The Role of Leadership and Management in Strengthening Good Governance

LMS Monitoring, Evaluation and Communications Team

May 2010

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Members of the Global Fund's Country Coordinating Mechanism in Cote d'Ivoire

LMS Monitoring, Evaluation and Communications Team (MEC)
Leadership, Management and Sustainability Program
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This study is part of a series of four Strategic Evaluations carried out by the Monitoring, Evaluation, and Communications Team (MEC) of the Leadership, Management and Sustainability Program (LMS). The four studies together offer a cross program examination of LMS Programs between 2005 and 2010 to document results and generate lessons learned for the benefit of USAID, MSH, and the international development and health community. Although there is some overlap between the results documented, each of the studies analyzes them through its own lens, whether of improving health service delivery, mainstreaming and scaling up proven practices in leadership and management, use of virtual approaches, or strengthening good governance in health.

MEC implemented the strategic evaluations in two phases with a preliminary report released in January 2009 and a final report completed in May 2010. The objectives of the two phases are identical; the phased reporting allowed for an early assessment of results achieved during the LMS Program in Years 1 through 3 and a portion of Year 4. Phase II added new or additional findings from the balance of Year 4 and Year 5. This final report was updated with additional data, findings and lessons learned that became available from field programs prior to the closing of LMS in August 2010. All strategic evaluation reports and their abridged summaries will be shared with interested stakeholders, including the larger international health community.

These evaluation studies would not have been possible without the contributions of many people. We are deeply grateful to LMS managers at head office and in the field for filling out the many capture forms we requested; to our counterparts in the countries where LMS works who so generously shared their experiences with us; to all those who contributed to the writing and reviewing of the reports. We are also grateful to USAID's Office of Population and Reproductive Health for its support to the LMS Program and the interest in documenting results through the evaluation studies. We hope that the studies will contribute to the growing body of literature on health and development so that future programs can have an even greater impact on improving the health of people around the world.

TABLE OF CONTENTS

Acknowledgements i
Table of Contents ii
Glossary of Acronyms iii
Executive Summary 1
1. Introduction 5
2. The Changing Context of Good Governance in Health 6
2.1 Governance for new and complex multi-sectoral bodies 6
2.2 Governance in the context of decentralization 6
2.3 Governance in conflict-affected countries 7
2.4 Governance of NGOs and Faith Based Organizations (FBOs) for rapid scale-up of the response to HIV/AIDS 7
3. A Conceptual Model for Governance Strengthening 8
3.1 Measurement of Governance 8
3.2 A Conceptual Model for Governance in the Health Sector 9
4. Study Methodology 12
4.1 Objectives 12
4.2 Methods and Procedures 12
5. Discussion of Findings 13
5.1 Governance for Multi-Sectoral Organizations 13
5.2 Governance in the Context of Decentralization 16
5.2.1 Nicaragua PRONICASS Municipal Governance 16
5.2.3 Peru Healthy Communities and Municipalities Project (HCM) 17
5.3. Governance in Conflict-affected Countries: Afghanistan Tech-Serve 20
5.4. Governance of NGOs and FBOs for Rapid Scale-Up of the Response to HIV/AIDS 23
5.4.1 Nigeria Capacity Building for HIV/AIDS CSOs 23
5.4.2 Tanzania: Rapid Funding Envelope and Capacity Building for HIV/AIDS CSOs 24
5.4.3 Using virtual media to deliver strategic planning and board governance programs to CSOs 28
6. What are the ten most important lessons we can take from LMS Programs to strengthen good governance? 30
7. Conclusion 33
Appendix I 35
Table I: Challenges, Interventions, and Results for Governance of Multi-Sectoral National and District AIDS Commissions 35
Appendix II 38
Table II: Challenges, Interventions, and Results for Governance of Multi-Sectoral Global Fund Programs 38
Appendix III 42
Table III: Challenges, Interventions, and Results in Governance for Public Sector and Civil Society Institutions 42

GLOSSARY OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
AMREF	African Medical and Research Foundation
APROFAM	Asociación Pro-Bienestar de la Familia
APS	Annual Program Statement
BPHS	Basic Package of Health Services
CB	Capacity Building (Project, Nigeria)
CCM	Country Coordinating Mechanism
CHW	Community Health Worker
CLDP	Community Leadership Development Program
CSO	Civil Society Organization
CYP	Couple Years of Protection
FBO	Faith-based organization
FFY	Federal fiscal year
FP	Family planning
GAVI	Global Alliance for Vaccines and Immunization
GCMU	Grants and Contracts Management Unit
GF	Global Fund
GMS	Grants Management Solutions
HCM	Healthy Communities and Municipalities
HIV	Human Immunodeficiency Virus
HMIS	Health management information system
HR	Human resources
HRM	Human resource management
IEC	Information, Education and Communication
IMF	International Monetary Fund
LDP	Leadership Development Program
LMS	Leadership, Management and Sustainability Program
M&E	Monitoring and evaluation
M&L	Management and Leadership Program
MAP	World Bank Multi-Country HIV/AIDS Program
MOH	Ministry of Health
MOPH	Ministry of Public Health
MOST	Management and Organizational Sustainability Tool
MSH	Management Sciences for Health
MSP	Management Support for Provinces (Initiative, Afghanistan)
MTEF	Medium term expenditure framework
NAC	National AIDS Commissions or Councils
NGO	Non-governmental organization
OGAC	Office of the Global AIDS Coordinator

PEDL	Educational Plans for Local Development
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary health care
PHR	Partners for Health Reformplus
PPG	Performance-based Partnership Grant
PR	Principal recipient
PROFAMILIA	The Programme of the Association for Welfare of the Nicaraguan Family
PRONICASS	Nicaragua Social Reform Project
PROSALUD	Bolivian network of self-financing PHC centers
QAP	The Quality Assurance Project
RFE	Rapid Funding Envelope
RPM	Rational Pharmaceutical Management
SHACCOM	Shehia AIDS Commissions, Zanzibar
SISMUNI	Sistema de Información Municipal de Salud Communal
SR	Sub-recipients
TA	Technical assistance, Technical Advisor
TACAIDS	Tanzania Commission for AIDS
TB	Tuberculosis
TNCM	Tanzania National Coordination Mechanism
UN	United Nations
USAID	U.S. Agency for International Development
USG	U.S. Government
VCT	Voluntary counseling and testing
VLDP	Virtual Leadership Development Program
ZAC	Zanzibar AIDS Commission

EXECUTIVE SUMMARY

The context for governance in health is changing dramatically with the growth of complex multi-sectoral partnerships, fledgling civil society organizations, rapid decentralization of public health functions, and the need for rebuilding health systems in countries affected by conflict. While resources in some areas of health care have increased substantially, awareness that there is limited capacity to be effective stewards of those resources is also growing. At the heart of the crisis in health sector governance is a crisis of leadership and management.

This evaluation analyzes a select sample of projects carried out by the Leadership, Management and Sustainability Program (LMS) between 2005 and 2010. It provides answers to the following questions:

1. What kinds of technical support in leadership and management are required to bring about improved governance and strengthened health system performance in this new environment? What kinds of technical support are most appropriate for which types of organizations?

2. What strategies are most effective in addressing the narrow time frame and rapid need for scale-up that characterizes the current funding environment (PEPFAR, Global Fund for AIDS, TB, and Malaria, post-conflict health system strengthening)?

3. What new or adapted LMS approaches or tools provide the greatest potential for improving governance?

4. How successful has LMS been overall at improving governance, and what types of conditions are necessary to achieve the best results?

The evaluation adapted a conceptual model for governance in the health sector taken from *Health Systems Assessment Approach: A How to Manual*, developed for the U.S. Agency for International Development (USAID) in collaboration with Health Systems 20/20, Partners for Health Reform *plus* (PHR), The Quality Assurance Project (QAP), and Rational Pharmaceutical Management (RPM Plus) of Management Sciences for Health.

The dimensions of good governance in the health sector in this model are:

- Information and Assessment Capacity
- Policy Formulation and Planning
- Social Participation and System Responsiveness
- Accountability and Regulation

Ten key lessons have been drawn from the evaluation:

1. Although every context is unique, tools and approaches to strengthen good governance can be successfully transferred between sectors and from one country to another.

The executive dashboard first developed for the Global Fund in Nicaragua has now been transferred to Nigeria, Tanzania, Cote d'Ivoire and Zanzibar. Through the Grants Management Solutions Project (GMS), the dashboard as an oversight tool has been mainstreamed within the Global Fund as a recommended best practice. The Leadership Development Program (LDP) has been used to strengthen governance in Peru, Afghanistan, and Cote d'Ivoire in vastly different contexts.

2. Good governance can be developed at all levels and degrees of complexity.

LMS applied basic principles and tools of management and leadership strengthening to very different levels of governance. Although governance is often conceived as a senior level function, the LMS programs in this portfolio were committed, as much as was allowed in their mandate, to an inclusive model of governance in which individuals at all levels have a part to play, and civil society is an equal partner with government.

3. Good governance is a front-end requirement without which programs may not exist at all.

Capacity building in governance, like other forms of capacity building, requires asking the question, "Governance for what?" The ultimate desired end result is improved access to life saving health services and improved health. However, intermediate results in terms of improved governance structures, systems and performance are just as crucial to document. Without these tangible changes, programs risk losing their funding or not being funded at all.

4. Good governance is about *people* as well as systems.

LMS teams have helped developing country counterparts in public and NGO sectors to develop systems that promote transparency, social participation, and accountability. However, individuals and teams have limited capacity to support implementation. Developing good governance, like developing leadership capacity, is a process that takes place over time where people are challenged and given feedback and support.

5. Calls for good governance are not sufficient in the absence of supportive systems.

Health managers, whether at national, regional or district levels or in the public or civil society sectors, need strong systems to withstand political change and leadership and management skills and tools to exercise good governance. The following skills and tools are the basic building blocks of strengthened leadership and management, and of good governance: scanning and assessment; planning; data use; participatory processes; simple oversight instruments; norms; standards; policies; financial management guides; team building exercises; transparent monitoring and evaluation systems; and mechanisms for citizen voice and public access to information.

6. The process for strengthening governance should mirror the desired outcome.

If the desired outcomes of leadership and management strengthening are equitable, transparent, and accountable systems in which people feel empowered and responsible for assuring good health for the populations they serve, then the process to achieve these outcomes must also be empowering, participatory and independent of external expertise.

7. Governance is different from management and leadership.

Oversight of good governance differs significantly from management and from traditional M&E. Information tools developed for Global Fund Country Coordinating Mechanism (CCM) oversight developed under LMS highlight general progress and flag specific problems, but do not go to the level of detail required for routine management. Oversight also emphasizes *action* even more than *information*.

8. Good governance interventions can be paired with health system reform.

The empowering effects of the LDP, the Management and Organizational Sustainability Tool (MOST), and other tools for multi-sectoral governance are useful for fostering good governance in decentralized health systems in which all decisions were previously made at the central level of government.

9. Strengthening governance structures and systems is challenging, especially in unstable environments.

The barriers to strengthened governance mentioned by project managers of the programs reviewed in this portfolio were created most often by political instability. It is important to acknowledge up front that we are also witnessing a paradigm shift in technical assistance with models such as the Global Fund putting more and more power for good governance in the hands of the countries themselves, while at the same time requiring a degree of transparency and accountability that even developed countries can find hard to consistently achieve.

10. Champions for good governance exist and should be nurtured.

Health Systems 20/20 recently carried out an online survey of health professionals from developing countries that concluded that good governance practices were rare or existed on a very limited scale in many of the countries surveyed.[1] However, the survey also uncovered a strong, almost passionate interest on the part of mid-level managers in addressing good governance to improve health services.

Conclusion

This review of LMS initiatives to strengthen good governance points to some key conclusions concerning the kinds of technical support most useful in strengthening good governance, successful strategies to address the compressed time frame of the current funding environment, tools that demonstrate the greatest potential for building capacity in governance, and an analysis of the overall success of LMS in improving governance. Based on results to date, we can respond to the four research questions posed at the beginning of the study:

What kinds of technical support in leadership and management are required to bring about improved governance and strengthened health system performance? What kinds of technical support are most appropriate for which types of organizations?

In all cases, LMS applied a participatory approach that engaged managers and empowered them to improve governance whether they had responsibilities at the national, regional, district, or community level. Support was provided to solve short term bottlenecks as well as for longer term sustainability. Both types can bring about changes in the components of good governance. Multi-sectoral governance strengthening requires an

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[1] Brinkerhoff, DW., Helfenbein S. What do Health Professionals think about Good Governance Practices?: Results of an online survey, Health Systems 20/20. 2008.

increased focus on aligning partners through joint visioning and concrete operational procedures to guide day to day tasks and responsibilities.

What strategies are most effective in addressing the narrow time frame and rapid need for scale-up that characterizes the current funding environment?

MOST workshops, such as the one held in Nigeria, allow multiple CSOs to be trained at the same time and to acquire skills to write concept papers and proposals that meet the requirements of USAID's Annual Program Statement, and assist CSOs in identifying areas of their organizational management systems that need improvement. The approach taken by LMS Tanzania to train a pool of local facilitators to scale up capacity building shows promise. Dashboards for oversight of Global Fund grants provide different amounts of detail for different levels, from the in-depth information needed by the Monitoring and Evaluation Committee of the CCM to the succinct summary tailored for the Prime Minister's Office.

What new or adapted LMS approaches or tools provide the greatest potential for improving governance?

One of the most important findings of this review is that LMS tools to build capacity in leadership and management, such as the MOST and the LDP, proved highly useful in strengthening the governance of NGOs, National and District AIDS Commissions, and other entities. The Executive Dashboard, first piloted in Nicaragua, has since been successfully adapted for CCM oversight in Honduras, Tanzania, Zanzibar, Cote d'Ivoire and Nigeria, and a generic version has been piloted by the Global Fund worldwide.

How successful has LMS been overall in improving governance, and what types of conditions are necessary to achieve the best results?

There is strong evidence from this review that LMS has successfully strengthened leadership and management capacity and in turn contributed to improvements in governance across a wide range of programs in the public sector, civil society, and among complex multi-sectoral bodies.

1. INTRODUCTION

USAID's Leadership, Management and Sustainability Program (LMS) at Management Sciences for Health (MSH) has recently gathered information from front line managers in developing countries on the key issues and causes of the growing crisis in health care.[2] [3] This research has confirmed that the vast majority of those in positions to lead and manage health care have had little or no preparation to succeed in their roles. At the same time, the context for governance in health is changing dramatically with the growth of complex multi-sectoral partnerships; fledgling civil society organizations managing large influxes of donor funds; rapid decentralization of public health functions; and the need for rebuilding health systems in countries affected by conflict. While resources in some areas of health care have increased substantially, awareness that there is limited capacity to be effective stewards of those resources is also growing.[4] At the heart of the crisis in health sector governance, this report will argue, is a crisis of leadership and management.

The MSH/Management and Leadership Program (M&L) has a successful and well documented history of strengthening the governance of ministries of health and large non-governmental organizations (NGOs) and NGO networks, especially in family planning and reproductive health in Latin America. Through strengthening the governance of boards of directors, supporting leadership transitions, and improving management structures and systems, organizations to which MSH provided technical support were able to improve performance and achieve greater financial sustainability in an era of declining donor support.

More recently, LMS has adapted the lessons learned during M&L to this rapidly changing environment in which the nature of the organizations needing governance strengthening and the speed with which it must be accomplished have changed, creating new opportunities and also new challenges. This study documents and analyzes the impact of technical assistance provided by LMS to strengthen the practice of good governance in the health sector across a diverse sample of LMS Programs in developing countries.

Specifically, the study addresses governance strengthening in the following contexts:

> **Public sector:** By documenting the process and outcomes of building capacity for good governance of the ministry of health in Afghanistan, municipal development councils in Nicaragua, and regional and municipal governments in Peru's areas of alternative development towards greater accountability, equity, and transparency in the context of decentralization.
>
> **Civil society:** By documenting the process and outcomes of LMS initiatives to build the management and leadership capacity of non-governmental and faith based organizations in Nigeria to enable them to absorb the vastly increased resources available for preventing and treating HIV/AIDS, and in Tanzania to put in place systems that will allow civil society organizations (CSOs) to scale up access and quality of services. This report will also document the process and outcomes of LMS technical

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[2] Republic of Kenya, Ministries of Medical Services and Public Health & Sanitation, Leadership and Management Assessment, November 2008.

[3] AMREF and Management Sciences for Health (MSH), Human Resource Management Assessment, 2009 (work in progress).

[4] World Health Organization. *Managing the Health Millennium Development Goals - the Challenge of Management Strengthening: Lessons from Three Countries.* Making Health Systems Work Working Paper No. 8. WHO/HSS/healthsystems/2007.1. Available online at: http://www.who.int/management/mhswork/en/index.html

support to community-based organizations in Peru and Nicaragua to strengthen the ability of community leaders to better lead and manage their own health programs.

Multi-sectoral Partnerships: By documenting the contribution of LMS technical support to improvements in governance of National AIDS Commissions in Tanzania and Zanzibar; District AIDS Commissions in Zanzibar; and Global Fund Country Coordinating Mechanisms and Principal Recipients in Pakistan, Tanzania, Zanzibar, Guinea, Cote d'Ivoire , Nigeria, Nicaragua and Honduras.

2. THE CHANGING CONTEXT OF GOOD GOVERNANCE IN HEALTH

The concept of good governance has gained prominence in development assistance over the past decade as the result of the growing emphasis on improving economic performance and poverty reduction in developing countries. Although there are diverging definitions of what constitutes good governance and even less consensus on how it should be measured, there is a great deal of discussion in both the donor community and in developing countries around strengthening the governance of public sector, civil society, and multi-sectoral organizations.

Several factors have come together to increase the need for good governance in the health sector. These include the growth of new and large multi-sectoral bodies with oversight responsibility for complex partnerships; decentralizing health systems that devolve governance functions to ever lower levels of government; the urgent need to support and stabilize countries coming out of conflict; and the challenge of building the capacity of young and relatively inexperienced local non-governmental organizations to be direct recipients of international donor financing in the race to scale-up HIV/AIDS prevention, care, and treatment.

2.1 Governance for new and complex multi-sectoral bodies

Rising prevalence rates of HIV over the past 10 years and recognition of the need for a multi-sectoral response has led to the creation of National AIDS Commissions or Councils (NACs), semi-autonomous bodies charged with coordinating a multitude of players from line ministries to civil society organizations that include people living with HIV/AIDS and AIDS activists. At the same time, there has been an explosive growth in new disease-focused funding mechanisms and health systems strengthening including the President's Emergency Plan for AIDS Relief (PEPFAR); the World Bank Multi-Country HIV/AIDS Program (MAP); and the Global Alliance for Vaccines and Immunization (GAVI).

One of the most innovative of these new funding mechanisms is the Global Fund to Fight AIDS, Tuberculosis and Malaria. In order to advance local ownership and participatory decision making, the Global Fund introduced a new paradigm in development assistance in 2002 through the creation of the Country Coordinating Mechanism (CCM), a national public-private partnership responsible for governance and oversight of Global Fund grants, crossing all sectors of society, including governments, NGOs, multilateral and bilateral agencies, and civil society organizations. There was very little global experience with partnerships at this scale, however, and governance of CCMs has suffered from under-designed partnership arrangements, insufficiently detailed work plans and budgets, management structures and processes that lack clarity about each partner's role, and little thought to internal and external communication strategies to support the partnership. Both donors and recipient multi-sectoral organizations have often confused the governance role of oversight and coordination with actual implementation of programs, and this has led to stress for overstretched staff in CCMs and charges by donors that CCMs lack focus.

2.2 Governance in the context of decentralization

Another driver of the good governance movement has been the growth of health sector reform efforts through decentralization, defined as the delegation of political, financial and administrative power to regional and local authorities within national health systems. Although the results of decentralization on the health

sector have been mixed, there is general agreement that when it is done well, it can bring clear benefits in terms of service quality and access, and it remains a common policy measure in many developing countries.[5] However, decentralization brings significant governance challenges in district and lower level managers who, often without preparation, have to make strategic choices about resource allocation as well as be accountable for planning, budgeting, monitoring, and directing the delivery of services. Local communities, in turn, need to be empowered to participate in health decisions affecting them and must hold local services accountable for delivering quality health services that meet community needs.

2.3 Governance in conflict-affected countries

Strengthening the governance of health systems in environments lacking peace and stability brings particular challenges, including high health worker turnover due to low morale, transportation and communication barriers, fearful communities, and weakened institutional structures at all levels of the health system. In Afghanistan, violence and conflict have reached new highs after the overthrow of the Taliban. USAID supported provinces showed a marked increase in violence between June and December 2009, and the ANSO Report for December 2009 warns that NGOs will face increased risk in 2010.[6] This in turn has placed enormous pressure on efforts to improve governance at the national and provincial levels.

2.4 Governance of NGOs and Faith Based Organizations (FBOs) for rapid scale-up of the response to HIV/AIDS

Investments by the global donor community in strengthening the response to HIV/AIDS, Malaria, Tuberculosis and other communicable diseases have contributed greatly to improvements in prevention and treatment of these diseases. However, the pace of this rapid scale-up has created new challenges for building capacity for good governance among young civil society and faith-based organizations to absorb large increases in funding and to develop systems and processes to manage funds and account for their use.

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[5] Bulletin of the World Health Organization 2004; 8: 822-827.

[6] Afghanistan NGO Safety Office (ANSO) Quarterly Data Report Q4 2009,December 31,2009.

3. A Conceptual Model for Governance Strengthening

There are multiple definitions of governance in the literature depending on whether governance is the topic of academic research, donor literature, or public/private sector good governance initiatives. There is general agreement that it is an evolving, complex and multi-faceted concept. Although it quickly became a buzzword in the 1990s, Martin Doornbos, a Political Science and Development Studies professor emeritus, writes that "there has hardly been a consensus as to its core meaning, and less and less of a common idea of how it could be applied more concretely." [7]

There are also different definitions and components of governance depending on the geo-political level – overall country governance, health sector governance, organizational governance, or community level governance. One of the most visible efforts to define and measure good governance at the national level has been undertaken by the World Bank.

The World Bank has made strengthening good governance a pillar of its program to reduce poverty and increase economic development, especially in Africa. The World Bank has developed aggregate and individual governance indicators for six dimensions of governance and reported on them for 212 countries and territories over the period 1996–2006. [8] The dimensions are:

- Voice and Accountability
- Political Stability and Absence of Violence
- Government Effectiveness
- Regulatory Quality
- Rule of Law
- Control of Corruption

3.1 Measurement of Governance

Closely linked with issues of definition and the dimensions making up governance are issues of measurement. Because of the complex and multifaceted nature of governance, the most common types of instruments are indices and scales. Measurement of good governance has taken on increasing importance due to the efforts of the World Bank and the International Monetary Fund (IMF) to categorize countries based on their scores on governance indices. The need to compare countries using the same standards has emerged as a challenge when there is still no consensus on the dimensions of governance. Most indicators are mixtures of objective and subjective assessments. Some measures capture government processes, others track government performance, and others report government outcomes. Data may be taken from such divergent sources as surveys of expert opinions[9] or Ministry of Health (MOH) budget expenditure documents.

In its report for USAID on measuring the impact of health systems strengthening, the Analysis, Information Management & Communications (AIM) Activity gathered indicators most commonly found in the literature for the 6 building blocks of the WHO Health System Framework. For the Leadership/Governance building

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[7] Doornbos, M, Good Governance: The Metamorphosis of a Policy Metaphor, *Journal of International Affairs, Fall 2003*.
[8] http://info.worldbank.org/governance
[9] Brinkerhoff, DW., Helfenbein S.

block, AIM noted that the 10 indicators proposed in the WHO Policy Index all require simple yes/no responses and are therefore of less utility in following the evolution of good governance over time. Other proposed indicators such as health worker absenteeism and proportion of government funds that reach district-level facilities related more to the health workforce and to financing rather than to governance.[10]

In her assessment of the state of measurement of good governance, Maureen Lewis, an economist for the World Bank, writes:

"The impacts of health care investments in developing and transition countries are typically measured by inputs and general health outcomes. Missing from the health agenda are measures of performance that reflect whether health systems are meeting their objectives; public resources are being used appropriately; and the priorities of governments are being implemented."[11]

Lewis argues that impact indicators such as infant and maternal mortality are not updated frequently enough to be useful to track health systems performance and are strongly influenced by factors unrelated to the provision of health services such as poverty and female literacy. She suggests using indicators for budget leakages, payroll irregularities, health worker absenteeism, under-the-table payments to individuals, and perceptions of corruption, which can be more directly linked to health system performance.

Although performance indicators are definitely a step in the right direction and important for oversight and accountability, one of the problems for providers of technical assistance is that indicators of governance failure don't encourage a sense of partnership with public or civil society sector institutions to strengthen governance. It seems that we know bad governance when we see it, but we are less sure how to measure good governance. The LMS approach to measuring the elements of governance in this study is an attempt to bridge this gap.

3.2 A Conceptual Model for Governance in the Health Sector

For the purposes of this study we have adapted a conceptual model for governance in the health sector taken from *Health Systems Assessment Approach: A How to Manual*, developed for the U.S. Agency for International Development (USAID) in collaboration with Health Systems 20/20, Partners for Health Reform *plus* (PHR), The Quality Assurance Project (QAP), and Rational Pharmaceutical Management (RPM Plus) of Management Sciences for Health. Governance in the health sector is defined in this model as:

"….Competently directing health system resources, performance, and stakeholder participation toward the goal of saving lives and doing so in ways that are open, transparent, accountable, equitable, and responsive to the needs of the people. For health care interventions to work, countries need effective policy making, transparent rules, open information, and active participation by all stakeholders in the health sector."[12]

The dimensions of governance in the health sector in this model are:

Information/Assessment Capacity: Information available to decision makers and a broad range of stakeholders on trends in health and health system performance and on possible policy options. Available information is used for planning and decision making.

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[10] Soumya Alva, Eckhard Kleinau, Amanda Pomeroy, and Kathy Rowan. "Measuring the Impact of Health Systems Strengthening." USAID: U.S. Agency for International Development, Washington, DC: November 2009.
[11] Lewis, Maureen & Pettersson, Gunilla, 2009. "Governance in health care delivery: raising performance," Policy Research Working Paper Series 5074, The World Bank.
[12] Islam, M., ed. *Health Systems Assessment Approach: A How-To Manual. S*ubmitted to the U.S. Agency for International Development in collaboration with Health Systems 20/20, Partners for Health Reform*plus*, Quality Assurance Project, and Rational Pharmaceutical Management Plus. Arlington, VA: Management Sciences for Health, 2007.

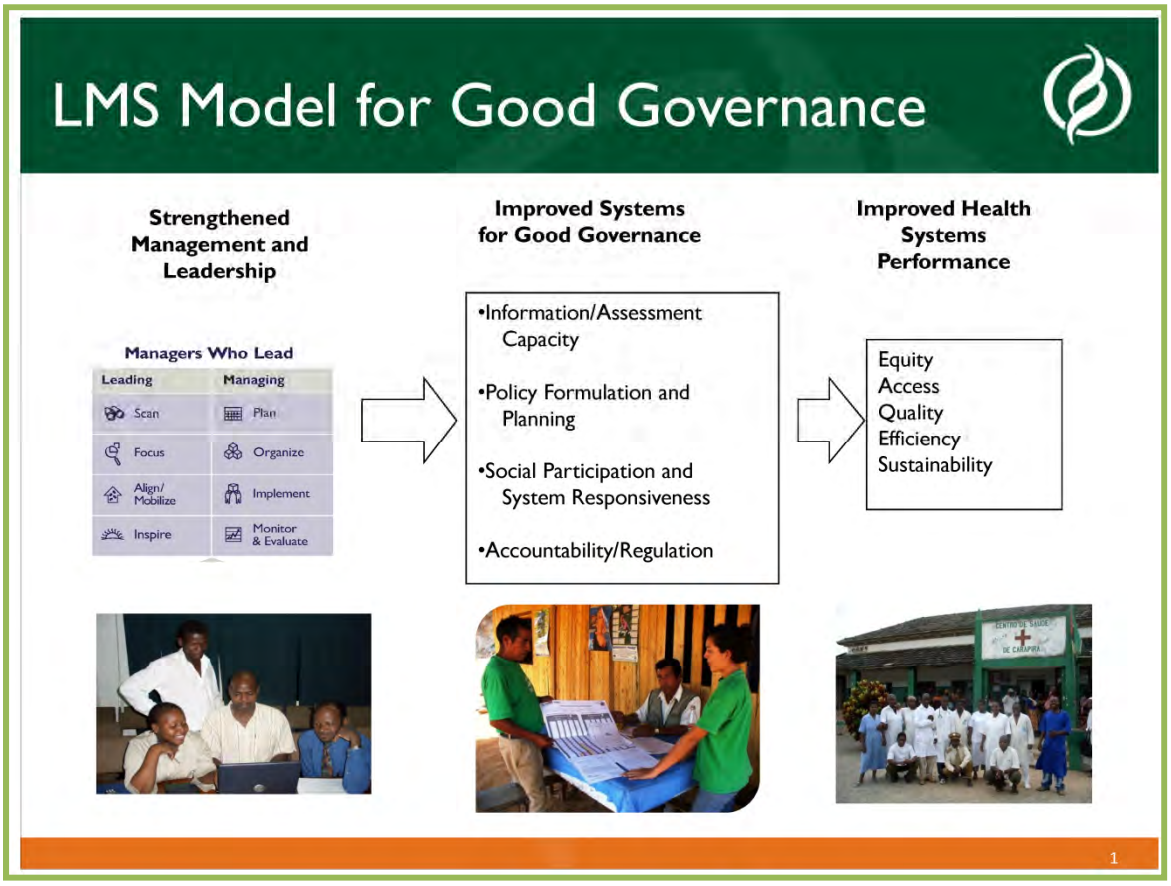
Policy Formulation and Planning: Appropriate processes in place to develop, debate, pass, and monitor legislation and regulations on health issues. The government planning process is functioning. There is consistency and coherence between health sector laws or plans and actual implementation.

Social Participation and System Responsiveness: Involvement of a broad range of stakeholders (nongovernmental and representatives of various public sector actors) in understanding health issues and in planning, budgeting, and monitoring health sector actions. Also includes the health system's responsiveness to the input of these stakeholders.

Accountability/Regulation: Existence of rules on publishing information about the health sector (e.g., plans, health data including health statistics, fee schedules); functioning watchdog organizations; capacity for oversight of safety, efficacy, and quality of health services; and enforcement capacity for guidelines and standards and regulations accountability/regulation have been collapsed into one dimension for easier documentation.

The conceptual model for this study explains the desired changes in governance and health service performance and their relationship to the program inputs and processes to strengthen leadership and management. The model below shows the pathway from strengthening management and leadership practices as measured by MSH's Leading and Managing Framework; to good governance as measured by the dimensions outlined above); to improved heath and other social sector system performance, as measured by increased equity, access, quality, efficiency, and sustainability of services.

Figure 1. LMS Model for Good Governance in the Health Sector



Our ability to fully apply the model and measure its impact to the sample of programs selected for this review is dependent on the time frame of LMS technical assistance and how direct a relationship there is with the delivery of health services. For example, under multi-sectoral partnerships, in the seven countries in which LMS provided emergency technical assistance to strengthen governance of grants from the Global Fund to fight AIDS, Tuberculosis, and Malaria, the time frame of assistance was short (three months) and focused on solving acute bottlenecks in grant performance. This time frame does not allow for longer term measurement of improvements in health system performance as a result of improving the governance of Global Fund grants.

In the cases of the Zanzibar AIDS Commission (ZAC) and the Tanzania Commission for AIDS (TACAIDS), their role as coordinators of the AIDS response rather than implementers of AIDS programs also makes it difficult to draw conclusions about direct links with health system performance. In the cases of Afghanistan, Peru and Nicaragua, the programs sampled have a direct relationship to the delivery of services so that we can explore an association between management and leadership inputs, good governance, and improved health system performance.

In none of the cases does this review have the methodological rigor to make arguments about causality. LMS' client organizations are deliberately selected, and the strategies used are the best adaptation of standardized management and leadership tools to local contexts. We are not controlling for external variables that may also have an influence on improved governance and health systems performance, so we do not claim a strict cause and effect relationship. What we can do is to build a case for a strong association based on the strength of the

evidence collected and elucidate the success factors and the barriers to strengthening good governance in the health sector in a variety of settings.

4. Study Methodology

4.1 Objectives

The study provides answers to the following questions:

1. What kinds of technical support in leadership and management are required to bring about improved governance and strengthened health system performance? What kinds of technical support are most appropriate for which types of organizations?

2. What strategies are most effective in addressing the narrow time frame and rapid need for scale-up that characterizes the current funding environment (PEPFAR, Global Fund for AIDS, TB, and Malaria, post-conflict health system strengthening)?

3. What new or adapted LMS approaches or tools provide the greatest potential for improving governance?

4. How successful has LMS been overall in improving governance, and what types of conditions are necessary to achieve the best results?

4.2 Methods and Procedures

The study utilized data already collected for the purposes of LMS Program monitoring and evaluation. This includes information from work plans, quarterly reports, semiannual reports, trip reports, special evaluations, and communications products. Qualitative methodologies were used to answer the research questions based on interviews with program managers and selected staff from client organizations.

Examples of Governance strengthening under the M&L Program:

- Large Family Planning NGOs in Latin America - Profamilia in Nicaragua, APROFAM in Guatemala, and PROSALUD in Bolivia
- National Family Planning Coordination Board in Indonesia
- Health System Strengthening Program at the top levels of two MOH directorates in Mozambique

The study was implemented in two phases with a preliminary report in Phase I in January 2009 and a final report on Phase II in May 2010. The two phased reporting allowed for an early assessment of results achieved and lessons learned to be shared with external evaluators of the LMS program.

Programs selected for inclusion in the study

Governance was not a new area of technical assistance for LMS, but the context was different during the preceding Management and Leadership Program (M&L). The demand under M&L was for improving governance of mature family planning NGOs and NGO networks in Latin America that were beginning to graduate from foreign assistance and needed functioning boards of directors to lead them in strategic planning and resource mobilization for financial sustainability. Work was also undertaken with the Ministry of Health in Mozambique to improve leadership and management, donor coordination, and planning at all levels.

Although the LMS program continued to work with large NGO family planning and reproductive health networks in Latin America such as CIES in Bolivia, the critical need for governance strengthening was taking place at the community level in Latin America and with nascent civil society organizations in Africa. At the

same time, the emergence of complex multi-sectoral bodies set up to respond to the HIV/AIDS epidemic stretched the use of LMS tools and forced the development of new and adapted approaches. This new context resulted in the following selection of LMS programs for the study:

Governance for new and complex multi-sectoral bodies

- Tanzania AIDS Commission (TACAIDS)
- Zanzibar National AIDS Commission (ZAC)
- District AIDS Coordinating Committees (DACCOMS)
- Global Fund CCM and Principal Recipient technical support in Pakistan, Nicaragua, Tanzania, Zanzibar, Guinea, Cote d'Ivoire , Nigeria, and Honduras

Governance in the context of decentralization

- Nicaragua PRONICASS
- Peru Healthy Communities and Municipalities (HCM)

Governance in conflict-affected countries

- Afghanistan Tech-Serve

Governance of NGOs and FBOs for rapid scale-up of the response to HIV/AIDS

- Nigeria Capacity Building for HIV/AIDS NGOs
- Tanzania Rapid Funding Envelope (RFE) for HIV/AIDS and Capacity Building of Civil Society Organizations (CSOs)
- Using virtual media to deliver strategic planning and board governance programs to CSOs

5. Discussion of Findings

LMS interventions to strengthen good governance in the health sector are anchored in a two pronged approach focused on developing both "people" and "systems." This next section reviews the findings for each of the four kinds of governance contexts:

- **Governance for new and complex multi-sectoral bodies**
- **Governance in the context of decentralization**
- **Governance in conflict-affected countries**
- **Governance of NGOs and FBOs for rapid scale-up of the response to HIV/AIDS**

5.1 Governance for Multi-Sectoral Organizations

Tables I and II in Appendix I summarize the governance challenges, LMS interventions and results for TACAIDS in Tanzania, ZAC, the ten District DACCOMs in Zanzibar, the Technical AIDS Committees in Zanzibar and the eight Global Fund grants in Pakistan, Nicaragua, Tanzania, Zanzibar, Guinea, Cote d'Ivoire, Nigeria, and Honduras.

LMS worked over a period of several years, beginning in the M&L Program, to strengthen TACAIDS in Tanzania. Under LMS, technical assistance was expanded to the Zanzibar AIDS Commission (ZAC), the

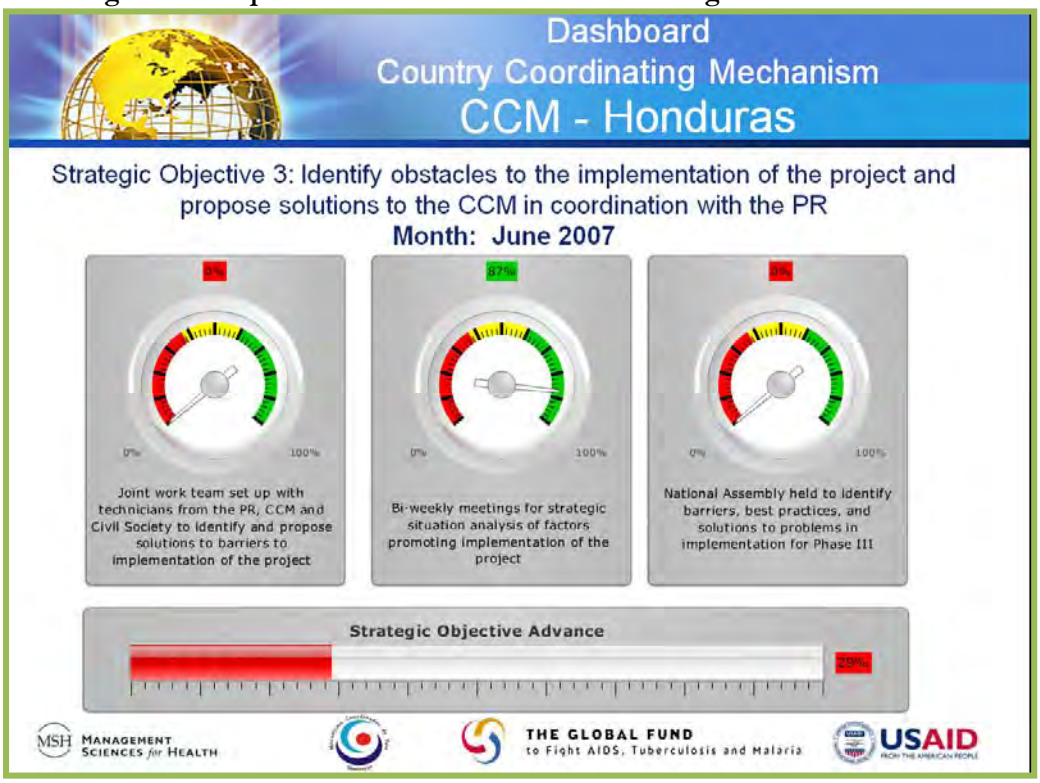
Zanzibar District AIDS Coordinating Committees (DACCOMS), and Technical AIDS Committees (TACs) from every ministry on the islands of Pemba and Unguja to guide each Ministry's HIV/AIDS mainstreaming effort.

From June 2006 through December 2007, the Office of the Global AIDS Coordinator (OGAC) provided funds to LMS to undertake a pilot program of emergency technical support to Country Coordinating Mechanisms (CCMs) and Principal Recipients (PRs) receiving grants from the Global Fund to fight AIDS, TB and Malaria (Global Fund or GF). In addition, LMS received longer term field support funding from USAID missions to continue working with CCMs in Tanzania, Zanzibar, Nigeria, Cote d'Ivoire, and Honduras to strengthen governance and oversight of grants.

Key Results for Improved Governance of Multi-Sectoral Organizations
All of these organizations suffered from similar weaknesses in leadership and management skills, and in governance structures and systems. Results are evident for the four components of governance in our model, outlined below:

Information/Assessment Capacity
One of the chief obstacles to oversight and effective decision making for multi-sectoral organizations has been the lack of effectively presented information. National leaders and beneficiary representatives on the CCM may have the seniority and authority to address policy constraints and systemic blockages but lack the time to analyze poorly presented data or master the management intricacies of implementation. The CCM and PR dashboards successfully introduced by LMS in Nigeria, Tanzania, Nicaragua, Zanzibar and recently in Honduras, and Ivory Coast have addressed this challenge and have led to improved oversight of grants and action taken to solve problems in implementation. An MSH report on lessons learned in implementing the dashboards in four countries is now featured on the Global Fund website, and MSH's Grants Management Solutions Project reached agreement with the Global Fund to launch the development of a generic grant dashboard in 2009.

Figure 2. Sample CCM Grant Dashboard for Management Indicators



LMS also developed a CCM rapid assessment tool to guide diagnosis of CCM oversight capacity. The tool looks at three major areas: the strength of data reporting, the quality and effectiveness of CCM oversight in GF grant management, and the potential capacity to develop and use information tools for reporting to the GF and for decision-making. The tool is currently used by the GMS Project as part of the initial assessment of CCMs that have requested technical assistance.

Policy Formulation and Planning

CCMs and National AIDS Commissions receiving LMS technical support now have approved planning and budgeting processes documented in governance and operations manuals, guidelines for multi-sectoral planning with partners, the MTEF as used by ZAC and TACAIDS, improved planning for the DACCOMS using the Challenge Model, and action plans for ZAC and TACAIDS based on evidence from participatory assessments using MOST.

Tanzania's Conflict of Interest policy appears on the Global Fund website page for CCMs as a "good practice" document (at http://www.theglobalfund.org/en/apply/mechanisms/). This conflict of interest policy has served as a model for transfer to other countries via the work of the MSH GMS Project.

LMS implemented the Leadership Development Program (LDP)[13] for the 10 District AIDS Coordinating Committees (DACCOMS) in order to enhance their skills and capacity to lead and coordinate the district response to HIV and AIDS. Through the LDP, these multi-sectoral bodies practiced the necessary management and leadership skills they needed in order to meet the expectations of ZAC to achieve the objectives of the national strategic plan for HIV/AIDS.

Social Participation and System Responsiveness

CCMs receiving technical support have improved representation from the civil society sector as a result of membership renewal in several programs. The Guinea and Cote d'Ivoire CCM intervention led to the CCMs voting on a broad program of reform to make them more representative, transparent, and participative.

In Tanzania, Zanzibar, Nigeria, Cote d'Ivoire and Honduras, where LMS has been awarded field support funds to continue providing technical assistance to CCMs and PRs, the next phase of longer term strengthening of CCM governance is in its infancy. In Cote d'Ivoire, LMS' flagship LDP has been adapted for the CCM. The purpose of the LDP is to engage CCM members using a transformative process over time that will provide them with tools for action within their committees to improve oversight, proposal development, communication and M&E. A results presentation for the CCM Senior Leadership Development program was held in November 2009, and attended by the media, and senior stakeholders including representatives from the MOH and Ministry of HIV/AIDS. Sample results achieved included: establishment of regular meetings between the CCM Oversight Committee and the PRs, submission of coherent and properly budgeted proposals to the Global Fund for Round 9, creation of a website for the CCM to improve external communication, and identification and mapping of all of the partner resources.

Among the Zanzibar DACCOMs there has been improved coordination of activities within the districts leading to increased awareness about HIV and concrete results from action plans. All five districts that selected increasing access to VCT by coordinating public sector and NGO resources as their challenge were able to achieve results over the 6 months of the LDP. One district went from testing an average of 9 people a month for HIV to testing 146 people per month.

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[13] Management Sciences for Health, Managers who Lead: A Handbook for Improving Health Services, Cambridge MA, 2005.

Accountability/Regulation
LMS provided technical support to CCMs for developing:

- By-laws, transparent membership election procedures, and conflict of interest policies that have brought supported CCMs into compliance with Global Fund guidelines;
- Governance and operations manuals that have established clear accountability for functioning and clarity with regard to partnership arrangements and responsibilities;
- Structures such as oversight and M&E committees that have enabled CCMs to more effectively carry out grant oversight functions.

As a result of technical assistance from LMS, Nicaragua was able to increase its grant scores from a B1 to an A on the GF grant scorecard for improved financial and technical oversight, and the status of grants in Nigeria has materially improved with some now achieving A status.

In July 2009, the Cote d'Ivoire CCM received official legal status as a non-governmental organization affiliated with the Ministry of Health. Having not won a GF grant since Round 5, the CCM was at risk of not having enough funds to maintain HIV/AIDs services. After LMS technical support, the CCM was awarded two Round 9 awards at $181 million for HIV/AIDS and $49 million for TB. In November 2009, the second workshop to implement the executive management dashboards was offered to 40 participants including members of both the CCM and Principal Recipients. Participants loaded all data to the dashboards prior to and during the workshop, which allowed time to focus on using the data shown in the dashboard for decision making. This analysis alerted the CCM and MOH to a potential stock out of essential medicines in some of their warehouses, and gave them the chance to take immediate steps to avoid it.

5.2 Governance in the Context of Decentralization

Table III (see Appendix III) summarizes governance challenges, interventions and results for two LMS Programs focused on building good governance in the context of decentralization – Nicaragua PRONICASS and Peru Healthy Municipalities and Communities (HCM). Both programs have been involved in strengthening leadership and management of local governments and communities.

5.2.1 Nicaragua PRONICASS Municipal Governance

The main governance challenge at the municipal level in Nicaragua has been a lack of coherence between national sector plans (i.e., those of the Ministry of Health or Ministry of Education at the national level) and the real needs of the municipality. PRONICASS started to assist local municipalities with planning in response to a request from the Ministry of Education, which in turn had established an agreement with the municipal governments. This agreement gave responsibility to the Municipal governments for designing Educational Plans (PEDLs) related to the National Strategy for Municipal Development which mandated that plans must be participatory.

Among its management and leadership interventions at all levels of the health care system, PRONICASS facilitated a process for citizen groups (organized by the municipal government) to be trained in the PEDL methodology. One example of the success of strengthening the ability of communities to plan and carry out interventions to improve health occurred in Tuma La Dalia, a rural municipality in the mountainous department of Matagalpa. A Municipal Development Committee — consisting of local authorities, government institutions with municipal presence, directors and sub-directors of local educational centers, parents from the community, teachers, students and staff from the mayor's office — led a river cleanup effort to enforce new regulations.

Results were evident for three of the four components of good governance – ***Social Participation and System Responsiveness, Information/Assessment Capacity, and Policy Formulation and Planning***. About 300 people participated in efforts focused on local coffee plantations that were dumping fermented by-products of coffee processing, referred to as honey water, into the rivers without filtration. The action plan consisted of (1) gathering baseline data on the quality of the water from the 7 rivers (bacterial testing); (2) regular visual inspection of 35 coffee farms that were found to be directly contaminating these rivers to check for the use of filters; and (3) gathering health status data from community residents who use the drinking water. Health status data is monitored weekly by trained community health workers who visit the homes and/or work in the health centers and health posts.

Farms that were found to be non-compliant with environmental laws during follow-up visits were closed down for up to 40 days until they took measures to prevent future contamination and clean up the river. Other measures consisted of educating farm workers about the health benefits of protecting the rivers, and negotiating with farm owners to provide better living conditions (hygiene and nutrition) for farm workers. Enforcement has continued until present, and is now expanding to other less priority areas within the municipality. These enforcement measures may also expand to other neighboring departments that have developed an interest in the intervention.

Results for Health System Performance

Following the intervention focusing on the identified municipal priority challenge of water quality, diarrhea cases among those who consumed water from the seven principal rivers in the region were reduced on average from 92.5 to 34.9 cases per month between October 2006 and March 2007.

5.2.3 Peru Healthy Communities and Municipalities Project (HCM)

In 2006, LMS was asked to manage a project begun two years earlier under PRISMA called Healthy Communities and Municipalities Project (HCM). The objective of the HCM project is to improve maternal, child, and reproductive health of the communities that have signed coca-eradication agreements. The project focuses on lifestyle and behavior changes in the family, school, and health centers, and educating the whole community about prioritizing health in everyone's lives.

Although the participatory community engagement strategy showed promise for strengthening local governance, change agents were needed to develop skills in leadership and management in order to mobilize resources and align with local and regional development plans. Sustainability of the initiative could only be guaranteed through a process of embedding the program in municipal and regional health planning and linking it with quality improvement of local health services.

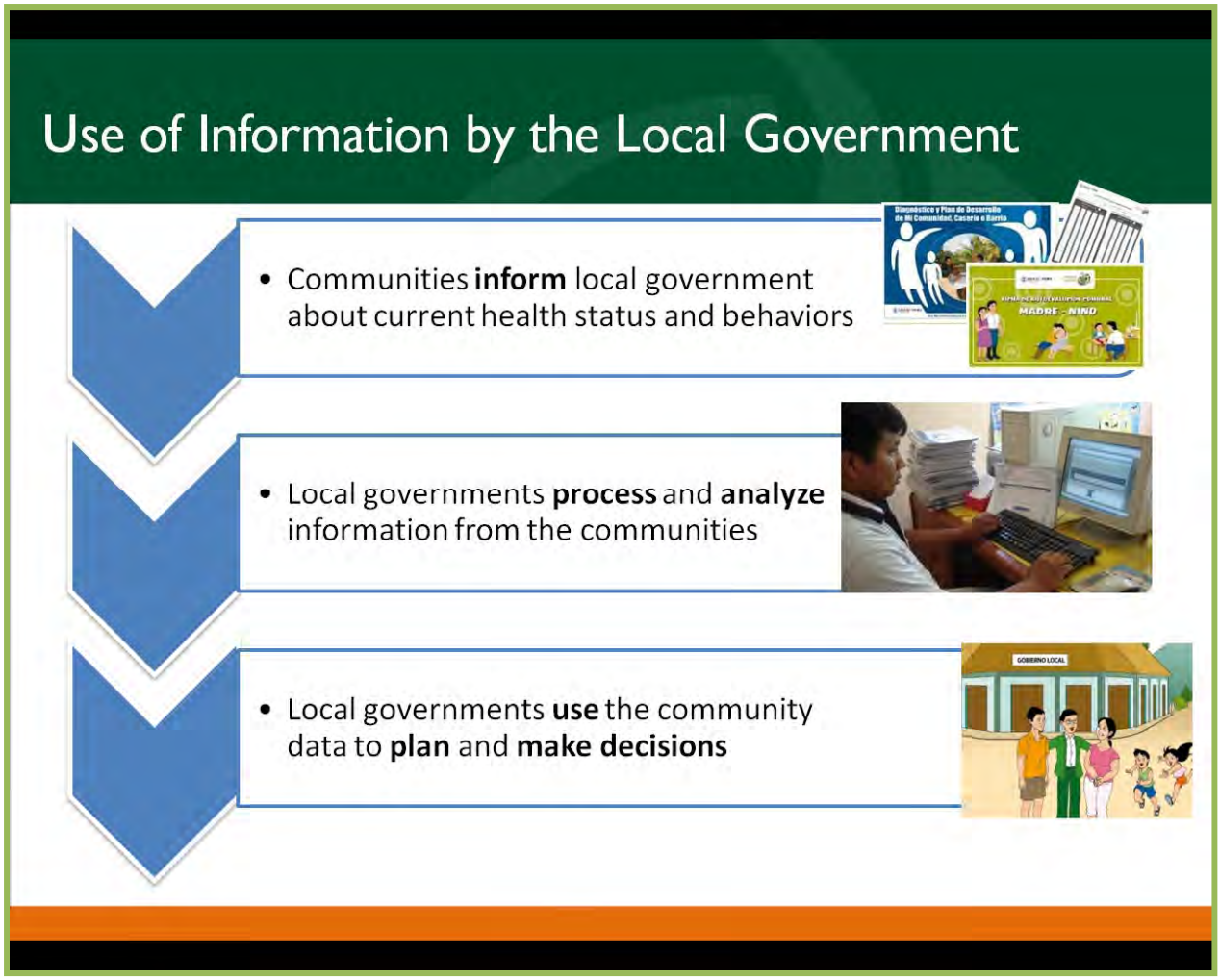
The HCM project created and offers continuous support to the Sistema de Información Comunal (Community Information System, or SISMUNI), a municipal public health information system. The HCM model enables communities to perform a bi-annual needs assessment documenting demographic and economic information and identifying the community's priorities for becoming a healthy community. HCM staff installed the system and trained municipalities in properly entering health and community data into it, which will increase the available data, and improve monitoring of local health statistics.

Results for Governance Strengthening

As in the case of the Nicaragua PRONICASS Program, results were evident for three of the four components of good governance*:* ***Social Participation /System Responsiveness, Information/Assessment Capacity, and Policy Formulation and Planning.*** Having begun in 2006 with 340 communities in 32 districts within the Program for Alternative Development (PDA), by December 2009 the project was working in 515 communities and had begun to expand to include an additional 1,249 communities in 63 districts.

Under the HCM project, communities monitor their own maternal and child health indicators, such as the number of adolescent pregnancies and the number of children consuming clean water. This information is inputted into SISMUNI so that local government officials can easily access it, run reports, and use the data for policy development and decision making. An evaluation of the data collection instruments in 2009 found that 441 communities (86%) have been collecting data on 10 maternal and child health indicators continuously since 2006. The evaluation validated six of the indicators by comparing data to that collected through 900 household surveys and 100 qualitative interviews conducted in 19 communities. Four indicators were found to need more precise definition, and recommendations were made to improve the data collection forms. Within the context of decentralization of health services, this system is a valuable tool for local authorities. It provides a better picture of the state of health at the municipal level, aids in policy decisions and the creation of community development plans, and facilitates participatory budgeting with the community development teams.

Figure 3. **Community Data Collection in the HCM Project**



In sum, SISMUNI enables municipalities to collect their own data and create data-based development plans for their communities, without the need to rely on assistance from the central level of the government.

Results for Health System Performance

Based on bi-annual data collected from the majority of the original Alternative Development Zone communities (92.4%) in June 2006, and again in December 2009, by the Community Development Committees improvements have been made in the following maternal and child health (MCH) indicators:

- The number of children born in a healthcare facility increased from 75% (measured in June 2007 when the indicator was added to the assessment tools) to 81%.
- The number of children under age two who have their birth certificate increased from 69% to 84%.
- The number of children ages 6 to 24 months who are drinking clean water increased from 26% to 71%.
- The number of pregnant women seeking prenatal care at a healthcare facility increased from 80% to 92%.

5.3. Governance in Conflict-affected Countries: Afghanistan Tech-Serve

Emerging from years of conflict, Afghanistan currently registers some of the worst health statistics in the world, especially among women and children. Table III (see Appendix III) summarizes the challenges, interventions, and results for improved governance and health systems performance of the LMS Tech-Serve (Technical Support to the Central and Provincial Ministry of Public Health) project, launched in July 2006 to strengthen the Afghanistan Ministry of Public Health (MOPH) at all levels.

The second half of 2009 saw an increase in security incidents in the 13 USAID-supported provinces, indicating a decline in the security environment. In Program Year 4 of the Tech-Serve Project (Program Year 5 of LMS), Tech-Serve began initiatives in 11 new *Quick Impact* provinces, where USAID prioritized improving health care as part of efforts to improve governance and increase the faith of Afghan citizens in representative government. Distribution of threat letters to government and NGO employees increased during this time. These letters ask employees to quit serving the government or NGOs, which are believed by insurgent groups to be mainly funded by foreign aid. At the same time, soaring food prices, drought, and decreased precipitation have caused millions of Afghan households to become highly vulnerable to food insecurity, with potentially significant implications for the health of the rural population, and rural children in particular. Because of deteriorating security, the MOPH's exercise of its stewardship role and the delivery of health services by NGOs became more difficult, forcing a need to adapt to this changing environmental context.

LMS Interventions

To better respond to the myriad challenges, Tech-Serve works with the Ministry of Public Health (MOPH) at the central and provincial levels to build its capacity to guide the health system by establishing national health objectives that address national health priorities, ensure equity, and foster sustainability.

Tech-Serve provides ongoing technical assistance in key public health areas, and engages both central and provincial managers in developing their management and leadership skills to focus on health results and accountability. The Tech-Serve Management Support for Provinces (MSP) Initiative works directly with provincial health directors and their teams to effectively articulate their health priorities and strategies to address health needs, and to plan, implement and monitor their strategies and activities.

Capacity building of provincial health mangers is especially key to providing the Afghan public health system with the flexibility it needs to respond even in a hostile environment. Towards that end, the LDP was scaled up through 15 training courses and 200+ monitoring visits to 1,799 health professionals in the provinces. Service delivery is funded by grants to NGOs, through a grant-making system developed by MSH under the REACH Project, a predecessor to LMS.

Results for Governance Strengthening

Due to the breadth and length of LMS TA through the Tech-Serve Project, results are available for all four of the governance components in the model.

Information/Assessment Capacity

- Provincial health teams have formed networks for sharing lessons learned on common priority health challenges.

- Three databases developed by MSH have been handed over to the MOPH for use and full management responsibility. In addition, over 95% of health facilities nationwide offering the government's Basic Package of Health Services (BPHS) are providing service data on a regular, timely basis.

- Population-based data on health outcomes in Performance-based Partnership Grants (PPG) districts is collected and analyzed for evaluation of PPGs.

Policy Formulation and Planning

- Fifteen national health policies, tools and guidelines have been developed or revised to date in: child health, health financing, complementary basic services, pharmaceuticals, communicable diseases, Avian Influenza, and Health Information Systems.

Social Participation/System Responsiveness

- The MOPH was awarded and is now managing over $70 million in grants for the provision of basic health services and essential hospital services.

- Over 11,000 male and female Community Health Workers (CHWs) work out of their homes and in their communities to provide basic health care, including dispensing basic medicines and increasing awareness of certain health topics. The Tech-Serve project works indirectly with these CHWs by training Community Health Supervisors, who provide direct supervision of their work in communities.

Accountability/ Regulation

- The structure, systems and policies of the MOPH's Grants and Contract Management Unit (GCMU) have been sufficiently strengthened to allow them to be certified to receive direct US government funding. This was achieved through long-term technical assistance by MSH under the REACH and Tech-Serve projects. The GCMU is responsible for managing 17 grants to NGOs valued at over $70 million. These NGOs serve over 17.6 million outpatient clients annually in over 450 health facilities and 5,300 health posts with over 11,000 Community Health Workers (CHW).

- Tools, such as the NGO Scorecard, have been applied to analyze service delivery, using the existing HMIS and other information. Twenty-six performance evaluations of NGOs were conducted and recommendations were made for grant extensions.

Results for Health System Performance

Increased Access and Efficiency*:* There has been more than a fourfold increase in community-based provision of family planning (FP) services by CHWs since the start of LMS in 2005. CHWs are now the source of 66% of all FP consultations provided to clients served at public and NGO health facilities nationwide.

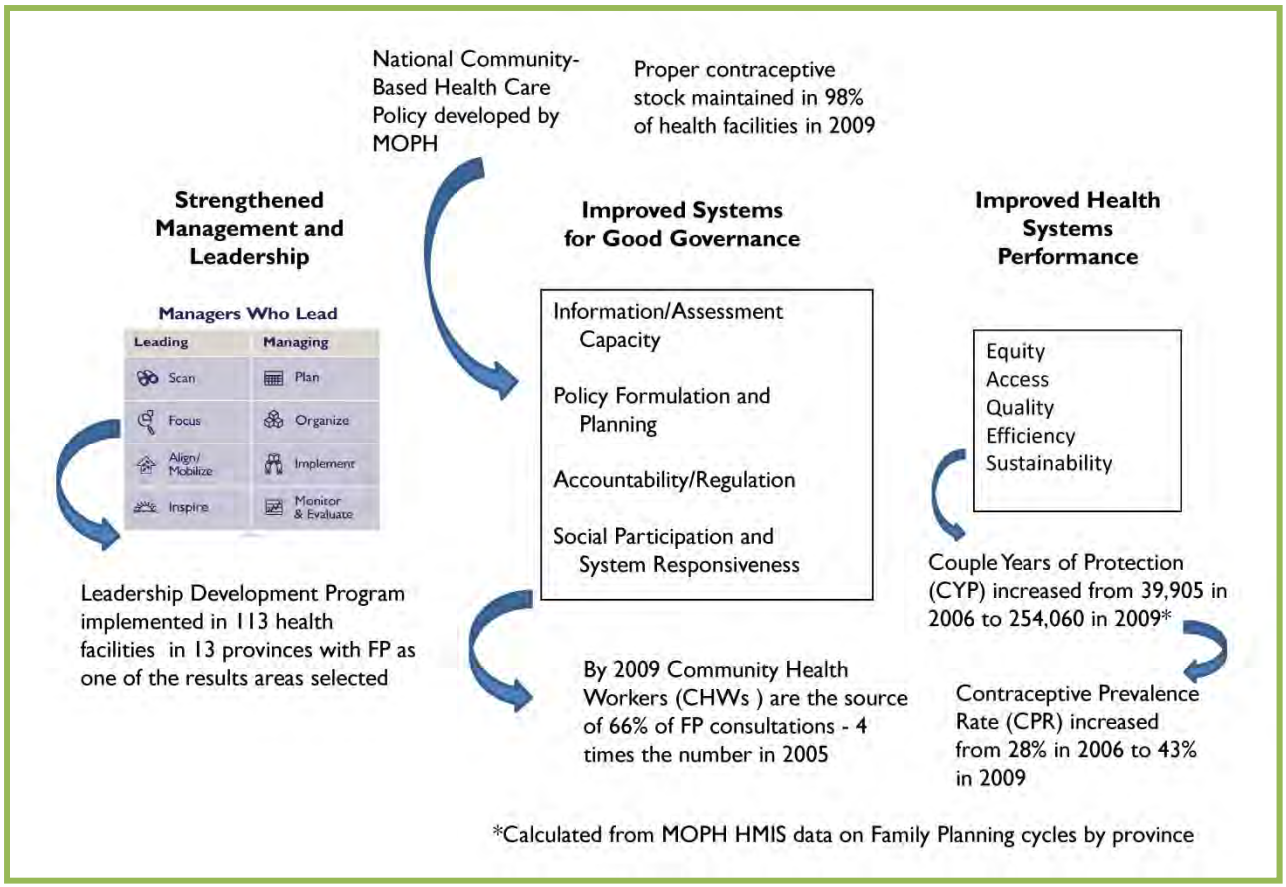
Ensuring supply of contraceptives at supported health facilities and health posts with proper mix of methods: As calculated from MOPH HMIS data on family planning cycles by province, between 2006 and 2009, total couple years of protection increased from 39,905 to 254,60. The project has also achieved an uninterrupted supply of contraceptive stocks in health facilities: proper contraceptive stock was maintained in 98% of health facilities in 2009.

There has been an **improvement in key health indicators** despite the worsening security environment. The international community has formally recognized that the health of Afghans has improved, as demonstrated by a 25 percent decline in under-five mortality and a 22 percent decline in the infant mortality rate between

2000 and 2008.[14] The progress in health of Afghans can be, at least in part, attributed to **improved governance** of the health system by the MOPH. The general level of key health indicators, however, remains among the worst in the world. The maternal mortality ratio, infant mortality, and under-five mortality are still among the highest in the region.

The following results model displays the results chain for family planning, one of Tech-Serve's critical results areas, and traces the links for improved governance from new policy development to a six fold increase in couple years of protection and an increase of 15 percentage points in contraceptive prevalence.

Figure 4. LMS Tech-Serve Project Results Chain for Improvements in Governance



[14] Paris Declaration, June 2008.

5.4. Governance of NGOs and FBOs for Rapid Scale-Up of the Response to HIV/AIDS

5.4.1 Nigeria Capacity Building for HIV/AIDS CSOs

Civil Society Organizations (CSOs) in many developing countries are recognized as leaders within their communities, providing critical access to HIV/AIDS health services. USAID has been looking to support and leverage CSOs' leadership and legitimacy among community members by providing them with direct PEPFAR grants. However, many are nascent organizations with limited capacity to absorb funds, manage activities well, and accurately report on finances and results, and therefore are not eligible for PEPFAR funding. In Nigeria, USAID is addressing this crucial issue by supporting LMS to provide capacity building to Nigerian NGOs and FBOs that are potential implementing partners. Although MSH has a long history of providing technical support in leadership, management, and governance of large established NGOs, especially in Latin America, the LMS approach in the African context needed to be adapted to the large number of organizations needing support, their almost total lack of systems to accurately and transparently account for funds, and the speed at which these organizations needed to be certified by USAID to receive and administer funds from PEPFAR to successfully meet their proposed HIV/AIDS prevention, care and treatment targets.

To date, the Capacity Building (CB) Project of LMS Nigeria has provided comprehensive, continuous institutional capacity building to strengthen the essential management and operational systems of 48 Nigerian CSOs. The CB Project approach is two pronged, providing overall capacity building to several CSOs simultaneously through standardized workshops using LMS tools, and providing more tailored mentoring to address specific gaps where needed. LMS has conducted workshops on "Concept Paper and Proposal Development," "Financial Systems Strengthening," and Assessing Financial Control and Cash Control Using QuickStart." The MOST process was adapted for CSOs to measure and assess management and operational systems for project management, monitoring and evaluation, financial management, strategic and annual planning, leadership development, and sound governance structures.

The MOST workshops have allowed multiple CSOs to be trained at the same time and to acquire skills to write concept papers and proposals that meet the requirements of USAID's Annual Program Statement (APS), as well as to assist them in identifying areas of their organizational management systems that need improvement.

Results for Good Governance

Results for the Nigeria Capacity Building Project have been achieved in all four governance components of the model:

Information/Assessment Capacity: Access and use of information for decision makers has improved through initial organizational assessments such as MOST and Quickstart.

Policy Formulation and Planning: CSOs have improved policy formulation and undertaken planning through the development of operational manuals in the areas of financial management, travel, procurement, and HR. They have also developed work plans, budgets, and can produce concept papers to access funding.

Social Participation/System Responsiveness: As these CSOs develop their governance abilities through increased leadership and management capabilities, they become eligible for direct funding from USAID, and therefore are increasing the opportunity for sustainable access to services in the communities they serve.

Accountability/Regulation: The use of the MSH tool, Quickstart, has enabled the CSOs to quickly assess financial management systems in order to prepare for the USAID pre-award assessment. They have increased their ability to access funding through USAID, and presumably through other bilateral donors, because of

increased competency in proposal development, and newly established policies and procedures to meet grant requirements.

Results for Health System Performance

As of December 2009, 30 NGOs had strengthened governance and six were able to directly receive USG funds, thus contributing to their sustainability and potential for increasing access to services for the populations they serve. Documenting improvements in access, quality and efficiency of the HIV/AIDS services these CSOs provide will take place over the next six months.

5.4.2 Tanzania: Rapid Funding Envelope and Capacity Building for HIV/AIDS CSOs

While the challenges facing CSOs in Tanzania are very similar to those in Nigeria, in Tanzania LMS took a different approach to the need for rapid scale up of governance capacity by training a pool of local capacity building consultants to provide technical assistance in management and organizational strengthening with a focus on organizations participating in the **Rapid Funding Envelope** (RFE), an innovative CSO funding mechanism set up under the M&L program.

Established in 2002, the RFE's purpose is to enable civil society institutions in Tanzania to participate fully in the national multi-sectoral response to the AIDS epidemic. The RFE provides grants to Tanzanian non-profit civil society organizations, academic institutions, and civil society partnerships for essential, short-term projects aligned with the National Policy on HIV/AIDS and the National Multi-Sectoral Strategic Framework. This multi-donor partnership was launched jointly with TACAIDS, ZAC, nine bilateral donors, and one private foundation. Technical oversight and screening of proposals is provided by MSH/LMS, and grant management and financial oversight is provided by Deloitte and Touche.

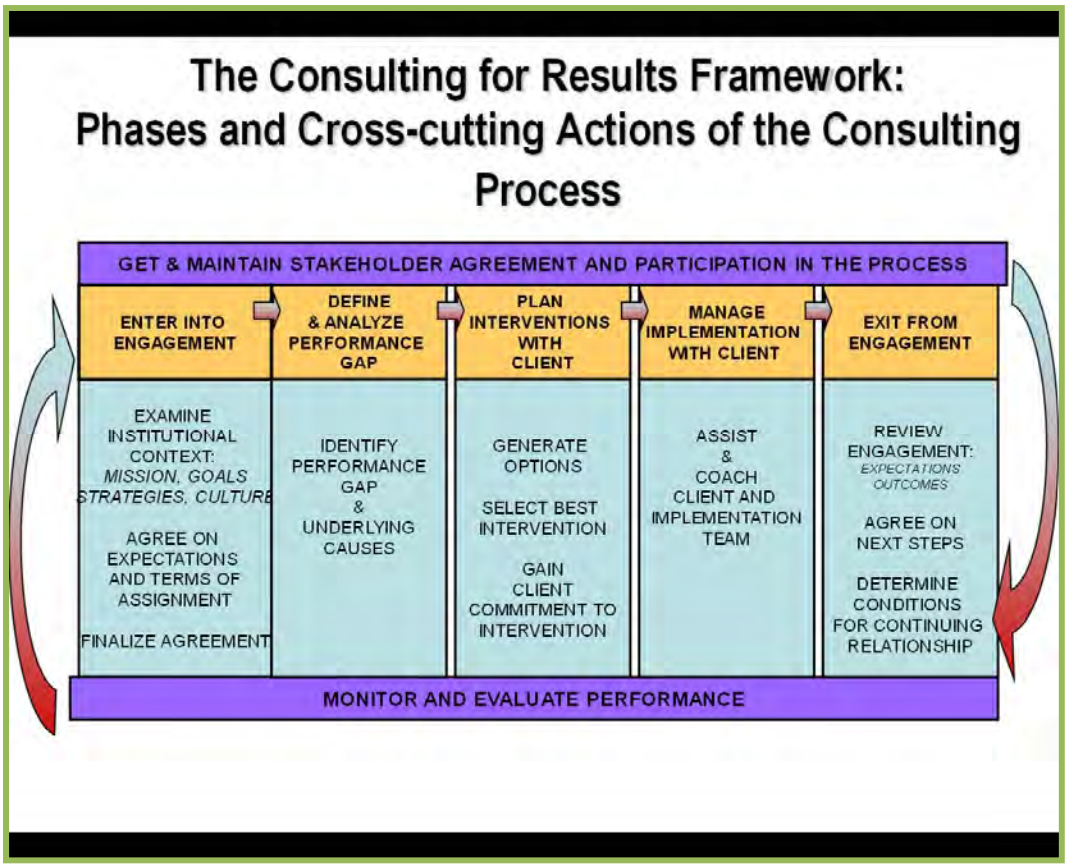
To date, 166 sub-grants totaling approximately USD 22.1 million have been awarded to 136 local Tanzania CSOs participating in the fight against HIV/AIDS. The grants have ranged between USD 30,000 to USD 200,000 in size. The RFE has had two positive external evaluations, and LMS has gradually expanded its role to provide capacity building for CSOs with a focus on governance and monitoring and evaluation. In FY 2009 alone, LMS staff provided technical and program training to 46 participants from RFE Round 6 sub-grantees and field visits to over 40 sub-grantees to provide capacity building.

Prior to undertaking capacity building, a rapid assessment of capacity building needs of a sample of civil society RFE sub-grantees was carried out to identify areas of weakness or gaps in organizational capacity, to assess the frequency and magnitude of these gaps, and to inform capacity building options to address them. Strategic and operational planning, M&E and reporting, and board governance were problems for all but the largest, most well-established CSOs.

Approach used to build capacity for good governance

The approach used to train local capacity builders followed the LMS consulting for results model, in which local consultants learn a structured pathway to engage CSOs, work with them to identify gaps in performance, trace the gaps back to root causes in terms of organizational systems and processes, and finally to implement action plans.

Figure 5. The Consulting for Results Framework for Training of Capacity Builders



Key areas impacting good governance were:

- Strategic Planning
- Leadership Development
- Human Resource Management
- Monitoring and Evaluation
- Accounting and Financial Management
- Board Governance
- Leadership Transition Planning

In each instance, LMS provided a seasoned expert to lead a Training of Trainers workshop in conjunction with one or more of the local capacity builders as co-facilitators, thus helping to build both technical and facilitation skills at the same time.

Results from the RFE for Social Participation and System Responsiveness
The impact of the RFE in Tanzania is clear, and has been particularly evident in its ability to: (1) strengthen the role of civil society in the response to HIV/AIDS, and (2) contribute to the national response to HIV/AIDS in Tanzania.The RFE has strengthened civil society and civil society organizations themselves through their response to HIV/AIDS in Tanzania

- **The RFE has increased resources available to civil society** – A significant amount of funding has been mobilized and disbursed for CSO initiatives in a short timeframe. Within seven years of operation (by December 2009), the RFE had awarded (cumulatively) 166 subgrants to 136 different local Tanzanian civil society institutions and partnerships, totaling approximately $22.1M.

- **The RFE has enabled subgrantees to expand the scope and reach of their activities** – Subgrantees have been able to build on and raise the profile of their existing activities. For example, RFE support has allowed Student Partnership Worldwide (SPW) to expand its peer education activities from secondary to tertiary educational institutions, the East African Development Communications Foundation (EADCF) to extend the reach of its publications to new audiences in southern Tanzania, and the Centre for Counseling, Nutrition and Health Care (COUNSENUTH) to introduce a nutrition manual for PLHA which has been adopted by the National AIDS Control Program.

- **The RFE has been a springboard to new activities and funding** – RFE support has led to new initiatives and increased subgrantees' profiles with a wider range of donors. For example, after participating in the RFE at least four subgrantees have gone on to win PEPFAR grants, and another six have become successful Global Fund recipients.

- **The RFE has strengthened CSO capacity** – Priority has been given to funding indigenous CSOs, contributing to strengthening civil society in Tanzania. RFE subgrantees report that their proposal writing, financial management, narrative and financial reporting skills have improved; some have used the RFE proposal format to approach other donors, while others have adopted more effective financial systems based on RFE guidelines and advice. Feedback to unsuccessful applicants also contributes to capacity building. Routine supportive supervision related to financial management and program implementation (including M&E) also helps build organizational capacity.

- **The RFE governance arrangements have promoted national ownership and good government-donor relations** – The RFE is governed by a Steering Committee, which is comprised of three TACAIDS commissioners, a ZAC commissioner, and three donor representatives. The Committee meets regularly and is an efficient decision-making body. There is a strong sense of national ownership of the RFE. The RFE has also promoted collaboration between TACAIDS and donors, providing a focus for effective working partnerships and a forum for sharing experience and information.

- **The RFE has provided TACAIDS with experience of subgrant management and outsourcing** – The RFE has enabled TACAIDS, and more recently ZAC, to develop experience in grant-making using effective and efficient systems. It has also demonstrated that an outsourcing approach can be effective and locally owned, provided that appropriate contractors are identified.

- **The RFE has supported the mandate of TACAIDS and the Zanzibar AIDS Commission (ZAC)** – RFE funding criteria are based on the National HIV/AIDS Policy and the National Multi-Sectoral Strategic Framework. This has increased CSO awareness of national policies and strategies and encouraged CSOs to engage in activities that support national priorities. TACAIDS and ZAC have a mandate to promote civil society participation in the national response, and their involvement in the RFE has helped to build relationships with civil society.

Results of the RFE for Health System Performance

The RFE has achieved results that are captured in PEPFAR and the National surveillance system - RFE subgrantees receive extensive training and support on monitoring and evaluation and reporting. As of December 2009, the RFE subgrantee achievements captured in PEPFAR and National reporting systems included:

- 197,677 people have been counseled, tested and received results for HIV (adult population);
- 60 males having sex with males, 1,600 intravenous drug users, and 5,155 commercial sex workers have been reached through preventive programs;
- palliative care services have been provided to 39,228 people living with HIV/AIDS;
- 1,523 most vulnerable children have received vocational training and support;
- 48,565 orphans and vulnerable children have received primary and supplemental services;
- 918 people affected or infected by HIV have received legal support.

How one RFE sub-grantee used its strategic plan to expand services

Mildmay Tanzania is an international HIV+AIDS charity, specializing in care, training and service development. As a result of working with one of the LMS local capacity builders, Mildmay developed a three-year strategic plan that helped the program focus its technical and geographical coverage. As the country director reported, "Using the plan as our guide, we have extended HIV+AIDS care and support coverage to prisons and Health Workers living with HIV. Our systems strengthening approach has also expanded to include the development of a local Diploma in HIV+AIDS care and Management with Tumaini University, aimed at building capacity for HIV+AIDS response."

The RFE has funded urgent and innovative activities – The flexibility of the RFE has enabled it to fund CSOs to fill critical gaps and develop new approaches. Examples of such products and programs funded by the RFE include:

- sign language interpretation for the deaf to access VCT and IEC developed and used in VCT sites targeting people with disabilities countrywide;
- evaluation of the impact of the epidemic on older people and exploration of alternative approaches to providing food security to affected families;
- the translation of the National AIDS policy into Braille;
- multiple nationally used manuals on HIV nutrition;
- a national toll-free hotline for HIV information and counseling receiving more than 400 calls per day;
- a national reference manual on nutrition for PLHAs and HIV+ mothers.

There are still unanswered questions about the RFE and the LMS Tanzania model of capacity building using local consultants which will require a full scale evaluation. These questions have to do with whether or not outcomes have been met in terms of the performance of CSOs in achieving HIV/AIDs service gains such as use of services by Most At Risk Populations, behaviour change, and OVC quality of life. A survey of consultants will document their use of the LMS tools and approaches to build good governance with other organizations, and a survey of the organizations targeted for capacity building under LMS will also try to tease out the success of local capacity builders in carrying out the five phases in the Consulting for Results Framework.

5.4.3 Using virtual media to deliver strategic planning and board governance programs to CSOs

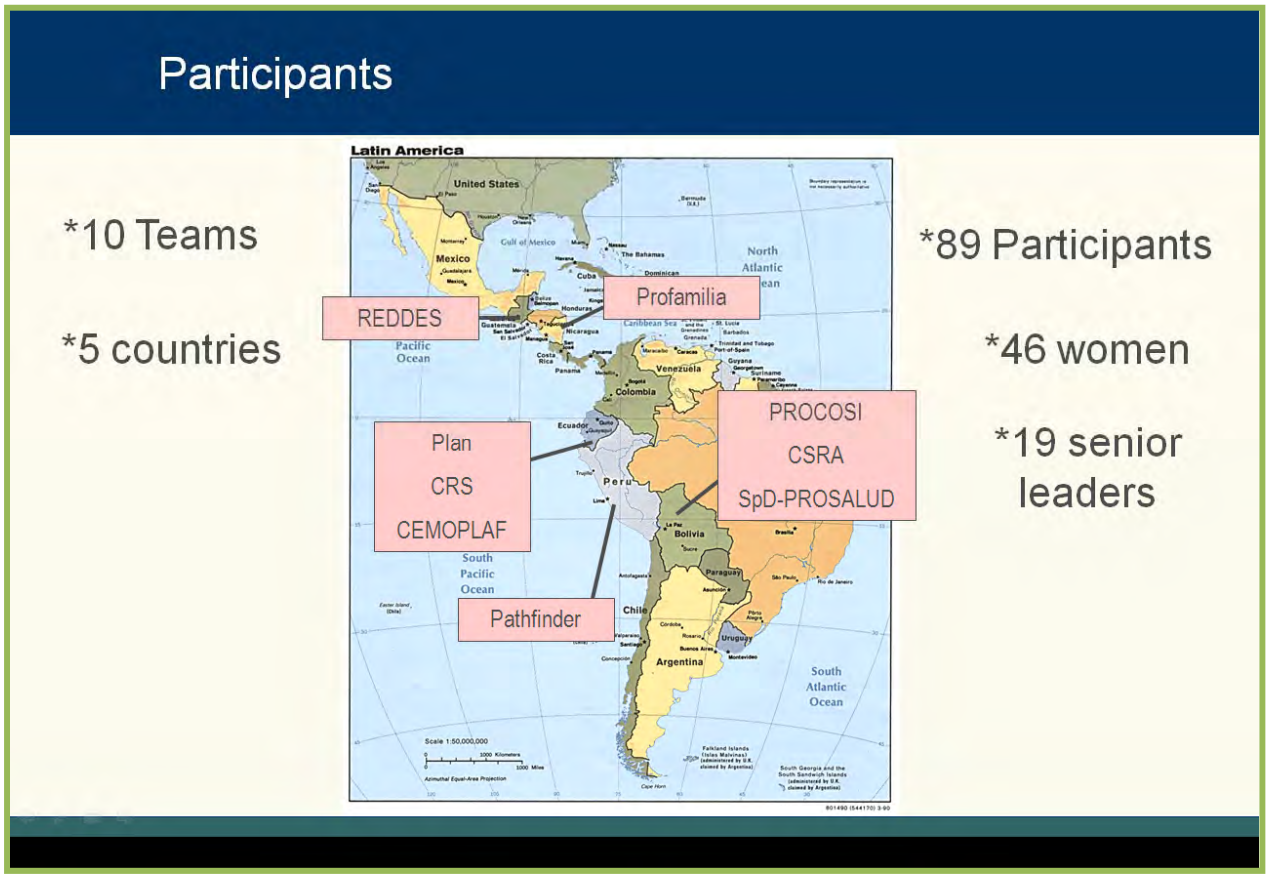
Following the successful LMS Virtual Leadership Development Program (VLDP), LMS expanded its virtual offerings to a suite of management programs, two of which address components of the good governance model: strategic planning and CSO board governance.

The Virtual Strategic Planning Program (VSPP)
The VSPP is a 17-week virtual blended-learning program that supports and guides teams of managers in developing a strategic plan for their institutions. The VSPP is structured around six learning modules. Each of the six modules provides strategic planning concepts, practical exercises, and tools. The modules include:

- Module 1: Beginning the Program
- Module 2: Introduction to Strategic Planning
- Module 3: Where are we?
- Module 4: Where do we want to go?
- Module 5: How can we get there?
- Module 6: How do we make sure we get there?

The VSPP was offered four times in LMS with the first offering in Spanish in 2006. The purpose of the program was not only to assist organizations to develop their own strategic plans but to foster exchange between the teams and with the facilitators. As Figure 6 below demonstrates, the large geographical distances between these teams and high number of participants would have made this program prohibitively expensive to carry out face-to-face. Working with each team in isolation would also have eliminated the ability of the teams to share experiences and learn from each other. All 10 teams were able at the end of the program to produce a well structured strategic plan.

Figure 6. Diversity of participating teams in the first VSPP for Latin America



There were three additional offerings of the VSPP in LMS, one to African organizations, one to African and Asian organizations, and the final one, still underway, to monitoring and evaluation teams through a partnership with the USAID funded MEASURE III Project. For VSPP Africa the program was modified to address challenges that included long distances between participants on the team. This added an extra week of program instruction, a three-week coaching period in the middle of the program, and three weeks for teams to complete their final plan. A total of 70 individuals from 10 teams participated in VSPP Africa, out of which eight produced strategic plans. A total of 10 teams participated in the VSPP Africa/Asia program, with seven teams completing their strategic plans. Teams were from were three Asian countries (India, Vietnam, and Bangladesh) and three Anglophone African countries (Kenya, Uganda, and Nigeria).

The Virtual CSO Board Governance Program (VCGP)

The VCGP is an eight-week, internet-based learning program that combines face-to-face team work with distance learning methodologies and guided facilitation. The VCGP was offered three times in LMS, one funded by the Office of HIV/AIDS (OHA) at USAID for HIV/AIDS organizations' boards of directors and executive management, one for organizations working in family planning and reproductive health in Latin America, and one for similar organizations in Anglophone Africa.

The purpose of the Virtual CSO Board Governance Program (VCGP) is to help board members and senior CSO staff members understand their respective roles, responsibilities, and main activities, as well as ways to ensure board accountability and transparency and how to prevent conflict-of-interest situations. During the VCGP, participants work in teams to explore the fundamental principles of board governance and develop a

governance improvement plan with clear division of roles and responsibilities, actions to ensure good governance board policies, and important activities of the board. Throughout the program, the team members work in a variety of ways: independently on the VCGP website, with additional support from a program workbook, and in face-to-face, on-site team meetings within their organizations.

Results for the programs were mixed. In Latin America, of the eight teams enrolled, five teams completed the three deliverables for the program consisting of a document of roles and responsibilities between the Board and the Management Team, an annual calendar of activities based on the urgent and important matrix, and policies of transparency and governance. In the VCGP for Anglophone African FP/RH organizations, seven out of the nine teams were able to complete the deliverables. In the VCGP for HIV/AIDS organizations in Anglophone Africa, six out of eleven organizations that originally started the program completed the deliverables.

Challenges for virtual delivery of strategic planning and board governance programs

Some of the challenges faced by the virtual programs are inherent to the nature of governance strengthening. Teams are not necessarily intact, in that they may not work together on a day to day basis, making setting up meetings difficult. As is often the case with senior leaders in an organization, only a few very committed individuals may drive the process and participants who do not remain involved can derail the entire program.

Both programs were only in their infancy in LMS, and it is likely that with improved Internet connections, especially in Africa, some of the difficulties may diminish over time.

6. What are the ten most important lessons we can take from LMS Programs to strengthen good governance?

1. Although every context is unique, tools and approaches to strengthen good governance can be successfully transferred between sectors and from one country to another.

The Nicaragua PRONICASS project learned that taking a systems approach, first used for health system strengthening within the Ministries of Health and Education, was also effective in organizing work for citizen participation. The executive dashboard first developed for the Global Fund in Nicaragua has now been transferred to Nigeria, Tanzania, Cote d'Ivoire and Zanzibar. Through the Grants Management Solutions Project (GMS), the dashboard as an oversight tool has been mainstreamed within the Global Fund as a recommended best practice. The LDP has been used to strengthen governance in Peru, Afghanistan, and Cote d'Ivoire in vastly different contexts.

2. Good governance can be developed at all levels and degrees of complexity.

LMS applied basic principles and tools of management and leadership strengthening to very different levels of governance. Although governance is often conceived as a senior level function, the LMS programs in this portfolio were committed, as much as was allowed in their mandate, to an inclusive model of governance in which individuals at all levels have a part to play, and civil society is an equal partner with government.

3. Good governance is a front-end requirement without which programs may not exist at all.

Capacity building in governance, like other forms of capacity building, requires asking the question, "Governance for what?" The ultimate desired end result is improved access to life saving health services and improved health. However, intermediate results in terms of improved governance structures, systems and performance are just as crucial to document. Without these tangible changes, programs risk losing their funding or not being funded at all.

4. Good governance is about *people* as well as systems.

One of the principal conclusions of the LMS Dashboard Report to the Global Fund was that "the first priority of technical support providers working to improve governance is to *people* (especially those involved in oversight and management), rather than to products (manuals and dashboards)."[15] This insight can be generalized to all of the programs reviewed for this study. LMS teams have helped developing country counterparts in public and NGO sectors to develop systems that promote transparency, social participation, and accountability. However, individuals and teams have limited capacity to support implementation. Developing good governance, like developing leadership capacity, is a process that takes place over time where people are challenged and given feedback and support. It is also a process that engages people's deepest aspirations, that creates ownership, and that empowers people at all levels of a health system to bring about change.

5. Calls for good governance are not sufficient in the absence of supportive systems

Health managers, whether at national, regional or district levels or in the public or civil society sectors, need strong systems to withstand political change and leadership and management skills and tools to exercise good governance. The following skills and tools are the basic building blocks of strengthened leadership and management, and of good governance: scanning and assessment; planning; data use; participatory processes; simple oversight instruments; norms; standards; policies; financial management guides; team building exercises; transparent monitoring and evaluation systems; and mechanisms for citizen voice and public access to information.

6. The process for strengthening governance should mirror the desired outcome

If the desired outcomes of leadership and management strengthening are equitable, transparent, and accountable systems in which people feel empowered and responsible for assuring good health for the populations they serve, then the process to achieve these outcomes must also be empowering, participatory and independent of external expertise. LMS interventions like the MOST, the LDP, the executive dashboards for CCMs, and vehicles for citizen participation were successful because they engaged a wide range of stakeholders in identifying challenges and coming up with solutions that were practical and met felt needs. If we want people to be inspired stewards of the health system broadly defined, then technical support must in turn be inspiring and based on developing the potential of each individual and team.

7. Governance is different from management and leadership

Oversight of good governance differs significantly from management and from traditional M&E. In the case of multi-sectoral bodies like the CCM, the scope of responsibility goes beyond individual grants and PRs and focuses on national progress and obstacles in tackling the three target diseases. Governance contributes to resolving specific problems, especially when they cut across individual organizations, but it does not become involved in routine program or organizational management. Information tools developed for CCM oversight developed under LMS highlight general progress and flag specific problems, but do not go to the level of detail required for routine management. Oversight also emphasizes *action* even more than *information*. Information tools should focus on areas likely to require action, such as programmatic blockages and work plan implementation, and should encourage users to make judgments and plan follow up. Effective decision making is a key outcome of governance strengthening at all levels. Technical support for oversight, in addition to improving governance, should encompass problem analysis and solution development at appropriate levels and in specific technical areas — especially financial management and procurement.

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[15] Management Sciences for Health, 2007

Transparency is another key component of good governance and can be fostered by management tools such as websites that are accessible to all partners, commonly posted action plans, conflict of interest policies, and guides for social auditing.

8. Good governance interventions can be paired with health system reform

In Afghanistan, Peru, Nigeria, and Nicaragua, decentralization and the need for lower levels of government, civil society and communities to be engaged in overseeing the health system produced a fertile environment for good governance initiatives. The empowering effects of the LDP, the MOST, and other tools for multi-sectoral governance are prerequisites for good governance in health systems in which all decisions were previously made at the central level of government.

9. Strengthening governance structures and systems is challenging, especially in unstable environments

The barriers to strengthened governance mentioned by project managers of the programs reviewed in this portfolio were created most often by political instability. The change in national government in Nicaragua; the constant security threats in Afghanistan; the strikes organized by farm worker organizations like the "cocaleros" in Peru affected turnover of counterparts and the ability of the programs to coordinate and carry out activities. Political interests also hampered the ability of LMS to fully implement needed governance reforms of CCMs in a number of countries (Nicaragua, Honduras, Cote d'Ivoire, Nigeria and Zanzibar). Although progress is being made in all of these countries, the pace can be slow. It is important to acknowledge up front that we are witnessing a paradigm shift in technical assistance with models such as the Global Fund putting more and more power for decision making in the hands of the countries themselves, while at the same time requiring a degree of transparency and accountability that even developed countries can find hard to consistently achieve.

10. Champions for good governance exist and should be nurtured

Health Systems 20/20 recently carried out an online survey of health professionals from developing countries that concluded that good governance practices were rare or existed on a very limited scale in many of the countries surveyed.[16] However, the survey also uncovered a strong, almost passionate interest on the part of mid-level managers in addressing good governance to improve health services. These champions are likely similar to many of the managers and community leaders in the LMS programs reviewed in this study, who are engaged in improving governance, sometimes in very challenging environments. For example, in the last few months of the M&L Program MOPH managers from Afghanistan undertook a study tour to Egypt to see the results of the scale-up of the LDP in Aswan Governorate. They returned to Afghanistan inspired and determined to implement the LDP introduced by M&L at all levels of the health system, despite working in an increasingly violent and insecure environment. Another example is the Peru HCM project which is organizing visits by community leaders and district managers to districts that are successfully implementing the HCM strategy and that have seen their health indicators improve. This kind of cross project fertilization was once common in development but has suffered in recent years and should be reintroduced.

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[16] Brinkerhoff, DW., Helfenbein S.

7. Conclusion

This review of LMS initiatives to strengthen good governance points to some key conclusions concerning the kinds of technical support most useful in strengthening good governance, successful strategies to address the compressed time frame of the current funding environment, tools that demonstrate the greatest potential for building capacity in governance, and an analysis of the overall success of LMS in improving governance. Based on results to date, we can respond to the four research questions posed at the beginning of the study:

What kinds of technical support in leadership and management are required to bring about improved governance and strengthened health system performance? What kinds of technical support are most appropriate for which types of organizations?

Each of the programs reviewed in this study tailored technical support to the governance context and to the particular challenge facing the managers and organizations with whom LMS was working. In all cases, LMS applied a participatory approach that engaged managers and empowered them to improve governance, whether they had responsibilities at the national, regional, district, or community level. Support was provided to solve short term bottlenecks as well as for longer term sustainability. Both types can bring about changes in the components of good governance. Multi-sectoral governance strengthening requires an increased focus on aligning partners through joint visioning and concrete operational procedures to guide day to day tasks and responsibilities. Governance strengthening at the community level, as in Peru, requires tools that are appropriate for community leaders but that also encourage communication with government officials and health network managers using the common language of the leading and managing framework.

What strategies are most effective in addressing the narrow time frame and rapid need for scale-up that characterizes the current funding environment?

MOST workshops, such as the one held in Nigeria, allow multiple CSOs to be trained at the same time and to acquire skills to write concept papers and proposals that meet the requirements of USAID's Annual Program Statement, as well as to assist them in identifying areas of their organizational management systems that need improvement. The approach taken by LMS Tanzania to train a pool of local facilitators to scale up capacity building shows promise but will require more in depth evaluation to determine if it is an effective approach. The rapid participatory assessment of CCM oversight capacity allows for urgent bottlenecks to be resolved while simultaneously planning for longer term needs. Dashboards for oversight of GF grants provide different amounts of detail for different levels, from the in-depth information needed by the Monitoring and Evaluation Committee of the CCM to the succinct summary tailored to the Prime Minister's Office. The amount of detail provided balances the *time* the users can devote to the function and the *distance* of the user from the level of implementation. In an environment of rapid scale-up, this differentiation of information can be critical.

What new or adapted LMS approaches or tools provide the greatest potential for improving governance?

One of the most important findings of this review is that LMS tools to build capacity in leadership and management, such as the MOST, the LDP, and Quickstart, proved highly useful in strengthening governance, especially of NGOs and National and District AIDS Commissions. In the case of LMS' work to strengthen Global Fund grants, the very specific governance requirements for CCMs and the size and breadth of the grants requiring oversight produced a need for tools that were tailored to the Global Fund multi-sectoral context. Despite the extra effort to develop these new tools, once they had been piloted in one country they often proved transferable to another country with some adaptation. The Executive Dashboard, first piloted in Nicaragua, has since been successfully adapted for CCM oversight in Honduras, Tanzania, Zanzibar, Cote d'Ivoire and Nigeria, and a generic version has been piloted by the Global Fund worldwide.

How successful has LMS been overall in improving governance, and what types of conditions are necessary to achieve the best results?

There is strong evidence from this review that LMS has successfully strengthened leadership and management capacity and in turn contributed to improvements in governance across a wide range of programs in the public sector, civil society, and among complex multi-sectoral bodies. Documentation of improvements in health systems performance has been possible, however, only for those programs such as Afghanistan Tech-Serve and Peru HCM where LMS interventions are at the appropriate level and scale, and where LMS has a broad mandate, sufficient funding, and an assured timeframe to carry out follow-up.

One of the remaining gaps in the governance model for the strengthening of Global Fund grants is the degree to which these new and complex structures, even when their governance is improved, are better able to address the substantial health challenges posed by the three diseases. The short time frame of technical support and the lack of a mandate to undertake a follow up evaluation of our Global Fund initiatives have impeded our ability to fully document the impact of applying the model.

Strengthening good governance for health in a changing context is a challenging but important enterprise. It is increasingly needed, however, given the growth of new and large multi-sectoral bodies with oversight responsibility for complex partnerships; decentralizing health systems devolving governance functions to ever lower levels of government; the urgent need to support and stabilize countries coming out of conflict; and the challenge of building the capacity of young and relatively inexperienced local non-governmental organizations to scale-up HIV/AIDS prevention, care, and treatment.

APPENDIX I

Table I: Challenges, Interventions, and Results for Governance of Multi-Sectoral National and District AIDS Commissions

NAME OF PROGRAM	GOVERNANCE CHALLENGE	DESCRIPTION OF LEADERSHIP & MANAGEMENT INTERVENTION	RESULTS FOR IMPROVED GOVERNANCE
Tanzania Commission for AIDS (TACAIDS)	Because TACAIDS was such a new body in 2001, management systems and key process needed to be established. Staff required orientation on roles and HR processes The primary functions of TACAIDS are strategic leadership and coordination of the national multi-sectoral response to HIV and AIDS, However, in practice, TACAIDS would often become involved in implementation of programs and activities.	Since TACAIDS was established in 2001, MSH has provided a complex program of management and leadership assistance to TACAIDS Secretariat, the Executive Director and the Commission itself. Through the MOST process TACAIDS developed action plans that addressed the areas of their mission statement, staff roles and responsibilities, and human resources. LMS also installed and trained staff in the use of inventory management and asset tracking software; executive coaching for the director; support for the development of a national steering committee for Civil Society Organizations;	**Policy Formulation and Planning:** Improved communication and collaboration between the Ministry of Finance, TACAIDS, and their public sector partners at national and local government levels. **Social Participation/System Responsiveness:** With MSH and other partners developed the Rapid Funding Envelope (RFE) for HIV/AIDS to finance HIV/AIDS projects by civil society organizations. **Accountability/Regulation:** Developed a database for all staff and redesigned the TACAIDS website. Developed proposed minimum HIV/AIDS intervention package for decentralized levels.
Zanzibar AIDS Commission (ZAC)	The primary functions of ZAC are strategic leadership and coordination of the national Zanzibar multi-sectoral response to HIV and AIDS. In practice, ZAC often became involved in the implementation of programs and activities, whether as a result of external pressure (government, donors, stakeholders) or internal interests.	Provided technical assistance to ZAC since 2004 for strategic planning, support for costing the national AIDS strategy, and support for development of its first Medium Term Expenditure Framework (MTEF), a rolling three-year planning and budgeting process. In 2007, LMS organized an off-site workshop with ZAC to examine issues affecting organizational performance using the MOST. ZAC developed action plans that addressed: Mission, Staff Roles and Responsibilities, the	A one year review of the implementation of the ZAC MOST action plan revealed that many of the management areas in their action plan had begun to be addressed and implemented. **Information/Assessment Capacity:** Collected data for developing evidence-based HIV/AIDS response. **Policy Formulation and Planning:** Mission statement developed. Job descriptions completed for all 30 staff.

NAME OF PROGRAM	GOVERNANCE CHALLENGE	DESCRIPTION OF LEADERSHIP & MANAGEMENT INTERVENTION	RESULTS FOR IMPROVED GOVERNANCE
		HRM System, Strategies for creating links to clients and communities, and financial management. 36 participants from Public Sectors, ZAC, ZACP, CSOs and TACAIDS participated in 3 day workshop on Result Based Management using 12 components of functional HIV/AIDS M&E systems.	**Social Participation/System Responsiveness:** Met with CSOs quarterly to share the workplans. Improved internal and external communication. Office reports shared with staff. Annual report prepared for public distribution and at least 6 press releases published since August 2007. **Accountability/Regulation:** Draft policies and procedures developed for presentation and discussion with ZAC management January 2009. Draft Regulations and Financial Management Manual completed. Re-budgets prepared and audited in 2007. Fewer audit queries after MOST training than before.
Zanzibar DACCOMS	The DACCOMS were not functioning as teams. Few members had health training and even fewer had exposure to the delivery of programs for HIV/AIDS prevention, care and support They had little knowledge of monitoring and evaluation in any context.	Leadership Development Program (LDP) was carried out with 10 teams and 40 participants.	**Information/Assessment Capacity**: The flow of data from schools by Youth Clubs, NGOs and Health Facilities has improved. **Policy Formulation and Planning:** Planning has improved. West district was not aware of their implementing partners working in HIV/AIDS before the LDP, but now is coordinating planning of activities with them regularly. **Social Participation/System Responsiveness:** Increased coordination of activities within the districts and Shehias through SHACCOMs, **Accountability/Regulation:** Five Districts selected increasing access to VCT as their LDP challenge with the following results at 6 months: **Micheweni District:** Went from testing an average of 9 people/month to testing 146 people per month ; **Mkoani District, Pemba:** Increased VCT sites from 3-4 ; **Urban District:** Increased

NAME OF PROGRAM	GOVERNANCE CHALLENGE	DESCRIPTION OF LEADERSHIP & MANAGEMENT INTERVENTION	RESULTS FOR IMPROVED GOVERNANCE
			Primary Health Care Units providing VCT from 5-6; **Wete District:** Increased # of static VCT sites from 2-4 plus one mobile VCT with 899 people tested and 25 found HIV positive; **North B District:** Increased # of people receiving VCT services from 19 to 63/month

APPENDIX II

Table II: Challenges, Interventions, and Results for Governance of Multi-Sectoral Global Fund Programs

NAME OF PROGRAM	GOVERNANCE CHALLENGE	DESCRIPTION OF LEADERSHIP & MANAGEMENT INTERVENTION	RESULTS FOR IMPROVED GOVERNANCE
Global Fund Guinea	CCM was not in compliance with GF CCM guidelines Structural reform was needed to improve transparency and accountability	Diagnostic visit A CCM workshop using participatory Functional Analysis- the transmission of information about the GF and its requirements and a comparison with areas where the Guinea CCM was not in compliance.	**Social Participation/System Responsiveness:** The CCM adopted the proposed recommendations in the LMS diagnostic report and established an interim CCM to guide a reform process. This CCM intervention led to the CCM voting a broad program of reform to make it more representative, transparent and participative.
Global Fund Honduras	Communication problems between the CCM and the PR Difficulties to make decisions and follow up on commitments within the CCM Assembly Lack of communication from members of the CCM with their constituencies and with the public in general Difficulties with oversight of performance project	Helped form a Secretariat team Developed a CCM operational manual Performed a communication trouble analysis and developed a communication improvement plan. Developed the CCM norms of functioning to complement their bylaws Trained CCM members on parliamentary norms and communication skills.	**Information/Assessment Capacity:** The CCM developed indicators and a monitoring system that will allow them to follow up on project performance; **Policy Formulation and Planning:** The CCM Assembly approved standard operational procedures, policies and norms; **Social Participation/System Responsiveness:** The CCM instituted a transparent mechanism to inform the Civil Society about all their activities and took the initiative of selecting a new PR. **Accountability/Regulation:** In November 2007, following LMS technical support, the Global Fund awarded a $48 million extension of the Round 1 HIV grant into Phase 3, providing the grant with four more years of funding. The CCM dashboard to strengthen grant oversight was approved by the full CCM, although turnover in CCM membership has delayed implementation.
Global Fund Ivory Coast	CCM Cote d'Ivoire needed to define urgent structural reforms to comply with Global Fund	LMS received additional field support to work with this CCM over a 2 year period	**Information/Assessment Capacity:** The CCM was an early adopter of the Executive Dashboard tool for financial management and oversight. Successfully averted a drug stockout

NAME OF PROGRAM	GOVERNANCE CHALLENGE	DESCRIPTION OF LEADERSHIP & MANAGEMENT INTERVENTION	RESULTS FOR IMPROVED GOVERNANCE
	directives and conditions precedent or risk losing their grant. A baseline assessment of the CCM before initiating technical support revealed a poor understanding of the five functions of a CCM; little harmonization of the Global Fund grants with other support and with a formal gap analysis; much confusion over the proposal development process; few oversight activities, resulting in confusion between the CCM and PR; and minimal transparency and little circulation of information between the Executive Committee and the other members.	Strengthened the CCM's management structure and governance through support of transparent membership renewal and reconstitution of the Cote d'Ivoire CCM. Re-established clear by-laws, established four oversight committees within the CCM, and took steps to secure public not-for-profit status of the CCM—culminating in the transparent election of a new CCM president in February 2008. Initiated first in a series of workshops to strengthen leadership and management of the CCM through capacity building on the eight leading and managing practices for strengthening governance in complex conditions. Field visits to HIV service delivery sites provided members, often for the first time, the opportunity to see firsthand the management and leadership challenges facing HIV AIDS programs in the country.	through use of the dashboard. **Policy Formulation and Planning:** Produced two successful proposals for Global Fund Round 9. **Social Participation/System Responsiveness:** Reconstituted the 25-member CCM, with majority membership from civil society and the private sector Held a transparent election and redefined roles and responsibilities of the CCM bureau and sub-committees **Accountability/Regulation:** Succeeded in obtaining a decree defining the CCM's legal status Created bylaws and a governance manual
Global Fund Nicaragua	USAID mission requested overall governance strengthening of the CCM by improving communication and transparency and understanding of CCM roles and responsibilities. The PR, NicaSalud, required assistance with monitoring and evaluation in terms of defining human resources capacities to	Interviewed CCM Members and key stakeholders from USAID and the PR in order to provide a diagnosis of the strengths and weaknesses of the CCM. Created key framework documents using a participatory process and the systemic management by processes methodology. Designed the processes to develop effective oversight of the implementation of the project	**Information/Assessment Capacity:** Executive dashboard for the PR to monitor grant implementation by sub recipients (SRs) and target supervisory visits to SR's most in need **Policy Formulation and Planning:** PR planning manual; Guide for programmatic and financial monitoring of sub-recipients; **Social Participation/System Responsiveness:** CCM Communications Plan developed **Accountability/Regulation:** Definition of CCM roles and responsibilities; Administrative Manual for

NAME OF PROGRAM	GOVERNANCE CHALLENGE	DESCRIPTION OF LEADERSHIP & MANAGEMENT INTERVENTION	RESULTS FOR IMPROVED GOVERNANCE
	carry out the necessary functions and in finalizing the operationalization of the information systems.	Designed an early warning system (executive dashboard) that would permit the results to be reviewed by the PR Global Fund team and action to be taken when results demonstrated problems in implementation.	CCM; **Overall** A USAID evaluation of USG technical assistance to Global Fund grants during the pilot program reported that Nicaragua increased its GF grant score from a B1 to an A for improved financial and technical oversight.
Global Fund Nigeria	By the time of the first diagnostic visit two Round 1 HIV/AIDS grants had been cancelled, no grant had progressed to Phase II and approved grants were threatened with cancellation. The CCM did not receive regular reports from the PRs to show the whereabouts of funds and was therefore not in a position to follow disbursements and intervene when necessary. There was no oversight committee, and the Secretariat had no M&E capacity of its own.	Used the functional analysis process developed by LMS for CCMs, to work with this CCM over a 3 year period Assigned functions, activities, tasks, and responsibilities among the Committees, Task Teams, the full CCM and the new Secretariat Reviewed and revised its existing Constitution. and conflict of Interest policy LMS used the "Five Functions" approach (Governance, Harmonization, Proposal Development, Oversight, Communication). CCM self-assessment carried out using a new tool adapted for the Nigeria CCM Detailed Work-plan and budget drawn up together with a list of job descriptions for staffing positions. A Secretariat Operations Manual was drafted. **Funds flow analysis**: A full report on funds flow was produced and Executive Dashboard adapted	**Information/Assessment Capacity:** Dashboards fully developed and utilized. **Policy Formulation and Planning:** Better utilization of CCM structures (Committees, Task Teams, Secretariat), less reliance on Chair & Executive Committee to move forward. Executive Secretary beginning to demonstrate pivotal role and key management skills to develop Secretariat support functions. The CCM possesses a budget and work-plan. **Social Participation/System** Development Partners increasingly supportive, in alignment with CCM aims & goals **Accountability/Regulation:** Compliant with GFATM requirements; Constitution is officially ratified, and the CCM is legally registered; The status of grants has been materially improved, with some now achieving A status on the scorecard.
Global Fund Pakistan	Proposals not approved for Rounds 4, 5 and 6. Global Fund's reviews of past	Used approach of *"doing & documenting"* using a three-phase plan of activities: Jump-started essential functions of the	**Policy Formulation and Planning:** The Pakistan CCM successfully participated in the Global Fund Round 7 call for proposals, with approval of a $21.5 million proposal to reduce the

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	proposals criticized gap analyses and insufficient planning. CCM members lacked a shared understanding of their primary functions and responsibilities.	CCM Helped put the proposal development process on a sound path for success Laid the path for a more fully functional CCM, by creating a governance manual and a systematic work plan	prevalence of malaria in highly endemic districts
Global Fund Tanzania	Grant oversight was enfeebled by the absence of an effective oversight process, starting with timely reporting, appropriate review by technical specialists, and responsive decision making and follow up by the CCM. Inadequate CCM and Secretariat structure Outdated framework documents such as Conflict of Interest Policy and procedures manuals	Developed key operating procedures for oversight, and supported the formation of technical working groups (TWGs) for AIDS, TB, and Malaria. Dashboards, similar to those piloted in Nicaragua, were developed to summarize grant progress and identify issues for CCM and Principal Recipient follow-up. Supported development of Conflict of Interest Policy and other framework document	**Information/Assessment Capacity:** Renewed commitment of Government to the TNCM and to the Global Fund grants. Dashboards have become the center point providing a vehicle for Technical Working Groups in Malaria, HIV and TB to summarize findings. **Accountability/Regulation:** Tanzania's Conflict of Interest policy now appears on the Global Fund website page for CCMs as a "good practice" document (at http://www.theglobalfund.org/en/apply/mechanisms/

APPENDIX III

Table III: Challenges, Interventions, and Results in Governance for Public Sector and Civil Society Institutions

NAME OF PROGRAM	GOVERNANCE CHALLENGE	DESCRIPTION OF LMS INTERVENTION	SHORT AND LONG TERM RESULTS FOR GOVERNANCE STRENGTHENING	IMPROVED HEALTH SYSTEM PERFORMANCE
Nicaragua PRONICASS Municipal Governance	A lack of coherence between national sector plans (i.e., those of the Ministry of Health or Ministry of Education at the national level) and the real needs of the municipality	Led and systematized a process whereby local government authorities, local stakeholders and the local representatives of national ministries of health, education, environment, and agriculture identified the needs of the municipality based on the municipalities own municipal development plan.	**Information/Assessment Capacity** Municipalities collected and analyzed quantitative and qualitative information for local planning. **Social Participation and System Responsiveness** Involvement of a broad range of stakeholders of various public sector agencies in planning and evaluation The Educational Plans for Local Development have time frames and indicators and are linked to annual implementation plans. **Accountability/Regulation** Local social sector actors that participate in the development of the educational plans are those that serve on the Social Sector Consultative Group of the Municipal Development Councils. Thus, there is considerable synergy between the effort at developing the Educational Plans for Local Development and the strengthening of the Municipal Development Councils.	In the rural municipality of Tuma La Dalia, local Education Development Plans (PEDL), a methodology created and supported by the LMS PRONICASS staff, have led to alignment and mobilization of planning and resources of multiple governmental and non-governmental agencies to confront health, education, and environmental challenges in the region. Following a series of interventions focusing on the identified municipal priority challenge of water quality, diarrhea cases amongst those who consume water from the 7 principal rivers in the region were reduced on average from 92.5 to 34.9 cases per month between October 2006 and March 2007.
Peru Healthy Communities and Municipalities	Local change agents needed to develop skills in leadership and management in order to	Enrolled staff in the Virtual Leadership Development Program (VLDP) to build teams of	**Information/Assessment Capacity**: Communities perform needs assessments, documenting demographic and economic information and health status indicators. This	**Increased Access** HCM has built the leadership capacity of more than 3,500 community leaders and

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and (HCM) in Zones of Alternative Development	mobilize resources and align with local and regional development plans. Sustainability of the initiative could only be guaranteed through a process of embedding the program in municipal and regional health planning and linking it with quality improvement of local health services.	facilitators for the HMC project Adapted the Community Leadership Development Program (CLDP) developed by LMS In Nicaragua for the Peru context. Conducted a training of trainers for 31 technical staff and launched the CLDP with 204 community and government leaders from five municipalities. Delivered the Leadership Development Program (LDP) to local government officials and managers of health networks to promote greater participation by the municipality in priority issues concerning health. Coordinated with Health Networks and Micro Networks to improve the quality of maternal and perinatal health based on quality standards stipulated by the Ministry of Health. Designed and implemented a municipal public health information system SISMUNI.	information is inputted into SISMUNI so that local government officials can easily access it, run reports, and use the data for policy development and decision making. **Policy Formulation and Planning:** Twenty-three local governments are currently using SISMUNI. The project works with municipal leaders to improve policies related to health promotion. **Social Participation/System Responsiveness:** Community representatives included at municipal budget and planning meetings and Local Development Offices created to ensure proper implementation of local development activities. Community action plans and community group memberships are posted in public places. **Accountability/Regulation:** Health networks and micro-networks are using a continuous quality improvement process to improve maternal and child health. This process incorporates input from users via community surveillance.	authorities and expanded from its original 515 communities to over 1,764 communities within and outside of the Alternative Development Zone Based on bi-annual data collected in 92.4% of the original ADZ communities in June 2006, and again in December 2009, by the Community Development Committees improvements have been made in some key maternal and child health indicators: The number of children born in a healthcare facility increased from 75% (measured in June 2007 when the indicator was added to the assessment tools) to 81%. The number of children under 2 years who have their birth certificate increased from 69% to 84%. The number of children ages 6 to 24 months who are drinking clean water increased from 26 % to 71%. The number of pregnant women seeking prenatal care at a healthcare facility increased from 80% to 92.2%.

NAME OF PROGRAM	GOVERNANCE CHALLENGE	DESCRIPTION OF LMS INTERVENTION	SHORT AND LONG TERM RESULTS FOR GOVERNANCE STRENGTHENING	IMPROVED HEALTH SYSTEM PERFORMANCE
Afghanistan Tech-Serve	Post conflict setting with an urgent need to rebuild a functioning health care delivery system from the top down and the bottom up, including policy development, and building leadership and management skills at central and provincial levels to assure the delivery of the Government's Essential Package of Hospital Services (EPHS) and Basic Package of Health Services (BPHS)	Tech-Serve Provides TA to the MOPH's Grants and Contracts Management Unit (GCMU) which is responsible for managing 27 grants to NGOs valued at over $70 million. These NGOs annually serve over 11.9 million outpatient clients in 390 health facilities and 4,500+ health posts with over 11,000 Community Health Workers (CHW). Capacity-building through training, mentoring, and networking elements of the Management Support to Provinces (MSP) Initiative Scaled up Leadership Development Program (LDP) through 15 training courses and 200+ monitoring visits to 1,799 participant health professionals Distributed 3.4 million U.S. dollars of quality pharmaceuticals and contraceptives to service providers	**Information/Assessment Capacity** Provincial health teams have formed networks for sharing lessons learned on common priority health challenges. Three databases developed by MSH have been handed over to the MOPH for use and full management responsibility. Over 95% of health facilities nationwide offering the government's Basic Package of Health Services (BPHS) are providing service data on a regular, timely basis. Population-based data on health outcomes in Performance-based Partnership Grants (PPG) districts is collected and analyzed for evaluation of PPGs. Tools, such as the NGO Scorecard, have been applied to analyze service delivery, using the existing HMIS and other information. Twenty-six performance evaluations of NGOs were conducted and recommendations were made for grant extensions. **Policy Formulation and Planning** Fifteen national health policies, tools and guidelines have been developed or revised to date in: child health, health financing, complementary basic services, pharmaceuticals, communicable diseases, Avian Influenza, and Health information Systems.	**Increased Access and Efficiency***:* There has been more than a fourfold increase in community-based provision of family planning (FP) services by CHWs since the start of LMS in 2005. CHWs are now the source of 66% of all FP consultations provided to clients served at public and NGO health facilities nationwide. **Ensuring supply of contraceptives at supported health facilities and health posts with proper mix of methods:** As calculated from MOPH HMIS data on family planning cycles by province, between 2006 and 2009, total couple years of protection increased from 39,905 to 254,60. The project has also achieved an uninterrupted supply of contraceptive stocks in health facilities: proper contraceptive stock was maintained in 98% of health facilities in 2009. There has been an **improvement in key health indicators** despite the worsening security environment. The international community has formally recognized that the health of Afghans has improved, as demonstrated by a 25 percent

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			Social Participation/System Responsiveness Over 11,000 male and female Community Health Workers (CHWs) provide basic health care, including dispensing basic medicines and increasing awareness of certain health topics. The Tech-Serve project works indirectly with these CHWs by training Community Health Supervisors, who provide direct supervision of their work in communities. **Accountability/ Regulation** Structure, systems and policies of the MOPH's Grants and Contract Management Unit (GCMU) have been strengthened to allow them to be certified to receive direct US government funding. The GCMU is responsible for managing 17 grants to NGOs valued at over $70 million. These NGOs serve over 17.6 million outpatient clients annually in over 450 health facilities and 5,300 health posts.	decline in under-five mortality and a 22 percent decline in the infant mortality rate between 2000 and 2008.
Nigeria Capacity Building for HIV/AIDS NGOs	USAID is looking to support and leverage CSOs' leadership and legitimacy among community members by providing them with direct PEPFAR grants. However, many are nascent organizations with limited capacity to absorb funds, manage activities well, and accurately report on	LMS provided ongoing technical support to 48 CSOs offering community-based HIV/AIDS prevention, treatment, and care activities. LMS focuses on building financial, governance, planning, and human resource systems in these organizations. Applied Quickstart to assess financial control and cash control in anticipation of USAID pre-	**Information/Assessment Capacity**: Access and use of information for decision makers improved through initial organizational assessments such as MOST and Quickstart. **Policy Formulation and Planning:** CSOs have improved policy formulation and undertaken planning through the development of operational manuals in the areas of financial management, travel, procurement, and HR. They have developed	As of December 2009, **6 CSOs passed the USG audit** and are able to receive USG funds directly thus contributing to their sustainability and potential for increasing access for the populations they serve.

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	finances and results.	award assessment LMS is supporting the CSOs in developing policies and in planning through the development of operational manuals, workplans, budgets, concept papers, and financial systems strengthening. The Management and Organizational Sustainability Tool (MOST) was adapted for CSOs to measure and assess NGOs/CSOs/FBOs organizational management and operational systems for project management, monitoring and evaluation, financial management, strategic and annual planning, leadership development, and sound governance structures.	workplans, budgets, and can produce concept papers to access funding. **Social Participation/System Responsiveness:** As these CSOs develop their governance abilities through increased leadership and management capabilities, they become eligible for USAID funding, therefore increasing sustainable access to services for their communities. **Accountability/Regulation:** The use of Quickstart enabled organizations to quickly assess financial controls in order to prepare them for the USAID pre-award assessment.	
Tanzania RFE and CSO Capacity Building	In 2002 TACAIDS, in consultation with MSH and other international partners, set up the Rapid Funding Envelope (RFE), a short-term funding mechanism to finance eligible Civil Society Organizations carrying out HIV/AIDS interventions in both Tanzania Mainland and the islands of Unguja and Pemba. The Fund is governed by a Steering Committee comprising	The RFE provides grants to Tanzanian non-profit civil society organizations, academic institutions, and civil society partnerships for essential, short-term projects aligned with the National Policy on HIV/AIDS and the National Multi-Sectoral Strategic Framework. LMS scaled up capacity building through training of 30 local consultants in MOST, M&E, strategic planning and operational planning. Prior to undertaking capacity	**Information/Assessment Capacity:** Proposal writing, financial management, narrative and financial reporting skills have improved; some CSOs have used the RFE proposal format to approach other donors, **Social Participation/System Responsiveness:** Subgrantees have been able to build on and raise the profile of their existing activities. RFE support has allowed Student Partnership Worldwide (SPW) to expand its peer education activities from secondary to tertiary educational institutions, the East African Development Communications	As of 12/2009 The RFE had awarded (cumulatively) 166 subgrants to 136 different local Tanzanian civil society institutions and partnerships, totaling approximately $22.1M. As of December 2009, RFE subgrantee achievements included: 197,677 people have been counseled, tested and received results for HIV (adult population);

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	representation from TACAIDS, ZAC and donors and is financially administered by Deloitte Consulting Limited and technically by MSH.	building, a rapid assessment of capacity building needs of a sample of civil society RFE sub-grantees is carried out to identify areas of weakness or gaps in organizational capacity, to assess the frequency and magnitude of these gaps, and to inform capacity building options to address them.	Foundation (EADCF) to extend the reach of its publications to new audiences in southern Tanzania, and the Centre for Counseling, Nutrition and Health Care COUNSENUTH) to introduce a nutrition manual for PLHA which has been adopted by the National AIDS Control Program. **Accountability/Regulation:** RFE governance arrangements have promoted national ownership and good government-donor relations. The RFE has also promoted collaboration between TACAIDS and donors, providing a focus for effective working partnerships and a forum for sharing experience and information.	60 males having sex with males, 1,600 intravenous drug users, and 5,155 commercial sex workers reached through preventive programs; Palliative care services have been provided to 39,228 people living with HIV/AIDS; 1,523 most vulnerable children have received vocational training and support; 48,565 orphans and vulnerable children have received primary and supplemental services; 918 people affected or infected by HIV have received legal support.