

Management Sciences for Health LMG Ethiopia; Quarter III Progress Report for Fiscal Year 2014 (April 1 – June 30, 2014)

Jemal Mohammed, MSH Country Project Director
Temesgen Workayehu, MSH M&E Advisor

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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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Leadership, Management, and Governance - Ethiopia
Management Sciences for Health
200 Rivers Edge Drive
Medford, MA 02155
Telephone: (617) 250-9500
<http://www.msh.org>

Management Sciences for Health
LMG Ethiopia

THIRD QUARTER PROGRESS REPORT (SAPR14)

FOR

FISCAL YEAR 2014

(APRIL 1ST, 2014 TO JUNE 30ST, 2014)

CONTACT INFO FOR THIS REPORT:

JEMAL MOHAMMED

COUNTRY PROJECT DIRECTOR

TEMESGEN WORKAYEHU

M&E ADVISOR

Management Sciences for Health

PO Box 1157 Code 1250

Addis Ababa, Ethiopia

Mobile: +251 911754483

Email: tworkayehu@msh.org

LIST OF ACRONYMS

AAU	Addis Ababa University
ALERT	All African Leprosy and TB Rehabilitation and Training
AMREF	African Medical Research Foundation
CSO	Civil Society organization
DMR	Desired measurable result
EPHOA	Ethiopian Public Health Officers Association
FGD	Focus Group Discussion
FMOH	Federal Ministry of Health
HAPCO	HIV AIDS Prevention Control Office
HIV	Human Immunodeficiency Virus
HSDP	Health Sector Development Program
HSM	Health Service management
IR	Intermediate Result
LMG LM&G L+M+G	Leadership Management and Governance
LMGIST	Leadership Management and Governance In-Service
MOST	Management Organizational Sustainability Tool
NGO	Non-Governmental Organization
PFSA	Pharmaceuticals Fund and Supply Agency
RHB	Regional Health Bureau
RCC	Rolling Continuation Channel
SR	Sub Recipients
WrHO	Woreda Health Office
ZHD	Zonal Health Department

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1. Reporting period

From 1 April, 2014	To 30 June, 2014
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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/TDYs

Name	Arrival	Departure	Organization	Type of Technical assistance provided
Belkis Giorgis	March 28,2014	April10,2014	MSH-LMG	Technical review of Gender Manual translation
Anupa Depeshende	June9,2014	June 13,2014	MSH-LMG	Review post raining evaluation tool and Annual Global PMP reporting

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
Jemal Mohammed	Arlington, VA/Boston, MA	June 2	June 27	MSH	To attend a global consultative meetings (Arlington) and a HRH workshop at Harvard School of Public Health (Cambridge)

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

Training institutions started with integrating LM&G into their training curriculum and rolling out training.

Excellence in leadership and management is one of Ethiopia's Fourth Health Sector Development Plan (HSDP-IV) three thematic pillars. It involves ensuring functionality of strategic policy frameworks with effective oversight, coalition building, regulation, attention to system-design, and accountability. One approach adopted by the Federal Ministry of Health (FMOH) through the LMG project has been developing standardized, harmonized pre-service and in-service curriculum in Leadership, Management and Governance (LM&G). As noted in the previous reports, LMG Ethiopia started at the beginning of FY 2014 providing technical support to eight training institutions in order to integrate leadership, management, and governance courses into their existing pre-service curriculum. These training institutions are: Addis Ababa, Gondar, Jimma, Haramaya, Hawassa, Mekelle, Wollo and Bahir Dar Universities. Thus far, among the main milestones achieved in this area are the collection of base line data through reconnaissance discussions with Addis Ababa, Mekele, Wollo, Gondar, Haramaya, and Bahir Dar universities as well as the desk review and need assessment carried out to better understand the critical leadership, management, and governance gaps that exist within the health sector on one hand and the existing pre-service curricula on the other hand.

LM&G Core Competency development workshop: During this reporting period, the need assessment report was completed and LMG Ethiopia designed and facilitated an LM&G Core Competency development workshop, which was held April 7-13/2014 in Adama. The workshop was organized in collaboration with eight Ethiopian Public Universities (Addis Ababa, Gondar, Jimma, Haramaya, Hawassa, Mekelle, Wollo and Bahir Dar Universities), and the Ethiopian Nurses, Midwives and Public Health Officers professional associations. A total of 12 participants from the above partner institutions attended the workshop.

Discussions were held about the critical importance to effective training program of well-defined core competencies and about various techniques and approaches for developing core competencies that are used at the participating universities. During the workshop, participants divided in two groups to work on the development of core competency for nurses/midwives and for public health officers. As main sources of inputs to inform the competency development effort, the two groups used the data and findings from the need assessment, the public health officers, nurses and midwives scope of work, graduate profiles, health service management course syllabus of the respective categories, and the Ethiopia harmonized and standardized LM&G in-service training modules.

The two groups then developed their first draft of desired Core Competency Areas (CCAs) for both professional categories (public health officers and Nurses/midwives) and carried out a thorough review and discussion of the draft CCAs in plenary. Fifty-eight proposed CCAs were brought to the floor for discussion from public health officers group and 23 CCAs from the nurse a/ midwifery group. Finally, 14 CCAs were approved for the public health officers and 15 CCAs were approved for nurses/midwives. Following this, the two groups developed the desired competencies for each CCA and crafted objectives for each of them in the three main domains of learnings: cognitive domain/knowledge, affective domain/attitude and psychomotor/practice.

Pre-Service Design and Management Skills Building Workshop: To further support the process of integration, LMG Ethiopia organized a three-day (April 7-8, 2014) pre-service design and management skill-building workshop in Diredawa. The workshop aimed at building pre-service program management and design capacity of selected trainers from Haramay University College of Health Science and of Harar College of Health Science. Ummuro Adano, a Senior Principal Technical Advisor at MSH's Center for Leadership and Management (CLM), facilitated the training. A total of 11 trainers attended the workshop: nine from Haromaya University and two from Harar Health Science College. The workshop had the following five purposes;

- Improve understanding of the dynamics of the process and of the actors involved in curriculum review and of the integration process in the Ethiopian context;
- Develop a shared understanding of the roles of experiential learning, communication and facilitation, competency framework, coaching, monitoring and evaluation in the implementation of training integration;
- Share lessons and experiences from other contexts and explore the pros and cons of various options;
- Develop a draft Integration Pathway that can be customized to generate a plan for integrating L+M+G into pre-service curriculum in Ethiopia;
- Share MSH and LMG experience and experiences across the world with the university trainers.

The workshop sessions include topics such as techniques for effectively aligning the stakeholders, assessing institutional readiness, introduction to competency framework, experiential learning, monitoring and evaluation, and developing the integration road maps. The participants, divided into two groups to map-out stakeholders for curriculum integration and rollout. Accordingly, the groups discussed and classified the stakeholders as primary, secondary and tertiary stakeholders. The groups have also identified as critical to the success for curriculum integration and rollout in the Ethiopian context the following factors: the presence of institutional willingness, the degree of decentralization of the system, the presence of supportive partners, existing health service management course, presence of LM&G modules/guidelines. The trainees also learned about competency framework where definition of competency and merits of competency based approach to leadership and management were given emphasis. The UK National Health Service framework (NHS) was introduced and trainees used this framework to developed sub competencies for their group.

Pyramid of learning and experiential learning cycle, making communication less difficult, the importance of our conversation; consequences of bad conversation, internal, personal, professional and social conversation were among the main topics trainees learned during the workshop. Facilitation skills, maximizing implementation, coaching, and follow up support were also the other topics that were covered during the workshop.

Developing the integration road maps was an important step of the workshop where the participants in their groups, identified and agreed on the key steps for integration. Based on the identified key steps each group set the preliminary road map for content integration in their respective universities using the integration plan worksheet.

Integration stories of Kenya and Rwanda were shared and a video “*Seed of success (Egypt)*” was displayed to participants by the facilitator. Finally, the groups crafted an action plan for content integration for their respective institution.

Content Integration Workshop: Following this, the content integration workshop was conducted from June 7-10, 2014 in Adama where 25 representatives from Addis Ababa, Hawassa, Jimma, Bahirdar, Wollo, Haramaya, and Mekelle universities attended. Two LMG staff members facilitated the workshop. During the workshop, participants reviewed the health service course syllabus of their respective universities in light of the brief presentation and discussion made by LMG Ethiopia on basic curriculum terminologies and techniques of syllabus write up. The workshop participants, after receiving orientation on the major topics covered in the national LM&G manuals; went through the core LM&G competency developed for each category under each attributes i.e knowledge, skill and attitude. The attributes in the core competency document were then mapped and LMG contents (with objectives) integrated. Accordingly, the existing Health Service Management course syllabus for Public Health Officers discipline and Health Service Management/nursing administration courses for Nursing and Midwifery disciplines are the courses for which the integration was made. In general, the process of integration involved deletion of old/obsolete contents, addition of new/ contemporary concepts, and modifying some of the existing contents.

The groups have also worked on the allocation of time for and assessment methodology of the course. Finally, the workshop participants documented the changes made to the course and produced a draft LMG integrated new Health Service Management (HSM) syllabi and set an action plan for its implementation in their respective universities. All universities representatives also agreed to further nurture the contents and submit changes to LMG Ethiopia, if any, before June 30/2014. Presentation and group discussion and reflection were the methodologies used during the workshop.

Intermediate result 2: LM&G capacity of selected FMOH Directorates core processes and relevant agencies, selected Regional Health Bureaus, Zonal Health Departments and District Health Offices and facilities developed

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

- *29 teams from FMOH, ZHD, WrHO, facilities achieved their DMR (Indicator #10)*
- *315 health workforce staff from RHBs, zonal health departments and Woredas received LM&G 1st round training. (Indicator #6)*
- *23 hospital staff received the 2nd round LM&G training delivered by AMREF (Indicator #4)*

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.

East and West Harerghe Results Presentations: During this quarter 14 teams from East and West Harerghe Zonal and Woreda health departments completed their action plans and carried out their results presentation workshop on May 16, 17, 2014. LMG and Haramaya University College of Health & Medical Sciences coordinated the results presentation.

During the first day of the presentation, the 14 teams divided into 2 groups to rehearse their presentations and obtain feedback from participants. The 6 best presentation/teams were then selected to present to a wider audience. For the second day, the six selected teams presented their challenge model and results achieved followed by feedback and discussion involving the wider audience. The 6 teams presenting were: Disease Prevention Control Team, Zonal HR Case Team, HR Woreda Case Team, Tullow Woreda Team, Regulatory Case Team, and the Haramaya Woreda Team.

During the presentation, it was noted by all teams that the LM&G skills they gained has helped them to improve their performance/productivity. Work place communication and acknowledgment of each other for good work were highlighted. This has also helped them to internalize their organizational mission and vision and move forward for better performance.

For instance in Tullo Woreda the team chose addressing the low level (5%) of skilled attendants at birth as their challenge. They hoped to increase the skilled attendants to 56% over the 6-month period. Through the LMG process the team identified poor management and scheduling of team meetings, lack of training for midwives and low community awareness of the importance of skilled care at delivery, as priority areas for intervening. The team then developed an action plan with measureable targets consisting of on job training for midwives, supportive supervision for health centres, orientation sessions and Community Conversations with influential members of the community. Through a team approach, they were able to provide on-the-job training for ten midwives (100% achievement), conduct supportive supervision to five health centres (100% achievement), use local media to inform the community about skilled delivery, hold orientation session with 45 woreda cabinet and religious leaders and hold a Community Conversation with 4765 pregnant women in the woreda. Besides this, two cars were arranged to provide ambulance service for pregnant women.

In their presentation, the team noted that the communication and cooperation among team members, work place punctuality and delivery of assignments on time improved within the team creating a real

sense of commitment and ownership.

Finally, the team was able to achieve 30% of deliveries assisted by a skilled attendant. Although they did not reach their target they did achieve significant gains over the 6-month period. The interventions they carried clearly contributed to positive change and have inspired those involved to continue on with efforts in this direction. The team also chose a new challenge to address other priority issues within the Woreda

Table 1: Summaries of the results of the 14 teams in achieving their DMR

West Hararghe Zone teams

1	Habro woreda	To increase institutional delivery from the current 3% to 54 % by the end of 2006	3%	56%
2	Human resource core process	To computerize 2459 HR profiles by the end of June, 2014	0	on progress
3	Meiso Woreda	To increase the coverage of standard pit latrine construction from 27% to 60% by the end of May, 2014	27%	41%
4	Disease prevention and control	To increase traditional pit latrine construction from 32% to 55% by the end of April 2014	32%	55%
5	Regulatory and Curative Core Process	To increase report and requisition form (RRF) reporting rate from the current 80% to 100% by the end of April, 2014	80%	100%
6	Tullow woreda	To increase skilled delivery services from 5% to 56% by the end of April 2006 EFY	5%	31%

East Harerghe Zone Teams

1	Family health	To increase the level of institutional delivery from 12.5 % to 50 % in the Zone by the end of April, 2014 was the DMR of the team	12.5%	48%
2	Babile Woreda	To increase family planning method utilization among Babile community from 43% to 60 % by the end of May,2014	43%	49%
3	Haromaya woreda	To increase the family planning service from 32% to 83% by May 2014	32%	44%
4	Human Resource core process	To complete the organization and computerization of 1134 health workforce working under the zonal health department	0%	67%
5	Kombolcha Woreda	To increase family planning method users from 31% to 50% at the end of June 2014	31%	48%
6	Communicable Disease Core Process	To decrease HIV positivity rate from 0.05 to 0.042 at the end of 2006 EFY	0.05	0.04
7	Regulatory core process	To increase a private medium clinic fulfilling new Health facility standard from 17 % to 42 %	17%	66%
8	Health facility follow up and support team	To make supportive supervisions for 17 health centers within the end of third quarter of 2006.	0%	88%

FMOH Teams

1	Gender directorate	Develop a three year gender strategy plan for the gender directorate within 6 months.	0	completed
2	Health extension and primary health care	Revision of the UHEP implementation manual by the end of March 2014'		On progress
3	HSS	To increase model household graduates by 10% in emerging regions by the end of May, 2014	31%	41%
4	Human resource	To organize and transfer 60,000 health professional personnel file to the regional health bureau by the end of February 2014	0%	98%
5	Finance and procurement	Implementing financial information system from Data entry level to full implementation of the 9 Modules at Federal ministry of health within 5 months	0%	100%
6	Resource mobilization	To mobilize 5.4 billion birr in the coming six months.	2.7 Billion birr	5.2 Billion birr
7	Medical service directorate	To increase the EHRIG implementation in five federal and one regional hospital in Addis Ababa from 63% (situation at the beginning) to 75% by the end of April/2014".	63%	72%
8	Public Health Infrastructure	Implement telemedicine and tele-education in 13 sites by the end of June 2014.	0	13
9	Legal affairs directorate	To identify private property of contractors that are liable for non – performance of health centres as per the agreement therein	0	37 Contractors property identified
10	General service directorate (cleaners case team)	To build the capacity of 56 cleaners through capacity building training"	0	58 trained
11	General service directorate (Transport case team)	To increase the monthly average city trip from 450 to 650 and field trip from 50 to 60 by the end of April 2014	450 & 50	259 & 25.3
12	General service directorate (Security case team)	To increase the percentage of security guards who have basic skills of security service from 26% to 90% by the end of February,2014.	20%	54%
13	Policy plan directorate	To have "100% of regional and Zonal level administrators use MNCH score card for decision making By March 2014	50%	85%
14	Internal Audit	To increase implementation of the action to be taken on programs and property accounts based on the findings of the internal and external audit reports to 50 % by the end of may 2014.	0	50%
15	Disease Prevention and Control Directorate	To increase the performance of DPC directorate from 80 (48.5%) to 137 (100%) by the end of May 2014.	48%	83%

FMOH Presentations: The 15 teams from the FMOH presented their results on May 23-24, 2014.

During the first session teams divided into 2 groups, made presentations on the process, results achieved followed by a feedback session. For the final day presentation 5 directorates were chosen to make a presentation to a wider audience, they were: the Gender Directorate, the Human Resource and Management Directorate, the General Services Directorate and the Communicable Disease, Prevention and Control Directorate. They presented their challenge model, results achieved followed by a feedback and a discussion session.

An example of one of the presentations reveals the adaptability of the LMG process in addressing a variety of issues within the health system. The Human Resource and Management Directorate is

responsible for providing comprehensive services to the Federal Ministry of Health, its agencies and all Regional Health Bureaus (RHBs). Developing, promoting and supporting human resource policies, programs and practices to create a pleasant and motivating environment necessary to achieving excellence in the health care delivery system are among the Directorate's duties. However, as the team's challenge model revealed, on average 200 professionals /day come to the FMOH in need of services related to their centrally located personnel files. This seriously affects service delivery quality at the work place (absenteeism) and also creates economic burden for those having to travel to Addis Ababa. In response to this issue the HRMD workplace team committed to organize and transfer 60,000 health professional personnel file to the regional health bureaus by the end of February 2014".

The team used all the LMG tools and skills to address the situation and was able to mobilize financial (birr 294,344) and human (hire 30 temporary staff) resources and obtain free space to store hard copy files, in order to get the job done. They were able to reach 98% of their demonstrated measurable result with the transfer of 58,804 health professional personnel files to their respective regions. As a result of this, the daily flow of health professionals coming to the FMOH seeking the service dropped to 18 /day from 200/day. The team has also selected its next challenge.

LMG first round trainings: During the reporting period, Oromia Region and three emerging regions: i.e. Afar, Somali and Gambella held first round LMG workshops. Regional, zonal and woreda health staff attended the workshops. A total of 315 staff, (277 (88%) male and 38(12%) female) attended the workshops from all the regions, of which 73(23%) are from regional health bureaus, 238(76 %) from ZHDs and woredas, and four from university /training institutes. During the workshop 95 LMG teams (based on department) were formed.

Contents covered during the first workshop include: existing and emerging health care issues and trends; health system strengthening; health policy, strategies and reforms, policy analysis; basic concept of leadership and management, leading and managing practices; optimizing individual and organizational performance; moving from vision to action (review of organizational mission, creating shared team vision, crafting desired measurable result). All teams used the challenge model and crafted their draft team vision and DMR, which the teams will refine further within their workplace teams.

Oromia Region: The Oromia RHB workshop was conducted from May 16-18, 2014 at Adama Medical College in Adama and was facilitated by LMG staff. A total of 42 participants (5 females and 37 males) including vice heads, process owners and case team coordinators attended the workshop. Nine teams, based on their core process, were established.

The LMG workshop for West Arsi and East Shewa Zonal Health Department staff was carried out June 13-15, 2014 at Adama Medical College. There were 30 participants (5 female and 25 male) coming from several different departments such as family health, regulation, human resources, communicable disease control, and health services. A total of 12 LM&G teams were formed (six from each zone). All teams crafted their draft challenge model, which will be completed by further scanning with the work place team and during coaching.

The South West Shewa Zonal Health department also received their, first round LMG workshop from

June 20-22, 2014 Wolisso Belay Hotel. There were 23 participants (1 female and 22 male) comprised of different departments of the office like family health, regulatory, human resource, communicable disease control, Health service departments. A total of 4 LM&G teams were formed. All teams crafted their draft challenge model which will be completed by further scanning with the work place team and during coaching

Emerging Regions: The training conducted in the three emerging regions of Afar, Somali and Gambella, was primarily facilitated by the FMOH Health Systems Strengthening Directorate in collaboration with the LMG technical support team. The FMOH organized, financed and implemented the training using their own resources and facilitators. A good indication of commitment and recognition of the value of the program on the part of the FMOH.

The 1st LMG workshop in Afar Region was held at Semera Health Science College from May 1-3/2014. A total of 77 participants (15 females and 62 males) attended the training with 17 were from the Regional Health Bureau, 4 from Semera University and Semera Health Science College, and 46 from 20 Woreda health offices. Eleven LMG teams were formed and each team crafted a challenge model including mission, vision and measurable result.

The Gambella LMG workshop was conducted at Jimma University from May 17-19 /2014. A total of 41 participants attended the training (all males). Four were from the Regional Health Bureau and 37 were from 8 Woredas. A total of 13 LMG teams established and each team crafted the draft challenge model including mission, vision and measurable result, which actually need further scanning of the current situation for further refinement of the desired measurable result.

The Somali Regional Health Bureau LMG workshop was held at the Somali Institute of Management and Development Studies from May 31-June 2 /2014. A total of 103 participants (92 males and 11 females) attended the training. Eleven of the participants were from the Regional Health Bureau and 92 were from 34 Woredas. A total of 35 LMG teams were formed with and each team crafted a challenge model including mission, vision and measurable result. The participants also established a task force of seven members from different core process of the Regional Health Bureau. The task force is responsible for coaching all the 35 teams.

Summary Table: first round LMG workshops in Afar, Gambella and Somali Regions.

Region	Round	Entity	# Of Teams	Male	Female	Total Participants
Afar	1 st	RHB & woreda	22	62	15	77
Gambella	1 st	RHB & woreda	13	41	0	41
Somali	1 st	RHB & woreda	35	92	11	103
Oromiya	1 st	RHB	9	36	5	41
Oromiya West Arsi	1 st	ZHD	6	14	2	16
Oromiya East Showa	1 st	ZHD	6	10	4	14
Oromiya S.West Shoa Zone	1 st	ZHD	4	22	1	23
Total			95	277	38	315

Yale led SLP: During the reporting period, LMG hosted the third session of the Senior Leadership Program (SLP) in collaboration with the FMOH from 3-4 May 2014. The program aims to strengthen the Ministry's leadership to develop highly effective and efficient senior teams. This was the third of four sessions scheduled through September 2014. The program was designed collaboratively with Yale University, the FMOH and MSH. The 22 participants included the Minister of Health, state ministers, senior advisors and directors.

The SLP with senior leadership of the ministry designed to have four groups/ teams to practice the leadership skills that the participants learnt at their work places. The third workshop started with presentations from each of the four groups on their project progress. These projects and groups are based on the following problem statements identified in Session I of the SLP:

- The performance of university hospitals is inadequate
- The regional health bureaus often do not implement the health care reform strategy of the FMOH.
- There is a lack of implementation capacity in the emerging regions.
- The human resource management system is not uniformly applied across the MOH.

The purpose of these presentations was two-fold: first, to update the SLP facilitation team and their peers on their progress and areas that needed work and second, for groups to receive feedback from the facilitation team and their peers on their projects and presentation skills. Reporting also helps provide accountability for project progress. Managing Polarity—Effective Patterns of Change was also a key topic covered during the third workshop. This was followed by a work session where project groups identified polarities they were facing and plan how to effectively manage these opposing forces. Upon session's evaluation by participants, this was the highest rated module with 73% of the participants finding it very helpful and 20% helpful. (One respondent—denoting 7%, had no opinion). Another popular module, delivered during the third workshop was Motivating Employees and Colleagues: Giving and Receiving Feedback. This was an interactive session with participants participating in various role-plays on providing feedback. The “actors” would portray a scenario and the observers would comment on the strengths and weaknesses of the approach. The other participants and the facilitation team also provided feedback.

AMREF's second round of LMG training: AMREF conducted the second round LMG training in Adama Health Science College from April 23-25/2014. There were a total of 23 (19 male and 4 female) participants from Adama, Harer, Jijiga, Durame, Metu, Shashemene, Dupti and Tercha hospitals, as well as from the FMOH Medical Service Directorate. Setting priority actions, mapping stakeholder's, developing an action plan, monitoring & evaluation as well as aligning, mobilizing resources and inspiring health workers for results were the topics covered during this second round workshop. Participants also learned about gaining commitment, creating high performance teams, inspiring through building trust and acknowledging each other's good work and how to manage change.

During the reporting period AMREF representatives held discussion with the FMOH Medical Service Directorate and LMG project focal person about integration of project activities within the Medical Service Directorate for the purpose of avoiding duplication of efforts. An agreement was signed

between AMREF and the Medical Service Directorate for greater collaboration and integration of activities. As per the agreement AMREF interventions will focus on selected departments that hospital management identified as having LMG gaps instead of senior hospital management staff.

Technical support provided to Woredas for Woreda based planning:

MOST follow-up conducted for Woredas in West Harerghe. During the reporting period, MOST workshop follow up was conducted at Tullow Woreda Health Office. The Health Office team has made significant progress in implementing their work plan activities listed below:

- Allocated budget for monitoring and evaluation activities of the Woreda
- Conducted regular supportive supervision to the health centers based on the schedule.
- Developed supportive supervision and review meeting schedule and incorporated in to the woreda's annual plan
- The woreda, as per the annual plan, also conducted review meetings and rewarded best performing health centers and health posts.
- Written feedback was provided to all the reports submitted to the experts and follow up for the implementation of the feedback was conducted.

Budget request proposal was developed and submitted to the Woreda's finance office and NGO s working in the woreda (care Ethiopia and world vision)

Coaching to AAU college of Health Sciences and Black lion teams: Coaching is the key LMG tool for assisting teams to fully exercise the LM&G practices and move forward towards their desired measurable results. During this reporting period, coaching support was provided for the AAU college of Health Sciences and Black lion teams. As a result, the AAU CHS and Black lion teams received the first coaching visit after the 1st workshop to help them critically scan their environment, reflect on their behavior and realize their own potential in addressing their challenges. During this time a total of eight teams, listed below, were given the support based on the agreed up on schedule.

1. Student service team
2. Human resources management team
3. Registrar team
4. Teaching-Learning team
5. Facility Management team
6. Procurement and property administration team
7. Library Team
8. Finance and budget

All visited teams except the registrar team, have conducted team meeting by involving the other workplace teams to share what they have learnt during the workshop and started documenting their team meetings. During coaching it was observed that some of the teams, like human resources team, student service and procurement and property administration have conducted scanning of their work environment and identified and prioritized their challenges in order to further refine their desired

measurable result they crafted during the workshop. The registrar team is not able to conduct team meeting because of other upcoming competing college activities.

During the coaching teams were supported to:

- a. Scan their environment and identify their priority challenges, refine their team vision and measurable results
- b. Reflect on their commitment towards fulfilling their desired Measurable result
- c. Work on the intermediate outcomes; creating conducive work climate, establishing a viable management systems, and help them to be responsive to client needs and demands through empowering their staff and stakeholders.
- d. Exercise the identified LMG practices in their workplace so as to realize the aforementioned outcomes.
- e. Take ownership in the process and document their successes and share to others internally and outside their organizations.
- f. Realize their teams' potentials and maximally utilize the available meager resources at their hand and
- g. Some sessions from the 1st workshop were revised to help them link with the actual work environment.

As the number of people in Human resources management team was too large to manage because of its structure, the coach discussed with the team and agreed to divide the team in to two teams so that each team will work on a different challenge.

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 to plan, organize, deliver and supervise LM&G in-service training

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

- 13 staff from the ALERT Center and the FMOH received grant management training (Indicator #3)
- 47 staff from the Addis Ababa University Black Lion Hospital received the first round of LM&G training (Indicator 12)

ALERT Training Center and FMOH Training: To further build the grant management capacity of the ALERT Training Center and the FMOH Resource Mobilization Directorate, grant management training was held from May 19-22, 2014 at the Adama Tokuma hotel. The training was attended by 13

ALERT and FMOH staff and was facilitated by experienced LMG trainers. Topics covered during this training built upon previous grant writing and development trainings, and included a donor (USAID, DFID, and EU) rules and regulations component. During the training, participants developed an action plan and drafted a grant management training module. This module, along with a grant development module, will be included in future training manuals. The action plan will be implemented with support from the LMG team.

Addis Ababa University (AAU) College of Health Sciences Training: Improving leadership and management skills through training is one strategy to strengthen the institutional capacity of Ethiopian training institutes and professional health associations. The AAU College of Health Sciences administrative wing attended the first in a series of capacity-building workshops from May 31-June 1, 2014 at the Adama Medical College. The workshop centered on improving leadership and management skills, and was facilitated by LMG and ALERT Center staff. A total of 47 participants from the Human Resources, Finance, Procurement, Student Services, Facility Management, and Property Administration departments were in attendance. During the workshop, participants were placed into nine workplace-based teams, and drafted a team vision and measurable results for a LMG team-based project.

Additional workshops will be held in the next quarter. A MOST assessment workshop is also being planned for this timeframe. In the meantime, the AAU participants will receive follow-up and coaching on their leadership and management skills.

Technical Assistance to EPHOA: During this reporting period, LMG staff continued their support of the EPHOA. As noted in previous reports, the environmental scanning tools have been drafted, reviewed, and approved by the association. Before being finalized, the tools will be shared with the MSH home office for expert review; once finalized, PHOA volunteers will lead the process of environmental scanning data collection and analysis. The volunteers will continue to receive rigorous support from the LMG team.

In addition to the scanning tools, the strategic plan is currently in development, with input from both the LMG and EPHOA teams. LMG will also support a strategic planning consultative workshop by utilizing the knowledge of both local and home office experts. The strategic planning development process will continue based on the detailed timetable developed in consultation with the PHOA team.

Technical Assistance FMOH: An annual meeting to evaluate the annual performance of gender structures at the FMOH, regional health bureau, and federal hospitals/agencies was held from June 2-6, 2014 at the Hawassa Central International Hotel. The meeting was attended by a total of 55 participants (33 female and 22 male), including gender and planning officers from the federal level, the regional level, and from various agencies. Representatives from the House of People's Representatives, the Ministry of Women, Children and Youth Affairs, and development partners (such as MSH/LMG, WHO, UNWOMEN, and Pathfinder International) were also in attendance. Additionally, a harmonized annual gender report was written for submission to the Ministry.

The Gender Directorate is working towards the integration of gender mainstreaming into the FMOH 20-year vision and HSDP-V. The Gender Advisor, in consultation with the MSH home office, has

identified areas and issues to be incorporated into the 20-year vision document. The translation of the first two modules of the gender facilitators' guide and training manual is in progress.

Technical Assistance HAPCO Global Fund Management: Key planned activities for the HAPCO Global Fund Management during this reporting period include:

- Enriching and costing the 2015-2020 HIV Investment Case;
- Enhancing the implementation of the RCC 5-year work plan; and
- Mobilizing resources for grant year six.

Enriching and costing the 2015-2020 HIV Investment Case: Preparation for the costing of the Investment Case began by defining the scope of work and identifying which technical assistance would be needed. During the preparatory phase, a TOR was also developed for international and local consultants; two local consultants were selected to provide technical assistance. A costing tool and approach was defined, and a costing orientation of the local consultants and other team members was conducted. After the preparation phase, the costing of the Investment Case began. Unit costs were broken down, and assumptions for costing were made with input from key experts.

As part of the costing of the Investment Case, the LMG team collaborated with PFSA, SCMS, and the FMOH to work on the quantification of the 2015-2016 pharmaceutical and health products need. In addition, the team helped to develop the Procurement and Supply Management (PSM) plan.

Enhancing the implementation of the RCC 5-year work plan: In order to enhance the implementation of the RCC 5-year work plan, the following information was provided to staff during this reporting period:

- In-house capacity building covering best practices for grant management and support to sub-recipients;
- Coaching and support for report writing and the review of reports;
- Definition of no-cost extension, cost extension, and the development of no-cost extension for the RCC;
- Definition of healthy close out of the HIV RCC grant; and
- Presentation of the new Global Fund model.

As noted in the previous report, the 2014 Procurement and Supply Management (PSM) plan, included in the HIV RCC grant, was updated and submitted to the Global Fund. The PSM plan was approved; \$77.4 million was disbursed to HAPCO during this reporting period. These funds will be used for the procurement of ARV drugs, which will enable 400,000 PLHIV on ART to enroll by 2014. These funds will also be used to procure drugs for OI, rapid test kits, early infant diagnosis supplies, and condom and laboratory equipment.

To speed up the implementation of the RCC Phase II grant, the team provided an orientation to seven CSO sub-recipients. The orientation was given to 18 program managers, finance, and M&E officers, and covered best practices for implementing and overseeing the RCC five-year grant. After each of the seven CSO sub-recipients attended the orientation and signed the grant agreement, \$0.7 million was then disbursed to these CSOs at the recommendation of the national review board.

The HIV RCC Phase II grant will end by the 31st of December 2014. Currently, there is approximately \$47 million in un-dispersed funds begin held by the Global Fund Secretariat. In addition, there are funds that will not be fully expended until December 2014. Due to these funding concerns, preparation for a no-cost extension of the project has begun.

Mobilizing resources for grant year six: Inputs from all partners were reviewed, and a report is currently being drafted. The first draft of the report was presented during a joint high-level FMOH and Regional Health Bureau steering committee, at a meeting with 80 participants from various federal government sectors, and during an annual joint-planning meeting between the regional health bureaus, federal sectors, development partners, and CSOs. The inputs and comments received during these presentations were used to draft a second version of the report.

In house capacity building activities on how to improve grant management and provide support to sub recipients; definition of no cost extension and cost extension request and developing of no cost extension for the RCC and healthy close out of the HIV RCC grant were provided. Coaching, report writing, reviewing reports and recommendation and provide feedback were the other dimensions the in house capacity building activities were done. The new global funding model was also presented to the staffs.

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. No new challenges or constrains to report this period.

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

1. No new challenges or constrains to report this period.

8. Data Quality issues during the reporting period

<p><u>Specific concerns you have with the quality of the data for program areas reported in this report</u></p> <ol style="list-style-type: none">1. No concern.
<p><u>What you are doing on a routine basis to ensure that your data is high quality for each program area</u></p> <ol style="list-style-type: none">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.
<p><u>How you planned to address those concerns / improve the quality of your data for each program area</u></p> <p>N/A</p>

9. Major Activities planned in the next reporting period

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

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

- Pre-service LMG content integration finalized.
- Pre- services LM&G training will be delivered to university instructors using the revised curricula and modules.

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

- Coaching for East Shoa and West Arsi Zonal teams
- Collaborate with FMOH to rollout 2nd round LMG IST in emerging /developing regions including Afar, Belshangul Gumuz, Gamabella and Somali Regions.
- Financial management training (Public Financing) for finance and resources mobilization staff from FMOH and its affiliates at federal level.
- LMG roll out workshops at Amhara, Tigray, and SNNPRS RHBs
- Ex LMS zones LMG 2nd roll out (East Showa, South West Showa, West Arsi, and West Showa)
-

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

- LMG 2nd Workshop for AAU College of health sciences and Black Lion Specialized Teaching Hospital
- Strengthening the link b/n RHBs and nearby universities (joint planning for LMG in service training)
- Supporting and monitoring the EPHOA strategic planning development process
- Reference pack and lecture notes will be developed with universities and health science colleges
- Continue working with ALERT and Ethiopian Public Health Officers Association to provide LMG support for health sector

Support to FHAPCO through embedded local senior professional

- 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
6,326,108	5,576,108	2,783,908	2,792,200	

12. Issues requiring the attention of USAID Management

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

13. Data Sharing with Host Government:

Have you shared this report with the host government?

Yes

No

If yes, to which governmental office/s?

[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

Annex 1

1. Scope of Work:

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Destination and Client(s)/ Partner(s)	Ethiopia
Traveler(s) Name, Role	Anupa Deshpande, M&E Advisor
Date of travel on Trip	June 9-13, 2014
Purpose of trip	Provide M&E TA to LMG team
Objectives/Activities/ Deliverables	- Review In-Service Post Evaluation tools - Provide requested TA for project documents
Background/Context, if appropriate.	

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

- Reviewed Nurse/Midwife Health Service Management Course LMG Core Competencies document
- Reviewed In-Service Post Evaluation tools including protocol and data collection forms
- Reviewed LMG Annual Reporting for global indicators

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

None identified. Continue with monthly touchbase meetings with M&E lead.

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
Temesgen Workayehu	tworkayehu@msh.org	MSH	<ul style="list-style-type: none"> - Reviewed In-Service Post Evaluation tools including protocol and data collection forms - Reviewed LMG Annual Reporting for global indicators - Reviewed Nurse/Midwife Health Service Management Course LMG Core Competencies document
Dereje Ayele	dayele@msh.org	MSH	<ul style="list-style-type: none"> - Reviewed Nurse/Midwife Health Service Management Course LMG Core Competencies document
Getinet Chali Kaba	gkaba@msh.org	MSH	<ul style="list-style-type: none"> - Reviewed Nurse/Midwife Health Service Management Course LMG Core Competencies document

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
Final core competency_Nursing and Midwifery_adano comments_12 June_ad comments	Tracked changes and comments for the Nurse/Midwife Health Service Management Course LMG Core Competencies document	<p>LMG Headquarters: P Drive: P:\CLM\AMENA Portfolio\Ethiopia LMG</p> <p>LMG Ethiopia: Temesgen Workayehu filing system (email)</p>
Comprehensive LMG training Result presentation report_2014June13_clean_ad	Tracked changes and comments for the LMG training results presentation	<p>LMG Headquarters: P Drive: P:\CLM\AMENA Portfolio\Ethiopia LMG</p> <p>LMG Ethiopia: Temesgen Workayehu filing system (email)</p>
LMG PMP Report_AR2014_Tables_ad	Tables of the LMG global PMP indicator data for PY4	<p>LMG Headquarters: P Drive: P:\CLM\AMENA Portfolio\Ethiopia LMG</p> <p>LMG Ethiopia: Temesgen Workayehu filing system (email)</p>
Post training evaluation Protocol_Draft_2014June14	Tracked changes and comments for the Post-training evaluation protocol	<p>LMG Headquarters: P Drive: P:\CLM\AMENA Portfolio\Ethiopia LMG</p> <p>LMG Ethiopia: Temesgen Workayehu filing system (email)</p>

Annex 2

1. Scope of Work:

- 1. To provide technical support to the gender team with in the Ministry. Finalize the translation of the national gender training Module in to Amharic.**
- 2. Review the gender strategic plan document.**

Destination and Client(s)/ Partner(s)	Gender Directorate, Ministry of Health
Traveler(s) Name, Role	Belkis Giorgis, Principal Technical Advisor for Gender and Capacity Building
Date of travel on Trip	March 28, 2014 to April 10, 2014
Purpose of trip	<ul style="list-style-type: none"> • Finalize the translation editing and formatting of the Gender Training Manual
Objectives/ Activities/ Deliverables	<ul style="list-style-type: none"> • The objective of the trip was to work with the translator to finalize the Gender Mainstreaming Manual for the health Workforce
Background/Context, if appropriate.	The Gender Mainstreaming Manual for the Health workforce (Facilitators and Participant Guidelines) were translated. It was necessary to review the translation of the manual and work on ensuring that it was accurate and was translated appropriately.

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

- Reviewed and edited the gender 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 of the edited manual by the Gender Directorate of the Ministry of Health 	Belkis Giorgis, Seble Daniel	End of July, 2014

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
Woizero Yamerot Andualem	0912054626 (251)	yamduale@yahoo.com	Ministry Of health Gender Directorate	During the trip conducted four meetings to address changes in the manual

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.		
2.		