

**Partners for Health
Refrom Plus (PHR_{plus})
Project**

**PHR_{plus} Year Two
Implementation Plan
October 1, 2001 –
September 30, 2002**

**Contract #
HRN-C-00-00-00019-00**

October 31, 2001



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PHR*plus* Year Two Implementation Plan

1. Introduction

The U.S. Agency for International Development (USAID) awarded a five-year contract for the Health Policy and Systems Strengthening Flagship Project to Abt Associates on September 29, 2000. The total base contract value for five years is \$81,999,999 with two options: option 1 – \$9,999,999; and option 2 – \$5,999,999; the total possible contract worth is \$97,999,999. The Abt team includes – Development Associates Inc. (DA), Emory University Rollins School of Public Health, Philoxenia International Travel, Inc., Program for Appropriate Technology in Health (PATH), Social Sectors Development Strategies (SSDS), Tulane University School of Public Health and Tropical Medicine, Training Resources Group (TRG), and University Research Co. LLC (URC).

As required under the PHR*plus* Flagship contract, the purpose of this Annual Implementation Plan (AIP) is to provide an overview of the Project's expected results for FY2002, planned activities, implementation steps, end-of-year products and estimated budget and level of effort (LOE) requirements. The budget estimates are based on the twelve month period presented in this document for each activity, even though many of the activities will be implemented over a multi-year period.

Funding for the second year of the Project includes FY'01 funds that were obligated prior to September 30, 2001 plus an estimated amount needed to continue work through September 30, 2002. See Annex A for a breakdown of funds and funding sources.

2. Operational Strategy Statement

2.1 Project Approach

As a follow on to the PHR project, PHR*plus* builds on experience with health sector reform from 1995-2000 and sharpens USAID's approach to reform. The PHR*plus* effort sees reform as a process of strengthening health systems, especially policy, financing, quality, information and implementation systems. PHR*plus* focuses further on the objective of strengthening the performance of health systems in delivering PHN priority services that address child, maternal, and reproductive health as well as HIV/AIDS and other infectious diseases. Incorporating earlier approaches, PHR*plus* interprets and measures improved performance in terms of increased access, equity, efficiency, quality and sustainability of priority and other health services.

Health Reform Definition

Health sector reform is a sustained process, guided by government, of strengthening systems to achieve fundamental change in policy and institutional arrangements through changes in health sector priorities, laws, regulations, organizational structure, and financing arrangements. The central goals are to improve the functioning and performance of the health sector, in order to improve access, equity, quality, efficiency and/or sustainability and ultimately the health status of the population.

In general, this Project approach is designed to enhance the prospects for health reform to have a positive impact on priority services and to maintain or improve the coverage gains these services have made in recent decades. The approach aims to contribute to development of reforms that are more effective in strengthening systems that support both priority services and other health services that people also need and want.

2.2 Objectives, Results, Impact Targets

Along with other USAID Office of Health and Nutrition projects, the Flagship is intended to contribute to achieving the Population, Health, and Nutrition (PHN) Center's Strategic Objectives – increased use of health services that reduce unintended pregnancies, maternal mortality, infant and child mortality, transmission and impact of HIV/AIDS, and the threat of infectious diseases – in countries where USAID works. *PHRplus* will also contribute to individual USAID Mission strategic objectives in countries in which the project works.

In addition, *PHRplus* has its own specific strategic objective – to improve health system performance in delivering PHN priority interventions – along with five Intermediate Results (IRs). Under the contract, the Flagship project is expected to focus on 3 of these Intermediate Results:

Result 1: Appropriate health sector reforms are effectively implemented

Result 4: Health financing is increased and more effectively used

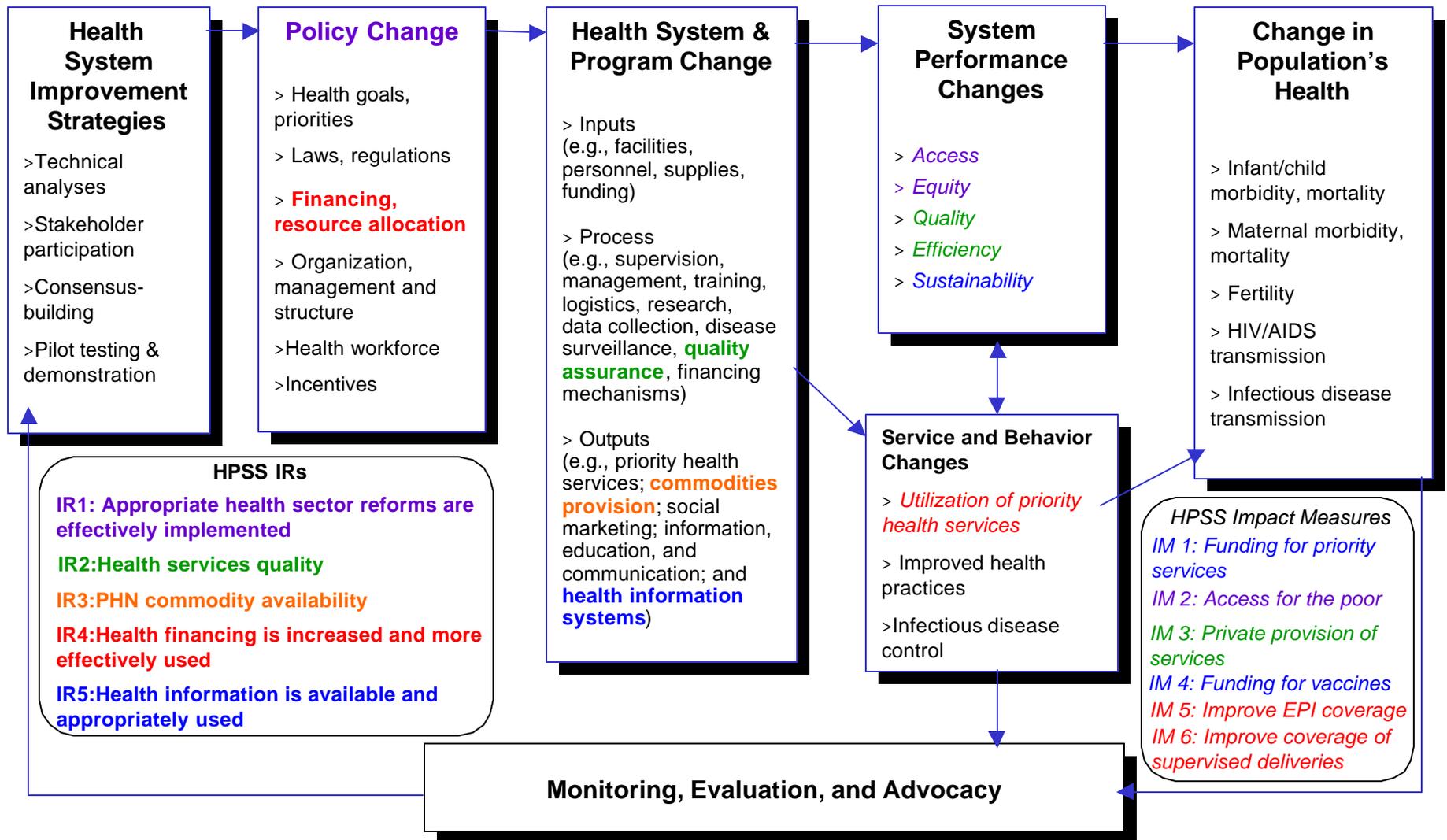
Result 5: Health information is available and appropriately used *PHRplus* will also contribute to

Result 2: Health workers deliver quality responsive services and

Result 3: Commodities are available and appropriately used.

Figure 1 summarizes the strategic objective, intermediate results, sub-results and impact targets for *PHRplus*. The figure also includes illustrative indicators the contract identified for measuring achievement of the intermediate results.

Figure 1-1 Framework for Tracking Health System Performance



2.3 Technical Inputs to Achieve Planned Results

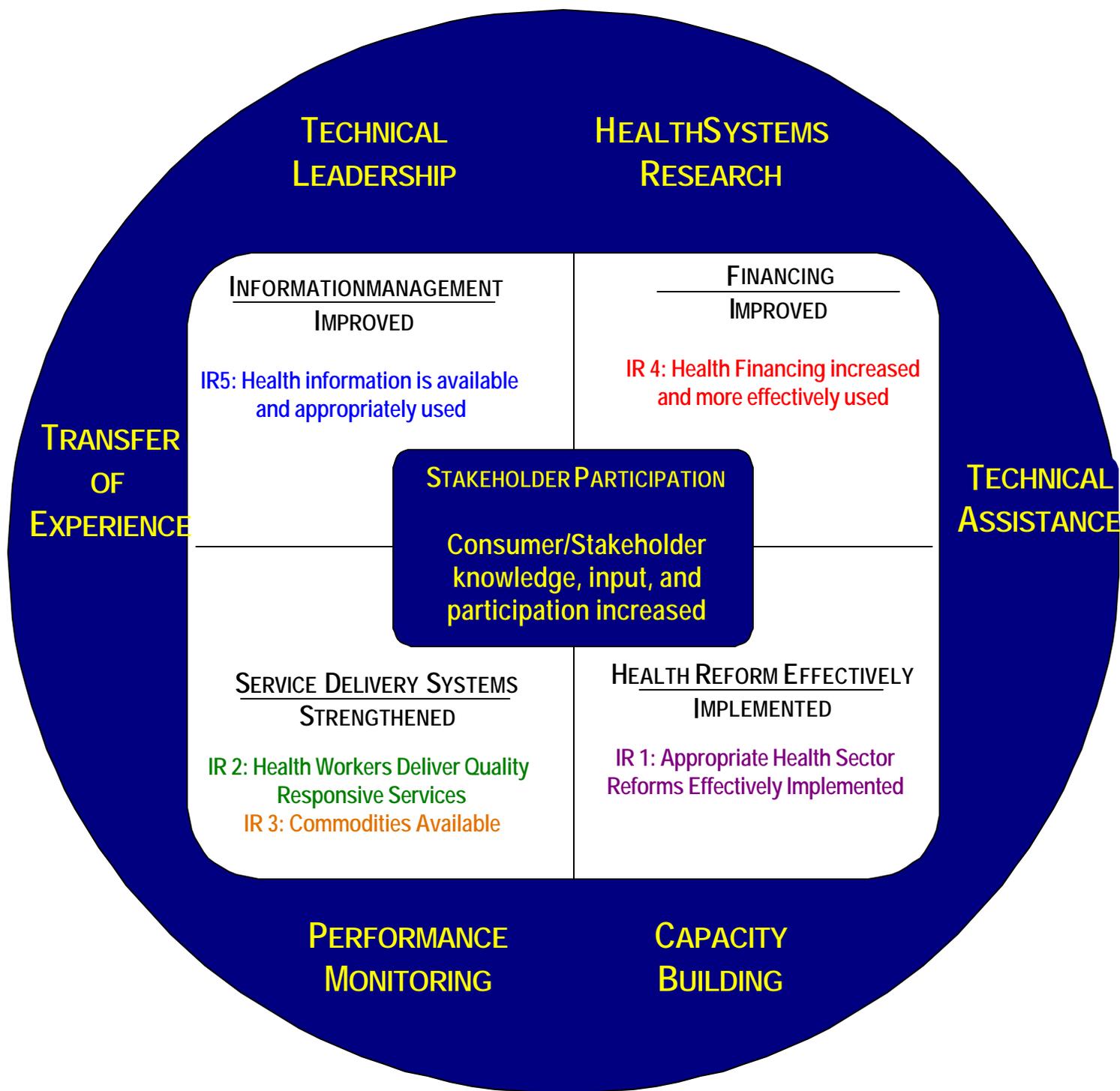
The scope of PHR*plus* work in health reform and systems strengthening requires six main types of technical input, referred to as “tasks” in the contract, to achieve the expected results and impact targets.

- **Technical leadership** to support USAID’s role in global leadership, knowledge development, and consensus building for appropriate strategies of reform and system strengthening
- **Health systems research** to build knowledge about health reform and system strengthening and the links with improved delivery of priority services
- **Field Support** to provide technical assistance in health reform and system strengthening to USAID Missions who request PHR*plus* help
- **Performance monitoring and results tracking** to demonstrate achievement of Project objectives as well as global knowledge development
- **Training and capacity development** to institutionalize knowledge about health reform and system strengthening in countries in which PHR*plus* works.
- **Strategic documentation and transfer of experience** to expand knowledge and skills globally in the area of health reform and systems strengthening

Figure 2 illustrates application of these technical tasks to support achievement of Project results. The Project team carries out these tasks collaboratively with counterparts and other partners to achieve the core results related to effective implementation of health reform (IR 1), strengthened quality (IR 2) and commodity systems (IR 3) for service delivery, and improved financing (IR 4) and information management (IR 5). In addition to the five core intermediate results for PHR*plus*, the figure shows the Project’s cross-cutting objective of broadened and more informed stakeholder participation. It shows participation both as an essential component and a key result countries need to achieve for effective and sustained reform and system strengthening. We define participation as involvement of stakeholders at all levels of the change process: from the grassroots-level PHC client, to community leaders, local politicians, provider groups, national-level policy makers, and even donor participants.

The second Annual Implementation Plan which begins in Section 3 of this document provides a summary of specific activities, expected results, and resources required. The Plan is organized by the six Tasks listed above.

Figure 2 Approach to Applying Technical Resources to Achieve PHR plus Results



3. Task 1 – Technical Leadership

The PHN Center within the Global Bureau continues to provide leadership in global strategies and approaches to health reform around the world. In this role, the Center has provided particular leadership in identifying and documenting the relationship between health reform and improving priority services that address family planning, maternal health, child health, HIV/AIDS, and infectious diseases. *PHRplus* will work closely with G/PHN to support its role in these global policies and knowledge development issues related to health reform and system strengthening. The *PHRplus* project will assist in this leadership role through a variety of activities in knowledge development, documentation and strategic transfer of experience, development of analytic tools, Special Initiatives, Applied Research, Monitoring and Evaluation. We also expect that technical assistance carried out under the Field Support task will contribute to the Center's global leadership in health reform and system strengthening.

Although many *PHRplus* activities may contribute to the Project's technical leadership function, we are including two broad sets of core-funded activities under the technical leadership task for purposes of this implementation plan: 1) Common Agenda activities that cut across many topics or aspects of the health system and 2) Special Initiatives that directly address PHN priority services and the Center's Strategic Objectives. In carrying out the technical leadership task, the Project will include strategic documentation and transfer in all activities and will collaborate widely with other Cooperating Agencies as well as with relevant international and developing country organizations. We are in ongoing discussions with the Global Bureau on future activities within this task. The set of activities described below is based on our contract and discussions with USAID.

3.1 National Health Accounts

USAID through the *PHRplus* project will continue to provide support to strengthen indigenous capacity to implement NHA. *PHRplus* provides expert technical assistance to develop on-the-ground capacity to develop and use NHA as well as serve as a catalyst to get regional networks started. These networks can become the hub of ongoing regional capacity building and further develop the analytic and quantitative tools in ways that facilitate the use of NHA for policy decisions.

The approach underlying the proposed NHA activities is multi-faceted, combining 1) refining and utilizing tools developed under PHR, 2) demonstrating policy applications and uses, 3) extending the use of NHA through promoting and supporting regional networks and global dissemination of findings, and 4) leveraging and engaging other international donors support.

In Year 2, *PHRplus* will carry out the following proposed NHA activities:

1. Conduct in-depth analysis of 3-4 country-level household expenditure data sets, which were completed during the PHR project. The study will help identify and evaluate household health expenditure patterns and their impact on allocation of public health resources.
2. While many middle and low-income countries have already carried out NHA efforts there is still considerable interest from a number of countries particularly in Eastern Europe and Central Asia. With a modest effort, *PHRplus* could assist them with forming regional networks modeled after the other networks PHR has helped form in the past. Specifically, *PHRplus* will play a major role in

leveraging other donors who, in many instances, are looking for opportunities to support such regional initiatives but lack either the technical expertise or the capacity.

3. Developing a decision support model in one country (Philippines) that links health accounting data with disease surveillance. The purpose of the model is to create a replicable process for creating demand for high quality health data among health decision-makers and professionals and build a repository of data that services that demand.
4. Develop a global internet Website for NHA that would include country and regional NHA reports as well as updates on the latest methodological advances and news on training, meetings and conferences.

Contribution to

PHN SO: Common Agenda

PHRplus IRs: IR1 Appropriate health sector reforms are effectively implemented

IR4 Health financing is increased and more effectively used

IR5 Health information is available and appropriately used

PHRplus sub IRs:

IR1.1 The design, adoption and management of reforms that affect PHN priority interventions improved

IR1.3 Monitoring of the effects of health reform is carried out, and used by stakeholders in the reform process

IR 4.3 Economic analysis, resource allocation, budgeting and financial management practices improved

IR5.2 Capacity to design, develop and maintain information systems enhanced

Implementation Plan	Q1	Q2	Q3	Q4
Prepare an inventory of the country data sets available on hand				
Decide on the specific questions that need to be answered from the analysis				
Prepare a study outline				
Analyze data				
Present preliminary findings				
Finalize data analysis				
Promote the importance of NHA with international donor organizations				
Assess country interest in NHA in new regions (Eastern Europe, Central Asia, West Africa)				
Initiate preliminary regional country meetings in new regions				
Develop and agree on concept and objectives				
Meet with Filipino health authorities to design the activity in detail				
Select two local sites for implementation				
Develop work plan and design conceptual model				
Initiate implementation				
Agree on objective of the site				
Design Website				
Implement				

Year Two Milestones	Q1	Q2	Q3	Q4
Develop an inventory of country data sets				
Prepare study outline				
Initiate preliminary regional country meetings in new regions				

Year Two Milestones	Q1	Q2	Q3	Q4
Agree on concept paper for the activity				
Select two local sites for model implementation and on model objectives with local authorities				
Agree on website design and contents				

Technical Resources: Team and technical leader I. Shehata, AK Nandaumar, T. Dmytrzenko, A. Fairbank, S. De, R. Martinez, Other Staff – S. Bennett, M. Huff-Rousselle

LOE (Person Months): 23.9 (NHA), 4.4 (ENE Network)

Extra Inputs: local and regional meetings

Material Support: none

FY'02 Budget: \$452,115 (NHA), \$148,572 (ENE Network)

3.2 Stakeholder Participation

The *PHRplus* project is committed to the meaningful involvement of stakeholders in the health reform process. Health reform activities take place at many different levels within a country—national, district, facility, and individual citizen.

A variety of models for stakeholder participation can be found in the literature, each with its own focus, each appropriate for engaging participation at a particular level. To be useful to the practitioner in the field, however, the practitioner must be able to appropriately identify target stakeholders at the relevant level and match the model to the target. Not all practitioners will have the expertise to carry out this analysis and matching process.

Throughout the project, then we will endeavor to identify the models, understand their utility and the implications of adopting them and document our learning. Our objective is to better connect the theory and models available in the literature with the practitioner; to enable the practitioner to understand who the stakeholders are in a given activity and to make a reasoned determination about how best to involve them.

In year two we will work in countries and on reform activities which enable us to build on work already being carried out. We would, therefore, explore participation models appropriate to the hospital strengthening work being implemented in Malawi and Eritrea. At the end of year two, based on the results to date, we will make a determination as to whether to go broader (looking a stakeholder participation in other segments of health reform) or deeper (looking at hospital strengthening again, but in additional countries).

Contribution to

PHN SO: Common Agenda

PHRplus IRs: cross-cutting

PHRplus Sub IRs:

IR 1.2 Policymakers, providers, communities and clients empowered to participate in health reform

IR 1.3 Monitoring the effects of health reform is carried out, and used by stakeholders in the reform process

IR 2.4 Consumer participation in design, delivery and evaluation of health services increased

IR 4.4 Mechanisms for stakeholder input to health financing decisions expanded

IR 5.3 Commodity knowledge of health care practices, quality, and options increased

Implementation Steps	Q1	Q2	Q3	Q4
Develop framework for examining stakeholder participation				
Identify stakeholders and appropriate model for participation in Malawi and Eritrea				
Utilize model for engagement of stakeholders				
Evaluate the utility of the model				

Year Two Milestones	Q1	Q2	Q3	Q4
Development of framework				
Stakeholders identified and appropriate form of participation identified				
Model implemented				

Products by the end of the year:

- One primer paper on stakeholder model experience by September 2002

Technical Resources: Team Leader – M. Morehouse. Task Manager: J. Edmond, Other Staff – M. Paterson, D. Brinkerhoff, L. Moll

LOE (Person Months): 1.8

Extra Inputs: none

Material Support: none

FY’02 Budget: \$46,145

3.3 Documentation, Analysis and Transfer of USAID Health Reform Experience

Under the contract, one of PHR*plus*’ key roles in technical leadership is “...documentation, analysis and transfer of key expertise and experience in the area of health policy, management and systems strengthening developed or validated by the Contractor and USAID.” The Project is expected to “... develop and implement strategies to capture this expertise, relate it to broader findings and experience in the reform area and synthesize this experience into analyses and products that inform global programming for health sector reform.”

In year two, we will choose topics of focus in consultation with and at the request of USAID. It is expected that these topics will reflect emerging issues, unanticipated requests from donor and international partners of USAID, or syntheses of PHR and PHR*plus* work. Synthesis products could include types of documents produced under PHR – for example, primers, an executive summary series, an issue of the Health Reform and Priority Services Journal – and/or other types of products. The project Editorial Board will participate in identifying appropriate topics and media for syntheses.

Contribution to

PHN SO: Common Agenda

PHR*plus* IRs

IR1 Health reforms effectively implemented

PHR*plus* Sub IRs

IR1.1 Design, adoption and management of reforms that affect PHN priority interventions improved

IR1.2 – Policymakers, providers, communities and clients empowered to participate in health reform

Implementation Steps	Q1	Q2	Q3	Q4
Participate in planning meetings with USAID partners and others to get input on topic(s) to be covered and appropriate medium/format for dissemination				
Carry out research needed for synthesis papers				
Write and review papers				

Year Two Milestones	Q1	Q2	Q3	Q4
Synthesis topic approved by USAID				
Synthesis papers produced				

Products by the end of the year:

- One synthesis paper (or other type of product) by June 30, 2002
- Two synthesis papers (or other product) by September 30, 2002

Technical Resources: Team Leader – C. Leighton. Task Manager: J. Edmond, Other Staff – depending on topic chosen

LOE (Person Months): 8

Extra Inputs: Travel

Material Support: none

FY’02 Budget: \$175,000

3.4 Technical Advisor Group (TAG)

The objective of the PHR*plus* Project’s Technical Advisory Group (TAG) is to have a consistent group of external experts over the life of the project that can:

1. provide access to state-of-the-art technical leadership
2. offer guidance on project strategy, priorities, remediation, solutions and research problems

Both the Health Financing and Sustainability (HFS) and PHR projects benefited from having dedicated TAG members that provided their unique and combined perspectives and guidance on the variety of work implemented. The PHR*plus* Project will continue to work with a TAG over the course of the next four years. The TAG members have been selected jointly through a process which identified criteria for the ideal candidates and solicited names from staff and USAID. In choosing candidates for the TAG we looked for people who have demonstrated leadership and vision in the field of health care reform and service delivery in international and U.S. domestic settings. We also sought representation from universities, NGOs, international donor organizations, and Ministries of Health in developing countries.

The TAG candidates who have agreed to join include:

Harris Berman, CEO of Tufts Health Plan

Mirai Chatterjee, Secretary General of Self Employed Women’s Association (SEWA), India

Tim Evans, Director of Health Equity – The Rockefeller Foundation

Helene Gayle, Senior HIV/AIDS Advisor to the Bill and Melinda Gates Foundation

Abdelhay Mechbal, Director of Health Financing and Stewardship Department at the World Health Organization

Vincent Musowe, former Chief Health Planner – MOH Zambia

Helen Saxenian, Sector Leader HNP of the World Bank
 Alfredo Solari, Senior Health Advisor of the Inter-American Development Bank

The first two-day TAG meeting will be scheduled in late January/early February 2002. The TAG will be requested to provide technical guidance and comments on:

1. Major project strategies, such as the Applied Research Agenda, Technical Leadership activities, our Results Areas; Monitoring and Evaluation of project performance and reporting on impact measures, capacity building, stakeholder participation in the process of strengthening health systems, and overall communications and transfer of information strategies for project activities and findings;
2. Methods and approaches for achieving success in health systems strengthening at the country level;
3. Specific problems and issues that arise in the course of project implementation

Contribution to
 PHN Common Agenda

Implementation Steps	Q1	Q2	Q3	Q4
Send official invitations to the selected TAG members				
Prepare materials for the TAG members to review prior to the meeting				
Solicit agenda ideas from staff and USAID				
Decide on facilitation of meeting				
Prepare agenda				
Prepare logistics				
Prepare invitation list w/USAID				
Invite other stakeholders to attend				

Year Two Milestones	Q1	Q2	Q3	Q4
Disseminate materials to the TAG prior to meeting				
Poll TAG members and agree upon date of meeting				
Schedule meeting				
Hold TAG meeting				

Products by the end of year:

- TAG report – February 2002

Technical Resources: Senior Management Team and other staff

LOE (Person Months): 3.1

Extra Inputs: travel for international TAG members

Material Support: reproduction of documents and shipment

FY'02 Budget: \$104,878

3.5 SO2 – Maternal Health Care Services

Maternal health care services are among the priority services of central interest for PHR*plus* system strengthening and health reform efforts. The activities build on work done under PHR and on the progress that has been made in recent years regarding 1) the costs, financing, and effectiveness of alternative interventions to reduce maternal mortality and 2) ways to measure, monitor and evaluate these issues. PHR*plus* activities in maternal health include both field and analytic work and are carried out in close collaboration with other USAID CAs and international agencies.

In year two we will work with USAID and other relevant stakeholders to:

1. Improve the policy environment and knowledge base for increasing use of skilled attendants at birth, especially in sub-Saharan Africa, by initiating one or two field activities that will demonstrate the impact of financing changes on increasing use of skilled attendants.
2. Develop short synthesis documents as needed to support the work of the Maternal Health Division and carry out advocacy activities as requested by the Division in USAID, in international, regional and other fora.

Contribution to

PHN SO: SO2 – Increased use of key maternal health services

PHRplus IRs: Depending on country efforts implemented, potentially:

- IR 1 Health reform effectively implemented.
- IR2 Health workers deliver quality responsive services.
- IR3 Commodities are available and appropriately used
- IR4 Health financing is increased and more effectively used.
- IR5 Health information is available and appropriately used.

PHRplus Sub IRs: Depending on country efforts implemented, potentially:

- IR1.1 Design, adoption and management of reforms that affect PHN priority interventions improved.
- IR1.2 Policymakers, providers, communities and clients empowered to participate in health reform
- IR2.4 Consumer participation in design, delivery and evaluation of health services increased.
- IR3.2 Selection, forecasting, procurement and distribution of commodities improved
- IR4.1 Rational financing policies enacted.
- IR4.2 Alternative financing schemes to improve affordability of services implemented.
- IR4.4 Mechanism for stakeholder input to health financing decisions expanded.
- IR5.3 Community knowledge of health care practices, quality and options increased.

Implementation Steps	Q1	Q2	Q3	Q4
Participate in planning meetings with USAID SO2 team members				
Provide advocacy, dissemination and technical assistance at international meetings as requested				
Carry out discussions and collaborative activities to develop specific options for country work with countries in which PHRplus has field support activities, with USAID CAs, and others				
Initiate two country activities				

Year Two Milestones	Q1	Q2	Q3	Q4
Agreement with USAID SO2 team, country, and partners reached for initiation of PHRplus MH financing activity in a country				
Country activities initiated				

Products by the end of the year: (NOTE: TDs for new activities not yet developed.)

- One synthesis paper by June 30, 2002
- One presentation at one USAID or international meeting by June 30, 2002
- Plan for one or two country activities by September 30, 2002

Technical Resources: Team leader – C. Leighton. Task Manager – J. Edmond, Other staff – two Technical Officers, two Associate Technical Officers

LOE (Person Months): 6

Extra Inputs: travel

Material Support: N.A.

FY'02 Budget: \$275,000

3.6 SO3 – Child Survival Services

The *PHRplus* SO3 Child Health activities continue to support USAID's role in assuring that health reform and system strengthening efforts help to improve the delivery and performance of child services. The activities build upon the substantial work done under PHR, in the areas of immunization financing, integrated management of childhood illnesses and micronutrient management. *PHRplus* will continue to carry out in close collaboration with other USAID CAs and international agency activities to:

1. improve the policy environment for effective use of resources for child health policies;
2. provide state of the art knowledge, approaches and tools in the areas of costing and financing; and
3. enhance capacity to collect and use information that can improve policies and decision-making related to child health services.

Contribution to

PHN SO: SO3 Increased Use of Key Child Health and Nutrition Interventions

PHRplus IRs:

IR 1: Appropriate health sector reforms are effectively implemented

IR 4: Health financing is increased and more effectively used

IR 5: Health information is available and appropriately used

PHRplus Sub IRs:

IR 1.1 Design, adoption and management of reforms that affect PHN priority interventions improved

IR 4.1 Rational financing policies enacted

IR 4.2 Alternative financing schemes to improve affordability of services implemented

IR 4.4 Partnerships to mobilize and leverage additional resources established

IR 4.5 Mechanisms for stakeholder input to health financing decisions expanded

IR 5.2 Capacity to design, develop and maintain information systems enhanced

Implementation Steps	Q1	Q2	Q3	Q4
Child Health Planning				
Participate in planning meetings with USAID SO3 team members regarding future child health activities				
Support to GAVI				
Publish and disseminate Ghana Immunization Financing Report				
Facilitate the presentation of Immunization Financing results in Ghana by local authors of the report				
Prepare information on financial sustainability indicators for GAVI Board meeting in November 2001.				
Publish costing paper as <i>PHRplus</i> document				
Provide technical assistance to two countries (perhaps Tanzania, Malawi and/or Ghana) on the GAVI guidelines for financial sustainability				

Implementation Steps	Q1	Q2	Q3	Q4
Conduct country specific assessments of immunization financing activities as requested by USAID and missions				
Provide technical assistance to international meetings, training sessions and other fora, as requested by partner CAs and other international donors				
Integrated Management of Childhood Illnesses				
Disseminate information and lessons learned from field testing the IMCI costing tool				
Provide technical assistance on the IMCI costing tool				
Child Health Priority Services and MHOs				
Assess baseline data from Mutual Health Organizations (MHOs) in West and Central Africa (two countries) concerning how USAID priority services are included and/or promoted through MHO benefits packages				
Develop methodology and tools for gathering additional information on the demand and quality of USAID priority services utilized by MHO members				
Conduct field testing of tools and gather data at selected MHOs in the two countries				
Analyze data, summarize results and produce report with findings and recommendations				
Produce and disseminate report results				
Support to Polio Eradication Research Activities				
Provide technical assistance and advice to CDC/WHO Polio Research Committee meetings to provide information on the costing and policy implications of polio eradication efforts				
Produce and disseminate report analyzing costs of implementing injectible polio vaccines (IPV) versus oral polio vaccine (OPV)				
Participate in CDC/WHO Polio Research Committee meetings				

Year Two Milestones	Q1	Q2	Q3	Q4
Agreement with USAID SO3 team on PHR <i>plus</i> child health activities				
Information and lessons learned from immunization financing studies disseminated in the field				
Technical assistance provided to two countries on financial sustainability guidelines and plans				
IMCI costing tool disseminated and field tested				
Technical assistance provided to polio eradication efforts and information disseminated about IPV/OPV costs				
Increased information about how MHOs promote USAID priority child health services				

Products by the end of the year:

- Methodology and tool for MHO data collection March 2002
- 4 trip reports
- 4 technical reports
- Special events including planning and dissemination meetings, donor and CA coordination meetings

Technical Resources: Team Leader – M. Makinen. Task Manager – J. Edmond, Other staff – B. Sakagawa, L. Moll, Nandakumar, C. Leighton, X. Liu

LOE (Person Months): 9

Extra Inputs: travel

Material Support: N/A
FY'02 Budget: \$800,000

3.7 SO4 – HIV/AIDS

Strengthening health systems in support of HIV/AIDS services to reduce HIV transmission and mitigate the impact of the HIV/AIDS pandemic are priority areas for the PHR*plus* Project. Building on previous work, PHR*plus* plans to provide technical assistance to strengthen health systems in at least three USAID rapid scale-up countries by 1) helping policy makers assess costs and health systems needs of various interventions, set priorities and identify a feasible plan to provide HIV/AIDS prevention, treatment, care and support services; 2) assessing whether community-based health financing schemes can help more effectively pool resources and increase access to vulnerable populations for AIDS care and treatment; 3) facilitating effective flow of resources for HIV/AIDS.

PHR*plus* plans to continue to work with USAID and other relevant stakeholders to:

1. develop new models for providing and financing care for HIV-infected individuals;
2. build host country oversight capacity to set national HIV priorities, track impact and expenditures, and coordinate with donors and other partners; and
3. develop mechanisms to effectively channel resources to NGOs and communities.

Contribution to

PHN SO: SO4 HIV/AIDS: Increased use of improved, effective and sustainable responses to reduce HIV transmission and mitigate the impact of the HIV/AIDS pandemic

PHR*plus* IRs:

- IR1 Appropriate health sector reforms are effectively implemented
- IR4 Health financing is increased and more effectively used

PHR*plus* Sub IRs:

- IR1.1 Design, adoption and management of reforms that affect PHN priority interventions improved
- IR4.1 Rational financing policies enacted
- IR4.2 Alternative financing schemes to improve affordability of services implemented
- IR4.4 Partnerships to mobilize and leverage additional resources established
- IR4.5 Mechanisms for stakeholder input to health financing decisions expanded

Implementation Steps	Q1	Q2	Q3	Q4
Develop new models for providing and financing care				
Treatment costs for HIV/AIDS				
Develop a conceptual framework to estimate treatment costs				
Document AIDS treatment experiences in one or more countries (policies, implementation procedures, lessons) (e.g., Mexico, Zambia)				
Pilot-test conceptual framework in one country (e.g., Zambia) to integrate framework into national strategic plan, estimate comprehensive costs for ARV package, and provide training support for health staff.				
Begin development of software program to project resource needs and costs				
Community-based Health Financing (CBHF)				
Produce working paper identifying existing knowledge and gaps in				

Implementation Steps	Q1	Q2	Q3	Q4
CBHFs for HIV/AIDS to share with expert panel				
Hold experts panel meeting to produce recommendations for CBHF financing of HIV/AIDS services				
Conduct assessment of CHF in one pilot district (e.g., Tanzania)				
Build host country oversight capacity				
NHA				
Identify a network of countries, including high-prevalence ones, in which to adapt NHA framework for HIV/AIDS				
Building on PHR work in Rwanda work with network countries to make adjustments to NHA framework for HIV/AIDS and build HIV/AIDS specific analysis into ongoing NHA work in these countries				
Modified framework and methodology tested in network countries and data collection work started				
Support Global Trust Fund, UNAIDS, SIDALAC				
Continue follow-up with USAID to identify TA for Global Trust Fund for Health and AIDS				
Establish working group with SIDALAC and UNAIDS				
Hold two meetings to work out agreement on methodologies				
Continue participation in interagency meetings to support USAID HIV/AIDS Division				
Develop mechanisms to channel resources to NGOs and communities				
Assess NGO contracting mechanisms in one country				
Design and provide TA to implement improved contracting mechanisms in one country				

Year Two Milestones	Q1	Q2	Q3	Q4
Modified NHA framework tested				
Working group with SIDALAC, UNAIDS established				
Conceptual framework to estimate treatment costs tested				
CBF assessment conducted				
NGO contracting mechanisms assessed				

Products by the end of year:

- 8 Trip Reports
- 4 Technical Reports
- Research methodology and "decision tree checklist" for LAC Mexico costing study – March 2002
- Special events including experts meetings, debriefing meetings with USAID and Missions, planning and dissemination meetings, donor and CA coordination meetings.

Technical Resources: Team Leader – J. Day, Senior HIV/AIDS Advisor – G. Kombe, Senior Technical Advisor - A.K. Nandakumar. Task Manager - TBD. Other staff - T. Dmytraczenko, C. Quijada, C. Connor, M. Bhawlkar, J. Edmond, M. Morehouse, C. Leighton, N. Hsi, S. De, B. Sakagawa, M. Makinen, A. Kelley, C. Atim, P. Schneider, K. Novak, and local consultants as needed.

LOE (Person Months): 75

Extra Inputs: travel, organizing experts meetings, conferences

Material Support: N/A

FY'02 Budget: \$1,300,000

3.8 SO5 – Infectious Disease

Health information is essential to the ability of health systems to function effectively and to be able to ensure timely response based on informed decisions. The major targets of SO5 assistance are technical leadership in the design and content of health management information systems, supervisory structures, communication, and use of that information to make decisions. Some SO5 activities will go toward complementing mission and regional activities, particularly where PHR*plus* technical agenda can support a synergistic approach to the implementation and/or improvement of health management information systems.

Although the agenda for SO5 activities has not been fully developed, several activities have been under development, including the Bright Ideas project, development of a conceptual framework, the development of indicators of effective surveillance systems, the development of a partnership between a state health department and a country, and linkage with other PHR*plus* activities to integrate expertise across the PHR*plus* project.

Subtask 1: Bright Ideas

The “Bright Ideas” project is a regional activity to improve infectious disease surveillance, health information systems, and management capacity of health departments in the NIS and Eastern Europe. WHO has the leadership responsibility of this project. PHR*plus*’ contribution, 250k, is relatively small compared to the overall 1.2 million contribution of all players, including WHO/EURO and PATH. The primary role of PHR*plus* is to transfer the expertise, tools, and approaches to WHO/EURO.

WHO/EURO has been slow in demonstrating its commitment to initiate the activity. To date, no program staff has been hired or assigned to this project. Upon resolving this issue, WHO/EURO will begin developing the program implementation plan in cooperation with PHR*plus*, USAID and host country governments. As discussed with the USAID’s Surveillance working group in October, 2001, a RAP (regional activity plan) is not planned, because the role of PHR*plus* is as advisor to WHO, who is leading the planning process. As PHR*plus* is not in a position to begin this program on its own, specific annual planning at present is not possible. However, broad plans so far include initiating the activity in one country. The top candidate country is Belarus where there is a strong interest and commitment from the Government. However, the regional USAID Mission consent needs to be obtained prior to the first country assessment and program planning trip.

Contribution to

PHR*plus* IR:

IR5 Health information is available and appropriately used

PHR*plus* Sub IRs:

IR5.2 Capacity to design, develop and maintain information systems enhanced

IR5.3 Community knowledge of health care practices, quality and options increased

Implementation steps (will be based on WHO activity plan)	Q1	Q2	Q3	Q4
Program implementation plan developed				
Initial assessment in the first country				
Establishment of a local working group in a pilot region				
Situation analysis of the current information and management policies and practices, priority health and information needs identification				
Development of training tools and methods				
Adaptation of existing policies and instruments				

Implementation steps (will be based on WHO activity plan)	Q1	Q2	Q3	Q4
Training of health personnel in a pilot oblast				
Introduction and monitoring of changes in information management and practices at the oblast level of the system				

Year Two Milestones (dependent on WHO workplan)	Q1	Q2	Q3	Q4
Selection of a pilot region/oblast in first country				
Selection of countries for further activities				
PHR <i>plus</i> activity plan for first country, in conjunction with WHO plan				
Trip report for assessment and program planning in the first country				
Establishment of a local working group in the pilot region/oblast				

Products by the end of year:

- Multi-year PHR*plus* workplan for Bright Ideas in conjunction with HO Summer '02 plan

Technical Resources: Team Leader – D. Mercer, Task Manager – C. Vilen, Other staff - C. Connor, L. Franco, A. Luchitsky, S. Posner, C. Rassas, J. Setzer

LOE (Person Months): 6

Extra Inputs: WHO/EURO (500k) – overall activity plan and leadership in the program implementation, PATH/Ukraine (240k) – technical assistance in the program implementation

Material Support: none

FY'02 Budget: \$83,000

Subtask 2: Developing an evidence base for surveillance of infectious diseases

Although the multi-year plans are not solidified (the plan is due in December), it is likely that the overall program of work will include a variety of activities designed to:

1. synthesize what is known about health reform and system strengthening with respect to infectious disease surveillance systems in the developing country context;
2. develop a conceptual framework for health systems strengthening
3. develop health systems strengthening indicators based on the conceptual framework
4. evaluate promising field interventions in one or more countries; and
5. develop, implement, monitor and evaluate a field intervention within the developed framework.

To date, dialogue has been initiated with the HIS/IDS, Research, and M&E teams as well as with Tulane Faculty to plan the development of the conceptual framework. The development of the conceptual framework will draw upon a wide range of sources, including published and unpublished literature in routine health information systems and health sector reform, case studies, surveys of key informants in selected countries, lessons learned from field research, and a two-day consultation of experts to build consensus held in Washington, D.C. The final disseminated conceptual framework will provide a basis for technical leadership to USAID in planning and evaluating health information system development initiatives.

Contribution to

PHR*plus* IR:

IR5 Health information is available and appropriately used

PHR*plus* Sub IRs:

IR5.2 Capacity to design, develop and maintain information systems enhanced

IR5.3 Community knowledge of health care practices, quality and options increased

Implementation Steps	Q1	Q2	Q3	Q4
Convene planning meetings				
Perform literature and report search				
Develop a working definition of effective disease surveillance systems				
Develop concept paper from review of literature				
Plan for expert consultation				
Organize and disseminate initial draft of conceptual framework				
2 day workshop of experts				
Synthesize workshop results				
Disseminate post-workshop synthesis of conceptual framework to workshop participants				
Receive and integrate feedback				
Disseminate conceptual framework paper				
Plan for field testing, case studies, research, implementation activities based on framework				

Year Two Milestones	Q1	Q2	Q3	Q4
Draft paper of conceptual framework				
2-day expert workshop				

Products by the end of year:

- Final conceptual framework paper
- Work plan for continued activities based on conceptual framework

Technical Resources: Team Leader – S. Posner, Task Manager – C. Vileno, Other PHR*plus* staff - D. Mercer, S. Bennett, D. Hotchkiss, M. Paterson, G. Gaumer, L. Franco, M. Morehouse, A. Luchitsky, J. Setzer, C. Quijada, N. Pielemeier, C. Rassas, Tulane faculty and staff- S. Hassig, N. Mock, R. Magnani, K. MacIntyre, C. Colvin, Other expert staff: TBD

LOE (Person Months): 12

Extra Inputs: none

Material Support: none

FY'02 Budget: \$200,000

Subtask 3: Development of a partnership between a state health department and a country

Dialogue initiated to develop a partnership between a state health department and a country toward improving surveillance in a developing country. The US-based Council of State and Territorial Epidemiologists (CSTE) has confirmed interest in this activity and has offered to facilitate in identifying and developing a partnership.

The next implementation steps are to coordinate with CSTE to solicit interest and areas of expertise from state health departments, identify a country for developing the partnership, identifying the activity to be developed based on the partnership, facilitate the development of roles and responsibilities of each partner, and develop a workplan.

Contribution to

PHR*plus* IR:

IR5 Health information is available and appropriately used

PHR*plus* Sub IRs:

IR5.2 Capacity to design, develop and maintain information systems enhanced

Implementation Steps	Q1	Q2	Q3	Q4
Coordinate with CSTE to solicit interest and areas of expertise from state health departments				
Identify a country for developing the partnership				
Match the expertise of an interested health department with the selected country				
Identifying the activity to be developed based on the partnership,				
Facilitate the development of roles and responsibilities of each partner				
Develop the workplan				

Year Two Milestones	Q1	Q2	Q3	Q4
Announcement from CSTE to solicit interest from health departments				
Selection of a country and activity				
Identification of a state health department partnership				

Products by the end of year:

- Related trip reports
- Workplan for development of the partnership between the state health department and the selected country

Technical Resources: Team Leader – S. Posner, Task Manager – C. Vileno, Other staff: D. Mercer, A. Luchitsky, J. Setzer, C. Rassas, Regional advisor (TBD), M. Morehouse

LOE (Person Months): 2

Extra Inputs: none

Material Support: none

FY'02 Budget: 175k

Subtask 4: Tanzania

See write up for Tanzania under field support activities.

Subtask 5: Developing the S05 agenda and other activities

Contribution to

PHRplus IR:

IR5 Health information is available and appropriately used

PHRplus Sub IRs:

IR5.2 Capacity to design, develop and maintain information systems enhanced

Other activities in S05 involve:

1. Participating in meetings with ANE Bureau to develop a technical agenda and funding for merging NHA with IDS data (refer to ANE Task 3),
2. Participating in HIV Expanded Response to incorporate health information systems as a focus of their objective and workplan for “mitigating the effect of HIV on the health sector” (refer to Task 1: S04 HIV/AIDS),
3. Complementing the Tanzania agenda by providing technical support to the implementation of the Tanzania infectious disease surveillance system (350k) (refer to Task 3: Tanzania IDS),
4. Collaborating with other CAs and donors to develop global leadership activities, and
5. Further develop the S05 multi-year strategy and workplan.

Contribution to
Common Agenda

Implementation Steps	Q1	Q2	Q3	Q4
Multi-year technical agenda				

Milestones: Refer to above-mentioned tasks.

Products by end of year:

- Multi-year technical agenda / workplan for S05 (due December, 2001)

Technical Resources: Team Leader – S. Posner, Task Manager – C. Vileno, Other staff: D. Mercer, A. Luchitsky, J. Setzer, C. Rassas, L. Franco

LOE (Person Months): 2

Extra Inputs: Airfare & Travel, Collaboration with CAs, donors, state health departments, workshops

Material Support: Printing and reproduction costs, Communication, Dissemination of materials

FY'02 Budget: 50,000

TOTAL across all subtasks :

FY'02 Budget: 508,000

FY'02 LOE: 22

4. Task 2 – Health Systems Research

Task 2 includes the design, conduct, analysis, dissemination and application of results from applied, operations and evaluative research. The two immediate priorities for the research team during Year 2 are the completion of the knowledge building agenda and the establishment of intensive research and demonstration sites. PHR*plus* is contractually required to produce a knowledge building agenda to guide the selection of research topics during the course of the project. The project is also required to implement at least three intensive country research and demonstration programs to test and validate new tools and methodologies and to identify the most effective approaches to health system strengthening.

In addition to these two formative pieces of work, PHR*plus* will continue to develop applied research on Community Based Health Insurance. The project decided to proceed with this area of work before finalization of the knowledge building agenda in order to take advantage of opportunities to piggy-back upon technical assistance activities.

Furthermore the common core agenda for FY2001 identified another two areas which PHR*plus* will need to initiate work on during quarter 1 of Year 2. The two new areas which PHR*plus* plans to submit TDs are (a) building consumer accountability and (b) stewardship and regulation of the health care sector.

Ideally PHR*plus* would, during the course of Year 2, initiate work on a further 1-2 priority topics identified on the Knowledge Building Agenda. However whether it is feasible to do this depends upon funding received from the Global Bureau for FY2002.

At this point, funding for Applied Research in the project is extremely limited. The five definite activities (sub-tasks 1-5) identified below exhaust funds currently available. Furthermore these activities are funded at a level which allow for preliminary activities in each area but not always for substantive fieldwork. The success of PHR*plus* health system research efforts is contingent upon being able to leverage more global and mission funding. Activities for Year 2 are designed partly with this objective in mind.

4.1 Sub-Task 1 – Development of Research Agenda

According to the contract, PHR*plus* will develop an applied research agenda. This research agenda will reflect research interests of USAID global bureau and missions, the international research community, country partners and international organizations. The research agenda will provide more detail on 6-8 priority research topics. The research agenda will (with up-dates) guide the applied research program of PHR*plus* throughout the life of the project.

Contribution to

PHR*plus* IR – The research agenda will most likely contribute to all of PHR*plus*' IRs in some small way. Again this depends on the nature of the research issues.

PHR*plus* SO – This will depend on the nature of the research issues which will be identified.

Implementation Steps	Q1	Q2	Q3	Q4
E-mail survey soliciting information to develop research agenda				
Meetings in potential IRD sites				
Review of other research agenda building efforts				
First draft of research agenda				
Review of first draft of research agenda				
Focused consultations to discuss the whole of the knowledge building agenda and more focused meetings with stakeholders interested in specific topics on the agenda				
Further consultations in IRD sites				
Revised knowledge building agenda				
Review of revised knowledge building agenda and revision				
Submission and approval of knowledge building agenda by USAID/CTO				
Dissemination of final agenda				

Year Two Milestones	Q1	Q2	Q3	Q4
Approval of research agenda and budget				

Products by the end of year:

- Technical Report: Knowledge Building Agenda (December 2001)

Technical Resources: Team Leader – S. Bennett, Task Manager – S. Archibald, Other team members- C. Leighton, N. Pielemeier, M. Makinen, M. Paterson, L. Franco, L. Gilson, Nandakumar, D. Mercer, J. Galloway, E. Kelley, D. Brinkerhoff, D. Hotchkiss

LOE (Person Months): 4.4

Extra Inputs: none

Material Support: none

FY'02 Budget: \$98,000

4.2 Sub-Task 2 – Intensive Research and Demonstration Sites

It is envisaged that the three intensive research and demonstration sites will provide a platform for a number of core funded activities within the project such as research, monitoring and evaluation, and technical leadership. This task area includes the initial identification of sites, the development of a multi-year strategy plan to guide work in IRD sites, and visits to proposed country sites to help develop more country-specific plans.

Contribution to

PHRplus IR – It is envisaged that activities in IRD sites will contribute to multiple **PHRplus IRs**. However as the exact nature of activities has not yet been defined it is not yet possible to specify which IRs.

Planning of IRD sites – Implementation Steps	Q1	Q2	Q3	Q4
IRD working group reviews multi-year strategy paper				
Multi-year strategy paper submitted to USAID				
IRD working group initiates discussions with three potential IRD countries at home office				
Further TD for development of IRD sites submitted				
Trip to first IRD country				
Trip to second IRD country				
Trip to third IRD country				

Year Two Milestones	Q1	Q2	Q3	Q4
Development of multi-year strategy plan				
Technical paper on experience with pilots sites				
In-country activities initiated in all three IRD sites				

Review of experience with pilots – Implementation Steps	Q1	Q2	Q3	Q4
Review of existing literature on pilots conducted and pilots to be surveyed identified				
Interviews conducted with persons involved in previous IRD sites				
Paper on experience with IRD sites written				
Paper on experience with IRD sites published				

Products by the end of year:

- IRD site multi-year strategy paper (October 2001)
- Technical paper reviewing experience with pilots (January, 2002)

Technical Resources: Team Leader – S. Bennett, Team Member – M. Patterson, Team Member – D. Hotchkiss, Team Member- C. Leighton, Team Member- J, Galloway, Team Leader – E. Kelley.

LOE (Person Months): 3.3

Extra Inputs: travel

Material Support: N/A

FY'02 Budget: \$137,600

4.3 Sub-task 3 – Community Based Health Insurance Schemes

This piece of work will identify outstanding research questions in the area of Community Based Health Insurance (CBHI), which are feasible for PHR*plus* to address through its program of technical assistance. Research protocols will be developed and fieldwork initiated primarily in Sub-Saharan Africa. It is likely that the research will focus on three topics within the field of CBHI namely:

1. CBHI and the role of government (how CBHI schemes relate to broader health care financing policy and the role of government in regulation and enabling schemes)
2. Equity and poverty (impact of CBHI schemes on equity, their role in protecting access for the poor)
3. The validity of standard insurance theory within CBHI schemes (notably how issues of trust and social solidarity affect traditional recommendations regarding risk pool size and composition).

Contribution to

PHR*plus* IR – IR4 – Health financing is increased and more effectively used

Sub IRs

- 4.1 Rational financing policies enacted
- 4.2 Alternative financing schemes to improve affordability of services implemented
- 4.4 Partnerships to mobilize and leverage additional resources established
- 4.5 Mechanisms for stakeholder input to health financing decisions expanded

PHN SO – PHR*plus* will also work on CBHI for SOs 2-4. To the extent that this piece of work overlaps with planned SO-specific work, the research will also contribute to SOs 2-4.

Implementation Steps	Q1	Q2	Q3	Q4
Review of PHR and other experiences and development of lessons.				
Development of a research concept note (for inclusion in AR agenda)				
Development of research protocol				
Development and submission of new TD to cover initiation of fieldwork				
Publication of special product based upon review of experiences				
Workshop in Africa with all persons providing TA under PHR <i>plus</i> in order to incorporate research component into TA				
Initiation of fieldwork				

Year Two Milestones	Q1	Q2	Q3	Q4
Research protocol for further work developed				
Workshop in Africa to initiate fieldwork				

Products by the end of year:

- Research protocol (multi-year strategy plan) (November 2001)
- Publication in the Executive & Management Report series: “Lessons learned from implementing CBHI schemes” (January 2002)

Technical Resources: Team Leader – S. Bennett, Team Members – C. Leighton, A. Kelley, C. Atim, M. Makinen

LOE (Person Months): 3.7

Extra Inputs: airfare

Material Support: none

FY’02 Budget: \$140,000

4.4 Sub-task 4 – Building Consumer Accountability

This sub-task is concerned with mapping alternative approaches to improving the accountability of the health care system to consumers, and identifying which practices appear to work best under which conditions. As a first step PHR*plus* will prepare a conceptual framework paper that will define what is meant by accountability, and consider the available published evidence on accountability mechanisms within the health care sector. The paper will also suggest promising avenues for future work.

Contingent upon available funding and upon approval of this topic in the applied research agenda, PHR*plus* would then move to more substantive field based work on building consumer accountability, that could include intervention research or evaluating innovative practices in different settings. It should be noted that this research area is closely related to proposed work on responsiveness under Task 4.

Contribution to

PHR*plus* IR – IR1 Appropriate Health Sector Reforms are Effectively Implemented (40%)

IR2 Health Workers Deliver Quality Responsive Services (40%)

IR5 Health Information is Available and Appropriately used (20%)

Sub IRs

1.1 Design, adoption and management of reforms that affect PHN priority interventions

1.2 Policymakers, providers, communities and clients empowered to participate in health reform

2.4 Accountable programs and incentives to improve quality and efficiency institutionalized

5.3 Community knowledge of health care practices, quality and options increased.

Implementation Steps Further steps are contingent upon funding and approval	Q1	Q2	Q3	Q4
Submission of TD				
Review of literature conducted				
First draft of concept paper				
Production of concept paper				

Year Two Milestones	Q1	Q2	Q3	Q4
Production of concept paper				
Production of research protocol (if funding available and if approved by research agenda)				
Initiation of fieldwork (if funding available and if approved by research agenda)				

Products by the end of year:

- Technical paper “Building Consumer Accountability in Health Care” (March 2002)

Technical Resources: Team Leader – D. Brinkerhoff

LOE (Person Months): 4.8

Extra Inputs: none

Material Support: none

FY’02 Budget: \$110,000

4.5 Sub-Task 5 – Strengthening Stewardship and Governments’ Regulatory Role

This sub-task seeks to elucidate what needs to be done to strengthen government’s “stewardship” role through a careful analysis of governments’ existing regulatory and enabling functions. Key challenges to the application of the concept of stewardship concern the motivation of government officials and the public’s lack of trust in government. Regulation represents a very appropriate lens through which to examine these two concepts. An initial literature review will explore material on (a) performance of government’s regulatory function (b) motivation of public sector officials and (c) the public’s trust in government.

Contingent upon funding and approval of the topic in the knowledge building agenda the literature review will be developed into a concrete research protocol.

Contribution to

PHRplus IR –

IR1 Appropriate Health Sector Reforms are Effectively Implemented

IR2 Health Workers Deliver Quality Responsive Services

PHRplus Sub IRs

1.3 Global consensus on appropriate guiding principles of health reform achieved

2.1 Effective strategies for regulation of public and private health services implemented

Implementation Steps Further steps are contingent upon funding and approval	Q1	Q2	Q3	Q4
Submission of TD				
Review of literature conducted				
First draft of concept paper				
Production of concept paper				

Year Two Milestones	Q1	Q2	Q3	Q4
Production of concept paper				
Production of research protocol (if funding available and if approved by research agenda)				
Initiation of fieldwork (if funding available and if approved by research agenda)				

Products by the end of year:

- Technical paper “Barriers to effective stewardship: A review of the literature on regulation” (March 2002)

Technical Resources: Team Leader – S. Bennett, Team Member-Richard Saltman

LOE (Person Months): 4.8

Extra Inputs: none

Material Support: none

FY’02 Budget: \$110,000

4.6 Sub-Task 6 – Initiation of new research topic(s)

Once the Knowledge Building Agenda is finalized and approved, PHRplus would like to proceed with work in one or two new research areas. At this point (i.e., prior to finalization of research agenda) it is not

possible to identify these areas, how they would contribute to SOs or IRs, or which team member would be best placed to lead them.

Contribution to

Mission Objective – N/A

Mission IR – N/A

PHRplus IR – N/A

PHRplus SO – N/A

LOE (Person Months): 4.7

FY'02 Budget: \$63,400

5. Task 3 – Field Support

During the second year of the contract, PHRplus will provide technical assistance to develop and implement health system strengthening and health sector reform programs for more effective delivery of priority services in approximately 20 countries, eleven in Africa, five in ANE/ENE and four in Latin America. PHRplus is working closely with the ANE Bureau, the ENE Bureau, Africa, REDSO/ESA and REDSO/WCA to develop programs that will have region-wide impact. Assistance in diagnosis and assessment of health system performance, design of strategies; development, implementation and adoption of policies and reforms that sustain system improvements will be conducted in close collaboration with local counterparts and communities, as well as through consultation with other CAs and donors.

Field Support activities programmed for year two will address key health system issues such as allocation of resources for priority preventive health programs, access to services, quality of care, information systems, community participation, infectious disease surveillance, decentralization, alternative financing, policy development, reorganization, and other needs as they are identified in our day to day work with USAID Missions and Ministries of Health.

5.1 Africa Region

5.1.1 Africa Bureau

Over half of the infectious disease funds from Africa Bureau go toward IDS implementation in Tanzania and Ghana (see respective Tasks – budget and LOE are incorporated into those tasks).

The other half is programmed for supporting the AFRO IDSR program by solidifying a working relationship between AFRO and PHRplus and providing PHRplus technical support and direction to the development of the plan and approach for IDSR implementation. Support toward this activity over the next 4 years includes communication between PHRplus and AFRO IDSR, and 8 person-trips to IDSR regional meetings and to WHO activities related to IDSR implementation.

Contribution to

PHRplus IR:

IR5 Health information is available and appropriately used

PHRplus Sub IRs:

IR5.1 Policies for effective application of information management and processes enacted

IR5.2 Capacity to design, develop and maintain information systems enhanced

Implementation Steps for FY 2002	Q1	Q2	Q3	Q4
Trips to WHO/AFRO				
Coordination with WHO/AFRO				

Year Two Milestones: TBD

Products by the end of year:

- Trip Reports

Technical Resources: Team Leader– D. Mercer, Task Manager – C. Vileno, Other Staff –L. Franco, A. Luchitsky, S. Posner, C. Quijada, C. Rassas, J. Setzer

LOE (Person Months): 1.4

Extra Inputs: Airfare & Travel

Material Support: Communication

FY'02 Budget: \$36,000

5.1.2 Benin

USAID/Benin has invested \$375,000 into PHRplus in order to support effective transfer of authority and finances to the decentralized operational unit of the Ministry of Health, the health zone. This follows USAID financing of a study of decentralization, health zones, and co-management implemented by PHR in August-September 2000. Some of the study's recommendations cannot be immediately addressed, due to the delay in organizing local elections of commune mayors, but many lie within the purview of the Ministry of Health and will become the focus of PHRplus work in Benin.

PHRplus will use a two part strategy to 1) create clarity of roles, responsibilities, and authority (throughout the MOH structure) in line with the decentralized policy of the health zone, and 2) generate political will to make such a transfer take place. The planned activities and interventions indicated in the County Assistance Plan (CAP) are also outlined below:

Contribution to

Mission SO2: Increase use of FP/MCH/STD/HIV services and prevention measures within a supportive policy environment

IR 2.1: Improved policy environment

PHRplus IR1: Appropriate health sector reforms effectively implemented

1.1 Design, adoption and management of reforms that affect PHN priority interventions improved

1.2 Policymakers, providers, communities and clients empowered to participate in health reform

1.3 Monitoring effects of health reform carried out, used by stakeholders

Implementation Steps	Q1	Q2	Q3	Q4
Clarify roles and responsibilities at all levels of the health system				
Develop supporting texts and procedures for decentralized functions and roles (financial, HR, and technical)				
Disseminate information about new roles and responsibilities				

Implementation Steps	Q1	Q2	Q3	Q4
Assist in implementation of new roles				
Conduct study tour to Senegal				
Provide technical support to the donor coordinating mechanism				
Clarify issues created by decentralization				
Communicate with various stakeholders for decentralization				
Support the establishment of a <i>comité de concertation</i> ¹				
Use consensus building methods to create consensus around new roles and responsibilities				

Year Two Milestones	Q1	Q2	Q3	Q4
Information gathered on key issues to be addressed in clarifying new roles and responsibilities				
Consensus reached on roles and responsibilities				
Desired end results of decentralization clarified				
Texts developed to support new roles and responsibilities (for HR, financial issues, vertical programs)				
Procedures and tools developed for HR and financial decentralization				
Dissemination workshops on new roles and responsibilities held in all departments				
Technical program directors have implementation plans that incorporate a decentralized strategy				
Study tour participants demonstrate increased commitment to health sector decentralization				
Donor coordinating committee supported				
<i>Comité de concertation</i> created with terms of reference				
Political support increased within and outside MOH				

Products by the end of year:

- Activity Report: Study tour report – Quarter 1
- Evaluation Report: Stakeholder Analysis – Quarter 3
- Description of roles and responsibilities at all levels of the health system (Consensus report) – Quarter 3
- Supporting Texts and Procedures for Decentralized Functions Report – Quarter 4

Technical Resources Team Leader – L. Miller Franco, Associate Technical Officer– A. Kelley, Technical Reviewer – D. Brinkerhoff; Task Manager – J. Rushing, Local Consultant – Cheikh Mbengue

LOE (Person Months): 17.2

Extra Inputs: Study tour to Senegal; coordination with DISC and PHR_{plus} in Senegal, as well as other projects in Benin (i.e., PROSAF), strong local consultant support.

Material Support: none

FY'02 Budget: \$240,000

¹ Potential membership for this committee includes: main actors in the MOH, representation from the Ministry of Planning, and resource persons from the *Présidence, la Mission de la Décentralisation, la Maison des Collectivités*, the National Assembly, and from the donor community. This committee would be coordinated or chaired by the Director of the Cabinet in the MOH or the Secretary General of the MOH).

5.1.3 Democratic Republic of Congo

PHR*plus* will collaborate with SANRU III (Santé Rurale) to provide technical assistance in strengthening the Health Zones. SANRU III is USAID/DRC's large rural health project that will support the re-establishment/reinforcement of health services in approximately 60 rural health zones throughout the country. A team will travel to Kinshasa in November 2001 to conduct an assessment visit and build consensus with SANRU III and USAID/DRC on the first year workplan. The result of that trip will be a Country Assistance Plan (CAP) which will describe the PHR*plus* strategy in the DRC, a Technical Direction (TD) and a first year workplan. Therefore, this Annual Implementation Plan is subject to change after the assessment visit in November 2001.

Contribution to

Mission Objective: The Congolese people are assisted to solve national, provincial and community problems through participatory processes that involve the public, private and civil society.

Mission IR1: Key health problems addressed with emphasis on redevelopment of governance structures for public health and citizen participation.

PHR*plus* IR1: Appropriate health sector reforms are effectively implemented

PHR*plus* IR4: Health financing is increased and more effectively used

Implementation Steps	Q1	Q2	Q3	Q4
Conduct an assessment visit to meet with SANRU III and USAID/DRC				
Develop a CAP				
Develop a first year workplan				
Develop a TD				
Begin implementation of activities in workplan				

Year Two Milestones	Q1	Q2	Q3	Q4
Complete a Country Assistance Plan				
Complete a first year workplan				
Submit Technical Direction for Health Zone Strengthening				

Products by the end of year:

- Country Assistance Plan (CAP)
- Trip reports

Technical Resources: Team Leader – J. Setzer, Technical Reviewer – M. Makinen, Task Manager – J. Rushing/N. Hsi, Other Staff: N. Hsi, A. Gamble Kelley, D. McFarland, J. Galloway

LOE (Person Months): 31

Extra Inputs: none

Material Support: none

FY02 Budget: \$500,000

5.1.4 Eritrea

The Ministry of Health (MOH) of the government of Eritrea has asked PHR*plus* to provide assistance in the area of hospital reform to the 6 referral hospitals and 11 primary care hospitals run by the MOH. The long-term goal of the MOH is to continue to improve the operational and financial efficiency of these

hospitals by empowering the hospitals to have greater operational control and eventually allow them to become self-financing and self-governing. A PHR*plus* team conducted an initial assessment trip in June 2001 and will return to Eritrea in November 2001 to present, discuss and agree on the policy options to the MOH.

Contribution to

- Mission Objective SO1:** Increased use of sustainable, integrated PHC services by Eritreans
- Mission IR 1.1: Access to integrated PHC services improved
- Mission IR 1.1.1: Policies for PHC service delivery improved
- Mission IR 1.1.2: Capacity to manage and plan for PHC services enhanced
- Mission IR 1.3: Quality of PHC services improved

PHR*plus* IR 1: Appropriate Health Sector Reforms are Effectively Implemented

Implementation Steps	Q1	Q2	Q3	Q4
Hold a national planning meeting with the MOH and hospitals' directors, physicians and administrators to present and agree on policy options and general implementation timeline.				
Assess three main focus functional areas (Administration/planning, finance, and human resources) and present specific workplans				
Finalize workplans				
Initiate implementation of workplans				
Discuss the projected role for the Eritrean Hospital Alliance (EHA) with key stakeholders.				
Prepare a document outlining main responsibilities and SOW of the EHA to be presented to policy-makers for discussion.				
Prepare a list of all laws and regulations that impact the implementation of key hospital reforms and the formation of EHA				

Year Two Milestones	Q1	Q2	Q3	Q4
National planning meeting held				
Consensus reached on timeline for implementation plan and policy options				
Agreement on scope of Eritrean Hospital Alliance responsibilities				

Technical Resources: Team Leader – I. Shehata, Task Manager – N. Hsi, Other staff: G. Chee, M. Morehouse, S. De.

LOE (Person Months): 15

Extra Inputs: none

Material Support: none

FY02 Budget: \$425,000

5.1.5 Ghana MHO

USAID/Accra has provided PHR*plus* with \$320,000 to provide technical assistance to mutual health organizations (MHOs) in Ghana, as well as to provide broader technical assistance to the development of a health sector-financing plan. The objectives of this program are to increase access to and demand for quality priority health services in Ghana and to enhance the country's capacity to design and develop effective and sustainable health financing solutions. The program of training and technical assistance proposed is built on PHR's extensive experience in Senegal, Ghana, Mali, Côte d'Ivoire, and in other parts of Africa with mutual health organizations and community financing. In addition to supporting these

activities through Ghana field support funds, PHRplus has committed WCA regional and project core resources to working with MHOs. These complementary investments will permit PHRplus to better evaluate, document, and disseminate important findings to inform the rapid growth of the MHO movement in Ghana and beyond.

Contribution to

Mission Strategic Objective 3.1: Increased Use of Reproductive Health Services

- 3.1.1 Increased demand for RH services
- 3.1.2 Improved Quality of RH Services
- 3.1.3 Increased access to RH services
- 3.1.4 Improved policies for RH services

PHRplus IRs :

IR 1: Appropriate health sector reforms are effectively implemented.

- 1.1 Design, adoption, management of reforms that affect PHN priority services improved.
- 1.2 Policymakers, providers, communities, clients empowered to participate in health reform.
- 1.3 Monitoring effects of health reform carried out, used by stakeholders.

IR 2: Health workers deliver quality responsive services.

- 2.4 Consumer participation in design, delivery, evaluation, of health services increased.

IR 4: Health financing is increased and more effectively used.

- 4.1 Rational financing policies enacted
- 4.2 Alternative financing schemes to improve affordability of a services implemented
- 4.3 Economic analysis, resource allocation, budgeting, financial management practices improved.
- 4.4 Partnerships to mobilize, leverage additional resources established.
- 4.5 Mechanisms for stakeholder input to health financing decisions expanded.

IR 5: Health information is available and appropriately used.

- 5.3 Community knowledge of healthcare practices, quality, options increased.

Implementation Steps	Q1	Q2	Q3	Q4
Continue to provide TA and training on key areas to MHOs (risk management, financial and administrative management, community participation)				
Provide TA and training to innovative new MHOs or informal sector organizations (women’s groups, credit unions, etc) wishing to start MHOs				
Provide TA to improve MHOs’ skills at community mobilization and mechanisms for member participation				
Provide TA to existing and newly forming MHOs to promote the inclusion of MCH, PHC, and other priority services				
Provide TA to existing MHOs to manage HIV/AIDS services in benefits packages				
Create appropriate mechanisms for MHOs to assess quality in providers before contracting and as a monitoring tool				
Provide TA and training to providers to carry out facility-based quality improvements to attract MHO contracts				
Provide TA and training to providers on marketing, costing services, financial management, managing health information, negotiating and managing contracts, etc.				
Provide TA to develop re-insurance, risk equalization techniques appropriate for MHOs in order to enhance long-term sustainability of MHOs				
Provide support to existing or potential local, regional, national coordination networks designed to assist MHOs				
Carry out study to evaluate impact of implementation of national policy of user fee exemptions for target groups				

Year Two Milestones	Q1	Q2	Q3	Q4
Disseminate MHO products developed under PHR				
Hold training for MHO managers on key elements				
Hold trainings for MHOs on risk management issues and techniques				
Identify groups wishing to initiate MHOs and selects new partners				
Hold training on MHO launch with above groups				
Train existing MHOs (with which PHR <i>plus</i> works) on benefits of including priority services in their benefits packages				
Train target MHOs on managing HIV/AIDS services within an MHO				
Complete draft manuals for MHOs and for providers to promote the incorporation of quality principles				
Vet and revise manuals in-country				
Train sample of MHO managers and providers in use of quality manuals				
Train all PHR <i>plus</i> target MHOs and providers in those communities (and beyond, as resources permit) on quality manuals				
Measure impact of using quality manuals				
Develop manual for provider training				
Collect information from MHO annual reports on provider relations				
Develop guide for risk minimization				
Target MHOs trained on use of techniques in guide				
Carry out evaluation of impact of guide among target MHOs				
Develop work plans with new or existing MHO coordination networks				

Products by the end of year:

- Exemption study report (designed by USAID-CMS in collaboration with MOH) – Quarter 4
- Survey of Health Financing Schemes in Ghana – Quarter 1
- Inventory of MHOs in Ghana – Quarter 1
- Quality modules for MHO managers – Quarter 2-3

Technical Resources: Team Leader – C. Atim; Technical Leader – A. Gamble Kelley, Technical Reviewer – M. Makinen; Task Manager – J. Rushing, Other staff – M. Yazı, S. Ly, P. Addai, Local consultants – S. Afrane, M. Aikens, S. Anie, P. Apoya, S. Asante, S. Grey

LOE (Person Months): 28

Extra Inputs: WCA funds, shared experiences from the regional approach to strengthening MHOs, local office co-financed with Ghana/Infectious Disease funds, use of local consultants.

Material Support: Document editing and production.

FY'02 Budget: \$320,000

5.1.6 Ghana – Infectious Disease Surveillance

In Ghana, PHR*plus* is providing technical assistance and support to MOH efforts to develop and implement an integrated disease surveillance and response system to operate within public health facilities in the country. All assistance provided by the PHR*plus* project will be in support of MOH efforts (led by the National Surveillance Unit (NSU)) to implement its “5-Year Plan of Action for Implementation of Integrated Disease Surveillance and Response (IDSR) in Ghana 2001-2005”. USAID/Accra, NSU and PHR*plus* have agreed on the following technical assistance components:

1. Improve disease identification at national, regional, and district levels;

2. Improve data collection at the district level;
3. Improve data analysis and reporting at national, regional and district levels;
4. Improve response to outbreaks; and
5. Strengthen supervision systems.

Contribution to

PHRplus IR:

IR5 Health information is available and appropriately used

IR2 Health workers deliver quality responsive services

PHRplus Sub IRs:

IR5.1 Policies for effective application of information management and processes enacted

IR5.2 Capacity to design, develop and maintain information systems enhanced

IR5.3 Community knowledge of health care practices, quality and options increased

IR2.1 Effective strategies for regulation of public and private health services implemented

IR2.3 Measurement of compliance with clinical guidelines increased

Implementation Steps	Q1	Q2	Q3	Q4
Improve Disease Identification				
Standard Case Definitions (SCD) defined and adopted				
SCDs printed and distributed				
Improve Data Collection				
IDSR guidelines adapted and adopted				
IDSR guidelines printed and distributed				
Reporting and data transmission requirements and procedures defined				
Improve Data Analysis and Reporting				
Routine analysis and report generation templates developed				
NSU personnel trained in template use				
Recommendations on improving Epidemiologic Bulletins developed				
NSU computers networked				
Improve Outbreak Responses				
Training modules for IDSR guideline implementation developed				
Training conducted in 1 st phase districts				
Training conducted in 2 nd phase districts				
Strengthen Supervision System				
Current supervision system assessed				
Recommendations on improving system developed				

Milestones	Q1	Q2	Q3	Q4
SCDs in use at district level				
IDSR implemented in select districts				

Products by the end of year:

- Trip Reports, TBD
- Standard Case Definitions for Ghana's 23 Priority Diseases, November 2001
- IDSR guidelines for Ghana, December 2001
- Routine data analysis and reporting templates, March 2002
- Training Tools for IDSR implementation, April 2002
- NSU reporting improvement plan, June 2002
- Supervision system improvement plan, August 2002

Technical Resources: Team Leader – J. Setzer. Task Manager – C. Vileno, Other Staff – C. Quijada, L. Franco, P. Addai

LOE (Person Months): 17

Extra Inputs: HCN epidemiologist, Associate Technical Officer

Material Support: TBD

FY '02 Budget: \$ 415,278

5.1.7 Malawi

At the request of USAID/Malawi and the Government of Malawi's Ministry of Health and Population (MOHP), *PHRplus* will be providing technical assistance over the course of four years. A Country Assistance Plan (CAP) has been produced to demonstrate *PHRplus*' strategy in Malawi.

Malawi is currently developing its Poverty Reduction Strategy Paper to qualify under the World Bank's Heavily Indebted Poor Countries (HIPC) initiative, and the Essential Health Package (EHP) is the Ministry of Health and Population's (MOHP) primary strategy in poverty alleviation. The EHP will provide a bundle of health services, which will address the major causes of morbidity and mortality in Malawi. UNICEF has been providing technical assistance to the MOHP in defining and costing the EHP. With the development of an EHP in Malawi, *PHRplus* will focus both the district strengthening and central hospital activities on helping them prepare for implementing the new plan. This strategy is based upon the recognition that successful implementation of the EHP, as well as broader reform goals, requires both central and district levels to re-define their roles and their relationship to each other, re-orient referral systems, develop new priorities for allocation of human and financial resources, and address community and patient demand for health care in a new policy, organizational, and financial environment.

PHRplus will work in four activity areas:

1. Work with counterparts, providers and communities to define the role and services to be offered by the central hospitals
2. Strengthen financial systems and management capacity at the central hospitals to prepare for hospital autonomy
3. Prepare the districts for implementing the EHP
4. Provide technical support to the Joint Implementation Planning (JIP) process and SWAp development

Contribution to

USAID/Malawi SO3: Increased adoption of measures that reduce fertility and risk of HIV transmission, including improved child health practices

Mission IR 3.3: Increased participation of community members in activities that improve health

Mission IR 3.6: Improved MOHP support services

Mission IR 3.8: Improved donor coordination

Mission IR 3.9: Improved policy environment

***PHRplus* IR1:** Appropriate health sector reforms are effectively implemented

***PHRplus* IR2:** Health workers deliver quality responsive services

***PHRplus* IR 4:** Health financing is increased and more effectively used

***PHRplus* IR 5:** Health information is available and appropriately used

Implementation Steps	Q1	Q2	Q3	Q4
Assess intake procedures at central level hospitals and collect existing data on admissions and discharges				
Provide technical assistance to central level hospitals in management, planning, referral guidelines, outreach and governance.				
Technical assistance provided to develop referral guidelines to implement the EHP				
Identify and address resource gaps at the clinic level, such as lack of adequate drug supply, that result in over use of central hospital facilities or that are outside of the manageable control of central hospitals and their respective clinics.				
Inventory district and community resources available for primary and palliative care (particularly for patients with HIV/AIDS)				
Conduct a review of laws and regulations which impact decentralization and hospital autonomy.				
Form working groups who would be responsible for the development and implementation of new policies and procedures at the central hospitals.				
Provide consultants to participate in the SWAp design consultancy as defined by the MOHP JIP-SWAp subcommittee				
Hire a second long-term advisor in Malawi for Hospital Autonomy activities.				
Hire an administrative assistant part-time to assist with site office financial management				
Follow-up in Chikwawa district on financial management and the application of the accounting software.				
Roll-out financial management/accounting software to Mulanje and Blantyre districts				
Promote greater stakeholder participation at district level				
Provide technical assistance to 3 districts (Blantyre, Chikwawa, and Mulanje) in the areas of budgeting, financial management, participatory planning and monitoring.				
Revise the DIP planning and budgeting manual for next year's DIP planning cycle				
Provide computer training to DHMTs to enable them to produce their DIPs more efficiently				
Produce a computer program which will facilitate the costing of the DIPs produced by the DHMTs.				
Assist District Health Management Teams (DHMTs) for the July 2002-June 2003 planning cycle in planning their DIPs and ensure that the EHP is integrated into the DIP				
Develop and implement district supervision schedule to assure that DIPs are utilized				

Year Two Milestones	Q1	Q2	Q3	Q4
Rapid assessment of outpatient intake completed				
Referral guidelines designed				
Working groups at central hospitals formed				
Planning and budgeting manual revised				
Roll-out of financial management/accounting software initiated				
SWAp team is selected and meets at least once in Lilongwe				
EHP roles and services at district level defined and integrated into District Implementation Plan (DIP)				
Long term resident advisor for hospital autonomy hired				
Administrative assistant in Malawi hired				

Technical Resources: Team Leader – M. Morehouse, Key technical advisors– I. Shehata, M. Paterson, C. Leighton, Task Manager – N. Hsi, Long-term resident technical advisor – K. Gausi, Other staff: K. Smith

LOE (Person Months): 36

Extra Inputs: none

Material Support: none

FY'02 Budget: \$908,673

5.1.8 REDSO/East and Southern Africa

In collaboration with the Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa (CHRCS), PHR*plus* will provide technical assistance to improve management of the Community Health Fund (CHF) in Hanang district (including marketing, operations and service delivery). During the first phase of the project, PHR*plus* will conduct an assessment of CHF in Hanang district and propose an implementation plan based on the assessment to improve enrollment, financial sustainability and quality of care. This Community Based Health Financing (CBHF) activity is one of three components of the Regional Assistance Plan (RAP) for REDSO/ESA. The two other components concerning National Health Accounts (NHA) will be described in a separate workplan.

Contribution to

Mission Objective SO7: Enhanced regional capacity to improve health systems

Mission IR 7.1: Improved viability of regional partner institutions

Mission IR 7.2: Broadened technical resource base

Mission IR 7.3: Expanded utilization of critical information

PHR*plus* IR 1: Appropriate health sector reforms are effectively implemented

PHR*plus* IR 2: Health workers deliver quality responsive services

PHR*plus* IR 4: Health financing is increased and more effectively used

PHR*plus* IR 5: Health information is available and appropriated used

Implementation Steps	Q1	Q2	Q3	Q4
Agreement between CRHCS and PHR <i>plus</i> on CBHF activities in Hanang district				
Develop assessment tools to assess strengths and weaknesses in the implementation of the Community Health Fund (CHF) in Hanang district				
A local CRHCS consultant will collect information on Hanang district to assist in the assessment tool development				
A two person team from PHR <i>plus</i> accompanied by a CHF and/or a CRHCS official will conduct an assessment trip to Hanang district				
Produce an assessment report of the CHF in Hanang district that lays out strengths and weaknesses of the CHF in Hanang district.				
Develop technical assistance implementation plan with CHF and Hanang district officials focusing on key areas for improvement.				
A two-person team from PHR <i>plus</i> will return to Hanang district to discuss the implementation plan with CRHCS, CHF officials and other stakeholders.				
Develop a monitoring and evaluation plan				
Provide critical technical assistance to Hanang district to implement				

Implementation Steps	Q1	Q2	Q3	Q4
recommendations made in the assessment. Possible areas of technical assistance include quality service delivery, exemption policy and waivers, marketing of the CHF, financial management of the CHF. PHR <i>plus</i> will partner with CRHCS to build capacity among CRHCS, CHF and the MOH.				
Field test the CBHF manual in Hanang district and revise the manual as needed.				
Monitor and evaluate changes in the CHF in Hanang district as a result of PHR <i>plus</i> recommendations.				
Coordinate assessment and implementation activities closely with CRHCS				

Year Two Milestones	Q1	Q2	Q3	Q4
Agreement with CRHCS on CBHF activity responsibilities				
Technical report on assessment of CHF produced				
Implementation plan designed				
Recommendations implemented				
CBHF Manual distributed and used in implementation phase				

Products by the end of year:

- Assessment report of CHF in Hanang district
- Implementation Plan for Technical Assistance

Technical Resources: Team Leader – G. Chee, Technical Leader- G. Chee, Technical Reviewer – C. Leighton, Task Manager- N. Hsi, Other staff: J. Galloway, K. Smith

LOE (Person Months): 7.8

Extra Inputs: none

Material Support: none

FY'02 Budget: \$296,356

Sub-task – NHA Policy Options

During the September 2001 Senior Executive meeting on National Health Accounts in Mombassa, Kenya, the Permanent Health Secretaries from ten countries agreed on taking specific steps towards the institutionalization. The meeting also highlighted the relationship between the countries' NHA findings and the main health financing concerns in the respective countries.

Given the significant progress and interest in conducting NHA in Eastern and Southern African (ESA) countries, it is important to move forward in the areas of using the NHA information for policy development and implementation. As a continuation of USAID REDSO/East role in institutionalizing NHA in the East and Southern Africa region, the PHR*plus* project will work directly with 1-2 countries on formulating and adapting policies that address the key health financing issues that were emphasized by the NHA studies. The objective is the findings as integral component in the decision-making process for health policy formulation. To ensure the strengthening of regional capacity, the design and implementation of this activity will be coordinated with the Commonwealth Regional Health Community Health Secretariat (CRHCS).

The activities for this task are summarized below:

1. Following the presentation of the NHA findings to a wide audience of policy makers from within and outside the MOH, the PHR*plus* will select 1-2 countries from the regional network to assist with

formulating and adopting a policy that address specific health financing concern in their respective countries. The policies supported will have to fit within the overall reform agenda that the country maybe undertaking.

2. PHRplus will provide technical assistance to the countries who attended the Mombassa meeting with implementing the NHA institutionalization framework agreed upon during that meeting.

Contribution to

PHRplus IRs:

IR1 Appropriate health sector reforms are effectively implemented

IR4 Health financing is increased and more effectively used

IR5 Health information is available and appropriately used

PHRplus sub IRs:

IR1.2 Policymakers, providers, communities and clients empowered to participate in health reform.

IR1.4 Global consensus on appropriate guiding principles of health reform achieved

IR 4.1 Rational financing policies enacted.

IR 4.2 Alternative financing schemes to improve affordability of services implemented.

IR 4.5 Mechanisms for stakeholder input to health financing decisions expanded

IR 5.1 Policies for effective application of information management and processes enacted.

Implementation Plan	Q1	Q2	Q3	Q4
Develop and agree on criteria for selecting 1-2 countries where technical assistance will be offered (based on proceedings of PS meeting in Mombassa, Kenya. Factors such as the magnitude of the policy issue, the country commitment to addressing it and the need for additional data requirements would be play a role in deciding the countries selected				
Analyze existing reform strategies and roles played by various donors.				
Collect additional relevant data on the issue of concern in order to be sufficiently and accurately informed about it.				
Initiate discussions on the various policy options				
Identify implementation strategies on how to implement these policy options				

Year Two Milestones	Q1	Q2	Q3	Q4
Select 1-2 countries to offer TA with a specific policy issue raised by NHA findings				
Conduct a meeting with main health policy stakeholders on NHA findings policy relevance				
Agree on one priority issue that will require TA in addressing				

Products by the end of year:

- A meeting with all key policy stakeholders
- A draft document outlining points and hurdles that will need to be addressed when developing policy framework for the issue being selected

Technical Resources: Team leader and technical advisor: I. Shehata, Technical reviewer and senior advisor: AK Nandakumar, Technical Advisor: A. Fairbank, Associate Technical Officer: S. De, Other Staff: S. Telyukov, D. Brinkerhoff

LOE (Person Months): 10

Extra Inputs: Dissemination workshops

Material Support: none

FY'02 Budget: \$250,000

Sub-task: REDSO/ NHA Training

PHRplus, in collaboration with other donor partners, is organizing and delivering a course on “Understanding and using NHA in the Eastern and Southern Africa Region.” This training is scheduled to take place from November 6-13, 2001 in Lusaka, at the Economics Department at the University of Zambia. This will be the first of four annual courses on NHA in the region.

The course is intended primarily for ESA health economists in the academic field as well as other non-academic researchers. This group is specifically targeted in an effort to counteract the loss of NHA skills and knowledge that occurs in many ESA countries due to the high turnover rate of Ministry officials who are trained in NHA implementation. With academics and researchers, it is hoped that they will develop an appreciation for NHA to the extent that it motivates them to conduct studies on the topic as pertaining to the region. Furthermore, in the case of academics, it is hoped that they will include NHA in their teaching syllabus at their respective universities, so that up and coming health economists are also knowledgeable about NHA. Despite the preference for academics and researchers, Government health planners in the region are also invited to attend.

Contribution to

PHRplus IRs:

IR4 Health financing is increased and more effectively used

IR5 Health information is available and appropriately used

PHRplus sub IRs:

IR1.4 Global consensus on appropriate guiding principles of health reform achieved

IR 4.3 Economic analysis, resource allocation, budgeting and financial management practices improved

IR 4.5 Mechanisms for stakeholder input to health financing decisions expanded

IR5.1 Policies for effective application of information management and processes enacted.

Implementation Plan	Q1	Q2	Q3	Q4
Prepare and send out announcement and application package to donors and mailing list				
Work with UNZA to coordinate logistics, lodging, classroom reservations etc.				
Select participants based on their filled application forms				
Develop course syllabus				
Identify Presenters				
Develop course materials				
Send course syllabus and reading materials to participants				
Hold Course				
Write Trip Report of Course (incl. Evaluation summary)				
Begin preparing for second course				
Conduct Follow-up evaluation with 1 st year's course participants				

Year Two Milestones	Q1	Q2	Q3	Q4
Finalize Course Curriculum				
Hold Course				

Year Two Milestones	Q1	Q2	Q3	Q4
Conduct follow-up evaluation				
Begin preparations for second course				

Products by the end of the year:

- Course Announcement
- Application Package
- Course Materials
- Course Evaluation Report + 1 year follow-up evaluation report

Technical Resources: Senior Technical Advisor and Principal Coordinator: T. Dmytraczenko, Senior Technical Advisor: I. Shehata, Senior Technical Advisor: AK Nandakumar, Senior Technical Advisor: A. Fairbank, Associate Technical Officer: S. De, Task Manager: Priscilla Banda (ZIHP Office)

LOE (Person Months): 7.4

Extra Inputs: none

Material Support: none

FY'02 Budget: \$130,000

5.1.9 Senegal

The PHR*plus* activities in Senegal build on USAID's previous investments to strengthen the Mutual Health Organization (MHO) movement. USAID/Senegal funding, combined with regional funding for other West Africa countries, permit PHR*plus* to expand the experience gained through the former PHR project. Activities include continued technical support to existing and emerging MHOs, evaluation, documentation and dissemination of important findings that will inform the rapid growth of this movement in the region.

The activities for FY'02 are based on three main objectives:

1. To consolidate the lessons learned under PHR by reinforcing positive experiences (such as the GRAIM in Thies) and expanding the reach of the MHOs, as well as further disseminating the tools and training to addition organizations.
2. To test 3 leading models of technical assistance to MHOs to evaluate their effectiveness and impact in different communities and settings; and
3. To explore synergies between the MHO work and USAID/Senegal's activities in decentralization (in collaboration with the DISC project).

The three models mentioned above are described n the PHR*plus* work plan prepared for USAID/Senegal.

Contribution to

Mission Objective 3: Increased and sustainable use of decentralized reproductive health services (child survival, maternal health, family planning and sexually transmitted infections/AIDS)

Mission IR 3.1 improved access to quality services

Mission IR3.2 increased demand for quality services

Mission IR3.3 increased financing from internal sources

PHR*plus* IR 4: Health financing is increased and more effectively used

PHR*plus* Sub IRs

IR4.2 Alternative financing schemes to improve affordability of services implemented

IR4.4 Mechanisms for stakeholder input to health financing decisions expanded

Implementation Steps	Q1	Q2	Q3	Q4
Develop the CAP based on the USAID/Senegal approved multi-year work plan				
Provide technical assistance to emerging MHOs				
Provide technical assistance to improve existing MHOs response to MCH, PHC and other priority services				
Reinforce capacity of existing MHOs				
Work with providers to improve ability to contract and maintain relationships with MHOs				
Leverage quality improvements through work with MHOs				
Provide support to NGOs and networks of MHOs to enhance long-term sustainability				
Disseminate products for promotion, advocacy and training in targeted communities				

Year Two Milestones	Q1	Q2	Q3	Q4
Disseminate MHO products developed under PHR				
Hold trainings for MHO managers on key elements				
Hold trainings for MHOs on risk management issues and techniques				
Identify groups wishing to initiate MHOs and selects new partners				
Hold training on MHO launch with above groups				
Train existing MHOs (with which PHR <i>plus</i> works) on benefits of including priority services in their benefits packages				
Train target MHOs on managing HIV/AIDS services within an MHO				
Complete draft manuals for MHOs to promote the incorporation of quality principles				
Vet and revise manuals in-country				
Train sample of MHO managers and providers in use of quality manuals				
Train all PHR <i>plus</i> target MHOs and providers in those communities (and beyond, as resources permit) on quality manuals				
Collect information from MHO annual reports on provider relations				
Develop guide for risk minimization				
Target MHOs trained on use of techniques in guide				
Carry out evaluation of impact of guide among target MHOs				
Develop work plans with new or existing MHO coordination networks				

Products by the end of year:

- Quality manual for MHOs, September '02
- List of performance indicators on impact of MHOs in the health sector, July '02
- Assessment report completed on experience of including priority services in MHO benefits packages, September '02
- Feasibility report of MHO re-insurance scheme, May '02
- Information brochure on MHOs, June '02

Technical Resources: Regional Advisor – C. Atim; Team Leader – C. Rassas, Technical Leader – A. Gamble Kelley, Technical Reviewer – M. Makinen; Task Manager – J. Rushing, Other staff – M. Yazi, S. Ly, Local Consultants – A. Ndaiye, A. Ba, B. Daff, A. Fall

LOE (Person Months): 20.5

Extra Inputs: community based training programs

Material Support: none

FY'02 Budget: \$150,000

5.1.10 Tanzania

In Tanzania, PHR*plus* is providing technical assistance and support to MOH efforts to develop and implement an integrated disease surveillance and response system focused at the district level. All assistance provided by the PHR*plus* project will be in support of MOH efforts and implemented by the Tanzanian National Institute for Medical Research (NIMR) team, whose activities are consistent with the Tanzania action plan to implement integrated disease surveillance. The target results of PHR*plus* assistance for IDS in Tanzania are:

1. District-level integrated disease surveillance system capacity improved
2. Disease surveillance information is appropriately used to guide decision making and response to priority diseases

Contribution to

PHR*plus* IR:

IR5 Health information is available and appropriately used

IR2 Health workers deliver quality responsive services

IR1 Appropriate Health Sector Reforms are Effectively Implemented

IR4 Health Financing is Increased and More Effectively Used

PHR*plus* Sub IRs:

IR5.1 Policies for effective application of information management and processes enacted

IR5.2 Capacity to design, develop and maintain information systems enhanced

IR5.3 Community knowledge of health care practices, quality and options increased

IR 2.3 Measurement of compliance with clinical guidelines increased

IR 2.4 Accountable programs and incentives to improve quality and efficiency institutionalized

IR 1.1 Design, adoption and management of reforms that affect PHN priority interventions

IR 1.2 Policymakers, providers, communities and clients empowered to participate in health reform

IR 1.3 Monitoring of the effects of health reform is carried out and used by stakeholders in the reform process

IR 1.4 Global consensus on appropriate guiding principles of health reform achieved

IR 4.3 Economic analysis, resource allocation, budgeting and financial management practices improved

Implementation Steps	Q1	Q2	Q3	Q4
Finalize the NIMR subcontract				
Continual collaboration with CDC, CHANGE, USAID				
Recruitment of Program Manager				
Recruitment of Behavioral Scientist				
Start-up workshop				
Discussion with District, Regional and Zonal Continuing Education Center and agreement on plan of work				
Finalization of plan of work at NIMR				
Enrollment of 2 Districts				
Develop workplan for monitoring and evaluation methodology				
Form district level working groups				
Initial baseline assessment in all four Districts (interventions and control) of Region 1 & 2 / district survey and situation analysis				

Implementation Steps	Q1	Q2	Q3	Q4
Develop work plans at district level addressing plans for training, capacity building, development of supervisory and communications structures, and monitoring of the system				
Enhance guidelines if necessary				
Implementation of IDS at District level: Refinement of data collection tools Training of DHMT on surveillance principles Training of DHMT on data management Training of DHMT on analysis Training of DHMT on report writing and submission Setting up system and working tools (incl. computer programs)				
Practical data collection involving DHMT at selected peripheral health facilities and refining the collection process				
Training on surveillance response				
Enhance training and working tools				
Enhance supervisory, communications, and monitoring tools and structures				
Develop feedback mechanisms to stakeholders				
Evaluation of the process and achievements of IDS introduction in the districts				
Financial reports				
Discussion with DSS partners (UNICEF, AMMP, TEHIP)				
Annual Implementation Report				

Year Two Milestones	Q1	Q2	Q3	Q4
District-level needs assessment				
Enhanced guidelines and reporting materials				
Training and training materials tested in four districts				
Standard case definitions in use at district level in four selected districts				
IDS implemented in four selected districts				
Evaluation of district level implementation in first four districts				

Products by end of year:

- Trip Reports
- Standard Case Definitions for Tanzania's 13 Priority Diseases
- Routine data analysis and reporting forms, templates, tools
- Training tools for IDS implementation
- Supervision system improvement plan
- Annual Implementation Report (NIMR)

Technical Resources: Co-Team leaders – D. Mercer, S. Posner, Task Manager – C. Vileno, Other Staff – L. Franco, A. Luchitsky, C. Rassas, J. Setzer

LOE (Person Months): 28.8 (PHR*plus*), 56.4 (NIMR)

Extra Inputs: Airfare & Travel, Collaboration with CHANGE & CDC, Workshops, Local subcontract NIMR staff (Program Officer, Senior Advisor(s), Behavioral Scientist, Senior Scientist, Statistician, Information Technical Manager, administrative, other NIMR staff) - TBD

Material Support: Printing and reproduction costs, Computers, Communication, Vehicles

FY'02 Budget: Funding: The global '02 budget below (and LOE) is the low estimate in the range of \$450k-950k. The Global Bureau contribution to the 3-year project is estimated to be in the range of 1.2M - 2.2M for the 3-year project.

Global '02 budget: \$492,000

Mission '02 budget: \$350,000

Total '02 Budget: \$842,000
Total 02 LOE: 85.2 person-months (Tanzania and PHR*plus* staff)

5.1.11 WCA MHO

The overall purpose of the WCA RAP is two-fold: to improve the population's access to and demand for priority health services, and to improve the region's capacity to design, develop and manage effective and sustainable interventions for health care financing.

The regional activities build on previous investments from USAID/AFR/SD and the Family Health and AIDS project (FHA) to continue to support the growing MHO movement in WCA. This RAP, therefore, reinforces and capitalizes on USAID's investment in mutual health organizations (MHOs) in the region. The ideas and models proposed are built on PHR's extensive experience in Senegal, Ghana, Mali, Côte d'Ivoire, and in other parts of Africa with mutual health organizations and community financing. PHR*plus* has also committed core resources to working with MHOs that complement field investments and permit PHR*plus* to evaluate, document, and disseminate important findings to inform the rapid growth of the MHO movement. The WCA RAP has the following primary objectives:

1. to consolidate the lessons learned under the PHR project by reinforcing positive experiences and expanding their reach, as well as by further disseminating the tools and training to more MHOs
2. to test leading models of technical assistance to MHOs to evaluate the effectiveness and impact of these models in different communities and settings
3. to increase access to and demand for quality priority health services in WCA
4. to improve the region's capacity to design and develop effective and sustainable interventions for health financing
5. to test a model of assessment-feedback-intervention involving community participation in intervention design

Contribution to

USAID/AFR/SD Strategic Objective 7: The adoption of policies and strategies for increased sustainability, quality, efficiency, and equity of health services.

IR 7.1: Promote improved policies and strategies for innovative health financing and organizational reform.

IR 7.2: Promote improved policies, strategies, and approaches for child survival and maternal health.

IR 7.3: Improve enabling environment to design, manage, and evaluate health programs.

PHR*plus* IRs :

IR 1: Appropriate health sector reforms are effectively implemented.

1.2: Policy makers, provider, communities, clients empowered to participate in health reform.

1.3: Monitoring effects of health reform carried out, used by stakeholders.

IR 2: Health workers deliver quality responsive services.

2.3: Accountable programs and incentives to improve quality, efficiency institutionalized.

2.4: Consumer participation in design, delivery, and evaluation of health services increased.

IR 4: Health financing is increased and more effectively used.

4.2: Alternative financing schemes to improve affordability of services implemented.

4.3: Economic analysis, resource allocation, budgeting, financial management practices improved.

IR 5: Health information is available and appropriately used.

5.2: Capacity to design, develop, and maintain information systems enhanced.

5.3: Community knowledge of healthcare practices, quality, options increased.

Implementation Steps	Q1	Q2	Q3	Q4
Continue to provide TA and training on key areas to MHOs (risk management, financial and administrative management, community participation)				
Provide TA and training to innovative new MHOs or informal sector organizations (women's groups, credit unions, etc) wishing to start MHOs				
Provide TA to improve MHOs' skills at community mobilization and mechanisms for member participation				
Provide TA to existing and newly forming MHOs to promote the inclusion of MCH, PHC, and other priority services				
Provide TA to existing MHOs to manage HIV/AIDS services in benefits packages				
Create appropriate mechanisms for MHOs to assess quality in providers before contracting and as a monitoring tool				
Provide TA and training to providers to carry out facility-based quality improvements to attract MHO contracts				
Evaluate impact of pilot of self-assessment tool among public and private providers in Mali				
Provide TA and training to providers on marketing, costing services, financial management, managing health information, negotiating and managing contracts, etc.				
Provide TA to develop re-insurance, risk equalization techniques appropriate for MHOs in order to enhance long-term sustainability of MHOs				
Provide support to existing or potential local, regional, national coordination networks designed to assist MHOs				
Train MOH staff on MHOs				
Provide TA to MOH to develop indicators to monitor MHOs' contributions and to develop a regulatory framework for the setting up and functioning of MHOs				
Assess integrated approach that allows communities and health authorities to use data for decision making on priority health service delivery				

Year Two Milestones	Q1	Q2	Q3	Q4
Disseminate MHO products developed under PHR in countries where it is working				
Hold training for MHO managers on key elements				
Holds training for MHOs on risk management issues and techniques in countries where PHRplus is working				
Identify groups wishing to initiate MHOs and selects new partners				
Hold training on MHO launch with above groups				
Train existing MHOs (with which PHRplus works) on benefits of including priority services in their benefits packages				
Train target MHOs on managing HIV/AIDS services within an MHO				
Complete draft manuals for MHOs and for providers to promote the incorporation of quality principles				
Vet and revise manuals in-country				
Train sample of MHO managers and providers in use of quality manuals				
Train all PHRplus target MHOs and providers in those communities (and beyond, as resources permit) on quality manuals				
Measure impact of using quality manuals				
Carry out evaluation provider survey in Sikasso to measure impact of self-assessment tool on quality				
Disseminate results of self-assessment pilot in Mali and the region				

Year Two Milestones	Q1	Q2	Q3	Q4
Develop manual for provider training				
Holds trainings for providers				
Collect information from MHO annual reports on provider relations				
Develop guide for risk minimization				
Target MHOs trained on use of techniques in guide				
Carry out evaluation of impact of guide among target MHOs				
Disseminate risk minimization guide in WCA more broadly				
Develop work plans with new or existing MHO coordination networks, such as the GRAIM in Senegal				
Produce report on health financing in Ghana				
Develop indicators with MOH in one country				
Test indicators in one country				
Revise indicators and disseminate them in WCA countries				

Products by the end of year:

- Feasibility studies for new MHOs, other documentation of MHO start up, Q2-Q4
- Quality modules/manuals for MHOs and providers working with MHOs, Q2-Q3
- Ghana Health Financing Schemes paper, Q1
- Draft indicators for monitoring MHOs and their contribution to the health sector, Q3-Q4
- Guide for risk minimization for MHOs, Q4
- Evaluation report on impact of self-assessment tool on quality in Mali, Q2

Technical Resources: Regional Advisor – C. Atim; Team Leader - A. Gamble Kelley, Technical Reviewer – M. Makinen; Task Manager – J. Rushing, Other staff – M. Yazı, S. Ly, P. Addai, C. Simpara, O. Sidibe, O. Ba, Local consultants – P. Apoya, S. Asante, A. Ba, B. Daff, A. Fall, A. Ndaiye

LOE (Person Months): 34

Extra Inputs: Regional Advisor and site office, strong use of local consultants, some field expenses covered by country inputs

Material Support: Document production and translation.

FY '02 Budget: \$835,214

5.1.12 Zambia

The PHR*plus* activities in Zambia are primarily a continuation of work begun under the PHR project to support the work of the ZIHP project and USAID's overall objectives. The activities focus on strengthening of cost sharing practices both on a national and district level, including preparatory work to improve the implementation of need-based exemption policies that ensure equitable access to health care.

Contribution to

Mission Strategic Objective 3: Increase Child and Reproductive Health and HIV/AIDS Interventions

IR 3.1 Increase demand for PHN intervention among target groups

IR3.2 Increased Delivery of PHN Interventions at the community level

IR 3.5 Improved policies, planning and support for the delivery of PHN interventions

PHR*plus* IRs:

IR 1 Appropriate health sector reforms are effectively implemented.

IR 4 Health financing is increased and more effectively used.

IR 5 Health information is available & appropriately used.

PHRplus Sub IRs:

- IR 1.1** Design, adoption, management of reforms that affect PHN priority services improved.
- IR 1.2** Policy make, providers, communities, clients empowered to participate in health reform.
- IR 4.1** Rational financing policies enacted.
- IR 4.2** Alternative financing schemes to improved affordability of services implemented.
- IR 4.3** Economic analysis, resource allocation, budgeting, financial management practices improved.
- IR 4.5** Mechanisms for stakeholder input to health financing decision expanded.
- IR 5.3** Community knowledge of health care practices, quality, options increased

Implementation Steps	Q1	Q2	Q3	Q4
Develop a strategy for more widespread dissemination and training of the cost sharing guidelines, focusing on the District, health center and community levels.				
In consultation with ZIHP, develop a dissemination strategy				
Assist ZIHP in preparing materials to support dissemination strategy (presentation materials, training exercises, informational posters, etc)				
Assist ZIHP in conducting training and dissemination workshops				
Continue to provide support to district prepayment schemes				
Further develop and disseminate Prepayment Toolkit (revisions, printing, training, etc)				
Provide assistance to selected Districts as appropriate				
Provide districts with models for implementing the exemption policy				
Conduct a literature review of best practices of implementing a need-based exemption policy building on the work done by BASICS and HFS projects several years ago.				

Year Two Milestones	Q1	Q2	Q3	Q4
Literature review of best practices in implementation of exemption policy completed.				
Completed and disseminated prepayment toolkit.				
Strategy developed for disseminating cost sharing guidelines.				

Products by the end of year:

- Dissemination plan for cost sharing guidelines – March 2002
- Production of materials to support dissemination – March 2002
- Revised prepayment toolkit – March 2002
- Exemption literature review – December 2001

Technical Resources: Team Leader – G. Chee, Technical Reviewer – M. Makinen; Task Manager – J. Rushing, Other staff – N. Terrell, M. Tien

LOE (Person Months): 3.5

Extra Inputs: none

Material Support: none

FY'02 Budget: \$75,000

5.2 Asia Near East Region

5.2.1 ANE Bureau

The ANE Regional Bureau and PHR*plus* are working in several different areas that contribute to USAID's technical leadership in the region in the areas of health system planning and policy reform. All the activities call for close collaboration with country counterparts and broad regional dissemination. Specifically, the primary activities for ANE Bureau are to:

1. Analyze the impact of aging populations on health systems with a special emphasis on priority services financing in selected countries, in close collaboration with counterparts in 2 case countries.
2. Assist the Middle East North Africa (MENA) NHA network with using NHA for health policy and institutionalization in order to encourage sustainability and phase out ANE Bureau support.
3. Develop and pilot in an Asian country, a new approach that integrates disease surveillance information with health expenditure data to promote the use and value of disease surveillance information.
4. Deliver presentations at the ANE/E&E SOTA on issues of health systems and policy reform.

Contribution to

HPSS IR: IR4 Health financing is increased and more effectively used
IR5 Health information is available and appropriately used

HPSS Sub IRs :

IR 1.4 Global consensus on appropriate guiding principles of health reform achieved.
IR4.3 Economic analysis, resource allocation, budgeting and financial management practices improved
IR 4.5 Mechanisms for stakeholder input to health financing decisions expanded
IR 5.1 Policies for effective applications of information management and processes enacted.

Implementation Steps	Q1	Q2	Q3	Q4
Aging Populations: Health Systems and Policy Reform				
Identify local collaborators in 2 case countries. Collect and assess data on existing policies on health benefits for the elderly and their financing in case countries.				
Conduct a technical team meeting to develop the model to calculate health care expenditures for a base year.				
Apply the model in each case country to calculate a baseline measure of total health expenditures for people over 65				
Collect and assess data on population size, structure, income, demographic and epidemiological data, and health spending				
Conduct a technical team meeting to develop the model to project health care expenditures and potential impact on financing of priority health services.				
Apply the model in each case country to project health care costs over time and estimate the potential impact the increased resource needs of the elderly might have on priority health services				
Develop policy options with the case countries				
Middle East North Africa National Health Accounts Network				
Meetings with network representatives to plan regional workshop, set agenda,				

Implementation Steps	Q1	Q2	Q3	Q4
and identify policymakers to participate.				
Logistical preparations for regional workshop.				
Delivery, documentation and dissemination of regional workshop.				
Infectious Disease Surveillance and NHA				
Reach agreement on activity with Bureau, secure Mission agreement in case country, and plan implementation				
Implementation phase				
ANE/E&E SOTA Presentations				

Year Two Milestones	Q1	Q2	Q3	Q4
Development of two key methodologies that enable policy makers to estimate health expenditures on the elderly in a base year and projections into the future, so that the impact on primary health care services can be anticipated and planned for.				
Regional NHA workshop for at least 8 MENA countries to promote policy application, institutionalization, and transitions support to sustain the network to other donors and member countries.				
Development and testing of a new approach to integrate integrates disease surveillance information with health expenditure data to promote the use and value of disease surveillance information.				

Products by the end of year:

Aging

- Special events: Meeting with stakeholders in each case country to introduce activity and get input (December 2001)
- 1 Special Event: technical team meeting with collaborators from each case country and aging experts to develop the methodology to calculate health care expenditures for the base year. (December 2001)
- Technical Reports: report on baseline health care expenditures for people over 65 for each country (March 2002)
- 1 Special Event: technical team meeting with collaborators from each case country and aging experts to develop the methodology to project health care expenditures into the future and potential impact on financing of basic health services. (June 2002)

MENA NHA

- 1 Special Event: Regional conference for MENA NHA Network (April 2002)
- 1 Technical Report: Report on the Conference (June 2002)

ID/NHA: to be determined

SOTA: 2 presentations

Technical Resources: Team Leader – C. Connor. Task Manager – J. Urban, Other Staff – I. Shehata, Nandakumar, S. De, M. Bhawalkar, S. Posner, A. Luchitsky, M. Paterson, G. Gaumer

LOE (Person Months): 12

Extra Inputs: Organizing and implementing meetings

Material Support: none

FY'02 Budget: \$450,000 (Aging \$200 + MENA \$100 + SOTA \$50 + ID/NHA \$100)

Sub-task: NHA-ANE

At the request of USAID/ANE, PHR*plus* will provide technical assistance to the Middle East and North African (MENA) regional NHA network with the aim of transitioning leadership of the network to MENA countries themselves and other donor partners.

Having conducted NHA studies at least once, MENA countries are now in need of assistance in two areas which PHR*plus* in FY 02 will address:

1. To further the use of NHA for policy formulation
2. To establish an institutionalization framework for NHA so that the activity may be sustained in the country without donor support.

To address these two issues, PHR*plus* in collaboration with other donors will coordinate and deliver a regional conference to work with policy makers and NHA team members on how to use NHA estimates for policy formulation and how to institutionalize NHA. This 7-day conference will be held in Rabat, Morocco.

Contribution to

PHR*plus* IRs:

IR4 Health financing is increased and more effectively used

IR5 Health information is available and appropriately used

PHR*plus* sub IRs:

IR1.4 Global consensus on appropriate guiding principles o health reform achieved

IR 4.3 Economic analysis, resource allocation, budgeting and financial management practices improved

IR 4.5 Mechanisms for stakeholder input to health financing decisions expanded

IR5.1 Policies for effective application of information management and processes enacted.

Implementation Plan	Q1	Q2	Q3	Q4
Determine level of involvement from other donor partners				
Identify location of conference in Morocco and in-country conference coordinator				
Determine date of conference in collaboration with donor partners and in-country conference coordinator				
Develop Conference announcement and registration form				
Send out conference announcement and registration form to countries and donor partners				
Prepare conference agenda and identify presenters				
Identify participants to be sponsored by PHR <i>plus</i>				
Get bio-data form, medical clearance and travel dates for sponsored participants				
Work with in-country conference coordinator to determine logistics and accommodation location room size etc.				
Prepare conference materials				
Design Evaluation form				
Hold Conference				
Follow-up with countries on implementation				

Year Two Milestones	Q1	Q2	Q3	Q4
Send out Conference Announcement				
Develop Conference Agenda				
Identify and Secure Attendance of Presenters				
Secure Policy Makers' Attendance				
Hold Regional Conference				
Follow-up				

Products by the end of the year:

- 1 Technical Report: Report on the Conference (June 2002)
- 1 Trip Report from 3 PHR*plus* staff attending regional conference (April 2002)

Technical Resources: Team Leader and Senior Technical Advisor: I. Shehata, Senior Technical Advisor: AK. Nandakumar, Associate Technical Officer: S. De, Regional Coordinator: C. Connor, Task Manager: J. Urban, Editor: L. Moll, Other Staff: M. Kaddar, T. Dmytraczenko, Technical Reviewer: AK Nandakumar

LOE (Person Months): 2.82

Extra Inputs: Planning meeting with conference collaborators: WHO/EMRO and World Bank.

Material Support: none

FY'02 Budget: Funding included in the ANE Bureau implementation plan.

5.2.2 Jordan

In Jordan, PHR*plus* is delivering a major, multi-year country program to implement real and positive changes in Jordan's health sector, at both the policy and operational level. PHR*plus*, the Mission, and the MOH have agreed on three technical assistance components:

1. Increase health system efficiency and effectiveness by improving public sector contracting. This will entail expanding MOH capacity to contract private providers to deliver bundled health services so that contracts are monitored, reward quality and efficiency, and promote continuity of care. The focus will initially be on bundling MCH services, which are currently fragmented. Over the longer term (2 to 3 years) Jordan will leverage the contracting capacity and experience to address the country's problem of how to expand access and coverage for the uninsured.
2. Build on previous work by PHR in hospital autonomy. PHR*plus* would improve the efficiency and quality of MOH hospitals by enabling hospitals to
 - track and control costs
 - compete with private providers for MOH contracts
 - better identify and charge non-poor users and retain fees collected, and
 - monitor their performance against quality and efficiency indicators.
3. Build on the work of PHR in health system monitoring with national health accounts. PHR*plus* would work to institutionalize NHA through the establishment of a NHA unit and a high-level steering committee, expansion of the original NHA team, and standardization of data retrieval and presentation tasks.

Contribution to

PHR*plus* IR:

IR1 Appropriate health sector reforms are effectively implemented

IR4 Health financing is increased and more effectively used
 IR5 Health information is available and appropriately used
 IR2 Health workers deliver quality responsive services

PHRplus Sub IRs:

IR1.1 Design, adoption, and management of reforms that affect PHN priority interventions
 IR1.2 Policymakers, providers, communities and clients empowered to participate in health reform
 IR1.3 Monitoring of the effects of health reform is carried out and used by stakeholders in the reform process
 IR4.2 Alternative financing schemes to improve affordability of services implemented
 IR4.3 Economic analysis, resource allocation, budgeting and financial management practices improved
 IR5.2 Capacity to design, develop and maintain information systems enhanced
 IR2.1 Effective strategies for regulation of public and private health services implemented
 IR2.3 Measurement of compliance with clinical guidelines increased
 IR2.4 Accountable programs and incentives to improve quality and efficiency institutionalized
 IR2.5 Consumer participation in design, delivery, and evaluation of health services increased

Implementation Steps	Q1	Q2	Q3	Q4
Health Insurance Demonstration				
Implementation Unit established in the MOH Insurance Directorate's Civil Insurance Program (CIP)				
Computer procurement and training for implementation unit staff at CIP				
Select services and market areas for contracting				
Survey of private market prices of services				
Baseline data on consumer satisfaction				
Elaborate CIP contracting system elements				
CIP holds bidders conference				
CIP issues RFP				
CIP reviews and awards contracts				
MOH Hospital Decentralization				
Hospital cost accounting system development completed				
MOH hospital forums held (one per quarter)				
MOH hospital policy priorities defined				
Cost accounting tool introduced into interested hospitals				
Interested hospitals prepare to bid on CIP contracts				
NHA				
Assess options for institutionalization of NHA				
NHA steering committee meeting				
2 nd round of NHA (data collection, analysis, report preparation)				
Preparation for and participation in regional MENA NHA workshop				
Dissemination of NHA in Jordan				
Policy application activities				

Year Two Milestones	Q1	Q2	Q3	Q4
RFP issued to private hospitals for delivery of maternal health services				
Cost accounting system implemented in pilot MOH hospitals				
NHA institutionalized				
2 nd Jordan NHA report completed				

Products by the end of year:

Administrative Reports:

Annual Implementation Plan, October 2001

Quarterly Reports, December 2001, March 2002, June 2002, September 2002

Health insurance trip report, October 2001

Health insurance trip report, December 2001

Health insurance trip report, March 2002

NHA trip report, October 2001

NHA trip report, March 2002

Technical Reports:

Organizational development plan for CIP implementation unit, October 2001

Market price survey report, October 2001

Baseline report on consumer satisfaction, October 2001

Contracting Program Policies, December 2001

Consumer Education Strategy, March 2002

Working paper of strategy to expand hospital decentralization, October 2001

Costing tool, December 2001

Work plans for technical agenda for hospital policy priorities, February 2002

Hospital Mission Statement Report, March 2002

NHA workplan, November 2001

NHA policies and procedures, March 2002

Jordan NHA 2nd Round, March 2002

Special Events:

Advisory Board Meeting, October 2001, February 2002

Computer training, December 2001

Bidders Conference Meeting, December 2001

Policy and Planning Meeting of MOH Hospital Directors, December 2002, March 2002

Training meeting for MOH staff responsible for NHA, October 2001

NHA Steering Committee meeting, December 2001, March 2002

Technical Resources: Team Leader – C. Connor. Task Manager – J. Urban, Other Staff – D. Banks, M. Paterson, D. Duffy, Nandakumar, M. Bhawalkar, F. Halwawani, Anwar

LOE (Person Months): 118

Extra Inputs: Organizing and implementing meetings

Material Support: none

FY'02 Budget: \$1,800,000.00

5.3 E&E

5.3.1 Albania

In Albania, PHR*plus* is delivering a major, multi-year country program to primary health care. During a design team visit in June 2001, PHR*plus*, the Mission, and the MOH agreed on four technical assistance components:

1. PHC Service Delivery: Improve primary care provider/practice capacity to organize, manage, and evaluate the care they deliver.
2. HMIS: Establish health information systems that provide the necessary data for decision making and regulation of primary care.
3. Local government planning and budgeting: Improve capacity to allocate resources to support primary health care delivery.
4. Quality Assurance: Ministry of Health and Institute of Public Health regulation of primary care, particularly the ability to formulate national strategy and ensure responsive quality primary health services.

The two model districts have been selected (Berat and Kucova) and a site office has been opened. Recruitment of site office staff is in progress.

Contribution to

PHRplus IR: IR1 Appropriate health sector reforms are effectively implemented.

IR2 Health workers deliver quality responsive services.

IR4 Health financing is increased and more effectively used.

IR5 Health information is available and appropriately used.

PHRplus Sub IRs:

IR 1.1 Design, adoption and management of reforms that affect PHN priority interventions

IR 1.2 Policymakers, providers, communities and clients empowered to participate in health reform

IR 1.3 Monitoring of the effects of health reform is carried out and used by stakeholders in the reform process

IR 2.1 Effective strategies for regulation of public and private health services implemented

IR 2.3 Measurement of compliance with clinical guidelines increased

IR 2.4 Accountable programs and incentives to improve quality and efficiency institutionalized

IR 2.5 Consumer participation in design, delivery, and evaluation of health services increased

IR 4.2 Alternative financing schemes to improve affordability of services implemented

IR4.3 Economic analysis, resource allocation, budgeting and financial management practices improved

IR 4.5 Mechanisms for stakeholder input to health financing decisions expanded

IR 5.2 Capacity to design, develop and maintain information systems enhanced

IR 5.3 Community knowledge of health care practices, quality and options increased

Implementation Steps	Q1	Q2	Q3	Q4
Primary Health Care Service Delivery				
Inventory of training for PHC providers				
Facility inventory in selected districts				
Strategic planning and change management workshop				
Inventory of equipment and supplies in model sites according to QA standards; identify gaps.				
Work with MOH to procure needed equipment and supplies.				
Training clinic staff in patient relations, patient management, and referral protocols.				
Establish community board				
Work with board to educate community in new PHC approach				
Government Planning and Budgeting				
Clarify organizational and management responsibilities under new decentralization reform law				
Establish the sequential tasks required of the annual budgeting process for the PHC system assuming provision of the current level of services and the current				

Implementation Steps	Q1	Q2	Q3	Q4
financing arrangements				
Quality Assurance				
Define PHC services to be offered in model sites				
Develop clinical practice guidelines for defined services leveraging existing guidelines as much as possible				
Develop performance standards according to guidelines				
Train staff in guidelines and standards				
Initiate continuous quality improvement teams in model sites				
Trial accreditation visit for model sites				
First patient satisfaction survey completed.				
HMIS				
Procure computer equipment and scanner for each district				
Develop and install encounter reporting system				
Use TOT approach to train clinic staff in reporting system				
Implement patient encounter reporting system in sites				

Year Two Milestones	Q1	Q2	Q3	Q4
Site office established and staffed.				
Model sites delivering a defined set of PHC services with functioning equipment and adequate supplies, and working towards compliance with established clinical guidelines and performance standards.				
Patient satisfaction improved				
Patient encounter system functioning and data disseminated to facility, district, regional, and central levels to inform decision-making.				
Regional (“chakus”) level completes annual health planning and budgeting cycle.				
Community board established and initiating community involvement activity				

Products by the end of year:

- 15 Trip Reports
- 4 Technical Reports
- Special events including formal training sessions, planning and dissemination meetings, donor and CA coordination meetings.

Technical Resources: Team Leader – C. Connor. Task Manager – J. Urban, Other Staff – J. Valdelin, M. Paterson, F. Angerer, K. Poer, A. Fairbank, N. Rafeh, M. Murphy

LOE (Person Months): 150

Extra Inputs: none

Material Support: computers

FY’02 Budget: \$1,850,000.00

5.3.2 Georgia

In line with the MoH priorities, discussed and outlined during a joint USAID(W)/PHR*plus* assessment trip in June, 2001, the USAID/Caucasus Mission is committed to providing assistance to the Government of Georgia in improving two major components of the country’s HIS: the immunization health information system, strengthening surveillance of vaccine preventable diseases, and supporting these systems through strengthening management capacity of health departments in the country.

The U.S. Government has requested Partners For Health Reform *plus* (PHR*plus*) Project technical assistance in the design and implementation of the program. The objectives of the assistance are to 1) strengthen local capacity and improve the information system for effective disease control and prevention, 2) protect the population against infectious diseases at all levels of the public health system, and 3) reduce disease burden.

PHR*plus* has developed a program strategy, assisted the Mission in developing the scope of work for this activity, ensured consensus on the priority areas for technical assistance with the MoH and other stakeholders, developed a country assistance plan, and will issue an RFP to subcontract a local implementing organization.

Contribution to

Mission Strategic Objective 3.1: Reduce human suffering in targeted communities

IR 3.1.3 Improved primary health care services

IR3.1.3.1 Sustainable improvement in the health of women and children

IR3.1.3.2 Strengthened infectious disease control and prevention

PHR*plus* IR 5: Health information is available and appropriately used

IR5.1: Policies for effective application of information management and processes enacted

IR5.2: Capacity to design, develop, and maintain information systems enhanced

IR5.3: Community knowledge of health care practices and options increased

PHR*plus* IR 1: Appropriate health sector reforms are effectively implemented

IR 1.1 Design, adoption and management of reforms that affect PHN priority interventions

IR 1.2 Policymakers, providers, communities and clients empowered to participate in health reform

IR 1.3 Monitoring of the effects of health reform is carried out and used by stakeholders in the reform process

PHR*plus* IR 2: Health workers deliver quality responsive services

IR 2.1 Effective strategies for regulation of public and private health services implemented

IR 2.5 Consumer participation in design, delivery, and evaluation of health services increased

Implementation Steps	Q1	Q2	Q3	Q4
Obtain proposals, establish selection committee to review them, select most capable local firm/NGO				
Begin negotiation of a subcontract with a local implementing organization				
Award the subcontract				
Identify pilot region				
Convene oblast working group				
Analyze the situation at the oblast as it pertains to the immunization management information system: identify needs, priorities, available resources, behavior/ motivation issues, obstacles to desired performance and actions necessary to solve problems affecting performance				
Ensure accurate registration of all eligible children				
Develop monitoring and evaluation methodology				
Develop work plans at oblast level				
Develop training and working tools and methods				
Print and disseminate materials as necessary				
Introduce the reform in the pilot region				
Provide training in new procedures and information based management				

Implementation Steps	Q1	Q2	Q3	Q4
Monitor and evaluate implementation, provide technical assistance as needed				
Modify and revise the system as appropriate				
Perform in-depth assessment of the current disease surveillance system				
Develop recommendations and an action plan for IDS strengthening				
Perform comprehensive review of the reform results in the pilot region by the expanded regional working group				
Analyze the achievements, challenges faced, lessons learned, outstanding problems; formulate of recommendations for future directions.				
Prepare for dissemination of methods, results, and lessons learned at a national conference involving representation from all regions of the country.				
Prepare for planning roll-out activities with the MoH				

Year Two Milestones	Q1	Q2	Q3	Q4
Establishment of in-country presence – subcontract with a local NGO				
Convening an oblast level working group				
Training manuals and working tools are developed				
Training in new procedures and information based management provided				
Reforms introduced in a pilot region				
Assessment of the current disease surveillance system performed				

Products by the end of year:

- At least 5 trip reports
- Training manuals
- Working tools (forms, workbooks, etc)
- Working group meetings, formal training sessions, planning, dissemination and coordination meetings

Technical Resources: Team Leader – A. Luchitsky, Task Manager – C. Vilenko, Other Staff – D. Mercer, J. Setzer, G. Romaniuk, S. Posner, C. Rassas, C. Connor

LOE (Person Months): 18.7

Extra Inputs: local subcontract

Material Support: none

FY'02 Budget: \$560,000

5.4 Latin America and the Caribbean

5.4.1 LAC Bureau

The LAC Regional Health Sector Reform Initiative supports national reform processes to promote more effective basic health services. The Initiative uses a participatory approach, working in partnership with key decision-makers in the region to build capacity to assess health sector problems and to design, implement, and monitor reforms.

The Initiative's overarching goal is to strengthen in-country capability to assess health sector problems, and to design, implement, and monitor reforms and solutions. This goal directly supports the LAC Bureau's SO3: more effective delivery of sustainable country health sector reform (designed to increase

equitable access to high quality, efficiently delivered basic health services). To achieve the Initiative's goal, the Initiative activities are grouped into four strategic areas:

Developing methodologies and tools to aid in the analysis, design, implementation, and monitoring of national health sector reforms in order to enhance public sector-NGO interaction, strengthen health finance decisions, and improve policy analysis and planning.

Gathering and disseminating on national health reform efforts, including an electronic resource center, a series of topical bulletins, a clearinghouse on health reform, an electronic network to link people and ideas across the region, and a Web page for the Initiative.

Monitoring reform processes and outcomes by developing and implementing tools and providing feedback to countries, donors and other partners. Helping countries to share experiences and advice through regional conferences and workshops, links among institutions, a regional forum for researchers, and study tours.

Contribution to PHRplus IR:

- IR1 Appropriate Health Sector reforms are effectively implemented
- IR4 Health Financing is increased and more effectively used

PHRplus Sub IRs:

- IR1.2 Policymakers, providers, communities and clients empowered to participate in health reform
- IR1.3 Monitoring of the effects of health reform is carried out, and used by stakeholders in the reform process
- IR4.1 Rational financing policies enacted
- IR4.3 Economic analysis, resource allocation, budgeting and financial management practices improved.

Implementation Steps	Q1	Q2	Q3	Q4
Costing of HIV/AIDS Treatment in Mexico				
Conduct a literature review of existing information on costs associated with ARV drugs and non-drug costs and compile the information in a comprehensive framework				
Identify data gaps and devise 1) a research methodology for collecting information on costs measures and 2) an assessment guideline (“decision tree checklist”) for policymakers to consider when planning treatment programs				
Involve the national AIDS control program, the National Institute of Public Health, social security institutes, and local AIDS institutions in developing and reviewing the methodology framework for technical feedback, and applying the framework to fill data gaps, including local meetings in Mexico				
Identify and involve local institutions, research groups or NGOs to help fill data gaps, apply the methodology and collect data				
Analyze findings with the local NGO or research group and prepare a technical report outlining the real costs of the treatment program, and make recommendations to other countries based on the Mexico study results				
Analyze findings with the local NGO or research group and prepare a technical report outlining the real costs of the treatment program, and make recommendations to other countries based on the Mexico study results				
Information/Dissemination				
Dissemination of HIV/AIDS Costing Methodology				
Ongoing contributions to LAC HSR Initiative Newsletter				

Implementation Steps	Q1	Q2	Q3	Q4
Ongoing dissemination of LAC HSR products upon request				
Continued support and input into NGO Website, Saludalianza				
Monitoring and Evaluation				
Solicit input from countries receiving materials from LAC HSR Initiative to incorporate into annual and 02 final annual report				

Year Two Milestones	Q1	Q2	Q3	Q4
LAC HSR Initiative terminates in September 02				

Products by end of year:

- Research Methodology or framework for collecting information on costs
- Assessment guideline or “decision tree checklist” for policymakers to consider when planning treatment programs
- Technical Report
- Debriefing meetings at USAID in Washington and USAID/Mexico

Technical Resources: Team Leader – K. Novak (for LAC Initiative) Task Manager-R Martinez T Dmytraczencko (Team Leader for HIV/AIDS costing study), Other staff: C Quijada,

LOE (Person Months): 3

Extra Inputs: none

Material Support: none

FY '02 Budget: \$135,000

5.4.2 El Salvador

The goal for *PHRplus* in El Salvador is to increase access to and demand for quality priority health services with a focus on rural areas. To accomplish this goal, *PHRplus* has developed three strategies/technical assistance components for El Salvador. These strategies build on the promising developments already in place in an effort to begin to have an impact on the services needed by USAID’s targeted population groups, while reinvigorating the reform process, developing the institutional capacity of the sector, and providing objective information for evidence-based decision making.

PHRplus, the MOH, and USAID have agreed on the following three technical assistance components:

1. Support to MSPAS and other key actors at the central level to strengthen the health system;
2. Enhance the policy environment to support the modernized MSPAS at the central and zonal level, and the development and improved functioning of the SIBASIs at the local, service provision level.
3. Support the development of local capacity to deliver integrated, basic health services to vulnerable populations (SIBASI).

**Contribution to
PHRplus IR:**

- IR1 Appropriate Health Sector reforms are effectively implemented
- IR2 Health workers deliver quality responsive services
- IR4 Health Financing is increased and more effectively used

PHRplus Sub IRs:

IR1.1 Design, adoption and management of reforms that affect PHN priority interventions improved

IR1.2 Policymakers, providers, communities and clients empowered to participate in health reform

IR2.4 Accountable programs and incentives to improve quality and efficiency institutionalized

IR2.5 Consumer participation in design, delivery, and evaluation of health services increased

IR4.2 Alternative financing schemes to improve affordability of services implemented

IR4.3 Economic analysis, resource allocation, budgeting and financial management practices improved.

IR4.4 Partnerships to mobilize and leverage additional resources established

Implementation Steps	Q1	Q2	Q3	Q4
Support central level to strengthen health system				
Recruit, field and support Long Term Advisor, Technical Associate and Office support staff				
Provide assistance with policy development to MSPAS, including political mapping, stakeholder analysis, development of policy advocacy strategies and skill development in conflict negotiation				
Develop capacity to communicate and advocate for SIBASI best practices found in strategy 3 from the zonal level to the central level of MSPAS				
Assist MSPAS in promoting the rapid adoption of SIBASI best practices				
Assist MSPAS in developing and using indicators to jointly monitor SIBASI impact on service delivery with zones and the SIBASIs themselves				
Assist MSPAS in planning use of its grant funds from USAID				
Enhance the Policy Environment				
Assist with equity analysis of NHA and existing survey data to facilitate a more evidence-based financing debate				
Conduct a series of financing seminars to introduce, refine, and decide steps forward on financing reform				
Develop capacity at the local and zonal level to advocate within each level and to the central level for broad implementation SIBASI best practices				
Support PHC delivery at local level				
Identify and document best practices in existing SIBASIs (methodology developed and vetted with key stakeholders)				
Develop communications strategies and advocacy skills at SIBASI and zone level				
Disseminate best practices to other SIBASIs				
Provide technical assistance to develop capacity for rapid adoption and adaptation of best practices among SIBASIs				

Year Two Milestones	Q1	Q2	Q3	Q4
Improved capacity to formulate and implement health policy from field-based lessons learned				
Stakeholders (policy makers and opinion leaders) better informed about facts concerning financing and equity, hence more objectively engaged in relevant policy formulation.				
Functional SIBASIs know best practices and have begun to adapt and implement them				

Products by the end of year:

- Political map of key stakeholder positions on selected reform topics
- Policy advocacy strategy developed, including a policy dialogue strategy

- Indicators developed for monitoring SIBASI impact on service delivery and use
- Plan for use of USAID grant funds in support of system strengthening
- Equity analysis of NHA and survey data
- Background documentation for health financing seminar series
- Report on outcome from financing series, including agreements and next steps
- Objective methodology for the identification of best practices
- Best practices document produced at SIBASI level
- Consolidated best practices documents
- Communications strategies at local and zone level

Technical Resources: Team Leader – K. Novak, Task Manager – R. Martinez, Other staff: T. Dmytraczenko, E. Kelley, C. Quijada

LOE (Person Months): 34

Extra Inputs: travel, translations

Material Support: none

FY '02 Budget: \$712,399

5.4.3 Guatemala

At the request of USAID/Guatemala, a scope of work was developed for PHR*plus* ' work in Guatemala during FY'01. Due to delays in collecting data for NHA estimations as well as concerns regarding the quality of curative/preventive care estimations, not all activities were completed. The scope included here has been modified to reflect changes made in agreement with USAID/Guatemala to focus efforts on completing the NHA estimation and finalizing the 1999 NHA report. No new activities have been added.

Contribution to

PHR*plus* IR:

IR4 Health financing is increased and more effectively used

PHR*plus* Sub IRs:

IR 4.3 Economic analysis, resource allocation, budgeting and financial management practices improved

IR 4.5 Mechanisms for stakeholder input to health financing decisions expanded

Implementation Steps	Q1	Q2	Q3	Q4
NHA Report				
Provide TA to NHA team in developing NHA report to ensure greater policy emphasis				
Finalize NHA report				
Policy Brief				
Review NHA report for data to inform policy brief				
Develop and Disseminate policy brief				

Year Two Milestones	Q1	Q2	Q3	Q4
1999 NHA report complete				
Policy brief on priority policy question developed				

Products by the end of year:

- Trip Reports, TBD
- 1999 NHA Report with greater policy emphasis

- Policy Brief

Technical Resources: Team Leader – T. Dmytraczenko. Task Manager – R. Martinez, Other Staff – C. Quijada, K. Novak, A.K. Nandakumar

LOE (Person Months): 3.6

Extra Inputs: none

Material Support: N/A

FY '02 Budget: \$ 52,500 (No additional funding from the mission is expected.)

5.4.4 Honduras

The goal for *PHRplus* in Honduras is to support USAID/Strategic Objective 3- “Sustainable Improvements in Family Health” which defines the new Strategic Objective Agreement (SOAG) between USAID/Honduras and the Health Sector, primarily the Ministry of Health (MOH). *PHRplus*, in collaboration with USAID/Honduras, the MOH, and other organizations active in Honduras, will also contribute to achieving USAID/Honduras’ IR 3.1, “Increased Use of Reproductive Health Services” and IR3.2, “Sustained Use of Child Survival Services via Health Reform.”

To achieve the above stated goals, *PHRplus* will provide technical assistance to USAID/Honduras and the MOH at the Central, Regional and Health Area level, specifically in Regions 1, 2, and 5 and the 10 Health Areas defined in the SOAG. *PHRplus* will support improved health planning and policies within the MOH and facilitate coordination/collaboration among other donors and USAID cooperating agencies.

PHRplus will also provide technical assistance to achieve the following Sub IRs outlined in the SOAG
IR 3.1 IR 3.1.1 Improved delivery of rural RH services by the MOH

IR 3.2 IR 3.2.1 Improved quality and efficiency of public sector PHC system

IR 3.2.2 Improved health policy to increase equitable access to PHC

IR 3.2.3 Increased public and private sector resources for PHC

Contribution to

PHRplus IRs:

IR1 Appropriate health sector reforms are effectively implemented

IR2 Health workers deliver quality responsive services

IR4 Health financing is increased and more effectively used

IR5 Health information is available and appropriately used

PHRplus Sub IRs:

IR 1.1 The design, adoption and management of reforms that affect PHN priority interventions improved

IR 1.2 Policymakers, providers, communities and clients empowered to participate in health reform

IR 1.3 Monitoring the effects of health reform is carried out, and used by stakeholders in the reform process

IR 2.1 Effective strategies for regulation of public and private health services implemented

IR 4.1 Rational financing policies enacted

IR 4.2 Alternative financing schemes to improve affordability of services implemented

IR 4.3 Economic analysis, resource allocation, budgeting and financial management practices improved

- IR 4.4 Partnerships to mobilize and leverage additional resources established
- IR 4.5 Mechanisms for stakeholder input to health financing decisions expanded
- IR 5.2 Capacity to design, develop and maintain information systems enhanced

Implementation Steps	Q1	Q2	Q3	Q4
Support health planning in all levels of the MOH				
Provide technical assistance to the Central Units of the MOH and the Regional and Area offices to prepare and monitor annual health plans under the SOAG.				
Develop capacity at the municipal level to prepare local health plans in coordination with the MOH and other Cooperating Agencies				
Assess management capacity of Regional Health Directorates in Regions 2 and 5, develop performance improvement strategy based on findings, and implement with Regional Directorate personnel.				
Assist the Planning Unit at the MOH (UPEG) in evidence based analysis (NHA, User Fee Study, Household Survey, etc.) and budget development as well as in advocacy activities aimed at increasing resources for health.				
Assist the MOH Statistical Unit and SIGAF to develop an Integrated Health Information System. (on going)				
Enhance the Policy Environment				
Participate in the development of an information/education campaign to inform Presidential and Congressional candidates of relevant health reform issues				
Assist the MOH in the development and dissemination of printed material on the health sector and health reform topics through a periodically published Health Bulletin, <i>Por la Salud Participemos</i> .				
In collaboration with other CA's, best practices on successful reform experiences in priority health areas identified, documented, and disseminated.				
Continue to provide technical assistance in order to institutionalize the collection, analysis, and use of NHA data to inform the development of health sector policy.				
Provide ongoing technical assistance in the establishment and continued sustainability of local health committees (COSALS)				
Assist the National Drug Council to implement the drug policy and expand the Community Drug Funds.				
Health Financing Increased and More Effectively Used				
Finalize analysis of Household Survey on Income and Health Expenditures (ENIGH) and develop a policy brief that combines key findings from the User Fee Study and the ENIGH Analysis				
Assessment of current resource allocation based on a comparison of actual allocations from the past five years with criteria developed by the Unit of Planning (UPEG) within the Ministry of Health				
Develop interview schedule that includes questions on ability/willingness to pay to incorporate into baseline studies in Regions 2 and 5 and to be used for selection of pilot sites where alternative financing mechanisms may be employed.				

Year Two Milestones	Q1	Q2	Q3	Q4
Improved capacity to formulate and implement comprehensive health plans at the Central, regional and area levels.				
Stakeholders (policy makers and opinion leaders) better informed about facts concerning financing and equity, hence more objectively engaged in relevant policy formulation.				
Facility licensing procedures implemented in at least one health region and regulatory comprehensive framework approved.				
Best practices widely distributed and in use in new municipalities.				

Products by end of year:

- Management Assessment Tool for Regional Directorates
- Performance Improvement Strategy for Regions 2 and 5
- Standards Manual for establishing and operating COSALS
- Case study of one best practice developed and disseminated
- Strategy for expanding Community Drug Funds
- Documentation of Current Resource Allocation Process
- Completion and dissemination of Household Survey of Income and Health Expenditures (ENIGH)

Technical Resources: Team Leader – F. Vallejo, Task Manager – R. Martinez, K. Novak, J. Fiedler, C. Quijada, R. Auca, C. Castillo, G. Flores, L. Galindo, A. Gonzales

LOE (Person Months): 82

Extra Inputs: TBD

Material Support: TBD

FY '02 Budget: \$ 980,000

5.4.5 Peru

PHR*plus* will help the health agencies of Peru identify short, medium, and long-term policy and reform priorities for the national health care sector; and assist with their implementation. PHR*plus* will, if requested by USAID/Peru, recruit and field a health reform policy advisor and maintain a continuous presence during this transitional period in Peru.

In addition, at the specific request of USAID/Peru, PHR*plus* will help the MOH and evolving Public Health Insurance program to strengthen their policies and systems for a sustainable provision of priority services to target populations, i.e., mothers, children and, prospectively, the needy in general. PHR*plus* will design a payment methodology and rate schedules for relevant ambulatory services, and provide recommendations for a transition from payment per service to a diversified and balanced mix of financing mechanisms.

Contribution to

Mission SO3: Improved Health for Peruvians at High Risk

PHR*plus* IR:

IR1 Appropriate Health Sector reforms are effectively implemented

IR2 Health workers deliver quality responsive services

IR4 Health financing is increased and more effectively used

IR5 Health information is available and appropriately used

PHR*plus* Sub IRs:

IR1.1 Design, adoption and management of reforms that affect PHN priority interventions improved

IR1.2 Policymakers, providers, communities and clients empowered to participate in health reform

IR2.1 Effective strategies for regulation of public and private health services implemented

IR2.3 Accountable programs and incentives to improve quality and efficiency institutionalized

IR4.1 Rational financing policies enacted

IR4.3 Economic analysis, resource allocation, budgeting and financial management practices improved.

IR4.5 Mechanisms for stakeholder input to health financing decisions expanded

IR5.1 Policies for effective application of information management and processes enacted

Implementation Steps	Q1	Q2	Q3	Q4
Develop the CAP document, consult with PHR <i>plus</i> technical areas, and submit to USAID/Peru for review				
Identify, recruit, field and support Health Reform Policy Advisor and Office Manager				
Support MOH in identification of health policies and provide targeted technical assistance to implement such policies.				
Identify relevant services from SMI and SEG claim files, map into CPT codes and estimate service costs				
Design and validate service cost weights (a cost-based RVS)				
Develop an experimental approach to financing per episode of ambulatory care				
Propose a mix of ambulatory financing tools for 'local provider networks'				
Recommend institutionalization strategies for the newly designed payment methodologies and tools				

Year Two Milestones	Q1	Q2	Q3	Q4
Hiring of Long Term Advisor and support staff				
Identification of MOH priority health policy areas				
Development of ambulatory financing tools				

Products by the end of year:

- A Country Activity Plan (CAP)
- A toolkit for ambulatory financing
- Final Report “Tools and Implementation Guidelines for an Advanced System of Payment for Hospital-Based Ambulatory Care in Peru”
- Additional technical reports and policy presentations TBD

Technical Resources: Team Leader – K Novak. Task Manager – R. Martinez, Other staff: A. Telyukov, J. Galloway, C. Quijada, COP and Office Manager TBD

LOE (Person Months): 31 (including in-country consultant)

Extra Inputs: TBD

Material Support: TBD

FY '02 Budget: \$835,957

6. Task 4 – Performance Monitoring and Results Tracking

6.1 Sub-task 1 – Internal project monitoring

The purpose of the internal monitoring sub-task is to implement the internal monitoring system, which is a key input in performance reporting. The key objectives of the project’s internal monitoring system activities are to track progress in achieving results expected under the contract. The results will also be

used to complement the project’s knowledge-building activities regarding the effectiveness of health system strengthening interventions.

**Contribution to
Common Agenda**

Implementation Steps	Q1	Q2	Q3	Q4
Present internal results report format to reform results cluster and CAP/RAP teams for review				
Finalize internal results report format and distribute to all field teams				
Test internal results report with Jordan team				
Review and finalize report based on Jordan results				
Orients all CAP/RAP teams and IR cluster leaders to internal results report format				
Begin data collection for internal results report				
Complete internal results for each CAP/RAP country				

Year Two Milestones	Q1	Q2	Q3	Q4
Design of results reports reviewed and approved				
Internal results report tested				
All CAP/RAP teams and RR Cluster Leaders familiar with internal results reported content and implementation				
Prepare annual results report for each CAP/RAP country				

Products by the end of year:

- Annual internal results report for each CAP country and RAP region

Technical Resources: Team Leader – M. Paterson, Evaluation Adviser – D. Hotchkiss, Reform Results cluster leader – L. Franco, Reform Results cluster leader – M. Makinen, Reform Results cluster leader – D. Mercer or designee, Team Member – E. Kelley, Task Manager – S. Archibald

6.2 Sub-task 2 – Evaluating health system performance – contributing to the debate sparked by WHR2000

The purpose of this sub-task is to develop a role of the project in strengthening the processes and methods used for evaluating health system performance. Emphasis is placed on responding to the debate sparked by the publication of the World Health Organization’s *World Health Report 2000*, and on coordinating the project’s technical leadership activities with those of other international partner organizations, such as the World Bank and DfID.

The following three activities have been proposed:

1. Activity One: Developing methods to evaluate the responsiveness of health systems. The World Health Report 2000 proposed that the responsiveness of health care systems, along with health outcomes and fairness in financing, as one of the key objectives of national health systems. The aim of this activity is to critically review the approach used by WHO to conceptualize consumer responsiveness and to propose an alternative conceptual framework and methodological approach that would take into account the attitudes and perceptions held by individuals and households regarding

the responsiveness of health care systems. Research on this issue would be used to better understand how health system strengthening efforts that target responsiveness, such as decentralization, actually work. The results will be used to help guide future PHR*plus* Technical Assistance and will possibly lead to empirical and qualitative research on this issue.

2. Activity Two: Measuring the efficiency of national health systems. The purpose of this study is to critically evaluate WHO's methods of evaluating efficiency, and to assess the extent to which the WHR2000 results change if alternative methods are used. A preliminary report on this issue was presented at the 2001 meetings of the International Health Economics Association. Preliminary findings indicate the estimates of efficiency are misleading in that they combine not only aspects of technical efficiency, but also other determinants of health that are not controlled in their model.
3. Activity Three: Evaluation of evaluations. The purpose of the study would be to explore the barriers to effective evaluation of health system reforms and health sector performance – examining both technical policy process issues. The results will be used to guide monitoring and evaluation activities carried out by PHR*plus*, particularly those that are associated with the Intensive Research and Demonstration sites. An important criticism of WHR2000 is that it is not useful to country- and local-level decision-makers, and that more attention is needed to strengthen M&E tools and capacity at the country level as a means of better addressing the needs of local health systems. This activity will be carried out in collaboration with DfID and World Bank staff.

PHR*plus* will prioritize these activities in consultation with CTOs and, depending on resource availability proceed with one to three of the activities listed above.

Contribution to

Common Agenda

PHR*plus* IR – Appropriate health sector reforms are effectively implemented

Year 2 Implementation Steps	Q1	Q2	Q3	Q4
Responsiveness				
Carry out literature review on health system responsiveness				
Organize a working group of PHR <i>plus</i> staff, USAID staff, and experts to discuss health system responsiveness				
Write and disseminate technical report on health system responsiveness				
Health system efficiency measures				
Complete data analysis for health system efficiency study				
Write and disseminate technical report for health system efficiency study				
Evaluation of evaluations				
Carry out literature review for evaluation of evaluations study				
Consult with DfID and World Bank staff on evaluation of evaluations study				
Develop typology of evaluation strategies				
Write and disseminate technical report for evaluation of evaluations study				

Milestones: none

Products by the end of year: Which of these products if finally produced, depends upon which activities the project decides to proceed with.

- Technical report on health systems responsiveness, including a literature review, a conceptual framework, and a review of household- and provider-level methodological approaches
- Technical report on measuring efficiency of national health systems

- Technical report on processes and methods for evaluating health systems performance (evaluation of evaluations study).

Technical Resources: Team Leader – D. Hotchkiss, Team Member – S. Bennett, Team Member – E. Seiber, Team Member – M. Khan, Task Manager – S. Archibald, others to be determined

6.3 Sub-task 3 – Evaluating the impact of donor-supported programs on the poor

The purpose of this sub-task is to carry out evaluation research on the impact of donor-supported programs on the poor. While there appears to be consensus on the importance of equity as a criterion to evaluate health system strengthening initiatives, there has been very little empirical evidence regarding the extent to which health systems and donor-supported health programs are actually reaching the poor. An improved understanding of this issue can be used to improve the targeting of health systems strengthening initiatives. Two activities have been proposed:

1. Activity One: Evaluating the role of the service supply environment on the impact of priority health services on the poor – a DHS analysis. The purpose of this study would be to investigate the role of the health care supply environment in explaining rich/poor differentials in utilization of priority health care services. An improved understanding of this issue can be used to improve the effectiveness of donor-supported programs on the poor. The study will be based on DHS data collected from households and health care providers from multiple countries. Emphasis will be placed on assessing the influence of travel time, distance, availability of public services, and availability of private services on the use of a number of types of priority services, including immunizations, birth delivery assistance, family planning services, and antenatal care. This research will be carried out in close consultation with World Bank researchers who are currently investigating the impact of health programs on the poor.
2. Activity Two: Evaluating the impact of USAID-supported activities on the poor: While USAID does not have an explicit poverty focus, most USAID-supported health and population programs are assumed to implicitly target the poor by focusing on priority health care services. However, there is very little empirical evidence that USAID-supported programs are successful in reaching the poor. The purpose of this activity will be to carry out empirical research on this issue. A better understanding of this issue can be used to improve the targeting of health programs supported by USAID. These evaluations will be based on data collected by USAID projects, and on reports and documents that describe the objectives of the programs that are evaluated, and whether and how programs were targeted to the poor. Researchers will identify household- and client-level data that include information on socio-economic status of program recipients. Among the potential sources of empirical data are USAID projects, such as PHR, Basics, and others.

PHR*plus* will prioritize these activities in consultation with CTOs and, depending on resource availability, proceed with one or two of the activities listed above.

Contribution to

Common Agenda

PHR*plus* IR – Appropriate health sector reforms are effectively implemented

PHR*plus* SO - Common Agenda

Implementation Steps	Q1	Q2	Q3	Q4
Consult with World Bank researchers and others on methods to be used for DHS study				
Identify countries to be included in DHS study				
Carry out data analysis for DHS study				
Write and disseminate technical report for DHS study				
Identify data sets for study on the impact of USAID-supported programs on the poor				
Identify methods to be used for study on the impact of USAID-supported programs on the poor				
Carry out data analysis for study on the impact of USAID-supported programs on the poor				
Write and disseminate technical report for study on the impact of USAID-supported programs on the poor				

Year Two Milestones: none

Products by the end of year:

- Technical report on the role of the service supply environment on the impact of priority services on the poor
- Technical report on the impact of USAID supported programs on the poor

Technical Resources: Team Leader – D. Hotchkiss, Team Member – E. Kelley, Team Member – S. Bennett, Team Member – M. Khan, Team Member – E. Seiber, Task Manager – S. Archibald, others to be determined

6.4 Sub-task 4 – Evaluating the impact of health reform on PHN priority programs

The purpose of this sub-task is to design and initiate evaluation research on the impact of health systems strengthening initiatives on the delivery of PHN priority services. PHR*plus* staff will work to identify opportunities in long-term countries to carry out impact assessments. Emphasis will be placed on defining activities to be carried out in association with the Intensive Research and Demonstration sites, and with other health system strengthening initiatives in countries where there is sufficient mission interest and commitment. Resources budgeted for this sub-task will be used to market the project’s evaluation services to missions, to develop evaluation methodologies, to develop and draft survey instruments, to collect primary data from facilities, providers, and/or households, and to travel to long-term countries to consult with mission staff.

Contribution to

Common Agenda

PHR*plus* IR – Appropriate health sector reforms are effectively implemented

Implementation Steps	Q1	Q2	Q3	Q4
Draft and disseminate to missions a brochure on evaluation services offered by PHR <i>plus</i>				
Identify scope of evaluation studies in collaboration with Intensive Research and Demonstration Site sub-group				
Consult with mission staff on impact evaluation methods and processes to be				

Implementation Steps	Q1	Q2	Q3	Q4
used				
Develop survey instruments in collaboration with mission staff and local counterparts				
Initiate baseline data collection				

Milestones: none

Products by the end of year:

- Brochure on PHR*plus* Evaluation Services;
- For each impact assessment study that is initiated, a technical report that describes the purpose and methods will be submitted.

Technical Resources: Team Leader – D. Hotchkiss, Team Member – S. Bennett, Team Member – M. Khan, Task Manager – S. Archibald

LOE (Person Months): 29.1 (totals are for Task 1-4)

Extra Inputs: TBD

Material Support: TBD

FY '02 Budget: \$490,898

7. Task 5 – Training and Capacity Building

Training and capacity building are cornerstones of our work throughout the project and are built into the design of country programs and work plans. PHR*plus* teams assess existing capacity and identify new skills required to improve country capacity to design and implement reforms that strengthen health system performance. Effective training plans include the transfer of skills through on-the-job training, formal courses, workshops, seminars, local, regional and international study tours, and distance learning. Team expertise in community participation, organizational development/human resource development and facilitation contribute to Task 5 efforts.

Contribution:

Common Agenda

Potential to contribute across PHR*plus* Project IRs

Implementation Steps	Q1	Q2	Q3	Q4
TraiNet				
Prepare reporting forms/uniform processes for reporting training activities				
Orient staff to reporting forms and processes				
Record and Report training activities				
Training and Capacity Building Program Development/Integration				
Define/Publish/Disseminate the following documents to support the activities of training and capacity building – Evaluation/Output Indicators – Guidelines for Study Tours				
Provide technical assistance in training plan development and activity planning for emerging SO, regional and country teams (PHR <i>plus</i> and counterparts) to enhance the integration and cross fertilization of training and training activities				
Train PHR <i>plus</i> staff to design, plan, administer, monitor and evaluate results-				

Implementation Steps	Q1	Q2	Q3	Q4
based and capacity building activities				
Develop tools and training sessions as needed to assist PHR <i>plus</i> staff and counterparts in capacity building and maximizing				
Toolkits				
Cross Sectional Training Initiative (to be piloted in hospital autonomy and quality –oriented PHR <i>plus</i> programs. “Toolkits” resulting from this activity are targeted for consumers and counterparts from Governments, Ministry of Health, academics, and the private sector. The toolkits can be used by consultants as a supplement to technical assistance efforts or they can be used and applied independently by interested consumers and counterparts.				
Identify common themes transcending projects -technical areas, geographic regions, knowledge imparting methods- forming the central core of hospital autonomy and quality				
Prepare modules that simply, realistically, and practically depict the essence of the core programs in hospital autonomy and quality				
Submit modules to review panel				
Apply modules to be used in print and electronic formats				
Pilot test modules in a country currently engaged in the pilot initiative				
Based on pilot results, revise and review modules as needed. (Ongoing into the next programmatic year)				
Market the modules to counterparts, PHR <i>plus</i> staff, AAHPTI and other USAID initiatives with the same focus (ongoing into the next programmatic year)				
Identify other PHR technical areas relevant for the toolkit concept (ongoing into the next programmatic year)				
Provide support to Hospital Autonomy and Quality areas to enhance long-term sustainability (ongoing into the next programmatic year)				
Disseminate products for promotion, advocacy and training in targeted communities (ongoing into the next programmatic year)				
PHR<i>plus</i> Technical Review Retreat				
Convene retreat planning committee and logistical staff				
Identify time and location and other logistics				
Identify PHR <i>plus</i> , TAG members, USAID officials and other guests				
Determine and plan content including presentation methods, speakers, etc				
Prepare evaluation methods and tools for retreat content				
Prepare logistics				
Hold retreat				
Conduct follow-up evaluations for retreat				
Prepare final report on retreat				
Distance Education Initiative				
(to be piloted in HIV/AIDS or Infectious Disease area). Will use technology as a supplement to traditional teaching and capacity building methods				
Identify PHR <i>plus</i> programmatic areas in HIV/AIDS or Infectious Diseases that can be piloted				
Identify pilot geographic regions				
Determine if pilot site will include one region or combine regions having the same programmatic focus				
Analyze elements of current technical assistance that can be supplemented or substituted by distance education methods				
Assess and Test technologic capabilities (electronic blackboard, video-conferencing, telemedicine, etc.) of pilot regions				
Prepare modules that can be used in the pilot regions				
Submit modules to review panels including counterparts				
Pilot test distance education method using the modules				

Implementation Steps	Q1	Q2	Q3	Q4
Based on pilot results, revise and review modules as needed (ongoing into the next programmatic year)				
Market the modules to counterparts, PHR <i>plus</i> staff, AAPTII, and other USAID initiatives in the same geographic areas as the pilot region (ongoing into the next programmatic year)				
Identify other PHR <i>plus</i> geographic areas relevant for distance education (ongoing into the next programmatic year)				
Identify locations and methods to extend simultaneous distance education efforts to multiple geographic regions throughout the world (ongoing into the next programmatic year)				
Provide support to HIV/AIDS or Infectious Disease areas to enhance long-term sustainability (ongoing into the next programmatic year)				
Disseminate products for promotion, advocacy and training in targeted communities (ongoing into the next programmatic year)				

Year Two Milestones	Q1	Q2	Q3	Q4
Complete protocols for reporting and recording TraiNet				
Hold trainings for PHR <i>plus</i> staff on reporting and recording TraiNet				
Complete documents on Evaluation/Output Indicators, and Guidelines for Study Tours				
Hold trainings for PHR <i>plus</i> staff and training counterparts on Evaluation/Output Indicators, and Guidelines for Inter-Country Study Tours				
Identify common themes for the cross sectional training initiative – the “toolkits”				
Identify programmatic areas in HIV/AIDS or Infectious Diseases that can be piloted				
Identify pilot geographic regions for distance education initiative				
Assess and test technologic capabilities in chosen geographic region for the distance education initiative				
Prepare written modules for distance education initiative				
Prepare written modules for “toolkits”				
Adapt modules for distance education initiative to electronic media				
Pilot “toolkit” initiative				
Pilot distance education initiative				
Hold technical review retreat				
Pilot distance education initiative				

Products by the end of year:

The following products will be produced by the end of the programmatic year:

- Manual: Reporting and Recording TraiNet
- Manual: Training and Capacity Building -Evaluation/Output Indicators
- Manual: Training and Capacity Building – Guidelines for Study Tours
- Toolkits: Cross Sectional Training Initiative – Hospital Autonomy and Quality-Related
- Electronic Module : Distance Education Initiative for HIV/AIDS or Infectious Diseases
- Retreat Report

Technical Resources: Senior Training Advisor – L. Milburn; Other staff – C. Rassas, R. Merino, M. Patterson, N. Rafah, D. Banks, Local Consultants – G. Purvis

LOE (Person Months): 9.3

Extra Inputs: hospital autonomy, quality, HIV/AIDS or Infectious Diseases areas

Material Support: TBD

8. Task 6 – Strategic Documentation and Transfer of Experience

The PHRplus Communications Group (CG) comprises Editorial and Production Services, Connectivity, and the Resource Center. The CG works closely with technical staff across the project to ensure that results are recorded, translated, and produced into relevant and high-quality information products that are disseminated in appropriate formats through a variety of media, including internet-based and electronic services, print, video, and presentations at trainings and meetings. The group supports missions and cooperates with other donors and projects to amplify the objectives of PHRplus. To ensure that PHRplus findings and experience are relevant to and used by counterparts, stakeholders, clients, and CAs, CG places special emphasis on capturing audience feedback on the use of key instruments, such as the *Priority Services Journal* and select special products.

Contribution to

Common Agenda

PHRplus IR 1: Appropriate health sector reforms are effectively implemented

Sub IRs: 1.2 Policymakers, providers, communities and clients empowered to participate in health reform.

Global consensus on appropriate guiding principles of health reform achieved.

PHRplus IR 5: Health information is available and appropriately used

SubIRs: 5.3 Community knowledge of health care practices, quality and options increased.

Implementation Steps	Q1	Q2	Q3	Q4
Produce 4-page project brochure				
Start process of collecting additional data for expanded mailing and doc DB				
Respond to on-going research and reference requests providing copies of materials and conducting literature searches				
Select and add new literature to RC database, catalogue, and assure quality				
Continue dissemination of PHR materials upon request				
Produce monthly electronic <i>RC Bulletin and New Acquisitions</i> listings				
Conduct RC orientations for new staff				
Update online database monthly				
Prepare distribution materials and exhibit for APHA 2001 conference				
Coordinate abstract submission, distribution materials, attendance, and exhibit for GHC 2002 conference				
Coordinate abstract submission, distribution materials attendance, and exhibit for APHA 2002 conference				
Produce and disseminate <i>Highlights</i> project newsletter				
Arrange for translation of project documents (as req)				
Manage logistics of weekly staff meetings				
Update and maintain project mailing list				
Cover technical team meetings as part of CG newsbeat				
Assist with ID Surveillance resource, dissemination				
Develop relay station dissemination strategy				
Upgrade bibliographic software				
Migrate PHR mailing list to new format				
Develop parameters of project Intranet				
Design, test pilot Intranet site				

Implementation Steps	Q1	Q2	Q3	Q4
Produce 2-page <i>Issues and Results</i> summaries (8 more)				
Develop and maintain tracking system for select project deliverables				
Maintain electronic archive of completed project documents				
Maintain pool of outside editors and writers				
Edit technical reports as submitted by tech staff				
Format technical reports as submitted by tech staff				
Liaise with project editorial board				
Write/edit/produce special products as designated by editorial board				
Train HQ and select field staff in results-oriented writing for project newsletter*				
Update project descriptions on web as needed				
Update pocket <i>Publication List</i> for GHC, APHA 2002				
Develop CD of photos taken by staff for general use by field newsletters and brochures, update when needed				
Develop sturdy, laminated graphic posters of images of PHRplus work and logo for use in field and at international conferences and exhibits				
Write, disseminate website connectivity newsletter via Email				
Monthly open seminars or brown bag series for CAs at Abt DC office				
Respond to on-going research and reference requests, disseminate project lit				
Select and add new literature to RC database, catalogue, and assure consistent entry				
Write, disseminate <i>Partners Update</i> electronic newsletter				
Produce monthly electronic <i>RC Bulletin and New Acquisitions</i> listings				
Conduct RC orientations for new staff				
Update web RC database on monthly basis				
Prepare distribution materials and exhibit for APHA 2001 conference				
Coordinate abstract submission, distribution materials, attendance, and exhibit for GHC 2002 conference				
Coordinate abstract submission, distribution materials attendance, and exhibit for APHA 2002 conference				
Disseminate and produce <i>Highlights</i> project newsletter				
Arrange for translation of project documents (as req).				

Year Two Milestones	Q1	Q2	Q3	Q4
CG contracts work for project database				
CG completes and demonstrate design of new interactive website				
CG determines feasibility, design of PHRplus Intranet for staff, partners				
CG contracts work for Project database				
CG completes on new project database				
CG expands RC collection to include IDS, HIS, commodities				
CG engages website manager to transition old website to PHRplus.org				
CG issues 1st PHRplus Priority Svcs Journal				

Products by the end of year:

- Project Brochure in 3 languages
- 10 “Issues and Results” marketing brochures in multiple languages
- New website design
- New database for tracking web use, document use, and mailing
- Expanded RC library, capabilities
- Several special products, including new pocket publications list
- Graphics and other materials for use by field offices
- Electronic mailings of RC Bulletin, Partners Updates, Highlights, Connectivity newsletters, other

Technical Resources: Team Leader – Z. Al-Faqih, Editorial – L. Moll, Resource Center – L. Nugent Design and Production – M. Hamadeh, Website – Consulting Firm, Database development – Consulting Firm, Other staff – L. Kolyada, M. Hoepf, Local Consultants – P. Hovey, E. Boissvain, P. Tulay

LOE (Person Months): 66.2

Extra Inputs: Database design and development; website development; translation of documents as needed, external copy editing support.

Material Support: Software upgrades for RC, Design and Production, and Website areas; posters for conferences and field offices; special materials for Partners meetings.

FY'02 Budget: \$1,042,411.00

Annex A – PHRplus Funding Obligation

PHRplus FY02 Work Plan Funding/Expenditure Status Report

	<u>FY02 Budget</u>	<u>FY02 LOE Budget</u>
Core Funds - Common Agenda		
TAG Meeting	104,878	3.1
SO1 Planning	0	0.0
SO2 Planning	0	0.0
Technical Leadership	79,388	3.6
NHA	452,115	23.9
NHA - E&E Network	148,572	4.4
Stakeholder Participation	46,145	1.8
Doc, Anal, Transfer	175,000	8.0
Emerging Issues	0	0.0
Research	659,000	25.7
Performance Monitoring	490,898	29.1
Start-Up Workshop	0	0.0
Training & Capacity Bldg	226,028	9.3
Documentation & Transfer	<u>1,042,411</u>	<u>66.2</u>
Subtotal Core - Common Agenda	3,424,435	175.1
Directed Funds		
SO2		
S02 General Support		
Maternal Health Synthesis		
Total SO2	275,000	6.0
SO3		
S03 General Support		
GAVI		
IMCI		
Total SO3	800,000	9.0
SO4		
S04 HIV/AIDS Planning		
HIV/AIDS Inter Agency Collaboration		
CBHF Mech/HIV Services		
Treatment Costs		
Global/National Funding		
Total SO4	1,300,000	75.0
SO5		
S05 General Support		
Bright Ideas		
Tanzania Develop - Core		
Total SO5	1,000,000	50.8
Subtotal Directed Funds	3,375,000	140.8

**PHRplus FY02 Work Plan
Funding/Expenditure Status Report**

	<u>FY02 Budget</u>	<u>FY02 LOE Budget</u>
Field Support		
Africa Region		
Africa Bureau	36,000	1.4
Benin	240,000	17.2
DROC	500,000	31.0
Eritrea	425,000	15.0
Ghana - MHO	320,000	28.0
Ghana - ID	415,278	17.0
Malawi	908,673	36.0
REDSO/E	676,356	25.2
Senegal	150,000	20.5
Tanzania	350,000	56.4
WARP	835,214	34.0
Zambia	75,000	3.5
Subtotal Africa Region	4,931,521	285.2
ANE Region		
ANE Region	450,000	12.0
Jordan	1,800,000	118.0
Subtotal ANE Region	2,250,000	130.0
E&E Region		
Albania	1,850,000	150.0
Georgia	560,000	18.7
Subtotal E&E Region	2,410,000	168.7
LAC Region		
El Salvador	712,399	34.0
Guatemala	52,500	3.6
Honduras	980,000	82.0
LAC Region Initiative	135,000	3.0
Peru	835,957	31.0
Subtotal LAC Region	2,715,856	153.6
Subtotal Field Support	12,307,377	737.5
Total FY02 Budget	19,106,812	1,053.4

PHRplus FY02 Budget by Funding Source

