L/HSS project. The posters were distributed to attendees at the M&L End of Project conference, MSH Chiefs of Party, and to all participants in the HSS project in Mozambique. They were printed in English and Portuguese.</p>
1.1a Presentation and analysis of the Mozambique M&L experience on a virtual leadership forum, LeaderNet	Completed	
1.1b Presentation and analysis of the Mozambique M&L experience to the donors (EoP conference)	Completed	
1.1c Design and printing of a poster presenting the challenges, results and products of the M&L Mozambique project at different levels (Central MOH, provincial and district health directorates and health unit levels)	Completed	

Africa Bureau: VLDP French Website (July 2005 - September 2005)

Project Manager

Eguia, Cecilia

Task

A2 RAFS1XX 90PAXX

SubTask

To strengthen the leadership capacity of managers in public and private sector health care organizations in Francophone Africa through the development of the VLDP Web site in

Outcome/Output/Activity

Status

Notes

Outcome:	1 The VLDP website is made accessible to French-speaking African countries in order to strengthen individual leadership skills and improve team integration and performance among health care managers in Africa.	Completed	The French VLDP Web site was completed in early July 2005 and it will be used for VLDPs in Francophone Africa in the future. It is currently being used for the July–October 2005 offering of the VLDP Haiti in French.
Output:	1.1 The French VLDP website for Francophone Africa is developed, in addition to the CD-ROM for participants and the French VLDP facilitator's guide.	Completed	
	1.1a The VLDP website, CD-ROM and facilitator's guide are translated into French.	Completed	

Bolivia - COMBASE (July 2004 - June 2005)

Project Manager

Decima, Elena

Task

A2BOFC2XX

SubTask

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 the management and leadership skills of COMBASE managers and Board members, and worked toward financial sustainability.

Outcome/Output/Activity	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.	Completed	The development of COMBASE's information system and its installation in all of the organization's clinics and in its hospital was successfully completed during the reporting period. The various components of the system, notably the financial management modules and patient clinical records, are being used at all of COMBASE's service delivery points.
Output: 1.1 All the patient information, from 1/1/2004 on, is entered in the new information system.	Completed	
1.1a Evaluate status of clinical records for 2004 in Combase hospital and clinics.	Completed	
1.1b Finish the new laboratory module.	Completed	
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.	Completed	
Output: 1.2 The new financial system is working and financial statements are produced regularly within the next 30 days after month is closed.	Completed	
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.	Completed	
1.2b Verify that the links between the programmatic and financial information exist and that reports are being produced monthly.	Completed	
Output: 1.3 Support the managerial team in their monthly monitoring of the POA 2004 and its associated budget.	Completed	
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 sustainability.	Completed	
Outcome: 2 The new administrative and financial processes and human resources manuals are validated, socialized and used by all of COMBASE's personnel.	Completed	The HR manual and job profiles were socialized at the beginning of the reporting period and as a result, all processes and manuals (administrative, procurement, HR) have now been finalized and socialized.
Output: 2.1 All of COMBASE's personnel have been trained and are using the new Administrative/Financial Processes Manual.	Completed	
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.	Completed	
Output: 2.2 All of COMBASE's personnel have job descriptions, have been socialized, and are using the new human resources manual.	Completed	
2.2a Assist the Administration Manager in the preparation of a socialization plan and its implementation.	Completed	
2.2b Monitor the use of the manual and make adjustments if necessary.	Completed	
2.2c Review manual against the upcoming new Board of Director's by-laws for consistency.	Completed	

Bolivia - COMBASE (July 2004 - June 2005)

Outcome: 3 COMBASE has implemented several strategies to optimize their goal of financial sustainability.	In Process	As during previous periods, while key activities were conducted in this area, progress has been uneven. The newly elected Board of Directors (the third in the last two years) is committed to supporting the development of business proposals to chosen donors as well as the marketing plan.
Output: 3.1 A plan with various financial scenarios is prepared and implemented by the management team.	In Process	
3.1a Assist the management team in the analysis and preparation of a marketing plan.	Completed	Likewise, the Board's designated administrator has taken over the responsibility of coordinating the process of developing proposals and concept papers on projects offering potential for funding. On the other hand, the potential leave of the Executive Director and his many responsibilities have prevented him from working directly on this area as yet.
3.1b Assist the management team in the implementation of at least three initiatives to increase financial sustainability.	In Process	Nevertheless, as recommended in MSH's marketing study, several special marketing campaigns aimed at special groups were carried out with success during the semester.
3.1c Monitor implementation of the plan against the monthly financial statements and evaluate their impact.	Cancelled	
Output: 3.2 COMBASE has written and submitted two new business proposals to selected donors.	In Process	
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	Scheduled for next reporting period	
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	Completed	The new Board of Directors is working under the new by-laws that it had approved during the preceding reporting period. The Board has been very positive about the support from M&L and work accomplished so far to strengthen the organization's capacity. It has pledged full support to assist
Output: 4.1 A financial plan, which incorporates the institution financial and programmatic results and the marketing initiatives, is prepared.	Completed	its executive branch in addressing the organization's financial situation (post-USAID support) and the long term sustainability challenge. The Board established contact with a foundation but no concrete results have been achieved as yet.
4.1a Assist in the preparation of proposals to improve income generation, to capture new local and international funds, to propose new business.	Completed	
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.	In Process	
Output: 5.1 All Combase's planned activities and products are finished and delivered by September 15th.	In Process	
5.1a Prepare financial pipeline to insure financial management is on target and review activities for last three months.	Completed	
5.1b Prepare a report of all activities carried out during FY05 and submit all related finished products.	Scheduled for next reporting period	

Bolivia - COMBASE (July 2005 - September 2005)

Project Manager

Decima, Elena

Task

SubTask

M&L's technical assistance for the extended PY5 period 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 with the managers of and leadership skills of Combase managers and Board members, and worked toward financial sustainability.

Outcome/Output/Activity	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.	Completed	This outcome was completed by the end of the previous reporting period (June 2005.)	
Output: 1.1 All the patient information, from 1/1/2004 on, is entered in the new information system.	Completed		
1.1a Evaluate status of clinical records for 2004 in Combase hospital and clinics.	Completed		
1.1b Finished the laboratory module.	Completed		
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.	Completed		
Output: 1.2 The new financial system is working and financial statements are produced regularly within the next 30 days after month is closed.	Completed		
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.	Completed		
1.2b Verify that the links between the programmatic and financial information exist and that reports are being produced monthly.	Completed		
Output: 1.3 Support the managerial team in their monthly monitoring of the POA 2004 and its associates budget.	Completed		
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 sustainability.	Completed		
Outcome: 2 The new administrative and financial processes and human resources manuals are validated, socialized and used by all of Combase's personnel.	Completed		This outcome was completed by the end of the previous reporting period (June 2005.)
Output: 2.1 All of Combase's personnel have been trained and are using the new Administrative/Financial Processes Manual.	Completed		
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.	Completed		
Output: 2.2 All of Combase's personnel have job descriptions, have been socialized and are using the new human resources manual.	Completed		
2.2a Assist the Administration Manager in the preparation of a socialization plan and its implementation.	Completed		
2.2b Monitor the use of the manual and make adjustments if necessary.	Completed		
Outcome: 3 Combase has implemented several strategies to optimize their goal of financial sustainability.	Completed	M&L supported the design and implementation of several initiatives aimed at strengthening COMBASE's financial sustainability. While special targeted marketing campaigns	

Bolivia - COMBASE (July 2005 - September 2005)

Output: 3.1 A plan with various financial scenarios is prepared and implemented by the management team.	Completed	and participation in selected fairs contributed to making COMBASE better known to potential donors, the organization's senior management had not yet (at the end of M&L interventions) developed business plans and proposals to submit for funding. Various factors internal to COMBASE and independent to M&L have prevented the delivery of planned TA in support of such proposal development. Although COMBASE has not used these opportunities, improvement in its financial sustainability has been achieved through a combination of decisions and actions for which M&L provided support: the update of services fee schedules at the organization's health facilities, and the strengthening of its management information system and use of generated data for improved decision making.
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.	Completed	
3.1c Monitor implementation of the plan against the monthly financial statements and evaluate their impact.	Completed	
Output: 3.2 Combase has written and submitted two new business proposals to selected	In Process	
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	Completed	
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.	Completed	The Board of Directors is working under the new by-laws that it approved at the end of 2004. It has pledged full support to assist COMBASE senior staff in securing funding from donors and in addressing the organization's financial situation (post-USAID support) and long term sustainability challenge.
Output: 4.1 A financial plan, which incorporates the institution financial and programmatic results and the marketing initiatives, is prepared.	Completed	
4.1a Assist in the preparation of proposals to improve income generation, to capture new local and international funds, to propose new business.	Completed	
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 29, 2005.	Completed	
Output: 5.1 All Combase's planned activities and products are finished and delivered by September 15th.	Completed	
5.1a Prepare financial pipeline to insure financial management is on target and review activities for last three months.	Completed	
5.1b Prepare a report of all activities carried out during FY05 and submit all related finished products.	Completed	Close-out activities have been completed in accordance with plans and in compliance with all applicable requirements.

Bolivia PROSALUD (July 2004 - June 2005)

Project Manager

Decima, Elena

Task

A2BOFC2XX

SubTask

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	Status	Notes
Outcome: 1 Implementation of PROSALUD's new management model is finalized and socialized at all levels (USAID requested that our TA focused on the Financial and HR areas)	In Process	The implementation of PROSALUD's new management systems was still in progress as of the end of the reporting period and will be completed during the remaining quarter of M&L. This year's scope of work is focused on the Finance and Human Resource areas. Building on last year's in-depth analysis of the financial system and the subsequent efforts at updating it, M&L supported the design of a new monitoring module (by SABRAS) and the preparation of a training plan for PROSALUD personnel. In the area of Human Resources, the inventory of all the positions in the different regions was carried out; the analysis of the actual jobs versus those proposed in the new model completed; missing job descriptions were prepared; and the workloads of the various positions determined through a pilot application. The expected conclusion early next period of the recruitment process of the HR manager and of the Finance manager will contribute significantly to the completion of the transfer of capacity to PROSALUD in these two key management areas.
Output: 1.1 A chronogram of priorities for every management area is developed.	Completed	
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.	Cancelled	
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	Completed	
1.3b Support the Human Resource manager in the implementation and socialization of the new system and tools at regional levels.	In Process	

Bolivia PROSALUD (July 2004 - June 2005)

Outcome: 2 The Executive Director develops and manages a M&E plan for successfully finishing the implementation and socialization of the model.	Cancelled	M&L prepared a chart of priorities with key indicators to monitor progress in the implementation of management systems strengthening in the two areas selected (HRM and Finance). This was achieved through M&L participatory and consultative processes but did not lead to the development of a proper monitoring tool of the progress of management systems at the national and regional levels. The Executive Director decided to wait for the management team to be complete before moving forward with the development of the monitoring and evaluation of the implementation and the socialization of the upgraded management systems.
Output: 2.1 All of the managers achieve their stated goals toward the finalization of the model's implementation.	Cancelled	
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.	Cancelled	
2.1c Support the Executive Director in the socialization of the model in all regional levels.	Cancelled	
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.	In Process	
3.1a Prepare financial pipeline to insure financial management is on target and review activities for last three months.	Completed	
3.1b Prepare a report of all activities carried out during PY5 and submit all related finished products.	Scheduled for next reporting period	

Bolivia - Prosalud (July 2005 - September 2005)

Project Manager

Task

SubTask

Decima, Elena

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 established punctual priority outputs and activities which 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 levels.

Outcome/Output/Activity	Status	Notes
Outcome: 1 Implementation of PROSALUD's new management model is finalized and socialized at all levels.	Completed	M&L support for the upgraded management systems for finance and HR was concluded this reporting period and constitutes the last step of our technical assistance in their development and implementation, and in their transfer to the institution. The quality norms are available in every clinic and are being used; the chart of accounts and cost structure is used by all financial units in every clinic; the job descriptions have been disseminated. The departure of the Finance and HR managers with whom the initiative started and their replacement this last quarter slowed the implementation process and has produced fractures in some of the teams that needed to be addressed. The fact that the leadership of PROSALUD is carrying out the socialization of activities despite the delays and conclusion of M&L support is a positive sign that they will be implemented successfully.
Output: 1.1 A chronogram of priorities for every management area is developed.	Completed	
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.	Completed	
1.1d Develop, with the Executive Director, a monitoring tool to track progress across all the national and regional management areas.	Completed	
Output: 1.2 The new financial system is completely implemented and is used in all the regional offices.	Completed	
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.	Completed	
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.)	Completed	
1.3a Support the Human Resource Manager in the development of these	Completed	
1.3b Support the Human Resource manager in the implementation and socialization of the new system and tools at regional levels.	Completed	

Bolivia - Prosalud (July 2005 - September 2005)

Outcome: 2 The Executive Director develops and manages a M&E plan for successfully finishing the implementation and socialization of the model.	Cancelled	As mentioned, the Executive Director decided to wait until the management team was complete to address the monitoring and evaluation of the implementation of the model.
Output: 2.1 All of the managers achieve their stated goals toward the finalization of the model's implementation.	Cancelled	
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.	Cancelled	
2.1c Support the Executive Director in the socialization of the model in all regional levels.	Cancelled	
Outcome: 3 An Evaluation of the M&L Prosalud project is completed	Completed	The evaluation of M&L support to PROSALUD was successfully carried out in August 2005. Initially scheduled to happen in May, it was postponed until August due to the difficult and dangerous situation prevailing in the country at the time. The evaluation report (in Spanish) will be available and disseminated by September 29, 2005.
Output: 3.1 An independent evaluator completes an evaluation of the MSH/M&L Prosalud Project in Bolivia.	Completed	
3.1a Gather and read requisite information related to the Prosalud Project.	Completed	
3.1b Interview key Prosalud managers as well as Prosalud clinical staff.	Completed	
3.1c Write a detailed evaluation of the MSH/M&L Project	Completed	
Outcome: 4 Write, publish and distribute a short publication related the M&L/Prosalud experience in Bolivia that coincides with the Prosalud 20th anniversary conference that M&L will help finance.	Completed	This publication is a recent addition to M&L's scope of work in its support to PROSALUD in response to a request from the USAID Mission. It was decided that the publication would be a M&L/PROSALUD joint effort. M&L conducted interviews, gathered information and wrote the final draft while PROSALUD finalized the design, layout, and publication of the document.
Output: 4.1 A short publication related to the M&L/Prosalud experience is written and published.	Completed	
4.1a Read pertinent Prosalud Project documentation in preparation for trip	Completed	
4.1b Interview select Prosalud managers and clinic employees	Completed	
4.1c Write, publish and distribute final publication	Completed	
Outcome: 5 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 29, 2005.	Completed	All close-out activities were completed and requirements met by the end of M&L.
Output: 5.1 All Prosalud's planned activities and products are finished and delivered by September 15th.	Completed	
5.1a Prepare financial pipeline to insure financial management is on target and review activities for last three months.	Completed	
5.1b Prepare a report of all activities carried out during FY05 and submit all related finished products.	Completed	

Bolivia - Management (July 2004 - September 2005)

Project Manager

Decima, Elena

Task

A2BOFXXXX

SubTask

97XXXX

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

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

Guatemala - APROFAM (July 2004 - June 2005)

Project Manager

Monroy, Alvaro

Task

SubTask

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

Status

Notes

Outcome/Output/Activity	Status	Notes
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	The challenges that APROFAM faces have been addressed during the previous reporting period 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 by-laws; 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; and 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. As a result of this effort, 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). The Mission has agreed during the reporting period to extend funding for the project until close out in September 2005. The design and implementation of an organizational performance monitoring tool adapted to APROFAM's needs has been the focus technical area for M&L's interventions since January 2005.
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.	Completed	
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.	Completed	
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.	Completed	
1.1e Design and implement an Organizational Performance Monitoring Tool.	In Process	

Guatemala - APROFAM (July 2004 - June 2005)

<p>Outcome: 2 APROFAM's Board of Directors starts using instruments jointly developed with the senior technical staff to closely monitor its own performance as well as the qualitative and quantitative results of the organization's programs.</p>	<p>In Process</p>	<p>During the reporting period, M&L continued to work closely with APROFAM senior staff and Board members, but with a special focus on the approach and tools to monitor the quality of the Board's governance. As a result, the indicators to monitor the performance of the Board of Directors have been selected and the design of the monitoring tool completed. The production of the administrative manual for the Board and the implementation of the monitoring system will be carried out during the coming quarter. The goal is to have the Board use the system in an autonomous fashion by the last quarter of 2005.</p>
<p>Output: 2.1 Develop tools and programs to monitor performance and results of the organization's programs with the APROFAM Board of Directors and senior technical staff</p>	<p>In Process</p>	
<p> 2.1a Develop an administrative manual for the Board of Directors</p>	<p>Scheduled for next reporting period</p>	
<p> 2.1b Design indicators and a Performance Monitoring Control Panel</p>	<p>Completed</p>	
<p> 2.1c Strengthen communication of the management teams through the implementation of Performance Monitoring Control Panel.</p>	<p>Scheduled for next reporting period</p>	
<p> 2.1d Provide TA to strengthen strategic planning within the organization.</p>	<p>Completed</p>	
<p>Outcome: 3 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by March 2005</p>	<p>Scheduled for next reporting period</p>	
<p>Output: 3.1 Final report and other documentation required for close-out are prepared and submitted</p>		
<p> 3.1a Compile, format, and translate relevant materials for institutional memory</p>		

Guatemala - APROFAM (July 2005 - September 2005)

Project Manager	Task	SubTask
Monroy, Alvaro	90APXX	90APXX

USAID/Guatemala requested M&L to 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 work plan 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 tailored-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	Status	Notes
Outcome: 1 APROFAM's Board, cognizant of their roles and responsibilities and the importance of accountability, are 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. (Outcome completed before July 2005)	Completed	M&L and APROFAM completed the design and implementation of an organizational performance monitoring tool adapted to APROFAM needs.
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.	Completed	
1.1a Use existing assessment of APROFAM's Board of Directors to focus on needs and challenges.	Completed	
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.	Completed	
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.	Completed	
Outcome: 2 APROFAM's Board of Directors starts using instruments jointly developed with the senior technical staff to closely monitor its own performance as well as the qualitative and quantitative results of the organization's programs.	Completed	M&L concluded the interventions with APROFAM senior staff and Board members by fully transferring to them the performance monitoring system, including its administrative manual. As part of the deliverables, M&L also delivered a volunteer handbook that includes detailed job descriptions, motivational material and guidelines to define current and future needs. The Board is in a position to use the monitoring system in an autonomous fashion from now on and all evidence indicates that this will be the case.
Output: 2.1 Develop tools and programs to monitor performance and results of the organization's programs with the APROFAM Board of Directors and senior technical staff	Completed	
2.1a Develop an administrative manual for the Board of Directors (Activity completed before July 2005)	Completed	
2.1b Design indicators and a Performance Monitoring Control Panel (Activity completed before July 2005)	Completed	
2.1c Strengthen communication of the management teams through the implementation of Performance Monitoring Control Panel.	Completed	
2.1d Provide TA to strengthen strategic planning within the organization.	Completed	
Outcome: 3 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 2005	Completed	
Output: 3.1 Final report and other documentation required for close out are prepared and submitted	Completed	
3.1a Compile, format, and translate relevant materials for institutional memory	Completed	

Indonesia (July 2004 - June 2005)

Project Manager

Ellis, Alison

Task

A2IDFC1XX

SubTask

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	Status	Notes
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	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. In response to the devastating tsunami in late December 2004, the USAID Mission requested M&L to provide technical assistance in drugs management in Aceh province using available field support funds. Please see the PY5+ Report for details on activities conducted and their results. Specific accomplishments during this reporting period include: Office operations: During this reporting period local technical staff left MSH since district-level activities closed at the end of December 2004. The three expatriate technical advisors, including the Team Leader, left the program in the first quarter of 2005. By the end of June, only one administrative staffer remained (the accountant) and preparations for office close at the end of July and overall M&L close-out were nearly complete. 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
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.	Completed	
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.	Completed	
Output: 1.2 Cost-effective drug management activities for essential drugs are implemented.	Completed	
1.2a Continue to develop National Drug Policy to clarify policies, regulations, roles, and responsibilities, including budgeting, for procurement and distribution of essential drugs.	Completed	
1.2b Define procurement and distribution operations and procedures in light of decentralization, including the development of harmonized procurement	Completed	
1.2c Assist in the establishment of drug commodity Quality Assurance systems.	Completed	
1.2d Coordinate between public sector contraceptive supply and drug supply network.	Completed	
1.2e Finalize District Level Assessment Tools.	Completed	
1.2f Assist Districts to develop effective drugs budgeting and drugs management systems.	Completed	
1.2g Assist vertical drug supply programs to improve procurement and logistics.	Completed	
1.2h Continue to support improvement in the reliability of the supply of essential drugs for child survival activities.	Completed	
1.2i Register and include into DOEN drugs included in WHO's essential drug list for managing complications in pregnancy and childbirth for permitted use at Puskesmas.	Completed	

Indonesia (July 2004 - June 2005)

	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	<p>districts, and has developed preliminary methods and systems for advocacy by district drug units to achieve their required funding levels from district parliaments. An end-of-project conference on the drugs management component of the M&L/Indonesia program was held in early June 2005. Participants included senior MOH officials, staff of the MOH Pharmacy Department, and managers from all M&L focus provinces and districts. The conference featured final discussions on the "Pintu Mas" (Golden Door) model for drug management, introduced by M&L as a mechanism to integrate all aspects of drugs management at the district level in light of decentralization. District managers prepared action plans documenting next steps in implementing Pintu Mas in their districts. The conference also featured a formal "hand-over" ceremony during which all technical assistance materials produced by M&L in the drugs management area were formally transferred to the MOH, including a final report on the drugs management component in English and Bahasa Indonesia and a CD-ROM contained all materials produced on Pintu Mas, TB, and malaria.</p> <p>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 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 <i>The Manager</i> entitled "Managing Performance Improvement of Decentralized Health Services" was published and distributed in September 2004; finalized a blended learning CD-ROM version of PROSPEK. All materials developed by M&L in the course of technical assistance and collaboration with the central MOH and focus districts were formally given to the MOH in a "hand-over" ceremony conducted in early December 2004 (see below).</p> <p>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</p>
	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.	Completed	
	1.2o Assist Rational Drug Use for cost-effective drugs selection and use.	Completed	
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.	Completed	
	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 <i>The Manager</i> .	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	

Indonesia (July 2004 - June 2005)

1.5b Revise the CD-ROM for usability as needed based on field testing.	Cancelled	in collaboration with JHPIEGO and PATH. Following the assessment and using data collected, the district applied PROSPEK adapted for maternal and neonatal health services.
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.	Cancelled	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;
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	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.
1.6a 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 measure achievements that represent local, national, and international priorities and commitments.	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 at the end of July 2005. M&L will continue to provide technical assistance to the BKKBN through mid-September 2005.
Output: 2.1 Boston and local M&L Indonesia staff assist in close out requirements, per USAID and M&L policy by July 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.	Cancelled	
2.1e Conduct local banking, property and human resource management in relation to M&L close-out and Government of Indonesia requirements.	In Process	

Indonesia (July 2005 - September 2005)

Project Manager

Ellis, Alison

Task

A2IDFC1XX

SubTask

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 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	Status	Notes
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.	Completed	Key accomplishments during this reporting period included:
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	Completed	At the request of USAID/Jakarta, M&L international staff conducted two detailed briefings with JSI/Indonesia staff (JSI is implementing the Mission's new health bilateral) on: 1) M&L's approach to managing decentralization, 2001-2005, including its approach to performance assessment and
1.1a M&L/Indonesia program is operating effectively	Completed	improvement (PROSPEK), key accomplishments and remaining challenges; and 2) key accomplishments and remaining challenges in the area of drugs management. These briefings were intended to facilitate JSI's entry into Indonesia and
1.1b Participate in/convene regular meetings with MOH, BKKBN, CA, donor, etc. partners to share information, results, and lessons learned	Completed	sustain the momentum of assistance to the central MOH and focus provinces and districts in capacity building generated under the M&L Program.
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	Completed	
Output: 1.2 Cost-effective drug management activities for essential drugs are implemented	Completed	A technical report summarizing the Early Warning System (EWS) developed in collaboration with the National FP
1.2a Continue to develop National Drug Policy to clarify policies, regulations, roles, and responsibilities, including budgeting, for procurement and distribution of essential drugs	Completed	Coordinating Board (BKKBN) was prepared and provided to the BKKBN and USAID Mission. Unfortunately, the final TDY under this assignment, which was to have focused on
1.2b Define procurement and distribution operations and procedures in light of decentralization, including the development of harmonized procurement	Completed	assisting BKKBN to develop rapid responses to address service delivery problems identified by the EWS at the district level, was canceled due to non-availability of BKKBN staff.
1.2c Assist in the establishment of drug commodity Quality Assurance systems	Completed	
1.2d Coordinate between public sector contraceptive supply and drug supply network	Completed	
1.2e Finalize District Level Assessment Tools	Completed	
1.2f Assist Districts to develop effective drugs budgeting and drugs management systems	Completed	
1.2g Assist vertical drug supply programs to improve procurement and logistics.	Completed	
1.2h Continue to support improvement in the reliability of the supply of essential drugs for child survival activities	Completed	
1.2i Register and include into DOEN drugs included in WHO's essential drug list for managing complications in pregnancy and childbirth for permitted use at	Completed	

Indonesia (July 2005 - September 2005)

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.	Completed
	1.2o Assist Rational Drug Use for cost-effective drugs selection and use.	Completed
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.	Completed
	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	Completed
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	Cancelled

Indonesia (July 2005 - September 2005)

Outcome:	2 Assist the Ministry of Health and the Aceh Provincial and District Health Offices to take practical steps to prepare for and initiate the implementation of the Pintu Mas integrated approach to drug management in the Province, with the expectation that success in Aceh will contribute to policy change and resource mobilization for implementation of the strategy in other provinces of Indonesia.	Completed	<p>Soon after the tsunami disaster in Aceh (26 December 2004), USAID requested grant proposals from Cooperating Agencies (CAs) for possible response to the emergency situation. MSH provided two proposals to the USAID Mission, one for funding from a disaster relief fund and the other for long-term and medium term assistance to Aceh province in a variety of priority areas. The USAID Mission responded that it would like a proposal written for an extension of M&L's ongoing technical assistance in drugs management to provide support to the drug management system in Aceh. A proposal was written and submitted in draft to the Mission on 28 January. It included goals and objectives, a set of deliverables desired after four months of work, an activity plan and budget. The funds required (\$167,148) were estimated to be available from the existing funding approved for use by the M&L program. The workplan for this activity was initially approved by the Mission for the period March-June 2005, but was subsequently extended to the end of July, with Mission approval.</p> <p>M&L and MJM, its locally contracted drugs management consulting firm, carried out the following activities in support of rehabilitating the drug management system in Aceh:</p> <ul style="list-style-type: none"> - Conducted several rounds of information gathering at district and provincial levels regarding existing drug supplies, drug management infrastructure, staff availability and functionality of the system including local procurement and circulation of supplies - Facilitated several rounds of issue identification, led by the MOH Department of Pharmacy (Yanfar) and participated in by districts, the provincial office, vertical programs and agencies and NGOs active in Aceh - Facilitated several levels of idea generation for responding to the issues identified, including ways in which to resolve differences in opinion and pursue common understanding and consensus on a longer term drug management model - Conducted discussions for further development of the drug management model for Aceh, including clarifying the roles of the different levels - Contributed to new descriptions of the model and formulation of draft policy needed to allow the model to be implemented <p>The following results were achieved:</p> <ul style="list-style-type: none"> - Growing understanding and trust of the M&L-MJM role in Aceh from the various parties including Yanfar and central
Output:	2.1 Facilitate dialogue among stakeholders, such as staff attached to various units within the MOH (Yanfar, CDC, Provincial District and facility level staff), and key donors and politicians at district and provincial levels in order to build consensus and clarify long term objectives and strategy for moving toward a rehabilitated drug management system in Aceh.	Completed	
	2.1a Hold focused discussions among various levels with the province of Aceh and Jakarta.		
	2.1b Facilitate a working group outside of Jakarta and disseminate findings.		
	2.1c Monitor progress of MJM's (subcontractor) assistance to the Aceh		
Output:	2.2 Assist Yanfar in the development and documentation of operating procedures, key principles, and policies to describe how key drug management functions are to be performed in the future in Aceh	Completed	
	2.2a Develop and define key functions and responsibilities associated with procurement of program and primary health care drugs at central, provincial, and district levels.	Completed	
	2.2b Establish operational and communication linkages between central, provincial, district and health facility levels for maintaining efficient drug supply operations as well as exchange of information.	Completed	
	2.2c Assist Yanfar in developing the types of drugs to be stored at provincial and district levels, preferred storage locations, inventory management policies, warehousing procedures, distribution responsibilities.	Completed	
	2.2d Determine roles and responsibilities for managing program drugs at the provincial and district levels.	Completed	
	2.2e Describe a suitable organization and staff required for maintaining drug management functions.	Completed	
	2.2f Maintain links with donors interested in providing assistance in drug management and infrastructure development.	Completed	
	2.2g Put in place procedures for integration of primary health care and program drugs management in order to implement the "one door" (Pintu Mas) strategy in pharmaceutical management.	Completed	

Indonesia (July 2005 - September 2005)

- level programs, the Provincial Health Office (PHO), Districts Health Offices (DHO), and WHO
- Awareness of the need for improved preparation for post-disaster activities including the need to implement a new model for supply management, which among other things provides emergency stock and allows provinces to share their stocks
 - Clarification of the new law No. 32 of 2004 with regard to strengthening the role of the PHO for enhancing certain functions and responsibilities at the Provincial level, including the oversight and management of drugs for disease control programs
 - Enabled the central level to become more aware of the role and functions to be performed at the district, province and central levels in order to implement the “one door” drug management policy and model
 - Success in obtaining the attention and involvement of Yanfar, the Aceh PHO and DHOs to give full attention to the medium and long-term development considerations of the drug management system during the busy post-disaster period.
 - Written results of the drug management survey and consultations carried out in April 2005 in Aceh province
 - Written materials and results of the Aceh Province – District level consultations from the Medan Workshop, July, 2005
 - Materials and results of the Aceh drugs management model finalization workshop Puncak Pass, July 2005
 - A description of the current concept and model of the medium-term drug management system for Aceh which is in the possession of Yanfar, to become the basis for drafting a Ministerial Decree to allow the model to be implemented with the enhanced involvement of the Provincial Health Office.

In its final report on this activity and final face-to-face debriefing with the Mission, M&L provided specific recommendations for the MOH, Yanfar, and USAID for continued support and focus on priority activities to rehabilitate drugs management in Aceh province.

Indonesia (July 2005 - September 2005)

Outcome:	3 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by June 2005	Completed	The in-country office in Jakarta closed at the end of July 2005. All remaining inventory (equipment, furnishings) was transferred to the MOH.
Output:	3.1 Boston and local M&L Indonesia staff assist in close out requirements, per USAID and M&L policy by July 2005	Completed	
	3.1a Prepare final report on equipment inventory and obtain USAID approval for its distribution	Completed	
	3.1b Design and conduct a 2-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	
	3.1c Organize program and financial files, and prepare final technical reports in compliance with M&L Cooperative Agreement requirements and USAID Mission guidance	Completed	
	3.1d Conduct local banking, property and human resource management in relation to M&L close-out and Government of Indonesia requirements	Completed	

Kenya - Senior Leadership Program (July 2004 - September 2005)

Project Manager

Eguia, Cecilia

Task

A2KEFH4XX

SubTask

20MHXX

To strengthen the leadership and management practices of future Kenyan health leaders. M&L will provide leadership training to master trainers of HIV/AIDS at the Kenyan Medical Training College. The master trainers will then train their students in the leadership skills. The initial training will consist of three workshops involving twenty-five trainers. The aim of the workshop is to improve the delivery of HIV/AIDS services to the districts and maximize the efficiency of the resources.

Outcome/Output/Activity

Status

Notes

Outcome:	1 To strengthen the leadership and management practices of future Kenyan health leaders through trainings at Kenya Medical Training College.	Completed	Four Leadership Development workshops of two days each were facilitated (Senior Alignment Meeting March 9–10, 2005; Leadership Dialogue Workshop: April 13–14, 2005; Leadership Dialogue Workshop: May 11–12, 2005; Leadership Dialogue Workshop: June 22–23, 2005). Twenty-seven participants from KMTC Headquarters and seven constituent district colleges attended. The overall goal of the workshops was to develop a plan for the implementation of a leadership program at the Kenya Medical Training College (KMTC). The process selected was one through which participants reflected on their own leading and managing experiences; exchanged insights with colleagues; and acquired new skills and approaches to use to achieve results within the complex situations within which they work. The final results review/technical report with financial pipeline balance and results will be provided to USAID by September 29, 2005.
Output:	1.1 Leadership and management training to master trainers of HIV/AIDS at the Kenyan Medical Training College.	Completed	
	1.1a Design and facilitate three two and a half day workshop discussing leadership and management practices workshop (March 9-11, April 13-15, May 11-13, 2005). Evaluate program by developing and conducting a survey	Completed	

LAC - Business Planning Program (BPP) for Municipalities (July 2004 - June 2005)

Project Manager

Seltzer, Judith

Task

A2LNF__XX

SubTask

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

Outcome/Output/Activity	Status	Notes
Outcome: 1 The BPP is used by Municipalities in Nicaragua to request and disburse funds.	Completed	The Business Planning Program (BPP) was adapted for use by municipalities to successfully market and package breakthrough products and services, utilizing the optimal mix of personnel while composing a solid business plan.
Output: 1.1 A one year Strategic Action Plan is drafted for application of BPP.	Completed	MSH formed a BPP Delivery Team composed of staff from MSH/Boston, MSH/M&L Project-Nicaragua, MSH/Bolivia and our LAC BPP Program Partner-PROCOSI/Bolivia. By including PROCOSI, we aimed to borrow lessons learned from their experiences for future applications in other LAC countries.
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.	Completed	A series of activities took place during FY2005 to adapt BPP for municipalities. From December 6–10, 2004, a series of meetings took place in Managua with the MSH BPP Delivery Team to develop an overall Strategic Action Plan to complete the adaptation of the BPP for municipalities, secure a venue for workshops, and coordinate logistics. The team also conducted pre-assessment interviews with newly elected mayors from five municipalities (Rivas, Tola, Quezalguaque, Waslala, and Masaya). With each mayor, the BPP Delivery Team discussed potential interest in the BPP, assessed IT needs of the municipalities, and learning styles. From January 31–February 4, 2005, a 5-day market research meeting took place in Managua with four municipalities (Waslala, Quezalguaque, Masaya, and Tola). During this time, the municipality representatives were introduced to the current BPP version and the MSH team solicited their feedback for suggestions on how to adapt the current BPP to be appropriate for municipalities. Our LAC BPP Program Partner, PROCOSI/Bolivia, took the lead in facilitating the market research. During the months of February through April 2005, the BPP Delivery Team modified the BPP to incorporate the suggestions given by the municipality representatives during the Market Research Workshop. The tool was finalized as CD-
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).	Completed	During the months of February through April 2005, the BPP Delivery Team modified the BPP to incorporate the suggestions given by the municipality representatives during the Market Research Workshop. The tool was finalized as CD-
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 Accompanying publications, reports, and presentations are drafted and disseminated.	In Process	
1.4a Adapt Facilitator's Guide for Municipalities (by PROCOSI).	Scheduled for next reporting period	During the months of February through April 2005, the BPP Delivery Team modified the BPP to incorporate the suggestions given by the municipality representatives during the Market Research Workshop. The tool was finalized as CD-
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 - Business Planning Program (BPP) for Municipalities (July 2004 - June 2005)

ROMs, along with a BPP for Municipalities Facilitator's Guide and Participant Binder. This package of materials was translated and made available in both English and Spanish.

In April 2005, the BPP for Municipalities package was presented to the same municipalities (including a 5th municipality) during a five-day orientation to the revised program. The municipality representatives were trained to utilize the program in identifying high impact products and services that would positively affect the health status of the municipality catchment area. At this orientation, the eRoom was launched for BPP participants. Due to limited access to internet by the BPP participating municipalities, the BPP eRoom was not used actively as originally intended. Rather it was used as an occasional forum for discussions on how the BPP is being applied in the different municipalities.

LAC: Business Planning Program for Municipalities (July 2005 - September 2005)

Project Manager

Seltzer, Judith

Task

A2 LNFC1XX

SubTask

90BBXX

"The Art of Crafting a Business Plan for Social Return on Investment", also known as the Business Planning Program (BPP), utilizes both face-to-face and electronic methodologies 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.

Outcome/Output/Activity	Status	Notes
Outcome: 1 The BPP is used by Municipalities in Nicaragua to request and disburse funds.	Completed	
Output: 1.1 A one (1) year Strategic Action Plan is drafted for application of BPP. (Output completed before July 2005)	Completed	The BPP was adapted for use by municipalities to successfully market and package breakthrough products and services, utilizing the optimal mix of personnel while composing a solid business plan.
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. (4-day meeting to take place in Nicaragua)	Completed	All participating municipalities composed business plans and presented their completed business plans during a close-out ceremony in September 2005. The municipalities presented their municipal business plans that centered on the following themes: Potable Water (Waslala), Sanitation and Garbage Collection (Yali, Masaya, and Quezalguaque), and a radio program to support increased literacy in rural areas (Tola). This ceremony was attended by potential donors to whom the BPP municipality teams would request funds.
Output: 1.2 Market Research report is prepared based on findings from expanded orientation week with sample Municipalities.	Completed	
1.2a Conduct an expanded orientation week in Nicaragua with sample Municipalities to identify necessary adaptations to BPP. (8-day orientation)	Completed	
1.2b Revise BPP based on findings from research conducted during the expanded orientation week. (Activity completed before July 2005)	Completed	
1.2c Complete the translation, packaging and production of revised BPP. (Activity completed before July 2005)	Completed	
1.2d Translation of the BPP Demonstration CD for municipalities	Completed	
Output: 1.3 Revised BPP is Beta-tested in Nicaragua with sample Municipalities and LAC/BPP E-Room is launched for BPP team access. (6-day Beta-test)	Completed	
1.3a Conduct a Beta-test in Nicaragua and oversee business plans of municipalities during program roll-out. (6-day launch, 4-month roll-out for business plans).	Completed	
1.3b Launch LAC BPP/E-Room and provide virtual follow up support and coaching to BPP Participants in Nicaragua via E-Room.	Completed	
Output: 1.4 Accompanying publications, reports, and presentations are drafted and disseminated.	Completed	
1.4a Adapt Facilitator's Guide for Municipalities (by PROCOSI)	Completed	
1.4b Conduct evaluation based on Beta-Test and draft Beta-Test report.	Completed	
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.	Completed	

LAC: Business Planning Program for Municipalities (July 2005 - September 2005)

Outcome:	2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by (add date)	Completed
Output:	2.1 All BPP reporting requirements are complete and documentation is distributed to Institutional Memory.	Completed
	2.1a Write and edit reports, submit to Institutional Memory	Completed

LAC - Cost and Revenue Analysis Tool (CORE) for Municipalities (July 2004 - June 2005)

Project Manager

Seltzer, Judith

Task

A2LNF

SubTask

__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

Outcome/Output/Activity

Status

Notes

Outcome/Output/Activity	Status	Notes
Outcome: 1 The CORE tool is adapted for application by municipalities in Nicaragua.	Completed	The CORE tool was adapted for use by municipalities to determine the costs of providing municipal services, against the funding provided through local tax collection and national-level budget allocations.
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	MSH formed a CORE Delivery Team composed of staff from MSH/Boston, MSH/M&L Project-Nicaragua and MSH/Bolivia. By including members from our MSH/Bolivia office, we were able to borrow lessons learned from their experiences for future applications in other LAC countries.
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.	Completed	A series of activities took place during PY5 to adapt CORE for municipalities. During December 6–10, 2004, a series of meetings took place in Managua with MSH CORE Delivery Team to develop an overall Strategic Action Plan to complete the adaptation of the CORE for municipalities, secure a venue for workshops, and coordinate logistics. Also, during this time, the team conducted pre-assessment interviews with newly elected mayors from five municipalities (Rivas, Tola, Quezalguaque, Waslala, and Masaya). With each mayor, the CORE Delivery Team discussed potential interest in the CORE, assessed IT needs of the municipalities and learning styles.
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)	Completed	
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	From February 16–18, 2005, a three-day market research meeting took place in Managua with four municipalities (Waslala, Quezalguaque, Masaya, and Tola). During this time, the municipality representatives were introduced to the current iteration of CORE/CORE Plus and the MSH team solicited their feedback for suggestions on how to adapt the current CORE to be appropriate for municipalities.
Output: 1.4 The LAC-CORE eRoom and on-site coaching increases ability to share knowledge and effectively use CORE.	Completed	
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	Scheduled for next reporting period	During the months of February through May 2005, the CORE Delivery Team modified the current version of CORE to incorporate the suggestions given by the municipality representatives during the Market Research Workshop. The tool was finalized as a CD-Rom accompanied by a User's Guide This package of materials was translated and made available in both English and Spanish.

LAC - Cost and Revenue Analysis Tool (CORE) for Municipalities (July 2004 - June 2005)

In June 2005, the CORE for Municipalities package was presented to the same municipalities during a three-day orientation to the revised tool. The municipality representatives were trained to utilize the tool in costing out municipal services. At this orientation, the eRoom was launched for CORE participants. Due to limited access to internet by the participating municipalities, the CORE eRoom was not used actively as originally intended. Rather it was used as an occasional forum for discussions on how the CORE is being applied in the different municipalities.

LAC: Cost and Revenue Analysis Tool (CORE) (July 2005 - September 2005)

Project Manager

Seltzer, Judith

Task

A2 LNF__XX

SubTask

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 what-if scenarios (Are our staff being used efficiently? How much would we need to increase the price of one service to cross-subsidize another? What might it cost to offer a new service that is not being provided currently?)

Outcome/Output/Activity

Status

Notes

Outcome/Output/Activity	Status	Notes
Outcome: 1 The CORE tool is adapted for application by municipalities in Nicaragua.	Completed	CORE was adapted for use by municipalities to determine the costs of providing municipal services against the funding provided through local tax collection and national-level budget allocations.
Output: 1.1 A one (1) year Strategic Action Plan is drafted for adapting CORE to Nicaragua (5-day session in Nicaragua broken into 2-day and 3-day sessions) (Output completed before July 2005)	Completed	
1.1a Conduct a pre-assessment to lay the groundwork for Steps 1.1b and 1.1c (4-day session concurrent to BPP activity 1.1a.)	Completed	
1.1b Convene CORE design and delivery team in Nicaragua to draft Strategic Action Plan (2-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 (3-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. (Output completed before July 2005)	Completed	
1.2a Revise CORE based on findings from research conducted during expanded CORE session.	Completed	
1.2b Complete the translation, packaging and production of revised CORE.	Completed	
Output: 1.3 Revised CORE is Beta-tested in Nicaragua with sample municipalities. (4-day Beta-test) (Output completed before July 2005)	Completed	
1.3a Conduct a Beta-test in Nicaragua of the revised CORE tool and launch LAC/CORE E-Room with sample Municipalities. (4 days).		
Output: 1.4 The LAC-CORE eRoom and on-site coaching increases ability to share knowledge and effectively use CORE.	Completed	
1.4a Provide virtual follow up support and coaching to CORE users in Nicaragua via eRoom.	Completed	
1.4b Provide on-site follow up support and coaching to CORE users in	Completed	

LAC: Cost and Revenue Analysis Tool (CORE) (July 2005 - September 2005)

Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by (add date)	Completed	A final technical report was prepared and submitted to the USAID LAC Bureau and MSH Institutional Memory
Output: 2.1 All CORE reporting requirements are complete and documentation is distributed to Institutional Memory.	Completed	
2.1a Write and edit reports, submit to Institutional Memory	Completed	

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

Project Manager

Seltzer, Judith

Task

A2LNF__XX

SubTask

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.

Over the past two years, the MSH/M&L team has field tested the DMT in the Dominican Republic, Jamaica, Nicaragua, Ecuador and Guyana. Based on these field tests, the DMT has been revised and finalized for widespread use. The MSH/M&L team convened a cadre of senior level officials from the DMT field study countries and other participants for a 3-day workshop in Managua, Nicaragua. In this workshop, participants were introduced to the finalized version of the DMT, explored its various uses and developed action plans for scaling up the application of the DMT in their respective countries. The specific objectives of the workshop, which took place from February 22-24, were as follows: Launch the Decentralization Mapping Tool (DMT); Encourage the participants to use the DMT in their own countries; and Open a virtual avenue (eRoom) for technical support and sharing experiences in using the DMT.

Outcome/Output/Activity	Status	Notes
Outcome: 1 The new DMT User's Package is introduced to counterparts from Ecuador, Dominican Republic, Guyana, Jamaica, and Nicaragua.	Completed	Over the past two years, the MSH/M&L team has field tested the DMT in the Dominican Republic, Jamaica, Nicaragua, Ecuador, and Guyana. Based on these field tests, the DMT has been revised and finalized for widespread use. The MSH/M&L team convened a cadre of senior level officials from the DMT field study countries and other participants for a three-day workshop in February 2005. In this workshop, participants were introduced to the finalized version of the DMT, explored its various uses and developed action plans for scaling up the application of the DMT in their respective countries. The specific objectives of the workshop were to launch the Decentralization Mapping Tool (DMT); to encourage the participants to use the DMT in their own countries; and to open a virtual avenue (eRoom) for technical support and sharing experiences in using the DMT. A total of 10 participants were nominated from the countries where the field testing had taken place and funded by LAC, with Ecuador choosing to fund a third participant. Each of these 11 participants was a leader in the health sector or a manager working at the centralized or decentralized level. Twelve additional participants were funded by other Nicaraguan sectors, such as Home Affairs and Education. The DMT Workshop took place in Managua, Nicaragua. During the workshop, the participants became familiar with the DMT and learned about the use of an adapted form of the DMT in the Nicaraguan health sector. They then developed a work plan to use the DMT (or a suitable adaptation) in their own setting. In addition, the LACHSRI/M&L eRoom was launched as an effective and low-cost mechanism for persons participating in the DMT application to share questions and experiences across municipalities and countries.
Output: 1.1 A workshop is held to introduce and test the DMT User's Package and to launch the LAC/DMT eRoom.	Completed	
1.1a Organize a workshop to present new DMT User's Package.	Completed	
1.1b Conduct a three-day workshop to present and test the new DMT User's Package with reps from five DMT test countries.	Completed	
Output: 1.2 The LAC/DMT eRoom enhances ability to share knowledge about and experiences with the DMT.	In Process	
1.2a Launch and monitor LAC/DMT eRoom that was introduced during three-day workshop.	Scheduled for next reporting period	

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

Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 2005.	Completed
Output: 2.1 Evaluation report of the DMT is disseminated.	Completed
2.1a Evaluation of the DMT and its application.	Completed

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

Project Manager

Seltzer, Judith

Task

A2 LNF__XX 80DMXX

SubTask

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 the perceptions of these concepts by management level. The DMT can identify any narrowing in those variations, which may result from targeted interventions. The tool consists of a set of matrices with questions that probe managers' perceptions of each management level and the extent of each level's responsibility and authority over nine particular management functions.

Outcome/Output/Activity	Status	Notes
Outcome: 1 The new DMT User's Package is introduced to counterparts from Ecuador, Dominican Republic, Guyana, Jamaica, and Nicaragua.	Completed	In February 2005, the M&L team responsible for designing, introducing, and field-testing the DMT convened 22 participants from the field-test countries for a 2.5-day workshop in Managua, Nicaragua. In this workshop, the participants were introduced to or updated about the DMT. They learned about innovative ways of using the tool, exchanged experiences, and commenced developing an action plan for using the DMT in their own setting. The 22 participants were senior leaders and managers with responsibilities for developing and/or implementing reforms, particularly those dealing with decentralization. They represented health, education, and family welfare sectors, as well at both the central and decentralized levels. The attendees came from the Dominican Republic, Ecuador, Guyana, Jamaica, and Nicaragua.
Output: 1.1 A workshop is held to introduce and test the DMT User's Package and to launch the LAC/DMT eRoom (Output completed before July 2005).	Completed	
1.1a Organize a workshop to present new DMT User's Package.	Completed	
1.1b Conduct a three day workshop to present and test the new DMT User's Package with reps from five DMT test countries.	Completed	
Output: 1.2 The LAC/DMT eRoom enhances ability to share knowledge about and experiences with the DMT.	Completed	An eRoom was launched during this workshop for countries to submit their action plans regarding the wide-scale implementation of the DMT in their respective country. The Dominican Republic has moved forward with the commitment to implement the DMT.
1.2a Launch and monitor LAC/DMT eRoom that was introduced during three day workshop.		
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 2005	Completed	
Output: 2.1 Evaluation report of the DMT is disseminated.	Completed	
2.1a Evaluation of the DMT and its application.	Completed	

Madagascar (July 2004 - September 2005)

Project Manager	Task	SubTask
LeMay, Nancy	A2	20WBXX

For the future benefit of Madagascar's AIDS program, as well as global knowledge creation, the MAP II project will include a monitoring and evaluation component that tracks the flow of resources into the project, captures essential outputs and outcomes, and investigates several key links between the government AIDS policy and expected outcomes and impact. In collaboration with partners from the MAPI project, National AIDS Control Organization (CNLS), the National Statistical Office (INSTAT), and the Ministry of Health, the MSH consultant will draft the comprehensive Monitoring and Evaluation Component of the MAPII project and develop the monitoring plan which builds on the existing MAP I and UNGASS indicators. The consultant will also propose an action plan and budget in order to implement the M&E component and will review the current M&E system used by the MAPI project as well as the National HIV/AIDS M&E Plan carried out by the CNLS.

Outcome/Output/Activity	Status	Notes
Outcome: 1 The M&E component with a functional monitoring plan including cost and technical requirements is developed to strengthen the MAP II project and an assessment of the existing MAP I M&E system and CNLS national M&E plan is provided as a foundation.	Completed	All of the expected deliverables for this short-term consultancy have been completed. M&L's local consultant worked primarily with the National AIDS Control Organization (the Madagascar National AIDS Commission [MNAC]) and stakeholders in the World Bank and USAID Mission.
Output: 1.1 M&E component, M&E plan, budget, and action plan are developed for the MAPII project and a review of the current MAPI M&E system and national M&E plan is performed.	Completed	Additional support was requested by the World Bank to assure ongoing access to technical assistance in monitoring and evaluation by the MNAC and the MAP II project;
1.1a Develop and deliver M&E component, M&E plan, budget, action plan, and assessment of existing M&E system and national M&E plan.	Completed	however, a funding mechanism to secure M&L assistance for this periodic work could not be determined by the World Bank and USAID.

Malawi MOHP (July 2004 - June 2005)

Project Manager

Erard, Amy-Simone

Task

A2MWF3XX 20MHXX

SubTask

Outcome/Output/Activity	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, continued to provide Technical Assistance (TA) to the Ministry of Health (MOH) in programming, planning, monitoring, and evaluation for HIV/AIDS activities. Coordination between partners in the health sector continues to improve. As a result, MOH's effort in HIV/AIDS are better integrated into the national plan while the National AIDS Commission has better aligned its overall plan and actions with the MOH contributions. In February, 2005, Mr. Schouten traveled 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.	Completed	
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.	Completed	
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	Completed	
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	Completed	
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	
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.	In Process	
2.1b HIV/AIDS Coordination Technical Assistant meets with the Treatment Action Campaign in South Africa to discuss future collaboration.	Cancelled	

Malawi MOHP (July 2004 - June 2005)

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 staff 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
Output: 3.1 A plan for effective communication, management of expenses, allowances, and security issues is developed and implemented	Completed	supervisor traveled to Malawi in January for a supervision and support visit. As a result of this work visit, Mr. Schouten's detailed annual work plan was revised.
3.1a Ongoing management and supervision of M&L Malawi activities	In Process	
3.1b MSH field office provides administrative, logistical, technical, and IS Support	In Process	
Output: 3.2 Annual workplan and budget are developed and monitored for necessary	Completed	
3.2a Define key work objectives and review original terms of reference	Completed	
Outcome: 4 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by August 2005	In Process	After exploring various options for maintaining Erik Schouten in the role of MOH HIV/AIDS Coordinator after the end of the M&L Program, the M&L Program and the MSH Malawi Bilateral project have prepared budget estimates for the USAID Malawi mission to facilitate the transfer of Mr.
Output: 4.1 Evaluation of M&L's technical support to MOH in coordinating HIV/AIDS activities is conducted	In Process	Schouten from M&L to the Bilateral. The USAID Malawi Mission has found the proposed budget acceptable and is working internally with their contracts officials to modify the MSH Bilateral workplan to allow the inclusion of Mr.
4.1a Prepare a final report of all activities carried out since December 2003.	In Process	Schouten's position. Final approval is expected by the end of August 2005. Close-out planning has been completed. An
Output: 4.2 Plans for continuation of HIV/AIDS Coordination Technical Assistant's contract established after M&L ends	Completed	M&L field project close-out matrix has been started to document the administrative close-out of the project.
4.2a		

Malawi MOHP (July 2005 - September 2005)

Project Manager

Erard, Amy-Simone

Task

A2MWFM3XX 20MHXX

SubTask

The HIV/AIDS Coordination Technical Assistant provides coordination assistance to the Malawi Ministry of Health (MOH) HIV/AIDS Unit and National AIDS Commission (NAC) to successfully implement HIV/AIDS health sector interventions within the MOH and with other stakeholders.

Outcome/Output/Activity	Status	Notes
Outcome: 1 Planned HIV/AIDS activities in the health sector are successfully implemented	Completed	Erik Schouten has supported the Ministry to effectively work with all stakeholders, at policy and implementation levels, within and outside the Ministry, and within and outside Malawi in sharing information, and in promoting the interests of the MOH in contributing in the formulation of intersectoral, regional, international and other policies and guidelines for HIV/AIDS and TB-HIV activities. Mr. Schouten has strengthened the Ministry's coordination role of the implementation of all health services that make up the continuum of HIV/AIDS care. Mr. Schouten has also established formal partnerships with other HIV/AIDS care providers, including business and private sector with a view to facilitating equitable scaling up of HIV/AIDS health service provision.
Output: 1.1 Global Fund proposal for year 3, 4, 5 reprogrammed	Completed	
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.	Completed	
Output: 1.2 HIV/AIDS activities of the MOH workplan are integrated into the NAC work plan	Completed	
1.2a HIV/AIDS Coordination Technical Assistant coordinates the development of plans of work between NAC and the MOH	Completed	
Output: 1.3 MOU between UNICEF and MOH on the provision of procurement services assessed and revised	Completed	
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	Completed	
Output: 1.4 Anti-RetroViral equity paper finalized, passed as policy and implemented	Completed	
1.4a HIV/AIDS Coordination Technical Assistant supports the development of the national ARV policy and implementation plans	Completed	
Outcome: 2 Gaps in HIV/AIDS activities in the health sector identified, research conducted, and actions identified to reduce gaps	Completed	
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	Completed	
2.1a HIV/AIDS Coordination Technical Assistant conducts analysis of the implementation of HIV/AIDS activities and submits proposals to address gaps	Completed	
2.1b HIV/AIDS Coordination Technical Assistant meets with the Treatment Action Campaign in South Africa to discuss future collaboration. (Activity completed before July 2005)	Cancelled	

Malawi MOHP (July 2005 - September 2005)

Outcome: 3 Adequate administrative, logistic, and management support provided to the M&L MOH Malawi work	Completed	During the period of July-September 2005, Erik Schouten continued to receive high-quality administrative and logistical support from M&L and MSH Bilateral staff. During this time final preparations were made for Mr. Schouten to transfer from the M&L program to the MSH Bilateral. Mr. Schouten became MSH Bilateral staff in September 2005.
Output: 3.1 A plan for effective communication, management of expenses, allowances, and security issues is developed and implemented	Completed	
3.1a Ongoing management and supervision of M&L Malawi activities	Completed	
3.1b MSH field office provides administrative, logistical, technical, and IS support	Completed	
Output: 3.2 Annual workplan and budget are developed and monitored for necessary	Completed	
3.2a Define key work objectives and review original terms of reference	Completed	
Outcome: 4 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by August 2005	Completed	The administrative transfer of Erik Schouten to the MSH Bilateral will be completed in September 2005. All M&L close-out activities were completed.
Output: 4.1 Evaluation of M&L's technical support to MOH in coordinating HIV/AIDS activities is conducted	Cancelled	
4.1a Prepare a final report of all activities carried out since December 2003.	Completed	
Output: 4.2 Plans for continuation of HIV/AIDS Coordination Technical Assistant's contract established after M&L ends	Completed	

Morocco - Global Exchange Network for Reproductive Health (July 2004 - September 2005)

Project Manager

Sherk, Karen

Task

A2MAFC3XX

SubTask

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	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	Completed	A three-day virtual conference on “Safe Motherhood and the Moroccan Experience” was hosted by the Moroccan Ministry of Health and MSH June 21–23, 2005 over the Internet in French. Ninety-eight participants from nine francophone African countries, Switzerland, and the United States viewed the presentations given by the Moroccan MOH staff and took
Output: 1.1 Moroccans working in RH/FP share best practices from Morocco (eg. Maternal mortality indicators).	Completed	part in the online discussions and instant chats. The topics presented included: the epidemiology of maternal and neonatal mortality in Morocco; strategies for the reduction of maternal and neonatal mortality in Morocco; emergency obstetric and neonatal care; monitoring emergency obstetric and neonatal care; communication strategies for safe motherhood, law, ethics; and the status of women in Morocco, and leadership and safe motherhood. Notable online discussion topics also included the importance of family planning education for safe motherhood and the training of service providers.
1.1a Support and facilitate conversations on the Moroccan area of the Global Exchange Web site.	Completed	
1.1b Technical assistance in preparing the virtual conference.	Completed	

Mozambique - HCD Assessment (July 2004 - June 2005)

Project Manager

O'Neil, Mary

Task

A2MZF4RA

SubTask

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 five-year PEPFAR plan.

Outcome/Output/Activity	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.	Completed	An HCD assessment was completed in November 2004. The assessment was conducted in two 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 five-year HR strategy in Mozambique was drafted and submitted to the CDC, the Ministry of Health, and other key stakeholders in March 2005. The change in MOH leadership resulted in the lack of implementation of the recommendations.
Output: HCD assessment to be completed. Conduct HCD assessment.	Completed 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 Ministry of Health, and other key stakeholders.	Completed	
Write and submit report to support the implementation of the 5-year HR strategy in Mozambique to CDC, the Ministry of Health, and other key stakeholders.	Completed	

Mozambique - Management and Leadership for Health Sector Support (M&L/HSS) (July 2004 - September 2005)

Project Manager

Korkiamaki, Marjut

Task

A2MZFC3XX

SubTask

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

Status

Notes

Outcome/Output/Activity	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.	Completed	The M&L program has focused its central level leadership training and management capacity building on 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 two directorates 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 seven teams with 38 participants. There are four 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 operational plan and many of them are funded from the Common Fund. In the two Directorates, MOSTambique analysis has become a prerequisite for all workplans/action plans soliciting financing from the Common Fund. 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 meeting for facilitators was held in conjunction with this workshop. 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 the process of implementation or had been completed. These results were clearly superior to those of the Directorates that were not covered in the M&L program.
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).	Completed	
Output: 1.2 DAG and DRH teams implement selected MOSTambique components of the operational plans using the M&L framework.	Completed	
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.	Completed	Two workshops were held to evaluate the performance of the 2004 operational plans for the DRH (in March 2005 with 24 participants) and DAG (in April 2005 with 29 participants). Both groups have shown an acceptable performance in implementing activities. The participants noted that the monitoring system is of great merit and very participative; however, they felt that a higher level of execution is required in order to achieve the proposed goals. During these workshops, the 2005 Operational Plan was also presented. The new proposal for 2005 implied some adjustment of the work teams due to the expansion of activities and the engagement of new personnel, especially in DAG. The monitoring process with the other two Directorates was based on the experience of monitoring in DAG and DRH. In both
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.	Completed	
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.).	Completed	
1.2e Establish and maintain a Leadership and Management Reference Library at the MISAU.	Completed	

Mozambique - Management and Leadership for Health Sector Support (M&L/HSS) (July 2004 - September 2005)

workshops the participants stated that they have had a very positive experience implementing the programmed activities in line with the MOSTambique results. The results of the first semester of both Directorates were also presented to the SWAP (Sector Wide Approach) Committee in May 2005.

The process of evaluation done in DAG and DRH has shown that the two Directorates have already been implementing and monitoring the selected MOSTambique activities. The DPC created a new technical group for operational planning (GTPO) which is in charge of monitoring the action plans. In this group there are representatives from each of the four Directorates. Libraries of management and leadership reference materials have been established and are continuously maintained and updated in each of the four directorates, DPC, DRH, DNS, and DAG.

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.	Completed	
Output:	2.1 Provincial level strategic plans for Nampula, Zambezia and Gaza are completed.	Completed	The M&L program continued to support the Strategic Planning Process in the Provinces. The Technical Planning Group (GTP) will take charge of the provincial strategic planning processes in MISAU. M&L is also now actively participating in the new GTP of DPC in the coordination of all aspects of the budget and its relationship with the planning process. In this group, the role of M&L is to continue to transfer the experiences to the other members. GTP requested M&L's assistance in developing the strategic plans for Sofala and Maputo provinces as well, although these provinces were not in the original SOW of the M&L Program. M&L supported 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 (all of whose strategic plans have been completed). A workshop with 10 Provincial Health Directorate (DPS) participants was done in January and February with 55 participants. Through this workshop, experiences were shared in the design of the Provincial Strategic Plans and how they are aligned with the
	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.	Completed	
Output:	2.2 Knowledge transfer to key stakeholders, appointed by MISAU, for completion and maintenance of Strategic Planning in other provinces.	Completed	
	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.	Completed	
	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).	Completed	
Output:	2.3 Revise and apply "The Guide for the implementation of provincial operational plans in line with the Strategic plan."	Completed	

Mozambique - Management and Leadership for Health Sector Support (M&L/HSS) (July 2004 - September 2005)

	2.3a Make necessary revisions to the Guide document.	Completed	provincial operational plans. The analyses included the participation of the Districts in the planning process. Some revelations were that: 1) the Provinces were already
	2.3b Provide assistance in selected provinces for aligning their annual operational plans with the provincial strategic plans by using the guide.	Completed	implementing the Strategic Plans and 2) the guide for aligning operational plans with strategic plans designed by M&L and MISAU was considered a useful instrument in standardizing all of the different approaches.
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	During this period, M&L completed two visits to DPS Nampula to ensure continuity of the support of the DPS to quality supervisory teams in Districts and Health Units that are implementing the Challenge and Quality Improvement approaches. Under the leadership of DPS, Provincial and District level facilitators had two follow-up visits to the health units with the assistance of M&L advisors.
	2.4b Organize refresher workshops (in conjunction with 2.4.a. workshops) for the facilitators providing follow up to the service improvement plans.	Completed	
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.	Completed	Representatives of the 11 health units from Nampula province participated in the service improvement plans program using the "Challenge Approach." The health units established a follow up process for the implementation of the service improvements plans. An evaluation workshop of the improvement plan approach was completed in July 2004 with a total of 35 participants from 11 health units, five Districts, the DPS Nampula, and MISAU. Results showed eight health units were performing successfully in the implementation of their plans, two health units did not advance significantly due to the lack of financial resources, and 1 health unit was delayed due to changes in their management unit. Another monitoring workshop was held in October with 36 participants and an in-depth evaluation was held in November with 43 participants. A work group climate evaluation carried out in October/November 2004 showed improved results in the health units.
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.	Completed	
	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.).	Completed	
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	The program for improving quality of health services in Nampula—"The Quality Approach"—was established, the facilitators trained, a base line done, and the methodology for

Mozambique - Management and Leadership for Health Sector Support (M&L/HSS) (July 2004 - September 2005)

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	Completed	follow up tested during the July–December 2004 semester. MISAU started to collect norms of all the services at the health center level in the different Directorates in July 2004. It was determined that the focus would not be on HIV, but on all the health center services including HIV, to give a broader range of practices. A three-day workshop was held in Namaacha in July with 18 representatives from the MOH and Maputo Province to 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 representatives from MISAU, Nampula DPS and selected District Health Directorates (DDS), were trained in the quality methodology and how it would be the organizational approach for the three selected health centers within the province (Carapira, Namialo, and Mossuril). A provincial team was established to support and monitor the process. A workshop was held in Nacala to adapt the standards for each service at the Health Center level to the Nampula Health conditions. A new draft of the instrument was developed. 10 participants from the DDS and health units levels, 10 from the Provincial level and three from the central level were trained in facilitating the quality approach in July in Nacala. Another workshop was held in Nampula-Nacala in August 2004. Baselines were conducted in the three HUs with the national, DPS and DDS facilitators. Following the baseline activities, health unit quality improvement plans were designed in collaboration with the facilitators and the HU teams. The health units started implementing these plans immediately in August and September 2004. 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 2004 shows that the HUs have begun to improve the quality of health services. The DPS of Nampula has integrated the Challenge and Quality methodologies into their supervision processes with positive results.
Output: 3.3 Program for improving quality / performance of selected health units is 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.	Completed	
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).	Completed	
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 consultancy.	Completed	
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.	Completed	
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.	Completed	
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.	Completed	

Mozambique - Management and Leadership for Health Sector Support (M&L/HSS) (July 2004 - September 2005)

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	Completed	
Outcome: 4 Project Objectives and Intervention Strategies are Effectively Monitored and Updated, and the Project has Efficient Coordination and Administrative, Logistic and Management Support.	Completed	Project objectives and intervention strategies were regularly monitored and updated as necessary during this reporting period. Efficient coordination and administrative, logistic and management support was provided. Periodic internal project team meetings and periodic meetings with the MISAU and USAID counterparts were carried out to coordinate the project activities with other projects and programs of the MISAU.
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.	Completed	
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	The project team in Cambridge and in Maputo facilitated a two-week LeaderNet session in June 2005 entitled "Strategies for success in low resource settings: Stories from Mozambique." This forum allowed M&L Mozambique to share experiences with managers and leaders from 16 other countries during the two week session. Over 160 participants posted in three languages: English, Portuguese and Spanish. The Mozambique M&L/HSS project was also presented as a case study at the M&L End of Project conference held in DC in June 2005. A poster presenting the most essential working methods, results and products of the M&L/HSS Mozambique project was designed and finalized during the January-June 2005 semester. Copies were distributed to all the participants in the project as a reminder of the essential management and leadership tools. The posters were also presented to other projects and donors to share the experience with others working with similar challenges.
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.	Completed	
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.	Completed	
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.	Completed	
4.2c Carry out final evaluation of project results and provide recommendations for future interventions	Completed	
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.	Completed	Preparations for the final report and office close out began in November 2004; the period of implementation was later extended from March until August 2005. The final report will be completed by September 29, 2005. The evaluation of the project was scheduled in two phases: one in November 2004 and one in early 2005. The November evaluation concentrated on activities and outcomes in the health units and at the district levels and 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 took place March–April 2005 and assessed the progress on Provincial level strategic and operational plans in Gaza, Nampula, and Zambezia, and assessed the progress on MOSTambique action plans in DRH and DAG Directorates at MISAU Central Level. A preliminary evaluation trip report summarizing the most essential findings was prepared and delivered to the USAID/Mozambique Mission in May 2005.
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.	Completed	
4.3b Efficient technical, management, and administrative support provided by MSH Boston office including efficient project close out, per USAID and M&L policy.	Completed	

Mozambique - Management and Leadership for Health Sector Support (M&L/HSS) (July 2004 - September 2005)

The final evaluation report was submitted in September together with the Final Technical Report/Results Review.

In July, the M&L Project participated in a general SWAP meeting which included 56 representatives from USAID and MISAU. MISAU authorities and donors were satisfied with the results and suggested to expand the Program to the whole country.

Mozambique - Project Management (July 2004 - September 2005)

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	Status	Notes
Outcome: 1 Efficient In-Country Program Management	Completed	M&L activities in Mozambique are well managed. 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 budget analysis conducted regularly, with findings shared with the Mission. Qualified personnel were in place and material and other logistic requirements for the administration were 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 - Ministry of Education (July 2004 - June 2005)

Project Manager

Johnson, Sarah

Task

A2NIFA4XX

SubTask

90MSXX

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. For other Management and Leadership activities in Nicaragua in PY5, see the Ministry of Health, Profamilia and Social Cabinet and Corporate Social Responsibility work plans.

Outcome/Output/Activity	Status	Notes
Outcome: 1 By March 2005, provide methodological and technical tools to the Ministry of Education to prioritize areas and implement three to four prioritized educational processes, based on the new Ministry of Education competency-based educational model and plan the adaptation of the Ministry of Education's management systems to support the new methods.	Completed	The M&L team in Nicaragua has made the following progress in supporting the Ministry of Education in its effort to develop and implement nation-wide curricular transformation: A specific proposal for the implementation of curriculum transformation was submitted; a conceptual framework for designing and validating this curriculum change (competency-based education focus) is in process; proposal for competency-based focus has been completed; essential social actors have reviewed the methodology; management systems that the MOE requires to support this curriculum transformation have been defined; a methodological proposal for this transformation has been submitted along with the terms of reference to get the work done.
Output: 1.1 Ministry of Education has developed a plan for institutional reform with its new vision.	Completed	
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. 1.1b 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.	Completed	
Outcome: 2 By September 2005, the competency-based curriculum is developed and being field tested in up to 30 schools throughout the country.	Completed	M&L provided leadership, the educational orientation, and the plan and process for this massive institutional transformation. M&L led a group of 50 ministry professionals over several months to produce the new competency-based curriculum and validate it with hundreds of Ministry of Education teachers and staff. Four forums (donors, educational specialists, primary and secondary teachers, and university faculty) with over 1,000 participants reviewed and offered input into the curriculum.
Output: 2.1 The structure of the new educational curriculum is completed.	In Process	
2.1a 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	
2.1b The new National Basic Curriculum with its focus on competencies is completed and validated.	In Process	
2.1c Capacity building has occurred among ministry staff responsible for the management of educational competencies in the new national basic curriculum (various training workshops).	In Process	
2.1d Monitoring reports have been completed on the classroom application of the National Basic Curriculum (proposal, start of monitoring and continuation of monitoring of the National Basic Curriculum).	Cancelled	
2.1e Ministry of Education teaching staff has the resources and guides to improve their performance in the classroom vis-à-vis the application of the new	In Process	
2.1f Ministry of Education teaching staff has the necessary material to improve their evaluation techniques in the National Basic Curriculum with its focus on competencies (forums where proposals are analyzed, materials are developed and piloted, an edition produced with didactic suggestions).	In Process	
2.1g Competency-based curriculum adjusted for non-traditional educational modalities	In Process	

Nicaragua - Ministry of Education (July 2005 - September 2005)

Project Manager	Task	SubTask
Johnson, Sarah	A2NIFA4XX	90MSXX

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. For other Management and Leadership activities in Nicaragua in PY5, see the Ministry of Health, Profamilia and Social Cabinet and Corporate Social Responsibility work plans.

Outcome/Output/Activity	Status	Notes
Outcome: 1 By March 2005, provide methodological and technical tools to the Ministry of Education to prioritize areas and implement three to four prioritized educational processes, based on the new Ministry of Education competency-based educational model and plan the adaptation of the Ministry of Education's management systems to support the new methods. (Outcome completed before July 2005)	Completed	The M&L team in Nicaragua continued during the reporting period to support the Ministry of Education in its efforts to develop and implement nation-wide curricular transformation. This quarter, a one-week, joint implementation planning workshop was carried out between technicians from the curriculum office and the training office. This is the first of such critical meetings to be held committing resources and time for the educational transformation from an MOE office outside of the General Directorate of Education. With this result and the completion of the expected deliverables (see PY5 for details), M&L has completed this phase of MSH's assistance to the MOE in putting in place the technical resources required to support its transformation and modernization.
Output: 1.1 Ministry of Education has developed a plan for institutional reform with its new vision.	Completed	
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 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.	Completed	
Outcome: 2 By September 2005, the competency-based curriculum is developed and being field tested in up to 30 schools throughout the country.	Completed	While it is well understood the new competency based curriculum is still a work in progress, it is being hailed as the first curriculum in which stakeholders were consulted and which aligns pre-school, primary and secondary education. The curriculum will be validated in the classroom during the 2006 school year. Capacity building among ministry staff has continued during the reporting period. For instance, two additional forums were held – one with the Coordinator Civil and the other with the Mesas de Education. Also the first encounter between over 100 faculty members from the national university and the MOE was held to plan how to work together on the implementation of the curriculum. In the meantime, draft guides for teachers were completed as well as a bibliography on classroom evaluation of competency-based
Output: 2.1 The structure of the new educational curriculum is completed.	Completed	
2.1a 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.	Completed	
2.1b The new National Basic Curriculum with its focus on competencies is completed and validated.	Completed	
2.1c Capacity building has occurred among ministry staff responsible for the management of educational competencies in the new national basic curriculum (various training workshops).	Completed	

Nicaragua - Ministry of Education (July 2005 - September 2005)

2.1d Monitoring reports have been completed on the classroom application of the National Basic Curriculum (proposal, start of monitoring and continuation of monitoring of the National Basic Curriculum).

Cancelled

education. Finally, the adaptation of the curriculum for the adult learner was completed.

2.1e Ministry of Education teaching staff has the resources and guides to improve their performance in the classroom vis-à-vis the application of the new

Completed

The modernization of the MOE is well underway and is expected to receive continued assistance as it is a large and complex undertaking. The USAID Mission in Nicaragua is encouraged by the extent of the progress achieved since July 2004 when M&L support started.

2.1f Ministry of Education teaching staff has the necessary material to improve their evaluation techniques in the National Basic Curriculum with its focus on competencies (forums where proposals are analyzed, materials are developed and piloted, an edition produced with didactic suggestions).

Completed

2.1g Competency-based curriculum adjusted for non-traditional educational modalities

Completed

Nicaragua - Ministry of Health (July 2004 - June 2005)

Project Manager

Johnson, Sarah

Task

A2NIF__XX

SubTask

90MHXX (90HSXX for HSPH)

Through September 2005, M&L Nicaragua's Leadership and Management (L&M) in Health Project will continue with its work on Institutional Modernization and Leadership including reformation of the roles, functions, strategic directions, policies, management systems and processes and decentralization and leadership development in the Ministry of Health and systems re-engineering and management and leadership strengthening in the Ministry of the Family, the National Social Security Institute and the municipal government of Waslala. The project will coordinate with other USAID-supported programs including the Quality Assurance Project and with other donors such as IDB and PAHO. The L&M Project is also working with the Ministry of Education, Profamilia, the President's Social Cabinet and in the area of corporate social responsibility (see separate work plans).

Outcome/Output/Activity

Status

Notes

<p>Outcome: 1 By September 2005 M&L Nicaragua has provided continuous support to the Ministry of Health, assisting them in overall institutional reengineering and reform and the management processes and instruments necessary for reform. The decentralization process, which is an essential part of this internal MOH reform, has included all of the required training, facilitation of the decentralization of human resources, finance processes, etc. (with the exception of supplies) to the municipal level and facilitating the development of the MOH 2006 Annual Operating plan and budget based on a service contracting model. Continued technical assistance will also be provided on strengthening the Fully Functional Service Delivery Point approach and on drug management systems, policies and laws. By the end of March 2005, the Ministry of Health (MOH), through an overall institutional modernization and decentralization process, had reengineered all its systems, processes, procedures, norms and its structure through the use of an M&L systems strengthening and reform approach facilitated by creating an environment propitious to change as a result of on-going leadership strengthening.</p>	In Process	<p>M&L Nicaragua has been supporting the modernization and reform of the MOH since April 2003 in five technical areas: institutional reform, finances and drugs management systems, leadership development, primary health services monitoring (AMAS/FFSDP approach), and, starting this reporting period, the development of the National Health Accounts (NHAs) and the MOH institutional capacity on that area.</p> <p>The redesign of the MOH was completed through a highly participatory process and the resulting new structure has been defined, negotiated and approved broadly within the MOH. This includes definition of mission, vision, focus on results, roles and responsibilities, functional areas, and organizational processes and systems.</p>
<p>Output: 1.1 Institutional reorganization of Ministry of Health is designed and documented.</p>	In Process	<p>Twelve new management and operational systems have been designed with all of the necessary support documentation completed and their implementation in process. The lists of requirements for implementation for all new organizational systems are complete and available, as well as the documentation of the entire design of the institutional modernization/re-engineering process.</p>
<p>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.</p>	Completed	
<p>1.1b Design of implementation strategies and development of implementation plan by March 2005</p>	Completed	<p>Leadership development programs were planned and delivered to MOH managers at the municipal, SILAIS (region) and central levels during the previous reporting period. 2,000 managers were trained in leadership and the capacity in leadership development facilitation was strengthened in over 60 Nicaraguans trainers. The generic leadership development modules were completed during the period.</p>
<p>1.1c The process of institutional modernization/reengineering in the Ministry of Health has been documented (discussions and validation every two months, final document on the process is produced)</p>	Completed	
<p>1.1d The methodological Guide/Manual on the MOH organizational systems restructuring/modernization is complete (the Guide is developed, validated and edited).</p>	In Process	
<p>1.1e Develop and publish a guide for designing a National Health Care Model</p>	Cancelled	<p>Significant progress was made on AMAS, Nicaragua's FFSDP Program. AMAS was scaled up nationally and has been extended to all health centers and health posts in the country. Qualitative research on the usefulness of AMAS to primary health care managers has been concluded and findings disseminated. Two other studies support the FFSDP approach and impact. M&L also provided TA to the MOH in the</p>
<p>1.1f Preparations of three presentations on M&L's work in Nicaragua (FFSDPs, MOH Municipal Leadership Development Program and MOH modernization) and short articles, with the support of MSH Communications Office</p>	Completed	

Nicaragua - Ministry of Health (July 2004 - June 2005)

Output: 1.2 The Institutional reorganization (modernization) of the Ministry of Health is implemented.	In Process	development of its health care model (what services, to whom, by who, paid and managed by whom); its national health policies and its national health plan. A new edition of the AMAS/FFSDP monitoring tool for primary health care facilities was completed, approved, published and all 17 health districts trained in its application. Software for entering in the results of the monitoring and automatically receiving results was completed.
1.2a The implementation process of reorganization/modernization of the Ministry of Health Department of Planning and Institutional Development has begun (the basic package & primary document on the management agreement have been approved, target population groups and productivity indicators are defined)	In Process	
1.2b The implementation process of the reorganization/modernization of the Ministry's Department of Financial Resources has begun (Cost structure defined, 2006 budget formulated, norms and guides for the formulation, administration, control of the budget, accounting registers, payments and the reorganization of the CIPS developed, the team in charge of the Supply system	In Process	Through a sub-contract with the Harvard School of Public Health, M&L initiated this reporting period its assistance in the development of National Health Accounts (NHAs) and also assisted two SILAIS in the implementation of the newly integrated financial management system. The TA in National Health Accounts produced NHAs for 2002, 2003, the matrices for the 2004 NHA and strengthened the MOH institutional capacity in this key area. The NHA information was a basic resource for the development of the National Health Plan and the Health Care Model. National Health Accounts is one of the principal vehicles for the MOH to evaluate equity.
1.2c The implementation process for the reorganization/reengineering of the Ministry's Department of Control has begun (technical team named, AMAS/FFSDP version validated, organizational performance monitoring dashboard is developed).	In Process	
1.2d The implementation process for the reorganization/reengineering of the Ministry's Department of Regulation has begun (technical team appointed & trained, review of health norms begun)	In Process	
1.2e The implementation process for the reorganization/reengineering of the Ministry's Department of Human Resources has begun (technical team appointed and trained, review of HR norms for the administration, development and control of staff has begun).	In Process	In the area of drug management, joint M&L and RPM+ support led to the approval of a law permitting community pharmacies and re-organization of the MOH central drug distribution program, among other activities. A law for social pharmacies was completed during the period and sent to the Presidency for presentation to Congress.
1.2f The implementation of the new health care model (MAIS) promoted and disseminated.	In Process	
Output: 1.3 Strengthen leadership capacities to address organizational challenges in MOH, INSS and MiFamilia; in particular leadership and management capacity of MOH personnel in charge of health sector reform is developed.	In Process	
1.3a Improve interpersonal relations of municipal health unit personnel in Matagalpa, Jinotega and Boaco with learning unit designed to complement original municipal leadership development module with its six learning units.	Completed	
1.3b Personnel from MOH municipal health facilities in the SILAIS of Matagalpa, Jinotega and Boaco have shown improvement in their interpersonal relations (the monitoring and evaluation report of the interpersonal relations module has been developed and documented in the three SILAIS and the evaluation is	Completed	
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 framework needs to be strengthened.	In Process	The MOH, with the support of M&L, has developed, discussed, and validated the Model of Care Plan. The Planning system for the MiFamilia was designed and implemented; manuals for strategic planning, operational planning and investment planning were completed. The new planning system was used for the 2005 planning process in the institution. The Ministry's Special Protection program was re-

Nicaragua - Ministry of Health (July 2004 - June 2005)

Output: 2.1 Strengthen the management and leadership capacities of senior and mid-level management teams of MiFamilia	Completed	designed addressing a principal problem in the Ministry. An operational manual for this system is completed. Leadership development at the central and municipal level has been completed as well. A Guide for the development of the information system has been completed.
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	Completed	
2.1b Leadership capacity developed in mid-level teams at the decentralized level in 16 delegations of MiFamilia through the implementation of the generic leadership development module with its various learning units	Completed	
2.1c The leadership capacity of 35 staff from the Social Protection System of MiFamilia has been strengthened through the implementation of the generic leadership module with its various learning units.	Completed	
2.1d Intermediate executive teams of MiFamilia at the central level (30 people from the Department of Special Protection) have strengthened their leadership capacity, tied to the implementation of the Provision of Special Protective Services (Servicios de Protección Especial), through the generic leadership	Completed	
2.1e Intermediate teams in 8 new Territorial Delegations of MIFAMILIA have strengthened their leadership capacity, oriented toward mobilizing work teams and their collaborators toward the achievement of critical organizational results (leadership module implemented as well as action plans and the process and the results are evaluated).	Completed	
Output: 2.2 Ministry of the Family (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	
2.2a Discuss and validate the already developed Model of Care (Modelo de atención)	Completed	
2.2b Complete the design of the Provision of Special Protection Services System (Sistema de Provisión de Servicios de Protección Especial) and begin the development of the tools to implement it	Postponed	
2.2c Develop the instruments necessary for the implementation of the MiFamilia planning, monitoring and evaluation system including five guides (for strategic planning, operational planning, investment planning, monitoring and evaluation and developing an information system) and the pre-design of the information system (IDB is responsible for the design and implementation of the information system)	In Process	
Output: 2.3 The process of reorganization and strengthening of the Ministry of Family (MiFamilia) is coherent with the new model of care (modelo de atención)	In Process	
Outcome: 3 By September 2005, the Management and leadership process in the National Institute of Social Security (INSS) is strengthened through a M&L leadership development program and results on challenges addressed are achieved.	In Process	The leadership strengthening interventions were carried out with success in the previous reporting period for INSS' central level as well as with its territorial supervisors and the INSS targeted staff continued to use their newly acquired skills in

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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	improving their management and leadership practices. Supervisory leadership using the generic modules was completed and coaching of the central level staff continued.
3.1a Leadership development program concluded at the INSS central level for INSS professionals involved in health services for workers (salud previsual) and job-related health injuries (riesgo profesional)	Completed	The cost study methodology developed and approved during the previous reporting period was used for cost studies related to the treatment of over 50 general health and occupational health illnesses and/or injuries. A third study,
3.1b Monitoring and evaluating the implementation the INSS plans of action to improve internal communication and implement a risk prevention program in select industries and implement up to four additional workshops.	In Process	the costing of the treatment of breast and cervical-uterine cancer, lead the INSS to add these to their package of services. The findings and results of the cost study on the occupational health illnesses and/or injuries were formally presented to USAID, INSS, and the EMPs.
3.1c INSS personnel (clinic supervisors) utilize their strengthened leadership capacity to improve service results with respect to 8 different challenges: through delivery of 9 learning units in the generic leadership module and evaluate the results.	In Process	
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, complete final report and develop a tool to estimate cost based on the original methodology used.	Completed	
3.2b Study of principal work related illnesses and accidents	In Process	
Outcome: 4 By September 2005 the moral leadership program in communities in Waslala will be strengthened, expanded, documented and tied to other social sector services. The institutional strengthening of the municipality will be reinforced by an adapted CORE tool and Business Planning program.	In Process	From January 2005–June 2005, the community-based moral leadership and management training manual was validated with 60 leaders from six rural Nicaraguan communities. Also, two meetings were held with 45 school teachers about moral leadership and one follow-up meeting was held with leaders from the 22 previous communities. Furthermore, a literacy course was promoted and TA was provided for the course. Finally, a final survey was completed for Harvard School of Public Health for the first group of communities and focus groups were held to determine indicators.
Output: 4.1 Continue to support and strengthen leaders in 10 out of 11 initial communities from PY4 and implement the program in 10 additional Waslala communities where PROCOSAN (community growth promotion program) operates	In Process	
4.1a The leaders in 10 initial communities, participants in the PY4 leadership development program, are further strengthened through monitoring and follow-up (3 of these communities are linked to PROCOSAN)	In Process	
4.1b Systematize and document increase in social capital in first 10 communities (via subagreement with Harvard-Alva)	Completed	
4.1c Systematize and document increase in social capital in first 10 communities (via subagreement with Harvard-Alva)	In Process	
4.1d Teachers from Waslala have strengthened leadership capacity to support community leaders and communities	In Process	
4.1e Community organization and management improvements in 30 communities (meetings with community leaders and teachers, community census completed, report on survey of houses produced, monitoring of progress, accomplishment	In Process	

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of plan with teachers, and also a plan in conjunction with the teachers and with Municipal Development Council, monthly monitoring).

4.1f Process management approach, CORE and business plan adapted and shared with the municipality (analysis of management development needs, adapting management tools, presenting management focus, adapted CORE tool and adapted business planning program, technical assistance to the technical municipal unit). In Process

4.1g Strengthen the information and communication strategy (support 2 communication campaigns and murals, evaluate impact of radio, disseminate video.) In Process

Output: 4.2 Moral Leadership Development Program is documented in a manual. In Process

4.2a Community leadership module developed, validated and disseminated (validation of the moral leadership and management module including the various workshops, final edition, printing and presentation of the module) 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

This outcome was achieved during the previous 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

The manual "Strengthening Moral Leadership and Community Management and Development," was completed in August 2005, was printed out in 500 copies and distributed to Waslala. The Manual was launched in early September during a special event to which all the Nicaraguan health NGOs were invited in order to familiarize them with Waslala results and the manual.

Outcome: 6 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 2005 In Process

Close out activities related to this large country program have been initiated during this reporting period and will be finalized during the remaining quarter of M&L.

Output: 6.1 Final report and other documentation required for close-out are prepared and submitted In Process

6.1a Compile, format, and translate relevant materials for institutional memory In Process

6.1b Monitor and conduct closeout activities in Nicaraguan regional office In Process

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Project Manager

Johnson, Sarah

Task

A2NIF__XX

SubTask

90MHXX (90HSXX for

Through September 2005, M&L Nicaragua's Leadership and Management (L&M) in Health Project will continue with its work on Institutional Modernization and Leadership including reformation of the roles, functions, strategic directions, policies, management systems and processes and decentralization and leadership development in the Ministry of Health and systems re-engineering and management and leadership strengthening in the Ministry of the Family, the National Social Security Institute and the municipal government of Waslala. The project will coordinate with other USAID-supported programs including the Quality Assurance Project and with other donors such as IDB and PAHO. The L&M Project is also working with the Ministry of Education, Profamilia, the President's Social Cabinet and in the area of corporate social responsibility (see separate work plans).

Outcome/Output/Activity

Status

Notes

<p>Outcome: 1 By September 2005 M&L Nicaragua has provided continuous support to the Ministry of Health, assisting them in overall institutional reengineering and reform and the management processes and instruments necessary for reform. The decentralization process, which is an essential part of this internal MOH reform, has included all of the required training, facilitation of the decentralization of human resources, finance processes, etc. (with the exception of supplies) to the municipal level and facilitating the development of the MOH 2006 Annual Operating plan and budget based on a service contracting model. Continued technical assistance will also be provided on strengthening the Fully Functional Service Delivery Point approach and on drug management systems, policies and laws. By the end of March 2005, the Ministry of Health (MOH), through an overall institutional modernization and decentralization process, had reengineered all its systems, processes, procedures, norms and its structure through the use of an M&L systems strengthening and reform approach facilitated by creating an environment propitious to change as a result of on-going leadership strengthening.</p>	Completed	See PY5 report
<p>Output: 1.1 Institutional reorganization of Ministry of Health is designed and documented. (Activity completed before July 2005)</p>	Completed	
<p>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.</p>	Completed	
<p>1.1b Design of implementation strategies and development of implementation plan by March 2005 (Activity completed before July 2005)</p>	Completed	
<p>1.1c The process of institutional modernization/reengineering in the Ministry of Health has been documented (discussions and validation every two months, final document on the process is produced)</p>	Completed	
<p>1.1d The methodological Guide/Manual on the MOH organizational systems restructuring/modernization is complete (the Guide is developed, validated and edited).</p>	Completed	
<p>1.1e Develop and publish a guide for designing a National Health Care Model (Activity completed before July 2005)</p>	Cancelled	
<p>1.1f Preparations of three presentations on M&L's work in Nicaragua (FFSDPs, MOH Municipal Leadership Development Program and MOH modernization)</p>	Completed	

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and short articles, with the support of MSH Communications Office (Activity completed before July 2005)

Output: 1.2 The Institutional reorganization (modernization) of the Ministry of Health is implemented.	Completed
1.2a The implementation process of reorganization/modernization of the Ministry of Health Department of Planning and Institutional Development has begun (the basic package & primary document on the management agreement have been approved, target population groups and productivity indicators are defined)	Completed
1.2b The implementation process of the reorganization/modernization of the Ministry's Department of Financial Resources has begun (Cost structure defined, 2006 budget formulated, norms and guides for the formulation, administration, control of the budget, accounting registers, payments and the reorganization of the CIPS developed, the team in charge of the Supply system	Completed
1.2c The implementation process for the reorganization/reengineering of the Ministry's Department of Control has begun (technical team named, AMAS/FFSDP version validated, organizational performance monitoring dashboard is developed).	Completed
1.2d The implementation process for the reorganization/reengineering of the Ministry's Department of Regulation has begun (technical team appointed & trained, review of health norms begun)	Completed
1.2e The implementation process for the reorganization/reengineering of the Ministry's Department of Human Resources has begun (technical team appointed and trained, review of HR norms for the administration, development and control of staff has begun).	Completed
1.2f The implementation of the new health care model (MAIS) promoted and disseminated.	In Process
Output: 1.3 Strengthen leadership capacities to address organizational challenges in MOH, INSS and MiFamilia; in particular leadership and management capacity of MOH personnel in charge of health sector reform is developed.	Completed
1.3a Improve interpersonal relations of municipal health unit personnel in Matagalpa, Jinotega and Boaco with learning unit designed to complement original municipal leadership development module with its six learning units. (Activity completed before July 2005)	Completed
1.3b Personnel from MOH municipal health facilities in the SILAIS of Matagalpa, Jinotega and Boaco have shown improvement in their interpersonal relations (the monitoring and evaluation report of the interpersonal relations module has been developed and documented in the three SILAIS and the evaluation is completed) (Activity completed before July 2005)	Completed
1.3c Provide technical assistance to strengthen leadership capacity of directors and high-level subdirectors in hospitals and other facilities in Managua.	Completed

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(Activity completed before July 2005)

1.3d	The directors and subdirectors of Primary Health Care in Managua and the hospitals of Managua have developed their leadership capacity, according to the challenges chosen (monitoring of development, evaluation of process and	Completed
1.3e	Generic leadership development modules focused on results at the service level and application across social sector institutions have been completed, printed and field tested (Unit 9 of the generic module on leadership development is prepared and then the entire module with 9 learning units is edited and	Completed
1.3f	Prepare article on municipal leadership development program for publication (Activity completed before July 2005)	Completed
1.3g	Monitoring of facilitators trained in leadership development by MOH Central level Teaching Dept., in 10 additional SILAIS in the next phase of the scale up of the municipal leadership development program.	Completed
1.3h	The evaluation of senior leadership development programs/strategies in the Ministry of Health, the Ministry of the Family and the Managua Hospitals is complete and findings disseminated (M&E study.) (Activity completed before July 2005)	Completed
Output: 1.4	Consolidate the AMAS (FFSDP) implementation process in 17 SILAIS	Completed
1.4a	The new edition of the AMAS/FFSDP monitoring guide is complete with the necessary adjustments (new format and new edition of the monitoring guide) (Activity completed before July 2005)	Completed
1.4b	Document, evaluate and disseminate the practical utility of AMAS (FFSDP) (Activity completed before July 2005)	Completed
1.4c	Complete AMAS (FFSDP) complementary tool package and assure formal adoption by MINSAs	Completed
1.4d	Support continuous monitoring of institutionalization of AMAS (FFSDP) including facilitator and supervisor training	Completed
1.4e	Health personnel in the SILAIS (health regions) are trained in the AMAS/FFSDP complementary toolkit/the Monitoring Guide (8 tools implemented, 1 visit to each SILAIS every trimester) (Activity completed before July 2005)	Completed
1.4f	The process of systematization and dissemination of the AMAS/FFSDP experience is complete (first draft of results complete, results presented and disseminated).	Completed
1.4i	Published article on impact of FFSDP approach	Reprogrammed
Output: 1.5	Technical Assistance for institutionalization of National Health Accounts (NHA) in the MOH is concluded and progress reports are issued on the methodology for the National Education Accounts - Harvard subcontract (Output completed by July	Completed

Nicaragua - Ministry of Health (July 2005 - September 2005)

1.5a NHA training for MINSA Officials and Inter-institutional NHA Team (occurs 7/04 through 3/05) planned and implemented by HSPH.	Completed
1.5b Analysis by HSPH of the NHA 1997-2002 series within an international perspective	Completed
1.5c National Health Accounts 2004. Assistance with the preparation of matrices and the NHA 2004 report.	Completed
1.5d National Education Accounts methodology is developed and progress reports written	Completed
Output: 1.6 Organizational capacity and sectoral coordination have been developed in the area of drug management at the national level	Completed
1.6a Health care norms are included in the methodology for calculating Medical drugs/supplies (coordination meeting, design for the methodology for programming, process and reports on field testing)	Completed
1.6b The programming of the purchase of Medical drugs/supplies is coordinated by the Normative Department of Medical Supplies (DNIM). The DNIM has a manual for programming medical drugs/supplies (elaborate, validate and present a proposal congruent with the programming and a proposal for the programming manual.	Completed
1.6c A system for internal control of medical drugs/supplies is operating. The Department of Administration and Finance (DGAF) is carrying out its role of managing internal control of medical drugs/supplies (meeting with DGAF, analysis by trimester of strengths and weaknesses identified).	Completed
1.6d The use of drugs and other medical supplies has improved because of the functioning of the Committee on the Rational Use of Medical Drugs/supplies (CURIM). The central level Committee on the Rational Use of Medical drugs/supplies is integrated and functioning at the central level of the MOH (CURIM integrated at central level of MOH, CURIM at national level prepare and issue bimonthly reports, DNIM conducts analysis and makes recommendations)	Completed
Output: 1.7 Access of the population to essential drugs, high quality and low cost, has been improved	Completed
1.7a Special VSM Law approved: Defined and regulated the mechanism that will facilitate development of the VSM in MOH (the proposal for the Special VSM Law sent to the National Assembly and there is follow-up related to approval).	Completed
1.7b Promote coordination between the Ministry of Industry and Commerce (MIFIC) and the Ministry of Health, on points of common interest that would permit strengthening capacity in the interpretation and application of CAFTA & ADPIC (Aspects of intellectual property related to international commerce): The coordination between MOH and MIFIC is established (Coordination meeting MOH-MIFIC, two capacity building events information provided to MIFIC)	Completed

Nicaragua - Ministry of Health (July 2005 - September 2005)

1.7c	The function of supplying medical drugs to sites is inserted into the MOH re-organization process: Plan for doing this (coordination meeting, consensus on plan, monthly progress report)	Completed	
1.7d	Improved purchasing process: Study and evaluate the purchasing cycle (study documents/papers and conditions, purchasing cycle evaluated).	Completed	
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 framework needs to be	Completed	See PY5 report
Output:	2.1 Strengthen the management and leadership capacities of senior and mid-level management teams of MiFamilia	Completed	
	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	Completed	
	2.1b 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	Completed	
	2.1c The leadership capacity of 35 staff from the Social Protection System of MiFamilia has been strengthened through the implementation of the generic leadership module with its various learning units.	Completed	
	2.1c Intermediate executive teams of MiFamilia at the central level (30 people from the Department of Special Protection) have strengthened their leadership capacity, tied to the implementation of the Provision of Special Protective Services (Servicios de Protección Especial), through the generic leadership	Completed	
	2.1d Intermediate teams in 8 new Territorial Delegations of MIFAMILIA have strengthened their leadership capacity, oriented toward mobilizing work teams and their collaborators toward the achievement of critical organizational results (leadership module implemented as well as action plans and the process and the results are evaluated).	Completed	
Output:	2.2 Ministry of the Family (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.	Completed	
	2.2a Discuss and validate the already developed Model of Care (Modelo de atencion) (Activity completed before July 2005)	Completed	
	2.2b Discuss and validate the already developed Model of Care (Modelo de atencion) (Activity completed before July 2005)	Cancelled	
	2.2c Develop the instruments necessary for the implementation of the MiFamilia	Completed	

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Output: 2.3 The process of reorganization and strengthening of the Ministry of Family (MiFamilia) is coherent with the new model of care (modelo de atencion)	Completed	
2.3a In support of an information system, MiFamilia has costs for products and procedures and instruments for up-dating this (cost structure up-dated and adequate, cost for each product estimated)	Completed	
2.3b In support of the information system, a budgeting process is developed that is consistent with the cost structure (catalogue of budgeting process is up-dated, proposal on process developed)	Completed	
2.3c The Monitoring Control Panel for the Monitoring of Management and Service Delivery is designed (Demand profiles defined, as well as quality standards and indicators, design of methodological instrument is complete. Instruments for information collection complete as well as key indicators of management and service delivery).	Completed	
2.3d Developed a proposal for the re-design of the Social Protection System (SPS) of MIFAMILIA (organize the team in charge of this re-design, mission, vision, defined functions and processes, proposal presented to the superior		
Outcome: 3 By September 2005, the Management and leadership process in the National Institute of Social Security (INSS) is strengthened through a M&L leadership development program and results on challenges addressed are achieved.	Completed	From April 2003 to September 2005, M&L provided support to the INSS in leadership development and in addressing key institutional challenges, of which, costing accurately illnesses and /or injuries received special attention.
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.	Completed	
3.1a Leadership development program concluded at the INSS central level for INSS professionals involved in health services for workers (salud previsual) and job-related health injuries (riesgo profesional) (Activity completed before July 2005)	Completed	The leadership strengthening interventions were carried out with success in 2004 for INSS' central level as well as with its territorial supervisors and the INSS targeted staff continued to use their newly acquired skills in improving their management and leadership practices. Supervisory leadership using the generic modules was completed and coaching of the central level staffs continued.
3.1b Monitoring and evaluating the implementation the INSS plans of action to improve internal communication and implement a risk prevention program in select industries and implement up to four additional workshops.	Completed	
3.1c INSS personnel (clinic supervisors) utilize their strengthened leadership capacity to improve service results with respect to 8 different challenges:	Completed	The cost study methodology developed and approved during the previous reporting period was used for cost studies related to the treatment of over 50 general health (25) and occupational health illnesses and/or injuries (50). A third
through delivery of 9 learning units in the generic leadership module and evaluate the results.		study, the costing of the treatment of breast and cervical-uterine cancer, lead the INSS to add these to their package of services. The findings and results of the cost study on the occupational health illnesses and/or injuries were formally presented to USAID, INSS and the EMPs.

Nicaragua - Ministry of Health (July 2005 - September 2005)

Output:	3.2 Complete cost studies in the following INSS areas: workers' health services and job-related injuries (Output completed before July 2005)	Completed	
	3.2a Complete cost study of the 25 most common illnesses in the INSS population, complete final report and develop a tool to estimate cost based on the original methodology used.	Completed	
	3.2b Study of principal work related illnesses and accidents	Completed	
	3.2c Conduct study on cost of services/health care of patients affected by cervical - uterine and breast cancer	Completed	
Outcome:	4 By September 2005 the moral leadership program in communities in Waslala will be strengthened, expanded, documented and tied to other social sector services. The institutional strengthening of the municipality will be reinforced by an adapted CORE tool and Business Planning program.	Completed	From July 2005 to September 2005 the Moral Leadership and Management Manual was completed consisting of three sections: Introduction, Guides for developing workshops and participant lessons. In August 2005, M&L Nicaragua and Harvard School of Public Health presented results from the Waslala experience to an audience consisting of MOH, MOE and Ministry of the Family officials. Also, TA was given to assist in the implementation of the Municipal Development Committee. Finally, follow-up was provided for the Waslala Business Plan.
Output:	4.1 Continue to support and strengthen leaders in 10 out of 11 initial communities from PY4 and implement the program in 10 additional Waslala communities where PROCOSAN (community growth promotion program) operates	Completed	
	4.1a The leaders in 10 initial communities, participants in the PY4 leadership development program, are further strengthened through monitoring and follow-up (3 of these communities are linked to PROCOSAN)	Completed	
	4.1b Systematize and document increase in social capital in first 10 communities (via subagreement with Harvard-Alva) (Activity completed before July 2005)	Completed	
	4.1c Community leadership program is planned and delivered (workshops given and learning units validated) in 20 new communities in Waslala (10 communities in first 6 months of PY5 and second 10 communities in last 6 months of PY5) and its impact on the growth monitoring program (PROCOSAN) is measured and documented following initial baseline data collection (ALVA sub)	Completed	
	4.1d Teachers from Waslala have strengthened leadership capacity to support community leaders and communities	Completed	
	4.1e Community organization and management improvements in 30 communities (meetings with community leaders and teachers, community census completed, report on survey of houses produced, monitoring of progress, accomplishment of plan with teachers, and also a plan in conjunction with the teachers and with Municipal Development Council, monthly monitoring).	Completed	
	4.1f Process management approach, CORE and business plan adapted and shared with the municipality (analysis of management development needs, adapting management tools, presenting management focus, adapted CORE tool and adapted business planning program, technical assistance to the technical municipal unit).	Completed	
	4.1g Strengthen the information and communication strategy (support 2 communication campaigns and murals, evaluate impact of radio, disseminate	Completed	

Nicaragua - Ministry of Health (July 2005 - September 2005)

video.)

Output: 4.2 Moral Leadership Development Program is documented in a manual.	Completed	
4.2a Community leadership module developed, validated and disseminated (validation of the moral leadership and management module including the various workshops, final edition, printing and presentation of the module)	Completed	
Outcome: 5 Experience documented and shared with other actors (gathering of information, writing the report, workshop to disseminate).	Completed	Completed during the previous 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 September 2005	Completed	The M&L project in Nicaragua has been successfully completed within budget (\$8,530,000) and with significant results for 10 client institutions. Close-down activities were completed in accordance with requirements.
Output: 6.1 Final report and other documentation required for close-out are prepared and submitted	Completed	
6.1a Compile, format, and translate relevant materials for institutional memory	Completed	
6.1b Monitor and conduct closeout activities in Nicaraguan regional office	Completed	

Nicaragua - PROFAMILIA (July 2004 - June 2005)

Project Manager

Johnson, Sarah

Task

A2NIFC1XX

SubTask

90PRXX

M&L Nicaragua (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 as the organization continues to focus heavily on organizational and financial sustainability. For Ministry of Health, Ministry of Education and Social Cabinet and Corporate Social Responsibility project activities in PY5, see these separate work plans.

Outcome/Output/Activity	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.	Completed	During the technical assistance period, M&L has supported PROFAMILIA in developing a methodology for the development of annual operational budgets integrating central level managers and directors of all of the clinics and implementing it for the production of the 2005 plan. As a result, the 2005 operational plans and budgets for the central level and 16 clinics as well as an organizational plan and budget are recognized as the expression of an organization-wide integrated effort. These 2005 budgeted actions plans are fully owned by the organization at all levels. TA has been also provided in an on-going manner on financial sustainability. A new integrated accounting structure was developed and a monitoring system was designed and implemented. As a result, PROFAMILIA's financial sustainability has improved substantially.
Output: 1.1 Profamilia has updated information and administrative-financial systems and are in support of the goal of increased financial sustainability.	Completed	
1.1a Follow-up and continued Technical Assistance with the Financial Sustainability Monitoring Tool (control de mando gerencial)	Completed	
1.1b Technical Assistance for 2005 Profamilia operational plan and budget (including operational plans for each of the 16 clinics)	Completed	
Outcome: 2 By September 2005, the newly redesigned community-based distribution network for Profamilia is fully operational throughout the country.	In Process	Profamilia's community-based distribution (CBD) network was assessed, redesigned, and implemented. The pilot of the redesigned CBD network has been concluded as well as M&L inputs in support of the implementation at the national level. USAID Nicaragua sent a congratulatory note to the M&L team expressing their profound satisfaction with the work.
Output: 2.1 Community-Based Distribution (CBD) Network is fully functional	Completed	
2.1a Redesign the community-based distribution network (assessment and analysis of the network, presentation of assessment, findings and proposal for change)	In Process	
2.1b The pilot of the restructured CBD network is implemented and evaluated	In Process	
2.1c The newly designed CBD network is implemented nationally	In Process	

Nicaragua - PROFAMILIA (July 2004 - June 2005)

Outcome: 3	By September 2005, the Executive Director and Board have strengthened their management and leadership capacities and organizational climate is improved.	Completed	Executive coaching support has been offered to the Executive Director, leading to accomplishment of his performance goals (including improved organizational financial sustainability, a re-structured management team at the central level and improved organizational climate). Coaching learning modules have been delivered to senior managers at the central level to enhance the support that they provide to clinic directors in the achievement of their goals. These coaching modules are available in written form.
Output: 3.1	Coach and support the new Executive Director and Board.	Completed	
	3.1a Conduct periodic workshops and coaching sessions with executive director and board	Completed	
	3.1b Organizational climate assessed, performance improvement plans implemented at clinic and central office levels and organization climate re-assessed	Completed	
	3.1c Provide ongoing coaching and support to the new executive director to improve the performance of the director in organizational financial sustainability	Completed	
	3.1d Provide training in coaching to the management team at the central level of Profamilia in order for them to coach clinic directors. Supervise these new coaches' activities	Completed	
Outcome: 4	By September 2005, the administrative- financial system is functioning at the central level and in the clinics	In Process	The M&L team helped PROFAMILIA re-design the administrative, financial, HR and logistics processes in the organization. The operational manual is complete and has been validated with central level and clinic staff and the new processes are being implemented by the organization.
Output: 4.1	Finance system/model is operational in clinics and central level.	In Process	
	4.1a Administrative system redesigned and tested	Completed	
	4.1b Administrative and financial system implemented at the national level	Completed	
Outcome: 5	By September 2005, the implementation of the Information System modules including the inventory module, the client receipt module and the health services statistics module in the 16 clinics and the central level of Profamilia has been completed and monitored	Completed	M&L supported PROFAMILIA in the design and implementation of these key management information systems. Software units were completed and pilot tests conducted. PROFAMILIA decided to recode its products list and is in the process of hiring the position supporting this system. For this reason, implementation of the modules was not reached by EOP date, a point where M&L could have been carrying out the planned monitoring of these modules utilized by PROFAMILIA.
Output: 5.1	Information System modules are implemented and monitored	Completed	
	5.1a Pilot test of inventory module and client receipt module is implemented in select clinics	Completed	
	5.1b Monitor the implementation of the following modules of the information system: inventory, client receipts and health services statistics	Cancelled	
Outcome: 6	CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by March 2005	In Process	
Output: 6.1	Final report and other documentation required for close-out are prepared and submitted	In Process	
	6.1a Compile, format, and translate relevant materials for institutional memory	In Process	

Nicaragua - Profamilia (July 2005 - September 2005)

Project Manager	Task	SubTask
Johnson, Sarah	A2NIFC1XX	90PRXX

M&L Nicaragua (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 as the organization continues to focus heavily on organizational and financial sustainability. For Ministry of Health, Ministry of Education and Social Cabinet and Corporate Social Responsibility project activities in PY5, see these separate work plans.

Outcome/Output/Activity	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. (Outcome completed before July 2005)	Completed	See PY5 report
Output: 1.1 Profamilia has updated information and administrative-financial systems and are in support of the goal of increased financial sustainability.	Completed	
1.1a Follow-up and continued Technical Assistance with the Financial Sustainability Monitoring Tool (control de mando gerencial)	Completed	
1.1b Technical Assistance for 2005 Profamilia operational plan and budget (including operational plans for each of the 16 clinics)	Completed	
Outcome: 2 By September 2005, the newly redesigned community-based distribution network for Profamilia is fully operational throughout the country.	Completed	See PY5 report
Output: 2.1 Community-Based Distribution (CBD) Network is fully functional	Completed	
2.1a Redesign the community-based distribution network (assessment and analysis of the network, presentation of assessment, findings and proposal for change) (Activity completed before July 2005)	Completed	
2.1b The pilot of the restructured CBD network is implemented and evaluated (Activity completed before July 2005)	Completed	
2.1c The newly designed CBD network is implemented nationally	Completed	
Outcome: 3 By September 2005, the Executive Director and Board have strengthened their management and leadership capacities and organizational climate is improved.	Completed	See PY5 report
Output: 3.1 Coach and support the new Executive Director and Board.	Completed	
3.1a Conduct periodic workshops and coaching sessions with executive director and board (Activity completed by July 2005)	Completed	
3.1b Organizational climate assessed, performance improvement plans implemented at clinic and central office levels and organization climate re-assessed	Completed	
3.1c Provide ongoing coaching and support to the new executive director to improve the performance of the director in organizational financial sustainability	Completed	
3.1d Provide training in coaching to the management team at the central level of	Completed	

Nicaragua - Profamilia (July 2005 - September 2005)

Outcome: 4 By September 2005, the administrative - financial system is functioning at the central level and in the clinics	Completed	The M&L team helped PROFAMILIA re-design the administrative, financial, HR and logistics processes in the organization. The operational manual is complete and has been validated with central level and clinic staff and the new processes are being implemented by the organization.
Output: 4.1 Finance system/model is operational in clinics and central level.	Completed	
4.1a Administrative system redesigned and tested (Activity completed before July 2005)	Completed	
4.1b Administrative and financial system implemented at the national level	Completed	USAID requested that the M&L team apply similar approaches with Nicasalud, Nicaragua's health NGO Network, to modernize their administrative and financial processes including acquisitions and their contracts and grants systems. This TA was provided in July-August 2005, resulting in enhanced Nicasalud staff capacity in these areas and a Nicasalud administrative, finance, acquisitions, contracts and grants manual with processes, procedures, norms, and job profiles.
Outcome: 5 By September 2005, the implementation of the Information System modules including the inventory module, the client receipt module and the health services statistics module in the 16 clinics and the central level of Profamilia has been completed and monitored	Completed	M&L supported PROFAMILIA in the design and implementation of these key management information systems. Software units were completed and pilot tests conducted. PROFAMILIA decided to recode its products list and is in the process of hiring the position supporting this system. For this reason, implementation of the modules was not reached by EOP date, a point where M&L could have been carrying out the planned monitoring of these modules utilized by PROFAMILIA.
Output: 5.1 Information System modules are implemented and monitored	Completed	
5.1a Pilot test of inventory module and client receipt module is implemented in select clinics	Completed	
5.1b Monitor the implementation of the following modules of the information system: inventory, client receipts and health services statistics	Cancelled	

Nicaragua - Profamilia (July 2005 - September 2005)

- | | |
|--|-----------|
| Outcome: 6 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by March 2005 | Completed |
| Output: 6.1 Final report and other documentation required for close-out are prepared and submitted | Completed |
| 6.1a Compile, format, and translate relevant materials for institutional memory | Completed |

Nicaragua - Social Cabinet and Corporate Social Responsibility (July 2004 - June 2005)

Project Manager

Johnson, Sarah

Task

A2NIFM3XX

SubTask

90MSXX

During the second half of PY5, the Leadership and Management in Health Project (M&L Nicaragua) will provide technical assistance to the Nicaraguan Social Sector Cabinet of the President at the central and decentralized levels. The project will also work in the area of corporate social responsibility to help promote further coordination between the social sector and the private sector in Nicaragua and promote corporate social responsibility, first creating a plan to do so. The technical assistance offered in these two areas will include the services described below. These two new program components were recently added to the M&L Nicaragua Portfolio by USAID in Feb. 2005.

Outcome/Output/Activity	Status	Notes
Outcome: 1 By September 2005, mechanisms are developed, validated and documented for the coordination and articulation between central level social sector ministries and the territories selected for the implementation of the Service Provision Centers (Centros de Provision Sociales)	In Process	TA to the President's Social Cabinet began in March 2005 at USAID's request. The challenge of developing a coordination mechanism as at the central level among social sector ministries and their communication with municipalities is a large one to tackle in such a short period of time. The overall anticipated product is to establish the basis for a methodological process that will allow the government of Nicaragua to implement service service centers as contemplated in Nicaragua's National Development Plan. To date, a coordination plan to facilitate the implementation of the centers has been developed. Technical agents from the different social sector ministries have been assigned. Pilot areas were chosen and local resources contracted for the implementation of the pilot strategy. Work in operationalizing the strategy of Service Delivery Centers aimed at offering integrated services for underserved populations has begun at the local level in select municipalities. Finally, the leadership workshops were initiated for municipal authorities and community leaders.
Output: 1.1 The coordination between central level ministries cooperating and collaborating together in the Service Provision centers and the territorial level is organized, validated and normed	In Process	
1.1a Coordination and Planning Meetings with SECEP (Secretaria de la Coordinacion y Estrategias de la Presidencia-The Secretariat of Coordination and Strategies of the President).	In Process	
1.1b Develop the Operations Manual for the central coordinating committee of the Centers for Service Provision (CPS)	In Process	
Output: 1.2 Operationalize the CPSs in 7 municipalities chosen by the Social Cabinet	In Process	
1.2a Leadership and management development workshops with the Municipal Development Committees (Comites de Desarrollo Municipal) and the Local Technical Committees (Comites Tecnicos Locales).	In Process	
Output: 1.3 Develop the capacity of the community to conduct Social Audits in 25 communities of the 7 municipalities	In Process	
1.3a Conduct leadership development workshops for community leaders which will include the capacity building leadership, the social audit and necessary follow-up	In Process	
Outcome: 2 By September 2005 the private sector in Nicaragua has baseline data on corporate social responsibility in Nicaragua, a plan and strategies for promoting corporate social responsibility and the concept and practice of corporate social responsibility have been widely discussed in educational and information exchanges.	In Process	
Output: 2.1 Baseline data and CSR strategy are produced	In Process	
2.1a Baseline study on corporate social responsibility is planned and completed.	In Process	
2.1b Coordination and planning meetings with private sector and capacity building/dissemination of information on CSR	In Process	
2.1c CSR plan and strategies for promoting corporate social responsibility are completed	In Process	

Nicaragua - Social Cabinet and Corporate Social Responsibility (July 2005 - September 2005)

Project Manager	Task	SubTask
Johnson, Sarah	A2NIFM3XX	90MSXX

In that second half of PY5, the Leadership and Management in Health Project (M&L Nicaragua) will provide technical assistance to the Nicaraguan Social Sector Cabinet of the President at the central and decentralized levels. The project will also work in the area of corporate social responsibility to help promote further coordination between the social sector and the private sector in Nicaragua and promote corporate social responsibility, first creating a plan to do so. The technical assistance offered in these two areas will include the services described below. These two new program components were recently added to the M&L Nicaragua Portfolio by USAID in Feb. 2005. For other Management and Leadership activities in Nicaragua in PY5, see the Ministry of Health, Profamilia and Ministry of Education work plans.

Outcome/Output/Activity	Status	Notes
Outcome: 1 By September 2005, mechanisms are developed, validated and documented for the coordination and articulation between central level social sector ministries and the territories selected for the implementation of the Service Provision Centers (Centros de Provision Social)	Completed	At the central level, the M&L Nicaragua team created a coordination mechanism between different social sector ministries that are investing in the CPS. At the municipal level (7 municipalities), M&L developed the Central Government 2006 Local Investment Plan based on the CPS concept.
Output: 1.1 The coordination between central level ministries cooperating and collaborating together in the Service Provision centers and the territorial level is organized, validated and normed	Completed	Management and leadership capacities were strengthened of two important municipal coordinating bodies: committe desarrollo municipal and committe tecnico local (with
1.1a Coordination and Planning Meetings with SECEP (Secretaria de la Coordinacion y Estrategias de la Presidencia-The Secretariat of Coordination and Strategies of the President).	Completed	representatives of each ministry at the local level ie the Municipal head of education and the Director of a health center) - using a hybrid training package (Waslala program and generic) and developing social auditing capacity.
1.1b Develop the Operations Manual for the central coordinating committee of the Centers for Service Provision (CPS)	Completed	M&L Nicaragua also facilitated the review of FISE's (Nicaraguan Social Investment Fund that is the key financing agency for the CPS approach) mission, vision, functions, roles, systems, processes, procedures, personnel needs and internal organizational structure. The TA resulted in a transformation from a centralized management and decision-making entity to one with a focus and capacity to stimulate local development and decision-making as facilitated by a new FISE Operational Manual.
Output: 1.2 Operationalize the CPSs in 7 municipalities chosen by the Social Cabinet	Completed	
1.2a Leadership and management development workshops with the Municipal Development Committees (Comites de Desarrollo Municipal) and the Local Technical Committees (Comites Tecnicos Locales).	Completed	
Output: 1.3 Develop the capacity of the community to conduct Social Audits in 25 communities of the 7 municipalities	Completed	
1.3a Conduct leadership development workshops for community leaders which will include the capacity building leadership, the social audit and necessary follow-up	Completed	
Outcome: 2 By September 2005 the private sector in Nicaragua has baseline data on corporate social responsibility in Nicaragua, a plan and strategies for promoting corporate social responsibility and the concept and practice of corporate social responsibility have been widely discussed in educational and information exchanges. (Outcome completed before July 2005)	Completed	Baseline data was collected by M&L sub-contractor ALVA (PY5) and was presented in an August 2005 forum. The final qualitative study demonstrates the level of knowledge regarding RSE among small, medium and large businesses. Concrete actions to promote knowledge about one or more

Nicaragua - Social Cabinet and Corporate Social Responsibility (July 2005 - September 2005)

Output: 2.1 Baseline data and CSR strategy are produced	Completed
2.1a Baseline study on corporate social responsibility is planned and completed.	Completed
2.1b Coordination and planning meetings with private sector and capacity building/dissemination of information on CSR	Completed
2.1c CSR plan and strategies for promoting corporate social responsibility are completed	Completed

categories of corporate social responsibility has been implemented and the general knowledge about and interest in the subject has increased. The private sector has developed a total of eight projects for social investment and will provide follow-up on its own initiative. Over 120 private sector organizations participated in four CSR and business ethics workshops and over 600 fourth, fifth and sixth-graders in the municipalities of Diria and San Marcos were trained in ethical entrepreneurship. M&L/Nicaragua concluded coordination with 4 private sector organizations including: ACOEM (rehabilitation of a rural school), AMCHAM (socialization of business ethics), INDE (education of young business people) and the Roberto Teran Foundation (conduct second national forum on corporate social responsibility).

Nigeria - National Primary Health Care Development Agency (July 2004 - September 2005)

Project Manager

Hall, Michael

Task

A2NGFH3XX

SubTask

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 statistics gathering system will be extended to all operative health centers.

Outcome/Output/Activity	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.	Completed	HRM: Complete redesign of 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 two years) has stretched existing field staff and made it impossible to pair them up for each center as originally planned.
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.	Cancelled	Nevertheless, 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” in its use was included.
1.1a Based on field job evaluations conducted during PY4, new job descriptions are developed to reflect the pairing of field staff.	Cancelled	
1.1b A training program is developed and delivered in support of the new paired structure of field staff.	Cancelled	
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.	Cancelled	Financial Management: Building on the financial software and manual respectively installed and drafted with M&L assistance during the first half of PY5, the NPHCDA has finalized the manual which includes financial reporting requirements and formats to facilitate decision-making. To assist and enhance the newly implemented MIS which was developed in collaboration with M&L, 10 new computers were purchased for NPHCDA which were delivered in January and installed through the facilitation of M&L.
1.1d Field staff have a finalized performance based planning and evaluation system.	Cancelled	
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.	Completed	
1.2a A series of appropriate financial reporting formats are designed and tested for the Board of Directors, central headquarters staff and zonal offices.	Completed	Service statistics pilot project: The NPHCDA has reviewed results of the PY4 supported Pilot Project for gathering service statistics, finalized the system and applied it to operative health centers throughout the country. NPHCDA has reviewed its data sets and is successfully operating under the guidelines of the system.
1.2b A series of appropriate financial reporting formats are designed and tested for the Board of Directors, central headquarters staff and zonal offices.	Completed	
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.	Completed	
1.3a Service Statistics Pilot Project results are reviewed and final recommendations made.	Completed	
1.3b Operations manual for the regular gathering of Service Statistics is	Completed	
1.3c Operations manual for the regular gathering of Service Statistics is	Completed	

Nigeria - National Primary Health Care Development Agency (July 2004 - 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	Completed	The project was successfully closed-out in September 2005 and the project performed this activity in compliance with USAID and M&L requirements. All reporting requirements and appropriate documentation collection were completed in September rather than as originally planned in March. This was due to the postponement of various workplan activities.
Output: 2.1 Closeout activity: reports are submitted to institutional memory, and debriefing with USAID and NPHCDA	Completed	
2.1a Compiling reports and preparing documents according to the requirements of USAID Nigeria and NPHCDA.	Completed	

REDSO: Centre for African Family Studies (CAFS) (July 2004 - June 2005)

Project Manager

Grum, Ida

Task

A2RDFH2XX

SubTask

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	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.	Completed	Deloitte Consulting Limited was contracted to assist in the development of a strategic and business plan. Through a series of workshops with key staff from CAFS' Nairobi and Lome offices, a new five-year strategic plan for 2005-2010 was developed. This was presented to the CAFS board during their annual meeting held in Nairobi in June 2005.
Output: 1.1 CAFS' current five year Strategic Plan from 2000-2005 reviewed and a new five year Strategic Plan for 2005-2010 developed.	Completed	
1.1a Conduct a review of CAFS' current five year Strategic Plan (2000-2005)	Completed	
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.	Completed	
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.	In Process	Together with key CAFS staff, M&L and Deloitte developed the TORs for a comprehensive Market Research Study. An RFP was issued and Research Solutions, a local market research firm, was selected and contracted to carry out the study in four selected countries: Kenya, Ethiopia, Cote d'Ivoire, and Benin. The study which will be completed by end of August 2005, will provide a basis for refining key services offered in light of competition and market demand; evaluate CAFS pricing, marketing and service delivery processes to identify opportunities for CAFS to reposition itself. This study will provide information to be fed into the final revisions of the five-year business plan, defining expected income and costs associated with the newly defined portfolio of training and technical assistance programs. An assessment of CAFS' current corporate structure and human resources and financial management systems has been completed and initial recommendations made. These recommendations will be further refined and be part of the business plan to reflect and maximize quality and efficiency of CAFS' new portfolio of programs. The business plan will be completed the second week of September 2005.
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	In Process	
2.1a Provide technical assistance to CAFS in the analysis and structuring of market information for CAFS products and services.	In Process	
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.	In 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.	In Process	
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.	In Process	
Output: 2.2 CAFS' corporate structure and Human Resources and Financial Management systems reflect and maximize quality and efficiency of their new portfolio of	In Process	REDSO decided after the workplan had been approved that they would limit the leadership survey to once every two years, rather than every year. The leadership survey was therefore cancelled this year.
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).	In Process	

REDSO: Centre for African Family Studies (CAFS) (July 2004 - June 2005)

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 In Process

Output: 2.3 CAFS has increased knowledge about its perceived leadership role among key stakeholders in the region. Cancelled

2.3a Conduct a survey of CAFS' leadership effectiveness and compare results to last years baseline results. Cancelled

REDSO: Centre for African Family Studies (CAFS) (July 2005 - September 2005)

Project Manager

Grum, Ida

Task

SubTask

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 will focus 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 will provide technical assistance in human resources and financial management to support implementation of their strategy and program portfolio.

Outcome/Output/Activity

Status

Notes

Outcome:	1 CAFS has in place and follows a five year Strategic Plan (2005-2010) to deliver a sustainable program of high quality training and technical assistance in Africa. (Outcome completed before July 2005)	Completed	See PY5 report
Output:	1.1 CAFS' current five year Strategic Plan from 2000-2005 reviewed and a new five year Strategic Plan for 2005-2010 developed.	Completed	
	1.1a Conduct a review of CAFS' current five year Strategic Plan (2000-2005)	Completed	
	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.	Completed	
	1.1c Conduct a Strategic Planning Session Workshop	Completed	
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	Completed	A five-year business plan for CAFS, defining expected income and costs associated with their new program of activities, was developed. A Market Research study in four selected countries (Kenya, Ethiopia, Cote d'Ivoire and Benin) was completed in August 2005. The study evaluated CAFS pricing, marketing, and service delivery processes providing a basis for refining key services for CAFS in light of competition and market demand. Information gathered through this study was used to refine CAFS' key services and develop a five-year business plan which defined expected income and costs associated with the new portfolio of training and technical assistance programs. As part of the overall strategic and business plan, M&L and Deloitte made recommendations to CAFS on how to reorganize themselves to better reflect and maximize quality and efficiency of their new portfolio of programs.
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	Completed	
	2.1a Provide technical assistance to CAFS in the analysis and structuring of market information for CAFS products and services	Completed	
	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.	Completed	
	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.	Completed	
	2.1d Develop Marketing Plan that continuously markets its newly defined portfolio and provides regular feedback to CAFS and its clients as to the quality and appropriateness of its programs.	Completed	
Output:	2.2 CAFS' corporate structure and Human Resources and Financial Management systems reflect and maximize quality and efficiency of their new portfolio of programs	Completed	
	2.2a Conduct a comprehensive review of CAFS' corporate structure including a review of the use and qualifications of its personnel and provide technical	Completed	

REDSO: Centre for African Family Studies (CAFS) (July 2005 - September 2005)

assistance to develop and implement an efficient Human Resources system
(involves one workshop)

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 Completed

Output: 2.3 CAFS has defined, identified, and analyzed their regional impact in terms of their principal services and products. Cancelled

2.3a Executive Directors and one senior technical staff persons from each of the three regional partners will convene for a one day meeting facilitated by MSH Organizational Development and MIS experts. Cancelled

Output: 2.4 CAFS has increased knowledge about its perceived leadership role among key stakeholders in the region.

REDSO: CRHCS (July 2004 - June 2005)

Project Manager

Grum, Ida

Task

A2RDFH2XX

SubTask

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

Status

Notes

Outcome/Output/Activity	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.	In Process	M&L provided technical assistance to CRHCS in the development of technical unit strategic and annual operational plans with clear targets and indicators which are in line with their overall organizational strategy.
Output: 1.1 CRHCS' technical area strategies align and contribute to the overall organizational strategic plan.	Completed	
1.1a Provide technical assistance to develop long term strategic plans for CRHCS' technical areas.	In Process	CRHCS is a small organization that is managerially very thin and lacks basic management systems and capacity. As such, it was felt that it was premature to start the business planning process before the end of M&L, as they simply have not been able to absorb M&L's inputs as fast as we've been able to provide them. Together with REDSO and CRHCS, it was decided that we should instead focus on building their financial and information management systems and assist CRHCS to diversify its funding by helping them identify innovative initiatives for funding working closely with selected technical units to turn these ideas into concept papers. This is scheduled for August 2005. M&L has been providing on-going technical assistance in financial and management information systems. M&L's Financial Management Advisor and MIS Advisor have been working closely with the CRHCS technical advisors and the financial manager to develop program budget templates that are linked with program implementation and reporting. Training in its use is scheduled for July 2005.
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.	In Process	
Output: 1.2 CRHCS has in place a medium term financing plan that defines the expected income and costs associated with their program portfolio.	In Process	
1.2a Provide technical assistance to develop medium term financing plan for CRHCS.	In Process	
1.2b Provide technical assistance to develop internal capacity to identify and secure funding to implement CRHCS' technical programs.	In Process	
Output: 1.3 CRHCS has increased capacity to manage and use consultants and regional partnerships and networks.	In Process	
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 CRHCS has increased knowledge about its perceived leadership role among key stakeholders in the region.	Cancelled	M&L's MIS Advisor has been working closely with RCQHC to integrate the consultant management database with the training database. In doing so, he has imported existing computerized consultant records to the training database, developed standard reports which will generate specific consultant details, and ensured that this information is also linked and available through the accounting system. Training to CRHCS staff in use of the system is scheduled for July 2005.
1.4a Conduct survey of CRHCS' leadership effectiveness and compare results to last years baseline results.	Cancelled	REDSO decided after the workplan had been approved that they would limit the leadership survey to once every two years, rather than every year. The leadership survey was therefore cancelled this year.

REDSO: CRHCS (July 2005 - September 2005)

Project Manager

Grum, Ida

Task

A2RDFH2XX

SubTask

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	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.	Completed	M&L helped CRHCS diversify its funding by helping them identify innovative initiatives for funding. M&L's technical advisor developed narrative and financial templates for the development of concept papers and worked closely with selected technical units to turn their ideas into concept papers, providing guidance along the way and reviewing drafts. In July 2005, M&L conducted a training for CRHCS' technical staff in how to use the budget template for planning of activities and how to generate programmatic and financial reports on expenditures against the budget. M&L's MIS Advisor conducted a training in July 2005 for CRHCS staff in use of the integrated training and consultant system. REDSO decided after the workplan had been approved that they would limit the leadership survey to once every two years, rather than every year. The leadership survey was therefore cancelled this year.
Output: 1.1 CRHCS' technical area strategies align and contribute to the overall organizational strategic plan.	Completed	
1.1a Provide technical assistance to develop long term strategic plans for CRHCS' technical areas.	Completed	
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.	Completed	
Output: 1.2 CRHCS has in place a medium term financing plan that defines the expected income and costs associated with their program portfolio.	Completed	
1.2a Provide technical assistance to develop medium term financing plan for CRHCS.	Completed	
1.2b Provide technical assistance to develop internal capacity to identify and secure funding to implement CRHCS' technical programs.	Completed	
Output: 1.3 CRHCS has increased capacity to manage and use consultants and regional partnerships and networks.	Completed	
1.3a Provide technical assistance to develop a consultant management system and skills.	Completed	
1.3b Provide technical assistance to develop regional partnership and network management system including advocacy (involves one workshop).	Completed	
Output: 1.4 CRHCS has increased knowledge about its perceived leadership role among key stakeholders in the region.	Cancelled	
1.4a Conduct survey of CRHCS' leadership effectiveness and compare results to last years baseline results	Cancelled	

REDSO: RCQHC (July 2004 - June 2005)

Project Manager

Grum, Ida

Task

A2RDFH2XX

SubTask

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	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	M&L provided technical assistance to RCQHC in the development of a five-year strategic plan for 2000-2005. The plan has been shared with members of RCQHC's Advisory Committee and was to be reviewed and approved during their annual Committee meeting scheduled for end of June.
Output: 1.1 RCQHC' 2003-2006 strategic plan developed and used to guide development of a business plan	In Process	Unfortunately the meeting was cancelled so the review did not take place. RCQHC hopes to reschedule the meeting in August/September, in which case, M&L will participate and facilitate the review and approval of the new five year strategic plan. M&L conducted a series of interviews with RCQHC and Makerere University management staff regarding the identity and governance of RCQHC in relation to the university. Recommendations based on the interviews were made and were to be discussed during the Advisory Committee meeting which was postponed. Plans are to review the recommendations in August/September at the re-scheduled Advisory Committee meeting.
1.1a Develop long term vision and strategy for the centre	In Process	
1.1b Conduct an assessment and provide recommendations to RCQHC on the advantages and disadvantages of various models of association with Makerere university	In Process	
1.1c Begin the process to develop a business plan by identifying strategies for diversification of funding and costing of courses (conduct an internal	Cancelled	
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	RCQHC is a small organization that is managerially very thin and lacks basic management systems and capacity. As such, it was felt that it was pre-mature to start the business planning process before the end of M&L as they simply have not been able to absorb M&L's inputs as fast as we've been able to provide them. Together with REDSO and RCQHC, it was decided that we should instead focus on developing a "management platform" that fully integrates planning, financial and program data and reports on it regularly rather than beginning the business planning process.
1.2c Provide technical assistance in the implementation and use of SunSystems accounting software	In Process	Building on the recommendations made by M&L in the previous reporting period with regard to RCQHC's structure, we have been assisting them with the recruitment of key positions. We developed job descriptions for a Deputy Director of Operations, an MIS Advisor and an Accounts Assistant. The positions have been posted and CVs reviewed. Interviews are to take place in July and recruitment to start in August. An RFP for the Salary Survey has been issued and Maer Associates, a local management consulting firm, has been selected and hired to conduct the study. Due to some unforeseeable issues, the study got a late start. It is
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.	In Process	
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.	Cancelled	
1.4a Conduct survey of RCQHC's leadership effectiveness and compare results to last years baseline results	Cancelled	

REDSO: RCQHC (July 2004 - June 2005)

however, now on track and it is expected that we will have the results in mid-August.

M&L has been providing on-going technical assistance in financial management. M&L has helped fully operationalize SunSystems accounting software from being on the shelf unused to now being fully installed with all the past years' fiscal data in it and daily postings taking place. M&L's Financial Management Advisor and MIS Advisor have been working closely with the RCQHC technical advisors and financial manager to develop program budget templates that are linked with program implementation and reporting. Training in its use for RCQHC technical advisors is planned for August 2005.

M&L's MIS Advisor has been working closely with RCQHC to make the consultant management database an integral part of the training database. In doing so, he has imported existing computerized consultant records to the training database, developed standard reports which will generate specific consultant details from the training database and ensured that this information is also linked and available through the accounting system. Training for RCQHC staff in use of the integrated training and consultant system is scheduled for August 2005.

REDSO decided after the workplan had been approved that they would limit the leadership survey to once every two years, rather than every year. The leadership survey was therefore cancelled this year.

REDSO: Regional Centre for Quality Health Care (RCQHC) (July 2005 - September 2005)

Project Manager

Grum, Ida

Task

SubTask

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	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	Completed	M&L attended RCQHC's Advisory Committee meeting in early September and facilitated the approval of the new five year strategic plan, including recommendations on the identity and governance of RCQHC in relation to the university.
Output: 1.1 RCQHC' 2003-2006 strategic plan developed and used to guide development of a business plan	Completed	
1.1a Develop long term vision and strategy for the centre	Completed	M&L assisted RCQHC in the recruitment process of open positions. An MIS Advisor and Accounts Assistant have been hired and oriented. None of the candidates for the Deputy Director position seemed adequate so this position is still open. The salary survey was completed and recommendations given to REDSO and RCQHC. They will together determine the new salary structure for RCQHC based on the findings of the survey. In August, M&L conducted a training for RCQHC's technical advisors in how to use the budget template for planning of activities and how to generate programmatic and financial reports on expenditures against the budget.
1.1b Conduct an assessment and provide recommendations to RCQHC on the advantages and disadvantages of various models of association with Makerere university	Completed	
1.1c Begin the process to develop a business plan by identifying strategies for diversification of funding and costing of courses	Cancelled	
Output: 1.2 RCQHC has functioning human resources and financial management systems and skills to support their program strategy	Completed	
1.2a Continue to provide technical assistance to develop RCQHC' human resources management system		
1.2b Conduct salary survey for technical staff in the region		
1.2c Provide technical assistance in the implementation and use of SunSystems accounting software		M&L's MIS Advisor conducted a training in August 2005 to RCQHC staff in use of the integrated training and consultant system.
1.2d Provide technical assistance in the implementation and use of SunSystems accounting software		
Output: 1.3 RCQHC has increased capacity to manage and use consultants and regional partnerships and networks.	Completed	
1.3a Provide technical assistance to develop a consultant management system and skills.	Completed	
1.3b Provide technical assistance to develop regional partnership and network management system including advocacy (involves one workshop)	Completed	
Output: 1.4 RCQHC has defined, identified, and analyzed their regional impact in terms of their principal services and products.	Cancelled	
1.4a Executive Directors and one senior technical staff persons from each of the three regional partners will convene for a one day meeting facilitated by MSH Organizational Development and MIS experts.	Cancelled	

REDSO: Regional Centre for Quality Health Care (RCQHC) (July 2005 - September 2005)

Output: 1.5 RCQHC has increased knowledge about its perceived leadership role among key stakeholders in the region.

1.5a Conduct survey of RCQHC's leadership effectiveness and compare results to last years baseline results

REDSO: Management (July 2004 - June 2005)

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	Status	Notes
Outcome: 1 REDSO activities are efficiently and effectively managed and all activities are closed out in accordance with USAID guidelines	In Process	All 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	Cancelled	
Output: 2.1 List of other potential REDSO regional African partners with information about their principle focus areas and potential as regional partners.	Cancelled	
2.1a Conduct an assessment of regional African institutions in the REDSO	Cancelled	

REDSO Management (July 2005 - September 2005)

Project Manager

Grum, Ida

Task

SubTask

REDSO's Strategic Objective 7 is: Enhanced Regional Capacity to Improve Health Systems in Eastern and Southern Africa (ESA). REDSO's focus is therefore 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 will be given to expanding the base of human, technical and program resources available to improve systems throughout the region; 3) efforts will be made to increase the analysis, dissemination and application of information to enhance sector programs and finally 4) enhance 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 regional institutions and helping REDSO identify other potential partners in the region.

Outcome/Output/Activity

Status

Notes

Outcome: 1 REDSO activities are efficiently and effectively managed and all activities are closed out in accordance with USAID guidelines Completed

Output: 1.1 REDSO workplan effectively carried out
 1.1a Manage and coordinate REDSO activities
 1.1b Close-out REDSO activities by September 2005

Outcome: 2 Other potential REDSO regional African partners identified (Outcome completed before July 2005) Completed

Output: 2.1 List of other potential 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

Tanzania - Global Fund Country Coordinating Commission (July 2004 - September 2005)

Project Manager Severo, Catherine
Task A2TZFH0PF
SubTask 20GF20

The Tanzania mainland Global Fund Country Coordinating Mechanism (GFCCM) will be assisted to develop, coordinate and monitor large scale multi-sectoral plans for the Global Fund and other new international donors. M&L will provide support in proposal development, implementation planning, and strengthening of the GFCCM itself.

Outcome/Output/Activity	Status	Notes
Outcome: 1 Tanzania responds successfully to the Global Fund for AIDS, TB and Malaria (GFATM), and uses Global Funds effectively and efficiently.	Completed	MSH has provided support to the Global Fund process in mainland Tanzania since 2002, and in Zanzibar since 2004. Support is provided in three areas: 1) Institutional strengthening and technical support to the Global Fund Country Coordinating Mechanisms; 2) Facilitation and technical guidance for proposal development; 3) Facilitation and technical support for the transition period from approval through signature and initial start-up. Efforts to assist the Tanzania Mainland GFCCM to expand its mandate beyond Global Fund activities began in early 2004. In the current period, the GFATM modified its requirements for Country Coordinating Mechanisms. Technical support was provided to integrate these changes into the revised document defining structure and functions of the national body. On 12 May, the GFCCM formally adopted the revisions, converting itself to the Tanzania National Coordinating Mechanism for HIV/AIDS, TB, Malaria. Support for the Zanzibar GFCCM was initiated in January in order to coordinate development of a proposal for Round 5. Round 5 of the Global Fund was announced in March, with a proposal deadline of June 2005. Technical support focused on development of an HIV/AIDS proposal for Zanzibar while additional support was provided to Mainland Tanzania. The proposal development process accepted by the Zanzibar GFCCM followed the methodology set out in the manual developed in 2004, "Scaling Up Multi-Sectoral HIV/AIDS Programs: A Manual for Planning." Zanzibar: MSH facilitated development of a country coordinated proposal entitled "Scaling up coordinated care, treatment, and support for HIV/AIDS and HIV/AIDS/TB infected and affected adults and vulnerable children on Zanzibar" (\$30.8 million). The proposal has three components and includes 56 institutional partners from all sectors: scaling up HIV/AIDS diagnosis and treatment, development of an approach for orphans and vulnerable children, and support for the Zanzibar AIDS Commission. M&L provided six consultants working under the Resident Advisor acting as
Output: 1.1 Tanzania's GF Round 4 proposal is approved, signed, and start-up begins.	Completed	
1.1a Provide TA throughout approval process.	Completed	
1.1b Provide TA in budgeting, implementation planning, and coordination through signature of grant agreement.	Completed	
1.1c Provide TA in Human Capacity Development (HCD) to the Social Welfare Department of the Ministry of Labour, Youth Development, and Sports to prepare for Project Implementation Team.	Completed	
Output: 1.2 Tanzania prepares proposals for Round 5 of the Global Fund.	Completed	
1.2a Provide TA for proposal development and coordination of Round 5.	Completed	
Output: 1.3 The Tanzania Global Fund Country Coordinating Mechanism (GFCCM) coordinates and monitors multi-sectoral proposal development and implementation for AIDS/TB/Malaria from new external development partners.	Completed	
1.3a Provide TA to GFCCM to modify and strengthen its roles, structure, and functions.	Completed	
1.3b Provide TA to GFCCM to carry out its functions.	Completed	

Tanzania - Global Fund Country Coordinating Commission (July 2004 - September 2005)

team leader and chief writer and committed a budget of about \$250,000 to the three months of work. M&L also coordinated consultants from DANIDA, UNDP, WHO, UNAIDS, PACT, UNICEF, and Action Aid. MSH has received the thanks of ZAC, ZACP and the Zanzibar GFCCM for its support during the process. Many remarked on the strong feeling of ownership and the strong participation and commitment generated by the approach. Many members of the GFCCM remarked on the high level of the debate around the proposal drafts, bringing out difficult issues of strategy and management. A decision on this proposal is expected in late September.

Mainland Tanzania: MSH provided two briefings to the proposal team from Capacity Project and reviewed draft budgets. MSH also provided budgeting expertise through a sub-agreement with Deloitte & Touche.

The Ongoing efforts to support Round 3 start-up included:

Technical leadership in writing the Operations Manual for Round 3 partners. MSH worked closely with the Clinton Foundation, AMREF, CSSC, and TACAIDS. The Manual was completed in May and is in use. It will be adapted for Round 4.

Technical support to TACAIDS in negotiations with the Medical Stores Department regarding drug management charges and capital investments to improve MSD. The drug and medical supplies procurement budget was recalculated. This new budget was approved by GFATM in April.

Finalization of work with the TACAIDS Legal Advisor regarding the partner MOUs. All MOUs have all been signed between the Ministry of Finance (Principal Recipient) and the Lead Sub-Recipients, TACAIDS, Ministry of Health, AMREF, CSSC, PORALG, and the Ministry of Defense.

Coordination of Round 4 preparations for signature was provided including:

Support was provided to complete the final arrangements for signature. In particular, technical support was provided to finalize the list of Principal Recipients for Round 4 and the sums they would receive. Negotiations and recalculations were done with AMREF, CSSC, PACT and SATF to comply with the Global Fund request to reduce the number of Principal Recipients from six to four. The final list is: Ministry

Tanzania - Global Fund Country Coordinating Commission (July 2004 - September 2005)

of Finance (all public sector partners), PSI/Tanzania (socially marketed condoms), PACT, (all MVC non-government partners), and AMREF (all Care and Treatment non-government partners).

Support was also provided for definition of individual benchmarks for the common indicators for each Principal Recipient. MSH assisted partners to negotiate with the Global Fund representative during the visits in April and May.

Round 4 grants for HIV/AIDS and Malaria were signed on May 13, 2005 for a total \$383 million. The signing ceremony was well attended by the press; the event was covered on television and in the newspapers. During the question and answer period following signature, the MSH Resident Advisor was singled out for praise and thanks for support during the development process. Of particular importance was the statement by the Permanent Secretary of the Ministry of Finance. In his introductory remarks, he said, "We cherish our partnerships with civil society."

MSH will provide support provided to TACAIDS to adapt the Round 3 Manual to Round 4 if this is requested.

From March 11-15, the new Tanzania Program Officer and the Senior Advisor of the Global Fund visited Tanzania and Zanzibar. The visitors praised the high quality of Tanzania's proposals and implementation plans, saying that Tanzania is a "model country" and one of the very few countries which has really understood and operationalized the country coordinated multi-sectoral approach. The coordination mechanisms built into the Round 3 and Round 4 projects are unusual and welcomed by the Global Fund.

Tanzania - HIV/AIDS Commission (Field Support) (July 2004 - September 2005)

Project Manager

Severo, Catherine

Task

A2TZFH0XX

SubTask

20TCXX

M&L will continue its ongoing institutional support to the Tanzania Commission for AIDS (TACAIDS). In particular, M&L will work to strengthen the Policy, Planning and National Response Division through facilitation of meetings and technical support to staff. In addition, M&L will provide support in operations and core competencies (computer training, presentation skills, etc.) to key staff members throughout the organization.

Outcome/Output/Activity	Status	Notes
Outcome: 1 TACAIDS has strengthened capacity to lead and coordinate the national response on the mainland.	Completed	The PPNR continued to focus on mainstreaming, Global Fund planning, and harmonizing issues. Consultant Phyllis Craun-Selka and the Resident Advisor supported the development of the National Communications Strategy for HIV/AIDS. They also provided technical assistance, facilitation regarding district response, and harmonization of mainstreaming support.
Output: 1.1 The Policy Planning and National Response Division coordinates policy development, fosters multi-sectoral partnerships, and leads strategic planning of the response.	Completed	
1.1a Support new policy development for Orphans and Vulnerable Children (OVC), condoms, worksite programs, and other issues.	Completed	
1.1b Provide TA for facilitation, coordination, feedback of national meetings of partners, technical reviews, harmonization.	Completed	The term of the first Commissioners expired in February 2005. Five renewed and 5 new commissioners were sworn in by the President in April 2005. Budget and workplanning included in the MTEF planning in January and February 2005.
Output: 1.2 The office of the Executive Chairman and TACAIDS Commission provide effective leadership and advocacy for the national response.	Completed	
1.2a Provide TA/facilitation for activities of the Commission	Completed	Consultant Falguni Valhumbia provided on-site computer training and support to TACAIDS from July 2004-February 2005. Mentoring and mini courses were provided to all TACAIDS staff.
1.2b Enable 4 TACAIDS Commissioners to attend the Global AIDS Conference to represent Tanzania. (approved in an earlier mod)	Completed	
Output: 1.3 TACAIDS has strengthened core institutional skills for effective and efficient operations.	Completed	
1.3a Provide TA to strengthen core competence and capacity in Information Technology and management systems.	Completed	
1.3b Provide TA to strengthen core competence and capacity in facilitation, organization, presentation, leadership skill.	Completed	
1.3c Provide TA to strengthen HR functions of TACAIDS, including oversight of the worksite HIV/AIDS program.	Completed	

Tanzania - HIV/AIDS Commission (PEPFAR) (July 2004 - September 2005)

Project Manager

Severo, Catherine

Task

A2TZFH0PF

SubTask

20AC20

The three multi-sectoral coordinating bodies in Tanzania will be supported with technical assistance to provide effective leadership, coordination, facilitation and resource mobilization for the response to HIV/AIDS. The Tanzania Commission for AIDS will receive support for coordinating the district and community response and in the area of sound financial management and resource mobilization. The Zanzibar AIDS Commission will be assisted to coordinate roll out of its first strategic plan. The Tanzania mainland GFCCM will be assisted to develop, coordinate and monitor large scale multi-sectoral plans for the Global Fund and other new international donors.

Outcome/Output/Activity

Status

Notes

Outcome:	1 The Tanzania Commission for AIDS (TACAIDS) provides effective leadership, facilitation, and coordination of the national response to HIV/AIDS on Tanzania mainland.	Completed	Support for the national HIV/AIDS commission on the Mainland began in 2001 immediately following creation of the Tanzania Commission for AIDS (TACAIDS).
Output:	1.1 The Tanzania Commission for AIDS (TACAIDS) leads scale-up of the national response to HIV/AIDS on Tanzania mainland.	Completed	Ongoing discussions on government mainstreaming of HIV/AIDS were held with TACAIDS, UNDP, GTZ, and AMREF. There is consensus that a new, long-term approach to support mainstreaming is needed. This approach would use contracted or donor-supported technical assistance targeting specific ministries for longer periods of time, with short term technical interventions focusing on special sectoral issues. A draft discussion document was prepared for TACAIDS to present to the DPG-AIDS regarding reorganization and reorientation of support for government mainstreaming.
	1.1a Provide TA for defining the essential package of services at the district	Completed	
	1.1b Provide TA to support start-up of the Community AIDS Response Fund (CARF).	Completed	
	1.1c Provide technical assistance to the Division of District and Community Response (DCR) to Strengthen leadership coordination and facilitation skills.	Completed	
	1.1d Provide technical assistance to develop an approach to enable district government to mainstream HIV/AIDS into the 2004-05 Medium Term Expenditure Framework (MTEF) and strengthen start-up of District HIV/AIDS committees.	Completed	The Resident Advisor worked with and mentored the TACAIDS Planning Officer in his new role as Global Fund Round 3 & 4 Coordinator. The Resident Advisor has given a very positive report on his performance to the Director of Policy, Planning and National Response.
Output:	1.2 The Finance, Administration, and Resource Mobilization Division (FARM) of TACAIDS uses resources effectively and efficiently and mobilizes additional resources for the national response.	Completed	
	1.2a Facilitate development of the FY 2005-2008 MTEF for TACAIDS.	Completed	MSH worked with the DCR team in February and March to prepare the start up of the Community AIDS Response Fund including the first orientation of the Regional Facilitating Agencies (RFAs). The RFAs will be TACAIDS' contractors to provide technical support and small grants management for the Community AIDS Response Fund portion of the World Bank funded TMAP.
	1.2b Provide TA for development of HIV/AIDS Budget Guidelines for FY 2005/6	Completed	
	1.2c Provide TA to FARM to improve and accelerate procurement of goods and services.	Completed	
	1.2d Provide TA to enable FARM to communicate effectively with Parliament and development partners regarding resource mobilization.	Completed	MSH provided technical writing support to DCR for revision of the CARF Key Actor Handbooks. There is a handbook for each of the four key actors; the Community, Civil Society Organizations, Local Government Authorities, and the RFAs. These are more focused on project design/implementation and are each up to 15 pages in length. The CARF Operations Manual was also completed – this is mainly for the RFAs and is focused on the background of the TMAP, the more technical aspects including project management, procurement and financial management of the project. These manuals are

Tanzania - HIV/AIDS Commission (PEPFAR) (July 2004 - September 2005)

being printed and distributed by TACAIDS and the RFAs.

By August, M&L will also have completed development of the Public Sector Fund for LGAs Manual to enable councils to access TMAP funds.

In Bagamoyo, M&L facilitated a teambuilding seminar for the Division of Advocacy, IEC and other new TACAIDS staff in January 2005. This teambuilding allowed the A-IEC Division to understand the history and roles of TACAIDS, explore their job descriptions, and fix priorities for the next year.

Facilitation and support was provided to the Director of A-IEC to manage the working group developing the National Communications Strategy for HIV/AIDS. The final draft will be presented to TACAIDS in August.

Finance, Administration and Resource Mobilization:

In January and February, M&L assisted TACAIDS to develop its third Medium Term Expenditure Framework, the three year rolling work plan and budget for all government and donor funds. The transfer of skills to TACAIDS staff has been progressive; the staff now need help only with the strategic planning and work planning portion of the process but can manage the budgeting and document production themselves. Work sessions were held from January–February. The rough estimate of government support requested for FY2005-2006 will be \$4.7M, while all sources of donor support are expected to be in the range of \$20M.

The most significant change in this MTEF planning was the obligation to re-organize the work plan according to the targets of the Poverty Reduction Strategy. Since HIV/AIDS is mainstreamed in the PRS, all government ministries, departments and agencies must adopt PRS definitions in their MTEFs. This requirement resulted in modification of about half the targets of the TACAIDS MTEF. Subsequent information from the Ministry of Finance suggests that these targets are interim definitions that may need revision next year.

Tanzania - HIV/AIDS Commission (PEPFAR) (July 2004 - September 2005)

Outcome:	2 The Zanzibar AIDS Commission (ZAC) provides effective leadership, facilitation, and coordination of the national response to HIV/AIDS on Zanzibar and Pemba.	Completed	<p>Support for the Zanzibar AIDS Commission began in 2003 and intensified during the current reporting period. Comments were provided in January to the Zanzibar AIDS Commission, the Zanzibar AIDS Control Program and partners on drafts of the Health Sector Strategy on HIV/AIDS.</p> <p>Discussions were held with ZAC and UNDP regarding costing of the Strategy. It was expected that MSH would provide support for costing the strategy through a sub-agreement with Deloitte & Touche. However, the major investment required by the Global Fund process required reallocation of the budget. (This process did allow the costing of at least 60% of the activities in the strategy.)</p> <p>MSH assisted the Zanzibar AIDS Commission to develop its first Medium Term Expenditure Framework. (In previous years, ZAC's workplan and budget have been included in the Chief Minister's Office MTEF.) Following the methodology developed with TACAIDS, support was provided through meetings and divisional work sessions from February 16–24 at the ZAC offices in Stone Town. On February 24, a meeting with government decision makers and ZAC Commissioners was held to present the draft MTEF. This meeting concluded with approbation for the draft plan and support by the Chief Minister's Office for a possible separate vote. ZAC is currently finalizing the MTEF calculations. The annual budget of government and donor support should be in the range of \$2 million. The MTEF was submitted to the Ministry of Finance in May and defended by the Executive Director of ZAC before the MOF. ZAC has expressed its satisfaction with the process and the result.</p>
Output:	2.1 ZAC coordinates implementation and resource mobilization for its first strategic plan.	Completed	
	2.1a In collaboration with an establishing accounting firm, provide TA for implementation planning and budgeting for Zanzibar Multi-sectoral AIDS Program, Global Fund, and other program funds.	Completed	
	2.1b Provide TA for development of guidelines and procedures for implementation of the first strategic plan.	Completed	
	2.1c Conduct an assessment of ZAC's management capacity and provide follow-up TA in appropriate areas.	Completed	

Tanzania - National Partners (Field Support) (July 2004 - September 2005)

Project Manager

Severo, Catherine

Task

A2TZFP0XX

SubTask

90PVXX

This activity contains the remaining Population funds awarded in 2003 to support the Public Private Partnerships (PPP) strategy of the Health Sector Reform of Tanzania (Strategy Seven). The principle activity area is institutional capacity building for the Association of Private Hospitals of Tanzania, a key partner for the Ministry of Health. A secondary activity area is maintaining low level contact with the Strategy Seven Coordinator and the informal PPP working group formed in 2004.

Outcome/Output/Activity	Status	Notes
Outcome: 1 Public Private Partnerships for essential health services will be strengthened and facilitated at the national level.	Completed	APHTA continued to use its block grant to start-up its new office. The new Administrative Officer began work, building financial and communications systems. MSH continued to provide periodic technical support to the Officer as he takes on new tasks and coordinates his work with the Directors.
Output: 1.1 The Association of Private Hospitals of Tanzania (APHTA) has addressed the weaknesses in institutional capacity identified in the RFE pre-award assessment of 2003.	Completed	
1.1a Provide APHTA with capacity building grant to cover salaries and office costs for 6 months.	Completed	TPHA completed its baseline study on private sector services in the Dar es Salaam and Coastal regions. Inventory and interview instruments were developed and revised with comments from M&L Tanzania and other supporting partners. Field team training and pre-testing of the approach took place in March. The field work was completed in June.
Output: 1.2 The Strategy 7 Working Group is monitored and USAID is kept informed of developments.	Cancelled	
1.2a Observe/participate in Strategy 7 Working Group meetings and transmit notes to USAID.	Cancelled	The Strategy 7 working group is inactive. This is due to the
Output: 1.3 A baseline study of the capacity of the private sector to deliver health services in Tanzania is completed.	Completed	lack of engagement by the Ministry of Health Strategy 7 Coordinator.
1.3a Provide support to the Tanzania Public Health Association (TPHA) in conducting the baseline survey of private sector capacity.	Completed	

Tanzania - National Partners (PEPFAR) (July 2004 - September 2005)

Project Manager

Severo, Catherine

Task

A2TZFH0PF

SubTask

90PV20

Capacity will be built in two areas to expand the number of partners contributing to the PEPFAR goals. Five key ministries engaged with OVCs, prevention and worksite programmes, and care and treatment at local level will receive technical assistance for mainstreaming HIV/AIDS. (This work was begun in 2003) The Association of Private Hospitals of Tanzania, representing all private for-profit health facilities, will be assisted to define options for pre-payment schemes for HIV/AIDS services for groups of private sector employees that contract with them.

Outcome/Output/Activity	Status	Notes
Outcome: 1 Key Government of Tanzania ministries and umbrella organizations have sufficient capacity to contribute to Emergency Plan goals for Orphans and Vulnerable Children (OVC), prevention, and care and treatment.	Completed	Efforts to assist the Ministry of Education with mainstreaming ended in January 2005 after the Ministry informed the Tanzania Commission for AIDS (TACAIDS) that it did not wish to work with external consultants. Similar offers of assistance by CIDA and GTZ were also rejected by the MOE.
Output: 1.1 Key non-health ministries mainstream HIV/AIDS in their sectors.	Completed	Following this decision, TACAIDS decided to develop a new longer term approach to government mainstreaming support for non-health ministries. In April, MSH facilitated a working group including TACAIDS, GTZ, AMREF, and UNDP to develop a draft approach. The new approach has been submitted to the Development Partners Group on HIV/AIDS by TACAIDS for discussion.
1.1a Provide TA to 5 key ministries (Ministry of Education; Ministry of Finance; President's Office of Public Sector Management; Ministry of Labour, Youth Development, and Sport; and Ministry of Community Development, Gender, and Children) to mainstream HIV/AIDS in their Medium Term Expenditure Frameworks (MTEF) and implement the activities.	Completed	
Output: 1.2 The Association of Private Hospitals of Tanzania (APHTA) develops options for prepaid coverage of basic HIV/AIDS services for groups of private sector	Cancelled	
1.2a Provide TA in insurance-type schemes to define options for HIV/AIDS coverage with existing companies contracting with APHTA.		From February 28 to March 4, M&L co-facilitated with TACAIDS the first orientation of Regional Facilitating Agencies (RFAs) for the new World Bank funded "Community AIDS Response Fund" (CARF). The CARF is one element of the Tanzania Multi-Sectoral AIDS Program (\$70 million, five years). This first orientation included five representatives from each of seven of the expected eleven RFAs. MSH designed the orientation with TACAIDS for at least three sessions of orientation. Contracts with the first group of RFAs were signed in April.
1.2b Provide TA to APHTA to define costs and pricing strategy for HIV/AIDS services.		
1.2c Provide TA to assist APHTA to present new schemes to employers.		
1.2d Enable APHTA to participate in national fora regarding employment-based coverage of HIV services.		
Output: 1.3 A course on HIV/AIDS planning is delivered to Tanzania's Regional Facilitating Agencies, in order to build their capacity to plan and implement HIV/AIDS activities at the district level.	Completed	
1.3a In collaboration with the Foundation for Advanced Studies of International Development (FASID), deliver a course on HIV/AIDS planning to Regional Facilitating Agencies.	Completed	In July, the second session of orientation of RFAs took place, including two additional RFAs. It is expected that a third session for the remaining two RFAs will be held in August. It is possible that an additional session will be held by the Zanzibar AIDS Commission for its two RFAs. M&L would provide facilitation and materials for this session if it occurs.
		These activities contribute directly to the operationalization of the CARF, a mechanism for strengthening and funding grass roots and community efforts on HIV/AIDS and linkages to local government.

Tanzania - National Partners (PEPFAR) (July 2004 - September 2005)

Outcome:	2 Public Private Partnerships for essential health services will be strengthened and facilitated at the national level.	Completed	APHTA continued to use its block grant to start-up its new office. The new Administrative Officer began work, building financial and communications systems. MSH continued to provide periodic technical support to the Officer as he takes on new tasks and coordinates his work with the Directors.
Output:	2.1 The Association of Private Hospitals of Tanzania (APHTA) has addressed the weaknesses in institutional capacity identified in the RFE pre-award assessment of 2003.	Completed	
	2.1a Provide capacity building support in financial management.	Completed	The Administrative Officer collaborated with M&L to organize the Business Planning Program for key APHTA members. The Business Planning Program is a “blended learning” program that combines both face-to-face instruction and coaching at a distance via the Internet and other methodologies. The program’s structure is divided into three major phases: Pre-launch assessment, launch week, and program roll-out. All three phases of work were completed during this period. The launch week was conducted in February by M&L trainers and Deloitte & Touche. The launch week introduced the APHTA members to the distance planning approach and began the work on each of the modules of the business plan process. Members committed to a schedule for the program roll out, requiring group work on successive modules of business plan development. The entire business plan will be completed by August. APHTA is now a partner in Round 4 of the Global Fund under AMREF. No Executive Director was hired during this period for APHTA. The total grant amount given to APHTA reflected this difference.
	2.1b Provide capacity building support in general administration and planning.	Completed	
	2.1c Provide capacity building support in business planning and resource mobilization.	Completed	

Tanzania - Rapid Funding Envelope (Field Support) (July 2004 - September 2005)

Project Manager

Severo, Catherine

Task

A2TZFH0XX

SubTask

20RFXX

Remaining HIV/AIDS field support for the Rapid Funding Envelope for HIV/AIDS is focused on monitoring and evaluation of existing projects, documentation of the RFE as a funding mechanism as well as technical preparation and communications for replication of the RFE to at least one other country. This work includes carrying out the communications plan approved by the RFE Steering Committee in January 2004.

Outcome/Output/Activity	Status	Notes
Outcome: 1 The Rapid Funding Envelope for HIV/AIDS provides funding to CSOs in Tanzania and is a best practice mechanism for funding CSOs.	Completed	
Output: 1.1 Technical progress and results of RFE projects are monitored and evaluated.	Completed	The Assistant Technical Advisor for the RFE Program, Jo-Angeline Kalambo joined the M&L Tanzania staff in January 2005. Ms. Kalambo provides day-to-day technical liaison with the RFE grantees, assists grantees to define their monitoring plans, and conducts monitoring and technical administration of grant performance. She works with Deloitte & Touche regarding grant making and evaluation.
1.1a Conduct M&E of ongoing projects.	Completed	
1.1b Conduct final technical evaluation for each project.	Completed	
1.1c Report to RFE steering committee on results and progress quarterly.	Completed	
Output: 1.2 The RFE is documented through a range of media supports, reports, manuals.	Completed	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 in 2003. The tragic death of Carmen Urdaneta, the Communications Advisor of the RFE, in February 2005 has delayed some activities. Two of Ms. Urdaneta's unfinished Success Stories have since been completed.
1.2a Carry out communications plan approved by RFE Steering Committee in January 2004.	Completed	
Output: 1.3 Means for replicating the RFE in at least 1 other country are developed.	Completed	An updated Communications Plan and budget for the period of May 2005 to November 2007 was transmitted to the Steering Committee in May. This plan was not approved. A more generic communications strategy for the RFE will be submitted by MSH in late July for discussion by the Steering Committee. Activities and financing will take place after the M&L program period ends.
1.3a Collaborate with Deloitte and Touche on document for technical replication.	Completed	
1.3b Provide technical support for research and planning for replication of the RFE.	Completed	
		The RFE Officer conducted visits to six RFE projects from Rounds 1 and 2. The objective of these visits was to familiarize the RFE Officer with projects that were invited as follow-on projects for the Round 3 call of concept letters. During these visits, the discussions focused mainly on lessons learned from completed RFE projects and how to apply the lessons to the to-be-proposed follow-on projects. The organizations visited were The East African Development Communication Foundation (EACDF), Tanzania Youth Aware Trust Fund (TAYOA), Student Partnerships Worldwide (SPW), PASADA, Shree Hindu Mandal Hospital, and Heifer International Tanzania. Due to scheduling conflicts, the Center for Counseling, Nutrition and Health care (COUNSENUETH) was not visited by the new RFE Officer.
		MSH has adopted a more intensive hands-on approach to

Tanzania - Rapid Funding Envelope (Field Support) (July 2004 - September 2005)

Zanzibar projects to ensure effective M&E. After submission of first quarter reports, it was clear that there was a need to train Zanzibar sub grantees on report writing and standards. Hence monitoring and evaluation visits in this period were used for training on reporting standards. Projects visited were those implemented by Pemba Island Relief Organization (PIRO), Pemba Press Club (PPC), Women Entrepreneurial Development Trust Fund (WEDTF), Zanzibar Children's Fund (ZCF), Zanzibar International Film Festival (ZIFF), Umoja Wa Kiislamu Wa Uchumi, Elimu Na Maendeleo (UKUEM), WAMATA-Pemba, and Zanzibar Nurses Association (ZANA).

Tanzania - Rapid Funding Envelope (PEPFAR) (July 2004 - September 2005)

Project Manager	Task	SubTask
Severo, Catherine	A2TZFH0PF	20RF20

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

Outcome/Output/Activity	Status	Notes
Outcome: 1 The Rapid Funding Envelope for HIV/AIDS contributes to meeting Emergency Plan goals in the areas of care and treatment, orphans and vulnerable children, people living with HIV/AIDS, and prevention.	Completed	Following the decision in December 2004 by the RFE Steering Committee to extend the RFE until November 2007, the work in this period focused on expansion and renewal of the activities and staff.
Output: 1.1 The RFE completes at least 2 additional rounds of grantmaking.	Completed	The Resident Advisor conducted several orientation sessions with new M&L and Deloitte & Touche staff on HIV/AIDS priorities, best practices and grant review procedures. The new Assistant Technical Advisor, J. Kalambo and the consultant Deborah Conner participated in reviewing concept letters and full proposals and writing technical summaries for the Steering Committee.
1.1a Provide technical assistance to the RFE Steering Committee and collaborate with the grants manager, Deloitte and Touche Tanzania.	Completed	
1.1b Collaborate with Deloitte and Touche Tanzania on RFE awards ceremonies. 1.1c Provide training and support in HIV/AIDS competencies to Zanzibar	Completed Completed	
Output: 1.2 The RFE Steering Committee extends the duration of the RFE and leverages additional funds.	Completed	The final report on potential for international private philanthropy investment in the RFE was delivered in January by consultant Virginia Weiler. This report shows that a significant level of effort would be needed, including informative visits and mini seminars, to attract contributions from international private foundations and trusts for the RFE. While international foundations are very interested in HIV/AIDS and orphans and vulnerable children, they do not usually grant funds for "re-granting" by local institutions such as the RFE. Furthermore, the increased commitments by DFID, DANIDA and other existing bi-lateral donors means that the RFE does not need additional funds at this time. No action will be taken in this area at this time.
1.2a Provide TA to the RFE Steering Committee and collaborate with the grants manager, Deloitte and Touche Tanzania.	Completed	
1.2b Provide TA for leveraging funds from international and local private donors and other bi-laterals.	Completed	
Output: 1.3 Best practices and technical accomplishments of the Rapid Funding Envelope are fully documented.	Completed	Funds were received from DFID (about £2 million) and the Bernard van Leer Foundation (400,000 euros) by the end of the first quarter. All donors and TACAIDS renewed their commitment to the RFE through signature of an amended Memorandum of Understanding prolonging the RFE until November 2007. Signatures were completed by May.
1.3a Identify best practices and conditions for success through focused	Completed	
1.3b Document best practices and technical accomplishments through a range of print media. 1.3c Conduct at least 1 mini-conference on the results of the RFE projects.	Completed Completed	
		In January, the first RFE results conference, "The Contributions of Civil Society in the National Response to HIV/AIDS" was held at the Royal Palm Hotel. All 23 grantees from the first two rounds of grants in 2002-2003 presented results of their work. The conference was attended by more than 150 guests and grantees and received wide television

Tanzania - Rapid Funding Envelope (PEPFAR) (July 2004 - September 2005)

and print media attention. A complete set of conference materials has been transmitted to USAID Tanzania in hard copy and on CD for later use. This activity did much to share results on innovative experiments, measure outputs, and discuss best practices. It also provided a real celebration of civil society's contribution to the national response to HIV/AIDS.

The third call for concept letters was announced in the English and Swahili language press in mainland Tanzania and on Zanzibar and on the national radio on Zanzibar during the week of 24 January. By the deadline of 14 February, 428 concept letters were received of which 81 were approved for development of a full proposal. By the deadline of 23 March, 77 proposals were received. M&L Tanzania and Deloitte & Touche collaborated to review the technical, administrative and financial content of the proposals. A team review meeting was held on 6 April. MSH & Deloitte recommended 38 of the civil society organization applicants to the Steering Committee for their review and decision. The Steering Committee met on 12 May and gave conditional approval to 25 projects of which 23 have passed the pre-award assessment for \$3.2 million.

The RFE grantee awards ceremony for Round 3 grantees was held in August 2005. Grant recipients also received Financial Management training from D&T. They also received M&E training from MSH including indicator development and expectations.

Tanzania - Management (July 2004 - September 2005)

Project Manager

Severo, Catherine

Task

A2TZFXXXX

SubTask

97XXXX

Management of the M&L Tanzania project is divided between the Boston office and the MSH field office in Dar es Salaam. Effective management of all Tanzania Field Support and PEPFAR funded activities are maintained through implementation close out.

Outcome/Output/Activity	Status	Notes
Outcome: 1 The M&L Tanzania portfolio is effectively and efficiently managed, and the office closed out according to MSH procedures.	Completed	The M&L Dar es Salaam field office and the Cambridge, MA office share management responsibilities for the M&L Tanzania project. The Management and Leadership Project will end technical activities on August 31 and the office will be closed by the end of September.
Output: 1.1 The Dar es Salaam office of M&L Tanzania is effectively and efficiently managed, and closed out on time and in accordance with USAID and M&L requirements by June 30, 2004.	Completed	
1.1a Ensure efficient and effective support of all M&L Tanzania activities.	Completed	In anticipation of the ending of M&L, the Tanzania Resident Advisor ended her residence in June 2005, due to family reasons. She will continue to provide some technical support and oversight from France. In Tanzania, discussions were held to plan for the transition after the departure of the Resident Advisor.
Output: 1.2 Monitoring and Evaluation of M&L Tanzania's activities provides clear measurement of results for Emergency Plan and field support activities.	Completed	
1.2a Prepare new indicators for M&L Tanzania.	Completed	
1.2b Carry out Monitoring and Evaluation.	Completed	
1.2c Prepare final report on M&L Tanzania.	Completed	Ongoing management support was provided to the M&L Tanzania project for technical, financial, and administrative work through the end of the project. A detailed review of the remaining requirements for workplan completion was presented to USAID Tanzania on 7 June before the RA departure. A final presentation on the results of the M&L project was also given to USAID/Tanzania and partner institutions on the same day.
		Close out of the M&L Tanzania program followed the general close out guidelines and schedule set by M&L under USAID guidance.

Uganda - Joint Clinical Research Center (JCRC) (July 2004 - September 2005)

Project Manager

Grum, Ida

Task

A2UGFH4PF

SubTask

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

Status

Notes

Outcome/Output/Activity	Status	Notes
Outcome: 1 The leadership and management capacity of the JCRC laboratory network is strengthened.	Completed	All four workshops have taken place and the laboratory performance improvement program for the MOH Regional Hospitals completed. The last two workshops, held in July and September focused on the remaining leadership (aligning/mobilizing and inspiring) and management (implementing and monitoring and evaluating) practice areas. JCRC staff also worked closely with Mbale and Fort Portal
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, epidemiological and administrative component of the ART program.	Completed	regional hospital staff to write the standard operating procedures (SOPs) for the tests/services being provided. In late August, the laboratory performance monitoring tool was applied to compare progress since the baseline assessment conducted in December 2004. Although M&L's technical involvement was short (10 months), the program was designed to enable the teams to continue performance improvements on a long term basis after the formal end of M&L in September 2005. Therefore the full impact of the program will only be realized when the teams have been able to address all the identified challenges. Significant steps towards improving the environment, staff morale, and maximizing the use of limited resources are, however, already visible.
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.	Completed	

Uganda: Human Resources Assessment (July 2004 - September 2005)

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	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 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 identified key issue areas, highlighting specific actionable short term solutions and provided 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 included a review of staffing requirements and identified key issues around staffing shortages. The report also outlined the existing capacity for sites to staff up, retain existing staff, and absorb new staff. Lastly, it reviewed the capacity of pre-service training institutions to respond to impending staff shortages.
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	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. Assessment recommendations were also used to guide Uganda's FY2005 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.

Uganda: Inter Religious Council of Uganda (IRCU) (July 2004 - September 2005)

Project Manager

Grum, Ida

Task

A2UGFM2XX 20IRXX, 20IR15, 20IR20

SubTask

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 assistance 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

Status

Notes

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.	Completed	One of the primary focuses of M&L technical assistance to IRCU during 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.
Output: 1.1 IRCU sub-agreements are effectively managed.	Completed	
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.	Completed	The first, a capacity building subagreement totaling \$380,000, was disbursed over a one year period ending April 30, 2005. The purpose of this subagreement was 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. This agreement has come to an end, all disbursements have been made and liquidated. Since the last SAR, IRCU has greatly improved their reporting, submitting correct monthly invoices on time.
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	Completed	
1.1c Manage and ensure technical quality and financial compliance of the care and support sub agreement awarded to IRCU	Completed	
1.1d Conduct 2 external audits of IRCU's finances	Completed	
Output: 1.2 The organizational and technical capacity of IRCU and the Religious Coordinating Boards(RCBs) strengthened to meet the demands of supporting an extensive HIV/AIDS program	Completed	The second is a PEPFAR Track 1.5 cost-reimbursement sub-award for OVC Grants Program, totaling \$400,000 disbursed over a one-year period ending January 31, 2005. This sub-award provided IRCU with the funds necessary to implement a grants program aimed at supporting a target of 7,900 orphans and vulnerable children (OVC). This agreement has come to an end, all disbursements have been made and have been liquidated. A total of 8,653 OVCs have received education and vocational support through this grants program. Due to a delay in the initial disbursement, the program received a three-month no-cost extension. With additional TA from M&L and support from IRCU in monitoring the OVC activities, the final round of OVC reports were of much higher quality and were submitted to MSH on time.
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.	Completed	
1.2b Provide technical assistance to IRCU and the RCBs (second tier organizations) in governance, organizational development, strategic planning, coordination and implementation, monitoring and evaluation of the FBOs role in the national response to HIV/AIDS	Completed	
1.2c Provide technical assistance to FBOs in scaling up access to VCT and preventive packages	Completed	The final agreement is a Track 2 cost-reimbursement sub-award for HIV/AIDS Care and Support activities, totaling \$1,700,000 disbursed over a one year period ending September 29, 2005. This sub-award provides IRCU with the funds necessary to implement a grants program for organizations providing services in HIV/AIDS care and support. During the first reporting period from November 2004 through to

Uganda: Inter Religious Council of Uganda (IRCU) (July 2004 - September 2005)

February 2005, a total of 6,968 people were tested and 3,377 PLWHAs received psychosocial support and palliative care. In the second reporting period, from February through April 2005, these numbers increased to an additional 9,420 people tested and 13,683 PLWHA receiving received psychosocial support and palliative care. Due to clarifications and changes from the USG PEPFAR team on their reporting requirements, there was some delay in submitting the reports. The final disbursement to IRCU has been made and it is expected that IRCU will clear this in September 2005.

As USAID will be conducting their own pre-award audit of IRCU, it was agreed between USAID/Uganda, M&L and IRCU that M&L should only be responsible for one external audit, rather than two. M&L assisted IRCU in developing the terms of reference for an external financial audit from Jan-Dec 2004 which was approved by the IRCU Executive Board in June 2005. A request for proposal (RFP) was issued and out of four responses received, KPMG was selected. Preparation meetings took place in June and they are scheduled to begin the audit in July 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, organizational development, strategic planning, coordination and implementation, monitoring and evaluation. M&L has been providing on-going technical assistance to IRCU in the area of financial management. By the end of PY5, focus was on preparations for the financial audit that took place in July 2005 and the USAID pre-award assessment in August 2005.

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. The M&L Grants Management Advisor visited IRCU in February to help them with the first round of reports. Amendments to the grant agreements were made to reflect changes in the technical approach and PEPFAR reporting requirements.

M&L helped the IRCU Executive Board (EB) synthesize the decisions made at the Governance workshop held in December 2004 and present the recommendations to the Council of Presidents (COP). All the recommendations were approved by the COP in February 2005. M&L played a key role in ensuring that the approved recommendations were

Uganda: Inter Religious Council of Uganda (IRCU) (July 2004 - September 2005)

fully adopted and functioning. This included creating the sub-committees (Planning & Development Committee, HR Committee and Finance Committee) of the EB, ensuring representation of the new constituent members and the thematic committees on the EB and defining the roles and responsibilities of the board and various committees. A one day retreat/orientation workshop for the EB members has been scheduled for August 2005 to further clarify roles and responsibilities.

M&L facilitated a two-day Strategic Planning workshop bringing together the EB, the thematic committees (HIV/AIDS and Peace & Conflict committees) and the secretariat staff. Together with key IRCU staff, M&L developed a draft Strategic Plan which is currently being reviewed by the Planning and Development Committee of the EB.

M&L has been working with IRCU to develop an employee performance planning and appraisal system and institutionalizing it throughout the organization. No contracts were renewed without going through an appraisal process. The Secretary General's appointment came to an end in May 2005 and M&L assisted the Executive Board complete an appraisal of his performance. The Executive Board did a thorough appraisal of the current SG and determined there was need for new leadership and as a result did not renew his contract. M&L has been assisting them in the recruitment of a new Secretary General and institutionalizing a proper and fair recruitment process. M&L provided assistance in updating the position description for the Secretary General.

M&L has been working with IRCU secretariat staff to institutionalize systems for planning and coordination. This includes holding regular meetings, learning how to develop good meeting agendas and write meeting minutes.

M&L has been providing on-going support in the area of monitoring and evaluation, specifically with regard to the on-going monitoring of the PEPFAR care and support grants. M&L has been coordinating with the PEPFAR Monitoring and Evaluation of the Emergency Plan (MEEP) to ensure all internal IRCU programmatic and financial reports can easily roll up and feed into the USG semi-annual PEPFAR reports. M&L has together with the IRCU secretariat staff held regular meeting with the M&E Advisors of the RCBs to ensure close coordination and in building their capacity to better monitor their programs.

Uganda: MOH Resource Center (July 2004 - June 2005)

Project Manager	Task	SubTask
Grum, Ida	A2	90HMXX

The Uganda HMIS has been through several years of reviews and changes intended to provide an integrated system to be used on a routine basis at the health facility, health sub-district, district and national levels for planning, monitoring and evaluating the health care delivery system. The HMIS is currently being revised again to have a new set up reporting tools ready for the new Health Sector Strategic Plan starting July 2005. The MOH Resource Centre is responsible for the management of the HMIS at the national level. Although a LAN has been installed at the Resource Centre, they lack the basic computer equipment to facilitate effective management of the HMIS. The uncoordinated development of different information systems by line programs also hampers the development of the Resource Centre and in fully institutionalizing an integrated HMIS. In February / March 2004, M&L conducted an assessment of the HMIS and databank needs in order to provide advice on how to support the Resource Center's management of the HMIS and databank. Based on this assessment M&L was given additional funding to help the resource build their infrastructure and capacity to computerize and institutionalize the HMIS and databank.

Outcome/Output/Activity	Status	Notes
Outcome: 1. The Uganda MOH has a computerized HMIS implemented in 5 districts and quality data routinely collected and used to improve planning and implementation of health services in Uganda.	In Process	A high-level stakeholders meeting was held in January 2005 to reach a consensus on the objectives for a computerized HMIS and databank and to get buy-in and support from the MOH and other key players. During this meeting, a technical working group (TWG) to develop the computerized HMIS and databank was identified and plans for the next six months agreed upon. A strategy for how to develop one master facility list was developed and it was agreed that the MOH resource center would be responsible for maintaining the master list and training of the computerized HMIS at district level. With on-going support from M&L and CDC, the TWG has been meeting regularly to design the computerized HMIS, in line with the currently used paper HMIS. Due to delays within the MOH in finalizing the paper HMIS, the computerized HMIS will not be complete before next reporting period. M&L hired a local consultant to collect all existing facility lists (districts, private sector, etc.) which she is in the process of compiling into one master facility list for all of Uganda. In tandem with the design and development process of the computerized HMIS, M&L together with CDC trained MOH Resource Centre staff in database management and database systems. As a result, there are now 6–8 people within the MOH who have been a part of designing and developing the computerized HMIS who now have the skills to support and perform basic modifications themselves. During the initial stakeholders' meeting in January, agreement was reached on the overall concept of the databank. The TWG has been meeting regularly to collect all existing database systems and design a databank that links all these systems together. Finalization of the databank and training in how to access it will take place in the next reporting period.
Output: 1.1 Functional computerized and Decentralized Health Management Information System designed including data to be included, the levels at which HMIS is run and information flow, a single Master facility list and a National Health Databank.	In Process	
1.1a Assess HMIS/Databank progress, assess any other overlapping support being given to the Resource Center, turn action plan into a workplan and begin to schedule activities for 2005 by meeting and collaborating with the MOH and other CA's.	Completed	
1.1b Hold high-level stake holder's meeting to reach consensus on objectives for a Computerized HMIS/Databank/Master Facility List; get MOH support and buy-in and appoint a Technical Working Group to carry forward activities within	Completed	
1.1c Conduct assessment of existing systems and together with Technical Working Group design the computerized HMIS. Hold monthly technical Working Group meetings.	In Process	
1.1d Review existing facility lists (from Districts, Private Sector, etc) and develop a Master Facility list for Uganda and disseminate through a Master List Dissemination and Instruction workshop.	In Process	
Output: 1.2 A cadre of MOH personnel are trained in database management and database systems so they can support and perform basic modifications to the computerized HMIS.	Completed	
1.2a Together with CDC, develop and disseminate training modules/materials and train 10-14 selected technical staff within the MOH Resource Center, the MOH and partner NGOs in database management and database systems (series of 6 training sessions).	Completed	
Output: 1.3 HMIS system developed, documented and installed and implemented at national level and piloted in 5 districts.	Scheduled for next reporting period	
1.3a Develop, document and install HMIS at National level.	Scheduled for next reporting period	

Uganda: MOH Resource Center (July 2004 - June 2005)

1.3b Together with CDC, develop training package and provide training in HMIS for 5 pilot districts

Scheduled for next reporting period

1.3c Provide and install HMIS computers and other necessary computer equipment at MOH Resource Center and in 5 pilot districts

Scheduled for next reporting period

Output: 1.4 Databank developed and stakeholders trained in its use.

In Process

1.4a Get agreement on Databank concept at first stakeholders meeting and work through Technical Working Group to combine existing datasets.

Completed

1.4b Configure server at MOH Resource Center and purchase and install server software

In Process

Uganda: MOH Resource Center (July 2005 - September 2005)

Project Manager	Task	SubTask
Grum, Ida	A2	90HMXX

The Uganda HMIS has been through several years of reviews and changes intended to provide an integrated system to be used on a routine basis at the health facility, health sub-district, district and national levels for planning, monitoring and evaluating the health care delivery system. The HMIS is currently being revised again to have a new set up reporting tools ready for the new Health Sector Strategic Plan starting July 2005. The MOH Resource Centre is responsible for the management of the HMIS at the national level. Although a LAN has been installed at the Resource Centre, they lack the basic computer equipment to facilitate effective management of the HMIS. The uncoordinated development of different information systems by line programs also hampers the development of the Resource Centre and in fully institutionalizing an integrated HMIS. In February / March 2004, M&L conducted an assessment of the HMIS and databank needs in order to provide advice on how to support the Resource Center's management of the HMIS and databank. Based on this assessment M&L was given additional funding to help the resource build their infrastructure and capacity to computerize and institutionalize the HMIS and databank.

Outcome/Output/Activity	Status	Notes
Outcome: 1 The Uganda MOH has a computerized HMIS implemented in 5 districts and quality data routinely collected and used to improve planning and implementation of health services in Uganda.	Completed	The Uganda MOH has a computerized HMIS implemented in five districts and district staff trained in its use. Due to delays in the overall implementation of the revised HMIS (both paper and computerized) the training first took place in August 2005 so data had not yet been routinely collected and analyzed prior to the end of M&L. However, these five districts now have the means to do so and MOH Resource Center staff has
Output: 1.1 Functional computerized and Decentralized Health Management Information System designed including data to be included, the levels at which HMIS is run and information flow, a single Master facility list and a National Health Databank.	Completed	the skills to provide support and make modifications to the system as needed.
1.1a Assess HMIS/Databank progress, assess any other overlapping support being given to the Resource Center, turn action plan into a workplan and begin to schedule activities for 2005 by meeting and collaborating with the MOH and other CA's. (Activity completed by July 2005)	Completed	In July, the MOH Resource Center with support from M&L and CDC, installed and tested the computerized HMIS in Mukono district. Adaptations based on this test were made and then a workshop for the five districts was held to introduce them to the computerized HMIS. Computers and other equipment were procured and installed in the five districts and a computer center was set up within the MOH Resource Center. M&L assisted the MOH Resource Centre in training all five districts in the use of the HMIS in August.
1.1b Hold high-level stake holder's meeting to reach consensus on objectives for a Computerized HMIS/Databank/Master Facility List; get MOH support and buy-in and appoint a Technical Working Group to carry forward activities within MOH. (Activity completed by July 2005)	Completed	
1.1c Conduct assessment of existing systems and together with Technical Working Group design the computerized HMIS. Hold monthly technical Working Group meetings.	Completed	
1.1d Review existing facility lists (from Districts, Private Sector, etc) and develop a Master Facility list for Uganda and disseminate through a Master List Dissemination and Instruction workshop. (Activity completed by July 2005)	Completed	A databank of multiple databases was developed and presented at the final stakeholders meeting held at the end of August. The databank sits on the MOH's server for all employees to access and query the latest available health information.
Output: 1.2 A cadre of MOH personnel are trained in database management and database systems so they can support and perform basic modifications to the computerized HMIS.	Completed	
1.2a Together with CDC, develop and disseminate training modules/materials and train 10-14 selected technical staff within the MOH Resource Center, the MOH and partner NGOs in database management and database systems (series of 6 training sessions).	Completed	
Output: 1.3 HMIS system developed, documented and installed and implemented at national level and piloted in 5 districts.	Completed	

Uganda: MOH Resource Center (July 2005 - September 2005)

1.3a Develop, document and install HMIS at National level.	Completed
1.3b Together with CDC, develop training package and provide training in HMIS for 5 pilot districts	Completed
1.3c Provide and install HMIS computers and other necessary computer equipment at MOH Resource Center and in 5 pilot districts. (Activity completed before July 2005)	Completed
Output: 1.4 Databank developed and stakeholders trained in its use.	Completed
1.4a Get agreement on Databank concept at first stakeholders meeting and work through Technical Working Group to combine existing datasets. (Activity completed before July 2005)	Completed
1.4b Configure server at MOH Resource Center and purchase and install server software	Completed

Uganda: National TB and Leprosy Program (NTLP) (July 2004 - September 2005)

Project Manager

Grum, Ida

Task

A2UGFH4PF

SubTask

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	Status	Notes
Outcome: 1 NTLP has increased capacity and management tools to coordinate and scale up TB services	Completed	To inform the IEC/BCC strategy, M&L consultants conducted field visits to Rakai District and Reach-Out, a FBO providing medical care and support to PLWHA and TB in Kampala. No TB-related print materials or protocols for health providers were found. The District Director of Health Services (DDHS) and Reach Out organize the development of their own local materials for a range of diseases, including TB. However, no health education materials were evident in any of the facilities visited, nor for the community health volunteers.
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.	Completed	
1.1a Develop a national IEC/BCC strategy for Tuberculosis that can be adapted and implemented at the local level as needed.	Completed	
1.1b Develop Standard Operating Procedures at the regional, district and facility levels.	Cancelled	<p>Communications Development Foundation of Uganda (CDFU), a local communications firm was contracted to conduct a literature review on TB IEC/BCC in Uganda; conduct formative research on which to base the IEC/BCC strategy; and together with MSH and MOH facilitate a workshop with key stakeholders to present the findings of the studies and develop a IEC/BCC strategy for TB for Uganda and conduct a TOT. The literature review revealed a lack of information on IEC/BCC in Uganda. There is an emphasis on the community-based programs for TB but very little information concerning IEC/BCC from the facilities. The workshop was held in May 2005 and through a synthesis of working group discussions and presentations, the participants defined, by consensus, the primary and secondary audiences, KAP targets, objectives, key messages, channels of communication, and indicators for case detection and case treatment. The IEC/BCC strategy was finalized and a TOT took place in August 2005. Templates and an initial set of materials were produced and shared with key stakeholders.</p> <p>Due to lack of interest and commitment from the NTLP national referral laboratory, USAID/Uganda decided to cancel development of Standard Operating Procedures at the regional, district, and facility levels.</p>

Uganda: Uganda AIDS Commission (UAC) (July 2004 - June 2005)

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	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. As M&L acts as a financial conduit for the committee to meet, the UAC has been submitting monthly financial reports. Final disbursement has been made and it is expected that the agreement will come to an end and UAC will have accounted for all expenses by August 2005. UAC and the Committee have completed 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. The agreement for these activities has come to an end and all expenses have been liquidated.
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.	Completed	
Output: 1.2 Uganda's reproductive health and HIV/AIDS Programmes reviewed and health sector priorities set for the upcoming year	Completed	
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	Completed	
1.2c Participate in and provide technical support to the Uganda Partnership	Completed	
Output: 1.3 The organizational and technical capacity of UAC strengthened	In Process	
1.3a Conduct MOST workshop and provide technical assistance in strategic planning, M&E and mainstreaming operations of the UAC	In Process	
Output: 1.4 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.	Cancelled	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 the discussion of the topic of the 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.
1.4a Provide technical assistance to UAC M&E staff in harmonizing and operationalizing their M&E system including developing operational tools, manuals, checklists etc.	Cancelled	
1.4b 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.	Cancelled	
		The 4th National AIDS conference, held in March 2005, was well attended and considered a success. M&L provided technical support in the planning and facilitation of the conference. M&L's in-country technical advisor has also been providing on-going support to UAC in preparation for the Partnership's joint review of the National HIV/AIDS program to take place in September and October 2005. M&L is only responsible for assisting in the preparations, assisting UAC in the planning and in drafting the TORs for the technical working groups.
		M&L conducted a MOST workshop in March 2004 which

Uganda: Uganda AIDS Commission (UAC) (July 2004 - June 2005)

helped UAC identify management strengths and weaknesses and set priorities for institutional capacity building in the areas of human resource management, financial management, supply management, structure (roles and responsibilities; lines of authority; and accountability) and strategies for strengthening UAC links to clients and the community. One of the findings in the UAC MOST assessment was a need for greater coordination among donors providing similar institutional development and support to UAC. As a result, M&L presented the finding of the MOST workshop to USAID/Uganda and other donors (UNAIDS, DFID, DCI, and NORAD) supporting UAC to provide guidance in developing a common framework for aligning their capacity building efforts. It was decided through this forum, that M&L would focus its support on planning and human resources. M&L assisted UAC in the development of a five-year strategic plan for the period 2005-2010 and annual plans for the year 2005–2006, both of which were reviewed by the Partnership Forum and approved by the Commissioners. For the remainder of M&L it has been agreed that we will assist UAC in the development of an HIV/AIDS workplace policy and installation of a computerized HRIS.

During the MOST workshop, it was decided that M&L should focus its technical assistance to UAC in the areas of planning and human resources, rather than providing technical assistance to the UAC M&E staff in harmonizing and operationalizing their M&E system including developing operational tools, manuals, checklists etc. However, at the request of USAID/Uganda, M&L provided financial support to UAC for their Director of Planning to attend a PEPFAR M&E meeting held in Dar es Salaam, Tanzania, in March 2005.

Uganda AIDS Commission (UAC) (July 2005 - September 2005)

Project Manager

Grum, Ida

Task

A2UGFH4PF

SubTask

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	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.	Completed	All agreements with the UAC have come to an end and all expenses have been liquidated.
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. (Output completed before July 2005)	Completed	M&L worked with UAC HR staff to develop an HIV/AIDS workplace policy. The policy has been presented to all staff and submitted to the Commissioners for their approval. M&L
1.1a Manage and ensure financial compliance of the UAC sub agreement in support of the PEPFAR Advisory Committee.	Completed	identified UAC's HRIS needs and procured an HR and payroll system from a local software company. The system was adapted for UAC's specific needs and installed. Staff were trained in its use.
1.1b Manage and ensure financial compliance of the UAC sub agreement in support of the National Strategic Framework roll-out.	Completed	
Output: 1.2 Uganda's reproductive health and HIV/AIDS Programmes reviewed and health sector priorities set for the upcoming year	Completed	
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	Completed	
1.2c Participate in and provide technical support to the Uganda Partnership	Completed	
Output: 1.3 The organizational and technical capacity of UAC strengthened	Completed	
1.3a Conduct MOST workshop and provide technical assistance in strategic planning, M&E and mainstreaming operations of the UAC	Completed	
Output: 1.4 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.	Cancelled	
1.4a Provide technical assistance to UAC M&E staff in harmonizing and operationalizing their M&E system including developing operational tools, manuals, checklists etc.	Cancelled	
1.4b 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.	Cancelled	

Uganda: Management (July 2004 - June 2005)

Project Manager

Grum, Ida

Task

A2UGFXXXX 97XXXX

SubTask

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

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. The M&L Uganda team has been busy with office set-up, staff changes, the hiring of two local staff as well as other management and operational activities.

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

Scheduled for next reporting period

Uganda: Management (July 2005 - September 2005)

Project Manager

Grum, Ida

Task

A2UGFXXXX 97XXXX

SubTask

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

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.	Completed	All management activities were effectively managed and carried out to enable a successful implementation of all technical capacity building activities.
Output: 1.1 Office established and M&L activities effectively coordinated.	Completed	
1.1a Establish M&L office in Kampala. (Activity completed before July 2005)	Completed	
1.1b Manage, coordinate and closeout M&L Uganda activities by September	Completed	

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Project Equipment (July 2004 - September 2005)

Project Manager

Morgan, Steve

Task

A2WWCP1WW 97XXEQ

SubTask

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

Status

Notes

Outcome/Output/Activity	Status	Notes
Outcome: 1 Computer and printer support will meet workplace requirements of all staff assuring optimal productivity.	Completed	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. In order to maximize productivity, one laptop was purchased during this reporting period to replace a computer that was unable to support technical implementation to the end of the program. 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. A final inventory for all equipment has been prepared, and has been submitted to the USAID Agreement Officer for approval of equipment disposition at the end of the project.
Output: 1.1 MSH replaces equipment as equipment becomes obsolete and unable to meet user requirements through the end of the project.	Completed	
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.	Completed	

USAID Online Learning (July 2004 - September 2005)

Project Manager

Rodine, Jennifer

Task

A2WWCE1WW

SubTask

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	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 Asia/Near East State-of-the-Art conferences.
Output: 1.1 Refine and complete pilot on TB & HIV/AIDS Co-Infection.	In Process	Course platform and design were refined based on feedback from user testing. Course on IUD is currently in development.
1.1a Compile feedback from testing of TB & HIV/AIDS Co-Infection pilot, refine course design and content.	Completed	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.
1.1b Roll-out TB & HIV/AIDS Co-Infection course for large-scale delivery.	In Process	Discussions for large-scale roll out are underway with USAID.
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 Public Health e-Learning Center.	In Process	

Staff Development and Project Representation (July 2004 - September 2005)

Project Manager

Galer, Joan

Task

A2WWCP1WW

SubTask

97XXSD

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

Outcome/Output/Activity

Status

Notes

<p>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.</p>	<p>Completed</p>	<p>M&L staff 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. In the second half of PY5, M&L staff have been busy with various opportunities for staff development and project representation including the following: eight M&L staff presented at the Global Health Council annual conference with over 12 M&L staff attendees; attendance at the Family Planning/HIV Integration Working Group meeting; the PVO Financial Managers annual membership meeting; presentation at the Organizational Behavior Teaching Society annual conference; coursework for Decision Making: Strategies to Improve your Ability to Make the Right One and Introduction to Organizational Development; and language development in Portuguese.</p>
<p>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.</p>	<p>Completed</p>	
<p>1.1a M&L staff attend professional/business conferences to present, represent and learn.</p>	<p>Completed</p>	
<p>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).</p>	<p>Completed</p>	
<p>1.1c Selected M&L staff from the field attend the annual meeting in Boston to bring field perspective to workplanning.</p>	<p>Cancelled</p>	

New Initiatives (July 2004 - September 2005)

Project Manager	Task	SubTask
Ip, Amanda	A2WWCP1WW	97XXNB

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	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.	Completed	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:
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.	Completed	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
1.1a Develop and distribute M&L materials for the program and respond to requests for information.	Completed	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
1.1b Present M&L program in various fora and explore opportunities for collaboration.	Completed	Nicaraguan Leadership model. In addition, an agreement with Calides to act on M&L's behalf to deliver the Virtual
1.1c Present on management and leadership with up to three potential clients.	Completed	Leadership Development Program (VLDP) to ISSTE, a potential client in Mexico, is being prepared. The purpose is to
1.1d Deliver workshops or other opportunities in countries.	Completed	scale up the VLDP to potential new clients and to pursue potential VLDP partners.
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by June 2005	Completed	
Output: 2.1 New Initiatives assists in close out requirements, per USAID and M&L policy by June 2005.	Completed	
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.	Completed	

Country Programs Unit (July 2004 - September 2005)

Project Manager

Joyal, Alain

Task

A2WWCP1PG 97XXXX

SubTask

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	Status	Notes
Outcome: 1 The Country Programs Unit is organized in alignment with other units and is effectively supporting the M&L program in workplanning, budgeting and implementing activities in the field.	Completed	Country Programs Unit continued its technical and administrative support to 17 field programs and its administrative support to most of the SD's Core-funded activities. The Country Programs Unit focused on the close-out of all field supported programs. The unit met biweekly with M&L Project Admin and M&E staff to maximize collaboration between units and efficient use of resources. Unit staff meetings were held monthly, while AdCo meetings were held biweekly.
Output: 1.1 Country Programs Unit staff operate in a consistent, coordinated way within	Completed	
1.1a The Country Programs Unit staff participate in staff wide meetings and coordinate country pr object activities in order to maintain alignment with the M&L Program.	Completed	
1.1b Routine supplies and services are available to support the Unit's work.	Completed	
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by (add date)	Completed	The Country Programs Unit focused on the close-out of all field supported programs. The unit, in collaboration with Project Administration, oversaw the quality of the matrices for each individual program.
Output: 2.1 The Country Programs Unit activities are closed out and all files are archived appropriately.	Completed	
2.1a Review, organize and archive as appropriate all Unit files (LOE covered in 1.1a above).	Completed	

Monitoring and Evaluation (M&E) Unit (July 2004 - September 2005)

Project Manager

Ellis, Alison

Task

A2WWCP1RE

SubTask

97XXXX

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

Outcome/Output/Activity

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.	Completed	Systems continued to provide necessary support to M&L staff in monitoring and evaluation, knowledge management, communications and reporting. The M&E Unit held a retreat in June 2005 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)	Completed	
1.1a M&E Unit coordinates, supports, represents ongoing activities and closes out M&L Program activities at project end.	Completed	
1.1b M&E Unit staff participate in periodic Unit retreats	Completed	
1.1c Routine supplies and services are available to support the Unit's work and effective communications	Completed	

Management and Leadership Development Unit (July 2004 - September 2005)

Project Manager

Galer, Joan

Task

A2WWCP1L

SubTask

97XXXX

The MLD Unit supports the implementation of Strategic Direction 1.

Outcome/Output/Activity

Status

Notes

Outcome: 1 SD 1 initiatives are supported by the MLD Unit.	Completed	The MLD has supported 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.	Completed	
1.1a Coordinate, support, represent, and close out SD1 activities.	Completed	
Outcome: 2 CLOSE-OUT: This subtask is completed within budget/pipeline, and in compliance with USAID and M&L requirements by September 2005.	Completed	
Output: 2.1 Unit staff close-out Unit activities and contribute to the close-out of the larger M&L Program (September 2005).	Completed	
2.1a Complete Unit activities and contribute to the close-out of the larger M&L Program.	Completed	

End of M&L Project Conference (July 2004 - September 2005)

Project Manager	Task	SubTask
Downey, Stacey	A2WWCP1WW	97XXEP

The MSH Management and Leadership project will be coming to an end on September 29, 2005. The M&L End of Project conference will communicate the results and challenges of the program to other Cooperating Agencies and staff at USAID.

Outcome/Output/Activity	Status	Notes
Outcome: 1 The M&L EOP conference is held on June 20, 2005 and effectively communicates the achievements of the M&L project over the last 5 years.	Completed	On June 14, 2005, 90 people participated in M&L's End of Project Conference held in Washington, D.C., and over 93 managers and leaders from 17 countries participated in two pre-conference electronic forums. Participants were engaged in a Program Fair to demonstrate the variety of M&L programs as well as eight in-depth sessions. All participants received The Managers Who Lead Handbook and a M&L Poster communicating results of M&L five principles.
Output: 1.1 The M&L EOP conference is held on June 20, 2005.	Completed	
1.1a Members of the M&L project contribute to the successful communication of the M&L project's activities.	Completed	
1.1b Effective communications pieces are created to display the outcomes of the M&L project	Completed	

Strategic Planning Modules (July 2004 - September 2005)

Project Manager

Johnson, Sarah

Task

A2 _____

SubTask

Virtual learning programs such as the VLDP and the Business Planning Program have been extremely well received by teams from client institutions. The strategic planning modules were developed at the end of PY4, after determining the need in the field for such a program. These learning modules will be field tested with three NGOs from a large NGO network in Guatemala and later refined following the field test. The Strategic Planning modules in the future will be part of the VCLM and available in different languages.

Outcome/Output/Activity

Status

Notes

Outcome/Output/Activity	Status	Notes
Outcome: 1 Strategic planning modules are completed and ready for future delivery with client organizations.	Completed	During the reporting period, M&L established contact with the NGO network in Guatemala (REDDES) to begin planning the delivery of the five strategic planning modules. The delivery of the course began in April 2005 with teams from the following NGOs participating in the program: Genesis, KAJIH JEL, Asociacion Alcazar del Tropico, Asociacion Siglo XXI, ASOCVINU and Asociacion Chuwi Tinami. By June 2005, modules 1–3 had been delivered to the participant teams and team members were working on the necessary products for each module (eg. Development of mission statement, vision, strategic objectives, gathering of market data, etc). The modules are being delivered in the following manner: modules sent via email to participant teams, email feedback by facilitators and face-to-face workshops (in Guatemala City and Quetzaltenango) throughout the course of the five module program. As participants complete each module they send comments on the quality of the module to the facilitators. This information will be used to refine the strategic planning virtual course.
Output: 1.1 Modules pre-tested with client organizations in Guatemala.	Completed	
1.1a Modules completed last PY are edited and put onto a CD-ROM for field pilot test.	Completed	
1.1b Strategic planning modules are delivered to three NGOs in Guatemala (field pretest).	Completed	
1.1c Modules are refined according to field test conducted and sent to M&L for future applications.	Completed	

**Management & Leadership Program
Project To Date Expenditures
August 2005**

Core / Field Support	Expenses PTD	Total Obligation	Pipeline Balance	% Pipeline Remaining
HIV Core	1,319,472	1,300,000	(19,472)	(1)%
On-Line Learning (OE)	202,068	200,000	(2,068)	(1)%
Providers Guide to Qual & Cult (IAA)	190,729	190,000	(729)	(0)%
ProPeten (Pop/Environment)	215,199	275,000	59,801	22%
Population Core	24,728,562	24,674,000	(54,562)	(0)%
Total Core	26,656,030	26,639,000	(17,030)	(0)%

NB: Add'l \$500K Pop Core obligation still expected

Afghanistan	9,161,206	9,200,000	38,794	0%
Angola	213,992	200,000	(13,992)	(7)%
Bolivia	1,204,573	1,200,000	(4,573)	(0)%
Brazil	1,980,401	1,974,631	(5,770)	(0)%
Cote d'Ivoire	806	0	(806)	
Ghana	46,264	50,000	3,736	7%
Guatemala	633,604	659,000	25,396	27%
Honduras	113,012	114,000	988	1%
Indonesia	7,529,792	7,590,000	60,208	1%
Kenya	121,548	125,000	3,452	3%
Madagascar	7,677	6,105	(1,572)	(26)%
Malawi	608,839	610,866	2,027	0%
Morocco	101,718	100,000	(1,718)	(2)%
Mozambique	4,857,762	4,887,484	29,722	1%
Nicaragua	8,062,784	8,530,000	467,216	5%
Nigeria	369,845	400,000	30,155	8%
Peru	54,983	55,000	17	0%
Region Africa	613,651	700,000	86,349	12%
REDSO	825,177	995,000	169,823	17%
LAC	1,181,980	1,238,000	56,020	5%
Turkey	579,369	585,000	5,631	1%
Tanzania	3,145,575	3,110,000	(35,575)	(1)%
Uganda	5,553,761	5,911,285	357,524	6%
Total Field Support	46,968,317	48,241,371	1,273,054	3%
Total M&L	73,624,347	74,880,371	1,256,024	2%

Note: This represents the most recent closed month data available at this time. A final expenditure report, through September 29, 2005, will be submitted to USAID within 90 days of the end of project.