Team Orientation Workshop - Proceedings

Ousmane Faye

January 2006

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract number GHS-I-00-03-00030-00, Task Order GHS-I-02-03-00030-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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RWANDA HIV/PBF PROJECT:

TEAM ORIENTATION WORKSHOP- PROCEEDINGS

21-26 JANUARY 2006

GISENYI

CONTRACT NO. GHS-1-00-03-00030-00,
TASK ORDER NO. GHS-I-02-03-00030-00

This publication was produced for review by the United States Agency for International Development. It was prepared by Management Sciences for Health.

MSH MANAGEMENT SCIENCES FOR HEALTH
a nonprofit organization strengthening health programs worldwide

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FROM THE AMERICAN PEOPLE

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Gyuri Fritsche	HIV/PBF		
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Christele Joseph-Pressat	MSH Cambridge		
Roch Ahounen	Intrahealth		
Mamy Ingabire	MSH/Rwanda		
John Dunlop	USAID		
Dr. Ben Karenzi	GOR/MOH		

TEAM ORIENTATION WORKSHOP OBJECTIVES

The Team Orientation Workshop (TOW) is designed to help your technical assistance team achieve seven principle goals:

1. To understand the larger context in which the work of the project will take place (political, socio-cultural, related development projects, and general development policy);

2. Clarify and understand the project's purposes, goals, expected outcomes, and activities (scope of work) and review and refine initial action plans;

3. Clarify and understand the roles and expected contribution of each member of the team (field team and organization representatives) in carrying out the assignment.

4. Understand how to represent MSH and our subcontracting organizations in the context of the project and to MSPP staff, community leaders…

5. Understand and accept the rationale for interdependent team work and form an effective team which will allow productive functioning.

6. Understand administrative requirements and procedures; and complete any necessary administrative support arrangements related to the assignment.

7. Refine the overall action plan for implementation of the assignment and produce specific action plans for the start-up phase and a draft plan for the subsequent year of project activity.

TEAM ORIENTATION WORKSHOP SCHEDULE

	SUNDAY January 22	MONDAY January 23	TUESDAY January 24	WENESDAY January 25	THURSDAY January 26
8:30	Coffee and Tea				
9:00		Getting Acquainted	Developing	EXPANDED TEAM	Project
9:30		Assignment	Team	MEETING	Management
10:00		Clarification	Plan	(Integration with PBF)	Overview
10:30	Coffee and Tea	ROLES	Break	Break	(#2) Communication
	Opening- Faye,				
11:00	Karenzi	Break	Planning	EXPANDED TEAM	Break
11:15	Fitch or Dunlop	ROLES (cont)	Cont.	MEETING	Benefits Review
11:30	Objectives/Schedule				
11:45	Rwanda Overview				Performance
12:00	Context/Karenzi				Plan & Review
12:30	Discussion	Lunch	Lunch	Lunch	Lunch
1:00	Context/Transition				
1:30	Lunch	Team	Planning	Expanded Team	Initial
2:00		Assignment	Cont.	Meeting Review	Activities
2:30	Discussion	Clarification			Break (??If Time??)
2:45	Context/Transition	(continued)			Team Treaty
3:00	PBF Goals &	Break	Break	Break	Formation
3:15	Lessons Learned	Team	Teamwork	Procurement Integrity	
3:30	Break	Assignment	Review		
4:00	Contract Reading	Clarification		Management	Overview & Issues ID
					Integrating New
4:30	& overview	(continued)	Planning	Overview	Team
5:00	Review of Goals	Sharing &	for Expanded Team	(#1) Procedures &	Members
5:15	for Project	Synthesis	Meeting/Assignments		Evaluation
5:30	End of Day	End of Day	End of Day	End of Day	Closing

Saturday, January 21

Metting with Dr. Ben Karenzi to discuss current status of PBF in Rwanda, understand GOR goals and visions for PBF, and to review lessons learned to date that should be applield to the implementation of the HIV/PBF Project.

Workshop Day I - January 22

Welcome by Dr. Ousmane Faye, HIV/PBF, Project Team Leader
Opening by Dr Ben Karenzi, Secretary General of the MOH
Message from John Dunlop, USAID Health Finance Officer

Facilitator: John Pollock

Introductions and Review of Objectives, schedule, and participants' expectations
.
It was noted that there would be some changes in participation each day with the arrival of some expanded team members and departures of others (Other commitments and content relevance both impacted the ability of individuals outside the core team to be present)

Presentation by Dr. Ben Karenzi, Secretary General of the MOH (see PP presentation) Need copy of Dr Karenzi's power point presentation!

Key points addressed by Dr. Karenzi

- Millennium Challenge goals overlap with GOR vision in many ways
- HRH is a critical factor, it is necessary to generate capacity
- Must consider PBF Roll-out impact
- Must understand how what we do impacts results
- Need mapping of who, does, what, where
- Build on successful experiences in Butare and Cyangugu
- Central- District-Service Provider levels are linked
- We should work with a few Contract Prototype models
- "Front Loading" by donors is desired (be flexible to respond to evolving challenges)
- Seek Integration and Harmonization opportunities to link HIV/AIDS services with the rest of the PHC system
- Community approach policy is still a question. There will be a stakeholder meeting in the next couple of months
- Accountability in decentralization is needed along with capacity development for elected officials
- Agrees, Private- sector, and Pharmacies are all key players

Expectations of MOH from the HIV/PBF

- Improve health care services, improve qualities and access
- Focus on motivation of healthcare workers
- Promote comprehensive package for health, including HIV/AIDS and other PHC services
- Approach districts

Other key points

- Service providers should have multiple involvements
- Millennium development goals may not be in line with some goals (salary levels)
- World Bank revision Roll-out plan
- Mapping
- Need focused TA. It is a question how to coordinate different partners in same district (on-going conversation MOH)
- Need Equitable allocation of resources and services across geographic areas.

PRESENTATIONS OF LESSONS LEARNED

CORDAID (Christian Habineza)

Lessons Learned

Cyangugu Experience happen in the decentralization period all actions were carried out was done in a participative approach in debate

After PBF started, they could see a difference in results, before it was more excuses/explanations on why objectives were not met. The implementation of PBF plays a role in this; in the past when they fail to meet their targets they usually point fingers at others, now they are more committed and motivated to do the job and finding solutions.

- Motivation
- Improvement of SIS (Health Information System)
- Participation of the public sector and the community
- Motivation and better engagement of the service providers
- Autonomies of FOSA in decisions-making
- Resources decentralization
- Engagement with District

Problems

- Insufficient resources
- Lack of coordination

Issues and concerns

- Synergizing with Mutuelles

- Involve the private-sector

Intrahealth Experience: (Laura and Georges)

<u>Lessons Learned</u>

- Health Team approach works-on-site, on the job training
- Formative supervision
- PAQ (partenariat L'amélioration de la Qualité) – client –driven quality (problem Driven continued monitoring of quality by communities
- Existing innovations (e.g. Male involvement)
- Mutuelles =réalité= couverture de tous les de services (Mutuelles-reality-Coverage of all services)

Problems

- Sustainability=technical assistance
- Ensuring comprehensive package of quality services
- Management capacity of Health facilities
- Coordination

Intrahealth has been working with Mutuelles , soon there will be a law in Rwanda that everyone should have health coverage.

HealthNet (Cedric Ndizeye)

Positive Points Experience in Butare

- Initiation and creation of FOSA (initiative et creation des FOSA)
- Working in team
- Increase resources ($)
- Improvement of SIS
- Improvement and adaptation of the indicators
- Improvement of System de reference
- Intervention communautaire initiee

<u>Problems</u>

- Encadrement discontinue
- Adaptation Nouveaux découpage du systeme de sante

RPM+ (Georges Ntumba)

<u>Positive points</u>

- Availability and accessibility of drugs (decrease in Stock –out)

- Pharmaceutical polity (we did not have any Pharmaceutical policies in Rwanda, now we have policies) ,
- SOPs are being implemented (Guidelines)
- National Drug Authority
- List of essential drugs updated

Problems

- Quality control
- Pricing standardization
- Private Drugs (sector holders) not organized
- No functional national quality drug control
- Data collection for quantification
- Reliability of the data
- Minimum package of resources not define to match the PMA
- Lack of coordination for quantification
- Lack of supervision

MSH Contract Reading & Overview by Heather Rafey (see PP presentation)
PRESENTATIONS and Products\Rwanda Contract Reading.ppt

Workshop Day II - January 23

Roles and clarification (John Pollock)

Objectives

1. To reflect on, discuss and agree on purpose of assignment required products and outcomes, major tasks.. and issues to resolved
2. Begin to identify individual responsibilities and areas of interdependence and what needs further clarification
3. Identify further information needs

Who
What
Why (goals)
When
With whom
How
How do we know (M&E)

HIV/PBF PROJECT GOALS: ***What are we expecting to do?***

- Improved quality Services, increase access
- Comprehensive package including HIV/AIDS and other Primary Health Care (PHC)
- Motivation and retention of healthcare personnel
- District Approach

Coverage of PBF sites

- 9 sites for the first year
- 35 sites on the second year
- 100 sites by the end of the 4th year if we are successful implementing during year I and II

The process for role clarification used the tool developed by MSH for the purpose of orienting large groups and multiple organizations to a common task.

The first step was to review all of the planned activities originally proposed for the project implementation by MSH and its partners against the changes in the environment, additional expectations and requirements of the Government of Rwanda and USAID and to make clarifications and adjustments in language to assure a common understanding among all participants of the upcoming work.

The second step was for each individual to consider the range of involvement for their personal contribution to Project goals. For each activity on the chart, they were asked to project whether they would participate and, if so, if they had a leading role and accountability for the outcome desired. The group understood that this step would produce a graphic representation of the collective expectations, priorities, and assumptions of the individuals present. The resulting chart is NOT to be considered as a finished product until the Team Leader has had time to review it and discuss required adjustments with individuals.

Once these conversations are held and the chart is completed, it will provide a clear map that will allow easy understanding of who is involved in each HIV/PBF project activity, who is accountable, and how the activities integrate to assure accomplishment of the overall project goals.

HIV/PBF Project Role clarification Chart for individuals and institutions (collective expectations, priorities, and assumptions)PRESENTATIONS and Products\Rwanda HIV-PBF Roles Feb 3 06.xls

MSH Role Clarification Tool used for this exercise:

English Version: PRESENTATIONS and Products\1 Human Resource Capacity and Roles Clarification Process.doc

French Version: PRESENTATIONS and Products\1 Processus de Clarification de Capacite de Ressource Humain des Roles et Responsabilites.doc

Workshop Day III - January 24

Work planning: **The participants worked in 6 small groups to address the requirements of key activity groups identified and defined on the previous days.**

The task included confirmation of participants and stakeholders for each activity, appropriate timeline, and identification of goals, targets, products, and outcomes.

The process was to have each group report the results of their work to the plenary and adjust in relation to input from the larger group.

The result was a collaboratively developed plan with clearly identified activities, participants, goals, targets, and products set out on a timeline that integrates those activities to meet overall project goals (and relating to GOR and PEPFAR indicators, goals, and requirements)

DRAFT HIV/PBF PROJECT WORKPLAN: PRESENTATIONS and Products\HIV-PBF PLAN Final Only Feb 3.xls

Workshop Day IV - January 25

Presentations by Lynne Franco and Dr. Bonaventure: Quality assurance and the draft National policy for Quality Health Care in Rwanda (see attached PP)

NEED LYNN & DR BONAVENTURE PRESENTAION !!

Procurement Integrity (see PP by Heather Rafey and Ismael Sued) PRESENTATIONS and Products\procurement integrity Rwanda TOW.ppt

Management Overview I (Operational and Financial Procedures) Christele Joseph-Pressat

NEED CHRISTELE'S PRESENTAION !!!

Workshop Day V- January 26

Management Overview I (Communications) Christele Joseph-Pressat

Who/What	When And How
• Posters/Flyers/publications/Conferences • Update with Technical initiatives • Communicating results • Communicating changes in policies, SOW or deliverables • Communicating special events • Share reports and documents we get from others • Partners/MSH Headquarters, Local MSH Office • Change in the environment • Communicating studies, results, findings, research • Timesheets, routine administrative, procurements • Constructive feedback to each other • Travel Calendar, coordination • STTA request and Logistics/ STTA Plan • Contract changes and amendment • Financial information • Recruitment plan ***<u>Who</u>*** Internal Team Partners MOH Public (Press releases) USAID MSH and other CAs Other Donors Service Subcontractors	• Lead time for responses • Weekly call with MSH project Team • Staff Meeting • Monthly partners meeting • Emails • Conferences calls • Visits • Professional conferences • Workshops • Informal meetings • Sharing hard copies documents • Publications • Reports • Parties • Pick-up the phone (sensible conclusion) • E-Rooms • Messengers • Technical working group • One-on-one partners meeting
Define the Audience	

Standards for communications

- Timely
- Respectfully
- Clear and concise
- Dates
- Importance
- Sign documents
- Differential between individual and program
- Confidentiality
- Care with the emails (do not hit reply all without reviewing the list0
- Short messages on subject line
- Out of the office messages
- Out the office on phones
- Email proxy
- It procedures and training/ proxy, email group (Peter Braisch)
- Be very careful with BCC

Final Review of the HIV/PBF Project work plan to integrate comments and assure consistency: Particular attention given to the sequencing of early phase activities.

TEAM TREATY: The team was asked to consider an array of questions designed to produce an understanding of how they can understand the professional approaches and expectations of each one and plan how to work together effectively.

This section of notes comes from the group sharing and synthesis after each individual had recorded their thoughts and responses. The following table is is the compilation of the written worksheets of all remaining participants (many members of the 'expanded team' had departed by this time in the work shop)

What is it about how you work that impact others?

- Availability (open door policy)
- Enjoy challenges
- Too direct /strong opinion
- Start work day early and leave early
- Check emails everyday/ don't work on Wednesday/give acknowledgement

What do you need from others to be effective?

- Needs to be informed
- Don't make your convenience my Emergency/ your lack of planning is not my emergency
- Clear directions
- Importance
- Planning

What do you wish others would do?

- Be flexible (modifying Agenda)
- Be on time
- Do what you say you'll do
- Commitment
- Continued efforts to work with one another
- Openness
- Learning
- Request for information/ technical sharing

What will you do? (Supply)

- Respect the principles
- No hierarchy
- Control temper
- Invitation to Barbecue
- Group maintenance

- Fire preventer and fire fighter /fire starter
-
- Positive interaction/ participation
- Dedicated time on tech SOW
- Understanding of project context
- Knowledge Sharing
- Adapted well to situation

What do you wish you (or we) had done?

- Language/communication
- Scheduling
- Still need to know level of commitment
- Overview of MSH
- Real name tags
-
-

What was most useful about our work this week? (Ideas-process)

- MSH work planning approach-interesting Clarity of elements
- Positive interaction/ participation
- Dedicated time on tech SOW
- Understanding of project context
- Knowledge Sharing
- Adapted well to situation

What do you wish you (or we) had done?

- Language/communication
- Scheduling
- Still need to know level of commitment
- Overview of MSH
- Real name tags
-

Team treaty (In detail)

	QUESTION 1	QUESTION 2	QUESTION 3	QUESTION 4
antengwa	Too direct in my communication style, with sometimes strong opinions (but never with mean intentions. People may feel aggressed may be or make them feel uncomfortable Like sharing experience and would happily do so whenever needed. Always have lunch with my family.	-Need close colleagues to be prepared for meeting and do their part of homework if I need their inputs and timely. -Flexibility and understanding on some constraints (social generally) if their arise.	-Be results oriented but flexible. -Commitment to keep a good working atmosphere	Give, share information on the Rwanda context that they may need to give support.
ldizeye HNET	- Echange d'expériences vécu sur terrain -En contribuant à l'appui que nécessiteront les autres pour la mise en œuvre du projet. En étant disponible chaque fois que c'est nécessaire	• Collaboration • Travail en équipe - Etre ouvert vis-à-vis des actions faits ou à faire - Considération (pour être initiée aux actions), compréhension - Etre mis au courant de l'évolution des choses.	- Respecter les consignes et principes - Sociabilité - Travail en équipe - Respecter un engagement	Disponible
Joseph-Pressat,	- Start work everyday at 7:30 am and finish at 4:00pm - Doesn't work on Saturday - Check emails many times throughout the day -Check emails when on vacation-Send acknowledgement receipts even. When need to research on something	- Timely responses - Provide accurate information - Keep me inform - Inform about changes - Respect - Less meetings	- Communicate better - Respect each other's differences and opinion. - Participation - When you say you are going to do something, please do it. - Give constructive criticism - Give praise to each others when do something right - Check their emails - Turn on your out-office message	- Will check my emails daily - Provide timely response. - Do what expected of me.

Habineza, CORDAID	- When I'm very busy, I don't respond to phone calls or I refuse to receive people who want to see me - Always available for opinion/assistance in other work -From time to time I might request to combine working with flexible working hours Everybody in the team to be flexible / equally tolerant to other people / changing the work requirements around the program or issues (e.g. meeting at 9pm) which coming to me so that we help each other in developing strategic actions	Regular communication and good information flow - I need open discussion with colleagues whom I'm working with before formulating an official position on a particular and important vision. I like also to understand what are the waited results	- Define results to be achieved. - Be clear with their requirements/requests -Be receptive to my requirements/request. Share difficulties encountered openness.	- Contribute - Hard work and commitment to project. -Try to improve and learn as much as possible Hopefully, have significant input on the project
James	- Forget opening mails - Creativity - Initiative	- Cooperation - Communication - Advice - Information	- Respect, discipline, openness, Learning attitude, people who make me work	- Horizontal relationship, - commitment, - Listen to colleagues.
NTRAHEALTH	- Very nervous when a meeting last more than 1h30 without break -Receiving many phone calls during meeting if I do not turn off my mobile.	- Direct feedback - Me rappeler engagement pris - Regular communication, even if there is nothing very special or urgent. Am good environment. Working as a family team.	- Be results oriented Create a friendly working environment	Participate actively in meetings
Faye	Total openness I let collaborator take initiatives and just support them (n'aime pas le dirigisme)	- Flexibility - Open communication	Be flexible "team agenda first and personal agenda after"	- Flexible - Trust team members "totale confiance jusqu'a preuve du contraire"
	- I do not function well before I have my 2nd cup of espresso usually before 9 am - I get things done even if they seem difficult to others I perform well; you will like to work with me.	- Occasional encouragement - An open and constructive atmosphere (no gossip) - Information sharing - A sense of humour and ability to ply either squash or tennis	- Be committed - Continued efforts to have a positive atmosphere in the office - Openness	- Be committed to the project goods - Be extremely horizontal in my relationship with my staff
ANDA Etienne	Communique d'une manière très ouverte, ce qui n'est pas toujours dans notre culture (je dis toujours ce que je pense).	- J'ai besoin d'être informer sur la situation concernée (avoir des données et appréhender le CONTEXTE, l'environnement) J'ai besoin des ressources (matérielles, financières et humaines) pour être effective dans le travail. Bésoin de travailler en équipe.	Collaboration and Concertation	Be opened to others
Rafey	- I need time to careful reviews rules and regulations before responding to questions - I don't work on Wednesdays unless it is an emergency - I check emails very often	- Plan requests as much as possible - Keep me informed of activities related to PBF subcontracts	- Understand that the USAID rules are not always black & white - Understand that I support more than I project	I will be responsive and provide support to the project to make it successful
Aimée	- Always on time, don't like to be delayed if I know that I have to accomplish something on work, and I think somehow that can affect the entire work	- Communication - Always be on time in what they have to give so that I can do my job perfectly and to give inform me about any changes	I wish others to be direct with me and to be on time	Always be on time.
Mamy	- Read emails more often and respond quickly I don't like pressure in my job, cause I will forget everything I had to do	- Flexibility - Clear communication - Rapid respond to emails - Be inform on changes - Friendly environment - Respect, Honesty	Be open	- Listen - Cooperate with the team

QUESTION 5

What was most useful about our work this week?

- Having a dedicated time to come to deep understanding of the technical scope of the project
- La possibilité de connaitre l'approche de travail et les méthodes de planification de MSH
- Information from SG of MoH
- Travail en équipe
- Plan d'action & clarification of role
- Team work process
- Roles & responsibilities defined
- MoH, CTB, QA, etc.. attendance
- Clarity of vision for Dr Karenzi and Dr Rusa
- Openness of discussion
- La méthodologie participative de l'atelier (nouvelle)
- As a new staff of MSH, j'ai beaucoup appris sur votre but ici au Rwanda, and your motivation in doing your job here in Rwanda, Know partners and the fact of being introduced to other staff was very important for me.
- Positive interactions
- Dedicated time on technical scope of work
- Improving understanding on project
- Sharing
- Conveniences
- MSH workplan approach interesting
- La préparation bien faite
- As a new staff of MSH, j'ai beaucoup appris sur votre but ici au Rwanda, and your motivation in doing your job here in Rwanda, Know partners and the fact of being introduced to other staff was very important for me.
- Positive interactions
- Dedicated time on technical scope of work
- Improving understanding on project
- Sharing
- Conveniences
- MSH workplan approach interesting
- Insight in new field of work
- Getting acquainted with colleagues
- Touched on important mechanisms in my line of work participation of everyone
- Participatory approach
- Working as a team
- Meeting and get along with everyone
- Understand the project objectives
- Team building element (roles clarification, assignment, interaction)
- Work plans
- Developing the workplan

- Information about procurement integrity
- General overview MSH/PBF Rwanda and other partner
- Have the detailed scope of work of the Programme
- A long period of time together creates the sense of oneness
- A clear sense of purpose out of this difficult , complex and unpredictable context, I feel that more people know more about our project then before

QUESTION 6

What do you wish you had done?

- Definition of my role (Christian)
- Should have come before to give my entire contribution (Antoine)
- The agenda was crowded, needed sometimes to relax
- Have more time to enjoy this beautiful country (Christele)
- Overview of MSH, CORDAID, INTRAHEALTH, HEALTHNET
- Scheduling
- Language of communication
- Acceuil à l'arrivé
- Workplan
- Make our clients (MoH and USAID) satisfied and confident
- QA and PBF policy document amended as a team
- MoH involvement
- More time for preparation

Final Exercise

At the end of the workshop, the core team gathered to watch the sun set and each tem member related a story that helped her or his colleagues understand how they had come to be a part of the HIV/PBF team.

ANNEX I: **Rwanda HIV/PBF Team Orientation Evaluation**

Please provide your evaluation of the conference so we may plan and improve future conferences and workshops

- Did you attend the conference as a core project team member, instutional representative, or member of the ‘ex[anded team’?

- How many days did you attend the conference?

- In general, did the conference
  exceed your expectations _____
  meet your expectations _____
  fail to meet your expectations _____

- Did you think the conference was
  Too short? _____
  Too long? _____
  Just the right length? ____

SESSION EVALUATIONS:

Rate the following sessions using the following scale:

N/A = not applicable 1 = least useful 2 = useful 3 = more useful 4 = most useful

If you respond 1 for any session, please explain what could be done to improve. If you require more space, please write your comments on the bottom or back of this form.

Saturday, Jan 21, Your reflections on the meeting with MOH Secretary General of Health and USG team (USAID & CDC)

Sunday, Jan 22

Rwanda Overview & Project Context N/A 1 2 3 4
Comments:

PBF Goals & Lessons Learned N/A 1 2 3 4
Comments:

Assignment Clarification (1) N/A 1 2 3 4
Comments:

Contract Reading N/A 1 2 3 4
Comments:

Monday, Jan 23

Role clarification Process N/A 1 2 3 4
Comments:

Taemwork Review N/A 1 2 3 4
Comments:

Tuesday, Jan 24

Work Planning Process N/A 1 2 3 4
Comments:

Expanded Team meeting Planning N/A 1 2 3 4
Comments:

Wednesday, January 25

Expanded Team Meeting N/A 1 2 3 4
Comments:

Expanded Team Meeting Review N/A 1 2 3 4
Comments:

Procurement Integrity N/A 1 2 3 4
Comments:

Management Overview 1 (Procedures
And Systems) N/A 1 2 3 4
Comments:

Thursday, January 26

Management Iverview 2
(Communication): N/A 1 2 3 4
Comments:

Benefits review N/A 1 2 3 4
Comments:

Performance Planning & Review N/A 1 2 3 4
Comments:

Initial Activity Review N/A 1 2 3 4
Comments:

Team Treaty Formation N/A 1 2 3 4
Comments:

Integrating new team members N/A 1 2 3 4
Comments:

General assessment of sessions:

- ❖ Is there a session you wish had been included or expanded?

- ❖ Is there a session you wish had been designed differently or eliminated?

LOGISTICS, MATERIALS, and SOCIAL ACTIVITIES

Rate these areas using the following scale:

1 = Poor 2 = Improvement Possible 3 = Satisfactory 4 = Very Good 5 = Excellent

If you respond 1 or 2 to any area, please explain what could be done to improve. If you require more space, please write your comments on the bottom or back of this form.

Pre- Conference Communication & Logistics Assistance: 1 2 3 4 5
Comments:

Lodging Arrangements: 1 2 3 4 5
Comments:

Meals Provided: 1 2 3 4 5
Comments:

Conference Handouts and Materials: 1 2 3 4 5
Comments:

Meeting Space: 1 2 3 4 5
Comments:

Reception: 1 2 3 4 5
Comments:

Optional Information:

Name: _____________________

*Organization:*_____________________

e-mail address: ________________

Thank You!

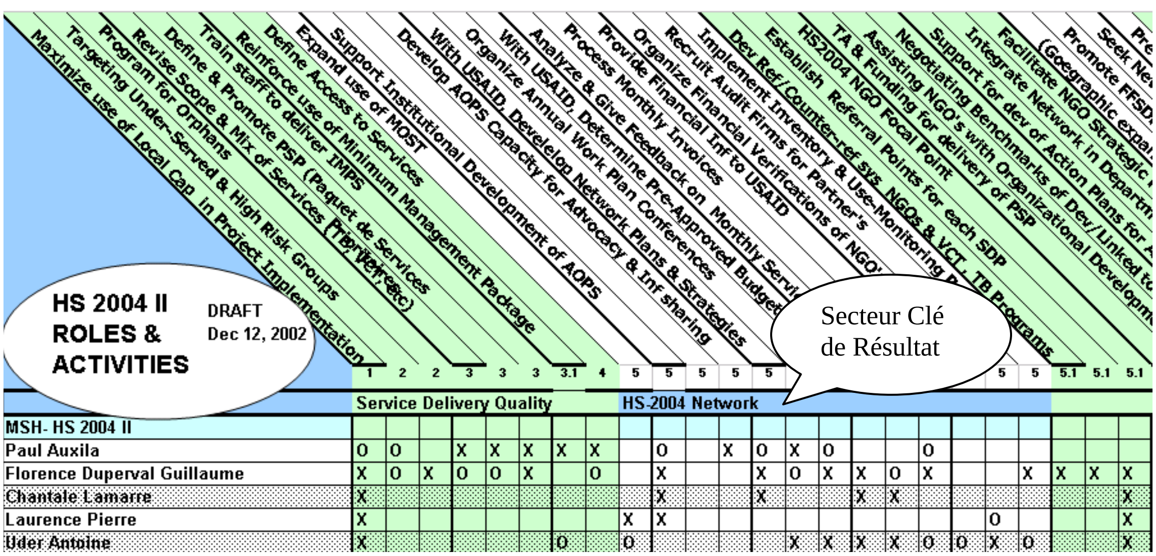
MSH MANAGEMENT SCIENCES FOR HEALTH
a nonprofit organization strengthening health programs worldwide

Processus et Outil de Capacité de Ressource Humain et Clarification des Rôles et Responsabilités[1]

Description

Objectif Cet outil et son approche sont utiles dans les travaux en groupes, les institutions, ou groupes d'institutions travaillant vers des buts précis d'analyse des capacités des ressources humaines, de définition des rôles et responsabilités essentiels, d'allocation des ressources humaines efficacement aux secteurs prioritaires, d'identification des lacunes où les ressources additionnelles sont nécessaires pour réaliser les objectifs du programme, et de développement ou mise à jour des différentes descriptions de tâche. Il peut également être employé comme base pour le développement de plans de travail organisationnels, et individuels.

Structure L'outil d'organisation primaire dans ce processus est un format de bilan qui est conçu pour enregistrer les données principales liées aux objectifs du programme, les secteurs de résultats clés, les stratégies, et les relier aux ressources courantes et nécessaires pour la poursuite efficace et efficiente des objectifs. Les différents rôles sont placés dans une colonne dans laquelle on enregistre le rôle en tant que fonction participative ou de support (identifié par un 'X') ou la responsabilité principale (identifiée par un 'O').



[1] The Human Resource Capacity and Roles Clarification Tool was developed in Haiti in the context of the USAID funded HS2004 Project in by John Pollock in 1998. It has been used in public and private sector settings in five countries and has been improved by input from Paul Auxila, Marie Christine Brisson, Sarah Johnson, and Christele Joseph Pressat.

Fonction
L'outil est un dispositif de collect et d'organisation des données qui facilite l'identification d'information critique pour la planification et la prise de décision. Le processus est fortement participative et transparent et a pour effet de réunir les partenaires, de synthétiser les différentes récommandations, d'améliorer la communication inter-équipe autour des objectifs, d'identifier les contraintes, et de développer des stratégies. Il peut être le plus utile dans le contexte d'un effort d'amélioration de la performance et peut servir comme un registre de partage d'information pour le M&E et la planification.

Utilité
Une fois accompli, le bilan fournit une vue d'ensemble qui peut aider à:
RÉSOUDRE DES PROBLÈMES : y sont apparent, les secteurs où il y a une surcharge de personnel, les secteurs où il y a des lacunes qui peuvent conduir à l'échec dans l'exécution des tâches, les conflits dans les domaines à prioriser;
PLANIFICATION : elle permet un examen courant des activités par rapport aux objectifs visés;
COMMUNICATION : elle peut être partagée largement et affichée publiquement comme un mécanisme pour aider les clients à comprendre comment accéder convenablement aux représentants clès des éléments d'un programme complexe;
DÉSCRIPTION DE TACHE: Pour Les individus dans un groupe ou les organismes dans un consortium, le bilan réalisé prévoit, rangée-par-rangée une description accessible de ce que seront les contributions primaires et auxiliaires de ces individus ou organismes.

Etapes

Préparation
Dans le lancement d'un processus avec un groupe, il est beaucoup plus efficace de converger les efforts préliminaires vers la création d'un diagramme basé sur des données courantes et connues (les documents de base sont les listes de personnel, les descriptions de tâches existantes, les plans de travail, les documents de stratégie, etc.). Les copies de ces documents devraient être disponibles lors des réunions.

Il peut être utile de transmettre, en prélude aux réunions, un protocole des types d'information qui seront appropriées. Par exemple, les descriptions de tâches existantes peuvent être distribuées avec le plan de travail en cours.

Programmation
Cet exercice peut avoir lieu au cours d'une journée ou être étendu sur deux jours.
Si le programme est dans une simple institution, les temps formels de rencontre peuvent ne pas être obligatoirement disruptifs de l'horaire de travail quotidien.

1) la réunion initiale devrait être prévue tôt dans la matinée et se concentrer sur la présentation des objectifs du processus, la structure de l'outil, et les prochaines étapes y relatives. Après que des réponses soient apportées aux questions, la séance peut être levée (accordez une heure de temps..…quelques fois moins).

2) On accorde au personnel au moins 20 minutes pour réflechir sur:

   a. l’institution, les objectifs de son programme, les secteurs clés de résultats, les stratégies, les activités primordiales et leurs liens. Ils sont invités alors à passer en revue l’ébauche du diagramme et d’ajouter les éléments absents, d’indiquez tous les activités en cours qui devraient être redéfinies ou finalisées, etc. et

   b. leurs rôles respectifs, les secteurs des responsabilités principales, les niveaux de collaboration clés, et les supports et obligations. Ils doivent ensuite placer dans le diagramme les notations appropriés à chaque colonne avec des ‘X’s et ‘O’s.

   Note: Il est important de porter à l’attention du personnel que cette étape vise l’enregistrement de leurs reflexions et de leurs idées. Il est donc bon de faire preuve d’imagination. Chacun devrait comprendre, cependant, que les superviseurs et les directeurs passeront en revue les résultats ultérieurement et personne ne devraient estimer que leur recommandation deviendra leur rôle confirmé. Le Directeur ou l’Administrateur doit compléter l'analyse des données avant de prendre les décisions nécessaires pour confirmer les rôles et responsabilités.

3) Le groupe est rammené ensemble à passer en revue le diagramme qui inclut maintenant leurs ajouts collectifs. Il devrait y avoir une discussion facilitée pour extraire du groupe la stratégie globale, la complémentarité et l’appropriation des activités, et le caractère raisonnable des différents rôles. Une attention particulière devrait être dirrigé vers l’identification des contraintes, des conflits, et des lacunes (le facilitateur ne peut pas espérer savoir combien d'effort est exigé d'une activité particulière..…c'est une occasion pour que les superviseurs obtiennent une rétroaction ‘réaliste’ du personnel sur un large choix d'éléments de programme).

4) Il devrait y avoir une session de révision ‘exécutive’ avec les directeurs/administrateurs pour réunir les informations obtenues lors de la dernière session en groupe ; pour analyser la situation vis-à-vis des objectifs, et prendre des décisions au sujet de la redéfinition des rôles, de la redistribution des responsabilités, et des étapes à franchir pour combler toutes lacunes identifiées.

5) Le diagramme ‘final’ devrait être distribué aux individus comme base pour le développement de leurs propres descriptions de tâches et leurs plans de travail (particulièrement ce dernier) et peut être affiché à des fins de communication et de référence.

Présentation
Le facilitateur devrait s'organiser pour que le directeur du programme ou de l'institution présente le processus (démontrant l'intérêt, l'engagement, et le modèle à s'accaparer). Les objectifs de l'exercice devraient être soigneusement décrits et reliés aux prochaines étapes.

Dans le meilleur des cas, ce diagramme préliminaire peut être imprimé (ou dessiné) sur un assez grand format de papier, pouvant être lu par l'assistance et sur lequel pourrait travailler plus d'un individu à la fois (3'x 8' par ex.). L'abondance des colonnes et rangées vierges est essentielle.

Il est important d'énumérer les secteurs principaux de résultats connus et critiques pour ne pas omettre un personnel actuel dans la liste préliminaire (il est difficile d'atteindre le niveau désiré de confort dans ce processus si des gens se sentent négligées). Si la liste actualisé du personnel n'est pas connue, on peut très bien procéder avec les informations disponibles, mais on doit noter le fait que l'information manque.

Objectifs et secteurs clés de résultats de l'Institution
Les principaux objectifs et les secteurs clés de résultats de l'institution sont enregistrés sur le trait horizontal qui est la délimitation entre les processus, les activités, les liens et les ressources humaines.

Les procédés, activités, et liens de l'Institution
Ces articles sont énumérés dans la rangée supérieure (inclinée pour être lisible). Il est nécessaire de développer un code pour les types d'activités de façon à les assortir dans des groupes spécifiques après la séance de réflexion.

Les différents rôles (actuels et potentiels)
Une rangée est assignée à chaque membre de l'équipe (ou de la position vacante). Dans cette rangée, l'individu identifie par un 'X' tous les secteurs où sa responsabilité se limite à une simple participation ou la fourniture d'un appui et marque d'un 'O' tous les secteurs où il(elle) a la responsabilité principale (chef d'équipe, superviseur de programme, etc.)

Réflexion et ajustement
Une fois le diagramme complété, il est nécessaire à l'équipe de réfléchir ensemble là-dessus. Ce processus peut extraire les conflits ou les lacunes subtiles qui peuvent entraver la performance.

Responsabilité Spécifique
Toutes les activités principales doivent avoir quelqu'un indiqué pour la responsabilité principale (avec un 'O') sinon, il existe un vide dans la structure des responsabilités. Tous ceux qui ont un rôle de support doivent reconnaître qu'ils ont des comptes envers le(s) détenteur(s) du 'O' pour leurs contributions.

Analyse des Besoins

L'un des aspect de l'analyse des données est de s’assurer que chaque activité correspond aux objectifs globaux de l'institution ou de l'unité et ensuite déterminer si les ressources allouées sont appropriées par rapport aux tâches à effectuer et leur importance relative. Parfois il y a trop de personnes impliquées dans une activité pour son exécution efficace. Souvent il y aura des lacunes autour des secteurs où la performance a été problématique ou, s'il y a eu un changement crucial des objectifs ou des éléments du programme, il y aura des activités clairement identifiées sans personnel dédié à leur support.

Développement/Révision du Plan de Travail
Un plan de travail peut être produit à partir du diagramme des rôles en procédant à une rotation des axes et en ajoutant une période d’exécution à chaque activité. Le plan devra être clair sur ce qui doit être fait, qui doit le faire, et quand. S'il y a des contraintes au niveau de la dépendance des ressources, ils devraient également être notés.

La Rédaction des Description de Tâches
Chaque individu peut prendre leur rangée complète et la transformer en récit descriptif précis de leurs responsabilités en tant que membre de l'équipe. La collection des descriptions de tâches représentera une présentation bien intégrée des rôles et de la fonction de l'équipe.

Approches

Leadership: Le(s) dirigeant(s) de l’institution ou de l'unité doit être impliqué et soutenir ce processus sinon il ne sera pas d’une grande utilité. Le personnel doit sentir l’importance de la participation dans les partages de points de vues et d'information. Pour bien diriger, il est important de créer l'atmosphère appropriée.

Programmation: Le processus en entier peut durer une journée. Les réunions devraient respecter une certaine concurrence dans les fonctions des participants et permettre la flexibilité autour des périodes de réflection individuelle. Les sessions de groupe devraient être tenues autour de l’agenda prévu et les discussions se limiter aux points adressés (certains bénéfices peuvent être tirés des discussions occasionnelles, mais elles peuvent avoir lieu en dehors du processus formel si le chronogramme est affiché dans un lieu public).

Participation : Il devrait y avoir une décision prise sur la nécessité ou non d'inclure tout le personnel (assistance technique et administrative) ou juste le personnel technique. Dans une grande institution, il pourrait être préférable de travailler avec des chefs d'unité. De toute façon, la question de la participation devra être adressée clairement et le personnel devra être informé du processus de sorte qu'il n'y ait aucune confusion.

Processus d’ouverture/Brainstorming : Une des forces des réunions de groupe est que l'institution peut en tirer des bénéfices des expériences et des perceptions de tout le personnel à travers les secteurs principaux de ses activités. La séance de réflexion n'engage pas les directeurs à accepter des idées ou des recommandations, mais permet d'en être informé.

Le personnel ou les unités d'une grande institution peuvent employer ce processus avec les chefs d'unité pour clarifier les rôles et les responsabilités des diverses unités structurales. Ce processus peut aider à identifier là où une structure n'est plus bien adaptée à l'atteinte des objectifs changeants d'une organisation et préciser là où il peut y avoir les changements utiles.

Analyse

Objectifs et Priorités de l'Institution
Allocation en Resources Humaines
Rôles & Résponsabilités
Critique
Ecarts, Goulet d'Etranglement, et les Gens
Amélioration de la Performance
Efficacité

Actions

Révision et Rectification de la Stratégie
Révision de la Structure Organisationnelle
Clarification des Rôle
Définition des Besoins
Révision du Plan de Travail
Prise de Décision

Entretien

Affichage & Distribution
Mise à Jour
Révision du Méchanisme

Human Resource Capacity and Roles Clarification Process & Tool (a working draft prior to publication) [1]

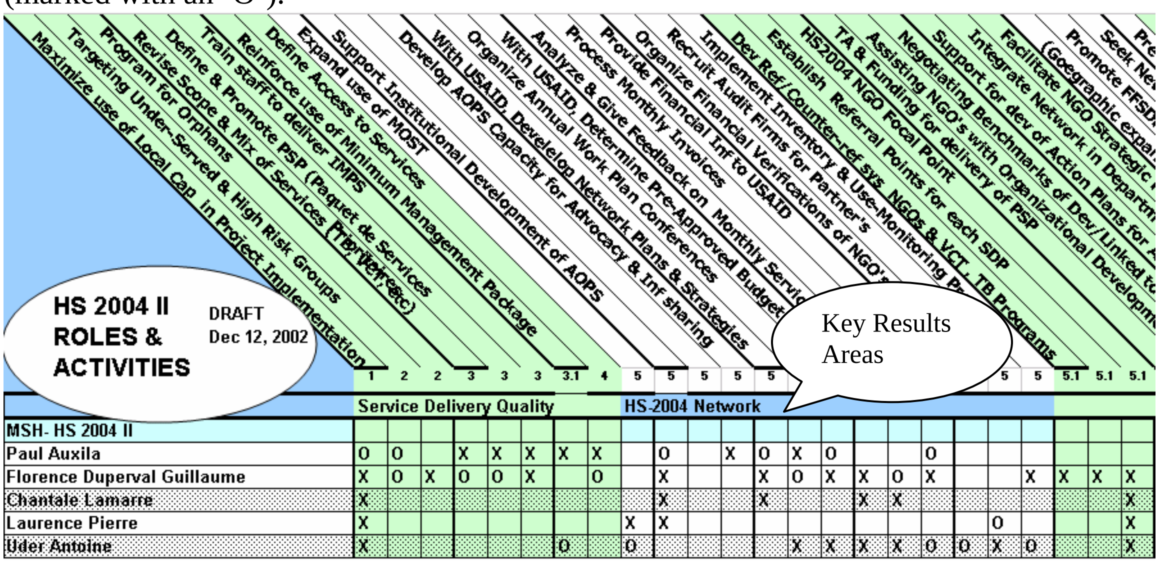
Description

Purpose

This tool and approach are useful in working with groups, organizations, or groups of organizations working toward defined goals to analyze human resource capacities, to define essential roles and responsibilities, to allocate human resources efficiently to priority areas, to identify gaps where additional resources are needed to meet program goals, and to develop or revise individual role descriptions. It can also be used as the basis for developing consortium, organizational, and individual work plans.

Structure

The primary organizing tool for this process is a spreadsheet format that is designed to record key data related to program goals, key results areas, strategies, and linkages and relate them to the current and necessary resources for effective and efficient pursuit of goals. Individual roles read across a row in which it is recorded where the role has a participatory or supporting function (marked with an 'X') or primary accountability (marked with an 'O').



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Function

The tool is a data gathering and organizing device that facilitates drawing critical information for planning and decision-making. The process is highly participatory and transparent and has the effect of drawing together stakeholders, synthesizing individual inputs, improving intra-team communication around goals, identification of issues, and development of strategies. It can be most useful in the context of a Performance Improvement effort and can function as a shared record for M&E and planning.

Utility

Once completed, the spreadsheet provides a visual display that can help with:
PROBLEM SOLVING: it shows areas where there is an overload of staff effort, areas where there are gaps that will lead to implementation failure, conflicts in prioritization;
PLANNING: it allows a routine review of activities in relation to goals;
COMMUNICATION: it can be shared broadly and publicly posted as a mechanism for helping clients understand how to appropriately access key players relating to elements of a complex program;
ROLE DEFINITION: For individuals in a group or for organizations in a consortium, the completed spreadsheet provides, row-by-row an accessible description of what that individual's or that organization's primary and ancillary contributions will be.

Steps

Preparation

It is most effective in opening the process with a group if there has been a preliminary effort to create chart based on current, known data. (Source documents are staff lists, existing job descriptions, work plans, strategy documents, etc). Copies of the source documents should be available for the meetings.

It can be useful to send ahead of the meetings a protocol of the kinds of information that will be relevant. Existing job descriptions can be distributed along with the current work plan, for example.

Scheduling

This exercise can take place within a single day or can be spread out across two days.
If the program is within a single organization, the formal meeting times do not have to be totally disruptive of the daily work schedule.

1) The initial meeting should be early in the day and focus on laying out the goals of the process, the structure of the tool, and the steps that will be gone through. After questions are answered, the meeting can be adjourned. (Allow an hour…sometimes less time is needed).

2) Staff are asked to take about 20 minutes to think about:

a. the organization, its program goals, key results areas, strategies, primary activities and linkages. They are asked then to review the draft chart and add missing elements, designate any current acitivities that should be redefined or ended, etc. and
b. their own roles, areas of primary responsibility, key collaborations, and support obligations. They then go to the chart and mark the columns appropriately with 'X's and 'O's.

> Note: It is important to note to staff that this step is to get their thoughts & ideas on record. Its good to be imaginative. Everyone should understand, however, that the supervisors and directors will be reviewing the results at a later stage and no one should feel that their 'input' has become their confirmed role. The Director or Manager needs to complete the analysis of the data before making the decisions required to confirm roles and responsibilities.

3) The group is brought back together to review the chart that now includes their collective input. There should be a facilitated discussion to draw out the group on the overall strategy, the completeness and appropriateness of the activities, etc, and the reasonableness of the individual roles. Particular focus should be given to asking staff to identify issues, conflicts, and gaps (the facilitator cannot hope to know how much effort is required of a particular activity…and this is an opportunity for the managers to get 'safe' feedback from the staff on a broad array of program elements.
4) There should be an 'executive' review session with the directors/managers to draw together the information gained in the last group session; to analyze the situation against goals, and make any decisions about redefinition of roles, reallocation of responsibilities, and steps to be taken to fill any gaps identified.
5) The 'final' chart should be distributed to individuals as the basis for developing their own job descriptions and work plans (more on this) and can be posted in a public place for communication and reference purposes.

Presentation
The facilitator should arrange for the program or organization director to introduce the process (demonstrating interest, commitment, and a model for buy-in). The goals for the exercise should be carefully outlined and related to the steps that will be gone through.

Ideally, this preliminary chart can be printed (or drawn) on paper large enough to be read by the assembled group and worked on by more than one individual at a time. (3' by 8' is good). Plenty of blank columns & rows are essential.

It is important to list the known Key results Areas and critical not to omit any current staff from the preliminary listing. (The desired level of comfort with this process is hard to attain if people feel they have been overlooked). If the current staff list is not known, it is fine to proceed with what information is available…but the fact that information is missing must be noted.

Organization Goals and Key Results Areas
The primary goals and key results areas of the organization are recorded on the horizontal line that is the demarcation between the processes, activities, & linkages and the staff resources.

Organization Processes, Activities, and Linkages
These items are listed in the top row (slanted to be readable). It is useful to develop a code for types of activities to allow sorting into rational groups after brainstorming takes place.

Individual roles (Current & Potential)
Each member of the team (or vacant position) gets a row assigned. In this row, the individual marks with an ‘X’ all of the areas where his or her responsibility is to participate or provide support and marks with an ‘O’ all areas where he or she has primary responsibility (team leader, program supervisor, etc)

Reflection and Adjustment
Once the chart has been completed, it is useful for the team to reflect on it together. This process can draw out subtle conflicts or gaps that can impede performance.

Responsibility/Accountability
All key activities must have someone designating primary responsibility (with an ‘O’) or there is a gap in the structure of responsibilities. All of those who have a supporting role need to acknowledge that they are accountable to the ‘O’ holder(s) for their contributions.

Needs Analysis
One aspect of the analysis of the data is to review the appropriateness of each activity to the overall goals of the organization or unit and to then determine whether the resources allocated are appropriate in relation to the tasks to be carried out and their relative importance. Sometimes there are too many people involved in an activity for efficient implementation. Often there will be gaps around areas where performance has been problematic or, if there has been a significant change in goals or program elements, there will be clearly identified activities without staff committed to support them.

Work Plan Development/Review
A work plan can be generated from the roles chart by rotating the axes and adding a time line to each activity. The plan will the be clear on **What** is to be done, Who is to do it, and **When**. If there are resources constraints of dependencies, they should also be noted.

Job Description Generation
Each individual can take their completed row and turn it into an accurate descriptive narrative of their responsibilities as a member of the team. The collection of Job descriptions will represent a well-integrated presentation of the roles and function of the team.

Approaches

Leadership: The leader(s) of the organization or unit must be involved and support this process or it will not be useful. Staff need to feel that participation is important and comfortable with the exchange of views and information. It is important for the leadership to create the appropriate atmosphere.
Scheduling: The entire process can be fit into a day. The meetings should be respectful of the competing duties of the participants and allow flexibility around the periods of individual thinking. The group sessions should be held to the planned time frames and discussions kept on the points being addressed. (There is benefit to be drawn from casual discussions, but they can take place outside the formal process if the chart is posted in a public place)

Participation: There should be a decision made on whether to include all staff (professional and administrative support) or just the professional staff. In a large organization, it might be sensible to work with unit leaders. In any case, the question of participation should be addressed clearly and staff should be informed about the process so that there is no confusion

Open process/Brainstorming: One of the strengths of the group meetings is that the organization can benefit from the experiences and perceptions of the entire staff across the key areas of its activities. The brainstorming does not commit the managers to accept ideas or recommendations, but does provide a way to know what they are.

Individuals & Units A large organization can use this process with unit leaders to clarify the roles and responsibilities of the various structural units. This process can help identify where a structure is no longer well-suited to meeting the changing goals of an organization and point out where there can be useful changes.

Analysis

The analysis that takes place after the completion of the chart will tend to be dynamic. People see different things at different times. It is useful for the consultant to facilitate an orderly review of the primary points of consideration.

Organization Goals & Priorities: The first step is to go back over the key results areas for the organization. A quick review is often all that is necessary because the staff will all have had a chance to fill in any main themes that are missing. The second step is to look at the activity list. There will be new activities and there may be some that staff members have put into question. The consultant may have some questions regarding priorities and should seek to have the unit staff confirm and highlight the highest priorities. It is quite important to have enough of a breakdown in the specific activities to allow a picture of who does what to develop on the chart. It the Key-Results level, it might be that 2/3 of the staff are involved…but at the activity level, there should be much more specificity. Once this review is done, it is time to move to looking at the roles of individuals (or cadres of individuals).

Note: For the purposes of planning to add VCT/PMTCT/and ART services, it is important here to go activity-by-activity to get a clear sense of what is going on. The consultant should make notes on any comments about demand related to services already being offered that come from the staff. These notes will be an informal means of cross-referencing with the service data collected separately.

Human Resource Allocations (Roles & Responsibilities): This examination of the roles of individuals or cadres of individuals can be highly informative to the unit leadership as well as to the purposes of the overall assessment. Staff members should have indicated all of their current areas of responsibility and also have noted with an 'O' where they are the primary responsible person. The consultant should observe that in a center where the new HIV/AIDS related services are not already available, the addition will require allocation of time and effort. It may be the case that reallocation of staff will mitigate pressures, but it is also important to assure that there is full coverage of existing priorities. It is a place where both the key activity column and the rows representing individual commitments and obligations should be reviewed. People can have the capacity to fill a role without the time available in which to actually do it.

Critical Path: Some key activities can only be carried out if others are completed. These are 'dependencies'. For example, vaccination cannot be provided if the vaccines are not first made available. This dependency also applies to aspects of HIV service provision. PMTCT is only applicable where the mother has already been diagnosed as HIV+. Examining the critical path can help in the process of integration of HIV services into the existing package of services in the center. Mothers coming for pre-natal care can be routinely offered VCT, etc. This discussion of dependencies can lead to a clear understanding of the level of effort that will be required and may also assist the director in thinking about who might receive training to expand the array of services that an individual can offer and where now staff may be needed.

Gaps, Bottlenecks, and Crowds: Two things that are easy to see on the chart are 'Gaps' and 'Crowds'.

All activities should be reviewed to confirm that adequate staff will be available and that it is clear who is responsible. So… any column with no 'O' means that there is an orphan- priority. Any column with few 'X's needs to be reviewed to be sure that staff coverage is appropriate. If the problem cannot be solved in review, there is a 'Gap' this gap should be noted by the consultant and an appropriate new position listed on the bottom of the chart. Once such a position is on the chart, the group can discuss the range of activities that the position can support. This approach will define a job description that will serve the upcoming needs of the center. This process also allows the current staff to understand the need for the new position, how it fits in, and how they will relate to it as an individual.

Conversely, some activities draw 'Crowds'. An activity column with many "X"s and.or multiple 'O's needs to be discussed to be sure that this is because many people really need to be involved and/or that leadership really is planned to be shared. Often this is the case, but sometimes the activity is simply appealing to people and there are too many people and too much time being committed. These are situations where the Director has some allocation decisions and communication requirements laid out. Job elements or plans will change for some staff members. The advantage here is that staff will understand up front why the change is appropriate and necessary.

‘Bottlenecks’ occur when an individual staff member (or cadre) has more responsibility than can be reasonably met. Any row (representing an individual role) that has many ‘X’s and “O”s should be reviewed to assure that the plan is not building in delays that are unnecessary or detrimental to meeting service goals. Unit leaders for instance, do have broad responsibility. Many “X’s and ‘O’s are expected. However, if a unit leader has delegated nothing and has marked all activities with an ‘O’, there is a discussion that is needed and some delegation that must take place to allow efficient expansion of services. Otherwise, many things will be delayed… or simply not done.

Performance Improvement: This is a point to review the Performance Improvement model. A discussion can take place at this point with all the main stakeholders on the staff. The chart has created a clear presentation of current capacity in relation to the centers service goals. The ‘Gaps’ are clear. It is an excellent time to get the staff to discuss strengths and issues that might impede progress toward goals. Steps to be taken and positions to be added will target problems and will not overload the system.

Effectiveness:

Actions

Strategy Review and Adjustment	Organization Structure Review
Work Plan Review	Role Clarification & Job Description
Needs definition	Decision Making/Action Plan

Maintenance

Posting & Distribution   Updating   Review Mechanism

Feb 2, 2006

Rwanda HIV/PBF Roles & Activities

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
1			nical Working Group PBF Cluster	HIV/AIDS Cluster	(Community) GOR CNLS	MOH PBF	MOH HIV	PEPFAR Steering Committee	A on PBF models for USAID CA's	Belgians/BTC	Community HIV/AIDS	Key District Teams	Technical WG on integration of HIV/AIDS				Map sites (location, Services, Support Linkages)	PBF Readiness Assessment (Baseline)	Site Visits (12/6 months)	Analyze service & cost Data	Identify Technical Assistance Needs	Identify resource Requirements (HR&Mat)	Develop Protocol for PBF Readiness Assessment	Identify the role of the community	Engage with District Teams	Assess motivation of sites	Coordinate with other CA's		Review Documents	Collaborate on Evaluation Design	Visit Sites	Analayse & Evaluate	Dissemination Workshop	Form internal 'clump' on PBF evaluation				Establish Collaboration	Office space at MOH/USS	Review Technical Requirements; Review MOH PBF Systems and Goa; Analyze Resourc; Collaborate on Capacity Deve; PBF coordination
2			COLLABORATION WITH HIV & PBF GROUPS														MAP POTENTIAL PROJECT SUPPORT SITES												ASSESS PRIOR PBF EXPERIENCE									MOH PBF CA		
3	MSH HIV-PBF																																							
4	Ousmane Faye	Team Leader/Mgmt Sys	X	X	X	X	O	O	O			O	O				X	X	X	X	O	O	O	X	X	X	O		X	X		X	X	X				O	O	O
5	Gyuri Fritsche	Financing Specialist	X	X		O			O	O		O					O	O	O	O	X	X	X	O	O	O	O		O	O	O	O	O	O				X	X	X
6	Kathy Kantengwa	HCD Specialist	X		O	X	X	X	X			O									X		X				X		X	X	X	X						X	O	X
7	TBD	Quality Specialist		O						X										X	X				X	X	X			X				X						
8	Ismael A. Sued	Contracts Specialist				X	X	X		X							X	X		X									X	X										
9	Emile Fundira	M&E Specialist		X					X				X				X										X		X	O				X						
10	Augustine Gatete	Operations Manager																																						
11	TBD	Regional Coordinator 1									X	X																												
12	TBD	Regional Coordinator 2									X	X																												
13	TBD	Regional Coordinator 3									X	X																												
14	James Ndemezo	Accountant																				O							O	X									X	X
15	Muzinga Ingabire (Mamy)	Administrative Assistant																																						
16	Aimee Senzeyi	Receptionist																																						
17	Other support	Other support																																						
18	Driver/staff Asst	Driver/staff Asst																																						
19																																								
20	John Pollock	Project Support Leader				X																							X					X						
21	Christele Joseph Pressat	Project Support Officer																																						
22	Heather Rafey	Sr. Contracts Officer							X																				X											
23	Kimberly Hirsh	Human Resource Mgmt																																						
27	Cordaid																																							
28	Christian Habineza		X			X			X				X				X		X	X	X	X							X	X	X	X	X	X				X		X
29	Antonio Lozito		X	X																									X	X	X	X	X	X						
30	Etienne Sekaganda																																							
31	TBD	Regional Coordinator																												X		X	X	X						
32	Niek Thyssen																																							
33	HealthNet International																																							
34	Laurent Musango																																							
35	Cedric Ndezeye		X	X		X																							X	X	X	X								X	X
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37	Jackie Lemlin																																							
38	IntraHealth																																							
39	Laura Hoemeke																																							
40	Karen Blyth																																							
41	Gerard Ngendahimana		X	X	X			X			X		O				X		X		X	X	X	O	X	X	X		X	X	X	X	X	X						X
42	Roch Ahounou		X			X		X											X	X		X				X			X		X	X								
43	TBD	HCD Advisor																																						
44	Maureen Corbett																																							
45	RPM+																																							
46	Georges Ntumba		X	X	X	X	X	X	X								X	X			X			X	X	X	X			X	X	X	X					X	O	X
47	Antoine Gatera																																							
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49	Michael Gabra																																							
50	GOR/MOH																																							
51	Charles Louis Bigabiro	CNLS																																						
52	Ben Karenzi	Secretary General MOH																																						
53	Jean Claude Karasi	HIV/AIDS MOH																																						
54	Louis Rusa	USS MOH	O		X	O	X	X	X	O	X		X					X		X	X	X	O		X	X	O			X	X			O				O	X	X
55	Bonnaventure Nzeyimana	USS MOH															X			X	O	O	X	O		X	X		X	X	X	X	X	X						X
56	Claude Seabaraga	USS MOH																																						
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58	USAID/CDC																																							
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60	Jennifer Rubin	HIV-AIDS Spec. USAID																																						
61	John Dunlop	Sr Health Officer USAID																																						
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63	Aster Kebede	Contracts Spec USAID																																						
64	Gary Juste	Reg Contract Officer USAID																																						
65	Valerie Koscelnik	CDC																																						
66	Reagan Whitworth	USAID																																						
67	Other Groups																																							
68	Werner Vandenbulke	Belgian Cooperation	X		X					O		X	X																X	X								X		
69	Wlliy Jansen	Belgian Cooperation	X			X				X	X	X	X																									X		
70	Ida Hakizinka	Global Fund																																						
71	Uwayito Apoline	QAP															X			X	O	O	X	O		X	X		X	X	X	X	X	X						X
72	Lynne Franco	QAP															X			X	O	O	X	O		X	X		X	X	X	X	X	X						X
73		World Bank																																						
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1	s	Needs	lopment Plan	MAP group	with National Programs					Review Site Analysis with MOH, USAID, Others	Identify (types of) Sites with Interest & Capacity	Review (commmunity)CNLS Goals	Review PEPFAR COP Goals	Review other donor plans (GFATM, etc)	Collaborate with District Health Committees	Negotiate with Service Managers	Site Goals, Deliverables, Indicators	Document Agreements	Site Selection Design Standards			Identify & Review Existing models	Chart Possible Approaches	MOH / USS	District Health Management Committees	Health Facilities	Approaches to PBF with other CA's (templates)	Justifications and approvals			Deliverables	QA	Contract Structure	Finance & Payment Flows	Incentive & Subsidy Structure	Contract Management	M&E Process	Supervisions times 2						Equipment	Facility renovation	Management System Review	HRM Assessment	Plan Development				ID Clinical and non-Clinical Training Nee On-the-Job T Client Servi Streng
2	APACITY									SELECT HIV/PBF SITES DISTRICTS												CONTRACT MECHANISMS									SERVICE SITE COMPONENTS/ TA PROGRAM													INITIAL SITE ASSISTANCE								
3																																											MSH									
4	X	X	X	X	O					X	X	O	O	O	X	X	X	X	X					O	O	O	X	X			X	X	X	X	X	X	X	X						O	O	X	X	X				
5	O	X	X	X	X					O	O	X	X	X	O	O	O	O	O			O	O	X	O	X	O	X			X	X	X	O	O	X	X	X						X	X	X		X				
6	X	X	O		X					X				X	X		X					X	X	X	X													O						X	X	O	O	O				
7			X							X	X	X	X		X		X		X												X	O			X		X	X						X	X	X	X	X				
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1	ds	raining	Sensitization	ce Element Review	Quality Assurance	hening HIV/AIDS Supervision	Define Standards for Integration	Drug Management? OI		Review Service Data	Quality and Volume Review	Identify Strengths & Issues	Identify & Agree on Indicators	Develop Integration Plan (with HIV)	Seek Partners to Buy PHC Indicators				PROCUREMENT INTEGRITY	Policy	Management	HRH/Capacity Building	Community Mobilization	Information Systems	Contracting Systems	Performance Management and Supervision			Review HIV/AIDS and PHC current service Costs	Indentify & Assess Options (Mutuelles, etc)	Develop Analytical Framework				Review current Financing for ARV	Design compatible system for Project	(PMTCT gets ARV's)	QA/Community			Participate in Evaluation of PBF Efforts to Date	Compliance with Tiahrt and other regulations	Review Workshop	Identify lessons learned	Agree on Changes and Modifications	Design Project M&E with MOH and others	Collect Baseline Data	Geographic Bounds and Target Pops	Develop Databas for Monthly Service Statistics	Transfer Database to Partners	Provide Feedback to Partners	Service Delivery Assessment (SDMA)	Collaborate on World Bank Impact Assessment Yearly Partner Progress Review Mid-Term Evaluation of
2	STRENGTHEN HIV/AIDS SERVICE									PHC SERVICE REINFORCED										SENIOR STAFF TRAINING									HIV/AIDS COST REVIEW						/PBF for ARV						MONITORING & EVALUATION												
3																																																					
4	X	X		O								X	X	X	O				O	O	X	X	X	X	O	O			X	X											O	O	X	X	O	X	X	X	X	X	X	X	X
5	X	X	X	X	X	X	X	O		O	O	O	O	O	X				O	X	X	X	X	O	X	O			O	O	O				O	O		X			O	X	X	X	X	X	X	X	X	X	X	X	X
6	O	O	O	X	X	O	O			X	X	X	X						X	O	O	O	O	X	X				X												X		O	O	X	X	X		X			X	X
7	X	X	X	X	O	X	X			X	X	X	X	X	X				X			X	X			X												O			X			X		X	X					O	X
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12	X	X	X	X	X	X	X	X		X	X	X	X	X	X				X																												X						X
13	X	X	X	X	X	X	X	X		X	X	X	X	X	X				X																												X						X
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29	X	X								X	X	X	X	X						X	X	X	X	X					X	X	X				X	X					X	X	X	X	X	X	X	X	X	X	X	X	X
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72	X		X		O	X	O			O	O	O	O	X	X					O	O		X	O		O			X	X	X							O			O		X	O	X	X							
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MSH MANAGEMENT SCIENCES FOR HEALTH
a nonprofit organization strengthening health programs worldwide

Rwanda HIV/PBF Roles & ACTIVITIES

	EP	EQ	ER	ES	ET	EU	EV	EW	EX	EY	EZ	FA	FB	FC	FD	FE	FF	FG	FH	FI	FJ	FK	FL	FM	FN	FO	FP	FQ	FR	FS	FT	FU	FV	FW	FX	FY	FZ	GA	GB
1	Projects					UNIT MANAGEMENT	BUDGETING	Planning	Unit Strategy	Evaluation	Consultant Management	Performance Evaluation / Supervision	Work Plans	Accounting / Audit	Banking	Financial Control	Administration	Logistics	Security	Communications	Reports	Supplies	Clerical Work	Quarterly Reports	Transport	Training	Training of Trainers	Library, Procedures Manuals	Computer Maintenance	Branding Compliance	...ent Experience Clearinghouse	Subcontracting Management	Prime Contract Management	Staff Meetings	Human Resources	Pipelines	Payroll		
2						MANAGEMENT																																	
3																																						MSH HIV-PBF	
4	O	O				O	O	O	O	X	O		O	X	X	O	X	X	O	O	O	X	X	O	X	X	X	X	X	O	X	X	O	O	O			Ousmane Faye	Team Leader/Mgmt Sys
5	X	X				O	X	X	X	X	X	X	X	X	X			X		X	X			X			X				X	O	X	X	X			Gyuri Fritsche	Financing Specialist
6	X	X					X	X				X	X							X	X					O	O			X		X		X				Kathy Kantengwa	HCD Specialist
7	X	X									X		X							X	X			X		X	X												
8	X	X					X			X			X	X			X				X					X	X			X		O	O	X	X			Ismael A. Sued	Contracts Specialist
9	X	X						X		O	X	X	X											X														Emile Fundira	M&E Specialist
10		X				X	X					O	O	O	O	O	X	O	X	X	X	O	X	O	O	X		O	O	X			X		X	O	O	Augustine Gatete	Operations Manager
11	X	X																																				TBD	Regional Coordinator 1
12	X	X																																				TBD	Regional Coordinator 2
13	X	X																																				TBD	Regional Coordinator 3
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15		X							X	X							O	X		X	X					X	X	X			X				X			Muzinga Ingabire (Mamy)	Administrative Assistant
16		X				X											X	X		X	X	X	X		X			X										Aimee Senzeyi	Receptionist
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21							X	X			X		X	X	X	X	X	X		X	X		X	X	X			X		X	O	X	X	X	X	X		Christele Joseph Pressat	Project Support Officer
22							X	X		X	X					X	X	X		X	X					X				X	X	O	O			O		Heather Rafey	Sr. Contracts Officer
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29	X	X																																				Antonio Lozito	
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75																																							EGPAF
76																																							CRS
77																																							Columbia
78																																							
79																																							
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Rwanda Performance Based Financing Project

Contract No. GHS-1-00-03-00033-00,

Task Order No. GHS-I-02-03-00033-00

Contract Information At A Glance

Basic Information

- Start Date: September 8, 2005
- Current End Date: September 7, 2007
- Option for Years 3 and 4
- Contract Type: Cost-Plus-Fixed-Fee Task Order
- Total Contract Amount: $4,091,298 SM1
- Current Obligation: $900,000

Slide 2

SM1 Approval Pending
smorgan, 11/04/2004

USAID Personnel

- Cognizant Technical Officer (CTO):
  Dr. Nancy Fitch
- Regional Contracting Officer (RCO):
  Mr. Gary Juste
- Sr. A & A Management Specialist
  Ms. Aster Kebede

Key Personnel

- Ousmane Faye – Chief of Party/Health Systems and Management Specialist
- Gyuri Fritsche – Health Care Financing Specialist

Subcontracts

SM2

- Catholic Organization for Relief and Development Aid (Cortaid)
- Healthnet International
- IntraHealth International, Inc.
- Additional subcontractors would require competition and USAID consent

Slide 5

SM2 Only Major Subs, Refresher Training not included
smorgan, 11/04/2004

Reporting and Deliverables

- Annual workplans
- Routine reports every 6 months to USAID-Rwanda for reporting to OGAC. Emergency plan indicators to be included as well.
- Quarterly progress and financial reports in English no later than 2 weeks following close of each quarter.
- Annual report in English at the end of each year.

Reporting and Deliverables

- 5 copies of products-studies, trip reports, materials developed on all short term consultancies no later than 30 days after completion in English or French.
- Submissions to the Development Experience Clearinghouse of technical documents
- Annual inventory report
- Final report at the end of the project

More Reporting and Deliverables

- Small Disadvantaged Business Subcontracting Plan – submitted twice a year by the MSH Subcontract Administrator in October and April
- Report on Foreign Taxes Paid – VAT report submitted annually by Nov 17th

Prior Written Approvals/Waivers from the USAID/CO

(Requested by MSH/CO)

- Additional Subcontracts including PB
- Change in key personnel.
- Non-Expendable Equipment (unit price >$500) not approved in Contract.
- Initial salaries of all staff not named in the proposal exclusive of home office support
- Use of consultants

SM6

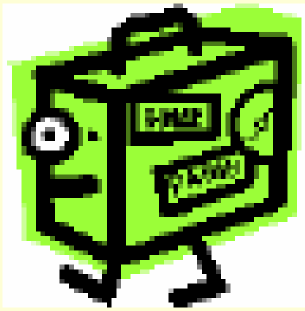
SM6 Need to request deletion from contract, as the logic for this is no longer valid. Standard regulations on time and effort already cover staff time.
smorgan, 11/04/2004

Prior Written Approvals/Waivers from the USAID/CO

(Requested by MSH/CO)

- Contracting with government organizations
- Contracting with government owned organizations

International Air Travel



The Fly America Act:

- All air travel and shipments under this award must be made on U.S. flag air carriers to the extent service by such carriers is available.
- All international travel requires CTO concurrence prior to travel

Procurement of Goods and Services

- The authorized USAID Geographic Code is 935 - “Special Free World;”
- Ineligible countries: Iran, Iraq, Libya, Laos, Cuba, Syria, N. Korea

Ineligible Goods and Services

- Military/Surveillance equipment;
- Commodities and services for support of police/law enforcement activities;

- Abortion equipment/services;
- Luxury goods;
- Weather modification equipment;
- Goods or services from USAID vendor black list.

Restricted Goods and Services

Prior approval of USAID Contracts Officer. This approval is requested by MSH/CO:

- Agriculture commodities;
- Motor vehicles;
- Pharmaceuticals;
- Pesticides;
- Used equipment;
- US Government-owned excess property;
- Fertilizer.

Title of Property

- Property Title will be vested with the Cooperating Country. Disposition is made at the end of the project in coordination with USAID.

Other Contract Requirements

- Insurance (DBA-Workers Compensation & Medical Evacuation-MEDEVAC);

- Contractor must comply with Executive Order on Terrorism which prohibits transactions with and resources to individuals or organizations associated with terrorism

Additional Contract Requirements

- Emergency locator information must be provided to the Mission Administrative Officer on or before arrival in host country for every contract employee or dependant.
- Prohibition on the use of Federal Funds to Promote, Support or Advocate for the Legalization or Practice of Prostitution

Main Provisions of the Tiahrt Amendment

- No quotas or targets for specific methods of FP
- No incentives for clients or for personnel for specific methods
- No denial of rights or benefits to individuals who decide not to use FP services
- Provision of comprehensible information on all FP methods, options available, health benefits and risks
- Studies of experimental contraceptives must advise participants of potential risks and benefits

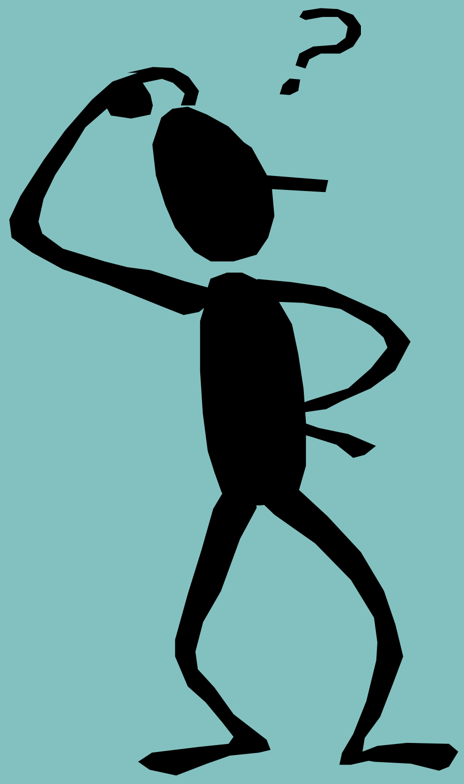
Branding

- USAID is in the process of updating the Marking clause
- In the interim, contractors have been directed to comply with the USAID graphics standards manual

THE END

- Any Questions???

Procurement Integrity, Organizational Conflict of Interest



Concept of Procurement Integrity

- Fair opportunities and open process for all to bid on requests for services or goods
- Applies to USAID Projects and Proposals

Applicable Regulations

<u>FAR Part 3:</u>

Improper Business Practices & Personal Conflicts of Interest

<u>For Cooperative Agreements:</u>

Not governed by FAR but MSH applies the same principles and policy regarding procurement integrity

Concepts

Hinges on Concepts of:

- A fair and level playing field
- Difference between competitive advantage and unfair competitive advantage

Areas of Concern

The **Procurement Integrity Act** specifies three primary prohibitions for contractor and government personnel involved in procurements:

- Audit
- Design
- Evaluation

- Be aware of MSH’s dual role:
  - Sometimes the donor
  - Sometimes the contractor

When does the clock start ticking?

A procurement begins on the earliest date on which an identifiable, specific action is taken for the particular procurement and ends upon award or modification of a contract or the cancellation of the procurement

Competition

Competitive Procurement requires competition through a solicitation

Non-Competitive Procurement has no competition but requires sole source approval from USAID

Procurement Actions

- Drafting a SOW or specs. such as:
  - project papers (PP), project identification documents (PIDs), RFPs, budgets, LOE
- Reviewing or approving the SOW or specs.
- Developing or preparing the procurement requests
- Preparing or developing the actual solicitation
- Evaluating bid or proposals (cost or technical)
- Negotiating price or terms
- Reviewing or approving an award
- Selecting sources

Procurement Official

- Any individual who participates “personally and substantially” in any procurement action
- “Personally” includes directing someone else who is participating
- “Substantially” means that the person’s involvement has significance for any outcome or decision

Procurement Integrity

- The term **“Procurement Integrity”** has come to represent a whole host of cautions regarding improper business practices and personal conflicts of interest.

Procurement Integrity

The contractor or competing contractor, shall not:

- discuss with or offer any USAID procurement official a job or participation in any current or potential work with our organization or project, including consultancies;
- offer **anything** of value to a USAID procurement official either directly or indirectly, including such innocent hospitality as providing transportation or lodging or buying dinner;
- Either ask for or receive information that could be considered proprietary or “source selection information” that could be construed to afford an unfair advantage in the face of a **competitive procurement**.

Organizational Conflict of Interest

Exists if:

- A person is unable or potentially unable to render impartial assistance or advice to the government, or
- The person's objectivity in performing the contract work is or might be otherwise impaired, or
- A person has an unfair competitive advantage

Organizational Conflict of Interest

OCI is also created by the *appearance* of such conduct, *access to* or the *appearance of access* to source selection information, or any *information exchange which can be construed to give a competitive advantage*

Organizational Conflict of Interest

Be aware that an **Organizational Conflict of Interest** exists where a firm:

- has designed a USAID project and wishes to be eligible for the competition to implement the project; or
- has evaluated USAID contractors/projects under contract and then seeks to do implementing services resulting from the evaluation;
- has audited USAID contractors under contract and uses proprietary information in preparing a future proposal to USAID

Consequences of Violating the Act

- Prosecution and fines
- Organization precluded from bidding or participating on a project
- Affected contracts could be terminated
- Debarment from future participation in US government procurement activity

How to Assist in Compliance

- Remember to be as concerned with the appearance of a conflict as with an actual conflict
- Resist exchanges of budget and technical information prior to formal requests from USAID
- Resist exchanges of budget and technical information prior to formal requests to potential subcontractors under competitive procurements
- Be aware of the regulations

Project Implementation

If you are requested by USAID/MOH to:

- Add component/cost to your project
- Evaluate another project
- Draft SOW
- Extend contract

Please contact your Contract Officer to discuss further action:

Example

You are the Chief of Party for the Rwanda Primary Health Care project and MSH is planning to bid on the follow -on proposal. The USAID Technical Officer for the Rwanda Project will most likely be the Technical Officer for the follow on proposal/project. The Technical Officer repeatedly requests written information from MSH that could be used in designing the scope of work for the Rwanda follow-on proposal. Should you provide this information since the USAID Technical Officer appears to be very busy and doesn't have the time to develop the scope of work for the follow-on Rwanda request for proposal (RFP)?

Answer

No – you should not. This would be an Organizational Conflict of Interest. MSH would not want to be involved in the design work for a project that we would want to implement. We would ask USAID to guarantee in writing that providing this information would not preclude MSH from bidding.

Example

You are a CORDAID employee on a short-term assignment for CORDAID’s Rwanda Child Survival project and while in the middle of a meeting with the Technical Officer with whom you have developed a good working relationship, she informs you that as a member of the the Selection Committee for the Rwanda HIV request for proposal, she believes Cordaid’s cost proposal to be reasonable but IntraHealth’s cost of $98,000,000 is excessive and not realistic. What should you do?

Answer

You should stop the discussion and inform your Contract Officer.

THE END

PEP-FAR Track	Objective / Intervention	Strategic Activities (milestones)				2006												2007									STATUS	Location	Responsibles	Partners - (Govt,NGOs, Church etc.)	Reference to COP	PEPFAR Indicators to which this intervention provides data	Rwanda National Indicators supported by this intervention
			O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S							
	COLLABORATION WITH national HIV & PBF GROUPS, key district teams, and other donors* to support MOH to develop infrastructure for national implementation of PBF, including Quality Assurance. (HIV, Health Clusters and TWGs and USG CA's)	1																															
		Support MOH to develop a National Roll-out Plan for l'Approche Contractuelle and Quality Assurance, addressing vertical donor-supported activities as well as other categories of services (routine analytical reports to the PBF technical WG)				S	X	X	X																		In-Progress; On schedule	KIGALI	Ousmane Faye (OF) and Gyuri Fritsche (GF) through PBF technical WG	MiniSante PBF and QA departments, Cordaid, HNI, BTC,		3,5, 6, 7, 8, 10, 11 and 12	na
		Support MOH to develop/finalise National Guide de l'AC (Guide Finalized)				S	X	X	X																		In-Progress; On schedule	KIGALI	GF through PBF technical WG	MiniSante PBF and QA departments, Cordaid, HNI, BTC,		3,5, 6, 7, 8, 10, 11 and 12	na
		Support MOH to develop quality and quantity Indicators with costs for all levels (conceptual and operational framework available)					X	X	X	X																	Planned; On schedule	KIGALI	GF through PBF technical WG	MiniSante PBF and QA departments, Cordaid, HNI, BTC,		3,5, 6, 7, 8, 10, 11 and 12	na
		Support MOH to develop mechanisms for M&E (M&E systems available)					X	X	X																		Planned; On schedule	KIGALI	OF, GF and ME/MSH through PBF technical WG	MiniSante PBF and QA departments, Cordaid, HNI, BTC, local Gov		3,5, 6, 7, 8, 10, 11 and 12	na
		In collaboration with USG CAs, support ##? Districts to develop roll-out plans and other tools for implementation of AC , according to national policy, including provision of HIV services with PBF contracting (1 District- 9 HIV/AIDS sites- by Sep 06; 2 Districts - 22 sites- by May 2007; 3 Districts -35 sites- by Sept 07)												X								X				X	Planned; On schedule	KIG and DISTRICTS	OF and GF through PBF technical WG	MiniSante PBF and QA departments, Cordaid, HNI, BTC, IntraHealth, local Gov		3,5, 6, 7, 8, 10, 11 and 12	na
		Support MOH to develop performance incentive guidelines for physician/service provider employment (minutes PBF technical WG)					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	MSH through PBF technical WG	MiniSante PBF and QA departments, Cordaid, HNI, BTC,		3,5, 6, 7, 8, 10, 11 and 12	na
	MAP POTENTIAL PROJECT SUPPORT SITES	2																															
		In districts where existing AC and USG supported HIV/AIDS, provide TA to integrate AC including HIV/AIDS services				S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	In-Progress; Ahead of schedule	KIGALI	GF	MiniSante PBF, CA's, USAID, local Gov		3,5, 6, 7, 8, 10, 11 and 12	na
		In #? districts where no existing AC but USG supported HIV services, finance and manage, under District leadership, implementation of AC, according to national policies and guidelines and achieve PEPFAR COP targets												X								X				X	Planned; On schedule	KIG and DISTRICTS	OF, GF and ME/MSH through PBF technical WG	MiniSante PBF and QA departments, Cordaid, HNI, BTC, IntraHealth, local Gov		3,5, 6, 7, 8, 10, 11 and 12	na
		(for the two previous activities: 9, 22 and 35 sites by the months Sept 06, May 07 and Sept 07)													X							X				X	Planned; On schedule						
		In districts where USG-supported HIV services, provide TA to USG CA's to convert their mechanisms of service delivery staff employment to performance-based mechanisms (CA's use PBF to finance HIV/AIDS services)				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIG and DISTRICTS	GF, OF and USAID Coorporating Agencies (CA's)	MiniSante PBF and QA departments, CA's, Intrahealth, local Gov		3,5, 6, 7, 8, 10, 11 and 12	na
		As needed based upon existing data, PBF Readiness Assessment (Baseline Reports)						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	DISTRICTS	GF, Kathy Kantengwa (KK) and ME	MiniSante PBF and QA departments, CA's, Intrahealth, local Gov		3,5, 6, 7, 8, 10, 11 and 12	na
		Site Identification/Visits (Mission Reports)					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	DISTRICTS	GF, KK and M&E Offier (ME)	MiniSante PBF and QA departments, CA's, Intrahealth, local Gov		3,5, 6, 7, 8, 10, 11 and 12	na
		Analyze service & cost Data (Reports)				S	X	X	X	X	X																In-Progress; On schedule	KIGALI	GF and Liz Lewis (LL)	MiniSante PBF department, PBF technical WG, CA's		3,5, 6, 7, 8, 10, 11 and 12	na
		Identify Technical Assistance Needs (Reports)				S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	In-Progress; On schedule	KIG and DISTRICTS	KK	MiniSante PBF and QA departments, PBF technicial WG, local Gov, CA's		3,5, 6, 7, 8, 10, 11 and 12	na
		Identify district and facility resource Requirements (HR&Mat) and work with district and donors to identify resources (Reports)					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIG and DISTRICTS	KK	MiniSante PBF and QA departments, PBF technicial WG, local Gov, CA's		3,5, 6, 7, 8, 10, 11 and 12	na

PEP-FAR Track	Objective / Intervention	Strategic Activities (milestones)				2006												2007														
			O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	STATUS	Location	Responsibles	Partners - (Govt,NGOs, Church etc.)	Reference to COP	PEPFAR Indicators to which this intervention provides data	Rwanda National Indicators supported by this intervention
		Develop Protocol for PBF Readiness Assessment (Protocol)					X																				Planned; On schedule	KIGALI	GF	MiniSante PBF department, PBF technical WG		3,5, 6, 7, 8, 10, 11 and 12	na
		Identify the role of the community (Report)					X	X	X	X																	Planned; On schedule	KIG and DISTRICTS	KK and ME	MiniSante PBF department, PBF technical WG, CA's, local Gov		3,5, 6, 7, 8, 10, 11 and 12	na
		Engage with District Teams (MOU's)					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	DISTRICTS	GF, OF, KK, ME	MiniSante PBF department, CA's, local Gov, Intrahealth		3,5, 6, 7, 8, 10, 11 and 12	na
		Assess motivation of sites (Contracts)					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	DISTRICTS	GF, OF, KK, ME	MiniSante PBF department, CA's, local Gov, Intrahealth		3,5, 6, 7, 8, 10, 11 and 12	na
	ASSESS PRIOR PBF EXPERIENCE	3																															
		Review Documents		S	F																						Completed; On schedule	Kigali	GF	MiniSante, BTC, Cordaid, HNI		3,5, 6, 7, 8, 10, 11 and 12	na
		Collaborate on Evaluation Design			S F																						Completed; On schedule	Kigali; Cyangugu; Butare; BTC areas	GF	MiniSante, BTC, Cordaid, HNI		3,5, 6, 7, 8, 10, 11 and 12	na
		Visit Sites (mission reports available)			S F																						Completed; On schedule	Kigali; Cyangugu; Butare; BTC areas	GF	MiniSante, BTC, Cordaid, HNI		3,5, 6, 7, 8, 10, 11 and 12	na
		Analyse & Evaluate (conceptual framework available)			S	F																					Completed; On schedule	Kigali	GF	MiniSante, BTC, Cordaid, HNI		3,5, 6, 7, 8, 10, 11 and 12	na
		Dissemination Workshop (workshop proceedings)				S F																					Completed; On schedule	Kigali	GF, OF	MiniSante PBF and QA departments, BTC, Cordaid, HNI, CA's, USAID, GF, WB		3,5, 6, 7, 8, 10, 11 and 12	na
		Form internal 'clump' on PBF evaluation				S	F																				Completed; On schedule	Kigali	GF	MiniSante PBF department, HNI, Cordaid, BTC		3,5, 6, 7, 8, 10, 11 and 12	na
		Sub-activity 1: Draft new Terms of Reference PBF Technical WG (TOR drafted)					X																				Planned; On schedule	Kigali	PBF techn WG	MiniSante, BTC, Cordaid, HNI, MSH		3,5, 6, 7, 8, 10, 11 and 12	na
		Sub-activity 2: First meeting in 2006 PBF Technical WG (minutes available)					X																				Planned; On schedule	Kigali	MiniSante	MiniSante, BTC, Cordaid, HNI, MSH		3,5, 6, 7, 8, 10, 11 and 12	na
	MOH PBF CAPACITY	4																															
		Establish Collaboration	S F																								Completed; On schedule	Kigali	OF	MiniSante PBF department		3,5, 6, 7, 8, 10, 11 and 12	na
		Office space at MOH/CTAAC (officespace available)	S F																								Completed; On schedule	Kigali	OF	MiniSante PBF department		3,5, 6, 7, 8, 10, 11 and 12	na
		Review Technical Requirements	S	F																							Completed; On schedule	Kigali	OF	MiniSante PBF department, USAID		3,5, 6, 7, 8, 10, 11 and 12	na
		Review MOH PBF Systems and Goals (report)		S	x	x	x	x	X																		In-Progress; On schedule	Kigali	MSH through PBF Technical WG	MiniSante PBF department, PBF technical WG		3,5, 6, 7, 8, 10, 11 and 12	na
		Analyze Resource Needs (report)				S	X	X	X	X	X	X	X														In-Progress; On schedule	Kigali	MSH through PBF Technical WG	MiniSante PBF department, PBF technical WG		3,5, 6, 7, 8, 10, 11 and 12	na
		Collaborate on Capacity Development Plan (CD plan)									X	X	X	X	X												Planned; On schedule	Kigali; and in the field	MSH through PBF Technical WG	MiniSante PBF department, PBF technical WG		3,5, 6, 7, 8, 10, 11 and 12	na
		MAP group					X	X	X																		Planned; On schedule	Kigali	PBF Technical WG	MiniSante PBF department, PBF technical WG		3,5, 6, 7, 8, 10, 11 and 12	na
		PBF coordination with National Programs (health cluster meeting minutes)	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	In-Progress; On schedule	Kigali	OF	MiniSante, USAID, MiniSante PBF department, PBF technical WG		3,5, 6, 7, 8, 10, 11 and 12	na
	SELECT HIV/PBF Distrcts	0																															
		Review Site Analysis with MOH, USAID, Others (report)				S	X																				In-Progress; On schedule	Kigali	GF	MiniSante PBF department, PBF technical WG, BTC, Cordaid		3,5, 6, 7, 8, 10, 11 and 12	na
		Identify Districts and (types of) Sites with Interest & Capacity (list of districts and sites chosen)					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	In the field	GF	MiniSante PBF department, PBF technical WG, BTC, Cordaid, local Gov		3,5, 6, 7, 8, 10, 11 and 12	na

PEP-FAR Track	Objective / Intervention	Strategic Activities (milestones)				2006												2007									STATUS	Location	Responsibles	Partners - (Govt,NGOs, Church etc.)	Reference to COP	PEPFAR Indicators to which this intervention provides data	Rwanda National Indicators supported by this intervention
			O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S							
		Review other donor plans (GFATM, etc) (minutes PBF Techn WG)					X	X	X																		Planned; On schedule	Kigali	PBF technical WG	PBF technical WG		3,5, 6, 7, 8, 10, 11 and 12	na
		Collaborate with Unites de Sante et Famille (MOUs between MSH and Districts available)					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	In the field	GF, OF, KK and ME	MiniSante, local Gov, Intrahealth		3,5, 6, 7, 8, 10, 11 and 12	na
		Negotiate with Service Managers (MOUs between MSH and HFs available)							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	In the field	GF, OF, KK and ME	MiniSante, local Gov, health facilities		3,5, 6, 7, 8, 10, 11 and 12	na
		Site Goals, Deliverables, Indicators (prime source in contracts)						X	X																		Planned; On schedule	Kigali	GF through PBF Technical WG	MiniSante PBF department, PBF technical WG, BTC, Cordaid		3,5, 6, 7, 8, 10, 11 and 12	na
		Document Agreements (contracts and agreements exist)							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	Kigali and in the field	GF	MiniSante PBF department, PBF technical WG, BTC, Cordaid, health facilities		3,5, 6, 7, 8, 10, 11 and 12	na
		District Selection Design Standards (document)					X																				Planned; On schedule	Kigali	GF	MiniSante PBF technical WG		3,5, 6, 7, 8, 10, 11 and 12	na
	CONTRACT MECHANISMS	6																															
		Identify & Review Existing models (report)			S	x	x	x																			In-Progress; On schedule	KIGALI	GF	MiniSante PBF department, Cordaid, BTC, HNI, PBF technical WG		3,5, 6, 7, 8, 10, 11 and 12	n.a.
		Chart Possible Approaches (report)					X	X																			Planned; On schedule	KIGALI	GF	MiniSante PBF department, Cordaid, BTC, HNI, PBF technical WG		3,5, 6, 7, 8, 10, 11 and 12	n.a.
		Confirm with MiniSante						X	X																		Planned; On schedule	KIGALI	OF	MiniSante PBF and QA departments		3,5, 6, 7, 8, 10, 11 and 12	n.a.
		District Health Management Committees (signed contracts)							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI AND DISTRICTS	GF, OF, KK and ME	MiniSante PBF department, Cordaid, BTC, HNI, PBF technical WG, local Gov		3,5, 6, 7, 8, 10, 11 and 12	n.a.
		Health Facilities (signed contracts)							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI AND DISTRICTS	OF and GF	CORDAID, HEALTHNET,INTRAHEALTH,BTC + districts + health facilities		3,5, 6, 7, 8, 10, 11 and 12	n.a.
		Approaches to PBF with other CA's (model available and introduced by CAs)								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI AND DISTRICTS	GF	CA's, MiniSante PBF department, PBF technical WG		3,5, 6, 7, 8, 10, 11 and 12	n.a.
		Justifications and approvals						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI, BOSTON	GF,HR	USAID		3,5, 6, 7, 8, 10, 11 and 12	n.a.
	SERVICE SITE COMPONENTS/ TA PROGRAM	7																															
		Deliverables								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	KK	MiniSante,CORDAID, HNI,INTRAHEALTH, BTC, loc Gov		3,5, 6, 7, 8, 10, 11 and 12	n.a.
		QA (QA process defined and available)						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	KK, MiniSante QA dep, QA specialist	MiniSante,CORDAID, HNI,INTRAHEALTH, BTC, loc Gov		3,5, 6, 7, 8, 10, 11 and 12	n.a.
		Contract Structure						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	MSH	MiniSante,CORDAID, HNI,INTRAHEALTH, BTC, loc Gov		3,5, 6, 7, 8, 10, 11 and 12	n.a.
		Finance & Payment Flows						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	MSH	MiniSante,CORDAID, HNI,INTRAHEALTH, BTC, loc Gov		3,5, 6, 7, 8, 10, 11 and 12	n.a.
		Incentive & Subsidy Structure						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	MSH	MiniSante,CORDAID, HNI,INTRAHEALTH, BTC, loc Gov		3,5, 6, 7, 8, 10, 11 and 12	n.a.
		Contract Management						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	MSH	MiniSante,CORDAID, HNI,INTRAHEALTH, BTC, loc Gov		3,5, 6, 7, 8, 10, 11 and 12	n.a.
		M&E Process (M&E process defined and available)						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	ME, District Health Teams (DHT)	MiniSante,CORDAID, HNI,INTRAHEALTH, BTC, loc Gov		3,5, 6, 7, 8, 10, 11 and 12	n.a.
		Supervisions times 2										X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	ME, DHT	MiniSante,CORDAID, HNI,INTRAHEALTH, BTC, loc Gov		3,5, 6, 7, 8, 10, 11 and 12	n.a.
	INITIAL SITE ASSISTANCE	8																															
		Equipment (equipment list finalized)							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI AND DISTRICTS	OF, KK	MiniSante,CORDAID, HNI,INTRAHEALTH, BTC, loc Gov		3,5, 6, 7, 8, 10, 11 and 12	n.a.

PEP-FAR Track	Objective / Intervention	Strategic Activities (milestones)				2006												2007									STATUS	Location	Responsibles	Partners - (Govt,NGOs, Church etc.)	Reference to COP	PEPFAR Indicators to which this intervention provides data	Rwanda National Indicators supported by this intervention
			O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S							
		Facility renovation (facility renovation plans ready and renovation in the pipeline)							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI AND DISTRICTS	KK	MiniSante,CORDAID, HNI,INTRAHEALTH, BTC, loc Gov		3,5, 6, 7, 8, 10, 11 and 12	n.a.
		Management System Review							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI AND DISTRICTS	MSH, KK	MiniSante,CORDAID, HNI,INTRAHEALTH, BTC, loc Gov		3,5, 6, 7, 8, 10, 11 and 12	n.a.
		HRM Assessment							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI AND DISTRICTS	MSH, KK	MiniSante,CORDAID, HNI,INTRAHEALTH, BTC, loc Gov		3,5, 6, 7, 8, 10, 11 and 12	n.a.
		Plan Development							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI AND DISTRICTS	KK	MiniSante,CORDAID, HNI,INTRAHEALTH, BTC, loc Gov		3,5, 6, 7, 8, 10, 11 and 12	n.a.
	STRENGTHEN HIV/AIDS SERVICES	9																															
		ID Clinical and non-Clinical Training Needs (assessment reports)						X			X			X			X			X			X			X	Planned; On schedule	KIGALI	KK	MiniSante, loc Gov, DHT, Health Facilities, CA's		3,5, 6, 7, 8, 10, 11 and 12	
		On-the-Job Training (reports/topics participants)							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	ON SITE	KK	MiniSante, loc Gov, DHT, Health Facilities, CA's		3,5, 6, 7, 8, 10, 11 and 12	
		Client Sensitization to Services (activity report)							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	ON SITE	MSH	MiniSante, loc Gov, DHT, Health Facilities, CA's, TRAC, CNLS		3,5, 6, 7, 8, 10, 11 and 12	
		Service Element Review (activity/service records)					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI and ON SITE	MSH, Quality Assurance Officer (QA)	MiniSante, PBF technical WG		3,5, 6, 7, 8, 10, 11 and 12	
		Quality Assurance (reports)							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI and ON SITE	MSH, QA	DISTRICT HOSP,QAP		3,5, 6, 7, 8, 10, 11 and 12	
		Integration of HIV/AIDS Supervision with other Service Supervision (District/site supervision reports)									X				X				X				X				Planned; On schedule	KIGALI and ON SITE	GF/KK/QA	DISTRICT HOSP,Intrahealth		3,5, 6, 7, 8, 10, 11 and 12	
		Define Standards for Integration (report)						X																			Planned; On schedule	KIGALI	KK	TRAC+,MOH,COLUMBIA		3,5, 6, 7, 8, 10, 11 and 12	
		Drug Management ? (OI)								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	MSH RPM+	TRAC+,MOH,CAMERWA,RPM+,DISTRICT		3,5, 6, 7, 8, 10, 11 and 12	
	PHC SERVICE REINFORCED	10																															
		Review Service Data (service data analysis)								X			X			X			X			X			X		Planned; On schedule	KIGALI	GF	Gov, DHT, Cordaid, HNI, CTB		3,5, 6, 7, 8, 10, 11 and 12	
		Quality and Volume Review (analysis of reports)								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	MSH	Gov, DHT, Cordaid, HNI, CTB		3,5, 6, 7, 8, 10, 11 and 12	
		Identify Strengths & Issues (assessment report)						X																			Planned; On schedule	KIGALI	GF/ME	Gov, DHT, Cordaid, HNI, CTB		3,5, 6, 7, 8, 10, 11 and 12	
		Identify & Agree on Indicators (available in contracts)						X																			Planned; On schedule	KIGALI	GF/ME	Gov, DHT, Cordaid, HNI, CTB		3,5, 6, 7, 8, 10, 11 and 12	
		Develop Integration Plan with HIV (available in contracts)							X																		Planned; On schedule	KIGALI	MSH	Gov, DHT, Cordaid, HNI, CTB		3,5, 6, 7, 8, 10, 11 and 12	
		Seek Partners to Buy PHC Indicators (MOU's signed with any additional partners)						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	ON SITE	MSH	Gov, DHT, Cordaid, HNI, CTB, other		3,5, 6, 7, 8, 10, 11 and 12	
	SENIOR STAFF TRAINING	11																															
		Strengthening Health Policy Analyst Capacity at MOH (training sessions)								X																	Planned; On schedule	KIGALI, DISTRICTS	MOH, KK	MiniSante PBF department		3,5, 6, 7, 8, 10, 11 and 12	
		Training on Management of PBF contracts for DISTRICT TEAMS (training reports)								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI, DISTRICTS	MOH, KK, CO, GF	MiniSante PBF department, PBF technical WG, loc Gov, DHT		3,5, 6, 7, 8, 10, 11 and 12	
		HRH/Capacity Building (human resources management tools, retention and motivation strategies) (reports/validation of systems and records)								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI, DISTRICTS	MOH, KK, CO, GF	MiniSante, DHT, loc Gov, CA, CTB, CORDAID, OTHER		3,5, 6, 7, 8, 10, 11 and 12	
		Community Mobilization (training and activity reports)								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI, DISTRICTS	MOH, KK	DHT, loc Gov, CA		3,5, 6, 7, 8, 10, 11 and 12	

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			O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S							
		Information Systems (training completed and plan documents available)								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI, DISTRICTS	KK, ME, MOH	MiniSante, PBF technical WG		3,5, 6, 7, 8, 10, 11 and 12	
		Contracting Systems for senior staffs (training and activityreports)							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI, DISTRICTS	MOH, KK, CO, GF	MiniSante		3,5, 6, 7, 8, 10, 11 and 12	
		Performance Management and Supervision (validation of systems and records)								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI, DISTRICTS	KK, MOH	CTAC,DIST.HEALTH TEAMS		3,5, 6, 7, 8, 10, 11 and 12	
	HIV/AIDS COST REVIEW	12																															
		Review HIV/AIDS and PHC current service Costs (Report)				S	X	X	X																		In-Progress; On schedule	KIGALI, DISTRICTS	GF, LL, MOH	MOH, USAID, MSH, CORDAID, HEALTHNET, BTC, other Ips		3, 4, 5, 6, 7, 8, 9, 12	
		Indentify & Assess Financial Options (Mutuelles, etc) (Report)							X																		Planned; On schedule	KIGALI, DISTRICTS	GF, MOH	MOH, USAID, MSH, CORDAID, HEALTHNET, BTC, other Ips		3, 4, 5, 6, 7, 8, 9, 12	
		Develop Analytical Framework (Analytical Framework)					X	X	X																		Planned; On schedule	KIGALI, DISTRICTS	GF, MOH	MOH, USAID, MSH, CORDAID, HEALTHNET, BTC, other Ips, WB, GF, GTZ, ETC...		3, 4, 5, 6, 7, 8, 9, 12	
		Review current Financing for ARVs/OI Rx (Report)					X	X	X																		Planned; On schedule	KIGALI, DISTRICTS	GF, LL, MOH	MOH, USAID, MSH, CORDAID, HEALTHNET, BTC, other Ips		3, 4, 5, 6, 7, 8, 9, 12	
		Design compatible PBF system for Project (PMTCT gets ARV's) (PBF system available)					X	X	X																		Planned; On schedule	KIGALI, DISTRICTS	GF, MOH	MOH, USAID, MSH, CORDAID, HEALTHNET, BTC, other Ips		3, 4, 5, 6, 7, 8, 9, 12	
		(QA/Community) Review cost of QA in Community (Report)					X	X	X																		Planned; On schedule	KIGALI, DISTRICTS	GF, LL, MOH	MOH, USAID, MSH, CORDAID, HEALTHNET, BTC, other Ips		1, 2, 11	
	MONITORING & EVALUATION	13																															
		Participate in Evaluation of PBF Efforts to Date (joint reports)	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	In-Progress; On schedule	KIGALI, DISTRICTS	MSH	MSH, Cordaid, Healthnet, Intrahealth,RPM+, BTC		3, 4, 5, 6, 7, 8, 9, 12	
		Compliance with Tiahrt and other regulations (ongoing/periodic audit)	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	In-Progress; On schedule	KIGALI	OF	USAID partners		5, 6	
		Review Workshop (report)							X			X			X			X			X			X			Planned; On schedule	KIGALI	ME	all partners		3, 4, 5, 6, 7, 8, 9, 12	
		Identify lessons learned (analysis report)							X			X			X			X			X			X			Planned; On schedule	KIGALI	ME	all partners		3, 4, 5, 6, 7, 8, 9, 12	
		Agree on Changes and Modifications (minutes of PBF technical WG)								X			X			X			X			X			X		Planned; On schedule	KIGALI	ME and PBF technical WG	MSH, Cordaid, Healthnet, BTC		3, 4, 5, 6, 7, 8, 9, 12	
		Design Project M&E with MOH and others (M&E Plan)					X	X	X																		Planned; On schedule	KIGALI	MSH and PBF technical WG	MSH, Cordaid, Healthnet, BTC		3, 4, 5, 6, 7, 8, 9, 12	
		Collect Baseline Data (Baseline Database)						X	X																		Planned; On schedule	DISTRICTS	MSH, MOH	MSH, Cordaid, Healthnet, BTC		3, 4, 5, 6, 7, 8, 9, 12	
		Geographic Bounds and Target Pops				S	X	X	X																		In-Progress; On schedule	KIGALI	MSH and PBF technical WG	MOH, USAID, MSH, CORDAID, HEALTHNET, BTC, other Ips		3, 4, 5, 6, 7, 8, 9, 12	
		Develop Database for Monthly Service Statistics (Database)					X	X	X																		Planned; On schedule	KIGALI	MSH, MOH	MOH, USAID, MSH, CORDAID, HEALTHNET, BTC, other Ips		3, 4, 5, 6, 7, 8, 9, 12	
		Transfer Database to Partners (Report on Database transfered)								X																	Planned; On schedule	KIGALI	MSH, MOH	MOH, USAID, MSH, CORDAID, HEALTHNET, BTC, other Ips		3, 4, 5, 6, 7, 8, 9, 12	
		Provide Feedback to Partners (service and analysis reports)								X	X																Planned; On schedule	KIGALI	MSH, MOH	MOH, USAID, MSH, CORDAID, BTC, HEALTHNET, other Ips		3, 4, 5, 6, 7, 8, 9, 12	
		Service Delivery Assessment (SDMA) (Report)												X												X	Planned; On schedule	KIGALI	MSH and PBF technical WG	MSH, Cordaid, Healthnet, BTC		3, 4, 5, 6, 7, 8, 9, 12	
		Collaborate on World Bank Impact Assessment (Project Quarterly Report updates)			S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	In-Progress; On schedule	KIGALI, DISTRICTS	MSH, MOH, WB	MOH, USAID, MSH, CORDAID, HEALTHNET, BTC, other Ips		3, 4, 5, 6, 7, 8, 9, 12	

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			O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S							
		Mid-Term Evaluation of Project (Report)																			X						Planned; On schedule	KIGALI	OF	USAID, MSH, CORDAID, HEALTHNET, BTC, other Ips		3, 4, 5, 6, 7, 8, 9, 12	
		Yearly Partner Project Annual Report (Report)													X											X	Planned; On schedule	KIGALI	OF	USAID, MSH, CORDAID, HEALTHNET, BTC, other Ips		3, 4, 5, 6, 7, 8, 9, 12	
	MANAGEMENT	14																															
	General Support	**UNIT MANAGEMENT**	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	OF	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		BUDGETING																									Planned; On schedule					3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Annual Budget Preparation (budget)				S	X												X								Planned; On schedule	KIGALI	OF	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Operational Budget/prepare monthly expenditures (Monthly Budget monitoring reports)	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	AC	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Planning/actionplan																									Planned; On schedule					3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Preparing annual workplan (workplan)				S												X									Planned; On schedule	KIGALI	OF	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Unit Strategy (PI approach linking goals and activities)	S	X	X	X	X									X	X	X									Planned; On schedule	KIGALI	OF	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Evaluation																									Planned; On schedule					3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Routine M&E Process (monthly service reports)									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	ME			3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Project Midterm evaluation/ Project performance evaluation																			X						Planned; On schedule	KIGALI	JP, OF	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Consultant Management																									Planned; On schedule					3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Drafting SOW, Approved SOW/Negotiating consultant rates/Concurrence Request/Travel and transportation arrangements/signing the contract		S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIG and Boston	OF, JP	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Performance Evaluation/Supervision																									Planned; On schedule					3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Conduct Annual Review/ review performance objective and targeted indicators							X												X						Planned; On schedule	KIGALI	OF, GF	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Accounting/Audit																									Planned; On schedule					3, 4, 5, 6, 7, 8, 9, 12	n.a.
		MSH Internal Audit													X												Planned; On schedule	KIGALI	A, AC, OF	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Cash management/record transactions in Quickbooks/Field expenses reports / taxes, payroll, payments, employee benefits,	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	A, AC	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Banking																									Planned; On schedule					3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Monthly fund request, bank statement and reconciliation, bank account transfers	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	AA, AC	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Financial Control																									Planned; On schedule					3, 4, 5, 6, 7, 8, 9, 12	n.a.
		prepare monthly financial statement/review statement	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	A, AC	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Administration	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	A, OF	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Logistics																									Planned; On schedule					3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Advance Request, Clearing Advance, Hotel reservation, Airport pick-up arrangments, travel confirmation,	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	A, AA	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Security	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	OF	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Communications																									Planned; On schedule					3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Weekly conference call with MSH/Boston, /monthly meetings with Subcontractors and Technical staff to review plan activities.	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	OF	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.

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			O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S							
		Reports																									Planned; On schedule					3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Weekly reports	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	OF	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Quarterly reports			S			X			X			X			X			X			X			X	Planned; On schedule	KIGALI	OF	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Yearly report													X											X	Planned; On schedule	KIGALI	OF	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Supplies	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	A, AA	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Clerical Work	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	AA, C			3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Transport																									Planned; On schedule					3, 4, 5, 6, 7, 8, 9, 12	n.a.
		dispatching plan, travel calendar, maintenance of the Vehicules, car insurance and registration, and fill-out regularly log book	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	A, AA			3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Training			S			X			X			X			X			X			X			X	Planned; On schedule	KIGALI	A, OF	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Training of Trainers							X				X								X				X		Planned; On schedule	KIGALI	MSH Boston			3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Library, Procedures Manuals	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	A	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Computer Maintenance																									Planned; On schedule					3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Contract for computer maintenance, back-up weekly files,	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	A, AA	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Branding Compliance																									Planned; On schedule					3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Review logos for report covers and vehicules, request guidance from USAID	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	A, OF	MSH Boston, USAID		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Subcontract Management																									Planned; On schedule					3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Solicitation process, negotiation, justifications draft, negotiate contract, process invoices, modifications,	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	A, OF	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Prime Contract Management																									Planned; On schedule					3, 4, 5, 6, 7, 8, 9, 12	n.a.
		APPROVAL REQUEST, Obligation monitoring, USAID regulations research,	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	MSH Boston	MSH Rwanda, USAID		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Staff Meetings	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	OF			3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Human Resources																									Planned; On schedule					3, 4, 5, 6, 7, 8, 9, 12	n.a.
		recruitment plan, review benefit package, Job Description, staff contract, set-up personnel files, review staff development, make sure the PP&R are done	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	A	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Pipeline (report)													X											X	Planned; On schedule	KIGALI	MSH Boston	MSH Rwanda		3, 4, 5, 6, 7, 8, 9, 12	n.a.
		Payroll																									Planned; On schedule					3, 4, 5, 6, 7, 8, 9, 12	n.a.
		prepare monthly payroll, Insurance, Taxes, benefits, Prepare quarterly Social Security fund	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Planned; On schedule	KIGALI	A, AC	MSH Boston		3, 4, 5, 6, 7, 8, 9, 12	n.a.