

Together We Made a Difference:

Strengthening the
PROCOSI Network for Better
Community Health



FINAL REPORT

PROCOSI Network Technical Assistance Project

Contract # 511-C-00-05-00200-00

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Acronyms

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

Program Description

USAID/Bolivia has developed a strategy and program portfolio to strengthen the Government of Bolivia's decentralized public health system and provide critical technical and managerial capacity-building support to major partners. The strategy, objectives, and desired results are aimed at expanding, integrating, and improving the quality of health services in targeted geographic areas in order to reach USAID Bolivia's Strategic Objective 3: To improve the health of the Bolivian population and thus contribute to an improved quality of life. A high priority under the USAID strategy is to strengthen the coverage and quality of community-based health services offered through the 34 Bolivian and international NGO members of the PROCOSI (*Programa de Coordinacion en Salud Integral--Coordinating Program in Integrated Health*) network.

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

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

What follows is a summary of activities and achievements during the life of the project. The appendices contain a detailed list of project staff, all project products, workplan and performance monitoring information, as well as a summary of project expenditures.

Project in Context

The PROCOSI Network Technical Assistance Project, planned for three years, in fact covered a period of three years, five months (August 29, 2005 through February, 2009) and was granted two no-cost extensions for the additional five months of implementation. The staffing plan proposed at the outset was essentially kept in place throughout the life of the project. There was, at all times except for the final months of the project, a Chief of Party working with PROCOSI on their institutional strengthening and carrying out the reporting and administrative duties and a Deputy Chief of Party working with the Community Health Project team. In the final months of the project the Deputy COP became the COP. In the rest of the technical assistance team there was continuity throughout per PROCOSI's request. One key deviation from the plans was the addition of a resident information specialist for the CHP computerized monitoring system during the final project year. Appendix A contains a full list of all Manoff Group technical support provided during the duration of the project.

Because this project was not free standing, but instead dependent in its implementation on the workplans and budget priorities of other organizations, (principally PROCOSI and its Community Health Project, but also the Ministry of Health and Sport and of course, USAID/Bolivia), The Manoff Group had to pace its assistance with the absorptive capacity and plans of others (see the summary workplan in Appendix C). While a great deal was accomplished, and in essence, the performance standards established at the outset were met (see the Bibliography of Products in Appendix B and the summary of the Performance Monitoring Plan later in this report, and Appendix D), this would not have happened if technical assistance resources had not been well managed. Over the course of the three plus years of implementing the project there were several key factors that influenced implementation progress and that should be kept in mind when reading this report. They are summarized below.

Geographic Focus

In June 2006, just as workplanning had begun for PY 2, USAID/Bolivia altered the geographic focus of its Health Strategy. All activities were curtailed in the Altiplano municipalities and shifted to municipalities in the Media Luna. While this realignment was taking place there was no need for technical assistance apart from the resident advisor who assisted the CHP redo the selection of the NGO implementing partners and revamp the technical content of the Basic Package to reflect the change in culture and climate in the new areas. Also, the evaluation advisor assisted the CHP redo the baseline survey in the new municipalities. This shift in geographic focus accounts for both the opportunity and the need for the additional 5 months of technical assistance for CHP implementation.

Institutional Priorities at PROCOSI

Just months before the contract started PROCOSI approved a new executive director. During the first 12 – 18 months of the contract, the new executive director was developing a new strategic plan and building a staff within the executive office to carry out many of the goals of the plan. Until the strategic plan was well defined and approved by the PROCOSI Board, and

staff were in place to work with, it was difficult to provide the level of assistance originally envisioned under the institutional strengthening component of the contract. In addition, the new staff members of the executive office were getting to know the PROCOSI member NGOs and were, therefore, reluctant to allow TMG technical assistance to work directly with member NGOs until they had completed their workplan with the members. Having additional time under the contract was opportune because of the late start of activities under the institutional strengthening component.

RIG Audit of PROCOSI and Resulting Program Changes

In May 2007 PROCOSI received a program audit completed by an auditor from the regional office of USAID's Inspector General (RIG) in El Salvador. As a part of this audit, The Manoff Group's technical assistance to PROCOSI was reviewed. Three recommendations resulted with the objective of improving coordination with PROCOSI and strengthening PROCOSI's ability to evaluate its work and to report information tied to USAID's indicators. The three recommendations that were accepted and addressed immediately by The Manoff Group were: 1) change the Chief-of-Party (COP). This was accomplished as part of the contract modification issued on June 14, 2007; 2) put more emphasis on assisting and building the capacity of PROCOSI and the member NGOs in the area of M&E. This was accomplished by adding an activity to the workplan which was to assist PROCOSI to develop a proposal that could be submitted to the Board for a professional M&E unit; and 3) improve the coordination among The Manoff Group technical assistance team, PROCOSI, and USAID through frequent meetings (i.e., every other week).

Ministry of Health and Sport Guidance

During the last half of 2006 the Ministry of Health and Sport (MH&S) had a new group of people running their programs and this new team began to review old policies and programs. Beginning in late 2006 and throughout 2007 the MH&S asked to review the materials developed by the CHP team and to work more closely on the development of all new materials, particularly those related to Child Health and Nutrition and Maternal and Newborn Health. While the review process resulted in some delays in finalizing the Modules, this collaboration resulted in an ongoing partnership with the MH&S and the use of the CHP materials in some cases in national programs. This partnership was well worth the delays, but again without the extension in time TMG technical assistance would not have covered the lengthy project design and material development phase that the CHP experienced.

Reductions to the CHP budget

In mid-2008 the CHP Team was told by USAID that their allocation for FY 2009 would be reduced from the expected amount. This announcement was difficult news right at the moment when the NGO implementing partners were accelerating their field activities. The reduced budget for FY '09 held up activities as the NGOs had to redo '09 project plans and anticipated technical assistance activities planned to coincide with particular project implementation activities had to be deferred. Again, the fact that the technical assistance could be extended at no cost extra months helped TMG meet expectations.

Progress and Achievements by Objective/Result

As summarized above, the PROCOSI Network Technical Assistance Project had two objectives and three related results. Under each objective/result, for workplan purposes, Lines of Work (LOW) were defined to indicate the critical path to achieving the expected results. Not all lines of work had activities in each year. The report that follows summarizes activities for each LOW by relevant project year.

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

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

Five Lines of Work were agreed upon at the outset of the project as a way to achieve this result and the overall objective. The first LOW focused on defining the key activities for the community level within the Basic Package and how they would be implemented by multiple partners at significant scale; the second focused on training the NGO implementer and their key staff who would function as trainers and supervisors of community volunteers; the third LOW, focused in turn on the training of the Community Health Workers for their tasks promoting the Basic Package activities with families and with their community as a whole; the fourth LOW included activities designed to improve implementation, particularly in cases where local adaptations were required, and, finally the fifth LOW covered activities that were conceived of by the CHP as special initiatives, activities that might be undertaken on a pilot basis, as a test for later expansion.

LOW 1: Support the Definition of the Community Health Basic Package, Implementation Methodology, and Supporting Materials

Summary: The purpose of this LOW was to define, develop, install and build capacity among the CHP team in the fundamental best practices that have evolved internationally in Maternal, Newborn and Child Health and control of infectious diseases as they are delivered in an integrated manner at the community level.

The sections below describe in detail the technical assistance provided to the CHP team as they defined critical activities and how they would be implemented and developed relevant tools to aid implementation.

KEY ACHIEVEMENTS

1. Definition of scope and content for the Basic Package of Health Services at the community level.
2. Development and dissemination of an Operations Manual for the PROCOSI Community Health Project.
3. Inclusion of several international best practices and SOTA approaches in the CHP, including: promoting young child growth, prioritizing the nutrition “window of opportunity” (0 – 23 months), focusing on maternal nutrition and adequate pregnancy weight gain, adding skills to the community health workers’ newborn care and tuberculosis management packages, and updating decision making regarding family planning methods.
4. Collaboration in start-to-finish development of materials for each module of the Basic Package (with the exception of hygiene) in 40 municipalities with a population of more than 500,000.

Definition of the Basic Package

The Basic Package that forms the technical basis for the USAID Rural Health Strategy was partially agreed to when the contract began. The critical health topics had been decided and certain activities prioritized. However, the refinement of the Basic Package for its implementation in the community through a network of community volunteers was required. During the first months of the project The Manoff Group (TMG) technical assistance team joined the Community Health Project (CHP) team in offering information sharing workshops for PROCOSI members to discuss best practices in community from both within and outside Bolivia in order to make final decision about the key elements of the Basic Package at the community level.

During these initial workshops TMG technical assistance focused attention on several best practices from Latin America, in particular the child growth promotion work that had been successful in Central America in reducing malnutrition and offering a robust approach to preventive child health. In a similar way TMG was able to share successful experiences in hygiene promotion from a variety of countries. As each of the six major themes in community health best practice was discussed, TMG technical assistance also emphasized the importance of integrated actions at the community level. The AIN-C program, Honduras’s successful, large scale community child health and nutrition program was showcased by TMG as an example of a program that had successfully integrated a wide variety of themes to address child health needs comprehensively.

In November 2005 TMG presented Honduras’s AIN-C program to PROCOSI-member NGOs at the annual Assemble and organized a one week study tour on AIN-C for PROCOSI and CHP managers and a representative from the Ministry of Health. This study tour to Honduras allowed the PROCOSI team to see in action this integrated child health program that is both preventive and curative (combines preventive actions with the key elements of IMCI) and that relies on volunteer workers chosen by their communities to pro-actively engage both the families and the communities of

children under two years of age to monitor and to maintain the adequate growth of their young children. The AIN strategy is based on the use of child growth as a composite measure of child well-being. Inadequate monthly weight gain is a targeting device for applying a diagnostic decision-tree analysis to identify the causes of inadequate weight gain and to correct them.

The team also saw, first hand, how NGOs were cooperating with Honduras's public health services. The tour included an orientation to the program at the national level, followed by visits to Title



A visit to a monthly growth promotion session in Honduras

II/AIN-C implementing NGOs and to government health facilities and finally to communities to see the program in action--the volunteer personnel (monitoras), a weighing session and the information and communication systems. This visit to Honduras was invaluable in exposing the CHP team to how many different actions can be integrated and to the importance of careful operational planning with program implementers.

By the first quarter of 2006 the definition of the Basic Package in the community was agreed to with USAID and work began on the specifics of implementation.

The Operations Manual

During the second and third quarters 2006 TMG technical assistance was focused on assisting the CHP write and operations guide for the CHP. This was a very difficult task because each of the USAID partners were doing the same thing—defining their operational plan and coordination of incomplete plans meant meetings were long and often without decisions. TMG's role in this process was to supply examples of operational plans and to share operational experience related to the critical steps of working with communities, training community volunteers, integrating different health actions in the same service provision event and supervision. PROCOSI submitted the draft CHP Operations Manual (later called a Conceptual and Operational Framework) to USAID/Bolivia on September 18, 2006. The manual explained how the CHP would be managed, the NGO implementing partners contracted, a standardized approach applied in all implementation areas, the type of interactions required between the NGO implementing partners and PROCOSI, and between the partners and the government health services. The Manual also included the conceptual framework for the programmatic model, implementation strategies and steps and the technical parameters for the interventions.

Although TMG worked with the CHP team on the manual when the draft product was completed TMG expressed several concerns to USAID/Bolivia based on what USAID had outlined as the parameters for the Basic Package and for the Rural Health strategy. Among the comments were the following:

1. The manual was too theoretical and did not contain enough specifics about implementation to allow the NGO partners or municipal governments to capture exactly what would be expected of them.
2. The manual defined two distinct projects under the CHP—the Basic Package of health services and Reposalud (later renamed “community participation”) rather than one integrated program focused on the basic package set of key health services.

Developing the Modules for Implementation of the Basic Package in the Community

Once the Conceptual and Operational Framework was completed the task of defining the specific materials for each component and how they would work together was undertaken, although some of the work had begun even before the framework was complete. While TMG technical assistance was provided to all of the components, technical assistance was prioritized to child health and nutrition, maternal and newborn health, and reproductive health and sexually transmitted diseases. The modules on tuberculosis and hygiene received less support and the materials that were developed for the Reposalud component were not part of TMG technical assistance. Below is a brief description of the technical support provided by module, followed by the support that was given to defining the type of materials produced for each Module.

Child health and nutrition

This Module was a priority from the outset of the project. However, for multiple reasons finalizing the development of this module was delayed until 2008. But, over the course of the technical assistance project, since the CHP visited Honduras to see the AIN-C program, TMG supplied technical inputs as this module continuously evolved to keep pace with changing nutrition policies in Bolivia. Key concepts that were shared and/or developed between TMG and the CHP team included a presentation of the new WHO growth standards and their relevance to the CHP, systems for recording child growth at the community level, the use of adequate monthly gain as a proxy for child well being, child feeding recommendations tailored to locale and growth status, and the integration of IMCI protocols within a prevention framework. With these orientations and after many working groups the module was completely drafted by mid-2007. However, during a review of the draft module by the Ministry of Health and Sport, they expressed an interest in using this module widely and therefore wanted to see more of the policies of the Zero Malnutrition Program reflected in the module, in particular the use of length-for age, as the indicator of malnutrition.

With these instructions, TMG worked closely with the CHP technical team to revamp the module. TMG offered the most recent experiences in Latin America regarding the use of length/height measurements at a community level and a few of the new tools under development to make length/height measurements meaningful in community programs. In late 2008 TMG provided suggestions to the CHP for the development of a length mat that would allow attained length to be measured at three intervals to assess if a child had failed to grow to a minimum standard at 12, 18 and 24 months of age. At the end of the contract this tool was still being developed and tested. Most of the revisions to this module were finalized in mid-2008 so that the NGO implementing partners could be trained before the end of 2008. In mid 2008, together with consultants who were well versed in the programming of the Ministry of Health and Sport and who were contracted by

TMG, the training program for this module was completed. Following the TIPS research completed in July 2008 the counseling materials were finalized and the CHW manual was completed between TMG technical assistance and the CHP team. The specific materials for this module are listed below in Table 1.

Maternal and newborn health

The Maternal and Newborn Health Module was a priority from the outset of the materials development phase because newborn deaths represent a disproportionately high number of all child deaths. Bolivia already had excellent newborn materials from the Saving Newborn Lives project and from the intense development work done on the newborn component of the IMCI protocol. However, there was interest in adding activities and skills from the successful SEARCH research program in India focused on reducing maternal and newborn death in a rural setting. The Manoff Group technical assistance offered first hand knowledge of the SEARCH project to the CHP team and brought the CHP into the regional discussions lead by the Pan American Health Organization on maternal and newborn health and helped the CHP play a leadership role in the development of a maternal-newborn package among group assisting the Ministry of Health and Sport.

Development of the materials in this Module took place over many months in 2007. It was the first Module ready when the NGO implementing partners were ready to begin training their facilitators. The final Module that is in use by the CHP NGOs blends the existing Bolivian IMCI Newborn Health content with critical maternal health practices and offers new and refined tools to make the CHWs' jobs easier. Two specific lessons from the SEARCH experience were incorporated: 1) the importance of targeting home visits to coincide with times of greatest risk to mothers and newborns (pregnancy, delivery and the immediate postpartum period); and 2) training CHWs to use specific screening skills to identify sick babies, such as counting respirations and taking temperature. The focus of the training guide has shifted from knowledge to skills, with the incorporation of adult learning techniques and skills practice sessions. The manual covers the key activities of the CHW, from home visits to the pregnant woman, to helping families prepare for birth, to presence at a birth for the immediate care of the newborn, to follow-up postpartum. It also includes action if danger signs are found and referral to higher levels of care. Several key materials in the Module were refined using existing Bolivian materials, including: the birth preparedness card, the booklet to record each home visit, the referral forms, and the counseling cards with key practices to discuss with the family, depending on whether danger signs or illness were found. Following the use of this MH&S revamped and integrated Module is important because the package represents the global consensus model.

Hygiene

Support for basic hygiene activities was a key element of the contract and with dedicated technical support requested for this area. One of the first workshops that TMG offered for the CHP and PROCOSI member NGOs was on Hygiene Behavior Change Experiences and Impacts. This exchange focused on USAID Hygiene Framework in recent experiences in Nicaragua, Dominican Republic and Peru with its application under USAID's Environmental Health Project. Following the workshop an integrated package of hygiene activities was agreed upon by the CHP and a job description drafted for the CHW responsible for "community surveillance"--(ACS Vigilante). Materials and training

guides were developed for this component with a detailed plan for interpersonal communications which was the key element responsible for the success in changing hygiene behaviors in the other Latin American countries.

In spite of the progress made on drafting the materials for this component, CHP management decided to partner with the SODIS Foundation in the development and implementation of this component. Most of the materials being used are from the SODIS Foundation and therefore do not follow the overall design of the CHP modules, but they do seem to touch on the full range of critical interventions that are part of the USAID Hygiene Improvement Framework.



Children learn proper handwashing technique

Technical content for other modules

During 2007 in addition to the intense work described above on the Child Health and Nutrition Module, the Maternal/Newborn Health Module and the Hygiene Module, TMG also provided support to:

- The Tuberculosis Module by providing experiences with community-based management of DOTS and the training and support materials required for it to work successfully;
- The Family Planning and the Sexually-transmitted Infections Modules by providing technical support in drafting the modules using state-of-the-art materials and recently developed guides on contraceptive methods and efficacy distributed by Pop Council.

Decisions on the Core Materials for Each Module

During 2006 as the job descriptions were drafted for the CHWs and the materials for each Module began to take shape, TMG assistance was offered in how to shape the entire package so that each module would contribute to a unified program and not appear as a small project, isolated from the larger effort. To this end, TMG proposed that the core of each module should be a manual for the CHW that outlines the CHW's tasks specific to the Module, but always with an eye towards the more generic tasks of helping families and the community pursue more health promoting behaviors, record keeping and referral of cases with danger signs to the health services.

In addition to the CHW manual each Module would also contain a training guide that would be used for NGO facilitator training and in turn for CHW training. Each Module would also contain relevant materials for aiding the CHW with the task of behavior change and record keeping. Below are highlights of TMG assistance on these elements of the development of Basic Package materials. Table 1 below contains a list of key materials developed with consistent TMG assistance.

Behavior change communication strategy

At the beginning of the project in 2006 TMG technical assistance worked with the CHP, and particularly their subcontractor, CPC (Centro Para la Comunicación), on the development of a strategic approach to behavior change communications for the set of Basic Package activities. This work began with an extensive review of existing materials from the MOH&S and from the NGOs. Following this review, TMG shared many examples of best practices for behavior change

communications in programs like CHP in other countries, and presented draft materials for discussion including adaptations of existing Bolivian materials. The strategy addressed the full range of key behaviors and considered how they might be disseminated to community families. As the strategy was defined, the need for the following materials emerged divided into various groups according to the needs:

1. Materials for helping the CHW interact with the family: Cards for diagnosis, cards for counseling.
2. Materials for helping the family to change or sustain behaviors: reminders and commitment cards. Calendar for TB compliance on medicines. Card for Birth Preparation. Graduated bowl for feeding children. Referral forms.
3. Materials for registration of activities, particularly the home visits and what was recommended to the family.
4. Materials for Group presentations: TB flip charts
5. Materials for CHP information/promotion: multimedia “brochures”.

Communication materials of each Module

As soon as communication strategy was agreed upon, Manoff Group technical assistance, working with the CHP subcontractor, CPC (Centro para Programas en Comunicacion), defined and drafted as set of materials that could serve as communications aides for the CHW in their work with families and the community. The products proposed for the standard communications package were carefully drafted considering the low level of literacy in both the CHWs and the CHP families. The materials were primarily pictorial—modeling the behaviors in photographs or pictures. The core material in the package was a set of counseling cards to aid the CHW in his/her job of negotiating new practices with the family. Negotiation counseling



A counseling card reminds a CHW of key breastfeeding practices for a mother

cards were chosen as a key behavior change method because when mothers learn to solve problems, rather than just follow orders, they become more likely to adopt the new practice as part of daily life and will become effective change agents in the family and the community. Implementing negotiation counseling requires significant skills building of program workers in counseling techniques and in making some health and nutrition related judgments, and closer supervision than is usual, but this method ensures getting the results sought by the project.

The draft materials were organized by Module, enumerated and the technical content carefully specified in close collaboration with the CHP technical team. The required quantities were calculated to estimate the cost of the materials. TMG proposed that all of the materials, especially the counseling materials be organized in a carrying cases to make it easier for the CHW to transport the materials and find the materials required on a particular home visit.

Throughout 2007 TMG provided a variety of assistance to finalize the communication materials and to help the CHP make them consistent with many recommendations from the MOH&S. TMG produced pretesting guidelines and question guides to help the CHP team finalize materials for printing. By the end of 2007 the majority of the Modules' communication materials were ready for printing. While not all of the final materials were as oriented to behavior change as originally conceptualized, they were unified and contained the technical content agreed upon by the CHP and the MOH&S.

Training guides

During 2007 The Manoff Group helped the CHP draft most of the training guides for the NGO facilitator and CHW training (see discussion under LOW2 below). As the Maternal-Newborn Health and Tuberculosis Modules were launched and TMG began to supervise the training sessions, weaknesses in the guide were discovered and during the first half of 2008 TMG technical assistance efforts focused on ensuring a consistent format and that: 1) each guide used a standard training methodology that highlighted adult learning techniques and outcomes; 2) all materials used simple, straight-forward language and promoted best practices; 3) all manuals emphasized the tasks required of the trainers and the CHWs rather than just technical health information (all technical information was carefully crafted in digestible units and placed in an appendix to the CHW manual).

Table 1: Summary of Basic Package Materials Receiving Consistent TMG Support

Tuberculosis	Reproductive Health
Manual	Manual
Flipchart	Counseling cards
Flipchart guide	Card to review methods and efficacy
Calendar	Referral pad
Stickers for demonstrations	Control prenatal visits
Stickers for samples	
Counseling cards	
Record of compromises	
Mother and Child Health	Child Health
Manual	Manual
Mother Card	Child card
Birth plan	
Referral pad	Referral pad
Home visit register	Home visit register
Home visit instructions	Home visit instructions
Monthly activity summary	Monthly activity summary
Daily register of services provided	Daily register of services provided
Assessment cards	Assessment cards
Counseling cards	Counseling cards
Agreement Reminder	Agreement Reminder

LOW 2: Process of Training and Technical Capacity Building of the NGOs Implementing Partners

Summary: The purpose of this LOW was to build capacity among the NGO implementing partners of CHP in the best practices in community health and in particular skills needed to implement quality community health programs such as training, communication and supervision capacity.

The sections below describe in detail the technical assistance provided to the NGO implementing partners during their first year of full implementation.

KEY ACHIEVEMENTS

1. Capacity building provided on the process for developing a RFA for NGOs who will implement the standardized packaged of services with clear specifications on expectations. PROCOSI successfully contracts 8 groups of NGOs as partners in the implementation of the CHP.
2. Key staff members from all 8 NGO partners were trained in all of the modules of the basic package: Maternal and Neonatal Health, Infectious Disease (TB), Family Planning, Sexual and Reproductive Health and Infant and Young Child Health and Nutrition.
3. The technical teams of the 8 NGO partners have significantly increased capacity in adult training methodologies as applied to training community health workers.
4. Key technical staff members among the NGO implementing partners have greatly improved capacity to train, supervise and improve the skills of community health workers in the vital tasks of interpersonal communication and counseling and supportive supervision.

Capacity Building and the Process of Sub-agreements

From the first quarter of the project, The Manoff Group participated with the CHP team in planning for the task of procuring the services of member NGOs to implement the Basic Package activities outlined for the community. TMG assistance included review of the procurement process and the USAID rules that govern that process with the CHP team, assisting with drafting and revising the terms of reference for the RFA, developing financial projections, budget ceilings and estimated unit costs for implementing the basic package. The CHP had a draft RFA by February 2006. TMG technical assistance supported the CHP in orienting potentially interested NGOs to the project, describing some of the expectations and answering questions to allow NGOs to present Letters of Intention. In March 2006 a general orientation session was organized for the 26 NGOs that presented Letters of Intention and by April 2006 the NGOs presented proposals. TMG participated in the review of both the technical and the cost proposals and in the suggestions to certain NGO regarding needed clarifications to their proposals. Just as sub- agreements were going to be awarded to the winning NGO groups, the

geographic focus of USAID health support shifted from the Altiplano to the Media Luna area of the country.

The above procurement process was repeated once the new geographic areas were defined for the CHP. With the goal of expediting the second procurement, TMG provided a list of recommendations to the CHP, principal among them:

- Ensure compatibility between the structure required for the proposal and the evaluation criteria.
- Request that the proposal includes the CVs of the key personnel and the supervision plan.

Again, TMG assisted with the procurement process with a focus of ensuring that the process was open and provided quality and consistent information to all interested NGOs. The TOR and the evaluation criteria were rewritten, placing more emphasis on the operations plans and personnel proposed by the NGO. The budget ceilings were recalculated for groups of municipalities and were included in the RFA. In preparation for orientation meetings with the potential NGO partners and for the final proposal judging, in November and December 2006, TMG participated with the CHP in exploratory visits to the newly selected municipalities. These visits also helped with decision needed to finalize the Modules for this area of Bolivia.

In January 2007, The Manoff Group participated with the CHP team as one of the teams evaluating the 14 proposals submitted by the NGOs. Again, TMG provided comments on needed clarifications and worked with USAID and the CHP to obtain all the needed information from the NGOs. In March 2007, the sub-agreements were awarded by PROCOSI in the presence of dignitaries and journalists, including the Ambassador of the United States to Bolivia, Philip Goldberg; Dr. Alberto de la Gálvez, representing the Ministry of Health and Development, the director of USAID/Bolivia, Michael Yates; and Wendy McFarren, Executive Director of PROCOSI. The ceremony marked the end of the first phase of the CHP development.

Training of the NGO Implementing Partner Technical Teams in the Basic Package Modules

Once the NGO teams were set up in their area of expected coverage, implementation began with technical orientations and an initial focus on completing census work in each of the communities along with meetings with community leaders. TMG worked closely with the CHP team on two aspects: 1) ensuring the quality of the community census work (see the description of this work under result 1.2) and 2) preparing workshops to expose the NGO technical teams to global community health best practices and to state-of-the-art training methods. TMG contributions were primarily in reducing the lecture format of the trainings and making them more discussions to draw out the experience of the NGOs and to ensure that it was blended with the programming being provided by the CHP.

During the summer of 2007, The Manoff Group technical assistance worked hand in hand with the CHP Team group of master trainers offering trainings to the NGO facilitators who would train and supervise the CHWs. While the training guides developed for each Module were used, TMG offered support to ensure that the training techniques of the facilitators were correct and

that what was planned in the guide, in fact, produced the desired outcome and learning. While the guides were designed based on principles of adult learning, the facilitators required a lot of practice and support as they improved their performance as trainers.

TMG placed intense technical assistance into the follow-up of the facilitator trainings, making specific recommendations to each NGO implementing partner such as:

- a) establishing a process for frequent meetings between the NGO and the CHP team to review progress, share lessons, discuss problems and insure that everyone is kept informed;
- b) forming groups of master trainers within each NGO to maintain training quality;
- c) inviting any technical staff not selected to be master trainers to serve as co-trainers during CHW training in order to continue developing their training capacity;
- d) inviting health staff from the health centers to train on certain technical areas to strengthen coordination between these centers and the NGOs.

In the last trimester of 2007, as the training of the NGO associates in TB and maternal-neonatal began TMG continued working with the CHP team to perfect the training process and to ensure that the NGO facilitators were ready for their task of training the CHWs. Specific to the individual Modules, TMG made a number of suggestions for improvement:

1) The TB Module

The training guide for the NGO technical staff to train the Community Health workers be revised. This guide must emphasize the adult-learning methodology and give time to supervised practice in order to effectively master the skills.

2) The TB and Maternal Neonatal Module

More emphasis must be placed on interpersonal communication, specifically with more focus on creating the foundation of negotiation, and the correct use of materials to promote promises and improved practices

The TB and Maternal and Neonatal Modules followed by the hygiene and reproductive health Module were being rolled out to the communities during most of 2008. Finally, during the third trimester of 2008, The Manoff Group provided technical assistance support to the CHP the with the facilitator trainings for the Infant and Young Child Health and Nutrition Module. By late 2008 all of the NGO implementing partners' technical teams and facilitators had been trained in each of the Modules of the Basic Package.

Table 2: Status of Basic Package Training as of 2/09

MODULE	NGOs trained	CHWs trained	Implemented in field
Young Child Health and Nutrition	✓	In progress	In progress
Maternal-neonatal Health	✓	✓	✓
Infectious Diseases (Tuberculosis)	✓	✓	✓
Family Planning/ Reproductive Health/STIs	✓	✓	✓
Hygiene *	✓	✓	✓

* The hygiene module was not developed nor implemented with the assistance of the Manoff Group, as described in the LOW 1 section of this report.

Building the Capacity of the NGO Implementing Partners



As briefly mentioned in the last section, The Manoff Group provided technical assistance in strengthening the capacity of the CHP team and the NGO associates in training. The Manoff technical assistance team along with the CHP visited the NGO associates in the field to offer support and work closely with them in planning exactly how they would train their community health agents. This process was repeated in the reproduction of each one of the basic package modules—supporting training directly, giving feedback to the trainers

during the process and supporting them directly during the actual workshops with the health workers.

To further support the training process, a Manoff Group consultant developed a workshop specifically to strengthen the skills of the associates and the CHP technical staff in training others to train. Directly training on adult education and learning methods taught the participants new skills, emphasizing the importance to build on the current capabilities, knowledge and experience of the trainers in the design of the trainings. This workshop also established the nexus between training capacity and supervision that must take place following the training.

The Manoff Group also offered to provide TA to this initial cadre of trainers who were then responsible for training community health workers. A checklist was developed and put to use to prepare each session of the training to insure the quality. The checklist included a self-evaluation portion for the trainer as well as a section for external evaluation. The checklist served to create the common language to discuss expectations of the trainings with the facilitators and technical teams of the associates and the CHP.

LOW 3: Training, Support and Supervision for the Community Health Workers (CHWs)

Summary: The purpose of this line of work was to build the capacity of the CHP Team and the NGO implementing partners in best practices (both international and Bolivian) regarding the training, support and supervision of Community Health Workers (CHWs) and to support these best practices during the implementation of the CHP.

The sections below describe in detail the technical assistance provided to improve CHW training and their on-going support and supervision. Due to delays in the launch of the CHP and the training of each NGO partner team and their facilitators the tasks of training CHWs, and more importantly, of supporting and supervising them was left until the last year of TMG technical assistance support, compromising what could be offered related to supervision.

KEY ACHIEVEMENTS

1. All Community Health Workers (CHWs) have been trained by the technical staff of the NGO implementing partners using each module's basic curriculum.
2. NGO implementing partners have received orientation on how to support and improve CHW skills in negotiation and interpersonal communication and have begun those supportive supervision tasks.
3. A supervision framework was developed for use by the CHP Team and the NGO implementing partners in their supervision of communities and CHWs.

CHW Training



A couple proud to be community health workers

The technical assistance provided by the Manoff Group to strengthen CHW training is closely linked to the support described above related to preparing the NGO implementing partners' facilitators to become good trainers of CHWs by bolstering their knowledge and experience with adult learning. However, TMG technical support did not stop with ensuring that the training guides included exercises to enhance adult learning and that the facilitators had been exposed to and practiced adult learning techniques. Training support continued as CHW training workshops were observed by TMG together with the CHP technical team.

As these supervisory visits began in early 2008, the team uncovered a number of short-comings during the CHW trainings and recognized that they urgently more assistance to develop a quality control system for CHW

training as well as a system to support the CHWs when they returned to their communities to implement their new skills. The technical assistance plan developed with the CHP team was for individualized coaching of each NGO implementing partner as they were in the process of training. The coaching during the training sessions was results-focused and targeted to helping the CHWs master new skills; so it was highly participatory. Through this coaching process TMG technical assistance reinforced the adult-learning techniques introduced in earlier trainings of facilitators. Through this individualized, on-site coaching the NGO facilitators were also engaged in the development of a quality training checklist to help keep them, their NGO supervisors and the CHP team focused on a few key practices. The NGOs recognized the vast improvement that these techniques represented in their training capacity and in ensuring that the CHWs are equipped to do their job.

Support to CHW in Interpersonal Communication

The core of the CHWs job is the promotion of healthy practices. However, the ability to communicate clearly, precisely and persuasively is difficult even for well trained professionals. Therefore, TMG encouraged the CHP team to make interpersonal communications the first focus of supportive supervision for the CHWs. To make the experience a participatory learning opportunity for CHW and NGO facilitator alike, TMG technical assistance introduced an innovative technique and process. Video documentation was introduced as a way to systematically diagnose problems that the CHWs were having with interpersonal communications and figure out how to help them. The methodology, because it can be applied to improving performance for and number of operational practices, is described in more detail under LOW 4, below.

Briefly, as related to strengthening CHW skills, a technical team under TMG mentorship, filmed CHWs during home visits to capture their abilities in counseling and interpersonal communication using the materials developed for the Maternal/Newborn and Tuberculosis Modules. After extensive analysis using a comprehensive ranking system, in which the NGOs themselves evaluated the quality of the CHW-family interaction, TMG conducted a workshop with the CHP team and facilitators from the NGO implementing partners to share the results and determine the next steps to ensure actual improvement in these skills. As a result of this work, training plans were strengthened in the area of interpersonal communication, including the decision to use final materials and not photocopies, giving more time to learning how to use the materials, and extending the length of the practice session for interpersonal communication and counseling. The NGO facilitators also became more aware of their role in modeling and mentoring the CHW in these difficult tasks.

Supportive Supervision Framework/Guide

Always part of the TMG workplan was the provision of assistance in supervision planning and guidance. Program reviews from around the world point to the fact that too often programs launch and then don't provide proper supervision and support to field operations. Unfortunately, CHP implementation delays meant that TMG support in the area of supportive supervision was the final project activity and therefore was not implemented in as comprehensive a way as TMG would have liked for the circumstances. The original plan

included examination of a number of different supervision plans and tools with the CHP team, and then developing a few in the field while actually using them in supervision visits. Instead, in November and December 2008, as part of the Implementation Review, TMG technical assistance worked with the CHP team to develop a framework and a guide for program supervision. The final product from this assistance is a format designed to focus supervision visits, make them more supportive and to track the progress of particular CHWs/communities. The limited TMG assistance brought a limited view of international best practices for supportive supervision and laid the ground work for much more work in this area.

LOW 4: Contributions to Particular Aspects of CHP Implementation.

Summary: The purpose of this line of work was to build the capacity of PROCOSI, particularly the CHP team and the implementing NGO partners, to manage, monitor and take steps to improve implementation while the project was on-going rather than waiting until the end and reflecting on program weaknesses. This capacity building focused on action research and was provided in a learning-by-doing format.

The sections below describe in detail the technical assistance provided to three activities: 1) the Trials of Improved Practices qualitative research; 2) Video Documentation used to improve interpersonal communications; and, 3) the qualitative assessment of implementation quality. Due to delays in CHP implementation, activities under this LOW were not initiated until 2008.

KEY ACHIEVEMENTS

1. Built capacity within CHP implementing NGO partners to carry out qualitative research using the Trials of Improved Practices methodology. As part of this training, staff from the NGOs were trained and then guided as they implemented a qualitative investigation on infant and young child feeding and nutrition during pregnancy and how to improve critical practices in both program areas.
2. Built capacity within the CHP implementing NGOs and the PROCOSI CHP team to use video as a supervision tool to improve critical health worker skills, in this case those related to interpersonal communications.
3. Completed an initial, qualitative assessment of CHP implementation, answering the question of whether the project is being implemented as it was designed.

Developing Local Feeding and Diet Improvement Recommendations for Women and Young Children Using the Trials of Improved Practices (TIPs) Methodology

From the outset of the development of the Child Health and Nutrition Module, the CHP technical team was clear that locally specific recommendations were needed for young child feeding. For too long, improvement of child feeding had faltered because advice was too generic. In the 2007 workplan The Manoff Group offered to train the CHP Team and the NGO implementing partners in the use of the TIPS qualitative, participatory research methodology, to perfect locally appropriate feeding recommendations. As adapted to public health programming, TIPs is an excellent way to understand the thinking of potential program beneficiaries, not just about their current practices, but also about what they feel they can and cannot do and what they are willing to try.

It was not until April 2008 that the timing was right for TMG technical assistance to introduce TIPS to the CHP. During an introductory workshop the CHP Team and the two CHP field supervisors were oriented to the TIPS methodology at the same time as the research plan was being developed. In May 2008, after the instruments were developed, TMG technical assistance trained the entire CHP Team and various representatives of NGO implementing partners in TIPS, and during June the NGOs completed the TIPS process (see the box) in the CHP project areas of Tarija, Beni and Santa Cruz. Seventy women who were either pregnant or had a child under five years of age were recruited to participate. Caregivers/mothers of children from 0–24 months were segmented by a) the child’s age and nutritional status (defined by stunting—height-for-age); and b) current illness. In early July TMG technical assistance held a final workshop on analysis of the TIPS during which the information from the field work was analyzed and sections of a report drafted. A research report was completed by The Manoff Group and shared with the CHP and MH&S as final revisions were made to the Young Child Health and Nutrition Module.

The TIPS Process

The TIPS process consisted of three household visits and discussions with participant families.

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

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

Each household was visited a third time to gather the caregivers’/women’s reactions and comments on their experiences in trying the agreed-upon practices: Had they followed through? Did they continue the new practices, change any, or share their experiences with others?

The outcomes of these trials influenced program recommendations—ensuring that they were more responsive to local realities.



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

The TIPS activity was a success from two perspectives: one, PROCOSI and NGO implementing partners reported learning a great deal from the mothers and families about their eagerness to improve their lives and about the need to adapt program recommendation to their realities. Second, the resulting new and modified practices showed the effectiveness of consultation with potential beneficiaries. All mothers were able to do something to improve their, or their young child’s diet. A range of insights emerged as a result of the activity, including: the use of a new feeding bowl proved to be an amazing incentive for mothers to feed adequate quantities of food

to their young children; pregnant women provided two alternatives to increase the amount that they would eat; the need to address the use of commercial non-nutritive products became evident as did acceptable alternatives; and, strategies emerged to encourage women to delay the introduction of foods and breastfeed more.

Video Documentation

In all aspects of the Community Health Project, from improved hygiene and young child feeding practices, to care-seeking behavior for treatment of TB, to adoption of family planning or birth spacing, behavior change is key. Affecting behavior change is complex, but one crucial element to success is effective interpersonal communication by the community health worker. Yet, teaching and improving interpersonal communication is a challenge for projects and CHP was no exception. The Manoff Group technical assistance recommended the use of video as an important tool to improving worker performance because video permits one to objectively evaluate the components of existing practice—in the case of interpersonal communication techniques measuring his/her performance in language, non-verbal communication, use of printed materials and job aids, negotiation skills, and success in obtaining commitments toward behavior change.

Although TMG had hoped to initiate this activity earlier, it could not be done until the CHWs had two or three months on the job conducting home visits and community meetings. In July and August this new evaluation technique of Video Documentation was introduced to the CHP Team and to their subcontractor CPC, in order to answer the question: “how are the outreach workers performing in their interpersonal communication?”

In order to execute the activity a technical team of communicators from the CHP was formed and mentored over a five month period (July – November 2008) by The Manoff Group. The Video documentation process included video-recording the home visits done by the CHWs with families in their communities. After the visit, the team interviewed the visited family and the CHWs about the experience, including questioning the utility of the support materials, frequency and length of the visits, satisfaction with the visit, confidence of the CHW and the support given by community leaders.



The team leader films a home visit by a CHW during the Video Documentation activity

The edited videos of the visits were evaluated systematically by three different individuals, including one person from each NGO implementing partner. The evaluations were conducted using an instrument that ranked performance. In the family visit, eight aspects of performance were evaluated according to five levels of performance. The video documentation training, and activity concluded with a

workshop with the trainers of the CHWs from each NGO implementing partner reviewing the strengths and weaknesses that they and others observed in the videos and developing a plan to improve CHW training and supervision particularly related to the key skills of “Counseling” and “Negotiation” on which approximately half of the CHWs need reinforcement.

Use of the video documentation technique led to specific outcomes:

- 1) The trainers decided on corrective actions, and to utilize video to follow the evolution and improvement of their CHWs’ skills.
- 2) The workshop participants decided to utilize the video to demonstrate changes and progress to their supervisors and to use video to enhance communication between the communities and the decision makers from their NGO.
- 3) The trainers initiated a competition to see who could produce a video to show a “model” family visit. The NGO winner of a contest project would be the NGO to be featured in the video.

The Implementation Review

A key element of reaching the milestones and objectives laid out in the TMG PMP was the completion of at least one Implementation Review of the CHP activities and the development of the capacity within the CHP Team to conduct these rapid, qualitative reviews to assess whether implementation is “on target”. The advantages of the Implementation Review are that it is highly qualitative, does not need a large sample, and can be focused on just a few processes. The point is that it is in-depth and allows program developers to reassess many of their decisions through witnessing the realities of program implementation.

Once implementation of even two of the CHP Modules began at the community level, The Manoff Group began planning with the CHP Team for the first review. In April 2008 discussions began about how to coordinate this work between the CHP and TMG Teams. We shared preliminary ideas on prioritization of topics that merited a systematic review and documentation. The decision was made to review the basic CHP functioning at the community level, particularly the provision of services (since the Video Documentation review of interpersonal communication was being conducted in a separate activity—see the section above). The very general question that was asked was: Is the program being implemented as designed and if not, why?

It was not until very late in the project, the last quarter of 2008, after the project had been operational for a bout six months that The Manoff Group with several CHP consultants conducted the Implementation Review. The methodology for the review was one of process analysis and appreciative inquiry. In planning the review, the different CHP processes and operational expectations were clearly defined and then transformed into question and observation guides that allowed each step of the process as well as the process as a whole to be assessed. A team of six investigators comprised of international and Bolivian community health experts spent three weeks in the field gathering information. The team interviewed approximately 64 people, including community members, community health agents, facilitators and supervisors from the NGO implementing partners. The processes that were examined included: 1) selection and support for CHWs, 2) training, 3) communication (see section above), 4) service delivery, 5) community participation and 6) supervision.

At the close of the Implementation Review a workshop was held with the CHP Team and representatives of all the NGO implementing partners to discuss the findings. The review brought to light the dedication of the CHWs and their willingness to work for the betterment of their communities. Problems were also uncovered: coverage of families was low in the community because there had been no outreach to children yet; negotiation counseling was poor and supportive supervision was virtually non-existent. The outcome of the review was that the NGO partners decided to strengthen particular training sessions and to develop a supervision system. In fact, the Implementation Review offered guidance for how to tailor the supervision system so that support can be offered to vulnerable processes such as coverage and counseling.

LOW 5: Support for Special Initiatives

Summary: The purpose of this line of work was to allow the opportunity in each workplanning cycle to develop programming ideas that might be implemented to enhance program outcomes and piloted in one small project area or developed further because they were ideas outside the original CHP program plan.

The sections below describe in detail the technical assistance provided for a few special initiatives. The introduction of special initiatives began during the workplanning for PY. Although several initiatives were conceived, their full development was slow or not undertaken because of the level of effort required to implement the Basic Package.

KEY ACHIEVEMENTS

1. Innovative proposal on the use of radio for distance learning submitted to PROCOSI/CHP.
2. Operational guidance developed on monitoring maternal weight gain during pregnancy to improve birth weights.
3. Recommendations provided on the use of life-saving skills and antibiotics in communities extremely far from medical attention.
4. Introduction of the portable length measurement mat

Use of Radio for Distance Learning

Faced with the enormous task of training a large cadre of Community Health Workers working under eight partner organizations spread across several States, The Manoff Group introduced the idea of using radio to reinforce CHW best practices and to carry a uniform message to all CHP implementers. TMG's Chief of Party at the time had extensive experience with radio in Bolivia, having run a successful national radio program uniting Mothers' Clubs' monthly programming to focus on child survival themes. Using his experience, TMG presented to PROCOSI and CHP management a proposal for using radio as a way to reinforce concepts taught during training at a distance for CHWs and to provide health-promoting, behavior-change programming directly to the families in the CHP communities. The proposal included work with ERBOL (a network of local radio stations) and a plan to share costs. Unfortunately, the timing of the presentation coincided with the change in geographic areas for the CHP and PROCOSI felt there were too many other issues and not enough money to undertake this radio work. CHP management dropped it from the workplan. However, the concept remains viable and would offer an important tool in the effort to improve CHP implementation quality. The proposal can be found on the Products CD.

Maternal Diet and Weight Gain during Pregnancy

As the public health community looks to how to improve newborn birth weights there is more emphasis placed on maternal nutrition and weigh gain during pregnancy. During the development of the Maternal Newborn Module TMG brought a consultant from El Salvador

(April, 2007), who has been responsible for launching their national program to monitor women's weight gain during pregnancy, to discuss this idea with the CHP and key NGO partners and present current best practices in maternal nutrition. TMG technical assistance offered a seminar on the work in El Salvador and how it might be done under the CHP. At the request of CHP management, The Manoff Group drafted a section on maternal weight gain monitoring for the Maternal and Newborn CHW Manual and made operational recommendations for CHP implementation.

Although the CHP team did not include this activity in the Maternal and Newborn Module because it is not part of standard practice in Bolivia, the CHP team decided later that monitoring maternal weight was too important for the health and safety of the mother and baby and consequently in 2008 they used the draft section on maternal nutrition and weight gain to develop a guide that was added as an annex to the Young Child Health and Nutrition Module. This special initiative is now underway: all of the NGO facilitators have been trained on this activity and maternal weight gains are being recorded on the maternal card and women counseled accordingly. A qualitative assessment of the acceptance and usefulness of this activity should be conducted at a minimum to determine if this is an activity that merits further development.

Use of Life-saving Skills by CHWs Far from Health Services

In 2005, at the beginning of the project the CHP director has a great deal of interest in exploring whether CHW could be trained to resuscitate newborns and provide antibiotics in area where health services were distant. Piloting certain key techniques from India's SEARCH project was the first special initiative identified during our joint workplanning. However, development of these additional activities was postponed until the core Maternal and Newborn Health Module was implemented and its implementation assessed in the remote communities. This module was not fully implemented until about mid-2008. TMG incorporated an assessment of the Maternal and Newborn Health Module into the CHP Implementation Review and planned special trips to remote areas in order to look at the need for added CHW activities in these areas. The recommendation from the few visits that were made to remote communities was that the ability in these communities to handle emergencies was poor and that the CHP should pilot work that would allow for more life-saving skills to be taught to those CHWs and other community agents who are resident in remote communities so that they can take the critical initial steps when there is an emergency. The recommendation also included the need to ensure that birth plans are complete and that communities have emergency transport plans.

The Portable Length Measurement Mat

This work was not planned in advance, but developed during the final stages of completing the Child Health and Nutrition Module, when the CHP wanted to have an instrument that would allow the CHW to detect chronic malnutrition, at least in a general way, to identify children in need of special attention. Because length measurements are difficult to take accurately and changes cannot be detected with great frequency, the idea behind the CHW taking length measurements was that they should have a way, about every 6 months, to see if a child is on target to have a normal length/age measurement. For this purpose, TMG suggested a mat with

wide lines for a child 12, 18 and 24 months of age. Each of those lines would be drawn to the length measurement demarcating – standard deviations. The expectation would be that a child should have attained the corresponding length when they reach 12, 18 and 24 months of age. If they have not they should be identified for evaluation at the Health Center. This mat was under development by the CHP in late 2008.



A CHW is trained to use the portable length measurement mat

Capacity Building: Technical and Implementation Skills

Although the majority of the TMG technical assistance provided under objective 1 was done on a daily basis in working groups and through field visits, there were more formal organized workshops and presentations offered with a purpose of reaching more people and presenting concepts and program content and experiences in an organized fashion. These sessions are enumerated in Table 3 below. The participants in these sessions included:

- CHP Technical Team in PROCOSI headquarters
- MH&S technical staff
- Representatives of PROCOSI member NGOs
- Representatives of NGO implementing partners
- Representatives of PROCOSI's executive leadership

Table 3: Trainings, Orientation Sessions and Presentations Conducted by the Manoff Group under Objective 1, Result 1.1

Month/Year	Activity	Participants
November 2005	Presentation on experience in Latin America with comprehensive health services implementation (part of defining basic package activities)	CHP team
November 2005	Study Tour to Honduras	CHP team, MOH official, PROCOSI
February 2006	CHP Launch and workshop on proposal development	NGOs (26)
March 2006	International Best Practices in Hygiene Workshop	CHP team
April-May 2006	NGO Proposal Evaluation Working Group	CHP team, USAID
September 2006	Presentation of Branding and Marketing Plan	USAID
June 2006	Presentation on work on STI portion of Infectious Disease module	CHP team
November 2006	Information workshop on sub-agreement process	NGOs
November-December 2006	Exploratory and Planning Visits to new municipalities (Santa Cruz, Tarija)	CHP team
February 2007	Presentation -- Proposal for Use of Radio for the CHP	CHP team
March 2007	Presentation on best practices maternal health and nutrition	CHP team, with MH&S
March-April 2007	Launch Workshops (in collaboration with CHP team)	NGO partner group (8)
April 2007	Presentation on Pregnancy Weight Monitoring and the SOTA for Community-base Growth Promotion Programs and WHO New Growth Standards.	CHP team
October 2007	Workshop(s) on Tuberculosis Module	NGO partner group (2)
October 2007	Workshop(s) on the Maternal-Neonatal Module	NGO partner group(8) with a follow-up for trainers (3)
November 2007	Workshop/training on the Maternal-Neonatal module with CHP	NGO partner group(3)
January 2008	Workshop/training on the Maternal-Neonatal module with CHP	NGO partner group (3)

February 2008	Workshop/training on the Maternal-Neonatal module with CHP	NGO partner group (3)
February 2008	Workshop on adult education techniques	NGO partner groups (8)
March 2008	Workshop on education activities in the TB module	NGO partner groups (8)
March 2008	Workshop/training on the Maternal-Neonatal module	NGO partner groups (3)
March 2008	Facilitated 2-day TIPs logistics workshop	CHP Team (6) and field representatives (2)
May 2008	TIPs training and implementation workshop	CHP Team (5 people); 6 NGO partners (18)
June 2008	TIPs analysis workshop	CHP Team (5 people); 6 NGO partners (18)
July 2008	Follow-up on training capacity strengthening—training quality	CHP Team (6); NGO partner groups (8)
July–August 2008	Community work on interpersonal communication	CHWs (32); NGO partner groups (7); CPC staff (2)
July–August 2008	Workshop on the Young Child Health and Nutrition Module	NGO partner group (8)
November 2008	Workshop on video documentation and results analysis/ interpersonal communication	NGO partner group (8)
November 2008	Presentation of community health agent supervision recommendations	CHP team
November 2008	Presentation of preliminary results of implementation review	CHP team, NGO partner group
February 2009	Final Project Presentation	CHP team, USAID, NGO partner group

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

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

Four Lines of Work were agreed upon at the outset of the project as a way to achieve this result and the overall objective. When the contract was modified in June, 2007 LOW 4 was dropped. The first LOW focused on training the CHP M&E team and completing the baseline survey for the Community Health Project; the second focused on working with each CHP implementing NGOs to conduct community baselines in all CHP communities; activities under the third LOW established a monitoring and quality control system for the CHP data. LOW four that was eliminated, was planned for the work on the overall management information system (SIG), which would include monitoring member NGOs' achievement of financial and administrative goals.

LOW 1: Completion of the Baseline Study for the Community Health Project

Summary: The purpose of this line of work was two fold: 1) To ensure that the CHP had an evaluation framework that would permit timely reporting on the key indicators of progress and success and that a baseline survey would be complete prior to implementation. 2) To train and mentor the CHP M&E unit to ensure that they have the ability to carry out and report health project baseline information.

The sections below describe in detail the technical assistance provided in baseline survey research.

KEY ACHIEVEMENTS

1. CHP program indicators defined and agreed upon with USAID and USAID Rural Health Strategy partners. A CHP evaluation framework agreed upon with USAID. Later the indicators were reduced in number and refined.
2. Baseline information collected and reported for all key, agreed upon, indicators. This included undertaking two completely separate baseline studies (one in the original geographic areas in the Sierra and another in the new areas of El Beni, Chuquisaca, Santa Cruz and Tarija), plus a supplemental study of 7 municipalities for the baseline in the current areas of CHP operation.
3. CHP M&E Team trained and mentored and with demonstrated ability to: develop a baseline study protocol with a sampling plan, instruments, and an analysis plan; develop a RFP for procuring the services of a company to implement the baseline study along with selection criteria; supervise the fieldwork; control data quality; analyze data (CHP staff trained in SPSS 15 and Anthro 2005 software); and, draft a report.

CHP Indicators

The Manoff Group began support to the CHP in M&E virtually from the beginning of the contract. In early 2006, the TMG Monitoring and Evaluation (M&E) Advisor provided extensive technical assistance to the CHP team and particularly the CHP Evaluation Manager in the definitions of the key CHP indicators and their measurement in the baseline study. As indicators were agreed upon their periodicity of measurement was defined: only as part of the baseline and end-line surveys, on a yearly basis or as part of project routine information collection on a monthly basis. In addition, TMG technical assistance was provided to a group of other USAID partners during a discussion of the global indicators and the methods that should be used to evaluate the overall USAID Rural Health Strategy.

The selection of key indicators for the CHP was reviewed during and following the PROCOSI program audit performed by the auditor from USAID's RIG office in May 2007. The auditor recommended revamping the indicator list, reducing it to fewer key indicators and ensuring that these indicators carefully corresponded to results that the Mission must report to USAID/Washington. TMG worked quickly with the CHP team to implement the RIG's recommendations although the changes were fewer than recommended since the list of monthly and annual indicators was already limited and generally in line with key USAID indicators. Since mid-2007 the indicator list has suffered even further cuts as the budget of the CHP has been reduced.

Baseline Survey

In the first half of 2006, The Manoff Group worked closely with the CHP team, and in particular with the M&E unit to develop the evaluation framework for the CHP, develop and test the questionnaires and other interview tools, confirm the sampling plan and the rest of the baseline protocol, draft an RFA and select and supervise the agency that implemented the baseline, ensure data quality, train in and carry out data analysis and report writing and editing, and present the information to interested parties. The focus on TMG technical assistance was on capacity building, but also on ensuring that a quality product was completed on time.

"Resultados Principales de la Linea de Base 2006" was produced by PROCOSI and shared with the authorities and partners. This baseline covered the initial areas for CHP implementation in the departments of La Paz, Potosi and Chuquisaca. Almost simultaneously with the release of the baseline report, the areas of focus for USAID's Rural Health Strategy were changing. The program areas shifted to the lowland departments of El Beni, Chuquisaca, Tarija and Santa Cruz. The baseline study was repeated. To save time a variety of new sampling methods were suggested, but the TMG M&E Advisor recommended repeat use of the randomized cluster sample methodology rather than a Lot Quality Assurance Sample (LQAS). The principal reason was that LQAS samples are useful for tracking changes when reliable baseline data already exist, but not for establishing the baseline.

During the first half of 2007, the new baseline was completed. The opportunity to repeat the work done in 2006 allowed for TMG's technical assistance to focus more on mentoring than on implementing. For this baseline, the M&E unit of the CHP handled the various tasks including

issuing the RFA, modifying the instruments, ensuring data quality, undertaking the analysis and drafting a report. TMG technical assistance was present to train the group hired to implement the baseline (Diagnosis) and to assist in data analysis and finalizing the report. The baseline was delayed due to severe flooding in the departments of Beni and Santa Cruz, but by July/August 2007 the final results were presented to the CHP team and CHP implementing NGO partners.

However, the baseline reporting was not complete in mid-2007. As the CHP implementing NGOs better defined their coverage areas, seven municipalities were added to program. Therefore in the latter part of 2007, TMG's M&E Advisor provided technical assistance to the CHP M&E team as they planned and executed the baseline study in these additional seven municipalities. The entire protocol and questionnaires used in the initial baseline were repeated in these additional areas. The baseline report, *Informe Línea de Base: Resultados Línea de Base 40 Municipios*, was printed in November 2007 and widely disseminated to the NGO partners and the MH&S.

LOW 2: Support the NGOs in Their Baseline Study to Measure the Results at the Community Level

Summary: The purpose of this LOW was to ensure that all communities implementing the program know their communities health status and have the opportunity to use this information to program activities and monitor progress.

The section below describes in detail the technical assistance provided to help the implementing groups of NGOs establish simple, accessible community baseline information and the ability to use it for programming purposes.

KEY ACHIEVEMENTS

1. Community baseline instruments designed and the census-based survey implemented by all CHP NGO partners.
2. All CHP communities have their community information and used it to make community health improvement plans.
3. The CHP NGO's completed community baseline survey information is entered in the web-based monitoring system, PAYA, to provide accurate denominators to measure coverage and implementation progress.
4. NGO CHP partners trained and managing their community-level data:
 - a. NGOs trained in exporting data from their community baseline studies in EPI-INFO to Anthro 2005 to calculate anthropometric indices
 - b. NGOs trained to analyze data from community baseline (census) and make charts and graphs for presentation of the information to the community.

For the CHP, M&E takes place at two levels: one, at an aggregated project level (see the baseline report description above); and, two, at the level of the CHP implementing NGO partner and the communities in the coverage area of the NGO. Until mid 2007 the focus of the M&E work was on building the project's M&E system and ensuring that the baseline information was collected, analyzed and shared. By mid 2007 the CHP implementing NGOs were working with their communities and were ready to census and collect information on a few basic indicators in each of their communities against which they could monitor progress.

The work under this LOW in 2007 and 2008 progressed in two steps: First, with the leaders of each NGO partner team, and then with the CHWs. The first step was to work with the CHP implementing NGOs to design and carry out baseline surveys and a full census of each of their communities. The instruments were developed and shared with the NGOs and they trained their project facilitators to carry out the community data collection, often together with the CHWs. Once collected, for the information to be useful for tracking trends it needed to be entered into the web-based project monitoring system, PAYA (described in greater detail in LOW 3). In the 3rd quarter of 2007 the PAYA system was installed in the regional offices of each CHP NGO partner. At that point TMG technical assistance focused on ensuring that the M&E

professional from each partner was trained in data cleaning, data entry, data management, and data analysis. Part of the training and follow-up to the training was assisting the NGOs in entering their community baseline data into the PAYA system correctly and in being able to manipulate the information themselves. Included in this training was giving them the ability to transfer their community baseline survey data, which was entered in EPI-INFO, into another software program, Anthro-2005, better suited to calculating anthropometric indices. Each NGO has a complete data set from their baseline surveys for their area of operation and this information has been shared with all CHP communities.

LOW 3: Develop and Support a System for Monitoring and Quality Control

Summary: The purpose of this LOW was to design, develop, install and build capacity among the CHP M&E team and the implementing NGO partners to use a web-based monitoring system to track project trends and to serve as a proto-type for other PROCOSI network health programs.

The sections below describe in detail the technical assistance provided in CHP implementation monitoring.

KEY ACHIEVEMENTS

1. Developed a proposal/terms of reference for a monitoring and quality control system for the CHP.
2. PAYA monitoring system installed at the office of each lead CHP implementing NGO partner.
 - a. NGOs trained to enter data from consolidated CHW forms into CHP monitoring system
 - b. NGOs trained to export data from monitoring system and carry out data analysis
3. CHWs trained and completing daily activities logs and consolidating their activities on a monthly basis.
4. Each CHP NGO partner group received personalized support in the use of the system and is now using the PAYA monitoring system with little difficulty.
5. Together with the CHP M&E Director a data quality control protocol has been developed and tested.
6. Tested data quality control system with CHP NGO partners 1 and 3 and identified weaknesses in data collection and management, and NGO-level data entry. Corrective actions suggested to strengthen the system.

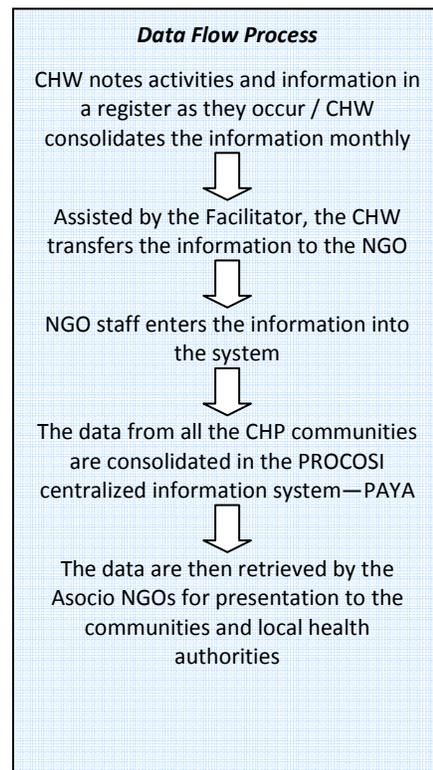
From early in 2006, establishing a CHP monitoring and data quality control system was integral to the overall development of the M&E system. The CHP M&E system description included the definition of indicators and the software to enter, manage and analyze all CHP data. Fifty indicators were defined for tracking. The 50 indicators included measures of infant health (28), maternal health (10), infectious disease (7) and hygiene (5). The M&E plan showed that many of these indicators would be measured during a mid-term and final evaluation only. Sixteen epidemiological indicators would be reported annually, and another 19 indicators would be reported on a monthly basis.

For easy and timely reporting of the project monitoring information (those indicators collected monthly and annually) a software system for data entry and management envisioned as part of PROCOSI's Management Information System (SIGPRO), was refined from a system initiated by PROCOSI's Information Technology Department. The software was designed to be web-based, allowing the participating communities and NGOs to enter data and view reports periodically.

This rapid response would give local managers the ability to quickly identify problems and to monitor progress towards established goals. The software would also have the capability to export data into both Excel and SPSS for additional analysis to identify critical trends in key CHP indicators. At the end of 2006, the general design of the software had been completed and CHP indicators were incorporated into the system for testing.

The activities under LOW 2 and LOW 3 work together. In order to progress with LOW 2, the system developed under LOW 3 must function. In late 2007 and 2008 The Manoff Group, in close collaboration with the CHP M&E team installed the monitoring system, PAYA, at each regional NGO office, ensure that the data entry screens were easy to use and clear to the NGO M&E managers, and provided extensive training on the system’s function and purpose and how to report problems, as well as practice in how to use it. By the end of 2007, the system was in place and running for each lead NGO partner and all community census and baseline information was entered in the system. However, there were frequent problems relating to the quality and use of data to monitor project progress. To address these problems, The Manoff Group adopted the individualized approach to technical assistance. In addition, a quality control process was developed and launched with the CHP M&E Director and piloted with several of the NGOs. Throughout 2008 TMG technical assistance worked to identify each NGO group’s particular weakness with respect to data quality and to work with them to institute changes.

With the community baseline data entered, the largest challenge lay ahead: training the NGO M&E managers on the flow, quality, and use of routine data gathered by the CHW on a monthly basis. TMG worked continually with the CHP M&E team on this aspect of the system through the rest of 2007 and into 2008. The process of bottom-up flow (*see box*) is a challenging system to support and guarantee data quality. There are many points along the way for data to get transposed, added, or dropped. Throughout the year The Manoff Group, together with the CHP M&E team, held several capacity-building workshops and worked individually with each of the eight CHP NGO partner groups to build their capacity for data collection and ongoing M&E of their programs. This work with the individual NGOs was intense and time-consuming, and focused on improving or modifying their respective M&E data systems, not just ensuring that the CHP PAYA system was functioning. In early 2008, The Manoff Group M&E systems specialist visited each NGO twice for support in trouble-shooting data entry and analysis.



In addition to the training offered on the PAYA system, in 2007, The Manoff Group began focusing on more intense capacity building of the CHP M&E team on data analysis and presentation. The Manoff Group held a training session in May 2007 on SPSS version 15 for the

CHP M&E team using initial data collected for the baseline study. CHP staff also received training in the use of Anthro 2005 software to conduct anthropometric analyses of weight-for-height, height-for-age, and weight-for-age ratios. This training included exporting data from SPSS, via Excel, to Anthro 2005 and then returning the results to SPSS to conduct comparative analyses. More in-depth training sessions on these topics occurred in August 2007. At the end of 2007, The Manoff Group trained the CHP NGO partners in data entry, management, quality assurance, additional data analyses and the generation of reports. These training made sure that the CHP implementing partner NGOs had the capacity to conduct meaningful analyses and present health information to the local health authorities and the participating communities.

As part of the CHP Implementation Review in late 2008, TMG together with the CHP M&E Director visited CHP implementing NGO partners and made site visits to selected communities to interview CHWs while the CHP M&E Director carried out similar activities with other partner NGOs. The conclusions from these visits were that the CHWs had difficulty using some of the CHP forms to record their activities, and these problems led to under recording and incomplete information on the monthly consolidation form that each CHW submits to their NGO facilitator. These issues require immediate attention, both to modify problem forms and to provide more supervision and support.



A screen shot from the web-based PAYA monitoring system

On a positive note: Although earlier field supervision had indicated that NGO technical staff made errors when entering the data, later visits showed that these data entry problems were resolved by the on-site training and the individualized distance support provided by the Manoff Group. For example, an examination of the data entered by one NGO partner was found to be error free when the information on the consolidation forms and the data on the central PROCOSI PAYA server were compared.

LOW 4: Develop and Support a System for Monitoring the Financial and Administrative Capacity of the NGOs in the PROCOSI Network. (Eliminated from the workplan as part of a contract amendment in June 2007).

KEY ACHIEVEMENTS

1. Proposal submitted to PROCOSI Executive Director to establish a M&E unit within PROCOSI.

This LOW was proposed to track the progress of assistance that The Manoff Group proposed providing to individual NGOs under Objective 2. That is, TMG would assist PROCOSI to monitor the level of improvement of member NGOs' financial and administrative capacity based on a plan for strengthening these skills under Objective 2. During the 2007 work planning process PROCOSI asked that TMG technical assistance resources not be used for this purpose because they were still working with members on their preferences for how to accomplish this administrative and financial strengthening. When The Manoff Group contract was amended in June 2007 the activity for strengthening the administrative and financial management capacity of individual PROCOSI network members (LOW 1 under Objective 2) was dropped which meant that LOW 4 under Objective 1 /result 1.2, was dropped.

Two existing activities received more effort when these LOWs were eliminated. The activities to receive more emphasis were: 1) Supporting PROCOSI to establish quality standards for their own operations and for their interaction with their members; and, 2) Developing PROCOSI's M&E abilities in the area of health program M&E (a strong recommendations in the RIG auditor's report).

In addition, as a contribution to overall M&E development at PROCOSI and to comply with the RIG auditor's recommendations, in July 2007 TMG technical assistance was provided to the Program Director of PROCOSI regarding the initiation and development of a M&E unit for all PROCOSI functions and activities. Following these discussions a proposal was submitted by TMG's M&E Advisor to PROCOSI's Executive Director outlining the staffing, systems, training and equipment that would be required.

Capacity Building: Monitoring and Evaluation Skills

From the outset of the contract TMG offered a variety of workshops and presentations to build capacity of a wide variety of partners in M&E. Many of the sessions were informal meetings with short explanations; however there were more formal organized presentations. These are listed in Table 4. The participants in these sessions included:

- PROCOSI staff
- CHP Technical Team
- CHP M&E group
- NGO implementing partner M&E representative
- NGO implementing partner IT staff

- NGO implementing partner directors
- USAID Health Office
- Other USAID Rural Health Strategy partners

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

Month/Year	Activity	Participants
October 2006	Training in qualitative data analysis using MAXqda	PROCOSI Staff (10)
October 2006	Presentation of definitions and analysis of nutritional data	CHP staff (4)
May 2007	Training in quantitative data analysis using SPSS	PROCOSI Monitoring and Evaluation and CHP personnel (3)
May 2007	Training in the analysis of anthropometric data using WHO Anthro 2005	PROCOSI Monitoring and Evaluation and CHP personnel (3)
August 2007	Data Quality Workshop	USAID Health Personnel (6)
August 2007	Follow-on training in quantitative data analysis using SPSS	PROCOSI Monitoring and Evaluation and PSC personnel (2)
August 2007	Follow-on training in the analysis of anthropometric data using WHO Anthro 2005	PROCOSI Monitoring and Evaluation personnel (2)
November 2007	3-day training workshop on Monitoring and Evaluation process and procedures	CHP staff, technology representative from each associate (15+)
December 2007	Presentation on establishing an M&E unit within PROCOSI	CHP staff, PROCOSI Monitoring and Evaluation personnel
March 2008— November 2008	Individual training and mentoring with each CHP NGO partner	Technical/M&E representatives from each partner
May 2008	Individual training and mentoring with each CHP NGO partner	Technical/M&E representatives from each partner
May 2008	Training on Data Analysis	PSC/PROCOSI staff, representatives from each

Month/Year	Activity	Participants
		partner (15+)
November 2008	Final visits to each CHP NGO partner to complete training and ensure proper functioning and use of the system	Technical/M&E representatives from each partner

Geographic Coverage of Technical Assistance Offered under Objective 1

Prior to the final year of the project, almost all of the technical assistance was focused with the CHP management team in PROCOSI headquarters. However, once the NGO implementing partners were awarded their agreements the focus of technical assistance shifted to the implementation areas and to the NGO partner groups. While TMG tried to provide assistance equitably among the partner groups, this was not always possible. However, through workshops where representatives of all NGO groups were invited, TMG shared information and capacity building sessions with everyone. Table 5 below illustrates a few of the key technical assistance activities in year 3 and the fact that almost all of the NGO partner groups participated.

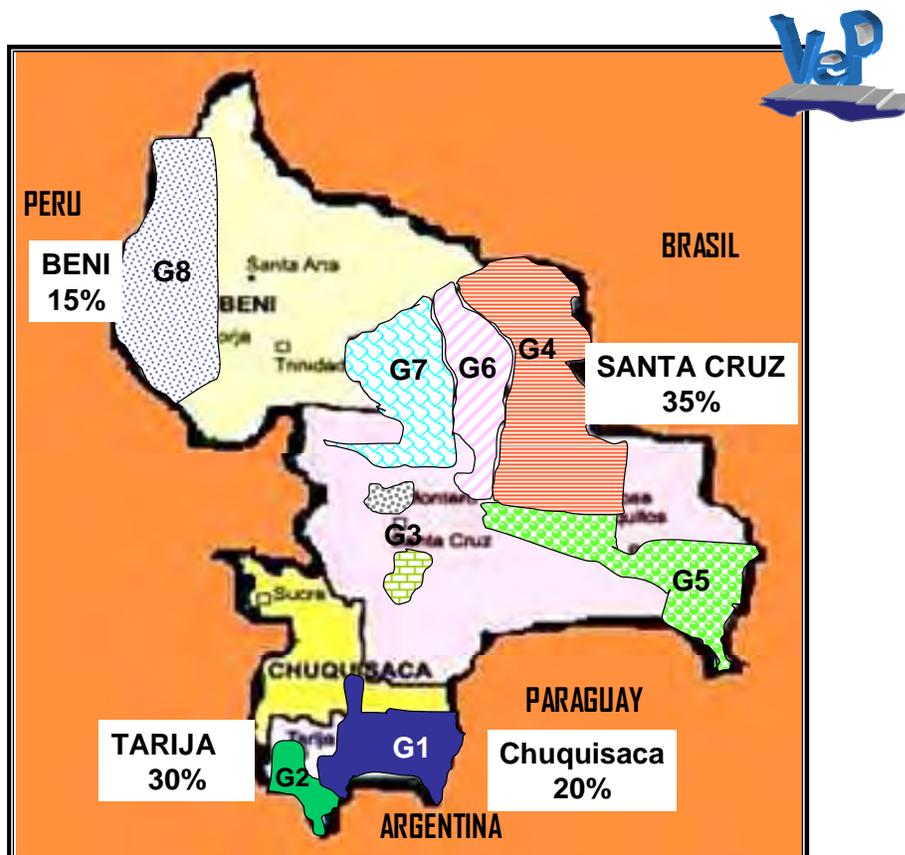
Because it was not always possible to provide the more individualized technical assistance to all groups, table 6 shows an approximate level of effort for technical assistance across the regions. The Santa Cruz region received the highest level of intensity in large part because most of the NGO partner groups were located in the project municipalities of Santa Cruz. Beni received the lowest level of effort because there was only one partner in Beni, and because Beni required a separate trip, it could not be visited in route to another project sites. The geographic spread of the technical assistance can be seen on the map found in Figure 1 below.

Table 5: Key TA Activities by NGO Partner Group

Activity	Sub- Activity	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Group 7	Group 8
Data Collection/ Analysis									
	Gathering and analyzing data	<input type="checkbox"/>							
	Supervision	<input type="checkbox"/>							
Technical assistance and training – Workshops									
	Prenatal and Maternal Health	<input type="checkbox"/>							
	Tuberculosis	<input type="checkbox"/>							
	Child Health	<input type="checkbox"/>							
	Adult Education	<input type="checkbox"/>							
	Reproductive Health	<input type="checkbox"/>							
Training Outreach Workers (CHW)									
	Individualize supervision	<input type="checkbox"/>							
Video documentation									
	Field work/ Rating	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
	Presentation of results	<input type="checkbox"/>							
TIPS									
	Training and field work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	Presentation of Results	<input type="checkbox"/>							
Implementation Review									
	Presentation of Results	<input type="checkbox"/>							
PAYA Monitoring System									
	Workshops	<input type="checkbox"/>							
	Individualized tutoring	<input type="checkbox"/>							
	Data control	<input type="checkbox"/>							

Table 6: : TA Level of Effort by Geographical Area			
Department	NGO	AREA	Percent Level of Effort
<i>Chuquisaca</i>	1. Save the Children y ADRA	Chaco	20
<i>Tarija</i>	2. CARE	Tarija	30
<i>Santa Cruz</i>	3. CSRA, CEPAC, SC-NUR	Santa Cruz	35
<i>Santa Cruz</i>	4. CEPAC CSRA SC NUR	San Ignacio	
<i>Santa Cruz</i>	5. CARE	Chiquitania	
<i>Santa Cruz</i>	6. Vision Mundial; PCI	San Ramon	
<i>Santa Cruz</i>	7. Vision Mundial -ADRA	Guarayos	
<i>Beni</i>	8. APROSAR-Lovaine Development	Ballivian	15

Figure 1: Technical Assistance Effort by Region and NGO Partner Group



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

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

Two Lines of Work were agreed upon as a way to achieve this result and the overall objective. The first focused on governance and management, and the second on financial sustainability.

Line of Work 1: Support PROCOSI’s Institutional Approach and Sustainability

Summary: Over the three year period of the contract, this line of work focused on supporting PROCOSI in its efforts to become a more transparent, accountable and efficient network via: 1) strong Board policies and practices, 2) effective communication across the network, 3) a quality management system based on ISO 9000 and 4) sharing of successful network models from around the world. The premise of this work was that only by modeling good management practices could PROCOSI strengthen management capacity among their members.

The sections below describe in detail the technical assistance provided in each of these institutional sustainability areas.

KEY ACHIEVEMENTS IN INSTITUTIONAL SUSTAINABILITY

1. Development of policies and practices to strengthen the PROCOSI Board, including areas such as governance, membership, and conflicts of interest.
2. Design of a Communication Strategy for PROCOSI, including:
 - Analysis of key stakeholders
 - Description of communication objectives and key messages based on audience
 - Overview of key communication activities and priorities based on PROCOSI’s goals
 - Recommendations for implementation.
3. Successful completion of the Quality Management System for PROCOSI, including:
 - Orientation workshops on quality management systems to the PROCOSI NGO members, Management Team and the Board
 - Design of the Quality Management System based on ISO 9000
 - Development of the Quality Manual with the central elements approved by the PROCOSI Board
 - Presentation and workshops on PROCOSI’s Quality Management System for NGO members, Management, and the Board.
4. Development and presentation of week-long workshops and small group sessions on ‘Successful Network Models’ and other relevant topics.

PROCOSI Board Strengthening

The Manoff Group's technical assistance in the area of institutional sustainability began with strengthening of the PROCOSI Board, a subject that was critical to the future of PROCOSI and a top priority for the PROCOSI Executive Director and Board Chair. The Manoff Group provided specific recommendations and draft policies on Board governance, membership and conflicts of interest. A variety of key deliverables were developed in close coordination with the PROCOSI Executive Director, including a:

- Memorandum on opportunities for Board strengthening
- Memorandum on the status of the Board Manual and recommendations regarding orientation of new members
- Memorandum outlining three chapters of the PROCOSI Policy Manual – Finance, Human Resources and Membership.

Communication Strategy for PROCOSI

During the work planning stages of the technical assistance, the PROCOSI Executive Director approached The Manoff Group in 2006 to lead the design of a communication strategy that would better enable PROCOSI to share the work of its members with others and to build recognition for its ability to achieve results through the combined efforts of the NGO members of the network. Over the first year of the contract, and through multiple consultations with PROCOSI's Executive Director, the Institutional Strengthening Unit, and with the Communications Committee formed of various PROCOSI NGO members, a communication strategy was developed. The communication strategy addressed the major areas in which PROCOSI wanted to build recognition. The communication strategy was finalized and presented to PROCOSI in September 2006, and is divided into various parts as follows:

- An analysis of the key stakeholders
- An analysis of existing communication materials
- Charts of communication objectives and foci based on the audience
- A discussion on communication objectives and key message themes
- An overview strategy with key activities and priorities based on PROCOSI's recognition goals
- Recommendations for implementation

As a supplement to the communication strategy, TMG staff developed a list of communication-related conferences and meetings taking place in the course of the year that could be of interest to PROCOSI.

Quality Management System

The Manoff Group began work with the PROCOSI Management Team and its NGO members on the design, development, and implementation of a Quality Management System in March 2007. A proposal that laid out the five phases of the project was presented and approved by PROCOSI's Institutional Strengthening Unit. The five phases were as follows: 1) Investigation of quality management system models and best practices, 2) Design of the quality management system, 3) Development of the Quality Manual, 4) Publication of the Quality Manual, and 5)

Training for the PROCOSI Management team and its NGO members. By September 2008, all five phases of the quality management system were completed.

Technical assistance in this institutional sustainability area began with orientation workshops on quality management systems for the PROCOSI Board, the Management team and the Quality and Membership Committee comprised of 6 NGO members. The orientation workshops covered key topics such as:

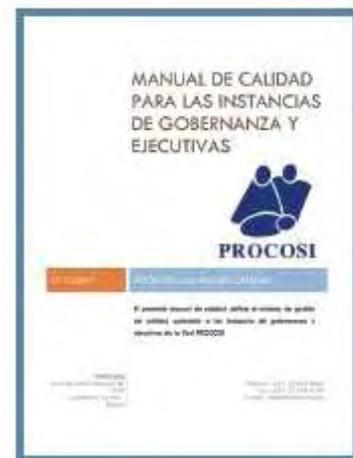
- Definition of a Quality Management System
- Eight principles of quality management
- Different methods of development of Quality Management Systems
- Examples of organizations worldwide that have a Quality Management System
- Definition, principal elements and benefits of ISO 9000

These orientation workshops provided PROCOSI with the necessary information to make decisions about the development of its own Quality Management System. PROCOSI decided to develop a system with a view toward ISO 9000 certification in the future. As an internationally recognized standard for quality management, ISO 9000 certification would provide PROCOSI with a seal of excellence in quality.

TMG technical assistance worked in constant and close coordination with the PROCOSI Institutional Strengthening Unit to develop a Quality Manual based on ISO 9000 standards. The Quality Manual is divided into two parts: 1) the central elements of the Quality Management System and 2) PROCOSI's specific processes. The central elements of the Quality Management System satisfy the key requirements for ISO 9000 compliance, and include the following chapters:

- Introduction of the Quality Management System
- Presentation of PROCOSI, including process mapping
- Quality Policy
- Quality Directives
- Responsibilities and Authorities of the Quality Management System
- Documentation of the Quality Management System
- Resource Management

These chapters were presented, reviewed, and approved by the PROCOSI Board, the PROCOSI Management Team, and the Quality and Membership Committee comprised of NGO members of the network in April 2008.



The manual on quality management practices

The second part of the Quality Manual, which involves the documentation and implementation of PROCOSI's specific processes, is a constant work-in-progress. PROCOSI has begun documenting its processes, beginning with its 'Purchasing' process and 'Projects and Programs' processes. TMG technical assistance has provided the PROCOSI Management Team with the tools, and methodologies to continue implementation of the specific processes to be included

in the Quality Management System. In order to facilitate the rapid implementation of the Quality Management System, the Quality Manual was published on the PROCOSI Intranet and distributed in hard copy to the PROCOSI Board, selected NGO members and the PROCOSI Management Team. Training workshops and quality management orientation sessions were held throughout 2007 and 2008 for PROCOSI NGO members, the Management team, and the PROCOSI Board (see Table 7).

Successful Network Models from Around the World

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

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

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

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

Line of Work 2: Support PROCOSI's Financial Sustainability

Summary: Over the three year period of the contract, this line of work focused on supporting PROCOSI in its efforts to become a more financially independent and sustainable organization with diverse funding streams via: 1) the design, development and launch of a 501(c)(3) organization for fundraising in the United States and 2) a Social Enterprise Workshop Series for PROCOSI NGO members to explore income generation activities that complemented their core competencies.

The sections below describe in detail the technical assistance provided in each of these financial sustainability areas.

KEY ACHIEVEMENTS IN FINANCIAL SUSTAINABILITY

1. Exploration of the viability of a *Friends of PROCOSI* organization in the United States, including:
 - Costs and benefits of establishing a 501(c)(3) organization
 - Report on 'Stakeholder Perceptions, Phase 1: Donor Trends'.
2. Successful design, development and launch of *Friends of PROCOSI* as a 501(c)(3) tax-exempt organization in the United States, including:
 - Development of a *Friends of PROCOSI* Board Manual and Compliance Manual
 - Organization and coordination of key meetings for the PROCOSI Board Chair, Executive Director and Department Manager during their visit to the United States
 - Induction of the *Friends of PROCOSI* Board
 - Official launch of *Friends of PROCOSI* as a 501(c)(3) organization in the United States
 - Presentation of a comprehensive 'Stakeholder Analysis and 2007-2009 Workplan for *Friends of PROCOSI*.
3. Successful completion of follow-on development activities related to *Friends of PROCOSI*, including:
 - Workshop presentation on Regulations, Funding Flows, and Fundraising for the PROCOSI Board and Management team
 - Completion of a detailed investigation, analysis, and vendor selection for the *Friends of PROCOSI* website
 - Development and approval of 2008 detailed budget
 - Submission of 'Report on Online Fundraising'
 - Submission of 'Report on Potential Foundation Donors'
 - Support for the development of a website with on-line donation capabilities.
4. Presentation on 'Models of Social Enterprise and Public-Private Alliances' to 40 members of PROCOSI's NGO network.

5. Successful completion of a three-part Social Enterprise Workshop Series for 15 PROCOSI NGO members focused on the planning, development and implementation of a social enterprise, including:
 - Evaluation of the readiness of the organization for social enterprise
 - Selection of a social enterprise idea
 - Feasibility analysis for the social enterprise idea
 - Development of a business plan
 - Search for funding for the launch of the social enterprise.Seven NGO members have proposals ready to fund for new enterprises.

Friends of PROCOSI, 501(c)(3) Organization in the United States

In September 2006, during the research and development of the Communication Strategy for PROCOSI as described under LOW one, The Manoff Group presented a report titled, 'Stakeholder Perceptions, Phase 1: Donor Trends'. The PROCOSI Executive Director and Board Chair were intrigued by the creative strategies that various donors were employing with regard to their programs in Bolivia. After several discussions about financial sustainability options and upon the request of PROCOSI's Executive Director, The Manoff Group began providing technical assistance for exploring the viability of creating a 'Friends of' organization in the United States that could raise funds for PROCOSI NGO members' health programs in Bolivia.

Consultations were held on a regular basis to inform the PROCOSI Executive Director and Board Chair about the costs and benefits of establishing a 501(c)(3) *Friends of PROCOSI* organization in the United States for tax-exempt fundraising and for opening many new opportunities for PROCOSI. TMG technical assistance also reviewed financial planning activities at PROCOSI, particularly with the Institutional Strengthening Unit, and, 1) provided individualized training on the use of the procurement tracking systems of various governmental and cooperating agencies, 2) identified potential revenue sources, and 3) arranged meetings with potential donors for the Executive Director during her visits to the United States. In December 2006, the PROCOSI Board approved the activity that would pursue establishment of Friends of PROCOSI as a 501(c)(3) organization in the United States.

During the first months of 2007, The Manoff Group began working with legal advisors in the United States to support PROCOSI to set up a tax-exempt charitable *Friend of PROCOSI* organization. Relevant documentation was submitted as per Internal Revenue Service (IRS) regulations for the legal incorporation of *Friends of PROCOSI* as a 501(c)(3) organization in the state of Virginia. In August 2007, *Friends of PROCOSI* was approved by the IRS as a 501(c)(3) organization.

In the second and third quarters of 2007, The Manoff Group completed a variety of activities related to the design and development of the newly launched *Friends of PROCOSI*, including:

- Delivery of a draft Board Manual for *Friends of PROCOSI* that provided guidance on

- the structure, operations and primary functions of the new organization
- Delivery of a comprehensive Compliance Manual outlining for PROCOSI all of the reporting and registration requirements that would need to be met each year for *Friends of PROCOSI* to remain in compliance with state and federal law in the United States
- Planning, organization and coordination of key meetings for the PROCOSI Board Chair, Executive Director and the manager of PROCOSI's New Economic Initiatives Department during their visits to the United States in May and June. These meetings included the Inter-American Development Bank, Calvert Foundation, Foundation Center, Council on Foundations, Hispanic press and members of the Bolivian community based in Washington DC, as well as potential Board members for *Friends of PROCOSI*. This US visit was an invaluable opportunity for PROCOSI to meet with the principal financial institutions and thought leaders in the area of financial sustainability in the NGO sector.

In order to assist in getting *Friends of PROCOSI* up and running as soon as possible, The Manoff Group spearheaded the search, selection and induction of the *Friends of PROCOSI* Board members. This activity involved an extensive coordination and communication process with PROCOSI in Bolivia and compliance with IRS 501(c)(3) procedures. The *Friends of PROCOSI* Board was successfully inducted in the third quarter of 2007.

A key deliverable related to *Friends of PROCOSI* that was completed and presented to PROCOSI in September 2007 was the "Stakeholder Analysis and 2007-2009 Workplan." The purpose of the Stakeholder Analysis was to identify the trends in financing and key success factors in obtaining funds from foundations, individuals, corporate sources, and the US government. The Stakeholder Analysis provided *Friends of PROCOSI* with an initial perspective on opportunities for financing in the United States.

In order to wrap up the technical assistance related to *Friends of PROCOSI*, The Manoff Group, PROCOSI's Executive Director and the newly appointed *Friends of PROCOSI* Board Chair developed a final set of deliverables to 'jump-start' the operations of *Friends of PROCOSI*. The Manoff Group successfully completed and delivered this final set of deliverables in the second quarter of 2008, as summarized below:

- In April 2008, TMG technical assistance presented a half-day workshop to the PROCOSI Board on various themes related to *Friends of PROCOSI*. The themes included IRS regulations for a tax-exempt 501(c)(3) organization operating in the United States, funding flows from *Friends of PROCOSI* to PROCOSI and vice versa, online fundraising options, and real-time website demonstrations. The workshop was well-received by the PROCOSI Board and Management team.
- Development of a proposed 2008 budget for *Friends of PROCOSI*, which was subsequently approved by the PROCOSI Board.
- Delivery of a 'Report on Online Fundraising' that provided a description of how *Friends of PROCOSI* could use online fundraising tools and a review of low-cost or no-cost online fundraising options such as *Wild Apricot* and *Network for Good*. TMG

experts in website development and on-line donation software also provided recommendations based on knowledge and experience in this field.

- Delivery of a 'Report on Potential Foundation Donors' that provided profiles of two foundations as potential donors to *Friends of PROCOSI*. One of the foundations finances international projects in health and the other finances international projects in health and water sanitation. These foundations were researched and recommended based on PROCOSI's pre-defined needs and requirements.
- Delivery of a Policy and Procedures Guide for the *Friends of PROCOSI* Board, along with a Flow Diagram explaining how the transfer of fundraising dollars from *Friends of PROCOSI* to PROCOSI might work.



Friends of PROCOSI's website homepage

During the final months of technical assistance for *Friends of PROCOSI*, The Manoff Group provided significant support for the investigation, design, and development of a *Friends of PROCOSI* website. A series of working meetings were held with the *Friends of PROCOSI* Board Chair and PROCOSI Management team to understand customer requirements for the website. Based on this information, a detailed process was used to research, analyze, and select potential website vendors to meet the needs of *Friends of PROCOSI*. All of the relevant documentation was delivered to PROCOSI to complete the design and

development of the *Friends of PROCOSI* website. By the end of 2008, a preliminary *Friends of PROCOSI* website, including online fundraising functionality via *Network for Good* was operational.

development of the *Friends of PROCOSI* website. By the end of 2008, a preliminary *Friends of PROCOSI* website, including online fundraising functionality via *Network for Good* was operational.

Social Enterprise Workshop Series

The impetus for this activity, under the umbrella of supporting PROCOSI's financial sustainability, began after a knowledge transfer session with the PROCOSI Management Team in which TMG technical assistance discussed the following concept of social enterprise:

Nonprofit organizations across the world are using new, innovative market-based models to achieve their social aims with an entrepreneurial edge. Traditionally dependent on grants and public subsidies, these organizations are increasingly aware of the role that self-generated income can play in diversifying revenue sources and improving sustainability. From those in the early exploratory stages to those whose social enterprises have grown into multi-million dollar ventures, the community of enterprising nonprofits covers every social sector.

The PROCOSI Executive Director and Management Team expressed interest in exploring this concept as a means of increasing financial independence, improving funding diversification and achieving long-term financial sustainability for PROCOSI NGO members as well as for PROCOSI as a network organization. In May 2007, a proposal was prepared, presented and accepted by PROCOSI which included the following four phases:

- 1) Investigate models of social enterprise and public-private alliances (completed July 2007)
- 2) Develop a presentation on this topic to include conceptual frameworks and case studies from around the world (completed August 2007)
- 3) Organize and conduct an Information Session for NGO members of the PROCOSI network to introduce the concept of social enterprise and gauge interest in participating in a workshop series on this topic (completed September 2007)
- 4) Organize and conduct a series of hands-on workshops covering the planning, development and implementation phases of a social enterprise (completed April 2008)

The information session on the social enterprise concept, which was successfully carried out in September 2007, was attended by 40 persons representing 20 PROCOSI NGOs. The information session covered the following areas:

- Definition of financial self-sustainability and social enterprise
- Characteristics of a social enterprise
- Description of seven operating models of social enterprise, including a case example of each model
- Description of three public-private partnership models, including a case example of each model

There was a very high level of interest in this topic, and 100 percent of the NGOs in attendance expressed the desire to attend implementation workshops on social enterprise.

To respond to the energy and enthusiasm about the concept of social enterprise, The Manoff Group designed, developed and presented a three-part Social Enterprise Workshop Series. This workshop series took place over the course of six months from November 2007 through April 2008, and each workshop was held for one to one and a half days. The series covered the following five phases in the design, development, and implementation of a social enterprise:

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

The workshop series introduced social enterprise conceptual frameworks, worksheets, case studies, and guides to support the participants during each phase, and was highly regarded by all of the participants. On average, approximately 26 people from 18 NGOs attended the workshop series.



A slide from the social enterprise training showing key decision points in the development process

At the conclusion of the Social Enterprise Workshop Series, the level of interest, enthusiasm, and desire of each participating NGO to continue implementation of their social enterprise was tremendous. A special 'Seminars' site on the PROCOSI Intranet was created to host all of the workshop materials and supporting documentation. In order to meet the requests of the participating NGOs for more support in this area, the PROCOSI Management Team hired a local

consultant to work on an individual basis with the 14 core implementing

NGOs to complete their social enterprise business plans. By the end of 2008, four of the participating NGOs had completed business plans and were searching for seed funding, four additional NGOs had business plans that were nearly complete, and the remaining core implementing NGOs were in the process of completing feasibility studies on their social enterprise ideas. The Manoff Group received much positive feedback from the NGO participants throughout this workshop series.

Capacity Building: Institutional and Financial Strengthening

Much of the early work done under this objective was done through informal small meetings and consultations. However, once there were technical assistance requests for specific capacity building sessions TMG was able to organize and offer these workshops. They are listed in Table 5 below. The participants in these sessions included:

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

Table 7: Orientation Sessions, Presentations, and Workshops Conducted by The Manoff Group under Objective 2

Month/Year	Activity	Participants
<i>Line of Work 1: Support PROCOSI's Institutional Sustainability</i>		
Aug 2006	Orientation Session on Board governance, membership, and conflicts of interest	PROCOSI Board Chair (1 NGO member), PROCOSI Executive Director (1 person)
Sept 2006	Workshop on PROCOSI Communication Strategy	PROCOSI Board Chair (1 NGO member), PROCOSI Management (6 people), Communication Committee (4 NGO members)
Sept 2006	US Study Trip involving meetings with potential donors in the United States	PROCOSI Executive Director (1 person)
Jan 2007	Introduction to Quality Programs/Phases of Work	PROCOSI Management (3 people)
Feb 2007	Presentation on models of organizing, tracking and documenting program processes and outcomes	PROCOSI Institutional Strengthening Unit (5 people) and Selected NGOs (10 people)
Apr 2007	Quality Management System Orientation	PROCOSI Board (5 NGO members, 4 PROCOSI Management)
Apr 2007	Quality Management System Orientation	Quality and Membership Committee (4 NGO members, 2 PROCOSI Management)
Jul 2007	Quality Program Advancements	PROCOSI Board (5 NGO members, 4 PROCOSI Management)
Jul 2007	Information System Orientation for Quality Program	PROCOSI Management (5 people)
Feb 2008	Quality Management System Workshop	4 NGO members from the Quality and Membership Committee; PROCOSI Management (2 people)

Feb 2008	Quality Management System Mini-Workshop	PROCOSI Management (6 people)
Mar 2008	Workshop on "Successful Network Models" by Dr. Beryl Levinger	24 people representing 13 NGOs and PROCOSI Management (5 people)
Mar 2008	Quality Management System Mini-Workshop	PROCOSI Finance and Administration Team (4 people)
Mar 2008	Quality Management System Working Session	PROCOSI Management (5 people)
Apr 2008	Quality Management System Working Session	PROCOSI Finance and Administration Team (13 people)
<i>Line of Work 2: Support PROCOSI's Financial Sustainability</i>		
Apr 2007	Orientation on <i>Friends of PROCOSI</i> reporting requirements, online fundraising, funding flows, etc.	PROCOSI Board (5 NGO members, 3 PROCOSI Management) <i>Friends of PROCOSI</i> Board (4 people)
May 2007	US Study Trip involving briefings on Communication and Nonprofit networks, training session with Calvert Foundation, training session on Foundation Center Online Directory, etc.	PROCOSI Board (1 person) PROCOSI Management (2 people)
Sept 2007	Information Session on Models of Social Enterprise and Public-Private Alliances	40 people representing 20 NGOs
Nov 2007	First Social Enterprise Workshop (of a series of three) titled "Evaluation of the readiness of the organization"	33 people representing 18 NGOs
Mar 2008	Second Social Enterprise Workshop (of a series of three) titled "Selection of a social enterprise idea"	29 people representing 17 NGOs
Apr 2008	Working Session with the PROCOSI Board on topics related to <i>Friends of PROCOSI</i>	15 people from the NGOs and PROCOSI Management

Apr 2008	Third Social Enterprise Workshop (of a series of three) titled "Completing a feasibility analysis for the social enterprise idea"	26 people representing 14 NGOs
May 2008	US Study Trip involving briefings on the development of the <i>Friends of PROCOSI</i> website, exploratory meetings for a potential remittance project partnership, and detailed research on remittance providers in the US	PROCOSI Board and Management (3 people); <i>Friends of PROCOSI</i> Board (1 person)



Achievements, Lessons and Observations

Throughout the project, the Manoff Group has done annual work planning and tracked performance using a Performance Monitoring Plan (PMP). The first plan was submitted and approved by USAID shortly after the contract began. In May 2007, the Manoff Group submitted a revised PMP that was accepted as part of the contract modification approved by USAID/Bolivia on June 14, 2007. The revised PMP dropped several indicators that were no longer valid once project workplans were fully coordinated with PROCOSI's five year strategic plan and it modified the timing of several indicators to account for the delays experienced when the geographic coverage area for the CHP was changed.

The PMP includes performance indicators, milestones, data sources, frequency of data collection and performance targets for the duration of the contract. Annex C shows the products and milestones produced or achieved throughout the life of the project. The following table summarizes achievements against objectives:

Table 8: Summary of Achievements by Objective

Objective/Result	Milestones	Completed	Unmet	Comments
Result 1.1. Strengthened technical capacity within PROCOSI to design and implement community-based health activities using the best national and international practices and quality standards	24	20	4	The pace of implementation and the need to ensure program quality within the CHP areas did not allow time for the expansion of the CHP model to other PROCOSI members as envisioned. However, PROCOSI has received other donor funding for a small expansion of the CHP. Although TMG was able to complete a review of CHP implementation and leave recommendations, there was not enough time to consolidate and modify BP materials.
Result 1.2.: Development and implementation of an institutional approach for continuous quality improvement (CQI) monitoring and evaluation within the PROCOSI network.	15	15	0	Once the milestones related to monitoring member NGO's administrative and financial progress was dropped TMG was able to full-fill all other milestones.

Result 2.1: Development and implementation of an institutionalized approach for assessing and strengthening health program management capacity among NGO members of the PROCOSI network.	17	14	3	The three milestones that were not completed were all related to an objective of strengthening PROCOSI’s capacity in the area of knowledge management and project documentation. By PY3 PROCOSI determined that this was not an area where they needed assistance.
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Lessons and Observations from Implementation

Over the course of the 41 months of project implementation there have, obviously, been many lessons. The TMG team reflected at the end of each quarter not only on accomplishments and challenges but also on lessons from the accumulated experience in order to improve implementation in future quarters. Below are a few of these reflections.

Providing technical assistance in a dynamic environment

It should be clear from this report that during the life of the project there were several events that occurred that altered substantially the pace and course of the technical assistance. While the tendency of a contractor is to want to push ahead with the work to meet performance milestones, it was critical not to proceed on an independent path but to keep lines of communication open with USAID and with PROCOSI and the CHP team, to anticipate issues and to remain as flexible as possible. In this regard, a major challenge was managing the short term assignments that were often scheduled and postponed at the last minute. For this reason it was easier working with TMG staff than independent consultants who are often less flexible.

Technical assistance outreach

One comment made frequently by members of the TMG team who were either resident or spending significant time on the contract was that the numbers of people benefiting from TMG technical assistance was limited to the CHP group at PROCOSI headquarters and to the Institutional Strengthening Unit, again at PROCOSI headquarters. Although the TMG team made many efforts to reach out to PROCOSI member NGOs, for multiple reason the proposed activities were never approved. Finally, in the last year of the technical assistance project once the NGO implementing partners were selected for the CHP, TMG assistance could be provided to the NGOs directly. Also, in 2008 TMG technical assistance was provided directly to NGOs to support their institutional strengthening through a workshop on NGO networks and the workshop series on developing a social enterprise. Should another contract similar to this technical assistance be awarded, the mandate to open the assistance to PROCOSI members should be clear to create a wider audience/constituent group for the assistance.

Use of technical assistance funds

The use of the technical assistance money was an issue from the outset of the contract because PROCOSI wanted to use the money for a variety of implementation costs associated either directly or indirectly with the technical assistance. USAID was clear that the contract money was for technical assistance only and in fact the geographic code for the contract made it difficult for the source of expenditures to be in Bolivia. While these issues were smoothed out by the final year of the contract (see “Ability to Fund Local Costs” below) and future contracts of this nature should begin with a clear discussion of use of contract funds and perhaps in discussions about the first workplan specific examples can be discussed and decided upon between USAID, the TA provider and the TA recipient to avoid misunderstandings.



Financial Analysis

Overview

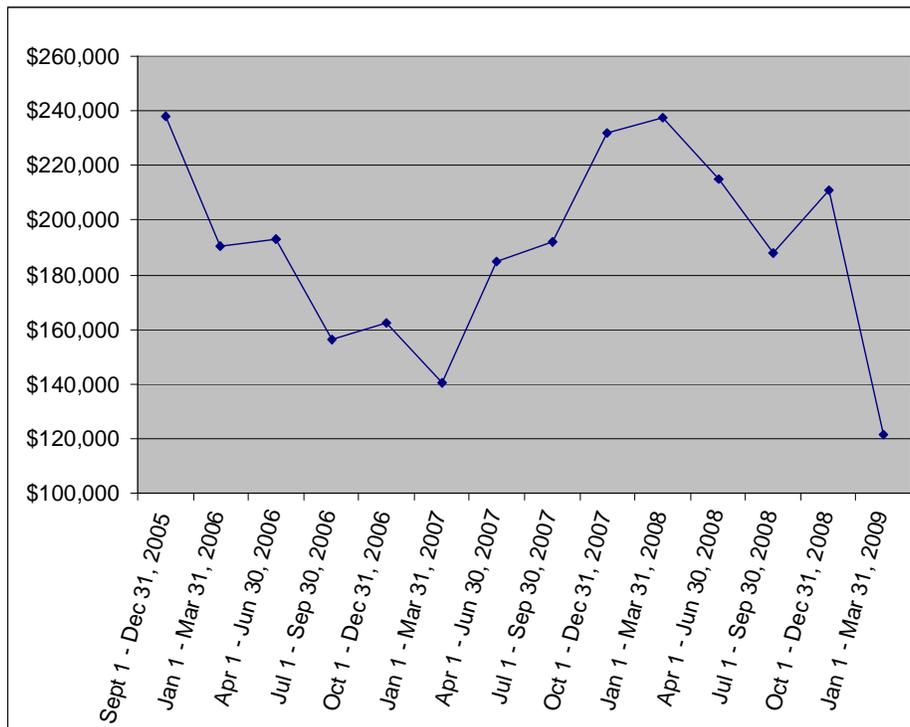
The financial summaries for the life of the project are found in Appendix E presented in three tables: total project expenditures by line item and expenditures by CLIN by line item. These tables indicate that:

- All project monies were spent within 41 months rather than the original 36 month contract period.
- Although more time was required, the anticipated division of expenditures between CLIN was maintained throughout the life of the project. That is, 60% of the technical assistance expenditure was on support for the Community Health Project, while 40% was devoted to institutional strengthening of PROCOSI and its network.
- Expenditure on ad hoc technical consultants was less than anticipated because PROCOSI preferred continuity of technical assistance provided by long-term resident or returning staff.
- One subcontract, with PROCOSI, was necessary. The subcontract allowed The Manoff Group to procure administrative support necessary for a functioning office. In the last year of the project the subcontract was used to provide local support for several technical assistance-lead activities in the CHP project areas such as the qualitative investigation of maternal diet and child feeding practices and the Review of Implementation.

Rate of Expenditure over Project Life

The rate of expenditure of project funds by quarter on technical assistance support is captured in Figure 1 below. What this figure demonstrates is that technical assistance expenditures mirrored PROCOSI project activity level. That is, in the nine month to year period from about May 2006, when the CHP was seeking proposals from member NGOs for CHP implementation in the Altiplano, until about May/June 2007 when the new areas had been defined and NGO partners were being selected to implement the CHP in the new Media Luna areas, technical assistance needs were low under CLIN I. They rose when implementation got underway in 2008. Likewise for activities under CLIN II: support was low, but consistent until PROCOSI's strategic plan was set and technical assistance could be clearly defined in about the second quarter of 2007. After that activity levels rose through the third quarter of 2008 when the resident Advisor for CLIN II left Bolivia.

Figure 2: Expenditure by Quarter



Ability to Fund Local Costs

Key to implementing a few of the technical assistance activities focused on introducing new methods to PROCOSI, was The Manoff Group's ability to pay for the local costs required for the implementation of the activity. The contract contained restrictions on the geographic source for procuring goods and some services, i.e. from the U.S. In addition, at the beginning of the contract USAID was clear that the money available under the contract was for technical assistance and should not be spent on local costs or procuring local services just to complete certain tasks, particularly related to CHP implementation. USAID urged strict workplan coordination so that all technical assistance was tied to activities in either the CHP workplan or the PROCOSI annual plan. While this coordination was the overwhelming way that the technical assistance was programmed, as the CHP budget became more constrained there was less money to cover peoples' participation in workshops or to make field visits when TMG technical assistance introduced new techniques or implementation assessment methodologies. Recognizing these constraints, USAID encouraged TMG to cover the costs of some workshops and other local costs to ensure that PROCOSI and its members could take advantage of the expertise being shared. The ability to fund workshops such as the Social Enterprise training, part of the Trials of Improved Practices research, the Implementation Review and Video Documentation work made a difference in TMG's ability to offer and complete this work and in the reception to these activities by PROCOSI.

Cost Efficiencies

The Manoff Group employed several strategies to provide cost savings to USAID each year and to allow more money to be spent on direct assistance to the CHP and to PROCOSI. Among these strategies, the most effective were:

- The employment of accompanying spouses who had strong credentials in institutional development and business and could provide high quality, continuous support to PROCOSI without the project incurring the full load of allowances.
- The project Technical Director/Chief of Party generously opened her home to several short-term consultants, thereby reducing per diem costs substantially.
- The Manoff Group used two interns, always worked under the guidance of the CLIN II director, and who had significant private sector experience to support particular activities under CLIN II, most notably the course materials for the social enterprise workshops. These interns worked at no cost to the project.

In addition to these specific actions, through company-wide cost control measures The Manoff Group substantially reduced its General and Administrative expenses each contract year, providing an additional \$115,000 to meet PROCOSI's needs for technical assistance.



Annexes

- A. Technical Assistance Team and Support Staff
- B. Bibliography of Materials Produced during the Life of the Project
- C. Workplan Summary
- D. PMP Milestones and Status
- E. Financial Summary September 1, 2005—February 28, 2009

Annex A: Technical Assistance Team and Support Staff

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Annex B: Bibliography

The following is a list of all the materials and deliverables produced by the Manoff Group as part of the PROCOSI Technical Assistance Project; Contract # 511-C-00-05-00200-00. These materials are available on the accompanying

Administrative

Annual Reports

- Annual Report 2006
- Annual Report 2007
- Annual Report 2008

Final Report

- Final Report Draft 1 030409

Annual Workplans

2005

- Manoff Group POA 2005

2006

- Manoff Group POA 2006

2007

- Manoff Group POA 2007

2008

- Manoff Group POA 2008

Summary Workplan

- Summary Workplan

Quarterly Reports

2005

- 05 Sept - Dec QR Chrono
- 05 Sept-Dec QR Narrative

2006

- 06 Jan - March QR Chrono
- 06 Jan - March QR Narrative
- 06 April - Jun QR Chrono
- 06 April - June QR Narrative

- 06 Jul - Sept QR Narrative
- 06 July - Sept QR Chrono
- 06 Oct-Dec QR Chrono
- 06 Oct-Dec QR Narrative
- 06 Oct-Dec QR Narrative Obj 2

2007

- 07 Jan - March QR Narrative
- 07 Jan-March QR Chrono
- 07 April-June QR Chrono
- 07 April-June QR Narrative
- 07 July- Sept QR Chrono
- 07 July-Sept OR Narrative
- 07 Oct-Dec QR Narrative
- 07 Oct-Dec QR Chrono

2008

- 08 Jan- Mar QR Chrono
- 08 Jan- Mar QR Narrative
- 08 Abr-Jun QR Chrono
- 08 Abr-Jun QR Narrativo
- 08 Jul-Sept QR Narrativo
- 08 Jul-Sept QR Chrono
- 08 Oct-Dec QR Narrative
- 08 Oct-Dec QR Chrono

2009

- 09 Jan- Feb QR Narrative
- 09 Jan-Feb QR Chrono

Project Documentation

Final Presentation- PowerPoint

- Introducción
- 2. presentación CLIN I
- 3. Monitoreo
- 4. CLIN_II_todo

Juntos Hicimos una Diferencia/ Together We Made a Difference

- PROCOSI Success Stories- English and Spanish-final

Project Overview Video

- Juntos hicimos una diferencia

PSC Implementation Review

- Final Report Implementation Review FINAL

Technical Products

Design & Development of Basic Package and CHP Implementation

Finalizing Training Guides

- Guide Anti-Concepcion
- Manual_Borrador
- U1_S1_Organos.sexuales
- U1_S2_Funciones_Organos.sexuales
- U1_S3_Organos_sexuales_hombre
- U1_S4_Funciones_Organos_hombre
- U2_S1_MELA_Ritmo_Collar
- U2_S2_
- U2_S3_
- U2_S4_
- U3_S1_Entrar_en_tema
- U3_S2_Facilitar_dialogo

Guide STI

- Manual_Infecciones.organos.sexuales.Corr
- Paginas_preliminares
- Pasos de La Visita Domiciliaria
- U1_S01_Organos.sexuales
- U1_S02_Organos.sexuales.sanos
- U1_S03_Como.se.enferman
- U1_S04_Como.parte.dos
- U1_S05_Senales.mujeres
- U1_S06_Senales.hombres
- U1_S07_Prevenccion
- U1_S08_Curacion
- U1_S9_Si_no_se_cura
- U1_S10_Actitudes
- U2_S1_Visita.domiciliaria
- U2_S2_Referir
- U2_S3_Anotar.en.registro

- Laminas

- Lamina 1 - 9

Guide--Infectious Disease

- Manual_Enfermedades_Infecciosas_new
- Tabla de Contenido
- U1_S1_Sintomas.malaria

- U1_S2_Sintomas.leishmaniasis
- U1_S3_Sintomas.chagas
- U2_S1_Practicas.claves
- U3_S1_Funciones
- U3_S2_Hacer.charlas

Focusing on Adult Learning

- Manual: Capacitacion de Facilitadores
- Training quality checklist

ACS Supervision

- Supervisión, Monitoria y Apoyo al Personal

TIPS

- Informe PPM de alimentación
- TIPS_results_presentation (PowerPoint)

Video Documentation Documents

- Comunicación Interpersonal Video
- Recorrido Video
- Testimonios Video
- Video Sumario Contexto
- Reporte Sumario

Report on Video Documentation

- Parts 1-6

Monitoring and Evaluation

Developing the PAYA Web Based Monitoring System

- Sistema Monitoreo de Programas y Proyectos
- Modulo de Capacitación
- Manual Monitoring W & H under 5
- Guia Rapida

Establishing the Baseline

- Informe de Línea de Base

Institutional Strengthening and Financial Sustainability

Quality Management

- Manual de Calidad para las Instancias de Gobernanza y Ejecutivas
- Presentación_Sistema de Gestión de Calidad

Strengthening the Procosi Network

- Modelos Exitosos de Redes—ENG

- Modelos Exitosos de Redes—ESP
- PROCOSI Communication Strategy full document
- Risk mitigation & data from 12 case studies

Promoting Financial Sustainability

Social Enterprise

- Modelos Operativos de Autosostenibilidad Financiera
- PRESENTACION Primer Taller de Empresa Social
- Presentación_Segundo Taller de Empresa Social
- Presentación_Tercer Taller de Empresa Social

Strategies and Web Development

- Amigos de PROCOSI análisis de stakeholders_ Español traducción
- Report Phase 1 Stakeholder Perceptions
- Report on Online Fundraising
- Website Marketing Best Practices
- Website Content Development Guide for FOP

Trip Reports

2005

Enge TR Oct- Nov 2005

- Enge TR Nov 2005
- Enge TR Oct 2005

Torres TR November 2005

- Reduccion de diarreha con hygiene
- TripReport_body
- ANX0001_PREGUNTAS HIGIENE
- Anx002_Preguntas_C1y2
- ANX003_Coments_BLine
- ANX004_Taller
- ANX005_WarmiModel
- ANX006_ComiteComuicacion Borrador
- ANX007Taller_MPPPT
- ANX008_ComYParticip2006
- ANX009_Plan3ANOS_Draft
- ANX0010_Explicacion Plan Capacitacion.
- ANX0011_Explicacion Plan Comunicacion.
- ANX0012_Debriefing_PRO
- ANX0013_HIGHLANDS OF BOLIVIA
- Marco Polo Torres trip report 2005
- MP Torres TR 1105

2006

Younger TR May - June 2006

- E Younger TR 0506

Torres TR June 2006

- MP Torres TR 0606
- MP Torres 0606 Anexos
- MP Torres trip presentation Nov 2006

Enge TR May- Aug 2006

- Annexes TR K Enge 06
- TR K Enge may aug 06

Coyner TR September 2006

- Coyner trip report 12.13.06
 - TR K Coyner 11-06
 - 501c3 Issues_for_Tristerannex2_1
 - 501c3 IssuesforTristerannex1_1
 - 501c3 memo Kelley
 - 501c3 memo stas
 - 501c3 steps and annexes
 - Chpt1.Finance
 - Donor_Analysis_1_Sept1._revised_0928.ksc
 - international conferences Table
 - memo board manual status
 - memo board policy manual outline
 - Memo Opps for Board Strengthening
 - outline policy manual
 - Policy_Manual_Chapter_xxx_Human_Resources11
 - Policy_Manual_Chapter_XXX_on_Membership1
 - Steps_in_Establishing_a_501BoardFinal1.1
-
- KC TR Nov 2006 annex 1

Pearson TR Nov-Dec 2006

- A Pearson TR 1106

2007

Coyner TR Monthly 2007

- February Report
- January Report
- July Report
- May Monthly report

- November December Report Final

Favin TR Feb 2007

- M Favin TR 0207

Nunez TR Apr- Sept2007

- TR IY Nunez 0407
- TR IY Nunez 0907

Pearson TR June 2007

- A Pearson TR 0607

Torres TR June 07

- MP Torres TR 0607

Standley TR July 2007

- j standley trip report July 2007

Kjell TR May-July 2007

- Trip_Report K Enge May_July_2007
- Trip_Report May_July_2007
- Annex III-Manual for PSC Monitoring System
- Annex II-Indicators, definitions and calculations
- Annex I-Software Manual for Monitoring Weight and Height of Individual Children under Two Years of Age
- Annex IV-Indicator List with Nutritional Measures
- Annex IX-Monitoring and Evaluation Unit
- Annex VI-Baseline Indicators Mothers and Anthropometry
- Annex VII-Baseline Indicators-Men
- Annex VIII-Draft Baseline Report
- Annex V-Revised Indicators for Reporting to USAID

Younger TR July 2007

- E Younger TR 070107 - 071507 trip v1

Younger TR Sept 2007

- Ayuda de memoria Reunión Ignacio 092107 v2
- Ayuda de memoria Reunión Marina 091407
- Ayuda de memoria Reunión Técnica Ignacio Carreño 092107
- E Younger TR 090807 - 092207 trip v1

Enge TR Oct-Dec 2007

- Trip_Report K Enge Oct_Nov_Dec_2007

Torres TR Nov 2007

- ANX2 Laminas Triple
- Anx3 Rotafolio
- ANX4Hoja RevisionTriple
- Anx5 Recordatorios
- ANX6. ManualTripleACS
- ANX7. PlanMonitoreo
- ANX9 Pasos siguientes
- Trip Report nov07MPT

2008

Naimoli TR Feb 2008

- La Consultaría de Gail Naimoli
- Trip Report Naimoli Feb 08

TOT

- 1 – Agenda
- Capacitacion_de_Facilitadores
- Esqueleto_sesion
- Informe sobre el Taller

Fontecchio TR March 2008

- Fontecchio March 2008
- Appendix A detailed work plan as of March 2008
- Appendix B HIGH LEVEL OUTLINE—Documentation
- Appendix C TIPS Logistics Plan MASTER

Levinger TR March 2008

- Trip report
- Modelos Exitosos de Redes—ENG
- Modelos Exitosos de Redes—ESP
- network analysis drawing
- Risk mitigation & data from 12 case studies
- #2Results framework overview
- #3Comparing Logframes and Results Frameworks
- #3indicators_revised

Coyner TR April 2008

- Presentacion Communication
- Presentacion Principal
- Recursos por PROCOSI.fop
- Trip.Report.2008
- Trip.Report.2008revised

Picado TR April 2008

- Informe PPM de alimentacion septiembre 22 2008
- Trip Report Picado April 2008

Enge TR May- Dec 2008

- Enge_Trip_Report_May_2008
- enge_Trip_Report_Dec_2008
- Trip_Report_July_August_2008

Naimoli TR July 2008

- GUIA DE OBSERVACION A LAS CAPACITACIONES
- Trip Report_Naimoli June 2008

Torres TR Aug 2008

- Reporte Sumario

Video general

- VIDEO sumario

Muestra Facilitadores

- Hugo Hurtado
- Ronald Ramirez
- Ruth Caceres G4

Muestra Comunicadores

- Boris Urquizo C
- Gisella Parrado C

Muestra Coordinadores

- Armando Gonzales R
- V.Hugo Caballero R

Torres TR Nov 2008

- ANEXOS QUE ACOMPAÑAN EL REPORTE DE VIAJE
- REPORTE DE VIAJE.MPT Dic 08

Putney TR Nov-Dec 2008

- Putney Trip Report Nov_Dec 2008

Sanchez TR Dec 2008

- Resumen Guías
- Trip Report Alba Lidia Sanchez Dec 2008



Annex C: Workplan Summary

Arranque de Trabajo

Area de Trabajo	Actividades	Project Year Quarter:												Productos	Status		
		05	2006				2007				2008					09	
		4	1	2	3	4	1	2	3	4	1	2	3	4	1		
Orientar y lanzar el equipo y trabajo formalmente	1. Formación del equipo Manoff Group	X														Equipo permanente funcionando	Complete
	2. Establecimiento de la oficina de Manoff Group en Bolivia	X														Oficina de Manoff Group en Bolivia operativa	Complete
	3. Desarrollo de MoU/Subcontrato y arreglos operativos con PROCOSI	X														Espacio de oficina, reglas de funcionamiento operativo dentro de la oficina de PROCOSI	Complete
	4. Familiarización con equipo de PROCOSI y de PSC y otros actores del sector salud	X														Arranque del proyecto de Asistencia Técnica de Manoff Group e inclusión dentro de la estrategia de salud de USAID	Complete
	5. Planificación de actividades futuras	X														2005 POA aprobado 2006 POA aprobado	Complete

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

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

Línea de trabajo 1: Apoyar el desarrollo de definición del paquete básico en salud comunitaria, la metodología para su implementación y sus materiales de apoyo																	
Area de Trabajo	Actividades	0 5	2006				2007				2008				0 9	Deliverables	Status
			Project	Year	Quarter:												
		4	1	2	3	4	1	2	3	4	1	2	3	4	1		
Paquete Básico definido	1. Presentación de experiencias de implementación de un paquete básico integrado a nivel comunitario	X														Presentation delivered	Complete
	2. Conducir "study tours" internacionales sobre los temas esenciales del paquete básico			X												Study Tours conducted	Complete
	3. Apoyo al proceso de definir el paquete básico		X	X												Basic Package defined	Complete
	4. Apoyo al proceso de definir el manual de operaciones y lo del CHW		X	X												Operations Manual defined	Complete

	5. Apoyo a un revisión de materiales existentes en Bolivia		X													Recommendations made on development of basic package materials using existing materials	Complete
Paquete Básico elaborado	1. Apoyar la finalización del Modulo de Salud y Nutrición del Menor de 5 Años con la readecuación de la parte de crecimiento de acuerdo a las políticas del MSD					X	X			X						Training guide and CHW manual finalized	Complete
	2. Apoyar la finalización del Módulo de Enfermedades Transmitidas por Vectores con la elaboración del borrador de la guía de capacitación de los ACS y su validación					X	X			X						Training guide and CHW reference manual produced	Complete

	3. Apoyar la finalización del Modulo de Infecciones de Transmisión Sexual (ITS) con la elaboración del borrador de la guía de capacitación de los ACS.						X	X																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
	4. Apoyar la finalización del modulo sobre Anticoncepción apoyando en la validación del manual y las guías de capacitación del ACS								X	X																																																																																																																																																																																																																																																																																																																																																																																																																																																																					

Línea de Trabajo 2: Proceso de capacitación y fortalecimiento de la capacidad técnica de ONG (proceso de sub-donación, capacitación y capacidad técnica de ONGs)

Area de Trabajo	Actividades	Project Year Quarter:																Deliverables	Status
		05 2006				2007				2008				09					
		4	1	2	3	4	1	2	3	4	1	2	3	4	1				
Proceso de Sub-donación elaborado y implementado	1. Apoyo al proceso de sub-donación	X	X		X	X	X										RFA Ready	Complete	
	2. Apoyo a la capacitación de las ONGs con los talleres de arranque de trabajo					X		X									Information workshop held with NGOs	Complete	
Equipos técnicos de las ONG fortalecidos en sus habilidades de capacitación de adultos y capacitados en los módulos del Paquete Básico	1. Apoyo al sistema de capacitación y adopción de practicas mejoras					X											International Best practices recommended to CHP in developing training plan	Complete	
	2. Establecimiento de un plan de capacitación				X	X											Training plan completed	Complete	
	3. Apoyo a los talleres para los ONGs en todos los módulos									X	X	X	X	X			Successful trainings completed	Complete	

3. Taller de capacitación para fortalecer las habilidades de capacitación de adultos de los facilitadores del PSC y facilitadores de las ONG (posiblemente dos talleres)											X						Technical staff from CHP and the NGO Partners trained/ Workshop report	Complete	
4. Seminario sobre los nuevos estándares de crecimiento y las diferentes técnicas de medición								X									X	Presentation complete	Complete / Cancelled (Although the initial workshop was given, subsequent trainings to NGOs were not, due to a change in the ministry policy regarding the use of growth promotion)
6. Study Tours internacionales y nacionales sobre Supervivencia Infantil y Salud Materno)																	X		Cancelled due to funding

Línea de Trabajo 3: Formación, apoyo y supervisión a agentes comunitarios (los ACS)

Area de Trabajo	Actividades	Project Year												Deliverables	Status		
		2006			2007				2008								
Project Year Quarter:		4	1	2	3	4	1	2	3	4	1	2	3	4	1		
Los ACS capacitados en los diferentes módulos del Paquete Básico	1. Plan de estandarización de capacitación en acuerdo con los facilitadores		X	X												Plan Developer	Complete
	2. Apoyar en capacitación a los ACS															CHWs trained	Complete
Definición del proceso de capacitación	1. Apoyo al sistema de capacitación usando practicas mejoras				X	X	X	X								Plan developed	Complete
	2. Establecimiento de un plan de capacitación/ definición de currículo y metodología				X	X	X	X									

Sistema de supervisión, monitoreo diseñado, implementado y funcionando	1. Apoyar el seguimiento de los indicadores de calidad de la implementación, mediante visitas de seguimiento a los ACS (supervisión)									X	X	X	X	X	X		Supervision report	Complete
	2. Apoyar el seguimiento de los indicadores de calidad de la implementación, mediante una revisión del proceso de implementación por los ACS (monitoreo)									X	X	X	X				Supervision guides available	Complete
	3. Seguimiento a la capacitación a los ACS y a la implementación por los ACS (monitoreo)									X	X	X	X				CHWs trained	Complete
	4. Documentación de las lecciones acerca de la capacitación y la implementación													X			Report completed and submitted	Complete

Línea de Trabajo 4: Aportes a aspectos particulares de implementación

Area de Trabajo	Actividades	05 2006 2007 2008 09												Deliverables	Status	
Aportes particulares incorporados en el Paquete Básico de PSC	1. Apoyo al definición de encuestas rápidas de audiencias del paquete básico															Cancelled
	2. Fortalecer las orientaciones/acciones programáticas sobre la alimentación de la embarazada y del niño 6 - 24 meses enfocado especialmente en el uso de alimentos locales, a través de capacitación en el uso de destrezas nuevas de investigación cualitativo										X	X			Literature review/ CHP and NGO technical staff trained in the TIPs methodology and in local options for improving the local diet of women and children / Investigation complete/ Report Submitted	Complete

<p>3. Desarrollar metodologías para fortalecer las capacidades de sistematización de mejores prácticas en las organizaciones de la Red</p>												X	X		<p>Recommendations submitted</p>	<p>Cancelled at CHP's request</p>
<p>Taller con el equipo del PSC y los socios sobre la elaboración de artículos científicos.</p>															<p>Workshop conducted</p>	<p>Cancelled</p>

Línea de Trabajo 5: Apoyo a iniciativas especiales

Area de Trabajo	Actividades													Deliverables	Status		
		05	2006				2007				2008					09	
	1. Elaborar una propuesta sobre como fortalecer el cuidado del neonato en comunidades lejos de atención médica				X	X	X	X					X			Proposal developed, recommendations given (part of implementation review)	Complete
	2. Incorporación al módulo de salud materna de la iniciativa de la toma del peso a la mujer embarazada							X					X	X	X	Appendix to the Child Health and Nutrition Manual	Complete
	3. Socializar la propuesta sobre el uso del Radio en el PSC como forma de capacitación alternativa			X			X	X					X			Proposal presented	Complete

	4. Apoyo a los NGOs de "Title II" con programas de Promoción de Crecimiento		X	X													Report/ recommendations submitted	Cancelled (due to MH&S decision on Growth Promotion)
	5. Apoyar la metodología participativa y educativa de salud reproductiva para los hombres					X											Educative module ready for 2008	Cancelled (due to CHP decision)

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

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

Línea de trabajo 1: Completar la línea de base para medir el impacto de PSC																	
Area de Trabajo	Actividades	Project Year Quarter:												Deliverables	Status		
		2006				2007				2008							
		05	1	2	3	4	1	2	3	4	1	2	3	4	1		
Línea de base establecida	1. Protocolo desarrollado	X														Protocol submitted	Complete
	2. Selección de una organización para implementar la línea de base		X													NGO selected	Complete
	3. Recolección de datos Línea de Base en 55 municipios		X	X	X	X										Data collection conducted	Complete
	4. Recolección de datos Línea de Base en los seis municipios adicionales (a los municipios confirmados en 2007)						X	X								Data collection conducted	Complete

	5. Revisión de resultados en los municipios adicionales y elaboración de informe									X	X	X						Report submitted	Complete
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Línea de trabajo 2: Apoyar las ONG en sus líneas de base para medir resultados a nivel comunitario de su trabajo en el PSC

Area de Trabajo	Actividades	Project Year Quarter:												Deliverables	Status		
		05 2006			2007			2008			09						
		4	1	2	3	4	1	2	3	4	1	2	3	4	1		
Líneas de base conducidas al nivel comunitario	1. Apoyo en la capacitación a los técnicos para la realización de análisis de resultados y uso de la información de cada comunidad				X	X			X	X	X	X	X	X		Training conducted	Complete
	2. Apoyo en hacer investigaciones y análisis cualitativos											X	X			Training workshops conducted	Complete
	3. Diseminación de los resultados del PSC											X	X	X		Reports submitted	Complete

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

Area de Trabajo	Actividades	Project Year Quarter:												Deliverables	Status	
		2006				2007				2008						
		05	06	07	08	09	10	11	12	13	14	15	16	17	18	
Sistema de supervisión, monitoreo y evaluación diseñado, implementado y funcionando	1. Apoyo al desarrollo de un plan integrado de monitoreo y evaluación			X	X										M&E plan developed	Complete
	2. Taller de capacitación en manejo de paquetes estadísticos (a PSC)				X		X			X					Workshop conducted	Complete
	3. Taller de capacitación en manejo de paquetes estadísticos (a las ONG)						X	X		X	X				Workshop conducted	Complete
	4. Apoyo al arranque del sistema de monitoreo									X	X				Set of reports defined for distinct audiences	Complete
	5. Control de datos de crecimiento							X							Growth data incorporated into PAYA; anthropometric indicators compiled	Partially complete due to change in strategy regarding growth promotion (not to include it). Indicators exist, however.
	6. Seguimiento al funcionamiento del sistema de monitoreo						X	X	X	X	X	X	X		PAYA functioning and integrated with SIG	Complete

	7. Metodologías de M&E de proyectos y programas utilizados por miembros de la Red, respondiendo a requerimientos de financiadores						X							X			Financial data integrated into system	In process
--	---	--	--	--	--	--	---	--	--	--	--	--	--	---	--	--	---------------------------------------	------------

Línea de trabajo 4: Desarrollar y apoyar un sistema de monitoreo de la capacidad financiera y administrativa de las ONGs de la red PROCOSI (en coordinación con línea de trabajo 1, objetivo 2)

Area de Trabajo	Actividades	Project Year												Deliverables	Status		
		2006			2007			2008			2009						
Project Year Quarter:		4	1	2	3	4	1	2	3	4	1	2	3	4	1		
	Apoyo al desarrollo de instrumentos y recopilación de datos															Instruments developed; data collected	Cancelled
	Apoyo al PROCOSI en digitación de datos y análisis de 26 ONGs															Data entered and analyzed	
	Revisión de informe															Report written and reviewed	
	Plan de seguimiento															Plan developed	

Línea de trabajo 2: Apoyar el desarrollo de la sostenibilidad institucional de PROCOSI

Area de Trabajo	Actividades	Project Year Quarter:												Deliverables	Status		
		2006				2007				2008							
		05	1	2	3	4	1	2	3	4	1	2	3	4	09		
Fortalecimiento de PROCOSI	1. Asesoramiento de las necesidades de desarrollo institucional de PROCOSI y su directorio		X	X												Report submitted	Complete
	2. Facilitar exploración de opciones para un gobierno eficaz de la organización		X	X												Report submitted/ presented	Complete
	3. Contribuir al diseño del Plan Estratégico de PROCOSI y el proceso de planificación estratégicamente.			X	X											PROCOSI strategic plan completed with Manoff inputs	Complete
	4. Apoyo al desarrollo del directorio de PROCOSI		X	X	X	X										Board manual developed and presented	Complete
	5. Desarrollo de un plan de mercadeo de PROCOSI			X	X	X										Marketing plan developed and presented	Complete

Red de desarrollo organizacional	1. Diseñar, desarrollar e implementar un sistema de gestión de calidad para la Red PROCOSI basado en ISO 9000						X	X	X	X	X	X	X			Quality System developed and implemented	Complete
	2. Apoyar la Dirección Ejecutiva de PROCOSI en el desarrollo de un "Balanced Scorecard" que complementa su Plan Estratégico										X	X				Balanced Scorecard developed and presented	Complete
Red de conocimiento	1. Apoyo a los ONGs en el desarrollo de la capacidad de identificar, sistematizar, y difundir sus practicas mejoras						X	X								Report on best practices for documentation and systematization submitted	Complete
	2. Fortalecer de la Red PROCOSI a través de la exploración de modelos exitosos de redes										X	X	X			Presentations on best practices complete	Complete

Línea de trabajo 3: Apoyar la sostenibilidad financiera de PROCOSI

Area de Trabajo	Actividades	Project Year Quarter:												Deliverables	Status		
		05	2006				2007				2008					09	
		4	1	2	3	4	1	2	3	4	1	2	3	4	1		
Red para consolidación financiera	1. Apoyo en el desarrollo de un plan para conseguir fondos diversos y nuevos		X									X	X			Memo on 501(c)3 status in the US, donor trends, international conference opportunities	Complete
	1. Apoyar la operacionalización de <i>Amigos de PROCOSI</i>						X	X	X	X	X	X				Friends of PROCOSI is complete operational, with a strategic plan, operational guidelines, a website and sustainable funding options	Complete
	2. Diseñar, desarrollar e implementar los talleres de Empresa Social para las ONG miembros de la Red										X	X	X			Workshops complete	Complete



Annex D: PMP Milestones and Status

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

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

General products	Milestones/Performance Targets	Status	Comments
<i>Product 1: PROCOSI (CHP) has a basic package (BP) of community-based health activities using standard guides and materials that allows for quality implementation.</i>	Nov-Dec 2005 Basic Package (BP), including state of the art actions, defined with CHP team and USAID.	▪ Complete	
	Dec 2007 All materials for implementation are ready for use in the communities or by the NGOs.	▪ Complete	
	March 2008 100% of CHP NGOs have implemented all components of the BP in all communities programmed for year 1.	▪ Complete	
	March 2008 The web page or other electronic format with materials approved by CHP NGOs is functioning / available.	▪ 50% complete	▪ All of the materials are now ready for use. The Manoff Group has provided PROCOSI with all of its final deliverables and contributions and it will be up to them to finally upload them to the online library for wide use.
	July 2008 100% of the NGOs of CHP have analyzed the first year of implementation experience and have made adaptations to the BP and its operational manual.	▪ Cancelled	▪ None of the NGOs have been implementing for more than a few months. The implementation review conducted by the Manoff Group in late 2008 will serve as the basis for making improvements and recommendations as the project continues without the Manoff Group involvement.

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

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

General products	Milestones/Performance Targets	Status	Comments
	<p>July 2008 PROCOSI or a CHP NGO will have made presentations about the BP and the CHP and been able to have exchanges on similar programs in other countries.</p>	<ul style="list-style-type: none"> ▪ Cancelled 	<ul style="list-style-type: none"> ▪ The study tour was cancelled. However, at other meetings CHP representative have been able to report on their project and hear about other experiences.
	<p>Sept. 2008 Each PROCOSI NGO member offering health services has considered and included appropriate components of BP in their programming.</p>	<ul style="list-style-type: none"> ▪ Cancelled (Manoff Involvement) 	<p>This activity has not happen in a systematic fashion, since the BP has just been completed</p>
	<p>Nov. 2008 PROCOSI or at least one NGO will be expanding the BP with resources other than those of USAID.</p>	<ul style="list-style-type: none"> ▪ Cancelled (Manoff Involvement) 	<ul style="list-style-type: none"> ▪ Although diversifying the funders for PROCOSI is a top priority, the Manoff Group has not been able to successfully work with PROCOSI on obtaining additional funds to expand the BP, given that the BP itself was such a long undertaking. The TA provided to the network on network strengthening and social enterprise will hopefully work to facilitate this goal after Manoff's TA ends.
<p><i>Product 2: NGOs from PROCOSI Network are capable of implementing a community-based</i></p>	<p>March 2007 Competitive NGO grant procurement process complete.</p>	<ul style="list-style-type: none"> ▪ Complete 	
	<p>April 2007 100% of CHP NGOs receive orientation to the program.</p>	<ul style="list-style-type: none"> ▪ Complete 	

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

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

General products	Milestones/Performance Targets	Status	Comments
<p><i>program offering quality BP services, showing improvement in basic health indicators within their areas of influence, and linking with health services.</i></p>	<p>May 2007 100% of NGOs have launched implementation of CHP in the designated communities.</p>	<ul style="list-style-type: none"> ▪ Complete 	
	<p>Dec. 2007 100% of NGOs (sub-grantees of CHP) have their projects assessed for quality implementation and have suggestions for strengthening.</p>	<ul style="list-style-type: none"> ▪ Complete 	
	<p>Mar 2008 100% of NGOs trained in all pieces of the BP / CHP and they have trained their CHWs in CHP program and use of tools.</p>	<ul style="list-style-type: none"> ▪ Complete 	
	<p>June 2008 100% of CHP NGOs have their implementation reassessed for quality and have recommendations for strengthening—75% of CHP NGOs are implementing the first module of activities meeting 80% of the quality standard.</p>	<ul style="list-style-type: none"> ▪ Complete/modified 	<ul style="list-style-type: none"> ▪ The Review of Implementation was completed late in 2008 and recommendations were provided to NGOs. Because of the delay in conducting the review due to the delay in project implementation, there was no time for additional reviews focused on improving implementation quality.
	<p>August 2008 CHP NGOs have completed all training of community workers—every CHP component is fully operational.</p>	<ul style="list-style-type: none"> ▪ Complete 	

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

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

General products	Milestones/Performance Targets	Status	Comments
	Oct. 2008 NGOs oriented on quality implementation standards of CHP.	▪ Complete	
	Dec. 2008 80% of NGOs are implementing their programs of CHP with quality (coverage and improved practices).	▪ Complete/modified	▪ See point above—the implementation review was conducted and results/recommendations for improved implementation were disseminated, but there was not time left to measure improvement.
<i>Product 3: CHP and PROCOSI have information available from operational, qualitative studies (and the capacity to carry out the studies) and from routine data collection at the community level in order to improve program implementation.</i>	Sept. 2007 Group of representatives of NGOs from CHP sub-grantees formed to serve as CHP implementation group to be trained in qualitative operational study designated. Studies identified.	▪ Complete	
	Dec. 2007. Training workshops held in use of qualitative research methodologies (esp. TIPs) and use of routine data.	▪ Complete	
	Oct. 2008 Two studies completed and used to improve implementation.	▪ Complete	Two studies include the Maternal Diet and Young Child Feeding Study and the study of Interpersonal Communication Processes.
<i>Product 4: Network of community health workers in the CHP priority areas with improved performance</i>	Jan 2008 Review complete of CHW experience (exchange between NGOs) to date on CHP with an analysis of NGO management and support schemes for CHWs.	• Complete	
			▪ Some incentives have been initiated by the

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General products	Milestones/Performance Targets	Status	Comments
	March 2008 Incentive scheme complete for CHWs.	<ul style="list-style-type: none">▪ In Progress	NGOs. The Manoff Group has provided recommendations on appropriate incentive schemes as part of supportive supervision.
	Aug 2008 CHW training complete for entire BP/CHP.	<ul style="list-style-type: none">▪ Complete	
	Nov. 2008 NGOs fully trained on supervision for quality with revised instruments covering the full Basic Package.	<ul style="list-style-type: none">▪ Complete	

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

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

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

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

General Product	Milestones/Performance Targets	Status	Comments
	based on experience and staff training updated.		
	Sept. 2008 M&E CQI visit to NGOs to assess monitoring system improvements.	▪ Complete	
	Nov. 2008 Final report with recommendations for PROCOSI M&E department.	▪ Complete	
<i>Product 3: Communities equipped with tools to measure their own progress in community health</i>	Sept–Oct. 2007 Presentation of options for community information systems.	▪ Complete	
	Sept–Oct. 2007 The NGOs (CHP sub-grantees) support communities to establish their information systems.	▪ Complete	
	Jan. 2008 Information System included in the CHP Operational Guide.	▪ Complete	
	June 2008 Communities are able to report on their own progress.	▪ Complete	

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

General Product	Milestones/Performance Targets	Status	Comments
<p><i>Product 4:</i> <i>PROCOSI/CHP has a monitoring system to track the quality of NGOs' health program management systems (see Product 1, Obj. 2.1)</i></p>	<p>Dec. 2007 Initial indicators are piloted in a monitoring system.</p> <p>June 2008 Formal review with PROCOSI of quality monitoring system.</p> <p>Oct. 2008 Report on monitoring system for quality management with recommendations (see 2.1).</p>	<ul style="list-style-type: none"> ▪ Complete ▪ Complete ▪ Complete 	

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

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

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

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

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

General Products	Milestones/Performance Targets	Status	Comments	
<p><i>Product 2: PROCOSI 's Board has clear operating procedures and a manual for guidance on key issues.</i></p>	<p>Mar 2006 Options about Board functions, communication, decision making, and a manual of functions and a code of ethics presented to the Board of Directors.</p>	<ul style="list-style-type: none"> ▪ Complete 		
	<p>June 2006 Finance, Human resources and Membership chapters of the Board Policy Manual drafted and shared with the Board.</p>	<ul style="list-style-type: none"> ▪ Complete 		
	<p>Sept 2006 Board Reference guide prepared.</p>	<ul style="list-style-type: none"> ▪ Complete 		
<p><i>Product 3: PROCOSI has a plan and products for dissemination related to Best Practices of PROCOSI and its members</i></p>	<p>Jan 2008 Two PROCOSI projects have a strategy developed for systematizing experiences and disseminating results—one is the CHP.</p>	<ul style="list-style-type: none"> ▪ Canceled 	<p>During PY3 there were meetings with PROCOSI to shift this activity from PROCOSI-wide assistance to the CHP. However, the CHP reported that they are working with their own consultant and have a documentation process underway.</p>	
	<p>July 2008 At least two key activities under the two dissemination strategies have been implemented.</p>	<ul style="list-style-type: none"> ▪ Canceled 		
	<p>Nov 2008 PROCOSI is working with two member NGOs on Best Practices dissemination strategies.</p>	<ul style="list-style-type: none"> ▪ Canceled 		

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General Products	Milestones/Performance Targets	Status	Comments
<i>Product 4: PROCOSI has a set of activities underway to enhance its financial self-sustainability</i>	Oct 2007 Stakeholder analysis complete for <i>Friends of PROCOSI</i>	▪ Complete	
	Oct 2007 <i>Friends</i> has an approved workplan for 18 months of operation	▪ Complete	
	Feb 2008 Training complete for NGOs on financial self-sustainability	▪ Complete	

