

Management Sciences for Health LMG Ethiopia; Quarter III Progress Report for Fiscal Year 2015 (April 1, 2015 to June 30, 2015)

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The Leadership, Management and Governance Project (LMG) is a United States Agency for International Development (USAID) five-year Cooperative Agreement, designed to strengthen and expand the people-centered capacity building strategy pioneered under the Leadership, Management and Sustainability (LMS) Project, LMG's successor project. The LMG Project's objective is to support health systems strengthening by addressing the gap in leadership, management and governance capacity of policy makers, health care providers and program managers to implement quality health services at all levels of the health system. Governance functions – distinct from leadership and management functions – are an important focus of LMG because they provide the ultimate commitment to improving service delivery, and foster sustainability through accountability, engagement, transparency and stewardship.

Leadership, Management, Governance, Health Systems Strengthening, Ethiopia, Africa

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**USAID/PEPFAR Ethiopia In-Country Reporting System (IRS)
Reporting Template**

Management Sciences for Health LMG Ethiopia

QUARTER III

PROGRESS REPORT

FOR

FISCAL YEAR 2015

(APRIL 1, 2015 TO JUNE 30, 2015)

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LIST OF ACRONYMS

AAU	Addis Ababa University
ALERT	All African Leprosy and TB Rehabilitation and Training
ANOPA+	Addis Ababa Network of PLHIV Association
ART	Anti-Retroviral Therapy
CCM	Country Coordinating Mechanism
CDC	Center for Disease Control
CHS	College of Health Sciences
CLM	Center for Leadership and Management
CPD	Capacity Development
CSO	Civil Society Organizations
DATIM	PEPFAR's Data for Accountability, Transparency and Impact
DMR	Desired Measurable Result
EHRIG	Ethiopian Hospital Reform Implementation Guideline
EPHOA	Ethiopian Public Health Officers Association
FHAPCO	Federal HIV AIDS Prevention Control Office
FMOE	Federal Ministry of Education
FMOH	Federal Ministry of Health
GAC	Grants Approval Committee
GF	Global Fund
GFATM	The Global Fund to Fight Aids, Tuberculosis and Malaria
HAPCO	HIV AIDS Prevention Control Office
HIV	Human Immunodeficiency Virus
HSM	Health Service Management
HTC	HIV Testing and Counseling
ICU	Intensive Care Unit
IPD	Inpatient Department
IST	In-Service Training
L+M+G	Leadership, Management, and Governance
MTR	Mid Term Review
NEP+	Network of Positives
NOP	Network of Aromia Positive
NNPWE	National Network of Positive Women in Ethiopia
OALFA	Observe, Ask, Listen, give Feedback, and Agree
OPD	Outpatient Department
OR	Operation Room
OVC	Orphans and Vulnerable Children
PLHIV	People Living With HIV
PLWHA	People Living With HIV AIDS
PST	Pre-service Training
PFSA	Pharmaceuticals Fund and Supply Agency
PMTCT	Preventing Mother to Child Transmission
PSM	Project Support Management
RHB	Regional Health Bureau

RCC	Rolling Continuation Channel
SLP	Senior Leadership Program
SNNPR	Southern Nations and Nationalities Peoples Region
SR	Sub-Recipients
TOT	Training of Trainers
TTP	Team Training Program
TRP	Technical Review Panel
VCT	Voluntary Counseling and Testing

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1. Reporting Period

From April 1,2015	To June 30,2015
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2. Publications/Reports

Did your organization support the production of publications, reports, guidelines or assessments during the reporting period?

No/Not Applicable

Yes If yes, please list below:

Publications/Reports/Assessments/Curriculum

Title	Author	Date

If Yes, Please attach an electronic copy of each document as part of your submission.

3. Technical Assistance

Did your organization utilize short-term technical assistance during the reporting period?

No/Not Applicable

Yes Please list below:

Consultants/TDYs

Name	Arrival	Departure	Organization	Type of Technical assistance provided
Simon, Rebecca	April 12,2015	May 3,2015	LMG/Global	Communication strategic plan development

If Yes, Please attach an electronic copy of the TA report as part of your submission.

4. Travel and Visits

Did your organization support international travel during the reporting period?

No/Not Applicable

Yes Please list below:

International Travel (All international travel to conference, workshops, trainings, HQ or meetings).

Name	Destination	Departure from Ethiopia	Arrival	Host Organization	Purpose of the travel

Have any Monitoring Visits/supervision been made to your program in during the reporting period?

Description of Monitoring team	Start date	End date	Sites visited	Written recommendations provided

5. Activity

Program Area (Tick all which apply)	Activity ID	Activity Title (Please write the title of the activity)
<input type="checkbox"/> 01-PMTCT		
<input type="checkbox"/> 02-HVAB		
<input type="checkbox"/> 03-HVOP		
<input type="checkbox"/> 04-HMBL		
<input type="checkbox"/> 05-HMIN		
<input type="checkbox"/> 07-CIRC		
<input type="checkbox"/> 08-HBHC		
<input type="checkbox"/> 09-HTXS		
<input type="checkbox"/> 10-HVTB		
<input type="checkbox"/> 11-HKID		
<input type="checkbox"/> 12-HVCT		
<input type="checkbox"/> 13-PDTX		
<input type="checkbox"/> 14-PDCS		
<input type="checkbox"/> 15-HTXD		
<input type="checkbox"/> 16-HLAB		
<input type="checkbox"/> 17-HVSI		
<input checked="" type="checkbox"/> 18-OHSS		

6. Accomplishments and successes during the reporting period

Program area 18-OHSS

Intermediate Result 1: Management System in Place for Harmonized and Standardized LMG Pre- and In-service Training Modules:

Key activities under this Intermediate Result include the following:

- 1) Follow-up of the pre-service, new Health Service Management (HSM) course implementation and its Team Training Programs (TTP) component.
- 2) In-service training (IST) material revision.

1) Follow up on support to LMG Pre-services training programs:

As per USAID updated guidance related to PEPFAR pivot, support to LMG pre-service training is removed from our work plan. However we are doing some follow up on our past support to pre-service training as part of our Data for Accountability, Transparency, and Impact (DATIM) reporting requirements that are related to these interventions.

During the previous quarter, the LMG Ethiopia Project organized orientation sessions on the L+M+G Results Framework Challenge Model and other key L+M+G subjects for students taking part in the TTP component of the new HSM course, and for all their instructors and professors. A total of 500 medical students (189 from Jimma University and 311 from Gondar University) in their last year of academic training attended the orientation session and were then deployed to their assigned community to initiate their respective TTP project.

During the reporting period, instructors communicated to the project that the TTP teams were able to scan, identify and address a health problem of critical importance to their assigned community. Results from the TTP teams' projects started to come in and show good level of achievement vis-à-vis their expected measurable results. A few illustrative examples of these follow:

- The Jimma team assigned to Asendabo Health Center worked on improving coverage of Long Acting Family Planning (LAFP) methods in the catchment area of the health center. As a result of their support to the community and their facility, LAFP use in the catchment increased from 9% to 9.9% in only eight weeks' time.
- From Jimma University, the TTP team assigned mobilized financial resources (738 Ethiopian birr) to Yabu Health Center and purchased three 200 liters plastic water containers, 20 dust bins and 295 meter plastic tubes, helping, in the process, 1200 students in Yabu Junior and Secondary School access water for hand washing.

Inspired by Jimma and Gondar universities experience and TTP teams' effectiveness, Haramaya, Wollo and Mekelle Universities took the initiative to provided orientation on the L+M+G Results Framework Challenge Model for their TTP supervisors and students.

2) Updating of the LMG In-service Training (IST) materials initiated and in progress:

During the reporting period, the LMG training manuals for the three levels (Senior, Facility, and Woreda) were revised and their updating initiated. Under the direction of the Federal Ministry of Health (FMOH), the review process involved obtaining inputs through interviews of a number of users of the training modules (facilitators, trainers, and trainees) and other key informants. For the most part the changes are about 1) strengthening the experiential learning aspect of the content; 2) reflecting recent developments in the country's health sector, most notable the new five year transformation plan, the outcomes of the 20 years visioning exercise and the updated national health policy; and 3) better aligning the participants' manual with the facilitators' guide.

At this point in time, major updating has been completed on the participants' manuals as well as with their accompanied supplementary notes/handouts. The remaining updating work will continue in the coming quarters and should be completed this calendar year.

The revised manuals are being tested and refined as needed before they are sent to the printing house for large scale production. During the reporting period, the newly updated facility level LMG training manual was tested and the changes are proving to help both the facilitators and participants, and benefit the course delivery.

Intermediate Result 2: L+M+G Capacity of Selected FHAPCO, FMOH Directorates, Core Processes and Relevant Agencies, as well as selected Regional Health Bureaus, Zonal/District Health Offices and Facilities Developed

Key activities under this Intermediate Result include the following:

1) L+M+G Trainings:

- 126 health managers and workers from the HIV/AIDS Prevention Control Office (HAPCO), people living with HIV/AIDS (PLWHA) associations and facility-level HIV units attended their 1st round L+M+G training. (Indicator 6)
- 67 staff members from Oromia Regional Health Bureau (RHB), South West Shoa and West Shoa Zone received their 3rd round L+M+G training (Indicator 6)
- 100 Hiwoth Fana and Ayder teaching Hospital staff received their 2nd and 3rd round training respectively on L+M+G (Indicator 6)
- 124 health managers and workers from Emerging Regions who took part in L+M+G training session; 8 teams from Gambella Regional State have completed the L+M+G program and presented their results.

2) Coaching Support:

- Five of the seven teams from Addis Ababa Associations PLH received coaching sessions from the LM&G staff

1) L+M+G Trainings

Table 1. Summary of the number of teams and trainees attending L+M+G workshops conducted during the reporting period April to June 2015

(disaggregated by Gender, Location and type of Site)

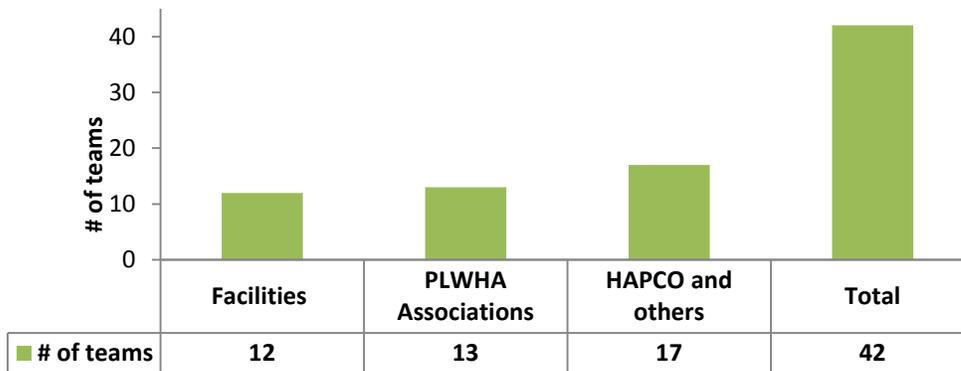
Entity	Teams	Male	Female	Total
Total (ALL)	129	317	100	417
HAPCO and PLWHA Total	42	85	41	126
Amhara HAPCO & PLWHA (1st round)	14	24	9	33
Amhara North and South Gondar HAPCO & PLWHA (1st round)	11	25	14	39
Amhara North & South Wollo HAPCO & PLWHA (1st round)	10	21	14	35
Addis Ababa PLWHA (1st round)	7	15	4	19
RHBs and ZHDs Total	20	53	14	67
Oromia RHB (3rd round)	10	24	6	30
West Shoa ZHD (3rd round)	5	15	5	20
South West Shoa ZHD (3rd)	5	14	3	17
Teaching Hospital Total	19	61	39	100
Hiwot Fana Teaching Hospital (2nd round)	10	26	18	44
Ayder Teaching Hospital (3rd)	9	35	21	56
Woreda Health Offices (WHO) Total	48	118	6	124
Gambella (result presentation)	8	19	0	19
Afar (3 rd round)	16	41	3	44
Benishangul Gumuz (2 nd round)	24	58	3	61

During the reporting period, 417 health managers and workers across the health sector in Ethiopia took part in L+M+G training workshops. They engaged in and progressed through the program organized into 129 functional L+M+G teams where members of a team belong to the same organizational unit (office, facility, etc.)

L+M+G training of teams directly involved in the national response against HIV/AIDS

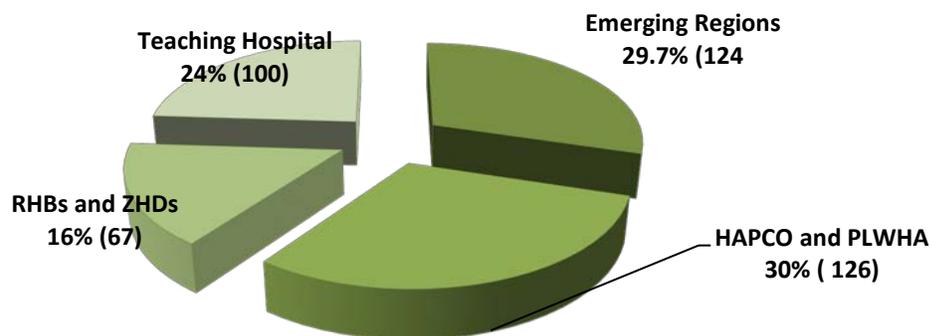
Of these, 42 teams, as shown in Table 1 and Figure 1, and a total of 126 participants are from organizations directly involved in the national response against HIV/AIDS. Through their Challenge Model, these teams identified key HIV/AIDS related challenges and built their planned interventions to overcome obstacles and achieve desired measurable results in areas such as ART service delivery scale up, improving adherence to anti-retroviral therapy (ART), scale up of preventing mother-to-child transmission (PMTCT), improving economic opportunities for families affected by HIV/AIDS, ensuring basic services for orphans and vulnerable children (OVC), and strengthening multi-sectoral responses.

Fig.1 Distribution of the number of teams among HAPCO, PLWHA associations and Facilities for the trainings held during the reporting period (April-June,2015)



The pie chart at Figure 2 below shows the distribution expressed in percentage of trainees coming from HIV/AIDS related units (HAPCO offices, PLWHA associations and facility level HIV/AIDS teams) compared to other parts of the health sector

Fig.2 Percentage distribution of trainees by their place of work (April-June, 2015)



- Amhara HAPCO, PLWHA associations and facility level HIV units' personnel training:** The first L+M+G workshop for Amhara HAPCO, PLWHA associations and facility level HIV units staff was conducted from May 16-18, 2015 in Bahir Dar in collaboration with the Amhara Regional Health Bureau and Bahirdar Health Science College. A total of 33 participants (24 males and 9 females) attended the workshop and formed 14 L+M+G teams. Out of the 33 participants, three are from PLWHA associations (Birhan Women Charitable Association), five from other local NGOs, five from facilities (health centers and a hospital) and the remaining 20 are from the regional and zonal HAPCO offices. The L+M+G teams crafted their respective draft Challenge Model, which are to be refined in consultation with their workplace colleagues once they are back to their units. Decreasing dropout rate of ART, follow up of HIV positive women in income generating, computerization of patient cards, and increasing the scope of VCT services are but a few examples of the measurable results the teams selected and will be working on throughout the training cycle. The workshop was

conducted by a team of facilitators from the FMOH and the LMG Ethiopia project.

- ***North and South Gondar HAPCO, PLWHA associations and facility level HIV units Training:*** The first L+M+G workshop for North and South Gondar HAPCO office, PLWHA associations and facility level HIV units staff was conducted from June 19-21, 2015 at Gondar University. A total of 39 participants (25 males and 14 females) attended the workshop and 11 L+M+G teams were established. Out of these, seven participants came from PLWHA associations (Hiwo Chora and FreHiwot), eight came from other local NGOs, 12 came from health facilities and the remaining 12 were from the zonal HAPCO. All the teams crafted their respective draft Challenge Model, which are to be refined in consultation with their workplace colleagues once they are back to their units. HIV partner test, PMTCT services, multi-sectoral mainstreaming of HIV/AIDS, resource mobilization and peer education are among areas of the measurable results the teams selected and will be addressing throughout the training cycle. The workshop was conducted by a team of facilitators coming from Gondar University, Bahirdar Health Science College and LMG Ethiopia.
- ***North & South Wollo HAPCO and PLWHA associations Training:*** The first L+M+G workshop for North and South Wollo HAPCO office and its partners' leadership teams was delivered from June 20-22, 2015 in Woldiya town. A total of 35 participants (23 males and 12 females) attended the workshop and 10 L+M+G teams were established. Seven participants are from PLWHA associations (Addis Hiwot Rehabilitation and Reintegration, and Tesfa Birhan), nine are from other local NGOs, 11 are from health facilities and the remaining 8 participants are from two of the zonal HAPCO offices. The teams crafted their respective draft Challenge Model, which are to be refined in consultation with their workplace colleagues once they are back to their units. Increasing ART adherence, targeted HIV testing and resource mobilization are among the draft measurable results the team selected and will continue to work on during the 6-9 months-long training cycle. The workshop was conducted by a team of facilitators coming from Wollo University and LMG Ethiopia project.
- ***LM&G Training to Addis Ababa National PLHIV associations (Mekdim and NEP+):*** The first L+M+G workshop for two Addis Ababa-based national PLWHA associations (Mekdim Ethiopia National Association of PLWHA and the Network of Networks of HIV Positives in Ethiopia) was conducted from May 23-25, 2015 in Addis Ababa. A total of 19 participants (15 males and 4 females) attended the workshop and seven L+M+G teams were established. These teams have crafted their respective draft Challenge Model, which are to be refined in consultation with their workplace colleagues once they are back to their units.

Increasing ART adherence, targeted HIV testing and resource mobilization are among the draft measurable results the team selected and will be working on during the program. The workshop was conducted by a team of facilitators from the LMG Ethiopia project. Large and small group discussions, exercise, take-home exercises and mini lecture were among the methodologies used during the training.

L+M+G training of teams from MOH management units

- ***Oromia RHB Training:*** The third round L+M+G workshop of Oromia regional health bureau was conducted from May 1-3, 2015 at Ambo University. A total of 30 participants (24 males and 6 females) attended the workshop. During the workshop, all 10 L+M+G teams presented for discussion and feedback the progress of the interventions under their Challenge Model. The training was conducted by a team of facilitators from Ambo University and LMG project.
- ***West Shoa Zone Training:*** The third round L+M+G workshop of West Shoa Zone health department was conducted from June 13-14, 2015 at Ambo. A total of 20 participants (15 males and 5 females) attended the workshop. During the workshop four of the five L+M+G teams presented for discussion and feedback the progress of the interventions under their Challenge Model. The family health team was not able to attend because of other competing activities in the zone. The training was conducted by a team of facilitators from Ambo University and LMG project.
- ***South West Shoa Zone Training:*** Similarly, the third round L+M+G workshop of South West Shoa Zone health department was conducted from May 2-3, 2015 at Wolliso. A total of 17 participants (14 males and 3 females) attended the workshop. All the five L+M+G teams presented the progress of the interventions under their Challenge Model and obtained feedback from the participants and facilitators. The training was facilitated by LMG project staff.

L+M+G training of teams from Teaching Hospitals

In support to the FMOH Medical Services Directorate the L+M+G program 2nd and 3rd rounds workshops were held for the 19 participating teams from Hiwot Fana and Ayder teaching hospitals during the reporting period.

- ***The second LM&G Workshop to Hiwot Fana Teaching Hospital (Harar):*** The second L+M+G workshop for Hiwot Fana Teaching Hospital staff was conducted from May 15-17, 2015 at Haromaya University College of Health Sciences. A total of 44 participants (26 males and 18 females) organized into 10 L+M+G teams representing the Outpatient Department (OPD), Inpatient Department (IPD), Department of Pharmacy, Department of Nursing, Department of Laboratory, Emergency Unit, Anesthesia OR, ICU Unit, and the senior

management body of the hospital attended the workshop. The L+M+G teams presented their Challenge Model, progress in implementing their work plan and towards achieving their measurable results. The workshop was facilitated by trainers from Haromaya University and LMG Ethiopia.

- ***Third LM&G workshop at Ayder Teaching Hospital of Mekelle University:*** The third L+M+G workshop was held for Ayder Teaching Hospital of Mekelle University from June 27-28, 2015. A total of 56 participants (35 males and 21 females) forming nine L+M+G teams attended the workshop. All teams presented their progress in implementing their work plan and towards achieving their measurable results. As described in the previous quarter's progress report, the focus for the majority of the teams was on achieving improvements in Ethiopian Hospital Reform Implementation Guide (EHIRG) indicators where HIV/AIDS, infection preventions and standard PMTCT and HCT are priorities. The training was primarily facilitated by the LMG Ethiopia Project, in collaboration with certified trainers from Mekelle University and the hospital itself. A coaching session after the second workshop was provided jointly by the facilitators from Mekelle University and team coordinators within the leadership of the hospital.

Collaboration with the FMOH's Special Support for Health Systems Strengthening Directorate initiative in the Emerging Regions

The L+M+G training program is being rolled out into the Emerging Regions of Ethiopia by the FMOH's Special Support for Health System Strengthening Directorate. Our project support to the Directorate is limited to the provision of training material and limited technical assistance. All aspects of the program's organization, logistics, training delivery and facilitation are handled directly by the Directorate and local authorities. We see this positive development as one more indication of how much ownership Ethiopia has of this program and commitment the health authorities have at deploying it across the country, including in least developed areas.

- ***Gambella Regional Health Bureau and Districts Training Result Presentation:*** The Gambella region L+M+G teams conducted their result presentation workshop in Gambella at the Finance and Economic Development Bureau Hall on the 25th and 26th of June 2015. Nineteen participants (all males) from 9 out of the 14 teams took part in the internal presentation session and eight of them presented their Challenge Model results. Five teams could not attend the results presentations workshop due to factors such as distance and difficulty of transportation and movement during the raining season. The Special Directorate and local health authorities are reaching out to these teams to follow up on their results with them.

During the workshop, all presentations were discussed and the participants and

facilitators provided valuable feedback to each team. One team (Gambella Town) was selected to present its Challenge Model and results at the final result presentation session carried out in the presence of local officials. The Akobo Woreda team presentation was not complete and was neither presented nor discussed. Five of the fourteen teams did not attend the result presentation workshop and the FMOH is following up on these “lost” teams in coordination with the Regional Health Bureau. It is expected that these teams will continue working to accomplish their Measurable Result.

Below is a summary of the results achieved by the eight teams that have presented their result.

Table 2: Achievement of Gambella L+M+G teams against their target

Team	Measurable Result	MR Indicator	Target	Base line	End line
1 Gog Woreda	Increase Gog Woreda’s < 1 immunization coverage from 38% to 66% by the end of June 2015.	% of < 1 children with completed vaccination in the Woreda <ul style="list-style-type: none"> • Numerator (base line) 243 • Numerator (End Line)=333 • Denominator 642 	66%	38%	52%
2 Jikawo Woreda	Increase model household coverage in Jikawo Woreda from 7.8% to 11% by the end of June 2015.	% of model households graduated in the Woreda <ul style="list-style-type: none"> • Numerator (base line) =438 • Numerator (End Line)=488 • Denominator =5613 	11%	7.8%	8.7%
3 Gambella Town	Increase model households with modern latrine coverage in the town from 30 % to 60 % by the end of June 2015.	% of households in the Woreda with improved modern latrine <ul style="list-style-type: none"> • Numerator (base line) =3507 • Numerator (End Line)=3800 • Denominator =11691 	60%	30%	32%
4 Itang Woreda	Increase ODF Kebeles in Itang Woreda from 0 out of 23 to 5 by the end of June 2015.	% of ODF kebeles in the woreda <ul style="list-style-type: none"> • Numerator (base line) =0 • Numerator (End Line)=3 • Denominator =23 	5	0	3

5	Wantuwa Woreda	Increase the % of model household in Wantuwa Woreda from the current 5% to 15%, by the end of June 2015.	% of model households graduated in the Woreda <ul style="list-style-type: none"> • Numerator (base line) =301 • Numerator (End Line)=603 • Denominator =6039 	15%	5%	10%
6	Godee woreda	Increase the ODF Kebeles in Godee Woreda from 5 out of 14 to 8 by the end of June 2015.	% of ODF kebeles in the woreda <ul style="list-style-type: none"> • Numerator (base line) =5 • Numerator (End Line)=8 • Denominator =14 	8	5	8
7	Lare Woreda (In the catchment area of Lare Health Center)	Increase institutional delivery in Lare Woreda from 23% to 36% by the end of June 2015.	% of pregnant women who delivered at facilities in the woreda <ul style="list-style-type: none"> • Numerator (base line) =184 • Numerator (End Line)=252 • Denominator =810 	36%	23%	31%
8	Mengesha Woreda	Increase the # of ODF Kebeles in Godee Woreda from 3 to 8, by the end of June 2015.	# of ODF kebeles in the woreda	8	3	6

We have discussed the low level of results achieved by the participating Gambella teams with the Special Department of the FMOH and with the local health authorities. Only one team achieved 100% of its expected measurable result (Gode Woreda) while none of the other teams achieved results above 80%¹ of expected measurable results. The factors at play in this situation are being looked into carefully as they are to provide increased understanding of the challenges associated to the L+M+G program being rolled out by the MOH with increased technical and financial autonomy, and the lessons to be learned on the right mix of conditions to have in place for successful scaling up of the program through increased health sector in-

¹ Achievement of desirable (or expected) measurable results at a level of 80% or more is the defined L+M+G team effectiveness threshold point in addressing their selected challenge and achieving results.

service training programmatic sustainability.

- ***Afar Regional Health Bureau and districts Training:*** Sixteen Afar Regional Health Bureau and districts L+M+G teams held their third round workshop from May 15-17, 2015 in Logia and Semera towns. A total of 44 participants (3 Female and 41 Males) from 16 woredas participated in the training. During the workshop all the 16 teams presented the progress of their action plan, discussions were held after each presentation and feedback from the facilitators was given to the teams. The training was conducted by a team of facilitators from Wollo University, Dessie Health Science College and LMG project staff. Facilitators from the Dessie Health Science College provided coaching support for all teams.
- ***Benishangul Gumuz Training:*** The second L+M+G workshop for the Benishangul Gumuz Regional Health Bureau and its zones and districts offices staff was conducted from June 20-22, 2015 in Assowa Town. A total of 61 participants (58 males and 3 females) on 24 teams attended the workshop, of which one team is from the RHB, one each from two Zone Health Bureaus and the 21 remaining teams from districts. The teams have finalized their Challenge Model by discussing with their respective workplace team. The training sessions were conducted by a team of facilitators coming from the FMOH, Pawe Health Science College, the Regional Health Bureau, and LMG Ethiopia project.

2) **Coaching Support**

Coaching is a key element in assisting teams to fully integrate the L+M+G practices and move forward towards achieving their desired measurable results. OALFA² coaching techniques are applied to help teams reflect on their behavior and realize their own potential in implementing their action plans. During the reporting period, a coaching visit (after the first workshop) was conducted by the LMG staff to five out of the seven Addis Ababa PLWHA associations taking part in the L+M+G participating. These five teams were from Mekdim Ethiopia National Association of PLWHA (one from the Care & Support Unit, and one from HIV Prevention Unit), Addis Ababa Network of PLHIV Association (ANOPA+), Network of Oromia Positive (NOP) and National Network of Positive Women in Ethiopia (NNPWE).

During the coaching visit, teams were supported to:

- Scan their environment and identify their priority challenges, refine their team's vision and measureable results using SMART³ criteria;

² Observe, Ask good question, Listen attentively, provide Feedback and Come to agreement

³ Specific, Measurable, Attainable, Relevant, Time bound

- Reflect on their commitment towards fulfilling their DMR;
- Work on the intermediate outcomes; creating conducive work climate, establishing a viable management system, and respond to client needs and demands through empowering their staff and stakeholders;
- Exercise the identified L+M+G practices in their workplace so as to realize the aforementioned outcomes;
- Take ownership in the process, document their successes and share them with others internally and outside their organizations;
- Realize their teams' potentials and utilize rationally the limited resources at their disposal; and
- Revise the content of workshop sessions to help them link it with the actual work environment

The coaches noted that these civil society organizations' L+M+G teams have sustained their teamwork outside of the workshop setting and shared with their broader organizations their learning and experience.

L+M+G coaching is ultimately to be delivered by qualified local facilitators and senior officers so that this important component of the L+M+G training can be sustained throughout the public sector and within networks of civil society organizations in Ethiopia. All opportunities to do so are taken whenever and wherever possible but the goal is to have this proven practice to become systematic. In that regard, LMG is currently discussing with the concerned decision makers from both sectors and academia on how best the project can support the achievement of progress toward this goal. In the upcoming reporting periods it is expected that the project will be conducting orientation on coaching for coaches-in-training and will be associating more frequently coaches-in-training in real life coaching support delivery.

Intermediate Result 3: Institutional Capacity of Ethiopian Training Institutions and Professional Health Associations Strengthened

Key results under this Intermediate Result include the following:

- 10 AAU/ Black Lion teams received two coaching sessions each
- 39 AAU staff conducted their L+M+G result presentation workshop

Addis Ababa University (Black Lion) L+M+G teams

Following their third-round L+M+G workshop held in previous reporting period, all 10 Black Lion L+M+G teams received two coaching sessions by the LM&G staff. The coaching support was mainly focused on the teams’ progress towards achieving their measurable results, the challenges they faced and the changes brought by the teams at their workplace in work climate, management system and workplace performance improvements.

Following the coaching sessions, the teams presented their achievements during their results presentation workshop held in Addis Ababa University’s College of Health Sciences (CHS) Hall on June 13-16, 2015. The 10 teams (39 participants – 20 male and 19 female) presented their result to the larger group during the internal session and received feedback on their achievements. Selected teams presented their results to university and health sector officials during the final certification sessions. All the trainees received the program completion certificate from Dr. Ahmed Reja, Chief executive Director of College of Health Sciences.

As shown in table 3 below, most teams (8 out of 10) achieved 100 % of their target measurable result while only two teams had still some work to do to fully achieve their target measurable result. Teams have also selected their next challenge to face and will continue hone their newly acquired management and leadership practices working together towards new accomplishments moving forward.

Table 2: AAU Black Lion L+M+G teams’ measurable result and achievement.

Team	MR	Indicator	Target	Result
Library	To transfer 9318 books of the Nursing library into KOHA database by the end of June 2015.	# of Nursing library books transferred into KOHA database.	9318	9318 (100%) ⁴
	<ul style="list-style-type: none"> • Koha is an Integrated Library System developed by Koha community 			

⁴ Level of actual achievement compared to target measurable result expressed in percentage

Property and administration	Prepare a report by conducting an inventory of the hospital and the college property by the end of June 2015.	# of report document produced based on the inventory of the hospital and college property	1	1 (100%)
Human resource (1)	Computerize the personal files of 2024 staffs in eight campuses of Addis Ababa University by the end of June 2015	# of personnel files Computerized in eight campuses of Addis Ababa University	2024	1720 (85%)
Human resource (2)	Conduct training need assessment of the administrative staffs of AAU and produce a report by the end of June,2015	# of training need assessment conducted on the administrative staffs of AAU and report produced	1	1 (100%)
Student service team	Computerize the profile of 3007 undergraduate students by the end of June 2015.	# of undergraduate students profile computerized by the student service team	3007	2156 (72%)
Registrar team	Increase the completeness of undergraduate students files in the college from 20%-85% by the end of April 2015 Numerator (bassline) =640 Numerator (end line)=2720 Denominator =3200	% of complete undergraduate students files in the college	85	85 (100%)
Facility Management team	Restore the functionality of sewerage lines in the student dormitories of two wards (C-4 and B-7) wards in the hospital by the end of June, 2015.	# of wards with functional sewerage line.	2	2 (100%)
Finance team	Decrease the timing of the issuance of duty, part time and teaching load payments into 14 days from 60 days by the end of June 2015.	# of days required for the issuance of duty, part time and teaching load payments in AAU CHS.	60 days	5 days (100%)
	Decrease the timing of issuance of purchase payment to 2 days from 15 days by the end of June,2015	# of days required for the issuance of purchase payment in AAU CHS.	15 days	2 days (100%)

Teaching-learning team	Develop a database and computerize the HDP trainings being delivered in the 4 schools of the college for the teaching staffs by the end of June,2015	1.	# of computerized HDP training needs of the teaching staffs	1	1 (100%)
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Other activities and accomplishments

Alignment of LMG/Ethiopia Technical Focus towards HIV/AIDS

As part of the US Government commitments and investments towards delivering on the promise of an AIDS-free generation, and in response to PEPFAR 3.0 pivot in Ethiopia, the LMG project has continued during the reporting period to further align its technical focus and interventions with areas and levels of the health sector, their units and their personnel directly involved in the national response to the HIV/AIDS epidemic. A concept note describing the project’s updated technical directions, approaches, and plans was developed by the team, submitted to and approved by the Mission. The concept note guides the modifications being made to LMG/Ethiopia’s on-going work plan and will guide next fiscal year’s plan. At the end of the reporting period, the updated work plan for FY2014 was being finalized and made ready for submittal to the Activity Manager for approval. As can be seen in this progress report the federal, regional and zonal HAPCOs, the health facilities delivering HIV/AIDS services and civil society organizations active in HIV/AIDS areas are receiving increased attention from the project. This will only grow in focus moving forward.

Support to Ethiopia’s GFATM Grants Management through a Senior Professional Secondment to the FHAPCO

The secondment to the Federal HIV/AIDS Prevention Control Office (FHAPCO) of a senior professional, Dr. Tsegay Legesse, to serve as the Government’s GFATM Grant and Project Management Coordinator continued over the reporting period. His formal secondment under the project came to its end though on May 21th and MSH closed the position and his employment. The Ethiopian health authorities submitted USAID a request for extension of this assistance and it is under consideration at this time. Here follows salient reporting points on this assistance from the April-June 2015 period.

- Dissemination of Ethiopia’s Country 2015-2020 HIV Investment Case:**
 Following a nine months review period, Ethiopia’s 2015-2020 Country Investment Case for HIV/AIDS document was officially adopted by the HAPCO. The document was printed out and distributed to all regions and implementing partners.

- **Finalization of grant making and negotiation:** During the reporting period, a number of regular Global Fund (GF) grants management related activities were supported, among which revision and adjustment of work plan, budget, Procurement and Supply Management (PSM) plan and performance framework, as well as the development of implementation map, clarification documents and responses to the Technical Review Panel (TRP) and to the Grants Approvals Committee (GAC). Negotiations were also supported as part of the overall support to the Global Fund grant making process and were concluded with positive outcomes. The objects of the negotiations were the approval of the revised work plan and budget, the interventions to be carried forward and the inclusion of new indicators in the performance framework. All of the above is part of the gateway for final approval by the GAC and GF board.
- **HIV RCC Grant:** After a six-month no-cost extension of the HIV RCC Grant was approved and the 36.8 Million USD budget approved by GF, an action plan was developed for a successful completion of this program based on the remaining activities to be accomplished and advances to settle in each region and with all sub recipients (SR). Accordingly, the national close out action plan was shared with each region and directions to implement the action plan were given to them and to the SRs. As part of this process consultative meetings were held with regional officials and board members. Similarly, a one day meeting was held with nine HIV RCC grant receiving civil society organizations. In line with the national action plan and guidance provided regions and SRs developed their own specific close-out plan. The seconded GFATM Grant and Project Management Coordinator provided onsite support for eight regions and two city administration, and provided weekly follow-up to facilitate the implementation of the action plans. This support was also given for eight Federal level Government sector SRs.

Strategic Technical Communications Capacity Building

During the reporting period, LMG Ethiopia staff received technical support from LMG / Global in the area of technical communication. The support had three purposes: a strategic communications plan and editorial calendar development for the project, training delivery for LMG/Ethiopia staff in key communications concepts, and the development of at least one exemplary success story to submit to USAID. The editorial calendar identifies potential opportunities to present the L+M+G program development experience in Ethiopia, its lessons learned and results achieved to audiences such as USAID and the public health technical communities in Ethiopia and beyond. As part of the assistance received during the period, the entire LMG/Ethiopia staff took part in a four-day training facilitated by the visiting expert, key communication pieces to be developed were identified in light of the audiences' needs and priorities, and a draft strategic communications plan for LMG/Ethiopia was

developed.

7. Challenges, Constraints, and Plans to Overcome Them during the Reporting Period

Quarterly challenges and Constraints for each program area

Program area 18-OHSS

- During this quarter most of our activities were held often with some delay due to the national election held on May 24th 2015.
- The LMG Project, in collaboration with FMOH's Medical Services Directorate, is supporting L+M+G capacity development at 10 teaching hospitals. These being under the authority of the Federal Ministry of Education (FMOE), reaching out to them to carry out activities under a FMOH supported program has presented some obstacles.

Plans to overcome challenges and constraints in each of your program areas

- After the election we accelerated the pace of implementation whenever and wherever possible while maintaining quality assurance so that the program is getting back on track. This was also achieved through continued mobilization of key partners in training sessions.
- The FMOH and FMOE are working together to develop a directive as to how the teaching hospitals are being managed. When the directive is approved by the Council of Ministers, this should ease continuing LMG's interventions as a FMOH's partner project.

8. Data Quality Issues during the Reporting Period

Specific concerns you have with the quality of the data for program areas reported in this report

1. No concerns.

What you are doing on a routine basis to ensure that your data is high quality for each program area

1. Using Excel, we routinely capture data on the profile of LMG project trainees. Immediately after each training, data is entered into the system. Checking for the completeness of the data before it is entered into the database is another way we ensure data quality.

How you planned to address those concerns / improve the quality of your data for each program area

N/A

9. Major Activities Planned in the Next Reporting Period

Upcoming activities should highlight planned activities and solutions to identified constraints (write for each program area)

IR 1: Management systems in place to harmonize and standardize LMG in-service and pre-service train

Follow up of the HSM course delivery and challenge model application in Team Training Program (TTP) In-service Training (IST) materials revision

IR 2: L+M+G capacity of FMOH Directorates and agencies as well as select Regional Health Bureaus/Zonal/District Health Offices and facilities developed.

- LMG rollout training for PLWHA associations at federal level (NEP+ and Mekdim),
- LMG roll out for Amhara Regional HAPCO and HAPCOs in ex-LMS zones in Amhara
- LMG rollout training and coaching for Gondar, Ayder, Hawassa, Hiwot Fana. Jimma and three more teaching hospitals will continue
- Collaborate with FMOH to conduct coaching and result presentation workshop for Somali and Afar and Benishangul Gumuz Region,
- LMG rollout workshops at Amhara, Oromia Tigray, and SNNPRS RHBs will be conducted

IR 3: Institutional capacity of Ethiopian training institutions and professional health associations strengthened

- Strengthening the link b/n RHBs and nearby universities (joint planning for LMG in service training)

Monitoring and evaluation

- 2015/16 Work plan and PMP will be developed.
- Work on costing exercise

10. Environmental compliance

Describe any issues related to environmental compliance (if there are any)

The project does not have any environmental compliance issues.

11. Financial accomplishment

(In USD)

Life of Project budget (a)	Obligated to date (b)	Expenditure (Accrual and actual disbursement) to date (c)	Remaining balance (d) = (b) – (c)	Remarks
5,775,621	6,326,108	4,863,186	1,462,922	Expenses for May & June 2015 are estimates

12. Issues requiring the attention of USAID Management

Identify and state issues that USAID needs to look at and address for each program area

13. Data Sharing with Host Government:

Have you shared this report with the host government?

Yes

No

If yes, to which governmental office/s?

If No, why not?

We will share as we get further guidance from USAID.

Have you made **data reconciliation** with respective regional sectoral office/s?

Yes

No

If yes, to which regional sectoral office/s? Were there any issues that came out from the reconciliation? How these issues were handled/ will be handled?

If no reconciliation was made, what are the reasons for it?

14. Appendices

(Include any relevant documents, data etc. as appendices)

See the listed reporting tables below on following pages

- Number of Teams and Participants having completed the LMG training: cumulative over life of project (LOP) – situation as of 2015.06.30
- Number of Teams and Participants Currently Progressing in the LMG training Program (Pipeline) – situation as of 2015.06.30

LMG Ethiopia

Number of Teams and Participants having completed their LMG training (cumulative over LOP)

Status as of 2015.06.30

Total # of Teams ; # with MR ≥ 80% ; # with MR <80%	Emerging Regions																		Total																							
	Addis Ababa			Amhara			Dire Dawa			Harari			Oromia			SNNPR			Tigray			Afar			Beishangul G.			Gambelle			Somali			# P	# M	# F						
	# T	≥80%	<80%	# T	≥80%	<80%	# T	≥80%	<80%	# T	≥80%	<80%	# T	≥80%	<80%	# T	≥80%	<80%	# T	≥80%	<80%	# T	≥80%	<80%	# T	≥80%	<80%	# T	≥80%	<80%	# T	≥80%	<80%									
# P	# M	# F	# P	# M	# F	# P	# M	# F	# P	# M	# F	# P	# M	# F	# P	# M	# F	# P	# M	# F	# P	# M	# F	# P	# M	# F	# P	# M	# F	# P	# M	# F	# P	# M	# F							
Ministry of Health management units																																										
<i>Federal Ministry of Health (FMOH)</i>																																										
	19	18	1																																19	18	1					
	72	53	19																																72	53	19					
<i>Regional Health Bureaus (RHB)</i>																																										
							9	8	1	9	8	1																								18	16	2				
							38	28	10	38	29	9																								76	57	19				
<i>Regional HAPCOs</i>																																										
																																				0	0	0				
<i>Zonal Health Departments (ZHD)</i>																																										
													14	13	1																					14	13	1				
													44	38	6																					44	38	6				
<i>Zonal HAPCOs</i>																																										
																																				0	0	0				
<i>Woreda Health Offices (WHO)</i>																																										
																																					8	7	1			
																																					35	35	0			
<i>Woreda HAPCOs</i>																																										
																																					100	94	6			
																																						135	129	6		
																																						0	0	0		
Health Facilities																																										
<i>Reference/Teaching hospitals</i>																																										
	10	9	1																																		10	9	1			
	39	20	19																																		39	20	19			
<i>Regional/Zonal hospitals</i>																																										
																																					0	0	0			
<i>Primary hospitals</i>																																										
																																					0	0	0			
<i>Health Centers</i>																																										
																																					0	0	0			
																																						0	0	0		
Civil Society Organizations																																										
<i>HIV/AIDS related Associations</i>																																										
																																						0	0	0		
<i>Other CSOs</i>																																										
																																						0	0	0		
																																						0	0	0		
Total number of teams having completed LMG Training																																										
	29	27	2	0	0	0	9	8	1	9	8	1	14	13	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	7	1			
Total # of Participants (P) by Gender having completed LMG Training																																										
	111	73	38	0	0	0	38	28	10	38	29	9	44	38	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	35	35	0			
																																							100	94	6	
																																								366	297	69

These are teams from East Hareрге (6 teams) and West Hareрге (8Teams) Zonal health departments in Oromiya region