

Management Sciences for Health LMG Ethiopia; Quarter III Progress Report for Fiscal Year 2013 (April 1 – June 29, 2013)

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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 Science for Health
LMG Project
Ethiopia

QUARTER III PROGRESS REPORT FOR

FISCAL YEAR 2013

(APRIL 1ST TO JUNE 29TH 2013)

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LIST OF ACRONYMS

AAU	Addis Ababa University
AHRI	Armawer Hansson Research Institute
ALERT	All African Leprosy and TB Rehabilitation and Training
AMREF	Africa Medical Research Foundation
ART	Anti-Retroviral Therapy
CEO	Chief Executive Officer
CLM	Center for Leadership and Management
EC	Ethiopian Calendar
EPHOA	Ethiopian Public Health Officers Association
ESOG	Ethiopian Society of Obstetrics and Gynecology
FMOH	Federal Ministry of Health
HMIS	Health Management Information System
HRIS	Human Resource Information System
INGO	International Non-Governmental Organizations
IR	Intermediate Result
LMG	Leadership Management and Governance
LMGIST	Leadership Management and Governance In-Service
M and E	Monitoring and Evaluation
MOST	Management Organizational Sustainability Tool
MSH	Management Sciences for Health
PMP	Performance Monitoring Plan
RHB	Regional Health Bureau
SLP	Senior Leadership Program
SNNPR	Southern Nations and Nationalities Peoples Region
TA	Technical Assistance
TAHB	Town Administration Health Bureau
UN	United Nations
USAID	United States Aid for International Development
VBA	Visual Basic for Application
W _r HO	Woreda Health Office
ZHD	Zonal Health Department

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1. Reporting period

From: 1 April 2013	To: 29 June 2013
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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/Curriculums

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/TDYers

Name	Arrival	Departure	Organization	Type of Technical assistance provided
Seims La Rue	14 April, 2013 23 April, 2013	19 April, 2013 24 April, 2013	MSH	To provide Monitoring and Evaluation Support
Jim Rice	23 April, 2013	28 April, 2013	MSH	To provided technical support on the development of strategic plan for Gender Directorate of FMOH
Belkis Giorgis	22 April, 2013	08 May, 2013	MSH	To provide technical support on the development of Gender training manual

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
Ademe Tsegaye	Pretoria, South Africa	June 19, 2013	June 27, 2013	MSH South Africa	To attend CLM global M&E retreat

Have any Monitoring Visit/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

18-OHSS

Intermediate result 1: Management system in place for harmonized, and standardized, LMG

In-service training for Ethiopian health workforce

Sub Intermediate Result 1.2: LMG in-service training module/curriculum developed and implemented

✓ Seventy five percent of the LMG in-service training module development process is completed (Custom indicator: PMP indicator # 2)

Comment:

As per the agreed up on scope of work with the FMOH for preparing LMG in-service training modules, the LMG project and other partners under the leadership of the FMOH has developed three separate training materials for the three levels of health cadres. After jointly identifying the overall objective of the training and deciding on the major contents to be entertained in the training materials, the write up process has been given to local consultants.

The modules have been reviewed three times by the national module technical working group assigned for monitoring the progress for each category, Senior, District, and Facility level modules. Furthermore the three level materials have been reviewed in-house by the LMG project team. After passing all these sequential steps the training modules became a mature document to be reviewed by external stakeholders and the target beneficiary.

To review the drafted LMG in-service training modules, a consultative workshop was organized, from June 11-13, 2013, by FMOH, to review the three LMG in-service training modules being developed. In the workshop a total of 42 reviewers from 17 organizations: 8 from Federal Ministry of Health (FMOH), 7 from various health professional associations, 11 from universities and training institutions, 8 from Non-Governmental Organizations (NGOs), 3 from Woreda Health Offices (WrHO) and 5 from Regional Health Bureaus participated.

In the workshop a thorough revision was made on the training modules. After the key-note addresses by the Ministry officials and USAID representative, the workshop participants were categorized into three groups based on the proximity they had to each of the training modules. One group reviewed the senior training module and the others reviewed the district and facility LMG in-service training modules. The methodology utilized to review the modules provided a platform for the participants to actively participate and offer valuable feedbacks.

When the 2 days of group revisions completed, there were plenary session in which each group presented their feedback on the modules to the whole group and discussed what should be addressed on the modules to make them final. In addition, each group also practically wrote and included their inputs into the documents besides providing general and specific comments.

In the coming quarter the modules will be ready for use and master trainers will begin train health teams at different levels of the health system. The LMG project will continue to support the LMG capacity building activities.

Sub Intermediate Result 1.3: LMG in-service training included in the RHBs in-service training plan and integrated with training institutions.

✓ T w o regional health bureaus and three training institutions have started the LMG in- service training linkage (Custom indicator: PMP indicator # 3 and # 4)

Comment:

In the reporting period, the effort to link the local training institutions with regional health bureaus has continued and shown the first sign of success. With a collaborative effort of Haromaya University and Harare Health Science College, the TOT participants developed rollout plans and conducted a series of meetings together on their cascading plan, better training and coaching skills and delivered the first round LMG in-service training for Harare and Diredawa regional health bureau staffs from April 19-21 and form 26-28, 2013, in Harare and Diredawa respectively. See IR 2 for the number of training participants.

In addition, Jimma University, in collaboration with FMOH and the LMG project, offered the second round LMG in-service training in Jimma university campus from May 9-11, 2013, on which there were 38 FMOH senior staff of whom 4 participants were Directors.

Intermediate result 2: L+M+G capacity of selected FMOH Directorates and agencies as well as Regional Health Bureaus/Zonal Health Departments/District Health Offices Developed

IR2.1: Health workforce teams trained on L+M+G available at different level of the health system

- ✓ 3 training institutions are delivering the LMG in-service training (Custom indicator: PMP indicator # 6)

Comment: Jimma University, in collaboration with FMOH, and the LMG project, has provided the second round LMG in-service training for FMOH directorate staff described below under indicator #7. In addition, Haromaya University in collaboration with Harare health Science College provided the first round LMG in-service training for Harare and Diredawa health bureau staffs which is also described under indicator # 9.

- ✓ 68 new senior managers and other health care workers trained on LMG in-service training (NGI: # H 2.3.D)

Comment:

First round LMG in-service training for Harari and Diredawa health teams

During the reporting period, the first round LMG in-service training was provided for Diredawa town administration and Harari regional health bureau staff. In the Diredawa training there were 36 participants of whom 13 were females. The participants were from different levels of the health system in the region: 11 from health centers, 6 from hospitals and 19 from five core processes with the regional health bureau. For the Harari regional health bureau training, there were 32 participants of whom 10 were females. Most of the participants were from RHB, and of whom 28 are from six core processes of the RHB ,and the rest were from health centers and Woreda health office. Both trainings were provided by the trained LMG in-service training facilitators from Haromya University and Harare Health Science College.

After the completion of the first round in-service training coaching support was also provided for Harare and Diredawa health teams by the trained LMG in-service training facilitators and the LMG project staff. The coaching support was specifically designed to assist the teams towards the implementation of the action plan they developed using the challenge model. The coaching support addressed all of the team participated in the first round workshop. During the coaching session, the progresses they made towards achievement of the measurable result were discussed, challenges hindering the progress were identified and possible solutions were sought. In addition, using the LMG coaching checklist, the coaches provided technical support towards filling the LMG gaps identified on the baseline assessment. For the measurable result each team is working on, see table 1:

Table 1: Measurable Results set by the LMG in-service training participants	
Core Process	Measurable result
Harare RHB	
Health Promotion and Disease Prevention Core Process	To increase long acting family planning service utilization from 10% to 30% by the end of October 2013.
Medical Services Core Process	To improve equipment management system of RHB from the existing 45% to 85% by the end of October 2013. (draft)
Human Resources Core Process	To complete human resources information system (HRIS) database from 60% to 100% from 128 staffs of RHB by the next six months
Planning, Monitoring and Evaluation Core Process	To increase implementing partners that aligns and harmonizes their plan from 60% to 90% at the end of October 2013.
Finance, Procurement and Propriety Administration	To implement integrated financial management system and reducing the time to deliver payment from 2 working days to 1hour by the end of October 2013.
Internal Audit	To audit 8 health centers and providing report on audit findings by the end of six month.
Regulatory Core Process	To increase health facilities inspection coverage from 30 % to 85% by the end of October 2013.
Woreda Health Offices	To graduate 1800 model family in six months.
Diredawa TAHB	
Dilchora Hospital Team	To improve hospital reform implementation standards from 54% to 90% by the end of October 30, 2013.
Curative and Rehabilitative Core Process	To increase volunteer blood donors from 6% to 80% by the end of October 2013.
Sabian Health Center team	To increase HMIS implementation from 30% to 70% at the end of Sept 30, 2013.
Melaka Jebdu Health Center	To increase family planning coverage from 25% to 35% at the end of October 2013.
Procurement/Finance and Property Administration	By the end of October 2013, computerized registration of RHB properties from 30% to 80%.
Health Promotion and Disease Prevention	To increase skilled attended delivery (institutional delivery) from 10% to & 25% by 2006 E.c
Regulatory Process	By the end of October 2013, 30% of governmental health facility will be certified for quality services by the new standard.
Human Resources Process	To establish complete database of human resources information system by October 2013.
Legehare Health Center	To increase utilization of clinical chemistry for ART and chronic follow up patients from 2%-30% by the end October 2013

Second round LMG in-service training for FMOH Directorates

The second round LMG in-service training workshop was held in Jimma from May 9-11, 2013, where 38 Participants' drawn from 14 Directorates of FMOH were in attendance. The first day of the workshop spent discussing with the presentations by all participating teams where most teams marvelously achieved their assignments and cascade what they learnt with other staff members of their respective directorate. It was also noted that few directorates like resources mobilization and finance directorates were in need of further supports from LMG staff to provide onsite coaching and mentorship to let them properly practice the L+M+G practices at their workplace. During the workshop, governance practices, linkages among governance, leadership, and management, monitoring and evaluation, strategic plans, communications were addressed. And at the spot a new coaching plan was agreed with all participating directorates.

Second and third round training for Yale's SLP teams

The SLP project of Yale held the second and third session of its Senior Leadership Program (SLP) at the Addis Ababa University- Black Lion Medical Campus from April 6 to 7 and May 11 to 12, 2013 respectively. These were the second and third of five class sessions scheduled through September 2013. Participants included 34 in the second workshop and 26 in the third workshop who are drawn from 10 regional health bureaus, Medical Services Directorate of FMOH and instructors from Mekelle University.

- ✓ 14 Directorates of FMOH, 8 health teams in Harari Regional Health Bureau, 9 health teams in Diredawa Town Administration Health Bureau, 11 core processes of RHB under Yale's SLP project are implementing their action plan (Custom indicator: PMP indicator # 8)

Comment:

The teams at different levels of the health system, as part of the workshop exercise, are working on one challenge to be tackled within 6 months period. They conducted root cause analysis, prioritized action and developed action plan and now the teams are implementing their action plan. The final result of their activities will be presented by the team at the end of the last workshop. Similarly, the Yale's SLP teams in 11 regional health bureaus are implementing their action plan for the problem they identified ranging from poor referral system to lower level data quality.

To back up the implementation of the action plan, technical support for FMOH directorate as well as for Harari regional and Diredawa town administration health bureau was provided during the coaching session. The coaching sessions are scheduled to happen at least two times in between each workshop. The coaches at the project made coaching visits in average 1.4 times to the Ministry and regional health bureaus. They sat together with the team, reviewed the progress they made towards the desired measurable result they set and gave technical support to the team as deemed important. In addition, the coaches also provided support to fill the gaps that were identified during the baseline assessment using the coaching checklist prepared to address the gaps identified. The majority of the directorates and regional health bureau teams are showing good progress towards implementation of the planned activities. On the contrary few were quite busy with other priorities and are trying hard to catch up with the remaining activities.

In addition, the LMG technical advisor in the Yale's SLP project conducted supportive supervision to Tigray, Oromia, SNNPR RHBs to provide project specific and general support to improve their leadership capacity of the curative and rehabilitative core process teams in the regional health bureaus.

- ✓ 45 RHBs staff, University and Training Institutions lecturers participated in the LMG in-service training manual orientation training sessions (Custom Indicator: PMP indicator # 9)

In the reporting period the project, in collaboration with FMOH, offered six days long potential facilitators training for 45 participants from May 16-21st, 2013 in Adama . In the training sessions 19 participants from Amhara region; 10 from Oromia region; 7 from SNNPR region; 7 from Tigray region; 2 from Addis Ababa University were in attendance . The trained facilitators contributed their inputs on the new LM&G In-services materials and became enthusiastic to be part of the roll out of the LM&G in-service training programs when the models are finalized. The sessions created a venue for higher learning institutions and regional health bureaus for better joint planning and implementation of the LM&G in-services training in the coming quarters

- ✓ Technical support was provided for the Gender Directorate of FMOH (Custom indicator: PMP indicator # 10 and # 11)
- LMG is providing leadership and management capacity building to 14 directorates within FMOH. The teams in each directorate are working on their challenge models . this kind of exercises triggered some directorates to look into themselves for improved management, leadership and governance practices. Based on the requests from the senior leadership of the federal ministry of health LMG project is providing additional technical support to the general services directorate. The exercise is implemented based on a joint plan of action developed by two case teams within the directorate. The two case teams are the transport and property management.
 - The ministry intends to know what are the critical problems in transport, fleet management , garage management , and all other property management and general services coordination issues , and consequently the leadership wants LMG's support to scan and analysis the trends so far and what are the recommendations to swiftly fix some of the bottlenecks.
 - The main purpose of the trend analysis is to study the activities and performance of the transport and property management case teams in the last 5 years in order to identify the prevailing problems in the case teams and propose possible recommendations and suggestions.
 - The assessment involved document review and key informant interviews, and the findings of the assessment will provide inputs to the next year EFY FMOH's work plan. All the activities are underway starting in the last weeks of the reporting period using LM&G staff.

Comment:

In the reporting period, the gender director of FMOH received a variety of technical support from the project. The major technical support provided was on the development of a three year gender strategic plan. For this a three day workshop was held in Adama from April 25-27, 2013. In the workshop 53 participants from various government offices, parliamentarians, INGOs and UN agencies participated. The participants with the support they got from the project managed to develop a three year gender strategic plan. The first draft of the gender strategic plan was drafted and it is going to be finalized early in the next quarter.

Continuing the technical support to the directorate, the project provided technical support on the 5 days joint review and planning exercise at Adama from May 21-26, 2013. A total of 41 (21 female and 20 male) gender, planning and maternal health experts drawn from FMOH, regional health bureaus, agencies and hospitals were present during the exercise. In addition, two representatives, including the chairperson from House of People Representatives women, children, and youth affairs standing committee has been part of the workshop.

IR2.3: L+M+G training integrated with clinical outreach/hospital strategy to address the needs of L+M+G training at lower levels

AMREF has conducted a joint consultative workshop with stakeholders to officially launch the LMG integrated clinical outreach program. The workshop was conducted on June 20 and 21, 2013 at Harmony hotel along with the Clinical outreach annual review meeting and was attended by 37 participants. The participants came from AMREF Kenya Clinical and Diagnostic Directorate, FMOH Medical Service Directorate, AAU Medical Facility, Surgical Society of Ethiopia(SSE), Ethiopia Society of Obstetrics' and Gynecologist(ESOG), Anesthesia Society of Ethiopia, CEO of hospitals, Medical Directors and Surgeons. On the event, a brief presentation and discussion was made on overview of LMG project and what

is next in terms of implementing the LMG in-service training for 20 hospital management teams in different regions.

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

IR 3.1: Strengthened LMG capacity of training institutions and professional associations

- ✓ The LMG capacity building efforts of training institutions and professional health associations has been started (Custom indicator: PMP indicator # 15, # 16 and # 17)

ALERT

The project continued its technical assistance to ALERT training center through facilitating the MOST workshop. The workshop was conducted in ALERT training center from April 19-21, 2013, with ALERT training center staff with the objective of conducting a self-assessment on management, organizational and sustainability issues of the training center using the MSH MOST assessment tool. Fifteen staff of the center participated in the workshop.

During the workshop the participants assessed themselves in 5 management areas: mission, values, strategy, structure and system and 19 components in these areas. The components listed below were identified and objectives and action plan to be implemented in the coming six months were developed. At this time the center is implementing the action plan.

1. Institution quality assurance mechanism
2. Improving the financial management
3. Design and implement a revenue generation mechanism

EPHOA

The EPHOA has started its implementation based upon the agreed action plan on the MOST workshop conducted in the last quarter. The association started with its implementation of the action plans to fix the identified management gaps. It was noted that the Strategic plan development progressed so rapidly and a retreat workshop is planned to finalize the strategic plans documents.

As per the identified gaps LMG Ethiopia project furnished the EPHOA office by purchasing equipment. These supports believed to assist the EPHOA to function better as partner of the health system in Ethiopia. For strengthening the organizational structure of the Association, the EPHOA board members developed organizational structure with clear roles and responsibilities for key positions and making a bench mark of similar Association in the Country.

IR 3.2: Program offering a capacity of training institutions improved

- ✓ Program offering capacity building efforts has been started(Custom indicator: PMP indicator #18)

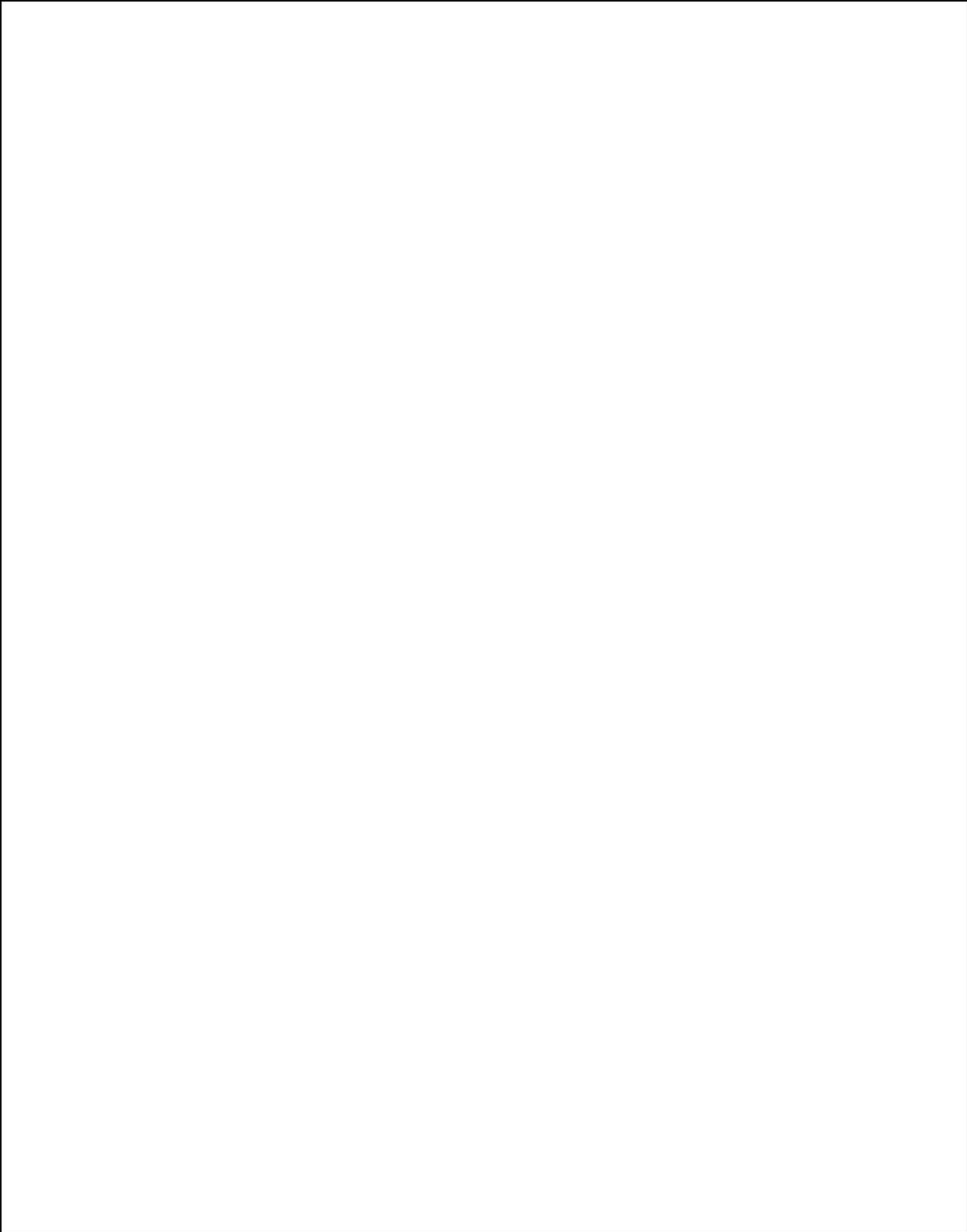
As part of the effort to strengthen the training institutions capacity to offer the LMG in-service training, the project has conducted MOST workshop in ALERT training center. This workshop played a pivotal role in identifying management components that should be strengthened before beginning delivering the LMG in-service training. The center crafted action plan that will be implemented in the coming 6 months. The LMG project is determined to continue the technical support it provides to the training center to make it a reliable partner for the FMOH in the areas of leadership, management and governance capacity building endeavors.

The project, in collaboration with ALERT training center and FMOH, as part institutional capacity building support, offered TOT training on grant writing for FMOH and ALERT training center staff. The training was conducted in Adama for 7 days from June 17 to 27, 2013 and was attended by 17 participants. In the workshop how to write general grant writing, research grant writing and project grant writing was covered. The training was provided by experts from the GMS/World Learning, AHRI and ALERT. The training is going to be cascaded for training institutions, universities and regional health bureaus as part of strengthening the capacity to offer the LM&G in-service training.

LMG supported ALERT Center to develop facilitators and training handouts on grant writing.

Project Management

For the AMREF LMG integrated clinical outreach program a project officer is recruited and started work since May 29, 2013. She was introduced with the staff and orientation about the project activities and strategies is provided. In addition, office furniture and computer has been bought for the project purpose.



7. Challenges and Constraints and plans to overcome them during the reporting period

Quarterly challenges and Constraints for each program area

Program area 18-OHSS

1. Because of other competing priorities, including annual evaluation and planning, within FMOH, and regions, the LMG teams were not able to avail themselves for caching exercises.
2. High dropout rate of the Yale supported SLP ongoing training, as reported above the number of participants who attended the 2nd and 3rd workshop of the Yale SLP program is declined from 47 in the first workshop .

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

1. The coaches repeatedly rescheduled their coaching schedule and managed to offer the coaching support at least once in the entire directorate of the ministry and the regional health bureaus.
2. In order to solve this problem we have arranged a one day make class for participants who missed one or two of the sessions, and more over with LMG/MSH staff, on site supportive supervision scheduled for next quarter.

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. The project doesn't have concerns with data quality issues.

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

1. LMG project developed monitoring and evaluation tools and oriented the staff to use them consistently
2. LMG project developed a training profile database with visual basic application (VBA) in excel and entered all of the training related data which helps us a lot in storing and retrieving training related data
3. LMG project entered training related data into the database and also keep it in hard copy
4. LMG compares the numbers on the hard copy against the data in the computer

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

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)

- Finalizing the LMG in-service training materials.
- Conduct master ToT for participants selected through the Ministry and LMG project Ethiopia.
- Continue the LMG in-service cascade training at FMOH, Harari regional health bureau, DireDawa town administration, East & West Hararghe ZHD and Black lion hospital.
- Continue the technical support provided for EPHOA and ALERT training center
- Conduct technical support need assessment on universities and training institutions and offer back-end support
- Follow up and coach the LMGIST teams at different levels of the health system.
- Conduct hospital management team LMG practice assessment in 20 hospitals
- Continue the Yale SLP workshop for medical service directorate teams of 11 RHBs
- Conduct joint supportive supervision for Yale SLP team who are enrolled in the SLP training program

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
3,674,304.00	5,576,108.00	1,371,426.00	4,204,682.00	Estimate has taken for June's expenditure.

12. Issues requiring the attention of USAID Management

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

- ✓ The target used in this report is based on the revised PMP.
- ✓ We counted the number facilitators training with the LMG in-service training participants
- ✓ On the excel reporting format we only reported the newly recruited LMGIST participants, not the one who are already reported in the last quarter report.

13. Data Sharing with Host Government:

Have you shared this report with the host government?

Yes

No

If yes, to which governmental office/s?

[Please put your response here]

If No, why not?

We've shared the baseline assessment report

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?

[Please put your response here]

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

The LMGIST training data is not captured in the government offices and there is no any means to capture it with the data in government offices.

14. Appendices

TDYers Report

Process for completing trip report

1. This **trip report** must be completed by the traveler and distributed to the supervisor, relevant team leader, project manager and ProCo within 10 business days of the traveler's return to their home office.
2. The traveler will schedule a **debriefing** with their project manager and, if appropriate, the project team within 10 business days of their return to their home office. This meeting will highlight content for the trip report. If the traveler is a project manager, they will meet with the project team. Ideally, the debriefing will be scheduled prior to the traveler's departure. The appropriate Team Leader can serve as a resource to determine who else should be present at the debriefing.
3. Trip reports and addendums should be saved with the relevant TDY documents in sub-project eRoom.
4. Completion of the trip report and scheduling debriefings is the responsibility of the traveler.
5. In the event a trip report needs to be filed with USAID mission, the traveler must have the report **reviewed by the appropriate Team Leader first**, when possible, and project manager before sending the report to USAID mission.
6. When the entire template is completed, email the report along with all relevant documents to the relevant Program Manager, Team Leader, and ProCo. ProCo will determine if trip report and which documents should be sent to **Institutional Memory**.
7. Save this report using the following naming protocol: sub-project name_ traveler's name_ destination_program year_departure month (i.e. Global Fund-Stash- Pakistan - 2006-6).

1. Scope of Work: Build the evidence base for which changes, behaviors, practices, and outcomes were sustained in Ghana where the LDP and senior leadership training interventions were conducted by:

o Conducting and recording interviews of LDP Coordinators, Facilitators, and Team Members regarding sustainability for transcription and analysis;

o Gather from coordinators supporting documents on the LDP rollout.

Destination and Client(s)/ Partner(s)	Ethiopia/LMG
Traveler(s) Name, Role	La Rue K. Seims
Date of travel on Trip	April 14-24, 2013
Purpose of trip	<ul style="list-style-type: none"> Finalize several documents, the most important being a capacity assessment of 59 organizations; Review PMP and M&E Workplans, recommend changes, and identify those aligned with the LMG PMP; Assist with developing tool for coaching training participants.
Objectives/Activities/ Deliverables	<p>Deliverables:</p> <ul style="list-style-type: none"> Finalize organizational capacity assessment document for 59 organizations Revise PMP and M&E Workplan Develop supervision checklist Finalize Ethiopian Public Health Officers Association OCA report Trip Report
Background/Context, if appropriate.	The LMG Ethiopia program involves close collaboration with the FMOH, regional Health Bureaus, Zonal/District Health Offices, training institutions and professional health associations to (1) standardize and accredit needs-based, in-service training for the Ethiopian health sector; (2) develop the leadership, management and governance capacity of selected partners; and (3) strengthen the institutional capacity of Ethiopian training organizations and professional health associations.

2. Major Trip Accomplishments: Should include the major programmatic goals realized, relevant metrics, and stories of impact from the trip.

- Working closely with Ademe, the organizational capacity assessment document has been finalized and has been distributed to Ademe, Jemal, and Jackie for archiving;
- The PMP was revised with Ademe. A package was prepared to submit to USAID/Ethiopia for approval which provided a comparison of original indicators and revised indicators and gave justification for changes. In addition, Ademe and I reviewed the PMP indicators against the global LMG indicators and identified which indicators would be reported to LMG;
- I developed with Ademe and overall approach to monitoring the results of six coaching visits and will include a measure of whether each training participant has completed the steps expected at the end of the previous coaching visit. Training staff identified the content which needs to be covered during each visit, and Ademe has added the content to the

- template developed to monitor coaching;
- The Ethiopian Public Health Officers Association OCA report was finalized and submitted to Ademe, Jemal, and Jackie for archiving;
- In addition to my original deliverables, I developed inserts to strengthen M&E in a manual developed to integrate gender into existing training curricula. The inserts were given to Belkis Giorgis and Daniel Seble to incorporate into their training manual.

3. Next steps: Key actions to continue and/or complete work from trip.

Description of task	Responsible staff	Due date
<ul style="list-style-type: none"> Review the coaching package and an OCA report being revised by Ademe for the Gender Directorate, when these are ready. Submit request for changes in the PMP to USAID. 	La Rue Seims	When near final drafts are available.

4. Contacts: List key individuals contacted during your trip, including the contacts' organization, all contact information, and brief notes on interactions with the person.

Name/Designation /Organization	Telephone #	Email Address	Physical Address	Date of Interview
Ademe Tsegaye, MSH	All MSH staff in MSH directory.			
Jemal Mohammed, MSH				
Dereje Ayele, MSH				
Belkis Giorgis, MSH				
Daniel Seble, MSH				
Petros Faltamo, USAID				

5. Description of Relevant Documents / Addendums: Give the document's file name, a brief description of the relevant document's value to other CLM staff, as well as the document's location in eRooms or the MSH network. Examples could include finalized products and/or formal presentations, TraiNet Participant List, Participant Contact sheet, and Meeting/Workshop Participant Evaluation form are examples of relevant documents.

File name	Description of file	Location of file
1. Baseline Report on the Leadership Management and Governance (LMG) Capacity of Government Offices in Ethiopia 2. Capacity Assessment Results for The	Above	With Jackie Lemlin to be added to eRoom.

Public Health Officers Association: An Application of the Management and Organizational Sustainability Tool		
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1. Scope of Work: To conduct strategic planning retreat for the Gender Directorate of the Federal Ministry of Health (FMOH) of Ethiopia and work towards feedback incorporation of the Draft National Gender Training Manual for the Health Sector

Dates of Travel	Jim Rice, April 24 to April 28 2013 Belkis Giorgis, April 22 to May 8 2013
Traveler's Name and Role on Trip	Jim Rice, Facilitator Resource Person Belkis Giorgis, Facilitator Resource Person
Other Travelers and their Roles on trip	
Destination and Client / Partner	Addis Ababa and Adama, Ethiopia
Activities/ Deliverables	<ul style="list-style-type: none"> • Prepare draft gender strategic plan for the Gender Directorate of FMOH through facilitating the three day strategic plan retreat held in Adama, Ethiopia. • Incorporate feedback from consultative workshop and LMG M and E division on national gender training manual for the health sector into the draft gender manual.

2. Major Trip Accomplishments:

Activity 1: LMG helped organize and facilitate a strategy plan retreat which resulted in the drafting of a strategic plan for the gender directorate of FMOH.

The strategic plan includes the following:

- Reviewed and affirmed the vision, mission and values of the Gender Directorate.
- Identified key challenges of the Directorate based on the SWOT analysis and MOST assessment and incorporation of stakeholders input into strategic plan.
- Identified and prioritized six major objectives with specific strategies, actions and indicators.
- Clarified roles and responsibilities of stakeholders and their contribution in supporting the work of the Gender Directorate outlined.
- In collaboration with the Policy and Plan Directorate and HMIS the strategic plan defined Monitoring Evaluation and Reporting frameworks to monitor progress. **(See Draft of Strategic Plan)**

Activity 2: Incorporation of feedback from consultative workshop and M&E division of LMG

- Review of draft facilitators and participant manual to incorporate a session on Mental Health and module on M&E.
- Agreement on content for the manual.
- Agreement on time line for finalization of draft manual and submission for editing to LMG communications team

3. Relationship of TDY Accomplishments to Broader LMG Results and Outcomes:

As part of its mandate, LMG supports mainstreaming of gender in Ministries of Health in low income countries. Support that LMG provides to the Gender Directorate of FMOH is part of this mandate. Through the development of the strategic plan, the Gender Directorate can increase awareness among all other staff members in the Ministry of the critical role gender plays, work towards the objectives that have been identified, mobilize adequate resources from stakeholders who participated in the development of the strategic plan, and implement the evaluation and monitoring framework which has been developed. Secondly, LMG is planning to develop a tool kit for gender directorates or similar machineries in other countries within Ministries of Health in order to provide guidance on how to mainstream gender into health institutions by using this case as a way to develop models and methodologies.

4. Lessons Learned / Key Insights:

Preparation of documents prior to the retreat provided participants with a rich source of information to actively engage in the process. The methodology for conducting the discussions allowed participants to work in small groups where they were able to participate more than if it was in the plenary. The use of voting was also very innovative and gave the workshop an opportunity to develop a consensus quickly and see the results of changing attitudes regarding the work of the Directorate.

In addition to this, the participation of diverse stakeholders (FMOH, federal hospitals and agencies, international NGOs, ministry of women, house of people's representatives, regional health bureaus, UN organizations, etc) resulted in a very participatory discussion and important outputs. A total of 44 (29 female and 15 male Participants) from various stakeholders and 7 (3 female and 4 male) MSH/LMG staff members were present during the entire retreat.

4. Next steps: Key actions to continue and/or complete work from trip.

Description of task	Responsible staff	Due date
Refine draft of Strategic Plan	Seble Daniel and Belkis Giorgis	May 30, 2013
Develop costing estimate for activities that have been identified in strategic plan	Gender Directorate with Plan and Policy and Resource Mobilization Directorates	TBD
Review the draft Strategic Plan document with gender and health Technical Working Group for the Gender Directorate	Seble Daniel	TBD
Validation Workshop for the Strategic Plan	Gender Directorate	TBD
Final Draft of Participant Gender Manual	Seble Daniel	TBD
Final Draft of Facilitators Gender Manual	Seble Daniel	TBD
Gender Training Manual Test	Seble and Belkis	TBD
TOT on Gender Training Manual	Seble and Belkis	TBD

5. Contacts: List key individuals contacted during your trip, including the contacts' organization, all contact information, and brief notes on interactions with the person.

Name	Home organization	Notes
Carol A. Miller, Senior Program Adviser East and Southern Africa, Center for Policy & Advocacy	Futures Group International	
Helen Amdemichael, Country Director	Future Groups International	
Aaron White	Center for Creative Leadership	Possible collaboration on Youth Program
Steadman Harrison, Regional Director Africa and the Middle East Leadership Beyond Boundaries	Center for Creative Leadership	Possible Collaboration for Youth Programs
Woiz. Ayelech Eshete Woldesemayat, Chairperson Women's Children and Youth Affairs, Standing Committee	The House of People's Representative	Possible collaboration on LMG training

6. Description of Relevant Documents / Addendums: Give the document's file name, a brief description of the relevant document's value to other CLM/LMG staff, as well as the document's location in eRooms or the MSH network. Examples could include finalized products and/or formal presentations, TraiNet Participant List, Participant Contact sheet, and Meeting/Workshop Participant Evaluation form are examples of relevant documents.

File name	Description of file	Location of file
List of Participants Gender Directorate Retreat	List of participants, address and organization who attended the workshop	
Workshop package	Workshop package for participants includes <ul style="list-style-type: none"> • Agenda • Worksheets • SWOT analysis • Gender Mainstreaming Guidelines excerpts 	
Draft Strategic Plan for the Directorate	Strategic Plan for the Gender Directorate	