

Management Sciences for Health LMG Ethiopia; Quarter I Progress Report for Fiscal Year 2014 (October – December 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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Management Sciences for Health
LMG Ethiopia

PROGRESS REPORT FOR

FISCAL YEAR 2014

(OCTOBER TO DECEMBER 2013)

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LIST OF ACRONYMS

AAU	Addis Ababa University
ALERT	All African Leprosy and TB Rehabilitation and Training
BPR	Business Process Re-engineering
BSC	Balanced Score Card
EHRIG	Ethiopian Hospital Reform Implementation Guideline
ENHRI	Ethiopia Nutrition and Health Research Institute
EPHOA	Ethiopian Public Health Officers Association
FMHACA	Food, Medicine and Health Care Administration and
FMOH	Federal Ministry of Health
FMoE	Federal Ministry of Education
GF	Global Fund
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HAPCO	HIV AIDS Prevention Control Office
IGA	Income Generating Activities
IR	Intermediate Result
LMG	Leadership Management and Governance
LMGIST	Leadership Management and Governance In-Service
MOST	Management Organizational Sustainability Tool
OALFA	Observe Ask Listen give Feedback and Agree
PSEP	Pre-service Education Program
PFSA	Pharmaceuticals Fund and Supply Agency
PR	Prime Recipient
RHB	Regional Health Bureau
RCC	Rolling Continuation Channel
SNNPR	Southern Nations and Nationalities Peoples Region
SR	Sub Recipients
TOT	Training of Trainers
USG	United Sates Government
WrHO	Woreda Health Office
ZHD	Zonal Health Department

TABLE OF CONTENTS

1. Reporting period	4
2. Publications/reports.....	4
3. Technical assistance.....	4
4. Travel and Visits	4
5. Activity	5
6. Accomplishments and successes during the reporting period	6
7. Challenges and Constraints and plans to overcome them during the reporting period	18
8. Data Quality issues during the reporting period	18
9. Major Activities planned in the next reporting period.....	19
10. Environmental compliance	20
11. Financial accomplishment	20
12. Issues requiring the attention of USAID Management.....	20
13. Data Sharing with Host Government:.....	20
14. Appendices.....	22

1. Reporting period

From 1 October, 2013	To 31 December, 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/TD Yers

Name	Arrival	Departure	Organization	Type of Technical assistance provided
Giorgis,Belkis	September 30,2013	October, 31,2013	MSH	Gender manual development
Jacqueline Lemlin	December 9,2013	December 21,2013	MSH	Program management support

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 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

Please write a narrative for each Program Area with explanations for under and over achievements

Program area 18-OHSS

Intermediate result 1: Management system in place for harmonized and standardized LMG pre and in-service training modules

IR1.1 Readiness assessment of institutions conducted

The WHO Making Health Systems Work: Working Paper No. 8 (2007) indicates that meeting MDG goals heavily depends on high level management, leadership, and governance skills of health managers and leaders in developing countries. The Health Sector Development Program (HSDP-IV) of FMOH shows the importance of building excellence in leadership and management practices within the health sector in Ethiopia. Excellence in leadership and management is one of the three thematic pillars of HSDP IV, and accordingly leadership and governance involves ensuring functionality of strategic policy frameworks and its combination with effective oversight, coalition-building, regulation, attention to system-design, and accountability.

In recent years, several approaches have emerged to fill in gaps in the areas of leadership, management, and governance. One approach adopted by the FMOH through the LMG project is developing standardized, harmonized pre-service and in-service curriculum in LM&G. At the beginning of FY 2014, LMG Ethiopia started providing technical support to training institutions to effectively and efficiently integrate leadership, management, and governance courses into the existing pre-service curriculum. During this reporting period, preliminary discussions were held with Mekele, Wollo, Gondar, Haramaya, and Bahir Dar universities. The discussions mainly focused on the need to look into the existing curricula of health service management courses which are currently compulsory courses for all undergraduate medical, public health, nursing, midwifery, laboratory technology, and pharmacy students. It was noted that professionalization of leadership, management and governance for these health cadres is critically important to improving health services in the country. Faculty members participating in in-service LM&G trainings indicated the need for pre-service LM&G curriculum development to further build and strengthen the health sector. Similar discussions were also held with the Federal Ministry of Education, including the state minister, who also urged LMG to continue working with the pre-service team within the Ministry.

During the reporting period, LMG continued to map out several stakeholders and training institutions to be part of the pre-service LMG program. The technical team within the LMG project conducted a desk review on the Ethiopian national health goals, priorities, and challenges. The desk review is part of this FY's work plan of LMG, and is designed to better understand the critical leadership, management, and governance gaps that exist within the health sector in Ethiopia. The review remarked that LM&G capacity building programs are corner stones for better management of the decentralized and democratized health system in Ethiopia.

~~Moreover, the BPR and BSC implementation will be more productive if conducted by well-trained managers and leaders.~~

Please write a narrative for each Program Area with explanations for under and over achievements

Program area 18-OHSS

To identify the critical gaps within the existing pre-services curricula, LMG continued to develop tools to be used for assessing the level to which the institutes' curricula address LM&G concepts and practices. The assessment applies both qualitative and quantitative methods, and it is designed to be implemented with instructors, students, and recent graduates. This assessment is scheduled to be held next quarter

IR1.7 Technical support provided to update the LM&G IST modules

The LMG project has continued to provide technical and management support to the development and roll out of the in-service LM&G training modules. After testing and initial application of the three modules in various roll out activities (see IR2), feedback was solicited from key stakeholders to make the modules more user friendly. The exercises contributed to making the modules more holistic in terms of experiential learning. It is important to note that input from stakeholders resulted in significant improvements in Module One of the three manuals. Health systems strengthening & reform, policy, local health sector initiatives including practices around BPR, BSC, and EHRIG were key areas where participants provided inputs for making the manuals more reflective of the Ethiopian context. The LMG team was tasked by the FMOH to then incorporate the inputs and make further reviews on all the modules. During the reporting period, all the participants' and facilitators' manuals were reviewed and submitted to FMOH. LMG and partners are using the manuals to cascade the LM&G capacity building sessions across the country.

Intermediate result 2: LM&G capacity of select FMOH Directorates Core processes and relevant agencies as well as selected (Tigray, Amhara, Oromia, Harari, Dire Dawa, SNNPR) Regional Health Bureaus/Zonal/District Health Offices/facilities developed

IR2.1: Health work force teams trained on LM&G available at different levels of the health system

- *170 health workforce staff from FMOH, RHBs ,ZHD, WrHO, facilities and training institutes trained on LM&G (Indicator #3 and Indicator #6)*
- *15 health workforce staff from FMOH, RHBs, CEOs and Hospitals provided with LM&G TOT training. (Indicator #3)*

Improving leadership, management, and governance skills among the health workforce in Ethiopia is crucially important. Based on our work plan, LMG continues to carry out LM&G training sessions for the health workforce working at different levels within the health sector.

During this reporting period, the third round workshop of LM&G was conducted for participants from Dire Dawa and Harari regional health bureaus. During the sessions, governance practices including cultivating accountability, engaging stakeholders, stewarding resources, and creating a shared vision were well addressed. The workshop sessions also covered using evidence for decision making. This was complemented by participatory exercises on decision making practices for effective and efficient management of human and financial resources; and using audit findings for evidence based decision making, logistics, and pharmaceutical management. Participants finalized their work plan preparations and it was agreed that full implementation of their team based projects will be done before the fourth workshop next quarter. Practical and participatory exercises, discussion, and individual and group activities were the methodologies applied during the training. A total of 35 (14 female, 21 male) and 33 (21 male, 11 female) participants were in attendance in Dire Dawa and Harari regions respectively. Instructors from Haramaya University and Harari Health Science College facilitated the sessions and as part of quality tracking, LMG staff provided follow up supports.

The second round of the LM&G workshops was conducted for East and West Hararghe Zonal Health Departments in the Oromia Regional Health Bureau. The workshop sessions covered several topics, including skill building on prioritization, mobilizing resources and aligning organizational strategies, vision, values, and creating linkages with stakeholders for achieving better health outcomes. Participatory exercises centered around creating high performance teams, and coaching for better results. During the sessions it was noted that in order for teams to keep on the right track and meet deadlines for upcoming workshops, workshops should be shorter. Participants agreed to adhere to upcoming training and coaching schedules. The workshops were attended by 23 (21 male, 2 female) and 25 (19 male, 6 female) participants from West and East Hararghe zones respectively. In the workshops from the East Hararghe Zonal Health Department, core processes¹ including: Health Promotion and Disease Prevention Core Process, Human Resource Management Case Team and Regulatory Core Process were represented, along with Babile, Kombolcha, and Haramaya Woreda Health Offices. From the West Hararghe Zonal Health Department, Health Promotion and Disease Prevention core processes, Human Resource Management Case Team and Regulatory Core Processes participated in the workshops, along with the Mieso, Habro, and Tullo Woreda Health Offices.

¹ Core Process is a nomenclature approved after the BPR/BCS exercises and it is equivalent to section/units within an organization

During the reporting period, LMG provided the third LM&G workshop for participants from 14 directorates within the FMOH:

- ✓ Disease Prevention and Control Directorate
- ✓ Health System Special Support Directorate
- ✓ Health Extension and Primary Health Service Directorate
- ✓ Maternal and Child Health Directorate
- ✓ Resource Mobilization
- ✓ Finance & Procurement
- ✓ Policy and Planning
- ✓ General Services
- ✓ Public Relation & Communication
- ✓ Health Infrastructure
- ✓ Human Resource Development
- ✓ Gender
- ✓ Legal Affairs
- ✓ Internal Audit

The sessions were aimed at strengthening the capacity of FMOH senior leadership and technical experts. The sessions were important opportunities for participants to discuss progress on team projects, and to receive feedback from LMG experts and their colleagues. During the discussions, it was noted that 7 (50%) of the directorates have made significant progress in achieving their results. They included the Human Resource Development, Gender, Health System Special Support, Internal Audit, Legal Affairs, Health Extension and Primary Health Service Directorates. However, the Finance and Procurement, Health Infrastructure, Resource Mobilization, Policy and Planning, and General Services Directorates are found to be in need of further supports to achieve their measurable results. The Public Relation & Communication Directorate team made no progress towards its measurable result because of other competing priorities that kept the directorate staff otherwise occupied. The Disease Prevention & Health Promotion and the Maternal and Child Health Directorates are new directorates created after the recent restructuring within the Ministry. Participants from these directorates appeared at the venue with new challenge models based on their directorates' new scope of work and mandate.

The slow progress of some of the teams mentioned above was mainly due to the restructuring activities that have recently taken place at the Ministry. However, the FMOH directors who attended the workshop publicly shared their commitments to offer the required support to their work place teams to achieve the desired measurable results, and to create a work climate for doing so.

Presentation of progress towards measurable results, revision of the challenge model for two directorates, and reaching a consensus on the way forward to the presentation of intermediate results were the major achievements of the workshop.

Topics of focus during the two day workshop included the four governance practices, skills making evidence based decisions about human and financial resource management, logistics and pharmaceutical management, and information management. A total of 54 (38 male, 16 female) participants including six directors drawn from 15 directorates of FMOH attended the sessions.

LMG continued to expand its pool of LM&G trainers within the health sector in Ethiopia. During this reporting period, an eight day training of trainers (TOT) course was conducted for facility level trainers at the ALERT Institute. A total of 15 participants (13 males, 2 females) from regional health bureaus, FMOH, and hospital CEOs attended the training. Facilitators from LMG, FMOH, PFSA, USAID, and ALERT covered the sessions as per the in-service LM&G training manual. Global and local emerging health issues, health policy, reforms and strategy in Ethiopia, and basic LM&G concepts and practices were key topics covered during the training.

Experiential learning exercises were used. Facilitators presented brief theoretical explanations, followed by group and individual exercises, and reflections of the teams' consensus. As this training was for trainers, microteaching exercises were scheduled for each participant with peer evaluation after participants facilitated specific topics.

At the end of the training, participants developed a roll out plan to cascade LM&G training in the health facilities in collaboration with RHBs and FMOH. The roll out will be done in collaboration with local training institutes, and LMG staff will provide technical backstopping to maintain quality.

IR2.3 Strategic and implementation plans development skills improved among staffs with in FMOH

- ***46 FMOH and Regional health bureaus staff trained on Gender TOT training (Indicator #5)***

The LMG project continued working closely with the Gender Directorate within FMOH. During PY1, LMG provided technical support to the Directorate to develop a national Gender Training Manual. During this reporting period, a five day training was organized to pre-test the content of the manual and review the time allotted for different sessions and topics within the manual. The training was conducted in Adama and was facilitated by LMG staff. A total of 20 health staff (3 male, 17 female) participated in the training including gender directors, gender officers, and training managers. The participants were drawn from FMOH, EHNRI, FMHACA, regional health bureaus (Gambella, Harari, Somali, Dire Dawa, Oromia, Addis Ababa, Amhara, and Benishangul) and hospitals (St. Peter, Amanuel, and ALERT). The manual was tested in terms of content, relevance to the Ethiopian context, and the time needed to provide the training. At the conclusion of the

training there was an agreement among participants to extend the number of days for training from five to six days. The additional day will help better accommodate discussions and covering key topics in detail.

After the pre-test, LMG with the FMOH Gender Directorate continued rolling out the first round of the gender TOT. The trainees learned about the concepts and terminologies of gender, gender mainstreaming and analysis, and gender auditing and budgeting. The TOT was attended by 26 participants (16 female, 10 male) who were drawn from federal agencies (HAPCO, ENHRI, FMHACA) and hospitals (St. Peter Hospital, Amanuel Specialized Mental Hospital, ALERT, St. Paul Hospital). At the conclusion of the TOT participants developed action plans for cascading training.

During the reporting period, trained trainers from FMHACA carried out cascading training for their senior staff. The sessions were held in two rounds (three days each). During the first round training, 20 FMHACA staff (18 male, 2 females) attended the training. Out of these participants, 16 were case team leaders and 4 were directors. During the second round training, 19 FMHACA staff (16 male, 3 females) attended the training. Seven of the trainees were directors and twelve were case team leaders. The content of the training covered three major areas, including basic concepts of gender, gender mainstreaming, and gender analysis. The training was mainly facilitated by the TOT participants from FMHACA who were mentored by LMG staff. During both rounds of the training, action plans were developed for each directorate to follow up and ensure that gender issues are well addressed within their programs and organizational functions.

During this reporting period, the Gender Directorate of Federal Ministry of Health organized two rounds of gender and leadership training for the Ministry's mid and senior level female staff in collaboration with LMG. The training sessions addressed subjects such as concepts of leadership, elements of good leadership, sources of power for leadership, styles of leadership, and gender and leadership. The training was facilitated jointly by LMG and FMOH staff. A total of 80 female case-team leaders and directors attended the training. Participants were drawn from various directorates of FMOH, National Blood Bank, FMHACA, EHNRI, St. Paul Hospital, Millennium College, St. Peter Hospital, Amanuel Mental Specialized Hospital, Federal HAPCO, and ALERT Center.

IR2.7 SLP capacity building support provided for FMOH Staff

- *22 FMOH senior level (Ministerial and director) staff attended the first round of the SLP training (Indicator#3)*

The Yale Global Health Leadership Institute (GHLI) as part of LMG delivered its first Senior Leadership Program (SLP) workshop during this reporting period. This is a tailored SLP for Ministerial Development for top-level Ministry of Health staff including the Minister, State Ministers, Chief of Staff and Directors. The program was adapted from the original SLP design to meet senior Ministry development needs.

The first round of four rounds of the SLP was adapted and conducted for 22 participants of the Federal Ministry of Health senior leadership, and focused on accountability, group dynamics, and leadership. Out of these 22 trainees, 15 were directors and 7 were ministerial level staff.

The major components of the training addressed concepts of leadership and management, types and styles of conflict, role interdependence, and accountability. Lectures, group work, and reflection sessions were the methodologies used during the training. After the training the participants committed to fostering a community that supports honest and open dialogue.

Role ambiguity, culture of accountability, recruiting and retaining competent workers, lack of prioritization, and lack of candid communications were identified as bottlenecks in the Ministry to effectively and efficiently conducting its duties. The team developed an action plan for the way forward.

IR2.5 Technical support provided to Woredas for the Woreda based planning

- ***MOST conducted in six Woredas of East and West Hararghe Woredas of Oromiya region (Indicator #11)***

The Management Organizational Sustainability Tool (MOST) is a structured, participatory tool that allows organizations to assess their own management performances, and develop and implement a concerted action plan for improvement. During this reporting period, LMG began providing support to Woreda health offices in applying MOST prior to Woreda based planning sessions. LMG facilitated MOST workshops in the six Woredas of East and West Hararghe zones of Oromia Regional State. The Woredas included Babile, Kombolcha, and Haromaya from East Hararghe, as well as Tullo, Mesio, and Habro Woredas from West Hararghe zones. A total of 103 staff, including drivers and guards, from the six Woreda health offices participated in the assessment. The table below shows the distribution of MOST workshop participants by their respective Woreda.

Distribution of MOST workshop participants by Woreda

S No.	Woreda	Zone	No. of Participants		
			Male	Female	Total

1	Tullo	West Harargehe	12	3	15
2	Babile	East Harargehe	11	3	14
3	Meiso	West Harargehe	15	5	20
4	Kombolcha	East Hararghe	11	6	17
5	Habro	West Hararghe	16	3	19
6	Haramaya	East Hararghe	12	6	18
Total			77	26	103

By applying the 19 management components of MOST, staff were able to effectively assess their organization's current status and develop objectives and action plans to address areas requiring strengthening. The assessment findings in most Woredas indicated that the health facilities under the Woreda Health Offices do not have a quality assurance unit or mechanisms for ensuring service quality. Among the various reasons raised during the workshop, the major challenge cited was a lack of service delivery standards across all institutions under the 6 Woredas. Most of them acknowledged the importance of having quality assurance schemes for their own Woreda, and this exercise clearly identified the specific issues required for ensuring quality at the service delivery points. Most of the Woreda Health Offices agreed to have a well-structured intervention to develop/adapt service standards for each service. It was also noted that communities'/clients' participation from development to implementation of the standards will require the attention of all concerned within the health sector.

The findings of the assessment also revealed that almost all Woredas have fairly strong monitoring mechanisms in place for monitoring their day to day activities. The major deficiency noted in the assessment was a lack of evaluation mechanisms. This is attributed to a lack of competent human resources and proactive leadership to guide the evaluation process. Most participants recognized the M&E related deficiencies. During the assessment sessions they all agreed to do exit interviews and some rapid assessments as part of tracking activities in their respective Woredas. Currently Woredas have their own human resource sub process. It was noted that Woredas adapted human resource policies and procedures from the Regional Health Bureau. During the discussions most Woredas agreed that they have challenges with implementing these policies and procedures. This is partly due to lack of trained staff, limited concern for HR issues from senior management, and centralized approaches to addressing HR issues. In some Woredas, policy documents and procedural manuals are seldom consulted. Staff agreed to start updating themselves and their colleagues on HR policies and procedures as part of addressing the HR issues identified within their Woredas. Participants' also agreed that the Woredas will start implementing some activities for hiring and retaining talented staff. The Woredas also agreed to create a more conducive work climate by implementing motivational mechanisms like providing acknowledgment letters and other non-monetary incentives. This will be done as part of their Woreda based planning.

- ***Coaching between two workshops conducted for 15 teams at the FMOH and 45 teams under RHBs, Zonal Health Offices***

Coaching is the key LM&G tool for assisting teams to fully exercise the LM&G practices and move forward towards their desired measurable results. OALFA techniques are applied for helping teams to reflect on their behavior and realize their own potential in doing the activities identified in the action plan, including during breakdowns the teams may face during the process. During the reporting period, rigorous coaching sessions were provided for the 15 participating FMOH teams.

All teams under the RHBs, Zonal Health Offices, and OFMOH received at least two coaching sessions in the reporting quarter. The Regional Health Bureaus are getting support from local trainers at Haramaya University and Harar Health Science College. The coaching exercises supported teams in reflecting on their commitment towards meeting their measurable results, capitalizing on their intermediate outcome of creating a better work climate, and establishing a viable management system for taking ownership of the overall process. During the coaching sessions, teams were assisted to refine their work place challenges, baseline and end line data of their measurable results, indicators, and priority actions. The coaching sessions during the reporting period noted that teams are improving their practices of documenting successes.

The list of teams who received coaching support during the reporting period includes:

- Internal Audit directorate
- Law and Legal Affairs Directorate
- Transport case team
- Security case team
- Janitor's case team
- Resource Mobilization directorates
- Health extension and primary health services directorate
- Health systems and special support directorate
- Human resources development and administration directorate
- Gender directorate
- Policy and plan directorate
- Maternal and Child Health directorate
- Medical service directorate
- Finance and procurement directorate
- Public Infrastructure directorate
- Disease prevention and control directorate
- Public relation and communication directorate

- Harari Regional Health Bureau
- Dire Dawa Regional Health Bureau
- East and West Hararghe Zones

Please write a narrative for each Program Area with explanations for under and over achievements

Program area 18-OHSS

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

IR3.1 LM&G capacity of training Institutes and professional associations strengthened.

- *36 staff from 12 Universities /Health Sciences college trained and certified on facilitation skills to deliver LM&G training (Indicator #12)*

An LM&G facilitation skills building training workshop was organized for university and health science college staff with the purpose of building a pool of resource persons and facilitators for cascading LM&G trainings and workshops in the regions, Woredas, and health facilities. The training is a requirement for certification based on the national IST guideline and was a continuation of the six day TOT training that was delivered for the same trainees previously in Adama.

A total of 36 participants (35 males, 1 female) attended the training and the participants were drawn from:

1. Addis Ababa University
2. Dessie Health Science College
3. Wollo University
4. Mekele University
5. Haramaya University
6. Ambo University
7. Harar Health Science College
8. Jimma University
9. Gondar University
10. Hawassa University
11. Hawassa Health Science College
12. Dr. Twoled Health Science college

During the training participants learned about techniques and concepts around training skills development, core competencies, and goals of in-service training and methods of adult learning. The teaching sessions consisted of one day of theoretical training and two days of practical training in the form of microteaching. Like the LM&G training in Harari and Dire Dawa, further follow up is underway on developing joint rollout plans with the respective regional health bureau. LM&G trainers were certified by FMOH in the last

quarter of FY 2013.

During the reporting period the LMG team trainers at Haramaya University and Harar Health Sciences College continued to have their own review meetings for monitoring the activities of each trainer, including reviewing coaching reports. This team is part of a “hub” identified by FMOH for the delivery of in-service training in the country. The hub is headed by the Dean of the College of Health and Medical Sciences of Haramaya University. Strong links have also been established between Haramaya University, Harar Health and Science College, and the Dire Dawa and Harari Regional Health Bureaus. They jointly developed plans for the roll out and follow-up of joint LMG activities.

Addis Ababa University (AAU) College of Health Sciences

A series of meetings were conducted with the Dean and other senior officials of the AAU's College of Health Sciences about implementing the capacity building activities that LMG can provide for the college. During the meetings it was agreed that the LMG project will provide AAU with LM&G team based capacity building training using the local curriculum, a MOST workshop, and a FinMAT assessment as part of the process to strengthen their financial and property management practices. With an official partnership request from AAU, the 1st LM&G workshop and Senior Alignment Meeting (SAM) with AAU management and senior staff will be conducted at the beginning of the next quarter.

Technical assistance provided to EPHOA

LMG continued to provide technical and financial support to EPHOA. During the reporting period LMG recruited an intern to assist EPHOA with environmental scanning in the development of their strategic plan and member mobilization activities. To date, the environmental scanning tool has been completed, reviewed, and approved by the association.

Technical assistance for ALERT training center

Review of the MOST assessment progress:

LMG provided a workshop using the Management Organizational Assessment Tool (MOST). This resulted in the development of a six month action plan (May – October, 2013) addressing identified institutional capacity gaps. In November 2013, LMG conducted a half day review meeting with ALERT training center staff. The meeting assessed the progress of the MOST action plan implementation. Most activities were found to be on track. As per its MOST action plan, ALERT managed to provide short term training on catering and customer service for hostel staff. It was also reported that ALERT networked its finance office computers with the Peachtree system and started generating reports. ALERT has also revised its financial guidelines. They also addressed the lack of certain amenities in its dormitories, such as satellite TV, and wireless internet services which had affected student satisfaction and future enrollments. It is worth noting that ALERT mobilized financial and human resources and solicited support from its partners

for the successful implementation of the action plan.

Support provided for the FMOH's General Service Directorate

The LMG capacity building team held a meeting with the General Service Directorate's director and the transport and property management case team leaders of the FMOH to decide on the way forward for the trend analysis report. It was decided to prepare the Amharic version of the report and develop an action plan to fill the gaps identified during the assessment. The director and case team leaders have assured the LMG team they will incorporate the activities in the action plan and annual plan. The action plan clarifies what is needed from FMOH, LMG, and other partners for its implementation. It was also agreed to conduct follow up and support for the General Service Directorate teams.

A discussion was also held with the Human Resource Directorate of FMOH and consensus was reached to organize public financing and management of donor funded projects training. FMOH, Regional health bureaus, and ALERT center staff will participate in the training.

• ***Technical support provided for Federal HAPCO global fund management***

LMG has seconded a senior technical staff person to the federal HAPCO. During this reporting quarter, a two day workshop on the implementation guide that will be used to execute the RCC Phase II Year 5 work plan and budget was given for 88 participants. The workshop included content covering:

- HIV prevention commodity supply/availability and consumption
- Risk mitigation in grant management
- Implementation procedure of the interventions included in the ten service delivery areas of HIV RCC grant
- Expected result from sub recipients

Provision of support to regions, PFSA, and other SRs to enhance the implementation of the RCC Phase II year 5 work plans was another activity performed during the reporting period. The commitment and training plan were reviewed and improved. Grant agreement between the PR and regions with clear deliverables was also facilitated, and \$11.1 million USD budget disbursement to the regions for the implementation of prevention and M&E related activities of the HIV RCC grant was facilitated. A document to guide monitoring and oversight of GF HIV RCC supported School HIV Interventions was developed and shared. Facilitation work was done to mobilize \$17 million USD for the procurement of 46 additional vehicles for PFSA, support of the comprehensive IGA plan, and bank services for pharmaceuticals and health products costs.

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. This quarter LMG received a circular from FMOH via the USAID mission about freezing scheduled training plans for federal and regional health sector staff. This slowed our pace for implementing the approved work plan.

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

1. With continued discussions and negotiations with FMOH, LMG managed to roll out some of the planned sessions as reported above. LMG also managed to secure approval from the State Minister and the Director of Resources Mobilization Directorate to proceed with the trainings. LMG will continue working with FMOH to secure go ahead for the upcoming trainings until the freeze period ends on 31 January 2014.

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 concern.

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 about the profile of the LMG trainees. Immediately after every training, we update the data. 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)

- LMG 1st Workshop for FMHACA, ALERT and AAU
- FMOH, Harar and Dire Dawa 4th workshop /result presentation/
- Coaching for FMOH, Harar, DD, East and West Hararghe Zonal teams
- Strengthening the link b/n RHBs and nearby universities (Joint planning for LMG in service training)
- Conducting MOST workshop for the remaining 15 Woredas
- Supporting and monitoring the EPHOA strategic planning development process
- Financial management training (Public Financing) for finance and resources mobilization staff from FMOH and its affiliates at federal level.
- Pre-service LMG content integration exercise
- Develop Success stories
- LMG roll out workshops at Amhara, Tigray, and SNNPRS RHBs
- Ex LMS zones LMG roll out (East Showa, South West Showa, West Arsi, and West Showa)
- With faculty from the universities conduct a rapid assessment on the LM&G pre-service programs integration process.
- Work with local universities and health sciences colleges for the roll out of the new LMG IST curricula at regional, zonal, Woreda, and facility level.
- Roll out gender training at federal and regional level using the new national gender training manuals
- Conduct the 2nd workshop for senior leaders within the FMOHFMOH
- Continue working with ALERT and Ethiopian Public Health Officers Association to provide LMG support for health sector
- Continue providing technical support to FHAPCO

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
\$6,273,879	\$5,576,108.00	\$2,250,934.61	\$3,325,173.39	Expenditure for December 2013 is estimate

12. Issues requiring the attention of USAID Management

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

LMG project is now reaching Woredas either directly or through sub- partners such as AMREF. However, during a recent discussion with USAID, it turned out that it is important for LMG to focus on federal and regional level and that another USG partner will be working at the Woreda level. Consequently there is a need for clear guidance from USAID on this and accordingly we can modify our work plan and Woreda level targets.

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?

Because we are supposed to report the program report to the FMOH and RHBs on a semiannual basis.

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?

[We do not have data related concern with any of the regional sectorial offices]

14. Appendices

(Include any relevant documents, data etc as appendices)

1. Scope of Work:	
Destination and Client(s)/ Partner(s)	Ministry of Health , Ethiopia Gender Directorate
Traveler(s) Name, Role	Belkis Giorgis, Gender and Capacity Building advisor
Date of travel on Trip	October 1 to October 31 st . 2013
Purpose of trip	To provide support to the Gender Directorate of the Ministry of health to pre-test and conduct TOT on the gender training manual
Objectives/Activities/ Deliverables	<ul style="list-style-type: none"> • Conducted pre-test of gender training manual for 5 days • Compile comments and incorporate into training manual • Revise the training manual as per the pre-test feedback • Submit training manual to HRD for feedback and comments • Incorporate feedback from pre-test into manual • Submit manual to MOH/HRD for approval and comments • Incorporate comments and revisions from HRD of FMOH • Organize and conduct training on manual for 6 days
Background/Context, if appropriate.	The development of gender training manual has undergone various steps. The key steps undertaken during the manual development are: discussion with gender directorate and draft outline of the manual; drafting of the gender training manual for the health workforce; conducting consultative workshop and incorporation of feedback. Based on this foundation the purpose of the trip was to conduct pre-test of the manual and incorporate feedback; obtain comment and approval from FMOH HR Directorate, incorporate revisions recommended by HRD; organize first round federal level TOT. The next step will be to translate the manual into Amharic; secure FMOH approval of the manual; cascade the training manual to regional health bureaus, and evaluate the outcome as well as the impact within six month period

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

After the first pre-test of the gender training manual, the Human Resource (HR) directorate of the FMOH reviewed the training package based on its standardization checklist developed in April 2013. Overall comments of the HR directorate were very positive. Dr. Fitsum Girma from HR directorate summarized his overall impression of the manual as follows: *“I would like to thank the Gender Directorate for preparing such a useful training manual. Generally, it is well done. I am impressed by the mix of activities and training methods.”* There were a few comments that were provided as per the FMOH in-service training standardization checklist. (*See Appendix I*

The **pre-test** was conducted between for October 1-5, 2013 in Adama and facilitated by Seble Daniel and Belkis W. Giorgis and was finalized according to plan. A total of 21 participants (4

male and 17 female) participated and tested the manual. (*See appendix II*) for participant list. The participants were gender directors, gender officers and training managers whose knowledge and skill on gender varies from having no idea to being expert in the field. Summary of the pre and post training test indicated that participants' knowledge, skill and attitude with regards to the seven modules has improved within five days.

The first round **TOT** on gender training manual was held from October 22 -27, 2013 and was facilitated by Seble Daniel and Dr. Belkis W. Giorgis and co-facilitated by Yamerot Andualem, Alemayehu Bogale and Amsale Eshetu. The TOT was conducted for total of 26 (16 female and 10 male) participants drawn from federal agencies and hospitals, including the co-facilitators. (**See Appendix III**) The six day training was accomplished successfully as per the plan. The first half day was used to create a conducive learning environment by facilitating participant's introduction and settling key housekeeping issues. During this session, participants laid down their expectation and fears related to the training and filled out pre-training confidence test. During the six days, all training contents were covered giving adequate time for group work, discussion, role play and presentation. On the last day, time was taken to fill out post-training confidence tests, overall evaluation and preparation of action plans. During each day, participants filled out a daily mood barometer and facilitators with daily training management teams sit down together to discuss on participants feedbacks. The final day of the training participants were asked to develop an action plan which will be reviewed and evaluated by the gender directorate after a period of six months. (*see Appendix IV Summary of Action Plans*)

3. Next steps: Key actions to continue and/or complete work from trip.²

Description of task	Responsible staff	Due date
The entire gender training manual (facilitator guide, participant note and participant manual) will be translated in to Amharic language once the final touch is being made to the manual. Currently, the search for a team of professional translators is underway to select qualified expert with prior exposure and experience on gender and health related issues and experience in translating English documents into Amharic.	Gender Directorate (support from LMG Gender Advisor and translator who will be hired	
Following the translation of the manual, the documents will be submitted and presented to FMOH management team for their review, feedback and approval...		
Once FMOH management team feedback is incorporated the manual will be sent to publishing house for layout and duplication	Human Resources Directorate /Gender directorate	

² See Appendix V for more details and time line of activities

	support from LMG gender advisor	
Finally, both the Amharic and English version of the gender training manual for the health workforce will be used to facilitate regional level TOTs.	Under discussion by the Gender Directorate	
The Gender Directorate of FMOH will then exert its effort in following up the outcome and impact of the TOT at federal and regional level at least within six month period.	Following Six months	

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	Contact info	Home organization	Notes

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

Appendix I: Table 1: National In-Service Training (IST) Courses Standardization Checklist³

Assessment Checklist	
2.1	The course has a clearly stated overall “Goal” or “Aim” (<i>statement that describes in broad terms what the participant will gain from the training</i>)
2.2	Target Audience has to be clearly mentioned
2.3	Instructors qualification and other requirements has to be described (<i>revised</i>)
2.4	Need assessment should have been performed before the design of the course if the course is newly introduced (<i>There was no standard curriculum for gender mainstreaming training and the one that was available was found lacking in the Requirements of the standardization guidelines prepared by the Ministry of Health. Requests from regional health bureaus and federal agencies indicated that this was an important training manual that they wanted</i>)
2.5	Core competencies are defined for the target cadre of the training course (these define the “tasks” that participants will be able to do after the training) (<i>revised and included</i>)
2.6	The training course has clear, measurable learning objectives (statements in specific and measurable terms that describe what the participant will <i>know</i> or be able to <i>do</i> as a result of engaging in the training) (<i>Objectives were revised</i>)
2.7	The course includes learning objectives that address the relevant domains of learning: cognitive, psychomotor, and affective (“knowledge, attitude, practice”). (<i>Learning objectives were revised to include attitude and practice</i>)
2.8	Each session in the course includes specific, measurable, and achievable learning objectives.
2.9	The content of each session is aligned with the session’s learning objectives
2.10	Training methods used are appropriate for the learning objectives
2.11	The curriculum includes interactive training methods designed to build on existing skills, knowledge, and experience of the participant and engage the participant in the learning process.
Training Package includes:	
3.1	Facilitator’s Guide with:

³National In-Service Training (IST) Guide: Federal Ministry of Health, April 2013, Addis Ababa, Ethiopia

<ul style="list-style-type: none"> a. Goal and learning objectives for the course b. Suggestions for creating a conducive learning environment c. Learning materials and equipment needed for delivering the course d. Step-by-step instructions and methods for presenting the content of each session e. Clear instructions to help trainer effectively lead active learning exercises (like group discussions, case studies, role plays, etc.) f. Answers for tests, quizzes, case studies g. Key points/messages as appropriate
3.2 Participant manual (<i>Facilitators Guide adapted as a Participant manual</i>)
3.3 Participant reference materials
3.4 Course timetable and schedule
3.5 Session outlines and descriptions
3.6 Hand-outs, worksheets, guidelines, job aids necessary to support learning
3.7 Audio-visual materials for delivering the course as appropriate: e.g., slides, DVD/videos, overhead transparencies
3.8 Guidelines and forms for evaluation of the training, including outcome evaluation if relevant.
3.9 Pre-/post-test or any other relevant assessment to measure achievement of learning objectives of the course as appropriate. ⁴ (<i>Pre and post training test already included in the manual</i>)

All the highlighted areas that were identified as gaps were identified and addressed by LMG and resubmitted to HRH prior to the TOT that was conducted.

⁴ Post Test and Pre-Test has already been included but were not seen by the reviewer from HRH

