

LEADERSHIP CORPS START-UP

PROGRAM CHARTER

Document Information, Approvals and Revision History

Version	Date	Author	Revision Notes
1.0	6/20/2008	Barbara Fotopoulos	Initial draft
1.1	7/31/2008	Barbara Fotopoulos	Update vision, scope, and metric
1.2	8/7/2008	Barbara Fotopoulos	Update to include roles, responsibilities and timeline
1.3	8/11/2008	Barbara Fotopoulos	Add org. chart

Approvals	Signature	Date
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TABLE OF CONTENTS

<u>TOPIC</u>	<u>PAGE</u>
I. Background.....	3
II. Project Vision.....	5
III. Project Scope and Approach.....	5
IV. Project Objectives.....	5
V. Project Assumptions	
V.1 Technology.....	5
V.2 Processes.....	6
V.3 Planning.....	7
V.4 People.....	7
V.5 Funding.....	7
VI. Pilot Project Key Deliverables and Timeline.....	7
VII. Pilot Success Factors.....	8
VIII. Project Risks.....	8
IX. Pilot Project Success Measures.....	8
X. Pilot Project Organization	
X.1 Roles and Responsibilities.....	9
X.2 Pilot Project Organizational Chart.....	10
XI. Pilot Project Communication Plan.....	11

I. Background

Many developing countries, particularly in sub-Saharan Africa, are in desperate need of improving the managerial capacity of their senior and mid-level public health workforce. Health systems in these countries have an acute shortage of the right people in the right places.¹ Additionally, health systems lack people who have “hard” management skills as well as people who have the managerial competencies to match their responsibilities. Consequently, health systems underfunction and health programs have poor outcomes.^{2,3}

Indeed, despite huge amounts of money spent on health care, health status in many low-income countries, particularly in sub-Saharan Africa, has not improved much over the last 20 years. In sub-Saharan Africa, for example, average life expectancy is 46 years (compared to 67 years in developed countries). In Africa, more than 250,000 women die in childbirth every year. Globally, at least one million people per year die from malaria and at least 10 million children die annually from preventable diseases.

The persistence of these grim health statistics has been due, in large part, to weak health systems and poor management. According to Josh Ruxin, assistant clinical professor at the Mailman School of Public Health, Columbia University, “many international public health programs are so poorly run – or at least achieve such poor results – that they resemble the management quality of a local lemonade stand rather than an Apple or a Google.”² Half of all funds targeting health never reach the health centers and hospitals at the end of the line, says Ruxin.

To improve global health, Ruxin believes “what we need isn’t just Bill Gates’ millions, but Microsoft’s managers.” What Ruxin describes is a new wave of corporate philanthropy called *International Corporate Volunteering (ICV)*. Broadly defined, ICV is a new vehicle for corporate citizenship programming that leverages the human assets and vast technical skills of a company to effect improvements in areas such as health care, education, and the environment.⁴

Companies such as Pfizer, Becton Dickinson, Accenture, HSBC, Starbucks, and Timberland have ventured formally into the space of ICV by offering their employees opportunities to engage directly in addressing social challenges. In fact, an estimated 40% of major corporations support employee volunteering efforts around the world.⁵ Domestically, one of the most well-known examples of corporations donating the time of their executives to community benefit is the United Way’s “Loaned Executive” Program.

In terms of operations, each company runs its ICV programs slightly differently. Some companies engage a *local service model* which allows employees of multinational companies who work outside the business’ headquarters to volunteer in their local communities. Other companies use the *cross border model* where employees take a leave from their jobs to travel abroad for volunteer service. In either case, the result is the same: companies are offering communities their greatest resource – their employees.

¹ Filerman, GL. (2003) “Closing the management competence gap,” *Human Resources for Health*. Vol 1: 7. October 8, 2003.

² Ruxin, J. (2008) “Doctors without Orders,” *Democracy: A Journal of Ideas*. www.democracyjournal.org. Summer 2008

³ Pfeffermann G. (2008) *Into Africa*. www.efmg.org/globalfocus

⁴ Hills G. and Mahmud A. (2007) *Volunteering for Impact: Best Practices in International Corporate Volunteering*. FSG Social Impact Advisors. www.fsg-impact.org.

⁵ *ibid.*

II. Project Vision

Given the growing interest in ICV and the urgent need to build management capacity abroad, we propose the creation of a *Leadership Corps* for health services leadership and management training. The Leadership Corps, a 501(c)(3) incorporated in Atlanta and sponsored by private sector companies as well as grants from foundations, will be a public-private partnership that links professionally trained managers with NGOs in developing countries. These NGOs, identified through prospective partners such as the World Health Organization and the Global Health Workforce Alliance will be well-positioned to receive management consulting, training and leadership development opportunities.

Specifically this project will create leadership training, mentoring and skills transfer capabilities targeted at improving the leadership skills in developing countries. It will create and pilot processes and infrastructure that are reusable in other developing countries and across multiple competencies (e.g. healthcare, financial management, etc.)

This project will be led by Mr. Charles Evans, FACHE, who has spent his entire professional career in the healthcare field. He is President and CEO of International Health Services Group, President and Founder of the Leadership Corps, Chairman-Elect of the American College of Health Care Executives, and former President of HCA-Eastern Group. Mr. Evans is a nationally regarded healthcare executive who has committed himself to improving the health of communities across the country by serving in both the proprietary and not for profit healthcare sectors. He is uniquely positioned to plan, design, staff, and deploy a world-class program of teaching, coaching, and mentoring activities which will empower executives in developing countries to improve the health of their communities

III. Project Scope and Approach

The scope and approach of this initiative will include the planning, design, execution and measurement of a pilot project in Kenya, Africa to test the hypothesis that improving the skills and abilities of healthcare leaders will positively impact the overall healthcare processes and outcomes in developing countries. The pilot will include the recruitment of 50 volunteers to work in Kenya with key healthcare leaders from 25 organizations in 10 communities and impacting 250,000 Kenyans' healthcare. A rollout plan to other developing areas and countries will be developed following the successful completion of this pilot project.

IV. Project Objectives

1. Establish the infrastructure (people and technology) necessary to support the pilot project that is capable of expansion to support future projects in other developing countries
2. Create reusable processes to support leadership capacity in developing countries
3. Identify and recruit executive volunteers to support the pilot project and begin to develop the volunteer database needed to support future expansion to other developing countries

V. Project Assumptions

V.1 Technology

1. During project planning no new hardware/software or telephony will be needed and the planning will be done virtually through conference calls and shared documents.
2. The technology infrastructure including website from IHS will not be used in this initiative.
3. A central office in the Atlanta area will be implemented to support this initiative after the planning phase is complete. Approximately 5 individuals will reside at that office with potential growth to 20 people in the 3-5 year timeframe.

4. The following functions will be carried out at the central location:
 - a. Document Creation
 - b. Spreadsheet Type Tracking
 - c. Presentation Preparation
 - d. Publishing
 - e. Information Sharing
 - f. General Accounting (General Ledger, AP, AR, Assets Management)
 - g. Expense Processing & Tracking
 - h. Human Resource Processing such as Candidate Interviewing and Selection, Candidate Information Storage, HR Documentation Tracking (including Ethics and Compliance), HR Information Search and Retrieval
 - i. Donor and Donation Information & Tracking
 - j. Project Management
 - k. Metric and Performance Tracking
 - l. Research Documentation and Monitoring.
5. A Local Area Network will be set-up in the central office to support the people and functions described above. Wireless capability will be included in this network but video conferencing capability will not be needed. Additionally, it is expected that less than 3 people will need to remotely access this network at any one time.
6. A hosted internet website will also be set up to support this initiative which will primarily be used to share information. There will be need to secure some data on that website and there will be frequent posting of new materials for review.

V.2 Processes

1. Process documentation will be leveraged from other experienced providers of similar services where available
2. Process documentation will be developed to support the following functions:
 - a. Document Creation (including correspondence and presentation templates)
 - b. Documentation Naming Conventions and Storage Protocols
 - c. Budget Control and Financial Reporting
 - d. Funds Management and Reporting
 - e. Project Management Protocols including Deliverables Monitoring/Reporting and Status Reporting
 - f. Travel Planning
 - g. Expense Reporting and Reimbursement
 - h. Human Resource Processing to include Candidate Interviewing and Selection, Candidate Information Capture, Ethics/Compliance Tracking
 - i. Volunteer Training and Preparation
 - j. Volunteer Evaluation and Reporting (of volunteer experience in Kenya)
 - k. Volunteer Performance Tracking
 - l. Donor and Donation Information Documentation and Tracking
 - m. Initiative Metric and Performance Tracking and Reporting
 - n. Research Documentation and Monitoring

V.3 Planning

1. A workplan will be developed for this project and used to manage and monitor its progress.

2. The following research will be completed to ensure adequate planning for this initiative:
 - a. Kenyan culture
 - b. Kenyan healthcare system including challenges & skills transfer needs
 - c. Comparable skills transfer and healthcare support programs in developing countries
 - d. Related services and service providers
 - e. Funders
 - f. NGO partners
 - g. Potential donors
 - h. Kenyan target pilot healthcare organizations and communities
 - i. Measures used to assess competency development of leaders (e.g. metrics for masters level university graduates).

V.4 People

1. A Steering Committee of key healthcare and academic leaders will be developed to support this initiative.
2. Fifty volunteers will be recruited for 3-month commitments.
3. Insurance will be purchased to cover travel and healthcare related expenses for volunteers while out of country.
4. There will be an initiative logistics coordinator located in Kenya and in other countries as the program expands in the future.

V.5 Funding

1. \$2mm for 2 year project
2. Corporate sponsors will provide scholarship funding for volunteer from their company

VI. Pilot Project Key Deliverables and Timeline (2 year duration)

Deliverables

Vision Statement	- 3 rd Q 2008
Incorporation Documents (501c3)	- 3 rd Q 2008
Business Plan and Budget	- 3 rd Q 2008
Charter and Pilot Project Plan	- 3 rd Q 2008
CGI Commitment	- 3 rd Q 2008
Confirmed Project Funding Commitments	- 4 th Q 2008
Documented Research Findings	- 4 th Q 2008
Completed infrastructure development (people, process & technology)	- 1 st Q 2009
Completed Operational Pilot in Kenya	- 4 th Q 2010
Completed pilot review and rollout recommendation	- 4 th Q 2010

Timeline

PHASE	Q3 2008	Q4 2008	Q1 2009	Q2 2010	Q3 2010	Q4 2010	Q1 2011	Q2 2011	Q3 2011	Q4 2011
Planning										
Funding										
Infrastructure Development										
Pilot in Kenya										
Review and Rollout Planning										

VII. Pilot Critical Success Factors

1. Processes for quick identification, screening and selection of experienced healthcare executive volunteers
2. Pilot funding
3. Clear and verifiable measures of success (to be used to validate future rollout)
4. Dedicated and reliable support staff

VIII. Project Risks

1. Infrastructure and processes developed are not transferable to other countries or other competencies
2. Success measures are not meaningful enough or obtained quickly enough to ensure ongoing funding
3. Volunteers are not willing to commit for 3 months
4. Corporate sponsors will not provide the required scholarship for volunteers
5. Mismatch between volunteers and work assignments
6. Safety – benchmark against an established organization, such as CDC, for managing safety
7. Ethical and moral behavior
8. Assessing values (Kogan assessment)

IX. Pilot Project Success Measures

Metric #	Metric Description	Performance Target
1.	Enhanced healthcare workforce productivity	WIP%
2.	Improved resource utilization (e.g. supply chain)	WIP%
3.	Improved leadership competencies	WIP
4.	Improved healthcare access and capacity	WIP
5.	Improved healthcare outcomes	WIP
6.	Volunteers providing coaching, teaching and mentoring	50 volunteers
7.	Kenyan leaders expected to receive coaching & mentoring	# leaders
8.	Pilot organizations in Kenya	25 organizations
9.	Pilot communities served in Kenya	10
10.	Kenyan citizens served in pilot period	250,000

X. Pilot Project Organization

X.1 Roles and Responsibilities

Role	Responsibilities/Activities	Name
Sponsor	Establishes vision for project Provides resources Serves as Escalation Point and Decision Maker	Charlie Evans
CFO	Develops, monitors and reports on project budget Oversee preparation of financial and performance reports	
Project Manager	Develops project charter and project plan Oversees the day to day progress on the project Tracks and reports on project metrics	
Proj. Team Members	Performs the work outlined in the project plan	
Steering Committee Chairman	Establishes and charters the Steering Committee Conducts Steering Committee Status Meetings	Charlie Evans
Steering Committee Members	Finalizes project vision in conjunction with Chairman Stay informed of project progress by attending meetings Provides feedback and recommendations to Chairman Serves as project ambassadors and communicators	A.B. Short Bill Frist Bob Galen Kathyrn H. Graves Margaret Wagner Dahl Nancy Paris Sandy Thurman Stephanie Weber
Volunteer Development Coordinator	Research and identifies potential volunteer pools Establishing volunteer pipeline Oversees the selection of volunteers	
Communication & Fund Raising Coord.	Coordinates internal and external project communication Coordinates fund raising activities	
Volunteer Leader	Trains and mentors volunteers Ensures BDP's are identified, documented and shared	
Central Office Man.	Manages the central office and its clerical staff	
Financial Analyst	Completes all required financial and performance reports as directed by the CFO	
Admin. Assistant	Provides administrative support to the CEO and other project team members	

X.2 Pilot Project Organizational Chart



