

ICD Activity Report – Summary Section

I. Introduction

USAID's Action for West African Region – Reproductive Health (AWARE-RH) started in 2003 and ends in 2008. To accomplish its Strategic Objective which initially was: “Increased adoption of sustainable FP/RH, STI/HIV/AIDS, and child survival policies and approaches in West Africa” and later became “*Increased Adoption of Selected High Impact Health Policies and Approaches*” after the midterm evaluation the Institutional Capacity Development (ICD) component of the project has worked with and through regional organizations and networks to create Technical Leadership Institutions to develop and disseminate best practices in reproductive and child health.

AWARE-RH's ICD component is cross-cutting and works with selected regional organizations to carry out the technical activities in replicating the AWARE-RH selected best practices in Child Health, Family Planning & Reproductive Health, Policy Advocacy and Health Reform & Finance. A baseline assessment done by the project recognized that the existing regional organizations were not positioned to realize their potential to capture/document, provide needed TA and disseminate regional best practices.

II. Summary of ICD Strategy

Vision

Regional Technical Leadership Institutions are the preferred purveyors of technical assistance to national health programs throughout the West and Central African regions. Adept at rapidly identifying good and promising practices adapted to local context throughout the region, they are responsive, well-managed organizations recognized for their high quality technical assistance.

Strategy

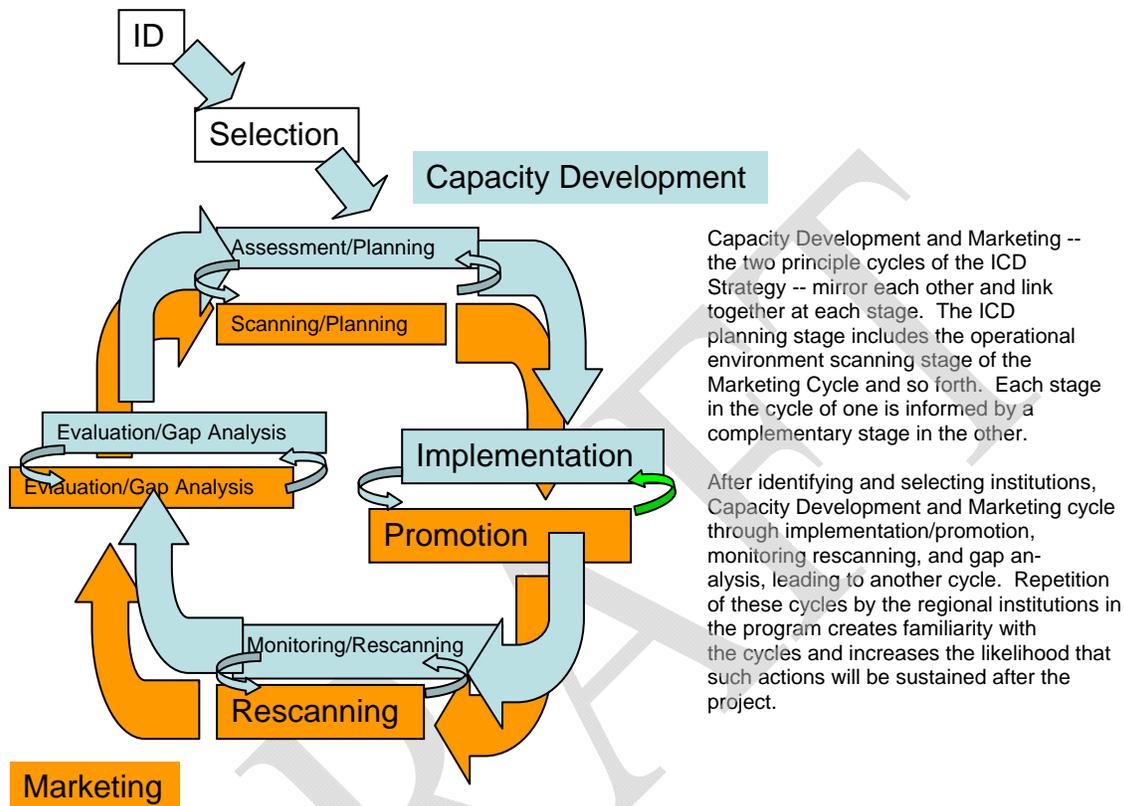
To build these organizations into effective providers of regional expertise, the project followed a two-pronged strategy: 1) Institutional Capacity Reinforcement - the ICD Unit reinforced the management and marketing skills of these organizations and networks, to enhance their ability to meet the challenges and opportunities to provide quality technical assistance in an efficient, effective and sustainable manner; 2) Technical Skill Reinforcement - concurrently, AWARE's health and policy/advocacy units reinforced the technical skills of regional organizations in the target sectors, improving their skills in identified health interventions.

Institutional Management Capacity Reinforcement

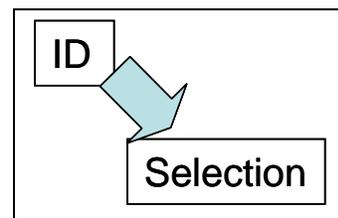
The ICD unit used a multi-step process in developing the organizations' internal structures and practices to enable them to become high quality vehicles that could support technical activities within national health programs. The ICD team worked with the

selected institutions to upgrade organizational policies, structures and practices and to foster more responsiveness, results-orientation and customer-focus.

The Double Cycle of Institutional Capacity Development



Step 1 ID & Selection: Drawing from national and regional sources, the project first developed a “pool” of candidate organizations of appropriate size, scope and profile to be considered for the institutional capacity building program. Key selection criteria included technical competence, comparative advantage, location, size, distribution of personnel and internet connectivity.



The selection process for regional organizations gathered an initial list of organizations drawing on the experience of project staff and that of the Steering Committee for Institutional Capacity Development, a review panel of regional experts convened to consider the ICD strategy early in the project. Through the initial process of consultation, the project drew up a list of 34 organizations. It subjected the members of this list to a preliminary survey, based on criteria of size, location and sector, which reduced the list to 19 organizations and networks that formed the core pool of regional organizations to be considered for the program.

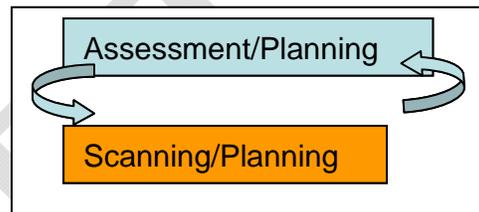
The members of this list were invited to a Launch/Orientation in Accra in July 2004, where the project’s institutional capacity development process was explained. This

Launch meeting served a dual purpose: it oriented the institutions to the AWARE-RH project and also served as the first installment of the Leadership Development Program (LDP). The LDP engaged the organizations' leaders in a guided course of problem solving giving participants a framework within which to discuss problems, and creating a mutually supporting network of leaders that could draw on each other's experience in facing management and leadership problems in Health in the sub-region. The group present at the Orientation met again in Bamako in September-October 2004, and again in Dakar in November-December 2004 to complete the LDP process.

Steps 2 to 5 constitute the double cycle of capacity development improving both institutional capacity and marketing skills (see diagram above).

Step 2 Assessment/Planning Scanning/Planning: Organizations participated in a Joint

Capacity Assessment process to assess their strengths and areas needing improvement. The project developed a tool, Management and Technical Assessment Tool (MTA), to assist senior staff of an institution to agree on its performance in 18 key management and leadership areas. By prioritizing low scoring



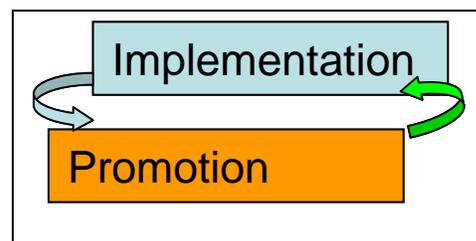
areas, the team builds an organizational action plan to address its deficiencies, assisted by existing management development tools. AWARE-RH staff assisted the organizations to develop annual action plans to execute their priority development activities. Each Planned activity specifically helps the organization support quality technical interventions in identified health areas the organization decides to strengthen. In marketing, the ICD team led institutions to explore the needs of potential clientele, examine the competition and tease out the organization's competitive advantage best suited to the market. AWARE-RH assisted several organizations develop marketing plans to develop a greater volume and broader and efficient portfolio of work.

Step 3 Implementation/Promotion: As the organizations executed their action and

marketing plans, the ICD team supported them with training and support activities according to the needs identified in the MTAs.

In January, 2005, the ICD team created a Consolidated Action Plan that dictated the types of ICD support organizations would receive over the project's life. Where several organizations had identified the similar issues,

the IDC team scheduled group events to address them. The AWARE-RH-sponsored group activities included:



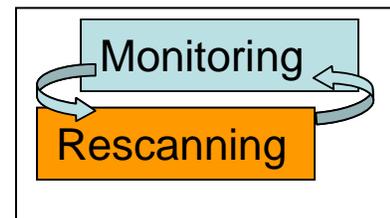
- Leadership Development Program (July-December 2004)
- Proposal Writing Workshop(July 2005, March 2006)
- Consulting for Results (September 2005)
- Business Planning Program Introduction (November 2005)
- Maximizing your Consultant (October 2006)
- Needs assessment for MHO (December 2006)

- Coaching and Mentoring (January 2005, May 2006, July 2007)
- Social Mobilization for MHO (March 2007)
- Institutional Marketing Workshop (April 2005, April 2007)
- Managing Networks (July 2006)
- Monitoring and Evaluation Workshop (July 2007)
- TOT and feasibility study for MHO (October-November 2007)

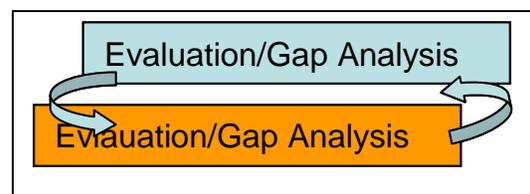
Where the project found that organizations needed specific assistance, focused events or technical assistance was scheduled with specific organizations (see the individual organization information sheets in annex).

The project communicated with and regularly visited the organizations and assisted them in working through implementation problems based on the framework for problem solving set up in the Leadership Development Program. The ICD team mentored and coached the organization's leadership in scanning for opportunities in the environment, focusing the organization on defining its mission and role, aligning and mobilizing its resources to achieve the mission, and inspiring staff and stakeholders to attain the goals they set for themselves in the Action Plan. For example seven TLIs improved significantly their capacity. According to the ICD work plan, CEFOPRE achieved 47% of the goals MWANGAZA 64%, GSMF 71%, CEASG 83%, ISED 83%, CEFA/CAFS and IRSP 100%. AWARE assisted the organizations in executing their marketing plans whenever possible, refocusing activities to position themselves more appropriately in the market, and helping them to connect with a wider pool of potential clients. AWARE-RH also developed several workshops to enhance marketing skills of the technical and leadership institutions.

Step 4 Monitoring/Rescanning: After 18-24 months of initiating an ICD program, the project went back to each organization and assisted it in conducting a follow-up management technical assessment (MTA) to review components of the 18 key management and leadership areas it had originally reviewed. In some of the cases organizations found that they had improved in the areas they had targeted for improvement. Sometimes the improvement itself created new issues to address. In some cases, issues that had not been a priority in the first action plan became priority for the subsequent plan. In the area of marketing, the ICD staff followed organizations closely and assisted them in adjusting their marketing plans, based upon the results of their monitoring. The project also helped to identify new opportunities that the TLIs could pursue such as working directly with ministries of health or pitching their services to new donors. Rescanning the organization's market and its needs often informed the internal development planning decisions.



Step 5 Evaluation/Gap Analysis: Using the MTA results, organizations formed new action plans to tackle other pressing or newly emerging problems. The project continued to lend its support with workshops and targeted



activities that responded to the organizations' revised needs. This step brings the cycle back to its beginning. The project has found that the reiteration of the double cycle provided an important structure for the organization to sustain its own self-renewal and development without the help of outside agencies.

Technical Skills Capacity Reinforcement

Fulfilling institutional capacity building goals is meaningless unless the organization contributes to improving the health of its target population. As such, the ICD component collaboratively integrated with the project's Family Planning, Child Health, Policy Advocacy and Health Reform and Finance components to ensure the organizations' skills were strengthened so as to deliver effective health services to national health programs.

The ICD component worked closely with the technical teams to make sure that the needs identified in the organization's Management Technical Assessment exercises were indeed those essential to carrying out the project's identified technical Best Practices. The MTA's Technical Management section contains specific categories of technical competence necessary to deliver health interventions. These categories include "technical competence", "technical supervision", "training and internal mentoring" and "technical networking". The MTA allowed organizations to assess their technical needs, as well as their needs for better management and leadership.

The ICD component shared the MTA results with the project's technical units. This information illustrated the organizations' readiness to take on best practices. It showed technical teams where organizations needed support, and where they could technically support other organizations. This information created a framework used to inform the project's technical agenda with each partner technical leadership organization.

In several instances, technical teams assessed and provided specific training or technical assistance to different organizations to strengthen their skills or to develop new skills that were seen as vital. For example, the policy and advocacy team conducted advocacy training for six TLIs and networks in August 2006. (, CONCERTATION, WAHO, FAAPPD INTERCAP, CEFORP and MWANGAZA

The ICD component then continued the collaboration by creating opportunities for group technical learning as part of the consolidated skills enhancement agenda that emerged from the MTA exercises. The ICD component provided the framework for general workshops in monitoring and evaluation (June 2007) and in proposal development (July 2005).

III. Review of Results

Over the life of the AWARE-RH project, 11 of the original 19 organizations dropped out and the 8 remaining can be truly called Technical Leadership Institutions. Organizations that did not implement their action plans effectively opted out by their own non-participation. Those with inadequate staff to implement the activities in their action plans were dropped.

In 2006, the project repeated the MTA process with the remaining eight. Two organizations were dropped due to poor performance, leaving a core group of seven organizations that have substantially improved their performance as a result of the AWARE-RH institutional capacity building efforts. These are: CAFS, CEFORP, CESAG, ISED GSMF, IRSP, MWANGAZA ACTION

Institutional Capacity Development also lent its services to the other sectors of the project, conducting capacity building activities for networks involved in Mutual Health Organization development. IR3, which is the ICD team, also provided TA to support capacity building to National MHO Technical Assistance Organizations such as SAILD of Cameroon, RAMS of Burkina Faso, Forum Cooperativo of Cape Verde, AFUA of Niger and DYNAM of Guinea Conakry. Strategically AWARE-RH adopted a two pronged approach to:

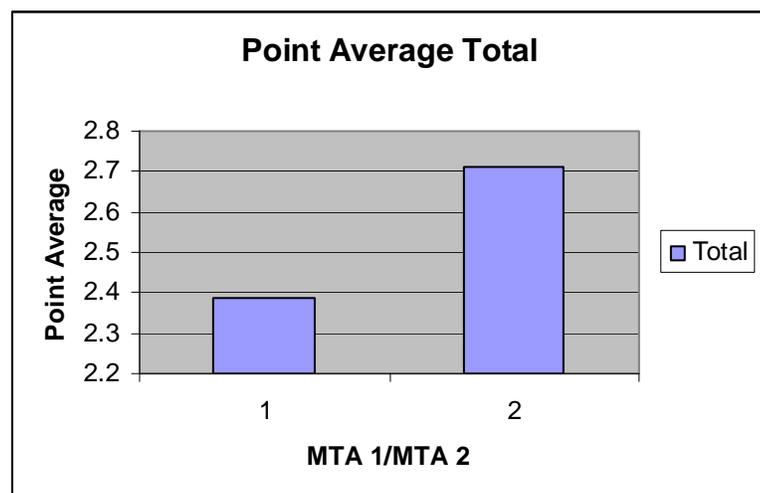
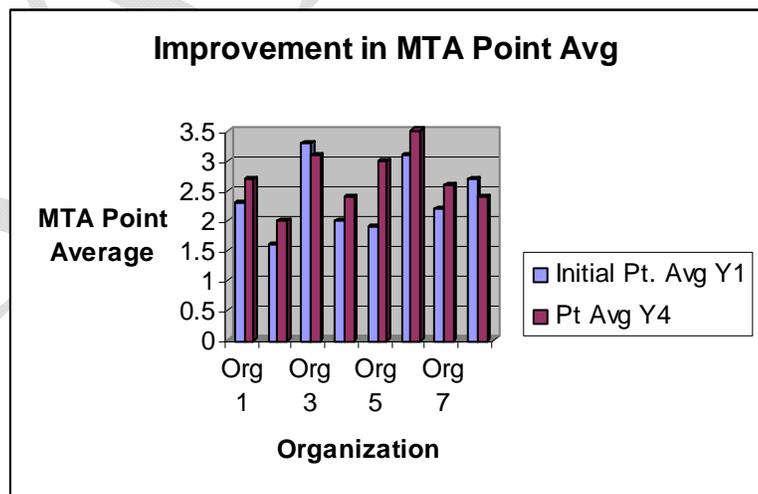
1. Reinforce Institutional Management Capacity and Management Skills of these organizations and networks to enhance their ability to meet the challenges and opportunities in the provision of sustainable efficient and quality technical assistance;
2. Concurrently reinforce technical skills in health policy and advocacy activities in the relevant domains

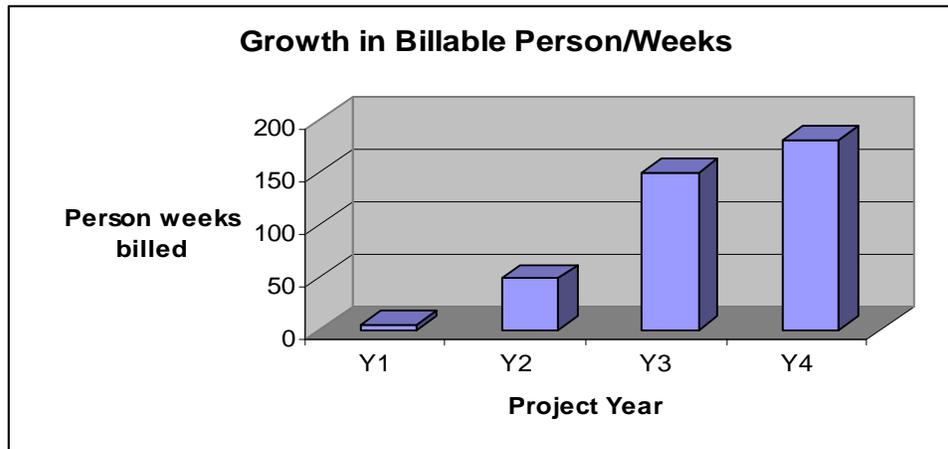
The project's results, as evidenced by the PMP indicators, show an overall improvement in the technical and organizational capacity of these TLIs. The figure below shows each institution's improvement by its average point scored from the first MTA to the second MTA.

The project found that six organizations had reached or exceeded their targets for improvement in the priority areas they had chosen during the first round of assessments. These results are detailed by organization in the annexe I.

The overall improvement in point averages of the final 8 organizations shows a 13%, as seen in the total point averages in the figure below.

The gains in institutional growth have also been impressive. The initial number of billed person/weeks for all organizations was at 5 at the beginning of the project. By Year 4, these same organizations were billing over 180 person weeks -- a 36-fold growth expansion. The graphic below illustrated this growth





The number of new clients generated by the organizations – in terms of national health programs, donors or other entities requesting their services also showed a significant Twenty news clients were gained between 2005 and 2007. CEFA (UNAIDS, REFAMP, DAT,BE/CLM), CEFOPREP (UNFPA, KFW, POP CONCIL,UNAIDS,WHO,Laboratoire Innotech International,World Bank, Abt Associates), MWANGAZA (IPPF, Government, of Burkina Faso,UNICEF,OXFAM Quebec,EU, BMS,DED), GSMF (CHAD, ADRA, Gambia Family Planning Association)

Other indicators not included in the PMP show the breadth of achievement here. Organizations reported the capture of donor financing through projects awarded on the strength of proposals they had written using the structures and techniques the project had promulgated in its activities. CEFOPREP gained news projects and attracted funds from the German government, UNFPA and Pop Council. MWANGAZA attracted new funds from UNFPA, IPPF, and government (see details pages 9 &12)

Organizations also reported increased cost savings and efficiencies brought about by the development of procedural and finance manuals, as well as Human Resource policies sponsored by the project.

Through the experience of working and learning together, regional organizations in the project also seized opportunities for South-to-South strengthening and collaboration. This happened within the Business Planning for Health program sponsored by the project, but implemented by GSMF, a client organization of the project, for two other organizations: Christian Health Association of Ghana, Adventist Development Relief Agency in Guinea. This created alliances between those learning organizations and GSMF that will lead to continued collaboration in the future.

The project also tried to identify and work with networks in the region, to create more dynamic and vibrant information exchange and more collaboration across organizations working in different countries on the same health issues. Through the identification and

selection process, several loose networks were identified, such as the West African Regional Network (WARN) for malaria response; RAOPAG for malaria in pregnancy and FAAPPD for health policy issues, la CONCERTATION. for mutual health organizations

The project's experience with these groups resulted in some important lessons learned about the differences between regional organizations and networks, and how to work with networks in the future. Chief among the issues in building capacity in networks is the ephemeral nature of the network structure. As a loose association of organizations and individuals, a network finds its greatest strength in the strength of its individual constituents. Some organizations within networks were strong and some were weak. The network structure does not provide the possibilities we originally thought it would for using strong organizations to foster strengths in weak network members. This led the project to work more closely with individual members of networks than with networks themselves. This occurred with CONCERTATION and with FAAPPD.

Networks are fundamentally information and experience exchange mechanisms for member organizations. As such, they work best when there are open channels of communication. We found that perhaps the best investment of the project's time in supporting networks lies in providing opportunities to keep these information channels open. The project did this through its hosting of regular gatherings throughout the project's life to bring together network members to exchange their views and experience.

IV. Technical Leadership Institution Section

(Please find in annex detailed information sheets on each of the seven organizations that had made improvements.)

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Information sheet

Organization Name: CEFOREP	Organization Type: Non profit making organization
Location: Dakar Senegal	No. of Professional Staff: 9
Managing Director: Amadou Hassane Sylla	Date established: 1996
Sector Focus, Family planning, Post abortion Care, Reproductive Health, advocacy	Contacts: +221 336341944 Email: ahsylla@orange.sn

Reason organization was chosen:

Works in AWARE' Project's areas such as Reproductive health, family planning, post abortion care, advocacy. Its technical expertise covered training, research and monitoring and evaluation on reproductive health, monitoring and evaluation of health programs, reinforcement of information systems management and reproductive health and implementing advocacy tools

Support Activities conducted by project:

CEFOREP was involved in the following activities

- Management and technical assessment, MTA1 and MTA2 , to identify priorities areas in which CEFOREP needs improvement
- Financial and management assessment (FIMAT) to identify its management system needs and develop an action plan to meet these
- Technical assistance to improve financial and management procedures
- Internal workshops on marketing, Business planning, operational planning with MS project
- Advocacy training carried out for CEFOREP staff
- REDUCE TOT carried out for CEFOREP staff and their consultants
- Two staff members attended regional workshops on proposals writing, marketing, leadership and management, managing consultant, Monitoring and evaluation, business planning
- Staff members trained on advocacy technique and management of REDUCE application

Results:

Increased institutional capacity:

CEFOREP showed improvement in institutional capacity by developing and using

- New Strategic plan
- Manual of financial procedures an accounting system
- Marketing plan
- Computerized consultant data base
- Computerized operational plan
- A monitoring and evaluation system
- A Business plan
- M&E system
- Pricing policy system

New business:

CEFOREP gained news projects and attracted funds from UNFPA, KFW, Pop Council, from 2005 to 2007 its carried out 89 person weeks of technical assistance in Togo, Niger, Mauritania and provided TA to apply the REDUCE model in Mali, Ghana, Burkina Faso, Togo, Niger and West Africa (through WAHO).

Organizational Growth:

A new accountant was recruited to reinforce the financial staff.

Information Sheet

Organization Name: CEFA/CAFS	Organization Type: Profit making NGO
Location: Lomé, Togo	No. of Professional Staff: 10
Acting Director: Awa Adjibade	Date established: 1991
Sector Focus: Training, Family Planning, Population	Contacts: +228 223640, aadjibade@cefalome.org

Reason organization was chosen:

CEFA covers all African countries and works in the Project areas : such as Institutional Capacity Development, Family Planning, Advocacy and Training. It has a wide experience in the provision of Technical Assistance and Health Project Management.

Support Activities conducted by project:

- Management and Technical Assessment: MTA1 and MTA2 , to identify priority areas in which CEFA needed improvement and to develop a work plan to face challenges
- Internal workshops on Marketing to develop and implement a Marketing Strategy which will help CEFA to attract new business
- Two staff members attended regional workshops in Leadership and Management, Proposals Writing, Marketing, Consulting for Results, Managing Consultant, Monitoring and Evaluation,
- Computerized consultant data base developed

Results:

Increased institutional capacity:

[Areas on MTA where growth occurred over the project period]

CEFA has increased its institutional capacity by developing and using

- Marketing plan to attract new business
- A Monitoring and Evaluation system to measure the impact of its interventions in the field
- Pricing policy system with a new overhead rate

New business:

CEFA gained news clients and attracted funds from other donors UNFPA, UNAIDS , DAT, BE/CLM

CEFA carried out 38.6 person weeks of technical assistance

Organizational Growth:

Based on the collaboration with AWARE-RH, CEFA has developed news products and is providing services in the following areas such as: Training on Managing Consultants and Coaching , Technical Assistance to organizations using MOST.

Information Sheet

Organization Name: GSMF International	Organization Type: Non Profit making organization
Location: Accra ,Ghana	No. of Professional Staff:40
Managing Director: Alex Banful	Date established: 1993
Sector Focus: Social Marketing	Contacts: +233-21779395 abanful@gsmf.com.gh

Reason organization was chosen:

GSMF has a .comparative advantage in Social Marketing in West Africa region. It has an experienced staff in the collaborating areas with AWARE-RH. such as Capacity Building and new Business Development

Support Activities conducted by project:

- Management and Technical Assessment: MTA1 and MTA2 , to identify priority areas in which GSMF needed improvement and to develop a work plan to face challenges
- Three staff members attended regional workshops on Leadership and Management
- Two staff members attended regional workshop on Managing Consultant, Monitoring and Evaluation,
- Computerized consultant data base developed
- One staff member oriented to deliver MTA

Results:

Increased institutional capacity:

- GSMF has increased its institutional capacity by developing and using
- A Monitoring and Evaluation system that allows it to track and measure the impact of its interventions in the field
 - GSMF installed a new MIS software that has proven to be user-friendly, accurate, useful making the organization able to provide timely information for decision-making.

New business:

GSMF has attracted new business by providing technical assistance to three other organizations: Christian Health Association of Ghana, Adventist Development Relief Agency in Guinea, Gambia Family Planning Association. Its has increased its business with health activities from 2 person weeks in 2004 to 20 person weeks in 2007

Organizational Growth:

Based on the collaboration with AWARE-RH , GSMF has developed news expertise by providing technical assistance in MOST, and Marketing. GSMF is offering distance learning. BPP (now BHP) clients are supported electronically from a distance. More professionals have been recruited, if needed GSMF makes use of consultants to supplement their team occasionally.

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Organization Name: MWANGAZA ACTION	Organization Type: Non Profit making NGO
Location:, Ouagadougou, Burkina Faso	No. of Professional Staff: 7
Managing Director: Roger B Thiombiano	Date established: 1995
Sector Focus: Social mobilization and, community based communication	Contacts: +226-21779395 mwangaz@fasonet.bf

Reason organization was chosen:

MWANGAZA is one of West Africa institutions which has specialized in community based communication. and social mobilization. in the following areas: Sexual and Reproductive Health, Non-Formal Education, Human Rights and Gender.

Support Activities conducted by project:

- Management and Technical Assessment: MTA1 and MTA2 , to identify priority areas in which MWANGAZA needed improvement and to develop a work plan to face challenges
- Two staff members attended regional workshops in Leadership, Managing Consultant, Marketing, Maximizing your Consultant, Proposals Writing, Business Planning, Monitoring and Evaluation,
- Computerized consultant data base developed

Results:

Increased institutional capacity:

MWANGAZA has increased it's institutional capacity by developing and using

- A new Strategic Plan with seven main objectives for 2005-2008
- A Monitoring and Evaluation system that allows it to track and measure the impact of it's interventions on clients and the organization
- A Handbook on Administrative, Financial and Accounting Procedures to better manage funds with transparency
- Marketing plan to attract new clients and develop new business
- Pricing policy system with a new overhead rate

New business:

- Six Projects in Sexual and Reproductive Health in Niger (1), Chad (1) and Burkina Faso (4) have been awarded by MWANGAZA in 2005,
- Nine new clients have been awarded in 2006 (UNICEF Burkina, Fondation allemande pour la population, WHO Burkina., CONIPRAT Niger, OXFAM Quebec, Service allemand de developement, US Embassy, European Union, Bristol Meyers Squib
- Its has increased its business with health activities in the region from 15 person weeks in 2005 to 65,6 person weeks in 2007

Organizational Growth:

MWANGAZA has recruited a new accountant to reinforce financial staff members as recommended during the MTA exercise. They moved to another new office. They recruited new staff for the new projects

Organization Name: ISMS/CESAG	Organization Type: interstate organization
Location: Dakar, Senegal	No. of Professional Staff:17
Managing Director: Mady KOANDA	Date established: 1979
Sector Focus: Training Center in management	Contacts: +221-8397360

Reason organization was chosen:

Cesag is a Regional training center in management with huge number of consultants. It contributed to the capacity building of public and private sectors and individuals in Africa. CESAG works in the areas of AWARE project such as capacity development, advocacy, health sector reform and development of logistic management tools. CESAG has a mandate from eight west Africa region countries to contribute to the integration of African countries.

Support Activities conducted by project:

- Management and technical assessment, MTA1, to identify priorities areas in which ISMS needs improvement and to develop a implementation plan to face challenges
- MTA2 to assess the progress according to the implementation of the ICD plan
- Three staff members attended regional workshops in leadership and marketing
- Two staff members attended regional workshops in consulting for results, maximizing your consultant,
- One staff member attended a regional workshop in monitoring and evaluation,
- Computerized consultant data base developed

Results:

Increased institutional capacity:

ISMS has increased its capacity by developing and using

- A MHO curriculum in MHO
- A curriculum on commodity security
- A curriculum on health program management
- A monitoring and evaluation system that allows it to track and measure the impact of it's interventions on clients and the organization

New business:

- Provide technical assistance to Niger to develop reproductive health commodity security strategic plan
- Provide technical assistance to Gambia on commodity security training
- Organize a first course on National Health account
- Attracted new clients such as UNAIDS, UNCEF, World Bank
- Its has increased its business with health activities in the region from 6,6 person weeks in May 2007 to 26, person weeks in December2007

Organizational Growth:

- Prime mover for pharmacy and public health master development
- Curriculum for drugs management available
- Curriculum for Mutual health organization available

Organization Name: IRSP	Organization Type: University organization
Location: Ouidah, Benin	No. of Professional Staff:28
Managing Director: Pr Khaled Bessaoud	Date established: 1977
Sector Focus: Training in Public Health and Epidemiology	Contacts: +229-341674 irspadm@afro.who.int

Reason organization was chosen:

Institut Regional de Santé Publique is a African leading center in training and research on health (Masters in Public Health and Epidemiology).. IRSP organized workshops on mutual health problems and developed new module in Reproductive Health in collaboration with UNFPA. This organization was chosen because it worked in two the areas of AWARE project: Reproductive heath and Health Sector Reform

Support Activities conducted by project:

- Management and Technical Assessment: MTA1 and MTA2 , to identify priority areas in which IRSP needed improvement and to develop a work plan to face challenges
- MTA2 to assess the progress according to the implementation of the ICD plan
- Two staff members attended regional workshops in: Maximizing your Consultant, Consulting for Results, Proposals Writing,, Business Planning, Monitoring and Evaluation,
- Computerized consultant data base developed

Results:

Increased institutional capacity:

IRSP has increased its capacity by developing and using

- Marketing plan to attract new clients and develop new business
- A Monitoring and Evaluation system that allows it to track and measure the impact of it's interventions on clients and the organization
- A curriculum on Mutual Health Organization
- A curriculum on Commodity Security
- A curriculum on Health Program Management
- Pricing policy system with a new overhead rate

New business:

- Provide technical assistance to Cameroon and Gambia on Logistic Training

Organizational Growth:

- Curriculum for Drugs Management available
- Curriculum for Mutual Health Organization available

Organization Name: ISED	Organization Type: university organization
Location: Dakar, Senegal	No. of Professional Staff:16
Managing Director: Pr Anta Tall Dia	Date established: 1987
Sector Focus: Training Center in Public health	Contacts: + Tel: (221) 8249878 adia@ised.sn

Reason organization was chosen:

ISED is an organization from University Cheikh Anta Diop which has a great experience on conduct training, research and technical assistance on various public health areas in operational manner within Senegal and the rest of the sub region .

Support Activities conducted by project:

- Management and Technical Assessment: MTA1, to identify priority areas in which ISMS needed improvement and to develop a implementation plan to face challenges
- MTA2 to assess the progress according to the implementation of the ICD plan
- Strategic plan developed
- Two staff members trained on leadership
- A marketing plan developed /
- Two staff members trained on proposals writing
- Two persons trained on consulting for results
- Two staff members trained on business planning
- Curriculum on strategic planning developed
- Computerized consultant data base developed

Results:

Increased institutional capacity:

ISED has increased its capacity by developing and using a new curriculum on strategic planning for “diplôme supérieur de gestion des projets de santé communautaire”

New business:

- Development of a new product with Bristol Meyers foundation

Organizational Growth:

- Strategic planning 2006-2010 available
- Curriculum for strategic planning developed available

ABBREVIATIONS

ADRA	: Adventist Development Relief Agency
AWARE-RH	: Action for West Africa Region- Reproductive Health
BE/CLM	: Bureau Excecutif /Cellule contre la Malnutrition au Senegal
BPP	: Business Planning Program
EFA	: Centre d'Etudes pour la Famille Africaine
CEFOREP	: Centre Régional de Formation et de Recherche en Santé de la Reproduction,
CHAG	: Christian Health Association of Ghana
DAT	: Dispositif d'Appui Technique
CREDOS	: Centre de Recherche d'Etudes et de Documentation pour la Survie de l'Enfant –
GFPA	: Gambia Family Planning Association
GSMF	: Ghana Social Marketing Foundation
IPPF	: International Planned Parenthood Federation
IR	: Intermediate Result
IRSP	: Institut Régional de Sante Publique, Ouidah, Benin
ISED	: Institut de Santé et de Développement,
ISMS/CESAG	: Institut Supérieur de Management de la Sante/ Centre Africain d'Etudes Supérieures en Gestion
MHO	: Mutual Health Organization
MTA	: Management and Technical Assessment
NHA	: National Health Account
TLI/N	: Technical Leadership Institution/Network
UNFPA	: United Nations Fund for Population Activities
WAHO	: West African Health Organization
WHO	: World Health Organization
YPIP	: Young Professional Internship Program

ANNEXE I-

SUMMARY OF MANAGEMENT AND ORGANIZATIONAL SUSTAINABILITY

INSTITUTIONS	ASSESSMENTS	MISSION	Values	STRATEGY			STRUCTURE				SYSTEMS							
		Existence & Knowledge	Existence & application	Links to mission, values.	Links to clients & community	Links to potential clients.	Supervision & responsibility.	Communication	Roles & responsibilities	Decision making	Planning	Human resource management	Monitoring & evaluation	Data collection	Information use	Quality control	Financial Management	Revenue generation
CEFA	MTA1													2		3		
	MTA2													3		4		
CEFOREP	MTA1	2	2				2	2		2	3	2		2	2			2
	MTA2	4	2				4	3		2	2	2		2	2			4
INSAH	MTA1								2			2					2	
	MTA2								2			2					2	
CREDOS	MTA1	2	1				2											
	MTA2	2	2				3											
ISED	MTA1							2	1	1		1						
	MTA2							3	2	2		2						
MWANGAZA	MTA1		2				2	2				2	2				2	
	MTA2		3				3	3				3	2				3	
GSMF	MTA1					3		3		2	2		3	2	2			
	MTA2					4		3		2	4		4	3	3			
IRSP	MTA1					3	3						1	2		1		1
	MTA2					4	4						3	3		3		3

SUMMARY OF OPERATIONAL CAPACITY

INSTITUTIONS	TECHNICAL MANAGEMENT					CAPACITY DEVELOPMENT						TECHNICAL INTERVENTIONS			MARKETING							
	ASSEMENTS	Number, composition & capacity of Technical personnel	Technical supervision	Training & internal coaching	Technical Networking	Technical knowledge & competence	Consultancy skills	Sense of responsibility	effects	Training	Professional coaching and Mentoring	Operational research	Policy & advocacy	Behavior Change, Communication	Awareness of roles in the market	Development of marketing strategy	promotion strategy	Management of project proposals	Pricing policy	Implementation of marketing plan	Competencies in presentation and representation	Regional leadership
CEFA/CAFS	MTA1													3						3		
	MTA2													4						4		
CEFO REP	MTA1								3				1			2	2			1		
	MTA2								4				4			2	2			2		
INSAH	MTA1	2	1																	1		
	MTA2	2	3																	1		
CREDOS	MTA1			2										2	2				1	1		
	MTA2			2										2	2				1	2		
ISED	MTA1	3	1	2			1	1		1	2									1		
	MTA2	3	2	1			4	2		3	4									2		
MWANGAZA	MTA1	2		2				2	2											1		
	MTA2	2		2				2	3											2		
GSMF	MTA1	2		2	2		2	2	2			2							2		2	2
	MTA2	3		1	2		4	2	3			3							3		3	3
IRSP	MTA1														2		1			1		
	MTA2														3		3			3		

ISMS /CESAG	MTA1	2	3	1				1	1					1			
	MTA2	3	3	3				2	3					3			

	The institution is at the same stage of development at MTA1 and MTA2
	The institution has shown improvement for this component at MTA2
	The institution has shown regression for this component after the mid term assessment

This Activity is related to

- IR3 : Increased Capacity of Regional Institutions and Networks and,
- *Indicator 5.3A: Number of AWARE supported TLIs in West Africa showing improvement in institutional capacity*

The TLIs showing at least 40% of progress from MTA1 to MTA2 are considered making improvement

	Number of component in which the TLI made improvement: moving from level 1 to 2, 2 to 3, or 3 to 4				
	Management and organizational sustainability	Operational capacity	Total	%	Observation
CEFA	2/2	2/2	4/4	100%	Improvement
CEFOREP	4/10	3/5	7/15	47%	Improvement
INSAH	0/3	1/3	1/6	17%	No improvement
CREDOS	2/3	1/5	3/8	37%	No improvement
ISED	4/4	6/8	10/12	83%	Improvement
MWANGAZA	5/6	2/5	7/11	64%	Improvement
GSMF	5/7	7/10	12/17	71%	Improvement
IRSP	6/6	3/3	9/9	100%	Improvement
CESAG		5/6	5/6	83%	Improvement

Explanation for instance , CEFA 2/2 : means that CEFA made improvement on 2 components of Management and organizational sustainability according to MTA2

Achievements after the mid term assessment

- 6 Technical Leadership Institutions showing progress: CAFS-CEFOREP-MWANGAZA-GSMF-ISED-IRSP
- 2 showed not significant improvement: CERPOD-CREDOS-