

GH TECH

Global Health Technical Assistance Project

Performance Monitoring Report Project Year 4 (July 1, 2009 – June 30, 2010)

Submitted to:

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Bureau for Global Health**

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Introduction

The Global Health Technical Assistance Project (GH Tech) is pleased to submit this report for Project Year 4 (July 1, 2009-June 30, 2010) that describes GH Tech's activities in support of the USAID Bureau for Global Health (GH), other bureaus, and missions. The report responds to the GH Tech contract section F.8 (a):

“Performance Monitoring Reports (PMRs): The Contractor shall submit annual performance reports summarizing progress of the major activities in process in relation to the requirements, indicating any problems encountered, and proposing remedial action as appropriate.”

This report is organized as follows:

- Introduction (Section I)
- Section II provides an overview that briefly describes the Project's mission and outlines the Year 4 assignments.
- Section III describes the accomplishments and challenges of the Project's fourth year.
- Section IV analyzes Year 4 Assignments by GH Bureau/Office/Mission, Assignment Type and Program Element.
- Section V presents the Project Year 4 Performance Indicators.

II. Overview

The Global Health Technical Assistance Project (GH Tech) is a five-year (2006-2011), single award, indefinite quantity contract (IQC) designed to provide the U.S. Agency for International Development (USAID), Bureau for Global Health offices, regional and other bureaus, and missions worldwide with flexible access to a range of technical and program management expertise. The Project is the follow-on contract for the POPTECH, MEDS, and SYNERGY Projects. The GH Tech contract is managed by the QED Group, LLC (QED), and its subcontractors CAMRIS International and Social & Scientific Systems, Inc. (SSS).

GH Tech works in partnership with cooperating agencies, nongovernmental and multilateral organizations, and independent consultants to support USAID objectives and programs. The Project implements a broad range of activities, including assessment, design, monitoring, review, and evaluation using independent, U.S.-based and international consultants qualified in a broad array of technical areas.

GH Tech provides four types of services and support (as specified in the contract) including the following:

- 1. Technical Assistance**
 - Health sector assessments
 - Program designs
 - TA in specific technical areas
 - Program evaluations
- 2. GH Program and Research Management Secretariat**
 - Technical program assistance
 - Consultative groups
 - Research tracking and dissemination of lessons learned
 - Technical reviews
 - Review of research proposals
- 3. Mission Support**
 - Program support in planning, monitoring, and reporting
 - Short- and medium-term staff assistance
 - Workshop and conference support
- 4. Meetings Logistical Support**

The contract also provides GH with the ability to obtain short-, medium-, and long-term technical services of key experts to support areas of strategic interest to the Bureau for Global Health and other parts of the Agency through agreements with universities and other organizations.

During the fourth year of the Project, 189 assignments were planned, implemented, and/or completed. An additional 20 assignments were cancelled prior to full implementation. The Year 4 assignments categorized by contract-designated task type are listed below (as of June 30, 2010) and identified by funding source and status:

Key to Assignment Status:

- (P) – Planned
- (A) – Active/Ongoing
- (C) – Completed/Closed
- (X) – Cancelled after significant preparation and logistics work was completed. These assignments are presented here but are not included in analysis of annual assignment statistics. There are four such assignments.

1.0 Technical Assistance

1.1 Technical Assistance – Health Sector Assessment

- Egypt: Health Sector Assessment & Situational Analysis (A)
- E&E: Georgia TB Sector Assessment (A)

1.2 Technical Assistance – Program Design

- Afghanistan: USG Coordination for Health Sector Assessment (A)
- Afghanistan: USG Framework DoD Specialist (A)
- Bangladesh: Visioning 2015 OPHNE Strategic Planning (A)
- Bolivia: Health Project Design Assistance (A)
- Bolivia: Health Strategy Design (A)
- East Timor: Maternal Child Health Assessment & Design (C)
- Egypt: Planning for the 2011 DHS (P)
- El Salvador: HIV/AIDS Assessment and Design (C)
- GH/HIDN: WASH Strategic Planning Consultant (A)
- GH/OHA: DRC Couples CT Support (C)
- GH/OHA: Angola Prevention Design Team Support (A)
- GH/OHA: Botswana AIDS Project Design Specialist (C)
- GH/OHA: Prevention Design Technical Assistance (P)
- GH/PRH: Indonesia Family Planning Program Design TA (A)
- Guatemala: Strategic Planning Assistance (P)
- Guyana: PEPFAR Partnership Implementation Plan Development (A)
- Haiti: AIDS Prevention BCC Project Design (C)
- India: ITAP & PBD Assessment & Design (C)
- India: Strategic Mapping Exercise (C)
- Indonesia: Nutrition Assessment and Design (A)
- Indonesia: MNCH Project Design Assistance (A)
- Indonesia: PEPFAR Partnership Framework Development & Support Consultancy (A)
- Indonesia: HIV/AIDS Project Integration Consultant (A)
- Indonesia: MCH Design Assistance (A)
- Indonesia: AIDS Project Design Assistance (C)
- Ivory Coast: PEPFAR Partnership Framework Design Assistance (A)
- Jordan: Population and Family Health Project Design (C)
- LAC/RSD: Health Assessment and Strategy (A)
- Madagascar: PMP and Strategic Framework Update (C)
- Nepal: Nutrition Program Design Assistance (A)
- Nepal: HIV/AIDS Design Technical Assistance (P)

- Nicaragua: Health Extension and Strategy Design (C)
- Nigeria: OVC Design Assistance (C)
- Nigeria: AIDS Prevention Assessment and Design Team (C)
- Zambia: Integrated Nutrition Framework Development (P)
- Zambia: Partnership Framework Implementation Plan Assistance (P)
- Zimbabwe: Health Sector Strategy (C)

1.3 Technical Assistance – TA in Specific Technical Areas

- Angola: Mission Support (C)
- Angola: Interim PEPFAR Country Coordinator (C)
- Benin: Interim PMI Advisor (C)
- Botswana: PEPFAR Partnerships Development Coordinator (C)
- CAR: Interim PEPFAR Coordinator (A)
- CAR: Staffing for Results Training Workshop (X)
- CRP: PEPFAR Partnership Framework Assistance (A)
- DRC: Integrated Health Service Project Assessment (C)
- Indonesia: MCC Immunization Program Specialist (C)
- Egypt: Health Legacy Report Phase I (C)
- Egypt: Health Legacy Review Phase II (A)
- Egypt: Health Legacy Review Phase III (P)
- Ethiopia: HIV/AIDS Team Leader (C)
- Ethiopia: Technical Services for Monitoring Support Assessment (A)
- GH/HIDN: Senior Malaria Advisor (C)
- GH/HIDN: MDR-TB Retreat Facilitator (C)
- GH/HIDN: TB Report to Congress Assistance (A)
- GH/HIDN: MCH/NTD Technical Advisor (A)
- GH/HIDN: Maternal Child Health Advisor (X)
- GH/OHA: HIV/AIDS Prevention Advisor (C)
- GH/OHA: Lesotho PEPFAR Procurement Assistance (C)
- GH/OHA: SCMS Finance Advisor (C)
- GH/OHA: OVC Resource Center and Materials (C)
- GH/OHA: OVC Social Work Inventory Support (C)
- GH/OHA: Partnership Framework Technical Assistance (C)
- GH/OHA: Mental Health Projects Report (C)
- GH/OHA: AIDS Prevention Advisor II (C)
- GH/OHA: Country Level Profiles of Adult Mental Health/HIV (A)
- GH/OHA & DCHA/OFDA: Abuse and Exploitation Policy Technical Assistance (A)
- GH/OHA: Haiti HVC Taskforce Technical Assistance (A)
- GH/OHA: Haiti OVC Taskforce Communications Center (C)
- GH/OHA: Haiti Child Protection Coordinator (X)
- GH/OHA: PEPFAR Indicators Project Coordinator (C)
- GH/OHA: Zimbabwe Strategic Information Advisor (C)
- GH/OHA: OVC Guidance Update Technical Assistance (A)
- GH/OHA: Qualitative Mental Health Assessment Development & Implementation (X)
- GH/OHA: South Sudan Surveillance Technical Advisor (A)
- GH/OHA & DCHA/DG: Haiti Child Protection Coordinator (A)
- GH/PRH: Sr. Technical Advisor (C)
- GH/PRH: Commodities Supply Logistics Support (A)
- GH/PRH: SDI Technical Advisor (A)
- GH/SPBO: FY10 Operations and Financial Management Advisor (A)
- GH/SPBO: FY09 Operations and Financial Management Advisor (C)

- GH/SPBO: Combined Federal Campaign (CFC) Manager (C)
- GH/SPBO: Non-Communicable Diseases and Injuries Review (P)
- Ghana: Procurement and Framework Assistance (C)
- G-CAP: Central America Regional AIDS Support (C)
- Guyana: AIDS Program Support (A)
- Haiti: Modeling Socio-Economic Impact of Demographic Projections TA (C)
- Haiti: TB Prevention and Control Workshop (C)
- India: Vistaar Project Mid-Term Review (C)
- Indonesia: Maternal, Newborn and Child Health Synthesis Report (A)
- Ivory Coast: PEPFAR Interim Coordinator (C)
- Ivory Coast: Senior HIV/AIDS Technical Advisor (A)
- Ivory Coast: PEPFAR Partnerships Sr. Design Specialist (A)
- Kenya: Interim PEPFAR Coordinator (A)
- LAC/RSD: Guatemala Food Security Planning (C)
- Mozambique AIDS Palliative Care & Nutrition Advisor (C)
- Mozambique: FDC Project Assistance (C)
- Mozambique: Contract Management Support (A)
- Mozambique: RFA Design Support V (C)
- Mozambique: PEPFAR Partnerships Framework Development & COP Editor (C)
- Mozambique: PEPFAR E-File System Development (C)
- Mozambique: Senior Medical Care Advisor (C)
- Mozambique: Health and Nutrition Linkages Advisor (A)
- Mozambique: Health & PMI Procurement Assistance (C)
- Mozambique: DOC Advisor (C)
- Mozambique: RFA Design Support III (C)
- Mozambique: AIDS Prevention Advisor (C)
- Mozambique: AIDS TO Design Support (C)
- Mozambique: COP Data Management (C)
- Mozambique: PEPFAR Retreat Facilitator (C)
- Mozambique: AIDS Technical Review Panels Assistance (X)
- Nigeria: Short-Term Health Program Manager (C)
- Nigeria: HIV/AIDS Management Systems Support (C)
- RHAP: Lesotho Interim PEPFAR Coordinator (C)
- RHAP: Lesotho Interim PEPFAR Country Director (X)
- Rwanda: Organizational Development Support (C)
- Rwanda: Health Sector Governance Support (A)
- South Africa: PEPFAR Partnerships Inventory Short-Term Technical Assistance (C)
- South Africa: Bio-Medical AIDS Prevention & Documentation Assistance (P)
- Tanzania: Clinical Services COP Technical Writer (C)
- Tanzania: RFA Technical Writer (C)
- Ukraine: Partnership Framework Prevention Advisor (C)
- Ukraine: Partnership Framework Implementation Plan Workshop Facilitator (C)
- Vietnam: AIDS Care and Treatment Advisor (C)

1.4 Technical Assistance – Program Evaluation

- AFR/EA: HCSA-HC Food Fortification Activity Review (C)
- AFR/SD: Africa 2010 Project Evaluation (C)
- Angola: AIDS Jangos Youth Assessment (A)
- Bangladesh: Family Planning Assessment (A)
- Bangladesh: Smiling Sun Franchise Program Mid-Term Assessment (A)
- DRC: Integrated Health Service Project Assessment (C)

- E&E: Integrated Primary Health Care Assessment (P)
- Egypt: Communication for Healthy Living Project Mid-term Evaluation (C)
- Egypt: Health Sector Management Capacity Review (A)
- Ethiopia: AIDS Private Sector Program Evaluation (C)
- Ethiopia: Mothers Support Group Program Evaluation (C)
- Ethiopia: ACCESS Evaluation (C)
- Ethiopia: TB/HIV Portfolio Review (C)
- Ethiopia: AIDS Care and Support Project Evaluation (C)
- GH/HIDN: Environmental Health Mid-term Evaluation (A)
- GH/HIDN: ACCESS Project Pre-Service Training Assessment (C)
- GH/HIDN: Nutrition Portfolio Review and Future Operations (A)
- GH/HIDN: Presidential Malaria Initiative Evaluation (P)
- GH/HIDN: CORE Group Evaluation (C)
- GH/OHA & PRH: MNCH-HIV-FP Integration Review (A)
- GH/OHA: Grant Management Solutions (GMS) Mid-Term Evaluation (A)
- GH/OHA: New Partners Initiative (NPI) Programmatic Review I (C)
- GH/OHA: New Partners Initiative (NPI) Programmatic Review II (P)
- GH/PRH: ESD Project Evaluation (C)
- GH/PRH: LMS Program Evaluation (C)
- GH/PRH: Family Planning Assessment Travel (C)
- GH/PRH: DELIVER Project Evaluation (C)
- GH/PRH: BRIDGE Project Assessment (C)
- GH/PRH: DELIVER Project Management Review (A)
- GH/PRH & OHA: Youth RH and HIV Program Assessment (A)
- Honduras: AIDS Prevention Program Evaluation (P)
- India: MCH-STAR Project Mid-Term Review (A)
- India: DMPA Evaluation (C)
- Jordan: Pop and FP Program Assessment (C)
- Kenya: CAP Program Evaluation (A)
- Kenya: National Systems Assessment & PDs Development (P)
- Kenya: Strengthening Pharmaceutical Systems Project Evaluation (A)
- Malawi: Child Health Care Project Mid-Term Evaluation (A)
- Malawi: Community-Based Family Planning & AIDS Mid-Term Evaluation (A)
- Namibia: Strengthening Pharm Systems Mid-Term Evaluation (P)
- Nepal: ASHA Project Evaluation (C)
- Nigeria: Positive Living Project Evaluation (A)
- Nigeria: MCH/RH Program Evaluation (C)
- Pakistan: MNCH Program Evaluation (P)
- Peru: MOH Bi-Lateral Projects Assessment (A)
- Russia: PEPFAR Program Assessment (C)
- Senegal: AIDS TB Program Mid-Term Evaluation (A)
- Uganda: NGO Indigenous Partners Program Assessment (C)
- Ukraine: Family Planning KAP Assessment (P)
- Ukraine: Contraceptive Security Assessment (P)
- WB Gaza: Palestine Health Sector Reform Mid-Term Evaluation (A)
- Yemen: Basic Health Services Program Evaluation (C)
- Zimbabwe: PEPFAR Program Assessment (A)

2.0 GH Program and Research Management Secretariat

- None

3.0 Mission Support

- Angola: Intermittent Health Officer (A)
- Central Asian Republics: Interim Regional Health Officer (A)
- Ivory Coast: PEPFAR Administrative Assistant (C)
- Ivory Coast: Human Resource Assistance (C)
- Namibia: Interim Health Office Support (A)
- Nigeria: Deputy Team Leader/Program Manager (A)
- South Africa: Sr. and Jr. Health Advisors (C)

4.0 Meeting Logistical Support

- GH/OHA: PEPFAR Male Circumcision Meeting (C)
- GH/OHA: Pediatric PMTCT Technical Working Group Meeting (C)
- GH/OHA: Health Systems Strengthening Public Health Evaluation Team Assistance (C)
- GH/OHA: 2010 Meeting Logistics Support (A)
- GH/PRH: 2010 Annual Microbicides Meeting (C)

III. Project Year 4 Accomplishments and Challenges

GH Tech accomplishments during Year 4 have been marked by increased volume and expanded breadth of technical support and the continued shift of the number of assignments from USAID/Washington to assistance and support for 55 Missions¹ spanning the five USAID regions and four regional programs² in a wide range of technical areas. GH Tech has now worked in the five geographic bureaus³, and expanded from one functional bureau, Global Health (GH), to an additional bureau, Democracy, Conflict, and Humanitarian Assistance (DCHA).

Accomplishments

Project Implementation: Systems and Procedures

During this period, the Project focused on routine maintenance and updating of assignment management procedures and started automating financial reporting. It also continued to add staff and re-organized staff structures to support expanded assignment workloads.

Funds and assignments continued to flow quickly. As the demand for assistance and support continued to dramatically increase, and the assignment start lead times continued to decrease, GH Tech added additional Program Managers, a financial analyst, and revised other senior staff and program management roles and responsibilities during the early SOW review, recruiting and planning steps in order to streamline the process, review SOWs sooner and maximize client interaction. The Project also added several summer interns to better support the administrative functions of the Project.

Now that the development of the GH Tech web site: www.ghtechproject.com is complete, GH Tech has an effective platform for communication and sharing information. During this period, this was used to facilitate recruiting for specialized consultants and unique assignments such as the Benin: Interim PMI Advisor, Rwanda: Health Sector Governance Support, and the AFR/EA: HCSA-HC Food Fortification Activity Review, and Organizational Support. At present there are approximately 1400 international consultants are registered on the GH Tech consultant database.

Contribution and Support to Critical USAID Activities:

Responding to USAID's constrained capacity and human resources for its health programs, GH Tech continued to provide valuable technical and managerial support to Washington offices and Missions worldwide. Below are a few examples of GH Tech support to critical USG and Agency health objectives:

- USG and Agency country program priorities - GH Tech supported critical work in USG high priority countries such as Afghanistan (e.g., USG coordination for the health sector), Pakistan

¹ Afghanistan, Angola, Armenia, Azerbaijan, Bangladesh, Benin, Bolivia, Botswana, Brazil, Cambodia, Democratic Republic of Congo, East Timor, Egypt, El Salvador, Ethiopia, Georgia, Ghana, Guatemala, Guyana, Haiti, Honduras, India, Indonesia, Ivory Coast, Jamaica, Jordan, Kazakhstan, Kenya, Kyrgyzstan, Lesotho, Liberia, Madagascar, Malawi, Mozambique, Nepal, Nicaragua, Nigeria, Pakistan, Peru, Russia, Rwanda, Senegal, South Africa, Swaziland, Tajikistan, Tanzania, Turkmenistan, Uganda, Ukraine, Uzbekistan, Vietnam, West Bank/Gaza, Yemen, Zambia, Zimbabwe.

² RHAP- Regional HIV/AIDS Program for Southern Africa, CAR-Central Asian Regional Program, CRP-Caribbean Regional AIDS Program, and G-CAP-Guatemala/Central America Program

³ Latin America & the Caribbean, Asia, Middle East, Sub-Saharan Africa, and Europe and Eurasia

(e.g., MNCH program evaluation) and Haiti (e.g., Haiti Child Protection Coordinator, OVC Taskforce and Communications Center assistance).

- GH resources support high priority field activities – GH Tech has been instrumental in channeling GH resources and technical assistance to high priority Agency mission support activities including the following: GH/OHA-funded Angola Prevention Design Team Support, GH/PRH-funded Indonesia Family Planning Program Design Technical Assistance, and GH/OHA- and DCHA/DG-funded Haiti Child Protection Coordinator.
- USAID/Egypt health legacy review – GH Tech was commissioned by USAID/Egypt to take a retrospective look at Egypt's accomplishments in the health sector over the past 30 years, highlighted the major health outcomes and program achievements, and analyzed the role USAID played during this period to support the progress achieved. This unique, three-phased review has important programmatic as well as broader development assistance and government-to-government technical cooperation lessons learned.
- HIV/AIDS country program development and support – GH Tech continued to provide ongoing technical and managerial expertise to the HIV/AIDS programs in Angola, Ethiopia, Angola, Ethiopia, Guyana, Indonesia, Ivory Coast, Kenya, Mozambique, Nigeria, and South Africa as they develop and staff expanded HIV/AIDS and PEPFAR coordination programs.
- PEPFAR partnerships framework development and implementation planning – GH Tech supported USAID's technical contributions to the PEPFAR partnerships framework development and implementation planning efforts in Botswana, CRP, Ghana, Guyana, Indonesia, Ivory Coast, Madagascar, Zambia, Mozambique, and South Africa.

“I wanted to tell you thanks one more time for all the work that you did here. I ... and all of us here ... greatly appreciate your contributions to our efforts to fight AIDS. The PFIP continues to move along. We have made some good progress...”

-Satisfied PEPFAR Client

- Nutrition strategy assistance – The Project provided forward-looking assistance for ways in which the Agency can continue to be a global leader in nutrition programming through several strategic activities including: AFR/EA: HCSA-HC Food Fortification Activity Review, GH/HIDN: Nutrition Portfolio Review and Future Operations and LAC/RSD: Guatemala Food Security Planning.
- Sector strategic planning and visioning – GH Tech assisted missions with critical portfolio strategic planning and organizational development exercises. Examples include: Egypt: Health Sector Assessment & Situational Analysis, Bangladesh Visioning 2015 OPHNE Strategic Planning, LAC/RSD: Health Assessment and Strategy, Nepal: Nutrition Program Design Assistance, and Zambia: Integrated Nutrition Framework Development.
- Scope of Work (SOW) review and development – The GH Tech SOW template, now used routinely by clients, has helped clients to clearly articulate technical and programmatic needs so that GH Tech could be more responsive to those requirements and to facilitate the SOW timely review and revision process. Experienced GH Tech Program Managers now take active ownership of this SOW review and refinement process.

- Consultant quality and unique expertise – The Project continued to field high-quality consultants and consultant teams for assignments. The consultant database has improved recruiting timeliness and allows for better targeting of key skills and qualifications. The GH Tech database has continued to expand to include approximately 1400 international consultants covering the full spectrum of health technical areas. Extensive efforts have been made to reach out to new consultants in new high demand technical areas such as nutrition, AIDS prevention, AIDS care and support, and commodities supply chain and logistics management, to name a few examples.
- GH Tech website – During the Project's fourth year, the Project has continued to publish its reports on its website. There are currently 78 reports and supplemental documents listed on the website. Since the number of reports listed on the GH Tech website has grown considerably and chronological sequencing is of limited usefulness for identifying specific reports, GH Tech is currently revising the “Resources, Assignment Reports” section of the website to allow for targeted key work searches. The Project has continued to effectively use the website for Project and assignment recruitment and has become a “go to” site for consultants seeking job opportunities.
- Team Planning Meeting (TPM) modules – While Team Planning Meetings conducted for GH Tech assignments in Washington, DC are moderated by a professional facilitator, assignments that involve local or third-country participants often have TPMs in the field, facilitated by the consultant team leader. Due to the increased volume of work, and the important role of the TPM, GH Tech has drafted a modular set of materials to guide new team leaders through the process of planning and facilitating TPMs.

“All -- Congratulations on this accomplishment! Thanks for the hard work and careful attention to details that all GH Tech staff members put into making the Project a success. We at USAID may not always show our appreciation for the day-to-day contributions you each make, but your 300 assignments, alone, are testimony to how well you are valued by the whole USAID community.

Thanks, again”.

***- Bob Emrey
USAID COTR for GH Tech***

Challenges

Program Evaluations and Performance Results

Given the Administrator's renewed interest in evaluation, evidence-based programming and performance results, GH Tech continued to provide the Agency with high quality independent consultant- driven program and project evaluations and assessments that are widely available in the public domain. While the Project has made every effort to promote sharing of best practices and lessons learned, there is more that could be done to develop training and M&E tools for practitioners and best practices for strategic partnerships, use more local evaluators and carry out evaluations within a country of different donor projects in the health sector, and generate more institutional knowledge of what works and what does not based on GH Tech's extensive M&E experience. GH Tech would welcome the opportunity to actively engage in Agency M&E working groups and other efforts to test and adapt more standardized evaluation protocols. Meanwhile, the Project has continued to deliver quality evaluation technical assistance for USAID's health sector development programs.

Project Funding

No recurring core administration or program management costs (PMO) were provided to GH Tech by USAID/GH in Year 4 as these core project costs continued to be fully recovered from GH Tech assignments. While the Project has made every effort to operate efficiently with a minimal core staff, the cost of providing valuable technical assistance to USAID continued to be challenging. GH Tech worked with clients in refining scopes of work, assisting in the selection of appropriate methodologies, and other necessary SOW development and preparations tasks before assignments have been approved and funded, and then providing adequate management and logistical support throughout the assignments.

- Ongoing monitoring of PMO recovery efforts has allowed GH Tech to fine tune the project management charges and once again, decrease the average program management costs (PMO) to all clients during this period. In addition, the PMO rates have been more than halved for longer-term (3 to 12 months) program support assignments.
- In addition, GH Tech has been working closely with clients to better tailor technical and programmatic procedures and approaches to fit within limited resources. GH Tech has engaged directly with the client at the early stage of SOW review to better understand the unique challenges and requirements of the assignment. GH Tech has aided in designing cost-effective methodologies, consultant staffing approaches (including the more frequent use of regionally-based and/or local/national consultants, hiring local logistics assistants, more efficient use of remote/virtual assistance), and other cost-saving measures.

“... Thanks for the update and for forwarding the attached evaluation. I really enjoyed working with you.... The whole experience was a very good one. Because your team was so well organized and helpful, I was able to focus on the project and get all of the information that was needed to produce the final deliverable. It was such a pleasure to work with a team of your caliber.”

-GH Tech Consultant

Project Staffing

Due to constrained core administration and program management costs mentioned previously, and with substantially increased number of assignments, GH Tech by necessity continued to modify its staffing approach during this period.

- During this period, GH Tech core staff numbers expanded to eight Program Managers (from seven), and added two Project Assistants for a total of 16 full-time and 1 part-time staff, and 2 interns. The Project has limited itself to the absolute minimum number required to perform essential routine project functions. At any given time, the number of assignments managed by a GH Tech Program Manager has ranged from ten to 16 assignments, with most Program Managers handling about a dozen assignments at a time. The Project has continued to outsource functions that can be more efficiently done externally such as report editing/formatting, and travel. The Project has continued to use short-term intern staff to supplement staff work. These creative approaches have resulted in cost savings without sacrificing responsiveness and timely support.

USAID Environment

The nature of USAID's current environment is dynamic with a new administration and continuously shifting priorities and unanticipated opportunities. Because of this, GH Tech was challenged to become even more adept at rapid response to changing demands, providing quick turn-around on tasks, getting and keeping high visibility activities moving quickly, and following through with routine activities while continuing to accelerate work on high-priority activities.

- Early and frequent phone calls/emails with clients are now the engagement norm for GH Tech in an effort to be more proactive in eliciting critical needs and requirements information to better guide initial SOW development and refinement. Many clients are providing us with "heads up" advance information in order to accelerate recruiting and/or facilitate SOW review and revision.
- GH Tech maintained a close working relationship with the COTR and other GH technical office representatives to better anticipate and respond to new emerging field requirements and new mission program support areas (e.g., Haiti Task Force support, PEPFAR framework and partnerships implementation planning development, assistance for COP preparation, interim PEPFAR coordinator "bridging" support, country level GFATM application technical assistance and support).

"The Evaluation has been successfully completed. Thanks for all your support. I have the privilege of participating in about a dozen external large scale evaluations and this has been one of the fastest and effective one. Thanks for all your support. You stood by us responding to all our requirements and concerns.

I am so glad to have associated with you. Once again thanks to you and the other members of the GH Tech team for all your excellent quality support."

-Satisfied Mission Client

Assignment Lead Times

There continued to be a noticeable decrease in assignment lead times (dropping from 2-3 months to less than one month and now to several weeks turnaround time for immediate assistance).

- In response, GH Tech continued to hone existing streamlined assignment management procedures to accelerate assignment logistics. In addition, GH Tech developed specialized consultant rosters that

enables a quick response to new types of technical assistance and more routine program support requirements (e.g., HIV/AIDS and PEPFAR PFIP experience, mission health program experience, specialized language skills, existing GH Tech Employment Authorization status).

- Examples of fast turnaround response include the following priority assistance to Botswana AIDS Project Design Specialist, Haiti HVC Taskforce Technical Assistance, Lesotho Interim PEPFAR Coordinator, Nigeria Positive Living Project Evaluation, which all had lead times of less than three weeks from receipt of SOW to consultant recruitment, and then, consultant(s) deployment to the field.

“The assessment indeed went very well, and the debriefing was a total success. The draft report was submitted to us on time, as it was requested in the SOW.

I wanted to use this opportunity to share with you my impressions on working with the team. I find that Drs Scheyer and Luelmo’s individual experiences, knowledge, and in-depth understanding form a team that has unique combination of expertise in both TB field and in general health systems. I am sure that the recommendations provided by the team will serve as a solid foundation for the future of the TB control in Georgia. This assessment was a wonderful experience to me personally, I learned a lot and it has been a total pleasure to work with both Drs Luelmo and Scheyer. Thank you for finding such a great team of experts for us! “

- Satisfied Mission Client

IV. Summary of GH Tech Project Year 4 Tasks

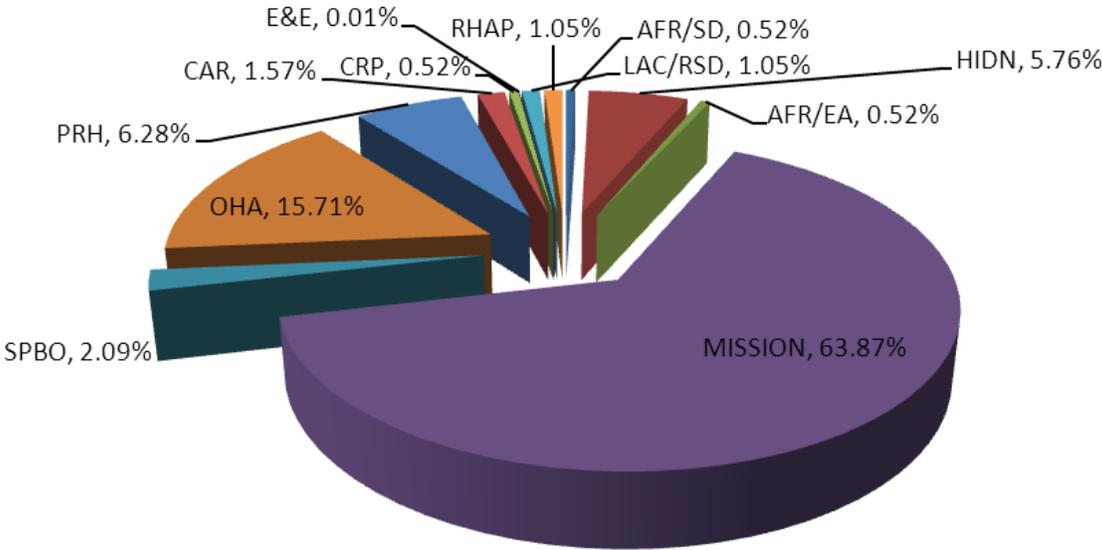
Assignments in Support of the Bureau for Global Health (GH) Offices, Regional Bureaus and Missions

During Project Year 4, GH Tech planned and/or completed 189 assignments that included the following:

- Bureau of Global Health (HIDN, PRH, OHA) (53);
- Regional missions (Central Asian Republics, Caribbean Regional Program, Regional Program for HIV/AIDS in Southern Africa, and Guatemala–Central America Program) and bureaus (AFR, LAC, Asia, Middle East, E&E, DCHA) (16); and
- Missions only (122).

Five assignments were co-funded by separate GH operating units; two assignments were co-funded by GH/OHA and DCHA. This distribution of assignments by funding office, bureau or mission is shown in Figure 1.

Figure 1: GH Tech Year 4 Assignments by Funding Office/Bureau/Mission



The number of Missions requesting GH Tech program support and technical assistance continued to dramatically increase as follows: 17 assignments in Year 1, 53 in Year 2, 90 in Year 3 and 122 in Year 4. That increasing trend is shown in Figure 2. GH-funded assignments increased from 24 in Year 1, and

then, plateaued at 58 assignments in Year 2, 54 in Year 3 and 53 in Year 4. GH/OHA (previously at 25%, 25.2%, and 20% respectively), GH/PRH (previously at 14%, 14.78% and 11%) and GH/HIDN (previously at 16%, 9.60% and 5%) all dropped during Year 4 (or remained relatively constant) as the mission percentage rose to an impressive 63.87%.

As anticipated with the mission assignment percentage increase, GH Tech experienced a major increase in repeat mission clients in Year 4 including those with 5-10 assignments: Bangladesh, Egypt, India, Indonesia, Malawi, Nigeria; 10-15 assignments: Ethiopia, Ivory Coast; and more than 25 assignments: Mozambique.

Figure 2: GH Tech Mission Assignments

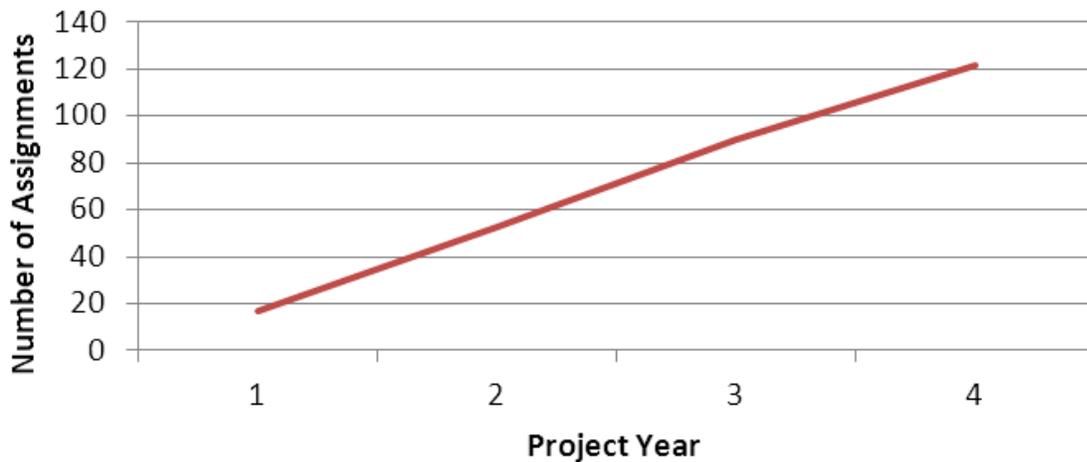


Figure 2 depicts the annual increase in number of mission assignments from the beginning of the Project through the end of Project Year 4.

“We have completed our procurement, and as of September 2009 we have a new MCH/FP project. Design of this new project was heavily based on the findings of the GH Tech’s 2008 Georgia FP MCH Sector Assessment.”

-Mission Client

GH Tech Project Year 4 assignments can be further disaggregated by assignment type as seen in Figure 3 and Table 1. The majority of assignments were Technical Assistance (179) with most of them (116) responding to specific mission support and assistance requests. This Year 4 level was similar to Year 3 Technical Assistance requests. Program Designs almost doubled in Year 4 to 20% from 11% in Year 3. Whereas, Program Evaluations decreased from a high of 36% in Year 3 to 28% in Year 4. Health Sector Assessments changed from 4% to 1% respectively

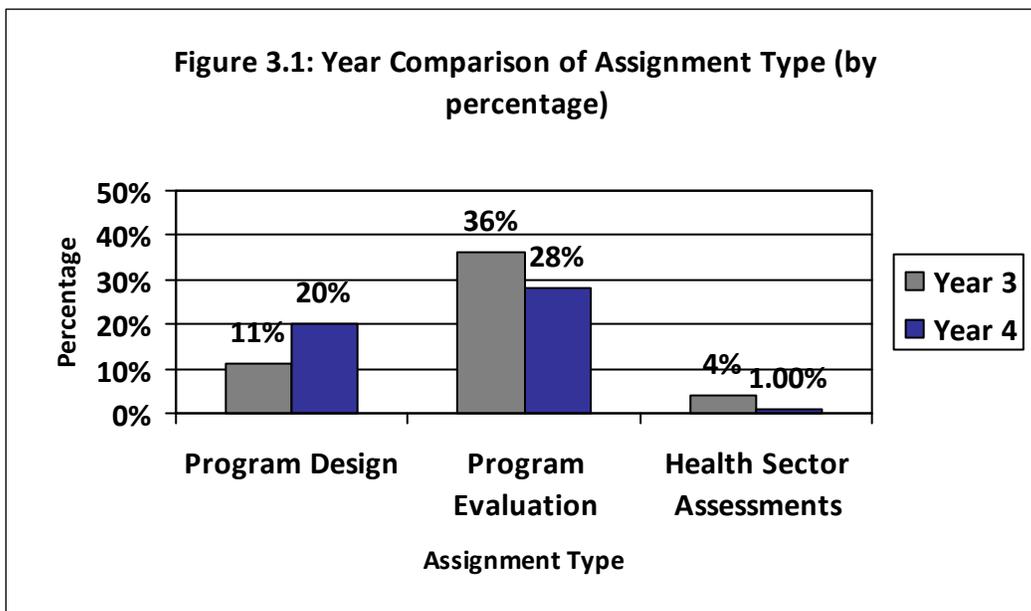
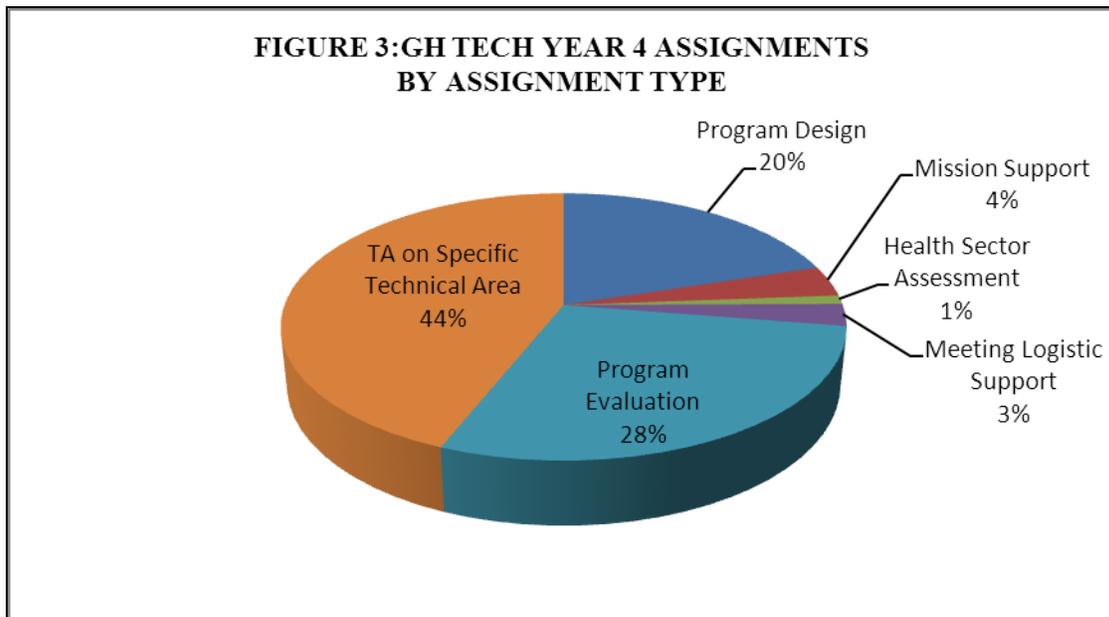
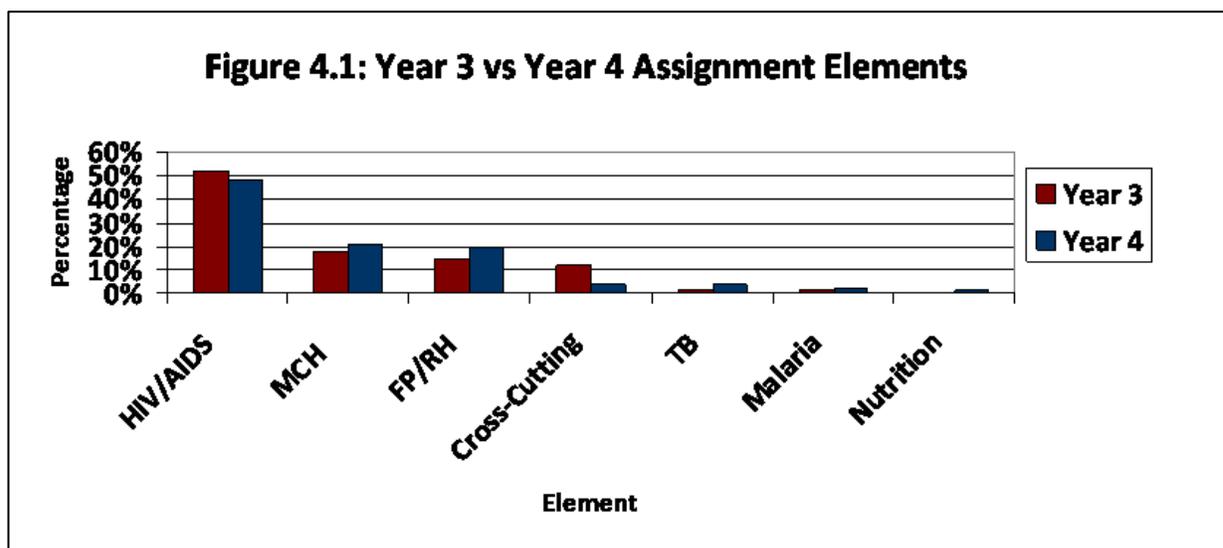
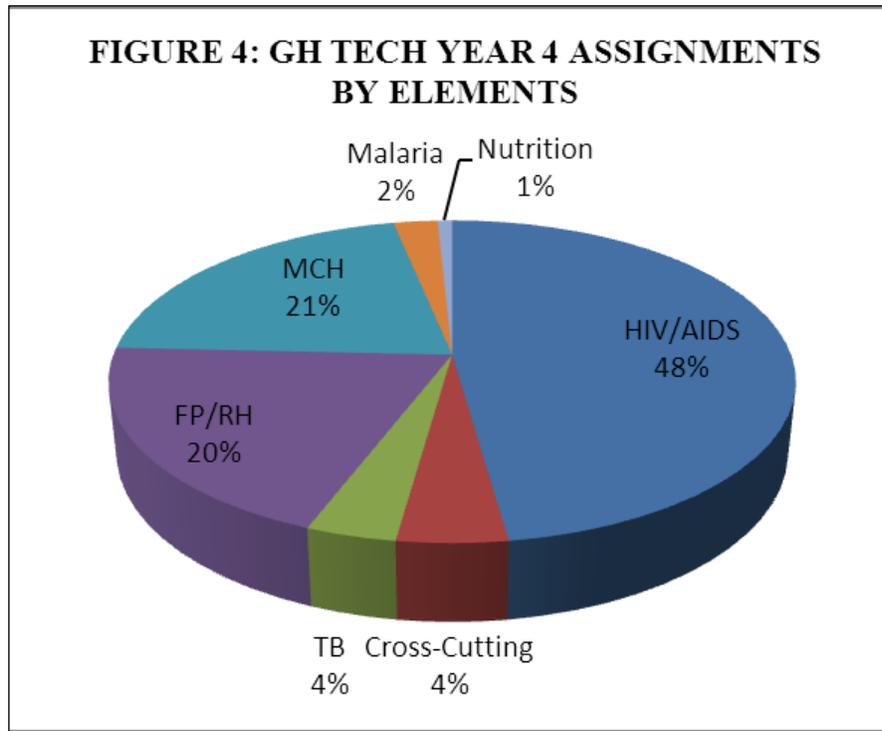


Table 1: GH Tech Project Year 4 Assignments by Office and Type

	GH /HIDN	GH /PRH	GH /OHA (OGAC)	GH /SPBO	DCHA /DG	E&E	LAC /RSD	AFR /EA	AFR/SD	Regional missions (RHAP, CRP, G-CAP, CAR)	MISSIONS	TOTAL
TECHNICAL ASSISTANCE	11	11	26	4	1	1	2	1	1	4	116	179
Health Sector Assessment	0	0	0	0	0	0	0	0	0	0	2	2
Program Design	2	1	4	0	0	0	1	0	0	0	30	38
Technical Assistance in Specific Technical Areas	4	3	17	4	0	0	1	0	0	2	49	80
Program Evaluation	5	7	5	0	1	1	0	1	1	2	35	59
GH PROGRAM/ RESEARCH SECRETARIAT	0	0	0	0	0	0	0	0	0	0	0	0
GH Technical and Program Assistance	0	0	0	0	0	0	0	0	0	0	0	0
GH Consultative Groups	0	0	0	0	0	0	0	0	0	0	0	0
GH Research Tracking and Dissemination of Lessons Learned	0	0	0	0	0	0	0	0	0	0	0	0
GH Review of Research Proposals	0	0	0	0	0	0	0	0	0	0	0	0
MISSION SUPPORT	0	0	0	0	0	0	0	0	0	1	6	7
MEETING LOGISTICAL SUPPORT	0	1	4	0	0	0	0	0	0	0	0	5
TOTAL	11	12	30	4	1	1	2	1	1	5	122	191

As seen in Figure 4, when characterized by USAID Program Elements, 48 percent of GH Tech Year 4 assignments were under the HIV/AIDS Element (compared to 52 percent in Year 3), 21 percent in the Maternal Child Health Program Element (compared to 18 percent in Year 3) and another 20 percent were categorized as Family Planning and Reproductive Health (compared to 15 percent in Year 3). Cross-Cutting Issues (4 percent vs. 12 percent), TB (4.0 percent vs. 1.0 percent), Malaria (2.0 percent vs. 1.0 percent) and Nutrition (1.0 percent for Year 4 only) make up the remainder of the Project Year 4 assignments comparing Years 4 and 3, respectively. Several GH Tech Project Year 4 assignments involved integrated programs that were characterized by more than one USAID Program element.



Assignments in Support of the Bureau for Global Health (GH) Offices

During Project Year 4, GH Tech implemented 53 assignments for the three technical offices of the Bureau for Global Health and three for SPBO (one additional SPBO assignment is in the planning stage). During this period only two technical assignments were supported by more than one GH technical office: the PRH and OHA offices for the Youth Reproductive Health and HIV Program Assessment, and the HIV-MNCH-FP Integration Review.

Summary Highlights

GH Tech Year 4 assignments were diversified across the three technical offices with highlights as follows:

GH/OHA: During Year 4, while the OHA and mission HIV/AIDS support and staffing assignments remained similar to the previous two years, 9 and 12, respectively, GH Tech services and meeting support assignments for OGAC and PEPFAR-related topics continued (e.g., PEPFAR Male Circumcision, Pediatric PMTCT Technical Working Group Meeting) along with central project evaluations for major OHA program efforts – New Partners Initiative Program Review I & II and the Grants Management Solutions (GMS) Evaluation. The mission staffing support assignments were evenly split between short-term technical assistance and medium term support for the country programs primarily based in southern African missions and Haiti.

Of interest were the increased assignments that were co-funded by several technical offices and included the following: GH/OHA & GH/PRH – MNCH-HIV-FP Integration Review, GH/PRH & GH/OHA: Youth RH and HIV Program assessment. In addition, all three technical offices provided split-funded support for GH/SPBO assignments including: FY09 and FY10 Operations and Financial Management Advisor, and Combined Federal Campaign (CFC) Manager.

GH/HIDN: GH Tech Year 4 evaluation assignments increased from two in Year 3 to 5 during this period – Environmental Health Mid-term Assessment, ACCESS Project Pre-Service Training Assessment, Nutrition Portfolio Review and Future Operations, Presidential Malaria Initiative Evaluation Design, and CORE Group Evaluation. There were three technical assistance advisor assignments. TB Report to Congress writing assistance was a key effort this period.

GH/PRH: In Year 4, there were both central project/program evaluations and assessments - ESD Project Evaluation, LMS Program Evaluation, DELIVER Project Evaluation, BRIDGE Project Assessment, and DELIVER Project Management Review, and technical advisor assistance (five) assignments. Of note, was the GH Tech support for the important for the annual microbicides meeting in January 2010.

By comparison, assignments from Years 1, 2, and 3 were primarily project and program evaluations.

Assignments in Support of the Country and Regional Missions

Country mission assignments accounted for 64% of all GH Tech assignments in Year 4 (an increase from Year 3) and were split 49 for technical assistance in specific technical areas, 30 for project/program designs, 35 for assessments and evaluations, 6 for mission support and 2 for health sector assessment. GH Tech consultants have worked in 47 country or regional missions spanning the globe.

Summary Highlights

GH Tech Year 4 assignments were diversified across the five regional bureaus with highlights as follows:

Africa: Year 4 mission assignments were again predominantly focused in sub-Saharan and southern African countries (more than 60 assignments). Repeat clients included: Ethiopia (6 HIV/AIDS program/project evaluations), Kenya (3 HIV/AIDS-related program/project evaluations), Mozambique (major mission support for 3 new HIV/AIDS project designs, and a broad range of more than 12 HIV/AIDS-related support and technical advisors), Interim PEPFAR Coordinator support (Angola, Ivory Coast, Kenya), Malawi (2 project evaluations/assessments), and Nigeria (2 project evaluation, and HPN program and PEPFAR/AIDS technical assistance and program support), to name a few highlights. Additional new work was done with AFR/EA and AFR/SD on project assessments.

Asia: Of note during Year 4 was GH Tech continued support to two high USG priority country efforts in Afghanistan and Pakistan. Work in both missions included high profile assignments in development of proto-type health strategic frameworks in the context of counter-insurgency movements that have relevance for other similar conflict and post-conflict environments, major health program/project evaluations. Additional work included repeat clients: India (4 program/project assessments/evaluations), Bangladesh (2 project evaluations and new strategy development assistance), and Indonesia (various AIDS, nutrition and MNCH-related program design and technical assistance). Nepal is a new project evaluation and design assistance client.

Europe and Eurasia: Year 4 assignments encompassed a range of FP/RH, PEPFAR and TB program/project assessments/evaluations, designs and program support for Georgia, Central Asian Republics and Ukraine.

Latin America and the Caribbean: There was a dramatic expansion of LAC-related GH Tech Year 4 assignments that included a range of central American (El Salvador, Honduras, Nicaragua, Guatemala), Caribbean (Guyana, Haiti), and South American (Bolivia, Peru) missions and included program/project assessments and designs, HIV/AIDS and health sector needs assessment and strategies, technical assistance and program support. Peru was a new project evaluation client as were the regional HIV/AIDS programs for the Caribbean and Guatemala-Central America.

Middle East: Both Yemen and West Bank/Gaza were new countries for GH Tech this period. Of note, is the Egypt: Health Legacy Review – wrap up of Phase I, completion of Phase II and planning for Phase III (reporting and dissemination) that will chronicle more than 30 years of USAID collaboration and funding investments with the GOE and the associated health outcomes and impact. Other Egypt focused work included: Health Sector Assessment & Situational Analysis, Health Sector Management Capacity Review, Planning for the 2011 DHS, and a project evaluation.

V. Performance Benchmarks

The following are Performance Benchmarks outlined in the GH Tech Project contract. Also, seen below are the number and percent of Project Year 4 assignments that met or exceeded the contractual benchmark.

Table 2: GH Tech Performance Benchmarks

TASK TYPE	BENCHMARK	PROJECT YEAR 4 RESULTS (% of total for the benchmark)
Technical Assistance – Health Sector Assessment	Submit for COTR approval a draft assessment framework and the selected personnel for each assessment within four weeks of the effective date of the individual assignment.	100% submitted before the effective date This information is submitted for COTR approval with the Technical Directive Memo (TDM) for each assignment. The effective date of the assignment is the date the TDM is signed by the CTO.
	Submit to the COTR written draft report of each of the country assessments within four weeks of the completion of travel.	100% to client; 0% to COTR The scope of work for each assignment specifies the schedule of draft and final deliverable(s) to be submitted to the client. Individual consulting agreements require the submission of draft deliverables to the client prior to return from travel. Only final deliverables, approved by the USAID client, are submitted to the CTO, unless otherwise requested.
Technical Assistance – Program Design	Submit for COTR approval a draft framework for conducting the program design and the personnel selected within four weeks of the effective date of the individual assignment.	100% submitted before the effective date This information is submitted for COTR approval with the Technical Directive Memo (TDM) for each assignment. The effective date of the assignment is the date the TDM is signed by the COTR.

TASK TYPE	BENCHMARK	PROJECT YEAR 4 RESULTS (% of total for the benchmark)
	Submit to the COTR written draft report of each of the program designs within four weeks of completion of travel.	100% to client; 0% to COTR The scope of work for each assignment specifies the schedule of draft and final deliverable(s) to be submitted to the client. Individual consulting agreements require the submission of draft deliverables to the client prior to return from travel. Only final deliverables, approved by the USAID client, are submitted to the COTR, unless otherwise requested.
Technical Assistance – Technical Assistance on Specific Technical Areas	Submit for COTR approval a draft framework for conducting the specialized technical assistance assignment and the personnel selected within four weeks of the effective date of the individual assignment.	100% submitted before the effective date This information is submitted for COTR approval with the Technical Directive Memo (TDM) for each assignment. The effective date of the assignment is the date the TDM is signed by the COTR.
	Submit to the COTR written draft report of each of the specialized technical assistance assignments within four weeks of completion of travel.	100% to client; 0% to COTR The scope of work for each assignment specifies the schedule of draft and final deliverable(s) to be submitted to the client. Individual consulting agreements require the submission of draft deliverables to the client prior to return from travel. Only final deliverables, approved by the USAID client, are submitted to the COTR, unless otherwise requested.
Technical Assistance – Program Evaluation	Submit for COTR approval a draft framework for conducting the program evaluation and the personnel selected within four weeks of the effective date of the individual assignment.	100% submitted before the effective date This information is submitted for COTR approval with the Technical Directive Memo (TDM) for each assignment. The effective date of the assignment is the date the TDM is signed by the COTR.

TASK TYPE	BENCHMARK	PROJECT YEAR 4 RESULTS (% of total for the benchmark)
	Submit to the COTR written draft report of each of the program evaluation assignments within four weeks of completion of travel.	100% to client; 0% to COTR The scope of work for each assignment specifies the schedule of draft and final deliverable(s) to be submitted to the client. Individual consulting agreements require the submission of draft deliverables to the client prior to return from travel. Only final deliverables, approved by the USAID client, are submitted to the COTR, unless otherwise requested.
GH Program and Research Management Secretariat – Technical Program Assistance	The Contractor shall provide to the COTR a work plan for each technical assignment for activities of both their internal and consultant experts within four weeks of the assignment identification.	No assignments were requested by USAID in this category.
	Submit to the COTR written draft report of each of the technical assistance assignments in addition to the quarterly reports of progress.	No assignments were requested by USAID in this category.
GH Program and Research Management Secretariat – Technical Reviews	The Contractor shall conduct the reviews and summarize them in an analytical report, which will include an executive summary, and a complete bibliography of reviewed papers. Issues identified by the COTR in the technical directions will be explicitly identified.	No assignments were requested by USAID in this category.
GH Program and Research Management Secretariat – GH Consultative Groups	The Contractor shall organize and facilitate interaction between individuals and groups, providing minutes of each exchange within one week of occurrence.	No assignments were requested by USAID in this category.
	The Contractor shall ensure that all the technical documents are properly distributed, meetings facilitated, and conclusions adequately incorporated into ongoing assessments, designs, evaluations, and other technical assistance activities.	No assignments were requested by USAID in this category.
GH Program and Research Management Secretariat – GH Research Tracking and	The Contractor shall monitor progress of selected ongoing research studies identified by the COTR, provide reports to USAID,	No assignments were requested by USAID in this category.

TASK TYPE	BENCHMARK	PROJECT YEAR 4 RESULTS (% of total for the benchmark)
Dissemination	and maintain the technical content of a research tracking database, website and the communication of research information for external audiences.	
GH Program and Research Management Secretariat – Review of Research Proposals	The Contractor shall submit the external peer-review written reports or investigator responses, according to a schedule provided in the technical direction for each task.	No assignments were requested by USAID in this category.
Mission Support	Submit to the COTR for approval a draft Mission support plan as specified by the COTR and the selected personnel for each assignment within four weeks of the effective date of the individual assignment.	100% submitted before the effective date This information is submitted for COTR approval with the Technical Directive Memo (TDM) for each assignment. The effective date of the assignment is the date the TDM is signed by the COTR.
	Submit to the COTR a written draft report of each Mission assessment within four weeks of completion of the individual assignment.	100% to client; 0% to COTR The scope of work for each assignment specifies the schedule of draft and final deliverable(s) to be submitted to the client. Individual consulting agreements require the submission of draft deliverables to the client prior to return from travel. Only final deliverables, approved by the USAID client, are submitted to the COTR, unless otherwise requested.
Meeting Logistical Support	For each major meeting implemented by the Contractor, the Contractor shall provide a plan for each event for approval by the COTR within four weeks of their receiving the individual assignment from the COTR.	100%
	Submit to the COTR written draft report of each event including minutes, participants and next steps, if any, within four weeks of the completion of each event.	100% submitted to client; 0% submitted to COTR The COTR received the final reports after the drafts were finalized and approved by the USAID client.