

The Management and Leadership Program



Final Report

September 29, 2005

2000

2005

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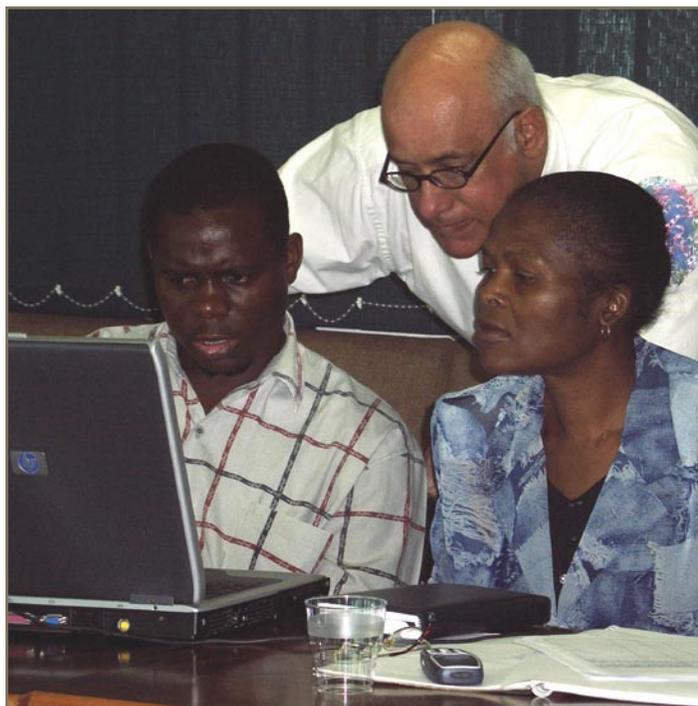
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Introduction

The Management and Leadership (M&L) Program implemented by Management Sciences for Health (MSH) is pleased to present its Final Report, covering the five-year period of the cooperative agreement, from October 2000 to September 2005.

Funded by the Office of Population and Reproductive Health of the U.S. Agency for International Development (USAID), the program was designed to: improve the performance of leaders and managers; the performance of organizational and programmatic management systems; and improve the ability of organizations and programs to anticipate and respond effectively to the changing external environment. M&L works with teams, managers, and leaders in many settings—from senior ministry officials to village health workers. Beneficiaries have been public sector employees, staff from donor organizations, hospital workers, elected officials, community leaders, and non-governmental (NGO) managers. All have a role in providing high quality family planning and other health services to women, children, and families.



In its five years of implementation, M&L has completed many activities, several of which are highly innovative approaches to leadership and management development. This report provides summaries of each of the substantive activities and programs in which M&L has engaged, and results achieved, including outcomes at the service delivery level. In addition, instructions are provided on how to access more detailed information and products developed by M&L through various Web-based resources at MSH and USAID.

The first four sections of this report are organized according to M&L's four strategic directions implemented with core funds from USAID/Washington:

- Developing Capacity of Individuals and Teams to Lead and Manage
- Improving Management Systems
- Partnering Locally for Sustainability
- Capturing and Applying Knowledge

Country specific programs supported with field support follow. A final section describes all the publications produced during M&L. Each of these sections is introduced by an overview summarizing key objectives and achievements. An Executive Summary reviews the overall vision and objectives of the M&L Program and highlights lessons learned.

Developing Managers Who Lead

Executive Summary

In September 2000, the Office of Population and Reproductive Health of the U.S. Agency for International Development awarded Management Sciences for Health a five-year cooperative agreement designed to:

- Improve performance of management systems of organizations and programs;
- Improve performance of leaders and managers;
- Improve the ability to anticipate and respond effectively to the changing external environment.

This program—the Management and Leadership Program—exceeded its expected results. In the agreement’s five years, the M&L Program:

- Conducted activities in 32 countries with core and field support funding;
- Worked with more than 6,100 public- and private-sector health professionals who have participated in M&L programs to develop managers who lead;
- Worked with over 200 organizations to develop their capacity to provide family planning (FP) and other health services;
- Received \$48 million in field support funding from USAID Missions and Regional Bureaus;
- Received \$28 million in core funding from the Office of Population and Reproductive Health, and \$1.3 million from the Office of HIV/AIDS.

Guided by a results orientation, M&L asked the question “what difference will it make?” at every turn in the road, at every design and implementation point. With an emphasis on building strong, responsive relationships with clients in the field, USAID Missions, and USAID/Washington, M&L became a very successful USAID program. One illustration of that success was seen in the need to increase the funding ceiling from \$58 million to \$76 million in 2004. Indeed, the demand for management and leadership capabilities in health programs and organizations was cited by USAID as the reason for putting forth a new and broader request for assistance in the Leadership, Management and Sustainability Program. Margaret Neuse, the Director of the Office of Population and Reproductive Health, noted in her address to the M&L End of Project Conference: “Effective management and leadership are key aspects of well-performing health organizations and programs. There is a growing focus on ‘building capacity’ in all development work to achieve the Millennium Development Goals and to achieve the objectives of the White Paper: *U.S. Foreign AID Meeting the Challenges of the 21st Century*.”

The M&L Approach

MSH believes that the science of management, leadership, and organizational capacity building produces results. Without it, human, financial, and material resources go underutilized at best. The enormous health challenges facing developing countries require strong organizations with good systems that are managed and led well.

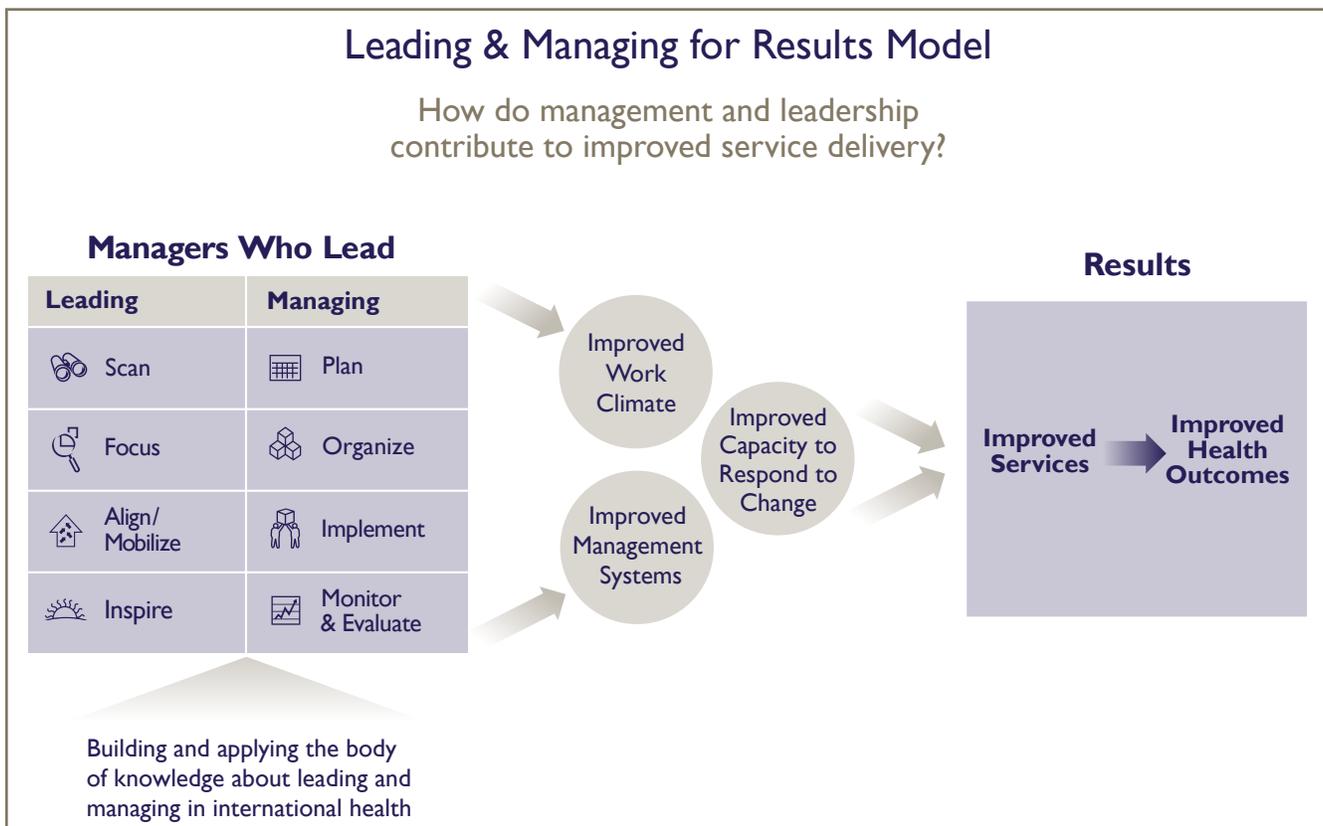
The Millennium Development Goals, including goals related to family planning and reproductive health, and maternal and child health, will not be met at the current pace in many countries. We have the knowledge and technology to reach the goals by 2015. Financial resources are now available in many countries through new global funding initiatives such as the Global Fund and the Presidents Emergency Plan. Aid is increasing, especially for Africa. The limiting factor in effectively using the knowledge, technologies, and resources available is the lack of sound leadership and management systems to scale up and sustain the delivery of proven practices.

M&L’s strives to enable others to use the practical programs and resources we have developed. M&L created and applied a new approach to improving organizational performance through improved leadership and management.

Traditional Approach	M&L Approach
Develop performance of top leadership	Develop managers who lead at all levels
Focus on individual development and individual improvement	Enable managers to lead teams to achieve results
Reinforce notion that leaders are “born”— Gandhi, Martin Luther King Jr.	Demystify leadership and management—build skills and competencies that everyone can learn
Outside experts fix problems	Strengthen skills to address future needs not just current problems
Specific problems fixed in isolation	Overall, integrated organizational capacity improvement
Work with one organization at a time	Reach multiple organizations through distance learning
Training is theoretical and separate from organizational challenges	Onsite training is built around overcoming actual organizational challenges

The Leading and Managing for Results Model

M&L’s Leading and Managing Results Model shows the link between effective leading and managing practices and improved health outcomes. Applying the eight leading and managing practices consistently leads to strong organizational capacity, better health services, and—ultimately—lasting improvements in people’s health. In the center of the model are the core components of strong and well-functioning organizations. Successful organizations pay attention to and nurture positive work climate; consistently use sound management systems; and develop an ability to respond to continuous change. M&L has used this model to demystify leadership and management, guide program design, and as a basis for evaluations. Evaluations of both pilot core-funded programs and long-term field support funded programs have documented again and again the relationship among these components for effective organizational performance and service delivery results.



An Independent Assessment

In June 2004, USAID sponsored an independent assessment which was conducted by the Population Technical Assistance Project (POPTECH). The study recommended to USAID that the work of M&L should continue. It concluded that management and leadership are critical components of institutional capacity building, especially relevant in countries that are experiencing decentralization or other health sector reforms, and where HIV/AIDS is decimating the population of professionals needed to manage and lead health programs. The report was highly complimentary of how M&L is managed, and cited the competence and high quality of staff, both in the field and the United States. The full POTECH Evaluation (Publication Number 04-175-022) is available at www.poptechproject.com, and at USAID's Development Experience Clearinghouse www.dec.org.

Innovations

The M&L Program used core funding to create several innovations which continue to benefit health programs around the world, and contribute to the Intermediate Results (IRs) of the Office of Population and Reproductive Health (OPRH). Several are worth highlighting:

Virtual Leadership Development Program (VLDP) (page 10): since October 2002, eight programs in Spanish, English, and Portuguese have reached approximately 800 participants in 98 teams from 29 countries in Africa, Asia, Latin America, and the Caribbean. Participants improve their leadership and management skills while addressing their own organizational challenges on the job. This innovation extends the reach from previous management training approaches. Team members participate, over time, gaining skills for a cost of \$900 per member. This compares favorably to previous courses where costs for just one person attending a three-week course in the United States could reach \$9,000. M&L successfully leveraged funding from the FHI/IMPACT Project, USAID/Haiti, and USAID/Iraq for implementation of VLDPs. (OPRH IR3)

Business Planning Program (BPP) (page 24): The BPP is a blended-learning program which enables NGOs/FBOs to improve their ongoing management and to attract non-traditional donor funding through writing their own effective business plans. Initiated in Bolivia, the BPP has leveraged over \$500,000 in new funding for participating organizations. Three professional management development firms in Bolivia, Ghana, and the Philippines are now certified to deliver the BPP to health and other social sector organizations in Latin America, Africa, and Asia. (OPRH IR3)

Human Capacity Development (HCD) (page 28): Launched in 2001 and funded by the USAID Office of HIV/AIDS, M&L's HCD activities provided technical leadership in developing and disseminating a practical definition and framework for HCD; validated the framework by applying it in select PEPFAR countries; and produced publications to support the implementation of HCD activities. (OPRH IRs 2 and 3)

Leadership Development Program (LDP) (page 14): Initiated in Egypt as a pilot program, this face-to-face program has been successfully delivered in Guinea, Guyana, Kenya, Mozambique, Nicaragua, and Senegal. In Egypt, the LDP has subsequently been replicated with no outside funding and minimal technical support from M&L to over 100 teams from all districts of Aswan governorate. The program has been mainstreamed into Catalyst's Tahseen Project in Egypt, its "model clinic" program as well the Ministry of Health and Population's in-service training program designed by Catalyst. It has likewise been integrated into MOH activities in Nicaragua and Mozambique, and into ongoing USAID bilateral programs in Guinea and Senegal. (OPRH IR3)

M&L has successfully used electronic communications technology to extend its reach through the development of **Global Communities** and **Networks**, including:

- ▶ ***LeaderNet (page 18)*** is a virtual global community of practice for participants of leadership development programs. LeaderNet provides continuous support and learning to expand and improve leadership capacity through ongoing experience exchange and learning opportunities. Since July 2002, eight forums have been delivered on important leading and managing topics to 424 enrolled participants from over 30 countries. LeaderNet builds on the successful LiderNet program in Brazil, a collaboration among the Secretariat of Health, School of Public Health, and M&L, to provide support to health professionals from around the Northeastern state of Ceará who had graduated from leadership development programs conducted during the Family Planning Management Development (FPMD) Program II. (OPRH IR2)

- ▶ **Global Exchange Network for Reproductive Health (page 37)** is a virtual network using Internet technology to sustain exchange and sharing among reproductive health managers, policy makers, and service providers in countries which have “graduated” from USAID population assistance. Two virtual conferences have been conducted on priority reproductive health topics identified by participating countries. (OPRH IR3)
- ▶ **Technical Cooperation Network (TCNetwork) (page 34)** is a global community of independent health management and leadership consultants and organizations from Africa, Asia, Eurasia, and Latin America. The TCNetwork was launched in November 2003, providing a means for donors and clients to access pre-screened local expertise. Today the TCNetwork has 40 members (11 organizations and 29 individual consultants) from 17 countries and has a public Internet site hosting a marketplace of expertise. It also has a members-only Web site with professional resources and discussion forums. The TCNetwork has a distributed governance structure managed by a representative Council of Trustees and supported by member teams. In 2005, it acquired 501(c)3 status making it an independent, nonprofit organization. (OPRH IR3)

Knowledge Application emphasizes the importance of producing and managing knowledge for the purpose of utilization and application. Several activities have been implemented by M&L with core funding during the life of the program, all of which contribute to OPRH’s IR2 (Knowledge Generation). Highlights include:

- ▶ M&L has taken a leadership role in the service delivery CA community raising awareness of management and leadership issues through participation in USAID-CA initiatives, including two Maximizing Access and Quality (MAQ) sub-committees: the Performance Improvement Consultative Group and Implementing Best Practices Consortium. Participation has led to the synthesis and dissemination of knowledge on key topics documented in several MAQ papers and journal publications (page 22).
- ▶ M&L developed Communities of Practice (CoP)—groups of practitioners in MSH that engage in sharing and learning in specific technical areas such as performance improvement and developing managers who lead. Each CoP has produced a Knowledge Folder which documents and codifies knowledge. This knowledge is available to the general public on MSH Web sites, including the Electronic Resource Center and Health Manager’s Toolkit (page 31), as well as in key publications such as issues of *The Manager* (page 120) and the recently published *Managers Who Lead: A Handbook for Improving Health Services* (page 9). The developing managers who lead CoP contributed significantly to the contents of the Handbook, especially knowledge gained from application of leading and managing frameworks, principles, and technical assistance approaches in the field.
- ▶ Since 2001, M&L has completed 31 evaluations, program reviews, and special studies, most of which focused on accomplishments and lessons learned in implementing leadership and management development programs. Results of these evaluations have contributed to internal MSH discussions and knowledge exchange, publications such as *Managers Who Lead*, and opportunities for technical leadership in evaluation including preparing a chapter for the Center for Creative Leadership’s forthcoming book, *Leadership Development Evaluation Handbook* (page 46).

Achieving Results in Response to Mission Needs

In response to the needs for management and leadership in the field, M&L has made contributions in 19 countries with field support funding. In several notable cases these contributions have been at a significant scale—either nationally or in large regions. In these cases the M&L intervention has also been “mainstreamed” or built into ongoing activities of the host government or local health system. Included here are excerpts from five countries—Indonesia, Mozambique, Nicaragua, Tanzania, and Uganda.

- ▶ **Indonesia (page 92):** The challenges addressed by M&L’s Indonesia program are ones of decentralization and health sector reform. M&L worked at all levels of the health system (central, provincial, and district) to equip policy makers and health managers to implement the shift of authority and responsibility for delivery of health services from the central to the district level. Technical assistance included support to policy makers to develop national strategies; development of health norms and standards in response to decentralization; strengthening management skills and systems including drug management; and enabling district level managers to take initiative and increase their ability to address priority service delivery challenges.

- ▶ **Mozambique (page 68):** In 2002, senior managers in the Mozambican Ministry of Health (MOH) identified a lack of leadership and weak management systems at all levels of the health system as root causes of the low quality of health service delivery. Management and leadership challenges included lack of clarity about roles and responsibilities, poor communication between levels, low morale of employees, ineffectual strategic and operational planning, and poor implementation of those plans. From January 2003 until the close of the Program, M&L implemented the Health Sector Support Program, designed to provide leadership and management strengthening at all levels of the public health system starting at the central level, and creating a multiplier effect in targeted provinces, districts, and health units. The program featured the effective use of South-to-South exchange of proven practices in leadership capacity development, the application of proven resources, and the development of new approaches, such as the Quality Program, a self-monitoring system for Health Units to assess their compliance with health standards.
- ▶ **Nicaragua (page 114):** The largest and most comprehensive of M&L's country programs, TA has been provided to 10 different clients in the public and private sector. In addition to work with the MOH and national family planning association (PROFAMILIA), for the first time M&L worked outside the health sector, with the Ministry of the Family, Ministry of Education, National Social Security Institute, and President's Social Cabinet. Assistance to these clients proved that M&L's approaches to leadership development and to organizational reform or modernization are relevant and readily adaptable to challenges faced by such social sector institutions. The portfolio is also characterized by the successful scale-up and institutionalization by the MOH of two innovative programs which have impacted access to and quality of reproductive and child health services: the Municipal Leadership Development Program, and the Fully Functional Service Delivery Point Program.
- ▶ **Tanzania (page 79):** M&L's work has focused on the national leadership level, building or strengthening the institutions and staff to carry out their mandates for strategic leadership, technical support for planning national programs, and facilitation of multi-sectoral partnerships for scaling up quality health services. M&L provided key contributions to creating a multi-sectoral response to HIV/AIDS in Tanzania. The key results included the creation of Tanzania Commission for AIDS (TACAIDS) and the mobilization of over \$524 million for HIV/AIDS, TB, and malaria through the Global Fund, World Bank, bilateral donors, and Tanzanian government revenues. In addition, M&L created a new type of funding mechanism, the Rapid Funding Envelope for HIV/AIDS, which has awarded \$8 million in grants to civil society organizations around the country.
- ▶ **Uganda (page 82):** M&L's portfolio has included ongoing TA to five organizations in Uganda all of which are contributing to the national response to HIV/AIDS. The challenge for all was to effectively absorb and manage the large influx of funding to address the AIDS pandemic from the Global Fund and PEPFAR. M&L's assistance has ranged from an intensive focus on building the capacity of the Inter-Religious Council of Uganda to receive and disburse \$2.1 million in funding for Orphans and Vulnerable Children, and Care and Support activities. M&L assisted in the strengthening and institutionalization of essential governance and management systems and facilitated the formation of the Coordinated Country Mechanism for the Global Fund. The Uganda portfolio has included some important innovations, such as an examination of the implications of scaling up HIV/AIDS services through a comprehensive assessment of human resources, and the integration of a leadership development component into a performance improvement program for regional laboratories.

Five Proven Principles

Underlying all program interventions, M&L has applied the following principles in developing managers who lead.

- ▶ **Focus on health outcomes.** Good management and leadership result in measurable improvements in health services and outcomes. Only by focusing on real organizational challenges can managers develop their ability to lead.
- ▶ **Practice leadership at all levels.** Good leadership and management can, and must, be practiced at every level of an organization. Working with their teams, managers at all levels—from health posts to national institutions—can confront challenges and achieve results.
- ▶ **You can learn to lead.** Leadership practices improve through a process of facing challenges and receiving feedback and support. By using this process, managers develop the leadership abilities of their staff.

- ▶ **Leadership is learned over time.** Becoming a manager who leads is a process that takes place over time. This process works best when it is owned by the organization and takes on critical organizational challenges.
- ▶ **Sustain progress through management systems.** Gains made in health outcomes can be sustained only by integrating leadership and management practices into an organization's routine systems and processes.

These principles have been consistently validated in program implementation around the world, and documented through program reviews and formal evaluations.

Lessons Learned

In the five years of the Program, M&L has learned various lessons about implementing management and leadership programs.

Design the results that we want to create

- Use action learning—learning while doing—in programs to develop skills and change in behavior and practices.
- Focus on actual workplace challenges to bring leadership and management practices and skills development to life.
- Adapt program interventions for each level of the health system and look for synergy between interventions at operational and political levels. This enhances impact and sustainability.
- Center program implementation in teams to tap the power of teams and to ensure greater chances that new skills and practices will “stick.”
- Facilitate the development and nurturing of local support networks of managers and leaders.
- Assure opportunities for practice and feedback to develop managers' confidence and skills.
- Implement a process over time so that managers have room to apply what they learn.
- Design for the whole person (head, heart, and soul).

Seek ownership to anchor the interventions

- Secure organizational sponsorship and top-level commitment; they are critical for success and lasting impact.
- Have a local champion to keep things moving.
- Root the long term work in the local system and people.
- Link leadership development with existing systems—i.e., supervision and quality assurance.
- Create the conditions for change to happen from the inside out.

Provide the tools

- Make available products that meet needs, are adaptable, and scalable.
- Have a process that is simple and replicable.
- People are the critical success factor, not the technology, but information communications technology creates tremendous opportunities for scale up and mainstreaming.
- Internet based programs are a feasible, cost-effective delivery mechanism to reach more people with learning programs and ongoing support, even in Africa.
- Knowledge must be synthesized or it will not be used.

Other lessons learned:

- Human resource management is now recognized as a critical management system.
- Organizational absorptive capacity is a key challenge for all organizations, but especially for young organizations which have joined the fight against the AIDS pandemic.
- Drawing on and cultivating local expertise in leadership and management is a pathway to greater sustainability and scale-up.

Strategic Direction 1

Developing Capacity of Individuals and Teams to Lead and Manage

The goal of Strategic Direction 1 was to enhance the capacity of managers to lead through innovative programs that developed leadership and management capabilities. Activities included designing leadership and management development programs and services; exploring new methods of delivery including virtual platforms; packaging and transferring these programs for use in multiple engagements; disseminating the results and lessons learned from program deliveries; and developing the capacity of staff and partners to customize and deliver products and programs.

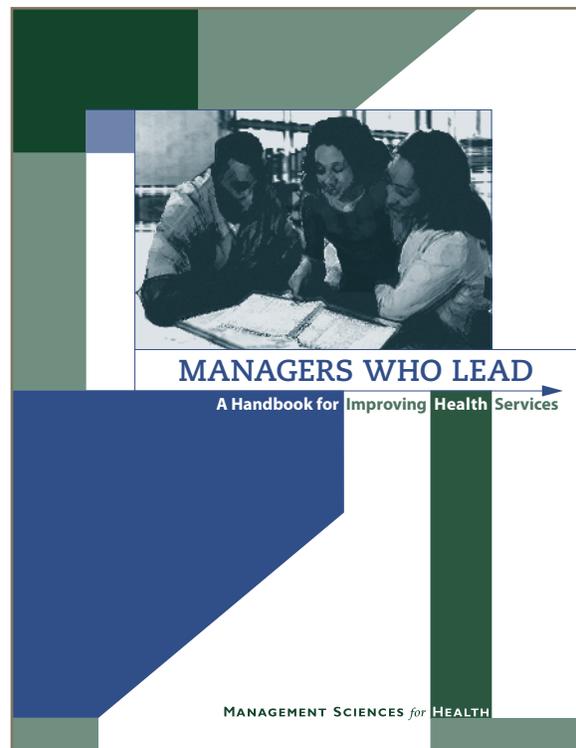
Key highlights and accomplishments of this Strategic Direction include:

- More than 6,100 managers and leaders have participated in M&L programs to develop managers who lead.
- Development and design of M&L models, tools, and programs, including the Leading and Managing Framework; Leading and Managing Results Model; Workgroup Climate Assessment Tool and Facilitator's Guide; the Challenge Model; and Leadership Development Program (LDP) Guide and Facilitation Notes.
- Publication of *Managers Who Lead: A Handbook for Improving Health Services*.
- Delivery of the Leadership Development Program face-to-face in Egypt, Guinea, Guyana, Kenya, Mozambique, Nicaragua, and Senegal.
- Development and delivery of two virtual programs:
 - ↳ Virtual Leadership Development Program—since October 2002, eight programs in Spanish, English, and Portuguese have reached 783 participants in 98 teams from 29 countries in Africa, Asia, Latin America, and the Caribbean.
 - ↳ LeaderNet—a virtual global community of practice for participants of all our leadership development programs providing ongoing support and learning. Since July 2002 eight forums have been delivered on important leading and managing topics with over 250 participants from around the world. The last three forums were delivered in English, Spanish, and Portuguese.
- Publication of five issues of *The Manager*. This award-winning MSH publication provides in-depth information on management and leadership strategies for improving service delivery. Reaching over 20,000 health managers in 189 countries and in three languages, this publication has been one of M&L's well-established dissemination tools of practical know-how in the international health field. Issues produced under Strategic Direction 1 include: *Planning for Leadership Transition*, *Developing Managers Who Lead*, *Exercising Leadership to Make Decentralization Work*, *Creating a Work Climate that Motivates Staff and Improves Performance*, and *Leading Changes in Practices to Improve Health*.
- Successful transfer of the LDP in Upper Egypt. Initially funded by M&L, the program has subsequently been replicated through four generations of implementation to over 100 teams with no outside funding and minimal technical support from M&L.

Managers Who Lead: A Handbook for Improving Health Services

Managers Who Lead: A Handbook for Improving Health Services was published by M&L in June 2005. It empowers health managers at all levels of a health system—in the public or private sector—to lead teams to face challenges and achieve results. It answers questions such as: How can I lead and manage more effectively? How do I create a shared vision and a clear path for achieving it? What can I do to improve work climate? How can I prepare myself and others for higher levels of responsibility? How do I lead change inside and outside my organization?

The handbook provides practical approaches for applying key leading and managing practices that managers can use with their teams to face challenges, overcome obstacles, and realize their vision of better health for all. Real-life examples illustrate how to transform work groups and organizations into high performers. It offers exercises and guidelines facilitators and managers can use to strengthen individual and team performance, and the accompanying CD-ROM includes a wealth of additional resources for developing the ability to lead.



Managers Who Lead is based on more than 20 years of experience in working with health professionals around the world in the public, private, and nonprofit sectors to strengthen the performance of health organizations and improve people's health. The handbook is a synthesis of the work and lessons learned in the area of leadership by the M&L Program. It builds on the ideas and approaches of renowned leadership thinkers and researchers and applies these approaches to the challenges that health managers face. Managers will come back to this book again and again for guidelines and inspiration.

An initial mailing of 200 copies of the handbook were sent to individuals and programs that are leaders in the field of leadership and health management training, especially for health managers from developing countries. Included in this initial mailing list are the coordinators of English-speaking teams that had participated in the Virtual Leadership Development Program (page 10). Additionally, a copy has been given to every MSH employee (including those working in the field), and to the 90 attendants of the M&L End of Project Conference. A larger bulk mailing to 8,000 health managers and overseas libraries is planned for Fall 2005.

For more information

- *Managers Who Lead: A Handbook for Improving Health Services* can be ordered from the MSH Bookstore, www.msh.org/publications.

The Virtual Leadership Development Program

The Challenge

Organizations and governments require strong leadership to contend with diminishing resources, changing political and economic circumstances, emerging health problems, and the need to scale up the delivery of health services and modernize health service institutions. Traditional ways to build leadership capacity, such as sending individual staff to off-site workshops and courses, can be slow and costly, and may disrupt services. Other disadvantages of traditional approaches include a theoretical rather than practical focus and participation of too few staff from the same organization. The trainees are likely to find it difficult to generate support for institutional change, and their learning does not benefit from the perspectives of people from other countries and institutions facing similar issues.

In response to the need and demand for cost-effective, practical, and accessible leadership development programs that reach large numbers of people and organizations across the world, M&L designed the Virtual Leadership Development Program (VLDP). The VLDP is an innovative virtual learning program that strengthens the leadership capacity of health managers and their teams to produce improved organizational results. Rather than giving a few top-level managers off-site leadership training for a solid one to two weeks, the VLDP trains teams virtually over a span of 12 weeks, requiring approximately four hours per week of commitment. Using a blended approach, team members work individually on the VLDP Web site with additional support from workbooks and CD-ROMs sent to all participants before the launch of the course. They also participate in on-site team meetings in their organizations once every two weeks throughout the VLDP. The program materials make it possible to participate even without a consistent Internet connection.

Expert facilitation is vital to the program's success. Many virtual learning programs are more passive, in that materials are posted on the Web site and there is little interaction with facilitators and other participants or course members. In the VLDP, two experienced co-facilitators, experts in leadership and organizational development, as well as facilitation, work closely together, rotating responsibility for the facilitation throughout the VLDP. The facilitators post daily announcements, drawing attention to a particular topic in the readings or an online discussion, commenting on work, and raising provocative questions. They also review and respond to each team's work and provide feedback on the teams' action plans and their progress in addressing identified organizational challenges.

The seven modules in the VLDP consist of an introductory module, five leadership development modules, and a final module for reflection and evaluation. The VLDP guides the teams in identifying and addressing real organizational challenges while strengthening their leadership practices and competencies. After completing the program the teams continue to receive follow-up support through their participation in LeaderNet, a virtual leadership network where they can access materials, exchange ideas, and participate in events such as virtual seminars (page 18). Designed for both public and private sector managers, the VLDP is easily integrated with other training and technical assistance. It is available in four languages: Spanish, English, Portuguese, and French.

Summary of Work

Initial planning for the VLDP began in December 2001. Major developments occurred during the period April–September 2002 to ready the Web site and the curriculum. Activities included forming the core VLDP team, developing the overall vision and goals of the VLDP, creating the blended learning and team approach to leadership development and developing the seven learning modules and the VLDP Web site. The first VLDP was launched in October 2002. Since that time, the VLDP, originally in Spanish, has been translated into English, Portuguese, and French. It has been successfully delivered 10 times in 29 countries in Latin America, the Caribbean, and Africa to approximately 800 people. A tenth delivery is planned for teams from the Iraqi Ministry

of Health at the end of September 2005. M&L has funded seven of the deliveries with the other three funded by FHI, the MSH bilateral project in Haiti, and the BASICS Child Survival Project, through an earmark from USAID/Iraq.

Beginning with two virtual facilitators for the first VLDP in Latin America, the VLDP now has 14 staff and consultants skilled and experienced in virtual facilitation and leadership development who deliver VLDPs in Spanish, Portuguese, English, and French. Virtual facilitators have been the primary facilitators on LeaderNet as well, and the majority of LeaderNet participants are VLDP alumni.

The following table provides information on the VLDP deliveries.

VLDP Region	Date Completed	No. of participants and teams	Countries
VLDP1 Latin America (Spanish)*	December 2002	73 participants, 11 teams, 9 organizations	México, Bolivia, Honduras, Nicaragua, Brazil, USA (PAHO), Guatemala, Perú
VLDP2 Latin America (Spanish)*	June 2003	120 participants, 14 teams	Honduras, México, Nicaragua, Guatemala, Ecuador
VLDP3 Latin America (Spanish)*	December 2003	97 participants, 8 teams	Bolivia, Ecuador, Mexico, Guatemala
VLDP4 Africa (English)*	June 2004	70 participants, 9 teams	Nigeria, Kenya, Uganda, Eritrea, Malawi, Madagascar, Tanzania
VLDP5 Caribbean (English) (Funded under a contract from FHI to MSH)	July 2004	81 participants, 15 teams	Belize, Bermuda, Bonaire, Guadeloupe, St. Lucia, St. Maarten, St. Vincent & the Grenadines, St. Kitts & Nevis, Suriname, Trinidad & Tobago
VLDP 6 Latin America (Spanish, modified VLDP for LAC Graduated Countries) *	August 2004	67 participants, 5 teams	Ecuador, Colombia, Mexico
VLDP 7 Brazil (Portuguese)* (Sponsored by M&L's Human Capacity Development activity with USAID Office of HIV/AIDS funds)	September 2004	10 teams, 73 participants	Brazil
VLDP8 Africa (English)*	December 2004	11 teams, 90 participants	Uganda, Malawi, Kenya, South Africa, India
VLDP 9 Haiti (French) (Funded by MSH/Haiti bilateral project)	October 2005	11 teams, 109 participants	Haiti
VLDP 10 Iraq (English) (Funded by BASICS III)	December 2005	TBD (8–10 teams from the MOH)	Iraq

* denotes VLDPs supported by M&L funds

Investment in the VLDP has had impact on M&L and MSH beyond the VLDP. The VLDP team was instrumental in introducing the following approaches in leadership development:

- developing leadership capacity virtually;
- enrolling teams from organizations, rather than individuals;
- using a “blended methodology” approach for leadership development, i.e. individual work done online, with the support of program materials, combined with face-to-face team meetings on site;
- incorporating performance improvement approaches from the start;
- leveraging funding for scale up of the VLDP from outside sources; and
- making the product available in four languages.

Results

Evaluation findings show improved work group climate and team integration and performance and improved organizational results as a result of participation in the VLDP. Teams from Ministries of Health, NGOs, private voluntary organizations (PVOs) and other institutions throughout Latin America, Africa, and the Caribbean have successfully completed the VLDP.

The Program has demonstrated that virtual learning is feasible in many settings throughout the world, including resource poor settings in Africa and elsewhere. There was a high demand for leadership development everywhere VLDP delivered courses. The VLDP and M&L’s face-to-face leadership development programs have demonstrated that leadership development, whether virtual or face-to-face, is applicable to all types of public health organizations and programs and to all types of health service organizations. Participation throughout the 10 VLDPs has been very high, with a low attrition rate of teams and individuals. Technology hurdles were not a barrier to participation in the VLDP.

Participants have given the VLDP high ratings overall and in the following areas: program content for each module, quality of the facilitation, and the Café and the Forum sections of the Web site. The three evaluation studies conducted to date have shown the following outcomes of the VLDP. (Note: see the complete evaluation reports listed at the end for specific findings.)

- **Individual impact:** Improved interpersonal skills, self awareness, and reflection
- **Team/workgroup impact:** Improved work group climate (as shown by pre- and post- VLDP measurements); improved communication; improved focus and willingness to take on challenges
- **Organizational impact:** Progress in addressing identified challenges and enhanced organizational results, including service delivery results

Teams participating in the VLDP identify an organizational challenge to address as part of the results-oriented program. These challenges have included: strengthening internal management (e.g., improving management and operational systems and processes, organizational financial sustainability); strengthening team cohesion; and improving service delivery outcomes. In many cases teams have made significant strides in addressing these challenges and producing results. Examples of challenges of three teams appear below. Evaluation reports provide further information on team challenges and progress in addressing them.

The VLDP has demonstrated that there is considerable demand for virtual learning programs. Indeed, VLDP participants and other client organizations have expressed great interest in participating in similar virtual learning programs on other management and leadership topics. The VLDP also is a powerful vehicle for scaling up our reach to many organizations in many countries. It has demonstrated that virtual learning permits organizations across the developing world to access support, learn in a different way, and strengthen their individual, team, and organizational capacity that earlier some thought was impossible.

VLDP team	Challenge	Activities	Results to Date
CEMOPLAF (NGO), Ecuador	Strengthen the small, basic pharmacies in the CEMOPLAF health facilities, created as part of CEMOPLAF's overall revenue generation strategy	Norms, policies, technical and financial procedures for small pharmacies developed; Costs in these pharmacies analyzed; Meetings and review of financial sustainability, productivity, etc.	8% increase in sales in the small pharmacies and 7% increase in overall sustainability; Financial analysis complete in 100% of the small pharmacies; Information and motivation of all staff, re: the strengthening of the small pharmacies; New operational/functions manual for pharmacies completed
UAC (Uganda AIDS Commission), Uganda	Strengthen the Institutional capacity of UAC to address adequately the evolving challenges	Planning meetings; Use of UAC integrated workplan as a tool; Revised TORs and performance plans agreed upon with supervisors; IT system	Mainstreamed the operations of IT, Procurement and Registry; Inclusion of the team's workplan in the institution's integrated workplan; The Development Partners have confidence in our VLDP Team and are ready to support our Action Plan; Recommended changes in the staff appraisal method. feel strongly it will be accepted by staff and management
JCRC (Joint Clinical Research Centre) Uganda VLDP Africa	Regional access to ARV drugs in Uganda through scale up of ART clinics	Liaising with MOH; Preparation, selection, and renovation/equipping of new ART clinics; Preparation of data gathering tools; Recruit and train personnel	There has been a 10% increase in ARV coverage in Uganda; 37 new clinics opened by July 2005 (goal was 26); 23 districts now offering ARVs; 150 doctors trained to deliver HIV/AIDS services and ARVs; 20 lab personnel trained to manage HIV testing

For more information

- "Evaluation of the Virtual Leadership Development Program (VLDP): First Program Delivery in Spanish," Cary Perry, Nancy LeMay, and Fiona Nauseda, May 2003, can be accessed through USAID's Development Experience Clearinghouse, www.dec.org.
- "Follow-up Evaluation: Three Latin American Cohorts in the Virtual Leadership Development Program," Nancy Vollmer LeMay, October 2004, can be accessed through USAID's Development Experience Clearinghouse, www.dec.org.
- "The Caribbean Virtual Leadership Development Program Follow-up Inquiry," Karen Sherk and Fiona Nauseda, March 2005, can be accessed through USAID's Development Experience Clearinghouse, www.dec.org.
- "Evaluation of the Africa 1 and 2 Virtual Leadership Development Program (VLDP)," Amber Oberc, Cary Perry, and Karen Sherk, August 2005, can be accessed through USAID's Development Experience Clearinghouse, www.dec.org.
- Summaries of evaluation findings are available at www.msh.org/mandl/evaluation_notes.
- For stories about VLDP participants, additional information on the VLDP, and other results, visit www.msh.org/projects/mandl/3.5.2.html.

Leadership Development Program

Background

The M&L Program is committed to developing managers who lead for effective results. In its first program year, M&L developed its Results Model and Leading and Managing Framework, which enabled the easy transfer of leadership concepts to managers in the field. In the program's first years it piloted leadership development programs aimed at front line service workers and managers, entitled The Leading Performance Improvement (LPI) Program.

The LPI captured and documented the initial pilot leadership development programs in the first three years of M&L with the goal of creating a flexible program which could be the foundation for customized leadership programs around the world. The LPI Program, now called the Leadership Development Program (LDP), is available through MSH's Electronic Resource Center (ERC), and the Health Manager's Toolkit.



Summary of Work

Based on the initial leadership program in Egypt for front line service workers and managers, the first LPI program was documented. Based on additional experience in Kenya, Guinea, and Senegal, the program was updated in PY4. The manual was posted in the MSH "Developing Managers Who Lead" Knowledge Folder as the foundational program for conducting mid-level leadership programs. The adaptations from Kenya, Guinea, and Senegal were included as examples of how the LPI was used in the field.

PY5 was devoted to the redesign of the LPI based on the experiences from additional deliveries of the program. The result is the Leadership Development Program (LDP). Content of the program has been finalized, complete with a guide, facilitation notes, follow up activities, and all necessary handouts. It has been carefully constructed to reflect the principles and values of the M&L program. The LDP has been edited to be consistent in instructional design with other M&L program materials. Distribution of the LDP is currently through virtual means for the general public.

The Resulting Program

The LDP has been field-tested in Guyana with non-MSH facilitators with face-to-face coaching conducted by M&L staff at the launch of the program. Continued support and coaching was provided to the facilitators via phone and virtually throughout the workshops. Feedback from the facilitators has been incorporated into the final design of the LDP to ensure it is accessible and deliverable by outside facilitators. Virtual coaching and support during delivery of the program is a part of the program. Refinement of the LDP is an ongoing process, but the product is now ready for widespread distribution. Virtual access to the LDP will enable M&L to continue to adapt and add materials as needed to ensure the greatest success of developing managers who lead. The LDP has been delivered to more than 5,300 health managers in the past five years.

For more information

- The LDP and Health Manager's Toolkit can be accessed through MSH's Electronic Resource Center, <http://erc.msh.org>.

Work Climate Assessment Tool

Background

A positive workgroup climate is a primary outcome of a leadership development process aimed at improving the performance of managers and their workgroups. This hypothesis is based on evidence that leadership and management practices that provide employees with clarity, support, and challenges contribute to a positive work climate. A positive work climate leads to and sustains employee motivation and high performance by liberating “discretionary effort,” or the level of extra effort that employees exert above and beyond job expectations.

The Work Climate Assessment (WCA) tool is a simple, reliable, and validated resource designed to measure climate among intact teams¹ or workgroups at all levels of organizations within developing countries. In a Ministry of Health, this includes workgroups or teams at the local (clinic) level all the way up to workgroups at the central level. For NGOs, this includes technical and administrative teams as well as the executive management teams. It is the first assessment tool that has been developed for this purpose. The WCA is not appropriate for teams that are newly formed because they do not have a history of working together and therefore team members will find it difficult to respond to items in the survey.

Summary of Work

The WCA was drafted in 2002. It has been applied in several M&L field programs, including Brazil, Egypt, Guinea, Kenya, Mozambique, Senegal, and through the Virtual Leadership Development Programs. It was validated through a study using data collected from participants in the Brazil, Guinea, and Mozambique leadership development programs. In response to findings of the validation study, the WCA was revised accordingly as a stand alone product, including a facilitator’s guide, so that wider application would be more feasible.

Validation Study

The objective of the special study was to validate the tool. Results of the study included:

- The study confirmed the construct validity² and reliability of the WCA across workgroups with different characteristics (gender, education, management level, and geographic location).
- Of the 21 climate items tested³, the study identified 8 that offer the greatest measurement power for the least number of questions.
- The internal consistency of the eight-item WCA was high across workgroups indicating that the individual items in the instrument are associated with each other and all appear to be measuring the same underlying construct, that is, workgroup climate.

¹ An intact team is defined as a group of individuals who work together regularly at the same work site, whether in a central or regional office or a health facility.

² The term construct generally refers to some phenomenon that is abstract and theoretical and that cannot be directly observed such as “depression” or in our case “climate.” In order to measure a theoretical construct, we use one or more indicators (items) that are thought to be related to it. Construct validity means there is agreement between our theoretical concept (climate) and the items in our measurement tool (the WCA).

³ The validation model tested the original 12 items from the WCA plus an additional nine items that had been suggested in earlier versions of the tool. These additional items were included given the possibility that some of the 12 original items were not strong measures of climate and would need to be replaced.



- The eight items selected correlate well with 24 climate items from the Stringer “gold standard” climate instrument, indicating the WCA scale captures the same underlying construct as the Stringer scale in differentiating climate between workgroups. (Robert Stringer pioneered the study of climate in corporate environments.⁴)

The Validation Study was submitted by MSH in 2004 for publication in the online journal, *Human Resources for Health*. Publication is expected by September 2005.

⁴ Stringer, Robert, 2002, *Leadership and Organizational Climate*, Prentice Hall, Upper Saddle River, New Jersey

The eight items assessed in the WCA

- ↳ We feel our work is important.
- ↳ We strive to achieve successful outcomes.
- ↳ We have a plan which guides our activities.
- ↳ We pay attention to how well we are working together.
- ↳ We understand each other’s capabilities.
- ↳ We seek to understand the needs of our clients.
- ↳ We understand the relevance of the job of each member in our group.
- ↳ We take pride in our work.

For more information

- *Workgroup Climate Assessment Facilitator’s Guide*, May 2005, is included in the CD-ROM of *Managers Who Lead: A Handbook for Improving Health Services*, available at www.msh.org/publications.
- *The Manager*: “Creating a Work Climate That Motivates Staff and Improves Performance,” (Volume 11, Number 3, 2002). All issues of *The Manager* are available online at www.msh.org/publications.

LiderNet Brazil

The Challenge

The rapid decentralization of the health system in Brazil created new challenges for the Secretariat of Health in the Northeastern state of Ceará (SESA). SESA had to assume responsibility for providing health services to the state's seven million citizens as well as the regulation and coordination of a large, complex health system. Expanding the health care leadership base became a critical priority. In 1998, FPMD assisted SESA in planning and implementing a face-to-face Leadership Development Program (PDL). In 2002 SESA, with the support of M&L and the School of Public Health for the state of Ceará (ESP), created LiderNet, a blended learning model of face-to-face and Web-based professional development activities to extend the ability of the PDL to reach managers dispersed over a vast geographic area.

Summary of Work

From November 2001 to March 2003, M&L provided technical assistance to SESA and ESP in designing the program, covering such topics as: developing personal competencies; communication and creativity; conflict resolution; negotiation skills; how to motivate staff; how to develop teams; time management; strategic planning; and total quality management. A Web site was launched in December 2002 that functions as a knowledge hub where health professionals from around the state can keep in touch, access best practices and tools, initiate discussions on the bulletin boards, find out about training opportunities, and share resources.

Results

The PDL and LiderNet have prepared over 600 managers for the public health system using both face-to-face and virtual training. LiderNet has been entirely institutionalized in ESP, where it also serves as a resource for managers in pre-service health programs. Out of the 37 municipalities that participated in the program to improve infant mortality rates, 70% were able to reduce their infant mortality—some by as much as 50%. Overall for the state of Ceará, the infant mortality rate decreased from 26.8 to 21.1 (per 1,000 live births) between 2000 and 2004.

Following the close of M&L's assistance with LiderNet, continuing support was provided by the Department for International Development (DFID) to improve infant mortality rates in the 37 lowest-performing municipalities. The program brought together mayors, community leaders, health care managers, and providers into one leadership development program. Each team developed an action plan to address the problem of high infant mortality in the municipality. In November 2004, with support from the World Bank, LiderNet expanded into the education sector in Ceará with plans to link 3,000 managers in the state's Secretariat of Education for on-going support and access to continuing education.

Lessons learned from LiderNet Brazil have been integrated into LeaderNet, M&L's international virtual community of practice for managers, leaders, and facilitators of leadership and management programs in the health care field (page 18).

For more information

- LiderNet can be accessed at <http://teleduc.esp.ce.gov.br> (content primarily in Portuguese).
- Additional information on LiderNet can be found at www.msh.org/projects/mandl/3.5.3.html.

LeaderNet

The Challenge

The M&L Program has provided leadership development to more than 6,000 managers from developing countries all over the world through virtual and face-to-face programs. They finish their training ready to take their new learning and self-awareness back to the workplace to effect change. Many of them run into a wall of obstacles—no peer network, no resources to consult, and no coach to keep them inspired. Until now they have relied on informal contact with program facilitators and peers for advice and to share experiences. In order to respond to this demand, in March 2003, M&L launched LeaderNet, building on the successful pilot of LiderNet Brazil (see page 17).

Summary of Work

LeaderNet is a global community of practice enabling health managers and leadership development professionals from developing countries to continuously expand and improve their capacity for leadership through ongoing experience exchange and learning opportunities. Program elements of LeaderNet are designed to sustain an ongoing relationship between M&L and graduates of its programs; provide opportunities for members to continue to learn from one another; provide greater access to M&L expertise in leadership and management through dynamic dissemination of leadership and management resources; and provide support to managers and health care providers, even in countries with little Internet access. LeaderNet uses a variety of learning pathways including the Web, e-mail, fax, and phone.

Results

As of June 2005, LeaderNet has enrolled 424 members from over 30 countries in Africa, Latin America, India, and the Caribbean. Milestones include:

- A Web site in Spanish, English, and Portuguese
- Eight online forums with moderated discussions in three languages on:
 - ↳ Creating a work climate that improves performance
 - ↳ How personal motivation affects workgroups
 - ↳ Developing productive teams
 - ↳ Ethics and leadership
 - ↳ Executive coaching
 - ↳ A course on monitoring and evaluation for Egypt Leadership Development Program and Pre-Service graduates
 - ↳ Leadership at the top
 - ↳ Achieving results in low resource settings
- Web-based resources on the latest thinking in leadership and management
- A Facilitator Section with tips and resources for delivering Leadership Development Programs
- A Case Study Section on leadership development at the community level

LeaderNet is committed to reaching graduates in countries whose use of the Internet is still in its infancy. An online forum was successfully delivered in Mozambique where participants from rural areas with no Internet access used cell phone text messaging to reach colleagues in Maputo who could post their comments to the Web site.

For more information

- <http://erc.msh.org/leadernet>
- Additional information on LeaderNet can be found at www.msh.org/projects/mandl/3.4.8.html#links.



Consulting for Results Program

Background

The Consulting for Result (CfR) Program is a three-day course designed to enable seasoned consultants to develop greater understanding of the phases of the consulting process, learn the most appropriate tools and approaches for each phase, and build their clients' commitment to long-term improvement. Based on the Performance Improvement Model, CfR was originally designed and offered as an in-house skills building workshop for M&L staff to ensure strong and responsive relationships with USAID and our client organizations.

Summary of Work

Recognizing the applicability of the course for consultants as well as staff, M&L sought a cost efficient approach to offer the course widely. The result has been a partnership with the Technical Cooperation Network (TCNetwork) (page 34) as part of its commitment to a “multiplier effect” of sharing its products and tools with local technical assistance providers. The firms offer the course on a fee-basis to network members and other seasoned consultants, handling all marketing, logistics, and participant communications. Through a “Facilitator in Training” component in each course offering, TCNetwork members are mentored in the facilitation of the course in order to become certified trainers and once certified, can offer the course on their own.

Results

Through this partnership, Consulting for Results has been conducted by TCNetwork members in Nigeria, Kenya, Uganda, and the Philippines, reaching over 70 participants. There are five certified trainers within these TCNetwork member firms that can now offer the course as part of their own portfolios.

For more information

- www.tcnetwork.net

Capacity Development Planning

Background

Capacity Development Planning has been a focus from the start in the M&L Program. What began as an ongoing self-improvement process for M&L staff to build their own capacity to provide technical assistance in management and leadership has expanded to enabling field staff, partner organizations, and other cooperating agencies to be fully capable of setting up and delivering M&L programs.

Summary of Work and Results

Beginning with building the local capacity of M&L staff with a focus on results thinking and monitoring and evaluation in program year (PY) 1, the Leading and Managing Results Framework was developed and disseminated. The Framework embodies the practices that enable work groups to face challenges and achieve results. It is used to help managers manage complex systems, build leadership capabilities at all levels of their organizations, and capture, apply, and spread knowledge. A technical exchange was facilitated with Centre for African Family Studies (CAFS) in Kenya and its West African office in Togo to gain the African field perspective on the framework. PY2 continued with a focus on ongoing self-improvement process for M&L staff with the design and delivery of the Leading and Managing Framework.

The first half of PY3 continued with the orientation of M&L staff on the Frameworks and other topics related to management and leadership. M&L staff attended a seminar with CAFS in Ethiopia where the M&L Framework was showcased and work climate was introduced. The second half of PY3 expanded the ongoing self-improvement process to include more field staff in the continuous updating of management and leadership principles, practices, and lessons learned to date.

In PY4, an expansion of the orientation and delivery of principles, practices, and lessons learned regarding developing managers who lead was brought to M&L staff, field staff, and partners. Field staff and partners in Senegal, Guinea, and Kenya were trained to deliver district level leadership programs; U.S.-based staff continued to be oriented in M&L program materials and models. Capacity development begun in PY4 continued into PY5 with a larger focus on partner organizations and other cooperating agencies. About 25 local facilitators in MSH field projects (Mozambique, Brazil, Senegal, Guinea, and Nicaragua) have been equipped to own and deliver M&L programs including the LDP and WCA through apprenticeship and turnover of program materials. The last half of PY5 provided M&L with another opportunity to continue capacity development beyond M&L with a LDP in Guyana working with local facilitators through support and coaching alone and with a LDP in the Kenya Medical Training Center. M&L staff, as well as other MSH staff have benefited from additional orientations to completed M&L program designs (the LDP and WCA) in PY5.

With tested and redesigned materials based on experiences in the field, M&L has the ability to deliver capacity development of partner organizations and cooperating agencies in M&L principles, practices and programs through virtual coaching and support to increase the number of facilitators capable of setting up and delivering M&L programs.



Strategic Direction 2

Improving Management Systems

Organizations must have strong management systems in order to deliver high-quality health services and enable managers and service providers to perform effectively. Strong systems are necessary for organizational sustainability. Under Strategic Direction 2 M&L delivered technical assistance, training, and the application of practical tools that address local management problems, strengthening the capacity of organizations and programs.

The role of Strategic Direction 2 has been to develop or adapt, test and finalize, disseminate, and make accessible an array of proven technical approaches and tools aimed at strengthening management systems and practices within health organizations from the public and the private sectors. This ensured that M&L client organizations have effective, transparent, documented management practices and systems to facilitate their work and achieve improved performance.

Key Products and Achievements

Management and Organizational Sustainability Tool (MOST)—MOST is a participatory management diagnostic process that enables managers in NGOs and MOHs to develop a management capacity profile for their organization and a prioritized action plan for improvement. A MOST “Suite” consisting of the primary MOST instrument and specialized in-depth MOSTs in Human Resource Management, Financial Management, and TB are now available and used. More than 80 organizations worldwide have used MOST, many of them independently from M&L technical assistance.

Health Manager’s Toolkit—Initially developed under Family Planning Management Development (FPMD) II, implemented by MSH during 1995–2000, and in collaboration with Family Health International (FHI), this electronic resource continues to provide health managers around the world with field-tested, practical tools to address family planning/reproductive health (FP/RH) and other service delivery challenges. The site receives more than 10,000 visits per months. The Toolkit can be accessed through the Electronic Resource Center at <http://erc.msh.org>.

Business Planning Program (BPP)—The BPP is a blended learning program designed to enable NGOs and faith-based organizations (FBOs) to write business plans to improve their on-going management to attract nontraditional donor funding. Started in Bolivia, this initiative leveraged \$500,000 in new funding for participating NGOs in that country. Three professional management development firms are now certified to deliver the BPP to health and other social sectors organizations in Latin America (PROCOSI), Africa (Ghana Social Marketing Foundation) and Asia (Philippine Business for Social Progress).

Human Capacity Development (HCD) Initiative—M&L is a key contributor to USAID’s HCD Initiative with core funds from the Office of HIV/AIDS. In collaboration with other Cooperating Agency partners, M&L developed a framework assessing overall human capacity development needs—including leadership, policy, and legislative recommendations—across sectors and within individual organizations and programs. Technical assistance has been provided to improve management of the health care workforce and address human resource issues caused by the epidemic in several countries in Africa.

The Manager—*The Manager* provides in-depth information on management and leadership strategies for improving service delivery. Three of the key issues developed under Strategic Direction 2 are: “The Challenge of Leading and Managing National Coordination Efforts,” “Leading Change in Practices to Improve Health,” and “Tackling the Crisis in Human Capacity Development for Health Services.”

Participation in USAID-Cooperating Agency Initiatives

M&L has taken a leadership role in the service delivery Cooperating Agency (CA) community raising awareness of management and leadership issues. The following are summaries of these collaborations.

Maximizing Access and Quality (MAQ)

M&L has actively participated in MAQ activities throughout its five program years, including serving as co-chair of two Sub-Committees: Management and Supervision Working Group and Organization of Work Sub-Committee.

Management and Supervision Working Group

An early contribution to this working group was M&L's technical input to the development of a paper on supportive supervision. M&L then funded and published the piece as a MAQ Paper entitled: *Making Supervision Supportive and Sustainable: New Solutions to Old Problems* (Volume 1, Number 4, 2002). It is available on the MAQ Web site at: www.maqweb.org/maqdoc/MAQno4final.pdf.

In 2003, M&L assumed co-chairmanship of this Working Group. The co-chair (Joseph Dwyer) represented the Working Group at the 2003 Implementing Best Practices (IBP) Initiative in India. In June 2004, M&L took the lead in presenting on issues related to “leading change” during the IBP Africa Conference in Uganda. This session received positive feedback from both CAs and USAID/Washington and was noted as one of the more practical and useful sessions of the conference.

A priority issue identified by the Management and Supervision Working Group when M&L assumed co-chairmanship was leading change to adapt, apply, and scale-up good medical and program practices. Through its MAQ involvement, M&L has worked collaboratively with CAs including EngenderHealth-ACQUIRE, University Research Corporation-Quality Assurance Project, JHPIEGO, CARE, Population Leadership Program, and with USAID/Washington to focus on this key challenge. Work from these efforts was incorporated into an issue of *The Manager*: “Leading Change in Practices to Improve Health” (Volume 13, Number 3, 2004). The issue can be accessed at: www.msh.org/publications. The issue can also be accessed from the MAQ Web site.

Building on assistance provided to various MAQ Sub-Committees under FPMD II, M&L published three MAQ papers on behalf of the MAQ Initiative in 2000. These are available on the MAQ Web site: www.maqweb.org.

- *Analyzing the Organizational Context for Positive Client-Provider Interaction : A Leadership Challenge for Reproductive Health*—MAQ Papers, Volume 1, Number 1, 2000.
- *Client Provider Interactions in Family Planning Services: Guidance From Research and Program Experience*—MAQ Papers, Volume 1, Number 2, 2000.
- *Managing Programs to Maximize Access and Quality: Lessons Learned from the Field*—MAQ Papers, Volume 1, Number 3, 2000.

Organization of Work (OOW) Sub-Committee

The OOW Sub-Committee was established in July 2002 with M&L assuming co-chairwomanship. The purpose of the OOW Sub-Committee was to: conceptualize the topic; capture what's known about organization of work based on evidence; produce products; and disseminate and apply effective technical assistance approaches and best practices.

In collaboration with the INFO Project, M&L took the lead in supervising the preparation of a MAQ Paper on the topic, which was published in 2004, translated into three languages (French, Spanish, Portuguese) and distributed by the INFO Project: Population Reports: MAQ Series Q, Number 2: *Organizing Work Better*. The Paper is available at: www.infoforhealth.org/pr/q02/. The Sub-Committee disbanded in 2004 following the publication of this MAQ Paper.

Performance Improvement Consultative Group (PICG)

M&L participated in this Group from 2000 to late 2004 when the PICG was most active. M&L staff co-chaired the Information, Communication, and Education Sub-Committee, and participated in the other two PICG Sub-Committees: Committee Structure, and PI Framework. The primary products of M&L's participation included:

1. Technical contributions to the development of the PICG's Web site. (The contents of the Web site are now on the MAQ Web site at: www.maqweb.org.)
2. Publication of two articles on MSH's experience applying Performance Improvement in the *Performance Improvement Journal* published by the International Society for Performance Improvement (ISPI): Pollock, John, "Performance-Based Contracting With NGOs in Haiti," *Performance Improvement Journal*, 2003; 42(8):20-24; Riehle, Dan, and Jedida Wachira, "Enhancing Facility-Based Care in the Eastern Cape: Performance-Focused Approach Improves Clinic Services," *Performance Improvement Journal*, 2003; 42(8):25-28. The articles are available from the ISPI Web site at: www.ispi.org.
3. M&L contributed to the design, organization, and implementation of a "PI Day" sponsored by the PICG for the USAID and CA community in September 2004. Presentations were made by MSH staff on application of Performance Improvement in Haiti, Senegal, and Indonesia.

Interagency Gender Working Group (IGWG)

M&L participated in the IGWG during only its first program year (October 2000–September 2001), building on contributions to the formation and activities of the Working Group under FPMD II. M&L's main contribution was the preparation and dissemination of an issue of *The Manager* in three languages (English, French, and Spanish): "Managing Reproductive Health Services with a Gender Perspective," Volume 9, Number 2, 2000. The issue can be accessed at: www.msh.org/publications. This publication is one of the most frequently requested. For example, CARE International purchased copies to send to all of their country offices around the world.

When developing its workplan for PY2, M&L was advised by its then CTO that continued participation in the IGWG was no longer a priority for core funding.

For more information

- *Making Supervision Supportive and Sustainable: New Solutions to Old Problems*, MAQ Papers (Volume 1, Number 4, 2002). Available on the MAQ Web site at: www.maqweb.org.
- *The Manager*: "Leading Change in Practices to Improve Health," (Volume 13, Number 3, 2004). All issues of *The Manager* are available online at www.msh.org/publications.
- *Analyzing the Organizational Context for Positive Client-Provider Interaction: A Leadership Challenge for Reproductive Health*, MAQ Papers (Volume 1, Number 1, 2000); *Client Provider Interactions in Family Planning Services: Guidance From Research and Program Experience*, MAQ Papers (Volume 1, Number 2, 2000); *Managing Programs to Maximize Access and Quality: Lessons Learned from the Field*, MAQ Papers (Volume 1, Number 3, 2000). All are available on the MAQ Web site at: www.maqweb.org.
- Population Reports: MAQ Series Q, Number 2: *Organizing Work Better*. The Paper is available at: www.infoforhealth.org/pr/q02/.
- Pollock, John, "Performance-Based Contracting With NGOs in Haiti," *Performance Improvement Journal*, 2003; 42(8):20-24; Riehle, Dan, and Jedida Wachira, "Enhancing Facility-Based Care in the Eastern Cape: Performance-Focused Approach Improves Clinic Services," *Performance Improvement Journal*, 2003; 42(8):25–28. Both are available from the ISPI Web site at: www.ispi.org.
- *The Manager*: "Managing Reproductive Health Services with a Gender Perspective," (Volume 9, Number 2, 2000). All issues of *The Manager* are available online at www.msh.org/publications.

Business Planning Program

The Art of Crafting a Business Plan for Social Return on Investment

The Challenge

Institutional and private donors are requiring more accountability from NGOs and development organizations. New funding sources like the Global Fund for AIDS, Tuberculosis, and Malaria (GFATM) and the Millennium Challenge Account (MCA) require local organizations and governments to demonstrate potential or projected impact when competing for funding, and are using more stringent results-oriented contracting and grants instruments like performance-based financing to ensure that the results match the investment. In addition, foundations, private investors, and philanthropists are using measures of social return to gauge the success of their efforts, and to make informed decisions about the ongoing use of their resources. As funding sources are becoming more selective on the international stage, health sector reforms at local levels have often resulted in laws requiring NGOs to offer a basic health care package to underserved populations at no charge, for which they are reimbursed at a below-cost rate. This practice combined with reductions in financial support from USAID, is leaving many NGOs open to financial risk. As a result, they are seeking to diversify their funding streams.

In response to this challenge, NGOs and their public and nonprofit counterparts are adapting lessons from the private sector to be more competitive and results oriented. One of the private sector's most powerful tools is the business plan. It combines the rigorous detail of a project proposal with a client-centered, market focus. Business plans focused on social return on investment are blueprints for ways to produce increased social well-being, instead of elevated financial return or profit. Organizations can use them to attract nontraditional philanthropists who want clear social returns on their donations.

“The Art of Crafting a Business Plan for Social Return on Investment,” also known as the Business Planning Program (BPP), utilizes both face-to-face and electronic methodologies to help organizations build expertise in business planning. This innovative program covers such areas as: capturing and packaging breakthrough ideas, identifying target markets and marketing strategies, and determining the best complement of staff to develop the ideas. It also helps organizations navigate the financial aspects of a business plan—projecting both social and financial return on investment. The tools, techniques, and worksheets supplied during this learning experience serve to simplify the complexities of the business plan, while helping participants to balance their enthusiasm with facts.

In early 2001, M&L staff drafted a concept paper about a new way of doing business development to generate additional funding options for MSH clients. Later that year, the BPP team secured funding from the USAID-funded NGO Networks Project for a pilot program. The PROCOSI Network in Bolivia became M&L's first client and program partner.

Developing the Product

The development of the BPP began with a needs assessment conducted with members of the PROCOSI Network. Nearly 50 interviews with prospective participants, representing 18 member organizations, revealed the following:

1. They did not want to be pulled from their work to attend another training program.
2. They did not want a course based in theory.
3. They wanted to conclude the program with a completed business plan.

Using this input, the design team began to develop a blended-learning program. Once the content was in draft form, the M&L BPP team worked with the PROCOSI team to review the format, flow, and language of the program. With their feedback, the design team completed the development of the BPP CD-ROM.

Roll-out of the Business Planning Program

In July 2002, the M&L BPP design team traveled to La Paz to launch the BPP with 8 members of the PROCOSI Network. The CD-ROM consisted of six self-contained modules, each containing questions, assignments, and reference materials that allowed the participants to complete each section of the business plan. The BPP launched with a face-to-face orientation, which allowed participants to familiarize themselves with the program software, the terms, the process, and their business plan development teams.

After the orientation, participants returned to their worksites where they drafted sections of their business plans while consulting via e-mail with their assigned M&L reviewer. Reviewers were content experts who coached the participants and addressed any questions and concerns before the final version of each section was completed. A team of three to six people from each member organization prepared the business plan, soliciting help from others in their organization as needed. A team captain oversaw the completion of the assignments and communicated with the team's M&L reviewer. This first offering of the BPP resulted in six business plans, of which four received full or partial funding.

Following this pilot test, a detailed evaluation was conducted, resulting in a number of upgrades to the BPP CD-ROM, and the creation of the supplemental CD-ROMs and manuals listed below:

- The Marketing Materials CD-ROM
- The Evaluation Toolkit CD-ROM
- The IT Toolkit CD-ROM
- The Facilitator's Guide

The Program Partners

The supplemental materials mentioned above were developed to prepare PROCOSI as a Program Partner, capable of delivering the BPP to other organizations in the region. Since July 2002, M&L has worked with two additional Program Partners. In May 2003, the BPP was launched with the Ghana Social Marketing Foundation (GSMF). GSMF received training as a Program Partner in November 2004. The Philippine Business for Social Progress (PBSP) recently completed the BPP, and received training in August 2005 to become a Program Partner.

All Program Partners are required to complete the BPP, undergo an extensive Facilitator Training Program, prepare a marketing plan, and sign a Memorandum of Engagement to be named a BPP Program Partner. Program Partners have the exclusive rights to promote and deliver the BPP to organizations working to improve public health in their respective regions. M&L's role is to provide updated materials, learning aids, and market leads to the Program Partners. Moreover, becoming a Program Partner opens up three potential revenue streams:

- Donor funding for business plans,
- Revenue from the sales of products and services described in the business plans,
- Tuition income collected from organizations who enroll in the BPP.

Results

The launch week orientation and subsequent delivery of the BPP via e-mail has been replicated five times since the initial pilot program with PROCOSI. Twenty-one business plan development teams in Latin America, Africa, and Asia have participated in the BPP, resulting in 12 completed business plans, and 7 plans under development.

New revenue streams: Since 2001, M&L has made a total investment of \$520,000 in the BPP, of which \$420,000 was directed to PROCOSI and GSMF, who have generated the bulk of the \$512,000 in new revenue

from donors such as the Japanese Embassy, the Dutch Church, the Belgian Government, the Ministry of Housing in Bolivia, the USAID-funded AWARE Project, and EngenderHealth. The PROCOSI secretariat alone has secured nearly \$100,000 in contracts to deliver the BPP to NGOs and municipalities in Nicaragua. This investment has been matched by nearly \$100,000 in cost-share from Program Partners.

Improved new business development practices: The BPP has done more than simply provide organizations with a format and a process for drafting business plans, it has revolutionized the way they look at their product and service lines, assess client needs, interact with finance staff, and formulate their management systems. More importantly, the BPP has helped participating organizations revitalize their approach to new business development. Indeed, second, third and fourth generation business plans have been developed by NGOs in Bolivia and Nicaragua. Furthermore, the modules of the BPP have been used successfully by participating organizations to enhance proposals for USAID, DFID, and other traditional donors.

Reduced costs over time: It cost M&L \$150,000 to develop and deliver the first Business Planning Program to PROCOSI. The cost for M&L to deliver the BPP to a new Program Partner has been reduced to less than \$75,000. The cost for a Program Partner to deliver the BPP to a local client organization is a third less than M&L's cost, and can be recovered through tuition fees.

Sample Business Plan Themes

APROSAR (Bolivia): A manual that cross references traditional and western treatment protocols.

APHTA (Tanzania): A fund with small, low-interest loans for APHTA members to procure equipment that will allow them to offer higher quality services to clients.

PROCOSI (Bolivia), PBSP (Philippines) & GSMF (Ghana): The Business Planning Program delivered throughout their respective regions.

Esperanza (Bolivia): Establishment of a training center, where women can learn marketable skills and crafts, and take basic business courses.

CEPRESI (Nicaragua): Establishment of clinics that offer primary health care services to men in the community.

PROVADENIC (Nicaragua): Conversion of its training center into a revenue stream by purchasing new equipment and renting it to other NGOs, schools, and community groups. Funds generated will cross-subsidize its work with health promoters.

For more information

- “Final Evaluation of *The Art of Crafting a Business Plan for Social Return on Investment*,” Fiona Nauseda, Cecilia Boada, March 2003, can be accessed through USAID’s Development Experience Clearinghouse, www.dec.org.
- “Progress Report on Activities Undertaken with GSMF,” Alex Bermudez, November 2003, can be accessed through USAID’s Development Experience Clearinghouse, www.dec.org.
- Summaries of evaluation findings are available at www.msh.org/mandl/evaluation_notes.
- *The Manager*: “Business Planning to Transform Your Organization” (Volume 12, Number 3, 2003). Issues can be accessed at www.msh.org/publications.
- Additional information on the BPP can be accessed at www.msh.org/projects/mandl/3.5.5.html.
- <http://erc.msh.org/vclm/>

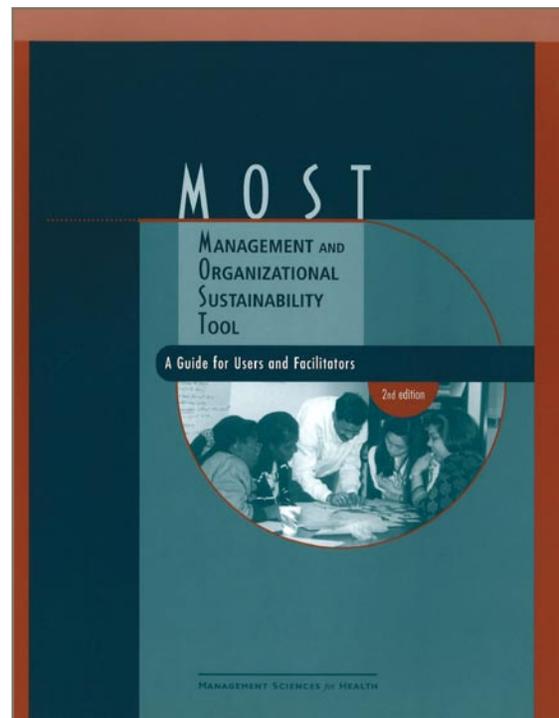
Management and Organizational Sustainability Tool

Background

The Management and Organizational Sustainability Tool (MOST) was developed under FPMD II as a participatory management diagnostic process for public and private sector institutions to prepare a management capacity profile for their organization and a prioritized action plan for improvement. During M&L, we reviewed past experiences in MOST applications, revised the MOST guide accordingly, and disseminated the revised version for wider application.

Summary of Work

The product development strategy for MOST was to learn from past MOST facilitators about their experiences and look across the organizations where MOST was applied to create a more comprehensive Guide to the MOST process. Upon publication of this new Guide in early 2004, the second phase of dissemination began. The dissemination phase focused on training additional facilitators in MOST and presenting MOST both internally and externally to broaden its application. In addition, because of the success of MOST, M&L adapted the methodology for more specific management areas, such as financial management, human resources management, national tuberculosis programs, laboratories, NGO networks, and collaboration of HIV and TB programs.



Results

As of June 2005, MOST has been applied approximately 110 times by MSH in over 20 countries. During M&L, 20 new facilitators were trained (half of which were not MSH staff). The process is now being replicated in Mozambique with no outside funding, and is being replicated by TCNetwork members in West Africa under the EngenderHealth AWARE Project. A total of 1,300 copies of the second edition of MOST have been disseminated in English. Since being translated into French and Spanish in April 2004, 200 copies in French and 60 copies in Spanish have been disseminated.

In April 2005, the Royal Tropical Institute of the Netherlands developed the Sector Policy Review (SPR) Tool, which was based heavily on MOST. The SPR is a “kit for involving important stakeholders more directly in reviewing health sector development.”

For more information

- A detailed description of MOST, and ordering information, can be found at www.msh.org/publications.

Human Capacity Development

The Challenge

In the context of the HIV crisis, Human Capacity Development (HCD) is defined as: developing the will, skills, capabilities and human resource management systems to enable people to respond effectively to HIV/AIDS. A stronger work force is needed to carry out expanded HIV/AIDS prevention, care, and treatment programs. M&L's Human Capacity Development (HCD) activities, funded by the Office of HIV/AIDS, USAID, launched in 2001 with the following goals:

- provide consultative assistance to USAID in developing and disseminating an HCD framework to address shortages in human resources needed to scale-up HIV/AIDS services;
- validate the framework by applying it in selected PEPFAR countries, either in its entirety or through one of its four components;
- produce publications to support the implementation of HCD.

Summary of Work

M&L collaborated with USAID to develop a framework (see page 30) for assessing HCD challenges and developing comprehensive strategies to address them. The framework was reviewed in focus group meetings with international organizations at the Barcelona AIDS conference in 2002. Since that time, the HCD Framework has been used widely in conducting national HCD assessments in selected PEPFAR countries to identify and plan for the human resource capacity required to scale-up HIV/AIDS programs. MSH also acts as a partner, with IntraHealth, to develop and carry out HCD activities under the Capacity Project.

The M&L Program has carried out technical work in several areas directly linked to the HCD framework:

Human Resources Management (HRM): MSH developed the *Human Resource Management Rapid Assessment Tool for HIV/AIDS Environments: A Guide for Strengthening HRM Systems*, which provides users with a tool to identify the strengths and weaknesses of HRM systems including the effectiveness to mitigate the impact of HIV/AIDS on the health workforce and to help users develop an action plan to improve the system. This process was carried out with the Anglican Church of Tanzania, the Evangelical Lutheran Church of Tanzania, and the National Primary Health Care Development Agency (NPHCDA) of Nigeria.

Leadership: MSH conducted a Leadership Development Program for 15 District level teams in Kenya to strengthen leadership competencies to produce desired HIV/AIDS service results. MSH also developed and delivered the VLDP to managers of HIV/AIDS NGOs in Brazil.

Publications: "Tackling the Crisis in Human Capacity Development for Health Services," Volume 13, Number 2, of *The Manager* was produced in 2004. This publication was distributed to 12,000 managers worldwide and is available on the MSH Web site for downloading at www.msh.org/publications. MSH also produced the book *Scaling Up HIV/AIDS Programs, A Manual for Multi-Sectoral Partnerships*, which explains in detail how to determine resource needs and provides templates for defining needs in all areas related to HIV/AIDS, such as medicines, supplies, equipment, training, and construction.

Assessments: National HCD assessments and strategies to scale-up HIV/AIDS and other health services were carried out in Kenya, Uganda, Mozambique, Namibia and Haiti. The assessment in Uganda was co-funded by Danida.

Results

MSH has increased its capacity to assist countries to address the human resource (HR) crisis in health. As a result of the above activities:

MSH is an active partner in the Global Platform established to address the challenges set forth in the Joint Learning Initiative (JLI) report: “Human Resources for Health, Overcoming the Crisis.” Other leading health organizations, such as Physicians for Human Rights, have sought input from MSH in formulating policy recommendations for the GFATM and PEPFAR. The HR Division of WHO has agreed to partner with MSH on developing an unsolicited joint proposal to address challenges identified in the JLI report, propose to implement a comprehensive HCD project in one or two countries and also to publish a handbook of WHO and MSH tools on strengthening HCD.



- As a follow-up to the national country HCD assessments carried out in 2004–2005, USAID/Uganda has committed \$50,000 to the Capacity Project in the current year to follow up on the recommendations of that study;
- Mozambique is also ready to address implementation following the appointment of a new Minister of Health; the MOH National AIDS Commission in Haiti is following up on recommendations from the assessment done in that country through the MSH bi-lateral project, HS2007;
- USAID/Kenya has also committed \$2 million to the Capacity Project to develop and implement an emergency scheme to hire 1,000 health workers to be deployed to ART sites;
- Namibia is following up on HCD recommendations from the MSH report in that country through the RPM+ Project.

MSH is also actively contributing to the Capacity Project through technical work in Kenya, Southern Sudan, and the Southern Africa Region.

For more information

- More on M&L's work in HCD can be found at www.msh.org/projects/mandl/3.5.6.html.
- *Human Resource Management Rapid Assessment Tool for HIV/AIDS Environments: A Guide for Strengthening HRM Systems*, 2003, can be ordered from the MSH Bookstore, www.msh.org/publications.
- *Human Resource Management Rapid Assessment Tool For Public- And Private-Sector Health Organizations*, 2005, can be ordered from the MSH Bookstore, www.msh.org/publications.
- *The Manager*: “Tackling the Crisis in Human Capacity Development for Health Services,” (Volume 13, Number 2, 2004). All issues of *The Manager* are available online at www.msh.org/publications.
- *Scaling Up HIV/AIDS Programs: A Manual for Multisectoral Planning*, S. Helfenbein, C. Severo, 2004. This publication can be ordered from the MSH Bookstore, www.msh.org/publications.

Human Capacity Development Framework

A comprehensive approach to address the human resource crisis in health, the HCD Framework is based on the understanding that an integrated and comprehensive response is needed to address this global priority. It provides a pathway for governments and health ministers to address human capacity development in a sustained way. It does this through a multi-sector approach that addresses barriers to HCD in four relevant components: policy/ financial; human resource management; leadership and partnerships.

Component	Goal	Factors that affect achievement of the goal
Policy and financial requirements	Multisectoral collaboration streamlines the employment process in government, and appropriate human resource policies and plans support HCD	<ul style="list-style-type: none"> ■ health expenditures ■ salary structures ■ national civil service rules ■ government policies and structure for HRM (such as centralized hiring and firing) ■ incentives to prevent migration of health staff ■ authorized scopes of practice for health cadres (categories of health workers, such as laboratory technicians)
Human resource management	HRM systems are in place that result in adequate and timely staffing, staff retention, teamwork, and good performance	<ul style="list-style-type: none"> ■ HRM capacity in health facilities, local governments, and local health offices ■ personnel systems: planning, recruitment, hiring, transfer, promotion, firing ■ staff retention strategies; training ■ human resource information systems ■ workplace programs for HIV prevention
Partnerships	Planned linkages among sectors, districts, and nongovernmental, community, and religious organizations increase human capacity	<ul style="list-style-type: none"> ■ number and types of linkages among the public sector, private sector, and community networks ■ collaboration between the MOH and ministries of finance and education
Leadership	Managers at all levels demonstrate that they value health workers and provide staff with leadership to face challenges and achieve results	<ul style="list-style-type: none"> ■ visionary leadership ■ advocacy for reform of human resource policies ■ leadership development for managers at all levels

Health Manager's Toolkit

Background

The Health Manager's Toolkit was originally developed in partnership by Family Health International and FPMD II to assist in the strengthening of public health institutions and organizations so that they could improve the quality of their health services, make services more accessible to a greater number of people, and increase their programmatic, financial, and organizational sustainability. In 2000, M&L assumed full responsibility of the Toolkit.

Summary of Work and Results

The Health Manager's Toolkit, located in MSH's Electronic Resource Center (ERC), is an electronic compendium of management tools designed to help health and family planning managers effectively implement management activities. The Toolkit was launched in November 1997 in English with a total of 42 tools in 10 different management categories:

- clinical services management
- financial management
- information management
- health policy and reform
- organizational sustainability
- human resources management
- organizational planning
- community health services
- quality services
- drug and supply management

Over the following five years, the number of tools in the toolkit steadily increased to 62. The toolkit was maintained and improvements were made, including:

- French and Spanish versions of the Toolkit in 2000; Portuguese version in 2003;
- Leadership Development category was added and the Clinical Services Management and Quality Services categories were combined in 2002;
- A mini-survey was added to the site capturing information about visitors in 2002;
- CDs of the toolkit were produced in 2003 and 2005 and disseminated to all field offices, CAs, LeaderNet members, and VLDP participants;
- Two evaluations of the toolkit were conducted in June 2003 and June 2005;
- A list of all tools was added to the site in 2004, as a result of a survey conducted in 2003.

In the first four years of the project the monthly visitors averaged 1,237; in the final year of M&L, the number of visitors increased dramatically to an average of 13,773 per month, primarily from Latin American countries, with a substantial increase in activity from Africa as well. The 2003 and 2005 evaluations concluded that the Toolkit was a valuable resource to health professionals worldwide.

For more information

- <http://erc.msh.org/toolkit>
- "Evaluation of the Health Manager's Toolkit," Elena Décima, October 2003, can be accessed through USAID's Development Experience Clearinghouse, www.dec.org.
- "Evaluation of the Health Manager's Toolkit—2005 Survey Report," Elena Décima, Nicole Lubitz, June 2005, can be accessed through USAID's Development Experience Clearinghouse, www.dec.org.
- Summaries of evaluation findings are available at www.msh.org/mandl/evaluation_notes.

Strengthening NGO Capacity Management

Background

The Strengthening NGO Capacity Management project has provided three distinct pieces of work: technical assistance to the Christian Health Association of Ghana (CHAG); creation of a pilot NGO Organizational Development Web page; and documentation of the success of M&L's work with the Inter-Religious Council of Uganda (IRCU). Following M&L's September 2004 meeting with six service delivery CAs, the Population Council's FRONTIERS project recommended that M&L provide management support to the CHAG. M&L shared M&L approaches and products, including the Management and Organizational Sustainability Tool (MOST), with the Director of CHAG, Philibert Kankye. Mr. Kankye requested that M&L facilitate the MOST process with his staff in Accra in April 2005. M&L developed a Web page for the Electronic Resources Center (ERC, <http://erc.msh.org>) to feature organizational development (OD) tools for NGOs and FBOs. The NGO OD Web page allows staff members from NGOs and FBOs easy access to tools, approaches, and guidelines related to scaling up management and leadership capacity so they can deliver an increasing volume of high-quality health services to their target populations. The IRCU is an NGO receiving technical assistance from M&L to develop management structures and systems to manage the distribution of large funding streams for HIV/AIDS activities. M&L documented the interventions to capture lessons learned for future projects on scaling-up management related to the challenges of disbursing HIV/AIDS emergency funds.

Summary of Work

The MOST exercise with CHAG was a three-day activity carried out in Accra, Ghana. M&L provided the technical assistance for this activity and CHAG arranged all logistics for the participation of their staff. For the OD Web site, relevant tools, approaches, and guidelines have been organized into related categories (Systems, Skills, Strategies, and Structures). Existing tools on the ERC and tools from other organizations have been included. The site also includes organizational self-assessments to make it easy for NGOs and FBOs to decide on their own if they should use organizational development tools like MOST and the Financial Management Assessment Tool (FIMAT). M&L staff, with the help of a local OD consultant from Kampala, conducted the M&L research and documentation activities with IRCU. They interviewed U.S. and Uganda-based MSH staff members who have participated in the M&L interventions with IRCU as well as IRCU staff.

Results

After the process of selecting the Change Team at the end of the MOST workshop, the participants from CHAG held meetings with the rest of their staff and other stakeholders to share the process with them and win their support to carry the change process forward. The Change Team clarified individual assignments, set deadlines for the completion of such assignments, and developed a monitoring plan to evaluate the process. The NGO Organizational Development page has been integrated into the ERC, rationally connected to the Health Manager's Toolkit and complementary to existing material. An organizational self-assessment for MOST was also developed. M&L completed documenting the results of its interventions with the IRCU. In September 2005, an after-action review was performed on the lessons learned by M&L, IRCU, and the different FBOs that are part of the process of scaling up.

For more information

- <http://erc.msh.org>
- Additional information on MOST and FIMAT is available at www.msh.org/publications.

Strategic Direction 3

Partnering Locally for Sustainability

The mission of Strategic Direction 3 was to extend the reach of the USAID investment in M&L by identifying and working with strong southern technical assistance agencies. M&L collaborated with these partners, enabling them to incorporate and deliver M&L approaches and products, strengthening their technical capacities while also learning from them.

Strategic Direction 3 served as the “multiplier effect” for M&L, extending its reach beyond those NGOs and public sector health institutions that the program assisted through direct interventions. Under SD 3, M&L has introduced M&L approaches and tools to new clients and partners, including strong southern technical assistance providers, population/RH decision makers and service providers in graduated countries, and other CAs and their client organizations working in health. In addition, M&L has harnessed the potential of virtual technologies to support global communities. Highlights of this Strategic Direction include:

Technical Cooperation Network (TCNetwork)—A global community of independent health management and leadership consultants and organizations from Africa, Asia, Eurasia, and Latin America, the TCNetwork was launched in November 2003 as a way for donors and clients to access pre-screened local expertise. It has emerged as a compelling platform for action in the eyes of major global public health agencies. By August 2005, the TCNetwork has: established a solid foundation with 40 members from 17 countries; a public Web site hosting a marketplace of expertise; a members-only Web site with professional resources and discussion forums; a distributed governance structure managed by a representative Council of Trustees and supported by member teams; and nonprofit 501(c)3 status.



Global Exchange for Reproductive Health (GEN)—This virtual network was designed to foment and sustain exchange and sharing among RH decision makers, policy makers, and service providers in “graduated” countries no longer receiving USAID population funding so that they are better able to handle the challenges that they currently face, and to take advantage of trends, opportunities, new approaches, and best practices. Two three-day virtual international conferences have been conducted. The first, planned and implemented in partnership with organizations in Ecuador and Mexico, enabled 165 participants in 16 Latin American countries to meet virtually about Adolescent Reproductive Health, using presentations followed by audio and on-line discussions. The second virtual conference, led by the Ministry of Health of Morocco, focused on Safe Motherhood. Ninety-eight people from nine Francophone countries participated.

Partnering for Improved Service Delivery—In 2004, M&L conducted discussions with selected service-delivery CAs and other development organizations to better understand the common management and leadership challenges facing health service delivery agencies. Following on the enthusiastic response to this meeting, in September 2004 ADRA invited M&L to conduct a field-based collaborative activity to introduce their field staff in Guinea and Nicaragua to M&L approaches and tools and to co-facilitate a MOST management assessment as the first step in a management improvement process.

The Technical Cooperation Network

Background

The Technical Cooperation Network (TCNetwork) is a global community of independent health management and leadership consultants and organizations from Africa, Asia, Eurasia, and Latin America. Launched in November 2003 as a way for donors and clients to access pre-screened local expertise, it has emerged as a compelling platform for action in the eyes of major global public health agencies. By August 2005, the TCNetwork has: established a solid foundation with 40 members from 17 countries; a public Web site hosting a marketplace of expertise; a members-only Web site with professional resources and discussion forums; a distributed governance structure managed by a representative Council of Trustees and supported by member teams; and nonprofit 501(c)3 status.

The TCNetwork is poised to contribute to critical public health challenges by offering donors and clients a broader pool of pre-screened talent with a range of skills; a Web-based conduit for rapid sharing of information and ideas across borders; and a mechanism for assembling country and regional consortia of high-quality consultants to respond to public health programs currently managed by more expensive, less culturally savvy international firms. Paraphrasing the words of senior professionals from international foundations, UN agencies, bilateral donor agencies, and even governments who have been polled regularly since the TCNetwork's inception: "I have been thinking about this kind of network for years—we need this to get our big ideas into real action on the ground."

Summary of Work

The TCNetwork was conceived in response to a perceived shift in international donor practice towards engaging more local health workers and consultants for positions traditionally filled by expatriates and foreign-based intermediary agencies. In a world where available resources fall short of what is needed to respond to increasingly complex public health challenges, the use of local expertise has never been more important. Recognizing this and the comparative advantage of local consultants in terms of local understanding, continuity, and cost, M&L conceived of a network that would brand local talent and link it globally.

As a first step, the M&L Program invested resources to research and study networks, why many networks fail and some succeed, and whether there were like-minded networks already operating that the TCNetwork could partner with. M&L investigated the demand for a network of local consultants in health management by talking to over 150 consultants, public and private health agencies that use consultants, and donors from six countries.

Research indicated that networks with a clear purpose, consistent funding, and minimal bureaucracy were most likely to succeed. It pointed to a distributed network, borrowed from successful entities such as Visa credit card and the Internet—in which responsibility, creativity, and leadership is shared across all nodes—as a promising model. The study also showed that there was considerable interest from stakeholders in the promise of such a venture, and no such network in the field of international health currently exists.

In June 2003, MSH invited 10 leading consultants and consulting firm representatives from Angola, Bangladesh, Brazil, Georgia, India, Kenya, Mexico, Nigeria, Philippines, and Senegal to Washington, D.C. In an intensive one-week meeting, these founding members crafted a mission statement, operating principles, quality principles, draft eligibility requirements, and a governance structure, membership screening process, working groups and an action plan for the next year.

In the first year of the TCNetwork, members were devoted to developing the governance and structure. Working teams were established to work on membership, outreach, technology and knowledge management, and sustainability. A communications plan and materials in four languages were developed to promote outreach to potential new members, donors, and clients. A six-member Council of Trustees, representing the geographic and individual/organizational diversity of the network has met monthly since the network's inception.

The TCNetwork has established a set of professional standards for membership that defines excellence in technical work, consulting style, accountability, and program impact, and sets a global benchmark for performance. Quality is maintained within the network through a rigorous application process which includes confidential references from a member of the TCNetwork and three recent donors and clients, with repeat certification every two years.

An important on-going activity of the network has been fine tuning the online application screening process and admitting new members. Completed applications are screened in a confidential part of the members' site by a three-person Membership Screening Committee. Recommendations are further vetted by a standing, global Network Membership Team.

To date, 46 applications have been reviewed, four have been rejected, and 40 accepted. Two members became "honorary"—currently inactive members because they took full time jobs with international agencies, making them ineligible. There are 60 applications in process on the site. The TCNetwork has a goal of 150 members by June 2006, and 500 by 2010.

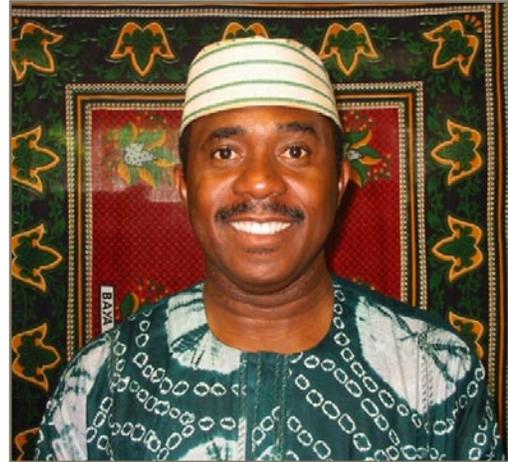
A detailed business plan has been developed and proposals and meetings to solicit core funding and funding for professional exchange have been undertaken with over two dozen potential funders. In June, 2005, the TCNetwork was granted 501(c)3 status from the IRS. At present, one formal submission was made to Museum Tech Awards and an Expression of Interest was submitted to the Gates Foundation. Fundraising remains a TCNetwork priority.

Results

For donors and clients, the TCNetwork offers access to consistently reliable, high quality, pre-screened consulting expertise through its online virtual marketplace. Donors and clients can post consulting opportunities or search the pre-screened database by skill or location. Fourteen job postings have been made to the TCNetwork Web site from the World Health Organization Regional Office, The Packard Foundation, USAID, international non-profit organizations, and TCNetwork member agencies. Because the marketplace is free and available to anyone who enters the site, and donors and clients contact consultants directly, the number of searches and connections is not known.

Members of the TCNetwork have access to high quality tools, training opportunities, and electronic resources offering new program and procurement information. Collaboration and information sharing takes place in chat rooms in the members-only site. One member noted the importance of the information available: "I've downloaded presentations, journals, business opportunities...whenever I have an opportunity, I surf the Web site for new information to read" (TCNetwork Evaluation Team, October 2004).

In addition to online resources, the TCNetwork promotes face-to-face professional exchange with benefits to members and the broader public health community. Consulting for Results—a three-day intensive workshop to help seasoned consultants hone their negotiation, communication and analysis skills was developed by M&L. With M&L resources and mentoring, lead trainers from member agencies in Nigeria, Kenya, Uganda, and the Philippines were trained and offered courses to over 70 consultants in 2004–2005. A team of members from the Philippines, Uganda, Nigeria, and Georgia is working on the companion piece—Maximizing the Consultant—a modularized mentoring approach to helping clients manage and monitor external consultants effectively. Members from India, Pakistan, Uganda, the Philippines and Nigeria collaborated on a joint response to a request for an evaluation from the Packard Foundation.



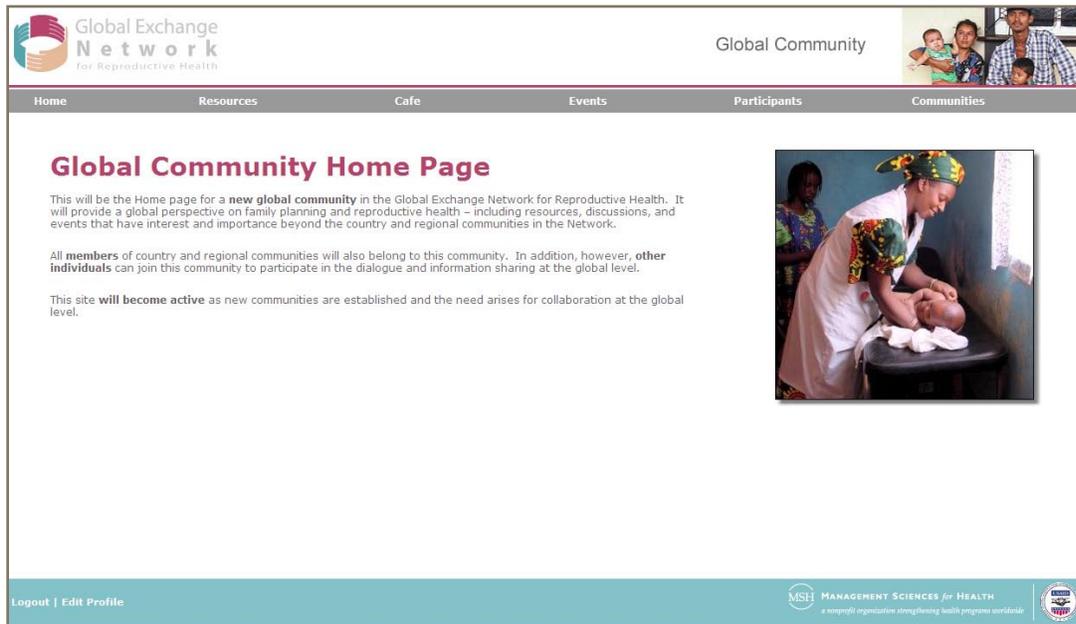
Members have also established working relationships with other TCNetwork members. Informal collaboration among members is occurring offsite, via email and telephone conversations. Some examples include collaboration among the Spanish and Portuguese speaking members to develop a health management course for Angola; collaboration between some African members on the Consulting for Results courses recently held in East Africa; and a member winning a bid referred to them when a client sought the advice of another member from a different country.



For more information

- www.tcnetwork.net
- <http://erc.msh.org/vclm/>

Global Exchange Network for Reproductive Health



The screenshot shows the website's header with the logo on the left and navigation links (Home, Resources, Cafe, Events, Participants, Communities) in the center. A 'Global Community' link is on the right next to a photo of a family. The main content area features the title 'Global Community Home Page' and three paragraphs of introductory text. A photograph of a healthcare worker attending to a patient is on the right. The footer includes a 'Logout | Edit Profile' link, the MSH logo, and the text 'MANAGEMENT SCIENCES for HEALTH' and 'a nonprofit organization strengthening health programs worldwide'.

The Challenge

The Global Exchange Network (GEN) for Reproductive Health is an initiative to promote the exchange of information and best practices among reproductive health decision makers, policy makers, and service providers in countries no longer receiving USAID reproductive health and population funding. GEN activities may also extend to include people from reproductive health organizations in other countries in order for them to benefit from the experiences of others.

GEN strives to be a South-South virtual network, led by the member countries and supported by M&L. GEN focuses on areas of interest identified by the member countries including reproductive health proven practices, new information or current challenges in reproductive health. At the present there are six participating countries (Brazil, Turkey, Morocco, Mexico, Ecuador, and Colombia).

Summary of Work

Planning for GEN occurred in late 2004 and included focus group discussions with stakeholders in Colombia, Ecuador, Mexico, and Turkey that were designed to elicit their ideas for GEN according to their needs and interests. From March 2005–June 2005, the GEN M&L team was formed to finalize the design and launch of GEN activities. Over the next few months, the GEN Web site was planned and implemented. The Virtual Leadership Development Program (VLDP) was delivered to representatives from reproductive health organizations in Colombia, Ecuador, and Mexico. In April 2005, a three-day virtual conference in Spanish on Adolescent Reproductive Health, led by RH organizations in Colombia, Ecuador, and Mexico was offered. In all, 165 participants from 16 Latin American countries participated. The second conference was in French in June 2005 on the topic of Safe Motherhood (with family planning included in different presentations), led by Morocco. Ninety-eight people from Morocco and eight francophone countries participated. At the request of USAID, M&L has also conducted an email survey of reproductive health organizations in Colombia, Ecuador, and Mexico and a GEN Web site dialogue to identify country experiences since USAID graduation and primary lessons learned about the USAID graduation process.



Results

In one year of implementation, representatives of 11 RH organizations in Colombia; 12 organizations in Ecuador, and eight organizations in Mexico have participated in the VLDP, strengthening their leadership capacity and their in-country, cross-organizational communication and coordination. The two GEN virtual conferences were highly regarded by conference participants who reported that the quality of the presentations, the online discussions and the virtual technology were excellent. The GEN partner organizations from Latin America and the Morocco MOH have expressed strong interest in sustaining and expanding GEN activities. Participants in the conferences have requested additional GEN exchange activities in many areas. The Global Exchange Network for Reproductive Health is a young, evolving network with great potential as a communication and exchange network among those countries no longer receiving USAID Population assistance and those that do. Partners shared their experiences enthusiastically and contributed without any financial incentives to GEN activities. Through different virtual pathways (the GEN Web site, virtual conferences, short virtual courses), GEN can contribute to the many challenges facing countries in the area of RH, both in general as well as specific challenges related to graduating from USAID assistance (e.g., contraceptive commodity security, seeking alternative revenue sources, maintaining family planning high on the public health agenda).

For more information

- Additional information on the Global Exchange Network for Reproductive Health is available at www.msh.org/projects/mandl/3.4.7.html.
- “The Global Exchange Network for Reproductive Health: Morocco Virtual Conference, *Safe Motherhood—The Moroccan Experience*,” James Wolff, August 2005, can be accessed through USAID’s Development Experience Clearinghouse, www.dec.org.
- “Global Exchange Network for Reproductive Health Latin America: Virtual Conference Final Report,” Susana Galdos, April 2005, can be accessed through USAID’s Development Experience Clearinghouse, www.dec.org.
- <http://erc.msh.org/vclm>

Virtual Center for Leadership and Management

The Virtual Center for Leadership and Management (VCLM) is a Web-based mechanism launched in September 2004 to integrate and support M&L's electronic resources, online communities of practice, and virtual programs. It provides quick and easy cross-links for members of the TCNetwork, the Communities of Practice and their related Knowledge Folders, LeaderNet, Global Exchange Network for Reproductive Health, the Electronic Resource Center, the Virtual Leadership Development Program, and the Business Planning Program (BPP).

The goal of the VCLM is to improve health services by reinforcing and expanding access to quality information, knowledge, and programs related to performance improvement available to health professionals around the world.

Since its inception, the VCLM has received more than 100 visitors per month. Visitors have included people from the United States, United Kingdom, Belgium, Mexico, Italy, the Philippines, Trinidad and Tobago, Honduras, and South Africa. The VCLM features a number of monthly updates on achievements, and strategic thought pieces prepared by the various product teams. These include announcements about the launch of the VLDP program, LeaderNet workshops, introducing BPP's Asian Partner, BPP's delivery to the Nicaraguan municipalities, TCNetwork's Consulting for Results program, and the idea behind the creation of the BPP. There are also links to external Web sites such as the Implementing Best Practices Consortium, Advance Africa, and the MAQ Initiative. In March 2005, four individual Knowledge Folder pages were created on the VCLM to provide a brief description of each Knowledge Folder and links to the knowledge folder public domain deliverables on the Web.

Support for the VCLM has shifted from the M&L Program to MSH's Center for Leadership and Management, where it will continue to be home to virtual learning programs, communities of practice, and electronic information resources.



For more information

- <http://erc.msh.org/vclm>

Partnership with the Centre for African Family Studies

Background

The partnership between the Centre for African Family Studies (CAFS) and MSH was established to model a mutually beneficial long-term relationship between a Cooperating Agency and a developing country institution over the life of a centrally funded project, in this case the M&L Program. It represented a joint commitment to explore, model, and disseminate the results of an effective partnership within the context of management and leadership development in family planning and reproductive health programs.

Having completed its own highly successful program of institutional capacity building with USAID funding, CAFS was well placed to support and enhance capacity building in the field. At the same time, the organization played an increasingly active role throughout sub-Saharan Africa, resulting in expanded collaboration with governmental and non-governmental organizations, as well as international development assistance agencies and foundations. CAFS was strategically positioned to enhance the achievement of M&L objectives on the ground, including scaling up; South-to-South exchange; and creating, disseminating, and evaluating knowledge about management and leadership.

The CAFS scope of work focused primarily on seeking new opportunities for M&L field projects; strengthening CAFS own capacity to undertake M&L technical assignments and South-to-South engagements; contributing to M&L materials and new product development; and contributing to M&L's knowledge generation. Two CAFS staff were seconded at 50% time to M&L.

Results

The most successful initiatives of the partnership were joint field activities and contributing to M&L products and knowledge generation. CAFS and MSH staff developed and co-facilitated a highly successful integrated strategic planning – management assessment process with the Family Life Education Program (FLEP), a health service delivery FBO in Uganda. A CAFS staff person was a key member of the leadership development team in Guinea and the M&L leadership approach has been integrated into CAFS courses. New business development was less successful and maintaining an ongoing partnership between field initiatives proved to be burdensome for both organizations. Leadership transitions at CAFS presented unexpected challenges. Partnership relations were further strained by CAFS dual status as both a partner on M&L and as a client organization with REDSO funding for capacity building initiatives.



NGO Networks for Health / CBD Seminar

Background

The March 2002 seminar, “Making a Difference: Community-Based Family Planning Programs,” was one of two M&L activities funded by the NGO Networks for Health project. (The other, the Business Planning Program with PROCOSI, is described on page 24.) This seminar was held for 17 PVO program managers and field staff working in community-based distribution (CBD) programs from NGO Networks funded programs with Plan International, CARE, Save the Children, and ADRA in Ethiopia, Malawi, and Uganda. The theme of the seminar was “something to share, something to learn,” designed to generate a dialogue among participants regarding the challenges they faced and the successful solutions they had developed.



Summary of Work and Results

The program sessions were conducted by the various partners of the NGO Networks project, to strengthen the skills and knowledge of participants so they could run effective CBD programs; introduce effective approaches from other programs; and develop confidence and skills in conflict management and communication with stakeholders. M&L's was to design and facilitate the seminar, develop field site opportunities, and conduct two sessions. In the first M&L session, a panel of senior Kenyan CBD program stakeholders, including donors, NGOs, and MOHs, offered a frank, insightful, and sobering look into the Kenyan experience with an emphasis on sustainability challenges for CBD programs.

In M&L's other session, “ELCO maps” were introduced—simple hand drawn maps developed during MSH's FPMD Local Initiatives Program in Bangladesh as a tool for community based family planning volunteers to better understand, keep track of, and respond to their clients' needs. During workshop follow up inquiries, CARE and Save the Children in Uganda requested ELCO map training. NGO Networks for Health agreed to fund all costs associated with this training, including staff time and travel for two MSH staff to provide technical assistance for workshop design and facilitation. CARE and Save the Children Uganda handled all workshop logistics and field visits.

As indicated by participant evaluations, the workshop achieved its purpose to introduce a practical management tool for community based family planning programs. Participants were confident about their knowledge of ELCO maps and they appreciated the importance of these maps in their work. The overall result of the workshop, however, went far beyond achieving the workshop objectives. It provided potential for strengthening the development of the NGO network in Uganda. Staff from all five NGO Networks for Health partners participated in the entire workshop, getting to know one another and working together on small group assignments. Over the four days, they discovered common issues, challenges, and opportunities. By the final day, when next steps were discussed, cooperation among the partners was a recurrent theme.

Partnering for Improved Service Delivery

Background

In September 2004, M&L convened a meeting with six service delivery Cooperating Agencies (CAs) to discuss leadership, management, and sustainability issues. At the meeting, M&L offered information on its programs and the Leading and Managing Framework. M&L followed-up with the participating CAs individually to assess their interest in a collaborative, field-based intervention. One of the participants, the Adventist Development and Relief Agency (ADRA) requested management assistance for their projects in Guinea and Ghana. After sharing information on M&L approaches and tools with staff at headquarters and in-country, the directors of both the Guinea and Ghana field offices requested that M&L conduct the Management and Organizational Sustainability Tool (MOST) process (page 27). The exercise in ADRA/Guinea was carried out as planned in May 2005. However, the program in Ghana originally planned for June 2005 was cancelled due to the unavailability of ADRA/Ghana staff before the end of the M&L Program. ADRA headquarters subsequently shared background information on M&L approaches and tools with their offices in Latin America. As a result, M&L received a request from the ADRA/Nicaragua office to conduct a MOST intervention. M&L conducted the MOST with ADRA staff in Nicaragua in August 2005.



Summary of Work and Results

The ADRA/Guinea MOST workshop drew 26 participants from the various projects being implemented by ADRA throughout Guinea, staff from the ADRA Head Office in Conakry, and several board members. The Country Director and members of Senior Management joined the team during the plenary sessions and for the final consensus building and decision-making discussions about objectives and action plans. Participants will hold meetings with the rest of their staff and other stakeholders to share the results of the MOST process and also win their support for implementation of the action plan. The implementation of the action plan began in early September 2005.

The ADRA/Nicaragua MOST had 23 participants including two members of the Board of Directors. The primary objective of the MOST exercise in Nicaragua was to build consensus around management systems that the organization needs to strengthen and prepare participants for the change process.

Following the M&L and ADRA partnership to implement MOST in select field offices, ADRA has adopted MOST as one of its internal approaches for improving its management capacity, ultimately improving the services the organization offers at the community level.

Strategic Direction 4

Capturing and Applying Knowledge

Knowledge Application emphasizes the importance of producing and managing knowledge for the purpose of utilization and application. It is the explicit sharing of what we know, how we know it, and how it can be applied for improved problem solving in the field. The organizing principle and primary objective of Strategic Direction 4 is to generate, analyze, synthesize, apply, and share knowledge in management and leadership based on M&L's experiences.

Key Accomplishments

Over the five years of its implementation, M&L has achieved four significant accomplishments in this area:

- The establishment of a functioning system and resources for effective program evaluation. Under the M&L Program, MSH had a mandate and funding from the Cooperative Agreement to develop and refine both a structure within the Program (the Monitoring and Evaluation Unit) and essential systems. This is described in the Planning, Monitoring, and Evaluation and Special In-Depth Evaluations activity descriptions.
- Building on the Technical Clusters organized under FPMD II, M&L developed Communities of Practice (CoP), groups of practitioners in MSH (at the U.S. office and overseas) that regularly engage in sharing and learning in a specific technical area. Each CoP has produced a Knowledge Folder (KF) which documents and codifies knowledge on selected technical areas. The salient aspects of the KFs are now available to the general public on MSH Web sites, including the Electronic Resource Center and Health Manager's Toolkit (<http://erc.msh.org>).
- Building on past capacities, M&L established a high-functioning Communications Office which has diversified the types of print and electronic materials generated about the M&L Program, its activities, and products. M&L print and electronic communications materials extend the reach of the Program, informing developing country professionals, the CA community, USAID, and other donors about M&L's technical resources and programs. Several Stories from the Field, an innovation developed under M&L, have been published in USAID's Frontlines and the Global Health Council's *AIDSLink* and *HealthLink* periodicals.
- A final key accomplishment is the technical leadership M&L has exercised in evaluation. M&L's substantive focus, in particular, on evaluation of leadership development programs has led to opportunities to showcase effective approaches in forums such as the Leadership Evaluation Advisory Group (LEAG) sponsored by the Public Health Institute, and collaboration with the Center for Creative Leadership (Greensboro, NC) on preparation of the Leadership Development Evaluation Handbook.

These specific accomplishments, coupled with others described in the pages that follow have allowed M&L to realize the objective of this Strategic Direction.

Monitor &
Evaluate



Knowledge Application

Background

Knowledge is one of M&L's greatest assets. In order to get the most out of knowledge, it needs to be actively managed and applied. The M&L Program has pursued a Knowledge Application strategy which defines Knowledge Application as the explicit sharing of what we know, how we know it, and how it can be applied. Better management and use of knowledge allowed M&L to serve its field partners and clients through the provision of higher quality technical assistance. It has also allowed M&L to be a better steward of the resources provided by our donors through more efficient performance of our activities. Knowledge Application produced innovations in products and processes while discouraging the impulse to “reinvent the wheel.”

Summary of Work

While Knowledge Application is an underlying theme in all that M&L does, the primary mechanisms for capturing and sharing knowledge were the Communities of Practice (CoPs) and Knowledge Folders (KFs). There are currently four Communities of Practice, each with its respective Knowledge Folder: Human Capacity Development, Developing Managers Who Lead, Health Information Systems, and Performance Improvement.

CoPs are groups of approximately 10 technical practitioners that meet both virtually over the Internet and face-to-face to allow individual participants to benefit from, and contribute to, the knowledge base of other staff members. CoPs provide an ongoing forum for individual practitioners to share new ideas and approaches, seek advice from one another, and collaborate on documenting, synthesizing, and disseminating tacit knowledge. CoPs also serve as a communication mechanism—members use this network to keep each other up-to-date on what they are doing and allow technical staff to take a critical look at technical assistance practices and improve upon them. The sharing that goes on in CoPs serves to improve the quality, effectiveness, and efficiency of M&L's services and the performance for our client agencies.

Knowledge Folders are organized repositories for the information that is captured and shared by the CoPs so that others may access it in various formats. They contain synthesized information that represents the “best of the best” of what we know, and seek to be candid and honest representations of what works and doesn't. Each KF includes a set of materials designed to assist new and experienced consultants in providing technical assistance more effectively and efficiently—through a more systematic application of the proven experience that exists throughout and beyond M&L. Full access to Knowledge Folders is available to MSH employees, consultants, and TCNetwork members through eRoom, a Web-based collaborative workspace. Essential elements of the KFs have been made available to the public through a variety of mechanisms including print and electronic publications, CD-ROMs, and MSH's Electronic Resource Center (ERC).

Results

Over the last five years, M&L made great strides in developing a cutting-edge Knowledge Application strategy and framework that has been shared with other organizations such as EngenderHealth, the Implementing Best Practices Consortium, and USAID. M&L's Knowledge Application strategy and framework have been captured and documented in a “Guidebook to Knowledge Application, Communities of Practice, and Knowledge Folders,” available across MSH and to other organizations.

Through their knowledge application efforts, the four CoPs have captured, synthesized, and disseminated a great deal of knowledge within and outside of MSH. For example: print materials representing CoP efforts have been published, including nine issues of *The Manager*, multiple journal articles, and the publication: *Developing Managers Who Lead: A Handbook for Improving Health Services*. CoP members have also spoken on their technical

areas in forums such as the Global Health Council Conference, the 2003 RHINO Conference, the Public Health Institute's Performance Improvement Day, and to USAID in various settings.

In order to reach the greatest number of potential users, select sections of M&L's Knowledge Folders have been made available via electronic media. The main mechanism for this is MSH's Electronic Resource Center, which contains sections on all four CoP technical areas and includes resources such as the "Human Resource Management Resource Kit," the Health Information Systems Approach Document, and the Developing Managers Who Lead Challenge Package. Additional tools created by the CoPs, such as the Leadership Development Program, the Workgroup Climate Assessment, and the HRM Assessment tool for HIV/AIDS are also available on the ERC via MSH's Health Manager's Toolkit.

For more information

- More information can be found in the Leadership Development, Managing Human Capacity, Performance Improvement and Managing Information sections on MSH's Electronic Resource Center <http://erc.msh.org>.
- <http://erc.msh.org/vclm>



Planning, Monitoring and Evaluation

M&L developed, used, and refined the following systems and methods for monitoring and evaluation during the duration of the Program.

Plans for Performance Improvements (PPI)

The PPI is a planning tool that facilitates the use of the performance improvement process with M&L clients and the documentation of information generated through this process. The PPI provides the basis for developing a client-focused monitoring and evaluation (M&E) plan.

The PPI includes M&E plans for all field-based (Core and Field Support funded) projects that involve assistance to a single counterpart organization. Projects with multiple clients such as regional programs like the Latin America Health Sector Reform Initiative (LACHSRI) and the Virtual Leadership Development Program (VLDP) do not have PPIs. However, in these instances a detailed M&E plan is prepared. Global activities and results such as publications and M&L participation in the MAQ Initiative are monitored and reported in the Semi-Annual Report.

Knowledge Information X-Change (KIX)

KIX is an Access database used to collect and store information on PPIs, M&E plans, tools used in technical assistance, etc. It is also used for the Semi-Annual Report to USAID. KIX is accessible to all U.S. and most field-based program staff. Advance Africa adopted KIX for its M&E purposes.

M&E Unit Liaisons

M&E Unit liaisons are assigned to all teams implementing field-based projects; these M&E specialists serve as technical resources for developing M&E plans, establishing program logic, identifying indicators, analyzing data, designing data collection instruments and strategies, and conducting in-depth field evaluations.

Menu of Indicators on Leadership and Management

A menu of indicators for leadership and management was developed and disseminated in October 2003 to all U.S. and field-based program and technical staff.

Special In-Depth Evaluations

In-depth evaluations yield substantial information documenting the results and learning from M&L interventions. See page 48 for detailed information on evaluations conducted by M&L from 2001–2005.

Evaluation Notes

Four-page Evaluation Notes are an effective mechanism to concisely summarize the results of in-depth evaluations, and are used to keep USAID, CAs, and MSH informed about the results of M&L interventions. The Evaluation Notes are available on the M&L Web site (www.msh.org/projects/mandl/evaluation_notes).

Benefits of the M&E Systems

- Monitoring and evaluation is no longer considered an “after-the-fact” activity, rather it is viewed as an integral element of program planning and implementation.
- KIX allows all staff to quickly learn the content, progress, and results of various M&L programs around the world. KIX has streamlined preparation time and processes for Semiannual Reports to USAID.
- The Evaluation Notes are an effective mechanism to concisely summarize and communicate the results of

in-depth evaluations for MSH, TCNetwork members, and other Cooperating Agencies.

- Results of in-depth evaluations and routine monitoring and evaluation are shared in relevant Communities of Practice meetings. M&E is an important source of knowledge of what works and what doesn't in the field.
- Learning goes into Knowledge Folders which are available to all TCNetwork members.
- Biweekly coordination meetings are conducted by the Director of the Monitoring and Evaluation Unit with the Director of the Programs Unit, and the Director of the Leadership Development Unit to share information on M&E Unit plans, progress, and issues.



Special In-Depth Evaluations

M&L completed 31 evaluations, program reviews, and special studies since 2001, as follows:

1. Application of the Management and Organizational Sustainability Tool (MOST) in four Latin American countries (2002)
2. Family Life Education Program (FLEP)/Uganda (2002)
3. Brazil/Lidernet (2003)
4. Guatemala/APROFAM (2003)
5. Guinea Leadership Capacity Strengthening Program (2003)
6. Leadership Development Program of Egypt (2003)
7. Business Planning Program (BPP), PROCOSI/Bolivia (2003)
8. BPP/Ghana Social Marketing Foundation (2003)
9. Peru/Manuela Ramos (2003)
10. Bolivia/Chemonics (2003)
11. Virtual Leadership Development Program (VLDP) I (2003)
12. Health Manager's Toolkit (2003)
13. Guinea Leadership Development Program Follow-Up Inquiry (2004)
14. Egypt Leadership Development Program Follow-Up (2004)
15. Nicaragua Leadership Development Program (2004)
16. Review of the performance of 18 M&L field-based programs ("Cross-Program Review") (2004)
17. MSH Publications, including 3 issues of *The Manager* funded by M&L (2004)
18. Follow-up of Latin America VLDP I, II, and III cohorts (2004)
19. Validation study on the Work Group Climate Assessment tool (2004)
20. Review of Human Capacity Development (HCD) activities funded by the USAID Office of HIV/AIDS (2004)
21. Follow-up inquiry on the Senegal Leadership Development Program (2005)
22. Final evaluation of M&L-PRIME joint project in Armenia (2005)
23. Results and Lessons learned from VLDPs I and II in Africa (2005)
24. Evaluation of the VLDP/Caribbean (2005; funded under a contract from FHI/IMPACT)
25. Mozambique/Health Systems and Services Program (2005)
26. Uganda/Inter-Religious Council of Uganda (2005)
27. Egypt Pre-Service Program (2005)
28. Nicaragua Senior Leadership Development Programs (2005)
29. Bolivia/PROSALUD (2005)
30. Cross Program Review II (2005)
31. Synthesis of best practices and lessons learned from the delivery of leadership development programs (2005)



All of the reports have been submitted to USAID's Development Experience Clearinghouse (www.dec.org) and to MSH's Institutional memory.

Communications and Reporting

The M&L Communications and Reporting office was responsible for reporting to USAID; assisting in the workplanning process; coordinating and assisting in external events and presentations; writing, editing, and designing program flyers and technical notes; writing articles based on the program's work and successes; and responding to internal and external information requests.

The M&L Workplan was finalized by July 1 of each year, after coordinating the process with USAID. The Communications Office assisted in editing, designing, and writing the narrative portions of the Workplan. It also coordinated the schedule and handled the production and shipping of copies to M&L and USAID staff.

The Semiannual Report, the annual Results Review, and other ad hoc reports were also coordinated by the Communications Office. Assistance and support was also provided for presentations, meetings, and events, such as the annual Management Review, Technical Seminars, and the M&L End of Project Conference.

The office also took a leading role in the development of flyers, technical notes, and other written materials for the Program. Several articles were published as well, including in *FrontLines*, *HealthLink*, and *AIDSLink*.

Overall, during its five program years, the Communications and Reporting activities centered on maintaining and streamlining the flow of information both within the program and from M&L to its donors and clients.

Web Space

The M&L Program's Web space (www.msh.org/mandl) was a key tool for external communications. The initial Web space was established shortly after M&L launched with detailed information describing the program, the program's principles and frameworks, its activities, and the tools and resources developed. In early 2004, the site was revamped to include more cross links showing the connections between the different subprojects of M&L, a world map displaying M&L's field programs, and sections listing "Stories from the Field," articles showing M&L's impact in the world, and Evaluation Notes, executive summaries of evaluation findings.

The M&L Web space strived to be a true reflection of the program as a whole. Its work, successes, lessons learned, evaluation information, and technical information are all clearly presented so that users can retrieve the information they want quickly.

For more information

- www.msh.org/mandl

The Provider's Guide to Quality and Culture

Background

The Provider's Guide to Quality and Culture (<http://erc.msh.org/qualityandculture>) educates health care providers about different cultural groups and associated service delivery challenges in order to address the issue of disparities in health status across the United States. The Health Resources and Services Administration (HRSA) and M&L have worked in collaboration since 2000 to develop a comprehensive, credible, Web-based resource designed to allow doctors, nurses, social workers, and other health workers to easily locate practical information for immediate use.

Summary of Work

HRSA's Bureau of Primary Health Care (BPHC) funded the initial development of the Web site in 2000. The BPHC subsequently funded enhancements to the Web site in 2001 that included the addition of new content about working with different cultural groups such as Arab and Muslim patients, improvements to the Web site navigation and other visual elements, improved functionality, and the integration of multi-media video and audio vignettes on the site.

In 2002, the HRSA Office of Minority Health (OMH), in collaboration with the BPHC, funded the development and delivery of a two-week virtual seminar, "Reducing Health Disparities in Asian American and Pacific Islander Populations." Continuing Medical Education credits from the American Academy of Family Physicians were offered to the 100 virtual seminar participants.

In 2002, OMH contracted MSH through an inter-agency agreement to develop electronic information sheets regarding health disparities in African American, American Indian, Alaska Native, Asian American, Pacific Islander, and Hispanic populations. Each information sheet provides information on six areas of urgent health disparity: cancer, cardiovascular disease and stroke, diabetes, HIV/AIDS, immunizations, and infant mortality.

HRSA's HIV/AIDS Bureau funded the development of an HIV literature review for adolescents and a plan for a virtual seminar on HIV/AIDS in 2004. The literature review is available on the Provider's Guide Web site.

In May 2005, the Asian American Pacific Islander virtual seminar was adapted as a permanent resource on the Provider's Guide. The new section includes a series of interactive learning modules with videos, case studies, real stories from providers, and challenge questions.

Results

The development and expansion of the Provider's Guide represents long standing and successful partnership with HRSA. The Provider's Guide is one of MSH's pioneer electronic products and one of the most accessed sections of the Electronic Resource Center. In June 2003 the Provider's Guide received 2,322 visits. In June 2005, the number of visits rose to 7,129. MSH receives more feedback, queries, and requests regarding the Provider's Guide than any other electronic product.

The Provider's Guide to Quality and Culture program has enabled MSH to expand its capacity and experience in developing and implementing Web based distance learning programs and integrating multi-media into the Web site.

For more information

- <http://erc.msh.org/qualityandculture>

Country Programs

M&L has received over \$48 million in field support over the life of the project to support activities in 21 countries (12 in Africa, seven in Latin America, and three in Asia) as well as three regional bureaus. Although fewest in number, M&L programs in Asia accounted for 35% of total field support due to the large USAID Mission investments in Afghanistan (\$9.2 million) and Indonesia (\$7.6 million). Country programs funded through field support in Africa and Latin America accounted for 37% and 28%, respectively.

M&L interventions targeted public sector health systems at national and/or decentralized levels as well as health NGO/FBOs in all regions. A special focus on public sector national health systems in general and in response to the HIV/AIDS epidemic, in particular, is noted in our interventions in Africa, while a special focus on NGO/FBOs is noted in Latin America. Out of eight country programs involving NGO/FBO capacity strengthening, six are based in Latin America and two in Africa. While an historically higher level of participation and contribution from the NGO/FBO sector to Latin America countries' health systems compared to Africa explains this difference, M&L has observed the beginning of a shift in the African context with increased recognition in this region that the private organizations can make an important contribution to overall health sector services.

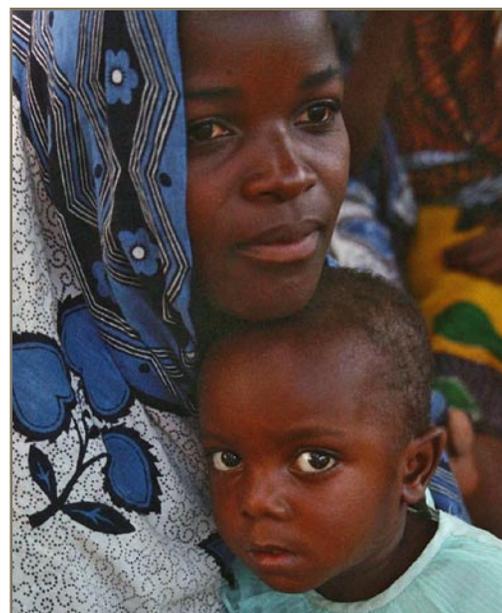
The high level of funding experienced by M&L⁵, the steep and rapid increase in field support (FS) received⁶, the breadth of interventions and the geographic diversity of our programs, are all indicative of the relevance of improved management and leadership better performing health organizations and service delivery.

NGO and FBO Sector Challenges, Activities and Achievements

Within the NGO and FBO sectors, M&L has utilized FS funds to address two major types of challenges. The first, largely observed and experienced during the first years of M&L, addressed the diminishing and/or withdrawn funding by the international donor community, prompting an increased and urgent need to secure alternate funding sources to ensure program sustainability. The second type of challenge facing NGOs and FBOs has been an increased need for accelerated capacity building and development in countries facing high HIV/AIDS prevalence rates and a massive influx of donor funding. Special focus in these cases has been devoted towards the management and award of grants to second-tier recipient and partner organizations.

M&L's use of its performance improvement approaches and technical assistance tools with NGO/FBOs resulted in improved management systems and work climate leading to improved sustainability and to increased delivery of health services. This has been measured and demonstrated by the following organizations:

- PROFAMILIA, Nicaragua, where self financing covered 44% of needs in 2001, 55% in 2002 and 99% in 2003 (page 114).



⁵ The M&L award ceiling was increased in July 2004 in response to intense demand for support from Missions. M&L has since reached a level of overall funding at 99.5% of the new ceiling in 2005.

⁶ \$4.5 million during first two federal fiscal years (FFY00 and 01 combined); over \$13 million during each subsequent fiscal year (FFY02, 03, and 04); and over \$3.5 million in FFY05.

- APROFAM, Guatemala, where self financing at its clinics has increased from 88% in 1996 to 122% in 2002, while service delivery improved as follow: CYP +19% in 2003 over the preceding year; number of clients served +11% in 2003; consultations from 600,000 in 1998 to over 1,000,000 in 2003 (page 108).
- Family Life Education Program, Uganda, where FP visits and couple years of protection (CYP) increased from 2001 to 2002 by 64% and 71%, respectively (page 86).
- COMBASE in Bolivia, where its five clinics and hospital have reached financial self- sufficiency (page 99).

M&L has dedicated focused efforts with a number of NGOs and FBOs on strengthening capacity in Tanzania and Uganda, two PEPFAR countries. In Uganda, M&L is working with Inter-Religious Council of Uganda (IRCU) to transfer skills for effective management of HIV/AIDS prevention and care activities with second-tier, grass roots grantee organizations. To date, IRCU has awarded 56 grants to community-based organizations (CBOs) and FBOs totaling \$400,000 for focused activities with orphans and vulnerable children, and 13 pre-qualified organizations received \$1.7 million of Track 2 PEPFAR funds.

In Tanzania, M&L has worked with the Tanzanian Commission for AIDS (TACAIDS) and eight donor agencies to create an efficient resource transfer mechanism, the Rapid Funding Envelope (RFE) to rapidly transfer funds to established NGOs and FBOs. The RFE funding mechanism has awarded over \$8 million to civil society organizations active in the fight against HIV/AIDS in Tanzania and Zanzibar through 58 grants.

Public Sector Challenges, Activities, and Accomplishments

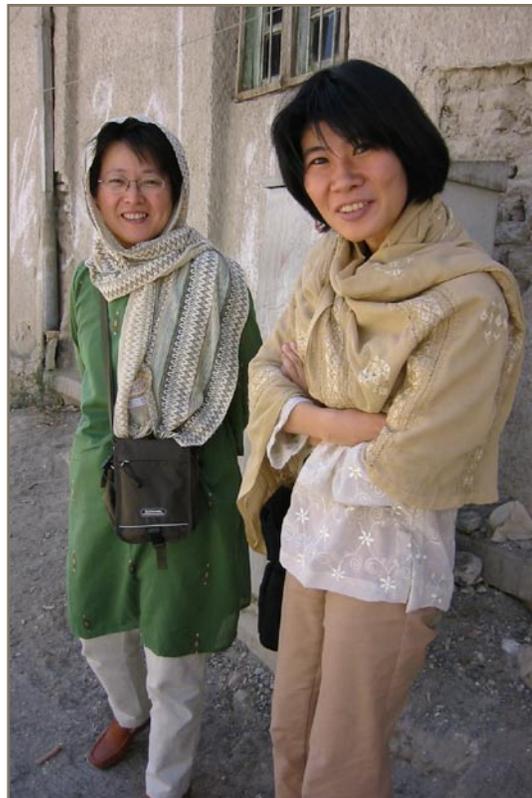
The predominant themes cutting across M&L's work in the public sector have been the multifaceted challenges posed by decentralization and health sector reform. Within its country programs, M&L has developed interventions to strengthen management and leadership capacity of the public health care system.

At the central level, M&L has worked in areas including:

- Support to policy makers to develop national strategies, proposals (e.g., PEPFAR and GFATM) and definition of norms and standards (Indonesia, Malawi, Nicaragua, Tanzania, and Uganda).
- Public-private, multi-sectoral partnership coordination to scale-up services (Nigeria, Tanzania, and Malawi).
- Helping central level managers to change their management approach from an old “command and control” model to one based on inspiration, alignment, and team mobilization towards common goals (Mozambique and Nicaragua).
- Strengthening management systems (finance, human resources, and information systems (Nigeria); and development of health norms and standards in response to decentralization (Indonesia).

At the decentralized levels, M&L has worked in areas including:

- Capacity strengthening of municipalities and districts to collect and analyze data; program design based on relevant health indicators (Bolivia, Indonesia, Mozambique, and Nicaragua).

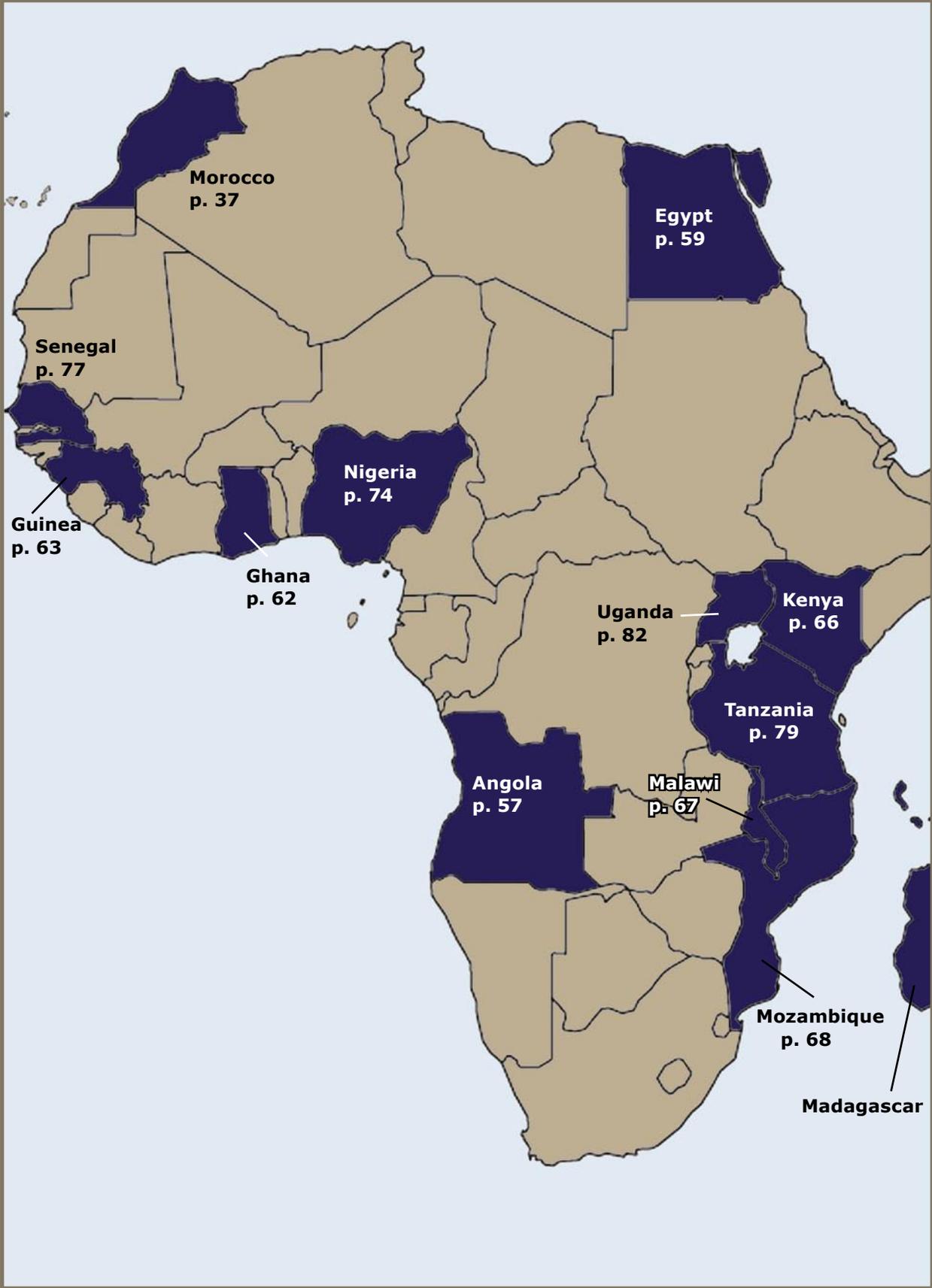


- Leadership development for municipal and district managers to improve work climate and motivation levels (Angola, Mozambique, and Nicaragua).
- Enabling local managers and health care providers to take initiative and increase confidence in their own ability to address service delivery challenges (Indonesia and Nicaragua).
- Integrating vertical programs at the local level (VCT and DOTS in Brazil; Malaria, and IMCI in Mozambique; and CBD in Nicaragua).

In five programs (Afghanistan, Indonesia, Mozambique, Nicaragua, and Tanzania), M&L has carried out multi-year interventions designed to address challenges at various levels of the public health care system. For example, in Indonesia the MOH and the National FP Coordination Board successfully achieved policy changes to define essential public health functions and minimum service standards. M&L assisted 18 districts to use effective health planning and budgeting processes to strengthen performance at service delivery sites. In Mozambique, the MOH developed a strong planning process to improve performance of its supervisory units (at the provincial and district levels). It has also successfully integrated improved protocols and practices in malaria prevention in five provinces and IMCI in six provinces. Finally, in Afghanistan, M&L provided technical assistance to coordinate the rapid deployment of a start-up project designed to strengthen the public health care system during USAID's initial response phase, as the country emerged from war.

Field support received from Missions in Africa, Asia, and Latin America has permitted M&L to contribute substantively to addressing family planning and other priority public health needs and challenges. It has also provided M&L with opportunities to design, apply or refine technical approaches and tools in a variety of settings, both well-endowed and resource poor, at all levels of the health system, and to learn key lessons in the implementation of management and leadership development programs for the benefit of USAID, other donors, and colleague CAs in the international health community.





Africa Bureau

The Challenge

Africa Bureau funding was used to develop effective leadership and management practices in professionals who deliver public health services in Africa. The goal was to strengthen the capacity of health organizations to design, implement, and monitor health sector reform and health financing activities, projects, and loans. This holds strategic importance because the increasing health service delivery challenges related to population growth, HIV/AIDS, and old and new disease entities place an ever higher premium on the efficient use of limited available resources. The scale-up of regional management and leadership capacity is an essential component of strategies to improve the performance of the service delivery system.

Summary of Activities and Results

M&L utilized and leveraged Africa Bureau funding in four main areas: transfer of systems and technology; scale-up; evaluation; and facilitation and training.

Transfer of systems and technology

- In 2001, Africa Bureau funding supported a transfer of systems and technology from the USAID-supported APHIA Financing and Sustainability (AFS) Project in Kenya to representatives of 11 African countries, four medical universities, four research institutes, and eight partner organizations. A conference was held in Arusha, Tanzania which covered the lessons learned, as well as tools and manuals developed, during the AFS Project. This activity demonstrated how field experiences can be transferred from one country to several others at very low cost.
- A VLDP Web site in French was completed in July 2005 for use in future African VLDPs. The site was used for the July 2005 launch of the VLDP Haiti. Support materials were also translated.
- In June 2005, an exchange of M&L lessons-learned took place between Mozambique and other African countries in order to improve the planning of future interventions of developing management and leadership skills in the health sector.
- A LeaderNet forum was conducted in June 2005 titled “Strategies for Success in Low Resource Settings: Stories from Mozambique.” It featured four stories about the M&L program strengthening management and leadership at all levels of the Ministry of Health of Mozambique. Ninety-three people from 17 countries participated in four languages.

Scale-up

- M&L provided technical support to a combined World Bank-USAID mission in Tanzania in September 2001 for an initial exploration of options for scaled-up financial support of the new national multi-sectoral TACAIDS. As a result of this work, TACAIDS and the Donor Assistance Committee (of which USAID is a member) decided to develop a Civil Society Fund (CSF) to finance HIV/AIDS activities to voluntary, private, and civil society groups in Tanzania. The support from the Africa Bureau was leveraged to generate further support from other donors, and was a first and very successful effort to act in a collaborative fashion to rationalize and harmonize support to HIV/AIDS activities.
- An M&L-led team developed a grant mechanism to disburse funds quickly to experienced NGOs capable of implementing short-term (18–30 months) projects in priority areas. The Rapid Funding Envelope (RFE, page 79) provides rapid, short-term funding to civil society organizations for priority interventions aligned with the National HIV/AIDS Policy and the TACAIDS’ national strategy. It enables widespread participation of civil society in combating HIV/AIDS in Tanzania. Subsequent support and implementation costs for the RFE have been covered by USAID/Tanzania.

Evaluation

- In 2002, an MSH staff member participated as one of four members of a team that provided an external program evaluation of the Family Health and AIDS project to assess performance and to identify regional approaches that might be useful in subsequent design efforts of the West Africa Regional Program (WARP) Strategy. The purpose of the WARP is to promote regional integration within West and Central Africa through the implementation of a regional platform with three major strategic objectives: Economic Integration, Health, Food Security, and a special objective to prevent conflict.
- In August 2005, a set of HR/HCD indicators were developed to use in Africa as a mechanism for tracking and analyzing evidence of the impact of the HR/HCD technical work and produced a report of the evidence from the Africa field projects.

Facilitation and training

- In Arusha, Tanzania, M&L facilitated the annual meeting of the Commonwealth Regional Health Community Secretariat's (CRHCS) Directors' Joint Consultative Committee (DJCC), held in July 2002.
- In February 2005, M&L provided a training seminar in consulting skills to health management consultants based in East Africa through a Consulting for Results (CfR) course held in Kampala, Uganda.
- M&L sponsored a technical meeting in Nairobi, Kenya, in April 2005 for 27 representatives of 14 African countries (15 HR consultants and 12 staff members of MSH projects in Africa) to build their capacity to identify and apply solutions to HR problems.
- In June 2005, M&L worked with the Association of Private Hospitals of Tanzania (APHTA) to complete their business plan with the theme of a revolving development fund for members so they can purchase supplies and equipment to improve service quality.
- In May 2005, M&L participated in the coordination and planning of the Global Fund Round 5 proposal on Zanzibar. Experiences with proposal coordination and development in Zanzibar will be drawn upon in future Global Fund proposals in other parts of Africa.
- In November 2004, M&L conducted an HCD assessment in Mozambique to assist in the development of the country's five-year PEPFAR plan.



Angola

Technical Assistance to the National AIDS Control Program

The Challenge

Following nearly 30 years of civil war, Angola is now rebuilding its health system. The arrival of peace has created conditions for a potentially dramatic increase in HIV/AIDS rates. The countries bordering Angola all suffer from high HIV prevalence. The end of combat has opened these borders, encouraging greater commercial trade and allowing refugees to return to their homes. A 2003 UNDP/UNICEF study reported HIV rates ranging from 5.5% (UNAIDS) to 8.6% (Angolan Government) and estimated that up to 18% of the population would be infected by 2010. Due to the urgent need to respond to the HIV/AIDS crisis, the USAID mission in Angola requested the assistance of the M&L Program to strengthen governmental institutional capacity and facilitate collaboration among the government HIV/AIDS programs, NGOs, and private sector organizations.

The M&L Program implemented activities from September 2003 through August 2004 to strengthen the management and leadership of the National AIDS Control Program (PNLS). PNLS is a program based in the Ministry of Health's Section of Infectious Diseases. At the time, it had a staff of only four employees, limited control over its budget, poor physical infrastructure, and very little coordination with other MOH programs, governmental agencies, and the many NGOs involved in HIV/AIDS. In addition, USAID/Angola asked M&L to represent USAID on the World Bank Multi-Country HIV/AIDS Program (MAP) initiative team.

Summary of Work

USAID/Angola funding to M&L activities for FY 2003 was \$200,000. The mission expressed optimism regarding the potential for future significant earmarks. M&L therefore planned activities with the expectation that the program would receive funding in subsequent project years. In the end, USAID/Angola committed only the \$200,000 in FY 2003 funds. Due to the limited funding and changes in the scope of work based on input from PNLS, the planned activities were modified. M&L completed three major activities with the FY 2003 funding.

M&L participation in World Bank missions—An M&L monitoring and evaluation expert participated in two World Bank missions in support of the MAP, which falls under the HAMSET Program in Angola. The purpose of the October 2003 mission was to define the HIV/AIDS project activities and costs of HAMSET, propose actions for appropriate implementation, and develop an action plan for the government to prepare necessary documentation prior to receiving the \$20 million in project funding. The follow-up mission in February 2004 continued to move the project forward in the areas of institutional arrangements, project costs and activities, monitoring and evaluation, and procurement.

Production of summaries of National HIV/AIDS Strategic Plan—In response to the urgent need to disseminate the content of the National HIV/AIDS Strategic Plan to the districts, M&L developed an easy-to-read summary of the plan in Portuguese and printed 500 copies. These copies were sent to PNLS for local distribution in July 2004.

Leadership Development workshop for MOH HIV/AIDS Program staff in Luanda—M&L originally planned to conduct a series of leadership workshops in three districts for all stakeholders involved in fighting the AIDS epidemic (with concrete plans to facilitate the first workshop in Huambo in June 2004). When it became clear that additional funding would not be available, PNLS requested that M&L redesign the curriculum to focus on the leadership development needs of MOH and NGO staff in Luanda and to conduct the workshop in August 2004. Twenty-five staff from the MOH and NGOs involved in HIV/AIDS prevention and treatment participated in the program.



The workshop's primary goal was to aid the key players in HIV/AIDS programs to build a shared vision of coordinating HIV/AIDS activities in Angola. Highlights of the workshop included:

- Developing a shared mission statement and mapping the journey of the struggle against HIV/AIDS in Angola from 1985 until 2008, the end of the current five-year national plan;
- Focusing on the importance of leadership through the lens of M&L's Leadership and Management Framework, which was translated into Portuguese for use in the workshop;
- Prioritizing the most crucial leadership challenges related to HIV/AIDS. Participants developed strategies for closing performance gaps in the following areas: lack of cooperation among organizations; lack of standardized information; low capacity of advocates to disseminate information at the community level; and discrimination against people living with HIV/AIDS.

Results

The M&L Program made strategic contributions to the PNLs in the areas of coordination with the World Bank, dissemination of the National HIV/AIDS Strategic Plan, and leadership development at the national level. Participants from the M&L leadership development workshop in Luanda expressed their strong desire to form an active multi-sectoral AIDS committee that would regularly participate in management and leadership seminars. Dr. Dulcelina Serrano, the Director of PNLs is a strong advocate of improved management and leadership in HIV/AIDS coordination and welcomes continued support.

Egypt

Leadership Development and Pre-Service Programs

The Challenge

Between 2002 and 2005, M&L delivered two leadership development programs in Egypt—the Leadership Development Program of Egypt (LDPE), and the Pre-Service Leadership Challenges Program. These pilot programs developed new and innovative approaches to leadership development in health care, which have been adapted and transferred to other M&L programs.

The LDPE was conducted from July 2002 to June 2003 at the request of the Egypt Ministry of Health and Population (MOHP) in response to its greatest challenge: the need for motivated and committed managers and employees at the district and clinic levels who are able to carry out the Ministry’s strategic objectives. The LDPE pilot program was delivered to clinic and district managers in the governorate of Aswan.

From July 2004–June 2005 M&L collaborated with the Medical Faculty of Menoufia University and the Nursing Faculty of Alexandria University to respond to the pressing need for doctors and nurses to learn management and leadership skills prior to assuming their responsibilities in hospitals and health units, which include management roles. The result was the Pre-Service Leadership Challenges Program where M&L’s “Developing Managers Who Lead” principles, frameworks, and tools were introduced into the pre-service curricula at both universities.

Summary of Work

LDPE: The LDPE used both Ministry personnel and local consultants for design and delivery. Ministry personnel at the governorate level facilitated district meetings. Using the *Leading and Managing Framework* and *The Challenge Model*, six two-day workshops over eight months were conducted. The workshops helped participants to: scan their environments, focus on critical challenges, lead their teams to address these challenges, and provide the motivation and inspiration to sustain performance improvements. There were a total of 40 participants.

Aswan health managers identified the following key challenges:

- increase the number of family planning visits
- increase the number of antenatal care visits
- increase the number of postpartum care visits

Pre-Service Leadership Program: Beginning in August 2004, a complete Pre-Service management and leadership development curriculum, based on the needs of the medical and nursing schools and their affiliated hospitals, was developed and delivered. This four-month program used best practices from other medical and nursing management and leadership programs. Facilitation notes and handouts were developed—many of the exercises and tools were drawn from the LDPE and other iterations of M&L’s Leadership Development Program (page 14).



Thirty physician interns and 60 nursing interns participated. Participants worked in teams that also included hospital residents and head nurses (in the medical school) and preceptors and head nurses (in the nursing school). The total number of participants was 62 from Menoufia and 100 from Alexandria. Teams focused on achieving

measurable results in either infection control or resource allocation. Both faculties were involved in the design and delivery of the program.

There was also active participation of the health Work Force Reform Project at USAID. Stakeholders, including the Supreme Council of Universities, were regularly updated on the progress of the program. An abbreviated version of the program was delivered at the National Training Institute of the MOHP. M&L facilitated a meeting in April 2005 with deans from nursing schools throughout Egypt to share the results of the Pre-Service Program and determine interest in spreading the program to other schools.

The program produced a finalized management and leadership curriculum for nursing and medical faculties. Trained facilitators from the faculty will deliver the program to the next round of interns. In late April 2005 the opportunity arose to connect participants from the original LDPE and Pre-Service Program in a two-day face-to-face course on Monitoring and Evaluation sponsored by LeaderNet (page 18). This was followed by three weeks of online activity via LeaderNet to support participants in monitoring and evaluating their challenges with the appropriate tools. A total of 26 participants from the LDPE and Pre-Service Program participated.

Results

Both of these leadership programs are being sustained without additional funding or technical assistance. They are now being led by managers from the MOHP and faculty from the School of Nursing. Both programs underwent formal evaluations conducted by M&L. An initial LDPE evaluation was conducted in June 2003. Findings showed the majority of teams achieved their objectives in improving delivery of FP/RH services as well as improved leadership and management practices.

A second evaluation of the LDPE was conducted in June 2004 to review Aswan governorate progress in replicating the program without M&L technical assistance. Findings included continued performance improvement of the challenges of the original teams; a quality replication process that recreated the same learning and participatory environment as the first LDPE; and sustained workgroup climate improvement for the first generation, with improved workgroup climate demonstrated in the second generation. The LDPE has developed “third”, “fourth”, and “fifth” generations of teams, with a cumulative total of over 100 teams (each team consisting of approximately four members).



In May 2005, 15 Afghan doctors visited Aswan to experience and analyze the leadership development program to determine the feasibility of starting the program in Afghanistan. Because they perceived fundamental similarities between the two regions, Afghan visitors reported that the techniques they witnessed in the traditional Islamic setting of Aswan could also work in the health sector of Afghanistan, which currently faces significant challenges.

The LDPE shows that commitment and ownership of the program—an inherent component of the design—contributed greatly to its success and replication. Findings from evaluation of the Pre-Service program demonstrate a similar commitment as the nursing faculty in Alexandria is replicating the program with the new class of interns, independent of M&L technical and financial assistance. Progress at the medical school in Menoufia was stalled with the appointment of a new dean at the beginning of the program.



For more information

- “Evaluation of the Leadership Development Program for the Ministry of Health and Population, Egypt,” Dr. Ersin Topçuoğlu, October 2003, can be accessed through USAID’s Development Experience Clearinghouse, www.dec.org.
- “Follow-up Evaluation of the Leadership Development Program for the Ministry of Health and Population, Egypt,” Dr. Ersin Topçuoğlu, June 2004, can be accessed through USAID’s Development Experience Clearinghouse, www.dec.org.
- “Evaluation of the Pre-Service Developing Managers Who Lead Programs at the Alexander Nursing School and Menoufia Medical School, Egypt,” Dr. Ersin Topçuoğlu and Tawhida Khalil, August 2005, can be accessed through USAID’s Development Experience Clearinghouse, www.dec.org.
- “Evaluation of the Mainstreaming of the Developing Managers Who Lead Program in Aswan, Egypt,” Dr. Ersin Topçuoğlu and Tawhida Khalil, September 2005, can be accessed through USAID’s Development Experience Clearinghouse, www.dec.org.
- Summaries of evaluation findings are available at www.msh.org/mandl/evaluation_notes.
- “Aswan’s Vision: Dream Translated Into Action,” www.msh.org/projects/mandl/6.7.html.
- “From Egypt to Afghanistan—A South-to-South Leadership Development Exchange,” www.msh.org/news_room/stories/june17_2005_Egypt_mandl.html.

Ghana

Technical Assistance to Ghana Health Services

The Challenge

By invitation from the USAID Mission in December 2001, M&L staff met with CAs in Ghana to discuss integrating management and leadership development into ongoing technical and clinical training. Although all CA representatives showed interest, curriculum design was centralized, and changes required approval from the headquarters. Despite several follow-up phone calls with headquarters staff, a plan of action was never developed and eventually this initiative was abandoned in the hope that a more fortuitous time would emerge. At the same time, USAID was in the process of developing a new strategic agreement with the MOH in 2002, and asked M&L to work with the Ghana Health Services (GHS) Human Resource Division (HRD) to conduct an analysis of issues related to consolidating gains made in the health sector and managing the challenges ahead. USAID committed a total of \$50,000 in field support funds for M&L to conduct the analysis in order to identify the management and leadership challenges facing the HRD in a decentralized environment.

Summary of Work

M&L conducted a two-day training and orientation on the *HRM Assessment Tool* and the Leading and Managing Framework for the Human Resource Division of GHS in March 2002. In November, M&L conducted an assessment of the HR challenges facing GHS and submitted recommendations, which were approved by the HRD and USAID. M&L was not involved in the implementation, and information on the status of results has not been made available. With remaining funds, the Mission requested M&L assistance in facilitating the coordination of four new bilateral programs in June 2004, as well as some internal team building of the USAID health team. M&L led a three-day team building workshop with the Mission, CAs, and the Government of Ghana to lay a solid foundation for project implementation of the USAID health portfolio. The first coordination meeting of the Health Strategic Objective (SO7) stakeholders took place in September 2004 in Accra, with 48 participants, including senior field managers from the main contractors for the four bilateral programs and their primary partners. The meeting's objectives were accomplished as the group created a shared vision and openly discussed common challenges, potential areas of overlap, gaps, and ways to address them. A consolidated workplan was produced to provide all stakeholders with a coherent view of the health portfolio, and agreements were reached on roles and responsibilities from each group regarding cross-cutting issues and activities. A coordination meeting to discuss continued workplans took place in January 2005, which included a team building session with the USAID/Ghana health team. Since the team was divided over what changes were needed, the meeting primarily served to raise issues and make recommendations about next steps. A follow-up call from M&L with the team leaders showed that internal tensions and differing views on team needs remained, precluding significant progress.

Results

The results of the use of the field support funds are difficult to capture because the various ways in which the funds were used did not contribute to a larger goal. The initial foray into introducing M&L concepts in ongoing training programs required full ownership by CA headquarters, rather than by Ghana field offices, something not fully realized and calculated when the initial trip was made. The HRM work may have resulted in changes but information on progress is not accessible. The coordination work, though useful in starting the major four stakeholder groups off with a shared vision, was an ad hoc activity for which no follow-up was budgeted.

Leadership Strengthening in Guinea

The Challenge

During the 2001 Primary Health Care Program Review, the MOH of Guinea identified team management and management of the decentralization process as key weaknesses that urgently needed to be addressed. The idea of initiating a Leadership Strengthening Program to support better management and leadership was proposed by the MSH-managed USAID bilateral and greeted with enthusiasm by the most senior officials in the MOH. It was adopted as a priority activity in the following year's workplan.

Decentralization was the catalyst that initiated the program. The need for leadership at all levels became more evident as the MOH began to decentralize requiring those working at lower levels, used to taking orders, to take more responsibility and initiative while those at higher levels needing to delegate to decentralized levels and support the work in the field rather than being served by those in the field.

Summary of Work

Since 2002, M&L supported the implementation of the following activities as a way of seeding further locally driven management and leadership strengthening:

1. From April 2002 to April 2003, a series of dialogues and workshops were conducted aimed at senior leadership which produced the following results:
 - ↳ an opening for further leadership development,
 - ↳ a shift in mindset favoring decentralization,
 - ↳ the establishment of a support network at the highest levels to take on tough challenges together and produce tangible results in the way the work is done and services are delivered.
2. In March 2004, the second phase of the leadership program was initiated in the Kankan region, one of the two USAID-supported regions in Guinea. M&L involvement shifted to coaching the local facilitation team. Several other regional health directors attended at their own expense because of interest in the program and desire to become facilitators in their own right and see how a regional program was designed and implemented. The local team did a two-day leadership workshop, the first of four with participants from the regional hospital, the district of Kankan and the regional health team. Some of the challenges selected were how to improve the management of infectious waste in the hospital, and how to ensure that supervision (now paid for by the bilateral) can be sustained after USAID funding ends.

Since then, when M&L ended its funding relationship, the following has happened:

- Two leadership development workshops were held in Kankan with PRISM (USAID bilateral) funding;
- One leadership development workshop was held in Faranah with PRISM funding;
- The first of four workshops were held in Labé and Mamou region respectively with GTZ funding;
- The first cohort of LDP facilitators was trained with funding from PRISM;
- Preparations are under way to integrate the five Communes of Conakry into the program with funding from the European Union.

The remaining workshops will be run entirely by the Guinea MOH under the direction of the regional health directors (who were part of the first cohort), who are also ensuring that the programs are properly evaluated.

M&L carried out two evaluations, one in May 2003, involving extensive travel throughout the country and interviews with participants and the teams they headed. The report documents changes in behavior that generated more involvement of team members, more openness, more focus on confidence and capacity development of subordinates, more focus and the re-establishment of missing feedback loops. The report also indicates that there were some indications that institutional changes resulted from these changed behaviors, related to more openness and honesty in reporting statistics or challenging ingrained unethical practices.

A second evaluation was conducted on a smaller scale in March 2004 by interviewing the regional directors present at the launch of the second phase in Kankan region. A one hour interview provided more evidence along the lines of the former evaluation about changed behaviors and the resulting changed behaviors of subordinates and work practices within the regional health departments. In some cases quantifiable results in service delivery changes were obtained as well, such as an increase in vaccination rates in Boke region.

Results

At the central and senior levels, one of the most important effects of the program has been the establishment of a support network. One tangible outcome is that there is now a point person for leadership at the highest levels (this is the Chef de Cabinet of the Minister of Health). He is supported by a small group of people (among them several members of the first cohort) that is advocating for key policy decisions around health sector reform, such the diversification of procurement sources of essential drugs and encouragement of a local initiative to stimulate the development and emergence of best practices.



Another application of the network is the solicitation of the network members to orient others. For example, Dr. Sidiké Diakite, Inspector General and Dr. Mahi, National Director of Public Health (both from cohort 1) were asked to provide an orientation on leadership for NGOs such as SightSavers.

Countless anecdotes exist of how members of the first cohort are supporting one another to right things that are wrong (leakage of funds, questioning of unproductive habits or processes), of helping out to solve persistent problems (mediation, advice) and teaching each other's staff (being cofacilitators in the regional programs). In fact, in Kankan and Faranah a "Transparency Committee" was established to ensure that funds are properly used. In addition, the program has raised the level of confidence and reduced the level of despair and futility of efforts among those people who could actually make a difference.

Furthermore, the program has provided senior and mid-level health officials with a common vocabulary and a set of practices that have made the process of leading and managing more systematic, resulting in less time wasted and more concern for producing measurable results on the ground. The enthusiasm for the program, which continues according to MSH colleagues and counterparts there, has produced a surge of energy and a forward motion that has continued for three years, and appears to be internally generated and sustained. This phenomenon has been observed in other countries as well where an intense leadership development effort was concentrated on a particular group or region, and then spilled out from there, without additional M&L support.

At the regional level, in particular the USAID-sponsored regions of Kankan and Faranah, the following results have been reported by the LDP teams:

- The establishment of the transparency committees
- The establishment of a Worker Acknowledgement Program. The LDP has brought home the message that morale can be raised by simply acknowledging the work and efforts of people working in the system under often difficult circumstances.

- A new partnership between the regional health department and private health providers and the use of management tools (such as MOST) for the entire health system
- Successful adjustment in the cost of services, which will be shared with other regions
- Hospitals are now well stocked with drugs and management tools (supplies, forms, etc.)

Looking Forward

The pool of leadership facilitators is still relatively small but they are getting hands on experience and feedback from the Guinean master trainer Oumar Diakite. The head of HR at the start of the program has been replaced by someone with a training background who has made the LDP a priority. The Guinean Master trainer has become his principal advisor. Together they are advocating for the expansion of leadership development efforts among all Guinea's development partners. Other donors have now adopted the LDP, and GTZ, the EU, Save the Children, and Sightsavers have committed funds to continue the program at the regional and local levels.

That leadership strengthening activities continue without further M&L input is both good and bad news. The good news is that core funds have clearly seeded activities that are being taken over and continued by others, and that such seed monies can now go elsewhere. The leadership work has become sustainable. The bad news is that we have lost control and oversight and therefore cannot easily obtain further information about impact, other than occasional anecdotal evidence. Nor can we ascertain the quality of the work, since any such effort would require new funding. Such funding may still be obtained through the bilateral, but it is unlikely that European or other non-USAID funding would pay for MSH to "check on its leadership results."

Nevertheless, the relationships established are for life and have created friendships that are easily activated with a simple phone call, allowing at least some information about "how things are going." Precise data cannot be obtained without conducting specific studies which, at this point, would have to be financed by M&L.



For more information

- "Evaluation of the Leadership Strengthening Program for the Ministry of Public Health, Guinea," Linde Rachel and David A. Goldenberg, July 2003, can be accessed through USAID's Development Experience Clearinghouse, www.dec.org.
- "Leadership Capacity Strengthening Program for the Ministry of Health, republic of Guinea. A follow up inquiry, Conakry and Kankan," Karen Sherk, March 2004, can be accessed through USAID's Development Experience Clearinghouse, www.dec.org.
- Summaries of evaluation findings are available at www.msh.org/mandl/evaluation_notes.

Kenya Medical Training College Leadership Development Program

The Challenge

Kenya Medical Training College (KMTC) is responsible for training 80% of mid-level health personnel in Kenya. Many students graduating from KMTC and its constituent colleges are placed in health management positions with only a clinical background and no management training. A more comprehensive training curriculum is needed, but issues such as low wages, tension between KMTC headquarters and the constituent colleges, and the current financial crisis facing all colleges have created a demoralizing environment among constituent college staff, hindering the development of a new curriculum. M&L's challenge was to explore and address these issues through a Leadership Development Program (LDP).

Summary of Work

To ensure ownership from KMTC, M&L held a senior alignment meeting in March 2005 as the first activity of the leadership program. M&L subsequently designed an LDP which consisted of three two-day workshops held from April–June, 2005. Twenty-four participants from eight of the 26 constituent colleges attended the workshops, as well as the Director of the KMTC headquarters. During the workshops, the following M&L products were applied: Leading and Managing for Results Model, the Leading and Managing Framework, the Challenge Model, and the Work Climate Assessment Tool. The process selected was one through which participants could reflect on their own leading and managing experiences; exchange insights with colleagues; and acquire new skills and approaches to achieve results within complex situations. Participants also focused on the issues of work climate and identified areas of desired change. They were introduced to the change process and the theory of the “circles of control and influence” to demonstrate the feasibility of change initiatives and emphasize the fact that some change is within the control of the colleges themselves. Individual colleges identified specific areas to address that were within their control and developed appropriate activities. Shared concerns were identified as issues for KMTC headquarters and constituent colleges to consider for improvement of the organization as a whole.

Results

At the time of M&L's close, the champions of the KMTC LDP were seeking resources and allies among the colleges to create and integrate a program that allows final year students to undergo the LDP process in teams, in which assignments based on the Challenge Model would constitute a major component of their clinical practice.

Initially, constituent colleges were more in competition than synergy, and blame was placed at the administrative level of KMTC Headquarters. But as the LDP process proceeded, the participants began to accept responsibility for some of the deficiencies facing the constituent colleges, and began to seek ways to address them, working together to come up with innovative solutions for shared problems. Cohesion and a sense of the power in functioning as one larger unit became apparent among the constituent colleges.

The teams from the participating colleges have begun to implement some innovative activities, and reported on these to the Management Board and meetings of the principals from all colleges. As a result, huge demand has been created for the implementation of this program with other colleges of KMTC.

Malawi

Support to HIV/AIDS Coordination

The Challenge

In May 2002, USAID/Malawi requested that M&L recruit and support an HIV/AIDS Coordination Technical Advisor to work in the Malawi MOH for three years to assist in coordinating the implementation of HIV/AIDS health sector interventions both within the MOH and with other stakeholders. Dr. Erik Schouten was hired in November 2002.

Summary of Work and Results

As of September 2005, Dr. Schouten has served 21 of his 36-month contract. During his first few months in Malawi, Dr. Schouten scanned his environment and met with stakeholders within and outside the Ministry. He began the process of identifying gaps and issues to address in the implementation of the health sector response to HIV/AIDS. Gaps have been identified and he has worked with his counterparts in the MOH and the National AIDS Commission to develop policy, guidelines, implementation plans, protocols and procedures, and other instrument in the following areas:

- Supply management of HIV test kits
- Development of an Equity in Access to ARV Therapy and the consequent implementation of the policy (targeted health promotion, involvement of the private sector and monitoring of equitable access to ARV Therapy)
- ARV Therapy for children
- Condom Strategy
- Surveillance of resistance to ARV drugs
- Guidelines for effective planning at the district level for HIV/AIDS activities

In collaboration with counterparts in the MOH HIV/AIDS unit, Dr. Schouten developed an HIV/AIDS Annual Workplan for the Health Sector. This is the first joint implementation plan in the health sector in Malawi and is an important first step towards mapping of all stakeholders in the Health Sector working on HIV/AIDS. In order to strengthen the Ministry's coordination role of the implementation of all HIV/AIDS activities, regular coordination meetings have taken place since October 2004. These meetings fulfill a role in filling the gap that was perceived by many in the health sector. These meetings take place every six weeks and continue to attract a large (over 40) number of participants.

Additional areas where Dr. Schouten has contributed include:

- Participated in the initiation of a partnership and the consequent signing of a Memo of Understanding (MOU) with the Clinton Foundation
- In collaboration with the MOH HIV Unit, he initiated discussions with the private sector to scale up ARV therapy in 20 private institutions. A MOU is currently being developed.
- Drafted a MOU between the Government of Malawi and UNICEF to procure and deliver ARV drugs to Malawi and was subsequently signed by the Permanent Secretary of the MOH in February 2005.

Dr. Schouten will continue to work with the MOH in his current capacity until December 2006, based on USAID/Malawi's initial request. His contract will be transferred to the ongoing MSH/Malawi bilateral in September 2005.

Mozambique – Health Sector Support Program

The Challenge

The Mozambique MOH is committed to ensuring Mozambicans have access to quality primary health care that brings their health status up to a level near the average for Sub-Saharan Africa. As modest as this may seem, it represents a significant challenge in a post-conflict, resource poor country that suffers from high rates of endemic diseases such as malaria, TB, and HIV/AIDS.

The MOH in Mozambique has three distinct levels, the Central, Provincial/District, and Health Unit, each of which has its own essential roles and responsibilities within the country's health system. In 2002, senior level administrators in the MOH identified a lack of leadership and weak management systems at all levels of the health system as root causes of the low quality of health service delivery. Management and leadership challenges included lack of clarity about roles and responsibilities; poor communication between levels; low morale of employees; operational planning that was often limited to lists of assorted activities rather than coordinated processes with measurable outcomes and procedures for monitoring performance; and strategic plans that were not linked between provincial and central levels, resulting in inefficient allocation of scarce resources.

Summary of Work

From January 2003 to September 2005 the Mozambique MOH partnered with the M&L Program to implement the Health Sector Support Program (HSS). HSS provided leadership and management strengthening at all levels of the public health system starting at the central level, and creating a multiplier effect in targeted provinces, districts, and health units.

M&L drew on its experience with leadership development in Brazil and Egypt to create an integrated management and leadership development program adapted to Mozambique. A two-day Leadership Dialogue at the beginning of the program with 26 senior MOH officials created a common vision and ensured ownership. At the central level 87 managers from the four MOH Directorates took part in a one-week modular leadership development program. The Directorate of Administration and Management (DAG) and the Directorate of Human Resources (DRH) received intensive management and leadership strengthening, including a MOST assessment of management systems and structures and technical assistance to incorporate MOST action plans into annual operational plans (POAs). Throughout the process, leadership skills and participatory team building were incorporated into the day-to-day management challenge of creating, monitoring and reporting on annual operational plans. Work climate was assessed in the administrative units at the start and end of the program, and 21 facilitators were trained to support the teams.

At the Provincial/District level, the HSS program focused on providing technical assistance to the USAID priority provinces of Gaza, Zambezia, and Nampula to complete their strategic plans. A simplified guide to operational planning at the provincial level was developed. MSH provided additional assistance in strategic planning for the provinces of Cabo Delgado, Sofala, and Manica. In Nampula Province a core group of facilitators was trained to carry out the Challenges and Quality Programs in targeted Health Units.

In Nampula Province two parallel approaches to improving health services were piloted. The Challenges Program used simple management and leadership tools to assist six Districts and 11 Health Units and their communities to address health service challenges. The Quality Program developed a new self-monitoring system for health standards compliance, carried out baseline assessments in three Health Units, and trained central and provincial facilitators to work with Health Unit staff to implement plans for service improvement.

Results

At the Central Level:

- Well-defined and measurable operational plans for the DAG and DRH;
- International donors in the SWAp common fund are able to monitor progress through DAG and DRH operational plans, thereby increasing confidence in MOH accountability;
- Institutionalization in DAG and DRH of the REPARE model (RE=Realistic, PA=Participative and RE=Responsible) for teamwork and effective communications;
- Quality Standards for basic health services in Health Units developed and piloted;
- Improved work climate.

At the Provincial and District Levels:

- Strategic plans finalized for five provinces;
- Guide for Provincial Operational Planning developed;
- Provincial and district level facilitators trained in Nampula, to expand the Challenges and Quality programs to other districts and provinces.

At the Health Unit level:

- Improved health services in 10 out of 11 health units in the following areas: shorter waiting time for patients, improved cleanliness and hygiene, increased bio-security, improved quality of food, construction of a maternity waiting home, construction of a kitchen, and more accurate medical records;
- Increased ability to prioritize and resolve challenges locally, even in the absence of additional resources;
- Successful application of a self-monitoring system for health standards compliance and demonstrated improvements in quality in three health units.



For more information

- The Final Report for this activity, “Management and Leadership for Health Sector Support in Mozambique,” can be accessed through USAID’s Development Experience Clearinghouse, www.dec.org.
- “Working at all Levels to Improve Health Services: An Evaluation of the Management and Leadership for Health Sector Support Program (M&L/HSS) in Mozambique,” Cary Perry, August 2005, can be accessed through USAID’s Development Experience Clearinghouse, www.dec.org.
- Summary of evaluation findings is available at: www.msh.org/mandll/evaluation_notes.
- Additional information on M&L’s work in Mozambique, including stories from the field, can be accessed at www.msh.org/mandll/mozambique.

Mozambique – Integrated Management of Childhood Illness

Technical assistance provided to the Ministry of Health

The M&L Program assisted the National Integrated Management of Childhood Illness (IMCI) Program in Mozambique from September 2003 through August 2004 by providing logistics support to the development of management systems and educational materials for training medical and paramedical staff in IMCI. The IMCI Program of the MOH of Mozambique is focused on assisting the Child Health Section of the Department of Community Health to improve the quality of childcare in the health system, leading to the reduction of morbidity and mortality of neonates, infants, and children, within the context of the overall goal of the National Integrated Health Plan.

The relatively recent introduction of the IMCI Program in Mozambique by the World Health Organization (WHO), required extensive training and refresher training for all senior health care staff and institutionalization of IMCI in educational institutions that train health care providers. It also required that educational materials, namely a standard set of IMCI manuals in Portuguese, be made available in the health sector. M&L provided logistical support for IMCI training and IMCI management information systems.

Development of IMCI Training Manuals

Six Integrated Management of Childhood Illnesses training manuals were produced and are now in print and electronic format:

- Preservice
- Caring for a Child with a Severe Infection or Malnutrition
- IMCI Emergency, Triage, and Assessment
- Malaria Drug Policy and Macro Nutrients Initiative
- HIV and Prevention of Mother-to-Child Transmission
- Counseling and Caring for Children Suffering from HIV/AIDS



It is estimated that 80% of clinical staff in each of the six provinces (Gaza, Sofala, Nampula, Zambezia, Niassa, and Manica) receiving the manuals will reference the learner section of the manuals. This includes doctors, nurses, medical technicians, and other health personnel. Additionally, 12–18 teachers from the six provinces will use the tutor section of the manuals to provide instruction in provincial health institutes.

IMCI Trainers and Facilitators Are Trained

IMCI trainers were trained in the Faculty of Medicine and Paramedical Schools and facilitators were trained in IMCI Emergency Triage and Assessment in the provinces of Gaza, Sofala, Nampula, Zambezia, Niassa, and Manica. A training plan and three regional workshops were completed, bringing together participants from six provinces. Sixty-five health personnel from the central and provincial levels were trained as facilitators and trainers who could provide district wide training to peripheral health staff in these workshops.

IMCI Curriculum Development

Logistics support was provided for IMCI curriculum development workshops that established a process for the incorporation of revised IMCI curriculum into schools of public health and medical faculties in six provinces.

Initial contact was established with curriculum boards of schools of public health and medical faculties. Discussions focused on introducing the revised IMCI curriculum and holding trainings for facilitators of IMCI training. Three regional workshops were held to facilitate curriculum changes at the institutions. All attending institutions committed to updating their existing curriculums by including the new IMCI training manuals.

Database

Initial database assessments, technology upgrades, and training plans for database use were conducted in the provinces of Gaza, Sofala, Nampula, Zambezia, Niassa, Manica, and Inhambane by the M&L local professional database manager. The IMCI database software has been upgraded from FoxBASE to Access, a more advanced system.

IMCI database training sessions were conducted in seven provinces, with two to three participants per province. Training included database navigation, data entry, and generation of reports. Participants were given a database user manual, produced by the M&L local professional database manager for future reference.

One round of follow up visits was conducted after the training by the local professional database manager. Some provinces experienced additional technology constraints with damaged and infected computers. In these instances the database was reinstalled to enable proper use. An evaluation plan for provincial-level training has been written and finalized.



Looking Forward

With the assistance of M&L, the Mozambique MOH is using WHO guidelines for IMCI training and has updated IMCI training manuals in Portuguese available for use within the MOH and within schools of public health and medical faculties (as of August 2004). There is also a commitment on the part of schools of public health and medical faculties to integrate IMCI training in school curriculums. Also, seven provinces have access to the IMCI management information system and have been trained to both collect and enter information and to access and use information for decision making.

M&L recommendations to the MOH included: continue to strengthen IMCI training in schools of public health and medical faculties; continue making relevant IMCI training materials available in Portuguese; continue encouraging regular use of the IMCI database not only for collecting data but for planning and evaluation purposes; build the MOH's central- and provincial-level capacity in monitoring and evaluation of IMCI activities; and expand IMCI strategies to other provinces.

For more information

- Additional information on M&L's work in Mozambique, including stories from the field, can be accessed at www.msh.org/mandl/mozambique.
- The Final Report for this activity, "Mozambique: Integrated Management of Childhood Illness," can be accessed through USAID's Development Experience Clearinghouse, www.dec.org.

Mozambique – National Malaria Control Program

Technical assistance provided to the Ministry of Health

The M&L Program assisted the National Malaria Control Program (NMCP) of the Mozambique Ministry of Health (MOH) to pursue its goal of reducing morbidity and mortality caused by malaria in vulnerable groups: women of child bearing age, children aged 0–5 years, and the socially disadvantaged. M&L collaborated with the NMCP from October 2002 through August 2004. Its primary role was to provide financial and administrative support for a variety of priority activities designed to enhance overall program management capacity of the NMCP, improve the performance of management systems and managers, and increase efficiencies in future planning and implementation efforts of the NMCP. M&L also helped develop a sentinel surveillance system in three provinces.

From 2002 to 2004, the MOH developed and implemented the malaria control activities as described below, to which the M&L Program provided financial and administrative support. The priority activities included:

- contracting NMCP staff, staff development, supply of office materials, and vehicle maintenance;
- strengthening clinical and laboratory diagnosis;
- improving surveillance of malaria cases, monitoring drug efficacy, and monitoring insecticide resistance;
- increasing community participation, health promotion, and advocacy for prevention and diagnosis;
- strengthening epidemic and emergency preparedness;
- coordinating a spraying campaign.

Contracting staff, staff development, supply of office materials, and vehicle maintenance

Two national field workers were contracted by the MOH for entomology and epidemiology field surveys and lab work in Maputo, and a local advisor was contracted to work in all the provinces on the MOH Case Management and Implementation of Drug Policy Training Program. English language training for two MOH staff was also arranged. A coordination meeting was organized in May 2003 in Maputo with all malaria control partners, including WHO, UNICEF, Population Services International, USAID, DFID, National Institute of Health, Centro de Investigação da Saúde em Manica, World Vision, and Save the Children. Funding for supervision training visits for NMCP activities in three provinces and the procurement of supplies, equipment, and vehicle maintenance for NMCP operations were also provided by M&L.

Strengthening clinical and laboratory diagnosis

Funding was provided for two regional malaria training and refresher training courses held in the northern and central regions of Mozambique, involving approximately 180 participants from seven provinces. Courses in drug policy and clinical diagnosis training, supported in nine provinces, were attended by approximately 620 participants.

Improving surveillance, monitoring drug efficacy, and monitoring insecticide resistance

Thirty clinical and laboratory MOH staff were trained and supervised in malaria diagnosis and the assessment of treatment efficacy. Supervision visits to six sentinel sites to ensure bioassays and susceptibility tests were conducted for monitoring the effectiveness of vector control activities. Logistics support was also provided for three MOH supervisors to monitor and supervise surveillance systems for case management in eleven district sites, and for supervision visits by two MOH central level personnel for mapping vector distribution and bionomics in selected sites. A report on the surveillance system was edited and distributed.

Increasing community participation and awareness for prevention and diagnosis

M&L supported the National Malaria Awareness Day in November 2003 in Ponta d'Ouro, a city south of Maputo. The event included international and local participation in a day of cultural events. There were approximately 1,500 attendees in the district and the event was televised and aired on the radio throughout the nation. A community-based malaria education program in the districts of Manica, Chibuto, and Homoine was also conducted and delivered to approximately 6,000 children in three districts.

Strengthening epidemic and emergency preparedness

Logistics support was provided to identify and designate a health center in Manica province to provide epidemiological data for national analysis, and to train twelve MOH central level personnel in the use of the epidemiological database. Supplies and computer equipment were purchased for a situational analysis room at the MOH to monitor the epidemic situations and emergency response in the country.

Coordinating a spraying campaign

A spraying campaign in Maputo province involving 22,000 structures was conducted during a three-month period, January through March of 2003. M&L provided support to procure necessary protective material and spray pumps.

M&L's technical role

In coordination with NMCP staff, M&L helped develop a data collection and monitoring and evaluation system for the NMCP in three sentinel sites in Sofala, Gaza, and Nampula provinces. Sentinel site visits resulted in the collection of baseline data and the preparation of action plans for evaluating intervention activities. Support for the establishment of the monitoring and evaluation system in the three sites included: contracting local data collectors and managers, procurement of three motor bikes for data collection efforts, and the purchase of computers. The final analysis and impact assessment report could not be carried out due to delays in the establishment of the system and human resource constraints within the MOH. As a result, only four months of data were collected prior to the close of this component of M&L's Mozambique Program in August 2004. The MOH, USAID/Mozambique, and M&L agreed that this work would continue with assistance from a World Health Organization data manager.



For more information

- Additional information on M&L's work in Mozambique, including stories from the field, can be accessed at www.msh.org/mandl/mozambique.
- The Final Report for this activity, "The National Malaria Control Program in Mozambique," can be accessed through USAID's Development Experience Clearinghouse, www.dec.org.

Nigeria

Assistance to the National Primary Health Care Development Agency

The Challenge

The National Primary Health Care Development Agency (NPHCDA), a parastatal organization formed in 1992, is responsible for the delivery of primary health care services and the construction of the new health centers in Nigeria. It establishes and trains local development committees to manage local health care. As local development committees are being established, health center and community outreach staff are trained and health centers constructed and equipped by NPHCDA. M&L's assistance was requested through USAID's BASICS II project (global child survival program) to help the NPHCDA to address priority management development needs as it continues to serve its critical role in increasing access and quality of primary health care services.

Summary of Work

In early 2003, M&L carried out a management needs assessment and assisted the NPHCDA in strategic planning. M&L then worked to address NPHCDA's basic management needs as identified in its strategic plan. M&L's technical assistance included:

- Initiating an integrated strategic and yearly operational planning process;
- Reengineering and computerizing the financial management system;
- Reengineering and implementing basic human resources (HR) systems to include job descriptions and performance-based planning and appraisal systems for field staff;
- Implementing and expanding a pilot project for the collection of service statistics.

In September 2003, the NPHCDA yearly operational planning process was revised to be fully integrated with its strategic plan. In May 2004, the financial management system was assessed. Recommendations were made for improvement and, in June 2004, a software package was purchased after M&L secured additional funding from the Mission. In July 2004 staff training in the use of the financial management software was completed and data was entered.

After a basic assessment in June 2004, the human resources system was redesigned. Field staff duties and responsibilities were reworked, new job descriptions written, performance standards established, and HR procedures drafted. In January 2005 a new performance based planning and appraisal system was instituted for all field staff.

NPHCDA successfully implemented a pilot program for the collection of service statistics in December 2004, which is being expanded for use at all health centers overseen by the organization. In February 2005, a software package was acquired that greatly enhances NPHCDA's ability to collect service statistics and use the data for decision making.

Results

When M&L support ended in August 2005, NPHCDA had a strategic and operational planning system that is fully integrated with new computerized financial and management information systems providing: quality and timely financial and programmatic information for decision making; financial and programmatic information for program monitoring and evaluation; a well-defined system for planning the work of field staff and assessing their performance; and providing the information necessary to determine the cost of primary health care services at the local and national level and to calculate the cost-benefit of service provision.

Regional Economic Development Services Office

Background

One component of USAID's Regional Economic Development Services Office (REDSO) mandate is to develop viable, self-sustaining African regional institutions to provide training and technical assistance in the field of sexual and reproductive health, population, and development in both the public and private sectors. REDSO currently has three regional partners: the Centre for African Family Studies (CAFS) in Nairobi; the Regional Centre for Quality Health Care (RCQHC) in Kampala, and the Commonwealth Regional Health Care Secretariat (CRHCS) in Arusha. CAFS, through its training and technical assistance services, targets NGOs. RCQHC focuses on strengthening the quality of technical services within ministries of health. CRHCS works primarily in the policy arena, sharing best practices and using advocacy to implement health policy changes. All three partners are facing issues of sustainability and depend heavily on donor support. M&L's technical assistance focused on strengthening their management capacity and systems to enable them to become viable and self-sustaining.

Summary of Work

M&L facilitated a three-day planning retreat for REDSO Population, Health and Nutrition staff to analyze, define, and prioritize REDSO's continued assistance to its three regional partners. Based on the outcomes of the retreat, REDSO, M&L, and the three regional partners defined and prioritized technical assistance activities for M&L.

The Centre for African Family Studies: M&L's technical assistance to CAFS has focused on the organization's need to mobilize funds and diversify its resource base. The ultimate objective was to develop a long-term strategic and business plan which would provide a "roadmap," in financial and programmatic terms, for cost recovery and long term institutional sustainability. To expose CAFS staff to a variety of programmatic and financial change processes, M&L organized a study tour for five CAFS senior management staff to visit three health organizations that have been successful in diversifying their funding sources and becoming self-reliant. Deloitte Consulting Limited was contracted and worked closely with M&L, assisting CAFS in the development of a five-year strategic and business plan covering the period 2005–2010. This included a series of workshops and interviews to review CAFS previous strategic plan and its current performance. In addition, Research Solutions, a local marketing research firm was contracted to carry out a comprehensive study in Kenya, Ethiopia, Cote d'Ivoire, and Benin to analyze the competition and market demand. The study looked at pricing, marketing, and service delivery processes for the key services offered and based on this, a five year strategic and business plan for CAFS was developed.

The Regional Centre for Quality Health Care: M&L provided management development assistance to RCQHC in the areas of governance, strategic planning, human resource management, financial management, management information systems and network and consultant management systems. M&L led RCQHC's strategic planning process which involved a series of workshops; a review of the strategic plan for the period 2003–2006; and an assessment of the external environment. Issues pertaining to the identity and governance of RCQHC (specifically its relationship with Makerere University) surfaced so M&L also conducted a series of interviews with RCQHC and Makerere University staff in order to provide recommendations regarding their identity and governance for consideration by RCQHC's Advisory Board.

M&L also conducted a Human Resources and Leadership Assessment to identify suitable approaches to strengthen the HRM system and leadership. Based on outcomes of the assessment, M&L conducted a review and revision of the organizational structure and position descriptions and assisted RCQHC with recruitment of key positions. M&L also developed a human resources classification system and salary scale. Maer Associates,

a local management consulting firm and TCNetwork member, was contracted to carry out a regional salary survey which provided the basis for the revised salary scale. M&L's on-going technical assistance in financial management included: the installation and operationalization of SunSystems (a financial management software); the development of an activity coding scheme and timesheets to track and allocate costs appropriately; recommendations for how to develop an indirect cost proposal; and several internal control measures, such as procurement procedures, asset inventory management, vehicle management, and petty cash. Program coordinators received basic training in project management and financial management. M&L also conducted a comprehensive review of RCQHC's reporting systems, including a rapid quality assessment of data submitted to REDSO. This resulted in technical assistance in the preparation of reporting formats as part of the development of a comprehensive management information system, and training key RCQHC staff in data analysis, interpretation and use of data for decision making.

The Commonwealth Regional Health Care Secretariat: M&L provided technical assistance to CRHCS in strategic and operational planning, financial management and the development of a comprehensive management information system. M&L facilitated a review of CRHCS' strategic plan for 1999–2004, the development of an updated strategic plan for 2002–2007, and the development of Technical Unit strategic and operational plans and indicators, in line with the overall strategy. To assist CRHCS in diversifying its funding base, M&L helped identify innovative initiatives for funding and worked closely with selected staff to turn these ideas into concept papers by providing narrative and financial templates and guidance during the process. Based on an initial financial management assessment, M&L's assisted in the development of timesheets to track and allocate costs appropriately, including a proposal for an activity coding scheme and suggestions for how to develop an overhead rate to use for proposal development and billing. Program coordinators also received basic training in project management and financial management. M&L conducted a comprehensive review of CRHCS reporting systems, including a rapid quality assessment of data submitted to REDSO. This resulted in technical assistance in the preparation of reporting formats as part of a comprehensive management information system and training of key CRHCS staff in data analysis, interpretation and use of data for decision making.

Results

As a result of M&L and Deloitte's technical assistance, CAFS now has a five-year strategic and business plan. Although not yet approved by CAFS' Board, it is expected that it will be soon. CAFS now has a "roadmap" for cost recovery and is therefore in a stronger position to become self-sustaining. M&L's technical assistance to RCQHC and CRHCS has helped construct a basic "management platform" that fully integrates planning with human and financial management and sound systems to monitor and report program activities and accomplishments. Although neither organization can be considered self-reliant at this time, this platform allows them to more effectively plan and implement quality programs, the foundation for an organization to become self-sustaining.



Senegal

District and Senior Leadership Development

The challenge

In partnership with CAFS, M&L implemented the program “Renforcement des Capacités du Ministère de la Santé du Sénégal” (a leadership development program for the Ministry of Health) in the regions of Thiès and Louga in early 2004. This program aimed to improve the performance of health systems and achieve service delivery results through improved leadership practices.

At the same time, efforts were underway to initiate a senior leadership program for national directors of key health programs. Staff from the MSH-led bilateral in Senegal were asked to support this initiative but little progress was made between 2003 and 2004, primarily due to senior MOH staff. In May 2005, the new Director of Health indicated his interest in going forward with leadership dialogue for senior staff which was conducted in June 2005 and led to the start of a four-part leadership strengthening program, loosely modeled after other M&L programs tested extensively in Africa.

Summary of Work

District Leadership Development Program—The program covered five districts in the Region of Louga plus the regional team, and eight districts in the region of Thiès. It consisted of one leadership workshop with some central level staff (not all attended), held in February 2004 before the first district level workshops, and four district level leadership development workshops organized according to the following schedule:

	Thiès	Louga
Workshop 1	February 25–26, 2004	March 4–5, 2004
Workshop 2	March 30–31, 2004	April 6–7, 2004
Workshop 3	April 28–29, 2004	May 4–5, 2004
Workshop 4	June 29–30, 2004	June 23–24, 2004

The workshops followed the same design as the M&L district leadership program that was taking place at the same time in Kenya. Facilitators in Senegal used facilitator notes developed by the M&L/Kenya team emailed to them from Kenya and adapting them for their use.

Senior leadership program—A senior leadership dialogue was held in mid-June 2005. Participants represented fourth and fifth tier management level staff from various central MOH divisions, such as Reproductive Health, Primary Health Care, Nutrition, Child Survival, and Information and Research. In addition, both the USAID Mission and MSH bilateral project were represented. The group was small and even though many of the participants were peers, few had worked together. The challenge they selected to address was the lack of horizontal coordination and communication between the various divisions, which overlap in their mandates.

Results

District program—A monitoring inquiry was conducted at the last of the four district workshops in June 2004.⁷ Some of the findings include significant progress in the implementation of action plans by some of the teams, producing positive effects at the service delivery level, such as an increased number of prenatal visits, and

⁷ Karen Sherk: Leadership Development Program Louga and Thiès, Senegal, June 2004.

managerial improvements, such as more timely submission of reports. Participants also reported positive changes in their approach to problem analysis, time management, sharing of information, seeking and giving feedback, ownership and empowerment, conflict resolution, team work, collaboration, and relationships with peers and clients. In addition, they reported that they were more humble, managed their emotions better, and listened better, leading to improved personal relationships. Results of the application of the Work Climate Assessment, conducted at the beginning and end of the program indicated that those teams who submitted both baseline and follow-up results saw improvements in their work group climates as well.

Senior program—Since the senior program is just starting at the time of this writing⁸ there is little to report about in terms of actual observed change. Still the dialogue produced the following results:

- The determination of a common challenge plus a series of actions and for each a champion and a list of supporters to make sure the plan gets implemented.
- A plan to start a four-workshop leadership program at the end of July.
- A common vocabulary and framework on leadership
- An interest in looking at their own behavior as supporters (or potential inhibitors) of leadership development at the regional and district levels.

At the end of the dialogue agreement was reached to initiate a four-workshop program to which some of the missing Division Heads would be invited. This workshop took place six weeks later, over a weekend at the end of July. The fact that this group of senior civil servants decided to give up their weekend and spent the time together focusing on leadership is in itself a significant indication of commitment.

Conclusions

As mentioned before, the Senegal program had a late start. Many stars had to be aligned before it could take off but it appears that is now has caught the attention of the Director of Health, the USAID mission, and the senior bilateral staff. Our recommendation is to complete the senior program before any additional district or regional programs get started, and that the cohort of senior leaders play a significant role (as was the case in Guinea) in coaching and supporting the Louga and Thiès teams. Although funding for this activity ceased in August 2005, MSH will continue, through email and publications, to support the bilateral teams in carrying on the work.

⁸ It will continue to be financed after workshop 1 in July by the bilateral project, possibly with other support from the USAID mission which offered its full support to the MOH after the dialogue.

For more information

- “Leadership Development Program Louga and Thiès, Senegal,” Karen Sherk, June 2004, can be accessed through USAID’s Development Experience Clearinghouse, www.dec.org.
- Summary of the monitoring inquiry is available at: www.msh.org/mandl/evaluation_notes.

Tanzania

Rapid Scale-up to Strengthen the National HIV/AIDS, TB, and Malaria Response

Background

Tanzania is a union composed of mainland Tanzania and Zanzibar. With a total population of about 36 million and an average GDP of \$500 per capita, Tanzania is emerging from a long post-colonial period of socialist government. Health sector reform and local government reform include decentralization of control to 121 districts. The private sector and NGO sector are growing steadily. Growth is hindered by the relatively high prevalence of HIV/AIDS on the mainland (about 7%) with wide regional variations (Kigoma: 2%, Mbeya: 13.5%), abetted by the low use of condoms (married women: 1.3%, never married 15–24 years old: 44%).⁹

MSH support in Tanzania began under FPMD II in 1998 and continued throughout the M&L Program. The focus of work shifted in 1999–2000 from reproductive health to HIV/AIDS to public-private partnerships for health services including HIV/AIDS. From 2000–2002, support was provided through M&L consultants and periodic sub-agreements with local NGOs. In 2002, a local office was opened; a Resident Advisor moved to Tanzania in October to coordinate an expanded team of local and international consultants. By 2005, the team included two full time local staff and more than 10 consultants, as well as regular sub-agreements with Deloitte & Touche Tanzania.

Summary of Work

Work in Tanzania has focused on the national leadership level. The principle clients have been the Ministry of Health, the Tanzania Commission for AIDS (TACAIDS), the Zanzibar AIDS Commission, and the Mainland Tanzania Global Fund Country Coordinating Mechanism. For all these clients, the central themes have been building or strengthening the institutions and staff to carry out their mandates for strategic leadership, technical support for planning national programs (including mobilization of resources), and facilitation of multi-sectoral partnerships for scaling up quality health services.

In PY1 (2000–2001), M&L collaborated with a team of local experts to finalize an evaluation of the National AIDS Control Program in the Ministry of Health.¹⁰ Through extensive stakeholder participation, a recommendation was made to create a semi-autonomous national multi-sectoral AIDS commission to coordinate the response to the epidemic. At the same time, M&L began support to Strategy 7 of the Health Sector Reform, Public Private Partnerships, through mentoring and technical support to the Strategy Seven Coordinator. Over two years, reports and stakeholder forums were developed to promote the concept of partnership, analyze existing partnerships, develop the legal framework for health sector partnerships, and mobilize support for closer collaboration between the government and NGOs, FBOs, and the private sector.

Beginning in PY2 (2001), the newly formed Tanzania Commission for AIDS (TACAIDS) became the principle client for M&L support. The creation of this new, national leadership body was a particularly exciting challenge. Through mentoring, training, institutional strengthening, strategic planning, and technical and financial support, M&L provided a complex program of management and leadership assistance to four of the five divisions of TACAIDS' Secretariat and to the Executive Director and the Commission.¹¹ Intensive support was provided to

⁹ TACAIDS, NBS, ORC MACRO, 2005. Tanzania HIV/AIDS Indicator Survey, 2003-04, Calverton, Maryland.

¹⁰ This work began in 1999 under FPMD II.

¹¹ Support to the Advocacy, IEC Division was limited to annual work planning and budgeting as part of general support to the Finance Division.

define the District and Community Response strategy, to develop government mainstreaming of HIV/AIDS, to orient and strengthen staff, and to mobilize resources for TACAIDS and for the national response to the epidemic. M&L also assisted TACAIDS in harmonizing the large new HIV/AIDS program funds from the Clinton Foundation, PEPFAR, and Global Fund. As part of this work in PY2, M&L headed a team to design the civil society fund portion of the World Bank funded Tanzania Multi-Sectoral AIDS Program (TMAP). The success of institutional support to TACAIDS led to a request for similar support from the Zanzibar AIDS Commission in PY4 and PY5. However, due to budget constraints, work there was limited to input into strategic planning, support for costing the national AIDS strategy, and support for development of its first Medium Term Expenditure Framework (three-year government budget).

Following the creation of the Global Fund for AIDS, TB, and Malaria in 2002 which brought on the creation of the Mainland Tanzania Country Coordinating Mechanism (MT-GFCCM), the M&L Program was asked to support the proposal development process. M&L coordinated proposal development for Rounds 2, 3, and 4 for HIV/AIDS + TB and for Malaria (Round 4). M&L also coordinated the post-approval planning phase to produce the detailed workplans and budgets required for signature of the grant agreements, including development of Memorandums of Understanding linking the public and nongovernmental partners. These activities included sub-agreements with Deloitte & Touche Tanzania for expertise in budgeting. In PY5, M&L fielded a large team of consultants to provide similar support to Zanzibar to develop a proposal for Round 5 of the Global Fund.

Enhancing the partnerships between civil society and the government went beyond mentoring. As an outgrowth of the PY2 work on TMAP, M&L developed the Rapid Funding Envelope (RFE) for HIV/AIDS, a multi-donor granting partnership with TACAIDS to finance short-term HIV/AIDS projects by civil society organizations. M&L also provided training and block grants to the Association of Private Hospitals of Tanzania and to the Tanzania Public Health Association.



Results

Participating in an environment of rapid expansion of health sector activities, M&L was able to contribute significantly to the national response in Tanzania. Key results include:

- Creation of the TACAIDS by the President of Tanzania, Benjamin Mkapa, on World AIDS Day in December 2000. TACAIDS is now recognized as the national leader of the multi-sectoral response to the epidemic, providing strategic priorities and facilitating scaling up through partnership.
- Development of multi-sectoral partnerships for HIV/AIDS and malaria including more than 210 public, private, NGO, FBO, and community level institutions. Those partnerships were also stabilized through detailed work plans, budgets, and collaboration agreements.
- Harmonization of the Global Fund, PEPFAR, Axios (a Tanzanian NGO working in HIV/AIDS), and JICA support for HIV/AIDS interventions in 45 districts on the mainland.
- Mobilization of over \$524 million for HIV/AIDS, TB, and Malaria through the Global Fund, the World Bank, bilateral donors, and Tanzanian government revenues.
- Creation of a new type of funding mechanism for local governance and partnership between national AIDS commissions and bilateral donors, the Rapid Funding Envelope for HIV/AIDS. The RFE has awarded 54 grants (\$8 million) to date of which 23 have already been completed.
- Unblocking the flow of resources through improved communication and collaboration between the Ministry of Finance, the Tanzania Commission for AIDS, and their public sector partners at national and local government levels.
- Strengthening the Association of Private Hospitals of Tanzania to become a fully functional national umbrella organization.

M&L provided key contributions to creating a multi-sectoral response to HIV/AIDS in Tanzania through support of the key leadership organizations and facilitation of operational partnerships. The long term commitment over six years by a stable team allowed MSH to gain credibility and establish long term relationships enhancing MSH's effectiveness over time.

M&L/Tanzania was evaluated formally and informally several times during the project period. The Global Fund for AIDS, TB, and Malaria has called Tanzania “a model country for its multi-sectoral partnerships” and recognized publicly the role of MSH in the process. The Round 4 HIV/AIDS proposal to the GFATM was called “the best proposal in Africa” by the Technical Review Panel. The PY4 external evaluation by USAID acknowledged the breadth of MSH interventions, while raising concerns about the small size of the team. The PY5 external evaluation of the RFE identified the innovation of the mechanism and recommended its extension through 2007. In June 2005, the Permanent Secretary of the Prime Minister's Office of Mainland Tanzania has publicly thanked MSH for its support with TACAIDS and the Global Fund. Finally, the Permanent Secretary of the Ministry of Finance, in a speech at the signing ceremony for GFATM Round 4 said, “we cherish our partnerships with the private sector,” signalling the evolution accomplished since 1999.

For more information

- Additional information on M&L's work in Tanzania, including profiles of RFE recipients, can be found at www.msh.org/projects/mandl/4.1.html.
- *Scaling Up HIV/AIDS Programs: A Manual for Multisectoral Planning*, S. Helfenbein, C. Severo, 2004. This publication can be ordered from the MSH Bookstore, www.msh.org/publications.

Uganda

Organizational Capacity Building to Address the HIV/AIDS and TB Crisis

The Challenge

With the Global Fund to Fight HIV/AIDS, TB, and Malaria (GFATM), the World Bank's Multi-Country HIV/AIDS Programs for the Africa Region (WB MAP), and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) providing much needed resources for scaling up the national HIV/AIDS response, the Government of Uganda and partner institutions are in desperate need of technical assistance (TA) to absorb and effectively handle the large influx of funding. M&L began its work in Uganda in January 2003, providing TA to the Ministry of Health (MOH) to develop implementation plans for the start up of the GFATM program. Significant spin-offs from this assistance led to improving overall management of other large-scale funding programs for HIV/AIDS and for creating effective systems to enable civil society and private for profit organizations to play effective roles in the national response. M&L's portfolio included on-going TA to the Uganda AIDS Commission (UAC), Inter-Religious Council of Uganda (IRCU), Joint Clinical Research Centre (JCRC), the MOH's Resource Centre, and the National TB and Leprosy Program (NTLP). The program grew from an annual budget of \$150,000 to \$5.3 million over the last 18 months of the M&L program. Approximately \$2.1 million of this was for IRCU for grants to orphans and vulnerable children (OVCs), persons living with HIV/AIDS (PLWHA), and their families.

Summary of Work and Results

GFATM: In December 2002, Uganda received its first award from the Global Fund of \$51 million for HIV/AIDS. The initial disbursement of \$36 million was subject to conditions of approving the designated agency responsible for programmatic and financial management and a series of other preparatory instruments required for implementation. At the request of USAID/Uganda, M&L provided TA to the Ugandan Global Fund Coordinated Country Mechanism to develop implementation arrangements for the initial start up of the Country Comprehensive Program in order to receive the first disbursement. M&L facilitated a series of workshops for representatives from public, civil society, and private for profit sectors to develop a work plan for the first two quarters and determine eligibility criteria for sub-recipient disbursements and sub-granting processes. M&L also provided TA in the development of a Project Implementation Manual ensuring compliance and effective performance for all sub-recipients.

Assessment of the Human Resource (HR) Implications of Scaling up HIV/AIDS Services in Uganda: One of the biggest constraints to scaling up HIV/AIDS programs is the shortage of qualified health workers to implement them. At the request of USAID/Uganda, M&L completed a nationwide HR assessment in September 2004. The assessment findings brought attention to HR issues and led to the development of a human capacity development (HCD) strategy with actionable solutions. The assessment showed that many of the challenges could be addressed in a systematic way with committed national leadership and continued donor support. The assessment findings were officially presented to key stakeholders and donors, and an HR working group was tasked with developing a mechanism for wider dissemination and eventual implementation of the recommendations.

UAC: The UAC is the coordinating body for all HIV/AIDS activities at the national level, and houses the PEPFAR Advisory Committee. M&L began its work with UAC in September 2003 when USAID requested that it lead the Uganda HIV/AIDS Partnership Forum's mid-term review of the National Strategic Framework and provide technical assistance to revise it to reflect outcomes of the review. M&L also provided support in the roll-out of an abridged version of the framework and the national monitoring and evaluation (M&E) plan to all districts. As members of the Uganda HIV/AIDS Partnership, M&L provided technical support to UAC in the

planning and facilitation of the 4th National AIDS conference held in March 2005. M&L also assisted UAC in the development of a five-year strategic plan for the period 2005–2010, and annual operational plan for the year 2005–2006, both of which were approved by the commissioners and immediately adopted. To strengthen UAC as the lead coordinating body, M&L has been providing on-going technical support and advice to UAC's Director General and the Director of Planning and Development in planning and implementation of the Global Task Team recommendations. M&L also conducted a MOST workshop in March 2004 which helped UAC identify management strengths and weaknesses and set priorities for institutional capacity building activities. One finding was the need for better coordination among donors providing institutional development support to UAC. As a result, M&L was tasked with providing guidance to the donors and aligning all these efforts. As a result of the MOST workshop, M&L assisted in the development of an HIV/AIDS workplace policy for UAC and the development, installation, and training of a computerized payroll and HR information system.

IRCU: The IRCU was selected by GFATM to be the lead agency to receive HIV/AIDS funds for faith-based organizations (FBOs) and is among the major partners of the U.S. Government in implementing PEPFAR. Through its network of FBOs, IRCU plays a critical role in expanding HIV/AIDS services by channeling resources to the community level. M&L provided ongoing TA to IRCU to help the network more effectively lead the FBO response to the HIV/AIDS epidemic and strengthen its management capacity to issue and oversee grants. M&L has helped transform IRCU's vision of its founding religious leaders into a functioning organization which is now ready to undergo the USAID pre-award assessment and directly receive funding for PEPFAR related work.

M&L provided TA in the areas of: governance; strategic planning; human resources management; planning, coordination, implementation, and monitoring; and grants and financial management. Governance and Strategic Planning: M&L facilitated a series of workshops bringing together the Executive Board, the thematic Committees (HIV/AIDS and Peace and Conflict), and the secretariat staff to review IRCU's governance and develop a long-term strategic plan for 2005–2010. Changes to the governance structure and processes were approved by the Council of Presidents (COP) and M&L played a key role in ensuring that the approved recommendations were fully adopted and functioning. Human resource management: M&L assisted the IRCU in defining its staffing needs, developing an organizational chart at the secretariat level, developing job descriptions, and recruiting and training staff. M&L provided TA to IRCU in the development of HR policies and procedures, such as defining their recruitment process and institutionalizing an employee performance planning and appraisal system. M&L documented these procedures in an HR manual which has been approved by the board and adopted by the secretariat. Program planning, coordination, implementation and monitoring: M&L has been working with IRCU secretariat staff to institutionalize systems for coordinated planning and monitoring of activities. This includes holding regular staff meetings, learning how to develop good meeting agendas and write meeting minutes, developing annual joint and individual workplans, and how to regularly monitor and document activities. Grants and financial management and monitoring: M&L assisted IRCU to set up and manage their PEPFAR and Global Fund grants. Through M&L, IRCU received a total of \$2.1 million in PEPFAR funds for grants to OVCs, PLWHAs, and their families. M&L helped the IRCU set up and monitor an OVC grants program using fixed obligation grants which provided educational and vocational support to a total of 8,653 OVCs, and an HIV/AIDS Care and Support grants program using cost-reimbursement grants through which thousands of people were tested for HIV/AIDS and PLWHAs received psychosocial support and palliative care. Through implementation of these grants programs, M&L trained IRCU staff in various grant processes and developed systems for assessing potential grantees and monitoring the programmatic and financial management of the grants once awarded. M&L set-up a payroll system, installed and trained IRCU and RCB staff in QuickBooks accounting software, developed an activity coding scheme, and established financial and internal control systems and procedures. M&L also provided TA to IRCU in managing its funds and preparing monthly financial reports on its various grants programs in line with donor requirements.

JCRC: Through the Regional Expansion of Antiretroviral Therapy (TREAT) program, JCRC is scaling up HIV care to make antiretroviral treatment accessible in Uganda. To ensure high quality laboratory support for TREAT, JCRC is working closely with the Mbale and Fort Portal regional laboratories. At the request of JCRC and USAID/Uganda, M&L implemented a laboratory performance improvement program to strengthen these laboratories' management systems and develop laboratory managers who lead. The program was implemented through a series of workshops with multi-disciplinary laboratory management teams from each site.

During the first workshop, the teams developed initial performance improvement plans which were re-evaluated and refined throughout the process. Subsequent workshops took the participants through management and leadership practices, and their practical application to laboratory improvement. A laboratory performance monitoring tool was applied to compare progress since the baseline assessment conducted in December 2004. Although M&L's technical involvement was brief (10 months), the program was designed to enable the teams to continue performance improvements on a long-term basis beyond M&L. Significant steps towards improving the environment, staff morale, and use of limited resources were immediately seen.

MOH Resource Centre: The MOH Resource Centre is responsible for the health management information system (HMIS) at the national level. However, it lacks the personnel and basic computer equipment to manage this effectively. The uncoordinated development of different information systems by line programs also hampers its ability to institutionalize an integrated HMIS and health databank. M&L conducted an assessment of the MOH Resource Centre, developed a pilot program to computerize the HMIS in five districts, and developed an integrated databank which used a master facility list.

In partnership with Centers for Disease Control (CDC), M&L provided TA to the technical working group who met regularly to design the computerized HMIS, in line with the currently used "paper HMIS," and a databank that links all these systems together. During the design and development process, MOH Resource Centre staff were trained in database management and database systems. Due to delays in the overall implementation of the revised HMIS (both paper and computerized), the training for the five districts and MOH Resource Centre staff first took place in August 2005; therefore, data have not been routinely collected and used by the end of M&L. However, the computerized HMIS has now been installed in the five pilot districts and staff have been trained to support and perform basic modifications to the system themselves.



MOH National TB and Leprosy Program (NTLP): The NTLP's objectives were to reach a 70% case detection rate and an 85% treatment success rate by 2005. Although progress has been made, detection rates and treatment success rates are still well below targets. At the request of USAID/Uganda, M&L is assisting the NTLP to develop a National Information, Education and Communication/Behavior Change Communication (IEC/BCC) Strategy. To inform the IEC/BCC strategy, M&L conducted field visits to Rakai District and to Reach-Out, an FBO providing medical care and support to PLWHA and TB in Kampala. No health education materials were evident in any of the facilities visited, nor among the community health volunteers. M&L contracted the Communications Development Foundation of Uganda (CDFU), a local communications firm, to conduct a literature review on TB IEC/BCC in Uganda and conduct formative research on which to base the strategy. In partnership with the MOH and CDFU, M&L facilitated a workshop with key stakeholders to present the findings of the studies and develop a IEC/BCC strategy for TB for Uganda. The literature review revealed a lack of information on IEC/BCC in Uganda and that emphasis is on the community-based programs with very little information from the facilities. Through a synthesis of working group discussions and presentations, the participants defined the primary and secondary audiences, knowledge, attitude and practice targets, objectives, key messages, channels of communication, and indicators for case detection and case treatment. The IEC/BCC strategy was finalized and CDFU produced templates and an initial set of materials which were shared with key stakeholders during a training of trainers workshop on the TB IEC/BCC strategy.

For more information

- Additional information on M&L's work in Uganda, can be found at www.msh.org/projects/mandll/4.6.html.
- "Scaling Up HIV/AIDS Services Through an FBO Network: Capacity Building with the Inter-Religious Council of Uganda," Amber Oberc, September 2005, can be accessed through USAID's Development Experience Clearinghouse, www.dec.org.
- Summaries of evaluation findings are available at www.msh.org/mandll/evaluation_notes.
- Uganda AIDS Commission MOST Workshop Report, Karen Johnson Lassner, May 2005, can be accessed through USAID's Development Experience Clearinghouse, www.dec.org.



Uganda

The Family Life Education Program

Background

The Family Life Education Program (FLEP) of the Busoga Diocese of Uganda is a multi-service reproductive health agency that operates in five Districts of Uganda, two of which (Jinja and Kamuli) fell within the scope of the Delivery for Improved Services for Health (DISH II) project funded by USAID from 1999–2002. FLEP provides community-based health services, including family planning, immunization, maternal health, nutrition, and HIV/AIDS counseling. The organization is organized as a network of facilities in geographic zones with village health workers (VHWs) attached to each unit. The units are strategically located in places where health services are lacking or inadequate. Zonal managers supervise overall service delivery in the facilities, while VHW supervisors support the VHWs more directly.

Summary of Work

In August 2001, M&L applied its Human Resource Management (HRM) Assessment Tool to examine the functioning of the current HRM system at FLEP. This tool provided users with a rapid way to identify the strengths and weaknesses of their HRM system and to develop an action plan for improvement. Following the assessment, FLEP's management committee reviewed the results and determined the priorities for short term action. The priorities were: revise and update the personnel policy manual, complete personnel files and update job descriptions, develop a new process for performance appraisal, and strengthen supervision.

Longer range priorities were likewise planned for staff training, strengthening of management and leadership at all level of the organization, and annual reviews of salary policy. A survey measuring employee satisfaction was carried out in September 2001 to identify other areas for intervention. In addition, FLEP managers worked with M&L to develop a monitoring and evaluation plan using indicators that would track HR management and performance components.

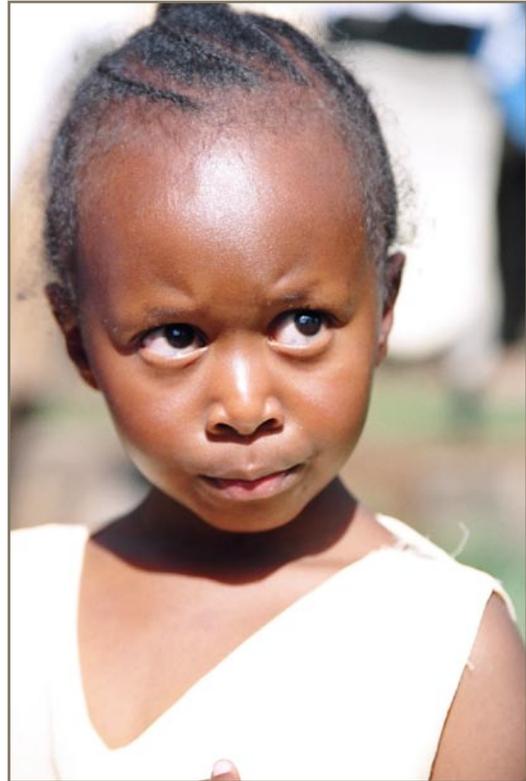
Results

With M&L's technical assistance, FLEP established a responsive HRM system. FLEP revised and updated its personnel policy and procedures, and produced and distributed a new personnel manual to management and supervisory staff at the clinics. Personnel files were completed and job descriptions were updated. A senior management team was installed at headquarters. Operations were streamlined by reducing the number zonal coordinators from eight to four and VHW supervisors from 17 to 8. Poor performing staff were let go and the remaining staff were given fixed contracts until the end of the project, which gave them an increased sense of security. A performance appraisal process was instituted and supervisors were trained on basic supervision skills and the use of appraisal forms and a supervisory checklist. When the staff satisfaction and organizational survey was reapplied in June 2002, it revealed significant improvements in 10 of 12 indicators, including employee satisfaction and commitment.

Service statistics from the first two quarters of 2002 compared to the same time period of the previous year showed that health services improved significantly. There was a 64% increase in family planning visits and these visits generated a 71% improvement in Couple Years of Protection (CYP), with CYP increasing by 65,435 years. Permanent FP methods (tubal ligation and vasectomy) increased by 61%. Deliveries at FLEP facilities increased by 32% and pre- and postnatal visits increased by 41%. Well-child visits increased by 55% and overall, out-patient department (OPD) visits increased by 37%. The number of home visits for HIV/AIDS and STI information, education and communication decreased slightly; however, the number of people reached through both home visits and group talks increased.

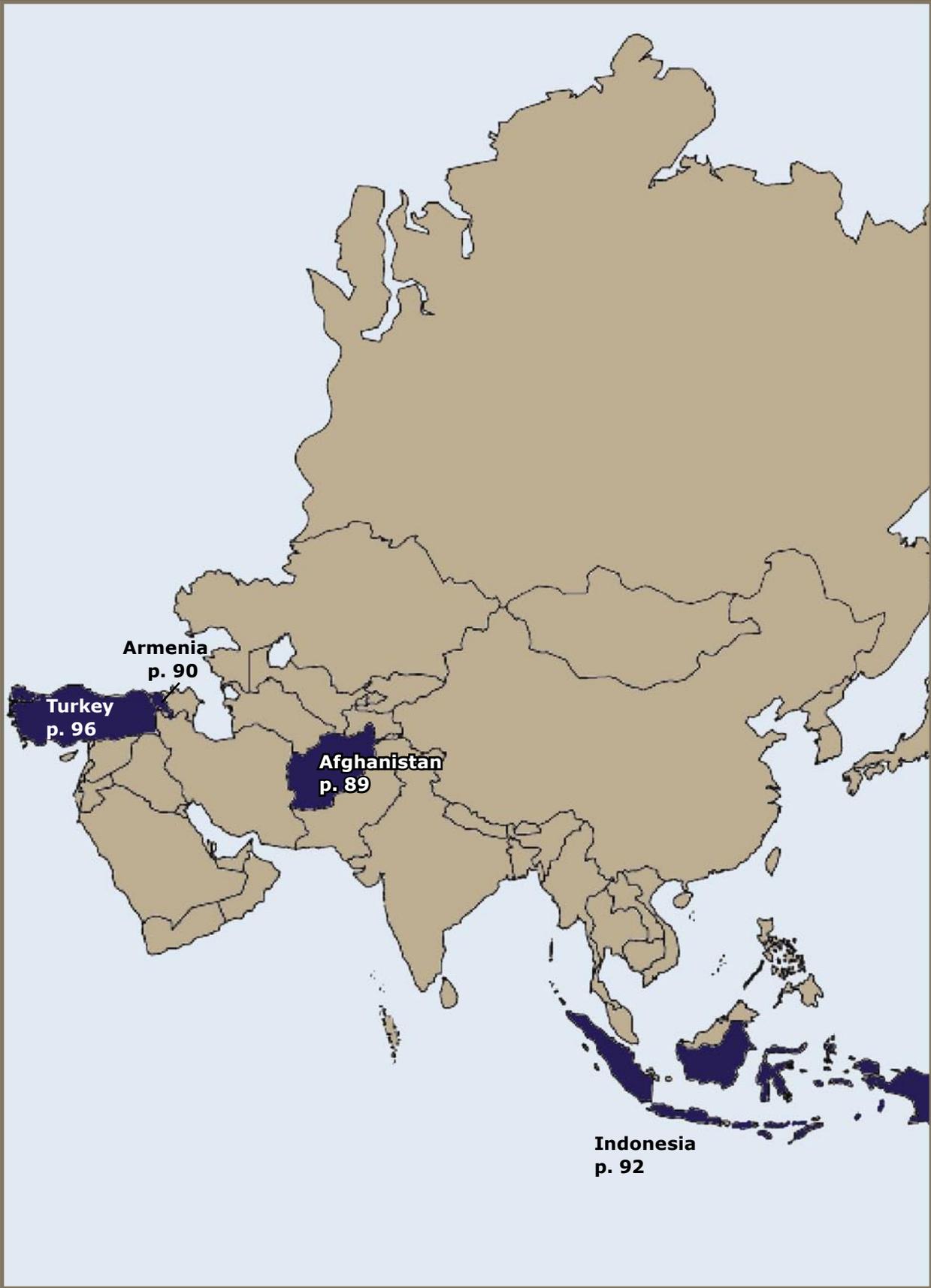
In just one year's time, the functioning of management systems and delivery of health services improved significantly. While FLEP's transformation may not be typical of NGOs, the M&L experience with FLEP offers important insights—not only into the linkage between strong internal leadership, improved management systems and work climate, and improved health services but also in the ability of an organization to persevere through “bad times” and “in-between times.”

In September 2002, funding for FLEP from DISH II ended. A delay in the award of a new USAID bilateral meant a funding gap. Despite this funding crisis, 90% of the staff stayed on without salary and the clinics continued providing services using funds provided by the MOH. Every month, these clinics contributed financially to the headquarters, and service statistics continued to be reported. In September 2003, the Busoga Diocese issued a resolution for FLEP to wind up its operations as an independent NGO by October 10, 2003 and start operating directly under the Planning and Development Department of the Diocese.



For more information

- “Strategic and Organizational Planning Retreat Final Report,” Barbara Tobin, June 2001, can be accessed through USAID’s Development Experience Clearinghouse, www.dec.org.
- “Human Resource Management Final Report, FLEP,” Mary O’Neil, September 2002, can be accessed through USAID’s Development Experience Clearinghouse, www.dec.org.
- Summaries of evaluation findings are available at www.msh.org/mandl/evaluation_notes.



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Afghanistan Health Service Enhancement Project

Background

Following two decades of conflict in Afghanistan, in collaboration with the Ministry of Population and Health (MOPH) M&L launched essential foundational work needed to reestablish a functioning public health infrastructure.

Summary of Work

During the 15 months of active implementation of the Afghanistan Health Service Enhancement Project, objectives were achieved through addressing the following three key areas:

Assessment of health system resources and needs and using the findings for planning improvements in the health system. From July to September 2002, MSH undertook an Afghanistan National Health Resources Assessment to obtain an accurate picture of available health services and health professionals following years of conflict. With the data from this survey, MSH assisted the MOPH to identify service gaps and to develop its basic package of health services (BPHS) with a particular focus on the health of women and children.

Management support to the MOPH. MSH assisted the MOPH with a transition to a decentralized health system through provincial planning initiatives, building consensus on community-based health care, developing a BPHS, undertaking a cost analysis and budgeting for basic services, and building human resource and data management systems.

Expansion of service delivery via performance-based grants to NGOs. The project awarded 17 performance-based grants worth \$2.35 million to local and international NGOs for basic health service delivery activities. These grants covered approximately 3.8 million Afghans living in 17 provinces.

Results, Conclusions, and Evaluation

The M&L investment in Afghanistan allowed for a very rapid response/rapid impact approach to setting the stage for further advancements in strengthening the health system in this war-torn country. Baseline survey findings¹² from the National Health Resources Assessment revealed significant gaps and areas for improvement. These findings were used to assist the MOPH to develop, among other systems, a comprehensive BPHS and to begin addressing human resource needs. Grants to NGOs provided basic health services much closer to those in need of these services in remote, rural areas. Recent additional activities carried out with M&L funding are a successful Leadership Development study tour to Egypt for 15 Afghan provincial health staff; four scholarships for a one-month concentrated data management and biostatistics course in Pakistan; and scholarships for 52 Afghan health leaders to enroll in a local Business Administration course.

Activities and achievements in this short project prepared the way and blended seamlessly with the USAID Mission's bilateral project, Rural Expansion of Afghanistan's Community-based Healthcare (REACH) Program which was awarded to MSH in May 2003.

¹² Over 1,000 health facilities were surveyed. War or earthquake had damaged 35%; nearly 40% of basic service facilities had no female providers; only half had safe drinking water; and only 27% had electricity.

For more information

- www.msh.org/reach
- An article detailing the Afghan visit to Egypt can be accessed at www.msh.org/news_room/stories/june17_2005_egypt_mandl.html.

Armenia – Human Resources Management with IntraHealth/PRIME II

PRIME II, a USAID-funded global project of IntraHealth, launched a two-year comprehensive program in Armenia in July 2002. The program's goal was to improve the performance of primary health care providers in key maternal and child health services, with a special emphasis on nurses working in the most isolated facilities in a rural region of the country. The program sought to expand the role of rural nurses and midwives through building their technical competence with appropriate training and supportive supervision, creating a more conducive policy environment, and upgrading their working conditions. The program concentrated field activities in 60 primary health care facilities and their referral centers in Lori Marz, a region located in the far north of the country. USAID/Armenia supported the program, with supplementary funds from USAID/Washington.

Summary of Work

One key component of the PRIME II program was to improve management and supervision systems in support of primary reproductive health care. This component was a one-year initiative co-led by the Ministry of Health of Armenia, PRIME II, and the M&L Program. The initiative began in September 2003 and ended in September 2004. The purpose was to improve the performance of service providers by creating a better working environment and establishing a supervisory system integrated with the human resources management (HRM) structure. While the technical focus of PRIME II was on improving service provider performance, M&L concentrated on improving management systems. The two organizations collaborated on this project with the assumption that working with both levels of the supervision system would yield better results and a more sustainable project. The key intervention of the joint project at the central level was the development of policy guidelines. At the Marz level, the project provided supportive supervision training, follow-up and materials for 38 supervisors. Other programmatic interventions included training and support for 60 providers (nurses, midwives, and feldshers¹³), provision of equipment and supplies, and community outreach (in selected sites).

Results

A mid-term evaluation was conducted by M&L in May 2004 to review progress towards expected results, and a final evaluation was conducted upon completion of activities in September 2004. The evaluation revealed that the core objective of the joint project was accomplished: a supportive supervision system was designed and tested in one region of Armenia; the necessary tools and guidelines were developed; administrative and logistical support was established; and a sufficient number of supervisors were trained. Further, the project was a successful collaboration between PRIME II and M&L during both the implementation and evaluation of the one-year workplan.

At the input, process, and output levels, almost all of the intended results were mostly or fully achieved. However, only three of the six client satisfaction indicators were higher in project versus non-project sites and the intended service results at the outcome level were not accomplished. The conceptual framework for the project assumed ambitious outcomes such as improved client satisfaction and improved service delivery. Although the necessary supervisory structure and processes were established and the performance of supervisors and providers (nurses, midwives, and feldshers) improved over the life of the project, the corresponding improvements in service delivery results did not manifest. There may be several explanations for these unfavorable outcomes:

- The very short implementation period of this project may be the most important limiting factor to demonstrating these desired outcomes. Two-thirds of the program's duration was devoted to system design and training. At the time of the evaluation, the newly trained supervisors had been out in the field for only

¹³ Feldshers are rural health workers whose function is similar to a nurse practitioner.

a few months. The introduction of supportive supervision requires sufficient time to take root in a health system that for many decades has been practicing authoritarian style of management and control with sporadic supervision. A second follow-up evaluation one year after project completion would likely yield more conclusive results to assess the project's contribution to improving service delivery.

- The desired change in the attitude and practices of service providers may be slow to take place. Personality differences among providers, legal problems such as status of rural clinic workers, financial problems including low salaries and lack of funds for recurrent costs of the clinics, inadequate infrastructure, supplies and equipment may all contribute to slower than expected performance improvement at the service delivery level.

IntraHealth is continuing to implement the supportive supervision component of the program with funding from USAID/Armenia.

For more information

- “Evaluation Report: Improving Management and Supervision Systems in Support of Primary Reproductive Health Care Project, Armenia,” Dr. Ersin Topçuoğlu, March 2005, can be accessed through USAID’s Development Experience Clearinghouse, www.dec.org.
- Summaries of evaluation findings are available at www.msh.org/mandl/evaluation_notes.



Indonesia

Strengthening a Decentralized Public Health Infrastructure

The Challenge

With \$7.59 million in field support funding since late 2001, the M&L Program in Indonesia supported decentralization by the Ministry of Health (MOH) and National Family Planning Coordinating Board (BKKBN) to ensure the delivery of basic health services, including family planning. In March 2004, M&L adapted its scope of work to reflect USAID's new focus on reducing maternal and neonatal deaths. M&L worked at the central, provincial, and district levels, and met or exceeded its Performance Monitoring Plan (PMP) goals for its four key objectives:

1. Defining and establishing a legal framework for essential public health services and functions, and minimum service standards.
2. Building the capabilities of district and municipal health teams to assess and improve performance of USAID high-priority health services, including family planning, and strengthening their management skills and systems.
3. Improving management of essential drugs by national programs, districts, and municipalities.
4. Fostering the use of data by district managers to improve program performance and to advocate for public health funding.

A fifth objective, assistance to Aceh province following the devastating tsunami, was added to M&L's scope of work in early 2005.

Legal framework for essential public health services and functions established

M&L's support enabled the MOH to issue a Ministerial Decree (October 2003) which established obligatory authorities, basic health services, and minimum service standards for districts and municipalities. A Model Building Exercise carried out in collaboration with the Ministry of Home Affairs (MOHA) initially in three focus districts was critical in refining these guidelines and led to the Ministerial Decree. Since the decree was issued, the MOH has followed-up by establishing guidelines for districts and municipalities to implement essential health services in accordance with national standards, governors are making provincial decrees and developing guidelines, and districts are setting realistic targets to be achieved year by year.



A related technical assistance activity conducted by M&L at the request of the MOH was the preparation of a report entitled, “The Content and Uses of Health Laws: An Overview of Selected International Models and Lessons Learned for Possible Application in Indonesia.” This report was also shared with the MOHA and GTZ, which is assisting the Government of Indonesia with its decentralization laws.

In 2003, the Government of Indonesia expanded the decentralization laws to include FP (for a total of 12 sectors). M&L assisted the BKKBN to establish obligatory functions, basic services for family planning and family welfare, and minimum service standards for districts and municipalities, provinces, and the central structure. BKKBN transferred authority in January 2004 to all district and municipalities.

Health planning teams performance improved

Analysis of data, effective planning and budgeting, and monitoring and evaluation of implementation are keys to improving the performance of public health teams that manage and deliver essential health services. District-level assistance exceeded the planned goal of 14 focus districts by September 2005 to encompass improvements in 19 districts by the time of close-out of district-level activities in December 2004.

- M&L developed and refined an evidence-based, capacity-building process for district/municipal health teams (PROSPEK or Performance Assessment and Improvement). The syllabus, available in English and Bahasa Indonesia, was published by the MOH in November 2004 as government guidelines and distributed by the MOH to all provincial (27) and district/municipal (approximately 420) health offices. PROSPEK is also available as a blended-learning CD-ROM, in English and Bahasa Indonesia.
- 19 focus districts conducted facility assessments using existing data to provide evidence for their performance improvement, and completed the PROSPEK process by preparing plans and budgets for essential public health services. The district teams identified the highest priority health services to be improved, matching USAID’s health priorities: antenatal care, child birth management, neonatal care, immunization, and TB and malaria control. The teams also identified the worst performing health centers (24–30% of the district population) to prioritize improvement for the poorest and most vulnerable populations.
- Following the change in USAID’s strategic focus in March 2004, M&L developed a new rapid assessment methodology for maternal and neonatal (MNH) services using the Lot Quality Assurance Sampling (LQAS) methodology. The new tool was tested in collaboration with JHPIEGO/PATH’s MNH Project. At USAID’s request, M&L also re-tooled PROSPEK to focus exclusively on cost-effective services to reduce maternal and neonatal deaths.
- 71 participants in the PROSPEK process were trained in its facilitation: 42 from provincial health offices; 2 from district/municipal health offices; 22 from the central MOH; 2 from the Center for Health Training; and 3 from other implementing agencies.
- The MOH, using funds from the World Bank’s Provincial Health Services II Project, is supporting the expansion of PROSPEK to new districts in M&L focus provinces. The Asian Development Bank/District Health Services Project supported its expansion in Riau; the European Union’s Strengthening Child Health Services project has introduced PROPSEK in the provinces of Papua, South Sumatra, and Jambi; and GTZ applied PROSPEK in East and West Lombok (NTT and NTB).

Management of essential drugs improved

Maternal, newborn, and child health services are not effective without essential drugs, vaccines, and family planning commodities available at health centers. The M&L Program focused on the drug management of National Programs, such as TB and Malaria Control, HIV/AIDS, and district procurement and distribution to address the need for a more reliable drug supply. M&L, together with its local sub-contractor, Manggala Jiwa Mukti (MJM), developed and distributed the following manuals (primarily in Bahasa Indonesia), and trained staff.

- District Level Assessment Tool for Drug Management (a methodology for measuring drug management performance in districts and municipalities)
- Malaria Drug Assessment Manual
- Drug Logistics System for TB Drugs
- TB Drug Puskesmas (Health Center) Dispensing Manual
- TB Drug Dispensing Manual for Fixed Dose Combinations (FDCs) at District Pharmaceutical Warehouse and Puskesmas
- Training of Trainers Manual for TB Drugs
- Training Manual for Districts in Use of TB FDCs
- Pintu Mas Methodology of Pharmaceutical Service Improvement

In addition, the M&L Program and MJM produced several important presentations and reports for the MOH, the Department of Pharmacy, and vertical programs:

- Review and Assessment of Vitamin A Program Drug Supply
- Monitoring of Global Drug Facility Supplied TB Drugs
- Review of Situation on Taxation of Drugs in Indonesia
- Review of Malaria Drug Situation at Health Centers and Malaria Posts
- Discussion Document on Development of National Drug Policy

450 central MOH, provincial and district health office staff were trained to better manage essential drugs and commodities, and national programs were strengthened to better support districts and municipalities.

District managers use data to strengthen surveillance programs

Decentralization has weakened surveillance systems in many districts according to the MOH's Infectious Disease Surveillance Unit. For example, the Indonesia Demographic and Health Survey for 2002–2003 indicates that only 51% of children are fully vaccinated by 12 months of age. M&L assisted the MOH to address priority weaknesses.

- The MOH's Guidelines for the epidemiological surveillance of communicable and non-communicable diseases were finalized with M&L technical assistance, and a Ministerial Decree to implement these guidelines was issued in August 2003.
- Surveillance and outbreak control practices were added to the PROSPEK process.
- Beginning in October 2003, the MOH's Surveillance Unit collaborated with provincial health offices and districts in M&L's focus areas to operationalize the surveillance guidelines.
- In 2004 M&L provided technical assistance to the MOH and WHO in the conduct of a National Assessment of Surveillance and Response system. The assessment was conducted in 8 provinces, 7 of which were of high priority to USAID. Results revealed major, widespread gaps and conflicts in the policies and laws, organizational structure, operation, and training necessary for an efficient and effective system capable of protecting the public's health. M&L used the results to focus technical assistance in its priority districts.
- M&L worked with BKKBN and the USAID-funded FP bilateral project (STARH) to develop and implement an Early Warning System (EWS). The system includes a set of 30 indicators of potential problems related to BKKBN's transfer of authority to districts/municipalities and provides information on FP policy, management, and service delivery conditions. Data on FP performance is collected via 850 key informants from 42 districts around the country. Feedback reports are prepared by BKKBN monthly and sent to stakeholders and to all 420 districts in the country. The System also helped national managers to adapt and redefine their roles and responsibilities in a decentralized environment.

Technical assistance in rehabilitating the drugs management system in Aceh province provided

Following the devastating tsunami in December 2004, USAID/Jakarta asked M&L to explore options for reprogramming activities and existing field support funds to provide assistance in Aceh. Two MSH staff went to Indonesia in January 2005 to design options for action with remaining funds and time available within the M&L program. The two options proposed by M&L were: continuation of ongoing drug management capacity building, with various degrees of support for re-establishing the drug management system in Aceh; and enhancing the Aceh Provincial and District Health Offices' management capacity, including service delivery monitoring, disease surveillance, human resource management, budgeting and financial management, management of facilities and equipment rehabilitation, and flexible TA to District Health Offices in response to specific needs. USAID/Jakarta requested a proposal for option one only, which was approved by the Mission in February. M&L prepared a sub-contract with MJM, its drug management consulting firm, for focused assistance in Aceh province. The period of performance for this new work was quite limited, March through July 31, 2005 only.

Summary of Aceh Drug Management Results and Products

- Awareness on the part of Yanfar (MOH Department of Pharmacy), the Aceh Provincial Health Office (PHO), Districts Health Offices (DHO), WHO (coordinator of international assistance to Aceh), and AusAID (major donor for drugs management in Aceh) of the need for improved preparation for post-disaster activities, including the need to implement a new model for drugs management, which among other features, provides emergency stock and allows provinces to share their stocks.
- Clarification of the new law no. 32 of 2004 with regard to strengthening the role of the PHO for enhancing certain functions and responsibilities at the Provincial level, including the oversight and management of drugs for disease control programs.
- Greater understanding by the central MOH on the role and functions to be performed at the district, province and central levels in order to implement the "one door" (Pintu Mas) drug management policy.
- Success in obtaining the attention and involvement of Yanfar, the Aceh PHO and DHOs to give full attention to the medium and long-term development considerations of the drug management system during the busy post-disaster period.
- A description of the current concept and model for the medium-term drug management system for Aceh, which is in the possession of Yanfar, and is the basis for drafting a Ministerial Decree to allow the model to be implemented with the enhanced involvement of the Provincial Health Office.
- Recommendations to USAID/Jakarta for priority continued technical assistance to Yanfar, the Aceh PHO, and DHOs in the affected areas of Aceh.

For more information

- All resource materials and products developed by M&L were turned over to the MOH (in English and Bahasa Indonesia) on CD-ROM at an end-of-project workshop in December 2004. Materials and products developed in collaboration the MOH's TB and malaria programs were turned over at an end-of-project workshop in June 2005.
- The approach to performance assessment and planning applied in Indonesia (and elsewhere by MSH) is documented in an issue of *The Manager*, "Managing Performance Improvement of Decentralized Health Services," Volume 13, Number 1, 2004. The issue is available for download at www.msh.org/publications.

Turkey

Strengthening Management Systems of the Ministry of Health and Social Insurance Organization

The M&L Program's work in Turkey was a continuation of technical assistance initiated under FPMD II. Activities ended in March 2002 with the phaseout of USAID population assistance to the country. The M&L Program contributed to USAID's strategic priorities by:

- Working with the public and private sectors to strengthen management expertise with an emphasis on information management and monitoring and evaluation.
- Working with the public sector to increase logistical capabilities for contraceptive self-reliance.

Management Training Activities

The M&L Program provided management training for managers of family planning/reproductive health (FP/RH) programs. It worked with national, provincial, and clinic-level staff to develop managers' capacity to use information and data effectively to plan and manage FP/RH services. Three standardized curricula were developed, focusing on contraceptive logistics management and distribution, using information for monitoring and evaluation, and management information systems. The curricula were used in workshops for MOH and Social Insurance Organization (SSK) managers. The training provided staff with the skills and knowledge to use information gathered from service sites for management of FP services and improved planning.

The contraceptive logistics management and distribution training provided provincial managers an overview of the entire commodities logistics cycle. The commodities distribution system was introduced to assure that the MOH and SSK had an adequate contraceptive supply, distribution system, and storage capabilities. Follow-up activities included working with the provincial managers to ensure that knowledge of storage and distribution of contraceptives was at a level that could maintain the system. A key feature of the distribution system was its attention to the distribution of information, education, and communication (IEC) materials. The M&L Program assisted the MOH in analyzing the consumption levels of IEC materials and calculated the amount needed for different types of facilities. In coordination with the MOH, M&L developed, pilot tested, and documented a distribution system for IEC materials to clinic sites, using the existing contraceptive distribution system as the foundation.

Monitoring and Evaluation Activities

To improve monitoring of progress and to evaluate improvements of its FP/RH program in Turkey, USAID implemented an innovative Monitoring and Evaluation (M&E) system, beginning in 1998. The M&L Program (and FPMD II) played an essential role in the development and implementation of the plan. The plan incorporated a set of 14 indicators to track improvements in the quality of FP services. Three of the indicators were measured from the Demographic and Health Survey (DHS), six from quality surveys, and the others through reports and interviews with key personnel. The quality surveys were designed and implemented by the FPMD II and M&L Programs. The Measure Evaluation Project contracted with MSH to support in-country costs of designing and implementing the survey, and disseminating the results.

The facility-level quality surveys were conducted annually. The surveys used health facility checklists, client exit interviews, and anonymous client visits to produce a total of six indicators, which measured service quality. By directly measuring the quality of health services, USAID and its Turkish partners could easily identify shortcomings and work to resolve them. The quality surveys were conducted from 1998–2001 at a

representative sample of facilities in USAID’s three focus provinces—Istanbul, Icel, and Adana, with a total population of 12.5 million, representing nearly 20% of the national population.

Results

As a result of management training, the provincial management staff took a more active role in providing feedback on performance at service delivery sites through the analysis of service statistics routinely collected and preparing feedback reports for clinic personnel. Both the MOH and the SSK have core teams in provinces to ensure the sustainability of the monitoring and evaluation activities of the programs. Hundreds of provincial health managers were trained in management skills, which has resulted in the technical capacity to analyze data from the field, disseminate data to appropriate stakeholders, monitor field activities, and plan for future activities. Management training has increased the efficiency of service delivery. Participatory training techniques and follow-up assistance gave managers the ability to collect, analyze, and disseminate data based on facts. Training materials were transferred to local counterparts at provincial and national levels, assuring long-term sustainability.

The M&E plan revealed a number of state-of-the-art monitoring and evaluation principles. One of the most notable aspects of the M&E plan was its speed, modest cost, and simplicity. Annual indicators drawn from the quality surveys could be collected and analyzed quickly and inexpensively, since the required data collection procedures and analysis techniques were simple and could be carried out by local MOH and SSK staff. The quality surveys provided a clear example of the ease and efficiency of implementation. The quality survey findings revealed substantial improvements between 1998 and 2001. The improvements were indicative of the success of the USAID program and the value of these local-level surveys.

For more information

- “User’s Guide on Planning and Managing a Quality Survey in Reproductive Health Programs,” prepared by Alison Ellis and Dr. Ersin Topçuoğlu, August 2002. Posted on the MSH Health Manager’s Toolkit: <http://erc.msh.org/mainpage.cfm?file=8.65.htm&module=toolkit&language=English>.
- “Best Practices in Monitoring and Evaluation: Lessons from the USAID Turkey Population Program,” prepared by Jill Mathis, Pinar Senlet, Dr. Ersin Topçuoğlu, Rifat Kose, and Amy Tsui, October 2001. Posted on the Measure Evaluation Web site: www.cpc.unc.edu/measure/publications/pdf/sr-01-11.pdf.
- The quality survey methodology is also described in a publication prepared by the Measure Evaluation project, “Quick Investigation of Quality (QIQ): A User’s Guide for Monitoring Quality of Care in Family Planning,” February 2001. www.cpc.unc.edu/measure/publications/manuals/qiq_user.pdf.



Bolivia – COMBASE

Building the Organizational Capacity of a Faith-Based Organization

Background

COMBASE is a nonprofit Christian evangelical organization founded in 1964, which provides health services to the people of Cochabamba, Bolivia, and surrounding areas (a population of approximately 1.5 million, of which 55% live in poverty). Through its small general hospital and five clinics, COMBASE serves low income groups, primarily women and children. Though the bulk of the services are in pediatric and obstetric/gynecologic care, COMBASE's hospital also offers neurology, cardiology, urology, and plastic surgery services.

In 2001, USAID/Bolivia identified COMBASE as one of two NGOs to receive technical assistance from M&L to support a continuous process of leadership and management development to build organizational capacity.

Summary of Work

M&L initiated its technical assistance program with the application of two participatory assessment approaches: Management and Organizational Sustainability Tool (MOST) and Cost Revenue Analysis Tool (CORE). The assessments showed that poor leadership, deficiencies in management systems, cash shortages, and debts were affecting the performance, financial stability, and sustainability of the organization. These challenges took on even greater importance as the national health insurance scheme began to provide free services to mothers and children under five and USAID planned to cease financial support in 2004. An action plan was developed to:



- Modernize the program and financial information systems;
- Design new human resource, administrative, and financial management systems;
- Improve overall organizational performance, including annual planning.
- Modernize the information systems

The accounting system had typical shortcomings: timely financial information was difficult to produce and not connected to service delivery information; pharmacies were unable to manage their inventories or expiration dates; and records were scattered, duplicative, and generally maintained manually.

The new information system—now functioning in all five clinics—has integrated service delivery and financial outputs. It is a database with client information, clinical information, and financial information. It provides the management team with up-to-date and reliable information so that it can make informed decisions. Financial statements are ready by the 20th of the following month.

Manuals are now being used in Human Resource Management, Administrative and Financial Management, and Procurement. The procedures detailed in the manuals will formalize many processes introduced by the new information system. For example, the Procurement Manual will formalize all the processes related to the procurement of drugs and other supplies and allow for better monitoring of inventory and the transparent management of the procurement of medical supplies.

Results

COMBASE has started to plan on a yearly basis—it is now monitoring actual and projected expenses. Analysis of COMBASE’s January–June 2005 financial reports (income, expenses, and cost recovery) indicate that M&L assistance in management development has helped COMBASE realize its goals:

- COMBASE is no longer in debt;
- Overall cost recovery rate is 111%;
- All five clinics and the hospital have a recovery rate greater than 100%.

INCOME, EXPENSES & COST RECOVERY		
Facility	% Recovery 2001*	% Recovery 2005 **
Molle Molle	64%	143%
San Miguel	44%	126%
Aroma	52%	125%
Quillacollo	50%	122%
Jahiuayco (1o. De Mayo)	50%	104%
TOTAL CLINICS	51%	124%

* Information from January to September 2001

** Information January to June 2005

For more information

- Additional information on M&L’s work in Bolivia can be found at www.msh.org/projects/mandl/4.8.html.

Bolivia – PROSALUD

Organizational Transformation to Improve Performance

The Challenge

PROSALUD, a Bolivian NGO founded in 1985, provides health services in six of the country's nine departments. The organization focuses on serving the poor. M&L began a long-term technical assistance program with PROSALUD in 2001. An initial assessment of the organization found that:

- PROSALUD was losing its position in the market;
- Its productivity and the quality of services had diminished;
- There were gaps in management capacity between the national, regional, and local levels;
- Work climate had deteriorated;
- The logistics and management information systems needed improvement;
- Financial sustainability was low;
- Key management positions were vacant;
- The service delivery model did not respond to the current needs of the organization.

Summary of Work

In August 2001, PROSALUD and M&L initiated a performance improvement program with the clinic directors. Progress was slow as leadership and human resources needed to move the program forward were lacking. Workshops conducted in clinics and health centers revealed that such problems were systemic throughout all three levels of the organization. It was therefore decided to modernize and decentralize the organization.

The M&L Program took the lead in the development and coordination of the re-engineering process. An organizational modernization plan was designed in July 2002. The design phase, which concluded in September 2003, used a strategy which considers the organization as a complex system of goods and services. The new organizational model has 10 components or systems, which are closely related to each other: financial system, procurement, HR system, institutional development, marketing, quality assurance, general services, public relations, information, and audit.

The model established the roles and functions for each of the three levels of the organization—national, regional, and local—and describes the basic organizational structure needed. The design phase produced a new organizational model for PROSALUD, plus a complete set of norms for each system and for the three organizational levels, which form the basis for administrative manuals. The model describes in detail the new structure of the organization, its functions, norms, work processes and procedures, job profiles, inventory of all the technical tools which need to be updated or developed, and a plan and strategies for the implementation of the model.

Implementation of all elements of the new model started in the Fall 2003. A detailed plan, with dates, indicators and products was produced. Priorities for each Directorate were established, including goals for socializing and implementing the new systems at the regional level.

In addition to this modernization process, other interventions aimed at improving PROSALUD's sustainability and performance have been undertaken, such as: improving the infrastructure of clinics and health centers; opening pharmacies; improving schedules for services and clients in clinics and health centers; and training medical personnel.

Results

Notable changes observed in PROSALUD as a result of this assistance include:

- PROSALUD is becoming more strategic in its operations;
- Initiation of decentralization to the regions;
- Annual budgets are developed based on evidence;
- Strategic planning is undertaken using participatory processes;
- Financial reports are readily available and information is used for decisions making.

Some of the products developed in the course of implementing the new model include:

- A training program for managing change;
- An information system that integrates data on service delivery demand, production, costs, and quality;
- A new financial structure, catalogue of services offered, and general chart of accounts based on production and cost centers;
- A new marketing strategy;
- A tool which facilitates the preparation of projections and income-expense budgets for the sale of products and services;
- A new procedure for monitoring financial information.

Overall results seen within PROSALUD include:

- A new financial model, including a computerized financial management system;
- Establishment of a cost system for the provision of services, based on the application of MSH's Cost and Revenue Analysis Tool (CORE);
- A manual for the preparation of the Annual Operational Plan;
- Monthly review and analysis of financial information;
- Establishment of an integrated accounting system at the national level;
- Finalization of job descriptions for all employees and job profiles for new personnel;
- First draft of a performance evaluation system based on competencies;
- New quality norms are in use in all the clinics and health centers;
- Identification of the clinical processes and determination of their value added from the client perspective;
- Development of guidelines and tools for human resource management;
- National and regional quality committees have begun to function; and
- Regular use of the COPE (Client-Oriented Provider Efficient) tool.

At the close of M&L assistance to PROSALUD in September 2005, a number of challenges remain to be addressed by the organization. It needs to:

- Revise, validate, and apply the different guidelines, procedures, and tools developed through the re-engineering process to make the model a reality in the whole organization. In doing so, PROSALUD needs to involve teams from all management and service areas at all organizational levels to socialize, give continuity, and consolidate the modernization model.
- Guarantee access to PROSALUD services by all sectors of the population at health centers and clinics.

PROSALUD's improvement of the infrastructure and equipment in facilities has resulted in an increase in service fees, which could affect access for the lower income segments of the population it serves.

- Implement the HR system for performance evaluation and application of the revised salary and incentive policies.
- Develop an in-service training plan to update technical skills of all the teams in charge of directing, operationalizing and monitoring the new model, at all levels of the organization.

For more information

- Additional information on M&L's work in Bolivia can be found at www.msh.org/projects/mandl/4.8.html.



Brazil HIV/AIDS and TB

The Challenge

Three of the most successful strategies of the Brazilian response to the AIDS epidemic have been engaging NGOs to provide HIV/AIDS prevention services; undertaking strategic planning for HIV/AIDS at the state level; and expanding access to voluntary counseling and testing (VCT) through decentralization of VCT services to municipalities. From October 2001 to November 2003, USAID/Brazil engaged M&L to work with the Brazilian National AIDS Program (NAP) to strengthen the management capacity of AIDS NGOs in the northern region; consolidate the practice of strategic planning among state and municipal HIV/AIDS programs; and pilot the decentralization of an HIV/AIDS voluntary counseling and testing program in the state of Ceará.

As HIV is fueled by the TB epidemic in Brazil, MSH mobilized political and administrative support for TB control in the state of Rio de Janeiro between 2002 and 2003 and integrated directly observed treatment short-course (DOTS) into the family health program in the priority municipality of Duque de Caxias.

Summary of Work

HIV/AIDS—In September 2002 MSH conducted management assessment workshops with four NGOs (Rede de Amizade e Solidariedade in Manaus, Amazonas; Katiró in Manaus, Amazonas; Gapa in Belém, Pará; and Agá e Vida in Rio Branco, Acre) using APROGE, the Portuguese adaptation of MOST. These assessments resulted in the development of action plans to strengthen management structures and systems. Between December 2002 and October 2003, MSH conducted strategic planning, bylaws revision, human resources management, financial management, and fundraising workshops with the staff of each of the four NGOs. A follow up assessment using APROGE was conducted a year later.

In other activities related to NGO strengthening, M&L contributed to an HIV/AIDS NGO Directory and completed a NGO legal booklet. M&L also provided technical assistance to an HIV/AIDS NGO (Transformarte) working in HIV/AIDS prevention among low-income adolescents in Rio de Janeiro using peer-education and condom social marketing techniques. Public sector strengthening included the development with the Brazilian National AIDS Program of a strategic planning manual for the state level; the training of 100 facilitators in strategic planning from all states; technical assistance in strategic planning to four USAID priority states (Bahia, Ceará, Rio de Janeiro and São Paulo); and management strengthening using APROGE of four state HIV/AIDS programs (Bahia, Ceará, São Paulo and Rio de Janeiro) and six municipal programs (Salvador, Fortaleza, Rio, Sao Paulo, Santos and Campinas).

In order to expand access to voluntary counseling and testing, M&L provided technical assistance to the State of Ceará to decentralize VCT services to seven health units (one hospital and six health centers) in selected municipalities of Juazeiro do Norte. From October 2002 to October 2003, facilities were remodeled to accommodate counseling and testing activities, equipment was purchased and installed, staff was trained in counseling and testing, NGOs were mobilized, monitoring and evaluation indicators were defined and a system for monitoring the quality of HIV testing was designed. By November 2003, seven facilities were providing VCT services.

TB—In 2002, a series of TB workshops were held for state and municipal TB program managers, and for health personnel from the 23 priority municipalities for TB in the state of Rio de Janeiro. Trainings were conducted on management and leadership skills, implementation of DOTS, and the use of epidemiological information for program management. An assessment was conducted of existing Civil Society Organizations (CSOs) that currently work in TB in Rio de Janeiro state and of CSOs interested in working in TB control. Two workshops were held to mobilize CSOs for TB activities, culminating in the creation of the Rio de Janeiro State NGO TB Forum. With technical assistance from MSH, DOTS was implemented in a municipal health center (CRAIS Saracuruna) and in a family health post (Posto de Saúde da Família Jardim Gramacho) in Duque de Caxias in October 2003.

Results

HIV/AIDS

- After one year, the four NGOs in the northern region improved management performance in all 12 components of APROGE
- An HIV/AIDS NGO Directory and a Legal Booklet for NGOs were published
- Four USAID priority state HIV/AIDS programs completed strategic plans.
- Four state HIV/AIDS programs and 6 municipal programs greatly improved their management performance and significant progress has been made in all 19 management components of the APROGE tool.
- Decentralization of VCT services was successfully carried out in the state of Ceará. Of the 638 tests performed in the first three months of operation, 82% were from the general population and 18% were pregnant women, indicating that expanding VCT services through the Unified Health System (SUS) could be a successful strategy to reach vulnerable groups.

TB

- Improved TB program management skills and strengthened TB information systems in Rio de Janeiro State.
- DOTS was successfully implemented in Duque de Caxias in the two most representative health service delivery contexts in Brazil—a municipal health center and a family health post.
- Tools and systems developed to initiate services in Duque de Caxias can be used for expansion of DOTS.
- The Rio de Janeiro State Forum of TB NGOs was successfully established.



For more information

- “MSH Final Results Review – Brazil,” November 2003, can be accessed through USAID’s Development Experience Clearinghouse, www.dec.org.
- Additional information on M&L’s work in Brazil can be found at www.msh.org/projects/mandll/4.3.html.

Guatemala

Sustainable Community-Based Distribution Program Serves Rural Populations

The Challenge

During the many years of assistance from MSH, APROFAM has made great strides in its goal to become self-financing. APROFAM is the Guatemalan affiliate of the International Planned Parenthood Federation (IPPF). Its network of 32 urban clinics reached a level of 125% self-financing by the end of 2003. However, a greater challenge still remained—taking its Rural Community-Based Distribution (CBD) Program, which included 3,500 volunteer promoters spread throughout the country, and ensuring that it would be sustainable and largely self-financing. APROFAM provides over 40% of the contraceptive products used in Guatemala, and the Rural CBD Program is a primary source of services for populations most in need. The challenge of sustainability was further complicated by the newly established government policy for FP services, offering free contraceptives in many rural areas on a sporadic basis.

APROFAM's CBD program had operated for more than 15 years with large subsidies from USAID/Guatemala. In addition to distributing contraceptives, it performed a vital information and education function that has been responsible for considerable demand creation. With the growth of the government program, subsidies from USAID were being reduced and USAID/Guatemala requested that the M&L Program assist APROFAM to ensure that its rural presence continue within the context of a sustainable and self-financing structure. M&L assistance to the Rural CBD Program was implemented from mid-2003 to mid-2004.

Summary of Work

At the outset, it was clear that for APROFAM to maintain a sustainable rural presence without subsidies from USAID, the Rural CBD Program would need to be converted to a non-traditional Social Marketing Program. To structure and guide this process, M&L looked to the private sector for successful models of rural product sales in Guatemala. The most successful model identified was Pepsi Cola, which included several key elements:

- Efficient, well-defined sales routes that offer immediate sales volume and the possibility of sales growth in the future;
- A variable compensation structure for the sales force that rewards both sales volume and the development of new clients;
- The use of modern information technology;
- Supervision that is supportive, “hands-on,” and continuous.

Historically, the Rural CBD Program operated at a level of 48% self-financing. As a first step in the process of conversion, M&L did an in-depth analysis of existing sales routes in terms of volume, types of products sold, and income generated. This led to the development of an interactive computer model that graphically represented each sales route in the country and the sales and income volume for each of the program's 3,500 volunteer promoters. Applying baseline income and sales volume criteria, routes were redesigned to achieve maximum productivity.

As part of the redesign process, careful consideration was given to the actual volume/income of sales for each available product. Products were reviewed and classified as “A, B, and C” depending on their viability/volume in each route. This classification led to important decisions as to which products would be included, encouraged, and/or removed from the portfolio in each route to promote maximum sales and efficiency.

Once the routes and the listing of products were established, M&L helped APROFAM develop a variable compensation program that rewards sales and encourages the development of new clients. The program, a combination of fixed base salary and variable compensation, was based on the costing of expenses for each route.

To ensure the quality of sales and the information necessary to adequately supervise the sales force and calculate its variable compensation, state-of-the-art information technology was used. APROFAM had 90 staff Educators who supervise, supply, and support the 3,500 volunteers. Each Educator responsible for a sales route was given a Palm Pilot™ equipped with a program designed to record sales information in terms of both individual product sales and income. Educators were able to immediately download this information at the nearest APROFAM clinic to the organization's network. The data was used to calculate variable compensation and to generate a re-supply order for each volunteer promoter. The re-supply time improved to four days from two weeks using this system.

As a final piece of the conversion, M&L developed a specialized training program for Educators that emphasized supportive supervision and sales motivation. Educators, in turn, worked with the volunteer promoters to develop their sales skills.

Results

A pilot program was conducted from September to December 2003, in three representative Departments of the country. During this period, sales volume increased, average overall salaries based in part on variable compensation increased, and the overall level of self-financing of the Rural CBD Program increased from an average 48% to 70%. During the first quarter of 2004, the rest of the Rural CBD Program was converted to the new delivery model. With the eventual addition of new products (such as pregnancy test kits) and the development of new markets (such as to other NGOs, small government pharmacies, and company and large farm clinic dispensaries) there is every reason to believe that the CBD program will be sustainable over the long term. In fact, as of December 2004, APROFAM overall had achieved the following impressive results:

INDICATOR	Previous Level	Current Level
Couple Years of Protection:	94,407 (2003)	97,867 (2004)
↳ Modern methods (pill, condom, injectable, IUD)	49,087 (2003)	51,436 (2004)
↳ Permanent methods (male and female sterilization)	45,320 (2003)	46,431 (2004)
Sustainability Rate:	81% (2002)	84.61% (2004)

For more information

- Additional information on M&L's work in Guatemala can be found at www.msh.org/projects/mandl/4.4.html.

Guatemala

Technical Assistance to APROFAM Board of Directors

The Challenge

In September 2004, USAID/Guatemala requested the technical assistance of the M&L Program to work closely with the Board of Directors and APROFAM's senior technical staff. The main objective of the request was to strengthen governance capacity and to improve the internal and external channels of communications of the NGO. APROFAM provides a wide variety of services related to family planning, reproductive health, maternal and child health, laboratory testing, and other basic health programs throughout Guatemala.

Summary of Work

In response to the request, M&L presented a workplan with two primary objectives to USAID/Guatemala: Strengthen the managerial capacity of APROFAM's governance and senior technical staff, and design a methodology to increase the number and develop the capacities of volunteers in areas related to governance, resource development, and other capacities requested by the mission and in-line with the objectives of the NGO. After several meetings with APROFAM's Board and staff, and USAID/Guatemala, there were six areas identified as priority areas that were meant to be discussed and agreed upon during the period October 2004 through March 2005. The discussion, revision, and review of by-laws demanded more time than was originally planned. Despite the delay, USAID/Guatemala requested additional assistance for APROFAM based on the success of the first intervention. Since March 2005, M&L has been providing additional TA to APROFAM Board of Directors and Senior Technical Staff to:

- Develop an administrative handbook for the Board that includes job descriptions and profiles for each position.
- Design an automated Performance Control Panel consisting of a series of indicators to monitor institutional performance as well as programmatic performance and income generation.
- Strengthen communications among the different managerial teams through the use of tools and techniques for institutional and interpersonal communications.

Results

- There were 15 working sessions fully attended by all five Board members, three volunteers, and the six senior technical staff members.
- The 2005–2009 Strategic Plan was reviewed by all department heads, senior staff, and the Board. Some of the amendments include revised mission and vision statements; changes in targets, and a plan to reach 100% financial sustainability by the year 2008. Currently APROFAM's sustainability is 86%.
- All 64 articles of the by-laws were discussed and analyzed, and a consensus was reached for the modification, elimination, or clarification of various articles. The new by-laws were unanimously approved in the last Member's assembly meeting.
- The last product of this TA to APROFAM is the Administrative Handbook for the Board, that was delivered in August 2005; all other products have been duly delivered to the full satisfaction of APROFAM and USAID/Guatemala.

For more information

- Additional information on M&L's work in Guatemala can be found at www.msh.org/projects/mandl/4.4.html.

Guatemala

ProPeten Mobile Biosphere

Background

In November 2003, USAID/Washington and USAID/Guatemala designated the M&L Program as the funding mechanism for the Remedios II Project of ProPeten in Guatemala. ProPeten is an NGO based in Flores, Guatemala that focuses on environmental education and preservation in the Mayan Biosphere (MB).

The Remedios II Project has two components. One component is the Mobile Biosphere, which visits 15 targeted communities in the Mayan Biosphere. These are small, rural communities of 30–80 families that are composed mostly of indigenous people. All of the communities are the target of other environmental education and protection activities of ProPeten as well. The Mobile Biosphere team, in addition to the Project Coordinator, is composed of an agronomist, an environmental expert and a reproductive health educator. Each full-day visit to a community delivers an integrated message of environmental education/protection and reproductive health. In addition to the environmental work done directly with community farmers and leaders, the APROFAM Educator delivers reproductive health information and family planning methods.

The second component of the project is a bilingual (Spanish and Q'eqchi') *radio-novela* to be developed and delivered throughout Peten (the northernmost department of Guatemala where the municipality of Flores is located). The novella will also deliver an integrated message of environmental education/protection and reproductive health. Focus groups and interviews with community members will inform the specific subject matter and content of the *radio-novela*.

Summary of Work and Results

- A Health Educator was trained by APROFAM on sexual and reproductive health.
- Nine outreach workers have been hired.
- There were a total of 39 visits to 11 communities by the MB team, which represents 73.3% of the target.
- 399 people (230 females, 169 males) participated in the activities carried out in the 11 communities visited.
- There were 17 discussions on RH; eight carried out in Q'eqchi'.
- 14 women have been referred by the project to a FP clinic as first time or new users; this means that the two outreach workers generated a total of 3.066 CYP in two months.
- The project registered 17 women using contraceptive methods in two of the communities-Paso Caballos and Mirador Chocop.
- The referral system with APROFAM and the MOH is about to be implemented.
- A total of seven community health posts have been established during the six month period.
- 14 women are on a waiting list to get a Pap smear.

The Project's special activities results include:

Mobile Biosphere

- Monthly meetings of the entire team occurred as planned.
- SWOT exercise with the Biosphere team in order to identify weaknesses and strengths and improve performance.
- Four new additional outreach workers were identified and recruited.

- The project currently has eight outreach workers
- Using seed money, six outreach workers were provided with botiquines (basic first aid medicines).
- Since May 3, 2005, outreach workers are selling contraceptives to people living within the 11 communities.
- A Knowledge, Attitude, Practice survey was finalized in 10 of the 11 communities; there were a total of 161 interviews. Results will be available by September 2005.

Radio Soap Opera

- Lecture on RH delivered to 75 male workers; the activity was jointly carried out with APROFAM. Some of the topics discussed included reproductive health, STIs, and human sexuality.
- A group of people belonging to CONCODE (Community Council on Development) were trained on various topics, including sexual and reproductive health and environmental issues affecting the Peten Biosphere.
- A study tour to a group of 37 females and eight males. This group was shown the impact ProPeten has had on family gardens.
- The group participated in a TV program where issues such as sexual and reproductive health and environmental issues including migration and illegal logging were discussed.



For more information

- www.propeten.org
- Additional information on M&L's work in Guatemala can be found at www.msh.org/projects/mandl/4.4.html.

Honduras

Application of the Performance Improvement Methodology to Address the Quality of Services

The Challenge

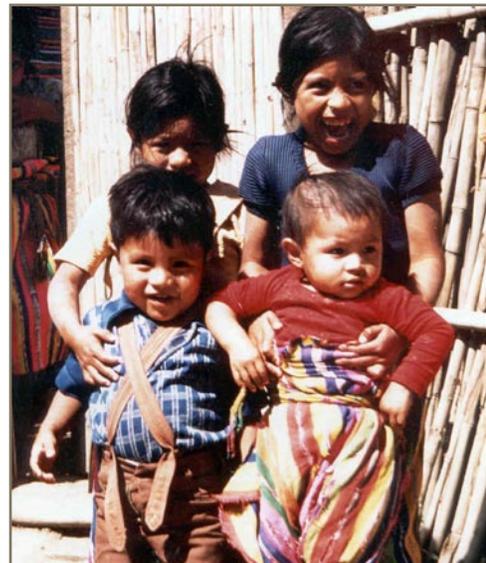
ASHONPLAFA is an International Planned Parenthood Federation (IPPF) affiliated NGO in Honduras providing education, clinical, and community reproductive health services through six regional centers. One of its strategic objectives is to achieve financial sustainability by expanding the volume of services, improving the quality of services, and controlling costs. Achievement of these goals depends on overall organizational performance and the performance of individual staff. ASHONPLAFA requested M&L assistance in addressing the quality of services. USAID/Honduras provided funding with activities implemented from June 2002–June 2003.

Summary of Work

M&L's application of the Performance Improvement methodology provided a systematic approach to improving the quality of services. ASHONPLAFA managers identified the main problems, set priorities, and designed a program to improve practices and behaviors of service providers and their supervisors. In collaboration with M&L facilitators, ASHONPLAFA developed 12 training modules tied to specific quality improvements. Managers from the central office trained regional managers and regional facilitators to conduct the training for service providers. A self-assessment instrument built into each module tested how well participants understood the concepts. In addition, each module is tied to specific quality improvements, with performance indicators matched to questions in ASHONPLAFA's annual client satisfaction survey. For example, the annual survey asks clients, "Were you greeted warmly?" and "Were you treated with kindness?" to test the effectiveness of the module that covered communication with clients. Incentives were built into the program. For example, the regional health centers competed for an annual award based on the highest grades in test knowledge and client satisfaction.

Results

The first quality survey, conducted in June–July 2002, served as a baseline. Unfortunately, M&L was unable to obtain data on the outcome of this activity. USAID/Honduras decided not to continue funding M&L as its priorities for assistance to ASHONPLAFA changed in light of the change in senior leadership of ASHONPLAFA, including the Executive Director and several members of the Board. M&L contacted the new Executive Director to obtain the results of the 2003 quality survey, however, the information was not provided by the organization despite repeated requests.



Latin America and Caribbean Health Sector Reform Initiative

The Challenge

M&L provided technical assistance to improve the access, equity, quality, efficiency, and financial sustainability of the health sector in the Latin America and Caribbean (LAC) region. These sustained efforts aimed to achieve fundamental changes in the provision, financing, purchasing, and utilization of the public and private health sectors, and are guided by an overall legal and regulatory framework.

The Latin America and Caribbean Health Sector Reform Initiative (LACHSRI) was formed in 1997 by the USAID LAC Bureau to reform processes by implementing regional activities that supported informed decision-making on health policy and management, health financing, health service improvement, and institutional development. The clients of the Initiative were the national governments, NGOs, and other relevant participants in health reform processes in target countries.

Summary of Work

During the first phase of LACHSRI (July 1997–September 2002), the Initiative provided regional support to national health sector reform processes that increased equitable access to basic health services in 13 target countries (Bolivia, Brazil, Ecuador, El Salvador, Dominican Republic, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, and Peru). M&L contributed to LACHSRI objectives by working to increase the availability and utility of technical resources such as the Cost and Revenue Analysis Tool (CORE), Social Insurance Assessment Test (SIAT), the Management and Organizational Sustainability Tool (MOST), and the Management and Leadership Dialogue. During the second phase, through the close of M&L, LACHSRI directed resources toward strengthening the implementation of reforms. Guyana was added as a target country for this phase of the Initiative. M&L activities during this phase included application of the following technical resources with counterparts:

Decentralization Mapping Tool (DMT): The DMT, an adaptation of the Decentralization Planning Tool (DPT) developed during FPMD II, maps how managers at different levels of a decentralized or decentralizing health system (or organization) perceive that management responsibility and authority are distributed among different management levels. The DMT was field-tested in Jamaica, Dominican Republic, Guyana, Nicaragua, and Ecuador.

Two workshops were organized at different stages of DMT development. In August 2003, M&L facilitated a two-day workshop in Cuernavaca, Mexico to allow participants to learn about the trends, trials, triumphs, and tools that have defined the regional experience with decentralization. Fourteen participants from seven countries attended. In February 2005, after two years of testing and refining the DMT, a three-day workshop was conducted to present the finalized DMT Package, which includes a User's Guide, CD-ROM, and promotional materials. During this workshop, the DMT was re-introduced to the original five field-test countries. Each country was given the opportunity to draft a strategic plan for the expanded application of the DMT nationwide.

CORE: MSH's CORE tool was introduced on a wider scale to the LAC region through the Initiative. Actively applied to NGOs in Nicaragua, Bolivia, Honduras, and Haiti, in the last year of M&L the CORE tool was adapted for use at local levels of government. From 2004–2005, the tool was field-tested and applied at the municipal level in Nicaragua to determine the costs of providing municipal services as against funding provided through local tax collection and national-level budget allocations. This adaptation and application took place in five municipalities in Nicaragua.

The Business Planning Program (BPP): The Initiative funded the BPP for use by municipalities in the last year of M&L. The program was adapted, piloted, and applied for municipalities to successfully market and package breakthrough products and services, utilizing the optimal mix of personnel while composing solid business plans. The adaptation and application took place in five municipalities in Nicaragua. Each municipality prepared business plans that centered on one of the following themes: Potable water, sanitation and garbage collection, and a radio program to support increased literacy in rural areas. Pleased with the results from the application in Nicaragua, the BPP was expanded and applied in Guatemala and further applied in Nicaragua.

Publications: M&L translated the CORE tool materials, the BPP materials, and two issues of *The Manager* (“Exercising Leadership to Make Decentralization Work” and “Developing Managers Who Lead”) into Spanish for use in the LAC region. M&L also wrote two articles for the PAHO Bulletin on how blended-learning methodologies can be used to advance the management and leadership capacity of health care managers in the region.

Results

Increased use of Initiative tools, approaches, and technical materials. M&L devoted considerable effort to helping initiative countries better gauge the decentralization process, and hence a big portion of their reform agenda in their respective countries.

Increased availability and improved quality of information. M&L prepared four documents to increase the availability and improve the quality of information for leaders and managers in the Initiative countries as they help guide the health sector reform process: the two articles on blended learning and the two Spanish translations of *The Manager*. All of these pieces were broadly circulated throughout the Initiative countries.

Increased communication, dialogue, networking, experience sharing, and institution building around common concerns and themes. The policy workshops held in August 2003 and February 2005 provided senior decision-makers with a forum in which to exchange experiences with decentralization. These managers were able to identify and articulate the challenges they face in instituting decentralization strategies, assess the current trends concerning decentralization in the LAC region, and employ the DMT to gauge the perceptions of managers at different levels and at different points in time. Through the adaptation of CORE and BPP for municipalities, municipal mayors and officials were able to collaborate and share experiences to revise the tools for their own use.



For more information

- Tools and publications can be accessed at www.msh.org/publications. Many are also available from USAID’s Development Experience Clearinghouse, www.dec.org.
- “Using Blended Learning to Strengthen Management and Leadership in Latin America,” article in *Strengthening Health Systems and Reforms*, Volume 7, Number 1, produced by the Latin American and Caribbean Regional Health Sector Reform Initiative with support from the Pan American Health Organization. Can be accessed at <http://lachs.org/newsletters/vol7-iss1-050323-EN.pdf>.

Nicaragua Leadership and Management in Health Project

The Challenge

The Nicaragua Leadership and Management in Health Project was M&L's largest and most comprehensive country program. M&L activities in Nicaragua began in July 2001 and have continued through the end of M&L. M&L's portfolio in Nicaragua increased dramatically in mid-2003 with a broad and evolving scope of work requested by USAID/Nicaragua. Three things have distinguished M&L's work in Nicaragua:

Technical assistance to new and different client institutions: M&L/Nicaragua worked extensively with the Ministry of Health (MOH) and the national family planning association (PROFAMILIA). At the request of USAID/Nicaragua, M&L has also worked with other client institutions in the social sector, such as the Ministry of the Family (MiFamilia), Ministry of Education (MOE), and the President's Social Cabinet, to support USAID's new social sector strategy.

High risk, large scale activities with high pay-off: The Project has been intensely involved in large-scale performance improvement activities at the central level of the country's largest public sector institutions, including the institutional modernization of the MOH and MiFamilia; work with the President's Social Cabinet; and supporting the MOE in a major service delivery transformation. These types of efforts carry a high degree of risk because they create fundamental changes in institutions, rather than smaller, incremental changes. They are highly visible and subject to changes in leadership, new agendas, and shifting priorities.

Scale-up at the national level: M&L/Nicaragua has been successful in scaling up the Municipal Leadership Development Program nationally. M&L has also strengthened leaders at all levels of the MOH. A large network of facilitators has been trained. M&L has also been instrumental in the national scale up of "AMAS," the Ministry's Fully Functional Service Delivery Point (FFSDP) Program. The institutional modernization process has been used in two public sector organizations (MOH and MiFamilia) and two NGOs (PROFAMILIA and NICASALUD, the national NGO health network).

Since April 2003, M&L has provided technical assistance to nine institutions: the MOH, the Nicaraguan Social Security Institute, PROFAMILIA, MiFamilia, the MOE, the municipality of Waslala, the President's Social Cabinet and its Emergency Social Investment Fund (FISE), the private sector, and NICASALUD.

Summary of Work

Ministry of Health (MOH)

Activities: M&L worked with the MOH from April 2003–September 2005. (Some earlier work by Harvard was done under a subcontract from the MSH PROSALUD bilateral on NHAs.) Activities included:

- Leadership development programs were delivered to managers and their teams at several levels of the MOH: Municipal (local); SILAIS (regional, including the hospitals in Managua SILAIS), and central.
- Primary health care service delivery monitoring efforts have focused on scale up at the primary health care level throughout the country; validating and revising the monitoring guide developed under the MSH PROSALUD bilateral project (1999–2003) and adapted by the MOH; creating a software program to facilitate its use; evaluating the utility of AMAS; and assuring the formal acceptance of 10 new instruments developed under PROSALUD and implicit in AMAS.
- Technical assistance with institutional reform of the MOH was provided in four areas: the Health Care Model; Institutional Reorganization; The National Health Plan; and Evaluation of Health Policies. The primary M&L focus with the MOH over the last 18 months has been on institutional reform. M&L drew on previous MSH experience in other countries to assist the MOH to redefine its institutional structure with

a focus on results, guided by its mission and vision statements, and based on a careful definition and design of efficient systems and processes. Twelve new management and operational systems were designed with all of the necessary support documentation: mission statements for each department; clear functions and roles; description of all the processes; administrative manuals with processes, norms, procedures; job profiles; etc.

- Through its subcontract with the Harvard School of Public Health, M&L assisted in the development of National Health Accounts and the strengthening of the inter-institutional committee responsible for the development of those accounts. In 2003, M&L also supported the SILAIS of Rivas and Boaco in the implementation of the new integrated financial management system.
- Drug management: Under M&L and in coordination with the MSH RPM Plus project, technical assistance was provided during 2005 in the following areas: approval of the law permitting the operation of community pharmacies; reorganization of the MOH central drug distribution operation; and follow-up on the recommendations made to the MOH by MSH in the 2002 RPM+ analysis.

Results: the table summarizes the number of people who have participated in leadership development programs at all levels of the MOH:

Level	No. Trained
Central Level	65
SILAIS	75
Municipal Level	1,913
TOTAL	2,053

Over 60 Nicaraguans were trained as leadership development facilitators, enabling the rapid scale-up of the program. Two leadership development manuals for facilitators were published by the MOH. At the municipal level, organizational climate and team functioning improved in most municipalities throughout the country where the Leadership Development Program was delivered. Service delivery results have improved at primary care facilities in these municipalities, in part due to the program. At the regional and central levels, significant challenges have been identified and addressed as a consequence of the leadership development programs. These results have been documented in two evaluations conducted by M&L. (See box on page 118.)

AMAS, Nicaragua’s fully functional service delivery program, has been scaled up nationally. All health centers and health posts are applying AMAS; it is an institutional norm. Three different studies, two by M&L and the other by Bitran and Associates, show that the approach has had an impact on the quality and cost effectiveness of services. A 2004 study showed that about one-third of the improved performance in some health regions was related to the application of the approach and its monitoring instruments. In an analysis of 60 health units where AMAS is being applied, it was shown that when a health unit improves the processes measured by AMAS, it improves coverage of MCH services.

The results of the institutional reform effort are medium-term and depend on completion of the implementation phase. The expected results are increased efficiency, coverage, quality and satisfaction of both internal and external clients. The MOH’s reorganization and its Health Care Model are intimately linked—the reorganization is essential to the implementation of the Model. The final structure, referred to as the boldest change in MOH functioning in the last 25 years, has been submitted to the Ministry of Finance and to the Presidency for final approval. The design has been hailed by the Ministry of Finance and by representatives of PAHO. The implementation process has begun, although it is understood that this process will take several years to complete.

The National Health Account information informed the development of the National Health Plan and the Health Care Model. The Model is designed to address problems with equity. The NHAs are one of the principal sources of data used by the MOH to evaluate equity.

The community pharmacy law has been submitted to the President for submission to Congress. Extensive consultations have been held with the primary distributor and its role in the new structure has been defined.

Ministry of the Family (MiFamilia)

From January 2004–September 2005, M&L worked with MiFamilia with the following principal areas of focus: Development of the National Services Model (what services, to whom, by whom, paid and managed by whom); Design and implementation of planning and management information systems; Leadership development at central and municipal levels leading to improvements in teamwork and client satisfaction.; and General Technical Support. Results include:

- The National Services Model is now used by the Ministry in all of its negotiations with donors, is serving as the basis for its annual operations planning, and is giving coherence to its operations.
- The planning and management information systems have led to a shift from activity planning to results planning, and to the design of an integrated system for monitoring cost, quality, and coverage. The Ministry of Finance has shown great interest in the model for possible application in other Ministries.
- Leadership development at the central and municipal levels has led to improvements in teamwork and client satisfaction.

Ministry of Education (MOE)

M&L worked with the MOE from July 2004–September 2005 in the following focus areas: Developing a plan and methodology for a major transformation process with the MOE (designing and implementing a competency-base curriculum); Providing TA on competency-based education and supporting 60 staff in the development and testing of the new national curriculum and associated guides and other materials; Providing leadership development support and training in change management; Providing terms of reference for the management systems that need re-engineering to support greater efficiency and effectiveness in the implementation of the new national curriculum; and Designing a methodology for National Education Accounts.

The new curriculum has been widely hailed as the first in which stakeholders were consulted and which fully aligns preschool, primary and secondary education. The principal advisor of the MOE stated that the curriculum was the only tangible evidence of products at the central level. The curriculum will be validated in the classroom in the 2006 school year.

National Social Security Institution (INSS)

M&L's assistance with the INSS occurred from April 2003–September 2005. The areas of focus were: Leadership development at the central and area supervisor levels; and Development of a cost study methodology and cost studies documenting the cost of treating over 50 general health and occupation health illnesses and/or injuries. Leadership development programs at the central and area supervisor levels have led to improvements in communication and client satisfaction. The costing of the treatment of breast, and cervical and uterine cancers led the INSS to add these treatments to its package of services. The other studies have been used by the INSS in its negotiations of costs with its network of service providers.

PROFAMILIA

M&L worked with PROFAMILIA from July 2001–September 2005 with the following areas of focus: Human resource management (HRM) system products: performance planning and evaluation system; new employee manual; Leadership development program; Financial sustainability; Coaching the Executive Director and coaching workshops for senior managers; Institutional reform (re-engineering of administrative, finance, HRM, logistics systems); Restructuring of the community-based distribution system; and Annual operational planning and budgeting. Results include:

- The financial sustainability of PROFAMILIA has increased substantially.
- The organizational climate at PROFAMILIA has improved according to baseline and post intervention data.
- The level of financial sustainability of the newly restructured community based distribution (CBD) network has increased during the pilot phase. National scale up of the network is beginning in August 2005, which should produce additional improvement.
- The Executive Director has executed his performance plan and exceeded expectations related to restructuring the management team and to financial sustainability.
- New administrative, financial, HR, and logistic processes and procedures are being implemented.

President's Social Cabinet and FISE (Emergency Social Investment Fund)

M&L's technical assistance occurred from March 2005–September 2005, with the following areas of focus: implementation of the Service Delivery Centers (integrated social services for underserved populations) in seven pilot municipalities; and the institutional reorganization of FISE—the principal source of municipal level social investment—applying the same systems and process-based approaches used with the MOH, MiFamilia, PROFAMILIA, and NICASALUD.

The principal product of this work has been a demonstration of the viability of the integrated service delivery approach. Non-project municipalities have requested M&L assistance to apply the same approach in their municipalities. The assistance to FISE led to the re-engineering of the organization, a prerequisite for further development bank funding. As a result of this work, USAID received a request from the governor of the Southern Atlantic Autonomous Region for MSH to assist in restructuring its state government operations.

Waslala Municipality

From August 2003 to September 2005, M&L's technical assistance in Waslala included: three leadership development programs for community leaders from Waslala aimed at strengthening capacity to implement community and management improvements; two similar programs for teachers in target municipalities; systematization of this experience and documentation of an increase in social capital; and production of training materials for use by the MOH, NGOs and other organizations for the development of community-based leadership and management skills. As a result of this work, there is improved social capital and improved participation in the community-based, integrated child health program in communities where leadership training was provided.

Private Sector

From March 2005 to September 2005, M&L supported private sector associations in Corporate Social Responsibility (CSR), including collection of baseline data on corporate social responsibility, meetings and forums with private sector organizations to discuss CSR, and funding for CSR Initiatives. By the close of M&L, private sector awareness of corporate social responsibility increased.

NICASALUD

M&L worked with NICASALUD from July 2005–August 2005, to: Review and modernize of administrative, financial, contract and grant systems; Develop associated manuals documenting processes, norms, procedures, and job descriptions; and Provide capacity building for staff in these areas. With M&L's assistance, administrative and financial systems and their associated contract/grant systems have been modernized. These systems contribute to the efficient use of all donor funding, including USAID and GFATM. (NICASALUD manages the Global Fund program in Nicaragua.)

Conclusion

The M&L experience in Nicaragua demonstrates an extraordinary need and interest in management and leadership development and institutional reform on the part of health and social sector institutions. The scope of work that M&L Nicaragua has implemented across all of the client institutions is indicative of the breadth and the depth of management and leadership and institutional transformation work.

How the Nicaragua team has responded to the demand and generated further demand is key. Its capacity to respond and to produce improvements in a number of Nicaraguan institutions was possible because of:

- Excellent in-country staff and consultants with knowledge and experience in Nicaragua and in working with the MOH at all levels as well as other institutions. They have been supported in an on-going manner by key MSH Latin American staff.
- A validated approach, methodology, and tools for carrying out institutional reform in a participatory fashion, accompanied by staff and consultant breadth and depth of knowledge and experience in management, leadership and institutional transformation.
- Flexibility and capacity of the M&L team in Nicaragua to respond to USAID Nicaragua requests. An excellent working partnership with the USAID Nicaragua CTO who gave the team new challenges and scopes of work.
- Sufficient delegation of authority by M&L/Boston to permit the team to work effectively in a constantly changing environment.

Further progress with some of these client institutions will be made in the LMS Program.



For more information

- “Evaluation of the Leadership Development Program for the Ministry of Health, Nicaragua (2001–2003),” Nancy Vollmer LeMay, June 2004 (this report focuses on efforts at the municipal level), can be accessed through USAID’s Development Experience Clearinghouse, www.dec.org.
- “Evaluation of the Leadership Development Program at the Central Level in Nicaragua,” José García Núñez and Ma. del Socorro Talavera, August 2005, can be accessed through USAID’s Development Experience Clearinghouse, www.dec.org.
- Summaries of evaluation findings are available at www.msh.org/mandl/evaluation_notes.
- Additional information on M&L’s work in Nicaragua can be found at www.msh.org/projects/mandl/4.7.html.

Peru – Movimiento Manuela Ramos, the Challenge of Growth with Quality

The Challenge

Movimiento Manuela Ramos (MMR) is a Peruvian NGO dedicated to the promotion of women’s empowerment and rights. The organization works on women’s advocacy and policy issues and provides reproductive health services to a population of approximately 230,000 women. MSH initially provided support to the organizational expansion of MMR from 1998–2000 under FPMD II. During its 2001 strategic planning process, MMR identified the need to strengthen its management and leadership capabilities in order to meet two challenges: an ineffective governance structure due to rapid growth, and financial dependency on USAID. MMR was also struggling with the approval and extension of its ReproSalud Project for an additional five years.

Summary of Work

From June 2001–September 2002, the M&L Program provided technical assistance in applying the Performance Improvement (PI) methodology to identify and address the primary challenges facing MMR: ensure organizational efficiency and medium-term sustainability. M&L carried out an initial assessment of actual performance, which included a review of key documents, interviews with MMR senior staff, and regional and program coordinators, and focus groups with management staff. Based on this information, the senior staff at MMR prepared a summary of overall performance and identified four institutional challenges to be addressed by PI teams over a 12-month period:

- Identify and promote new leaders from within;
- Introduce processes for reflection and analysis;
- Establish a modern governance structure that preserves organizational values;
- Project an image that is consistent with organizational values.

Four PI teams were formed consisting of program and management staff. Their tasks included defining the actual and desired performance for each challenge, analyzing the gap and its causes, and submitting an intervention proposal to achieve the desired performance.

Results

The Four PI teams submitted detailed proposals to address each identified challenge to the Assembly of Associates and Directive Council in September 2001. All four proposals were approved in February 2002. The teams began to implement their projects in March 2002, which resulted in a number of structural changes within MMR by September 2002. The PI process was suggested to MMR at a moment when the organization was in crisis. The selected challenges were thus directly related to its survival. This situation created a suitable environment for self-criticism and seeking alternatives. The PI methodology permitted the involvement of staff at all levels in the identification of challenges. This broad participation from the beginning enriched the work of the PI teams.

For more information

- “Evaluation of the Results of Performance Improvement Teams: Movimiento Manuela Ramos,” Lourdes de la Peza, July 2003, can be accessed through USAID’s Development Experience Clearinghouse, www.dec.org.
- Summaries of evaluation findings are available at www.msh.org/mandl/evaluation_notes.

M&L-Sponsored Issues of *The Manager*

The Manager is a continuing education management publication of MSH that is produced quarterly. Each issue provides health professionals at all levels with the practical knowledge and tools they need to manage their teams effectively. All issues of *The Manager* are available in English as PDFs at <http://erc.msh.org/TheManager/>. Subscriptions and print copies in English, French, and Spanish can also be ordered through www.msh.org/publications. Below are the issues produced with M&L funding.

E-learning for Program Managers through Global Information Resources

2000 Volume 9 Number 1

“E-learning,” or learning through electronic means, offers the possibility of training staff in the workplace, supporting those who want to apply newly learned skills, and opening communication channels that enhance ongoing work activities. This issue of *The Manager* covers this new and rapidly changing field, and includes a glossary of technical terms. It explains how your organization can benefit from e-learning and provides advice for planning and implementing a pilot e-learning activity. The accompanying supplement can help you find and use new electronic resources to meet your e-learning needs.

This issue was produced in English under FPMD II. The Spanish and French translations were sponsored by M&L.

Managing Reproductive Health Services with a Gender Perspective

2001, Volume 9, Numbers 3 & 4

The roles that women and men play should guide the ways in which clinic staff assess their clients’ needs and provide care. This edition of *The Manager* shows how awareness of gender issues can improve the design, management, and delivery of health services, and takes you step by step through the process of assessing the influence of gender on organizational management.

This issue was produced in English under FPMD II. The Spanish and French translations were sponsored by M&L.

Planning for Leadership Transition

2001, Volume 10, Number 1

An effective successor at top leadership levels is essential for the sustainability of an organization. Preparations for a transition should allow for a long lead time and well-balanced consideration of relevant issues. This issue of *The Manager* considers strategy and processes for managing a leadership transition. It describes how current leaders, staff members, and boards of directors can engage their organization in navigating the uncertainties of a search for a new leader. It explores ways to prepare for future transitions by developing leadership talents within the organization.

Using Performance-Based Payments to Improve Health Programs

2001, Volume 10, Number 2

This issue of *The Manager* presents a system for funding programs that is tied to program performance to help providers improve their services and the impact of those services in the client population. The issue explains how

different payment mechanisms encourage different types of organizational behavior, and why performance-based payment schemes are more likely to help achieve the desired goals than traditional payment schemes.

Developing Managers Who Lead

2001, Volume 10, Number 3

When organizations invest in leadership development for managers at all levels, they increase their ability to adapt to change. Their managers learn to reinforce leadership values and apply leadership practices that promote sustainable organizational performance. By practicing both leading and managing, managers are able to achieve results and maintain high-quality services despite the obstacles they face. This issue of *The Manager* discusses effective leadership values and practices that exist around the world. It explains how managers can, individually and together, undertake leadership development to become the kind of leaders who “when their work is done people all say: ‘We have done it ourselves.’” (Lao Tsu 1997, verse 17)

Exercising Leadership to Make Decentralization Work

2002, Volume 11, Number 1

Under a decentralized health system, local health managers can better address deficiencies in cost-effectiveness, efficiency, and performance that are not solved by a centralized system. The local level receives responsibility for primary health services while the central level focuses on policies and standards. Yet the lengthy transition toward a decentralized health system can fracture parts of a health system that previously functioned adequately, without immediately solving pre-existing problems. This issue of *The Manager* shows how health managers, though faced with multiple challenges of decentralization, can redefine their roles and responsibilities to better support both the people they serve and the staff at management levels closest to the population. It shows how health managers can adopt leadership practices to carry out their new roles and ultimately make decentralization work.

Creating a Work Climate That Motivates Staff and Improves Performance

2002, Volume 11, Number 3

Absenteeism, unmet performance objectives, lack of initiative, and reduced interest in their work or organization are signs that the work climate may be less than optimal and that staff may be holding back the extra effort they could bring to their jobs. This issue of *The Manager* outlines the connections between work climate, employee motivation, and performance. It describes how managers can assess the climate in their work group and shows how they can use the results to make changes in leadership and management practices that will motivate their group to do the best work possible and improve results.

Assessing Your Organization’s Capacity to Manage Finances

2003, Volume 12, Number 2

This issue of *The Manager* offers financial and program managers—from headquarters to the service delivery level—solid reasons to assess their financial management systems and a method for performing this assessment. It introduces FIMAT, the Financial Management Assessment Tool, a step-by-step process and instrument for rapidly assessing budgeting, accounting, purchasing, and other financial systems. It describes how managers can use their assessment results to develop detailed action plans that can be incorporated into their organization’s annual operational plans.

Business Planning to Transform Your Organization

2003, Volume 12, Number 3

To diversify funding sources, health and social service organizations are finding that they can secure funds from nontraditional private sources—companies, professional investors, and individuals—for innovations in their social programs. A well-crafted business plan can often open the door to the foundations and corporate giving programs engaged in philanthropy or social investing. This issue of *The Manager* offers health and social service managers the business plan as a way to communicate their needs and competencies to potential funders. To illustrate this way of thinking, the issue walks readers through the format of a persuasive business plan and suggests to managers who want to further their skills how they might assess resources for developing rigorous business plans.

Coordinating Complex Health Programs

2003, Volume 12, Number 4

The challenge of coordination is to motivate groups to align their activities in order to maximize financial and human resources. Without effective coordination, scarce resources are wasted because of competition, confusion, and duplication of efforts. This issue of *The Manager* explores different types and mechanisms of coordination to help you choose which type of coordination best meets the needs of your organization or program. The issue reviews the forms of coordination for rapid response in health emergencies as well as for long-term sustainable action. There are guidelines for setting up a new coordinating body or breathing life into an existing entity. It also provides practical approaches for managing political dynamics and overcoming common barriers to coordination. It examines the kinds of coordination that are most appropriate for HIV/AIDS programs and concludes by presenting tools and processes that you can adapt and use to meet the needs of your organization, program, or coordinating body.

Managing Performance Improvement of Decentralized Health Services

2004, Volume 13 Number 1

This issue of *The Manager* will help managers at all levels understand the principles of local-level performance assessment and improvement. It also presents the concept of essential public health functions as a useful policy framework for decentralizing service management while maintaining and improving the coverage and quality of services.

Tackling the Crisis in Human Capacity Development for Health Services

2004, Volume 13, Number 2

Human resources are central to planning, managing, and delivering health services. In most countries personnel account for a high proportion of the national budget for the health sector—often 75% or more. This issue of *The Manager* provides a comprehensive framework for addressing human capacity development. It presents steps for developing a strategy that will help managers sustain a supply of adequately trained health staff. It examines four components of planning and managing the workforce: policy and financial requirements, human resource management, partnerships, and leadership. The issue also suggests actions managers and policymakers can take to address issues in these areas so that appropriately trained staff are available in the right places at the right time.

Leading Changes in Practices to Improve Health

2004, Volume 13, No. 3

Health managers can bring about lasting, meaningful change by becoming internal change agents within their organizations. This issue explores ways health managers can lead a five-phase process to make significant changes in clinical and management practices, even without strategic or structural interventions from higher organizational levels. It spells out key success factors to include in every change effort and ways to work with coworkers' responses to change. The issue also contains a helpful change agent's guide to action as well as a simple self-assessment of readiness for change. The accompanying case scenario may be used for staff development and training.

Management Strategies for Improving Health and Family Planning Services: A Compendium of *The Manager Series*, Vols. V–IX

In a world of rising health care costs and increasing health care needs, access to tested approaches and techniques in the management of health care is more vital than ever. This compendium offers practical tools and techniques to address current challenges in public health management. Containing volumes 5–9 of MSH's award-winning periodical, *The Manager*, this handbook addresses a range of critical health management topics. It is divided into five sections: Using Information Technologies, Expanding the Scope of Services, Increasing Access to Services, Using Data to Improve Services, and Managing Program Resources.



For more information

- All MSH periodicals and publications can be accessed or ordered from www.msh.org/publications.
- Individual issues of *The Manager* are available as PDF downloads at <http://erc.msh.org/TheManager/> (only English versions are currently available).

M&L-Sponsored Publications

In addition to the MSH periodical, *The Manager*, M&L has developed other publications offering cutting-edge information and tools. These resources offer a systematic approach for diagnosing problems, improving performance, and achieving results.

All the listed publications can be ordered through www.msh.org/publications.

Human Resource Management Rapid Assessment Tool For Public- And Private-Sector Health Organizations

The *Human Resource Management Rapid Assessment Tool For Public- And Private-Sector Health Organizations* offers a method for assessing what an organization's Human Resource Management system consists of and how well it functions. The HRM Assessment Tool helps users to develop strategies to improve the human resource system and make it as effective as possible. For newly formed organizations, the tool can serve as a guide for developing an optimal HRM system. For established organizations facing changes, such as contracting out services, decentralizing, downsizing, or expansion, the tool can serve as a reference for the types of HRM issues that must be addressed in order to manage change successfully.

The first edition of this publication was produced in English under FPMD II. The Spanish and French translations were sponsored by M&L. M&L also funded the second edition. (Page 28)

Management and Organizational Sustainability Tool: A Guide for Users and Facilitators, 2nd Edition

MOST is a participatory management diagnostic process that enables managers in NGOs and MOHs to develop a management capacity profile for their organization and a prioritized action plan for improvement. A MOST "Suite" consisting of the primary MOST instrument and specialized in-depth MOSTs in Human Resource Management, Financial Management, and TB are now available and used. More than 80 organizations worldwide have used MOST, many of them independently from M&L technical assistance. Now available in English, French, and Spanish, MOST was originally developed under the FPMD II Program (1995–2000) and updated in 2004 by M&L. (Page 27)

Human Resource Management Rapid Assessment Tool for HIV/AIDS Environments: A Guide for Strengthening HRM Systems

Part of the MOST series of tools, the Human Resource Management Rapid Assessment Tool for HIV/AIDS Environments helps an organization quickly assess the performance of its human resource management (HRM) system and develop an action plan for making necessary improvements. This tool was developed in 2003 under M&L's Human Capacity Development Program, funded by the USAID Office of HIV/AIDS. (Page 28)

The Financial Management Assessment Tool (FIMAT)

Part of the MOST series of tools, FIMAT provides step-by-step instructions for conducting a financial management assessment, developing consensus on improvements, and integrating recommendations into work plans. It includes both an instrument to collect and summarize technical information and a guide for applying the instrument. FIMAT, developed in 2004, is available in English, French, and Spanish. (Page 27)

Scaling up HIV/AIDS Programs: A Manual for Multisectoral Planning

Scaling Up HIV/AIDS Programs explains in detail how to determine resource needs and provides templates for defining needs in all areas related to HIV/AIDS, such as medicines, supplies, equipment, training, and construction. This publication was completed in 2004 under M&L's Human Capacity Development Program. (Page 28)

Leading and Managing at All Levels: A Handbook for Improving Health Services

A detailed description of the Handbook can be found on page 9.



**Management & Leadership Program
Project To Date Expenditures
August 2005**

Core / Field Support	Expenses PTD	Total Obligation	Pipeline Balance	% Pipeline Remaining
HIV Core	1,319,472	1,300,000	(19,472)	(1)%
On-Line Learning (OE)	202,068	200,000	(2,068)	(1)%
Providers Guide to Qual & Cult (IAA)	190,729	190,000	(729)	(0)%
ProPeten (Pop/Environment)	215,199	275,000	59,801	22%
Population Core	24,728,562	24,674,000	(54,562)	(0)%
Total Core	26,656,030	26,639,000	(17,030)	(0)%

NB: Add'l \$500K Pop Core obligation still expected

Afghanistan	9,161,206	9,200,000	38,794	0%
Angola	213,992	200,000	(13,992)	(7)%
Bolivia	1,204,573	1,200,000	(4,573)	(0)%
Brazil	1,980,401	1,974,631	(5,770)	(0)%
Cote d'Ivoire	806	0	(806)	
Ghana	46,264	50,000	3,736	7%
Guatemala	633,604	659,000	25,396	27%
Honduras	113,012	114,000	988	1%
Indonesia	7,529,792	7,590,000	60,208	1%
Kenya	121,548	125,000	3,452	3%
Madagascar	7,677	6,105	(1,572)	(26)%
Malawi	608,839	610,866	2,027	0%
Morocco	101,718	100,000	(1,718)	(2)%
Mozambique	4,857,762	4,887,484	29,722	1%
Nicaragua	8,062,784	8,530,000	467,216	5%
Nigeria	369,845	400,000	30,155	8%
Peru	54,983	55,000	17	0%
Region Africa	613,651	700,000	86,349	12%
REDSO	825,177	995,000	169,823	17%
LAC	1,181,980	1,238,000	56,020	5%
Turkey	579,369	585,000	5,631	1%
Tanzania	3,145,575	3,110,000	(35,575)	(1)%
Uganda	5,553,761	5,911,285	357,524	6%
Total Field Support	46,968,317	48,241,371	1,273,054	3%
Total M&L	73,624,347	74,880,371	1,256,024	2%

Note: This represents the most recent closed month data available at this time. A final expenditure report, through September 29, 2005, will be submitted to USAID within 90 days of the end of project.



**All photographs by employees of
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