

HealthPartners

Health and Economic Livelihoods Partnership
A Cross-Sector Cooperative Development Design Project
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Abbreviations and Acronyms

AGM	Annual General Meeting
ADMHC	Archdiocese of Mbarara Health Cooperative
BCC	Behavior Change Communication
CDOs	Cooperative Development Organizations
CLARITY	Cooperative Law and Regulation Initiative
CNC	Conseil National des Coopérative
CRI	Criterion Reference Instruction
DASH	Développement des Activités de Sante en Haiti
DESIGN	Developing Economic Strengthening Interventions for Group Production
DHO	District Health Officer
DHT	District Health Team
DOP	District Operational Plan
GC	Global Communities
GIS	Geographical Information System
HELP	Health and Economic Livelihoods Partnership
HP	HealthPartners
HPU	HealthPartners Uganda
HSA	Health Savings Account
HW	Health Worker
IGAs	Income Generating Activities
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSPP	Ministère de la Santé Publique et de la Population
MTIC	Ministry of Trade Industry and Cooperatives
NACS	Nutrition Assessment, Counseling and Support
NARO	National Agricultural Research Organization
NCBA	National Cooperative Business Association
NGO	Non-governmental Organization
OB	Opportunity Bank
OCDC	Overseas Cooperative Development Council
OST	Open Space Technology
SACCO	Savings and Credit Cooperatives
SCORE	Sustainable Comprehensive Responses
SPRING	Strengthening Partnerships, Results and Innovations in Nutrition Globally
UCA	Uganda Cooperative Alliance
USAID	United States Agency for International Development
VHF	Viral Hemorrhagic Fevers
VHT	Village Health Team
VSLA	Village Savings and Loan Association
WG	Working Group
WOCCU	World Council of Credit Unions
WRA	Women of Reproductive Age

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Project Summary

HealthPartners Health and Economic Livelihoods Partnership (HELP) project hypothesis is that a cross-sector cooperative development project can accelerate escapes out of poverty, while reducing descents into poverty. By sharing principles and strategies and documenting lessons learned in the design of a cross-sector project, the United States Agency for International Development (USAID) and Cooperative Development Organizations (CDOs) may be able to be more effective and efficient in supporting local stakeholders at community levels to develop cooperatives that meet their needs in changing environments.

HealthPartners (HP) HELP's strategic objective is to: design, test, document and share the leveraged impact of a combined income generating and health cooperative development model to sustainably reduce poverty, improve health and increase household resiliency. This will be achieved by four intermediary results:

- 1) HP will provide support to Global Communities (GC) to help them develop one economic cooperative with reduced cost and increased impact in Uganda;
- 2) HealthPartners will pilot cross sector partnerships to leverage coop impact in Uganda
- 3) The teams will develop communication plans, implemented throughout the project to share lessons learned in order to support adoption of effective cross-sector partnership principles and strategies by Missions, Ministries of Health (MOH) and CDOs;
- 4) HP will research the potential for a strategically designed cross-sector partnership that would leverage impact and support local stakeholders in Haiti to meet their health goals. HELP partners will do an internal analysis of their organizational strengths and an external analysis Haitian cooperative sector needs, from which they will design a program. As part of the learning process, HP will provide technical assistance to local health stakeholders to improve capacity and test and adjust their own tools.

The HELP impact on cooperative network expansion in Uganda in 2014 was significant. While the network of stakeholders that HealthPartners had been working with was strong, the local expansion of those networks through partnerships developed this year will continue to serve coop stakeholders in an important way. Networks now include financial partners, agricultural partners, universities, government leaders from district to national levels, apex organizations and several regulating bodies that can help coops hold themselves and their partners accountable to serve the needs of their members in ever changing environments. Through these partnerships HealthPartners staff were able to contribute to National Health Insurance Scheme planning and the development of national Health Coop By-Laws.

Because the demand for support from Rwanda was lower than anticipated, the HELP Uganda team was able to work with the Ministry of Health to provide viral hemorrhagic fever awareness and prevention support throughout south western Uganda in partnership with health coop and district leaders. Financial linkage investments continue to be promising but are not moving as quickly as planned. Linking health coop stakeholders to Opportunity Bank lost a bit of momentum but is now back on track. The health care provider planning to use Mcash (mobile money) to collect premiums has not yet enrolled a group using that payment method but they are still working on it. Both men and women were included in health savings account and nutrition training though we had planned those investments to target women of reproductive age. While not ideal, the team learned what happened and why so they are now in a better position to support gender equity and strategic impact investments. HealthPartners Peace Corps Volunteer created strong nutrition partnerships for interventions that significantly

leveraged coop impact. The partnership opportunity with Global Communities led to the first National Cooperative Forum which in many ways was a game changer because it brought the right people and the right organizations to the table to discuss their goals and how to achieve them together.

Partnerships with World Council and the National Cooperative Business Association to develop a strategic cross sector design concept also led to many lessons. Taking time to get to know partner organization strengths and individual team member strengths and learning to be flexible was challenging at times but important. The teams are looking forward to sharing lessons learned in an interactive workshop with cooperative development organizations and development agencies next month.

Progress toward Goals in Uganda

What worked

Identifying the right partners who share similar objectives leverages resources for greater impact. HP HELP signed a Memorandum of Understanding (MOU) with Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) and built the capacity of health workers and village health team volunteers in nutrition and sack gardening. The national cooperative stakeholders' forum organized by HP HELP and GC's Developing Economic Strengthening Interventions for Group Production (DESIGN) attracted a number of coop stakeholders including Ministry of Trade Industry and Cooperatives (MTIC) and as a result, MTIC has drafted health coop bylaws that will be vital in registration of coops.

What didn't work

In an effort to increase ownership and networking, Health Savings Account (HSA) trainees were recommended by care providers who offer coop services. While requested to send female trainees between the ages of 15-49, several providers sent men. This is an important lesson about how project staff need to watch for and address gender issues proactively. In the future, training plans will include requirements to receive participant recommendations ahead of time for criteria verification prior to sending invitations. HELP is working with partners in finance to pilot electronic-payments but the pilot and transition is taking longer than expected. Additional US support has been assigned beginning January 1, to close gaps as they arise to ensure HealthPartners compliance with USAID regulations and to maximize impact through improved mechanisms of financing.

IR 1: Leveraged impact through strategic partnerships documented and shared

HP HELP team is collaborating with a number of partners to leverage the various skills, knowledge, resources, and experiences of each organization through collaboration to amplify the scale of impact and increase project sustainability. To-date estimated time savings from partnership activities are 6,636 hours with cost savings of 116,963,799 UGX or \$44,986 US Dollars.

HP HELP and GC DESIGN organized a National Cooperative Stakeholder's Forum at Hotel Africana, on December 5, 2014. The objective of the forum was information sharing, documenting promising practices, sharing lessons learned and identifying critical challenges affecting cooperative development in Uganda. The theme was "sharing cooperative experiences for sustainable development". A total of 45 cooperative stakeholders (14 female

and 31 male) attended the forum. The forum was an ideal opportunity to reconnect stakeholders including Land O' Lakes and to engage MTIC to request bylaws for service coops to improve registration of health coops. MTIC shared draft bylaws for HP input. Final service coop bylaws are expected in January 2015. Additionally, the Resident District Commissioner Bushenyi encouraged people to join health coops in an article released in the national newspaper Monitor Publication on June 12, 2014.

In light of the ongoing outbreak of Viral Hemorrhagic Fever (VHF) in West Africa and cases of Marburg in Uganda, creating awareness and preparing for early detection and containment now can save lives in the future. HP HELP offered and received requests for support from Rubirizi district, Buhweju district and the Archdiocese of Mbarara Health Cooperative (ADMHC.) The communication campaign included radio and VHF print materials. Health workers and Village Health Teams (VHT) were trained to prevent and prepare to respond quickly to control VHF in the future.

In leadership of these efforts, HP HELP:

- Contacted the MOH to secure content of approved messaging for distribution to coop health care providers and the Bushenyi district local government.
- Supported the Buhweju district local government to conduct 3 live VHF radio talk shows and print 4,500 VHF prevention materials that were displayed in health facilities, public places, and strategic central locations in each village and provided VHT for their distribution to government leaders, health workers and community change agents.
- Rubirizi district received support to conduct 5 VHF radio talk shows and to air 24 radio announcements on Marburg. 1,500 VHF prevention materials were provided to health facilities and VHT parish coordinators and posted in public places.
- The Archdiocese of Mbarara Health Cooperative (ADMHC) requested and received support to partner with the Mbarara district VHF task force to train 55 stakeholders (34 female & 21 male) in prevention and treatment of VHF. ADMCH also received 4,395 VHF prevention materials that were distributed to health centers and church and community leaders.

HP HELP initiated a partnership with Opportunity Bank (OB) in Mbarara district to link financial borrower groups to health coops. In 2008, OB acquired a tier two financial institution license from the Bank of Uganda to operate as a regulated credit institution. OB offers micro loans, savings and insurance products specializing in transformational lending in urban and rural environments¹. HP HELP shared a Geographic Information System (GIS) map with contact information for health care providers who offer health coop services so OB can extend financial services to health coop members. OB marketers were trained to help their existing borrower groups find and join health coops for increased financial protection for their health care needs. This win-win partnership is expected to increase health coop membership while increasing return on investment for the bank. When OB groups are healthy, they will be productive and able to pay back loans on time and when health coop members have access to loans, they are able to start Income Generating Activities (IGAs) and pay premiums on time. So far two OB borrower groups, Ndeija with 74 members and Nyeihanga with 91 members, have joined health coops and are accessing health care services at Kathel Medical Center.

HP HELP is working with Rushere Hospital to pilot Mcash payment of premiums. Mcash is a virtual bank account that is accessible to everyone who owns a phone. It allows members to

¹ <http://www.opportunitybank.co.ug/index.php/locations/mbarara?id=70>

save, transfer money to other people or make payments at particular outlets. This pilot is intended to save members' and providers' time, reduce risk of group leaders traveling with bulk sums of money to the provider location and to increase on time premium payment. The provider is eager to pilot this initiative. . Additionally, HP HELP is working closely with DFCU bank to transition from cash payments to electronic-payments to comply with the new USAID requirement. HP HELP filled and submitted forms to DFCU and will continue to follow through to ensure compliance and share lessons learned.

HP HELP trained 20 (16 female, 4 male) community based trainers in Villages Savings and Loan Associations (VSLA) with HSA components. The logic was to train Women of Reproductive Age (WRA) since girls and women spend 90% of their income on their families while men spend only 30-40% of their income on their family².

For sustainability and creating linkages between HSAs and health care providers, the health care providers were asked to select HSA trainees. Adding an HSA component to VLSAs was recommended by the Uganda Mission based on a study³ that shows this approach was success in Kenya making it easier for low income individuals and families to save for health needs and to avoid unexpected health shocks. The HSA component is a deliberate attempt to provide coop members with a supplementary fund that can be accessed to solve their personal and family health needs. To date, 19 groups with a combined membership of 489 people (365 female, 125 male) have been trained and 403 of those members joined health coops so far. The 19 groups have a cumulative savings of 13,079,050 UGX (\$5,129 US dollars) and have been able to save 2,760,200 UGX (\$1,082) in their personal HSAs. Details can be found in Annex F.

HP HELP supported a radio campaign to increase coop branding through targeted radio shows, jingles, radio segments and spots. The campaign included:

- Eight one-hour live call-in radio talk shows conducted on 4 radio stations with highest listenership during prime time 8 pm-9 pm.
- Twenty-four recorded radio segments aired on three radio stations with highest listenership during prime time between 8:15 pm- 8:30 pm.
- One-hundred and eighty radio spots aired from 8 am-8:15 am on the 3 radio stations with highest listenership.
- Sixty jingles aired during prime time at 1:30 pm on alternate days
- One-hundred and eighty radio DJ mentions aired at 7:30 am every day
- From Oct 15- Nov 30, 2014, a total of 341 calls (57 from women) were received. Most of the callers are interested in joining health coops and were requesting more information. Callers were linked to coop health care providers for their follow up. Additional analysis of data including responses by district will be used to inform HP campaigns in the future.

IR 2: Addressing Micronutrient Deficiency and Food Security through Sack Gardening

- Identified two organizations, Sustainable Comprehensive Responses (SCORE) and SPRING, with which to leverage partnerships. SCORE shared their nutrition resources

²Business Week: *'Girl Effect' Could Lift the Global Economy* by Alyson Warhurst. <http://www.businessweek.com/stories/2009-04-08/girl-effect-could-lift-the-global-economybusinessweek-business-news-stock-market-and-financial-advice>

³ Dupas, Pascaline & Jonathan Robinson, *Why Don't the Poor Save More? Evidence From Health Saving Experiments*. American Economic Review 2013, 103(4): 1138 – 1171. http://web.stanford.edu/~pdupas/DupasRobinson_HealthSavings.pdf

including a community based nutrition training manual already translated in the local language; radio messages already field tested and approved by the Uganda MOH; and allowed us to attend and observe a cooking demonstration and nutrition education in a local community. SPRING has advised us throughout the planning, implementation, provided 2 staff nutritionist to facilitate a nutrition workshop and shared surveys and evaluation tools.

- Successfully completed a six day workshop in Nutrition Assessment and Counseling for 14 health workers from five different health facilities, one health worker representing the District Health Team of Bushenyi, one GC staff and one HP staff. The participants were both medical and none medical. The mean score in the pre-test was 36.7% while the mean score in the post-test 74%. Higher marks were observed in the post test among all participants.
- Five health centers, in turn, trained 53 VHTs (20 male and 33 female) to identify benefits of consuming vegetables rich in pro-vitamin A carotenoids and iron and to conduct household level nutrition trainings. These five health providers were chosen based on their performance, motivation, and engagement in their health cooperatives. Nutrition assessment tools and equipment were also provided to enable health workers to diagnose and treat malnutrition.
- Five health centers and 53 VHTs trained in sack gardening --Sack gardening is an innovative way to address some of the barriers to reducing stunting in southwest Uganda including diversification of the local diet and encouraging the production of a variety of crops. Comboni hospital will set up a demonstration garden since the hospital has unutilized fertile land at the facility.
- Conducted a household dietary diversity survey from 53 VHTs before the start of their nutrition training. A post dietary diversity survey will be conducted in March 2014.
- Conducted a baseline survey of five health facilities to determine current nutrition practices and knowledge.

Challenges

a. Nutrition Pilot

During the initial planning and implementation of the nutrition pilot, several challenges arose

- Identifying the right partnership: There are several organizations implementing nutrition projects in the southwest each with different target audiences and nutrition focus. The challenge was finding an organization whose work aligns with the goals and needs of the nutrition pilot who was interested in partnership.
- Defining the type of partnership: Because SPRING had trained the health workers in the regional referral hospitals in and around Bushenyi District, it was practical to replicate the same training for consistency. Therefore, the work plan was adjusted to include a six-day Nutrition Assessment, Counseling and Support (NACS) workshop and SPRING assisted in managing this training. Whereas SPRING focused on training health workers, SCORE focused on training in the community. Since the health workers were to train the VHTs, accordingly our partnership with SCORE involved only leveraging print and media resources.
- Finding the right balance: By far, this was the biggest challenge. SPRING was an important partnership because of their experience and scope of work. However, to justify two of their staff nutritionist to facilitate a six-day workshop SPRING negotiated a minimum number of participants needed to attend. This resulted in increasing the original plan of training two health facilities to five in order to meet the requisite number of attendees which also significantly increased the budget.

b. Cooperatives

The following common challenges for coops in Uganda were identified and shared with HealthPartners Collaborations project leaders

- Weak regulatory framework
- Cooperative development work requires continuous promotion, regular monitoring, supervision, education and training. This calls for substantial amount of resources which the Government may not be able to provide.
- Cooperatives look to government for working capital and take little consideration of self-help and self-responsibility values.
- Failure to undertake annual audits, hold Annual General Meetings (AGMs) and file returns.
- Operating without approved estimate of income and expenditure by the AGM/Registrar.
- Lack of consistent membership education about the problems cooperatives face and the challenges they must meet.
- Failure of the governance to watch the formation of cliques and special interest groups within the cooperative. This ultimately disintegrates the cooperatives.
- Management errors, such as inadequate inventory, poor location, neglected image of physical facilities, employee dishonesty, ineffective management, incompetent directors, nepotism, poorly conducted meetings, admittance of disloyal and dissatisfied members.
- Weak and inactive cooperative organizations.
- Errors in educational and social work. This begins by failure to teach cooperative ideals to members unfamiliar with how cooperatives function, failure to develop member loyalty or countering the development of factions within the cooperative.
- Not being able to document, disseminate cooperative management and governance standards, performance targets, code of conduct due to limited Information technology application by most coops
- Inadequate law enforcement to weed out the “rotten eggs” from the industry.
- Inadequate funding for technical support and ensuring compliance.
- Weak governance and low commitment by leaders to society development.
- Inadequate knowledge and skills on cooperatives.
- Weak management information systems.

c. Piloting mobile money payment of premiums

- Drought in the third quarter impeded members and schools from raising premiums to enroll into health coops this year. For schools, parents proposed that extra money required to join the health coop should be contributed starting with term one of 2015.

d. Health Savings Account

- Some groups either did not understand the purpose of having individual health savings accounts or choose to invest in these accounts as a group.
- Some members want to borrow more than their savings
- Illiteracy levels are high -- Some groups cannot get management committee members like the treasurer and secretaries who can manage elementary book keeping
- Many members do not attend meetings and trainings regularly and this creates a gap in understanding and following the model

Lessons Learned

a. Nutrition pilot

- Ownership is critical to sustainability of the program. Allowing health workers to create their own curriculum, schedule, and pre/post- tests offers a greater sense of ownership and pride to ensure the VHTs are successfully trained in nutrition topics relevant to their scope of work.
- Working with each health facility administrator and health workers to discuss what they would like their VHTs to do after the nutrition training and their goals of what the training will accomplish is critical. Each health facility has its own agenda and data it is interested in.
- Share ideas between health facilities. Ibanda Mission Health Center took the initiative to create their own data collecting tool to monitor cases of malnutrition. Sharing this with the other 4 health centers has motivated them to also create monitoring tools.

b. National Cooperative Stakeholder's Forum

- Limited / inadequate knowledge and skills about cooperatives
- Unbalanced gender composition: youth, women, vulnerable groups
- Trust: loss of trust among members of cooperatives
- Weak legal structure: Government policies / laws about cooperatives are weak
- Lack of networking forum among cooperative stakeholders
- Information gap between cooperatives and researchers
- Structure:
 - Membership; is limited to older people
 - Patronage is limited among members
 - Perception; cooperatives are seen as for the rural and poor
 - Legal framework is restrictive compared to other forms of businesses;
 - Ignorance about rights and responsibilities;
 - Political influence from formation;
- Governance; including: limited leadership skills; founder member syndrome; Boards and management conflict on roles
- Management; inability to attract skilled labor and misappropriation of funds
- Low capitalization for the institutions (investment and operation)
- The cooperative movement should encompass everyone. Involvement of women, youth, men and the middle class
- Self-financing mechanisms Introduced in the cooperative movement right from the grass root up to the unions and the Uganda Cooperative Alliance (UCA) are key in sustainable development of cooperatives
- Some of the strategies include introduction of the Extension Funds where members contribute money to finance extension training services on self-help basis.
- Integrated model; agricultural cooperatives linked to SACCOs which function as community banks
- Corporate governance; search committees should be put in place to identify leaders with good qualities
- The structures of the cooperative movement today is a mix of many different levels –primary societies, Area Cooperative Enterprises, Regional Unions, National Unions and UCA is currently working toward establishing subsidiary companies by the cooperatives

c. Partnerships

- It's important to routinely check in with a partner contact since they are likely to change i.e. Opportunity Bank manager was transferred to Masaka branch

d. Health Savings Account

- Members value saving for emergencies than for preventive health
- Since HSA members save on a weekly basis, this encourages group cohesion
- Members like taking loans more than saving
- "HSAs (and VSLAs) improve on time payment of premiums as compared to non-HSA members" reported by Loy Mbabazi -- In charge St. Joseph's health center

Progress toward Goals with Partners Working in Haiti

Results	Milestones
1. A preliminary cooperative program design document that details lessons learned from other countries and addresses development challenges in Haiti	Quarter 2 (Complete)
2. A cooperative needs assessment report that documents the inputs from relevant stakeholders, research methodology and incorporated into program design	Quarter 4 (Complete)
3. Interactive workshop with CDOs and other project stakeholders to support adoption of promising practices for partnership development to leverage resources and increase impact	Quarter 8 (January 13, 2015)
4. A cooperative program design for Haiti that integrates a cross-sector cooperative approach in agriculture, finance and health	Quarter 7 (Complete)
5. Provision of technical assistance to Haiti Ministry of Health Ministère de la Santé Publique et de la Population (MSPP) and/or local non-governmental organization/health care provider based on HP's unique menu for technical support	Quarter 8 (Pending political stability)

What worked

HealthPartners, in partnership with the National Cooperative Business Association (NCBA) and the World Council of Credit Unions (WOCCU), finalized a cross-sector program design document to address development challenges in Haiti. The program design document was developed in partnership with health, agriculture and finance stakeholders in Haiti. The concept design incorporates the strengths of each organization to be leveraged if/when funding becomes available. See Annex J.

Frequent, transparent and clear communication between HealthPartners, NCBA and WOCCU has resulted in a strong, effective partnership. The willingness to compromise and work together to achieve similar goals has generated a trusting and functional collaboration.

What didn't work

Achieving agreed upon objectives takes longer when working in partnership than as an individual organization. Established timelines set at the beginning of initiatives were frequently modified to accommodate further discussion, work and shifting priorities of partners. The result was achievement of objectives later than initially planned.

HealthPartners has received a request to delay technical assistance to its partner in Haiti, Développement des Activités de Sante en Haiti (DASH), per the request of DASH's Executive

Director/Founder, Dr. Ronald LaRoche due to political unrest in the country.

Result 3: Interactive workshop with CDOs and other project stakeholders to support adoption of promising practices for partnership development to leverage resources and increase impact.

HealthPartners, NCBA and WOCCU are in the process of planning a *Partnership Workshop* at the National Rural Electric Cooperative Association on January 13, 2015 in Washington, DC. HELP partners believe that effective partnerships can deliver superior results with fewer resources than working independently. By contrast, ineffective partnerships result in weak impact, frustrated partners and loss of interest by key stakeholders. In this day-long workshop, participants will explore innovative partnership strengthening approaches to address the challenging reality of working with local governments, private sector companies, non-government organizations (NGOs), competitors and collaborators. This workshop will provide interactive activities to allow CDOs to apply strategies to work more closely with partners to achieve lasting results.

The workshop incorporates three strategies that HELP partners utilized during their work with Haiti stakeholders in strategic cross sector design: (a) Open Space Technology (OST); (b) Sustainability Framework; and (c) Communication of Innovation.

OST is an approach to purpose-driven leadership, focused on a specific and important purpose or task — but beginning without a formal agenda, beyond the overall purpose or theme. The workshop will include two sessions where participants define the content and lead the discussion and analysis. The expectation is that participants learn more from each other; take more ownership of the content; and be more motivated to participate and apply lessons learned when they drive the content versus being lectured to throughout the day.

The Sustainability Framework approach addresses the development ecosystem described in New Directions in Local Capacity Development: Embracing a Systems Perspective.⁴ One of the implications of this study was that local organizations can *network* their way out of some potential disadvantages through engagement strategies that prioritize bridging and bonding social capital. Through HELP, HealthPartners in encouraging active local network building to increase unique perspectives and access to untapped information. NGOs often assume that they know which stakeholders should be engaged but it is the local stakeholders who are in the best position to know who needs to be at the table to address and sustain the change they want to see.

HealthPartners applies this systems approach to every aspect of development from CDO partnership discussions to sending invitations to workshops to encouraging local stakeholders throughout the life of a project to identify and expand their partnership networks. Applying principles of Communication of Innovation has proven to be an effective strategy to increase the impact of network expansion efforts. Understanding that different stakeholders look for and respond to different messages helps staff and stakeholders to build social capital. Tremendous progress was made through this approach this year.

Partnership Workshop Agenda – *Empowering Partnerships: Impact That Lasts*

⁴ Root Change - The Capable Partners Learning Agenda on Local Organization Capacity Development: *New Directions in Local Capacity Development: Embracing a Systems Perspective*. LCD Learning Agenda Root Change Findings Report, November 2013.

8:00	Registration / Networking
8:30	Welcome / Workshop Kickoff
8:45	<p>Panel: Overcoming Barriers to Successful Partnerships</p> <p>An interactive discussion with leaders in international development about the benefits, challenges, and successes of partnerships. Participants will discuss promising practices for working in partnership with donors, NGOs and local stakeholders and will directly engage with panelists through Question and Answer.</p>
10:00	Networking
10:15	<p>Empowering Partners Through Interactive Agenda Setting</p> <p>An exploration of tangible strategies, tools and resources to navigate and overcome roadblocks to successful collaboration.</p>
12:00	Lunch
1:00	<p>Partnership as a Puzzle</p> <p>Explore challenges to collaboration with this hands-on exercise intended to educate, inform, and engage participants about the importance of inter-group communication.</p>
2:15	<p>Participant Demanded Session</p> <p>Activities are most effective when stakeholders drive their design and implementation. Therefore, for the final session, participants will determine the topic. Upon registration, participants will be asked what they hope to take away from the workshop and the most popular response will be catered for in the last session.</p>
3:30	Networking
3:45	Self-Reflection and Cross Learning
4:15	Report Back, Resources, Evaluation, Raffle
4:30	Workshop Close

Result 4: A strategic cross-sector cooperative development design for Haiti that leverages investments for sustainable impact between agriculture, finance and health.

HealthPartners, NCBA and WOCCU collected information on needs within the sectors of agriculture, finance and health in Haiti. Through stakeholder workshops with cooperative leaders, members and supporting organization representatives, HELP partners assessed the key focus areas of the project and continued to modify it, update it and strengthen it based on feedback from fully engaged key local stakeholders. Based on the needs identified, HELP partners developed a project design concept to strengthen the capacity of existing cooperative structures, support the development of health cooperatives, increase collaboration among them and advocate on behalf of a more favorable cooperative law.

In addition to verbal contributions and support from Haiti stakeholders on the design concept, HELP partners continue to receive letters of support from Haiti actors outlining their backing of the project design. Haiti partners are contributing over \$360,000 in match over the four year project as valued through staff time; office/conference room space; vehicles/transportation; office supplies; technical resources and more.

HELP partners are currently exploring partnership opportunities both in the private and public sector to implement the concept design project in Haiti. Currently, HELP partners have reached out to Grand Challenges Canada, Rebo coffee in Haiti, USAID and the International Cooperative Association.

Result 5: Provision of technical assistance to Haiti MSPP and/or local non-governmental organization/health care provider based on HP's unique menu of technical support

HealthPartners has been providing technical assistance to DASH since July 2014. After a site visit in September/October 2014, HealthPartners and DASH decided to pilot a health cooperative in Haiti. A work plan and budget were developed and shared with DASH and Dr. LaRoche. The work plan outlined technical support through March 2015 with the objectives to (1) Provide schools and churches with access with affordable, quality health care through the health cooperative model and (2) Strengthen the relationship between DASH and the communities it serves through the health cooperative model as measured through Provider Quality Assessments and Minutes for Quarterly Group / Provider Meetings.

Dr. LaRoche was in the process of confirming implementation of the work plan when he notified HealthPartners of political unrest occurring in Haiti. Due to the political situation, he believes the health cooperative pilot project should be put on hold until the operating environment becomes more favorable to project implementation. See Annex K for the full Work Plan.

Challenges

1. Political unrest in Haiti is delaying the implementation of a pilot health cooperative with DASH.
2. Partner resource constraints create challenges in moving project initiatives forward. One HELP partner had exhausted most of its project funds so the group had to be strategic in utilization of partner staff time so as not to exceed budgets. HealthPartners cost-shared a consultant with a HELP partner to ensure completion of objectives.
3. Inability for HELP partners to meet in-person on a regular basis

Lessons Learned

1. When working in partnership, tasks often take longer than initially anticipated. As HealthPartners partnership with NCBA and WOCCU has evolved, the timelines in which tasks are expected to be completed have often been extended to accommodate this challenge. Tasks take longer because all partners need to have 'buy-in' for a particular product or initiative. The final product, however, has the potential of being better than what any one organization could generate on their own because more time, resources and critical eyes have supported its development.
2. One to two telecommunication meetings with partners each week vastly improves a partnerships efficiency and effectiveness. It also facilitates greater trust and camaraderie between partners.

Plans for 2015

Uganda

a. National Coop forum

- Work with Global Communities to set up a LinkedIn group for cooperative

stakeholders in Uganda

- Participate in the National Coop forum committee that was put in place to help with organizing future cooperative forum activities. The committee is expected to meet in the near future to prioritize the challenges, opportunities, key themes, issues and promising practices and come up with an action plan to move cooperative priorities forward

b. Partnerships in Finance

- Continue working with OB and DFCU to leverage efforts
- Support Rushere to enroll community groups and pilot Mcash payments of premiums for learning and scaling up
- Continue building and supporting HSA trainers, track and share lessons learned with stakeholders

c. Behavior Change Communication (BCC) to promote coops

- Explore partnership opportunities with Communication for Healthy Communities to strengthen HP BCC efforts to increase internal capacity, improve campaign impact and coordinate efforts to avoid redundancy in programming and messaging with implementing partnerships.
- Follow up and continue to link callers interested in joining a health cooperative to the nearest health coop providers

d. Nutrition Pilot

- Support health facilities (Ibanda, Comboni, Katungu and Kathel) to successfully integrate Nutrition assessment, counseling and support into routine health care and establishing sustainable health facility-community linkages.
- Continue to provide technical support for the five health centers participating in the nutrition pilot including working with each administrator to develop their own monitoring tools
- Conduct one follow-up meeting with all the trained VHTs to discuss challenges and collect data from their household visits
- Conduct one follow-up meeting with all 15 health workers to share ideas of how each health facility is handling and identifying cases of malnutrition; discuss challenges and provide support to finding their own solutions.
- Host an end of project nutrition workshop to enable stakeholders to share lessons learned and plan next steps to sustain and expand benefits

Haiti

Result 3: Interactive workshop with CDOs and other project stakeholders to support adoption of promising practices for partnership development to leverage resources and increase impact.

HELP Partners will continue to plan and then implement the Partnership Workshop on January 13, 2015 in Washington, DC.

Result 4: A strategic cross-sector cooperative development design for Haiti that leverages investments for sustainable impact between agriculture, finance and health.

HELP Partners will continue to have conversations with potential private and public partners to fund the concept design project. Equally important, HELP partners will continue to engage

Haiti stakeholders supportive of the project to maintain interest and momentum through email, calls and potential site visits.

Result 5: Provision of technical assistance to Haiti MSPP and/or local non-governmental organization/health care provider based on HP's unique menu of technical support

In partnership with DASH, HealthPartners will continue to monitor the political situation in Haiti. If the situation improves to the point where DASH is comfortable in moving the pilot project forward, HealthPartners will modify the work plan with new timelines and begin implementation.

Annex A: Work Plan Matrix Uganda

Objective/Activity	Targets for 2014	Results through Nov. 2014
Strategic Objective: Design, test, disseminate lessons learned from a cross-sector cooperative development approach		
IR1: Scale up partnerships for impact and learning		
1.1 Continue to look for opportunities to leverage impact with GC, and other agricultural, financial and coop development partners	1.1 Cross-sector partnership activities leveraging coop development	<ul style="list-style-type: none"> o Total Estimated Time Savings to-date: 6,636 hours o Total Estimated Cost Savings to-date: UGX 116,963,799 or \$44,986 o Nutrition Assessment Counseling and Support Framework. o Bushenyi DMC meeting o National Cooperative Stakeholders Forum
1.1.1 Under the leadership of the MOH, coordinate efforts to support DHT VHF communication to health facilities and VHT	Support district task force reactivation and communication and meetings for health workers and VHT	<p>HP HELP entered into MOUs with Buhweju district local government for</p> <ul style="list-style-type: none"> o 5 Reactivation District Task Force meetings o 6 District Rapid Response Team meetings on VHF o 1 Sensitization meeting of health workers on infection control and surveillance for VHT o 1 day VHF sensitization meeting for VHTs at District level o Support 4 community sensitizations by the VHTs
1.1.2 Under leadership of the MOH, implement a VHF campaign to increase prevention	Air 8 radio shows, print and distribute 6,000 posters	<p>HP HELP supported:</p> <ul style="list-style-type: none"> o Buhweju district local government to conduct a 3 live VHF radio shows and print 4,500 VHF prevention materials o Rubirizi district to conduct 5 live VHF radio shows and air 24 radio spots/announcements on Marburg and print 1,500 VHF prevention materials o 55 stakeholders (34 female & 21 Male) of Archdiocese of Mbarara Health Cooperative to be trained by Mbarara district VHF task force and printed 4,395 VHF prevention materials
1.2 Pilot cross-sector partnerships in finance documenting cost savings, opportunities and lessons learned	1.2.1 Health Coop leaders and providers demonstrate improved financial management and accountability	<ul style="list-style-type: none"> o Total Estimated Time Savings to-date: 6,636 hours o Total Estimated Cost Savings to-date: UGX 116,963,799 or \$44,986 o A total of 70 Coop leaders (35 female and 25 male) in three coops benefited financial management training by Opportunity Bank. o Coop BOD evaluation tool, Coop BOD milestone MOU and CRS have been developed to support effective board leadership in the best interest of stakeholders. o DFCU bank team trained HealthPartners leaders on electronic banking to support the transition from cash payments to E-banking

	1.2.2 Opportunity bank borrower groups join health coops	So far 2 groups i.e. Ndeija (74 members) and Nyeihanga (91 members) have joined health coops and are accessing health care services at Kathel health center.
	1.2.3 At least 1 Health care provider and 1 group use mobile money service provider to pay premiums through Mobile money or Mcash	No groups have started paying premiums through mobile money or Mcash
	1.2.4 Health Savings Account pilot implemented with 20 new VSLAs	<ul style="list-style-type: none"> ○ 20 WRA trainers trained in Village Savings and Loan Association with Health Savings Account methodology ○ 403 HSA members joined health coops
1.3 Promote coops	1.3 8 Radio talk shows and 200 radio spots aired to promote coops	<ul style="list-style-type: none"> ○ 8 One hour live call-in radio talk shows conducted ○ 24 recorded radio segments aired ○ 180 radio spots aired ○ 60 jingles aired ○ 180 radio DJ mentions aired
IR 2: Addressing Micronutrient Deficiency and Food Security through Sack Gardening		
2.1 Build capacity of coop stakeholders to address food diversification and malnutrition through sack gardening and nutrition education courses	2.1.1 50 WRA coop members develop sack gardens to overcome nutrition challenges in the SW and demonstrate basic competency for the importance of food diversification	<ul style="list-style-type: none"> ○ Five demonstration sack gardens assembled ○ HP HELP project team attended a nutrition education and cooking demonstration implemented by SCORE in Mitooma District ○ Nutrition Assessment Counseling and Support ○ 53 VHTs taught how to construct sack gardens and given sack garden kits ○ 53 VHTs trained in nutrition (20 male; 33 female) ○ 4 health centers have set up demonstration sack gardens; ○ 53 VHTs trained by their respective health facilities to identify children under 5 with or at- risk with malnutrition ○ Conducted a household dietary diversity survey from 53 VHTs before the start of their nutrition training.
	2.1.2 12 VHTs trained to deliver nutrition education in their villages	<ul style="list-style-type: none"> ○ 1 health center designed their own monitoring tool to track cases of malnutrition.
	2.1.3 2 Health centers will have capacity and tools to identify patients at risk for chronic and acute malnutrition and provide individual nutrition counseling	<ul style="list-style-type: none"> ○ Currently working with 4 health centers to develop their own tool and how to use that data.

	<p>2.1.2 12 VHTs trained to deliver nutrition education in their villages</p> <p>2.1.3 2 Health centers will have capacity and tools to identify patients at risk for chronic and acute malnutrition and provide individual nutrition counseling</p>	Provided each health facility and VHT with mid-upper arm circumference or MUAC tapes to enable them to measure and monitor nutrition progress
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Annex B: Monitoring and Evaluation Plan Uganda

Rigorous monitoring and evaluation are a part of all of HP international projects. HP emphasizes reliable and timely reporting against project targets and indicators. The system takes a bottom-up approach to ensuring accurate and reliable reporting from stakeholders and partners. The system has been designed to meet donor and MOH requirements and provides essential information for program management and accountability. HP uses data to make programmatic decisions, to identify technical support and to report progress to USAID.

Objective/Activity	Indicator 2014/15 Progress Notes
Strategic Objective: Design, test, disseminate lessons learned from a cross-sector cooperative development approach	
IR1: Scale up partnerships for impact and learning	

<p>1.1 Continue to look for opportunities to leverage impact with GC, and other agricultural, financial and coop development partners</p>	<ul style="list-style-type: none"> ○ Bushenyi District Cooperative Stakeholders forum led by GC on June 5, 2014. A total of 19 Coop implementing partners attended (2 female 17 male) ○ Invited Opportunity Bank (OB) to attend coop quarterly meetings to train health facilities' in charges, cooperative board of directors, data entrants, cashiers, and HealthPartners Uganda staff on sound financial management and accountability. A total of 70 Coop leaders (35 female and 25 male) in three health coops benefited from this training ○ Hosted USAID Feed the Future workshop where we shared what we are learning to help other organizations also learn. At total of 33 participants attended the workshop (9 female: 24 male) ○ An official from Rwanda Ministry of Health (MOH) and the Rwanda National Institute for Statistics conducted a site visit to Uganda on June 15-16 to learn more about HP develop experience to request for technical support. ○ HPU and SPRING orientation meeting conducted on August 6, 2014 attended by 5 participants (3 HPU staff 1Male 2 Female, 2 SPRING staff 2Female). A nutrition rapid assessment for readiness and current nutrition knowledge and practices conducted for: Comboni, Kakoma, Katungu, Kathel and Ibanda Health centers ○ HP HELP Partnered with SPRING and MOH and trained fourteen Health workers, 1 GC staff, 1 representative of the DHT member and 1HP staff in Nutrition Assessment Counseling and Support Framework. A total of 17 (10 Female 7 Male) participants attended the training ○ HP HELP in partnership with GC DESIGN cost-shared and prepared a National Cooperative Stakeholders Forum that took place on Dec 5, 2015 at hotel Africana to share lessons learned and challenges affecting cooperative development in Uganda under the theme: "Sharing Cooperative Experiences for Sustainable Development." A total of 45 participants (14 Female 31 Male) attended.
<p>1.1.1 Under the leadership of the MOH, coordinate efforts to support DHT VHF communication to health facilities and VHT</p>	<p>HP HELP supported Buhweju district to conduct:</p> <ul style="list-style-type: none"> ○ 5 Reactivation , sensitization and periodic District Task Force (DTF) meetings ○ 6 District Rapid Response Team (DRRT) meetings on VHF ○ 1 Sensitization meeting of health workers on infection control and surveillance for VHT

	<ul style="list-style-type: none"> ○ 1 day sensitization meeting for VHTs at District level ○ Community sensitizations by the VHTs
1.1.2 Under leadership of the MOH, implement a VHF campaign to increase prevention	<p>HP HELP supported:</p> <ul style="list-style-type: none"> ○ Buhweju district local government to conduct a 3 live VHF radio campaigns and print 4,500 VHF prevention materials ○ Rubirizi district to conduct 5 live VHF radio campaigns and air 24 radio spots/announcements on Marburg and print 1,500 VHF prevention materials ○ 55 stakeholders (34 female & 21 Male) of Archdiocese of Mbarara Health Cooperative to be trained by Mbarara district VHF task force and printed 4,395 VHF prevention materials
1.2 Pilot cross-sector partnerships in finance documenting cost savings, opportunities and lessons learned	<ul style="list-style-type: none"> ○ Rushere Community hospital embraced an opportunity to pilot Mcash payment with community groups. Provider has system in place and is following up schools and groups to enroll into the health coop and pay through Mcash ○ 69.2% of health care providers are making a surplus as at November 30, 2014. ○ Shared Geographical Information System (GIS) map showing coop providers with Opportunity Bank ○ Shared list of contact details of Health care providers providing cooperative health insurance services with OB. Some health coop members are already opportunity bank clients seeking services at Kathel health center. ○ Invited OB to attend coop quarterly meetings to train health facility in charges, cooperative board of directors, data entrants, cashiers, and HealthPartners Uganda staff on sound financial management and accountability. A total of 70 Coop leaders (35 female and 25 male) in three coops benefited from this training ○ Shared health coop group leaders' contact details with Opportunity bank for follow up to market financial services to leverage from Opportunity bank extending financial services to coop members to start IGAs to enable them pay premiums on time. ○ Share a schedule of health coop providers/ group member meetings with Opportunity bank to enable to attend and market financial services

	<p>So far 2 groups i.e. Ndeija (74 members) and Nyeihanga (91 members) have joined health coops and are accessing health care services at Kathel health center.</p> <ul style="list-style-type: none"> ○ Trained 10 staff (5 female and 5 male) in HSA by external trainer. ○ Trained 20 (16 female and 4 male) community based trainers to train potential coop groups to be able to raise their own money to meet their health needs through saving weekly in a health savings account. ○ 403 HSA members have joined health coops ○ Trained 10 staff (5 female and 5 male) in HSA by external trainer. ○ 20 community based trainers trained on HSA to train organized community members start health savings account to increase investment in preventive health and reduce vulnerability to health shocks. ○ 403 HSA members joined health coops ○ From the period Oct 15- Nov 30, 2014, at total of 341 calls (57 calls were from women) were received. Most of the callers are interested in joining health coops and therefore requesting for more information. ○ Held a talk show on July 3, 2014 with GC/DCO/UCA to showcase how co-operatives are the best-placed enterprise model to develop and build sustainability in the 21st century ○ Hired a consultant to build staff capacity in BCC and to develop strategic messages for radio segments, spots and live talk shows ○ Designed radio campaign messages, spots, and radio segments. ○ HP HELP developed two versions of radio spots that would be played on various radio stations in greater Bushenyi and Mbarara districts promoting health cooperatives. The two radio spots target men and women, respectively, who belong to organized groups as the primary target audience. ○ HPU pre-tested these radio spots with the target audience representatives to ensure they would achieve their desired objectives. Radio campaign started October 15, 2014. ○ 8 One hour live call-in radio talk shows conducted
1.3 Build brand recognition and demand for coops	<ul style="list-style-type: none"> ○ 24 recorded radio segments ○ 180 radio spots aired ○ 60 jingles aired

	180 radio DJ mentions aired
IR 2: Addressing Micronutrient Deficiency and Food Security through Sack Gardening	
2.1 Build capacity of coop stakeholders to address food diversification and malnutrition through sack gardening and nutrition education courses	<ul style="list-style-type: none"> ○ HELP Hosted USAID Feed the Future workshop where we shared what we are learning to help other organizations also learn. At total of 33 participants attended the workshop (9 female: 24 male). ○ An MOU with SPRING has been signed to support nutrition activities ○ Oriented SPRING staff on Health Coop model to better understand the dynamics of the health coop ○ Conducted nutrition rapid assessment for Ibanda HC, Kathel HC, Comboni hospital, Kakoma HC and Katungu Mission hospital. ○ In partnership with SPRING and Uganda MOH, held a Nutrition Assessment, Counseling and Support Workshop for health workers ○ provided nutrition assessment materials to health workers to diagnose and treat for malnutrition ○ Provided Nutrition Assessment Counseling and Support training (10 Female 7 Male) participants ○ 53 VHTs taught how to construct sack gardens and given sack garden kits ○ 53 VHTs trained in nutrition (20 male; 33 female) ○ 4 health centers have set up demonstration sack gardens; 1 health center will set up a demonstration garden. ○ 53 VHTs trained by their respective health facilities to identify children under 5 with or at- risk with malnutrition ○ Conducted a household dietary diversity survey from 53 VHTs before the start of their nutrition training. A post dietary diversity survey will be conducted in March 2014. ○ 1 health center designed their own monitoring tool to track cases of malnutrition. Currently working with 4 health centers to develop their own tool and how to use that data

Annex C: HELP Project Cost and Time Savings Tracking Matrix – Uganda/Rwanda

Updated: December 15, 2014

By: Herbert Asiimwe, HELP Project Program Manager

Total Estimated Time Savings as a result of partnerships to date: **6,636 hours**

Total Estimated Cost Savings as a result of partnerships to date: **UGX 116,963,799 or USD \$44,986**

Date Location	Main HP event/ Proposal	Partner	What worked/ didn't work	Cost Savings	Follow up needed/ Opportunities	# met		Total
						M	F	
Dec 5, 2014	Conduct National Cooperative Stakeholder's Forum to share experiences for sustainable development	Global Communities	Forum took place and was well-attended	GC cost savings made by GC:UGX 5,871,500	Follow up implementation of workshop action plans development	31	14	45
Dec 3, 2014	Main HealthPartners HELP event: Health Savings Account (HSA) trainers' quarterly review meeting	HealthPartners Collaborations Project	A quarterly meeting for HSA trainers was conducted to learn what is working and not working in order to adapt. HealthPartners Collaborations project used the same opportunity to conduct a Village Savings and Loans Association quarterly meeting to leverage from HP HELP hall hire	Collaborations Project cost savings: UGX 150,000	HELP will continue to build capacity of HSA trainers in HSA methodology	6	21	27
December 2, 2014	Viral Hemorrhagic Fevers (VHF) Training of Archdiocese of Mbarara HWs and stakeholders (ADMHC)	Archdiocese of Mbarara Health Cooperative	Mbarara District Health office VHF task force trained Archdiocese of Mbarara HWs and stakeholders trained on VHF	ADMHC provided a hall. Cost savings made: UGX 150,000	N/A	21	34	55

October 20-25, 2014	Integration of Nutrition Assessment, Counseling and Support (NACS) into health services delivery	SPRING, Global Communities DESIGN project, Ministry of Health, Bushenyi District Health Team	What worked: -Built technical capacity of selected health workers, Global Communities DESIGN project staff, Bushenyi District Health team (DHT) and HealthPartners staff for the subsequent integration of the NACS approach into health services delivery and strengthening health facility-community linkages for better health and increased productivity.	GC and Bushenyi DHT Total savings: Cost: UGX 15,326,286 Time planning: 30 days	The participants should be supported to form quality improvement teams at their respective health facilities to enable successful integration of Nutrition assessment, counseling and support into routine health care and establishing sustainable health facility-community linkages.	7	10	17
August 13- 14, and Sept 10-11, 2014 Uganda- Ibanda/ Mbarara	Conducting a nutrition services and readiness rapid assessment of Ibanda Mission Health Center, Kathel Medical Care, Katungu hospital, Kakoma HCIII and Comboni hospital	SPRING (Strengthening Partnerships, Results, and Innovations in Nutrition Globally	What worked: <ul style="list-style-type: none"> o HELP did not hire personnel to conduct the assessment. Two SPRING project Nutrition specialists provided support o HP didn't have to create the assessment tools, training manuals and Epi data data entry screens as they were all provided for by SPRING o SPRING saved money since all the logistics were provided through HELP. o SPRING will not have to support these facilities (Ibanda, Kathel, Comboni, Katungu and Kakoma) since they will be supported through HELP funding. o SPRING did not spend on analysis of the assessment results since 	HELP Total savings: Cost: UGX 5,000,000 Time: 3months SPRING Total savings: Cost: UGX 6,000,000 Time: 3 weeks	None	7	8	15

			they were analyzed by HealthPartners Monitoring and Evaluation Manager					
July 3, 2014 Uganda -- Bushenyi	Live radio talk show on Bushenyi FM Objective: Showcase how co-operatives are the best-placed enterprise model to develop and build sustainability in the 21st century	Uganda Cooperative Alliance, Bushenyi District Commercial Officer, Global Communities DESIGN project	<p>What worked:</p> <ul style="list-style-type: none"> Radio talk show conducted to show how Cooperative enterprises achieve sustainable development for all. 	Est cost savings made by GC catering for talk show panelists Safari Day Allowance and transport refund = UGX 200,000	Continue to advocate for coops especially service coops. Continue using radio to differentiate and promote coop membership benefitting GC and HP	3	1	4
June 12, 2014 Uganda-- Mbarara	Addressing Micronutrient Deficiency and Food Security through Sack Gardening	National Agricultural Research Organization (NARO) is charged with providing technical support to farmers and other stakeholders	HP met with NARO officials and 1)secured free seeds (pigeon peas, cowpeas and chick peas) 2) Received technical support on what crops do well in southwestern Uganda and what crops/ vegetables are preferred most 3) received contacts for seed vendors	<p>Est time savings made collaborating with NARO = 36 hours</p> <p>Est cost savings made UGX 30,000</p>	Continue to explore future opportunities to collaborate with NARO to address nutrition challenges in South western Uganda	2	3	5
June 5, 2014 Uganda – Bushenyi	Share lessons learned through implementing health financing using health coop model	Bushenyi District Coop stakeholders Forum organized by GC	<p>What worked:</p> <ul style="list-style-type: none"> -GC, HP, Feed the Future, the District Commercial officer, top district officials, Uganda Cooperative Alliance attended the meeting and shared coop experiences - The Resident District Commissioner 	<p>Est time savings setting up the meeting = 36 hours</p> <p>Est. cost savings made</p>	-Continue to meet quarterly with coop stakeholders to share experiences and to advocate for coops	17	2	19

			Bushenyi encouraged people to join health coops and an article released in the national newspaper Monitor Publications on June 12, 2014 What didn't work: The visibility of some coop stakeholders in the district was questionable	by HP = UGX 500,000				
May 19, 2014 – June 26, 2014 Uganda – Mbarara and greater Bushenyi	Promoting health financing using a health coop model	Opportunity bank (OB) marketing financial services to organized groups	What worked: -HP shared Geographical Information System (GIS) map showing HP supported providers and groups with opportunity bank to follow up and market financial services -HP shared a list of health care providers implementing coop health insurance with opportunity bank to link their groups to nearest healthcare providers to be enrolled into the coop -HP shared a schedule of coop quarterly meetings and invited opportunity bank to attend -Opportunity bank provided training on sound financial management and accountability to coop leaders to manage coops as business enterprises and didn't charge for these trainings	Est time savings made as a result of collaborating with OB = 100 hours Est. Cost savings made from OB conducting financial trainings to coop leaders = UGX 10,000,000 Est. cost savings made through OB field officers marketing health coops to OB groups = 2,000,000	-Ensuring OB groups are followed up to enroll into the coop -Ensuring coop leaders are using the sound financial management and accountability trainings to sustainably manage their coops	35	35	70
April 30 – May 3, 2014	Exchange learning visit to Kigali	GC supported with fixing some	What worked: The HealthPartners team led by the Senior Vice president met with key stakeholders at various levels	Est. time savings made by HP through GC fixing some	Incorporating lessons learned in HP HELP FY14/15 work plan	5	7	12

Rwanda		appointment s and providing logistics support to ensure we located places in time	including; Global Communities senior management team and nutrition staff, Management Sciences for Health (MSH), Profam Clinic In charge, Juris East Africa/ DLA piper law firm, United States Agency for International Development (USAID) and MOH -- Performance Based Financing (PBF) department.	appointments: 36 hours Est cost savings made by HP through GC logistics support staff: UGX 200,000	Watching for request for technical support from Rwanda stakeholders met with			
March 17- 18, 2014 Uganda -- Mbarara	Meeting with SCORE and SPRING to discuss partnerships to roll out a nutrition program within coops	GC invited to participate in meetings between HP, SCORE and SPRING	What worked: -Meetings with SCORE and SPRING took place on March 17 th and 18 th respectively - Meeting minutes with action points for follow up were prepared and shared -HP/GC nutrition proposal adjusted based on feedback and lessons learned from meetings with SCORE and SPRING	Est. cost savings made by GC: UGX 400,000 Est. time savings made by GC scheduling these meetings: 24 hrs	See next steps and timelines in the meeting reports	5	1	6
March 4-5, 2014 Uganda -- Busheny i	HealthPartners Uganda staff capacity building in Communication of Innovation	GC staff invited to attend the training	What worked: -Both HP and GC staff attended the training and reportedly benefited from this capacity building training. -HPU shared the communication of innovation training manual with GC DESIGN team	Est. cost savings made by GC: UGX 3,800,000	Both HPU and GC staff will be supported to ensure they are applying principles of communication of innovation to their work	6	8	14
Jan 31, 2014 Uganda	Support GC introduce economic coops within HP coops by sharing office space	Introducing economic coops in Uganda	What worked: -HP sub-rented GC office space What didn't work: - Due to wiring money from GC Rwanda office, 1) Monthly cost share re-imbursement have not been timely, 2) Currency differences has caused	N/A	GC has hired an in-country Accountant to handle finances and prevent late reimbursements and exchange losses.	0		0

			financial losses to HP					
Jan 31 – Feb 16, 2014 Uganda--Busheny i/ Mbarara	Building Health coop stakeholders' capacity on governance	Building GC staff capacity to start up an agricultural cooperative	<p>What worked: -GC and HP cost-shared the trainers flight and in-country facilitation cost -GC and HP staff and other health stakeholders in Bushenyi and Mbarara reportedly benefited from the training and developed next steps as captured in the joint report</p> <p>What didn't work: There was too much to share in a limited timeframe</p>	Est. Cost savings made by GC: \$1,420 or UGX 3,408,000	A number of items have been identified for next steps. Details were shared in the joint report submitted to respective headquarters	41	18	59
Jan 16, 2014 Uganda --Kampala	Meet with the Uganda Mission to respond back to their requests	Sharing GC DESIGN progress/ achievement to-date	<p>What worked: -HP scheduled for the meeting -GC attended this meeting and used this opportunity to share their progress to-date and planned activities</p>	Est. time savings made: 5 hours	Integrating Uganda Mission recommendations on both projects' work	5	8	13
Dec 2-6, 2014 Uganda--Busheny i	Staff capacity building using Criterion Referenced Instruction (CRI)	GC team invited to join training session	<p>What worked: HealthPartners Uganda and Global Communities DESIGN team attended five days of the training. Both staff reportedly benefited from the training. GC DESIGN team was not charged for the training</p>	Est. Cost savings made by GC DESIGN team: UGX 950,000	Both project's staff are expected to apply principles of CRI to their work to increase impact	2	1	3
November 25-28, 2013 Uganda--Busheny i	District partnership capacity strengthening	Partnership support for capacity building	<p>What worked: CLA Officer represented GC to gain critical skill in nutrition advocacy while Uganda Health Coop coordinator represented HPU. The two staff utilized same transport provided by HPU to and from the training venue for the four days of the workshop.</p> <p>What didn't work: The 4 days were not enough because</p>	Est. cost savings on transport (car hire) for 4 days in UGX (20,000X4)= 80,000	1) A coalition to be formed among Civil Society Organizations who were targeted for the training to scale up nutrition investments and outcomes in Bushenyi, 2) GC DESIGN to keep in touch with the lead	10	8	18

			the training combined two different concepts in one which required participants to have had prior exposure on each.		coordinator (World Vision Uganda) and join.			
November 3 – 9, 2013 Rwanda / Washington	Conduct Needs Assessment in Rwanda through engaging key partners and stakeholders to identify the needs, priorities, barriers and opportunities to cross-sector development and an appropriate health coop model	Partnership support	<p>What worked: HP HELP project conducted needs assessment in Rwanda. Two focus group discussions focusing on women empowerment and one cooperative that is gender non-specific and interviews with Rwanda MOH, health facilities, hospital and other key health stakeholders were conducted -GC team secured a translator for HPU team who supported the team throughout the needs assessment exercise</p> <p>What didn't work: 1) Mission protocol not shared by GC, 2) miscommunication about scheduling reflected very poorly on HPU reputation</p>	Est. Cost savings from using GC translator for 5 days (Source: google) was \$ 1,020.4 or Ug.shs= 2,653,040 Est. time savings made organizing the trip and securing a translator: 24 hours	Sending thank you emails to all key stakeholders met – Done Sending a trip report to the US mission in Rwanda – Done Sharing the needs assessment report with US mission in Rwanda and key stakeholders met – to be done during next trip	21	4	25
Sept 10 – Oct 15, 2013 Uganda--Bushenyi	IR 1:One Economic Cooperative with reduced cost, increased impact developed in Uganda and Planning Rwanda needs Assessment to achieve IR2: One cross-sector partnership	-Bushenyi Diagnostic Assessment Survey (BDAS) -Pretesting Prof. Bert Morrows' TRUST tools	<p>What worked: -GC shared with HP TRUST documents -Two cost share MOUs signed: 1) MOU for reimbursing HP for the services, utilities and office space, 2) MOU for sharing officer services - Weekly meetings between HP HELP and GC DESIGN to identify crossover opportunities -Conference calls between HP and GC HQ and field offices have streamlined working together and strengthened partnership - HP shared project maps developed</p>	MOU 1 of 1 = UGX1,230,445 MOU 2 of 2 = UGX1,913,685 ArcGIS 10.1 = \$6,200 or Ug. UGX 16,120,000	<p>Follow up Needed: -GC is preparing a workshop to share results from the Diagnostic Assessment Survey conducted in Bushenyi. - HP HELP project will coordinate efforts through HP Collaborations Development project to enable GC conduct focus group</p>	G C/ HE LP me eti ng = 5 BD AS = 95 B	G C/ H E L P m e et in g = 0 B	GC/ HEL P meet ing = 5 BDA S= 218 TRU ST

	proposal with reduced cost and increased impact developed for Rwanda		by GIS software. These maps were helpful to GC to determine their project scope -HP HELP/GC DESIGN had a meeting with Scott Aebscher HealthPartners Senior Vice President and Paul Walters HealthPartners Mama Coop project US based Program Manager. Input and feedback received will support both project's next steps		discussions and key informant interviews. -GC is supporting HP HELP to schedule appointments and meetings within GC Coops to enable HP HELP conduct Needs Assessment in Rwanda	TR US T pr ete st = 22	D A S = 1 2 3 = 22	pre est = 44
August 1 – Sept. 10, 2013 Uganda --	IR 1:One Economic Cooperative with reduced cost, increased impact	GC start up planning and recruitment sourcing	What worked: A. HP shared local newspaper rate card contacts for sales agents with GC and to enable GC run an advert for part-time Finance Coordinator. The advert that ran in New Vision and	A=Est. time savings of 4hrs B= Est. time savings 8 hrs	Opportunities: -Conference calls between GC/HP Uganda and their headquarter teams and weekly meetings	3	3	6

Bushenyi and Kampala	developed in Uganda		<p>Monitor attracted over 150 applicants B.GC shared updated lodging rates and per diems for GC Rwanda which has enabled HP develop rates for staff travelling to Rwanda.</p> <p>-HP provided GC access to office after HP official working time to support GC flexible working and further shared HP Vacation/Sick leave policy with GC team to support in country planning</p> <p>C- Through sharing HP list of price quotes from local vendors, GC has been able to timely procure office supplies and furniture</p> <p>What didn't work:</p> <ul style="list-style-type: none"> -HP and GC could not cost share accountant position due to proprietary rights between the two projects - A cost share MOU between HP and GC to support invoicing took long to be signed due to different financial policies and expectations between the two projects -GC Uganda project funds are currently managed by GC Rwanda. As a result, there have been delays in reimbursing HP shared and other costs. Also there were communication gaps between GC Uganda and Rwanda team which led to wiring shared costs reimbursement funds to HP shillings bank account as opposed to HP US dollar account causing HP financial loss of UGX 200,469 	C= Est. time savings 120hrs	<p>between the two projects has provided avenues to discuss partnership arrangements and develop joint way forward on expectations from both parties</p> <ul style="list-style-type: none"> - Since GC doesn't have a Human Resource Policy in place, HP policies and benefits for the CLA shared position will be adopted. -HP secured Uganda Mission support to use the project car across borders to implement HP HELP activities and since GC team has projects errands to conduct in Rwanda, this is an opportunity to cost share transportation costs 		
August 10 – 27,	HP coops quarterly	-GC diagnostic	<p>What worked:</p> <p>A-Diagnostic survey conducted within</p>	A,B& C Est. time savings=	<p>Follow up needed: -GC will present to</p>	95 1 2	218

2013 Uganda -- Bushenyi	planning meetings between providers and group leaders	Survey in Bushenyi district -GC pretested TRUST tools on HP Coop members that will be improved for actual use during the TRUST baseline survey	109 HP Coop households and 109 non HP coop households B-TRUST tools that will be used by GC during the baseline survey were pretested on HP members C-HP shared contacts for vehicle hire and research assistants What didn't work: -GC diagnostic survey and pretesting TRUST tools were done under tight timelines and thus HP wasn't fully involved for support and guidance. -Due to varying schedules and priorities between two projects, there has been limited sharing to identify crossover opportunities like conducting collaborative meetings with USAID and accessing HP coop members	15hrs	HP team results from the diagnostic survey Opportunities: -HP and GC are in the final phases of recruiting a Collaborations Learning and Adopting Officer (CLA) to support learning between the two projects and sharing results from the learning with stakeholders - Conference calls between GC and HP Uganda and US based teams are taking place to strengthen HP and GC partnership. GC and HP Uganda teams will conduct weekly meetings to share work plans, schedules and crossover opportunities for cost sharing and leveraging impact. Both projects will take turns leading these meetings		3	
July 17, 2013 Washington	IR 1:One Economic Cooperative	GC was in the budgeting	What Worked: A. HELP supported GC secure quotes for vehicles and contacts for	A =Est. time savings of 5hrs		1	0	1

ton DC	with reduced cost, increased impact developed in Uganda	phase and needed Ugandan rates to guide the budgeting process on procurements and setting salaries for staff in Uganda	<p>vendors.</p> <p>B. HP shared Non-Governmental Organization (NGO) Local Pay Survey Report July 2012 for Uganda.</p> <p>C. GC was not aware if USAID Uganda supports waivers for vehicles for USAID centrally funded projects. A Toyota Hilux with full taxes paid goes for \$44,000 whereas a duty free Toyota Hilux goes for \$ 31,281. As a result, GC makes a savings of \$12,719.</p> <p>What didn't work: Due to budget constraints GC could not support procuring a Toyota Hilux, car insurance, driver salary and related costs. With support from HP team, a local vendor has been prequalified to provider car hire services to GC DESIGN team</p>	B= NGO Local Pay Survey Report July 2012 for Uganda Est. cost Savings of \$ 750 or UGX 1,950,000			
Wednesday, June 19 - 28, 2013 Uganda-- Bushenyi and Mbarara	IR 1:One Economic Cooperative with reduced cost, increased impact developed in Uganda	GC site visit to Bushenyi to 1) meet District Commercial Officer, 2) Visit local NGO, 3) Meet Uganda Health Cooperative Board chairman, 4)meet HP	<p>What worked:</p> <p>A. HELP introduced GC to Community Volunteer Initiative for Development , Bushenyi District Commercial Officer (DCO), UHC Board chairman, USAID Uganda, SDS to introduce model, map partners for future partnership.</p> <p>B. HELP supported GC secure letters of support from Bushenyi Resident District Commissioner, as a result GC was registered in Uganda</p> <p>C. HELP introduced GC to District Operational Plan network</p> <p>D. HELP coordinated GC staff in</p>	<p>A,B,C, D,E, F &G Est. time savings = 22 hrs</p> <p>H= Est. time savings 3months (2,160hrs)</p> <p>E= Cost savings \$1,800 or UGX 4,680,000</p>		<p>G C sit e vis it = 4</p> <p>C C sit e vi sit = 0</p> <p>G C sit e vi sit = 0</p> <p>D O P O P ati on = 8</p>	<p>GC site visit = 4</p> <p>DOP total = 33</p>

		team, view office and prepare for start-up	<p>country travel</p> <p>E. GC team used HP vehicles for in country travel at no cost as opposed to hiring. Hiring would have cost GC \$1,800 for 10 days (\$180 per day)</p> <p>F. GC is sub renting from HealthPartners at UGX 1,254,300 only. Hiring office space in Bushenyi separately would have costed GC UGX 1,890,000 per month. As a results, GC saves UGX 635,700</p> <p>G. Other startup cost savings made by GC as a result of HP sub renting GC office space:</p> <ul style="list-style-type: none"> -Broad band internet set up – UGX 8,170,969 -Procuring Generator – UGX 6,500,000 -Security vendor – UGX 660,800 -Procuring a file/ print server – UGX 2,600,000 -Power backup system and inverter – UGX 10,447,000 -Boardroom conference table and chairs – UGX 3,190,000 -Reception unit, 1 piece of secretarial chair – UGX 1,965,000 -Reception unit and salary for Administrative Assistant to receive mail and visitors – UGX 1,411,819. <p>The above set items would have cost GC between 2 -3 months to set up</p>	<p>G= Cost savings UGX 635,700</p> <p>H=Cost savings of UGX 34,945,588</p>		al Plan (D O P) =25	
November 20, 2012	Preparation of HealthPartners, Health and Economic	GC Design project	<p>What worked:</p> <p>A. HP shared detailed operational cost pricing for Uganda</p> <p>B. Development process began with</p>	A,B,C Est. time saved 720 hrs		R w a n d a =	R w a n 18

Washington DC, Minnesota, Rwanda , Kigali	Livelihoods Partnership Development Design Project Technical Application		<p>face to face meetings but was mostly done through email</p> <p>C. Scheduled site visit from Field and headquarter PMs, HELP visited Rwanda and met with GC Rwanda/ Uganda team</p> <p>D. As a result, combined with proposal feedback and cost reduction from \$1.1 M to \$481K, HP removed Rwanda office</p> <p>What didn't work:</p> <ul style="list-style-type: none"> -Each party wrote their own proposal which were not shared -GC Shared Results Framework only -GC did not have office to share and was not able to share cost pricing. 			7	d a = 1 1	
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Annex D: Communication of Innovation Uganda

What was done?	What was learned?
Engaged key cooperative stakeholders to come together to share lessons learned and experiences. HP shared workshop tools and objectives to the stakeholders and why it was important for them to participate	Cooperatives are vehicles for development in both developed and developing countries Cooperators formed constituted a Stakeholders Working Group to brainstorm on the establishment of the Uganda National Cooperatives Forum.
Shared briefs about health coops and impact to-date in south western Uganda with MTIC	MTIC developed interest in health coops and as a result have drafted bylaws for health coops for HP's input

Annex E: HealthPartners Viral Hemorrhagic Fever (VHF) Support

November 12, 2014

The problem: In addition to urgent needs to stop Ebola in West Africa, the recent outbreak of Ebola in Democratic Republic of Congo (August 24) and Marburg virus in Uganda (September 28) confirm that communication and response plans are needed to prevent, detect and control zoonotic transmission of VHF.

World Health Organization Outbreak Response Plan⁵ Objective: 2. Interventions in neighboring countries to increase preparedness and prevent occurrence of an outbreak. **B. Preparedness in countries at-risk**

HealthPartners signed memorandums of understanding with District Health Officers in Buhweju and Rubirizi districts to meet and support their VHF prevention requests. Total funding committed from HealthPartners HELP project AID-OAA-A-13-00027 to date is **33,264,829 UGX**.

WHO Objectives	What we have done to date	World Health Organization Indicators
Output 1-2: Coordination; preparedness	Let Uganda Ministry of Health (MOH), Local District Health Teams and US Mission know that we are available to help provide support. Responded to requests from Buhweju and Rubirizi District Health Officers (DHO)	National and Sub-National coordinating committees in place. Coordinated donor reporting=100%
Output 4: Public information and social mobilization enhanced	Received 1,500 Ebola prevention posters from MOH. Distributed copies to Bushenyi DHO and Health facilities who offer coop services. Printed and distributed 6,000 total MOH approved VHF prevention resources per DHO requests. Facts about Ebola, 800, Poster on Marburg signs and symptoms 1,500; Guidelines for control of Ebola fever in the country 1,500; Revised Marburg leaflets 1,100; Revised Marburg Questions and Answers 1,100. Provided funds to Buhweju and Rubirizi DHOs so they can lead 8 radio shows (Guide FM, Kamwenge FM and Radio West) to raise awareness and to increase prevention, early detection and control.	Community awareness on Ebola. Social mobilization strategies are in place in all affected villages/Countries and implemented=100%. Proportion of affected of villages/communities resisting Ebola Virus Disease (EVD) interventions-0%.
Output 5: Case Management Prevention and Control	Provided funds to Buhweju DHO for <ul style="list-style-type: none">• Reactivation, sensitization and conducting District Task Force meetings;• Formation, Training & conducting District Rapid Response Team meetings on VHF;• Sensitization of health workers on infection control and surveillance for Village Health Teams (VHT);• Conduct one day sensitization meeting for	Number of updated national and district epidemic preparedness and response plans following World Health Organization Strategic Operational Plans. Rapid response teams available and operational. Number of countries at risk with available EVD Surveillance and Information tools. Availability of at least two

⁵ <http://www.who.int/csr/disease/ebola/evd-outbreak-response-plan-west-africa-2014.pdf?ua=1> (July-Dec. 2014)

	<p>VHTs at District level;</p> <ul style="list-style-type: none">• Support Community sensitization by the VHTs	<p>weeks needs of Personal Protective Equipment and other required supplies available at all levels.</p>
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Annex F: Health Savings Accounts Performance as at December 3, 2014

#	Name of trainer	Group Name	# of Members in a group	# F	# M	Date group started	Date savings started	Cumulative savings [UGX]	Amount loaned out [UGX]	Cash balance in the box [UGX]	Cumulative contribution to HSA [UGX]	Amount borrowed from HSA today [UGX]	Balance on HSA [UGX]	Has the group enrolled in the coop	Name of provider	
1	Mary Muhangi	Katojo Twerafurize group c	30	21	9	Sept. 2, 2014	Oct. 2, 2014	1,973,700	1,973,700	700	480,000	200,000	280,000	yes	St. Johns	
2	Baryamujura Apollo	Nyakaikare Twetungure	18	15	3	Oct. 12, 2014	Nov. 26,2014	237,300	200,000	37,300	180,100	100,000	80,000	Yes 18 families	Kathe	
3	Mubangizi A	Muko	25	15	10	Sept. 21, 2014	Oct. 2, 2014	930,750	930,000	750	254,000	46,500	207,500	yes	St.Johns	
4	Lovence Bamurekye	Butanda Twebeiseho	30	20	10	Feb. 10,2014	The group has had management problems and has not started saving								Yes	St. Lucia
5	Tushemerirwe Addy	Buhungiro Twetungure	25	16	09	Sept. 26, 2014	Oct. 01, 2014	862,000	860,000	2,000	269,400	00	269,400	Yes	Buhungiro HC 11	
6	Tushemerirwe Addy	Rurama Tukwatanise	21	18	3	Oct.03 2014	Oct. 17, 2014	518,000	518,000	00	80,000	00	80,000	Yes	Buhungiro Hc11	
7	Juliet Kanyehayo	Kyabugajja Twetugure	20	15	5	March 16, 2013	Sept.30, 2014	1,650,000	1,550,000	353,950	436,000	139,000	297,000	Yes 20 families	Ibanda	
8	Nsekanabo Fabiano	Kyeibuba Dev. Ass.	28	14	14	Sept. 29, 2014	Oct. 26, 2014	92,000	200,000	92,000	45,000	00	45,000	Yes	St. Marys	
9	HiLda Agaba	Kamwekamwe 2	25	19	6	June 23, 2014	Sept31, 2014	350,000	300,000	50,000	140,000		140,000	Yes	Kakoma	
10	Kellen Mafune--1	Sigiriragi	30	23	07	Oct. 10, 2014	Nov. 07, 2014	413,3600	200,000	295,600	15,500	140,600	10,100	Yes	Ibanda	
11	Kellen Mafune--2	Busingye	26	21	05	Sept.27, 2014	Oct.14, 2014	232,700	00	232,700	6,800	6,800	00	In process	Ibanda	
12	Regina K	Kyabasheija	30	25	05	Nov. 29,									Kyabirikw	

		Enkombezi Group				2014	Has not started								a
13	Namureme Mary	Kagamba VHTs group	30	25	5	April 14, 2014	Oct. 262014	486,500	480,000	6,500	100,000	00	100,000	In process	St. Lucia Health centre III
14	Betty K	Nchune VHT	32	23	9	Oct. 10, 2014	Oct. 20, 2014	612,000	410,000	202,000	360,000	72,000	288,000	Yes	St. Josephs
15	Mubangura Agnes	Rugarura	28	24	4	Sept. 28, 2014	Oct. 2, 2014	250,300	200,000	50,300	140,000	00	140,000	Yes	Butare
16	Twinomujuni Stella	Ifura Tukore	26	20	06	Oct. 21, 2013	Oct. 14, 2014	132,000	120,000	13,000	12,000	00	12,000	yes	St. Mary's
17	Nkamwesiga Gillion	Runyinekihanda Twetambire	31	16	15	Nov. 10, 2013	Sept. 2, 2014	260,000	260,000	00	80,000	80,000	00	Yes	Kakoma
18	Agatha Bainomuhangi	Nchune Catholic Women group	34	34	00	April 20, 2014	Oct. 17, 2014	358,200	350,000	8,200	161,400	-	161,400	14 families	St.Joseph s Rubindi
Summary			489	364	125			13,079,050	8,551,700	1,345,000	2,760,200	784,900	2,110,400		

Annex G: Work Plan Matrix Haiti

Health and Economic Livelihoods Partnership (HELP) Detailed Implementation Plan with Budget						
Phase 1: Preliminary Program Design. Lead - NCBA						
Financial Contributions: NCBA: \$22,053; WOCCU: \$8,507; HP: \$9,447						
Result (1) - A preliminary program design document that details lessons learned from other countries and addresses development challenges in Haiti						
Main Activities	Expected Outputs	Progress toward goals			Q 1	Q 2
Q 3	Q 4					
NCBA: Lead collaborative development of guidelines and calendar for effective lessons learned documentation process; define roles and responsibilities, establish open and clear communication channels. Budget: staff time HP: Start discussion on dissemination plans. Budget: staff time	Clear guidelines and a set of standardized tools for the process of documenting CDO effective and efficient principles and strategies and lessons learned	Done				
1. 1. Review of documentation of lessons learned from other countries where there has been cross-sector cooperative integration						
NCBA: Conduct analysis of appropriate country case studies identifying key elements to successful integration of cooperatives and key barriers to successful cooperative sector integration, based on NCBA and other CDOs experience in countries like Timor Leste and Uganda. Budget: staff time WOCCU: Provide documentation and share both positive and negative lessons learned based on experiences from its own development projects and design processes. Budget: staff time	A minimum of six practices that address critical issues including empowering women, conflict mitigation, sustainability, governance, creating linkages, advocacy, community based approaches	Done. Partners created a "Development Challenges in Haiti" document which outlines challenges in five different categories (legal, economic, natural, Aid dilemma, and health) along with intervention strategies to address each challenge.				
Main Activities	Expected Outputs	Progress toward goals			Q 1	Q 2
Q 3	Q 4					
NCBA: Collect information from partners in accordance with calendar. Budget: staff time NCBA, HP, and WOCCU: conduct and share specific research on previous projects including components of cross sector integration. Budget: staff time	Documentation of lessons learned on cooperative integration programming from all partners	Done. Documented lessons learned on cooperative integration programming from all partners				

1.2. Analysis of strengths and weaknesses of CDO partner program development practices and sharing of results among implementing partners						
Main Activities	Expected Outputs	Progress toward goals	Q1	Q2	Q3	Q4
NCBA: Suggest, refine, based on partner feedback, finalize, and share standard guidelines for analysis of institutional cooperative program development processes and practices. Budget: staff time	Standard guidelines for analysis of institutional cooperative program development processes and practices	Done.				
NCBA: Based on the lessons learned documentation and experience in developing CDP document and analyze strengths and weaknesses of NCBA's current program development practices. Budget: staff time WOCCU: Internal analysis and documentation of current program development practices in WOCCU. Budget: staff time HP: Share strategies and principles and discuss merits of each in relation to critical issues like sustainability and gender equity, cross over potential, etc. Incorporate relevant lessons and stakeholders into dissemination plan. Budget: staff time	Documentation of strengths and weaknesses of the current program development practices and processes from all partners including evaluation reports of their organizational strengths and weaknesses	Done. Strengths, weaknesses, and design strategies were discussed and a summary was developed and presented in the Phase I wrap-up workshop.				
NCBA: Collect information from partners in accordance with calendar. Budget: staff time	Report on lessons learned from program implementation and strengths and weaknesses of "cooperative development" program development practices and a documented summary of the current cooperative development program design processes to serve as baseline	Done. NCBA created lessons learned document/template to be used in future Haiti project designs.				

1.3. Review and analysis of development challenges and opportunities in Haiti and postulation of program design hypotheses				
NCBA: Aggregate and share a report on lessons learned from program implementation and strengths and weaknesses of "cooperative development" program development practices, lead a teleconference meeting with partners to review the report, and analyze findings. Budget: staff time	Hypothesis, objectives, and guidelines for field assessment and Report on lessons learned from program implementation and strengths and weaknesses of "cooperative development" program development practices	Done. Report was created and shared on PowerPoint at Phase I workshop.		
NCBA: Perform a comparison of effective and efficient principles and strategies in cooperative program development and implementation with what is being done in Haiti in agricultural sector. Budget: staff time. WOCCU: Contribute to the assessment of legal framework, enabling environment and synthesis of lessons learned to inform program design hypothesis. Budget: staff and consultant time. HP: contribute to assessment of legal framework, enabling environment and synthesis of strategies and principles to inform program design hypothesis. Adjust dissemination plan as needed. Budget: staff time	Operational guidelines for determining specific in-country research needs	Done. Partners created a format for identifying challenges/research needs.		
NCBA: Facilitate a "Phase 1 wrap up" workshop meeting with partners to share final findings of Phase 1 activities, develop a hypothesis for program design, and objectives for field assessment (part 1 of workshop). Budget: staff time and hosting costs WOCCU and HP: participate in workshop. Budget: staff time and travel costs	A set of effective and efficient practices and strategies suggested for institutionalization by CDO partners and increased knowledge and readiness of team for Phase 2; Hypothesis, objectives, and guidelines for field assessment	Done. From each of the abovementioned documents, a set of effective and efficient practices and strategies have emerged that could be suggested for institutionalization.		
Phase 2 - Field Assessments. Lead - WOCCU				
Financial Contributions: NCBA: \$52,966; WOCCU: \$64,553; HP: \$30,447				
Result (2) Needs assessment reports that document the inputs from relevant stakeholders on the ground, research methodology				

and impacts on program design

2.1. Carry out first field assessment trip to determine on-the-ground plan for conducting member needs assessment, including identification of resources to be utilized for conducting assessment, logistics constraints, definition of target group

Main Activities	Expected Outputs	Progress toward goals	Q 1	Q 2	Q 3	Q 4
WOCCU: Conduct partner planning meeting, with internal training provided by NCBA based on Result 1, and the planning for the needs assessment to be led by WOCCU, to include external consultant. Budget: staff time and travel costs to Washington DC NCBA: Facilitate part 2 of "Phase 1 wrap up" workshop and define objectives and guidelines for field assessment and participate in field assessment trip. Budget: staff time, hosting costs	Definition of research objectives, guidelines for member assessment process, definition of research instrument	Done. Research objectives were defined, assessment process was outlined and research instrument has been defined.				

2.2. Develop final member needs assessment plan to include: i) research questions and objectives, ii) survey/research instruments, iii) logistics and work plan for conducting assessments

Main Activities	Expected Outputs	Progress toward goals	Q 1	Q 2	Q 3	Q 4
WOCCU will lead a team comprised of representatives from each CDO to determine the best mechanisms to carry out the field member assessment. The assessment team will engage USAID, HAITI HIFIVE/HMMI and interact with relevant ministries and agencies to inform the member needs assessment process. The assessment team must develop a methodology to address cross sector needs assessment and also sector specific needs. Each CDO will work in coordination for the cross sector aspects. Budget: staff and consultant time and travel to Haiti HP: Contribute to partner planning meetings, detail Health assessment needs and plans. Adjust dissemination plans needed. Budget: staff time, travel to Haiti and for partner meetings NCBA: Travel to Haiti with the partners' team to prepare for the field member assessment, contribute to the selection of participating cooperatives, development of methodology, and participate in meetings with stakeholders. Budget: staff	Assessment plan, detailing who will conduct the field research, how it will be carried out, selection of focus group members and other logistical matters. The assessment plan will be in response to the research objectives and guidelines as defined in the partner planning meeting.	Done. Final member needs assessment plan developed, includes research questions/objectives, survey/research instruments, logistics and work plan.				



time and travel to Haiti						
2.3. Carry out field research work to identify cooperative member needs, document stakeholder input and inform program design process with results						
WOCCU: Conduct cooperative member needs assessment through focus groups as a means to ensure inclusion of a broad range of inputs from cooperative members and potential members. In addition, the assessment will include input from stakeholders at the cooperative level as well as government agencies, donors and other development organizations Budget: staff time and travel for 2 persons to Haiti HP: Adjust dissemination plans needed. Budget: staff time, travel to Haiti for 2 people	Developed and tested field assessment guidelines that can be applied in a variety of settings as an instrument for designing cross sector cooperative development programs	Done. Partners have three times traveled to Haiti for a series of stakeholder meetings with the National Council of Cooperatives, government officials, donors, NGOs and cooperative leaders. A household survey was carried out by Dagmar, a local marketing firm. After the first trip, partners drafted a preliminary cross-sector project design concept which they presented during their second trip for feedback during another workshop where results were presented.				
2.4. Preparation of final reports of field assessments with data analysis and conclusions about impact on program design						
Main Activities	Expected Outputs	Progress toward goals	Q 1	Q 2	Q 3	Q 4
	Final assessment report prepared with full participation from all three CDOs and with assistance from external consultant, documenting the conclusions about both the process and the results generated from the field assessments	Preliminary documents completed. Final assessment report to be completed after January 2015 lessons learned workshop in DC.				
2.5. Update working papers for program design with results from field assessments identifying constraints, opportunities, needs and risks associated with the program design.						

<p>WOCCU: Integrate the findings from Phase 1 into the evolving program design document, to include critical analysis of the initial hypotheses and evidence to support or discount these elements and justify or modify development challenges as outlined in Phase 1. Budget: staff time</p> <p>HP and NCBA: Integrate findings from Phase 1 and 2 into lessons learned report and evolving program design concept. Adjust dissemination plans needed. Budget: staff time</p>	<p>Updated program design document based on evidence from field assessments</p>	<p>Program Design document completed with support letters. Document has been shared with private and public partners.</p>				
Phase 3 - Lessons Learned. Lead – HP						
3.3. Dissemination of lessons learned to USAID Haiti Mission and other relevant stakeholders						
Main Activities	Expected Outputs	Progress toward goals	Q 1	Q 2	Q 3	Q 4
<p>HP: Support sequence of dissemination by partners for key stakeholders</p>	<p>Dissemination throughout the life of the project that evolves over time</p>	<p>In progress. Continue recording steps taken to disseminate information about project in Communication of Innovation document. Provided workshop notes and design concept idea to stakeholders, including USAID Haiti Mission. Provided finalized Concept Design to USAID and abbreviated version to Haiti partners.</p> <p>Planning workshop/tools to further disseminate lessons learned at DC Workshop on January 13, 2015</p>				

Annex H Monitoring and Evaluation Plan Haiti

Objective/ Intermediate Results	Indicators	Source/ method of measurement	Person responsible /Frequency	Results to date	EOP target
Program Design Document for the Haiti mission Outlining How to Integrate Cooperative into Development Activities					
Result 1: A preliminary program design document details lessons learned from other countries and addresses development challenges in Haiti					
IR1.1 “critical issues” identified and list of effective and efficient strategies and principles in the design of cooperative programs	1.1 Number of strategies and principles identified that address critical issues including empowering women, conflict mitigation, sustainability, governance, creating linkages, advocacy, community based approaches	Documentation of effective and efficient strategies and principles	WOCCU/NCBA/H P NCBA/HP	7	6
Activities: Review past experiences, strategies and principles for consideration in the cross sector cooperative design					
IR1.2 Guidelines for field research/design	1.2 Cross-sector guideline for field research designed	Cross-sector field research guideline	WOCCU/NCBA/HP NCBA Q2	1	1
Activities: Develop strategic guidelines to determine specific in-country field research/design involving multiple sectors					
Result 2: Needs assessment documenting input from local stakeholders, research methodology and impact on program design					
IR2.1 Sector assessments	2.1 Cross-sector guideline for field research tested in Haiti <i>3.1.5F Number of information gathering and research activities</i>	Cross-sector field research guideline	WOCCU/NCBA/HP WOCCU Q3	1	1
Activities: Carry out coordinated cross sector assessments (including an Open Space workshop?)					
IR2.2 Framework for the design of cross sector programs integrating cooperatives including guidelines and a manual for project design	2.2 Cross-sector cooperative development design concept	Completed design concept	WOCCU/NCBA/HP WOCCU/NCBA/HP Q6	1	1
Activities: Design cross sector cooperative development framework and project design concept to address development challenges in three sectors					
Result 3: Dissemination of lessons learned from the project that can inform USAID Washington, USAID Haiti, Ministries and other key					

stakeholders in Haiti and CDOs about the program design					
IR3.1 Lessons learned are available to support stakeholder adoption of recommended strategies and principles	3.1 Lessons learned report	Documentation of lessons learned	WOCCU/NCBA/HP HP Q7	0	1
Activities: Compile strategies, principles and lessons learned in a compelling document to support change <ul style="list-style-type: none"> • HELP partners review and provide input on report before it is finalized 					
IR3.2 Curricula and workshop materials developed to support key stakeholders to adopt strategies and principles for effective and efficient cross-sector coop development	3.2 Detailed workshop plans include curricula and materials	Workshop plans	WOCCU/NCBA/HP HP Q7	0	1
Activities: HP develops a participatory workshop curriculum and materials based on lessons learned using principles of CRI to support stakeholder adoption of innovations. Workshop plans shared and partner input incorporated. <ul style="list-style-type: none"> • HELP partners plan interpersonal through workshops to support advancing stakeholders toward adoption of innovations 					
IR.3.3 Support stakeholders to adopt strategies and principles for effective and efficient cross-sector coop development	3.3 Number of stakeholders with post test results that show workshop objectives were achieved	Post test results and workshop report	WOCCU/NCBA/HP HP Q7	0	40
Activities: HELP partners lead workshops and meetings to support adoption of innovations by key partners and stakeholders <ul style="list-style-type: none"> • Disseminate printed materials via the Overseas Cooperative Development Council (OCDC) and CDOs web sites 					
Result 4: A new program design for Haiti that leads to the definition in the short-term of new project concepts that integrate a cross-sector approach and are subject for review and funding by USAID and other international donors					
IR4.1 Framework for the design of cross sector programs integrating cooperatives including guidelines and a manual for project design	4.1 Cross-sector cooperative development design concept	Completed design concept	WOCCU/NCBA/HP WOCCU/NCBA/HP Q7	1	1
Activities: Design cross sector cooperative development framework and project design concept to address development challenges in 3 sectors					

Tier	Stake-holders	What they want	Awareness Goal: Create knowledge of innovation	Interest Goal: active engagement.	Evaluation
I Donor agencies	USAID Grand Challenges Canada	<u>What they want:</u> <ul style="list-style-type: none"> • Practical, cost-effective solutions that advance Haiti's development. • Leverage coops to improve social cohesion, financial inclusion, economic growth, private sector development • Training (business development, management) • Improved policy landscape for coops • Link financial services to coops • Invest in infrastructure • Clarity in the role of the CNC • Promote principles of coops (particularly democracy) • Evidence (indicators) of poverty reduction and economic development • International awareness and marketing of the successes of their program • NGOs to come to the table with partner funding 	<u>What we have done:</u> <ul style="list-style-type: none"> • Presented HELP project's communication of innovation and open space technology at OCDC brown bag to USAID and other stakeholders in Sept 2014 • Invited USAID Haiti Mission contacts to Stakeholder Workshops • Presented finalize concept design to USAID and Grand Challenges Canada 	<ul style="list-style-type: none"> • Elicited feedback from stakeholders about our proposals • Shared semi-annual report with Tom Carter • Draft proposals in response to feedback given during second workshop <u>What we will do:</u> <ul style="list-style-type: none"> • Identify champions and early adopters • NCBA to reach out to Mark White • Tom will reach out to Paul Derstien (USAID Haiti) • Get mission contact for Health Financing from DASH—Start communication with them • Include blog/comments section for feedback (send out link)? – to increase engagement and ownership through process • Invite to HELP workshop to share lessons learned and promising practices 	<u>What we have done:</u> met with HELP partners in Washington DC in June to discuss and adapt the Cross-sector partnership design concept for Haiti. A brief meeting included the USAID Agreement Officer for his recommendations on the partnership, strategies and key contacts for next steps. His input was incorporated in plans and concept paper adjustments.
II		<u>What they want:</u>	<u>What we will do:</u>	<u>What we will do:</u>	

OCDC		Evidence of global cooperative success to bring to the hill	<p>Invite to HELP workshop to share lessons learned and promising practices</p> <p><u>What we have done:</u></p> <ul style="list-style-type: none"> • Shark tank at OCDC meeting • Presented HELP project's communication of innovation and open space technology at OCDC brown bag to USAID and other stakeholders in Sept 2014 	<p>Open Space workshop in November</p> <ul style="list-style-type: none"> • Present HELP lessons learned at OCDC Board Meeting 	
III Internal Orgs	HealthPartners	<u>What they want:</u> <ul style="list-style-type: none"> • To identify and adopt lessons learned for leveraging resources and increasing impact 	<u>What we have done:</u> <ul style="list-style-type: none"> • Shared work plan • Shared quarterly updates with HPU board of directors • Sr. VP conducting department presentations for full org. • Updated website • Shared HELP lessons learned to date with other development project staff • Created a one page lessons learned document to connect the dots between what we have learned and how it is applicable to internal orgs 	<u>What we will do:</u> <ul style="list-style-type: none"> • Present HELP lessons learned at OCDC Board Meeting (to Scott) 	Director shared a presentation with HP Uganda Board of Directors and then, upon request, with the HP 24 member board, comprised of community leaders. At the end of the full day workshop, board members filled a feedback form. This presentation was selected as the best part of the day by the highest percentage of

				participants.
IV USAID Haiti	<p><u>What they want:</u></p> <ul style="list-style-type: none"> Practical, cost-effective solutions that advance Haiti's development. 	<p><u>What we have done:</u></p> <ul style="list-style-type: none"> Invited USAID Haiti Mission contacts to Stakeholder Workshops Presented finalized concept design to Haiti Mission Worked through Steve Olive to get a phone call with USAID Haiti (Beatrice Pierre) to talk through our project and proposal idea Received feedback from Beatrice on other research centers in Haiti Requested meeting with USAID Met with Michele Russel, Chief of USAID Haiti's Health Office to introduce HP and HELP. Asked for feedback about proposal. Gave minor feedback but asked to see revised proposal and lessons learned. 	<p><u>What we have done:</u></p> <ul style="list-style-type: none"> Revise draft program design in response to feedback from second workshop Send semi-annual report with perceived purpose <u>What we will do:</u> Follow up with USAID Haiti partners who are working in community health finance <p><u>What we will do</u></p> <ul style="list-style-type: none"> Share lessons learned and promising practices in an interactive manner Update final concept note based on USAID Haiti feedback and submit for funding 	

V Minist ry /CNC	<p>Govt or policy-influencers at national level, Central Bank; CNC; MoH; Ministry of Agriculture (including Institut National du Café d'Haiti (INCAH)); Système de financement et</p>	<p>What they want:</p> <ul style="list-style-type: none"> • A functional citizenry whose basic needs are met. • A thriving cooperative sector that will help meet the needs of the Haitian population and grow the economy. • Functional coop sector • Compliance with regulations • Economic growth • (CNC) Investment in cooperatives at a level comparable to that of other countries • (CNC) More government involvement through Ministries 	<p>What we have done:</p> <ul style="list-style-type: none"> • Invited stakeholders to stakeholder workshops to receive feedback on needs / priorities / improve concept design • Included CNC in stakeholder meetings—ask for feedback re: stakeholder workshop topics • Emailed stakeholder workshop participant contact list to all participants along with copies of agenda • Emailed notes/ summary of workshops between 1st and 2nd trips. • Incorporate 1 page summary of proposal ideas into handout (in French/Creole) to be sent with invitations for Dec. workshops, w/ information about Open Space Key message for the second invitation: Government officials: You can help shape solutions, so that cooperatives can play a self-sustaining and significant role in meeting the basic needs of Haitians. 	<p>What we have done:</p> <ul style="list-style-type: none"> • Elicited feedback from stakeholders about our proposals • Revise draft program design in response to feedback given during second workshop • Presented to MSPP On health coops <p>What we will do:</p> <ul style="list-style-type: none"> • Identify early adopters • Share lessons learned and promising practices in an interactive manner • Seek formal partnerships when concept design is funded 	
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	d'assurances agricoles en Haïti (SYFAAH)		<p>CNC:</p> <p>You can help shape solutions, so that the cooperative sector can effectively respond to the health, agriculture and economic needs of the Haitian population.</p> <ul style="list-style-type: none">• Returned to country to share results in a follow up meeting• HealthPartners to invite Ministry of Health• MSPP participated in health stakeholder workshop; asked for presentation in French of HP programming• CNC participated in second round of workshops		
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VI NGOs/ IPs	What they want: <ul style="list-style-type: none"> Practical, effective solutions that advance Haiti's development. Promote principles of coops (particularly democracy) Legal status for coops Improved reputation for coops Trust built in the coop system (functional rules/reg/controls, ownership & leadership of coops) Training for coop members and leaders in roles/responsibilities 	What we have done: <ul style="list-style-type: none"> Hired contractor to invite stakeholders to workshops Gave invite to stakeholders for workshop (including short intro to each partner org and project objective) Held stakeholder workshop to gain feedback and build ownership Hired well-connected consultant to carry out stakeholder workshops in whatever language is most comfortable for stakeholders Emailed stakeholder workshop participant contact list to all participants along with copies of agenda Emailed quick notes/summary of workshops Invited to second workshop via email Incorporated 1 page summary of proposal ideas into handout (in French/Creole) to be sent with invitations for Dec. workshops, w/ information about Open Space 	What we have done: <ul style="list-style-type: none"> Elicit feedback from stakeholders about our proposals Revised draft program design in response to feedback given during second workshop Provided technical assistance for DASH <p>What we will do:</p> <ul style="list-style-type: none"> Identify early adopters Share lessons learned and promising practices in an interactive manner Continue to provide technical assistance to DASH when political situation stabilizes 	
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			<p>Key message for the second workshop invitation:</p> <ul style="list-style-type: none"> • You can help shape solutions, so that cooperatives can become self-sustaining, active change agents, supporting Haitian's development goals. • Returned to country to share results/Request follow up meeting • HealthPartners held health stakeholder workshop with reps from health facilities, insurance companies and health NGO stakeholders 		
VII Partne rs in	SOFHIDES ; ANACAPH; Le Levier; KNFP; FHAf;	<p><u>What they want:</u></p> <ul style="list-style-type: none"> • To benefit from programming • To be included in proposal for funding 	<p><u>What we have done:</u></p> <ul style="list-style-type: none"> • Met with Philippe R. Armand, President of Compagnie d'Assurance d'Haiti S.A. to discuss potential avenues for partnership and for tour of health facility • Followed up on meeting with Phillippe by sending email outlining potential avenues for partnership and plans for the future. • Emailed Phillippe with notes from first stakeholder workshops and intent to send invite 	<p><u>What we have done:</u></p> <ul style="list-style-type: none"> • Elicited feedback from stakeholders about our proposals • Revise draft program design in response to feedback given during second workshop <p><u>What we will do:</u></p> <ul style="list-style-type: none"> • Continue to follow up REBO for a potential partnership • If project is funded, explore on the ground partners, such as FONKOZE, to leverage 	



Haiti	FONKOZE; Compagnie d'Assuranc e d'Haiti S.A ; ILO		<p>for second stakeholder workshop. Express interest in including additional contacts, if Phillippe has suggestions.</p> <ul style="list-style-type: none">• Sent invitation to second stakeholder meeting• Met with FONKOZE to explore partnership opportunities and learn from their health insurance project that was unsuccessful• Met with REBO about potential funding partnerships	their networks for greater impact.	
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VIII Cooperative members (Including leaders)	<p><u>What do they want?</u></p> <ul style="list-style-type: none"> • Improved livelihoods, economic growth, feeling empowered to meet their basic needs • Access to affordable health care • Improved governance (within Haitian government and coop structure) • Legal status for ag/other coops • Reduced delinquency • Economic growth • Improved agricultural production (move toward processing) • Training (leadership, mgmt., technical/specialized, coop member responsibilities) • Follow-up from partners in moving our project forward (they want real results from the workshop) • Access to credit • National/functional IDs • Accessible credit history database 	<p><u>What we have done:</u></p> <ul style="list-style-type: none"> • Provided cooperative development technical assistance to DASH. • Held third and final Stakeholder Workshop (in local language) to ensure complete and accurate stakeholder input into the design concept. • Hired contractor to invite stakeholders to workshops • Gave invite to stakeholders for workshop (including short intro to each partner org and project objective) • Hired well-connected consultant to carry out stakeholder workshops in whatever language is most comfortable for stakeholders • Sent summary/notes about workshop via email (in Creole) • Noted in email that we will be returning with more extensive notes/analysis and will be inviting them once again to weigh in • Incorporated 1 page summary of proposal ideas into handout (in French/Creole) to be sent 	<p><u>What we will do:</u></p> <ul style="list-style-type: none"> • Continue to stay connected to cooperative leaders who are engaged and supportive of the concept design until it is funded 	
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		<p>with invitations for Dec. workshops, w/ information about Open Space</p> <ul style="list-style-type: none">• Key message for the second workshop invitation:• You can help shape solutions, so that cooperatives empower members to improve their own lives. <p>Returned to country to share results/Request follow up meeting cooperatives empower members to improve their own lives.</p> <ul style="list-style-type: none">• Returned to country to share results/Request follow up meeting		
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Annex J: HELP Concept Design**An n Kore Lokal⁶:**

Leveraging the Cooperative Business Model to
Promote Locally Driven Solutions in Haiti

Executive Summary

In March of 2013, HealthPartners, NCBA CLUSA and World Council were awarded an United States Agency for International Development (USAID)-funded grant to research the cooperative needs in Haiti and design an informed cross-sector cooperative development program. Based on in-country primary research and secondary data, the three cooperative development organizations collected information on needs within the sectors of agriculture, finance and health. Through stakeholder workshops with cooperative leaders, members and supporting organization representatives, HealthPartners, NCBA CLUSA, and World Council assessed the key focus areas of the project and continued to modify it, update it and strengthen it based on feedback from fully engaged key local stakeholders. Based on the needs identified, HealthPartners, NCBA CLUSA and World Council propose a project to strengthen the capacity of existing cooperative structures, support the development of health cooperatives, increase collaboration among them and advocate on behalf of a more favorable cooperative law. The following concept note was designed to address these baseline assessment findings through a 4-year, cross sector US\$3.98 million dollar project in which all three partners would coordinate efforts, leading in their respective sectors while maintaining financial and technical independence and autonomy. We propose the following program concept, An n Kore Lokal.

Background

In Haiti, cooperatives have been successful in responding to the needs of Haitians through providing services in areas not served by other enterprises. With 50%⁷ of the population employed in agriculture, the need for sustainable businesses inclusive of agricultural cooperatives is fundamental. Financial cooperatives, known as *caisses populaires*, affiliated to the national federation *Le Levier* are well respected as a critical source of financing for people in rural and other areas seen as too risky by banks and microfinance institutions. These *caisses* serve more than 450,000 members through a network of 26 institutions with branches nationwide. In the agricultural sector, coffee and cacao cooperatives allow smallholder farmers to gain economies of scale to reduce input costs and increase negotiating and purchasing power.

While these initial successes are promising, cooperatives, within their current capacity, have only scratched the surface in addressing the myriad of problems facing Haitians today.

Only 60% of the population has access to health services and Haiti depends on international donors for 86% of its health budget.⁸ Introducing a health cooperative model and building capacity of local leaders and health stakeholders to develop strong networks to sustainably manage coop partnerships has potential to reduce health shocks, increase access to care, and empower communities to play an active role in health service delivery. Prepaid health care reduces the need to sell assets to pay for care and reduces delays to seek care, thus reducing missed work and school, reducing the cost of treatment for care providers and improving health outcomes.

⁶ Haitian Creole for “Let’s Support Local”

⁷ World Bank. Haiti Fostering Economic Empowerment for Agricultural Producers. Retrieved from: http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:22746256~menuPK:141310~pagePK:34370~piPK:34424~theSitePK:4607_00.html

⁸ Pan American Health Organization. (2014) Haiti explores channels of cooperation for its National Health Plan [Press Release]. Retrieved from: http://www.paho.org/hq/index.php?option=com_content&view=article&id=9294&Itemid=1926&lang=en

HealthPartners, NCBA CLUSA and World Council conducted applied research over 18 months to identify priorities and unique challenges of local stakeholders. The applied research consisted of a series of stakeholder workshops and a household survey to inform a baseline assessment.⁹ Findings from the baseline assessment revealed the following fundamental challenges:

- Unmet demand for working capital, insurance markets and other agricultural finance products
- Inability to pay for health care leading to delays to seek care, yet, nearly unanimous demand for pooling resources and prepayment to access quality health care
- Missing agriculture systems for post-harvest handling, value chain development and product exports
- Lack of cooperation and communication among cooperatives
- Restrictive language in cooperative law, which creates a complex business environment for credit unions and agricultural cooperatives

OBJECTIVES AND RESULTS

An n Kore Lokal is a project design intended to strengthen Haitian cooperative associations and an enabling legal and regulatory environment that promotes economically-viable, sustaining cooperative enterprises. Taking a cross-sector approach to development, *An n Kore Lokal* will leverage the collective knowledge of local stakeholders, in partnership with World Council, NCBA CLUSA, and HealthPartners. Synergies across sectors will be capitalized on to increase the speed and scale of cooperative enterprises in Haiti to meet the evolving needs of Haitians to improve health, livelihoods and financial outcomes.

Key project results will include improved governance and management of cooperatives; increased availability of health, financial and agricultural services; improved registration process for cooperatives; improved enabling environment for the coop business model to drive local development; and development of an educational strategy to rebrand, market and promote cooperatives as a business model to achieve self-reliance. The underlying goal of the program is to support the development of local institutions and human capacity to reduce the dependence on foreign aid and promote long-term development.

PROJECT ACTIVITIES

Program implementation will be divided into activities that support the three core objectives of the *An n Kore Lokal* identified through local stakeholder meetings. Resources available in the “Cooperative Development Strengthening Toolkit” (See Annex 1) will be used to facilitate implementation across the three objectives.

OBJECTIVE 1: Strengthen Cooperative Resilience and Ability to Address Local Needs, Opportunities and Challenges Within Their Communities

1.1 Improve Governance and Management of Cooperatives

Equipping the cooperatives and other interested businesses with relevant performance monitoring and governance tools will enable these locally owned and run businesses to more efficiently and successfully meet their business needs. The tools will be adapted to best suit the

⁹ Three stakeholder workshops were held with key cooperative leaders and researchers based in Haiti who carry significant knowledge of the cooperative system and/or access to critical Haitian political and social capital. The household survey was implemented across credit unions and agricultural cooperatives with questions about needs and priorities in agriculture, finance and health.

Haitian operating environment with a companion training design developed and tested in coordination and collaboration with on-the-ground cooperative leaders.

1.2 Increase Availability of Health, Financial and Agricultural Services

Increasing the resiliency of households to better respond to shocks depends on reliable and affordable access to health, financial and agricultural services. *An n Kore Lokal* will work to identify the constraints to agricultural lending experienced in Haiti, and develop potential solutions to problems associated with these challenges. Drawing on tools and techniques that each partner has developed,¹⁰ the *An n Kore Lokal* project will contract with respected Haitian experts in the health, financial and agricultural services to:

Agriculture Coop Activities	Finance Coop Activities	Health Coop Activities
<ul style="list-style-type: none"> Provide capacity building services and training to agricultural associations Focus on key value chains to facilitate market linkages and improve post-harvest handling 	<ul style="list-style-type: none"> Explore the potential of insurance across rural financial institutions' product offerings Identify additional barriers to agricultural lending and develop potential solution 	<ul style="list-style-type: none"> Build stakeholder capacity to sustainably access quality health care with improved health outcomes through development of locally owned and managed health cooperatives

OBJECTIVE 2: Collaboration Across Cooperative Sectors

An n Kore Lokal will foster the development of a Working Group (WG) to leverage impact and build a sustainable network of strong cooperative leaders, with gender parity across the membership of the WG leadership. The goals of this WG will be to increase dialogue among the cooperative partners, communicate with a unified voice across cooperatives, share lessons/tools/resources and serve as a communications network with regional chapters to streamline communication. In so doing, cross-sector partnerships will more efficiently respond to needed development across the cooperative sectors. The project will work with existing groups and leaders who identify additional partners and their financial and agricultural needs. These organizations will serve as the vehicle for the provision of coops' services due to the economies of scale that are present. In order to promote these mobile solutions, the project will provide technical assistance and, as necessary, grants through a Cooperative Growth Fund to spark innovative partnerships to support mobile product development related to agriculture and finance. These grants will be rigorously administered and apply a similar Grants Management System as was implemented during the Haiti Integrated Financing and Value Chain Project (HIFIVE), to ensure grantees have sustainable business practices in place.

OBJECTIVE 3: Local Cooperative Leaders to Advocate for a Supportive Legal and Regulatory Environment

With an enabling legal environment, cooperatives can thrive and contribute to a country's economy and serve its members through employment and social services. Through *An n Kore Lokal*, the WG will partner with cooperative leaders, Haiti's National Cooperative Council (CNC),

¹⁰ In Uganda, HealthPartners found that linking democratically controlled, community based savings opportunities to Health Co-op development was critical with building increased equity, transparency, inclusion and financial empowerment. In East Timor, NCBA identified the importance of smart subsidies to ensure sustainability; in other words, donor funds that are used to cover the cost of important startup investment inputs for targeted resource poor farmers, including planting materials and technical training. And in Rwanda, World Council market research informed financial product development for health care and insurance coverage.

and the Ministry of Finance, to advocate on behalf of cooperatives in Haiti. The WG will also partner with universities to build awareness, interest, evaluation, trial and adoption of the cooperative business model as a solution to achieve local priorities for change. Moreover, CNC and cooperative leaders will have increased capacity to educate and impact law through resources and tools from the Cooperative Law and Regulation Initiative (CLARITY), a project funded by USAID intended to guide cooperative leaders in developing and implementing effective advocacy strategies to transform the regulatory landscape.

3.1 Increase Registration of Cooperatives

In partnership with CNC, local cooperative associations and stakeholders, the Working Group will increase coordination to meet requirements for registration of cooperatives. Many agricultural cooperatives are not yet registered, and many others are not educated on the process or benefit of registration. CNC maintains the national cooperative registry in Haiti and, according to the baseline research, requires additional capacity to meet the demand of cooperative registration.

3.2 Support Local Cooperative Leaders to Advocate for Changes in Cooperative Law

While there are a variety of existing cooperative associations and/or groups in Haiti, many operate independently and infrequently share resources, capacity or research on the cooperative sector. Initiating advocacy efforts for collaboration, and integration of advocacy and education activities for more concentrated progress through harmonized messaging will enhance the supportive environment for cooperative operations. Utilizing advocacy resources (detailed in the Cooperative Strengthening Toolkit in Annex) will provide local stakeholders with a set of tools to analyze the cooperative law and regulation to start a process that identifies recommendations and necessary changes in current cooperative legislation.

3.3 Develop an educational strategy to rebrand, market and promote cooperatives as a business model to achieve self-reliance.

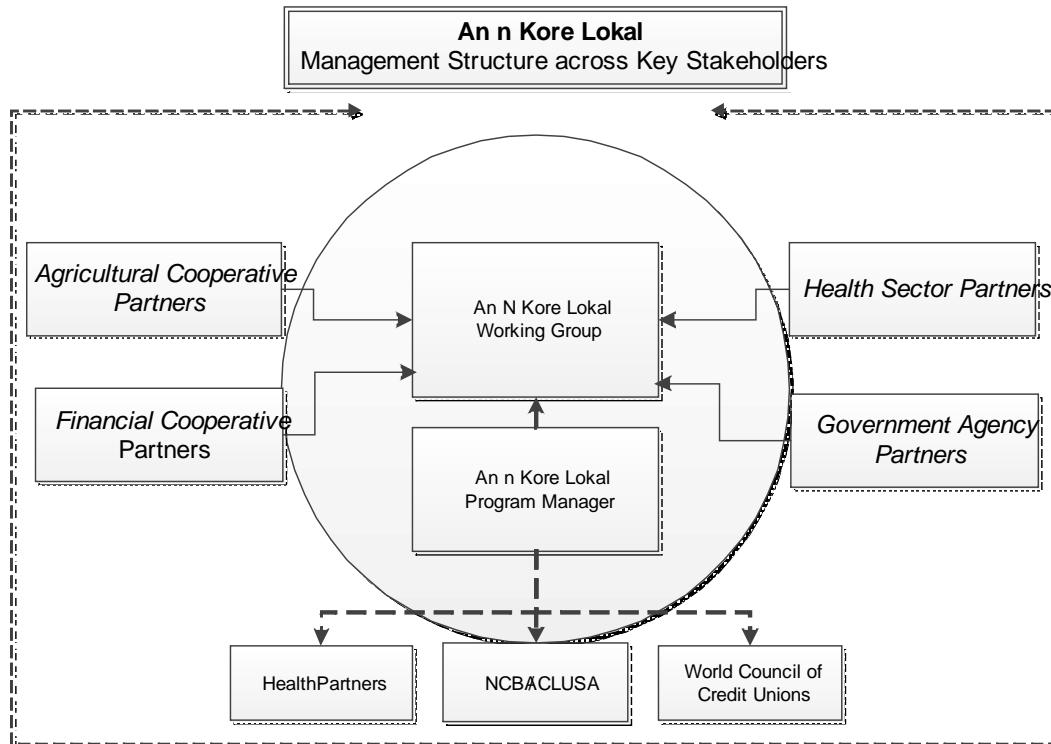
National cooperative organizations, including federations, apex associations and sector specific cooperative groups, play a valuable role in collectively representing the cooperative sector's interests and perspectives. All cooperative leaders and their national cooperative association staff involved in the advocacy effort need to work together as a team with shared understanding and common framework. CLARITY tools include a general framework that has been used successfully in 70 cooperatives throughout the Americas to promote advocacy and cooperative messaging. This framework will be applied for Haiti's cooperative sector to rebrand, market and promote cooperatives at a national level as a business model to achieve self-reliance. Education and awareness are essential to changing the mindset of Haitians on the cooperative business model, from a government tactic to a principals-based business. The WG will also partner with universities to build awareness, interest, evaluation, trial and adoption of the cooperative business model as a solution to achieve local priorities for change. Through existing social and economic networks, training on the cooperative business model will be provided by the WG.

Project indicators have been developed to track and measure achievement of the above program activites and are attached in Annex 2 to this concept note.

MANAGEMENT STRUCTURE & INSTITUTIONAL CAPACITY

An n Kore Lokal will be jointly implemented by NCBA CLUSA, World Council and HealthPartners which collectively bring more than 117 years of experience working with cooperative development worldwide. The management structure depicted in the diagram below represents how the program will be implemented. Central to the program will be the working group along

with the program manager. The working group will be constructed from the named stakeholders listed in the diagram, along with others as the group develops. The program manager will be the conduit or channel between the three partners and the working group. Brief detail about the three partners is provided below the management diagram.



NCBA CLUSA

Founded in 1916, NCBA CLUSA is the oldest not-for-profit cooperative development and trade association in the United States. NCBA's CLUSA International program (CLUSA) is a dynamic organization with a mission to alleviate poverty through economic empowerment. NCBA CLUSA specializes in cooperative development, food security and agriculture, democracy and governance, natural resource management and community-based health. Currently, NCBA CLUSA is managing 21 programs in 13 countries with an annual budget of \$33 million.

World Council

World Council of Credit Unions is the leading international trade association and development agency for credit unions worldwide serving more than 208 million members with \$1.4 trillion in savings. With funding from a wide range of multi-lateral, government and private partners, World Council promotes economic security, resilience and livelihoods strengthening through the sustainable development of local, well managed, savings-led financial institutions. World Council reaches marginalized and traditionally unbanked populations and has worked with credit unions in 71 countries to provide a range of affordable, pro-poor financial products and services.

HealthPartners

HealthPartners is the largest consumer-governed, non-profit health care organization in the United States. Internationally, HealthPartners provides technical assistance to help local stakeholders start and sustainably manage health cooperatives to increase access to quality health care with improved health outcomes. Support is driven by the priorities of local

stakeholders and may include: 1) Network Development; 2) Cooperative Management for health care providers; 3) Leadership and Governance; 4) Quality Assurance; 5) Participatory Provider Quality Assessments; 6) Premium Costing; 7) Health Savings Accounts and more. Resources are invested in strengthening existing systems rather than creating parallel systems.

BUDGET SUMMARY

Partners have developed a consolidated budget of US\$ 3.98MM over a 4-year period. The illustrative budget is presented below, capturing the anticipated costs required to implement the proposed concept. Stakeholder cost share/leverage is depicted as well, representing in-kind resource contributions key stakeholders have committed to contribute, including: resources for trainings, logistics (conference rooms, transportation), data and staff time.

Consolidated Budget - Concept Note An n Kore Lokal Haiti Stakeholders in US\$)					
	Year 1	Year 2	Year 3	Year 4	TOTAL
SALARIES AND WAGES	\$ 275,401	\$ 296,959	\$ 307,453	\$ 296,230	\$ 1,176,043
FRINGE BENEFITS	\$ 70,814	\$ 74,224	\$ 76,060	\$ 73,976	\$ 295,075
CONSULTANTS	\$ 164,350	\$ 173,074	\$ 182,388	\$ 203,109	\$ 722,921
TRAVEL AND TRANSPORTATION	\$ 91,657	\$ 56,766	\$ 60,424	\$ 65,156	\$ 274,003
OTHER DIRECT COSTS	\$ 35,800	\$ 45,816	\$ 47,973	\$ 45,381	\$ 174,970
COMMODITIES AND EQUIPMENT	\$ 23,048	\$ 1,591	\$ 1,702	\$ 1,591	\$ 27,932
SUPPLIES	\$ 14,160	\$ 15,222	\$ 16,284	\$ 15,222	\$ 60,888
GRANTS/LOAN FUND	\$ 10,000	\$ 160,000	\$ 160,000	\$ 60,000	\$ 390,000
IN-COUNTRY TRAINING/CAPACITY BUILDING	\$ 76,394	\$ 85,698	\$ 86,301	\$ 86,713	\$ 335,106
SUB-TOTAL DIRECT COSTS	\$ 791,624	\$ 779,350	\$ 798,586	\$ 807,378	\$ 3,176,938
INDIRECT COSTS	\$ 99,911	\$ 104,904	\$ 106,569	\$ 108,721	\$ 420,104
TOTAL ESTIMATED COSTS	901,534	1,044,254	1,065,155	976,099	3,987,041
<i>An n Kore Lokal Haiti Stakeholder Cost Share/Leverage</i>	<i>\$ 90,600</i>	<i>\$ 90,600</i>	<i>\$ 90,600</i>	<i>\$ 90,600</i>	<i>\$ 362,400</i>

Annex 1: Cooperative Development Strengthening Tool Kit

An n Kore Lokal draws upon an integrated set of tools and approaches to facilitate local participation, ensure cross-sector coordination, carry out project activities, and achieve results. These are described in detail below.

Working Group (WG)	<p>A locally led WG will serve as a platform for knowledge sharing and play a critical role in facilitating dialogues between the vast array of cooperative partners, the CNC and other relevant Government partners.</p> <p>The working group will provide leadership on cooperative law, registration of coops, advocacy and education in addition to identifying synergies across the sectors with open dialogue to determine locally appropriate solutions. The WG will also be a platform for engaging with donors, their projects and business partners across Haiti, including financial institutions, buyers and technology providers.</p> <p>A key product developed by the WG facilitator will be the development and approval of a business plan and growth strategy. By the end of the four-year program, the WG will have planned and led cross sector partnerships so they have experience with the many ways in which collaboration can leverage impact moving forward.</p>
Cooperative Growth Fund	<p>The Cooperative Growth Fund is a grant fund designed to provide cooperatives with seed funding to promote innovation to improve products and services to address member needs. Potential uses of funding based on needs identified by cooperatives during the stakeholders workshops include insurance (crop, financial), housing financing, agricultural credit, technology solutions among others.</p> <p>Cooperatives themselves will be responsible for preparing proposals with support from technical experts on the project team. A portion of the grant funds will be dedicated to proposals that are submitted by two or more cooperatives together to support cross-sector collaboration. The grants management approach will be modeled after HIFIVE's Haitian Catalyst Fund (HCF) that has successfully administered grants to 80 partners across Haiti.</p>
Capacity Building Resources	<p>NCBA CLUSA, and World Council and HealthPartners bring to the table more than 117 years of local capacity building experience. Leveraging the strength of each organization and tools developed for collaboration across sectors, through <i>An n Kore Lokal</i>, partners will provide a comprehensive set of resources to meet the needs of each cooperative at their respective levels of development.</p>
Cooperative Law and Regulation Initiative, CLARITY	<p>Created in 2005 by the members of the U.S. Overseas Cooperative Development Council (OCDC), CLARITY grew from the shared experiences and convictions of OCDC's members that outmoded legal systems were barriers to cooperative development in many parts of the world. The goal of CLARITY is to support cooperative movements as they analyze and change legal and regulatory environments. The result? To create an environment that enables cooperative businesses to flourish.</p>

Cooperative Advocacy: A Practical Guide for Advocating Cooperative Legal and Regulatory Reform defines advocacy and provides hands-on



activities and advice from successful reform campaigns to help leaders develop and implement an effective advocacy strategy.



Annex 2: Indicator Table (Note: all numbers represent cumulative figures)

Indicators	Baseline	Source of data	Year 1	Year 2	Year 3	Year 4	Units	Means of Collection
OBJECTIVE 1: Strengthen Cooperative Resilience and Ability to Address Local Needs, Opportunities and Challenges Within Their Communities								
Total number of project beneficiaries	0	Field data	1000	2000	3000	4000	People	Field staff
Number of local cooperative partners receiving USG assistance	0	Field data	3	4	5	6	Organizations	Field staff
Number of local cooperatives and organizations using improved systems and technologies as a result of the program	0	Field data	3	4	5	6	Organizations	Field staff
Number of women's organizations/associations benefiting directly from USG intervention	0	Field data	1	1	2	2	Women's Organization	Field staff
Number of new services offered to members as a result of the program	0	Field data	2	4	6	8	Member Services	Field staff
Number of financial products designed and piloted among local stakeholders	0	Field data	1	1	2	2	Financial Tools	Field staff
Number of health coop members as a result of assistance from USG intervention	0	Coop Perf. Tracking Tools	100	400	1,600	2,000	Members	Field staff
Number of female health coop members as a result of assistance from USG intervention	0	Coop Perf. Tracking Tools	30	120	480	600	Female Members	Field staff
Number of health care providers offering coop services	0	Coop Perf. Tracking Tools	3	5	7	8	Care Providers	Field staff
Number of MOUs signed between coops and local member groups	0	MOUs	5	7	9	10	MOUs	Field staff
Percentage of coop health providers with	0	PQAs	0	20%	25%	30%	Percentage	Field



improved ratings on their member quality assessment (PQA) scores								
Percentage of board members with improved quality assessment scores	0	Field data	10%	15%	20%	25%	Percentage	Field staff
OBJECTIVE 2: Collaboration Across Cooperative Sectors								
Number of cross-sector partnership agreements between local stakeholder organizations	0	Field data	2	3	4	5	MOUs	Field staff
Number of cross-sector activities planned and implemented by local stakeholders	0	Field data	1	2	3	4	Collaborative Activities	Field staff
Number of multi-sector cooperative conferences and trade shows held	0	Field data	1	2	3	4	Events	Field staff
OBJECTIVE : OBJECTIVE 3: Local Cooperative Leaders to Advocate for a Supportive Legal and Regulatory Environment								
Number of advocacy activities incorporating the CLARITY framework	0	Field data	2	3	4	5	Activities, workshops	Field staff
Percentage for cooperative registration time reduced	0	N/A	5%	10%	15%	20%	Percentage	Field staff
Number of new cooperatives registered under the law	0	N/A	0	20	30	40	Cooperatives	Field staff
Number of new cooperatives registered under the law that are majority women	0	N/A	0	2	3	4	Cooperatives	Field staff

Annex 3: LOCAL CORE PARTNERS

Key to the program design is incorporating local partners as the drivers of change at every step of implementation. Local stakeholders are in the best position to lead planning because they know how best to work within realities, including the often rarely discussed but wide spread cultural beliefs and values.¹¹ The enabling environment may seem outside the scope of a project but if design doesn't include addressing risks, impact can be derailed. *An n Kore Lokal* will start working with the core local partners that actively participated in the stakeholder workshops that drove the program design. As implementation progresses, these partners will be able to invite additional influential sector stakeholders to build their vision with each partner contributing to the enabling environment in order to advance their objectives. Partners who provided leadership throughout the design process and who have confirmed support for the project include:

- *Le Levier*, national democratic federation of credit unions in Haiti representing 26 credit unions serving 450,000 members.
- *Rebo*: Private sector coffee supplier that works with several coffee associations in Haiti and also engages in social programs to assist with production delays and quality control.
- *Haiti Ministry of Health (Ministère de la Santé Publique et de la Population (MSPP)*, responsible for formulating and implementing national public health policy.
- *Développement des Activités de Sante en Haiti (DASH)*, a local insurance organization which insures about 40,000 people in Haiti.
- CNC, the National Cooperative Agency representing all registered cooperatives in the country.
- *Haiti Partners*, a network of educators, church and community leaders, and development professionals with decades of in-country experience in Haiti committed to educational change.
- *Root Capital*, a nonprofit social investment fund that grows rural prosperity in poor, environmentally vulnerable places. Root Capital is currently working in Haiti, building the capacity of agricultural groups, around key value chains.

Please refer to individual letters of support attached.

¹¹ Lawrence E. Harrison, *The Central Liberal Truth: How Politics can Change a Culture and Save It from Itself*, 2006. p.59.

Annex K: Health Cooperative Pilot Work Plan

DASH / HealthPartners Work Plan

Background

Development Activities and Services for Health (DASH), is a not-for-profit local institution founded in 1985. Its primary goal is to provide quality healthcare to low income workers and middle income employees. Its members come from the formal and the informal sectors. Its social protection plans in health offer different types of coverage, going from \$1 a month per beneficiary, providing workers in the assembly sector free and unlimited access to a network of doctors affiliated with DASH and to point of service fees and surgery. DASH manages 11 medical centers and 4 hospitals in the greater Port-au-Prince area and one medical center in Cap Haitian. Its workforce is about of 400 employees, 15% of them being medical doctors.

HealthPartners (HP) is the largest consumer-governed, non-profit health care organization in the United States. Internationally, HealthPartners provides technical assistance to help local stakeholders start and sustainably manage health cooperatives to increase access to quality health care with improved health outcomes. Support is driven by the priorities of local stakeholders and may include: 1) Network Development; 2) Cooperative Management for health care providers; 3) Leadership and Governance; 4) Quality Assurance; 5) Participatory Provider Quality Assessments; 6) Premium Costing; 7) Health Savings Accounts and more. Resources are invested in strengthening existing systems rather than creating parallel systems.

DASH and HealthPartners visions align in trying to bring affordable access to quality health care for people in Haiti. In August 2014, DASH and HP signed a Memorandum of Understanding with the objective of providing technical assistance in health financing based on the health cooperative model in order to increase access to quality health care in Haiti. In October 2014, DASH requested HP's support in facilitating the development of a health cooperative. Below are the objectives and activities necessary to support development of the first pilot health cooperative in Haiti.

I. Pilot Objectives

- Provide schools and churches with access with affordable, quality health care through the health cooperative model
- Strengthen the relationship between DASH and the communities it serves through the health cooperative model as measured through Provider Quality Assessments and Minutes for Quarterly Group / Provider Meetings

II. Indicators

Indicator	Method of Collection	Frequency of Data Collection	Baseline	Target
1.1 # of schools and church groups enrolled in the health coop	Cooperative Performance Tracking Tool	Monthly	0	50
1.2 # of members	Cooperative	Monthly	0	500

enrolled into the health coop	Performance Tracking Tool			
1.3 # of women of reproductive age (15 – 44)	Cooperative Performance Tracking Tool	Monthly	0	200
1.4 Provider Surplus / Deficit from health coop	Cooperative Performance Tracking Tool	Monthly	0	TBD
1.5 Provider Quality Assessment Score	PQA Activity Report	Two times	0	75%

III. Activities supporting achievement of objectives

Hiring, Training and Management of Consultant

To support the achievement of the outlined objectives, HealthPartners will hire a consultant to spend 20 hours per week supporting DASH. The consultant Scope of Work is attached below. HealthPartners staff will request referrals from Myriam Narcisse in hiring a consultant. HealthPartners, via telephone or Skype, will interview considered consultant applicants.

HealthPartners US-based staff will travel to Haiti for two weeks to train the consultant on: (a) the Health Cooperative model using the modified Cascade of Sensitization and Training; (b) HealthPartners Mission, Vision, Values and business practices; and (c) Financial Accountability Requirements.

While in Haiti, HP's US-based staff will observe the consultant's training of DASH staff while providing support and closing gaps. DASH staff to be trained by the consultant include: Head of Project; Director of Sales; eight Business Development Managers (BDM); and the heads of each Health Clinic.

DASH staff will be trained at DASH's headquarters office using the Cascade of Sensitization and Training.

The consultant will be granted office space in DASH's headquarters so that he/she will have direct and ready access to DASH staff dedicated to developing the health cooperative. The consultant will be fluent in Creole, French and English. The consultant will stay in close regular contact with the US-based HP Program Manager through weekly calls and daily emails.

Modify Health Coop Cascade Training to adjust for Haiti

HealthPartners US-based staff will modify the Health Cooperative Cascade of Sensitization and Training to fit DASH needs and to make more appropriate to Haitian culture. HealthPartners will share a draft version to be reviewed by DASH Executive Director for edits to make more appropriate for DASH staff and Haiti. After initial training with HealthPartners consultant and DASH staff, the training materials will be updated based on lessons learned before the BDMs train the DASH promoters.

The training will be translated into the most appropriate language (French and/or Creole) to maximize impact.

Training DASH Promoters

DASH staff (with the HP consultant providing support supervision) will be responsible for training DASH Promoters whose roll it is to reach out to targeted churches in schools to

sensitize them and enroll them into the cooperative. It will be the responsibility of the DASH BDMs to provide the support supervision of the DASH promoters when they are training church and school leaders on the health cooperative model and enrolling new members.

Training DASH Patient Reception Staff

DASH staff (with the HP consultant providing support supervision) will be responsible for training the DASH staff responsible for receiving coop members at the health clinic on the health cooperative model. The reception staff will be responsible for distinguishing / tracking coop members vs. non-coop members.

Develop Promotional Materials

In partnership, DASH staff, the consultant and US-based HP staff will develop health cooperative promotional material to include, but not limited to, a poster and cardboard-fan handout. The material will be developed catering to the target audience of church and school leaders. DASH staff and the consultant will focus group test the material with five church and five school leaders. The materials will be modified based on the lessons learned through the focus group discussions.

The final copy of the poster and cardboard-fan will then be delivered to targeted churches and schools.

ID Cards and Coop Membership Tracking

Coop members will be given their \$5 plan ID cards upon enrolling into the health cooperative. DASH will develop a way for coop member ID cards to be unique from non-coop member \$5 ID cards. DASH staff will track membership through their existing insurance database tracking system. Coop membership, premiums, co-pay, treatment costs and other performance indicators will be disaggregated from DASH's traditional insurance member data and shared each month.

Data Tracking and Reporting

In order to ensure progress toward goals and continued support from USAID, DASH staff will be responsible for collecting data on the health cooperative and sharing it with HealthPartners and the HP consultant. The HP consultant will work closely with DASH staff to ensure timely collection and reporting of data.

The data following data will need to collected and shared:

Data	Method of Collection	Frequency Collecting / Sharing data
Premium contributions	TBD by DASH	Monthly
Copay contributions	TBD by DASH	Monthly
Treatment expenses	TBD by DASH	Monthly
# of coop members disaggregated by: 1. Gender 2. Group (church vs. school) 3. Woman of reproductive age	TBD by DASH	Monthly
# of groups	TBD by DASH	Monthly

Previous month's data should be received from DASH to HP by the 5th of each month.



Member Enrollment

The DASH Promoters will visit individual churches and schools and sensitize them to the cooperative model. The Promoters will then be able to enroll school and church groups into the health cooperative during or after the sensitization meeting. DASH Promoters will have membership cards available that can be distributed to school and church groups immediately.

Provider Quality Assessment

HealthPartners will provide a participatory Provider Quality Assessment tool and will conduct training for DASH staff to use this tool to lead a sustainable quality improvement process. DASH will facilitate a Provider Quality Assessment (PQA) with the coop church / school leaders. The tool walks coop stakeholders through a process of defining what 'quality' health care looks like to them and how to measure quality in partnership with DASH staff. DASH will help coop stakeholders to lead a second PQA three months after the initial PQA so they stakeholders can hold each other accountable to measure progress / improvement.

Quarterly Coop Member Meetings

On a quarterly basis, DASH staff and school / church leaders will meet to discuss what is working, what is not working and lessons learned to develop action plans to enable coop stakeholders to meet their needs even as their enabling environment and needs change.

Conclusion of HealthPartners Support

HealthPartners Cooperative Agreement OAA-A-13-00027 closes on April 3, 2015 at which point, HealthPartners will no longer be able to financially support technical assistance to DASH. DASH, through the training and support received from HealthPartners, and in partnership with the cooperative stakeholders will continue to grow, promote and develop the health cooperative. HealthPartners, however, is planning to seek funding continue to provide technical assistance to DASH and coop stakeholders.

Annex 1: Consultant SOW

**HAITI CONSULTANT SCOPE OF WORK
HEALTH AND ECONOMIC LIVELIHOODS PARTNERSHIP PROJECT
COOPERATIVE AGREEMENT OAA-A-13-00027**

Consultant Name: **XXXXXXXXXXXXXXXXXX**

Period of Service: January **XX**, 2015 – March 30, 2015
 Location: DASH Headquarters
 Time Requirement: 20 hours a week
 Pay Rate: \$1,250 USD a Month

OBJECTIVE	INDICATOR	MAJOR PLANNED ACTIVITIES	Deliverables
Demonstrated ability to train coop stakeholders to fill roles necessary to sustain a health coop.	Consultant score 90% or higher on post test and Participants trained by consultant achieve 80% or more on Cascade post test scores	<ul style="list-style-type: none"> a) Participate in HealthPartners Health Cooperative Training (Health Cooperative Cascade of Sensitization and Training of Trainers) conducted by US Staff b) Receive orientation to HealthPartners Mission, Vision and Values; its business conduct practices and financial accountability tracking requirements c) Demonstrate capacity to achieve cascade training objectives when training DASH stakeholders 	<ol style="list-style-type: none"> 1. Training post test results 2. Appropriate practice—trainees post test results 3. Correctly filled accountability reports
Coop stakeholders turn in complete, accurate performance data on time every month.	Coop stakeholders turn in complete, accurate performance data on time every month.	<ul style="list-style-type: none"> a) Lead Health Cooperative Training for DASH staff and cooperative stakeholders b) Provide Support Supervision of DASH staff who conduct Health Co-op training c) In partnership with DASH, conduct Support Supervision of health providers d) In partnership with DASH, conduct support supervision of quarterly health cooperative meetings e) Guide, mentor and support stakeholders to implement and own health cooperative model f) Collect on time, correctly filled cooperative performance tracking tools and share results with comments to support use of data 	<ol style="list-style-type: none"> 1. Coop stakeholders turn in complete, accurate performance data on time every month.
Register health cooperative through the National	Copy of health cooperative registration	<ul style="list-style-type: none"> a) In partnership with DASH staff, meet with CNC to sensitize them on the health cooperative model b) In partnership with DASH staff, train 	<ol style="list-style-type: none"> 1. Copy of health cooperative registration 2. Document health

Council of Cooperatives (CNC)		c) CNC on the health cooperative model c) In partnership with DASH staff and CNC, document health cooperative registration process d) In partnership with DASH and CNC, register the health cooperative in Haiti	cooperative registration process
Develop and test Behavior Communication Change materials	Focus Group Results and BCC Materials	a) In partnership with DASH staff and US-based staff, develop the following promotional material for the health cooperative to include, but not limited to: poster and paper fans to increase awareness of co-op to target groups of school and church leaders. b) In partnership with DASH staff, pretest developed promotional materials with school and church leaders. c) In partnership with DASH staff and HealthPartners US-based staff, modify promotional materials based on focus group lessons learned. d) Procure	1. Focus Group Results and BCC Materials 2. Comparative price bids from at least three vendors to print finalized promotional material.
Ensure USAID and HealthPartners financial accountability processes / policies are followed.	Monthly submission of all necessary accountability back up.	a) For all HealthPartners budgeted / approved expenses, collect all required documentation b) Support DASH staff in acquiring all required documentation for expenditures with HealthPartners funding c) Collect all required documentation outlined in HP's Accountability policy and submit by the fifth of each month	1. Submission of time sheet, hard copies of receipts for all expenses, comparative price quotes and a cover page itemizing expenses.

SIGNATURES:

 XXXXX XXXXXX
 Consultant

Date: _____

 Jennifer Stockert
 Director

Date: _____

Signature indicates acceptance of Scope of Work as outlined above.



Annex 2: Work Plan Schedule

Activity	O	N	D	J	F	M	A	Person Responsible	Partners	Location
Develop list of measurable and observable indicators to measure success	X							DASH and HP		Haiti
Develop Work Plan		X						DASH and HP		US / Haiti
Develop and approve shared budget		X						DASH and HP		US / Haiti
Develop Scope of Work for a short term consultant in Haiti		X						HP		US
Modify Health Coop Cascade Training to adjust for Haiti			X					HP		US
Get list of recommended consultants from Myriam			X					HP		US
Receive feedback from Dr. LaRoche on training to make appropriate for Haiti and DASH			X					DASH		Haiti
Post Consultant Position			X					DASH		Haiti
Translate training materials			X					HP		Haiti
Interview and hire consultant			X					HP		US
Train HP consultant on Health Coop model				X				HP		Haiti
HP consultant to train DASH's Head of Project; Director of Sales; and eight Business Development Managers and heads of health providers on Health Coop Model (US staff to support and observe)				X				HP		US / Haiti
Train DASH Health Promoters on Health Coop Model				X				DASH w/ HP SS		Haiti
Develop one-page marketing flyer promoting health coop				X				HP and DASH		US / Haiti



Translate one-pager into French / Creole			X			HP and DASH		Haiti
Focus group test flyer with five school leaders and five church leaders				X		DASH		Haiti
Update flyer				X		HP and DASH		Haiti
Send invitation for Health Coop Model orientation / sensitization to targeted school and church leaders				X		DASH		Haiti
Hold meetings with school and church leaders at DASH				X		DASH		Haiti
Develop system to track coop members only				X		DASH and HP		Haiti
Enroll members				X	X	X	DASH	Haiti
Pilot Health Coop Model				X	X	X	DASH	Haiti
Baseline Provider Quality Assessment				X		DASH		Haiti
Registering the Health Cooperative with the CNC				X		DASH		Haiti
Analysis quarterly data					X	DASH		Haiti
Quarterly Meeting with Member Representatives					X	DASH		Haiti
Provider Quality Assessment					X	DASH		Haiti