



**LMS** | *Leadership, Management  
and Sustainability Program*

## **Leadership, Management and Sustainability Program**

*Semi-Annual Report: July 1 – December 31, 2006*

January 31, 2007

This report was made possible through support provided by the U.S. Agency for International Development, Office of Population and Reproductive Health, under the terms of Cooperative Agreement Number GPO-A-00-05-00024-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

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# INTRODUCTION

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The Leadership, Management and Sustainability (LMS) Program supports people and organizations around the world, strengthening the way they lead and manage their programs to achieve measurable improvements in health. During this reporting period (Program Year 2, July — December 2006), LMS continued to pursue its mandate to scale up and mainstream leadership and management development through global leadership, implementation of field programs, leveraging the strengths of each LMS partner organization, and collaborating with other programs and Cooperating Agencies (CAs).

The first section of this report is Program Highlights relating two success stories during the reporting period, followed by a Milestones section describing other significant accomplishments, organized by the Office of Population/Reproductive Health's three Intermediate Results. The Performance Monitoring Plan (PMP) is provided in Appendix I, showing LMS' progress against agreed-upon targets and indicators. Comments on PMP progress are noted. LMS progress on cost share, achievements and pipeline, is also described, with a cost share report provided in Appendix II. An expenditure report, Project Year to Date, is provided in Appendix III.

## **LMS Management Review**

LMS and USAID colleagues met in November. Key achievements, many of which are discussed in this Semi-Annual Report, were documented by LMS and USAID.

- LMS received requests for assistance from five USAID Missions, and launched new country programs in Afghanistan (see page 15), Bolivia, Nigeria, Peru, and Uganda (see pages 12-14). Field offices have been opened in Kabul, Abuja, and Lima, with six additional regional offices in project sites throughout Peru.
- The Program has continued to transfer capacity to deliver LMS programs and technical resources to others, especially LMS' partner, the Eastern and Southern Africa Management Institute (ESAMI). For the first time, ESAMI is facilitating the delivery of LMS' Leadership Development Program (LDP) without on-the-ground presence of LMS/Cambridge master facilitators (see pages 11-12).
- Professionalization of leadership and management was also highlighted, both the successful new course designed and delivered with the Boston University School of Public Health (see page 11) and the launch of field work with Makerere University Faculty of Medicine in Uganda to integrate the LDP into the University's community-based practicum (see page 10). Critical attention to developing the leadership and management capacity of current and future health leaders greatly expanded through the publication of an Occasional Paper, "An Urgent Call to Professionalize Leadership and Management in Health Care Worldwide" (see page 11) and delivery of the related seminar on the topic hosted by LMS' community of practice, LeaderNet (see page 10).

Other significant achievements noted during the Management Review were:

- In Program Year (PY1), LMS had 62% in field support and 38% in core support. In PY2, to date, field support has risen to 72% (including the PY2 obligation of an Associate Award in Afghanistan). This PY2 Associate Award combined with increases in both core and field support funding has caused total funding received between PY1 and PY2 to **double**, from \$11.5 million to \$23.9 million.
- An USAID survey of client USAID missions showed that the majority ranked LMS as good or excellent across most categories of service.

## PROGRAM HIGHLIGHTS

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### ***Faith-Based Facilities in Uganda Face Their Human Resource Challenges: Results from the Virtual Leadership Development Program for Human Resource Managers in Health***

Uganda Protestant Medical Bureau (UPMB) and the Uganda Catholic Medical Bureau (UCMB) are faith-based umbrella organizations that oversee more than 400 hospitals, health centers, and other clinics. Together with the Uganda Muslim Medical Bureau, they provide nearly half the medical services in Uganda. The Government of Uganda contributes 30 percent of the two bureaus' budget, with the rest coming from fees, their respective churches, and other donor contributions.

As similar institutions with similar missions, UPMB and UCMB often coordinate activities, especially issues affecting their health facilities. Dr. Henry Katamba, the Health Coordinator for UPMB, explains that “when we are building capacity for our member facilities we always involve facilities from the UCMB, especially when it is a regional activity, and they do the same for us.”

#### **The Challenge**

The medical bureaus have to compete with the Government of Uganda and other organizations for qualified health workers. Limited budgets and working primarily in remote rural areas has made recruitment and retention of staff extremely challenging. In 2005 the Government of Uganda secured sufficient budget to fill many of its existing vacancies, lifted ceiling limits on hiring, and increased salaries. As a result, the attrition rates at UPMB and UCMB facilities skyrocketed. The resulting staff shortages threatened to overwhelm their health facilities causing increased waiting times and reduced quality of services for clients. Add to this the major diseases of malaria, TB, and HIV/AIDS, the result is a severe health crisis.

In 2006, personnel from both medical bureaus attended a conference in Nairobi where they learned about a program designed to strengthen leadership and management skills—the Virtual Leadership Development Program (VLDP) developed by MSH.

#### **The Virtual Leadership Development Program**

The VLDP strengthens the leadership and management capacity of health teams to produce organizational results. The program uses a blended-learning approach — on-site team meetings combined with individual work done on the website. Rather than giving a few top-level managers off-site training for one or two weeks, the VLDP works with teams of 4-10 participants over a period of 13-16 weeks. Teams can be from a single country, from several countries of a region, or from multiple countries around the globe. The VLDP guides teams in identifying and addressing real organizational challenges while strengthening their skills and practices. After completing the program, teams receive follow-up support through LeaderNet, a virtual community of practice, where they can access materials, exchange ideas, and participate in events.

With co-financing by LMS and the Capacity Project, the VLDP platform and content were adapted to address the critical global challenge of human resources for health. The VLDP for Human Resource Managers in Health was offered for the first time April – July 2006. Seventy participants (ten teams) from seven countries across Sub-Saharan Africa graduated. The Program was facilitated by staff from LMS,

Capacity, and ESAMI (Eastern and Southern Africa Management Institute). One of the VLDP teams enrolled was from UPMB and UCMB.

The UPMB/UCMB team chose to reduce the attrition rate at their health facilities from 18 percent when they started the VLDP to 10 percent within a year. In the past, the well-regarded training and development programs offered to staff by the medical bureaus kept turnover in check; however, the higher salaries offered by the government had shifted the balance.

“The [VLDP] helped us refocus ourselves on the issue, to come up with a plan to face our challenges,” said Mr. Kagimu of the UCMB. “We thought our challenges were unique to us, but the VLDP modules and being able to chat with others on the website showed that this happens a lot and how we could manage it.”

For the UPMB and UCMB, completing the VLDP got the team mobilized to action. “We agreed on a common approach for collecting information to look at attrition,” Mr. Kagimu describes the team’s first steps. “Where are people leaving the most? Under what circumstances?” With this information, the team was better able to measure the attrition rate and get at the true root causes of why the turnover was high.

The team revised its joint position paper to present to the government, seeking input from hospital managers and using concepts from the VLDP’s approach to facing challenges. While the two bureaus continue to lobby the government for increased support to assure effective implementation of the private/public partnership in health service delivery, they are also having joint planning workshops with health facilities to address their human resource challenges.

“It helped us to have a team spirit,” Mr. Katamba says about the VLDP. “It brought out the strengths in different team members especially in mobilization, in focusing, in aligning. It broke down the walls within the team and we are working a lot better. It has really changed the attitude within the department and it also changed the way we look at our challenges. It is easier for a subordinate to come and ask for my view on a specific challenge that he is dealing with than it was in the past.”

Mr. Katamba has noticed additional improvements. “The approach members of our team take in carrying out their tasks has changed dramatically. Programs like this, that do not largely interfere with the already existing structure, I think they are very, very relevant. Not only for just this organization, but also for what I am seeing in the other facilities that I am seeing in my day to day work.”

“First of all, I realized one thing. You don’t have to be the boss to be a leader. Anyone can be a leader. At any level there is a skill of leadership that comes out. You just have to look for that skill and help it to grow in everybody. And once it grows then it will help the way things are done, generally.—*Isaac Kagimu, UCMB*”

The final evaluation completed by VLDP participants at the conclusion the program documented that 78% of the participants have brought about changes in their organizations as a direct result of the VLDP, with 98% of participants stating that they would recommend the VLDP to others. UPMB/UCMB team is implementing its strategy to reduce attrition among its health centers. Already, they are cooperating more, enabling them to present a united front in addressing this human resource management challenge.

The VLDP for Human Resource Managers in Health is being offered by LMS and the Capacity Project at the end of January 2007. Eleven teams from seven African countries are enrolled.

## Results from Selected VLDP Teams as of January 2007

- The team from the **East, Central and Southern African (ECSA) Health Community** in Tanzania has completed implementation of its VLDP action plan. ECSA is an inter-governmental organization of 14 member states across sub-Saharan Africa. ECSA contributes to improving health by undertaking activities to promote and encourage efficiency and relevance in the provision of health services. Most activities implemented are in the areas of capacity building, advocacy, research, evaluation, and information sharing. The team's defined measurable result was: "by August 2006, the ECSA team will have studied and developed a concept paper for adaptation of the Kenyan nursing workforce model with the purpose of rolling it out to other ECSA member states." The team completed the concept paper and then held a one-week workshop in October on human resource management information systems and other mechanisms for gathering intelligence on HR issues so that policy questions may be addressed, e.g., are the correct and sufficient numbers of people being trained? Key stakeholders participated in the workshop, including USAID, WHO, the World Bank, the Capacity Project, and representatives from its 14 member states. Stakeholder teams produced action plans for critical activities and next steps. In addition to completing these two major activities of its VLDP action plan, the team reported that the Program helped members come together as a team to discuss issues and to advocate effectively with others.
- The team from **Coast Provincial Hospital** in Mombasa, Kenya has integrated its VLDP action plan into ongoing work with a World Bank initiative, the Rapid Results Approach. The challenge selected by the team during the VLDP was: "Given the human resource constraints in our theatres and the freeze on employment by the government, how can we improve theatre usage and reduce the number of patients who wait for elective surgery for more than one month?" The VLDP participants are currently forming teams at the Hospital and looking at ways to improve services by changing attitudes and processes. They have taken a baseline measurement to see if the amount of time taken for emergency operations in the theatres can be reduced. The team's goal is to reduce the amount of time by 30-40% in the next 100 days. This new initiative began on January 20, 2007. A team member interviewed by LMS reported that the approach they are taking to addressing this challenge, organizing themselves into teams, and their focus on change management comes from the knowledge and skills they gained in the VLDP.
- Eight staff from the **Capacity and ACQUIRE/EngenderHealth Projects** in Kenya formed a team to take the VLDP. While the team has not made progress implementing its VLDP action plan because of changes in their organizations and team composition since the VLDP ended, it has nevertheless applied and mainstreamed tools and approaches used in the VLDP into their work. The team is working with the Kenyan MOH Human Resources Department and with MOH facilities. It was planning to organize management training for facility staff, but determined that "the VLDP training brought into focus a different way of achieving results." They have conducted leadership training for health sector managers integrating practices and tools from the VLDP into their program, including the concept of "managers who lead", team visioning, the Challenge Model, root cause analysis, and effective communication. They have also launched a pilot project called Work Climate Improvement Initiative with 20 facilities, four faith-based and 16 public sector. The objective of the Initiative is to "improve work climate in health facilities to improve morale, performance, and staff retention." To analyze work climate in each facility, the team applied a confidential employee survey that incorporates elements from MSH's Work Climate Assessment

tool used in the VLDP and additional questions developed by Capacity and ACQUIRE staff. They applied the instrument with small teams in each facility, including medical personnel, cleaners, accountants, and cooks. The work climate was found to be very poor. The team led facility teams through the Challenge Model, and developed action plans with each facility team, which they are currently monitoring. One member of the Capacity/ACQUIRE team reflected on the VLDP saying: “The VLDP training allows managers to apply up to 80% of the content that is taught unlike generic management training where application would most often be about 50%. Because of the high involvement of teams, retention of learning from the VLDP modules is also high.”

## Strengthening Referrals to Save Lives

Ms. Yocasta Chávez Castellón sits calmly in front of her home in the bustling neighborhood surrounding Mercado de Oriental, the largest open-air market of Central America. It is one of the poorest neighborhoods in Managua, the capital city of Nicaragua. Yocasta is a recent patient of the SILAIS (regional department) of Managua health system. “I wasn’t able to visit the doctor at the health center until six months into my pregnancy,” she explains. “When I finally did they gave me a date to come back to deliver, but that day came and went with nothing happening. I was sent to another hospital for a second ultrasound where the technician told me I needed immediate assistance. They gave me medicine that would help and she was born on September 7 in the morning.” Following the birth, Yocasta wouldn’t stop bleeding. Doctors tried several procedures but couldn’t get the hemorrhaging to stop. As a result, they transferred her to a specialty hospital which was able to treat her. A short time later Yocasta was at home with her baby girl.

Had this scenario played out just two years ago there may not have been such a happy ending. Hospitals didn’t communicate with health centers. Hospitals blamed health centers for emergency cases referred to them, many times refusing to receive patients by arguing that they did not have sufficient capacity. Despite the severity of her case, including the need for surgery and intensive care, the life of this woman was saved because relationships and referrals from the health center to the hospital and the hospital to the specialty hospital were strengthened as a result of the Leadership Development Program (LDP). The health center doctor had put into practice follow-up procedures for his patients, ensuring that the patients were communicating with hospital personnel and hospital personnel were properly attending his patients.

“Before the LDP it was an odyssey to talk with the hospital director. Now when there is a problem we help each other to solve it.” *Dr. Francisco Alberto Gutiérrez, Centro de Salud Matamoros, Nicaragua*

### **The Leadership Development Program in Nicaragua**

The LDP was launched in 2001 under the Management and Leadership (M&L) Program of Management Sciences for Health (MSH), in collaboration with the Ministry of Health (MOH) and the PROSALUD Project<sup>1</sup>. Intended to strengthen the capacity of health managers and personnel at the municipal and SILAIS levels, the LDP was designed to complement PROSALUD's Fully Functional Service Delivery Point (FFSDP) strategy which includes a set of criteria for monitoring and evaluating participating health units. To operationalize the FFSDP criteria for leadership development, the LDP contributed to the preparation of managers and health workers at the municipal and SILAIS levels to assume greater responsibilities and new roles within the changing environmental context. The LDP was subsequently expanded to the central MOH. Implemented in phases during 2001-2005, the LDP scaled up to involve 63 municipalities, seven SILAIS, and the central level of the MOH. The LDP trained 2,053 managers and health workers at municipal, SILAIS, and central levels.

Because of the health system structure in Nicaragua, there is a long history of distance between hospitals and health centers. While completely interdependent in the context of service delivery, structurally the facilities report to different authorities. Health centers belong to the region and report to the SILAIS, or Regional Office. Hospitals report to a general directorate at the central level. SILAIS have no authority to demand services or compliance from hospitals.

Seeking to address the challenge of effective communication and cooperation between hospitals and health centers, the Managua SILAIS Director requested the PROSALUD Project to offer the LDP. The first step was a Leadership Dialogue conducted in February 2004 with health center and hospital directors from SILAIS Managua. During the Dialogue the staff selected their main organizational challenge, to improve referrals for maternal and child services. The staff organized themselves into four work teams. They participated in four leadership development workshops in 2004, facilitated by M&L staff and five central MOH staff, and were followed up three times in 2005.

In addition to improving their communication, negotiation, problem-solving and change management skills, specific accomplishments of the teams in implementing their action plans included:

- Establishing commitments and new personal relationships
- Sharing information on their portfolio of services
- Developing new referral guidelines
- Conducting regular meetings to analyze maternal deaths and to make informed decisions based on the evidence discussed

“The interaction between the chief of services at the hospitals and the health centers allowed the hospitals to understand the work and difficult conditions of the health centers. We try to connect who sends the

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<sup>1</sup> PROSALUD was the MSH bilateral in Nicaragua funded by USAID from April 1999 to June 2003. Through this bilateral, MSH developed Fully Functional Service Delivery Points in 55 health units in three SILAIS.

patients with who receives them. Now hospitals are better analyzing what they are doing, not as a [separate] entity but as a ‘territory’ that includes the health centers.” *Olga Sequeira, Deputy Director of SILAIS Managua*

The analysis of maternal deaths is now done by a team of personnel from both levels of the health system, hospital and health center. The objective of this analysis is not to lay blame but to improve the referral system and quality of services. Because of this new relationship, at least five cases of high risk pregnancies were satisfactorily managed, with happy outcomes, during the period July through December 2006.

## MILESTONES

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### ***Technical Leadership (IR1)***

***Professionalization of Leadership and Management in the Pre-Service Context.*** Doctors and nurses face many challenges on the job. While they may be well-prepared clinically, they are often ill-prepared to address management and leadership challenges. Building on engagement meetings with senior leaders from the Makerere University Faculty of Medicine in Uganda and the U.S. in early 2006, LMS initiated field work to integrate its Leadership Development Program (LDP) into the medical curriculum of Makerere's existing Community Based Education and Service (COBES) program. COBES began three years ago to educate students in the community-level service delivery challenges they will face as doctors upon graduation. Each year during the four years of medical training students spend 5-8 weeks working at the community level in a rural setting, continuing their academic training but also beginning to identify and address real health challenges facing the communities to which they are assigned, including optimizing limited human and material resources to serve communities' health needs. Activities undertaken during this reporting period have included: Training 23 faculty from the Makerere Medical School to become LDP facilitators at their COBES sites. This was followed by a five-day workshop for Faculty facilitators at St. Stephen Hospital, a COBES site. The objectives of the workshop were to model a complete LDP for Faculty facilitators in a real COBES setting, and to provide facilitators with an opportunity to use the LDP curriculum, facilitate workshop sessions, and receive feedback and coaching from their peers. Fourteen staff from all levels of St. Stephen hospital participated in the workshop, from the cleaner to the hospital director. In January 2007, the new integrated LDP/COBES curriculum will be pilot tested by Faculty facilitators at two COBES sites. This collaboration will yield valuable lessons and insights in LMS' exploration of opportunities and best practices in professionalizing leadership development in pre-service training, building on initial experiences in Egypt under the M&L Program.

***LeaderNet Seminar Validates the Need for Early Preparation of Health Managers.*** LeaderNet, a community of practice for managers who lead and facilitators of management and leadership programs, hosted a seminar on Professionalizing Leadership and Management in Health in October 2006. Forum discussions focused on the Occasional Paper published by LMS, "An Urgent Call to Professionalize Leadership and Management in Health Care Worldwide" (see IR2 Milestones). The seminar was conducted in English and Spanish. Sixty-five people from 24 countries participated. They discussed the skills doctors and nurses need to lead and manage well and approaches for delivering these skills, including examples of what some countries are already doing. Among the various skills required participants mentioned: consensus building, resource management and mobilization, supervision, financial oversight and financial sustainability options, monitoring and evaluation, awareness of the political and economic environment, communication and interpersonal skills, delegation, and forming partnerships and strategic alliances. A synthesis of learnings and participants' comments from the October seminar and related materials are available from the LeaderNet website at: <http://erc.msh.org/leadernet/>.

***Virtual Forum on Financial Sustainability.*** The Global Exchange Network (GEN) for Reproductive Health completed three forums on financial sustainability for reproductive health programs and organizations (June, September, and December 2006). Designed to engage health managers from countries that have graduated from USAID population assistance and as well as "non-graduated" countries, the forums were conducted in Spanish. Registrants and participation increased from forum to forum. As of

December, GEN has over 500 registered members. Participants came from all over Latin America, plus the U.S., Spain, Mozambique, and Guinea Bissau. Participant organizations included: international and local PVOs, NGOs, and MOHs; UNFPA; and USAID Missions in the LAC region. Forum activities included: discussion of a theoretical framework and approaches to planning for financial sustainability; practical application of the concepts, using case studies from three LAC NGOs which no longer receive USAID population assistance and have successfully addressed their financial sustainability; financial sustainability of community-based RH networks in the LAC region; and financial sustainability of adolescent RH programs, focusing on the experiences of two NGOs in Latin America, Profamilia/Colombia and FEMAP/Mexico. To learn more about GEN, go to: <http://globalexchange.msh.org>

***"Leading Organizations to Achieve the Millennium Development Goals (MDGs)"***. In July 2006 LMS/MSH senior staff offered this certificate course for the first time at the Boston University School of Public Health's (BUSPH) Summer Institute. Ten participants from Guyana, Tanzania, Ghana and the U.S. enrolled in the month-long program. Participants explored the practices, values, and methods needed to lead and manage teams and organizations to face a priority health challenge and achieve results, using MSH's *Managers Who Lead Handbook* as a principal course reading. Participants applied their new knowledge to concrete MDG challenges in Pakistan, Guyana and Tanzania. An innovative feature of the course was the use of electronic technology to link participants with colleagues in these three countries, to together prepare action proposals to address priority reproductive health and HIV/AIDS challenges selected by the teams. In October results from BUSPH's evaluations of its 2006 summer courses were announced at a school-wide faculty meeting. The course was ranked 2<sup>nd</sup> out of 36 courses given during the summer term. It also received an excellence in teaching award from the Dean of BUSPH. The school has invited LMS/MSH to offer the course in 2007 and 2008.

## **Knowledge Generation (IR2)**

***Translation of Managers Who Lead: A Handbook for Improving Health Services***. This award-winning publication, published by MSH in 2005 under the USAID-funded Management and Leadership Program, is now available in French. Orders may be made on-line at: <http://www.msh.org/resources/publications/ebookstore/>. A Spanish translation of the Handbook is in process and will be available in 2007.

***An Urgent Call to Professionalize Leadership and Management in Health Care Worldwide***. LMS published this important Occasional Paper in English and Spanish during this reporting period. Throughout the developing world, newly graduated doctors, nurses and other health professionals are asked to undertake a wide range of leadership, managerial and supervisory responsibilities for which they have had little or no training. The Occasional Paper addresses this challenge and proposes actions to ensure that all current and future health professionals are well prepared to lead and manage to achieve results in health care. The Occasional Paper is available as a free download at: [http://www.msh.org/resources/publications/pdf/Professionalize\\_Leadership.pdf](http://www.msh.org/resources/publications/pdf/Professionalize_Leadership.pdf)

## **Support to the Field (IR3)**

***Mainstreaming LMS Approaches and Tools in ESAMI***. To fulfill its mandate for mainstreaming and scale-up, LMS continues to rapidly transfer capacity to deliver its programs to partners and other organizations.

- For the first time LMS' partner in Africa, the Eastern and Southern Africa Management Institute (ESAMI), is leading the facilitation of an LDP in Kiswahili for the 10 District AIDS Coordinating Committees (DACCOMS) in Zanzibar. The DACCOMS are multi-sectoral bodies. Through the LDP, participants are learning management and leadership skills they need to meet the expectations of the Ministry of Regional Administration and Special Department and the Zanzibar AIDS Commission (ZAC) to achieve the objectives of the national strategic plan for HIV/AIDS. The LDP began in September, involving forty participants, four from each DACCOM. Coaching support is being provided by LMS Cambridge. The program is funded by PEPFAR.
- Under a jointly funded LMS/Capacity Project activity, an ESAMI consultant partnered with an MSH consultant from Kenya to co-facilitate a human resource management assessment of the Tanzanian MOH Directorates of Administration and Personnel, and Human Resources.
- LMS staff worked with counterparts from ESAMI to develop its capacity to deliver the Business Planning for Health (BPH) Program, a product that helps participating organizations build expertise in identifying client needs, knowing their markets, packaging breakthrough ideas, understanding financial and social returns, and maximizing results through efficient use of human, material, and financial resources. The transfer process started with a training of trainers. ESAMI facilitators then took the lead, shadowed by LMS staff, in conducting the BPH "Launch Week" for six NGO teams. Enrolled participants are from: three ADRA country offices (Ghana, Kenya, and Tanzania); Heri Adventist Hospital in Kigoma, Tanzania; the Regional Centre for Quality of Health Care (RCQHC), under the Institute of Public Health, Makerere University Medical School, Kampala, Uganda; and the East, Central and Southern Africa Health Community (ECSA-HC) in Arusha, Tanzania. Participation of the latter two organizations is funded by REDSO support to LMS. The NGO teams were very enthusiastic during the Launch Week. One participant commented: "We have an amazing tool to take home with us." The six teams are expected to complete the program in February 2007.
- ESAMI has established a new structure within the Institute, the Leadership Development Centre. The objective is to ensure that ESAMI resources are available for leadership development programs beyond donor commitments. The Centre has the mandate to mainstream donor funded initiatives within the Institute and ensure their quality and sustainability. ESAMI's leadership development programs have previously been offered under its Policy and Governance Department. USAID funding for the LMS Program has made the creation of the Centre possible and justifiable, in light of plans to significantly expand training in leadership development for health managers at all levels in public and private sector organizations throughout Africa.

***New Field Support Programs.*** Programs in three countries were launched during this reporting period, in Nigeria, Peru, and Bolivia. And technical assistance to an organization in Uganda, conducted under the Management and Leadership (M&L) Program, was "re-initiated".

- **Nigeria.** LMS was invited by the Mission to help it achieve its mandate of bringing new, indigenous partners into the HIV/AIDS prevention/care/treatment arena as prime partners. With funding from PEPFAR over an initial 18-month period, the goal of this program is to provide comprehensive, continuous institutional capacity-building support to several nascent Nigerian NGOs and civil society organizations (CSOs) awarded funding by PEPFAR. This assistance will enable the organizations to more successfully meet their proposed HIV/AIDS prevention, care, and treatment objectives while acting with accountability and increasing their managerial, programmatic and financial sustainability. LMS is providing technical support through project staff based in Abuja, complemented by short-term technical assistance from international consultants. A Chief of Party

was appointed and he conducted his initial technical assistance assignment in December. He will relocate in January 2007. As soon as the NGOs/CSOs are awarded PEPFAR funding by USAID/Nigeria, LMS will conduct baseline assessments in each organization and initiate systematic capacity building in such areas as: project management, strategic and operational planning, financial management, monitoring and evaluation, organizational governance, leadership development, and PEPFAR reporting. LMS will also provide technical support in the care of AIDS Orphans and Vulnerable Children, prevention of HIV transmission, and other aspects of HIV/AIDS prevention, treatment, and care, in collaboration with other USG Implementing Partners in Nigeria.

- **Peru.** LMS formally inaugurated its new program, Healthy Municipalities and Communities (HMC), in July. The objective is to improve the welfare and development of targeted communities in the country that have high poverty rates and poor health indicators. The HMC Program has been successfully implemented over the past two years in 340 communities in 32 districts. The Program seeks to: empower communities through civil participation; promote and implement public health policies; create healthy environments; develop healthy life styles and social skills; and reorient social services toward promotion and prevention. These objectives are being achieved through the creation of Community Committees, engagement with schools, and targeting families. Now entering Phase II of implementation, leadership and management are critical to sustain and deepen gains already made. The objective of Phase II is to continue to work with the 340 communities and expand to a total of 557 communities. In this Phase the Program will continue to focus on behavioral changes to improve social-health indicators in maternal/child health, and will place greater emphasis on a culture of continuous quality improvement among staff of the 411 health facilities involved. Leadership and management capacity at district, community and facility levels will be developed to achieve these aims.
- **Bolivia.** The USAID Mission requested assistance to The Centro de Investigación, Educación y Servicios (CIES), the IPPF affiliate in Bolivia, to increase its rate of financial sustainability from just under 50% to 85%. CIES is highly dependent on funding from USAID and IPPF. Founded in 1987, CIES provides reproductive health services through nine clinics/health centers located in eight of the nine departments of the country. A client engagement visit was conducted in October to identify and prioritize organizational management systems that require strengthening and to develop a long-term technical assistance plan. LMS will draw on lessons learned from similar assignments undertaken in the region with other IPPF affiliates and NGOs and in similar challenging environments, notably the existence of government health schemes that call for free services.
- **Uganda.** LMS has re-initiated technical assistance to the Joint Clinical Research Centre (JCRC). JCRC is one of Africa's most successful HIV/AIDS diagnostic, treatment, and research organizations. With PEPFAR funding, it has scaled up operations from one treatment center and research site to six Regional Centres of Excellence across the country and 40 district-level treatment sites. JCRC services have also grown from one laboratory to a country-wide network of seven laboratories. With Mission funding, LMS is continuing work conducted under the M&L Program to strengthen the leadership and management capacity of managers in the laboratory network and management systems identified as needing strengthening in the "MOST<sup>2</sup> for Laboratories" assessment. In addition, LMS is strengthening the management and leadership capacity of the

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<sup>2</sup> MOST is MSH's Management and Organizational Sustainability Tool.

multidisciplinary teams of doctors, nurses, counselors, adherence officers, data managers and lab staff who are providing ART services to thousands of clients in the Centres of Excellence.

**Results Oriented Leadership Development Program (ROLDP) in Nepal.** In collaboration with its principal counterpart, the National Health Training Centre (NHTC) of the MOH, LMS completed the pilot phase of this program in three districts: Banke, Jhapa, and Rupendehi. The program launched with a Leadership Dialogue Workshop held in Katmandu during which central and district-level representatives were introduced to the LDP and worked to create a shared vision of strong health programs in the context of decentralization. Leadership Dialogues were subsequently conducted in the three districts. Vision statements created by the districts made it clear that creating a healthy district requires all sectors to work together, therefore participants at the subsequent LDP workshops came from health, water and sanitation, women in development, education, and NGO sectors, and the local government councils. The objective of ROLDP is to strengthen the management and leadership capacity of managers now responsible for planning, managing, and evaluating social sector services under Nepal's pilot decentralization strategy. The program engaged thirty-one teams from district offices (e.g., health, education, agriculture, forestry), district development committees (local government), and local NGOs (e.g., Nepal Red Cross). District-level staff facilitated local meetings between workshops. The LDP workshops were facilitated entirely in Nepali by staff from the NHTC, ADRA/Nepal, MSH/Nepal, and Institute of Cultural Affairs (ICA)/Nepal, with periodic on-site and long-distance coaching by LMS/Cambridge. Participants report that the program has assisted them in important ways, for example: improving work group climate; analyzing problems and finding the root causes; developing skills in monitoring and evaluation; mobilizing local resources; and inspiring stakeholders. The approaches and tools introduced in the program were also well appreciated by participants. Some participants are using the Challenge Model to develop action plans for other district level work; some participants have translated portions of the Handbook, *Managers Who Lead*, for local use. Newspapers and radio stations in all three districts regularly covered the program and its benefits. ROLDP teams in the three districts completed implementation of their action plans in December. Results are being collected by local facilitators and an external evaluation of the Program is planned for January 2007. A conference involving select teams from the districts and senior level stakeholders from the Government of Nepal, USAID, and other donors is planned for early 2007 to share experiences and to plan for expansion of ROLDP to additional districts.

In its effort to expand the cadre of experienced local facilitators, in November LMS conducted an intensive one-week orientation on the LDP for experienced Nepali facilitators and new facilitators from ADRA Headquarters and country offices in Cambodia, Afghanistan, and Azerbaijan, as well as a representative from the Japanese training institution, FASID. The workshop featured the successful LMS/Nepal program as a demonstration. Much of the facilitation in this workshop was done by the Nepal-based team. Results of the workshop include: 1) ADRA country offices plan to experiment with an LDP in their home offices; and 2) the core Nepali facilitator team has created a Facilitators Association of Nepal which, at its first meeting, attracted much attention, including an article in the November 7, 2006 edition of the local newspaper, *The Rising Nepal*. USAID/Nepal observed the LDP in Jhapa district and is recommending that the bilateral project and LMS collaborate on capacity building at the district level.

**LMS Engaged to Provide Assistance to the GFATM.** LMS has received scopes of work for Country Coordinating Mechanism (CCM)-related assistance to Nicaragua, Pakistan, Tanzania, Zanzibar, and Nigeria. The work is supported with core funds obligated to LMS by the USAID Office of HIV/AIDS. The assignment in Nicaragua was completed during this reporting period. LMS was requested by the Mission to provide technical assistance to rapidly strengthen management of all GFATM projects being implemented

in the country. Management development assistance was required to ensure compliance with terms of Phase 2 funding of existing projects. The scope of work specifically called for: strengthening the CCM's management and improving communication within the CCM; clarifying roles and responsibilities within the CCM and in relation to the Principal Recipient (PR) and sub-recipients; designing a programmatic and financial monitoring and evaluation system for the PR; defining the organizational structure of the PR, and assuring its achievement of GFATM goals. Using the systemic approach of "management by process", being applied in LMS's Nicaragua project and elsewhere in Latin America, the technical assistance teams produced expected results within the two-month timeframe. All of the products (management manuals, communication plan, operational manual for the PR and programmatic/financial monitoring system, etc.) were validated by in-country counterparts. A key tool produced is the "Early Alert System" which facilitates routine monitoring and decision-making concerning priority management and technical needs of sub-recipients. This System has been adapted and applied in other LMS GFATM assignments in Tanzania and Zanzibar, and has been recommended to the CCM in Nigeria.

***South-South Transfer of the VLDP.*** The fifteenth Virtual Leadership Development Program (VLDP) was launched in French in September with funding from the USAID/Rwanda bilateral, HIV/Performance Based Financing Project, implemented by MSH. Twelve teams (110 participants) are enrolled: nine MOH district-level and hospital teams, two MSH Rwanda teams, and one BASICS MCH Task Force team. A facilitator from the USAID/Haiti bilateral implemented by MSH (HS 2007), who facilitated the VLDP in Haiti earlier this year, is working with two facilitators from the HIV/PBF Project to deliver the program. This experience is an indicator of success in introducing the program in another USAID bilateral and rapidly developing facilitation capacity in field programs. The VLDP was developed with USAID OPRH core funds under the M&L Program.

***Nicasalud Health Federation of NGOs in Nicaragua Certified to Administer Funds Directly from USAID.*** A network of 28 Nicaraguan health NGOs formed by USAID in 1998 in response to Hurricane Mitch, Nicasalud was certified in August 2006 to directly administer funds from USAID. With technical assistance from LMS/Nicaragua, Nicasalud strengthened administrative and financial systems that were key to managing a rapidly expanding portfolio of health programs ranging from sexual and reproductive health to serving as Principal Recipient for the GFATM.

***Nicaraguan and Honduran Municipalities Successfully Complete the Business Planning for Health (BPH) Program.*** LMS hosted closing ceremonies in Managua and Tegucigalpa in September for the six teams enrolled in the program — two Nicaraguan municipalities and four municipalities from the Copán area of Honduras. Representatives from USAID/Nicaragua and USAID/Honduras spoke of the importance of the BPH as it: allows the participating municipalities to identify a critical gap in services and create a plan to address the identified need, including a marketing plan; and define the composition of the design and implementation teams, the financial requirements, and the indicators of success. Representatives from multilateral and bilateral donors (e.g., UN, Japan, Netherlands), public and private sector organizations in the host countries (e.g., Ministry of External Relations), and mayors from the municipalities also attended the events. Business plan topics include: building and equipping a local maternal health clinic; improving a sanitation program; and financing a municipal development fund to support community-level social sector activities. PROCOSI, a Bolivian NGO Network and LMS' BPH partner in the region, provided technical assistance to the teams.

***Afghanistan: TechServe Project Begins.*** To address the need for quality health care in the country, USAID/Afghanistan and LMS developed an Associate Award to provide capacity building support to the

Ministry of Public Health (MOPH). The Technical Support to the Central and Provincial Ministry of Public Health Project (TechServe) is working in close collaboration with the MOPH, other CAs, and other donors to strengthen the management and leadership capacity of departments and teams at central and provincial levels to increase access to quality Basic Package of Health Services and Essential Package of Health Services. This four-year project began on July 1, 2006. It builds upon the work accomplished by the previous USAID bilateral, REACH, implemented by MSH, in partnership with AED, JHIPIEGO, Technical Assistance Inc (Bangladesh), and the University of Massachusetts/Amherst. An initial, critical activity conducted was a three-day Partners Alignment Meeting to engage stakeholders in a shared vision for developing leadership and management for health results in Afghanistan. Meeting participants included MOPH deputies, Directorate Generals and their staff, representatives from the other two main USAID/Afghanistan funded health projects implemented by JHIPIEGO and Constella Futures, and European Commission and WHO staff. The Meeting produced: a shared vision for leadership and management development in the MOPH; a common understanding of the mission, vision and technical areas of the TechServe Project; and agreement on an approach to implementing leadership development activities in TechServe. *Seeds of Success*, a video documenting the LDP and its results in Aswan, Egypt, was used to help orient participants to the concept and application of leading and managing practices, and in a similarly resource poor environment. The event concluded with a briefing of the Minister who endorsed the meeting outcomes and TechServe plans.

***Virtual Leadership Development Program (VLDP) Strengthens Implementation of the LMS Peru Program.*** The VLDP Peru was offered from mid-August to mid-November. LMS Peru decided to use the VLDP as a way to introduce project teams to LMS leadership concepts and practical approaches, and as a potential tool to be adapted and applied in the future to the 557 communities served by the project. Initially planned to target LMS/Peru technical, communications, administrative, and office maintenance staff from six field offices and the central office, it expanded to include other Peru-based teams from Chemonics, ADRA, and PRISMA, a Peruvian NGO. Thirteen teams (90 participants) enrolled. The hallmark of the VLDP is to identify and address an organizational challenge. The seven LMS/Peru teams chose a single, common challenge: “How can we achieve a 30% improvement in maternal and child health indicators in the communities in which we work by July 2007?” Immediate post-program results are quite impressive. Of the six valid work climate scores, all teams demonstrated improved work climate. All teams have initiated implementation of their action plans. Most participants commented that team work had improved dramatically, they are more inspired, and the program made a difference in their professional and personal lives by enabling them to more effectively manage and lead. A number of general conclusions have resulted from the first VLDP born of internal needs of an MSH field office. The program generated a sense of team spirit and collaboration as all office staff, regardless of position participated, and proved to be an excellent way to strengthen team performance which can be expected to contribute to better technical outcomes and more effective program management. Also, project monitoring and evaluation plans have become part of the teams’ daily lives as everyone has a role in achieving the desired outcomes. The USAID Mission CTO commented that “the great achievement of this program has been to regroup the project around a common challenge.”

# PERFORMANCE MONITORING PLAN AND COST SHARE

## INTRODUCTION

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### ***Progress Towards LMS Targets***

LMS uses the Performance Monitoring Plan (PMP) to monitor and report on the overall performance of the LMS partnership in meeting its expected results and targets. The PMP provides output indicators and targets for the three Results, associated Sub-Results, and Anticipated Outcomes defined in the LMS RFA.

LMS collects data on a quarterly basis on progress against output indicators defined in individual core and field support funded workplans submitted to USAID/W. Progress against PMP targets is also tracked during these quarterly reviews.

A report on LMS progress to date (as of December 31, 2006) against outputs and targets for PY3 and PY5 is provided in Appendix I. The Appendix includes:

- A combined report summarizing achievements since the launch of LMS (August 2005 – December 31, 2006) in core and field support funded programs.
- A report detailing achievements in core funded programs which includes information on individual programs contributing to the achievements.
- A report detailing achievements in field support funded country programs which includes information on counterparts contributing to the achievements.

Definitions for terms used in the targets are also provided.

LMS continued to make significant progress in this reporting period towards PY3 and PY5 targets. The PMP has 33 indicators. With the exception of five indicators, LMS has already exceeded PY3 targets.

### ***Cost Share***

One of the requirements of the LMS Cooperative Agreement, and a target in the PMP, is to obtain funding from non-USAID sources to contribute to and expand the impact of LMS' mandate. 10% of funds obligated under the Leader award, plus amounts negotiated under Associate awards, must be achieved by the end of PY5. A report on LMS achievements in cost share is provided in Appendix II. The report shows "realized cost share" and "total anticipated amount" of cost share to date (August 2005 – December 31, 2006). The realized cost share column itemizes what has been documented as cost share and submitted. The "Total Anticipated Amount" column contains anticipated amounts for which we are awaiting documentation from counterparts and donors, and some future life-of-project projections for partners' contributions to cost share, such as ADRA. Therefore the projections in the Total Anticipated column cover different periods of time. For example, the anticipated contribution to cost share of the Rapid Funding Envelope Program in Tanzania is USD\$4M over the life of LMS, however for LMS' partner, ESAMI, we have recorded only the PY1 estimated amount. While we anticipate achieving more cost share from ESAMI in each year, because its agreement with MSH is written on a yearly basis, only the PY1 estimate is shown.

MSH's experience with cost share shows that momentum in opportunities for cost share accelerates as the program becomes established and demonstrates results. Moreover, the receipt and review of documentation to satisfactorily validate the appropriateness of cost share generally lags behind the actual contributions posted.

The report in Appendix II demonstrates that LMS continues to make progress in tapping non-USAID sources of funding. New sources of non-USAID funding during this reporting period include: Robert Wood Johnson Foundation, the Boston Foundation, Partners in Population and Development, and the IDB. In addition, we have received additional funding from FASID, Japan.

## Appendix I: PERFORMANCE MONITORING PLAN

### *Definitions in the LMS Performance Monitoring Plan*

**Organization** refers to health and non-health public and private sector institutions (NGOs, FBOs, PVOs, CBOs, networks, and CCMs) and specifically sub-units (division/department, region/province/district, etc.) that directly benefit from LMS assistance in leadership and management.

**Apply leadership and management practices** refers to the use of specific technical tools and approaches (e.g., Leadership Dialogue, MOST) with or without LMS technical assistance.

**Management and leadership development programs** include formally organized trainings funded by the LMS Program, and implemented by LMS Program partners or other collaborating organizations (e.g. TCNetwork members, another CA).

**Senior health leaders:** The Collaborative for Quality Assurance defines a senior leader as, “The executive in the organization who supports the team and controls the resources employed in the processes to be changed. This person is usually at the administrator level or higher.” For the purposes of LMS reporting, a senior leader is a manager who holds the title of Director, Assistant Director, Minister, Vice-Minister, President, Vice-President, Senior Advisor, or Chief Officer of any one of the following types of health and non-health institutions: Ministry at the central and regional levels, a private sector organization, a not-for-profit organization (PVO, NGO, FBO, CBO), CCMs or a network of organizations

**Institutionalize** is defined in one of the following ways: 1) A deliberate process for leadership and management development is in an organization’s annual operational plan and/or budget (e.g., Nicaragua Leadership Development Program-MOH); 2) Managers within an organization replicate all or part of a leadership and management approach independently or with limited technical assistance (e.g., Egypt Leadership Development Program); 3) An organization mandates the use of tools or programs to strengthen management and leadership (e.g., MOST as a requirement for Provincial level Strategic Planning in the Mozambique MOH)

**Pre-Service Programs** are any Medical, Nursing, Midwifery, Community Health Worker, public health, or teacher training program that is offered by an accredited training institution within a country.

**Integrated** into a pre-service program is defined in one of the following ways: offered in the curriculum or added as a component of a clinical rotation or internship

**Mid-level managers** reports to a senior leader (see earlier definition) and have responsibilities for supervising other employees. Included in this definition are District level managers, and nurses and medical technicians who manage programs or units within a health facility.

**Actively participating** in virtual discussions is defined as: registering to participate in the discussions and logging in to the Web site at least once.

**Integrated** or **incorporated** into program interventions of a Cooperating Agency is defined as: 1) Delivered by the Cooperating Agency as part of technical assistance to a client organization; or 2) Included in printed, web-based or other materials

**Professional exchange programs** include formally organized virtual conferences as well as focused discussions among participants on management and leadership challenges, practices, and development opportunities initiated by LMS or a Community of Practice member

**Publications:** Materials (print and electronic) produced for the purpose of sharing or reinforcing learning that have undergone a technical review process.

**Organization** refers to health and non-health public and private sector institutions (NGOs, FBOs, PVOs, CBOs, networks, and CCMs) and sub-units (division/department, region/province/district, etc.) that directly benefit from LMS assistance in leadership and management.

**Organizations that address management challenges scan** their internal environment for information about the performance of management structures and systems; **focus** on critical performance factors that can be improved; **align** and **mobilize** resources; **inspire** key stakeholders; **plan** using SMART objectives; **organize** and **implement** planned activities; and **monitor** and **evaluate** progress towards objectives.

**Organizational performance assessment.** An organizational performance assessment evaluates the ability of an organization to use its resources efficiently to achieve desired outputs and outcomes consistent with its mission. This could include the use of a formal tool or informal qualitative interviews to measure the impact of programs and services, and cultural attitudes and practices concerning gender that may enhance or serve as barriers to organizational performance. Also included are assessments of country-wide systems such as human capacity development and HIV/AIDS Country Coordinating Mechanisms.

**Action plan.** An action plan has the following components:

- the desired outcome(s) and measurable indicators for achieving the outcome(s)
- the actions or activities that will be implemented
- who will be responsible for carrying out each action

**Implemented an action plan:** Organizations will be considered as having implemented their action plan if they have completed all or any part of its steps.

**Work Climate** is the prevailing workplace atmosphere as experienced by employees. It is what it *feels* like to work together in a group.

**Develop a plan to address work climate** includes any of the following:

- Incorporating steps to improve work climate into an existing action plan for performance improvement
- Including steps to improve work climate in an organization's annual operational plan
- Developing a plan specifically focused on improving work climate

**Using LMS tools** is defined as using organizational performance assessments tools, performance improvement processes to address gaps, and the Workgroup Climate Assessment tool: **Use** of the tools may be with or without LMS funded technical assistance.

**CA** refers to a USAID and other donor-funded organization providing technical assistance in the health or non-health sector.

**Non-health CA** refers to a USAID and other donor-funded organization providing technical assistance in any sector other than health (e.g., RTI implementing a democracy and governance project in a country).

**Multi-sectoral bodies** include CCMs or other formal partnerships organized to address priority health or non-health issues.

**International agencies** include bilateral and multi-lateral donors, USAID or other donor funded CAs, PVOs, and other TA providers working on an international basis.

**Multi-sectoral** bodies include CCMs or other formal partnerships organized to address priority health or non-health issues.

**Strengthened multi-sectoral body:** A strengthened multi-sectoral body includes at least one of the following:

- Defined systems and procedures for internal functioning
- An approved strategic plan
- An operational plan and budget
- Mechanisms for channeling resources to civil society partners
- An approach for harmonizing stakeholder perspectives and for resolving conflict

**Information exchanges:** An **information exchange** is a mutual transfer of information and knowledge in a particular field of expertise carried out in a formally organized fashion either online or face-to face. These can include **workshop** is a brief intensive meeting or series of meetings emphasizing interaction and transfer of knowledge to participants. A **forum** is an online or face-to-face discussion where participants with common interests engage in an open exchange of knowledge on an issue of common concern.

**On-line resources available.** Management and leadership resources that have been uploaded to LMS websites and communities of practice during a program year (e.g. LeaderNet, GEN, ERC, CoPs, LMS website) or LMS developed resources that have become available on non-LMS websites ( e.g, article on work climate assessment available on online journal Human resources for Health)

**Resource materials** include formal publications, tools or technical resources as well as synthesized knowledge resulting from exchanges among management and leadership practitioners.

**International partners** include ESAMI, ADRA, USAID, other donors. TA providers include TCNetwork members and other sources of TA from consulting firms or individuals.

**Programs** are a set of focused interventions funded by an international agency or local government.

## PMP Results: August 2005-December 2006

### LMS Results - Combined Country Programs and Core Programs

#### Result 1: Improved management and leadership of priority health programs

Program/ Result	1. No. of organizations applying management and leadership practices to address challenges in improving organizational performance and health service delivery	1.1.a. No. of senior health leaders trained and/or recipient of TA; disaggregated by gender	1.1.b. No. of organizations institutionalizing leadership and management development as a standard organizational procedure	1.2.a. No. of pre-service programs conducted/ No. of participants in pre-service programs	1.2.a. (cont.) Management and leadership capacity development integrated into pre-service programs
<i>What we have so far CP</i>	291 organizations	628 senior leaders (316 women)	7 organizations	0	0 pre-service programs
<i>What we have so far CORE</i>	40 organizations	318 senior leaders (59 women)	5 organizations	2 pre-service programs/ 10 participants	2 pre-service programs
<b><i>What we have so far PY2</i></b>	<b>331 organizations*</b>	<b>946 senior leaders</b>	<b>12 organizations</b>	<b>2 pre-service programs/ 10 participants</b>	<b>2 pre-service programs</b>
<i>What we had for PY1</i>	<b>90 organizations*</b>	<b>272 senior leaders</b>	<b>13 organizations</b>	<b>2 pre-service programs/ 148 participants</b>	<b>0 pre-service programs</b>
<b><i>Total to date</i></b>	<b>421 organizations*</b>	<b>1,218 senior leaders</b>	<b>25 organizations</b>	<b>4 pre-service programs/ 158 participants</b>	<b>2 pre-service programs</b>
<i>Target for PY 3</i>	35 organizations	300 senior leaders	20 organizations	10 pre-service programs/ 900 participants	7 pre-service programs
<i>Target for PY 5</i>	100 organizations	1000 senior leaders	50 organizations	30 pre-service programs 2000 participants	20 pre-service programs

\* Includes leveraged support from other USAID programs e.g. USAID Haiti, USAID Iraq, USAID Guyana and the Capacity Project

#### Result 1 (cont.): Improved management and leadership of priority health programs

Program/ Result	1.2.b. No. of participants in face-to-face, blended learning, etc. programs by country, type of organization (public, NGO, FBO, CBO, etc.), and disaggregated by gender and management level	1.3.a. No. of CA staff, partners, TA providers, TCNetwork members actively participating in the Developing Managers Who Lead Community of Practice and other virtual discussions	1.3.a. (cont.) Leadership and management tools and approaches integrated or incorporated into program interventions of CAs:	1.3.b. No. of professional exchange programs on developing managers who lead conducted by LeaderNet, the Global Exchange Network, VSPP	1.3.b. (cont.) No. of publications
<i>What we have so far CP</i>	1282 total/ 705 women	0	7 CAs	0	0 publications
<i>What we have so far CORE</i>	874 total / 449women	74 professionals	8 CAs	4 exchange programs	6 publications
<b><i>What we have so far PY2</i></b>	<b>2156 total/ 1154 women*</b>	<b>74 professionals</b>	<b>15 CAs</b>	<b>4 exchange programs</b>	<b>6 publications</b>
<b><i>What we had for PY1</i></b>	<b>2846 total/ 1,308 women*</b>	<b>188 professionals</b>	<b>0 CAs</b>	<b>5 exchange programs</b>	<b>12 publications</b>
<b><i>Total to date</i></b>	<b>5002 total/ 2,462 women</b>	<b>262 professionals</b>	<b>15 CAs</b>	<b>9 exchange programs</b>	<b>18 publications</b>
<i>Target for PY 3</i>	4000 total 400 midlevel women	400 professionals	4 CAs	25 exchange programs	9 publications
<i>Target for PY 5</i>	10000 total 1000 midlevel women	1000 professionals	10 CAs	60 exchange programs	20 publications

\* Includes leveraged support from other USAID programs e.g. USAID Haiti, USAID Iraq, USAID Guyana and the Capacity Project

## Result 2: Improved management systems in health organizations and priority programs

Program/ Result	2.a. No. of <u>organizations addressing management challenges to improve organizational performance</u>	2.1.a. No. of <u>organizational performance assessments conducted , including gender assessments</u>	2.2.a. No. of organizations that <u>implement action plans addressing priority organizational development needs</u>	2.3.a. No. of organizations or teams that <u>develop a plan to improve workplace climate</u>	2.4.a. No. of <u>CAs in different sectors, counterparts, and donors using LMS organizational performance assessment tools, performance improvement processes to address gaps</u>
<i>What we have so far CP*</i>	11 organizations	594 assessments	273 organizations	11 organizations	3 Health CA's 3 Clients/consultants 0 Non-Health CAs
<i>What we have so far CORE*</i>	23 organizations	4 assessments	23 organizations	26 organizations	1 Health CA's 0 Clients/consultants 0 Non-Health CAs
<i>What we have so far PY2</i>	<b>34 organizations</b>	<b>598 assessments</b>	<b>296 organizations</b>	<b>37 organizations</b>	<b>4 Health CA's</b> <b>3 Clients/consultants</b> <b>0 Non-Health CAs</b>
<i>What we had for PY1</i>	<b>75 organizations</b>	<b>10 assessments</b>	<b>228 organizations</b>	<b>235 organizations</b>	<b>6 Health CA's</b> <b>7 Clients/consultants</b> <b>0 Non-Health CAs</b>
<i>Total to date</i>	<b>109 organizations</b>	<b>608 assessments</b>	<b>524 organizations</b>	<b>272 organizations</b>	<b>10 Health CA's</b> <b>10 Clients/consultants</b> <b>0 Non-Health CAs</b>
<i>Target for PY 3</i>	35 organizations	9 assessments	20 organizations	20 organizations	4 Health CA's 25 Clients/consultants 2 Non-Health CAs
<i>Target for PY 5</i>	85 organizations	200 assessments	50 organizations	50 organizations	10 Health CA's 60 Clients/consultants 5 Non-Health CAs

\* Includes leveraged support from other USAID programs e.g. USAID Haiti, USAID Iraq, USAID Guyana and the Capacity Project

### Result 3: Increased sustainability and ability to manage change

Program/ Result	3.a. No. of NGOs, public sector institutions, multi-sectoral bodies, and international organizations <u>applying management and leadership practices</u>	3.1.a. No. of organizations by type (public, NGO, FBO, CBO, etc.) applying tools and technical approaches	3.2.a. No. of <u>multi-sectoral bodies</u> strengthened	3.3.b. Number of <u>workshops, forums, and information exchanges</u> carried out by Communities of Practice (CoPs) using blended learning strategies
<i>What we have so far CP</i>	11 NGOs/FBOs 27 public sector 1 multi-sectoral bodies 4 international agencies 0 academic institutions 0 private sector	54 organizations	9 multi-sectoral body	0 information exchanges
<i>What we have so far CORE</i>	19 NGOs/FBOs 9 public sector 2 multi-sectoral bodies 5 international agencies 2 academic institutions 0 private	37 organizations	6 multi-sectoral bodies	3 information exchanges
<i>What we have so far PY2</i>	30 NGOs/FBOs 36 public sector 3 multi-sectoral bodies 9 international agencies 2 academic institutions 0 private sector	91 organizations	15 multi-sectoral body	3 information exchanges
<i>What we had for PY1</i>	27 NGO's/FBOs 45 public sector 1 multi-sectoral bodies 4 international agencies 2 private	44 organizations	1 multi-sectoral body	9 information exchanges
<i>Total to date</i>	57 NGO's/FBOs 81 public sector 4 multi-sectoral bodies 4 international agencies 2 academic institutions 2 private sector	135 organizations	16 multi-sectoral body	12 information exchanges
<i>Target for PY 3</i>	16 NGO's 12 public sector 3 multi-sectoral bodies 9 international agencies	25 organizations	3 multi-sectoral bodies	9 information exchanges
<i>Target for PY 5</i>	42 NGO's 27 public sector 9 multi-sectoral bodies 22 international agencies	60 organizations	9 multi-sectoral bodies	20 information exchanges

**Result 3 (cont.): Increased sustainability and ability to manage change**

<b>Program/ Result</b>	<b>3.3.b.(cont.) Number of new <u>online resources</u> available on LMS websites (i.e. databases, resource libraries, evaluations etc.)</b>	<b>3.3.c. No. of <u>CAs, international partners, and TA providers</u> applying leadership and management practices</b>	<b>3.3.d. No. of <u>programs</u> with strengthened leadership, management, and sustainability (social sector programs e.g., health &amp; education and/or democracy &amp; governance)</b>	<b>3.3.e. No. of <u>seminars, joint projects</u> to disseminate best practices and transfer skills to USAID, CAs and other international partners</b>
<i>What we have so far CP</i>	0 new resources online	7 partners	13 program	0 seminar and joint project
<i>What we have so far CORE</i>	14 new online resources	29 CAs, partners and TA providers	0	12 seminars and joint projects
<i>What we have so far PY2</i>	<b>14 new online resources</b>	<b>36 CAs, partners and TA providers</b>	<b>13 program</b>	<b>12 seminars and joint projects</b>
<i>What we had for PY1</i>	<b>13 new online resources</b>	<b>24 CAs, partners and TA providers</b>	<b>1 program</b>	<b>23 seminars and joint projects</b>
<i>Total to date</i>	<b>27 new online resources</b>	<b>60 CAs, partners and TA providers</b>	<b>14 program</b>	<b>35 seminars and joint projects</b>
<i>Target for PY 3</i>	40 new resources online	60 CAs, partners and TA providers	2 programs	9 seminars and joint projects
<i>Target for PY 5</i>	100 new resources online	150 CAs, partners and TA providers	5 programs	20 seminars and joint projects

## PMP Results: August 2005-December 2006

### LMS Results – Core Funded Programs

#### Result 1: Improved management and leadership of priority health programs

Program/ Result	1. No. of organizations applying management and leadership practices to address challenges in improving organizational performance and health service delivery	1.1.a. No. of senior health leaders trained and/or recipient of TA; disaggregated by gender	1.1.b. No. of organizations institutionalizing leadership and management development as a standard organizational procedure	1.2 a No. of pre-service programs conducted/ No. of participants in pre-service programs	1.2 a. (cont.) Management and leadership capacity development integrated into pre-service programs
<b>Scale-up</b>					
LeaderNet	0	4 2F, 2M	NA	NA	NA
GEN	NA	48 (TBD)	NA	NA	NA
VLDP	27 <b>VLDP HRM</b> Capacity/Acquire (Kenya), CHAG Ghana, Coast Province General Hospital (Kenya), ECSA (Tanzania), I Choose Life (Kenya), Lesotho Ministry of Health and Social Welfare, Makarere University (Uganda), Namibia Ministry of Health and Social Services, Nation Action Committee on AIDS (Nigeria), Uganda Protestant and Catholic Medical Bureaus <b>VLDP Peru:</b> ADRA/Peru: VLDP (M:3, F:9), Chemonics/Peru: VLDP (M:11, F:7), MSH/Peru: VLDP (M:27, F:30), PRISM: VLDP (M:0, F:5) <b>*VLDP Iraq 2</b> MOH Iraq <b>*VLDP Haiti 2:</b> (12) HAS, Centre de Santé Pierre Payen, Hôpital Sainte Croix, SAVE, OBCG, FOSREF, SADA, MEBSH, FONDEFH, Comite de Bienfaisance de Pignon (CBP), Département Sanitaire de L'Artibonite (DSA) Hôpital Claire Heureuse [See Footnote]	21 <b>VLDP HRM:</b> (3M/1F) <b>VLDP Peru:</b> (2M/2F) <b>VLDP Iraq 2:</b> (3M) <b>VLDP Haiti 2:</b> (5F/5M)	1 MOH Iraq	NA	NA
VSPP	0	TBD	0	NA	NA

\* Includes leveraged support from other USAID programs e.g. USAID Haiti, USAID Iraq, USAID Guyana and the Capacity Project

## PMP Results: August 2005-December 2006

### Result 1 (cont): Improved management and leadership of priority health programs

Program/ Result	<u>1. No. of organizations applying management and leadership practices to address challenges in improving organizational performance and health service delivery</u>	<u>1.1.a. No. of senior health leaders trained and/or recipient of TA; disaggregated by gender</u>	<u>1.1.b. No. of organizations institutionalizing leadership and management development as a standard organizational procedure</u>	<u>1.2 a No. of pre-service programs conducted/ No. of participants in pre-service programs</u>	<u>1.2 a. (cont.) Management and leadership capacity development integrated into pre-service programs</u>
TCN	TBD	TBD	TBD	NA	NA
MOST	0	TBD	0	NA	NA
BPH	6 M: 19 F: 8 ADRA/Ghana (2M/1F) ADRA/Kenya (2M/2F) ADRA/Tanzania (4M/0F) Heri Adventist Hospital (3M/0F) RCQHC (3M/2F) ECSA-HC (5M/4F)	15 ESAMI (4M/1F), Other Organizations (9M/1F)	0	NA	NA
Knowledge & Synthesis	0	0	0	0	0
GFATM	6 GFCCM Nicaragua GFCCM Zanzibar TNCM Tanzania Nicasalud (Global Fund PR) GFCCM Nigeria GFCCM Pakistan	118 GFCCM Nicaragua: 20 F, 23 M GFCCM Zanzibar: 6 F, 16 M TNCM & Secretariat Tanzania: 12 F, 13 M GFCCM Pakistan & Secretariat: 5F, 8 M GFCCM Nigeria & Secretariat: 4F, 11M	3 Nicasalud GFCCM Nicaragua GFCCM Zanzibar	NA	NA
Toolkit	NA	NA	NA	NA	NA
WCRP	0	0	0	0	0

## PMP Results: August 2005-December 2006

### Result 1 (cont): Improved management and leadership of priority health programs

Program/ Result	1. No. of organizations applying management and leadership practices to address challenges in improving organizational performance and health service delivery	1.1 a. No. of senior health leaders trained and/or recipient of TA	1.1.b. No. of organizations institutionalizing leadership and management development as a standard organizational procedure	1.2 a No. of pre-service programs conducted/ No. of participants in pre-service programs	1.2 a. (cont.) Management and leadership capacity development integrated into pre-service programs
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#### Mainstreaming

Pre-Service	0	0	0	2 10 students (5F, 5M), Boston University School of Public Health, Leading Organizations to Achieve the MDGs for Health Makerere Medical School, Uganda	2 BUSPH/ Management and Leadership practices incorporated in the course curriculum "Leading Organizations to Achieve the Millennium Development Goals for Health"/10 students in July 2006 course (5F, 5M), Makerere Medical School, Uganda
Partner & Provider Integration	NA	NA	NA	NA	NA
Transfer Process	0	0	0	0	0
PUBS/ Dissem.	NA	NA	NA	NA	NA

#### Global Leadership

Advocacy Campaign	0	94 LD workshop at ECSACON Conference for nurses and some health professionals from Kenya, Lesotho, Malawi, Mauritius, Seychelles, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, Eithiopia, Rwanda, Sudan	0	0	0
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## PMP Results: August 2005-December 2006

### Result 1 (cont): Improved management and leadership of priority health programs

Program/ Result	1. No. of organizations applying management and leadership practices to address challenges in improving organizational performance and health service delivery	1.1 a. No. of senior health leaders trained and/or recipient of TA	1.1.b. No. of organizations institutionalizing leadership and management development as a standard organizational procedure	1.2 a No. of pre-service programs conducted/ No. of participants in pre-service programs	1.2 a. (cont.) Management and leadership capacity development integrated into pre-service programs
Professionalizing L&M in Health	0	0	0	0	
Global Leadership Priorities	1 IBP Secretariat (Fostering Change Guide)		1 IBP Secretariat conducted a workshop in India using the Fostering Change Guide. (75 managers trained)	0	0
<b>MEC</b>					
Technical Leadership	NA	NA	NA	NA	NA
<b>Other</b>					
Other CAs & Organizations	0	0	0	0	0
PPD	0	18 7 women; 11 men	0	NA	NA
FASID Tanzania	0	0	0	NA	NA
<b>What we have so far PY2</b>	<b>40 organizations</b>	<b>318 senior leaders/ 54 women</b>	<b>5 organizations</b>	<b>2 pre-service program/10 participants</b>	<b>2 pre-service programs</b>
<b>What we had thru PY1</b>	<b>61 organizations</b>	<b>126 senior leaders</b>	<b>2 organizations</b>	<b>2 pre-service programs/148</b>	<b>0 pre-service programs</b>
<b>Total to date</b>	<b>101 organizations</b>	<b>444 senior leaders</b>	<b>7 organizations</b>	<b>4 pre-service programs/158</b>	<b>2 pre-service programs</b>
<i>Targets for PY 3</i>	35 organizations	300 senior leaders	20 organizations	10 pre-service programs/ 900 participants	7 pre-service programs
<i>Targets for PY 5</i>	100 organizations	1000 senior leaders	50 organizations	30 pre-service programs/ 2000 participants	20 pre-service programs

## PMP Results: August 2005-December 2006

### Result 1 (cont): Improved management and leadership of priority health programs

Program/ Result	1.2 b. No. of <u>participants</u> in face-to-face, blended learning, etc. programs by country, type of organization (public, NGO, FBO, CBO, etc.), and <u>disaggregated by gender and management level</u>	1.3.a. <u>No. of CA staff, partners, TA providers, TCNetwork members actively participating in the Developing Managers Who Lead Community of Practice and other virtual discussions</u>	1.3. a. (cont.) Leadership and management tools and approaches <u>integrated or incorporated into program interventions of CAs:</u>	1.3.b. No. of <u>professional exchange programs</u> on developing managers who lead conducted by LeaderNet, the Global Exchange Network, VSPP	1.3.b. (cont.) No. of <u>publications</u>
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### Scale Up

LeaderNet	65 note: BUSPH course is being reported under Pre-Service 50 from other organizations and 15 from MSH. 21 F/44 M 4 senior leaders, 1 USAID, 6 NGOs, 2 International orgs. (WHO and WB), 1 PVO (Save the Children), 1 Partner(ESAMI)	5 Blog- Sylvia Vreisendorp posting regularly to leadership blog. Jon Rohde and Jose Cabrejo posting to clinic supervision manual section (1 woman/2 men) 1 ESAMI 1 Save the Children Samer Ubaidy of Iraq posted in blog on TB results	NA	2 BUSPH forum, Seminar on Professionalizing Leadership and Management	0
GEN	388 Women actively participating in 2nd forum: 122 Men actively participating in 2nd forum: 74 Women actively participating in the third forum: 109 Men actively participating in the third forum: 83	0	NA	1 forum	0
VLDP	341 (refer to 1 for team and gender breakdown)	NA	0	NA	0
VSPP	0	0	0	0	0

**PMP Results: August 2005-December 2006**

**Result 1 (cont): Improved management and leadership of priority health programs**

Program/ Result	1.2 b. No. of <u>participants</u> in face-to-face, blended learning, etc. programs by country, type of organization (public, NGO, FBO, CBO, etc.), and <u>disaggregated by gender and management level</u>	1.3.a. <u>No. of CA staff, partners, TA providers, TCNetwork members actively participating in the Developing Managers Who Lead Community of Practice and other virtual discussions</u>	1.3. a. (cont.) Leadership and management tools and approaches <u>integrated or incorporated into</u> program interventions of CAs:	1.3.b. No. of <u>professional exchange programs</u> on developing managers who lead conducted by LeaderNet, the Global Exchange Network, VSPP	1.3.b. (cont.) No. of <u>publications</u>
TCN	TBD	18 18 New. Total number of TCN members: 30 Individual members and 16 Organizational members.	TBD	NA	0
MOST	0	NA	0	NA	0
BPH	27 10 (9M/1F) senior leaders/ 17 (9M/8F) midlevel staff	0	0	NA	0
Knowledge & Synthesis	0	0	0	0	0
GFATM	0	0	0	0	0
Toolkit	NA	NA	0	NA	0
WCRP	0	0	0	NA	0

**Mainstreaming**

Pre-Service	10 10 students (5F, 5M), Boston University School of Public Health	0	NA	NA	0
Transfer Process	0	0	0	0	0
Partner & Provider Integration			1 Capacity Project, Southern Sudan Leadership Program/WCA, L&M practices, Challenge Model		
PUBS/ Dissem.	NA	NA	NA	NA	0

**PMP Results: August 2005-December 2006**

**Result 1 (cont): Improved management and leadership of priority health programs**

Program/ Result	1.2 b. No. of <u>participants</u> in face-to-face, blended learning, etc. programs by country, type of organization (public, NGO, FBO, CBO, etc.), and <u>disaggregated by gender and management level</u>	1.3.a. <u>No. of CA staff, partners, TA providers, TCNetwork members actively participating</u> in the Developing Managers Who Lead Community of Practice and other virtual discussions	1.3. a. (cont.) Leadership and management tools and approaches <u>integrated or incorporated into</u> program interventions of CAs:	1.3.b. No. of <u>professional exchange programs</u> on developing managers who lead conducted by LeaderNet, the Global Exchange Network, VSPP	1.3.b. (cont.) No. of <u>publications</u>
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**Global Leadership**

Advocacy Campaign	0	0	0		3 Aswan Case Study, Ceara Case Study, Aswan Video (Arabic Version)
Professionalizing L&M in Health	note: BUSPH course is being reported under Pre-Service	50 participants in the LeaderNet seminar	0	1 LeaderNet seminar on Professionalizing	2 English and Spanish Occasional Papers
Global Leadership Priorities	0	0	0	0	0

**MEC**

Technical Leadership	0	0	0	0	1 Chapter on "Evaluating Leadership Development and Organizational Performance", in The Handbook of Leadership Development Evaluation
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## PMP Results: August 2005-December 2006

### Result 1 (cont): Improved management and leadership of priority health programs

Program/ Result	1.2 b. No. of <u>participants</u> in face-to-face, blended learning, etc. programs by country, type of organization (public, NGO, FBO, CBO, etc.), and <u>disaggregated by gender and management level</u>	1.3.a. <u>No. of CA staff, partners, TA providers, TCNetwork members actively participating</u> in the Developing Managers Who Lead Community of Practice and other virtual discussions	1.3. a. (cont.) Leadership and management tools and approaches <u>integrated or incorporated into</u> program interventions of CAs:	1.3.b. No. of <u>professional exchange programs</u> on developing managers who lead conducted by LeaderNet, the Global Exchange Network, VSPP	1.3.b. (cont.) No. of <u>publications</u>
<b>Other</b>					
Other CAs & Organizations	0	1 Lead LDP facilitator Dr Omar Diakite from PRISM Project in Guinea	7 2 PRISM Project in Guinea, 5 AWARE/RH Program (MOST, FIMAT, LDP, Cfr, MAX)	0	0
PPD	18 7 women; 11 men	0	0	0	0
FASID Tanzania	25 FASID - training focused on 8 L&M practices. 15/women	0	0	0	0
<i>What we have so far PY2</i>	<b>874 participants/ 449women</b>	<b>74 professionals</b>	<b>8 CAs</b>	<b>4 exchanges</b>	<b>6 publications</b>
<i>What we had thru PY1</i>	<b>1290 participants/ 672 women</b>	<b>278 professionals</b>	<b>0 CAs</b>	<b>5 exchanges</b>	<b>6 publications</b>
<i>Total to date</i>	<b>2,164 total/ 1121 women</b>	<b>352 professionals</b>	<b>0 CAs</b>	<b>9 exchanges</b>	<b>12 publications</b>
<i>Targets for PY 3</i>	4,000 total/ 400 midlevel women	400 professionals	4 CAs	25 exchanges	9 publications
<i>Targets for PY 5</i>	10,000 total/ 1,000 midlevel women	1,000 professionals	10 CAs	60 exchanges	20 publications

## PMP Results: August 2005-December 2006

### Result 2: Improved management systems in health organizations and priority programs

Program/ Result	2.a. No. of <u>organizations addressing management challenges to improve organizational performance</u>	2.1.a. No. of <u>organizational performance assessments conducted, including gender assessments</u>	2.2.a. No. of <u>organizations that implement action plans addressing priority organizational development needs</u>	2.3.a. No. of <u>organizations or teams that develop a plan to improve workplace climate</u>	2.4.a. No. of <u>CAs in different sectors, counterparts, and donors using LMS organizational performance assessment tools, performance improvement processes to address gaps</u>
<b>Scale Up</b>					
LeaderNet	NA	NA	NA	NA	NA
GEN	NA	NA	NA	NA	NA
VLDP	22 (see 1 for breakdown of teams)	NA	23 <b>VLDP HRM</b> ; TBD <b>VLDP Peru</b> : ADRA/Peru, Chemonics/Peru, MSH/Peru, PRISMA. <b>VLDP Iraq 2</b> : 12 of 12 teams have completed action plans. <b>VLDP Haiti 2</b> : 7	26 VLDP HRM: 8 VLDP Peru: 13 teams, 4 organizations VLDP Iraq 2: 9 teams completed the pre- and post-WCA. VLDP Haiti 2: 5 teams completed pre- and post-WCAs	1 Capacity/ ACQUIRE
VSP	0	NA	0	NA	0
TCN	TBD	TBD	TBD	TBD	TBD
MOST	0	0	TBD	NA	0
BPH	0	NA	0	NA	0
Knowledge & Synthesis	0	0	0	0	0
GFATM	1 Nicasalud	4 Nicasalud, GFCCM Nigeria, GFCCM Pakistan, TNCM Tanzania	0	NA	0
Toolkit	0	NA	NA	NA	0
WCRP	0	0	0	0	0

## PMP Results: August 2005-December 2006

### Result 2 (cont): Improved management systems in health organizations and priority programs

Program/ Result	2.a. No. of organizations addressing <u>management challenges</u> to improve organizational performance	2.1.a. No. of <u>organizational performance assessments</u> conducted , including gender assessments	2.2.a. No. of organizations that <u>implement action plans</u> addressing priority organizational development needs	2.3.a. No. of organizations or <u>teams that develop a plan to improve workplace climate</u>	2.4.a. No. of <u>CAs in different sectors, counterparts, and donors using LMS organizational performance assessment tools, performance improvement processes</u> to address gaps
<b>Mainstreaming</b>					
Pre-Service	0	0	0	0	0
Partner & Provider Integration	0	0	0	0	0
Transfer process	0	0	0	0	0
PUBS/Dissem.	NA	NA	NA	NA	NA
<b>Global Leadership</b>					
Advocacy Campaign	NA	NA	NA	NA	NA
Professionalizing L&M in Health	0	0	0	0	0
Global Leadership Priorities	0	0	0	0	0
<b>MEC</b>					
Technical Leadership	0	0	0	0	0

## PMP Results: August 2005-December 2006

### Result 2 (cont): Improved management systems in health organizations and priority programs

Program/ Result	2.a. No. of <u>organizations addressing management challenges</u> to improve organizational performance	2.1.a. No. of <u>organizational performance assessments</u> conducted , including gender assessments	2.2.a. No. of <u>organizations that implement action plans</u> addressing priority organizational development needs	2.3.a. No. of <u>organizations or teams that develop a plan to improve workplace climate</u>	2.4.a. No. of <u>CAs in different sectors, counterparts, and donors using LMS organizational performance assessment tools, performance improvement processes</u> to address gaps
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#### Other

Other CAs & Organizations	0		0	0	1 EngenderHealth/AWARE project in West Africa has been using the MOST extensively as its general performance assessment tool, and FIMAT with some of its targeted regional institutions.
PPD	0	0	0	0	0
FASID	0	0	0	0	0
<i>What we have so far PY2</i>	<b>23 organizations</b>	<b>4 assessments</b>	<b>23 organizations</b>	<b>26 organizations</b>	<b>1 Health CA's</b> <b>0 clients/consultants</b> <b>0 Non-Health CAs</b>
<i>What we had thru PY1</i>	<b>48 organizations</b>	<b>3 assessments</b>	<b>222 organizations</b>	<b>222 organizations</b>	<b>5 Health CA's</b> <b>3 clients/consultants</b> <b>0 Non-Health CAs</b>
<i>Total to date</i>	<b>71 organizations</b>	<b>7 assessments</b>	<b>245 organizations</b>	<b>248 organizations</b>	<b>6 Health CA's</b> <b>3 clients/consultants</b> <b>0 Non-Health CAs</b>
<i>Targets for PY 3</i>	35 organizations	90 assessments	20 organizations	20 organizations	4 Health CA's 25 clients or consultants 2 Non-Health CAs
<i>Targets for PY 5</i>	85 organizations	200 assessments	50 organizations	50 organizations	10 Health CA's 60 clients or consultants 5 Non-Health CAs

**PMP Results: August 2005-December 2006**

**Result 3: Increased sustainability and ability to manage change**

Program/ Result	3.a. No. of NGOs, public sector institutions, multi-sectoral bodies, and international organizations <u>applying management and leadership practices</u>	3.1.a. No. of organizations by type (public, NGO, FBO, CBO, etc.) <u>applying tools and technical resources</u>	3.2.a. No. of <u>multi-sectoral bodies</u> strengthened	3.3.b. Number of <u>workshops, forums, and information exchanges</u> carried out by Communities of Practice (CoPs) using blended learning strategies
<b>Scale Up</b>				
LeaderNet	0	1 BUSPH collaborating virtually on LeaderNet platform	NA	2 BUSPH, Seminar on Professionalizing Leadership and Management
GEN	NA	0	NA	1
VLDP	27 (see 1 for breakdown of VLDP teams)	27 <b>VLDP HRM:</b> NGO/FBO: 5, Public Sector:4, University: <b>1 VLDP Peru:</b> NGO/FBO: 4 <b>VLDP Iraq 2:</b> 1 public sector <b>VLDP Haiti 2:</b> 11 NGO/FBO, 1 Public	0	NA
VSPP	0	0	NA	NA
TCN	TBD	TBD	TBD	NA
MOST	0	0	0	NA
BPH	6 M: 19 F: 8 ADRA/Ghana (2M/1F) ADRA/Kenya (2M/2F) ADRA/Tanzania (4M/0F) Heri Adventist Hospital (3M/0F) RCQHC (3M/2F) ECSA-HC (5M/4F)	6 M: 19 F: 8 ADRA/Ghana (2M/1F) ADRA/Kenya (2M/2F) ADRA/Tanzania (4M/0F) Heri Adventist Hospital (3M/0F) RCQHC (3M/2F) ECSA-HC (5M/4F)	0	NA

## PMP Results: August 2005-December 2006

### Result 3: Increased sustainability and ability to manage change

Program/ Result	3.a. No. of NGOs, public sector institutions, multi-sectoral bodies, and international organizations <u>applying management and leadership practices</u>	3.1.a. No. of organizations by type (public, NGO, FBO, CBO, etc.) <u>applying tools and technical resources</u>	3.2.a. No. of <u>multi-sectoral bodies</u> strengthened	3.3.b. Number of <u>workshops, forums, and information exchanges</u> carried out by Communities of Practice (CoPs) using blended learning strategies
Knowledge & Synthesis	0	0	0	NA
GFATM	3 GFCCM Nicaragua (12 GOs, 6 Training Institutes, 7 International organizations, 16 NGOs). Nicasalud (Global Fund PR- 16 Sub-recipients) GFCCM Zanzibar	0	6 GFCCM Nicaragua GFCCM Zanzibar TNCM Tanzania GFCCM Nigeria GFCCM Pakistan Nicasalud (Global Fund PR)	NA
Toolkit	0	NA	NA	NA
WCRP	0	0	0	NA
<b>Mainstreaming</b>				
Pre-Service	0	0	0	0
Partner & Provider Integration	0	2 ESAMI, LDP Justice Resource Institute, non-profit	0	0
Transfer Process	0	0	0	0
PUBS/ Dissem.	NA	NA	NA	NA
<b>Global Leadership</b>				
Advocacy Campaign	0	0	0	0
Professionalizing L&M in	0	0	0	0
Global Leadership Priorities	1 IBP Consortium in India (Leading Change)	1 IBP Consortium in India (Fostering Change Guide)	0	0

## PMP Results: August 2005-December 2006

### Result 3 (cont): Increased sustainability and ability to manage change

Program/ Result	3.a. No. of NGOs, public sector institutions, multi-sectoral bodies, and international organizations <u>applying management and leadership practices</u>	3.1.a. No. of organizations by type (public, NGO, FBO, CBO, etc.) <u>applying tools and technical resources</u>	3.2.a. No. of <u>multi-sectoral bodies</u> strengthened	3.3.b. Number of <u>workshops, forums, and information exchanges</u> carried out by Communities of Practice (CoPs) using blended learning strategies
<b>MEC</b>				
Technical Leadership	0	0	0	0
<b>Other</b>				
Other CAs & Organizations	0	0	0	0
PPD	0	0	0	0
FASID in Tanzania	0	0	0	0
<i>What we have so far PY2</i>	19 NGOs/FBOs 9 public sector 2 multi-sectoral bodies 5 international agencies 2 academic institution 0 private	37 organizations	6 multi-sectoral bodies	3 information exchanges
<i>What we had thru PY1</i>	18 NGOs/FBOs 29 public sector 0 multi-sectoral bodies 4 international agencies 2 private	31 organizations	0 multi-sectoral bodies	9 information exchanges
<i>Total to date</i>	37 NGOs/FBOs 38 public sector 2 multi-sectoral bodies 9 international agencies 2 academic institution 2 private	68 organizations	6 multi-sectoral bodies	12 information exchanges
<i>Targets for PY 3</i>	16 NGOs 12 public sector 3 multi-sectoral bodies 9 international agencies	25 organizations	3 multi-sectoral bodies	9 information exchanges
<i>Targets for PY 5</i>	42 NGOs 27 public sector 9 multi-sectoral bodies 22 international agencies	60 organizations	9 multi-sectoral bodies	20 information exchanges

## PMP Results: August 2005-December 2006

### Result 3 (cont.): Increased sustainability and ability to manage change

Program/ Result	3.3. b. (cont.) Number of new <u>on-line resources</u> available on LMS websites (i.e. databases, resource libraries, evaluations etc.)	3.3.c. No. of <u>CAs, international partners, and TA providers</u> applying leadership and management practices	3.3.d. No. of <u>programs</u> with strengthened leadership, management, and sustainability (social sector programs e.g., health & education and/or democracy & governance)	3.3.e. No. of <u>seminars, joint projects</u> to disseminate best practices and transfer skills to USAID, CAs and other international partners
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#### Scale Up

LeaderNet	3 Clinic Supervision Manual and discussion section launched, Occasional Paper on Professionalizing Leadership, and Management online in English and in Spanish	0	NA	2 BUSPH forum, Seminar on Professionalizing Leadership and Management
GEN	6 Experiencia sobre Sustentabilidad en Dos Redes de Distribución Comunitaria de Métodos de Planificación Familiar, ¿Que es liderazgo?, 2 cases studies on Adolescent RH, 1 Lessons Learned doc on Adolescent RH, link to USAID RFP library	0	NA	1 forum
VLDP	NA	5 <b>VLDP Peru:</b> ADRA/Peru, Chemonics/Peru, MSH/Peru, PRISM. <b>VLDP Haiti 2:</b> SAVE	0	0
VSPP	NA	0	0	0
TCN	NA	6 TCN members: 3 Members applied the consulting for results course, 1 member applied the HRMA, 4 members applied MOST, 1 member applied the WCA, 1 member applied the VLDP.	0	0
MOST	NA	0	0	0

## PMP Results: August 2005-December 2006

### Result 3 (cont.): Increased sustainability and ability to manage change

Program/ Result	3.3. b. (cont.) Number of new <u>on-line resources</u> available on LMS websites (i.e. databases, resource libraries, evaluations etc.)	3.3.c. No. of <u>CAs, international partners, and TA providers</u> applying leadership and management practices	3.3.d. No. of <u>programs</u> with strengthened leadership, management, and sustainability (social sector programs e.g., health & education and/or democracy & governance)	3.3.e. No. of <u>seminars, joint projects</u> to disseminate best practices and transfer skills to USAID, CAs and other international partners
BPH	NA	0	0	0
Knowledge & Synthesis	NA	NA	NA	NA
GFATM	0	0	0	0
Toolkit	2 Community Drug Management for Childhood Illnesses (C-DMCI) Assessment Tool QuickStart	NA	NA	NA
WCRP	NA	NA	0	0

### Mainstreaming

Pre-Service	0	0	0	0
Partner & Provider Integration	0	0	0	0
Transfer Process	1 LDP coaching templates	0	0	0
PUBS/ Dissem.	NA	NA	NA	NA

## PMP Results: August 2005-December 2006

### Result 3 (cont.): Increased sustainability and ability to manage change

Program/ Result	3.3. b. (cont.) Number of new <u>on-line</u> resources available on LMS websites (i.e. databases, resource libraries, evaluations etc.)	3.3.c. No. of CAs, <u>international partners, and TA providers</u> applying leadership and management practices	3.3.d. No. of <u>programs</u> with strengthened leadership, management, and sustainability (social sector programs e.g., health & education and/or democracy & governance)	3.3.e. No. of <u>seminars, joint projects</u> to disseminate best practices and transfer skills to USAID, CAs and other international partners
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#### Global Leadership

Advocacy Campaign	0	0	0	3 Leadership Development workshop at ECSACON Conference Presentation about LMS's approach to sustainability at Flexible Fund meeting Presentation at FIGO Conference November 2006
Professionalizing L&M in Health	2 English and Spanish Occasional Paper		0	2 LeaderNet Seminar on Professionalizing Presentation at MAQ Mini-University
Global Leadership Priorities	0	0	0	2 Orientation to the Fostering Change Guide for ESD, AED, the Core Group, FHI, Care -Presentation about principles of effective Change at Emerging Trends in International Reproductive Health and Family Planning to nine historically black US-based Universities working in development.

## PMP Results: August 2005-December 2006

### Result 3 (cont.): Increased sustainability and ability to manage change

Program/ Result	3.3. b. (cont.) Number of new <u>on-line resources</u> available on LMS websites (i.e. databases, resource libraries, evaluations etc.)	3.3.c. No. of CAs, <u>international partners, and TA providers</u> applying leadership and management practices	3.3.d. No. of <u>programs</u> with strengthened leadership, management, and sustainability (social sector programs e.g., health & education and/or democracy & governance)	3.3.e. No. of <u>seminars, joint projects</u> to disseminate best practices and transfer skills to USAID, CAs and other international partners
<b>MEC</b>				
Technical Leadership	0	0	0	0
<b>Other</b>				
Other CAs & Organizations	0		0	2 LMS staff presented the virtual programs and virtual networks to PSP Working Group as a result, PSP adoted the iCohere virtual conferencing technology, Various LMS tools/programs presented to ESD: Virtual programs, MOST.
PPD	0	18 TA Providers Participants from PPD countries: Kenya, Uganda, Zimbabwe, Jordan, China, Bangladesh, India, Pakistan	0	0
FASID in Tanzania	0	0	0	0
<i>What we have so far PY2</i>	14 new online resources	29 CAs, partners and TA providers	0 programs	12 seminars and joint projects
<i>What we had thru PY1</i>	12 new online resources	23 CAs, partners and TA providers	0 programs	22 seminars and joint projects
<i>Total to date</i>	26 new online resources	52 CAs, partners and TA providers	0 programs	34 seminars and joint projects
<i>Targets for PY 3</i>	40 new online resources	60 CAs, partners and TA providers	2 programs	9 seminars and joint projects
<i>Targets for PY 5</i>	100 new online resources	150 CAs, partners and TA providers	5 programs	20 seminars and joint projects

[1] NA throughout this document refers to indicators to which a program would not be expected to contribute by virtue of its design

[2] Leveraged funding from Haiti bilateral and BASICS

## PMP Results: August 2005-December 2006

### LMS Results – Country Programs

#### Result 1: Improved management and leadership of priority health programs

Program/ Result	1. No. of organizations applying management and leadership practices to address challenges in improving organizational performance and health service delivery	1.1.a. No. of senior health leaders trained and/or recipient of TA; disaggregated by gender	1.1.b. No. of organizations institutionalizing leadership and management development as a standard organizational procedure	1.2.a. No. of pre-service programs conducted/ No. of participants in pre-service programs	1.2.a. (cont.) Management and leadership capacity development <u>integrated</u> into pre-service programs
Afghanistan	15 Central MOPH, Kabul Provincial Health Team, 3 health facility teams. 10 provincial public health offices (PPHOs) in Baghlan, Takhar, Badakhshan, Jawzjan, Faryab, Bamyan, Ghazni, Paktya, Paktika, and Khost	69 Senior leaders in alignment meeting. (11 Women). 23 Senior Leaders participated in the LDP scanning workshops in the provinces. (21 m/ 2 f)	0	0	0
Bolivia	1 9 regional offices/clinics of CIES have applied the Strategic Plan tool	23 23 Senior CIES staff participated in the Strategic Plan Workshop conducted in Nov 2006 (based on participant list for November workshop). 11 Females; 12 Males.	0	NA	NA
E&E	0	0	0	0	0
Guatemala	0	0	0	0	0
Honduras	0	0	0	NA	NA
LAC BPH/CORE		20 18 men/2 women in BPH; (A subset of the participants (8 men/1 woman) were trained in CORE Plus)		0	0
Nepal	35 26 Public Sector Organizations, 8 NGOS, 1 FBO	4 Jaycees: LDP (M:1 – Vice President) RHD, Surkhet: LDP (M:1 – Public Health Administrator) UNESCO, Banke: LDP (M:1 – Executive Director) Regional Health Training Center, Pokhara: LDP (M:1 – Sr. Training Administrator)	4 LDP: National Health Training Center, Regional Health Training Center, Pokhara, ADRA/Nepal, Institute for Cultural Affairs	0	0

## PMP Results: August 2005-December 2006

### Result I (cont.): Improved management and leadership of priority health programs

Program/ Result	1. No. of organizations applying management and leadership practices to address challenges in improving organizational performance and health service delivery	1.1.a. No. of senior health leaders trained and/or recipient of TA; <u>disaggregated by gender</u>	1.1.b. No. of organizations <u>institutionalizing</u> leadership and management development as a standard organizational procedure	1.2.a. No. of pre-service programs conducted/ No. of participants in pre-service programs	1.2.a. (cont.) Management and leadership capacity development <u>integrated</u> into pre-service programs
Nicaragua	7 MOH: 2 CDM (Municipalities): 4 GRAAS: 1	460 MOH: 197 (M:64, F:133) MiFamilia: 45 (M:13, F:32) INSS: 102 (M:45, F:57) ProFamilia: 12 (M:4, F:8) NicaSalud: 4 (M:2, F:2) CDM: 58 (M:34, F:24) GRAAS: 8 (M:4, F:4)	3 ProFamilia:1 MiFamilia:1 NicaSalud:1	NA	NA
Nigeria	6 TREM	10 (Total M:6, F:4)			
Peru	226 67 (JVC), 67 (ODL), 92 (CONEIs) JV = Juntas Vecinales or Community Committees ODL = Oficinas de Desarrollo Local or Local Development Offices	0	0	0	0
REDSO	0	0	0	0	0
Tanzania		40 TMU SMZ and ZAC attended the Alignment meeting and Leadership Dialogue for the LDP in Zanzibar (1st 2 meetings in Q1, 3rd meeting in Q2)		0	0
Uganda/ IRCU	0	0	0	0	0
Uganda/JCRC	1 JCRC: MOST	2 (Coordinator of JCRC	0	0	0
<b>What we have so far PY2</b>	<b>291 organizations</b>	<b>628 senior leaders/ 316 woman</b>	<b>7 organizations</b>	<b>0</b>	<b>0</b>
<b>What we had thru PY1</b>	<b>29 organizations</b>	<b>146 senior leaders</b>	<b>11 organizations</b>	<b>0</b>	<b>0</b>
<b>Total to date</b>	<b>320 organizations</b>	<b>774 senior leaders</b>	<b>18 organizations</b>	<b>0</b>	<b>0</b>
<i>Target for PY 3</i>	35 organizations	300 senior leaders	20 organizations	10 pre-service programs/	7 pre-service programs
<i>Target for PY 5</i>	100 organizations	1,000 senior leaders	50 organizations	30 pre-service programs/ 2,000 participants	20 pre-service programs

## PMP Results: August 2005-December 2006

### Result 1 (cont.): Improved management and leadership of priority health programs

Program/ Result	1.2.b. No. of participants in face-to-face, blended learning, etc. programs by country, type of organization (public, NGO, FBO, CBO, etc.), and <u>disaggregated by gender and management level</u>	1.3.a. No. of CA staff, partners, TA providers, TCNetwork members <u>actively participating in the Developing Managers Who Lead Community of Practice and other virtual discussions</u>	1.3.a. (cont.) Leadership and management tools and approaches <u>integrated or incorporated into program interventions of CAs:</u>	1.3.b. No. of professional <u>exchange programs on developing managers who lead conducted by LeaderNet, the Global Exchange Network, VSPP</u>	1.3.b. (cont.) No. of <u>publications</u>
Afghanistan	60 47 Senior leaders in alignment meeting, 14 members in facilitator training. 11 women	0	0	NA	0
Boliva	23 23 Senior CIES staff participated in the Strategic Plan Workshop conducted in Nov 2006 (based on participant list for November workshop). 11 Females; 12 Males.	NA	NA	NA	0
E&E	0	0	0	NA	0
Guatemala	0	0	0	NA	0
Honduras	0	0	0	NA	0
LAC BPH/CORE	20 18 men/2 women in BPH; (A subset of the participants (8 men/1 woman) were trained in CORE Plus)	0	0	NA	0
Nepal	91 (M: 68, F: 16) (4 Senior Leaders, 80 Midlevel) Participants came from 26 Public Sector Organizations, 8 NGOS, 1 FBO	0	2 ADRA/Nepal; Institute for Cultural Affairs/Nepal	NA	0
Nicaragua	892 MiFamilia: 91 (M:21, F:70) MOH: 429 (M:117, F:312) MED: 202 (M:80, F:122) CDM: 66 (M:37, F:29) INSS: 104 (M:46, F:58)	NA	5 Contract and grants manual Admin/Financial Manual Human Resources Manual Procurement Manual Manual of Clinics for ProFamilia in its management model	NA	0
Nigeria				NA	
Peru	119 Directors of health centers, director's assistants and staff of Health Regional Directions (60 male 59 female)	0	0	NA	0
REDSO	0	0	0	NA	0

## PMP Results: August 2005-December 2006

### Result 1(cont.): Improved management and leadership of priority health programs

Program/ Result	1.2.b. No. of <u>participants</u> in face-to-face, blended learning, etc. programs by country, type of organization (public, NGO, FBO, CBO, etc.), and <u>disaggregated by gender and management level</u>	1.3.a. No. of <u>CA staff, partners, TA providers, TCNetwork members actively participating in the Developing Managers Who Lead Community of Practice and other virtual discussions</u>	1.3.a. (cont.) Leadership and management tools and approaches <u>integrated or incorporated into program interventions of CAs:</u>	1.3.b. No. of <u>professional exchange programs on developing managers who lead</u> conducted by LeaderNet, the Global Exchange Network, VSPP	1.3.b. (cont.) No. of <u>publications</u>
Tanzania	62 40 participants in the Alignment meeting and Leadership Dialogue for the LDP in Zanzibar focused on the 10 District AIDS Coordinating Committees (DACCOMS)- 1st two meetings were counted in Q1. 3rd meeting was held in Q2. 2-day workshop for grantee representatives that focused both on monitoring and evaluation as well as financial accounting and monitoring.- 22 participants (11m, 11f)	0	0	NA	0
Uganda/IRCU	0	0	0	NA	0
Uganda/JCRC	15 11 Male, 4 female/MOST follow-up workshops	0	0	NA	0
<b>What we have so far PY2</b>	<b>1,282 total/ 705 women</b>	<b>0 professionals</b>	<b>7 CAs</b>	<b>0 exchange programs</b>	<b>0 publications</b>
<b>What we had thru PY1</b>	<b>1,556 total/ 636 women</b>	<b>0 professionals</b>	<b>0 CAs</b>	<b>0 exchange programs</b>	<b>3 publication</b>
<b>Total to date</b>	<b>2838 total/ 1341 women</b>	<b>0 professionals</b>	<b>7 CAs</b>	<b>0 exchange programs</b>	<b>3 publication</b>
<i>Target for PY 3</i>	4000 total/ 400 midlevel women	400 professionals	4 CAs	25 exchange programs	9 publications
<i>Target for PY 5</i>	10000 total 1000 midlevel women	1000 professionals	10 CAs	60 exchange programs	20 publications

## PMP Results: August 2005-December 2006

### Result 2: Improved management systems in health organizations and priority programs

Program/ Result	2.a. No. of <u>organizations addressing management challenges to improve organizational performance</u>	2.1.a. No. of <u>organizational performance assessments conducted , including gender assessments</u>	2.2.a. No. of organizations that <u>implement action plans addressing priority organizational development needs</u>	2.3.a. No. of organizations or teams that <u>develop a plan to improve workplace climate</u>	2.4.a. No. of <u>CAs in different sectors, counterparts, and donors using LMS organizational performance assessment tools, performance improvement processes to address gaps</u>
Afghanistan	0	0	0	0	0
Bolivia	1 Within CIES 9 offices participated in the strategic plan exercise (Model based on VSPP)	9 The 9 CIES offices participated in the WOST analysis (Model based on VSPP)	0	0	0
E&E	0	0	0	0	0
Guatemala	0	0	0	0	0
Honduras		0	0	0	0
LAC BPH		0	6 Two municipalities in Nicaragua and four municipalities in Honduras. All applied both BPH and CORE Plus (All but one of the business plans are health related)	0	0
Nepal	0	NA	34 27 Public Sector Organizations, 8 NGOS, 1 FBO	0	0
Nicaragua	2 MED: 1 GRAAS: 1	Na	5 MOH: 1 (central) + 1 SILAIS MED: 1 ProFamilia: 1 GRAAS: 1	7 MOH: 1 (central) + 4 Municipalities ProFamilia: 1 NicaSalud: 1	2 ProFamilia: 1 (dashboard) NicaSalud: 1 (dashboard)
Nigeria	3 TREM (3 M, 3 F) YWCA (3 M, 4 F) CiSHAN (7 M, 1 F)	3 TREM (3 M, 3 F) YWCA (3 M, 4 F) CiSHAN (7 M, 1 F)			
Peru	4 MSH-Peru, ADRA, Chemonics, PRISMA	580 305 (JVC), 275(CONEIs)	226 67 (ODL), 92 (CONEIs) 67 (JVC)	4 MSH-Peru, ADRA, Chemonics, PRISMA	4 MSH-Peru, ADRA, Chemonics, PRISMA
REDSO	0	0	0	0	0

## PMP Results: August 2005-December 2006

<b>Result 2 (cont): Improved management systems in health organizations and priority programs</b>					
<b>Program/ Result</b>	<b>2.a. No. of <u>organizations addressing management challenges to improve organizational performance</u></b>	<b>2.1.a. No. of <u>organizational performance assessments conducted , including gender assessments</u></b>	<b>2.2.a. No. of organizations that <u>implement action plans addressing priority organizational development needs</u></b>	<b>2.3.a. No. of organizations or teams that <u>develop a plan to improve workplace climate</u></b>	<b>2.4.a. No. of <u>CAs in different sectors, counterparts, and donors using LMS organizational performance assessment tools, performance improvement processes to address gaps</u></b>
Tanzania	1 Zanzibar Global Fund Country Coordinating Mechanism	2 Human Resources Management assessment for 2 divisions of the Ministry of Health (Human Resources, and Administration and Personnel) on the mainland	2 Human Resources Management assessment for 2 divisions of the Ministry of Health (Human Resources, and Administration and Personnel) on the mainland		0
Uganda/ IRCU	0	0	0	0	0
Uganda/JCRC	0	0	0	0	0
<i>What we have so far PY2</i>	<b>11 organizations</b>	<b>594 assessments</b>	<b>273 organizations</b>	<b>11 organizations</b>	<b>3 Health CA's</b>  <b>3 Clients or consultants</b> <b>0 Non-Health</b>
<i>What we had thru PY1</i>	<b>27 organizations</b>	<b>7 assessments</b>	<b>6 organizations</b>	<b>13 organizations</b>	<b>1 Health CA's</b> <b>3 Clients or</b> <b>1 Non-Health CAs</b>
<i>Total to date</i>	<b>38 organizations</b>	<b>601 assessments</b>	<b>279 organizations</b>	<b>24 organizations</b>	<b>4 Health CA's</b> <b>6 Clients or</b> <b>1 Non-Health CAs</b>
<i>Target for PY 3</i>	35 organizations	90 assessments	20 organizations	20 organizations	4 Health CA's 25 Clients or consultants 2 Non-Health CAs
<i>Target for PY 5</i>	85 organizations	200 assessments	500 organizations	50 organizations	10 Health CA's 60 Clients or consultants 5 Non-Health CAs

## PMP Results: August 2005-December 2006

### Result 3: Increased sustainability and ability to manage change

Program/ Result	3.a. No. of NGOs, public sector institutions, multi-sectoral bodies, and international organizations applying management and leadership practices	3.1.a. No. of organizations by type (public, NGO, FBO, CBO, etc.) applying tools and technical approaches	3.2.a. No. of multi-sectoral bodies strengthened	3.3.b. Number of workshops, forums, and information exchanges carried out by Communities of Practice (CoPs) using blended learning strategies
Afghanistan	0	0	0	NA
Bolivia	1 9 regional offices/clinics of NGO CIES have applied the Strategic Plan tool (model based on the VSPP)	1 9 regional offices/clinics of NGO CIES have applied the Strategic Plan tool (moel based on the VSPP)	0	NA
E&E	0	0	0	NA
Guatemala	0	0	0	NA
Honduras	0	0	0	NA
LAC BPH				NA
Nepal	36 27 Public Sector Organizations, 8 NGOS, 1 FBO	36 27 Public Sector Organizations, 8 NGOS, 1 FBO	3 District Development Committee Banke; District Development Committee Jhapa; District Development Committee Rupandehi	NA
Nicaragua	16 MOH: 15 SILAIS GRAAS: 1	6 MOH central + 1 SILAIS + 1 municipality MiFamilia: 1 ProFamilia: 1 NicaSalud: 1 (SIGLIM/RPM, AMAS score, dashboard and PAHO climate tool)	5 CDMs: El Jicaro, La Dalia, Chinandega, San José de los Remates y Kukra Hill.	NA
Nigeria		6 TREM - FBO YWCA - FBO CiSHAN - FBO Hope Worldwide - FBO GECHANN - FBO / CBO CO Foundation - FBO / CBO		
Peru	4 MSH-Peru, ADRA, Chemonics, PRISMA	4 3 NGOs, 1 FBO		NA

## PMP Results: August 2005-December 2006

### Result 3: Increased sustainability and ability to manage change

Program/ Result	3.a. No. of NGOs, public sector institutions, multi-sectoral bodies, and international organizations applying management and leadership practices	3.1.a. No. of organizations by type (public, NGO, FBO, CBO, etc.) applying	3.2.a. No. of multi-sectoral bodies strengthened	3.3.b. Number of workshops, forums, and information exchanges carried out by Communities of Practice (CoPs) using blended learning strategies
REDSO	0	0	0	NA
Tanzania	2 Zanzibar Global Fund Country Coordinating Mechanism; ESAMI	1 1 multi-sectoral	1 Zanzibar GFCCM	NA
Uganda/ IRCU	0	0	0	NA
Uganda/JCRC	0	0	0	NA
<i>What we have so far PY2</i>	11 NGOs/FBOs 27 public sector 1 multi-sectoral bodies 4 international agencies 0 academic institutions	54 organizations	9 multi-sectoral bodies	0 information exchanges
<i>What we had thruPY1</i>	9 NGOs/FBOs 16 public sector 4 multi-sectoral bodies 0 international agencies	13 organizations	1 multi-sectoral bodies	0 information exchanges
<i>Total to date</i>	20 NGOs/FBOs 43 public sector 8 multi-sectoral bodies 8 international agencies 0 academic institutions	13 organizations	1 multi-sectoral bodies	0 information exchanges
<i>Target for PY 3</i>	16 NGO's/FBOs 12 public sector 3 multi-sectoral bodies 9 international agencies	25 organizations	3 multi-sectoral bodies	9 information exchanges
<i>Target for PY 5</i>	42 NGO's/FBOs 27 public sector 9 multi-sectoral bodies 22 international agencies	60 organizations	9 multi-sectoral bodies	20 information exchanges

## PMP Results: August 2005-December 2006

### Result 3 (cont.): Increased sustainability and ability to manage change

Program/ Result	3.3.b.(cont.) Number of new <u>on-line resources</u> available on LMS websites (i.e. databases, resource libraries, evaluations etc.)	3.3.c. No. of <u>CAs, international partners, and TA providers</u> applying leadership and management practices	3.3.d. No. of <u>programs</u> with strengthened leadership, management, and sustainability (social sector programs e.g., health & education and/or democracy & governance)	3.3.e. No. of <u>seminars, joint projects</u> to disseminate best practices and transfer skills to USAID, CAs and other international partners
Afghanistan	NA	0	0	0
Bolivia	NA		1 CIES	
E&E	NA	0	0	0
Guatemala	NA	0	0	0
Honduras	NA	0	0	0
LAC BPH	NA	0	6 Two municipalities in Nicaragua (El Júcaro and Santa Lucía) and four municipalities in Honduras (Cabañas, Copán Ruinas, San Jerónimo, Santa Rita de Copán). All applied both BPH and CORE Plus (All but one of the business plans are health related)	
Nepal	NA	0	0	0
Nicaragua	NA	2 NicaSalud, Profamilia	6 MED: 2 (PDEL AND PDE) MiFamilia: 3 (PAINIM, DD and PAINAR) MOH: 1 (Woman integral attention protocol)	0
Nigeria				
Peru	NA	5 MSH-Peru, ADRA, Chemonics, PRISMA, USAID-Peru	0	0
REDSO	NA	0	NA	0
Tanzania	NA	0	0	0
Uganda/ IRCU	NA		NA	0
Uganda/ JCRC	NA	0	0	0
<b>What we have so far PY2</b>	<b>0 new resources online</b>	<b>7 partner</b>	<b>13 program</b>	<b>0 seminar and joint projects</b>
<b>What we had thru PY1</b>	<b>1 new resources online</b>	<b>1 partner</b>	<b>1 program</b>	<b>1 seminar and joint projects</b>
<b>Total to date</b>	<b>1 new resources online</b>	<b>8 partner</b>	<b>14 program</b>	<b>1 seminar and joint projects</b>
<i>Target for PY 3</i>	40 new resources online	60 CAs, partners and TA providers	2 programs	9 seminars and joint projects
<i>Target for PY 5</i>	100 new resources online	150 CAs, partners and TA providers	5 programs	20 seminars and joint projects

[1] NA throughout this document refers to indicators to which a program would not be expected to contribute by virtue of its design

**LMS**  
**Cost Sharing**  
**Through December 2006**

Country/Activity	Donor	Description	Realized Cost Share	Future Anticipated Amount
TCNetwork	TCNetwork member agencies & individual consultants	TCNetwork Executive and Council of Trustees meetings: TCNetwork, under LMS, is a mechanism for scale-up and mainstreaming. Standing meetings represent the governance structure that is essential for TCNetwork sustainability.		\$30,000
TCNetwork	TCNetwork member agencies & individual consultants/World Health Organization	Attendance at a World Health Organization sponsored meeting in Geneva regarding technical networks.	\$3,407***	
Tanzania Rapid Funding Envelope for HIV/AIDS*	CIDA, Embassy of Finland, Ireland AID, NORAD, Royal Danish Embassy, Royal Netherlands Embassy, Swiss Agency for Development & Cooperation	The Rapid Funding Envelope (RFE), an innovative partnership of bilateral donors and the Tanzanian Commission for AIDS developed by MSH, has delivered 32 grants to more than 120 civil society organizations leading the fight against HIV/AIDS in Tanzania.	\$1,231,794***	\$2,768,206
Leading Change	Gates Foundation	Implementation of a Leading Change program in 6 countries over 5 years with MOH and local resource organizations in working with teams to face challenges in achieving the Millennium Development goals through improved leadership and management capacity.	\$157,317	
Technical Leadership in M&E	The Robert Wood Johnson Foundation	The Center for Creative Leadership, Greensboro, NC invited MSH to write a chapter for its forthcoming book on Leadership Development Evaluation. The Robert Wood Johnson Foundation will fund the development costs of the book.	\$80,900***	
LAC-HSRI	PROCOSI sub-award	PROCOSI will fund a portion of staff salary and benefits, as well as facility costs and the production of promotional materials for the implementation of the Business Planning Program in Nicaragua and Honduras.		\$7,882
Leadership & Communications Workshop for FASID	FASID	MSH will undertake the facilitating of the workshops on "Leadership for Results" and "Multicultural Communication for Better Team Performance" to be held in Tokyo, May 2006.	\$12,086	
Nicaragua Modernizing Health Institutions book	The Boston Foundation	The Guide for Modernizing Health Institutions will capture the institutional reengineering process started under the Management and Leadership Program and continued under LMS.	\$16,786	\$8,214

**LMS  
Cost Sharing  
Through December 2006**

Country/Activity	Donor	Description	Realized Cost Share	Future Anticipated Amount
Tanzania Course Design & Mgmt	FASID	MSH will participate in the development and execution of the design and management of HIV/AIDS project course to be held in Tanzania, Sept 2006.	\$57,273	
Consulting for Results Workshop	Partners in Population and Development	MSH will facilitate a 3-day international workshop on "Consulting for Results", organized by Partners in Population and Development in Amman, Jordan in August 2006.	\$11,871	
Development Capacity for the MOH of the Republic of Suriname	IDB	MSH will provide technical support to develop the capacity at the MOH to track and analyze national health expenditures.	\$61,479	\$88,729
Global Fund	Emerging Markets Group (EMG)	MSH will hold a preparatory consultative meeting on the Global Fund interventions initiative in Africa and Eurasia with EMG in April 2006. Then in November 2006, MSH will participate in the Global Fund Support Initiative in Tanzania Mainland and Zanzibar.		\$6,040
Global Fund	The Crossland Group	In November 2006, MSH will participate in the Global Fund Support Initiative in Tanzania Mainland and Zanzibar.		\$5,625
LMS Partnership	ADRA*		\$17,450	\$45,950
LMS Partnership	ESAMI**		\$34,136	\$31,200
<b>Total Cost Share</b>			\$1,684,498	\$2,991,846
<b>Total Obligated Amount</b>			\$28,176,569	\$120,000,000
<b>10% of Obligated Funds</b>			\$2,817,657	\$12,000,000
<b>Variance from target</b>			(\$1,133,159)	(\$9,008,154)
<b>Percent Variance</b>			(40%)	(75%)

\* Denotes life of project

\*\* Denotes PY1 amt only

\*\*\* Documentation in process