Leadership, Management & Governance (LMG) Project

Inspired Leadership. Sound Management. Transparent Governance.

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Project Year 2 Annual Report

July 1, 2012 - June 30, 2013

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The LMG Project is led by MSH in cooperation with the African Medical and Research Foundation, the International Planned Parenthood Federation, Johns Hopkins University Bloomberg School of Public Health, Medic Mobile, and Yale University Global Health Leadership Institute.

To improve prospects for stronger health systems and more sustained health gains, USAID through the Leadership, Management & Governance Project is investing in individuals and institutions that build the capabilities of those who lead, manage, and govern in the health sectors of low- and middle-income countries.

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List of Abbreviations and Acronyms

ACHEST	African Centre for Global Health and Social Transformation
AHLMN	Africa Health Leadership and Management Network
ALERT	All Africa Leprosy, Tuberculosis and Rehabilitation Centre
AMREF	African Medical and Research Foundation
AOR	Agreement Officer's Representative
BPHS	Basic Package of Health Services
CBHC	Community-Based Health Care
CCM	Country Coordinating Mechanism
CSO	Civil Society Organization
CVT	Center for Victims of Torture
DCHA	Bureau for Democracy, Conflict and Humanitarian Assistance (USAID)
DDS	*Direction Départementale de la Santé* (Department of Health Services) (Haïti)
DOSS	*Direction d'Organisation des Services de Santé* (Department of Organization of Health Services) (Haiti)
DHCC	District Health Coordination Committee
DIPE	*Direction de l'Information, de la Planification et de l'Evaluation* (Department of Information, Planning and Evaluation) (Cote d'Ivoire)
DPSES	*Direction de la Planification et du Suivi et Evaluation du SIDA* (Department of Planning, Monitoring and Evaluation of AIDS) (Cote d'Ivoire)
ECSA-HC	East, Central and Southern African Health Community
EPHOA	Ethiopian Public health Officers Association
EPHS	Essential Package of Hospital Services
EU	European Union
FHOK	Family health Options Kenya
FP/RH	Family Planning/Reproductive Health
FMOH	Federal Ministry of Health (Ethiopia)
GCMU	Grants and Contract Management Unit (Afghanistan)
GOL	Government of Libya
HMIS	Hospital Management Information System
HSPI	Health Strategy Policy Institute
IBP	Implementing Best Practices Initiative
ICRC	International Committee of the Red Cross
IPPF	International Planned Parenthood Federation
IPPFAR	IPPF Africa Regional Office
IRSP	*Institut Régional de Santé Publique* (Regional Institute of Public Health [IPH])(Benin)
JHSPH	Johns Hopkins University Bloomberg School of Public Health
LDP+	Leadership Development Program Plus
LMG	Leadership, Management, and Governance (Project)
LMICs	Low- and Middle-Income Countries
LMS	Leadership, Management and Sustainability (Project)
L+M+G	Refers to the concepts of leadership, management, and governance
M&E	Monitoring and Evaluation
MESST	Monitoring and Evaluation System Strengthening Tool
MIUSA	Mobility International USA
MLDD	Management and Leadership Development Directorate

MLDP	Management & Leadership Development Program
MOE	Ministry of Education
MOH	Ministry of Health
MOPH	Ministry of Public Health (Afghanistan)
MOSA	Ministry of Social Affairs (Libya)
MOST	Management and Organizational Sustainability Tool (MSH)
MOU	Memorandum of Understanding
MOWWA	Ministry of War Wounded Affairs (Libya)
MP	Members of Parliament
MSH	Management Sciences for Health
MSLS	Ministère de la Santé et de Lutte contre le SIDA (Ministry of Health and the Fight against AIDS) (Cote d'Ivoire)
MSPP	Ministry of Public Health and Population (Haiti)
NCC	National Commission for Children (Rwanda)
NUPAS	Non–US Organization Pre-Award Survey
NURSPH	National University of Rwanda School of Public Health
NGO	Non-governmental Organization
OHA	Office of HIV/AIDS (USAID)
OWW	Office of War Wounded (Libya)
PATH	Partners Aligned in Trauma Healing Project (CVT)
PCH	Partnership Contract for Health Services
PEPFAR	President's Emergency Plan for AIDS Relief
PHSSCs	Provincial Health System Strengthening Consultants
PIA	Ponseti International Association
PLD	Provincial Liaison Department (Afghanistan)
PPAG	Planned Parenthood Association of Ghana
PPHCC	Provincial Public Health Coordination Committee (Afghanistan)
PPHDs	Provincial Public Health Directors
PPHOs	Provincial Public Health Offices
ProACT	Prevention and Organizational Systems – AIDS Care and Treatment Project
PMP	Performance Monitoring Plan
PPP	Public Private Partnerships
PRs	Principal Recipients
PRH	Office of Population and Reproductive Health (USAID)
PY(#)	Project Year (1, 2…)
RBF	Results-Based Financing
ROBS	*Réseau des ONG Beninois en Santé*
SAM	Stakeholder Alignment Meeting
SEAPACOH	Southern and Eastern African Parliamentary Alliance of Committees of Health
SLP	Senior Leadership Program
SOP	Standard Operating Procedure
SOW	Scope of Work
TATCOT	Tanzania Training Centre for Orthopaedic Technologists
TB	Tuberculosis
TOF	Training of Facilitators
UAS	*Unité d'Arrondissement de Santé* (District Health Unit) (Haïti)
UADS	*Unité d'Appui à la Décentralisation Sanitaire* (Support Unit for Health Decentralization) (Haïti)

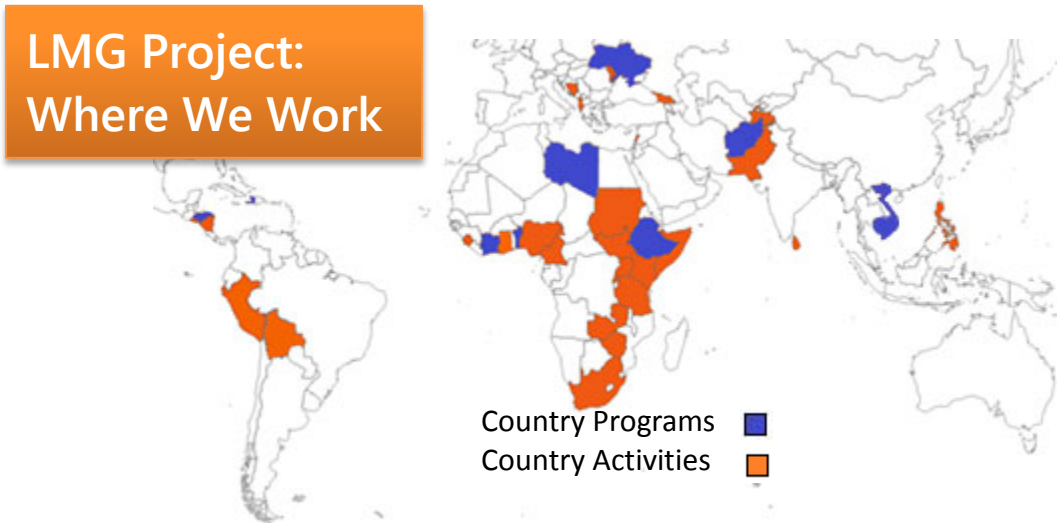
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USG	United States Government
VAAC	Vietnam Administrator for HIV/AIDSHIV/AIDS Control
VLDP	Virtual Leadership Development Program
WAHO	West African Health Organization
WHO	World Health Organization
WILD	Women's Institute on Leadership and Disability (MIUSA)
WSTP	Wheelchair Service Training Package

Executive Summary

Building leadership, management, and governance capacities within the health system provides an opportunity to strengthen health-care workforce capacity, improve program performance, develop relationships with target populations, and enhance the ability of the health system to respond quickly and effectively to change.[1] This report summarizes the work and results of Project Year 2 (PY2) of the five-year, USAID-supported Leadership, Management, and Governance (LMG) Project (Cooperative Agreement Number AID-OAA-A-11-00015) during the reporting period of July 1, 2012–June 30, 2013.

Leverage and Legacy. In PY2, the LMG Project has leveraged partnerships and activities to create new curricula, establish new relationships in the field, and propose bold development strategies to build the capacity of individuals and institutions that champion smarter L+M+G (leadership, management, and governance) for stronger health systems and greater health outcomes. These efforts will all become part of the legacy of the LMG Project.

LMG Project Resources Leveraged via Collaborations with Many Organizations. Our work continues to leverage resources for greater impact through partnerships with diverse and influential organizations. In sub-Saharan Africa, the LMG Project is working with project partners such as the African Medical and Research Foundation (AMREF), the International Planned Parenthood Federation (IPPF), Medic Mobile, Yale University's Global Health Leadership Institute, and the Johns Hopkins University Bloomberg School of Public Health (JHSPH), as well as alliance partners such as the African Centre for Global Health and Social Transformation (ACHEST), the East, Central and Southern African Health Community (ECSA-HC), and the West African Health Organization (WAHO).The LMG Project also works with ministries of health and civil society organizations (CSOs) around the world (see map below as well as listing of LMG program and activity countries in Table 1) .



[1] From "Evidence of Leadership, Management, and Governance in Low- and Middle-Income Countries' Health Systems: A Systematic Review," Johns Hopkins Bloomberg School of Public Health (JHSPH), June 30, 2013.

Table 1: LMG PY2 Program* and Activity Countries			
Afghanistan*	**Georgia**	**Nigeria**	**Tajikistan**
Albania	**Ghana**	**Pakistan**	**Tanzania**
Benin*	**Haiti***	**Peru**	**Uganda**
Bolivia	**Honduras***	**Philippines**	**Ukraine***
Bosnia	**Lebanon**	**Rwanda**	**Vietnam***
Côte d'Ivoire*	**Liberia**	**Sierra Leone**	**Zambia**
El Salvador	**Libya***	**Somalia**	**Zimbabwe**
Ethiopia*	**Moldova**	**South Africa**	
Cambodia	**Mongolia**	**Sri Lanka**	
Cameroon	**Nicaragua**	**Sudan**	

Project activities supported by the USAID Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA) saw substantial progress in PY2, and were carried out in PY2 in collaboration with:

- Partners Aligned in Trauma Healing (PATH) Project of the Center for Victims of Torture (CVT)
- International Committee of the Red Cross (ICRC)
- Mobility International USA (MIUSA)
- Ponseti International Association (PIA)
- Rwanda's National Commission for Children (NCC)
- World Health Organization (WHO)

Capacity-building of regional networks, in addition to regional and national schools and institutions. Through the capacity-building that the LMG Project carried out in PY2, and the transfer of capacity that the project expects to see in the coming years, we anticipate that the organizations we partner with will be more likely to own and sustain the results of our work in enabling health leaders to lead, manage, and govern effectively in low- and middle-income countries (LMICs). Our engagement with 10 learning organizations (see Table 2 below), through use of updated online technology and curricula provided by the Virtual Leadership Development Program (VLDP), is helping create a cadre of valued and capable health leaders within a rapidly expanding field of health professional training and advocacy organizations. Of these ten universities, four will receive further support in PY3.

Table 2: In PY2, 10 teams from the following learning organizations participated in training through VLDP learning technologies and developed action plans for their institutions.	
1. Kibogora University, Rwanda	**2. Kenya Medical Training College, Kenya**
3. African Medical and Research Foundation (AMREF), Kenya	**4. Obafemi Awolowo University, Nigeria**
5. Damanhour University, Egypt	**6. Regina Pacis University, Kenya**
7. Haramaya University, Ethiopia	**8. Rwamagana School of Nursing and Midwifery, Rwanda**
9. Jimma University, Ethiopia	**10. Universitas Indonesia, Indonesia**

In PY2 the LMG Project also strengthened the L+M+G capacity of health leaders in national ministries

through the Leadership Development Program Plus (LDP+) and the Senior Leadership Program (SLP) in Nigeria, Afghanistan, Ethiopia, and Libya. LMG used these programs with the staff of the ICRC as well. In Afghanistan, LMG staff helped the Afghanistan Ministry of Public Health define core public health functions, tasks, and performance standards, and then scale up and implement guides for governing bodies in 34 Provincial Public Health Offices throughout the country. In Haiti, LMG and World Bank staff teamed up to develop a "Haitian model" of contracting and results-based financing (RBF), and wrote an RBF operating manual to use as a guide for implementation of the RBF mechanism. In Ethiopia, in addition to the routine focus on gender in all LMG trainings, LMG staff provided technical assistance to the Gender Directorate within the Ethiopian Federal Ministry of Health (FMOH) to develop a gender training manual and a strategic plan for ensuring that ministry staff consider gender issues and that gender-responsive policies and practices are promoted throughout the Ethiopian health system.

Hard and creative work by dedicated LMG staff in PY2. This year's report summarizes the work of more than 250 staff and consultants around the world (see Table 3 below), made possible by the substantial resources entrusted to us from the following sources:

- Three USAID Core Bureaus/Offices in Washington, DC (totalling [redacted]–see breakdown below).
  - PRH [redacted]
  - OHA [redacted]
  - DCHA [redacted]
- USAID missions in Afghanistan, Benin, Cote d'Ivoire, Egypt, Ethiopia, Haiti, Honduras, Libya, and Vietnam (obligated funds totalling [redacted]).
- Non–U.S. Government collaborators (with a planned cost-share pipeline of more than [redacted] as of June 30, 2013).

In PY2, these human and financial resources have helped us further enhance the LMG Project's ability to serve effectively as **champion and conscience** for expanded value from and investments in L+M+G capacity development.

- We ***champion*** the value of using current and innovative leadership, management, and governance practices by advocating for the capacity-building investments shown in our results model (see Figure 1) and by defining the links we make between L+M+G practices and health systems performance improvement (see Figure 2 for LMG Results Framework).
- Our many communication and social media tools, supported by our staff and country-based teams, now serve as a ***conscience*** for good work in L+M+G. In PY2, staff also enhanced access to and knowledge about effective tools and resources in our many training activities and via our web portal and social media

Table 3: LMG Project Staffing Worldwide

LMG Project Office/Country	Number of LMG Staff
Afghanistan	154
Arlington Office	23
Benin	4
Brazil	1
Cambridge Office	28
Cote d'Ivoire	2
Ethiopia	11
Guatemala	1
Haiti	15
Honduras	5
Mexico	1
Vietnam	5
TOTAL	**250**

(http://www.lmgforhealth.org/content/tools-resources).

Figure 1: Conceptual Model for Leading, Managing, and Governing for Results

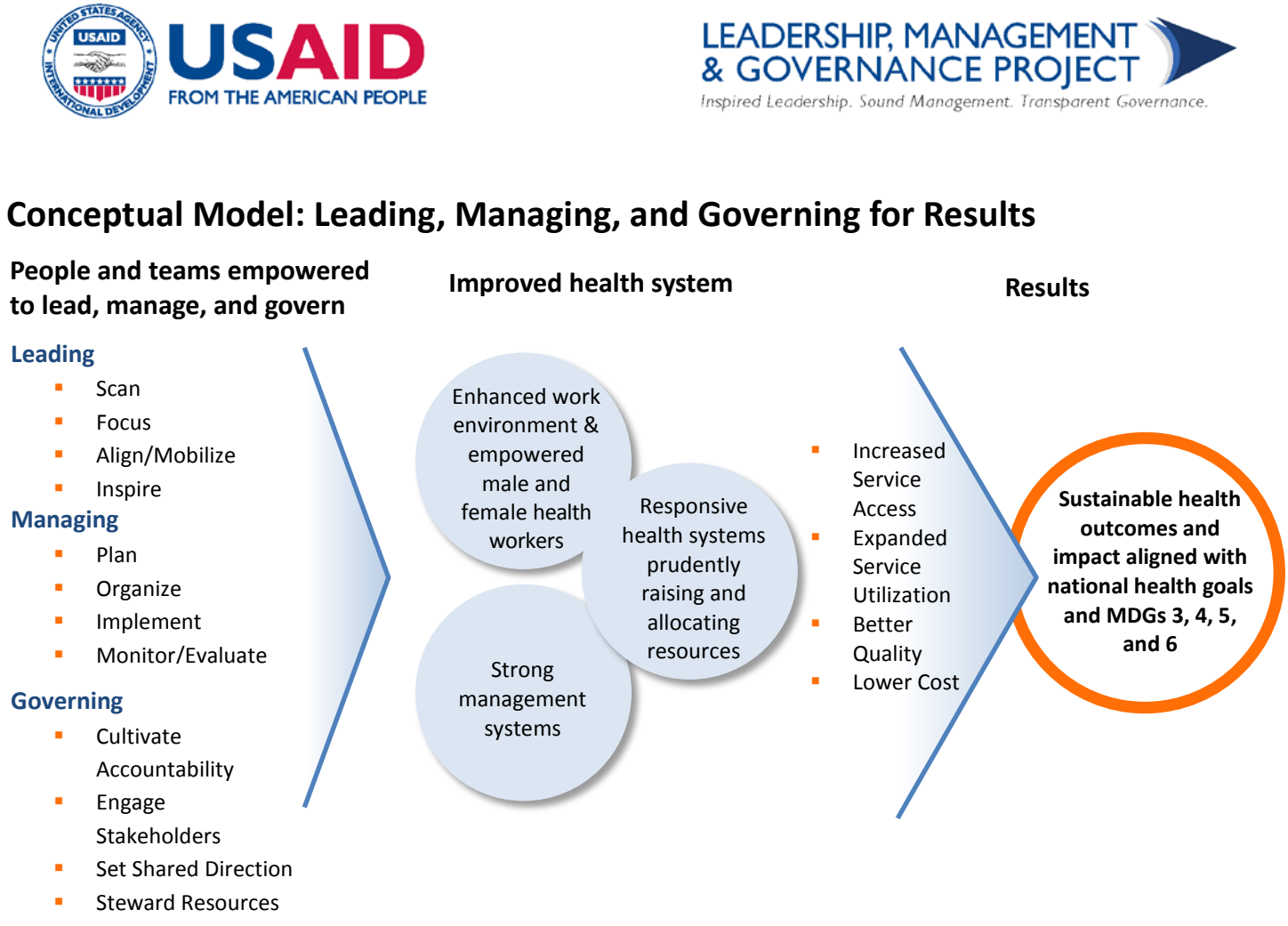


Figure 2: Leadership, Management, and Governance Results Framework

LMG Project Objective

Health systems strengthened through sustainable leadership, management, and governance capacity of health providers, program managers, and policymakers to deliver quality health services at all levels of the system.

Result 1: Strengthen global support, commitment, and use of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.

IR 1.1: Partnerships with global agencies engaged in management, leadership, and governance of public health care systems established.

IR 1.2: Tools, models, and approaches for sustainable leadership, management, and governance incorporated into the program of, or endorsed by, key global management and leadership agencies/organizations.

IR 1.3: Resources for leadership, management, and governance activities with key global partners leveraged.

IR 1.4: Strategies for advocacy with USAID missions, governments, and nonprofit entities regarding health systems strengthening with specific technical approaches for leadership, management, and governance developed and implemented.

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.

IR 2.1: Tools, models, and approaches for sustainable leadership, management, and governance identified, improved, and evaluated.

IR 2.2: Impact evaluation of leadership, management, and governance approaches conducted, and results published in peer-reviewed journals and disseminated widely, including to USAID staff and missions.

IR 2.3: Indicators for supporting country-led leadership, management, and governance processes and capacity-building developed and tracked.

Result 3: Implement and scale up innovative, effective, and sustainable leadership, management, and governance programs.

IR 3.1: Proven leadership, management, and governance tools, models, and innovative approaches for sustainable health care systems scaled up, tested, and impact on health systems and health outcomes documented.

IR 3.2: Leadership, management, and governance tools, models, and approaches institutionalized within CSOs and public sector institutions throughout health care systems.

IR 3.3: Human resource capacity in pre-service and in-service settings for integrated leadership, management, and governance developed and strengthened.

IR 3.4: Capacity-building for country-led leadership, management, and governance processes and approaches systematized, documented, and disseminated.

Organization of Report

This LMG PY2 annual report has been organized to provide a summary of our work by activities under each source of funding.

Section 1 highlights work in five output areas supported by the USAID Office of Population and Reproductive Health (PRH), as well as six outputs in our work in Monitoring, Evaluation, and Research. Advocacy for improved L+M+G accelerated in PY2 in three output areas. (p.13)

Section 2 highlights significant results in four output areas supported by the USAID Office of HIV/AIDS (OHA), including initiatives to support the professionalization of health services management, as well as enhanced work with the President's Emergency Plan for AIDS Relief (PEPFAR) and Global Fund Country Coordinating Mechanisms (CCMs). (p.33)

Section 3 examines our diverse support for building the capacity of several global organizations serving vulnerable populations through the Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA). We are proud of the innovations and relationships we are nurturing to enhance resources for women with disabilities, children with clubfoot, victims of torture, the disabled served by the ICRC, wheelchair providers across the world, and orphaned children. (p.37)

Section 4 illustrates the growing range and complexity of requests for support for improved leadership, management, and governance practices from USAID country missions. A majority of our staff and resources are focused on capacity-building for enhanced country ownership and health system strengthening. Results generated by these country and portfolio teams are earning new interest and inquiries for project support in more than ten additional countries for PY3. (p. 46)

Section 5 distills PY2 progress in our priority cross-cutting areas: evidence, governance, knowledge exchange (KE), transfer networks, gender, professionalization of health services management, and public and private sector partnerships. (p. 77)

Section 6 summarizes our project management and financial stewardship for funds entrusted to us from USAID. (p. 90)

Section 1: Project Activities with PRH Core Funding

The LMG Project strives to enhance the performance of government and CSO programs in family planning, reproductive health, and maternal-child health by advocating for and supporting capacity-building for individuals and institutions. This work is dedicated to enhancing competencies of those who lead, manage, and govern. This section summarizes core-funded PY2 outputs and activities in these areas:

- Innovation and Health Systems Strengthening
- Monitoring, Evaluation, and Research
- Advocacy and Partnerships

PRH core funds supported the activities detailed below in the following countries:

PRH		
Country	**Output Number**	**Output Title (type of support)**
Egypt	P1	Institutionalize L+M+G into Pre-service Education to Professionalize the Health Leadership and Management Workforce (VLDP team)
Indonesia	P1	Institutionalize L+M+G into Pre-service Education to Professionalize the Health Leadership and Management Workforce (VLDP team)
Zambia	P1	Institutionalize L+M+G into Pre-service Education to Professionalize the Health Leadership and Management Workforce (VLDP team)
Nigeria	P1	Institutionalize L+M+G into Pre-service Education to Professionalize the Health Leadership and Management Workforce (VLDP team)
Rwanda	P1	Institutionalize L+M+G into Pre-service Education to Professionalize the Health Leadership and Management Workforce (VLDP team)
Kenya	P1	Institutionalize L+M+G into Pre-service Education to Professionalize the Health Leadership and Management Workforce (VLDP team)
Mozambique	P1	Institutionalize L+M+G into Pre-service Education to Professionalize the Health Leadership and Management Workforce (VLDP team)
Ethiopia	P1	Institutionalize L+M+G into Pre-service Education to Professionalize the Health Leadership and Management Workforce (VLDP team)
Nigeria	P2	LMG Intervention Process-Leadership Development Program Plus (LDP+)
Kenya	P2	LMG Intervention Process-Leadership Development Program Plus (LDP+)
Rwanda	P3	Senior Leadership Program (SLP)
Cameroon	P4	Capacity-building of IPPF's Africa Learning Centers (key documents---hard copies and electronic version---distributed to the Cameroon National Association for Family Welfare)
Ghana	P4	Capacity-building of IPPF's Africa Learning Centers (key documents---hard copies and electronic version---distributed to the Planned Parenthood Association of Ghana)
Mozambique	P4	Capacity-building of IPPF's Africa Learning Centers (key documents---hard copies and electronic version---distributed to the Mozambican Association of Family Development)
Nigeria	P4	Mobile Application Feedback Loop for Systematic Data Collection for LDP+ Activities (field testing of tool in collaboration with the USAID-funded ProACT project)
Uganda	P4	Capacity-building of IPPF's Africa Learning Centers (key documents---hard copies and electronic version---distributed to Reproductive Health Uganda)

Lesotho	P5	Implementing Best Practices (IBP) Initiative supported and Guide on Fostering Change for Scale Up of Effective Health Practices updated
Swaziland	P5	Implementing Best Practices (IBP) Initiative supported and Guide on Fostering Change for Scale Up of Effective Health Practices updated
Tanzania	P5	Implementing Best Practices (IBP) Initiative supported and Guide on Fostering Change for Scale Up of Effective Health Practices updated
Uganda	P5	Implementing Best Practices (IBP) Initiative supported and Guide on Fostering Change for Scale Up of Effective Health Practices updated
Zimbabwe	P5	Implementing Best Practices (IBP) Initiative supported and Guide on Fostering Change for Scale Up of Effective Health Practices updated
Ghana	--	Financial Capacity Building work with an IPPF Member Association (PPAG)
Kenya	--	Financial Capacity Building work with an IPPF Member Association (FHOK)

1.1 Innovation and Health Systems Strengthening

Output P1: Institutionalize Leadership, Management and Governance into Pre-Service Education to Professionalize the Health Leadership and Management Workforce (Activities P1.1–P1.4)

Virtual Leadership Development Program (VLDP) for Pre-Service Institutions: This program was designed to allow participants from schools of medicine, nursing, and public health, as well as other educational institutions in health care, to work in teams to identify key leadership challenges in the integration of leadership, management, and governance curriculum into their institution's clinical coursework. Teams selected for this VLDP were from Ethiopia, Indonesia, Nigeria, Rwanda, Kenya, and Egypt.[2]

Through the VLDP, LMG enhanced the capacity of 11 local teams in eight countries to identify and address their challenges in integrating leadership and management pre-service curricula into their universities, training institutions, or schools.

Team from Obafemi Awolowo University (Nigeria) with their VLDP certificates of completion. This photo was a popular "boost post" (a posting that was popular with readers) on the LMG Facebook page: https://www.facebook.com/LMGforHealth.

In their baseline assessments, all teams reported a need for technical assistance and support for the development and/or integration of a leadership, management, and governance curriculum into their health education and clinical programming. Most of the institutions reported having incomplete, insufficient, or out-of-date leadership and management curricula. Other teams reported facing challenges in building interest or creating buy-in from institutional decision-makers. Many institutions

[2] The program originally comprised a total of 13 teams, but the team from University of Eduardo Mondlane (Mozambique), the team from Muhimbili University (Tanzania), and Inservice Training Trust (Zambia) had to withdraw their participation due to unforeseen circumstances within their institutions.

were also lacking qualified and trained faculty available to deliver the content. These challenges were the focus for the VLDP, which enabled and supported teams to work together to improve their own leadership skills, work climate, and overall performance.

Eleven teams developed action plans in collaboration with the VLDP facilitators that outlined clear steps to attaining measurable results. Eight teams fully completed the program's coursework in PY2, with one team is currently receiving longer term technical support from VLDP facilitators. (For the full report on the VLDP, see deliverable P1.1).

In their evaluations, teams reported gaining leadership and management skills, enhancing their team communication, and working together to develop action plans and overcome shared challenges. Respondents noted personal and organizational changes as a result of the VLDP. These comments were among the participant's feedback:

> *"Now I can scan/focus and align/mobilize in my daily work. I realize the importance of leadership, management, and governance as well as gender sensitivity in nursing."*
> *(Team member from Obafemi Awolowo University, Nigeria)*

> *"Long live VLDP! You have transformed my thinking and the way I do things. I am no longer busy pointing fingers at the top leadership, but I am taking my place as a leader and doing the best I can with the help of my three team members ... I now commit myself to serve my clients at Regina Pacis and put in the best of my energy for the success of our programs. THANK YOU!"*
> *(Team member from Regina Pacis University, Kenya)*

In November 2013, the program facilitators will follow up with teams to check the progress they have made in implementing their action plans. Additionally, in PY3, the LMG project will continue to work closely with four of these pre-service teams to fully integrate leadership, management, and governance curriculum into their institutions.

Output P2: LMG Intervention Process for the Leadership Development Program Plus (LDP+) (Activities P2.1–P2.8)

The LDP+ is a team-based, results-oriented, participatory leadership development process that enables teams to face challenges and achieve results through action-based learning. In the program, individuals from the same workplace form teams to learn and apply leadership, management, and governance practices to improve a common set of health indicators. A governing body composed of critical stakeholders within the health system sets the direction of the program by selecting a few indicators and proven interventions that the local improvement teams can adapt and implement. The governing body also determines how to scale up the improvement process to new areas. As they work on real workplace challenges, the improvement teams receive feedback and support from facilitators and local technical coaches to achieve measurable results. This is a continuous process that starts with the LDP+ and continues through evaluation and a new cycle of interventions. Based on one year of research and evaluation, the LDP+ builds on MSH's Leadership Development Program to include additional elements of coaching, monitoring and evaluation, country ownership, and gender.

The LDP+ was piloted in Nigeria's Gwagwalada Health Council, which included ten facilities and one CSO, the Jumorota Community Care Initiative. The entire process of the LDP+ (summarized in Table 4) was completed within the Gwagwalada Health Council, which represents one district within the Federal Capital Territory.

Table 4: LDP+ Process

- **Training of trainers**
- **Creating the governing body**
- **Training teams in leadership, management, and governance, as well as in the overall performance improvement process**
- **Training coaches to support teams in implementing their action plans**
- **Organizing two learning sessions among teams to share their results and best practices**
- **Meeting with the governing body to plan evaluation and scale-up**

The governing body in Nigeria that had the key role of overseeing the process was composed of representatives from the Gwagwalada Area Council, the Federal AIDS and STIs Control Program, the Federal Agency for the Control of AIDS, the Jumorota Community Care Initiative, and a woman leader in the Gwagwalada community. It defined prevention of mother-to-child transmission (PMTCT) as the key health area to be improved by the teams. The governing body held meetings on its own, followed up on teams' performance, conducted an evaluation, and planned for the scaling up of the program to eight new facilities in the following year.

During the learning sessions, 10 teams shared their results and best practices. During the implementation of their action plans, in the six months between November 2012 and April 2013, nine out of 10 teams were able to improve at least one of their PMTCT indicators (see Table 5).

Table 5: LDP+ Gwagwalada Council Teams' Results from November 2012 to April 2013

Facility	Measurable Result	Baseline	Result
Old Kutunku	Increase the number of new ANC attendees from 151 to 300 in old Kutunku Provincial Health Council	151 17 per month	371 **61 per month**
Dagiri *Note: In October 2012, this facility started charging for ANC.*	Increase the number of new ANC clients in Dagiri community from 54% to 70% (742 is the number of potential pregnant women in their catchment area)	404/742 54% 9 months 44 per month	249/742 33% 6 months 41 per month
Angwan-do	Increase the number of pregnant women attending ANC/PMTCT services from 236 to 300	236 9 months 27/month	279 6 months 47/month

Tungan-Maje	Increase the number of deliveries in Tungan-Maje PHC from 37% of women who attended ANC to 40%	169/455 37%	138/352 39.5%
Paiko	Increase the number of pregnant women attending first ANC who deliver at the Paiko PHC facility to 90%	115/150 77%	121/154 78%
Gwako	Increase the number of pregnant women attending first ANC who deliver at the facility from 18% to 25%	59/320 18%	110/256 **42%**
Gwako	Increase the number of partners of HIV-positive pregnant women attending ANC who are counseled, tested, and receive their results from 36% to 40%	4/11 36%	12/12 **100%**
Zuba	Increase the number of HIV-positive pregnant women's partners who are counseled and tested from 25% to 50% in Zuba PHC	5/20 25%	10/5 **200%**
Ibwa	Increase from 0% to 20% the number of partners of pregnant women coming for ANC who will be HIV counseled, tested, and receive their results	0/50 0%	159/265 **60%**

The pilot included testing of the new LDP+ modules on gender, governance, and monitoring and evaluation. Based on the pilot, LMG developed the new LDP+ Facilitator's Guide, which includes all training sessions within the new modules, as well as guidance on how to organize all meetings, including those with the governing body, the training of coaches, the learning sessions, and the final evaluation and scale-up meeting (Activity P2.5).

Participants in an LDP+ training session held in Gwagwalada, Nigeria. Photo: Lourdes de la Peza

In Kenya, LMG staff provided the staff of the Leadership, Management and Sustainability (LMS) Project/Kenya with an orientation to the LDP+ program (Activity P2.3). In PY3, LMS will roll out the LDP+ in Kenya with newly devolved country managers.

In Nigeria, the Prevention and Organizational Systems – AIDS Care and Treatment (ProACT) Project (a USAID-funded project implemented by MSH) launched the LDP+ program in February in Kwara State, with assistance from LMG staff. Seven teams are currently being trained, without LMG support, by

facilitators from the local ProACT Project. LMG staff will be working with ProACT Project staff to identify a new state in Nigeria to launch another LDP+ in July 2013.

Interest in the LDP+ has been growing. LMG staff has provided an orientation to LDP+ for staff of LMG/Afghanistan, and the training is now being delivered in a national/specialty hospital setting. The LMG/Benin project director has also been provided with an orientation on the LDP+ and plans are underway to implement the program in Benin in PY3. In order to use the LDP+ program effectively in francophone countries, MSH has translated the LDP+ guide into French.

Output P3: Senior Leadership Development (Activity P3.1)

The SLP (Senior Leadership Program) was designed in collaboration with LMG and Yale University Global Health Leadership Institute to develop leadership, management, and governance capacity for senior leaders. To ensure that the SLP is sustainable and country-owned, LMG initially delivers the training in partnership with local institutions of higher education, after which the local institutions will continue to deliver the program.

The SLP was piloted in Rwanda to respond to a request from the ministry of health (MOH) to train all 42 district hospital directors. Thirty hospital directors were enrolled in the pilot and 26 directors completed the program. Five faculty members from the National University of Rwanda School of Public Health (NURSPH) also participated as students. An additional two NURSPH junior faculty members joined as program facilitators. The MOH expects that in moving forward, NURSPH will continue to replicate the program for the remaining directors without LMG support.

The pilot program in Rwanda was organized into two four-day long workshops. One was conducted in January 2013 and the other in March 2013. A third two-day workshop was conducted in June 2013 for the presentation by the teams of the results they achieved. Participants received support and coaching from LMG staff between the workshops in the development and implementation of their field projects. Projects focused on five key areas: equipment management, staff supervision, procurement, antenatal care visits, and staff satisfaction.

The program showed success in several key areas:

- 26 medical directors and 5 NURSPH faculty completed the program with 100% attendance
- NURSPH faculty now has a plan to deliver the program in 2014
- 26 hospital directors designed and implemented work plans that addressed key challenges in their respective hospitals with support from NURSPH participants

SLP participants in the second session held in Rwanda in May 2013.

While many of the projects that participants were working on will remain in progress through December 2013, all of the teams were able to report on interim indicators. Project results included:

1. Antenatal care visits at Ruli Hospital increased by 2% by using a sensitization campaign and training 150 community health workers.

2. Sixty-eight percent of non-functioning medical equipment in Kaduha Hospital was repaired.
3. Fifty percent of nurses and 75% of midwives at Mugonero Hospital were enrolled in either job training or career development opportunities. A plan for career development opportunities by a quality management and improvement team and board was enacted.
4. Software on Workload Indicator of Staffing Needs is now used at Masaka Hospital to help identify staff load.

In PY2, the IPPF Africa Regional Office (IPPFAR) requested that LMG financial staff conduct two two-week financial management capacity-building trainings at IPPF member associations that had strong financial systems in place but could be further strengthened. The first training was conducted at the Planned Parenthood Association of Ghana (PPAG), the IPPF member association located in Accra, Ghana, from March 18 to March 29, 2013. The second training was at Family Health Options Kenya (FHOK), the IPPF member association located in Nairobi, Kenya, from April 29 to May 10, 2013. LMG staff used the Non–US Organization Pre-Award Survey (NUPAS) tool to assess the policies and procedures of these two IPPF member associations in seven areas: 1) legal, 2) financial management and internal controls (by far the largest of the seven sections), 3) procurement, 4) human resource management, 5) travel, 6) project management, and 7) organizational sustainability.

This assessment began with a desk review of documents prior to arriving in-country. At the end of the first week in-country, LMG conducted the NUPAS pre-survey to establish the organization's baseline score. The pre-survey scoring scale is one to four, as detailed in Table 6.

Table 6: NUPAS Pre-Survey Scoring Scale

Score Range	1.00 – 1.50	1.51 – 2.50	2.51 – 3.50	3.51 – 4.00
NUPAS Capacity Description	Inadequate Capacity	Weak Capacity	Adequate Capacity	Strong Capacity

PPAG scored 2.50/4.00 or "weak capacity" and FHOK scored 3.30/4.00 or "adequate capacity" in their pre-surveys.

The second week consisted of trainings for relevant staff in all seven areas tailored to the specific weaknesses of PPAG and FHOK. LMG finance staff then continued to work with both PPAG and FHOK staff virtually for three weeks to review the products of their completed assignments and to make suggestions for improvements. LMG then conducted a post-survey to establish the two organizations' new scores. PPAG scored 2.98/4.00, moving from "weak capacity" to "adequate capacity." FHOK scored 3.53/4.00, moving them from "adequate" to "strong," the desired outcome of the training.

In PY3, LMG finance staff and consultants will continue this work with three additional IPPF member associations: Reproductive Health Uganda in Kampala, Uganda; the Cameroon National Planning Association for Family Welfare in Yaoundé, Cameroon; and the *Associação Moçambicana para Desenvolvimento da Família* (Mozambican Association for Family Development) in Maputo, Mozambique. LMG staff is in the process of conducting virtual trainings of trainers in financial management with consultants, project staff, and some of the newly trained IPPF member association staff, who will act as facilitators and trainers for the next round of these trainings, scheduled for July and August 2013.

Output P4: Appropriate technology is leveraged to support robust knowledge exchange and innovation in the area of leadership, management, and governance for health (Activities P4–P4.4)

LeaderNet Instruction Design and Technology Audit: In PY2, LMG finalized an agreement with EnVision, a highly qualified instructional design firm, to complete an in-depth audit of MSH's virtual platforms for the VLDP and LeaderNet. The 80-page final report, which was submitted in March 2013, provided extensive design and technology recommendations for updating these platforms and programs to significantly enhance learners' experience (Activities P4.2, P4.3). LMG held strategic planning meetings with MSH eLearning program staff to discuss the report, gather insight and further recommendations, and plan for next steps. A web designer was hired to support the core LeaderNet team. Together they reviewed content and selected key criteria for the wireframe, which will be built at the beginning of PY3.

eManagers: PY2 saw the revival of one of MSH's most well-respected products, the eManager. This online leadership and management publication addresses key health management topics with relevant field examples. This project year, LMG produced two eManagers. The first, "How to Govern the Health Sector and Its Institutions Effectively," was completed in May and introduced four effective governing practices that lead to improved health system performance. The second, "Paving the Way Toward Professionalizing Leadership and Management in Healthcare," was developed in the last quarter of PY2 and calls for the creation of a culture of management and leadership at all levels, provides examples of progress-to-date in several countries, and proposes a four-phase pathway leading to a long-term approach to professionalize leadership, management, and governance in the health sector. Professionalizing leadership and management in health care includes recognizing the value of health managers, establishing clear career paths, and providing the skill set and preparation needed (Activity P4.3).

Postcard created by LMG staff to promote the PY2 eManager "How to Govern the Health Sector and Its Institutions Effectively." The postcard was distributed at meetings and key events, such as the Women Deliver 2013 conference in Kuala Lumpur, Malaysia.

"How to Govern the Health Sector and its Institutions Effectively" dissemination in PY2 included a showcasing banner on the LMG website, Facebook and Twitter announcements with associated links, special announcements in LMG's newsletter, and email announcements to key audiences, including staff at MOHs, Cooperating Agencies, medical schools, universities, relevant professional associations, and in-country CSOs and networks. More than 8,000 people received the launch announcement and more than a hundred hard copies were shared at various in-country meetings. The second eManager, "Paving the Way Toward Professionalizing Leadership and Management in Healthcare," was completed in June but is being disseminated in July 2013, following concurrence by the Agreement Officer's Representative (AOR). Project staff also created a postcard promoting each eManager edition that highlights salient points as takeaways to share with colleagues at meetings and events.

Capacity-Building of IPPF's Africa Learning Centers: As part of LMG's effort to help build the capacity of the IPPFAR Learning Centers, LMG disseminated 160 physical copies of various key documents relevant to leadership, management, and governance in health as well as their electronic versions. These resources were sent to the Cameroon National Association for Family Welfare, the Planned Parenthood

Association of Ghana, the Mozambican Association for Family Development, and Reproductive Health Uganda, all of which have learning centers associated with our consortium partner, IPPF.

Also in PY3, LMG staff will carry out knowledge exchange activities to support IPPF-related learning centers, including a desk review and quick gap analysis to determine the centers' individual strengths and weaknesses and what materials and information resources would be most appropriate for their needs. The LeaderNet and VLDP platforms will be merged and all current content will be revised according to the audit recommendations. The new site will include social media, video sharing capability, and user-driven content.

Mobile Application Feedback Loop: In PY1, LMG worked with Medic Mobile as they focused their efforts on software development to help data collection and provide a feedback loop for the LDP+. By the start of PY2, the software was in place and the mobile application was set to be tested in Namibia with the USAID-funded Building Local Capacity for Delivery of HIV Services in Southern Africa Project, implemented by MSH. In November, Medic Mobile's technical staff traveled to Namibia to meet with Building Local Capacity's Director of Capacity Building to present the mobile application and discuss next steps. Competing demands interfered with planned testing and the activity was rescheduled and redirected to the USAID-funded ProACT Project, implemented by MSH in Nigeria, which had just been through the LDP+ training of trainers and was well suited to test and roll out the application. Medic Mobile visited the implementing team in Nigeria in June 2013 and began requisite adjustments to the application to align with LDP+ data-reporting specifications. Medic Mobile also set up the hub for forthcoming data exchanges (Activity P4.4). This system will allow for near–real time reporting of results and participant data. Nigeria is an ideal setting to test the application due to the ProACT Project's activity timeline and its level of digital literacy. Follow-up actions include distributing the application to selected audiences to test the feasibility of scaling it up for LMG's other LDP+ teams.

Nursing students from Harare Central Hospital singing about youth-friendly family planning.

While LMG's mobile application activities were in progress, LMG staff also participated in two Catalytic Grant Scale-Up Workshops, sponsored by the WHO in Warrenton, Virginia. Grantees included leading mHealth implementers from around the world and the workshops focused on best practices in change management, mHealth programming, and program scale-up.

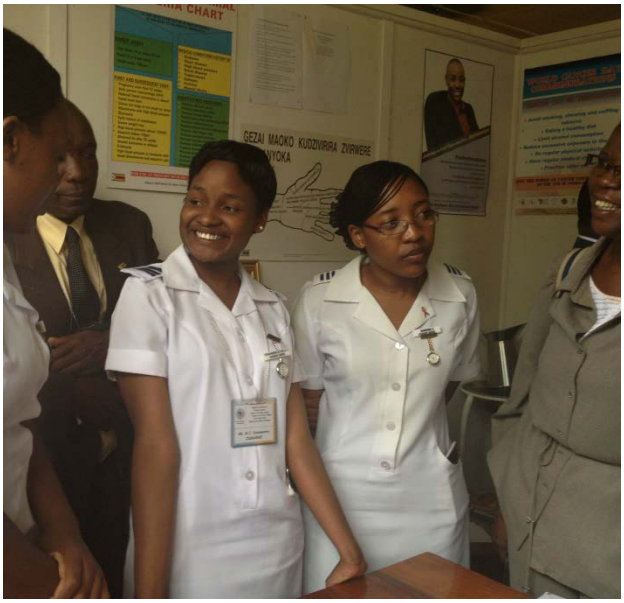
In PY3, LMG will continue supporting the roll-out and testing of the mobile application in Nigeria and will document all relevant stages of the process for potential scale-up. The core software function of the application will be used to further LMG's systematic data collection efforts. If possible, the LeaderNet upgrade will include a central repository/database for all future LDP+ and VLDP data, which will allow for efficient analysis of monitoring and evaluation across the project.

Output P5: Implementing Best Practices (IBP) Initiative supported and Guide on Fostering Change for Scale-Up of Effective Health Practices updated (Activities P5.1–P5.4)

Leadership of IBP Consortium: LMG continued to serve as the chair of the IBP Consortium in PY2. As chair, LMG's roles included supporting and organizing the biannual meetings of consortium members, and providing ongoing management of communications between members on the IBP Knowledge Gateway (Activity P5.1). In addition, LMG leveraged its role as IBP chair to increase the number of active task teams implementing IBP's strategic plan. LMG leads the Fostering Change for Scale-Up task team and is active in the Knowledge Management and Resource Mobilization task teams.

Two major IBP Consortium meetings were held in PY2. The first meeting, held December 5–6, 2012, in Washington, DC, was attended by 88 IBP members representing 36 organizations. As part of this meeting, LMG staff worked with the IBP secretariat to organize a donor panel with representatives from USAID, the Department for International Development (DfID—UK), and the Alliance for Reproductive, Maternal and Newborn Health to continue the momentum from the London Summit on Family Planning. This donor panel and the other sessions in the December meeting were important steps toward IBP's objective of aligning its family planning activities with the Family Planning 2020 agenda. LMG also successfully engaged WAHO in the IBP Consortium. WAHO represents a strategic partnership for IBP, as their regional influence in West Africa creates an opportunity for IBP to leverage its support to scale up best practices in that region, much as the consortium has done through its partnership with ECSA-HC in East Africa.

The second IBP Consortium meeting of PY2 was held June 11–12, 2013, in Washington, DC, and was attended by 65 IBP members from 28 organizations. This meeting was organized to highlight and exchange effective practices across IBP partners and featured topics such as IPPF Africa's experience scaling up family planning/reproductive health (FP/RH) practices for youth, and the United Nations Population Fund (UNFPA) experience supporting increased access to essential reproductive health commodities. The meeting provided space for group discussion around priority topics and areas that need further attention, such as the costing of scale-up, unmet need for family planning, and the dissemination of High Impact Practices.



Student Nurse Leaders give workshop participants a tour of the youth-friendly family planning clinic at Parirenyatwo Hospital in Harare, Zimbabwe.

LMG presented the consortium's newly updated Guide to Fostering Change to Scale-Up Effective Health Practices during the June 2013 IBP meeting. The presentation featured an interactive activity where attendees used the online guide in real time. This generated significant interest, and LMG is providing guidance to partners on how to promote the publication within their own organizations and networks.

At the end of PY2, LMG handed its role as IBP chair over to Pathfinder International. LMG staff will advise Pathfinder staff in their start-up period as chair in early PY3. Additionally, LMG will continue to play an active role in the IBP Consortium as a member of the steering committee and the chair of the Fostering Change for Scale-Up task team. LMG staff will plan IBP activities for the November 2013

International Family Planning Conference in Ethiopia with other consortium members to ensure that all sessions during the IBP track highlight the principles of change and reinforce the importance of deliberately leading change and systematically planning for scaling up.

Making support and effective guidance for scale-up readily available worldwide: As the chair of the IBP Fostering Change for Scale-Up task team, LMG led the revision process for the Guide to Fostering Change to Scale Up Effective Health Practices (Activity P5.2). In PY2, LMG worked with the IBP secretariat and IBP partners (including USAID, the Knowledge for Health Project, ExpandNet, and others) to successfully integrate new learning into the earlier (2007) version of the guide. The updated guide now covers the full change process—from initially recognizing the need for change and introducing effective practices, to supporting a pilot, scaling up, and monitoring the scale-up of successfully piloted effective practices. In addition, LMG led task team members to reconfigure the content of the guide to be available online through the Knowledge for Health website, greatly increasing the accessibility of the guide worldwide (Activity P5.3).

As part of verifying the revised version of the Guide to Fostering Change to Scale Up Effective Health Practices, LMG reviewed and tested the guide through a consultative process with local users, LMG partners, and members of the IBP Consortium (Activity P5.4). LMG introduced the updated Guide to Fostering Change to Scale Up Effective Health Services with the IBP secretariat and ECSA-HC during the Regional Workshop to Review Progress Made in Fostering Change Projects in the ECSA Region in Harare, Zimbabwe, in April 2013. Teams from five of ECSA's member states participated, representing Lesotho, Swaziland, Tanzania, Uganda, and Zimbabwe.

Successful change and national scale-up initiatives are relatively long-term processes that can often span beyond the time-bound nature of a five-year cooperative agreement. This activity is an example of how LMG has built upon work started by its predecessor project, the LMS Project, to continue supporting in-country counterparts to champion long-term change efforts and effectively bring others alongside them in their countries throughout the change process. During the Zimbabwe workshop under LMG, teams presented the status of their country change projects, which had been developed with the support of LMS, IBP, and ECSA in two previous workshops (in 2009 and 2010, using the 2007 version of the guide). Teams were then given an orientation to the updated version of the Guide to Fostering Change to Scale Up Effective Health Services, and used the guide to help plan for the scale-up of their change projects.

Country teams focused on the following change projects:

- Swaziland: Community Inter-Agency Technical Coordinating Committees to facilitate the coordination of SRH/MNCH services in the country at the level of the chiefdoms
- Tanzania: Provision of family planning education, information, counselling, condoms, pills, and natural family planning methods by community-based family planning providers
- Uganda: Establishing Youth Sexual and Reproductive Health Club in the Mulago School of Nursing and Midwifery
- Lesotho: Provision of integrated outreach services for scaling up family planning services at the community level using community-based distributors
- Zimbabwe: To provide family planning and life skills services for nurses within colleges of nursing by establishing student nurses family planning clinics

LMG coached ECSA staff in their facilitation of the workshop in Zimbabwe in order to ensure that ECSA staff has the capacity to use the guide with its member states without LMG in the future.

The workshop also included field visits to take a closer look at the Zimbabwe team's experience-to-date so that participants could identify overarching lessons and apply them in their own change efforts. Essential practices for success in the Zimbabwe team's change effort thus far (as observed by workshop participants) have included:

- The change project responded to a shared and felt need
- Leadership and ownership of the project was by the youth themselves
- Motivation and commitment was evident from higher levels of leadership
- Clear roles and responsibilities were defined
- The budget associated with the project was low and was made possible by creatively using existing resources
- A succession system was established for student leaders
- The focus and momentum remained at the pilot site despite simultaneous scaling up at two new schools
- The project received recognition of success by external agents

In PY3, LMG and IBP Consortium members will continue to support and coach ECSA as challenges and needs arise, and work with ECSA to share the Guide to Fostering Change to Scale Up Effective Health Services with more of its member states at the ECSA Best Practices Forum. Additionally, LMG and the IBP secretariat hope to introduce the guide to WAHO staff and help the organization make plans to use it with their member states, applying a model similar to the capacity-building model used with ECSA.

1.2 Monitoring, Evaluation, and Research

Output M1: LMG operational research and applied research approach informed and updated by systematic literature review (Activities M1.1–M1.4)

Building on efforts begun in PY1, the JHSPH team continued Phase 2 of the systematic literature review process. In PY2, the JHSPH team developed an EndNote database, completed title/abstract screening of the PubMed database, carried out a full-text review of 1,364 papers, and completed data extraction of 64 papers (see Table 7 for a detailed timeline and steps). JHSPH submitted a draft report of the literature review to LMG (Activity M1.2) on June 28, 2013, entitled "Evidence of Leadership, Management and Governance in Low- and Middle-Income Country Health Systems: A Systematic Review." The literature review focused on just one database, PubMed, which had the maximum number of citations, so that the literature review could be completed in time and with the resources available.

All titles, abstracts, and index terms were reviewed based on clear inclusion and exclusion criteria. Discrepancies were discussed and resolved during regular meetings. Weekly meetings were held to assess progress and ensure that the recommended inclusion rate of five percent was being met. Furthermore, a second reviewer checked a random sample of titles and abstracts (n=100) to assess and reach an acceptable level of consistency and agreement on paper eligibility. To check the reliability of the screening, the degree of concordance between the reviewers was measured using Kappa Statistics, and the results were reviewed by the JHSPH team leaders when there was a disagreement. Following the title and abstract screening stage, a total of 28,525 articles were excluded, leaving a total of 1,365 articles for full-text review.

Table 7: Timeline and Steps of the Systematic Review		
Phase	**Timeline**	**Results**
Generated new search terms and developed new EndNote database that includes citations from four electronic databases	June–July, 2012	Concept 1: LMG strategies Concept 2: Evaluation terms Concept 3: LMICs
Updated EndNote database	July–September, 2012	Total of 137,216 citations from four databases; removed duplicate entries (27%), resulting in 101,503 citations
Title/abstract screening started	August–September, 2012	Total of 17,823 citations were screened; 121 were included (0.67%)
Revised search terms and obtained citations from four databases (PubMed, SCOPUS, EMBASE, Global Health)	September–October, 2012	80,951 citations from revised database; removed duplicate entries, resulting in 64,510 citations *(MSH/JHU decision to prioritize PubMed)*
Title/abstract screening of citations in PubMed	October–December, 2012	Title/abstracts of 29,893 citations screened
Full-text article review	January-April, 2013	Acquired full-text articles for included citations (n=1,364); conducted full-text article review; developed and tested data extraction form
Data extraction	April-June, 2013	Validity testing, rescreened 20% citations; 64 articles included for data abstraction; data extracted into the Excel database
Analysis of results and report write-up	June, 2013	Synthesis and analysis of the data extraction results; report writing

The studies that were included in this review focused mostly on management decisions involving process improvement measures, provider performance, and community-based delivery interventions. Studies that embarked on multiple LMG intervention strategies showed more comprehensive outcomes across the health system studied than those that focused on one intervention. The LMG Project interventions often focus on multiple strategies to enhance health system performance and health outcomes. The literature review report recommends that evaluation studies designed to examine the evidence after training teams must ensure that the evaluation framework illustrates a more comprehensive indicator measure for health system capacity, including adequate commodities, equipment, infrastructure, personnel, services, health provider competency, performance, motivation and satisfaction, and system support. This includes supervision, quality-of-care measures and health output measures for utilization, coverage, community and patient satisfaction, perceived quality of care and counseling for meaningful inferences on the evidence of LMG and health systems strengthening. Other findings can be found in Section 5.1 of this report.

Per the PY2 LMG Project work plan, we had intended to use the review to refine an operational research framework (Activity M1.3). However, in a conversation with the LMG AOR on 5/9/2013, we discussed deleting the framework pending written concurrence from the work plan for two reasons: 1) the report of the literature review would be received too late to inform an operational research framework and 2) the operational research questions were to be linked to field-supported projects, which have distinct and diverse leadership, management, and governance interventions. Having an overarching research

framework would be less useful as a result.

In early PY3, the LMG Project will review the draft literature review report, provide feedback to JHSPH, and plan one or two communication products to summarize and disseminate the review to a wide range of stakeholders (Activity M1.4). The report was also shared with HSS experts at USAID for their review and feedback.

Output M2: LMG country-specific operations research and applied research study design completed and implementation initiated (Activities M2.1–M2.4)

The LMG project faced significant challenges in identifying opportunities for operational or applied research and dedicated funding from in-country missions.

In collaboration with JHSPH, we submitted concept notes to conduct quasi-experimental research to the USAID missions in Afghanistan and Ethiopia (Activity M2.1 and M2.4). In Afghanistan, due to shortened duration of the LMG/Afghanistan project (18 months) and the timeline (two years) of the concept note, LMG/Afghanistan advised against conducting a rigorous evaluation. We submitted a concept note and protocol to the mission in Ethiopia, who reviewed it and provided feedback, but later decided that they preferred to conduct performance monitoring with LMG instead.

The LMG team briefly explored the possibility of an evaluation of referral strengthening in Haiti, but we were advised by the AOR to not focus on conflict countries since they present unique challenges for leadership, management, and governance interventions, and as a consequence the research findings may not be generalizable to other countries. We also discussed a range of applied research ideas with the mission in Egypt, but this did not receive much traction. Due to the lack of interest and funding in operational research from USAID missions, the LMG team has been unable to implement the rest of the activities in the work plan (Activities M2.2 and M2.3), which included activities to document and report on the progress of the research.

In consultation with the AOR, we approached the LMS Kenya project in March 2013 to ascertain their interest in an evaluation of the LDP+ in PY4 and PY5 of their project. The project leadership and the LMS Kenya AOR were enthusiastic in their response. We continued conversations with the LMS Kenya team and JHSPH to explore a design as well as possible local partners with whom we would work. JHSPH developed an early version of a concept note, which will be revised and presented to USAID in early PY3.

As of the end of PY2, we have only one potential rigorous study in the works, the Kenya study. The LMG team will continue to pursue other opportunities, and gauge mission interest in supporting rigorous operational or applied research with each LMG buy-in. We resumed conversations with LMG/Afghanistan in late June 2013 about applied research designs that could demonstrate the results of our work in Afghanistan. In PY3, the LMG/Haiti team will continue to explore the possibility of applied research and discussing funding options with the World Bank, and preliminary conversations began in June 2013 with staff on the new LMG/Benin program to discuss the possibility of conducting research in that country.

Output M3: Performance indicators for leadership, management, and governance reviewed and updated (Activities M3.1–M3.4)

In PY1, LMG staff collated indicators from the LMS and LMG Associate Awards from the following countries: Afghanistan, Haiti, Honduras, Kenya, Nigeria, Peru, and South Africa. In PY2, we refined this

list and reduced the number of indicators based on SMART (specific, measurable, attainable, relevant, and time-bound) criteria. We also followed up with select country teams to clarify indicator definitions and tools they had used for data collection (Activity M3.1). Due to staff turnover within the LMG Monitoring, Evaluation, and Research team, this activity slowed down in Q2 and Q3.

During Q3 and Q4, other activities within MSH and other cooperating agencies came to light, which had implications for the niche, utility, and technical direction of LMG's Monitoring, Evaluation, and Research activities. In February 2013, LMG staff was asked to participate in an advisory group convened by Capacity Plus that is developing a Human Resources Index. The LMG Director for Monitoring, Evaluation, and Research was also asked to moderate a session that was part of an end-of-project discussion series hosted by the USAID-funded AIDSTAR-Two Project, entitled "Measuring Local Capacity Development: Challenges and Opportunities," at the USAID headquarters in Washington, DC, on May 30, 2013. The panel discussed new techniques to measure organizational capacity-building initiatives.

In addition, the Center for Leadership and Management within MSH convened a retreat to discuss indicators that could potentially be standardized in leadership, management, and governance. On May 9, 2013, we discussed these indicators with the LMG USAID AOR and technical advisor, and they both agreed that the collection of indicators did not add much value at this time. The AOR and technical advisor suggested that the LMG Project collaborate with other initiatives and discuss ways to leverage, rather than duplicate, the work being done in other domains within MSH, as well as that being carried out by other cooperating agencies. The AOR agreed, pending written concurrence, that we should postpone the review or revision of L+M+G indicators and revisit this activity and its purpose in PY3 and PY4 (Activities M3.1–M3.4).

Output M4: Leadership, management, and governance capacity increased (Activities M4.1–M4.6)

Low audience turnout in webinars conducted by LMG staff in PY1 suggested that we rethink and reposition the webinars and the background technical briefs scheduled in PY2 (Activities M4.1–M4.6). Following consultations with MSH's Center for Leadership and Management and LMG communications and knowledge exchange teams, it was suggested to the Monitoring, Evaluation, and Research team that we consider using LeaderNet as a platform for webinars. LeaderNet conducts virtual seminars (facilitated virtual conversations on technical teams) and has audiences ranging from 250–300 unique users. LeaderNet is currently being audited and redesigned. In its stead, we submitted an alternative proposal to the AOR for a retrospective review and analysis of the VLDP (Activities M4.1–M4.3). We received concurrence for this activity on January 7, 2013.

Since 2007, MSH's various USAID-funded projects have offered 27 VLDPs that have benefited approximately 2,082 participants in 268 teams from 67 countries. We have follow-up data for about 20 programs, nine of which focused on family planning or reproductive health–related outcomes or measurable results. These VLDPs have helped 593 participants from 24 countries improve FP/RH programming, among other results.

In PY2, the LMG team conducted a desk review of the VLDP reports to examine, categorize, and classify the measurable results that the VLDP teams have achieved, and disaggregated them by technical area (FP/RH, HIV & AIDS, maternal-child health, etc.) (Activity New M4.1). In the review, we conducted a descriptive analysis of the measurable results that the VLDP teams have achieved and looked for predictors of success: Were certain teams more likely to be successful? In addition, we explored the

barriers to and enablers of success through the interviews.

LMG staff also interviewed a small sample of participants from teams that had successfully implemented their action plans, as well as those who had not, to identify and understand the factors that prevented or enabled the success of the team's problem-solving efforts (Activity New M4.2). Interviews were done via Skype or by telephone.

A first draft of the report was submitted for internal review on June 26, 2013, and will be submitted by mid-August to USAID (Activity New M4.3). Early analysis of the dataset suggests that "team success" may be independent of the size, organizational affiliation, or location of VLDP teams. The team will continue analyzing the quantitative and qualitative data in early PY3.

Output M5: Rapid assessment of L+M+G pre-service training conducted (Activities M5.1, M5.2)

The USAID-funded LMS Program (2006–2010) supported the integration of pre-service leadership and management content into medical, nursing, and public health universities, colleges, and training institutions around the world. The LMS Program provided onsite and virtual technical assistance to universities and training institutions to draft, modify, and/or integrate leadership and management content into existing curricula. The content was used to first train faculty to deliver the content. The faculty then delivered the content to students so they could be equipped with the leadership and management skills and competencies necessary to resolve the specific challenges that arise in their health systems, countries, and communities. The pre-service content helps students identify challenges within their sphere of influence, lead teams to focus on priority areas for intervention, align and mobilize resources, and inspire teams while planning, implementing, and monitoring a plan to generate results. The LMS Program supported the integration of pre-service modules in public as well as private sector academic and training institutions in Kenya, Uganda, Egypt, Nicaragua, Guatemala, and Ghana.

The LMG team carried out a "rapid assessment" with those who received onsite support as well as those that went through a VLDP to answer the following questions:

- Are the training institutions using the leadership and management content developed with assistance from the LMS Program, and is it being delivered by the faculty to students?
- If so, has the content been maintained, changed, or scaled up?
- What were the challenges in either sustaining integration, or scaling up?

A list of key informants was drafted in consultation with the LMS Program staff and consultants who had worked directly with faculty and staff during the program. The LMG Project team developed questionnaires consisting mostly of multiple choice responses and a few open-ended questions (Activity M5.1). The questionnaires were disseminated using the SurveyMonkey online platform. The first questionnaire on pre-service integration was sent with a cover letter and informed consent form to 25 people at 11 selected universities in six countries. Twelve respondents from different departments, universities, or training institutions responded to the questionnaire. The second questionnaire was sent to 95 people from 12 institutions who had previously participated in the VLDP, including faculty and staff from institutions all over the world. The response rate was 17 percent, much lower than expected. The assessment team conducted a frequency analysis of the responses received. The study found that most of the leadership and management modules that were initially integrated were being used by the institutions without continued assistance from donors.

A draft report was submitted to USAID on February 16, 2013 (Activity M5.2). USAID reviewed the document and provided detailed comments on May 7, 2013. The LMG team is undertaking another round of analysis, based on the comments, and will submit the document by the end of July 2013.

Output M6: LMG results compiled, analyzed, and documented (Activities M6.1, M6.2)

The LMG team worked closely with the AOR and the technical advisor to revise and finalize the structure of and the reporting process for the semi-annual and annual report. In addition, detailed, internal reporting guidelines were developed for the report and shared with USAID for their review. Similar detailed writing guidance was developed for the quarterly reports (Activity M6.2).

In Q4 of PY2, the LMG team undertook a revision of the project Performance Monitoring Plan (PMP) and, in close consultation with USAID, developed a revised version of the PMP, which was submitted to USAID on June 16, 2013.

1.3 Advocacy and Partnerships

M&E Director Reshma Trasi speaking at the Second Global Health Systems Research Symposium in Beijing, China, in October 2012. Photo: LMG Staff

Over the course of PY2, LMG staff was able to promote LMG's technical work, as well as the importance of L+M+G for greater health outcomes, at numerous strategic events (Activity 1.1). In Q1, LMG staff, including a representative from consortium partner IPPF, attended the Women Parliamentarians Meeting, "Enhancing Leadership for Family Planning & Reproductive Health," sponsored by Advance Family Planning, the Health Policy Project, the Partners in Population and Development Africa Regional Office, and USAID. LMG staff also attended the Regional Meeting of the Southern and Eastern African Parliamentary Alliance of Committees of Health (SEAPACOH), "Repositioning Family Planning and Reproductive Health in Africa: Challenges and Opportunities," sponsored by Partners in Population and Development Africa Region.

At both of these meetings, LMG staff presented on the importance of L+M+G to more than 70 members of parliament from 15 southern and eastern African countries.

LMG staff have continued to build on the relationships created at these meetings by interviewing the women members of parliament to create dynamic videos and photos on women's leadership that will be published online in PY3 (See Output A3 on Strategic Communications). This project work is leveraging our relationship with the African Women Leadership Network to support the creation of mentorship networks (Activity A1.2). To provide additional support to the creation of women's mentorship networks, we are engaging with a governance board member of the Global Women Leadership Network. LMG and the Global Women Leadership Network would like to leverage each other's resources; LMG staff will also be offering the network more support and materials in PY3.

Dr. Belkis Giorgis addressing the audience during the panel discussion "Women Deliver as Those Who Manage, Lead, and Govern for Health" at the Women Deliver 2013 conference in May 2013 in Kuala Lumpur, Malaysia. Photo: LMG Staff

Throughout PY2, LMG continued to strengthen engagement and collaboration with women-led networks and associations (Activity A1.2). LMG and consortium partner AMREF collaborated and completed a concept note on leadership training for midwives with a mentorship and coaching module included. This concept note will be used in PY3 to dialogue with private sector companies, and to identify external funding to scale up the AMREF Midwife Leadership Training of 100 midwifes being funded by USAID.

In Q2, LMG staff attended the Second Global Health Systems Research Symposium, sponsored by the WHO, and moderated a discussion with panelists from USAID and JHSPH entitled, "4G Universal Coverage: Why Gender, Generations, Geography, and Governance Must Be Addressed to Achieve Universal Health Coverage." The meeting was attended by more than 1,500 health systems researchers, implementing organizations, and donor representatives. During the event, LMG staff was able to interject ideas related to improving health governance and promoting gender equity—with reference to the LMG project—into the growing international conversation on universal health coverage that is becoming prominent at global conferences (Activity A1.1). This activity was funded by MSH.

In PY2 Q4, LMG had a large presence at Women Deliver 2013 conference (Activity 1.1). LMG staff participated in and moderated a panel entitled "Women Deliver as those of Manage, Lead, and Govern for Health" along with staff from IntraHealth and Aga Khan University. Also on the panel was a former member of parliament who became interested in issues related to L+M+G when attending the SEAPACOH regional meeting in Q1. LMG also hosted a leadership theme day at the MSH booth, where they promoted the project's work through advocacy materials centering on women's leadership, including a "Women Leaders Deliver" brochure, notecard handouts on the LDP+ and eManager, and LMG Fact Sheets in five languages. LMG staff also created interest around women's leadership in health with a "Women lead with…" Twitter campaign at the MSH booth, which attracted more than 50 conference attendees from different organizations, many of whom were youth leaders. LMG staff also posted seven blog entries on the LMG web portal that highlighted women's leadership at different conference forums. One of the blog entries, "Women Lead: Strong Women Save Lives," by Dr. Belkis Giorgis, was cross-posted on the Women Deliver website (more details on activities around the Women Deliver 2013

A woman at the Women Deliver 2013 conference in Kuala Lumpur, Malaysia, participates in the LMG-sponsored social media campaign "Women lead with…" at the MSH booth during the conference. A photo blog of the campaign is on the LMG web portal here: http://www.lmgforhealth.org/blog/2013-05-28/photo-blog-women-lead.

conference are in Output A3 on Strategic Communications).

Recognizing the importance of creating strong networks of women leaders, including mentorship networks, LMG met with the American College of Nurse-Midwives and the Association of Women in Development at Women Deliver 2013 to discuss collaborating on this goal. Both organizations expressed interest and these conversations will continue into PY3 as we work with AMREF in creating mentorship networks from the Midwife Leadership Training. With IPPF, LMG staff has been working with the African Women Leader's Network to create case studies on women's leadership for health. LMG plans to continue this relationship in PY3 to assist in building networks of women leaders.

Partnerships

In PY2, LMG staff continued to implement the partner engagement strategy developed in PY1 that has the target of four to six partnerships with memorandums of understandings (MOUs) signed by June 30, 2013 (Activity A2.1). Three MOUs were signed in PY1 with BoardSource, the American College of Healthcare Executives, and the Association of University Programs in Health Administration, and in PY2, LMG signed two more, one with the American College of Physician Executives to scale up distance learning activities, and one with the International Hospital Federation to develop a network of physician leaders and customized leadership coursework in Africa and Asia. LMG is currently finalizing two additional MOUs. The first is with the United Kingdom's National Health Service Leadership Academy to enhance the development of competencies of health sector leaders in LMICs, and the second is with the Institute for Healthcare Improvement to develop a network of health sector leaders in Africa and Asia. It is anticipated that they will be signed in Q1 of PY3.

LMG staff is looking into partnering with organizations around youth leadership development activities. In Q3, LMG staff met with IPPF headquarters and Plan International to discuss potential partnerships.

With regard to private sector partnerships, LMG staff is pursuing partnerships with extractive industries. In Q3, LMG staff attended the Africa Oil and Gas Summit 2013 and, as a result, created a targeted shortlist of companies that have shared interests and mutual goals. In PY3, the LMG team will continue to explore these possible partnerships, with a focus on country-driven interventions. At the global level, we will also engage with select companies, in collaboration with our country teams as well as USAID country missions.

Cost Share

Pursuing these partnerships will contribute to reaching the LMG cost-share goal of 20 percent by the end of PY5 (Activity A2.2). In PY2, the LMG Project made significant progress in this area, moving from no cost share raised at all to raising [redacted] in cost share. The project has finalized cost-share plans for all three core funding sources, all five consortium partners, and all but two field-support buy-ins. Over the course of PY2, the LMG Project has grown its cost-share pipeline from [redacted] to a total of over [redacted].

To ensure that cost-share opportunities are systematically identified, approximately 70 LMG consortium staff members were trained in identifying, valuing, and documenting cost share in PY2. All partners have sent key staff to be trained in cost share by LMG finance staff, all staff members in the home office have received basic cost-share training, key staff in the cost-share booking process have received more advanced training, and staff in the LMG country offices in Vietnam, Afghanistan, and Ethiopia have received cost-share training as well. Training and booking materials such as tracking systems, forms, and

templates were developed by LMG staff and are now being used regularly across the project.

Output A3: Strategic communications (Activities A3.1–A3.3)

Communications staff worked during the reporting period to build and launch the new LMG blog on May 20, 2013, giving the LMG web portal a new social media advocacy tool with which to reach certain stakeholder groups with short conversational pieces about key aspects of our work (Activity A3.1a). The LMG blog is also interactive—readers can comment on, like, or forward blog posts to their colleagues. LMG staff edited and posted a total of 18 blog entries in Q4 since the launch, 10 of which were posted by LMG staff who attended the Women Deliver conference in Kuala Lumpur to promote awareness around gender-related issues. Two of the blog entries were written by field staff, and one was a photo blog featuring seven participants at the Women Deliver conference who expressed how they felt women lead.

Advocacy and outreach on LMG social media channels was given a boost with the addition of a communications specialist on the project who actively posted photos and shared relevant links to items of interest on LMG Facebook and Twitter, and worked with other members of the team to write blog entries (Activity A3.1b). A summary of the LMG social media indicators (which are cumulative) at the end of PY2 shows the following:

Table 8: LMG Online Media: Summary of Indicators and Results for PY2 (As of June 30, 2013)

Indicator	*Statistic*
Indicator 1: LMG Web Portal – Total Number of Visits	6,352
Indicator 2: Facebook – Total Number of Likes	262
Indicator 3: Twitter – Total Number of Followers	163
Indicator 4: YouTube – Total Number of Views	1,947
Indicator 5: LMG Blog – Total Number of Views	1,388

In Q4, the team established the five indicators listed above and created its first Quarterly Statistics Report for LMG Online Media, which will be submitted separately and provides more detail on the above indicators and how they can be interpreted. Across all of the LMG Project's online media, the statistics have shown a steady rise in readership, and gradually more interaction from stakeholder groups, in particular through Facebook and Twitter (Activity A3.1b).

The communications team provided remote support to host country project field staff through guidance on strategic communications, report writing and editing, and branding issues. The team also created fact sheets for the Ethiopia and Afghanistan programs and the success stories featured in Appendix IV In addition, the team began remote support to ACHEST staff in Kampala, Uganda, at the end of Q4 to develop a communication strategy and action plan for the organization. A temporary duty assignment to round out this work, and to conduct communications-related training with ACHEST staff, is planned in

Q1 or Q2 of PY3 to complete this work (Activity A3.2).

The LMG project's main "push" communications tool, the LMG eNewsletter, was actively promoted to a broad list of over 10,000 stakeholders by the end of PY2, including LMG staff contacts (5,352), host country health leaders (3,551), USAID staff (754), MOH staff (164), and interested visitors to the web portal (168), for a total of 9,989 targeted contacts. These subscribers received 22 articles on subjects related to L+M+G (Activity A3.3). LMG eNewsletter themes developed and authored by LMG staff in the United States and abroad included LMG's Work with Vulnerable Populations, The Importance of Evidence, Establishing Leadership Academies within MOHs, LMG's Work in Fragile States, and Strengthening Health through Governance. The open rate (the number of those who opened the eNewsletter when they received it as an email) continued to be at a healthy 21 percent throughout the period. The newsletter articles have been archived here in the Tools and Resources section of the LMG web portal for easy online access by our stakeholders.

Section 2: Project Activities with OHA Funding

The HIV epidemic has highlighted some of the weaknesses in national health systems, where many LMIC have often been unable to provide basic HIV prevention, care, treatment, and support services. Much has been done under PEPFAR and with other international donor support to respond to the global emergency and to begin building systems and programs to provide needed services. However, as the emergency nature of the epidemic has decreased, the need to build strong health systems to allow for a sustained response to the disease has now come to the fore. This section highlights the LMG Project's work and results for stronger country ownership and health systems strengthening via initiatives funded by USAID's Office of HIV/AIDS (OHA). This work complements Field Support buy-ins and project work in PY2 in Côte d'Ivoire, Vietnam and Honduras. In Côte d'Ivoire, for example, the LMG Project improved governance by strengthening the country's Global Fund CCM and enhancing members' capacities to fulfill their roles. Support through LMG helped CCM members to first identify gaps in financing based on its work plan and budget, identify resources to fill those gaps, and customize the CCM Grant Dashboards to improve program management and communication. In Honduras, the LMG Project is beginning to build the capacity of the Ministry of Health to use direct USG funding to finance grants to local NGOs for HIV and AIDS prevention and education services. This is part of a strategy to reach key populations and strengthen country ownership at the same time. In PY2, initial assessments had begun to lay the groundwork for this project.

PY2 Output areas for OHA were:

- Professionalizing leadership and management
- Performance improvement dashboard
- Strengthening CCM
- Strengthening organizational capacity of ACHEST

OHA core funds supported the activities detailed below in the following countries:

OHA		
Country	**Output Number**	**Output Title**
Uganda	O2	Dashboard & Performance Improvement for local PEPFAR implementing partners (Dashboard piloted at PREFA and RHU)
Uganda	O4	Strengthening the Leadership, Management and Governance Capacity of the African Centre for Global Health and Social Transformation (ACHEST Uganda)

Output O1: Professionalizing leadership and management (Activities O1.1–O1.4)

One of the strategies of the LMG Project is to enhance pre-service leadership, management, and governance (L+M+G) training in both the public and private sectors. It is recognized that health professionals must have deeper and broader leadership, management, and governance skills in order to meet the evolving challenges of their positions. Current health professionals in most LMIC are, too often, not equipped with leadership, management, and governance skills during their pre-service training. A seminal report in The Lancet published in December 2010 recommended major reform of

health professionals' education including, "…adoption of competency-based curricula that are responsive to rapidly changing needs rather than being dominated by static coursework. Competencies should be adapted to local contexts and be determined by national stakeholders, while harnessing global knowledge and experience." Additionally, the WHO country studies found that the lack of management preparation was a "binding constraint" to meeting the Millennium Development Goals (MDGs), and "leadership and governance" is listed as one of the six interrelated health systems building blocks.

To address these challenges, the LMG Project has developed L+M+G in-service and pre-service curricula that aim to support the integration of practical, action-learning approaches into organizations, ministries and educational institutions in LMICs. These curricula should be adapted and modified to suit the cultural, social, and political contexts of the organizations and educational institutions as well as the communities in which they are used (Activity O1.1). The content was designed to be responsive and customizable so that a variety of institutions could own and integrate the material, and to be delivered in a continued and sustainable manner through scaling up to other schools, colleges, universities and training institutions. The LMG Project employed a graphic designer with experience in curriculum layout to refine the publication. The result was the framework for L+M+G curricula that can be easily edited and adapted by institutions globally. The curricula were submitted to USAID for approval at the end of PY2.

In PY3, after the curricula are approved by USAID, the LMG Project will translate them into French and Portuguese and will begin launching them globally in schools of public health, nursing, midwifery, and medicine. We will use the project's global partnerships and networks, leveraging our relationships with AMREF and the members of the Africa Health Leadership and Management Network (AHLMN) to frame and fuel the successful scaling up and the sustainability of L+M+G content in training curricula (Activity O1.3).

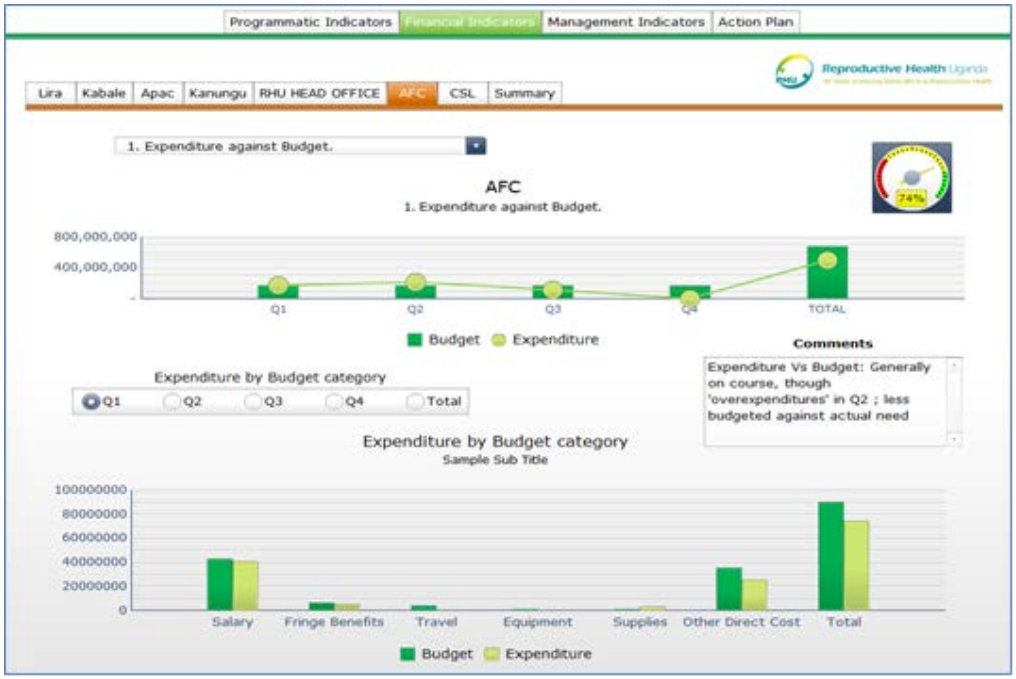
Output O2: Dashboard and performance improvement for local PEPFAR implementing partners (Activities O2.1, O2.2)

A dashboard is a performance improvement tool that is adapted to the complex country and environmental contexts in which PEPFAR implementing partners work. By using a dashboard in-country, PEPFAR implementing partners develop data collection and monitoring systems that enable them to make informed decisions for improved HIV and AIDS program activity. A dashboard supports users to regularly review their programmatic and financial data to monitor program progress and promote the sustainability of efforts as a way to maximize PEPFAR's and other donor's investments.

In PY1, the LMG project had identified the key operational areas and the first set of indicators to be included within a dashboard. In PY2, the LMG Project collaborated with USAID and PEPFAR colleagues to select two local PEPFAR implementing partners in Uganda, Reproductive Health Uganda (RHU) and Protecting Families against HIV/AIDS, to pilot the dashboard tools. This required creating a tool for each organization, coupled with the implementation of a performance improvement process to strengthen the application of analyzed data in work planning and decision-making. From July to September of 2012, the LMG Project developed customized dashboards for each CSO addressing the key functional operational areas for the PEPFAR implementing partners, and a performance improvement process that would streamline the use and application of the dashboard (Activity O2.1). Based on this experience, the LMG Project developed a report on dashboard testing, and written guidelines to use dashboards to collect and analyze data and to make decisions for improving program performance and cost efficiency

(Activity O2.2).

In PY2, the timing of the dashboard and performance improvement project was limited to four months, within which emphasis was placed on the development of the dashboard rather than on the implementation of the performance improvement process. The systematic adoption of the performance improvement process was expected to occur gradually over time. PREFA and RHU were to hold quarterly dashboard review sessions where root-cause analysis techniques were to be applied as needed resolve



Dashboard developed by LMG staff for use by RHU. LMG staff worked with the staff at the organization to develop a customized dashboard that included key PEPFAR functional operational areas.

issues and problem areas highlighted in the dashboard, and where participatory decision-making and monitoring slowly become the norm.

In PY3, the LMG Project will build on the experience in PY2 and support the two pilot CSOs in the application of the performance improvement aspects of their dashboards. This process will build on the capacity of RHU and PREFA to make decisions that will maximize their budgets and lead to more sustainable HIV and AIDS services. The CSO teams will take ownership of and responsibility for the continued use of the dashboard tool, utilizing it for program management and budget monitoring in support of health service delivery.

Dashboards will also be tested with two additional implementing partners in different country and operational climates, and possibly across different intervention areas. The LMG Project will analyze and document the similarities, differences, successes, and challenges in the development and implementation of these four dashboards and performance improvement processes, then use that information to develop a standardized dashboard template that can be more easily adapted for future use by other organizations.

Output O3: Strengthening CCMs (Activities 03.1–03.3)

During PY1, in collaboration with the Multilateral Team at USAID/OHA, the LMG Project developed criteria for selecting Global Fund CCMs and identifying CCM needs for the oversight of resources (Activity O3.1). USAID proposed four possible countries, and the selection process moved forward. However, at the same time, the USAID-funded Grant Management Solutions follow-on project focusing on strengthening CCMs was approved, and USAID/Washington decided to devote LMG resources to other activities.

In PY3, the LMG Project will re-initiate its activities with CCMs through a range of capacity-building options for CCMs, Principal Recipients (PRs), and U.S. Government (USG) Country Teams. This will consist of the provision of targeted medium- to long-term technical assistance to support the governance of the CCMs, management of grants, and the engagement of their multiple stakeholders.

Output O4: Strengthening the leadership, management, and governance capacity of ACHEST Uganda (Activities O4.1–O4.5)

The objective of the LMG Project's work with ACHEST is to strengthen the management, leadership, governance, and operational capacity of ACHEST so that it is further equipped to directly manage donor funds, fulfill its coordination role and responsibilities with the Medical Education Partnership Initiative, and improve its performance as a continental champion of health systems and network strengthening in Africa. As an initial step, the LMG Project organized planning sessions with USAID/OHA and George Washington University (Activity O4.1) and conducted an initial client engagement visit with ACHEST in Uganda in August 2012 (Activity O4.2).

In September 2012, the LMG Project led ACHEST through a Management Organizational Sustainability Tool (MOST) workshop to identify priority areas for capacity building (Activity O4.3). Six objectives were defined: 1) update and disseminate ACHEST's strategic plan; 2) review the human resources (HR) manual and practices; 3) improve ACHEST's information and communication capacity and practices; 4) strengthen financial and administrative systems and procedures; 5) strengthen revenue generation systems and practices; and 6) strengthen the leadership, management, and governance capacity of all ACHEST staff and board members.

A final program description, work plan, PMP, and budget were developed to support these six objectives. These documents were approved by USAID on March 25, 2013. During the rest of PY2, the LMG Project provided direct technical assistance to ACHEST in support of five of the six stated objectives (strategic planning, support to human resources, communications capacity, financial management, and strengthening L+M+G capacity).

As a result of this TA, ACHEST has updated its strategic plan, begun improving the HR manual, begun enhancing the communication strategy and plan, developed a financial management capacity action plan for PY3, and conducted an Effective Board Governance workshop. In PY3, the LMG Project plans to follow up on these actions, including the finalization of the updated HR manual and the communication strategy and plan, a workshop on revenue generation, development of a business plan, and a mid-term review/evaluation, including an update of the indicators used during the MOST process.

Section 3: Project Activities with DCHA Funding

The LMG Project is actively strengthening the capacity of organizations that provide assistance to vulnerable populations supported by USAID's DCHA. This section addresses these outputs:

- International Committee of the Red Cross (ICRC)
- Women's Institute on Leadership and Disability (WILD)
- Center for Victims of Torture (CVT)
- Ponseti International Association (PIA)
- Professional Wheelchair Providers
- Rwanda's National Commission for Children (NCC)

In addition to these specific activities, LMG will continue collaborating with DCHA to adapt proven L+M+G practices to the contexts of various partners of the Programs for Vulnerable Populations team, capture and share lessons learned, build a systems and sustainability perspective across DCHA work, and leverage and cross-pollinate with the activities in LMG's wider core-funded portfolios and in field support projects.

DCHA core funds supported the activities detailed below in the following countries:

DCHA		
Country	**Output Number**	**Output Title**
Ethiopia	D1	Strengthening the L+M+G of ICRC and its partners providing rehabilitation services
Nicaragua	D1	Strengthening the L+M+G of ICRC and its partners providing rehabilitation services
Sudan	D1	Strengthening the L+M+G of ICRC and its partners providing rehabilitation services *(SLP team only)*
Tanzania	D1	Strengthening the L+M+G of ICRC and its partners providing rehabilitation services
Zambia	D1	Strengthening the L+M+G of ICRC and its partners providing rehabilitation services *(SLP team only)*
Armenia	D2	Women's Institute on Leadership and Disability (WILD)
Bangladesh	D2	Women's Institute on Leadership and Disability (WILD)
Chile	D2	Women's Institute on Leadership and Disability (WILD)
Colombia	D2	Women's Institute on Leadership and Disability (WILD)
Congo	D2	Women's Institute on Leadership and Disability (WILD)
Costa Rica	D2	Women's Institute on Leadership and Disability (WILD)
Egypt	D2	Women's Institute on Leadership and Disability (WILD)
El Salvador	D2	Women's Institute on Leadership and Disability (WILD)
Fiji	D2	Women's Institute on Leadership and Disability (WILD)
Ghana	D2	Women's Institute on Leadership and Disability (WILD)
Guatemala	D2	Women's Institute on Leadership and Disability (WILD)
India	D2	Women's Institute on Leadership and Disability (WILD)
Indonesia	D2	Women's Institute on Leadership and Disability (WILD)
Malawi	D2	Women's Institute on Leadership and Disability (WILD)
Mexico	D2	Women's Institute on Leadership and Disability (WILD)
Moldova	D2	Women's Institute on Leadership and Disability (WILD)
Myanmar	D2	Women's Institute on Leadership and Disability (WILD)
Nigeria	D2	Women's Institute on Leadership and Disability (WILD)

DCHA		
Country	**Output Number**	**Output Title**
Palestine	D2	Women's Institute on Leadership and Disability (WILD)
Rwanda	D2	Women's Institute on Leadership and Disability (WILD)
Solomon Islands	D2	Women's Institute on Leadership and Disability (WILD)
South Sudan	D2	Women's Institute on Leadership and Disability (WILD)
Uruguay	D2	Women's Institute on Leadership and Disability (WILD)
Yemen	D2	Women's Institute on Leadership and Disability (WILD)
Zambia	D2	Women's Institute on Leadership and Disability (WILD)
Zimbabwe	D2	Women's Institute on Leadership and Disability (WILD)
Bosnia and Herzegovina	D3	Organizational development capacity-building in torture rehabilitation centers participating in the Partners Aligned in Trauma Healing (PATH) Project of the Center for Victims of Torture (CVT)
Cambodia	D3	Organizational development capacity-building in torture rehabilitation centers participating in the Partners Aligned in Trauma Healing (PATH) Project of the Center for Victims of Torture (CVT) *(virtual personal leadership development program only)*
Cameroon	D3	Organizational development capacity-building in torture rehabilitation centers participating in the Partners Aligned in Trauma Healing (PATH) Project of the Center for Victims of Torture (CVT) *(virtual personal leadership development program only)*
Georgia	D3	Organizational development capacity-building in torture rehabilitation centers participating in the Partners Aligned in Trauma Healing (PATH) Project of the Center for Victims of Torture (CVT)
Lebanon	D3	Organizational development capacity-building in torture rehabilitation centers participating in the Partners Aligned in Trauma Healing (PATH) Project of the Center for Victims of Torture (CVT)
Liberia	D3	Organizational development capacity-building in torture rehabilitation centers participating in the Partners Aligned in Trauma Healing (PATH) Project of the Center for Victims of Torture (CVT)
Moldova	D3	Organizational development capacity-building in torture rehabilitation centers participating in the Partners Aligned in Trauma Healing (PATH) Project of the Center for Victims of Torture (CVT)
Sierra Leone	D3	Organizational development capacity-building in torture rehabilitation centers participating in the Partners Aligned in Trauma Healing (PATH) Project of the Center for Victims of Torture (CVT)
South Africa	D3	Organizational development capacity-building in torture rehabilitation centers participating in the Partners Aligned in Trauma Healing (PATH) Project of the Center for Victims of Torture (CVT) *(virtual personal leadership development program only)*
Sri Lanka	D3	Organizational development capacity-building in torture rehabilitation centers participating in the Partners Aligned in Trauma Healing (PATH) Project of the Center for Victims of Torture (CVT)
Nigeria	D4	Ponseti International Association (PIA) – Fostering Scale-Up of the Ponseti Method for Clubfoot Treatment
Pakistan	D4	Ponseti International Association (PIA) – Fostering Scale-Up of the Ponseti Method for Clubfoot Treatment
Peru	D4	Ponseti International Association (PIA) – Fostering Scale-Up of the Ponseti Method for Clubfoot Treatment
Albania	D5	Training and professionalizing wheelchair providers
Antigua	D5	Training and professionalizing wheelchair providers
Australia	D5	Training and professionalizing wheelchair providers
Cambodia	D5	Training and professionalizing wheelchair providers
Ethiopia	D5	Training and professionalizing wheelchair providers *(in-country training)*
Fiji	D5	Training and professionalizing wheelchair providers

DCHA		
Country	**Output Number**	**Output Title**
Georgia	D5	Training and professionalizing wheelchair providers
Hong Kong	D5	Training and professionalizing wheelchair providers
India	D5	Training and professionalizing wheelchair providers
Kenya	D5	Training and professionalizing wheelchair providers
Macedonia	D5	Training and professionalizing wheelchair providers
Morocco	D5	Training and professionalizing wheelchair providers
Mozambique	D5	Training and professionalizing wheelchair providers
Philippines	D5	Training and professionalizing wheelchair providers
Romania	D5	Training and professionalizing wheelchair providers
South Africa	D5	Training and professionalizing wheelchair providers
Tanzania	D5	Training and professionalizing wheelchair providers
Togo	D5	Training and professionalizing wheelchair providers
Zimbabwe	D5	Training and professionalizing wheelchair providers *(in-country training)*
Rwanda	D6	Building the capacity and the sustainability of Rwanda's National Commission for Children (NCC) – Phase I: Assessment and Stakeholder Alignment

Output D1: International Committee of the Red Cross (ICRC) – Strengthening the L+M+G of ICRC and its partners providing rehabilitation services (Activities D1.1–D1.6)

In this multi-year engagement, LMG is providing technical assistance in leadership and management, alongside colleagues from ICRC's Physical Rehabilitation Program and Special Fund for the Disabled, to support ICRC's existing technical expertise and good work in strengthening the quality of physical rehabilitation centers across Africa and elsewhere. In early PY2, LMG staff traveled to Ethiopia to visit several physical rehabilitation centers that partner with ICRC to get a better understanding of the needs and challenges. Challenges were identified at both the service delivery level and the policy level. Based on the Ethiopia trip and other discussions with USAID and ICRC, LMG collaboratively designed a two-pronged technical approach: 1) conduct LMG's Regional Senior Leadership Program with delegations of high-level policymakers from the Anglophone African region and (2) based on existing best practices, develop a standard operational package to strengthen the management systems and leadership capacity of rehabilitation centers (Activity D1.1).

The following principles are central to the design of LMG's technical approach with ICRC:

- The approach should be regional in scope and able to be replicated and scaled.
- It should be flexible and adaptable to the needs of the local context, and both public and private/non-governmental organization (NGO) centers.
- It should reinforce, complement, and avoid duplication with current ICRC initiatives and ICRC's focus on strengthening technical/clinical capacity.
- It should be designed such that ICRC can own, deliver, and sustain it over time.
- It should integrate leadership and management practices into an organization's routine systems and processes such that gains made can be sustained.

LMG set the stage in PY2 for the regional SLP that will be completed in PY3 (Activity D1.6). LMG and ICRC have selected delegations of high-level policymakers from four countries (Ethiopia, Tanzania, Sudan, and Zambia) and established a relationship with the Tanzania Training Centre for Orthopaedic Technologists (TATCOT) to serve as the host academic partner. This program will equip the selected delegates to

address policy level challenges with evidence-based strategies, effective management, and accountable governance. Essential to the success of the SLP is the assignment of a facilitator to each country delegation who will participate alongside the groups in all three sessions and support the teams as they move through the development, implementation, and evaluation of their work plans between the sessions. LMG and ICRC identified ICRC staff members who already work with these high-level officials and partners as part of their existing work who will serve as the SLP facilitators. LMG held an orientation session for these ICRC facilitators in May 2013.

LMG also developed the foundation for the standard operational package for rehabilitation centers during PY2. The package includes two main components: 1) standard procedures for management systems (Activity D1.2); and 2) leadership development modules that can be self-directed by center managers and conducted during routine staff meetings (Activity D1.3).

The key challenges LMG faced in its PY2 work with ICRC were primarily related to selection of the country delegations and communication with TATCOT for the SLP, and consensus-building on content for the standard operational package. ICRC works in many post-conflict countries, and its Anglophone African presence is limited. LMG attempted to include six country teams in the SLP but delegations for South Sudan and Somalia were unable to form appropriate teams due to vacancies or lack of capacity in key positions within these fragile states. Additionally, the implementation of the SLP was delayed due to scheduling difficulties with TATCOT.

In PY3, delegations in the SLP will work together to design, implement and evaluate a strategy that makes concrete progress on a priority problem related to physical rehabilitation services. Participating decision-makers will both address an existing, pressing problem and build their capacity to address future health problems in their country. The first SLP session will be held August 26-30, 2013, at the TATCOT/Kilimanjaro Christian Medical Centre (KCMC) in Moshi, Tanzania with delegations from the five participating country delegations. The second session is scheduled for November 25-29, 2013, and the final session will be May 1-2, 2014.

Additionally in PY3, LMG will be piloting the standard operational package and refining the content to be most useful to ICRC's context. Pilot locations and timing are pending further discussion and consensus with ICRC. LMG will then train ICRC staff on how to use the package in their partner centers, working alongside ICRC staff to model how it can be adapted and implemented in multiple centers during PY3. It will also be a priority to translate materials into French so ICRC and LMG can begin utilizing the standard operational package in the many Francophone African countries where ICRC is present.

An alumna from the 2012 Women's Institute for Leadership and Disability carrying out a two-day workshop, "Sexuality and Women's Rights for Women with Disabilities in India." Photo: Mobility International USA

Output D2: Women's Institute on Leadership and Disability (WILD) (Activities: D2.1, D2.2, D2.3)

During PY2, LMG supported MIUSA to prepare for and deliver WILD (Activities D2.1 and D2.2). This three-week program in August 2012 brought together 26 women with disabilities from around the world to build their leadership capacity to advance human rights and opportunities for other women and girls with disabilities. For WILD 2012,

LMG introduced the development of an action plan to be implemented by each participant during the six months following WILD. All 26 WILD participants created action plans during the program, with technical assistance from LMG and MIUSA. LMG also provided technical assistance to MIUSA to implement the M&E plan developed during LMG's PY1 to support the objective of strengthening MIUSA's capacity to measure and document the results of WILD (Activity D2.3). Information from alumni on action plan results was used as a measure of effectiveness of WILD, in addition to self-reports by WILD alumni on the impact of WILD on their leadership capacity and activities.

Twenty-three WILD alumni responded to follow-up questionnaires and reported on action plan implementation. At six months, 15 reported having fully implemented their action plans. Twelve fully achieved their action plan objectives, while three reported partially achieving objectives. Eight alumni have not completed implementation of their action plans; of these, seven continue efforts to achieve objectives. Action plan activities focused on reproductive health, HIV & AIDS and violence prevention, legal and human rights, education and economic empowerment for women with disabilities, and inclusive development. To implement their action plans, WILD women conducted trainings and workshops, participated in political processes, produced print and online resource materials, and facilitated collaboration between women with disabilities and development organizations.

A participant in the 2012 WILD in Eugene, Oregon, organized by MIUSA and funded by USAID with support from the LMG Project. Photo: MIUSA

WILD 2012 participants also reported on achievements that went beyond the scope of their action plans. Three participants conducted trainings for women with disabilities; eight were published, interviewed, or featured in television, radio, print, and internet media; seven presented to disability-related audiences totaling more than 1,500 people; and three presented at non-disability-specific state, national, regional, and international conferences. Seven met with potential funders and twelve met with national and international development organizations to discuss possible partnership, support, and inclusion of women with disabilities. Three WILD women founded or co-founded new, cross-disability women's organizations. Through implementing their action plans and other activities, WILD alumni transferred information and knowledge gained from the program to other women with disabilities, initiated relationships with development organizations, and achieved results that improved the lives of disabled women in their communities.

A key component of WILD 2012 was a four-day Gender, Disability and Development Institute, where 25 representatives of international development organizations joined WILD participants in dialogues and strategy sessions on inclusion of women with disabilities in development work. In six-month follow-up reports, 19 of the 25 international development organizations that participated in the institute reported on organizational actions taken to increase participation of women with disabilities, including hiring disabled women; implementing new policies, mandates, targets, tracking systems, and outreach to promote participation of women with disabilities in programs; supporting, inviting, partnering, or consulting with disabled women's organizations; and sharing information.

Findings from Activity D2.3 (M&E related to the WILD program) suggest that action planning provides a concrete framework for WILD participants to sustain the momentum and put into practice what they

have learned at WILD upon return to their home country. Action plans offered vehicles for many alumni to incorporate the ideas and strategies gained at WILD into their work and communities. Even alumni who did not complete their objectives indicated that the action plan had been a useful tool. Action plan outcomes were also useful for assessing the impact of WILD.

In collaboration with USAID, MIUSA and LMG used the M&E findings to agree on shared recommendations to strengthen the delivery of WILD in 2013. LMG is now working closely with WILD to prepare for and introduce these recommendations. WILD 2013 will be held in August, early in LMG's PY3. LMG will support MIUSA in delivering the program and provide ongoing coaching as MIUSA supports WILD alumni to finalize and implement their action plans, and as MIUSA monitors and evaluates WILD. Additionally, LMG will provide technical assistance to MIUSA in PY3 to document the WILD curriculum as MIUSA prepares a modular-based WILD facilitator's manual and to use the data collected from WILD 2012 and 2013 to produce strategic communications materials.

Output D3: Organizational development capacity-building in torture rehabilitation centers participating in the Partners Aligned in Trauma Healing (PATH) Project of the Center for Victims of Torture (CVT) (Activities D3.1–D3.4)

Building off of the work done in PY1, LMG collaborated with CVT to provide technical assistance to torture and trauma rehabilitation centers that are part of the PATH Project. The purpose of this assistance is twofold: 1) to provide technical assistance for a specific organizational development need as expressed by the center and 2) to gain a greater understanding of the on-the-ground context and needs across the various centers to inform the design of LMG's technical assistance efforts that cut across all PATH centers.

In the past year, LMG provided technical assistance visits to carry out organizational development capacity-building to seven of the 10 PATH centers (Bosnia, Georgia, Lebanon, Liberia, Moldova, Sierra Leone, and Sri Lanka) and virtual technical assistance for the center in South Africa (Activity D3.2). Each visit resulted in an action plan developed by the partner center to implement follow-up activities for the targeted technical assistance. The CVT/PATH Organizational Development Advisor tracks these action plans and keeps LMG aware of progress and additional needs for continued support.

Through the collaboration with CVT, LMG has identified several common organizational development challenges that many of the PATH centers face in their torture rehabilitation work:

- Executive directors are chronically overstretched and shoulder huge loads to keep the organizations viable with fundraising, grant writing, and community relations. Six of the 10 PATH partners are founder-led. This has led to challenges for succession planning in several centers.
- Most executive directors could improve their effectiveness in engaging their boards and in developing mid-level staff capacities to delegate some duties outside of clinical, psychosocial, and/or legal services.
- Many centers have lapsed strategic plans (if one existed in the past). Centers often function primarily in a reactive mode and some have asked for assistance in being more strategic.
- Many mission statements appear to be more of a list of what the center does, rather than a clear overarching purpose to strategically guide the center's activities.
- Most centers have a range of human resource management needs and are hindered by a lack of clear performance expectations and feedback, and a lack of IT equipment and technology literacy among staff.

- Some centers struggle with basic financial management and lack appropriate systems or properly trained financial staff.
- Most centers have data management information systems needs and the few centers that collect useful data lack the capacity for analysis, so the information is not used beyond some report writing.

Action plans resulting from LMG's targeted technical assistance to specific centers in PY2 have included activities to address some of the challenges above. Plans have included establishing committees within the board of directors to help share the burden of running the respective center, staff training in leadership and management practices through the Personal Leadership Development Program (Activity D3.3), and sharing of responsibilities by mid-level staff for implementation of plans, among others. Additionally, LMG and CVT have worked with centers in Moldova, Georgia, Bosnia, Lebanon, Sierra Leone, and Liberia to update their mission statements and strategic plans. In response to expressed human resource management challenges, LMG staff developed a generic Employee Handbook and Guide for Supervisors that will be disseminated to all PATH centers following the September 2013 workshop.

Cross-cutting technical assistance during PY2 included preparing for the September 2013 organizational development and M&E meeting in conjunction with the PATH clinical workshop and holding a virtual leadership program for PATH executive directors and M&E specialists.

LMG's work with the PATH Organization Development Advisor has successfully increased the profile of organization development and sustainability as a part of the CVT approach to programming. This has led to an agreement to include the executive directors and one M&E specialist from each center in the annual PATH workshop, which has previously been designed only for clinicians (Activity D3.1). LMG and the PATH Organizational Development Advisor have worked closely with PATH M&E and clinical advisor teams in designing the September 2013 PATH workshop that will take place in Naivasha, Kenya. The overall theme is "We are all in this together to expand and sustain our organization's mission." CVT is interested in thinking more broadly about how their work can promote sustainability at the country level. The September workshop will include dedicated sessions on optimizing the engagement of boards, understanding what affects and how to influence organizational work climate, fundraising, how to identify priority challenges and strategically develop action plans to address those challenges as a team, and using data in decision-making, among others.

In PY3, LMG's targeted technical assistance visits will continue to build on the action plans developed and will also focus on some of the other challenges such as financial management.

Output D4: Ponseti International Association (PIA) – Fostering Scale-Up of the Ponseti Method for Clubfoot Treatment (Activities D4.1–D4.4)

LMG is supporting PIA in achieving their mission of reducing the incidence of neglected clubfoot worldwide and changing the lives of thousands of children in Peru, Nigeria, and Pakistan by increasing access to the low-cost, low-tech, non-invasive, and highly effective Ponseti Method for treating clubfoot. This was a new activity for LMG's DCHA-funded portfolio in PY2 and is planned as a two-year program, extending to September 2014. LMG's work with PIA includes two key areas: 1) strengthening PIA's own organizational development (Activity D4.1) and 2) managing and providing technical assistance for PIA's USAID sub-award project, Clubfoot Disability: Model for Sustainable Health System Programs (Activity D4.4).

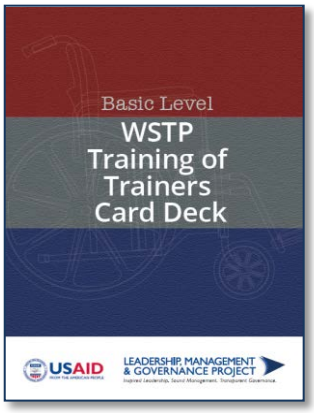
In PY2, LMG helped PIA to clarify its evolving organizational mission and crystalize a vision for success. Through this work, PIA stated that LMG and USAID support has helped PIA to evolve from a primary focus on clinical training to a "public health approach" with emphasis on country ownership, quality, and sustainability within respective country health systems. A part of this capacity-building also included facilitating two Global Leadership of Clubfoot Care meetings. These meetings brought together representatives from PIA and the Global Clubfoot Initiative to improve collaboration and communication between the two groups. Global Clubfoot Initiative is a consortium of NGOs that mobilize resources and/or deliver clubfoot treatment in low-resource settings around the world. The two groups agreed in May 2013 that their past work has brought the evidence-based Ponseti Method for clubfoot treatment to a tipping-point for worldwide acceptance and that a coordinated communications approach by these two important groups is needed to maintain quality and support ownership at the country level to scale up and serve the thousands of children and families in need.

Pre- and post-administration of the Ponseti Method treatment for clubfoot in Ile Ife, Nigeria. The second photo was taken immediately after the final cast was removed. Photo: Dr. Thomas Cook, Ponseti International Association

LMG is also working with PIA in connection to their sub-award managed by LMG. The focus of the USAID sub-award is to better understand and learn how to strengthen the essential elements of national clubfoot treatment programs using the PIA public health approach. Activities include supporting local champions to lead the change process and systematic scale up of the PIA approach, developing best practices guidelines for the Ponseti Method, facilitating communities of practice in focus countries (Nigeria, Pakistan, and Peru), identifying the needs of facilities and practitioners, and providing educational programs to enhance early identification and referral by frontline health workers. LMG's technical assistance for the sub-award primarily concentrates on change management and systematic planning for scaling up. During PY2, LMG leveraged the work done under PRH Output P5—where LMG worked with IBP Consortium members to update the Guide to Fostering Change to Scale Up Effective Health Services and publish it online—to share proven approaches to effectively leading change and developing scale-up strategies with PIA (Activity D4.2). PIA and LMG agreed to use the guide in the three focus countries to support PIA's other activities in the sub-award, and made plans to introduce the guide to the local champions in PY3, beginning with Nigeria.

The most significant challenge in the PIA activity during PY2 was the delayed start-up of the project. The sub-agreement to PIA, which was intended to be available by the start of October 2012, was not officially approved by USAID and in place until late December 2012. LMG and PIA also faced setbacks with getting USAID mission agreement in the focus countries. As a result, PIA's planned effort to scale up their public health approach to clubfoot treatment and LMG's planned technical assistance to help PIA manage the change process in each country was delayed until Q3.

In PY3, LMG will continue working with PIA to strengthen their organizational capacity, strategic direction, and grant management capacity. This will include a trip to the PIA headquarters in Iowa City, Iowa, in August 2013 to follow up on the organizational development implementation plan developed during PY2 and assist PIA in identifying ways to strategically build on it for the next year. As a part of supporting the USAID sub-award work, LMG will work with PIA to launch a change management process to systematically scale up the evidence-based Ponseti Method in Nigeria in November 2013 using content from the Guide to Fostering Change to Scale Up Effective Health Services.



Output D5: Training and professionalizing wheelchair providers (Activities D5.1–D5.5)

LMG took on another new multi-year activity in LMG's USAID/DCHA-funded portfolio in PY2 that focuses on strengthening the wheelchair service provision sector in low-resource settings. The overall goal of LMG's sector-strengthening work is to convene and empower key wheelchair service stakeholders to prioritize and sustainably support standardized and high-quality wheelchair service provision, and take steps towards establishing a global coordination mechanism to support the shared vision for the sector.

LMG's implementation of wheelchair work began in July 2012 with a training of experts workshop in Washington, DC, that convened 26 wheelchair provision experts to launch the WHO and USAID-supported Wheelchair Service Training Package (WSTP) – Basic Level (Activity D5.1). The WSTP is critical as it provides a standardized training package that aligns with the official WHO Guidelines for Wheelchair Service Provision in Low-Resource Settings. Some of the experts who participated in the training of experts are now being mentored by master trainers to co-lead WSTP trainings alongside authors of the package supported by WHO and others. Some of these experts will also be used by LMG to co-lead USAID-supported WSTP trainings planned for PY3. The idea behind this mentor method is that the trainers being mentored will gain the capacity to become master trainers and mentor others over time.

During PY2, LMG also provided technical assistance to WHO for the development of a Management Module and Stakeholder Module for the WSTP (Activity D5.4). The purpose of the stakeholder module is to enhance the ability of policy makers to effectively support the implementation of wheelchair provision. The purpose of the management module is to enhance the capacity of the managers of wheelchair services to effectively manage and support wheelchair service delivery. LMG worked with other technical experts convened by WHO to agree on the content of the modules, and specifically contributed content about what managers and stakeholders need to do in order to "lead the change," getting others to engage in, support, and commit to the change process around introducing the WSTP. These modules were piloted by WHO in PY2. LMG staff also developed a training of trainers approach to supplement the WSTP, and designed the training of trainers in consultation with a wide variety of wheelchair service stakeholders (Activity D5.3). The training of trainers focuses the future trainer's attention on three aspects of delivering the WSTP training: technical, logistical and administrative, and adult education techniques.

LMG facilitated the "Future Directions in Wheelchair Service Provision Workshop" in Washington, DC, in August 2012 (Activity D5.2). This event brought together 29 senior stakeholders involved in wheelchair provision across the globe. The group developed a shared vision: "By 2020, 20,000 people will receive

quality wheelchair services and appropriate wheelchairs each year." Participants then articulated key challenges they were facing in the wheelchair sector, including global coordination, advocacy, financing, evidence-based practices and research, and appropriate service provision. To continue the momentum from the workshop, LMG established three working groups: 1) global coordination, 2) evidence-based practices, and 3) appropriate service provision. In PY2, LMG staff held 10 working group meetings, convening stakeholders representing over 20 organizations and established Google Groups to provide a virtual community and support coordination across the sector.

In PY2, LMG supported the delivery of three WSTP basic-level trainings, one in Addis Ababa, Ethiopia, and two in Harare and Bulawayo, Zimbabwe, for 84 providers (Activity D5.5). LMG also sent out a call for applications for future USAID-supported wheelchair trainings, receiving 17 applications and selecting eight applicants in cooperation with USAID. A key challenge LMG faced in rolling out the WSTP training is the shortage of recognized master trainers (originally, only primary authors of the package were considered master trainers). LMG collaborated with the existing master trainers to agree on criteria to be considered as a master trainer as an interim measure until a more formal system is in place. LMG reviewed 16 applications and the technical selection panel chose three additional trainers to use in PY3.

During PY3, LMG will continue to work closely with DCHA's Programs for Vulnerable Populations team and their partners to strengthen and professionalize the wheelchair service provision sector. This will include continuing to coordinate the three stakeholder working groups and strengthen collaboration across the sector, supporting the delivery of eight WSTP basic trainings, piloting the training of trainers approach developed in PY2, and partnering with the Institute for Performance Improvement to develop a knowledge and skills assessment for wheelchair providers to certify their qualifications to provide high-quality wheelchair service provision in low-resource settings.

Output D6: Building the capacity and the sustainability of Rwanda's National Commission for Children (NCC) – Phase I: Assessment and Stakeholder Alignment (Activities D6.1–D6.3)

Toward the end of PY2, LMG collaborated with Rwanda's NCC to assess their organizational capacity to lead the national deinstitutionalization and child care reform process described by the Government of Rwanda in its 2011 Integrated Child Rights Policy. While NCC is tasked with ensuring compliance with the Integrated Child Rights Policy and managing the national child protection system, the government's specific and immediate priority is to deinstitutionalize children in orphanages within two years and facilitate their reintegration into families, while also preventing the unnecessary removal of other children from families. To assess their capacity, the LMG team conducted interviews with NCC employees, management, and partners, and led consensus-building and participatory analysis in May 2013 (Activity D6.2). During this phase, LMG developed a number of recommendations to strengthen the organizational capacity that is critical to positioning NCC to perform its mandate.

LMG assisted the NCC to develop a capacity building plan that encompasses the needs of NCC regarding the seven areas of the national Integrated Child Rights Policy (Activity D6.3). The recommendations for capacity-building interventions include internal organizational development activities, as well as interventions to strengthen NCC's ability to function as a monitoring, coordinating, and oversight body for Rwanda's child protection system. All recommended interventions in the plan were designed to facilitate acquisition of capacity by NCC or other actors over time, with a view to moving recipients from stage to stage of development to the point where they no longer need outside support. For example, phases of training are followed by support through coaching, and eventually with occasional M&E. The goal is to develop the NCC's capacity while simultaneously developing the staff's ability to monitor their own progress toward improvement and design their own future improvement plans. Capacity-building

efforts targeting NCC's coordination and leadership roles were designed to develop systems and mechanisms to strengthen NCC as an organization, while simultaneously developing NCC staff to coordinate, lead, monitor, and evaluate the Integrated Child Rights Policy initiative with its other partners.

As a part of the overall capacity-building needed in Rwanda, which is being carried out by UNICEF and others, LMG proposed to provide further strategic technical assistance in PY3 to support NCC as the institution develops its leadership role, with a focus on immediate priorities in the area of family and alternative care, and develop NCC's capacity to strengthen its coordination and oversight in other areas of the Integrated Child Rights Policy as well.

Section 4: Country Program Highlights (Field Support Funded)

A significant proportion of the impact from investing in L+M+G occurs in the following nine country programs.

4.1 Afghanistan

Objectives of the Program

Local community health meeting in Waras District, Afghanistan, 2013. Photo: LMG/Afghanistan

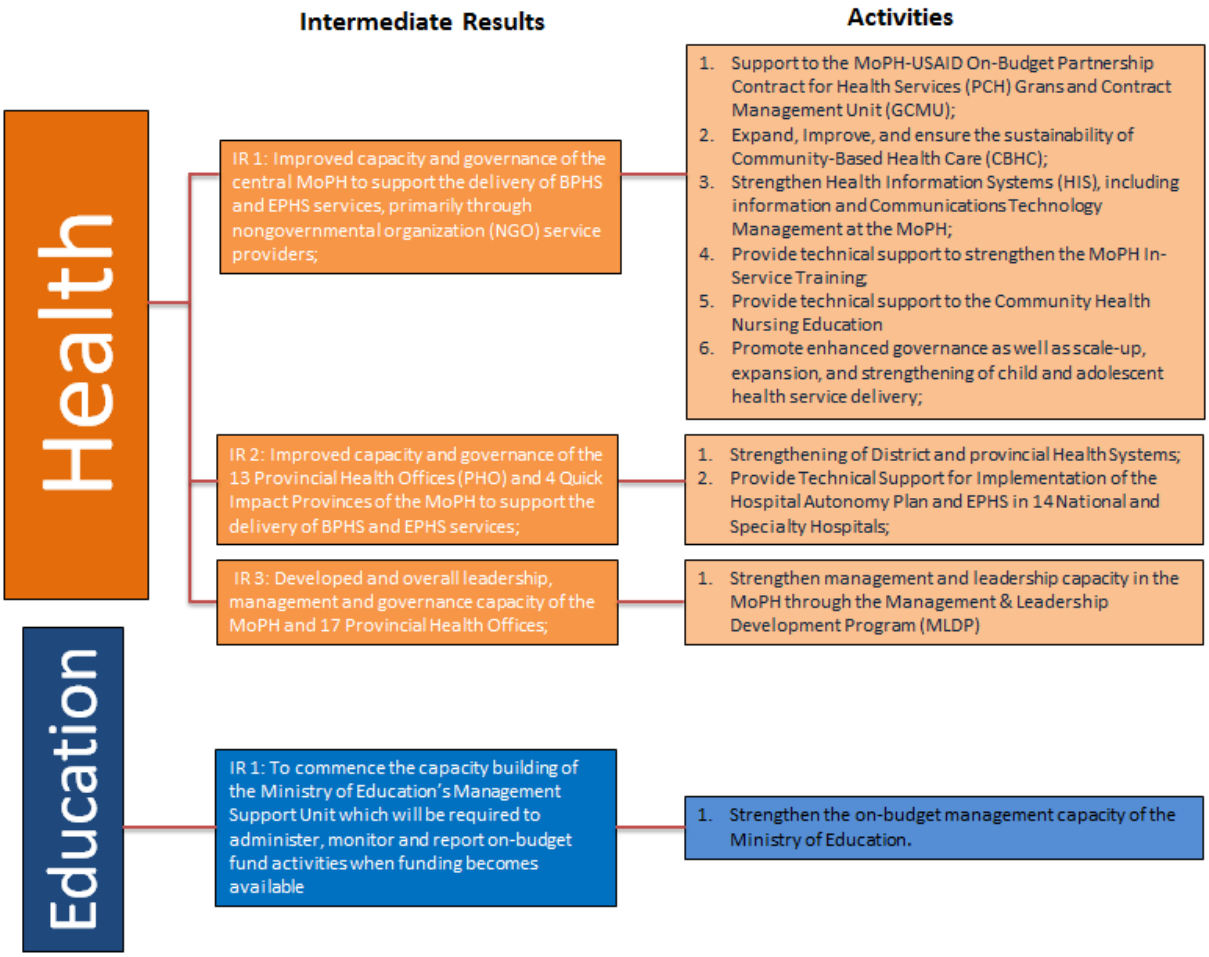
LMG/Afghanistan, currently the largest country program in the LMG Project portfolio, works to strengthen the capacity of the Afghan Ministry of Public Health (MOPH) to lead, manage, and govern the scale of access to and quality of the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS), particularly for those at highest health risk. The project also supports capacity building of the ministry of education. The LMG program builds upon the strengths and successes of the Technical Support to the Afghan Ministry of Public Health (Tech-Serve) project to promote enhanced performance improvement; develop senior leadership and governance capabilities using participatory processes and gender-aware approaches that enable health leaders and policy-makers to address their own challenges and achieve results; build and use evidence-based approaches by generating and disseminating evidence that shows how improved leadership, management, and governance contribute to health gains; and leverage partnerships through public and private investments.

The LMG/Afghanistan program activities are organized around 10 objectives (see Figure 3 below for a visual representation):

1. Provide support to the MOPH-USAID on-budget Partnership Contract for Health Services (PCH) Grants and Contract Management Unit (GCMU);
2. Expand, improve, and ensure the sustainability of community-based health care;
3. Strengthen health information systems;
4. Provide technical support for implementation of the Hospital Autonomy Plan and EPHS in 14 national and specialty hospitals;
5. Provide technical support to strengthen the MOPH in-service training;
6. Provide technical support to community health nursing education;
7. Promote enhanced governance as well as scale up, expand, and strengthen child and adolescent health service delivery;
8. Strengthen district and provincial health systems;
9. Strengthen management and leadership capacity in the MOPH through the Management & Leadership Development Program; and
10. Strengthen the on-budget management capacity of the ministry of education.

Figure 3 illustrates the activities that the LMG project is carrying out in the health and education sectors, along with the expected intermediate results (IR).

Figure 3: LMG/Afghanistan Intermediate Results and Activities



Key Achievements

Given the broad mandate of this country program to support the implementation of the BPHS and EPHS in the health sector, along with capacity building to the Ministry of Education in the education sector, for the purposes of this global LMG report we will summarize progress in the four program areas that relate most closely to the objectives of the LMG Global Project (Objectives 1, 4, 8, and 9). Information on activities in other program areas is available in the LMG/Afghanistan Annual Report, which has been submitted to the USAID/Afghanistan Mission. The following are highlights of country key achievements against the program areas and objectives related to improved health leadership, management, and

governance.

Objective 1: Provide Support to the MOPH-USAID On-Budget Partnership Contract for Health Services (PCH) Grants and Contract Management Unit (GCMU)

From the beginning of the LMG/Afghanistan program in September 2012 through the end of PY2, LMG/Afghanistan provided technical assistance to strengthen the MOPH's ability to move forward with direct or "on-budget" funding from USAID. During this time, the MOPH submitted a total of 10 on-budget support proposals, seven of which cover technical assistance now funded under LMG/ Afghanistan. The remaining three on-budget proposals cover two activities funded by the USAID-funded Health Policy Project (health economics and financing and support to the Office of Private Sector Coordination within the MOPH) and one activity funded by the USAID-funded Health Care Improvement Project that covers quality improvement in health care. The proposals are slated to be updated and approved by senior MOPH officials, and formally submitted by the MOPH to USAID by the end of August 2013. LMG/Afghanistan has played a technical support and a coordinating role in the facilitation of this process to ensure accuracy of content within the proposals and timely submission to the funders. USAID has made a preliminary decision to fund all 10 on-budget proposals, as well as PCH, through the World Bank's System Enhancement for Health Action in Transition Program, with the funding channeled through the Afghanistan Reconstruction Trust Fund. Once approved by USAID, the updated proposals will undergo review from the World Bank as well.

In addition to facilitating the development of the on-budget proposals, LMG/Afghanistan continued to provide technical assistance to the GCMU/PCH team, primarily through contracts with Afghan NGOs for implementation of BPHS services in 13 provinces and EPHS services in five provinces. LMG/Afghanistan provided operational support for the PCH team, which in turn convened a BPHS/EPHS roundtable with NGO partners. LMG/Afghanistan also organized training sessions for the GCMU/PCH team on basic biostatistics methods, data use, and survey design for the PCH and GCMU teams.

Objective 4: Provide Technical Support for Implementation of the Hospital Autonomy Plan and EPHS in 14 National and Specialty Hospitals

The 14 national and specialty hospitals that have implemented hospital autonomy during the past year have had significant achievements. LMG/Afghanistan has provided technical support to target hospitals and the directorates of central hospitals in four key areas: management and governance, finance, procurement, and hospital management information systems (HMIS).

With support from LMG/Afghanistan, the hospitals have made progress in coordination of both management and governance activities. LMG/Afghanistan advisors worked directly with hospital administrators to strengthen administrative and governance functions. For example, the management teams at each hospital now meet on a monthly basis to review the last month's activities and operations, with a specific focus on budget management, procurement, HMIS, and the development of each hospital's implementation plans for the coming months. Specific context-based indicators to monitor the management team's performance are identified and measured on a quarterly basis.

In addition, the management teams of all 14 national and specialty hospitals meet quarterly to present and discuss their progress as measured by these indicators. To bolster the skills of individual hospital administrative personnel and managers, we have initiated the development of a Hospital Management Training Curriculum, in collaboration with Johns Hopkins University, which will be implemented in PY3.

The support provided to the hospitals in the financial and procurement realms has proved successful as well. For finance, a major accomplishment was a high level of budget use for the 2012–2013 year. Based on this success, the MOPH has granted direct control of the total budget to the hospitals. LMG/ Afghanistan consultants trained hospital staff on budget tracking, the generation of regular budget statements, reporting expenditures to the MOPH, and the projection of budget utilization trends. For procurement, one major accomplishment is the transfer of procurement responsibilities to the hospitals; in total, 115 major contracts have been issued for the 14 hospitals. LMG/Afghanistan management teams assisted with the contracts by delivering technical support to the hospitals, and in acting as liaisons between the hospitals and relevant ministries.

Another major achievement has been to strengthen the HMIS and staff capacity to manage, use, and report data. With the exception of three national hospitals (Malalai, Rabia Balkhi, and Esteqlal—all of which have previously collected HMIS data), the rest of the hospitals were not familiar with data collection, analysis, and utilization processes. After receiving technical support from LMG/Afghanistan, all hospitals are now able to regularly submit HMIS data to the central MOPH. In addition to data submission, the hospitals conduct monthly presentations at the each hospital and meet quarterly to review their progress, challenges, and lessons learned.

To further support hospital capacity-building activities, LMG/Afghanistan conducted assessments of hospital filing systems, hospital goods utilization, human resource capacity of hospital administration staff, and hospital management knowledge of procurement and budget practices. The assessments conducted during this reporting period included baseline data and will be repeated on a quarterly basis.

Based on the results of these assessments, LMG/Afghanistan submitted specific recommendations for improvement to the MOPH (more details are available in the LMG/Afghanistan Annual Report).
In April, the Minister of Public Health of Afghanistan issued to the LMG team in Afghanistan a letter of appreciation, recognizing the project's contributions towards the achievement of the national and specialty hospitals' autonomy and the successful implementation of the initial phase of this important initiative for the Afghan health sector.

Objective 8: Strengthening of District and Provincial Health Systems

Activities in this area have included providing technical and management support to the Provincial Public Health Offices (PPHOs). During this reporting period, the LMG assigned Provincial Health System Strengthening Consultants (PHSSCs) who assisted more than 2,000 monitoring visits conducted by the PPHOs and Provincial Public Health Coordination Committee (PPHCC) members from public and private health facilities, hospitals, pharmacies, health posts, and midwifery schools. Additionally, provincial consultants from the Jawzjan, Nimroze, Herat, and Badakhshan provinces provided data and information management support to HMIS officers, who

Local and district health leaders meet to discuss better health outcomes in Herat, Afghanistan, 2013. Photo: LMG/Afghanistan

then conducted HMIS data-use training for the PPHO teams.

The PPHOs in the provinces also conducted annual operational plan development workshops, in which representatives from each PPHO (including the Provincial Public Health Director, HMIS officers, and PHC officers) were oriented on the annual operational plan process. The PHSSCs are currently supporting the PPHOs with implementation of the plan based on a developed monitoring framework. For a summary of the LMG Project's work with PPHOs in Afghanistan, see the success story entitled "USAID Supports Health System Strengthening in Afghanistan" in Appendix IV of this report.

The PHSSCs have also assisted the PPHOs in organizing and facilitating governance, technical, and coordination bodies, resulting in a total of 1,319 coordination meetings being held during the last 10 months in 17 targeted provinces. In order to strengthen the governance role of the PPHCCs and District Health Coordination Committees (DHCCs), the LMG/Afghanistan program recently developed provincial and district governance guides. The guides are currently being piloted in three provinces (Herat, Wardak, and Khost) and 11 districts. The guides will continue to be piloted through October 2014.

Objective 9: Strengthen Management and Leadership Capacity in the MOPH through the Management & Leadership Development Program

During this reporting period, the LMG/Afghanistan program hired one full-time technical advisor to implement this objective. LMG/Afghanistan, with the help of the MOPH Civil Service Commission, developed training and orientation packages focused on management, leadership, and governance for new MOPH staff. Leadership and management orientation materials were pulled from existing MSH publications and governance orientation materials were drafted anew. An L+M+G assessment of current MOPH staff competencies is currently being piloted. The assessment will be successfully accomplished within a reasonable time frame.

Additionally, the LMG/Afghanistan program developed capacity-building and quality improvement strategies, as well as trained 35 L+M+G facilitators on quality, gender, and governance best practices. LMG/Afghanistan conducted training and Leadership Development Program workshops for six provincial Afghan Midwifery Association chapters. The Management and Leadership Development Directorate (MLDD) oriented PHSSCs on the LPD+ program and facilitator certification process; the MLDD intends to have 50 local LDP+ facilitators certified by the MOPH by the end of LDP+.

The MLDD also conducted workshops using MOST (Management and Organizational Sustainability Tool) with four central national hospital teams and developed capacity-building action plans based on the MOST assessments. As a result of the workshops, 80 staff members were trained on the phases of leadership development workshops and management organization sustainability. LMG/Afghanistan provided financial and technical support during workshops.

In collaboration with JHSPH, LMG/Afghanistan also organized the first workshop as part of the SLP. The team-based leadership development program seeks to equip senior decision-makers with appropriate skills to address health system challenges with evidence-based strategies, effective management, and accountable governance. Minister of Public Health of Afghanistan participated in the workshop, along with her senior advisors. The second workshop is scheduled to take place in the first six months of PY3.

Challenges

Competing priorities of both donors and the MOPH has delayed the implementation of activities, including the SLP. It is critical to ensure proper ownership of activities and accommodation of all priorities as the project moves forward to optimize results.

- Senior officials within the MOPH are highly dependent on consultants and advisors, which means that activities often take a long time to implement and there is weak efficiency of internal decision-making.
- The capacity of the MOPH Provincial Liaison Department remains low and the timeframe and resources for the implementation of some LMG activities needs to be further considered. This has resulted in the need to modify our work plan or allocate more resources for some defined activities.
- The complexity of the staff recruitment process in the MOPH system has delayed the recruitment of on-budget positions.
- Despite having a good level of field-monitoring coverage, there are limitations in relation to field monitoring due to logistic and security issues. The lack of security in some provinces has created a high turnover of staff amongst the provincial teams. Security issues have also prevented the conduct of joint monitoring missions.

Next 6–12 Months

- **For Objective 1**, LMG/Afghanistan will assist GCMU/PCH with technical advice and systems for improved operations of PCH in the areas of contracts, M&E, and finance, as identified by the PCH & GCMU leadership. The project will also work with MOPH staff to update the on-budget proposals and link them to the capacity development needs of relevant departments.

- **For Objective 4**, LMG/Afghanistan will implement a Hospital Management Training Program for staff from the 14 Kabul-based national and specialty hospitals and assist the MOPH with the rationalization of central hospital staff through consensus-building workshops at stakeholder and health provider levels. In addition, LMG will assist the 14 hospitals to improve management of operations, procurement, HMIS, and financial management systems. Hospitals will be supported to establish a Patient Interest Committee and conduct patient satisfaction surveys to contribute to improving service delivery and quality of care. We will also support five PCH-supported provincial hospitals with regular evaluation and updates of their operational plan using existing tools such as HMIS analysis and an EPHS monitoring checklist.

- **For Objective 8**, activities will focus on enhancing governance capacity through the incorporation of governance issues into the provincial core function assessment tool and the roll out of governance guides for PPHCCs and DHCCs. Additionally, we will continue regular support for the PLD to strengthen supervision and monitoring mechanisms to oversee the PPHO core functions, continue participation in the decentralization strategy development working group, support the establishment of a Strategic Plan Steering Committee within the MOPH, and support quarterly task-sharing workshops by the 3 Provincial Health Learning Centers (PHLCs) in Herat, Kandahar, and Khost provinces. We will also continue supporting the establishment of a fourth PHLC in one of the Northern provinces. We will also provide technical assistance to the MOPH Planning Directorate to support implementation of departmental Annual Operation Plans (AOP) and develop strategic plans for USAID-Funded provinces.
- **For Objective 9**, activities will focus on continuing to roll out the LDP+ to MOPH departments, PHOs, and the 14 Kabul-based national and specialty hospitals, which includes implementing

LDP+ workshops and supporting facilitator training. Additionally, we will be placing emphasis on the collection and analysis of data from our leadership development activities to demonstrate outcomes and the contribution to strengthening the Afghan health system. We will also continue with implementation of the SLP, support the development of a coordination mechanism for provincial monitoring visits, and support the General Directorate of Human Resources to assess leadership and management capacity of staff and integrate orientation on these activities into staff orientation processes at the MOPH.

4.2 Benin

Objectives of the Program

USAID and MSH, in collaboration with other members of the existing leadership, management, and governance consortium in Benin, have launched the Leadership, Management and Governance Project in Benin (LMG/Benin) to build on their common interest in addressing the challenges of L+M+G. The consortium team will focus on strengthening the capacity of health managers, leaders, and teams to carry out health program stewardship effectively.

The three-year goal of LMG/Benin is strengthened leadership, management, and governance capacity at all levels of the health sector, targeting the result of universal and equitable access to a high-quality and integrated essential health package, and improved health outcomes. We will achieve this goal through action-oriented training for health leaders and managers in key health systems strengthening building blocks, and by developing the stewardship capacity of senior leaders through specialized training and mentoring support.

Participants from the Réseau des ONG Béninois en Santé participate in the LMG-led Strategic Planning, Visioning, and Governance Workshop June 12–14, 2013, in Cotonou, Bénin. Photo: LMG/Bénin

The program has three key objectives:

1. Strengthen governance practices such as advocacy, policy formulation, regulation, and information at the highest level of the MOH
2. Develop leadership, management, and governance practices of health leaders and managers within central and decentralized structures of the MOH and in the private sector
3. Strengthen institutional capacity of a competitively selected training institution

Key Achievements

LMG/Benin began in October 2012 with initial stakeholder engagement and work planning. The project's work plan was approved by USAID/Benin on January 29, 2013, and by USAID/Washington on February 7, 2013. During this reporting period key activities included the following:

Project start-up completed. Local operations were fully established at the LMG/Benin office in April 2013. Local staff was hired with only one recruitment pending finalization in July 2013. These recruitments have ensured that local coordination of project activities has moved forward and project implementation is underway. Project staff was oriented through intensive technical sessions during a

field visit of home office staff in May and June 2013.

Project launch and strategic planning meetings held. LMG/Benin, along with representatives from USAID and the local leadership, management, and governance consortium, met with the Secretary General of the Ministry of Health on November 16, 2012, to formally introduce the project. Following a presentation of the project and discussion on the need for the MOH to take on a lead role, the Secretary General confirmed that leadership, management, and governance are a priority for the minister of health and her staff, and the MOH fully supports the project and its goals. The Secretary General's office will provide the institutional anchoring for the project and will put in place mechanisms to ensure regular communication with LMG/Benin to guarantee the access and support necessary for successful program implementation.

A number of planning and strategic meetings with the Minister of Health, her cabinet, and members of the local consortium allowed the project to establish its objectives, and ensure the buy-in of key stakeholders as implementation begins. Those key stakeholders, including the Director of the Maternal and Child Health Directorate, have demonstrated their interest in the project and its work, reaching out to LMG/Benin staff and visiting the local project office to reaffirm and solidify working relationships.

An official launch date of July 11, 2013, was confirmed with the MOH. An LDP+ launch with the Order of Pharmacists will take place on July 15, followed by an LDP+ training with the DSME, National Malaria Control Program, and the National Vaccination and Primary Health Care Agency on July 22. LMG/Benin staff met with participating groups to detail the objective of these leadership, management, and governance strengthening activities, and to identify the expected profile of participants. Participants have shared key strategic documents with the project in advance of the program to ensure that LMG/Benin staff and consultants are able to tailor support to the specific needs of the participating teams. LDP+ consultants trained in leadership development and familiar with the course materials have been recruited and are in ongoing discussions with the LMG/Benin team to coordinate these activities.

Strategic Planning, Visioning, and Governance Workshop with the Réseau des ONG Beninois en Santé (ROBS) conducted. Prior to the official launch of the project, LMG/Benin confirmed with donors and stakeholders the importance of moving forward with project implementation with a strategic planning, visioning, and governance workshop for the local NGO network ROBS. LMG/Benin staff, with support from an internal technical expert, conducted this workshop June 12–14, 2013, at the ROBS office in Cotonou. The workshop had as its objectives to develop a vision and strategic plan for ROBS with executive members and all members of the ROBS network, and develop strategies to improve ROBS' governance in order to enable the network to obtain new funding and projects.

A participant in the Strategic Planning, Visioning, and Governance Workshop held July 12-14, 2013, with ROBS, describes the strategic vision of the network.

Participants discussed the values that ROBS should convey to unify member NGOs in their ambitions and goals. After sharing individual and group reflections, the plenary adopted 17 unifying values: solidarity, responsibility, humility, good governance, moral integrity, mutual trust, competence, fairness, equality, transparency, effectiveness, efficiency,

accountability, synergy of actions, sociability, the culture of participation, and respect for commitments. The workshop evaluation revealed that the participants appreciated the active participation of women.

Participants identified resource mobilization and advocacy as top priorities, along with the establishment of a coordinating mechanism for ROBS and improvement of the monitoring and evaluation systems for the network.

Local training institution selection process launched. Following discussions with USAID/Benin, LMG/Benin determined that it would be necessary to launch a competitive application process for the selection of a local training institution rather than sole-sourcing the support to the *Institut Régional de la Santé Publique* (Regional Institute of Public Health) as initially discussed with the local leadership, management, and governance consortium members. The LMG/Benin request for applications for a local training institution partner was finalized with approval from USAID/Benin and published in the local paper on May 14, 2013, with a submission deadline of June 7, 2013. Only one submission, from the Regional Institute of Public Health, was received by the deadline. In collaboration with the MOH secretary general, LMG/Benin established a selection committee comprised of project technical and financial staff and an MOH representative. The committee is meeting the first week of July 2013 to finalize the selection process. Once an institution is confirmed, LMG/Benin staff will develop a subcontract for submission to USAID/Washington for approval.

Challenges

Delays in an official project launch. While the MOH, and particularly the Secretary General, are playing a key role in the project and have been very involved in the development and launch process, the availability of MOH staff during this reporting period led to delays in the finalization of an official project launch with the Ministry. With an experienced and connected staff onboard, the project anticipates smooth ongoing coordination with the MOH with constant and regular access to key stakeholders. As a number of project activities are pending an official project launch, the LMG/Benin team worked to establish, in collaboration with USAID/Benin, a timeline for priority activities for this first project year ending in September 2013.

Unclear roles among local consortium partners. Despite involvement from all parties, the roles of the local leadership, management, and governance consortium (comprised of USAID, UNAIDS, and the Belgian Development Agency) with regard to LMG/Benin were not immediately clear. Through joint sessions with the consortium and separately with USAID/Benin, LMG/Benin staff was able to clarify these roles in May 2013 and is collaborating closely with consortium members to ensure complementarity of activities and initiatives in working with the MOH.

Next 6–12 Months

In the next six months, as activity implementation will be well underway, LMG/Benin will carry out the following key activities in addition to developing a detailed PY2 work plan:

1. Launch an LDP+ with the DSME, PNLP, and ANV-SSP to improve their leadership, management, and governance skills for the effective management of their respective programs at central and decentralized levels through a team-based performance improvement process.
2. Engage a consultant to train and coach the MOH to develop and support implementation of policies that consider a gender perspective in all actions to be taken at all levels.
3. Conduct an in-service mapping exercise (including leadership, management, and governance

competencies) within the MOH, the results of which will contribute to identifying training needs throughout the life of the project.

4. Begin work with the competitively-selected training institution to develop a short-term à la carte course on leadership, management, and governance in line with the needs and demands of the MOH and the sub-region for ad hoc technical support.

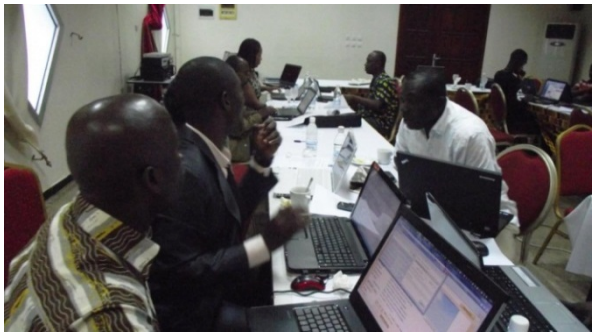
4.3 Cote d'Ivoire

Objectives of the Program

The goal of LMG/Cote d'Ivoire is to provide technical assistance to the Global Fund CCM and Principal Recipients (PRs) to build their capacity in the areas of leadership, management, and governance; monitoring and evaluation; supervision; and resource mobilization. Technical assistance is designed to help clarify the roles and responsibilities of the CCM and the PRs, with the goal of enabling these entities to fulfill their critical functions and be effective players in rallying all sectors to combat HIV& AIDS, malaria, and tuberculosis.

The objectives of the program are as follows:

1. Ensure that the CCM understands the updated Global Fund directives and is following a plan to ensure compliance with Global Fund regulations and internal CCM governance and operational processes, and strengthen orientation standards to ensure transparent, streamlined, and sustainable implementation of CCM activities.
2. Strengthen M&E of Global Fund grant performance by utilizing effective tools.
3. Harmonize CCM activities with key stakeholders and mobilize additional resources to be able to carry out basic CCM functions.
4. Strengthen CCM and PRs' leadership, management, and financial skills as well as their capacity to implement, monitor, and evaluate programs.



LMG/Côte d'Ivoire staff help facilitate group sessions during a workshop to develop the first draft of the Global Fund HIV & AIDS Phase 2 proposal, May 13–17, 2013, in Abidjan. Photo: CCM-Cote d'Ivoire

Key Achievements

LMG/Cote d'Ivoire continued to support the CCM and PRs in-country during this past year. Activities under project objectives shifted in April 2013 following discussions with LMG/Cote d'Ivoire and in line with demonstrated stakeholder needs. LMG/Cote d'Ivoire submitted a revised work plan aligned with donor requests, and these revised activities for the remainder of PY2 were approved on June 10, 2013. During this reporting period, key activities included the following:

CCM membership renewal and orientations completed. The membership renewal process was completed in September 2012, with 25 members and 25 alternates selected to represent the public and private sectors, CSOs, and partners. Following the completion of the membership renewal process, LMG/Cote d'Ivoire conducted an orientation session in Abidjan for all CCM members September 19–21, 2012, and for all CCM alternate members March 12–13, 2013. During these sessions, members and alternates were introduced to the role of the CCM, Global Fund directives, CCM policies on managing

conflicts of interest, and key revised documents that the members will be reviewing and finalizing in the next reporting period. A session on gender was included in the orientation to highlight the importance of integrating gender into the design and implementation of activities.

CCM president and officers elected. Once the membership renewal process was completed, the CCM Secretariat convened the general assembly on September 18, 2012, to conduct elections for the CCM office. LMG/Cote d'Ivoire consultants attended the meeting and worked with the CCM Secretariat to ensure a transparent election process took place to nominate and elect the CCM president and three vice presidents from among the CCM members. Following the election of a new CCM president, LMG/Cote d'Ivoire consultants collaborated with the Permanent Secretary to provide support to the newly-elected CCM president, to understand her roles and responsibilities within the CCM structure.

Monitoring and Evaluation System Strengthening Tool (MESST) workshop conducted. UNAIDS provided facilitation for the MESST workshop August 22–23, 2012. LMG/Cote d'Ivoire staff and LMG consultants coordinated and ensured the logistics of the workshop, facilitating communication with the PRs, the CCM, and other participants. All PRs were present, as well as a number of representatives from the CCM Secretariat and from two Directorates from the Ministry of Health and the Fight against AIDS (MSLS), the *Direction de l'Information de la Planification et de l'Evaluation* (Department of Information Planning and Evaluation – DIPE), and the *Direction de la Planification et du Suivi et Evaluation du SIDA* (Directorate of Planning, Monitoring, and Evaluation of AIDS – DPSES).

PRs were able to identify areas for improvement for their individual M&E plans, and each team developed proposed action plans to address critical areas to improve the M&E capacity of the projects. With representatives from the DIPE and DPSES in attendance, PRs were able to discuss challenges within the M&E systems and identify needs for data collection and data quality verification. After the two-day workshop, LMG/Cote d'Ivoire consultants conducted additional follow-up with the teams to ensure completion and implementation of the plans on a number of project activities.

MOST workshop conducted. An LMG/Cote d'Ivoire consultant conducted a MOST workshop from July 26–28, 2012, to evaluate the institutional capacity and functions of the PRs. The workshop focused on critical leadership and management practices with representatives from the CCM and each of the PRs, how these practices can improve health services when implemented in coordination with effective management systems, and how they contribute to improved overall health for target populations. Continued follow-up on the MOST activity has been postponed due to stakeholder priorities. This follow-up will include a quarterly report on the implementation status of the action plans from each PR, a mid-term evaluation of the progress, and an annual evaluation.

Executive dashboard tool customized for PRs. During this reporting period, LMG/Cote d'Ivoire staff initiated activities to improve the M&E capacity of the CCM and the PRs. They traveled to Abidjan September 25–October 5, 2012, and worked individually with the CCM secretariat, the CCM oversight committee, and each of the PRs; subsequently, they presented the executive dashboard tool and its use in improving the flow of information between the CCM and the PRs in overseeing Global Fund grant implementation.

Expanded follow-up activities for the dashboard have been postponed since March 2013, when the CCM voted to restructure the committees by disease (HIV & AIDS, malaria, and tuberculosis) rather than by CCM oversight technical area. The previously-trained CCM oversight committee no longer exists, and retraining will be conducted once the technical committees and sub-committees are in place and a new

permanent secretary for the CCM is hired.

CCM work plan, budget, and resource mobilization. Prior to CCM membership renewal and elections, LMG/Cote d'Ivoire began preliminary work on identifying organizations that would be able to provide financial support to the CCM to implement the 2013 draft work plan. Following the membership renewal and elections at the CCM, the consultant met with the CCM and facilitated formal resource mobilization meetings between the CCM Secretariat, the CCM Resource Mobilization Committee, and potential funders. LMG/Cote d'Ivoire consultants supported the CCM to conduct the resource mobilization roundtable on September 28, 2012, at the WHO offices. During this roundtable, participants were able to discuss the proposed CCM activities for 2013 and identify activities that funders were willing to support.

In preparation for a Global Fund Portfolio Manager visit March 4–8, 2013, LMG/Cote d'Ivoire consultants provided technical assistance to the CCM to develop and revise an expanded two-year CCM budget. LMG/Cote d'Ivoire also provided inputs regarding the project's contributions to CCM objectives. Through this rapid support, the CCM was able to take advantage of the Global Fund Portfolio Manager's time in-country to discuss the drafted budget and associated planned activities to determine necessary revisions and next steps. Following Global Fund response to an initial proposed CCM budget, LMG/Cote d'Ivoire has begun coordinating with the CCM and consultants to implement further resource mobilization activities to address gaps in the proposed budget and the expected Global Fund funding.

Standard unit cost sheet developed. Through the support of LMG/Cote d'Ivoire technical assistance, representatives from the PRs convened for a series of four small workshops to harmonize activities, budget lines, quantities, and unit costs. In the course of these sessions, LMG/Cote d'Ivoire consultants collaborated with the PRs to determine standardized unit costs. A consolidated document of all unit costs was confirmed by the PRs in a final workshop and the document was presented to the CCM Secretariat as a proposal for final review and approval. Formal validation of the unit costs by the CCM is expected in the next reporting period and was previously postponed by the CCM due to the urgent prioritization of the Global Fund Phase 2 proposal process for the HIV & AIDS PRs in Cote d'Ivoire.

Capacity assessment of CSOs conducted. In order to strengthen local CSOs and enable PEPFAR to engage and contract directly with those working in HIV & AIDS, LMG/Cote d'Ivoire conducted an assessment of CSOs to identify their strengths and weaknesses in advocacy. LMG/Cote d'Ivoire consultants developed a framework for assessing CSO capacities and worked with preselected organizations based on discussions with USAID/ Cote d'Ivoire and knowledge of the local context. The assessment took place April 8–19, 2013. LMG/Cote d'Ivoire is awaiting feedback from USAID/ Cote d'Ivoire on the preliminary assessment results prior to moving forward with the development of action plans for strengthening selected CSOs from the assessment.

Global Fund Phase 2 proposal completed for HIV and AIDS grant. Two Global Fund HIV & AIDS grant implementing PRs (*Alliance Cote d'Ivoire* or The Cote d'Ivoire Alliance and the *Programme National de la Prise en Charge des Personnes Vivant avec le VIH* or National Program of Support for People Living with HIV) were each invited to submit a proposal to launch the transition to Phase 2 of the grant by June 15, 2013. USAID/Cote d'Ivoire requested that LMG/Cote d'Ivoire modify project activities to include full-time support for the entire Phase 2 proposal process and support a draft development workshop. LMG/Cote d'Ivoire consultants developed scopes of work for all necessary support to the process and provided work planning and budgeting expertise for the PRs. LMG/Cote d'Ivoire also hired an international consultant to conduct a gap analysis which helped to identify the needs of the proposal

and which was included in the final proposal submission.

Challenges

Delays in issuance of subcontracts. Unforeseen delays in the issuance of the subcontracts for the zeGO Group and the Global Challenge Corporation postponed implementation of activities originally scheduled for October–December 2012. Without subcontracts in place, consultants were not able to continue to follow up on previous activities or carry out newly planned activities. Once the project work plan and budget were approved by USAID/Cote d'Ivoire on November 8, 2012, and by USAID/Washington on November 13, 2012, the subcontract drafts were finalized internally and submitted to USAID/Washington for approval in December 2012 and approved on January 31, 2013. Activity implementation began immediately following the approval of the subcontracts.

Changes to project scope of work. In April 2013, USAID/Cote d'Ivoire contacted the LMG/Cote d'Ivoire team to discuss changes to activities under the project's main objectives. Modifications included the addition of support to the Global Fund Phase 2 proposal process and the removal of all support to the MSLS budgeting process. Activities in support of the MSLS budgeting process were deemed unnecessary as a new minister of health was launching initiatives addressing key issues already. The project team worked to re-prioritize activities for this project year to allow for the expansion of support to the PRs through the Phase 2 proposal process and a revised work plan for the period October 2012–September 2013 was approved on June 10, 2013.

Restructuring of the CCM. On April 4, 2013, the CCM General Assembly voted to restructure the CCM by disease rather than by CCM oversight technical area. LMG/Cote d'Ivoire had been working closely with the previous technical committees and a number of activities were put on hold during this restructuring period. Additionally, the CCM president informed the project staff in June 2013 that the contract for the permanent secretary of the CCM would not be renewed and recruitment is pending for a replacement. The permanent secretary has been a key focal point for Cote d'Ivoire activities and project implementation, and the CCM president has thus requested that a number of activities be suspended pending recruitment of a replacement. Cote d'Ivoire staff is working with consultants and stakeholders to identify and reorganize activities to ensure that implementation continues smoothly through these shifts at the CCM.

Next 6–12 Months

- LMG/Cote d'Ivoire will continue to provide technical assistance to the CCM, and work directly with selected PRs to provide capacity-building assistance to strengthen grant implementation, management, and monitoring. The project will develop a detailed work plan for October 2014–September 2013 in coordination with the donor and local stakeholders. The project will also work with both the PRs and the CCM to understand and navigate the newly approved Global Fund New Funding Mechanism that will impact proposals, disbursements, and grant implementation moving forward.
- Additionally, Cote d'Ivoire and USAID/PEPFAR have begun discussions for a new activity under LMG PEPFAR-funded field support for a decentralization pilot project in two regions (to be identified). Discussions and preliminary design work are on-going and will continue through the next quarter with a health system assessment in the two PEPFAR-selected regions scheduled for July 15–August 2, 2013. The project will ultimately furnish a customized package of support to the regional and district health teams in the two identified priority regions to improve their overall management capacity and functioning with respect to the planning, oversight,

coordination, and integration of HIV and other health services (both clinical and community-based). The content of the package will span most of the building blocks of the health system, from human resources to commodities to health information.

4.4 Ethiopia

Objectives of Program

The LMG/Ethiopia program works in close collaboration with the Ethiopian Federal Ministry of Health (FMOH), regional health bureaus, zonal/district health offices, training institutions, professional health associations, and CSOs to pursue three distinct strategies: 1) standardize and harmonize in-service training for the Ethiopian health sector through an integrated system, 2) provide in-service training to develop the leadership, management, and governance capacity of selected FMOH directorates and agencies, as well as selected regional health bureaus/zonal/district health offices through training in leadership, management, and governance, and 3) strengthen the institutional capacity of Ethiopian training organizations and professional health associations to help them achieve institutional, programmatic, and financial sustainability.

Sub-team reviewing the district LMG in-service training module during the consultative workshop held in Churchill Hotel, 2013. Photo: LMG Staff

Key Achievements

In-service training established at FMOH. In PY2, a technical working group for the development of LMG in-service training was established at FMOH and conducted several meetings to outline the objectives, contents, and methodology of the LMG in-service training delivery. The technical working group developed three draft LMG in-service training modules for senior leaders, facility-level managers, and district-level managers. Each module has a participants' manual and facilitator's guide. A consultative workshop to review the modules developed was held from June 11–13, 2013, in Addis Ababa, Ethiopia, with 42 reviewers from 17 organizations. The technical working group is now revising the modules based on the comments and feedback.

In addition, LMG/Ethiopia worked with Diredawa Town Administration Health Bureau and Harari Regional Health Bureau to initiate joint planning and implementation of in-service training in leadership, management, and governance with Haromaya University and Harari Health Science College. These two institutions have established a joint Leadership, Management & Governance In-service Training Unit housed in Haromaya University.

LMG/Ethiopia also began to offer LMG in-service training to 171 health managers at different levels of the health system. The first and the second LMG in-service training workshops for FMOH staff were held in Jimma from February 21–23, 2013 and May 9–11, 2013. The first LMG in-training workshop for Harare and Diredawa health bureau staff was conducted by Haromya University and Harare Health Science College on April 19–21 and April 26–28, 2013, respectively.

Senior Leadership Program (SLP) initiated. The SLP project of Yale GHLI held its first, second, and third session at the Addis Ababa University–Black Lion Medical Campus from March 9–10, April 6–7 and May

11–12, 2013, respectively. Approximately 30 participants—senior experts from 11 regional health bureaus who are working on curative and rehabilitative functions—attended the workshops. The SLP will continue until September 2013.

Gender training developed for the FMOH. LMG supported the FMOH gender directorate in the development of the Gender Training Manual and a three-year Gender Directorate Strategic Plan. For the strategic plan development, a three-day workshop was held in Adama from April 25–27, 2013. During the workshop, 53 participants from various government offices, parliamentarians, international NGOs, and UN agencies participated in formulation of the gender strategic plan. A total of 67 regional health bureau staff and university and training institution lecturers participated in the LMG in-service Gender Training Manual orientation training sessions.

Technical support to health teams. LMH provided technical support to 42 FMOH health teams at different levels of the health system on the implementation of the action plans they developed to tackle the major problems in health system delivery. A baseline assessment was conducted to assess the LMG practices of 62 health teams at different levels of the health system and results are being used by the coaches to provide targeted support for each health teams.

MOST and training of trainers completed. In PY2 LMG/ Ethiopia carried out a three-day MOST workshop to assess the management performance of two organizations: the All Africa Leprosy, Tuberculosis and Rehabilitation Centre (ALERT) and the Ethiopian Public Health Officers Association (EPHOA). Both assessments identified key issues to be improved in the area of financial management, linkages with the community and stakeholders, understanding of organizational mission, vision and values, and inadequate resource mobilization skills. As part of the process, LMG staff also provided technical support in the development and implementation of action plans to address performance issues. In addition, LMG/ Ethiopia carried out a training of trainers on grant writing for 17 staff members from ALERT and the FMOH in June 2013. The project is also providing technical support to these organizations for the development of a grant-writing training manual.

Challenges

1. Because of other competing priorities, including annual evaluation and planning within both FMOH and regions, the LMG teams were not able to carry out all the planned coaching exercises. Maintaining a flexible approach, coaching sessions were rescheduled with coaching provided at least once in the entire directorate of the ministry and the regional health bureaus.
2. There was a high dropout rate during the SLP training sessions. As a workaround, LMG/Ethiopia has arranged a one-day make up class for participants who missed one or two of the sessions. In addition, on-site supportive supervision of the sessions by LMG Project staff is scheduled for next quarter.

Next 6–12 Months

The following activities are scheduled over the next 6–12 months:

- Work with the technical working group under the FMOH to finalize the L+M+G in-service training modules
- Collaborate with FMOH and regional health bureaus on the delivery of in-service training in L+M+G
- Conduct master training of trainers for participants selected through the ministry and

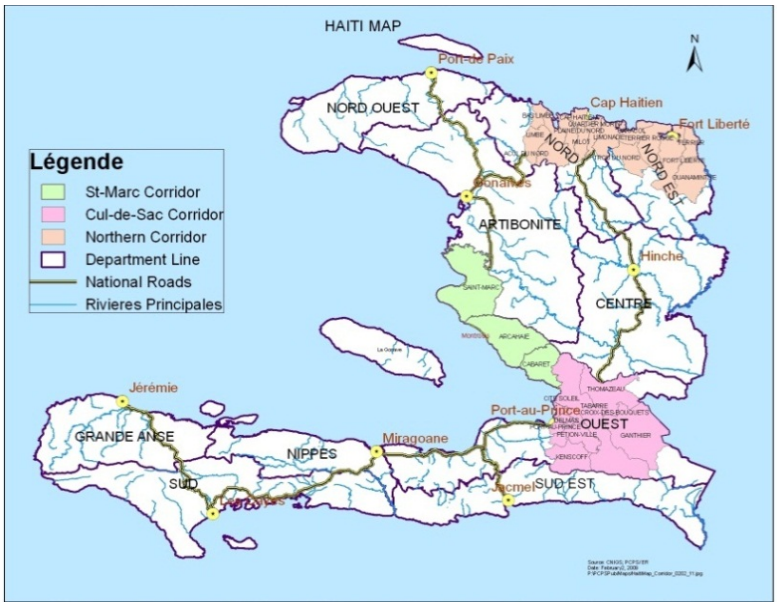
LMG/Ethiopia

- Continue the technical support provided for EPHOA and ALERT training center
- Provide technical support to the Gender Directorate in dissemination of their strategic plan and training at the regional level

4.5 Haiti

Objectives of the Program

The main objective of LMG/Haiti, which began in September 2012, is to strengthen the Haitian health system to ensure greater government participation and good governance to increase the Government of Haiti's ability to manage its funding sources, and to link the Haitian population to functional health referral networks.



Map of the health departments where LMG/Haïti is being implemented: Saint Marc Corridor, Cul-de-Sac/Port-au-Prince Corridor, and Northern/Cap-Haïtien Corridor.

LMG/Haiti provides technical assistance, capacity development, and management and leadership development to the Ministry of Public Health and Population (MSPP) to design and implement an RBF system to pay for health services within service networks at the departmental level. These referral networks are based on the concept of a local basic unit called *UAS* (*Unité d'Arrondissement de Santé* – District Health Unit) that the government has been attempting to promote over the last 15 years in order to decentralize the health system. In addition to the MSPP central offices, 12 referral networks will be supported by the project in the following USG health corridors: Port-au-Prince, Cap-Haitien, and Saint Marc.

The main objectives of the project are:

1. Support the contracting function within the MSPP to manage all sources of funding (including USG funding through USAID), and to contract and manage health services.
2. Support the MSPP institutions responsible for the supervision, coordination, and management of referral networks to strengthen the continuum of care and increase access to quality health care through the corridors supported by the USG.

LMG/Haiti's approach emphasizes achieving results through effective health systems. The project collaborates with the MSPP at the central and local levels and with other partners, including the World Bank, to create a process for systematically building the leadership, management, and governance competencies of the MSPP.

Key Achievements

In PY2, the LMG/Haiti team has assisted the MSPP central directorates, the *Direction Départementale de la Santé* (*DDS* or Department of Health Services), and the UAS, and promoted MSPP ownership to ensure that the contracting function and the referral network strengthening will be sustainable after the end of the project.

The key achievements regarding support to the contracting function at the MSPP are as follows:

Support provided to MSPP contracting unit. In collaboration with the World Bank and other partners, LMG/Haiti has made progress to promote and establish the contracting function at the MSPP. The LMG team held multiple meetings with the central directions of the MSPP, and in conjunction with the directors and key staff, the project assessed their needs as they relate to LMG's objectives. LMG prepared terms of reference for the Contracting Technical Working Group and is currently working with decision makers and partners to have this group play its advisory and planning role. An LMG/Haiti senior RBF advisor has been embedded within the contracting unit to assist its staff. LMG/Haiti helped the Ministry's contracting unit develop its first work plan and operational budget to submit to the World Bank for funding.

Haitian model of contracting and RBF operational manual developed. The LMG/Haiti team and the World Bank developed a "Haitian model" of contracting and RBF with technical input from AEDES/CORDAID and wrote a RBF operating manual to use as a guide for implementation of the RBF mechanism. This model promotes a clear separation of the roles between the funder, regulator, and health service providers. As part of the manual, LMG/Haiti, in partnership with the World Bank, defined the package of services and results indicators (with priority being given to maternal and child health indicators) to be used to evaluate and monitor the performance of the RBF-contracted institutions; these indicators will then be validated by the MSPP and local partners. The manual was introduced in May 2013 to the MSPP, and its final validation is scheduled for early July 2013. Other donors such as USAID will align their RBF funding to this mechanism when it is validated by the MSPP. The preparation of this manual is a major contribution by LMG/Haiti toward the project's first objective, supporting the contracting function within the MSPP to manage all sources of funding, since the disbursement of World Bank funds cannot take place until the manual is complete and validated.

Health expenditures study completed in partnership with the World Bank. LMG/Haiti and the World Bank completed a study on health expenditures in three health departments (Northeast, Plateau Central, and Northwest) to estimate annual expenditures at the health center level and determine the sources and uses of funds as well as efficiency of expenditures. The study, which also included an assessment of health worker motivations and income, provides the MSPP and other stakeholders with a better understanding of financing issues within the Haitian health system, helps identify sustainable financing mechanisms for the RBF model, and will help determine the level of incentives likely to impact provider behaviors.

The key achievements regarding support to the referral networks are as follows:

Advocacy for the LMG/Haiti project's objectives and mission to the MSPP conducted. The LMG team conducted several meetings with the MSPP during the first quarter to explain the project, raise awareness of its objectives, and obtain a strong commitment from senior staff and departmental directors where the project will be implemented. LMG/Haiti technical staff maintain close contact with

MSPP staff and are working to build strong relationships at all levels to ensure ownership of the project. Through this effort, expectations are clearly defined, and improved results will follow.

Needs assessment conducted for central and district (departments) units of the MSPP. LMG/Haiti conducted a needs assessment for technical assistance at each central unit and at the West and Northeast departmental offices of the MSPP to strengthen MSPP health managers' capacity to manage efficiently the referral networks.

Needs assessment of health facilities in the areas of referral network conducted. In collaboration with UAS staff members, LMG/Haiti evaluated 14 out of 16 health facilities in the Matheux referral network to identify the existing gaps in human resources and health services. In addition, in the Cap-Haitien corridor, LMG/Haiti evaluated three community hospitals with the MSPP. An assessment tool developed by the LMG team was used for these evaluations.

Evaluation of the authorization and accreditation processes of health institutions by the MSPP completed. As part of a situational analysis of the quality assurance/improvement strategies within the MSPP conducted by LMG/Haiti team, an in-depth examination of the MSPP authorization and accreditation tools for health institutions found that these tools were not practical or realistic for the Haitian context. In response, LMG/Haiti proposed a new strategy to the *Direction d'Organisation des Services de Santé* (DOSS) to accelerate the accreditation and authorization processes for health institutions. LMG/Haiti will review the criteria with the DOSS to enable the health institutions to enter into a step-by-step authorization process with clearer incentives and recognition milestones to bring institutions to a higher accreditation level. A pilot of this strategy is currently underway in the Matheux referral network. The first stage of this pilot was a sensitization workshop for 14 institutions which was held on May 17, 2013, to stress the importance of obtaining authorization and accreditation to function within the network.

Operational plan to guide the implementation of referral networks developed. LMG/Haiti created an operational plan to explain the necessary steps for the implementation of a functional referral network. The plan emphasizes the importance of norms and tools, action plans, and cooperative agreements to ensure sustainable implementation of the referral network and better monitoring and evaluation of the process. Specific plans to strengthen referral networks at Matheux, Ouanaminthe, Fort-Liberté, Trou-du-Nord, and Vallières have been elaborated with local MSPP officers in the UAS.

Design and mapping of referral networks completed. As part of an effort to broaden and strengthen referral networks, LMG/Haiti assisted the MSPP in setting up the first referral networks by taking the lead in designing and completing the mapping of four referral networks (Matheux, Fort-Liberté, Ouanaminthe and Trou-du-Nord).

Matheux referral network launched. This pilot network was officially launched on November 9, 2012, under the technical guidance of an LMG/Haiti capacity building advisor, who assisted the new Director of the UAS. All of the stakeholders, and in particular community leaders, were fully involved in the launch process to guarantee ownership. The four networks of the Northeast department have also been launched, but an official ceremony has been delayed due to conflicting schedules for important stakeholders. Nevertheless, with LMG/Haiti Project technical assistance, the MSPP already conducted an official meeting on the relevance of referral networks in this department. Partners present at this meeting contributed to the mapping of the four networks and to the needs assessments of five health facilities to identify gaps in human resources, health services organization, and infrastructure.

Referral networks and central directorates annual work plans completed. LMG/Haiti closely assisted the MSPP in completing the first annual work plans and supervisory visit calendars for the four referral networks supported during the first project year of LMG/Haiti, and for two central directorates: the DOSS and *Unité d'Appui à la Décentralisation Sanitaire (UADS).*

Referral and counter-referral tools created. LMG/Haiti provided technical assistance to the DOSS to revise the existing institutional referral tools and create the referral and counter-referral tools at community level. Once validated, these tools will be applied within the MSPP and USG-supported networks. These new tools will foster relationships among providers within the networks and will ensure the continuum of care within the health sector.

Referral network team capacity strengthened. LMG/Haiti considers team building capacity one of the key strategies to improve the performance and sustainability of referral networks. Under the MSPP Northeast Directorate's leadership, LMG/Haiti facilitated two capacity building workshops on May 29 and 30, 2013, for health workers from Ouanaminthe and Fort-Liberté. Thirty-four local health officers participated and learned that better communication and coordination in the field can save patients' lives and improve the quality, efficacy, and efficiency of health services. All participants committed to improving communication and coordination to ensure that every patient is correctly informed, and given access to all services existing within the network.

Monitoring and evaluation plan launched. The LMG/Haiti team began to develop a monitoring and evaluation (M&E) plan for the UAS within the USG corridors supported by the project. After one of the LMG/Haiti capacity building advisor discussed the draft M&E plan with the MSPP/UAS coordinator, data reporting increased from 23 to 82% in the Matheux UAS. Workshops promoting data collection were held for 20 health workers in the Matheux UAS on June 13, 2013, and for 68 health workers in the Northeast department on June 19 and 20, 2013. Since an M&E plan had not yet been implemented in the UAS, these workshops were crucial for generating evidence to measure progress and impact and identifying the best strategies to solve local health problems.

Institutional capacity building plans developed. LMG/Haiti supported the MSPP in the development of four institutional capacity plans, two in the area around *"Hôpital de l'Université d'Etat d'Haiti"* (HUEH), and two within the Fort-Liberté and Ouanaminthe referral networks. These plans will help the MSPP and its partners identify the gaps in human resources, equipment, and all necessary infrastructure to strengthen these institutions. LMG/Haiti also provided technical and financial support to the Matheux referral network to reopen a health facility which had been closed for 10 years in a remote area lacking health services.

Discussions on public-private partnerships conducted. For the metropolitan area surrounding Port-au-Prince, LMG/Haiti is assisting the MSPP in developing a new approach (public-private partnerships) to facilitate the establishment of referral networks in areas where private facilities are predominant, while strengthening the regulatory function of the MSPP in the country. The project held discussions with the MSPP and the private hospital associations of the Metropolitan area and is revising a draft for a pilot project.

Challenges

- **MSPP counterparts face a number of operational constraints**. Local MSPP staff is unable to conduct supervision visits due to lack of vehicles and financial resources. LMG/Haiti will advocate with partners to discuss this challenge and suggest the best strategies to solve it at the

next quarterly meeting.

- **MSPP decision-making processes remain extremely centralized, and communication is not always effective** between the central and peripheral levels (departments). DDS reports are not systematically submitted to the central level, and key information is not always correctly disseminated from the central level to the DDS. Stronger commitment from partners in terms of financial and technical assistance is necessary to fill this gap. LMG/Haiti will assess in depth the communication gaps within the MSPP before proposing specific technical assistance in year two. Another limitation that LMG/Haiti has observed is the lack of financial resources for operational support and the paucity of qualified staff at the MSPP, which prevent the effective use of the normative planning and management tools/procedures that have been developed in recent years.
- **The UAS remain largely a virtual administrative concept**, and very few of them are functioning (no operating budget) or even exist: the MSPP administrative coordination units for the UAS are in place only in Matheux corridor, one of the 12 networks of the LMG/Haiti project. Local LMG/Haiti advisors therefore have no technical counterparts. LMG/Haiti will suggest to the MSPP to name MSPP focal points in every UAS. Moreover, the revised MSPP law which includes the creation of the UAS has not yet been approved by the Haitian parliament.
- **Partner coordination is a challenge** since each partner has its own priorities; conflicting schedules do not facilitate coordination. Although LMG/Haiti works closely with all the stakeholders and supports local MSPP leadership to advocate for better planning, not all partners respect their commitments. The MSPP UAS, with LMG/Haiti's technical support, has taken on the responsibility to improve coordination and will conduct quarterly evaluation and coordination meetings with partners to review progress made in implementing the referral networks development plan in order to encourage them to respect their commitments.
- **MSPP policies have yet to be fully understood by a broad range of stakeholders**, and especially those related to contracting and RBF including health providers.

Next 6–12 Months

During the next six months, the LMG/Haiti team will review and adapt its annual work plan for the October 2013-September 2014 period. LMG/Haiti will also provide equipment for selected health institutions within the networks. The project will carry out the following key activities:

Contracting mechanism

- Continue to facilitate dialogue between partners and stakeholders and to ensure that the contracting technical working group is meeting frequently
- Conduct a workshop to train trainers on RBF
- Complete mapping and assessment of St-Michel and Cap-Haitien corridors and create an action plan to improve access to health services in these two corridors
- Conduct training for providers on RBF
- Assist with pilot implementation
- Explore opportunities for public-private partnerships, particularly in urban/peri-urban areas

Referral networks

- Continue capacity building for planning and management of health services in key central directorates and peripheral institutions
- Disseminate the referral and counter-referral tools within the established referral networks

- Strengthen the capacity of the MSPP to manage health equipment
- Conduct training on authorization and accreditation tools for DOSS staff and other staff members from the Northwest and Northeast departments
- Provide technical assistance to the DOSS in the finalization of a package of essential services
- Continue to provide TA for the development of a quality assurance/quality improvement national policy

LMG/Haiti project management

- Develop synergies with other USAID-funded projects (including the Health Financing and Governance Project implemented by Abt Associates and the Strategic Information Project implemented by Futures Group) for health system strengthening and clarify roles and responsibilities between USAID-funded projects
- Develop the year 2 annual work plan and revise the PMP indicators to improve project's response to the changing context and capitalize on lessons learned during the first 9 months.

4.6 Honduras

Objectives of the Program

In October 2012, USAID/Honduras invited LMG to present a Program Description for work to help build the capacity of selected units of the Honduran Secretary of Health (SESAL, in Spanish) to implement funding received directly from the US Government. LMG's counterparts at the SESAL are the Decentralized Management Unit (UGD, in Spanish) and the Extension of Financing Unit (UECF, in Spanish). The USG funds are to finance grants to local NGOs to provide HIV and AIDS prevention and education services. This direct funding mechanism is unusual and precedent-setting – in no other country in the region is USAID funding a local government directly.

The expected results of the new LMG/Honduras program are:

1. Develop organizational capacity within the MOH to establish and carry out effective funding mechanisms, management and stewardship of local non-governmental organizations (NGOs) to provide HIV prevention services.
2. Develop organizational capacity within local NGOs to support the implementation of evidence-based, quality HIV prevention services for key populations in compliance with the new MOH funding mechanisms.

Key Achievements

Preparation, review and approval of the Program Description and Work Plan. From October through December 2012, the LMG team worked t with USAID and local counterparts to design a program responsive to USAID's expectations and the needs of the SESAL. The Program Description was approved by the Mission on January 17, 2013 and approved by the AOR on January 23. LMG conducted a work planning session with colleagues from the UECF and UGD. The Work Plan was approved by the Mission on April 2, 2013.

Hiring of staff. The program has a total of five full-time staff, plus part-time support from the MSH staff in Honduras on finance, operations, and administrative issues. Four of these staff members had worked on the AIDSTAR-Two program, making for a smooth transition and a short orientation period. These

staff members had already established good working relationships with the SESAL and the NGOs, having worked with all these local partners previously. The LMG Honduras Program Director came on board full time in July 2013, after serving a short period as Interim Director. The Program Director has a long history of work with MSH in other countries, as well as experience working with the SESAL in Honduras.

Background work in preparation for L+M+G assessments. In preparation for the L+M+G assessments expected to be carried out in early PY3, LMG conducted a thorough review of existing tools and assessments that have previously been conducted. The LMG Technical Advisor for Governance provided tools for the governance assessment that will be adapted and translated for use in Honduras. LMG Honduras adapted existing MSH tools into a quick assessment tool that will be rolled out with the SESAL and local NGOs in PY3. The results of this quick assessment will help to design the capacity building plan of the project.

Support to selected NGOs regarding final reporting on ending contracts. While the LMG program in Honduras was launching, many existing contracts with local NGOs for HIV and AIDS prevention and education programs were closing down in May 2013, as the contract period was coming to an end in preparation for a new procurement cycle. LMG provided support to the NGOs to complete their final technical and financial reports on time and with quality information.

Support to the selected units of the SESAL to follow the procurement process of NGO contracts. At the time of the start of the LMG/Honduras program, the UECF had developed a timeline of activities for the procurement process, starting with the call for proposals on through to the awarding and signing of contracts. To support the UECF in PY2, LMG/Honduras has:

- Supported the UGD and UECF to prepare scopes of work in order to contract NGOs; and supported the Internal Committee (UGD, UECF, VIH/ITS Office) to develop and use tools for the evaluation of proposals from local NGOs
- Worked with six local NGOs to improve the quality of their technical bids and budgets
- Trained the UECF team in the Quickstart financial management tool for the assessment of financial management skills in local NGOs
- Transferred facilitation/training skills in Quickstart to the UECF teams so that they can carry out the financial skills assessment in 7 local NGOs in the five prioritized regions of Honduras
- Trained the UECF team in budget proposal assessment, design of budget forms, and financial negotiation with NGOs
- Worked with the UECF and UGD to review and improve the draft contracts with NGOs
- Designed an M&E reporting form that will be used by NGOs as well as the data collection tool to monitor PEPFAR indicators.

Challenges

- **Forming the LMG Honduras team** took longer than expected, including the identification of the Program Director. LMG initially focused the recruitment search on Honduran nationals but were not able to find the right person for the position. Therefore it was agreed with the mission that Third Country Nationals could also be considered for this important position. Following this decision, LMG quickly identified a qualified Program Director, and USAID Honduras concurred with the proposed candidate who started his full time role on July 1, 2013.
- **Aligning USAID and SESAL expectations** has been a challenge. The LMG program has laid out a concrete and ambitious capacity building plan in leadership, management, and governance. At the same time the SESAL has requested support on specific aspects of the procurement process,

which has at times diverted attention and staff time away from the LMG goals. Given the timing of the procurement process and deadlines established by the SESAL and USAID for the contracting of NGOs, the LMG team decided to prioritize support to the procurement process in the first months of the program. The L+M+G activities are beginning to gain momentum at the end of PY2 and will really take shape in the first quarter of PY3.

- **Managing a changing political situation at the SESAL** has also been a challenge. In early June 2013, the Secretary of Health was removed from her position before she could sign all of the new NGO contracts. This meant that the NGOs that had expected to implement programs under the contracts that had not been signed could not continue their work after the end date of their previous agreement.
- **Lack of guidance on the responsibilities of the different parts of the project.** Responsibility for contracting of NGOs by the SESAL is a new function transferred by USAID to SESAL on the second half of 2012. However, confusion exists due to the absence of procedures manuals (instructions, standards, etc.) to define the level of responsibility of each of the parties.

Next 6–12 Months

- LMG/Honduras will meeting with USAID and SESAL to review and clarify its role and the institution's expectations for technical assistance, establishing clear responsibilities and boundaries for the project in relation to the roles and responsibilities of the SESAL.
- LMG/Honduras will implement the L+M+G assessments with the UECF, the UGD, and the Regional units of the SESAL. These assessments will guide capacity building efforts for the project year. LMG will also continue to provide support to the NGOs as they implement their contracts, assuring accurate and timely technical and financial reporting.
- LMG/Honduras will support the SESAL in the development of an operations manual to contract NGOs in Honduras. This manual will include the different phases of the procurement process and establish responsibilities, standards, flowcharts, etc.
- The project will identify priority needs for technical assistance required and begin capacity building of SESAL and the target NGOs.

4.7 Libya

Objectives of the Program

LMG Technical Advisor Dr. Morsi Mansour (left) with Government of Libya officials in Tripoli, Libya. Dr. Mansour and the Minister of War Wounded Affairs, General Ramadan Zarmough (center) gave welcoming remarks to participants during the first LDP workshop, held in April 2013. Photo: LMG/Libya staff

The objective of the LMG Libya program is to build capacities of Government of Libya (GOL) Institutions to provide high-quality health care, rehabilitation services, and support for the war wounded through evidence-informed strategies provided by GOL Ministries that are well-designed, managed, and governed. LMG works with local counterparts at the MOH, the Ministry of War Wounded Affairs (MoWWA) and the Ministry of Social Affairs (MoSA). To support this objective, three Intermediate Results are defined:

1. Capacity Enhancement Program developed and implemented for the MoWWA and Swani Rehabilitation Center.
2. Ministry cooperation and coordination strategies developed and implemented.
3. Knowledge exchange learning opportunities developed for the MoWWA and the MOSA.

LMG began activities in Libya with an initial client engagement visit in June 2012. The expected end date of the program is December 2013.

Key Achievements

LMG/Libya has engaged successfully with clients and finalized the LMG Libya Program Description, Work Plan, PMP, and Budget. At the request of USAID, an LMG team traveled to Libya in June 2012 to engage partners at USAID, the MOH, and the MOSA; align expectations on the project; and develop a timeline for implementation. The LMG team met with both the Minister of Health and the Minister of Social Affairs, as well as their senior directors. They also met with the Director of the Swani Rehabilitation Center and his management team. In addition, they met with other USAID partners and a local lawyer to begin MSH registration process in Libya.

After this first client engagement trip, LMG carried out a series of visits to Libya to meet with GoL counterparts, understand further their needs, and develop a detailed plan for our intervention. Over the following several months, through several political changes, LMG continued to work with our partners in Libya to prepare and submit the final version of the LMG capacity building Program Description, budget and other related documents to USAID. In addition, an LMG Technical Advisor advised Libyan counterparts on leadership development strategies and cooperation strategies (especially between the MoWWA and the MOH), as well as identified knowledge exchange opportunities and potential partnerships.

Key results of the client engagement included:

- The LMG/Libya program strategy and timeline were finalized.
- The Program Description, Performance Monitoring Plan and Work Plan were approved by USAID on March 26, 2013.
- A good working relationship with Ministry counterparts, USAID/Libya, and other funders and implementers in Libya has been established.
- MSH is now registered as an international NGO working in Libya (as recommended by GoL counterparts).
- Basic logistical services (drivers and interpreters tested, hotel accommodations, etc.) are now in place.
- A list of contacts for future trips to Libya has been developed.

The LDP Program is now underway. In September 2012, an LMG leadership advisor traveled to Libya to carry out the LDP Training of Facilitators (TOF). The objective of the TOF was to: *develop a core group of leadership and management facilitators within the MOH of Libya who are able to adapt and use the LDP facilitators' guide and other supporting resources to initiate and lead the LDP process for the health managers and their teams at all levels of the health system in Libya.*

However during the leadership advisor's first week in-country, the U.S. Consulate in Benghazi was attacked, killing four Americans including the U.S. Ambassador. In response, USAID instructed MSH to cut short the trip, and the advisor left the country without being able to conduct the TOF. In December

2012, he returned and was successful in completing the TOF. The trip was a total of two weeks – Week 1 for planning, Week 2 for the workshop. The LDP TOF was conducted in a MOH facility (Medical Specialties Center) in Tripoli from December 16-20, 2012. Twenty-eight people in total from the MOH and its Office for War Wounded participated in all or parts of the workshop, while 21 people actively participated in the five-day workshop.

In January 2013, the creation of a new GoL Ministry of War Wounded Affairs provided a challenge to the team since the LMG program focus needed to change from the MOH to the MoWWA (see additional information in Challenges section below).

Two Representatives from the Ministry of War Wounded Affairs and a Representative from the Ministry of Higher Education discuss leadership and management challenges during the Stakeholder Alignment Meeting (SAM) held in Tripoli, Libya, in April 2013. Photo: LMG/Libya Staff

In April 2013, LMG conducted a Stakeholder Alignment Meeting (SAM) with key actors in Libya, including high level representatives from the Ministry of War Wounded Affairs, the MOH and the Ministry of Defense. The purpose of this SAM was to introduce the participants to the LDP and build consensus around the importance of leadership development in the management of war wounded services. Immediately following the SAM, LMG conducted the first LDP workshop, followed by the second workshop in June 2013.Topics covered under these workshops include an overview of the LDP and leadership practices of *Scanning* and *Focusing* and tools/techniques for monitoring results. Forty-one people participated in the first workshop, including teams from the MOH and MoWWA, as well as individual participants from hospitals and other Ministries and Government Offices. Due to scheduling conflicts, the second LDP Workshop had fewer participants, with the majority coming from the central office of the MoWWA. The third and fourth LDP workshops are planned for PY3 (pending confirmation from ministry counterparts) in September and November 2013.

Key results of the LDP in Libya so far are:

- The strengthening of the project relationships with Ministry counterparts as well as collaboration between the various participating Ministries.
- Twenty-one LDP Facilitators from the Libyan MOH and OWW were trained. Two participants from the MOH Quality Assurance Department were identified as particularly strong and enthusiastic leadership development champions.

- Twenty-one people participated in the Stakeholder Alignment Meeting, including senior staff from four Ministries, the EU, USAID and the US Embassy's Chargé d'Affaires.
- Forty-one people participated in the first LDP workshop. Participants included staff from: the MoWWA central office in Tripoli; the MoWWA regional offices in Zawia, Zuwara, Misrata, and Murzak; the Ministries of Labor, Defense and Interior; Misrata Central Hospital; the Supreme Council of Revolutionists in Libya; and the National Association for Safety.
- Twenty-five people participated in the second LDP workshop from the MoWWA's regional offices (listed above).

Rehabilitation Center Administration Training. In December 2012, an LMG Technical Advisor traveled to Tripoli to deliver the first three modules of the Rehabilitation Center Administration Training program. In the months between his first trip in August 2012 and the delivery of the modules, the materials were developed and translated into Arabic. The training program was a success, with 41 participants from the Swani and Janzur Rehabilitation Centers demonstrating a working understanding of the Standard Operating Procedure (SOP) creation and utilization process. Many of Swani and Janzur departments successfully created initial SOPs and expressed a commitment to continue the process. As an indication of success, numbers of participants increased with each subsequent session. Please see the summary of the evaluations as part of the Technical Advisor's trip report for further details on the trainings.

In May 2013 the LMG Technical Advisor returned to Libya to deliver the second set of Rehabilitation Center Administration training modules. However, due to changes at the Minister level and a new insistence that activities could not continue without a signed MOU (MSH had previously been informed by ministry officials in April 2013 that the signed MOU was not needed in order to conduct the training in May), the Technical Advisor was not able to carry out these modules. The LMG team requested the assistance of USAID and the U.S. Embassy to seek clarity around this issue. In June 2013, the latter submitted a formal communique to the Ministry of Foreign Affairs requesting assistance to resolve this with the Ministry of Social Affairs. We expect to settle the issue of the MOU shortly so that the second and third set of training modules can take place in PY3, tentatively scheduled for September and October 2013.

Key results of the Rehabilitation Center Administration Training are:

- Forty-one staff of the Swani and Janzur rehabilitation centers were trained in initial administration topics, including: introduction to the healthcare system, comprehensive rehabilitation, and the role of the rehabilitation center in total patient care; rehabilitation center commissioning (including equipping, staffing, and policies) and the development of functional departments; and the creation of standard operating procedures.
- All preparation work was completed for next set of training modules (and translation of the training materials into Arabic), which will include the following topics: an introduction to Rehabilitation Center Management Information Systems (HMIS); Post Traumatic Stress Disorder (PTSD) and other peer counseling methods; principals of health economics and public health.
- A complete set of materials for six rehabilitation center training modules has been developed that can be adapted to additional rehabilitation centers in Libya.

Challenges

Political changes and reaching counterparts from a distance. During this reporting period, the Government of Libya underwent several political changes, including the election and resignation of the Prime Minister (PM) in September 2012. The new Prime Minister named in October brought an entirely

new cabinet of Ministers, including our counterparts at the MOH and the Ministry of Social Affairs. In addition, in January 2013, the PM created the new MoWWA. This new Ministry required a change of focus for the LMG team, including working with a new set of counterparts. Furthermore, within the last six months there have been many staff changes at the directoral level within the MOH and the MoSA, which has made it difficult for the staff of LMG/Libya to coordinate activities. The team was able to stay on top of these changes through staying in close contact with the staff of USAID, and by following the news as closely as possible, however these changes meant that reaching counterparts in-country was quite difficult. To overcome this challenge, LMG staff continued to stay in touch by telephone throughout the day, and continued to send emails to the few counterparts that use email. Consequently, LMG Advisors spent more time (and frequent travel) in a project management role than was anticipated in the project's original design.

Many local counterparts, particularly at the MOSA and Swani Center, do not speak English. LMG has found that most senior-level staff within the MOH are comfortable in English, but that there are fewer good English speakers within the MoWWA and none at the MOSA and the Swani Rehabilitation Center. Participating in meetings and carrying out training sessions can be challenging. One of the LMG Technical Advisors is a native Arabic speaker, but for the other Technical Advisors, LMG has identified a very good local interpreter who accompanies them to all meetings and training sessions as needed. LMG/Libya has also identified a very good translator for written documents who works quickly and produces high quality translations; when translation and/or interpretation are needed, LMG staff are building in the additional time necessary to ensure that this need is met.

Ensuring staff security is an ongoing concern. The security situation in Libya was always unstable, but became even more so after the attack on the U.S. Consulate. When on the ground, LMG staff always use a local driver service, secure hotels, and they exercise precaution when moving around the city. In June 2013, MSH's Senior Security Advisor traveled to Tripoli to further enhance existing security protocols for Libya and develop a Security Plan.

Securing visas is a long and difficult process, requiring support on the ground by MOH (or other) counterparts to move things forward. The LMG team depends heavily on these counterparts, and sometimes even they do not control the process since visas are issued at the Ministry of Foreign Affairs. The fact that this process is not under our control often results in last minute travel plans and/or delays to trips for as much as several weeks. LMG was able to secure multiple entry visas for frequent travelers, which reduced the stress somewhat, but when those visas expired, we were faced with the same difficulties.

Study tour delays. One of LMG's Intermediate Results is to develop knowledge exchange opportunities between Libyan and U.S. colleagues working on similar issues. LMG has made initial progress on both sides, and has raised the enthusiasm among all parties. However, with the changes at the Minister and Director levels, the Libyan counterparts have been unable to make progress on finalizing the list of participants on the first study tour (expected to include staff from the Swani Center and the Ministry of Social Affairs). Once this list is finalized (expected in early PY3), the next step will be to obtain U.S. visas for the participants, which could also be a lengthy process.

Next 6–12 Months

The first six months of PY3 are in fact expected to be the final two quarters of the LMG/Libya program. During this period, LMG will complete the LDP and deliver the remaining six modules of the Rehabilitation Center Administration Training. If the U.S. visas are granted to the Study Tour

participants, LMG/Libya will host a study tour in Washington, with visits to veterans' organizations and rehabilitation hospitals.

In addition, LMG developed a concept note for Libya's MOH to inaugurate a Leadership Academy during PY3. The goal of this Leadership Academy is to develop the capacity of health managers at all levels of the health system to gain the discipline, skills, and critical thinking needed to initiate collaborative, patient-centered solutions that will help support and transform the Libyan health care delivery system, with an initial focus on strengthening the primary health care system. The Academy will accelerate clinician and manager engagement throughout the MOH system by cultivating and enhancing modern leadership skills and business acumen of Libyan health leaders.

4.8 Ukraine

Objectives of the Program

LMG/Ukraine, a new addition to the LMG project portfolio, will work with USAID/Ukraine to support the second and third years of implementation of the PEPFAR Global Fund Country Collaboration Initiative (GF CCI) in Ukraine. LMG's technical assistance follows on the work that the AIDSTAR-Two Project, also implemented by MSH, conducted in Ukraine to support the implementation of the first year of the PEPFAR GF CCI.

LMG/Ukraine will also support the GF CCI by providing technical assistance to the Ukrainian Center for Socially Dangerous Disease Control (UCDC) to strengthen organizational capacity as a Global Fund principal recipient (PR). Project support will also include longer-term organizational development as a key national agency for the control of HIV, AIDS and Tuberculosis. In implementing program activities, LMG will work closely with the MOH of Ukraine, State Service, UCDC, and other USG-funded programs and development partners, including the World Health Organization and the World Bank.

Key Achievements

Since the project in Ukraine has just begun, there are no major achievements to report. However, LMG reports a successful client engagement process to date: in February 2013, LMG began discussions with the Mission and AIDSTAR-Two for a two-year program, resulting in receipt by LMG in March 2013 of a [redacted] obligation for the project's first year, and a preliminary two-year scope of work, which was accepted by the US/Ukraine Mission and the UCDC in April.

The project was initiated in Ukraine at the end of PY2 (in June 2013), with a joint visit by staff from the LMG and the AIDSTAR-Two projects for the purpose of transition from one project to another. The visit included introductions to key stakeholders and work planning meetings with the UCDC. Recruitment is underway for a full-time Senior Technical Advisor to the UCDC.

Challenges

In addition to providing technical assistance to the UCDC, LMG will need to coordinate closely with the USAID Mission and other USG-funded projects in the area of HIV and TB in the country to ensure that

LMG and other health projects coordinate and collaborate wherever possible. Recruitment to fill the Senior Technical Advisor position has been challenging in Ukraine, and the project is including expatriates and third country nationals in its search.

Next 6–12 Months

In the next 6 to 12 months, the project plans to:

1. Build the capacity of the UCDC Project Implementation Unit (PIU) to manage GF grants
2. Assist the UCDC PIU to build the capacity of Sub-Recipients (SRs) to manage GF grants and comply with GF regulations and processes
3. Strengthen the UCDC's capacity as an organization

4.9 Vietnam

Objectives of the Program

The LMG/Vietnam Transition Support Program (referred to locally as "LMG-TSP") supports Vietnam's HIV and AIDS response in transitioning to greater country ownership and sustainability. The project facilitates development of an evidence-based transition approach to inform policy, coordination and planning through the following result areas:

1. Leadership: support transition policies and processes at central and provincial levels.

2. Human Resources: support capacity to plan and implement effective human resource transitions.

3. Finance: support funding options for an efficient and sustainable HIV and AIDS response.

Key Achievements

LMG-TSP is currently nearing the end of its first project year (October 1, 2012 – September 30, 2013). A number of initial milestones have been achieved during the project's first year:

Team recruited: An international Project Director was recruited in November 2012 and a national Deputy Project Director in February 2013. By mid-June 2013, a small team of three additional technical staff had been recruited, and recruitment for a fourth is ongoing.

Outpatient clinic in An Giang province.

Project Year 1 work plan approved: A project work plan was approved by USAID and the PEPFAR Inter-Agency Team (PIAT) in early February 2013.

Human resource (HR) database developed: LMG-TSP developed an Excel database to collect a comprehensive inventory of HIV and AIDS program staff fully or partially supported by PEPFAR funding. For PEPFAR's 2013 annual Country Operational Plan, information was

entered to this HR database by the 16 PEPFAR partners that support staff working in service delivery. The database allows for searches to be conducted by province and by USG funding agency, providing key information for discussions on provincial transition.

Initial provincial visits conducted and reviewed: LMG-TSP participated in PEPFAR and Vietnam Administration for HIV and AIDS Control (VAAC) Joint Planning Team visits to three provinces in December, January and March. The LMG team supported visit planning, including assembling a data package for each province with epidemiological, service delivery, human resource and financial information. In April 2013, the LMG team facilitated a PEPFAR interagency team review of the visits, and is involved in ongoing support to the Provincial transition planning process.

Communications strategy drafted: A knowledge exchange assessment was conducted with key HIV and AIDS program stakeholders in January and February 2013. The findings highlighted the fact that there is a wide range of understanding about transition at all levels, including beneficiaries, government authorities, implementing partners and the donors themselves. The assessment helped inform a communications strategy designed to help inform stakeholders about the transition, and provide evidence for better planning and decision-making.

Transition Forward perspectives paper published: In June 2013, LMG-TSP produced the first in a series of papers called *Transition Forward*, which will highlight perspectives, questions and achievements related to the transition process from the point of view of a variety of stakeholders. The first paper was entitled, "Finding Love: Perspectives of people living with HIV and AIDS," which was published electronically in Vietnamese and English. A second paper focusing on perspectives of program implementers is in process.

Health Strategy and Policy Institute (HSPI) brought on as a local partner: A sub-agreement was signed with HSPI, a subsidiary of the MOH, to conduct a number of studies and prepare discussion papers on transition topics, as well as to convene discussion workshops to help influence policy and planning for transition. The first round of papers in project year 3, will address issues related to HIV and AIDS financing by the government; hospital acceptance for integrating HIV and AIDS services; and ways to integrate donor-funded community outreach workers into the government system.

Photo: Supporting Community Development Initiatives (SCDI) and the Living With HIV Magazine

Study to measure the transition process: USAID's Office of HIV/AIDS in Washington approved funding for a study to track the transition process over a period a couple of years. LMG's global Monitoring, Evaluation and Research Director visited Vietnam in April to lay the groundwork for this study. She interviewed technical experts from the PEPFAR Interagency Team, implementing partners, VAAC, and UNAIDS to explore views, plans and challenges around transition. Transition metrics and a dashboard to help visualize these metrics are being developed. A comprehensive study protocol, to be implemented in partnership with a local organization, is under development.

Challenges

Evolving SOW: The PEPFAR Interagency Team is still in the process of discussing a clear and unified vision for transition of its HIV and AIDS program to country ownership. Under these circumstances, LMG's role in supporting transition is continuously evolving, and is subject to ongoing review and revision by the Interagency Team.

Project reporting structure: The project reports to an Activities Manager within USAID/Vietnam, with oversight by an interagency LMG Core Team. This includes representatives of USAID, PEPFAR Coordination Office (PCO), U.S. Centers for Disease Control (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA) and Department of Defense (DOD). Virtually all decisions regarding project design and implementation are vetted through this Core Team, with support from the PIAT Management Team (heads of agencies) as deemed necessary. This intensive management mechanism tends to slow project implementation as well as narrow the scope.

Recruitment: Technical positions for the project were well-advertised throughout Vietnam, but identifying strong candidates has been more challenging than expected. As of mid-June 2013, four out of five local technical positions have been filled, although without in-depth expertise in HR or health financing. The final position is being re-advertised to be based in Ho Chi Minh City in order to widen the pool of candidates as well as place one technical support person closer to the action in the South.

Next 6–12 Months

In the next 6–12 months, the project will support the following activities:

- Planning and implementation of the provincial transition processes in the 10 PEPFAR focus provinces.
- National-level transition planning with VAAC.
- Managing PEPFAR HR data to provide information useful for transition planning.
- Further analyze and plan for HR transition with the Provincial AIDS Committee in Ho Chi Minh City.
- Develop and prepare several studies and discussion papers by HSPI on key transition questions.

Section 5: Cross-Cutting Themes

The potential legacy of the LMG Project is becoming evident in certain key themes that are supported across most of the project investments by USAID Country Missions. Referred to as "Cross-cutting themes," the key issues are:

- Evidence
- Governance
- Knowledge exchange
- Transfer networks
- Gender
- Professionalization of Health Services Management
- Public and private sector partnerships

5.1 Evidence synthesis, generation, and use: small yet critical strides in PY2

Literature Review

In PY2, the JHSPH completed a literature review, which included 64 articles focused on LMICs in which leadership, management, and governance interventions demonstrated measurable clinical or managerial outcomes. These articles included several diverse L+M+G topics shown in Table 9 below. Managerial outcomes were categorized as: patient/client perspectives; staff or internal perspectives; quality or process-of-care measures; organizational or managerial efficiency; financial; and health care coverage and utilization outcomes.

Table 9: Description of L+M+G Strategies of Included Studies

LMG Strategy	Description	N
Leadership Interventions	Leadership teaching and training	**3**
	Staff empowerment	**3**
	Stakeholder mobilization	**3**
	Information technology best practices	**2**
Community-Based Interventions	Community driven services	**4**
	Community capacity for providing care	**11**
	Community education/information	**5**
	Community mobilization/partnerships/empowerment	**6**
	Community engagement	**2**
Human Performance Improvement Strategies	In-service training of health provider	**6**
	On-the job/just in time training of health providers	**2**
	Peer learning/action learning	**3**
	Paramedical providers/mid-level cadres	**1**
	Team building and problem solving	**3**
	Career or personal development	**4**
	Mentoring program	**3**

	Task-shifting	**9**
	Supervision with feedback	**8**
Management Information Systems	Computerized standardized medical records	**2**
	Health services performance reporting	**3**
Consumer Management	Health education of patients/individuals	**6**
	Leaflets, photonovella, pamphlets	**4**
	Client-provider interaction	**3**
System/Structural Design and Process Improvements	Guidelines, standards, evidence based guidelines	**20**
	Critical pathways/clinical pathways/case management maps	**1**
	Job aids/reminders/clinical decision support systems	**4**
	Medical audit	**1**
	Peer review	**1**
	Continuous quality improvement	**2**
	Partnership defined quality	**1**
	Quality collaborative/performance collaborative	**2**
	Health services performance reporting	**2**
	Patient safety	**2**
Marketing	Social marketing health goods & services	**2**
	Demand side financing (e.g. voucher)	**1**
Financing	User fee	**3**
Health Insurance	Health insurance-community based	**1**
	Subsidies	**2**
	Performance-based financing	**1**
	Social health insurance	**1**
Compacts between Governments and Health Organizations (HO)	Contracting-in services	**1**
Communication and Technology	mHealth Mobile phones (text messaging and etc.)	**3**
	Regulatory approaches	**2**
	Policy strategy resources/formulation/implementation/enforcement	**1**
	Organization	**2**

Governance	Decentralization	**2**
	Managerial decision rights	**1**
	Stewardship	**5**
	Formulating strategic policy direction	**2**
	Ensuring tools for implementation: powers, incentives, sanctions	**1**
	Ensuring fit between policy objectives and organizational structure and culture	**1**
	Ensuring accountability	**1**

Select findings from the literature review include the following:

- Task shifting, team building, multi-stakeholder engagement, community driven services, support supervision, and especially the use of guidelines and job aids have shown to be cost-effective and feasible approaches for health systems strengthening in low-income contexts.
- mHealth technology-related research has flooded the literature recently, but rigorous studies have not been undertaken to address the cost and sustainability of public health system support.
- Community and patient education received priority in many of the donor driven services. These strategies were integrated in system strengthening interventions to create awareness on entitlements, improve utilization and patients' rights, and ensure individual, family and community accountability to engage in being co-producers of health.
- Management that enabled peer education and training emerged as a popular strategy for reaching vulnerable groups, including female sex workers and school aged children.

These findings guide future research for the LMG Project, as well as the broader health systems strengthening community. L+M+G interventions are rarely implemented in a vacuum. Future research can consider reinforcing L+M+G 'support' interventions to ***complement*** the service delivery intervention strategy to ensure optimal outcomes. An essential support strategy is the timely and appropriate feedback to the providers on performance of the system to empower and create learning organizations and adaptive systems to accommodate the dynamic changes in the healthcare environment, service delivery architecture, financing, human resource availability, and community demands.

Rigorous operational research and evaluation

Rigorous evidence in public health requires significant investments. In PY2, the LMG team continued to advocate at the country level with USAID Missions as well as with USAID/Washington staff for rigorous research, assessments, and evaluations of LMG's technical work. We engaged early during the project design phase with Missions in Ethiopia, Afghanistan, Vietnam, Kenya, and Haiti to explore ideas and concepts for implementation evaluation as well as rigorous research. In partnership with our research partner JHSPH, we have submitted concept notes to each of these Missions.

The project team was successful in obtaining a commitment to fund a multi-year assessment of the

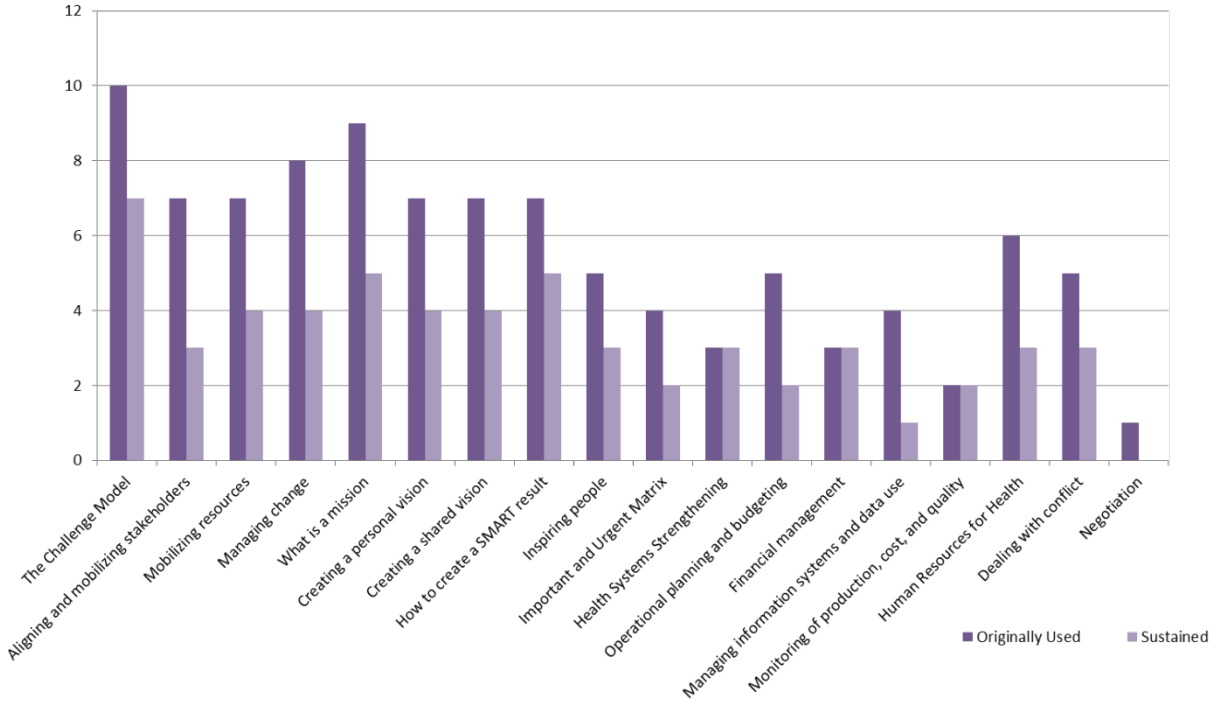
rollout of the LDP+ with a significant investment by the Office of Population and Reproductive Health at USAID. Early conversations and a buy-in were completed in PY2 with an MSH sister project in Kenya, which now has funding to conduct LDP+ in about 50 health facility teams. The JHSPH team will be working with the LMG team and the LMS/Kenya team in early PY3 to refine the cluster randomized trial with stepped wedge design, to be rolled out to select health facilities in two rounds six months apart.

Data mining to shape LMG's technical approach:

In PY2, the LMG team undertook two rapid assessments. In Q2-Q3, we conducted a follow-up survey of 12 academic institutions that had integrated leadership and management content into existing curriculum through onsite as well as online assistance from the LMS Program. We conducted an online survey to find out if these institutions were still using the content. And if it was, we inquired if the content had been scaled up and what challenges the institution had faced. We found that most of the leadership and management modules that were initially integrated were being used by the institutions without continued assistance from donors. Around 5,000 students across medical, nursing, public health and other schools are benefiting from these modules each year.

We also received evaluative responses from 16 respondents who had participated in a VLDP about integrating leadership and management content into pre-service curriculum. The number of teams that originally used and continue to use integrated content are shown Figure 4 below. Around 775 students continue to benefit from the leadership and management content each year.

Figure 4: Initial and current use of leadership and management content among 16 VLDP respondents



This assessment points to the need for more disciplined follow-up with the institutions with whom we work. The LMG Project, which has developed a leadership, management, and governance pre-service curriculum, has also developed a monitoring and follow-up plan in which institutions will be followed

more closely to understand barriers and bottlenecks, and ways that focused technical assistance can be effectively provided.

In Q3-Q4 of PY2, the LMG team undertook a desk review of virtual development leadership programs (VLDPs) from the last five years to study trends in the implementation of results of teams. We also interviewed a small sample of past VLDP participants to see what factors have enabled or hindered success. The study found that the success of a team is not influenced by its size, organizational affiliation or location (i.e. national, regional or local). The qualitative component of the study illustrated that improved problem solving skills, better communication, and stronger monitoring and evaluation skills were highly valued among the participants. The study also points to the need for systematic data collection with concrete indicators over a longer period of time.

Both studies will be presented to a larger LMG technical team in early PY3 to inform our technical approach moving forward. While we have had limited success in funding larger, rigorous studies, the smaller, discrete studies are helping to shape and inform the strategic and technical direction of two of our core packaged programs: the integration of the LMG pre-service curriculum, and the VLDP.

5.2 Governance

In the realm of governance, the LMG project is working to position LMG, USAID, and MSH as respected champions to enhance health sector governance in LMICs. In PY1, the project defined four effective governing practices – cultivating accountability, engaging stakeholders, setting a shared strategic direction, and stewarding resources. In PY2, the project was able to begin using these four effective governing practices in its leadership and governance enhancement work.

The Honorable Minister of Public Health, Dr. Suraya Dalil (in green), Deputy Ministers and Director Generals took part in a Senior Leadership Development seminar with two senior professors of the Johns Hopkins University Bloomberg School of Public Health. Photo: MSH Staff

The four effective governing practices are at the heart of provincial, district and community health governance guides that LMG is currently piloting in Afghanistan. They are also integral to the LDP+, VLDP, and pre-service L+M+G curricula. LMG now is not only working to equip medical, nursing and public health students with leadership and management skills, but also governance skills. Likewise in PY2, LMG has gone beyond working with leaders who manage to also work with leaders who govern.

In PY2, the LMG team worked with LMG consortium partners in publishing a special issue of eManager on *"How to govern the health sector and its institutions effectively."* The USAID Office of Health Systems gave it a positive review: "The format is very strong…the examples from the field help people to envision what each area would look like in their work, and the *Act Now* sections demonstrate some concrete actions that people can take. Overall, this will be a helpful document that is very accessible and

practical…this publication has stimulated interest in the LMG's work on governance for health."

The LMG team collaborated with the consortium partners in advancing the governance for health agenda. LMG organized a governance seminar for current and potential future members of AHLMN, and built awareness among the AHLMN members of the four effective governing practices.[3] With LMG's support, ACHEST has begun organizing itself into an effectively governed organization in order to continue receiving PEPFAR and USAID funds to advance its goals.

In our country initiatives, LMG staff have integrated governance in field support projects in Afghanistan, Benin, Ethiopia, Libya, and Honduras. For example, in the Honduras program design, governance has been recognized as one of the central components for effectively reaching HIV and AIDS services to the key underserved population groups like sex workers, men who have sex with men, transgender populations, and the Garífuna ethnic group in that country.

LMG began its governance enhancement work in the ministries of health in PY2. In Afghanistan, LMG is assisting the Ministry of Public Health in improving governance at all subnational levels (i.e., provincial, district, and community levels). LMG has prepared governance guides that help the PPHCCs (Provincial Public Health Coordination committees), DHCCs (District Health coordination Committee), facility and community health *shuras* (consultative assemblies) discharge their roles and responsibilities in a more effective, efficient, transparent and accountable manner so that they are better able to influence access to health care, quality of care, and overall health outcomes for the people.

LMG is currently field-testing the provincial and district health governance guides in three provinces and 11 districts of Afghanistan. PPHCC and DHCC members enthusiastically participated in the workshops organized to discuss how to put the four effective governing practices into operation in the context of their province or district. Three PPHCCs and 11 DHCCs have identified a total of 389 specific and practical steps based on the four effective governing practices to be taken during the field-testing period. At the end of successful field-testing, the Ministry is expected to adopt the guides nationally. Similarly, LMG has worked with health facility and health post *shura* members and the MOH in drafting of a community health governance guide. This guide will be field-tested in about 20 health post and health facility *shuras* in the PY3. LMG is well-prepared to provide similar assistance to governing bodies in many other LMICs during the next three project years.

In addition, LMG was working at the end of PY2 to organize an international roundtable conference on governance for health to be held on August 15-16, 2013 in Washington, D.C. The success of the roundtable conference held in PY1 has encouraged the project team to prepare for the second conference, in which about 35 thought leaders, practitioners, USAID contractors, and health leaders from the fields of health governance and development are expected to participate. These roundtables help LMG advocate for and advance improved governance practices throughout LMICs.

5.3 Knowledge Exchange

> *"All health professionals in all countries should be educated to mobilize knowledge and to engage in critical reasoning and ethical conduct so that they are competent to*

[3] The graduation rate was 75% i.e. 12 out of a total of 16 participants graduated. Women participants performed significantly better than men participants in terms of participation as well as graduation. Five women (83%) graduated whereas 7 men (70%) graduated.

participate in patient and population-centered health systems as members of locally responsive and globally connected teams."

-- Julio Frenk, 2010

Building on key activities carried out in PY1, LMG's cross-cutting knowledge exchange and innovation efforts, including communications and mHealth activities, have focused in PY2 on harnessing appropriate technology for priority objectives. Relevant information and communication technologies (ICTs), particularly social media and online platforms, allow LMG to consistently gather, assess, synthesize, generate, and share key information for its multiple audiences, to strengthen leadership, management, and governance capacity throughout all levels of the health system. During PY2, LMG continued building the functionality of its web portal (www.lmgforhealth.org), conveying critical and compelling L+M+G for health content on its social media sites (Facebook, Twitter, YouTube, and Slideshare) and its new blog page. The team also focused on how to increase South-to-South exchange by beginning the process to significantly upgrade its LeaderNet and Virtual Leadership Development Program (VLDP) platforms, following an in-depth technology and instructional design audit.

In PY1, LMG worked with consortium partner Medic Mobile to develop its first mHealth mobile application. During PY2, the mobile application (designed as a tool to gather LDP information in the field, where it is often difficult to efficiently and consistently collect programmatic and monitoring data) was refined for specific deliverables for the ProACT team in Nigeria where it will be tested in two states (Kwara and Abuja). The plan is to scale it up to six more states during PY3.

LMG's KE and communication efforts to facilitate learning revolved around standard categories of products and services, publications and resources, training and events, and approaches and techniques. Select examples of each are shown in Table 10 below:

Table 10: Overview of Key LMG KE and Communication Interventions

Products/Services	Publications/Resources	Training/Events
LMGforhealth.org	eManagers	Pre-service VLDP
LeaderNet	eNewsletters with articles on key L+M+G themes	LDP+ Training of Trainers
Mobile app/ feedback loop	Training manuals	Women Deliver conference
Social media	Web articles, photos, links to news and resources on L+M+G	LMG staff moderate panel discussions on L+M+G-related themes at international events in U.S. and abroad

5.4 Transfer Networks

Improving leadership, management and governance practices for global health system strengthening is a vital and challenging goal, and one that requires a critical mass of organizations working together to share, standardize, and utilize L+M+G practices. Through its first two years, the LMG Project has initiated a series of initiatives (such as the LDP+ and the SLP) to build and enhance leadership, management, and governance support programming within respected partner networks such as: AMREF and their affiliated network (AHLMN); IPPF and their member associations, ECSA-HC; and WAHO.

The LMG Project uses a build-operate-transfer strategy in its work with health networks to enhance leadership, management, and governance; the goal is to transfer capacity and create a 'ripple effect', or a multiplier effect, in both CSOs and Ministries of Health. In addition, the project supports the transfer of capacity through country-led, sustainable policy advocacy for enhanced services for family planning and reproductive health, malaria, TB, and HIV and AIDS.

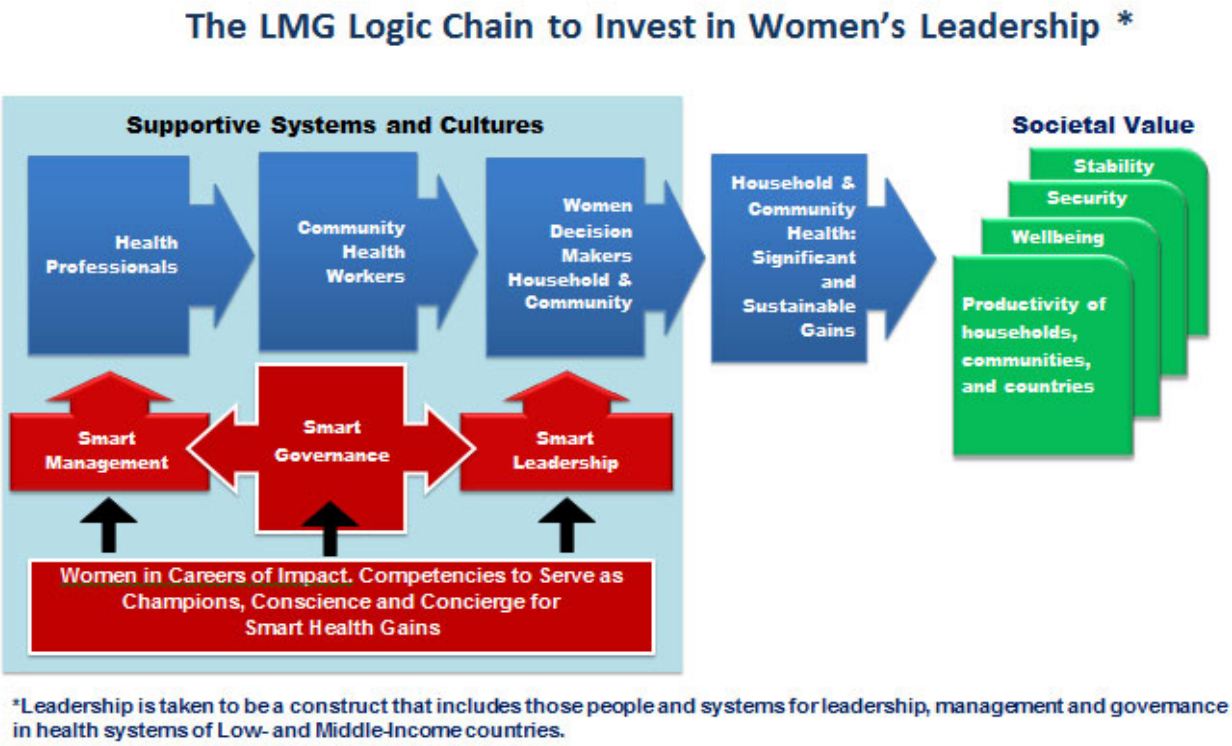
From PY3 forward, a renewed effort is needed to operate these initiatives and to transfer to the networks the capacity to disseminate L+M+G interventions on their own—with minimal support of the LMG Project. This build-operate-transfer strategy aims at creating a 'ripple effect', or a multiplier effect, in both CSOs and Ministries of Health, in addition to supporting country-led, sustainable policy advocacy for enhanced services for family planning and reproductive health, malaria, TB, and HIV and AIDS.

By transferring the capacity to scale-up and mainstream these interventions, gains in health systems strengthening and improved health outcomes are more likely to be sustained over the coming years. Throughout the following years of the LMG Project, core- and field-funded teams will transfer capacity to implement leadership, governance, and management interventions through regional partners and their networks.

5.5 Gender and LMG

LMG's gender strategy throughout PY2 has been a process of identifying gaps and seeking opportunities where gender equity can be promoted within the health systems of LMICs. Through core-funded activities, as well as field support buy-in, LMG has defined ways in which gender can be integrated within existing and new programs. Women are frequently both responsible for the delivery of health services as well as the clients of health services provided in LMICs. However, they continue to be under-represented in the management, leadership, and governance of these health systems. LMG is committed to investing in women's leadership because of potential outcomes for both the health and the empowerment of women. The logic chain to support investment in women's leadership is illustrated in the graphic on the next page.

Substantial progress was made in PY2 to accomplish the LMG Project mandate to establish advocacy, role models, leadership and governance training, and operational support for gender directorates for gender mainstreaming in public and private health services organizations. LMG is also amplifying the voices of women role models. Early expressions of the LMG work to give voice to these leaders may be found here: http://www.lmgforhealth.org/content/voices-women-health-leaders



*Leadership is taken to be a construct that includes those people and systems for leadership, management and governance in health systems of Low- and Middle-Income countries.

Figure 5: the LMG Logic Chain to Invest in Women's Leadership

Among LMG's accomplishments in gender this year:

Incorporation of gender into training programs: LMG has already mainstreamed gender into all of its training programs. The LDP+ and the Senior Leadership Program now each include a full session on gender which addresses issues such as preventing and managing gender-based violence in the workplace as well as personnel policies which ensure gender equity in recruiting, hiring, promotion and retention practices. The curriculum for the VLDP for In-Service Training integrates gender into its overall content. This VLPD has been conducted with 11 teams, including 40 female participants.

Partnership and linkages with women leaders: LMG has been conducting interviews of women leaders working in FP/RH networks based on the discussions of the Post-2015 MDG's and Beijing Plus 10 Conference in September in Rwanda. Forty-five women parliamentarians and leaders working on FP/RH received an overview of the LMG project's work. A number of women from this conference are currently being interviewed to document the challenges women leaders face in leadership, management and governing positions. The publication and dissemination of their stories in PY3 will enhance our understanding and appreciation of the contributions women have made, and the challenges they face in their positions of leadership and governance in LMICs. Based on the discussions with women leaders, it was also evident that there is a need to establish and support coaching and mentoring networks for women leaders, which LMG will support.

Promoting gender equity through Field Support: LMG has vigorously worked to mainstream gender into the scopes of work. LMG/Ethiopia staff has been retained to support the new Gender Directorate within the MOH with leadership training, strategic planning and organizational capacity building. Training materials and operational plans have been adapted from respected sources such as the WHO, and information is being obtained from colleagues working within the MOPH in Afghanistan. Tools that address specific gender concerns which have already been developed by other donors or Cooperating

Agencies[4] are also being included in these training curriculums. In Honduras**,** LMG has integrated gender into the SOW to ensure that the project is responsive to gender concerns. Through funding from OHA, LMG has also been working with ACHEST to develop its organizational management capacity. As part of the work with ACHEST, LMG has helped integrate gender into the organization's strategic directions. In PY3, LMG will also be conducting a gender audit of the project in Afghanistan to ensure that gender is a strong component in the program. An SOW is being developed and a consultant is being recruited to conduct the gender audit.

In Ethiopia, LMG has provided technical assistance to the Gender Directorate of the Ministry of Health to accomplish the following objectives:

- To develop a curriculum on gender mainstreaming which will be used to train staff at all levels of the FMOH to: 1) increase awareness on issues related to gender; and 2) provide the tools and methodologies required to incorporate gender into their work. The training curriculum is currently being reviewed by the Technical Working Group composed of various donors as well as Ministry staff.
- To conduct a strategic planning workshop in Ethiopia. In April 2013, a total of 44 participants (29 female and 15 male) from various stakeholders and 7 MSH-LMG staff members (3 female and 4 male) participated during the workshop. Participants were drawn from 14 FMOH directorates, federal hospitals and agencies, international NGOs, Ministry of Women, House of People's Representatives, Regional Health Bureaus, and UN organizations, Ministry staff from various directorates, and Parliamentary representatives, who worked together to develop a gender strategic plan. The draft of the strategic plan is currently being negotiated with the Plan and Policy Division of the FMOH for final approval and costing.

Gender Directorate Strategic Planning workshop participants

- The Gender Directorate team participated in the 2nd round of LMG training in May of PY2. During the training, the team presented their progress on their challenge model since the 1st

[4] The USAID-funded Capacity Plus Project has been a leader on the subject of workforce development in the health sector, focusing particular attention on the roles of women and the challenges they face. This has been particularly useful in developing the LMG project approach on the integration of gender issues in health systems. Some of the key resources used by the LMG project include the following:
Crystal Ng, Constance Neuman, and Sara Pacqué-Margolis, "Transforming the health Worker Pipeline: Interventions to Address Gender discrimination in Pre service Education," Capacity Plus Project IntraHealth, December 2012: http://www.capacityplus.org/files/resources/transforming-health-worker-pipeline.pdf; Newman, C., "Conceptual and Practical Foundations of Gender and Human Resources for Health," IntraHealth International/The Capacity Project, 2009, pp. 1-23: http://www.hrhresourcecenter.org/foundations_gender; Newman, C. , "Addressing Gender Inequality in Human Resources for Health," The Capacity Project, 2009, p. 4: http://www.capacityproject.org/images/stories/files/legacyseries_4.pdf.

round training. Gender and leadership training was been conducted for mid- and senior-level female staff members drawn from federal agencies and hospitals.

5.6 Professionalization of Health Services Management

The Greatest Leadership Challenge

> *"I thought my role in health care would be to treat the sick, but I realized there would be few doctors compared to the size of the population. So I began to realize I would have to lead nonmedical people, but I had no formal training in leadership or management. Today, my biggest leadership challenge is motivation; finding a way to motivate people to 'run to work' to have one thing they want to achieve this week."*
>
> —Professor Samuel Luboga, former Deputy Dean of Makerere University, Kampala, Uganda, 2008

Millions of people's lives—including those of the most vulnerable: infants, children, and mothers—are in the hands of health care systems around the world. Yet, through surveys and studies, doctors and nurses tell us that their health systems do not effectively support them to implement the knowledge and skills they have that could save more lives and significantly reduce illness. They need support personnel, equipment, supplies, medicines, transport, facilities, and information, in addition to their clinical training, to deliver high-quality health services, including education for families and communities about how to prevent illness (MSH 2006). Such a health system would depend as much on well-prepared and valued health leaders and managers as it would on clinically prepared health workers.

The upcoming issue of the eManager entitled, "Paving the Way Toward Professionalizing Leadership and Management In Healthcare," to be published in early PY3, calls for the creation of a culture that is supportive of management and leadership at all levels. This publication provides examples of progress to this end in several countries for the short term, and proposes a longer-term approach to professionalize leadership, management, and governance in the health sector. Professionalizing includes recognizing the value of health managers, establishing clear career paths for them, supporting the development of strong health professional associations, and providing the preparation that these personnel insist that they need.

5.7 Public and Private Sector Partnerships

During PY2, the LMG Project continued to leverage our MOUs with BoardSource, American College of Healthcare Executives, and the Association of University Programs in Health Administration while also expanding our network. LMG finalized an additional MOU with the American College of Physician Executives and the International Hospital Federation. The relationship with the American College of Physician Executives will assist LMG in creating additional distance learning opportunities for health leaders, managers, and governors in LMICs, while the relationship with the International Hospital Federation will help to develop a network of physician leaders and customized leadership coursework in Africa and Asia. LMG will finalize two additional MOUs in PY3 with the United Kingdom's National Health Service's Leadership Academy to use their competency model, and the Institute for Healthcare Improvement to develop a network of health sector leaders in Africa and Asia. These MOUs and other partnerships have established infrastructure for the mobilization of other resources to support implementation and scale up of L+M+G activities.

During PY2, LMG developed a concept note for Libya's MOH to inaugurate a Leadership Academy during PY3 to cultivate and enhance modern leadership skills and business acumen of health managers at all levels within the ministry's health system.

In addition, in PY2, LMG staff continued conversations with extractive industries. After attending the Africa Oil and Gas Summit 2013, LMG was able to develop a targeted short list of companies that have shared interests and mutual goals. In PY3, the LMG team will continue to explore these potential partnerships with a focus on country-driven interventions, while at the global level we will also engage with select companies in collaboration with our country teams and potentially country missions.

Section 6: Program Management and Support

Overall Project Management

The LMG Project support team has developed efficient financial management, human resources, and administrative support systems. These stewardship systems provide proper budgeting and internal reporting for project managers, and ensure that USAID receives timely and accurate quarterly performance and financial reports. The project support team continues to refine internal infrastructure for effective administrative operating procedures to support the work of the LMG team, its consortium partners, and to ensure adherence to all USAID rules and regulations.

Since the LMG Project has begun to mobilize resources (cash, in-kind, and political) for the design, development, scale up, and roll-out of programs, and for technical assistance and tools for L+M+G, we have developed a new system for scanning, screening, and accounting for non-USG cost share. These investments by others are to enable and facilitate greater impact and sustainability of our project accomplishments, and the prudent stewardship of U.S. taxpayer funds entrusted to us through USAID.

The cost to plan, develop, guide, and manage the LMG Project was forecast at the beginning of PY2 to be approximately 17% of core and field support funding. As a result of progress in earning USAID mission buy-ins and substantial project work supported by OHA, DCHA, and PRH areas within USAID/ Washington, this proportion of our costs was reduced to approximately 12% at the end of PY2.

Client Engagement: LMG's client engagement strategy is based upon regular, ongoing dialogue with USAID/Washington, USAID Missions and other partners to effectively promote, manage, and enhance effective L+M+G through the project mechanism. Policies and procedures have been used in PY2 to help both USAID and Ministries of Health address their identified L+M+G needs, as well as to define how best to engage the LMG Project resources to meet their country-based plans. This critical component of our project management has core staff based principally in our Cambridge Offices.

Administrative and Finance: In February 2013, at the close of PY2 Q2, Margaret Mensah, recently on the USAID-supported SHOPS project, was approved as LMG's new Deputy Director, Finance and Administration, replacing Adam Mbundure. She is responsible within our senior leadership team for overseeing LMG's financial management and reporting with USAID; liaising with MSH's Human Resources and Talent Management staff; and providing general administrative support for our many project initiatives, project work planning, and budgeting processes.

Appendix I: Reporting Against Performance Monitoring Plan

LMG Performance Monitoring Plan, Annual Report (July 1, 2012 – June 30, 2013)

LMG Project Objective: Health systems strengthened through sustainable leadership, management, and governance capacity of health providers, program managers, and policy makers to deliver quality health services at all levels of the system.					
	Indicator	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
	# of CSOs and public sector organizations/teams who received leadership, management, and governance interventions and reporting improvements in health service delivery or health systems performance, disaggregated by country.[5] And individuals disaggregated by sex.	0	6	*Name of organization*: *Type of organization*: *Improvement*: *Country*: *Name of Organization*: Afghan Midwifery Association (AMA) *Type of Organization*: CSO *Improvement*: Afghanistan Midwifery Association provincial 6 teams were trained on the Leadership Development Program. The teams identified one main challenge each and addressed that through LDP practices using the Challenge model. Three teams provided results at baseline and at the end of six months. Results from the other three teams will be reported in the next reporting period. AMA Nangarhar province: Increase in Vitamin A administration immediately after delivery from no administration to 100% administration in the Maternity ward of Nangarhar Regional Hospital. AMA Laghman province: Increase in post-partum intra-uterine contraceptive device (PPIUCD) among all family planning methods from 0.2% to 15% in the Maternity ward of Laghman Provincial Hospital within six months. AMA Kunar province: Increase in Infection Prevention from 77% to 85% in the Maternity Ward of Kunar Provincial Hospital. *Country*: Afghanistan	30

[5] CSOs and public sector organizations/teams who have received L+M+G interventions but have not reported improvements in health service delivery or health systems performance may be too early in the process to do so.

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
1.1: Partnerships with global agencies engaged in management, leadership, and governance of public health care systems established.	1.1a: # of global health agencies, private sector partners, and professional networks or associations that have actively partnered with LMG.	0	7	*Name of agency:* *Type of agency:* *Type and brief description of partnership:* *Country:* *Name of agency (etc.)*: American College of Physician Executives (ACPE) *Type of agency*: Professional network *Type and brief description of partnership*: Signed MOU and began to collaborate on additional distance learning opportunities for health leaders, managers, and governors in low and middle income countries. *Country*: global *Name of agency (etc.)*: International Hospital Federation *Type of agency*: International organization *Type and brief description of partnership*: Signed MOU and began to collaborate on developing a network of physician leaders and customized leadership coursework in Africa and Asia *Country*: global *Name of agency (etc.)*: WHO *Type of agency*: Global health agency *Type and brief description of partnership*: LMG provided technical assistance to WHO for the development of a Management Module and Stakeholder Module for the Wheelchair Service Training Package, WSTP), which WHO will roll out in PY3 *Country*: global *Name of agency (etc.)*: International Committee of the Red Cross *Type of agency*: INGO *Type and brief description of partnership*: ICRC and LMG working in partnership to strengthen the leadership and management of centers providing physical rehabilitation services with which ICRC is connected. This includes: developing a standard operational package that will be implemented in centers alongside ICRC and then eventually independently by ICRC, as well conducting a Senior Leadership Program with ICRC and	6

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				delegations of high level policymakers from 5 countries in Africa *Country*: global *Name of agency (etc.)*: Ponseti International Association *Type of agency*: INGO *Type and brief description of partnership*: LMG helping with strategic planning and management of USAID grant for scaling up national clubfoot treatment in focus countries *Country*: Peru, Nigeria, Pakistan *Name of agency* : Yale University *Type of agency*: International NGO *Type and brief description of partnership*: Yale is providing a senior leadership training for health mangers from Federal Ministry of Health staff and 11 regional health bureaus *Country*: Ethiopia *Name of agency* : AMREF *Type of agency*: International NGO *Type and brief description of partnership*: AMREF is in the initial phase of offering the LMG in-service training for 20 hospital management teams in different regions of Ethiopia. *Country*: Ethiopia	
	1.1b: Partnership framework and strategy for coordinated programming, and action plan developed by core group of LMG global partners.	1	N/A	Completed in PY1.	1

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
1.2: Tools, models, and approaches for sustainable leadership, management, and governance incorporated into the program of, or endorsed by, key global management and leadership agencies or organizations.	1.2a: # and names of global health agencies, international CSOs, private sector partners, and professional networks or associations that institutionalized LMG tools, models, and/or approaches, disaggregated by country and type of organization.	0	4	*Name of agency (etc.)*: *Type of organization*: *Name of LMG tool/model/approach institutionalized, with brief description of institutionalization activity*: *Country*: *Name of agency (etc.)*: CVT *Type of organization*: International CSO *Name of LMG tool/model/approach institutionalized, with brief description of institutionalization activity*: CVT has institutionalized the following LMG tools and introduced them to country partners: Challenge model, HR employee handbook (developed for CVT) *Country*: USA *Name of agency (etc.)*: WHO *Type of organization*: International CSO *Name of LMG tool/model/approach institutionalized, with brief description of institutionalization activity*: WHO has delivered the Wheelchair Service Training Package (WSTP) Management Module to organizations that provide wheelchairs in low resource settings *Country*: India *Name of agency (etc.)*: IPPF *Type of organization*: International CSO *Name of LMG tool/model/approach institutionalized, with brief description of institutionalization activity*: IPPF has incorporated L+M+G methods into the Learning Centers' operational tools: 1) Participants Governance Manual 2) Facilitators Governance Manual 3) Participants Leadership and Management Manual, and 4) Facilitators Leadership and Management Manual *Country*: Uganda, Ghana, Cameroon, and Mozambique *Name of Agency*: Afghan Midwifery Association *Type of Organization*: CSO *Name of LMG tool/model/approach institutionalized, with brief description of institutionalization activity*: LDP is being implemented in Afghan Midwifery Association to improve their	4

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				services, access, and quality. *Country*: Afghanistan	
1.3: Resources for leadership, management, and governance activities with key global partners leveraged.	1.3a: LMG cost share strategy for leveraging resources from global partners for LMG global activities developed.	1	N/A	Completed in PY1.	1
	1.3b: Total resources in USD leveraged as cost share for LMG global activities and implementation of country-level LMG strategies, tools, models, and/or approaches.	[redacted]	[redacted]	Total resources leveraged in USD = [redacted]	[redacted]
1.4: Strategies for advocacy with USAID Missions, governments, and non-profit sector entities regarding health systems strengthening with specific technical approaches for leadership, management, and governance developed	1.4a: A comprehensive client engagement strategy for advocating LMG approaches to USAID Missions developed and implemented.	1	N/A	Completed in PY1.	1
	1.4b: # and names of meetings, conferences, and KE events at which LMG staff or partners present on priority LMG topics, evidence-based approaches, tools, or research findings, disaggregated by type of event, location of event (country or	13	37	*Name of event:* *Type of event:* *Date of event:* *Country where event took place (or virtual):* *LMG topic presented:* *Sponsor of event:* *Total number of attendees:* *Type of attendee:*	30

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
and implemented.	virtual), total number of attendees, type of attendee, attendees' institution, and sex.[2]			*Attendees' institution:* *Attendees' sex:* *Name of event*: Women Parliamentarians meeting: Enhancing Leadership for Family Planning & Reproductive Health *Type of event*: Conference *Date of event*: August 24 – 31, 2012 *Country where event took place (or virtual)*: Nairobi, Kenya *LMG topic presented*: LMG overview and introduction to the project *Sponsor of event*: Advance Family Planning, Health Policy Project, Partners in Population and Development Africa Regional Office, USAID *Total number of attendees*: 22 *Type of attendee*: Members of Parliament *Attendees' institution*: Governments of Ethiopia, Kenya, Malawi, Ghana, and Uganda *Attendees' sex*: 14 females, 8 males (estimate) *Name of event*: Regional Meeting of the Southern & Eastern African Parliamentary Alliance of Committees of Health (SEAPACOH)- Repositioning Family Planning and Reproductive Health in Africa: Challenges and Opportunities *Type of event*: Conference *Date of event*: August 24 – 31, 2012 *Country where event took place (or virtual)*: Nairobi, Kenya *LMG topic presented*: LMG overview and introduction to the project *Sponsor of event*: Partners in Population and Development Africa Regional Office *Total number of attendees*: 146 *Type of attendee*: Members of Parliament, CSO Representatives, INGO Representatives *Attendees' institution*: Government Parliaments, MOHs, CSOs, INGOs. *Attendees' sex*: 85 females, 61 males (estimate)	

[2] This disaggregated data should be collected when possible (e.g. when LMG is hosting the event), or estimated. Estimated data should be noted as such.

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Name of event: Consultative Meeting with African Parliamentarians on ICPD and MDGs *Type of event*: Conference *Date of event*: September 26, 2012 *Country where event took place (or virtual)*: Rwanda *LMG topic presented*: LMG overview and introduction to the project *Sponsor of event*: IPPF Africa Region, African Women Leaders Network for Reproductive Health and Family Planning *Total number of attendees*: 56 *Type of attendee*: Members of Parliament, CSO Representatives, Coordinating Agencies *Attendees' institution*: Government Parliaments, MOHs, CSOs *Attendees' sex*: 30 females, 26 males (estimate) *Name of event*: Second Global Health Systems Research Symposium *Type of event*: Conference *Date of event*: October 31 - November 3, 2012 *Country where event took place (or virtual)*: Beijing, China *LMG topic presented*: 4G Universal (Health) Coverage: Why Gender, Generations, Geography and Governance Must Be Addressed to Achieve Universal Health Coverage *Sponsor of event*: World Health Organization *Total number of attendees*: 1500 at the conference, 75 in attendance at panel *Type of attendee*: Health systems researchers, implementing organization representatives, INGO workers, MOH representatives, CSO representative, donor representatives *Attendees' institution*: MOHs, CSOs INGOs, Foundations *Attendees' sex*: 25 females, 50 males (estimate) *Name of event*: Applying a Gender Equality Perspective to the Post-2015 Development Framework and the MDGs *Type of event*: Expert Working Group Meeting *Date of event*: November 26, 2012 *Country where event took place (or virtual)*: New York, NY, USA *LMG topic presented*: LMG and Gender *Sponsor of event*: UN Women	

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Total number of attendees: 65 *Type of attendee*: Implementing organization representatives, INGO representatives, CSO representative, Women-led organization representatives *Attendees' institution*: CSOs, INGOs, Foundations, Implementing Partners *Attendees' sex*: 55 females, 10 males (estimate) *Name of event*: IPPF Annual Global Donors Meeting, Regional Council Meeting; IPPF Association of Chief Executives of Member Associations in Africa Region; IPPF 60th Anniversary *Type of event*: Conference *Date of event*: November 22 – 27, 2012 *Country where event took place (or virtual)*: Johannesburg, South Africa *LMG topic presented*: LMG/IPPF Partnership, L+M+G themes and strategies and key results areas. *Sponsor of event*: IPPF *Total number of attendees*: 150 *Type of attendee*: IPPF Member Association representatives, IPPF Executive Directors, CSO representatives, INGOs representatives, Donor Representatives *Attendees' institution*: CSOs, INGOs, Foundations, Implementing Partners *Attendees' sex*: 75 females, 75 males (estimate) *Name of event*: Improving Clinical Governance Meeting *Type of event*: Conference *Date of event*: December 10 – 14, 2012 *Country where event took place (or virtual)*: Abuja, Nigeria *LMG topic presented*: Resources For Enhanced Clinical Governance and Process Improvements, Process Improvement Tools and Culture and Managing Workforce Total Health: Strategies for Enhanced Safety, Service Quality, and Workforce Satisfaction. *Sponsor of event*: Nigeria National Petroleum Corporation *Total number of attendees*: 40 *Type of attendee*: Nigerian National Petroleum Corporation's Medical	

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				and Pharmacy Department Members *Attendees' institution*: Nigerian National Petroleum Corporation's Medical and Pharmacy Department *Attendees' sex*: 10 females, 30 males (estimate) *Name of event*: Kenya's First National Conference on Health Leadership, Management, and Governance *Type of event*: Conference *Date of event*: January 29 – February 1, 2013 *Country where event took place (or virtual)*: Nairobi, Kenya *LMG topic presented*: Hospital Governance in our Devolved System, Health System & Hospital Governance: Challenges and Opportunities *Sponsor of event*: Leadership, Management, and Sustainability Project Kenya (LMS/Kenya) *Total number of attendees*: 250 *Type of attendee*: Ministry of Public Health and Sanitation representatives, INGO representatives, UN representatives, USAID representatives, Kenyan hospitals representatives and USAID Project Representatives like the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) Project, Health Policy Project and Strengthening Health Outcomes through the Private Sector (SHOPS) Project *Attendees' institution*: Ministry of Public Health and Sanitation, INGO, UN, USAID, Kenyan hospital systems *Attendees' sex*: 75 females, 175 males (estimate) *Name of event*: Reflections on the Framework Convention on Tobacco Control (FCTC) Negotiations: Lessons for Future Global Health Governance *Type of event*: Roundtable *Date of event*: March 5, 2013 *Country where event took place (or virtual)*: New York, NY, USA *LMG topic presented*: LMG and Global Health Governance *Sponsor of event*: Council on Foreign Relations *Total number of attendees*: 22 *Type of attendee*: INGO representatives, Foundation representatives,	

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				University representatives *Attendees' institution*: INGOs, Foundations, Universities *Attendees' sex*: 10 females, 12 males (estimate) *Name of event*: Women Deliver Conference *Type of event*: Conference *Date of event*: May 28 – 20, 2013 *Country where event took place (or virtual)*: Kuala Lumpur, Malaysia *LMG topic presented*: Women deliver as those who manage, lead, and govern for health *Sponsor of event*: Women Deliver *Total number of attendees*: 5000, 30 at panel *Type of attendee*: Government representatives, CSO representatives, Implementing organization representatives, Women-led organization representatives *Attendees' institution*: Governments, CSOs, Implementing organizations, Women-led organizations *Attendees' sex*: 20 females, 10 males (estimate) *Name of event*: Defining the Enabling Environment for High Impact Practices (HIPS) in Family Planning *Type of event*: Meeting *Date of event*: June 6 – 7, 2013 *Country where event took place (or virtual)*: New York, NY, USA *LMG topic presented*: Leadership and governance in HIPS *Sponsor of event*: High Impact Practices in Family Planning Technical Advisory Group *Total number of attendees*: 25 *Type of attendee*: Implementing organization representatives *Attendees' institution*: Implementing organizations *Attendees' sex*: 15 females, 10 males (estimate) *Name of event*: International Best Practices (IBP) Consortium Meeting *Type of event*: Meeting *Date of event*: June 11 – 13, 2013 *Country where event took place (or virtual)*: Washington, DC *LMG topic presented*: The Guide to Fostering Change to Scale Up	

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Effective Health Services *Sponsor of event*: International Best Practices Consortium *Total number of attendees*: 50 *Type of attendee*: Implementing organization representatives *Attendees' institution*: Implementing organizations *Attendees' sex*: 30 females, 20 males (estimate) *Name of event*: Association of University Programs in Health Administration (AUPHA) Annual Meeting *Type of event*: Meeting *Date of event*: June 19 – 22, 2013 *Country where event took place (or virtual)*: Monterey, California *LMG topic presented*: Leadership by Design, not Default *Sponsor of event*: AUPHA *Total number of attendees*: 73 *Type of attendee*: Implementing organization representatives *Attendees' institution*: Implementing organizations *Attendees' sex*: 32 females, 41 males *Name of event*: WHO mHealth Scale-up UN EWEC IWG Catalytic mHealth Scale-up Grants DC Technical Workshop *Type of event*: Workshop *Date of event*: November 30 – December 1, 2012 *Country where event took place (or virtual)*: USA *LMG topic presented*: Fostering Change for Senior mHealth Leaders *Sponsor of event*: WHO *Total number of attendees*: 20 *Type of attendee*: mHealth Leaders *Attendees' institution*: NGOs, University *Attendees' sex*: 9 females, 11 males *Name of event*: WHO mHealth Scale-up UN EWEC IWG Catalytic mHealth Scale-up Grants DC Technical Workshop *Type of event*: Workshop *Date of event*: December 6 – 8, 2012 *Country where event took place (or virtual)*: USA *LMG topic presented*: Fostering Change for Senior mHealth Leaders	

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Sponsor of event: WHO *Total number of attendees*: 19 *Type of attendee*: mHealth Leaders *Attendees' institution*: NGOs, University *Attendees' sex*: 12 females, 7 males *Name of event*: Medic Mobile SimApp Demonstration *Type of event*: Training *Date of event*: June 19, 2013 *Country where event took place (or virtual)*: Nigeria *LMG topic presented*: Medic Mobile SimApp for LDP+ data collection *Sponsor of event*: ProACT Nigeria, MSH Nigeria & Medic Mobile *Total number of attendees*: 12 *Type of attendee*: Middle to Senior Management *Attendees' institution*: MOH Nigeria, HELP, Living Care Foundation, SMOH, MXE Sacco, CISHAW, Medic Mobile, MSH Nigeria *Attendees' sex*: 3 females, 9 males *Name of event*: Training of Experts *Type of event*: Training *Date of event*: July 1 – 5, 2012 *Country where event took place (or virtual)*: Washington, DC *LMG topic presented*: WSTP and stakeholder alignment *Sponsor of event*: USAID and WHO *Total number of attendees*: 31 *Type of attendee*: CSO staff, university faculty, *Attendees' institution*: educational institutions, CSOs, INGOs multilateral organization *Attendees' sex*: 17 females, 14 males *Name of event*: ECSA Best Practices Forum *Type of event*: Conference *Date of event*: August 14 – 17, 2012 *Country where event took place (or virtual)*: Arusha, Tanzania *LMG topic presented*: Fostering Change for Scale Up *Sponsor of event*: ECSA-HC *Total number of attendees*: 200 (estimate)	

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Type of attendee: MOH Staff, INGO staff, CSO staff, USAID representatives *Attendees' institution*: MOH, INGO, CSOs, donor agencies *Attendees' sex*: 85 females, 115 males (estimate) *Name of event*: Future Directions in Wheelchair Service Provision *Type of event*: Stakeholder Meeting *Date of event*: August 23 – 24, 2012 *Country where event took place (or virtual)*: Washington, DC *LMG topic presented*: Challenge model, stakeholder alignment, visioning *Sponsor of event*: USAID and WHO *Total number of attendees*: 29 *Type of attendee*: Senior staff from: INGOs, CSOs, multi-lateral organization, academic institution *Attendees' institution*: INGOs, CSOs, multi-lateral, academic institution *Attendees' sex*: 5 females, 24 males *Name of event*: Ponseti International Global Clubfoot Symposium *Type of event*: Symposium *Date of event*: October 3 – 5, 2012 *Country where event took place (or virtual)*: Iowa, USA *LMG topic presented*: Leading Change *Sponsor of event*: PIA *Total number of attendees*: 197 *Type of attendee*: Clinicians, INGO staff, CSO staff, staff from academic institutions *Attendees' institution*: INGOs, CSOs, academic institutions, hospitals, professional associations *Attendees' sex*: 65 females, 132 males *Name of event*: First Global Leadership of Clubfoot Care Meeting *Type of event*: Network meeting *Date of event*: January 22 – 24, 2013 *Country where event took place (or virtual)*: Washington, DC *LMG topic presented*: Stakeholder alignment, visioning *Sponsor of event*: USAID	

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Total number of attendees: 10 *Type of attendee*: INGO staff, clinician, CSO staff *Attendees' institution*: INGOs, hospitals, CSOs *Attendees' sex*: 4 females, 6 males *Name of event*: Second Global Leadership of Clubfoot Care Meeting *Type of event*: Network meeting *Date of event*: May 9 – 10, 2013 *Country where event took place (or virtual)*: Washington, DC *LMG topic presented*: Stakeholder alignment, visioning *Sponsor of event*: USAID *Total number of attendees*: 9 *Type of attendee*: INGO staff, clinician, CSO staff *Attendees' institution*: INGOs, hospitals, CSOs *Attendees' sex*: 3 females, 6 males *Name of event*: IBP Consortium Semi-Annual Meeting *Type of event*: Network Meeting *Date of event*: December 5 – 7, 2012 *Country where event took place (or virtual)*: Bethesda, MD, USA *LMG topic presented*: Scaling Up of Effective FPRH Practices *Sponsor of event*: IBP *Total number of attendees*: 88 *Type of attendee*: INGO staff, donor agency staff, regional organization staff *Attendees' institution*: INGOs, donor agencies, regional organizations *Attendees' sex*: 61 females, 27 males *Name of event*: IBP Consortium Semi-Annual Meeting *Type of event*: Network Meeting *Date of event*: June 11 – 13, 2013 *Country where event took place (or virtual)*: Washington, DC, USA *LMG topic presented*: Scaling Up of Effective FPRH Practices *Sponsor of event*: IBP *Total number of attendees*: 65 *Type of attendee*: INGO staff, donor agency staff *Attendees' institution*: INGOs, donor agencies	

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Attendees' sex: 54 females, 18 males *Name of event*: Regional Workshop to Review Progress Made in Fostering Change Projects in the ECSA Region *Type of event*: Workshop *Date of event*: April 22 – 26, 2013 *Country where event took place (or virtual)*: Zimbabwe *LMG topic presented*: Developing a Scaling-Up Strategy *Sponsor of event*: IBP Initiative *Total number of attendees*: 90 *Type of attendee*: MOH staff, USAID, regional organization staff, multi-lateral staff, students *Attendees' institution*: MOH, USAID, regional organizations, multi-lateral, academic institution *Attendees' sex*: 71 females, 19 males *Name of event:* Clubfoot Champions Stakeholder Meeting *Type of event:* Stakeholder Meeting *Date of event:* June 21, 2013 *Country where event took place (or virtual)*: Nigeria *LMG tool/model/approach used*: SWOT Analysis *Sponsor of event: USAID* *Total number of attendees:* 9 *Type of attendee:* Clinicians, PIA field representatives *Attendees institution*: PIA and Nigeria's Sustainable Clubfoot Childcare Program *Attendees' sex*: 9 males *Name of event*: Provincial Health Advisers' Quarterly Workshop *Type of event*: Workshop *Date of event*: April 23, 2013 *Country where event took place (or virtual)*: Afghanistan *LMG topic presented*: Provincial and district health governance *Sponsor of event*: LMG Project *Total number of attendees*: 13 *Type of attendee*: Provincial Health Advisers *Attendees' institution*: MSH	

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Attendees' sex: 3 females, 10 males *Name of event*: Provincial and District Health Governance Workshop for Wardak Province *Type of event*: Workshop *Date of event*: April 2 - 3, 2013 *Country where event took place (or virtual)*: Afghanistan *LMG topic presented*: Provincial and district health governance *Sponsor of event*: LMG Project *Total number of attendees*: 20 *Type of attendee*: Provincial and district health officials and members of provincial and district public health coordination committees *Attendees' institution*: Ministry of Health, Government of Islamic Republic of Afghanistan *Attendees' sex*: 3 females, 17 males *Name of event*: Provincial and District Health Governance Workshop for Khost Province *Type of event*: Workshop *Date of event*: April 9 - 10, 2013 *Country where event took place (or virtual)*: Afghanistan *LMG topic presented*: Provincial and district health governance *Sponsor of event*: LMG Project *Total number of attendees*: 20 *Type of attendee*: Provincial and district health officials and members of provincial and district public health coordination committees *Attendees' institution*: Ministry of Health, Government of Islamic Republic of Afghanistan *Attendees' sex*: 2 females, 18 males *Name of event*: Provincial and District Health Governance Workshop for Herat Province *Type of event*: Workshop *Date of event*: April 15 - 16, 2013 *Country where event took place (or virtual)*: Afghanistan *LMG topic presented*: Provincial and district health governance *Sponsor of event*: LMG Project	

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Total number of attendees: 33 *Type of attendee*: Provincial and district health officials and members of provincial and district public health coordination committees *Attendees' institution*: Ministry of Health, Government of Islamic Republic of Afghanistan *Attendees' sex*: 1 female, 32 males *Name of event*: District Health Governance Workshop *Type of event*: Workshop *Date of event*: April 6 -7, 2013 *Country where event took place (or virtual)*: Afghanistan *LMG topic presented*: District health governance *Sponsor of event*: LMG Project *Total number of attendees*: 14 *Type of attendee*: District health officials and members of district public health coordination committees *Attendees' institution*: Ministry of Health, Government of Islamic Republic of Afghanistan *Attendees' sex*: 14 males *Name of event*: Afghan Midwifery Association Annual Congress *Type of Event*: Annual Congress Congress/conference *LMG topic presented*: LDP introduction and key achievement presentation by AMA chapters' executive board members. *Date*: April 20 – 30, 2013 *Sponsor of event*: Cordaid, UNFPA, Afghan Pharma, UNICEF, *Total Numbers of Attendees*: 800 *Type of attendee*: CSO staff, MoPH staff, donors, media, technical agencies *Attendees' institution*: Afghan Midwifery Association, MoPH, CoRDAID (Basic Package of Health implementing NGOs and UNFPA) *Attendees' sex*: 750 female, 50 male *Name of event*: First National Conference on Health Leadership, Management and Governance *Type of event*: Regional Conference *Date of event*: January 29 – February 1, 2013	

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Country where event took place (or virtual): Nairobi, Kenya *LMG topics presented*: 1. The role of senior leadership (CEOs) in the improvement of health services in hospitals and provision of resources for hospitals; 2. Team presentation of the practical successes of LMG in Kenya in the health sector in Kenya; 3. Building LMG's specialized capacity and training programs (high academic ranks) in the institutes of Kenya; 4. Regional conversations on the joint LMG program development among the relevant regional countries; 5. Role of leadership at all levels of leadership for the development and improvement of health services; 6. Role of LMG in community participation; 7. Hospital governance in the devolved health system; 8. Technology innovation for better health management; 9. Overview of Kenya Institute for Health System Management (KIHSM) *Sponsor of event*: Ministry of Public Health of Kenya, with technical and financial assistance of USAID, JICA, GIZ, German Cooperation, UNFPA, UNICEF and DANIDA *Total number of attendees*: 250 *Type of attendee*: First line health leaders and managers from Kenya MoH; representatives from Kenya's Vision 2030; donors; UN officials; Ministry (or former Ministry) Officials from Ghana, Tanzania, and Ethiopia; CSOs; delegates from Ethiopia and Afghanistan *Attendees' institution*: CSOs, MOH, donors, UN *Attendees' sex*: 125 females, 125 males (estimate) *Name of event*: LDP Stakeholder Alignment Meeting *Type of event*: Meeting *Date of event*: April 13, 2013 *Country where event took place (or virtual)*: Libya *LMG topic presented*: Importance of leadership development and introduction to the LDP *Sponsor of event*: LMG	

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Total number of attendees: 21 *Type of attendee*: USG Officials (Charge d'Affaires, USAID program managers), public sector employees (Deputy Ministers as well as Ministry management staff) *Attendees' institution*: US Embassy, USAID, European Union (EU), Ministry of Health, Ministry of War Wounded Affairs, Ministry of Defense, Ministry of Higher Education *Attendees' sex*: 6 females, 15 males *Name of event*: PEPFAR-VAAC Joint Planning Team Review *Type of event*: Meeting *Date of event*: April 10, 2013 *Country where event took place (or virtual)*: Vietnam *LMG topic presented*: Review of the provincial joint planning process *Sponsor of event*: PEPFAR Coordination Office - Vietnam *Total number of attendees*: 50 *Type of attendee*: PIAT, VAAC , OGAC, LMG-TSP staff *Attendees' institution*: VAAC, OGAC, PEPFAR, LMG-TSP *Attendees' sex*: 25 females, 25 males (estimate) *Name of event*: Financing of AIDS, TB and Malaria programs under Universal Health Coverage *Type of event*: Regional Workshop *Date of event*: April 17 – 18, 2013 *Country where event took place (or virtual)*: Indonesia *LMG topic presented*: Sustainable financing for HIV and AIDS in Vietnam *Sponsor of event*: Indonesia Ministry of Health *Total number of attendees*: 47 *Type of attendee*: USAID, CDC, UNAIDS, GIZ, MSH, MOH, LMG-TSP staff *Attendees' institution*: USAID, CDC, UNAIDS, GIZ, MSH, MOH, LMG-TSP *Attendees' sex*: 19 females, 28 males (estimate) *Name of event*: International AIDS Society Conference *Type of event*: International Conference *Date of event*: June 30, 2013 *Country where event took place (or virtual)*: Malaysia	

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				LMG topic presented: ARV financing for a satellite session held by USAID *Sponsor of event*: AbbVie, Bristol-Myer Squibb, GILEAD, MDS, ViiV Healthcare *Total number of attendees*: 75 (estimate) *Type of attendee*: International organization and government staff *Attendees' institution*: USAID, MOH, VAAC, MSH *Attendees' sex*: 38 females, 37 males (estimate)	
	1.4c: # of leadership, management, and governance advocacy materials developed and disseminated with USAID, global practitioners, and other key stakeholders.	3	10	*Title of LMG advocacy material developed and disseminated:* *Channel and mode of dissemination/distribution:* *Targeted audience:* *Title of LMG advocacy material developed and disseminated*: Women Leaders Deliver *Channel and mode of dissemination/distribution*: Women Deliver 2013 Conference Events and LMG Website *Targeted audience*: Women-led networks, Conference Attendees, Website Visitors *Title of LMG advocacy material developed and disseminated*: Women Parliamentarian Video Interview with Ruth Nvumetta Kavuma *Channel and mode of dissemination/distribution*: Women Deliver 2013 Conference, LMG YouTube Page, LMG Social Media Channels *Targeted audience*: Health Leaders, Stake holders, Conference Attendees *Title of LMG advocacy material developed and disseminated*: eManager Promotional Notecard *Channel and mode of dissemination/distribution*: Women Deliver 2013 Conference Events and LMG Website *Targeted audience*: Women-led networks, Conference attendees, Website Visitors *Title of LMG advocacy material developed and disseminated*: LMG Social Media Promotional Notecard *Channel and mode of dissemination/distribution*: Partner Organizations,	15

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Events and meetings around DC, Women Deliver 2013 Conference Events and LMG Website *Targeted audience*: Coordinating Agencies, key stakeholders, Women-led networks, Conference Attendees, Website Visitors *Title of LMG advocacy material developed and disseminated*: LDP/Plus Promotional Notecard *Channel and mode of dissemination/distribution*: Partner Organizations, Events and meetings around DC, Women Deliver 2013 Conference Events and LMG Website *Targeted audience*: Health leaders in sub-Saharan Africa, Conference Attendees, Website Visitors Title of LMG advocacy material developed and disseminated: LMG Fact Sheet in three languages (English, Dari, and Pashto) and posters Channel and mode of dissemination/distribution: Through Afghanistan provincial health system strengthening consultants and provincial health coordination committee meetings Target audience: provincial stakeholders i.e. provincial health directorate, NGOs, Provincial offices of UN agencies and other relevant sectors in the provinces *Title of LMG advocacy material developed and disseminated*: Ethiopia Fact Sheets *Channel and mode of dissemination/distribution*: Ethiopia Ministry of Health *Targeted audience*: Government representatives and stakeholders *Title of LMG advocacy material developed and disseminated*: Pull-up Poster for LMG Libya Activities *Channel and mode of dissemination/distribution*: Libya Ministry of Health, Ministry of Social Affairs, and Ministry of War Wounded Affairs trainings, meetings, and events. *Targeted audience*: Government representatives and stakeholders *Title of LMG advocacy material developed and disseminated*: "Transition Forward" Perspectives Papers – Issue 1	

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Channel and mode of dissemination/distribution: PDF by email and printed by post to stakeholders *Targeted audience*: Stakeholders in the transition of Vietnam's HIV and AIDS response to greater country ownership and sustainability, including Government of Vietnam, US Government and implementing partners, donor institutions, and civil society organizations, including organizations for people living with HIV and AIDS *Title of LMG advocacy material developed and disseminated*: "Communication and Knowledge Exchange Assessment Report" *Channel and mode of dissemination/distribution*: PDF by email to stakeholders *Targeted audience*: Stakeholders in the transition of Vietnam's HIV and AIDS response to greater country ownership and sustainability	
	1.4d: Total # of site visits on LMG web portal.	0	6,352	Total number of site visits = 6,352	5,500
	1.4e: % of new and returning visitors on LMG web portal.	0	45.8% new/ 54.2% returning	% new / % returning visitors = 45.8% new / 54.2% returning	60% new / 40% returning
	1.4f: # of likes on the LMG Facebook page	0	263	Total number of likes = 263	290
	1.4g: # of followers of LMG on Twitter	0	163	Total number of followers = 163	170
	1.4h: # of views of LMG videos on YouTube	0	1,947	Total number of video views = 1,947	2,250

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
2.1: Tools, models, and approaches for sustainable leadership, management, and governance identified, improved, and evaluated.	2.1a: # of current tools, models, and approaches assessed to determine gaps for further improvement.	4	3	*Name of tool/model/approach assessed*: *Brief description of gaps identified*: *Country*: *Name of tool/model/approach assessed*: Generic Leadership, Management, and Governance Curriculum: Pre-Service Training *Brief description of gaps identified*: This curriculum provides adaptable leadership, management, and governance training for modular learning in pre-service educational programs. In PY2, the curriculum was reviewed, and gaps in external technical resources were identified. Additional technical resources were added and cited throughout the curriculum in order to broaden its use and appeal to international pre-service institutions. The curriculum was designed and edited by an experienced curriculum designer in order to improve its professional presentation and effective delivery. *Name of tool/model/approach assessed*: Generic Leadership, Management, and Governance Curriculum: In-Service Training *Brief description of gaps identified*: This curriculum provides adaptable leadership, management, and governance training for modular learning in-service training programs. In PY2, the curriculum was reviewed, and gaps in external technical resources were identified. Additional technical resources were added and cited throughout the curriculum in order to broaden its use and appeal to international in-service institutions. The curriculum was designed and edited by an experienced curriculum designer in order to improve its professional presentation and effective delivery. *Name of tool/model/approach assessed*: OCAT tool *Brief description of gaps identified*: report attached *Country*: Ethiopia	8

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
	2.1b: # of LMG current tools, models, and/or approaches adapted or improved and field-tested, disaggregated by focus area.	0	4	*Name of tool/model/approach adapted/improved and field tested*: *Focus area*: *Country where field test took place*: *Name of tool/model/approach adapted/improved and field tested*: Guide to Fostering Change to Scale Up Effective Health Services *Focus area*: Scaling up Effective Health Services *Country where field test took place*: Zimbabwe *Name of tool/model/approach adapted/improved and field tested*: Leadership, Management and Governance Orientation package for MoPH employees *Focus area*: Understanding of LMG concepts and their importance in strengthening the health system *Country where field test took place*: Afghanistan *Name of tool/model/approach adapted/improved and field tested*: The MOST assessment tool *Focus area*: Leadership, Management and Governance *Country where field test took place*: Ethiopia *Name of tool/model/approach adapted/improved and field tested*: K4Health Guide for Conducting Health Information Needs Assessments *Focus area*: Communications and Knowledge Exchange around transition of the HIV and AIDS response to greater country ownership *Country where field test took place*: Vietnam	3 or more
	2.1c: # of new LMG tools, models, and/or approaches created and field-tested, disaggregated by focus area.	0	12	*Name of tool/model/approach created and field tested*: *Focus area*: *Country where field test took place*: *Name of tool/model/approach created and field tested*: LDP+ *Focus area*: Team-based leadership development and performance improvement	3 or more

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Country where field test took place: Nigeria *Name of tool/model/approach created and field tested*: Senior Leadership Program (SLP) *Focus area*: Team-based senior-level leadership development, governance, and strategic problem solving *Country where field test took place*: Rwanda *Name of tool/model/approach created and field tested*: LDP+ Mobile Application *Focus area*: Data collection for monitoring and evaluation *Country where field test took place*: Nigeria *Name of tool/model/approach created and field tested*: Wheelchair Service Training Package (WSTP) Management Module *Focus area*: Stakeholder engagement *Country where field test took place*: India *Name of tools/model/approach created and field tested*: Data Quality Assessment Tools *Focus area*: Improve data quality at health service delivery points and reporting levels, improve data use at health facility level, and assess definitions used by health service providers at health facilities *Country where field test took place*: Afghanistan *Name of tools/model/approach created and field tested*: A Provincial Public Health Coordination Committee (PPHCC) governance guide was developed. The PPHCC governance guide piloted in Herat, Wardak and Khost provinces. *Focus area*: The PPHCC guide was developed to strengthen the governance practices in the PPHCC. *Country*: Afghanistan *Name of tools/model/approach created and field tested*: A District Health	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Coordination Committee (DHCC) governance guide was developed. The DHCC guide was piloted in 11 Districts of 7 provinces, including Kabul, Wardak, Khost, Faryab, Takhar, Helmand and Kandahar provinces. *Focus area*: The DHCC guide was developed to strengthen the governance practices in the DHCC. *Country*: Afghanistan *Name of tools/model/approach created and field tested*: One Provincial Public Health Officers' Core Functions and tasks monitoring checklist was developed. The M&E checklist was field tested in Kabul, Wardak and Kapisa province. *Focus area*: The monitoring checklist was developed for Provincial liaison directorate staff to monitor provincial public health office staff. This checklist includes variables based on Core Functions and tasks of provincial public health officers. *Country*: Afghanistan *Name of tool/model/approach created and field tested*: LDP Status Assessment Tool, LDP site coaching checklist *Focus area*: Leadership and Management *Country where field test took place*: Afghanistan *Name of tool/model/approach created and field tested*: Health Shura Guide *Focus area*: Leadership development and governance *Country where field test took place*: Afghanistan *Name of tool/model/approach created and field tested*: Rehabilitation Center Administration training modules *Focus area*: Management *Country where field test took place*: Libya *Name of tool/model/approach created and field tested*: HIV and AIDS	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				program mapping tool, including Human Resources for Health database of health workers supported through PEPFAR funding *Focus area*: HIV and AIDS *Country where field test took place*: Vietnam	
2.2: Impact evaluation of leadership, management, and governance approaches conducted and results published in peer reviewed journals and disseminated widely including to USAID staff and Missions.	2.2a: # of operations research studies, evaluations, or case studies assessing the effects of LMG interventions on health service delivery or health systems performance completed, disaggregated by type of study and focus country.	0	0	*Title of study or evaluation report*: *Date of submission to USAID staff or Mission*: *Type of study*: *Country(ies) of focus*:	5
	2.2b: # of abstracts or papers submitted to international conferences and peer reviewed journals.	0	2	*Name of study and title of abstract or paper submitted*: *Name of conference or journal to which abstract or paper was submitted*: *Who sponsored the conference*: *Location and dates of conference*: *Date of submission of abstract or paper*: *Name of study and title of abstract or paper submitted*: Building a Fully Functioning Health Information System to Support and Monitor the Development of the Afghan Health System *Name of conference or journal to which abstract or paper was submitted*: Global Public Health journal *Date of submission of abstract or paper*: January 2013 *Name of study and title of abstract or paper submitted*: Options and Challenges for the Financial Sustainability of Antiretroviral Medicines in Low and Middle Income Countries *Name of conference or journal to which abstract or paper was submitted*: International AIDS Society Conference *Who sponsored the conference*: abbvie, Bristol-Myer Squibb, GILEAD, MDS, ViiV healthcare *Location and dates of conference*: Malaysia, June 30 – July 3, 2013	2

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Date of submission of abstract or paper: June 19, 2013	
	2.2c: # of abstracts or papers accepted and/or published by international conferences and peer reviewed journals.	0	1	*Name of study and title of abstract or paper accepted/published*: *Name of conference or journal at/to which abstract or paper was accepted/published*: *Who sponsored the conference*: *Location and dates of conference*: *Date of acceptance/publication of abstract or paper*: *Name of study and title of abstract or paper accepted/published*: Options and Challenges for the Financial Sustainability of Antiretroviral Medicines in Low and Middle Income Countries *Name of conference or journal at/to which abstract or paper was accepted/published*: International AIDS Society Conference/A Satellite session on *Sustaining ARV Supply and Management Systems in Low and Middle Income Countries: Sharing Models from Asia* *Who sponsored the conference*: USAID *Location and dates of conference*: Malaysia, June 30 – July 3, 2013 *Date of acceptance/publication of abstract or paper*: July 1, 2013	1
2.3: Indicators for supporting country-led leadership, management, and governance processes and capacity building developed and tracked.	2.3a: # of global agencies, governments, donors, and non-profit sector partners reached to seek input in the indicator revision process.	0	0	*Name*: *Type of institution*:	0
	2.3b: # of leadership, management, and governance indicators developed or revised for strengthening health systems.	0	0	*Total number of indicators developed*: *Total number of indicators revised*:	
	2.3c: Menu of harmonized indicators for Leadership,	0	0		0

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
	Management, and Governance capacity development developed in coordination with global agencies, governments, donors, and non-profit partners.				
Result 3: Implement and scale up innovative, effective, and sustainable leadership, management, and governance programs.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
3.1: Proven leadership, management, and governance tools, models, and innovative approaches for sustainable health care systems scaled up, tested, and impact on health systems and health outcomes documented.	3.1a: # of teams and individuals trained by LMG staff using LMG tools, models, approaches, and/or in-service curricula, disaggregated by management level, type of organization, and country, and individuals disaggregated by sex.	5	159	*Number of teams trained:* *Name of organization*: *LMG tool/model/approach used*: *Country*: *Sex*: *Management level*: *Type of organization*: *Funding source*: *Number of teams trained*: 1 *Name of organization*: Family Health Options Kenya (FHOK) *LMG tool/model/approach used*: Non–US Organization Pre-Award Survey (NUPAS) tool *Country*: Kenya *Sex*: 11 females, 12 males *Management level*: 8 junior, 8 mid, 7 senior *Type of organization*: Local CSO *Funding source*: LMG Core *Number of teams trained*: 1 *Name of organization*: Planned Parenthood Association of Ghana (PPAG) *LMG tool/model/approach used*: Non–US Organization Pre-Award Survey (NUPAS) tool *Country*: Ghana *Sex*: 7 females, 9 males *Management level*: 11 junior, 3 mid, 2 senior *Type of organization*: Local CSO	90

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Funding source: LMG Core *Number of teams trained*: 10 *Name of organization*: Gwagwalada Council Health Facilities (Old Kutunko, Dagiri, Angwan Do, Tungan Maje, Paiko, Gwako, Zuba, Ibwa, Yimi, Township) *LMG tool/model/approach used*: LDP+ *Country*: Nigeria *Sex*: 11 females, 9 males *Management level*: 11 mid-level, 9 junior *Type of organization*: MOH *Funding source*: PRH *Number of teams trained*: 1 *Name of Organization:* Gwagwalada Oversight Team *LMG tool/model/approach used:* LDP+ (Training of Oversight Team) *Country*: Nigeria *Sex*: 5 females, 7 males *Management level*: 10 senior *Type of Organization(s):* MOH and CSO *Funding source:* PRH *Number of teams trained*: 1 *Name of organization*: Kibogora University *LMG tool/model/approach used*: VLDP *Country*: Rwanda *Sex*: 1 female, 4 males *Management level*: 3 senior, 2 mid-level *Type of organization*: university *Funding source*: PRH *Number of teams trained*: 1 *Name of organization*: AMREF *LMG tool/model/approach used*: VLDP	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Country: Kenya *Sex*: 2 females, 4 males *Management level*: 6 mid-level *Type of organization*: Training Institution *Funding source*: PRH *Number of teams trained*: 1 *Name of Organization:* Damanhour University *LMG tool/model/approach used*: VLDP *Country*: Egypt *Sex*: 6 females *Management level*: 1 senior, 3 mid-level, 2 junior *Type of organization*: University *Funding source*: PRH *Number of teams trained*: 1 *Name of Organization:* Haramaya University *LMG tool/model/approach used*: VLDP *Country*: Ethiopia *Sex*: 1 female, 7 males *Management level*: 1 senior, 2 mid, 5 junior *Type of organization*: university *Funding source*: PRH *Number of teams trained*: 1 *Name of Organization:* Jimma University *LMG tool/model/approach used*: VLDP *Country*: Ethiopia *Sex*: 4 males *Management level*: 1 senior, 2 mid-level, 1 junior *Type of organization*: university *Funding source*: PRH *Number of teams trained*: 1	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Name of Organization: Kenya Medical Training College (KMTC) *LMG tool/model/approach used*: VLDP *Country*: Kenya *Sex*: 3 females, 7 males *Management level*: 10 mid-level *Type of organization*: college *Funding source*: PRH *Number of teams trained*: 1 *Name of Organization:* Obafemi Awolowo University *LMG tool/model/approach used*: VLDP *Country*: Nigeria *Sex*: 4 females, 6 males *Management level*: 1 senior, 9 mid-level *Type of organization*: university *Funding source*: PRH *Number of teams trained*: 1 *Name of Organization:* Regina Pacis University *LMG tool/model/approach used*: VLDP *Country*: Kenya *Sex*: 3 females, 1 male *Management level*: 1 senior, 2 mid-level, 1 junior level *Type of organization*: university *Funding source*: PRH *Number of teams trained*: 1 *Name of Organization:* Rwamagana School of Nursing and Midwifery (RSNM) *LMG tool/model/approach used*: VLDP *Country*: Rwanda *Sex*: 5 females, 5 males *Management level*: 1 senior, 4 mid-level, 5 junior *Type of organization*: university	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Funding source: PRH *Number of teams trained*: 1 *Name of Organization:* Universitas Indonesia *LMG tool/model/approach used*: VLDP *Country*: Indonesia *Sex*: 6 females, 5 males *Management level*: 11 mid-level *Type of organization*: university *Funding source*: PRH *Number of teams trained*: 5 *Name of organization*: Rwanda MOH (Public Hospitals, including: Kigeme, Kibungo, Ruhengeri, Kinihira, Ruli, Masaka, Buturo, Mugonero, Remera Rukuma, Gitwe, Kabaya, Ngarama, Bushenye, Ruhango, Munini, Kaduha, Kirinda, Nemba, Kabgayi, Nyanza, Murunda, Gahini, Kibogara, Rwinkwava, Gakoma, and Gihundwe) *Type of Organization*: MOH *Country:* Rwanda *Sex:* 5 females, 25 males *LMG Tool/model/approach:* SLP *Source of Funding:* PRH *Number of teams trained*: 1 *Name of Organization:* National University of Rwanda School of Public Health (NURSPH) *Type of Organization:* university *Participants:* 5 *Sex:* 2 females, 3 males *LMG Tool/model/approach:* SLP *Country:* Rwanda *Source of Funding:* PRH *Number of teams trained*: 4	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Name of Institution: IPPF Learning Centers *LMG tool/model/approach used*: Managers who Lead, Challenge Model, L+M+G Practices *Sex*: 5 females, 4 males *Number of Teams*: 1 *Management level*: 6 senior-level, 3 mid-level *Type of organization*: International NGO *Country*: Cameroon, Uganda, Ghana *Funding source*: PRH *Number of teams trained*: 1 *Name of organization:* AMREF, Africa Health Leadership and Management Network (AHLMN), MOH, Daystar University, Ghana Health Service, ECSA-HC, University of Gondar, Uganda Christian University, Prayog Supplies, Provincial Medical Office, independent consultant *LMG tool/model/approach:* Leadernet Seminar on Governance and Network Strengthening *Sex:* 6 females, 10 males *Management Level:* 7 senior- level, 6 mid-level, 3 junior-level *Country*: Global *Funding Source*: PRH *Number of teams trained*: 5 *Name of organization*: ECSA-HC *LMG tool/model/approach used*: Systematic Scale-Up for Fostering Change *Sex*: 14 females, 3 males *Country*: Zimbabwe *Management level*: senior-level *Type of organization*: regional network *Funding source*: PRH Core *Number of teams trained*: 1 *Name of organization*: MIUSA	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				LMG tool/model/approach used: Action Planning *Country*: USA *Sex*: 4 females *Management level*: 2 senior, 2 mid-level *Type of organization*: CSO *Funding source*: DCHA *Number of teams trained*: 1 *Name of organization*: ECSA-HC *LMG tool/model/approach used*: Action Planning *Country*: USA *Sex*: 4 females *Management level*: 2 senior, 2 mid-level *Type of organization*: regional network *Funding source*: DCHA *Number of teams trained*: 1 *Name of organization*: Future Directions in Wheelchair Service Provision Workshop *LMG tool/model/approach used*: Challenge Model *Country*: USA *Sex*: 10 females, 17 males *Management level*: 26 senior managers, 1 mid-level manager *Type of organization*: CSO network *Funding source*: DCHA *Number of teams trained*: 1 *Name of organization*: RCT Empathy (CVT in-country partner) *LMG tool/model/approach used*: Strategic Pathway *Country*: Georgia *Sex*: 13 females, 6 males *Management level*: 8 senior level managers, 11 mid-level managers *Type of organization*: CSO *Funding source*: DCHA	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Number of teams trained: 1 *Name of organization*: RCVT Memoria (CVT in-country partner) *LMG tool/model/approach used*: Strategic Planning *Country*: Moldova *Sex*: 9 females, 5 males *Management level*: 7 senior, 3 mid, 4 junior *Type of organization*: CSO *Funding source*: DCHA *Number of teams trained*: 1 *Name of organization*: Survivors Associated (CVT in-country partner) *LMG tool/model/approach used*: Challenge Model *Country*: Sri Lanka *Sex*: 7 females, 3 males *Management level*: 6 senior, 2 mid-level, 1 junior *Type of organization*: CSO *Funding source*: DCHA *Number of teams trained*: 1 *Name of organization*: Restart (CVT in-country partner) *LMG tool/model/approach used*: Strategic Pathway *Country*: Lebanon *Sex*: 14 females, 2 males *Management level*: 4 senior, 12 mid-level *Type of organization*: CSO *Funding source*: DCHA *Number of teams trained*: 1 *Name of organization*: Liberian Association for Psycho-social Services (CVT in-country partner) *LMG tool/model/approach used*: Strategic Pathway *Country*: Liberia *Sex*: 1 female, 5 males	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Management level: 1 senior, 4 mid-level, 1 junior *Type of organization*: CSO *Funding source*: DCHA *Number of teams trained*: 1 *Name of organization*: Community Association for Psycho-social Services (CVT in-country partner) *LMG tool/model/approach used*: Strategic Pathway *Country*: Sierra Leone *Sex*: 1 female, 7 males *Management level*: 3 senior, 5 mid-level *Type of organization*: CSO *Funding source*: DCHA *Number of teams trained*: 1 *Name of organization*: Viva Zene (CVT in-country partner) *LMG tool/model/approach used*: Strategic Pathway *Country*: Bosnia *Sex*: 19 females *Management level*: 7 senior, 12 mid-level *Type of organization*: CSO *Funding source*: DCHA *Number of teams trained*: 1 *Name of organization*: ICRC *LMG tool/model/approach used*: SLP Orientation *Country*: Tanzania *Sex*: 7 males *Management level*: 7 senior *Type of organization*: CSO *Funding source*: DCHA *Number of teams trained*: 1 *Name of organization*: PIA	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				LMG tool/model/approach used: Guide to Fostering Change to Scale Up Effective Health Services *Country*: Nigeria *Sex*: 1 male *Management level*: 1 senior *Type of organization*: CSO *Funding source*: DCHA *Number of teams trained*: 2 *Name of organization*: FURWUS *LMG tool/model/approach used*: Business Planning *Country*: Nicaragua *Sex*: 5 females, 10 males *Management level*: 6 senior managers, 5 mid-level managers, 4 junior managers *Type of organization*: Physical rehabilitation center *Funding source*: DCHA *Number of teams trained*: 1 *Name of organization*: Ponseti International Association (PIA) *LMG tool/model/approach used*: Strategic Pathway *Country*: USA *Sex*: 4 females, 5 males *Management level*: 6 senior level managers, 3 mid-level managers *Type of organization*: CSO *Funding source*: DCHA *Number of teams trained*: 1 *Name of organization*: WHO mHealth Scale-up "UN EWEC IWG Catalytic mHealth Scale-up Grants DC Technical Workshop" *LMG tool/model/approach used*: Guide to Fostering Change to Scale Up Effective Health Services *Country*: USA *Sex*: 12 females, 13 males	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Management level: 17 senior-level managers, 6 mid-level managers, 2 junior-level managers *Type of organization*: CSOs *Funding source*: DCHA *Number of teams trained*: 1 *Name of organization*: National Commission for Children (NCC) *LMG tool/model/approach used*: MOST *Country*: Rwanda *Sex*: 14 females, 10 males *Management level*: 1 senior-level manager, 23 junior and mid-level employees *Type of organization*: government body *Funding source*: DCHA *Number of teams trained*: 15 *Name of organization*: MOPH/Provincial Liaison Directorate; Wardak, Herat, and Khost Provincial Public Health Coordination Committees; and 11 District Health Committees *LMG tool/model/approach used*: Governance assessment tools, PHCC and DHCC governance guides *Country*: Afghanistan *Sex*: 5 females, 98 males *Management level*: mid-level *Type of organization*: government, NGOs, and community representatives *Funding source*: LMG/Afghanistan *Number of teams trained*: 7 *Name of organization*: Seven teams from five national hospitals: Ibnisina Chest hospital (2 teams), Ibnisina Emergency hospital (1 team), Stomatology hospital (1 team), Malalai Maternity hospital (2 teams), Indira Gandhi Institute of Child health (1 team); 69 individuals in total. Plus, six teams from Afghan Midwifery Association member provinces; 18 individuals in total.	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				LMG tool/model/approach used: LDP *Country*: Afghanistan *Sex*: 41 females, 46 males *Management level*: 4 senior level, 61 mid-level, 22 junior level *Type of organization*: MoPH, AMA *Funding source*: Norwegian Aid Committee (NAC), LMG/Afghanistan *Number of teams trained*: 1 *Name of organization*: Ministry of Public Health *LMG tool/model/approach used*: SLP *Country*: Afghanistan *Sex*: 2 females, 12 males *Management level*: senior managers, including the Minister, Deputy Minister, Director Generals, and Directors *Type of organization*: MoPH *Funding source*: LMG/Afghanistan *Number of teams trained*: 1 *Name of organization*: Alliance – Cote d'Ivoire *LMG/tool/model/approach used*: MESST *Country*: Cote d'Ivoire *Sex*: 2 males *Management level*: 2 mid-level *Type of organization*: CSO *Funding source*: USAID/CI *Number of teams trained*: 1 *Name of organization*: Alliance – Cote d'Ivoire *LMG/tool/model/approach used*: MOST *Country*: Cote d'Ivoire *Sex*: 3 males *Management level*: 3 mid-level *Type of organization*: CSO *Funding source*: USAID/CI	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Number of teams trained: 1 *Name of organization*: Alliance – Cote d'Ivoire *LMG/tool/model/approach used*: Dashboard *Country*: Cote d'Ivoire *Sex*: 1 female, 1 male *Management level*: 2 mid-level *Type of organization*: CSO *Funding source*: USAID/CI *Number of teams trained*: 1 *Name of organization*: CARE *LMG/tool/model/approach used*: MESST *Country*: Cote d'Ivoire *Sex*: 2 males *Management level*: 2 mid-level *Type of organization*: NGO *Funding source*: USAID/CI *Number of teams trained*: 1 *Name of organization*: CARE *LMG/tool/model/approach used*: MOST *Country*: Cote d'Ivoire *Sex*: 4 males *Management level*: 4 mid-level *Type of organization*: NGO *Funding source*: USAID/CI *Number of teams trained*: 1 *Name of organization*: CARE *LMG/tool/model/approach used*: Dashboard *Country*: Cote d'Ivoire *Sex*: 2 males *Management level*: 2 mid-level	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Type of organization: NGO *Funding source*: USAID/CI *Number of teams trained*: 1 *Name of organization*: Caritas – Cote d'Ivoire *LMG/tool/model/approach used*: MESST *Country*: Cote d'Ivoire *Sex*: 3 males *Management level*: 3 mid-level *Type of organization*: CSO *Funding source*: USAID/CI *Number of teams trained*: 1 *Name of organization*: Caritas – Cote d'Ivoire *LMG/tool/model/approach used*: MOST *Country*: Cote d'Ivoire *Sex*: 1 female, 3 males *Management level*: 4 mid-level *Type of organization*: CSO *Funding source*: USAID/CI *Number of teams trained*: 1 *Name of organization*: Caritas – Cote d'Ivoire *LMG/tool/model/approach used*: Dashboard *Country*: Cote d'Ivoire *Sex*: 1 female, 2 males *Management level*: 3 mid-level *Type of organization*: CSO *Funding source*: USAID/CI *Number of teams trained*: 1 *Name of organization*: Programme National de Lutte contre le Paludisme *LMG/tool/model/approach used*: MESST *Country*: Cote d'Ivoire	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Sex: 2 females, 1 male *Management level*: 3 mid-level *Type of organization*: Government *Funding source*: USAID/CI *Number of teams trained*: 1 *Name of organization*: Programme National de Lutte contre le Paludisme *LMG/tool/model/approach used*: MOST *Country*: Cote d'Ivoire *Sex*: 1 female, 2 males *Management level*: 3 mid-level *Type of organization*: Government *Funding source*: USAID/CI *Number of teams trained*: 1 *Name of organization*: Programme National de Lutte contre le Paludisme *LMG/tool/model/approach used*: Dashboard *Country*: Cote d'Ivoire *Sex*: 1 female, 1 male *Management level*: 2 mid-level *Type of organization*: Government *Funding source*: USAID/CI *Number of teams trained*: 1 *Name of organization*: Programme National de Lutte contre le Tuberculose *LMG/tool/model/approach used*: MESST *Country*: Cote d'Ivoire *Sex*: 1 female, 2 males *Management level*: 3 mid-level *Type of organization*: Government *Funding source*: USAID/CI *Number of teams trained*: 1 *Name of organization*: Programme National de Lutte contre le Tuberculose	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				LMG/tool/model/approach used: MOST *Country*: Cote d'Ivoire *Sex*: 2 females, 2 males *Management level*: 4 mid-level *Type of organization*: Government *Funding source*: USAID/CI *Number of teams trained*: 1 *Name of organization*: Programme National de Lutte contre le Tuberculose *LMG/tool/model/approach used*: Dashboard *Country*: Cote d'Ivoire *Sex*: 3 females, 1 male *Management level*: 4 mid-level *Type of organization*: Government *Funding source*: USAID/CI *Number of teams trained*: 1 *Name of organization*: Programme National de la Prise En Charge médicale des personnes vivant avec le VIH *LMG/tool/model/approach used*: MESST *Country*: Cote d'Ivoire *Sex*: 1 female *Management level*: 1 mid-level *Type of organization*: Government *Funding source*: USAID/CI *Number of teams trained*: 1 *Name of organization*: Programme National de la Prise En Charge médicale des personnes vivant avec le VIH *LMG/tool/model/approach used*: MOST *Country*: Cote d'Ivoire *Sex*: 3 males *Management level*: 3 mid-level *Type of organization*: Government	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Funding source: USAID/CI *Number of teams trained*: 1 *Name of organization*: Programme National de la Prise En Charge médicale des personnes vivant avec le VIH *LMG/tool/model/approach used*: Dashboard *Country*: Cote d'Ivoire *Sex*: 3 males *Management level*: 3 mid-level *Type of organization*: Government *Funding source*: USAID/CI *Number of teams trained*: 1 *Name of organization*: Direction de l'Information de la Planification et de l'Evaluation (DIPE) *LMG/tool/model/approach used*: MESST *Country*: Cote d'Ivoire *Sex*: 1 female, 1 male *Management level*: 1 senior, 1 mid-level *Type of organization*: Government *Funding source*: USAID/CI *Number of teams trained*: 1 *Name of organization*: Direction de l'Information de la Planification et de l'Evaluation (DIPE) *LMG/tool/model/approach used*: Dashboard *Country*: Cote d'Ivoire *Sex*: 1 female, 1 male *Management level*: 1 senior, 1 mid-level *Type of organization*: Government *Funding source*: USAID/CI *Number of teams trained*: 1 *Name of organization*: Direction de la Planification et du Suivi et Evaluation	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				du SIDA (DPSES)/ Ministry of Health and the Fight against AIDS (MSLS) *LMG/tool/model/approach used*: MESST *Country*: Cote d'Ivoire *Sex*: 1 male *Management level*: 1 mid-level *Type of organization*: Government *Funding source*: USAID/CI *Number of teams trained*: 1 *Name of organization*: Country Coordinating Mechanism - CI *LMG/tool/model/approach used*: MOST *Country*: Cote d'Ivoire *Sex*: 1 female, 4 males *Management level*: 2 senior, 1 mid-level, 2 junior *Type of organization*: CSO *Funding source*: USAID/CI *Number of teams trained*: 1 *Name of organization*: Country Coordinating Mechanism - CI *LMG/tool/model/approach used*: MESST *Country*: Cote d'Ivoire *Sex*: 1 female, 4 males *Management level*: 2 senior, 1 mid-level, 2 junior *Type of Organization*: CSO *Funding source*: USAID/CI *Number of teams trained*: 1 *Name of organization*: Country Coordinating Mechanism - CI *LMG/tool/model/approach used*: Dashboard *Country*: Cote d'Ivoire *Sex*: 4 females, 12 males *Management level*: 2 senior, 12 mid-level, 2 junior *Type of Organization*: CSO	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Funding source: USAID/CI *Number of teams trained*: 14 *Name of team*: Federal Ministry of Health Directorates (FMOH) *LMG tool/model/approach used*: LMG in-service training module *Country*: Ethiopia *Sex*: 17 females, 33 males *Management level*: 50 senior level *Type of organization*: FMOH *Funding source*: LMG/Ethiopia *Number of teams trained*: 1 *Name of team*: Jimma University staff *LMG tool/model/approach used*: LMG in-service training module *Country*: Ethiopia *Sex*: 6 males *Management level*: 6 senior level *Type of organization*: Local University *Funding source*: LMG/Ethiopia *Number of teams trained*: 9 *Name of team*: Diredawa Regional Health Bureau teams *LMG tool/model/approach used*: LMG in-service training module *Country*: Ethiopia *Sex*: 13 females, 23 males *Management level*: 36 senior level *Type of organization*: Regional Health Bureau *Funding source*: LMG/Ethiopia *Number of teams trained*: 8 *Name of team*: Harare Regional Health Bureau teams *LMG tool/model/approach used*: LMG in-service training module *Country*: Ethiopia *Sex*: 10 females, 22 males	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Management level: 32 senior level *Type of organization*: Regional Health Bureau *Funding source*: LMG/Ethiopia *Number of teams trained*: 12 *Name of team*: Regional Health Bureau teams of the 11 regional health bureaus and a team from FMOH *LMG tool/model/approach used*: LMG in-service training module *Country*: Ethiopia *Sex*: 5 females, 42 males *Management level*: 47 senior level *Type of organization*: Regional Health Bureau *Funding source*: LMG/Ethiopia *Number of teams trained*: 1 *Name of organization*: DDS (direction departementale de sante Northeast) *LMG tool/model/approach used*: Team-building workshop on steps to build functional referral networks *Country*: Haiti *Sex*: 30 females, 10 males *Management level*: 18 junior-level, 22 mid-level *Type of organization*: MOH *Funding source*: USAID/Haiti *Number of teams trained*: 1 Name of organization: Matheux UAS (Unité d'Arrondissement de Santé) LMG tool/model/approach used: SWOT (strengths, weaknesses, opportunities, threats) analysis Country: Haiti Sex: 12 females, 8 males Management level: 3 Senior level, 13 mid-level, 4 junior level Type of organization: MOH Funding source: USAID/Haiti	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Number of teams trained: 8 *Name of organization*: Libya Ministry of War Wounded Affairs, Libya Ministry of Health, Misrata (Libya) Central Hospital, Superme Council of Revolutionists in Libya, Libya Ministry of Defense, Libya Ministry of Interior, Libya National Association for Safety, Libya Military Intelligence *LMG tool/model/approach used*: LDP *Country*: Libya *Sex*: 7 females, 34 males *Management level*: senior and mid-level *Type of organization*: public sector *Funding source*: USAID/Libya *Number of teams trained*: 2 *Name of organization*: Swani Rehabilitation Center *LMG tool/model/approach used*: Rehabilitation Center Administration/Management *Country*: Libya *Sex*: 29 females, 12 males *Management level*: senior and mid-level *Type of organization*: public sector health facility *Funding source*: USAID/Libya	
	3.1b: # of local facilitators trained by LMG staff to deliver LMG tools, models, approaches, and/or in-service curricula, disaggregated by sex, management level, organizational affiliation, type of organization, and country.	1	210	*Number of local facilitators trained*: *Sex of facilitators trained*: *Management level*: *Name of organization where local facilitator works (independent consultant, if local)*: *Type of organization*: *Country*: *Tool covered in training*: *Funding source*: *Number of local facilitators trained*: 2	30

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Sex of facilitators trained: 2 males *Management level*: 1 senior, 1 mid-level *Name of organization where local facilitator works (independent consultant, if local)*: ECSA-HC *Type of organization*: regional network *Country*: ECSA member states *Tool covered in training*: Guide to Fostering Change to Scale Up Effective Health Services *Funding source*: PRH Core *Number of local facilitators trained*: 5 *Sex of facilitators trained*: 5 males *Management level*: 5 senior *Name of organization where local facilitator works (independent consultant, if local)*: ICRC *Type of organization*: INGO *Country*: Sudan, Ethiopia, Zambia, Tanzania *Tool covered in training*: Senior Leadership Program *Funding source*: DCHA Core *Number of local facilitators trained*: 42 (14 HMIS, 14 procurement, and 14 finance focal points were trained in 14 national hospitals) *Sex of facilitators trained*: 7 females, 35 males *Management level*: mid-level *Name of organization where local facilitator works:* Ibinsina Emergency hospital, Ibinsina Chest hospital, Malalay Maternity hospital, Indragandi institute of child health, Stomatology hospital, and Ghazanfar institute of health sciences *Types of organization*: public hospitals *Country*: Afghanistan *LMG tool/model/approach used*: Finance and procurement guidelines of Ministry of Finance Afghanistan and MoPH HMIS guidelines *Funding source*: LMG/Afghanistan	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Number of local facilitators trained: 61 *Sex of facilitators trained*: 19 females, 42 males *Management level*: mid-level *Name of organization where local facilitator works (independent consultant, if local)*: Five Kabul national hospitals (47 facilitators), Ghazanfar Institute of Health Sciences (GIHS) (8 facilitators), Management and Leadership Development Department (MLDD) (3 facilitators), and Community Based Health Care Program (CBHC) (3 facilitators) *Type of organization*: public hospitals, health facilities, MoPH *Country*: Afghanistan *Tool covered in training*: LDP and LDP+ *Funding source*: LMG/Afghanistan *Number of local facilitators trained*: 72 *Sex of facilitators trained*: 7 females, 65 males *Management level*: NA *Name of organization where local facilitator works (independent consultant, if local)*: Addis Ababa University, Haromaya University, University of Gondar, Jimma University, Mekelle University, Hawassa University, Wollo University, Ambo University, Dessie Health Science College, Bahirdar Health Science College, Dr. Tewolde Health Science College and Regional health bureaus *Type of organization*: Government organizations *Country*: Ethiopia *Tool covered in training*: LMG in-service training modules *Funding source*: LMG/Ethiopia *Number of local facilitators trained*: 28 *Sex of facilitators trained*: 8 females, 20 males *Management level*: senior and mid-level *Name of organization where local facilitator works (independent consultant, if local)*: Libya Ministry of Health (Office of War Wounded) from offices in Tripoli, Benghazi, Janzour, Tagoraa, Zawia, Abu Saleem,	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Sabha, Elbraikah, and East Region *Type of organization*: public sector *Country*: Libya *Tool covered in training*: LDP (Training of Facilitators) *Funding source*: USAID/Libya	
	3.1c: # of teams trained using LMG tools, models, and/or approaches, who develop action plans, disaggregated by sex, management level, type of organization, and country.	5	119	*Number of teams that developed action plans*: *LMG tool/model/approach used*: *Name of organization*: *Sex*: *Management level*: *Country*: *Type of organization*: *Funding source*: *Number of teams that developed action plans*: 5 *LMG tool/model/approach used*: Guide to Fostering Change for Scale-Up of Effective Health Services *Name of organization*: ECSA-HC *Sex*: 14 females, 3 males *Management level*: senior-level *Country:* Zimbabwe *Type of organization*: regional network *Funding source*: PRH Core *Number of teams that developed action plans*: 5 *LMG tool/model/approach used*: SLP *Name of organization:* Rwanda MOH (Public Hospitals, including: Kigeme, Kibungo, Ruhengeri, Kinihira, Ruli, Masaka, Buturo, Mugonero, Remera Rukuma, Gitwe, Kabaya, Ngarama, Bushenye, Ruhango, Munini, Kaduha, Kirinda, Nemba, Kabgayi, Nyanza, Murunda, Gahini, Kibogara, Rwinkwava, Gakoma, and Gihundwe) *Sex:* 5 females, 26 males *Management level:* 31 senior managers	100

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Country: Rwanda *Type of Organization:* MOH *Funding source:* PRH *Number of teams that developed action plans*: 1 *LMG tool/model/approach used*: VLDP *Name of organization*: Kibogora University *Sex*: 1 female, 4 males *Management level*: 3 senior, 2 mid-level *Country*: Rwanda *Type of organization*: university *Funding source*: PRH *Number of teams that developed action plans:* 1 *LMG tool/model/approach used*: VLDP *Name of organization*: AMREF *Sex*: 2 females, 4 males *Management level*: mid-level *Country*: Kenya *Type of organization*: Training Institution *Funding source*: PRH *Number of teams that developed action plans:* 1 *LMG tool/model/approach used*: VLDP *Name of Organization:* Damanhour University *Sex*: 6 females *Management level*: 1 senior, 3 mid-level, 2 junior *Country*: Egypt *Type of organization*: university *Funding source*: PRH *Number of teams that developed action plans:* 1 *LMG tool/model/approach used*: VLDP *Name of Organization:* Haramaya University	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Sex: 1 female, 7 males *Management level*: 1 senior, 2 mid, 5 junior *Country*: Ethiopia *Type of organization*: university *Funding source*: PRH *Number of teams that developed action plans:* 1 *LMG tool/model/approach used*: VLDP *Name of Organization:* Jimma University *Sex*: 4 males *Management level*: 1 senior, 2 mid-level, 1 junior *Country*: Ethiopia *Type of organization*: university *Funding source*: PRH *Number of teams that developed action plans:* 1 *LMG tool/model/approach used*: VLDP *Name of Organization:* Kenya Medical Training College (KMTC) *Sex*: 3 females, 7 males *Management level*: mid-level *Country*: Kenya *Type of organization*: college *Funding source*: PRH *Number of teams that developed action plans:* 1 *LMG tool/model/approach used*: VLDP *Name of Organization:* Obafemi Awolowo University *Sex*: 4 females, 6 males *Management level*: 1 senior, 9 mid-level *Country*: Nigeria *Type of organization*: university *Funding source*: PRH *Number of teams that developed action plans:* 1	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				LMG tool/model/approach used: VLDP *Name of Organization:* Regina Pacis University *Sex*: 3 females, 1 male *Management level*: 1 senior, 2 mid-level, 1 junior level *Country*: Kenya *Type of organization*: university *Funding source*: PRH *Number of teams that developed action plans:* 1 *LMG tool/model/approach used*: VLDP *Name of Organization:* Rwamagana School of Nursing and Midwifery (RSNM) *Sex*: 5 females, 5 males *Management level*: 1 senior, 4 mid-level, 5 junior *Country*: Rwanda *Type of organization*: university *Funding source*: PRH *Number of teams that developed action plans:* 1 *LMG tool/model/approach used*: VLDP *Name of Organization:* Universitas Indonesia *Sex*: 6 females, 5 males *Management level*: mid-level *Country*: Indonesia *Type of organization*: university *Funding source*: PRH *Number of teams that developed action plans*: 1 *LMG tool/model/approach used*: Action Planning *Name of organization*: MIUSA (WILD) *Sex*: 26 females *Management level*: senior and mid-level *Country*: Armenia, Bangladesh, Chile, Colombia, Congo, Costa Rica, Egypt, El Salvador, Fiji, Ghana, Guatemala, India, Indonesia, Malawi, Mexico,	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Moldova, Myanmar, Nigeria, Palestine, Rwanda, Solomon Islands, South Sudan, Uruguay, Yemen, Zambia, Zimbabwe *Type of organization*: CSO *Funding source*: DCHA Core *Number of teams that developed action plans*: 2 *LMG tool/model/approach used*: Strategic Planning and Business Planning *Name of organization*: FURWUS *Sex*: 5 females, 10 males *Management level*: 6 senior managers, 5 mid-level managers, 4 junior managers *Country*: Nicaragua *Type of organization*: CSO *Funding source*: DCHA *Number of teams that developed action plans*: 1 *LMG tool/model/approach used*: Strategic Pathway *Name of organization*: Restart (CVT partner in Lebanon) *Sex*: 14 females, 2 males *Management level*: 4 senior, 12 mid-level *Country:* Lebanon *Type of organization*: CSO *Funding source*: DCHA Core *Number of teams that developed action plans*: 1 *LMG tool/model/approach used*: Strategic Pathway *Name of organization*: RCT Empathy (CVT in-country partner) *Sex*: 13 females, 6 males *Management level*: 8 senior level managers, 11 mid-level managers *Country*: Georgia *Type of organization*: CSO *Funding source*: DCHA Core *Number of teams that developed action plans*: 1	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				LMG tool/model/approach used: Strategic Planning *Name of organization*: RCVT Memoria (CVT in-country partner) *Sex*: 9 females, 5 males *Management level*: 7 senior, 3 mid, 4 junior *Country*: Moldova *Type of organization*: CSO *Funding source*: DCHA Core *Number of teams that developed action plans*: 1 *LMG tool/model/approach used*: Challenge Model *Name of organization*: Survivors Associated (CVT in-country partner) *Sex*: 7 females, 3 males *Management level*: 7 senior, 2 mid-level, 1 junior *Country*: Sri Lanka *Type of organization*: CSO *Funding source*: DCHA Core *Number of teams that developed action plans*: 1 *LMG tool/model/approach used*: Strategic Pathway *Name of organization*: Vene Zene (CVT in-country partner) *Sex*: 19 females *Management level*: 7 senior, 12 mid-level *Country*: Bosnia *Type of organization*: CSO *Funding source*: DCHA Core *Number of teams that developed action plans*: 1 *LMG tool/model/approach used*: Strategic Pathway *Name of organization*: Ponseti International Association (PIA) *Sex*: 4 females, 5 males *Management level*: 6 senior level managers, 3 mid-level managers *Country*: USA *Type of organization*: CSO *Funding source*: DCHA	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Number of teams that developed action plans: 14 (3 Provincial Public Health Coordination Committees (PPHCCs) + 11 District Health Coordination Committees (DHCCs)) *LMG tool/model/approach used*: PPHCC and DHCC governance guides *Name of organization*: MoPH/Provincial Public Health Offices *Sex*: 5 females, 98 males *Management level*: mid-level *Country: Afghanistan* *Type of organization*: government *Funding source*: LMG/Afghanistan *Number of teams that developed action plans*: 14 *LMG tools*: universal planning tools used to identify problems, prioritize activities and outputs, designate responsible staff, and establish a monitoring schedule *Name of organization*: 14 national and specialty hospitals *Sex*: 7 females, 35 males *Management level*: senior level managers *Country: Afghanistan* *Type of organization*: MoPH *Funding source*: LMG/Afghanistan *Number of teams that developed action plans*: 13 *LMG tool/model/approach used*: LDP and MOST *Name of organization*: 7 teams from Kabul National Hospitals and 6 teams from the AMA *Sex*: 50 females, 100 males *Management level*: mid-level managers *Country*: Afghanistan *Type of organization*: MoPH, AMA *Funding source*: LMG/Afghanistan, Norwegian Aid Committee (NAC) *Number of teams that developed action plans*: 1	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				LMG tool/model/approach used: MOST *Name of organization*: Alliance – Cote d'Ivoire *Sex*: 3 males *Management level*: 3 mid-level *Country*: Cote d'Ivoire *Type of organization*: CSO *Funding source*: USAID/CI *Number of teams that developed action plans*: 1 *LMG tool/model/approach used*: MOST *Name of organization*: CARE *Sex*: 4 males *Management level*: 4 mid-level *Country*: Cote d'Ivoire *Type of organization*: CSO *Funding source*: USAID/CI *Number of teams that developed action plans*: 1 *LMG tool/model/approach used*: MOST *Name of organization*: Caritas – Cote d'Ivoire *Sex*: 1 female, 3 males *Management level*: 4 mid-level *Country*: Cote d'Ivoire *Type of organization*: CSO *Funding source*: USAID/CI *Number of teams that developed action plans*: 1 *LMG tool/model/approach used*: MOST *Name of organization*: Programme National de Lutte contre le Paludisme *Sex*: 1 female, 2 males *Management level*: 3 mid-level *Country*: Cote d'Ivoire *Type of organization*: Government	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Funding source: USAID/CI *Number of teams that developed action plans*: 1 *LMG tool/model/approach used*: MOST *Name of organization*: Programme National de Lutte contre le Tuberculose *Sex*: 2 females, 2 males *Management level*: 4 mid-level *Country*: Cote d'Ivoire *Type of organization*: Government *Funding source*: USAID/CI *Number of teams that developed action plans*: 1 *LMG tool/model/approach used*: MOST *Name of organization*: Programme National de la Prise En Charge médicale des personnes vivant avec le VIH *Sex*: 3 males *Management level*: 3 mid-level *Country*: Cote d'Ivoire *Type of organization*: Government *Funding source*: USAID/CI *Number of teams that developed action plans*: 14 *LMG tool/model/approach used*: LMG in-service training module *Name of organization:* Federal Ministry of Health Directorates *Sex*: 17 females, 33 males *Management level*: 50 senior level *Country*: Ethiopia *Type of organization*: FMOH *Funding source*: LMG/Ethiopia *Number of teams that developed action plans*: 1 *LMG tool/model/approach used*: LMG in-service training module *Name of organization*: Jimma University *Sex*: 6 males	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Management level: 6 senior level *Country*: Ethiopia *Type of organization*: Local University *Funding source*: LMG/Ethiopia *Number of teams that developed action plans*: 9 *LMG tool/model/approach used*: LMG in-service training module *Name of organization:* Diredawa Regional Health Bureau *Sex*: 13 females, 23 males *Management level*: 36 senior level *Country*: Ethiopia *Type of organization*: Regional Health Bureau *Funding source*: LMG/Ethiopia *Number of teams that developed action plans*: 8 *LMG tool/model/approach used*: LMG in-service training module *Name of organization:* Harare Regional Health Bureau *Sex*: 10 females, 22 males *Management level*: 32 senior level *Country*: Ethiopia *Type of organization*: Regional Health Bureau *Funding source*: LMG/Ethiopia *Number of teams that developed action plans*: 11 *LMG tool/model/approach used*: SLP training of Yale *Name of organization: Regional Health Bureau and FMOH* *Sex*: 5 females, 42 males *Management level*: 47 senior level *Country*: Ethiopia *Type of organization*: Regional Health Bureau *Funding source*: LMG/Ethiopia	
	3.1d: # of teams trained by local facilitators who previously	0	30	*Team trained by local facilitators*: *LMG tool/model/approach used*:	20

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
	received training by LMG staff in LMG tools, models, and/or approaches, disaggregated by sex, management level, type of organization, and country.			*Name of organization*: *Type of organization*: *Management level*: *Sex* : *Country*: *Teams trained by local facilitators*: 8 *LMG tool/model/approach used*: LDP+ *Name of organization*: Kwara State *Type of organization*: MOH *Management level*: 12 senior, 19 mid, 8 junior *Sex*: 17 females, 20 males *Country*: Kwara State, Nigeria *Funding source:* PRH *Team trained by local facilitators*: 5 *LMG tool/model/approach used*: Guide to Fostering Change for Scale-Up of Effective Health Services *Name of organization*: ECSA-HC *Type of organization*: regional network *Management level*: senior-level *Sex*: 14 females, 3 males *Country*: Zimbabwe *Funding source*: PRH *Teams trained by local facilitators*: 9 *LMG tool/model/approach used*: LMG in-service training module *Name of organization*: Diredawa Regional Health Bureau *Type of organization*: regional health bureau *Management level*: 36 senior level *Sex*: 13 females, 23 males *Country*: Ethiopia *Funding source*: USAID	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Teams trained by local facilitators: 8 *LMG tool/model/approach used*: LMG in-service training module *Name of organization*: Harare Regional Health Bureau *Type of organization*: regional health bureau *Type of organization*: Regional Health Bureau *Management level*: 32 senior level *Sex*: 10 females, 22 males *Country*: Ethiopia *Funding source*: USAID	
	3.1e: # of teams that previously received training in LMG tools, models, and/or approaches who report completion of an action plan, disaggregated by sex, management level, type of organization, and country.	0	87	*Number of teams trained and who completed action plans*: *LMG tool/model/approach used*: *Name of organization*: *Type of organization*: *Management level*: *Sex*: *Country*: *Funding source*: *Number of teams trained and who completed action plans*: 10 *LMG tool/model/approach used*: LDP+ *Name of organization*: Gwagwalada Council Health Facilities (Old Kutunko, Dagiri, Angwan Do, Tungan Maje, Paiko, Gwako, Zuba, Ibwa, Yimi, Township) *Type of organization*: MOH *Management level*: 11 mid-level, 9 junior *Sex*: 11 females, 9 males *Country*: Nigeria *Funding source*: PRH *Number of teams trained and who completed action plans*: 15 *LMG tool/model/approach used*: Action Planning *Name of organization*: MIUSA *Type of organization*: CSO	80

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Management level: senior and mid-level *Sex*: 15 females *Country*: South Sudan, Bangladesh, Mexico, Fiji, Guatemala, El Salvador, Zimbabwe, Nigeria, India, Chile, Armenia, Ghana, Yemen, Moldova, Uruguay *Funding source*: DCHA Core *Number of teams trained and who completed action plans*: 3 *LMG tool/model/approach used*: LDP *Name of organization*: AMA Kuanr, AMA Nangarhar, AMA Laghman *Type of organization*: CSO *Management level*: junior *Sex*: 18 females *Country*: Afghanistan *Funding source*: Norwegian Aid Committee (NAC) *Number of teams trained and who completed action plans*: 14 *LMG tool/model/approach used*: universal planning tools used to identify problems, prioritize activities and outputs, designate responsible staff, and establish a monitoring schedule *Name of organization*: 14 national and specialty hospitals *Sex*: 7 females, 35 males *Management level*: Senior level managers *Country*: Afghanistan *Type of organization*: MoPH *Funding source*: LMG/Afghanistan *Number of teams trained and who completed action plans*: 14 (3 Provincial Public Health Coordination Committees (PPHCCs) + 11 District Health Coordination Committees (DHCCs)) *LMG tool/model/approach used*: PPHCC and DHCC governance guides *Name of organization*: MOPH/Provincial Public Health Offices *Sex*: 5 females, 98 males *Management level*: mid-level	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				Type of organization: government *Funding source*: LMG/Afghanistan *Number of teams trained and who completed action plans*: 14 *LMG tool/model/approach used*: LMG in-service training module *Name of organization*: Federal Ministry of Health Directorates *Country*: Ethiopia *Sex*: 17 females, 33 males *Management level*: 50 senior level *Type of organization*: FMOH *Funding source*: LMG/Ethiopia *Number of teams trained and who completed action plans*: 9 *LMG tool/model/approach used*: LMG in-service training module *Name of organization*: Diredawa Regional Health Bureau *Country*: Ethiopia *Sex*: 13 females, 23 males *Management level*: 36 senior level *Type of organization*: Regional Health Bureau *Funding source*: LMG/Ethiopia *Number of teams trained and who completed action plans*: 8 *LMG tool/model/approach used*: LMG in-service training module *Name of organization*: Harare Regional Health Bureau *Country*: Ethiopia *Sex*: 10 females, 22 males *Management level*: 32 senior level *Type of organization*: Regional Health Bureau *Funding source*: LMG/Ethiopia	
3.2: Leadership, management, and governance tools, models, and	3.2a: # and names of local, national, and regional CSOs, public sector partners, and universities that institutionalized LMG tools,	0	5	*Name of institution*: *Type of organization*: *Tool/model/approach institutionalized*: *Country*:	4

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
approaches institutionalized within CSOs and public sector institutions throughout health care systems.	models, and/or approaches, disaggregated by country and type of organization.			*Name of institution*: ECSA-HC *Type of organization*: regional network *Tool/model/approach institutionalized*: Guide to Fostering Change for Scale-Up of Effective Health Services *Country*: ECSA member states *Name of institution*: MoPH *Type of organization*: public sector *Tool/model/approach institutionalized*: LDP, LDP+ *Country*: Afghanistan *Name of institution*: Ethiopian Public Health Officers Association (EPHOA) *Type of agency*: Professional Health Association *Type and brief description of partnership*: EPHOA conducted the MOST assessment using the MSH's MOST assessment tool. *Country*: Ethiopia *Name of institution*: All African Leprosy and TB Rehabilitation and Training Center (ALERT) *Type of agency*: Government Training Center *Type and brief description of partnership*: ALERT training center also conducted the MOST self-assessment using the MSH's MOST assessment tool. *Country*: Ethiopia *Name of institution*: PEPFAR Coordination Office (Vietnam) *Type of organization*: US government agency (country PEPFAR office) *Tool/model/approach institutionalized*: Human Resources for Health database of health workers supported through PEPFAR funding. PEPFAR Coordination Office institutionalized the tool as an annual data collection mechanism *Country*: Vietnam	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
3.3: Human resource capacity in pre-service and in-service settings for integrated leadership, management, and governance developed and strengthened.	3.3a: # of local facilitators or faculty who are trained by LMG staff to integrate and/or deliver the pre-service curriculum, disaggregated by sex, management level, type of organization, and country.	0	0	*Number of local facilitators or faculty trained*: *Sex*: *Management level*: *Type of organization*: *Country*:	20
	3.3b: # of institutions in which LMG staff have begun integrating LMG pre-service training programs by holding engagement meetings with the staff of the training institution, and/or holding a curriculum integration workshop, and/or coordinating a stakeholder validation workshop.	0	0	*Name of institution*: *Unit/Department/School that has approved the pre-service curriculum*: *Type of institution*: *Country*:	6
	3.3c: # of LMG pre-service training programs approved by training institution.	0	0	*Name of institution*: *Unit/Department/School that has approved the pre-service curriculum*: *Type of institution*: *Country*:	3
	3.3d: # of institutions that have integrated LMG pre-service training programs, disaggregated by type of institution and country.	0	0	*Name of institution*: *Unit/Department/School that has formally integrated the pre-service curriculum*: *Type of institution*: *Country*:	0
	3.3e: # of students enrolled in integrated LMG pre-service training program.	0	0	*Number of students enrolled in pre-service training program*: *Name of institution*: *Unit/Department/School that has approved the pre-service curriculum*: *Country*:	0

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
3.4: Capacity building for country-led leadership, management, and governance processes and approaches systematized, documented, and disseminated.	3.4a: # of facilitators trained by LMG staff providing capacity building to health organizations using LMG tools, models, and/or approaches disaggregated by country, sex, organizational affiliation, and type of organization.	1	0	*Number of facilitators providing capacity building*: *Sex of facilitator*: *Facilitator's organizational affiliation*: *LMG tool/model/approach used*: *Name and type of organization receiving capacity building*: *Country*:	70
	3.4b: # of local institutions trained by LMG providing capacity building to local health organizations using LMG tools, models, and/or approaches disaggregated by country and type of organization.	0	13	*Name and type of local institution providing capacity building*: *LMG tool/model/approach used*: *Name and type of organization receiving capacity building*: *Country*: *Name and type of local institution providing capacity building*: ProACT *LMG tool/model/approach used*: LDP+ *Name and type of organization receiving capacity building*: Kwara State Agency for the Control of Aids (KWASACA) (MOH) *Country*: Nigeria *Name and type of local institution providing capacity building*: ProACT *LMG tool/model/approach used*: LDP+ *Name and type of organization receiving capacity building*: State Ministry Of Health- Ilorin *Country*: Nigeria *Name and type of local institution providing capacity building*: ProACT *LMG tool/model/approach used*: LDP+ *Name and type of organization receiving capacity building*: Healthy Living Promoters (CSO) *Country*: Nigeria *Name and type of local institution providing capacity building*: ProACT *LMG tool/model/approach used*: LDP+ *Name and type of organization receiving capacity building*: **:** Civil Society	5

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				for HIV and AIDS in Nigeria (CiSHAN) (CSO) *Country*: Nigeria *Name and type of local institution providing capacity building*: ProACT *LMG tool/model/approach used*: LDP+ *Name and type of organization receiving capacity building*: Living Care Community Development Foundation (CSO) *Country*: Nigeria *Name and type of local institution providing capacity building*: ProACT *LMG tool/model/approach used*: LDP+ *Name and type of organization receiving capacity building*: Lafiagi General Hospital (MOH) *Country*: Nigeria *Name and type of local institution providing capacity building*: ProACT *LMG tool/model/approach used*: LDP+ *Name and type of organization receiving capacity building*: Shonga Community Health Centre (MOH) *Country*: Nigeria *Name and type of local institution providing capacity building*: ProACT *LMG tool/model/approach used*: LDP+ *Name and type of organization receiving capacity building*: Offa Specialist Hospital (MOH) *Country*: Nigeria *Name and type of local institution providing capacity building*: ProACT *LMG tool/model/approach used*: LDP+ *Name and type of organization receiving capacity building*: Omu-aran General Hospital (MOH) *Country*: Nigeria *Name and type of local institution providing capacity building*: ProACT	

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.					
IR	*Indicator*	*PY1*	*PY2*	*Accomplishments & Activities*	*PY3 target*
				LMG tool/model/approach used: LDP+ *Name and type of organization receiving capacity building*: Ilorin Civil Service Hospital (MOH) *Country*: Nigeria *Name and type of local institution providing capacity building*: ProACT *LMG tool/model/approach used*: LDP+ *Name and type of organization receiving capacity building*: Okelele Primary Health Center-Illorin East (MOH) *Country*: Nigeria *Name and type of local institution providing capacity building*: ProACT *LMG tool/model/approach used*: LDP+ *Name and type of organization receiving capacity building*: Aisat Hospital (MOH) *Country*: Nigeria *Name and type of local institution providing capacity building*: ProACT *LMG tool/model/approach used*: LDP+ *Name and type of organization receiving capacity building*: Olanranwaju Hospital *Country*: Nigeria	

Appendix IV: Success Stories, Online Media Monitoring Report

USAID FROM THE AMERICAN PEOPLE

LEADERSHIP, MANAGEMENT & GOVERNANCE PROJECT
Inspired Leadership. Sound Management. Transparent Governance.

USAID Supports Health System Strengthening in Afghanistan

Dr. Mayar, a Neonatologist at the Herat Maternity Hospital, is performing a blood transfusion on a newborn baby with an Rh incompatibility problem as a young specialist and two midwifery students observe and assist with the procedure. The Herat Provincial Public Health Office was a model in reorganizing in order to offer more effective health services to its citizens.

USAID-funded work in Afghanistan has strengthened the country's health system by helping the Afghanistan Ministry of Public Health define the core public health functions, tasks, and performance standards, and then helping the MOPH scale up and implement the package in all 34 Provincial Public Health Offices throughout the country.

Within the Afghan health system, the 34 Provincial Public Health Offices (PPHOs) of the Afghan Ministry of Public Health (MoPH) are responsible for oversight of the health system in each province. In order to be effective at the provincial level, it is crucial that they have access to the most updated data and information for timely decision-making, and the core functions and tasks for each provincial office must be well-defined.

The leadership of the PPHO in Herat Province recognized the need to be better organized in order to offer effective health services to local citizens. The office staff worked with staff of the USAID-funded Tech-Serve project (which proceeded the LMG Project) in 2009 to carry out a systematic review of the health functions at the provincial level, and develop a framework for the provincial health office

The following Core Public Health Functions are now standardized and defined across all 34 of Afghanistan's Provincial Public Health Offices:

1. *Health Situation and Trend Assessment*
2. *M&E of Health Services*
3. *Data & Information Management*
4. *NGO/Facility Service Data Analysis and Problem-Solving*
5. *Coordination and Communication*
6. *Support to NGOs*
7. *Health Resource Management*
8. *Management of Public Health Services*
9. *Planning and Resource Allocation*
10. *Management of Health Emergencies*
11. *Community Support and Involvement*

Midwife Shukria is checking a young mother during her first antenatal visit in Farsi Comprehensive Health Center, located 240 Km from Herat city and on the border of Ghor province. Provincial Public Health Offices throughout Afghanistan have benefitted from the development and adoption of PPHO core functions by the Ministry of Public Health. This work was facilitated by two projects funded by USAID.

functions and services, including the provincial office monitoring of and support to NGOs and communities. A total of 11 functions were defined (See box), with an average of nine tasks for each function using a standard process that was adapted to the realities of Afghanistan's health system. Standards for task performance were also defined by the PPHO teams and allow each team to self-evaluate their performance on a regular basis.

In 2012, with support from the USAID Leadership, Management & Governance Project, the package of PPHO Core Functions developed in Herat was then presented to the MoPH Technical Advisory Group (TAG) and endorsed by the members. A revised version which includes 11 core functions, 124 tasks, 176 standards, a self-assessment tool, planning formats for task improvement and task sharing, and guides for development of each component was then implemented in 16 provinces in which USAID operates. The package was later presented to the leadership of MoPH, and the Minister of Public Health of the Islamic Republic of Afghanistan signed it into use in June 2012 as a national tool to be used in all 34 provinces of Afghanistan.

"Development and introduction of the Framework of PPHO Core Functions has positively affected the delivery of health services and teamwork in Herat province… this has had an immense effect on improving the health of the people."

--Dr. Ghulam Saeed Rashed, the Provincial Health Director of Herat Province

Says Dr. Ghulam Saeed Rashed, the Provincial Health Director of Herat Province: "Development and introduction of the Framework of PPHO Core Functions has led to improvement of coordination and self-organization amongst provincial health team that has positively affected the delivery of health services and teamwork in Herat province. Development and implementation of the package of PPHO functions in Herat province has resulted in: 1) definition of a specific performance framework for PPHOs; 2) confidence of the PPHO team members in their performance as they use this framework as a guide and reference; 3) redirection and aligning of the team to focus on important activities and issues; 4) inter-sectoral coordination and participation of community members in achieving health goals; 5) improvement of quality of health services as a result of regular and systematic monitoring of services; and 6) taking the initial steps towards decentralization. This has had an immense effect on improving the health of the people."

Says Dr. Abdul Hakim Aziz, Provincial Liaison Director of the MoPH: "Development of the Framework of PPHO Core Functions is a significant achievement. This package helps PPHOs to have structured work,

identify gaps in their performance, accomplish their tasks effectively in quality implementation of health programs, and helps them to further focus on health outcomes."

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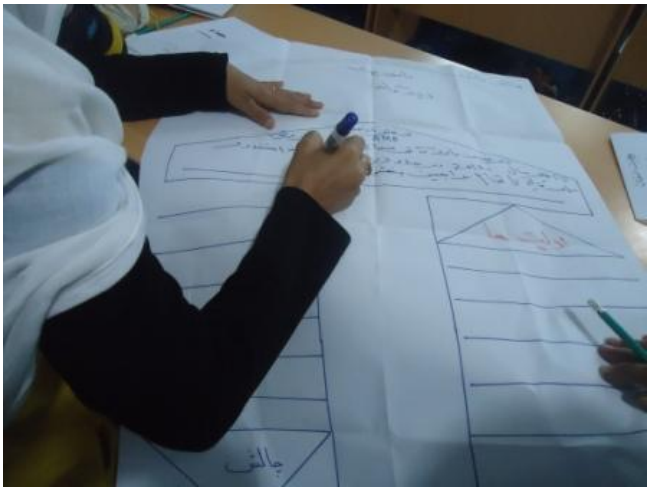
USAID Helps Improve Post-Partum and Maternal Health in Afghanistan

Midwives of the Afghan Midwifery Association (AMA)—and the women they serve—are reaping the benefits of a Leadership Development Program funded by USAID



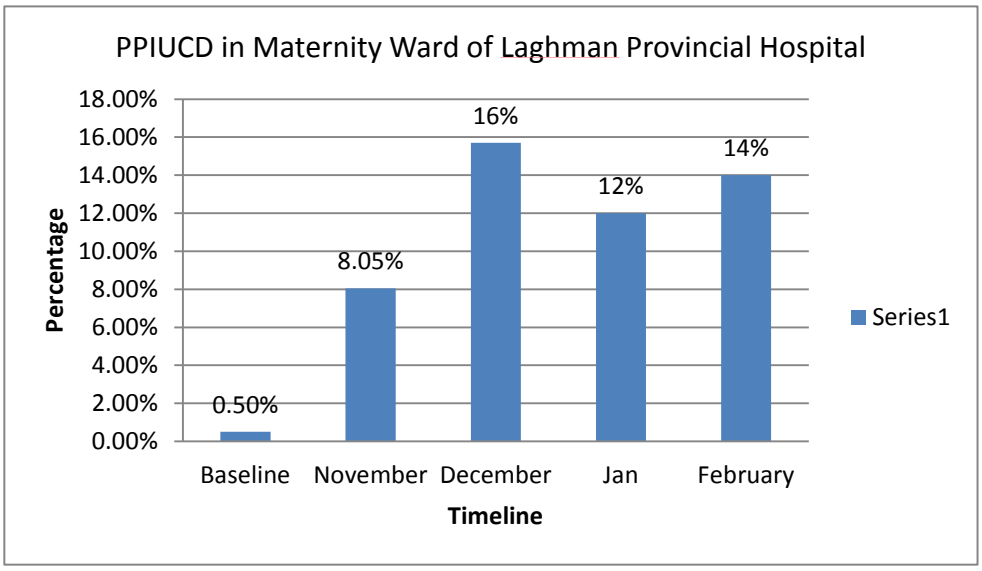
A participant in the Leadership Development Program (LDP) for Afghan midwives uses the "Challenge Model," a tool developed by Management Sciences for Health and used by health teams to define a challenge as well as how to overcome obstacles to achieve a specific health result.

Challenge

Despite persistent security challenges confronting the Afghan rural population and health workers, the health sector in Afghanistan continues to achieve gains through well-designed and sustained reconstruction and capacity building efforts, many of which have been provided through USAID. However, much progress still needs to be made since contraceptive use among women is low, infection rates in health facilities are high, and maternal death rates in Afghanistan are more than double the global average.

Initiative

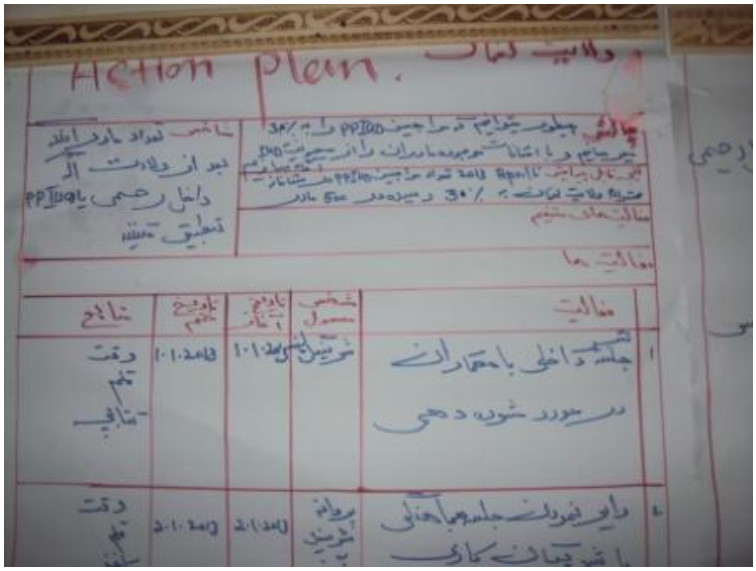
The USAID-funded Leadership, Management & Governance (LMG) Project in Afghanistan worked with the Afghan Midwifery Association (AMA) in implementing six-month Leadership Development Program (LDP) for Afghan midwives in Nangarhar, Laghman, Kunar,



Nooristan, Paktika and Khost provinces. The LDP is designed to enhance the knowledge and skills of midwives, who set goals and targets linked to specific health concerns. Participants then work together in teams to improve the quality of the services they provide. Among the goals the AMA members set were increasing infection prevention, increasing contraceptive use, and improving maternal care.

RESULTS

Since the initial implementation of the LDP program, the quality of health services provided by these health teams has improved. In Kunar province at the provincial hospital, from November 2012 to April 2013, infection prevention standards rose from 77% to above the projected target of 85% percent. In Laghman province, the percentage of women giving birth at the maternity ward received post-partum intrauterine contraceptive devices (PPIUCD) increased from 0.5% to 12% by the end of April 2013. In Nangarhar province, the provincial hospital went from no administration of Vitamin A to 100% for women immediately after delivery.

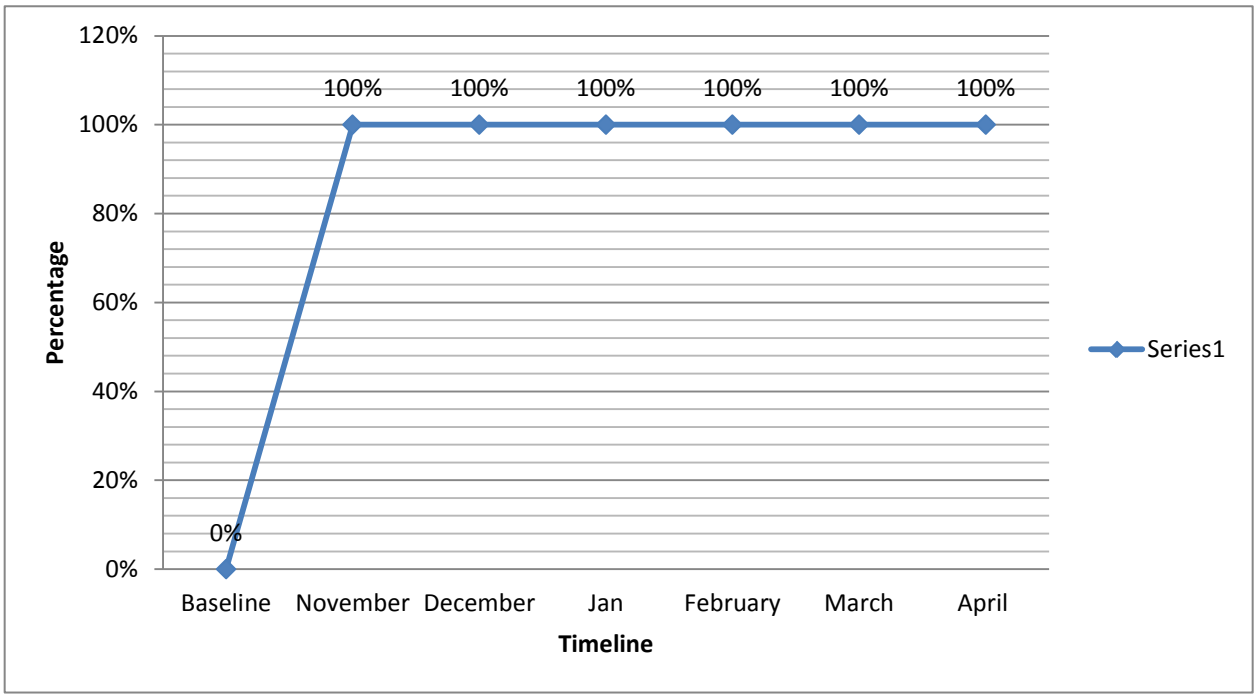


This Action Plan, written in Dari, describes the course of action the Laghman health team planned to take to increase the percentage of post-partum intrauterine contraceptive devices PPIUCD users, despite the existing obstacles.

As the LDP program enabled midwives to put into practice improved leadership and management practices, they were in turn able to improve health conditions for many women and infants in Afghanistan. Said Wahida Zahiry, a midwife in Nangarhar Regional Hospital, "We learned from the LDP how improved management and leadership practices contribute to a positive work climate and enhanced capacity for change—a change that would improve health services." Toorpikay Akbary, a midwife in the Kunar Provincial Hospital Maternity Ward, said "By the end of six months, we reached the target. Each member of the team was individually and collectively proud of achieving such

> *"With LDP tools, we were able to look at the current state of our ward and tackle the many challenges using Leadership and Management practices."*
>
> *-- Sherin Gul, a midwife in Laghman Provincial Hospital*

an inspiring result." Wahida Zahiry of Nangarhar Regional Hospital said that the results were a source of inspiration to work even harder: "We have reached our target, and now we are working to sustain the results."



Nangarhar provincial hospital achieved 100% distribution of Vitamin A to women after delivery.

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USAID FROM THE AMERICAN PEOPLE

LEADERSHIP, MANAGEMENT & GOVERNANCE PROJECT
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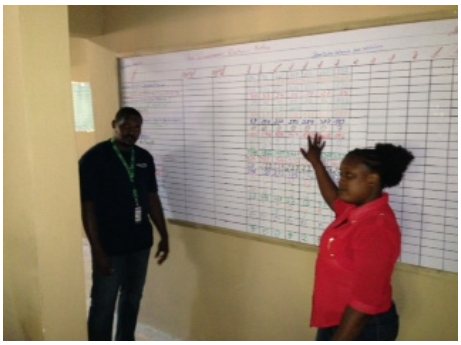
SUCCESS STORY

Building a More Effective Health Information System in the Matheux Health District, Haïti

Assuring better management of health interventions by providing accurate and reliable data

In order to make informed decisions and effectively serve patients, health care providers depend on reliable data, information and knowledge. In Haiti, many USG-funded partners leading reconstruction projects lack critical information that they need to efficiently allocate resources. Within the Matheux health district, only 4 of the 17 health facilities submitted reports to the coordinating office after the network's launch in November 2012. In the annual operations plan, strengthening the health information system was defined as a priority action item. The Leadership, Management and Governance (LMG/Haiti) project, financed by USAID, has helped the Matheux health district overcome this challenge by providing technical support to reinforce data collection activities, clearly define health objectives, and finalize the annual operations plan.

In March 2013, the LMG/Haiti staff held trainings in the Matheux health district to stress the importance of data collection and regular monthly reporting for service providers. To ensure that reporting tools were being used and filled out correctly by service providers, LMG/Haiti carried out supervision visits in partnership with the Monitoring and Evaluation Officer and Coordinator for the Matheux health district. In April 2013, two dashboards were developed to track the submission of monthly reports and to monitor results based on the services available at each facility.



During a workshop in the Matheux health district in April 2013, Dr. Francisco Noel, Coordinator, and Ms. Jenny Dasny, M&E Officer, demonstrate how to use a dashboard tool to monitor results based on services available at network facilities. Photo by Management Sciences for Health.

The coordination of information within the Matheux health district encourages better management of health interventions by providing accurate and reliable data to share with MSPP partners. LMG/Haiti support has helped to increase the total amount of data reported within the network tenfold, from a rate of 23% in October 2012 to 83% in May 2013.

According to Ms. Jenny Dasny, the Monitoring and Evaluation Officer, "the dashboard tools provide more clarity and precision by simplifying longer monthly reports into a single dashboard, displaying the necessary indicators. The dashboard is a must to achieve success in line with our objectives and strategy." Moving forward, extending the approach piloted in the Matheux health district to the 11 other networks with LMG/Haiti will be a crucial step in strengthening Haiti's health information system.

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Social Media Statistics—A Quick Overview of All LMG Project Online Channels as of June 30, 2013 (end of PY2)

Overview

The LMG project's main social media channels—Facebook, Twitter, and YouTube—came online in late PY1, and the LMG web portal went live in early PY2. The LMG blog, the project's newest social media exchange mechanism, was recently incorporated into the LMG web portal at the end of PY2. Two other lesser-known social media channels, SlideShare[6] and Screencast,[7] were also added in early PY2 and are useful for sharing project presentations on key subjects such as promoting gender equity, the importance of good governance for better health, etc.

The LMG Project's mainstay online media channels are listed below, along with the date each one was established:

Channel	Date Established
LMG YouTube:	May 14, 2012
LMG Twitter:	May 31, 2012
LMG Facebook:	June 17, 2012
LMG Web Portal:	August 14, 2012
LMG Blog:	May 20, 2013

The main "push" mechanism for bringing our audiences project news and guiding them toward our resources is the bimonthly LMG eNewsletter, sent out to a large segment of our key stakeholders. Communications staff worked in Q4 of PY2 to expand the existing email contact list, working with LMG project staff to mine their contacts; we expanded the list by about one-third its original size, and it now contains over 10,000 stakeholder contacts. The audience breakdown for the eNewsletter is as follows:

LMG staff contacts (mixed):	**5,482**
Host country health leaders:	**3,728**
Specifically MOH staff:	**204**
Web portal sign-ups:	**197**
USAID staff:	**789**
	=====
	10,400

[6] SlideShare is a slide hosting service for sharing PowerPoint, PDF, Keynote or OpenOffice presentations. Slide decks can then be viewed on the site itself, on hand held devices, or embedded on other sites. Presentations can also be downloaded by the user.

[7] Screencast is essentially a movie of PowerPoint slides that change over time and that are enhanced with audio narration. At the end of Q4, we transferred our Screencast presentations to a new account, which doesn't change anything from a user's perspective, but since our stats will start from zero again on the back end, we will continue to add in the 175 views from PY2 on the old account in our cumulative numbers in PY3 and beyond.

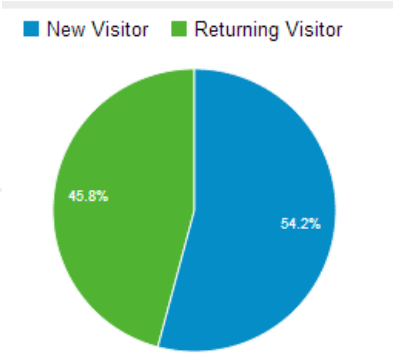
Indicators

The following is a summary of our indicators and results for LMG online media as of June 30, 2013 (the end of PY2):

Summary of Indicators and Results as of June 30, 2013	
Indicator	**Statistic**
Indicator 1: LMG web portal – total number of visits	6,352
Indicator 2: Facebook – total number of likes	262
Indicator 3: Twitter – total number of followers	163
Indicator 4: YouTube – total number of views	1,947
Indicator 5: LMG Blog – total number of views	1,388

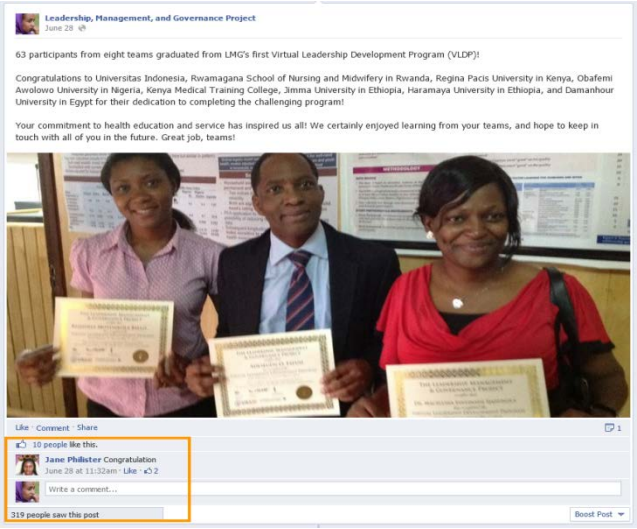
1. **LMG Web Portal**-August 14, 2012-June 30, 2013

Total Number of Visits: 6,352; **Total Number of Unique Visitors:** 3,432



2. **Facebook**: June 17, 2012-June 30, 2013

Total Number of Likes: 262



3. **Twitter**: May 31, 2012-June 30, 2013

Total Number of Followers: 163

4. **YouTube**: May 12, 2012-June 30, 2013

Total Number of Videos: 8; **Total Number of Views: 1,947**

5. **LMG Blog**: May 20, 2013-June 30, 2013

Total Number of Posts: 18; Total Number of Views: 1,388

Image from LMG's most popular blog to date entitled, "How Do We Measure Impact?" From left to right: Sara Bennett, Eric Sarriot, Kenneth Sklaw and the author, Reshma Trasi.

6. **SlideShare:** June, 2013-June 30, 2013
   Total Number of Views: over 1,000**; Downloads:** 5

7. **Screencast:** June 2012-June 30, 2013
   Total Number of Narrated Presentations Posted: 6: **Views**: 175

For a more in-depth look at the LMG Project's online statistics, along with some background on their development and progress to-date, please see the "Statistics Report for LMG Online Media: Q4 of PY2," the LMG project's first quarterly report on progress regarding the project's outreach and advocacy efforts through the use of online media. A statistics report for LMG online media will be produced by LMG project staff at the end of each quarter throughout PY3 and in moving forward.

Appendix V: PY2 Work Plan Quarterly Update

Please refer to the document entitled, *PY2 Work Plan Quarterly Report*.