

Management Sciences for Health LMG Ethiopia; Quarter I Progress Report for Fiscal Year 2015 (October 1, 2014 – December 31, 2014)

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January 15, 2015

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

<p>This report was made possible through support provided by the US Agency for International Development and Management Sciences for Health under the terms of AID-OAA-11-00015 and Petros Faltamo . The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.</p>
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**USAID/PEPFAR Ethiopia In-Country Reporting System (IRS)
Reporting Template**

Management Sciences for Health LMG Ethiopia

QUARTER I PROGRESS REPORT

FOR

FISCAL YEAR 2015

(OCTOBER 1, 2014 TO DECEMBER 31ST, 2014)

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LIST OF ACRONYMS

AAU	Addis Ababa University
ANC	Anti Natal Care
ALERT	All African Leprosy and TB Rehabilitation and Training
CCM	Country Coordinating Mechanism
CDC	Center for Disease Control
CLM	Center for Leadership and Management
CPD	Capacity Development
CSO	Civil Society Organizations
DMR	Desired Measurable Result
EHRIG	Ethiopian Hospital Reform Implementation Guideline
EPHOA	Ethiopian Public Health Officers Association
FMOH	Federal Ministry of Health
GF	Global Fund
HAPCO	HIV AIDS Prevention Control Office
HIV	Human Immunodeficiency Virus
HSM	Health Service Management
ICU	Intensive Care Unit
IST	In-Service Training
L+M+G	Leadership, Management, and Governance
LMS	Leadership Management and Sustainability
OALFA	Observe, Ask, Listen, give Feedback, and Agree
OR	Operation Room
PST	Pre-service Training
PFSA	Pharmaceuticals Fund and Supply Agency
PSM	Project Support Management
RHB	Regional Health Bureau
RCC	Rolling Continuation Channel
SLP	Senior Leadership Program
SNNPR	Southern Nations and Nationalities Peoples Region
SR	Sub-Recipients
TOT	Training of Trainers
TTP	Team Training Program
USG	United Sates Government

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1. Reporting Period

From 1 October 1 , 2014	To 31 st December , 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/Curriculum

Title	Author	Date
Post-Training Evaluation of Work Place Team Based L+M+G Skill Development for Organizational Performance Improvement Program	MSH /LMG Ethiopia	November 3rd 2014

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
Lourdes de la Peza	24/11/2014	28/11/2014	CLM	Governance training
Barbara Tobin	01/12/2014	12/12/2014	CLM	PHOA Strategic plan development

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

4. Travel and Visits

Did your organization support international travel during the reporting period?

No/Not Applicable

Yes Please list below:

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

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

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

Description of Monitoring team	Start date	End date	Sites visited	Written recommendations provided
Review of LMG teams in Somali Region by FMOH and LMG project.	Dec17	Dec 19	Jijiga	Teams are progressing but still require further support. It is recommended that the RHB and FMOH work more closely with the Woreda teams providing ongoing coaching .and supportive supervision.

5. Activity

Program Area (Tick all which apply)	Activity ID	Activity Title (Please write the title of the activity)
<input type="checkbox"/> 01-PMTCT		
<input type="checkbox"/> 02-HVAB		
<input type="checkbox"/> 03-HVOP		
<input type="checkbox"/> 04-HMBL		
<input type="checkbox"/> 05-HMIN		
<input type="checkbox"/> 07-CIRC		
<input type="checkbox"/> 08-HBHC		
<input type="checkbox"/> 09-HTXS		
<input type="checkbox"/> 10-HVTB		
<input type="checkbox"/> 11-HKID		
<input type="checkbox"/> 12-HVCT		

<input type="checkbox"/> 13-PDTX		
<input type="checkbox"/> 14-PDCS		
<input type="checkbox"/> 15-HTXD		
<input type="checkbox"/> 16-HLAB		
<input type="checkbox"/> 17-HVSI		
<input checked="" type="checkbox"/> 18-OHSS		

6. Accomplishments and successes during the reporting period

Program area 18-OHSS

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

- ***Capacity building training on concepts and practices of governance provided for 20 HSM course instructors of the eight universities that have integrated L+M+G in to their HSM course(indicator # 13)***
- ***37 Jimma University staff and 189 graduating students received L+M+G capacity building orientation to incorporate the challenge model into the TTP program. (indicator # 13)***

Governance Training: LMG project supported pre-service institutions in Ethiopia to revise their existing curricula and integrate updated L+M+G skills & practices into their Health Services Management (HSM) course for public health officers, midwifery and nursing under graduate students. The exercises were preceded by key activities like competency development and two rounds of content review for integration. After finalizing the L+M+G content integration into the existing Health Services Management (HSM) course, the revised curriculum was piloted in the summer classes at Mekelle and Hawassa universities. As part of tracking the pilot, the project in collaboration with the two participating universities, developed a checklist to identify key challenges during course delivery. During the second round content review session, it was noted that governance is a new course concept and most of the instructors have had little in-service training on governance. During the piloting exercise in both Mekelle and Hawassa it was recognized that governance is an important component of the revised course, but most instructors faced challenges internalizing the key concepts of governance and delivering the material with the required quality and standards. In order to address this, additional training on the subject of governance was offered. The training was conducted from Nov 25-28th 2014. Twenty (all male) participants from universities in Jimma, Bahir Dar, Mekelle, Wollo, Gondar, Hawassa, Harari, Haramaya, Addis Ababa and Dessie and Menelik II College of Health Sciences (CHS) participated. The training was facilitated by Lourdes De la Peza, a Principal Technical Advisor for Management and Leadership, under the global LMG Project. Group discussion / team work, panel discussion, brainstorming, debate, storytelling, role playing, case scenarios, demonstration etc. were methods applied during the sessions.

The training covered the following topics:

- Governance definitions and framework and its relation with Leadership and Management
- The five governance practices
- Governance and gender
- Importance of governance to improve service delivery
- Information for governance decision making
- Measuring governance practices

At the end of the training, teach-back was used with all teams to ensure that teams had a good understanding of governance concepts and practices and their applicability to the Ethiopian health system in addition to the application of experiential learning methodology.

Support to the Team Training Programs (TTP) in Universities: At the end of the last academic year of each graduating class, there is a practice in all eight universities to expose graduating students to community based services. This is commonly called TTP, where all graduating students of public health, nursing, pharmacy, medicine, midwifery, medical lab technology etc., organize in teams to work at facilities as well as in community outreach schemes. During the content integration workshop there was a request from the universities to integrate the LMG challenge model to be used as a tool for leadership, management and governance practice improvement for graduating classes during TTP. LMG organized orientation sessions on the L+M+G results framework and other key subjects of L+M+G for all instructors and professors who will be part of the TTP process. The students are expected to apply L+M+G tools to scan their environment, focus on strategic areas, align and mobilize resources to achieve their measurable results and report back to their academic supervisor upon return from their TTP. With the community they are assigned to serve, they are also expected to practice L+M+G and share their skills with the facility staff and the community.

As a part of this effort, a three day orientation session for the TTP supervisors and instructors and two days for graduating students was organized at Jimma University with the purpose of:

1. Orienting the university academic staff on L+M+G skills and the Challenge Model so that they can assist students when implementing the Challenge Model during the TTP.
2. Orienting the graduating students on L+M+G skills and the Challenge Model.
3. Creating awareness among university academic staff and course recipients on the newly integrated LMG component in the TTP syllabus.

During the sessions 37 (33 Male+4 Female) university academic staff were oriented on basic concepts, principles and practices of L+M+G including the leading, managing and governing for results; developing managers who lead; work climate; coaching; moving from vision to action and techniques for analyzing and mapping stakeholders and resource mobilization.

As part of the exercise participants formed department based teams, applied the Challenge Model and crafted a team vision, and measurable result. All teams made presentations and received feedback from LMG Ethiopia team.

Similarly, an overview on L+M+G and the Challenge Model was provided for 189 graduating students of Nursing, Pharmacy, Environmental Health, Laboratory and Health Officer's. As the newly integrated HSM course has just been started, this group of students had not been exposed to the LMG modules during their training. To facilitate the learning process, students were provided with sample worksheets of the Challenge Model, stakeholder analysis, resource mobilization, action plan and M&E planning. And it was noted that close follow-up will need to

be paid by the instructors from Health Services Management Department and LMG project. LMG will continue to support other universities to do the same in the coming quarters.

Intermediate Result 2: L+M+G Capacity of Selected FMOH Directorates Core Processes and Relevant Agencies, (Tigray, Amhara, Oromia, Harari, Dire Dawa, SNNPR) Regional Health Bureaus/Zonal/District Health Offices/Facilities Developed

- *113 teaching hospital staff trained on L+M+G (Indicator # 6)*
- *73 LMG teams started implementing their L+M+G project action plan (indicator #11)*
- *24 (out of 73) LMG teams have HIV/AIDS in their DMR /Priority action (Indicator #10)*
- *4 teams from FMOH senior leadership completed their SLP action plan (indicator #12)*

L+M+G first, second and third round trainings: Trainings were carried out in Oromia, Amhara, and Somali regional health bureaus; West & East Shoa and West Arsi zonal health departments; Ayder and Gondar teaching hospitals and at the FMOH. A total of 389 individuals (316 males, 73 females) in a total of 93 teams participated in LMG trainings. Of this number 4 teams completed the SLP training, 32 teams completed the third round workshop, 39 teams completed the second round workshop and 18 completed the 1st round workshop.

As in previous trainings, content covered during the first and second workshop include: existing and emerging health care issues and trends; health system strengthening; health policy, strategies and reforms; policy analysis; basic concepts of leadership and management; leading and managing practices; optimizing individual and organizational performance; and moving from vision to action (review of organizational mission, creating shared team vision, crafting desired measurable result). During the third workshop teams learn about cultivating accountability, engaging stakeholders, stewarding resources, creating a shared vision, and using evidence for decision making. All teams use the Challenge Model to craft their team vision and DMR which will be further refined meetings held with workplace teams. Presentation, individual and group activity and role play are the methodologies employed throughout the workshops.

The FMOH has continued its efforts in conducting trainings in the three emerging regions of Afar, Somali, and Gambella. These trainings are carried out by the FMOH Health System Strengthening Directorate, with technical support from the LMG Ethiopia Project. The FMOH organized, financed, and implemented the training using their own resources and facilitators. As it was stated in the previous report, all the three emerging regions have refined their challenge model and completed the second round workshop. During this period Somali Region moved ahead with completion of the third workshop. Afar and Gambella regions did not receive the

coaching support from the Regional Health Bureau they required in order to complete the third workshop. Coaching is now planned to take place over the next quarter followed by the third workshop.

Oromia Region: The Oromia RHB second workshop was conducted from October 10-12, 2014 at Adama and was primarily facilitated by LMG Ethiopia staff. A total of 39 participants (6 females +33male) including process owners, and case team coordinators in 10 L+M+G teams attended the workshop. In the discussion the L+M+G teams held with the workplace teams, the teams from the Oromia RHB further clarified their team vision and measurable results. The measurable results of the teams mainly focus on provision of supportive supervision for HIV/AIDS activities at Woreda level, increase the TB detection rate, improving health service delivery, and improving the internal audit system. The teams are also working to improve their work environment through recognition of staff for better performances, creating transparent systems for staff promotion, and enhancing team building and team work in the work place.

Amhara Regional Health Bureau: The second round of Amhara Regional Health Bureau L+M+G workshop was conducted at Debre Tabor Health Science College from November 1-3, 2014. A total of 51 participants (17 females + 34 males) organized in 13 L+M+G teams attended the training that was delivered in collaboration with Gondar University. During the workshop teams presented their progress to date. The team vision and DMR of the teams which was crafted as a draft during the first workshop was further refined during discussions held with their relevant work place teams. The training was conducted in collaboration with Bahir Dar Health Sciences College, and trainers from the college provided coaching support for all participating teams.

West Arsi and East Shoa Zone: The second round LMG workshop for West Arsi and East Shoa Zonal Health Department staff was carried out from November 7-9, 2014 at Adama. There were 41 participants (7 female+ 34 male) in 10 teams (five from each Zone) drawn from various departments (family health, regulation, human resources, communicable disease control, and health services). All teams refined their draft team vision and measurable results after coaching sessions and further scanning of the situation with the work place teams. The L+M+G team based projects mainly focused on improving TB detection, improving institutional delivery, improving human resource management systems and quality of health services.

West Shoa Zonal Health Department: The L+M+G teams of West Shoa Zonal Health Department also received their 2nd round L+M+G workshop from November 7-9, 2014 at Ambo, in collaboration with Ambo University. There were a total of 26 participants (5 female and 21 male) drawn from various departments. All the L+M+G teams held team meetings with their respective work place teams and further clarified their L+M+G project team vision and measurable results and completed their challenge model. Increasing HIV testing and TB case detection, improving data quality, customer satisfaction, and computerization of human resource management were focus areas.

Ayder Teaching Hospital, Mekelle University: In collaboration with the Medical Services

Directorate, the first and second round L+M+G workshop was held for Ayder Teaching Hospital staff at Mekelle University from November 14-16, and Dec 26th -28th 2014 respectively. A total of 51 participants (36 males +15 females) in 9 L+M+G teams, attended the workshops. Participants were from the following sections: Outpatient Department (OPD), Inpatient Department (IPD), Facility Management, Pharmacy, Nursing, Laboratory, Emergency Unit; Operating Room (OR) and Intensive Care Unit (ICU.) Like other training sites, each team applied the Challenge Model to be further refined in discussion with their respective workplace teams. Achieving improvements in Ethiopian Hospital Reform Implementation Guide (EHRIG) indicators was the focus for a majority of the teams. The training was primarily facilitated by LMG in collaboration with certified trainers from Mekelle University. A coaching session before the second workshop was provided jointly by the facilitators from Mekele University and team coordinators.

Gondar Teaching Hospital: The first round L+M+G workshop was carried out at Gondar Teaching Hospital at Gondar University from November 28-30, 2014 and in collaboration with the Medical Services Directorate. A total of 62 participants (48 males +14 females) in 9 L+M+G teams attended training. The training was facilitated by certified trainers from the University of Gondar and LMG staff. Like other training sites, each team applied the Challenge Model to identify and address a critical problem. Accordingly, teams crafted their draft challenge model which will be further refined in discussion with their workplace teams. The Ethiopian Hospital Reform Implementation Guide (EHRIG) indicators were chosen by all of the teams for measuring results. Training participants decided to have two coaching sessions before the 2nd workshop which will be facilitated by facilitators from the University of Gondar.

Yale-led SLP: During the reporting period, the LMG Ethiopia Project hosted the fourth result presentation sessions of the Senior Leadership Program (SLP) in collaboration with the FMOH. The program aims to strengthen the FOMH's leadership to develop highly effective and efficient senior teams. The program was designed collaboratively with Yale University, the FMOH and MSH. The 20 (17 Male+3 Female) participants include the Minister of Health, state ministers, senior advisors and directors who graduated with certificates from Yale University.

The curriculum for the final session focused on a review and reflections of the entire SLP program. Additionally, the ministry requested modules on quality improvement, corruption, and self-preservation. Also, while the topic of gender is interspersed throughout all of the training, there was a specific module to address women in leadership roles. As in the past, the weekend was a mix of lecture, activities, and presentations on the group projects.

The following modules made up Session IV:

- History and principles of quality improvement
- Key tools in quality improvement
- Governance and corruption
- Mentoring and cascading
- Gender and leadership: How do you and your directorate promote gender equality and

women's empowerment?

- Self-preservation—prioritizing, delegating effectively and maintaining a healthy work-life balance

The end of day debriefs along with the post session evaluation allowed the team to assess the usefulness of the modules and the pacing. Twelve participants completed the post session evaluation. The quality improvement modules were rated as most helpful. Seven (58%) of the 12 evaluation respondents found these “Very Helpful” and five (42%) found them “Helpful.” The discussion about mentoring and cascading, which included participants reporting back on their progress with coaching, as well as instruction and ideas was found to be “Helpful” by the all eleven respondents to this question. The Self Preservation module was found to be “Very Helpful” (50%) and “Helpful” (50%) amongst the participants.

The Governance and Corruption module brought out lively discussion in which participants debated case study scenarios. This module was rated as “Very Helpful” by two (18%) of the eleven respondents, “Helpful” by five (45%), and “Somewhat Helpful” by 4 (36%) of the respondents. The other dynamic module was Gender in Leadership. The group was divided by gender and was asked to have a discussion and produce a list of what they thought the other gender would say in response to why there were not more women in leadership positions. The sparked an interesting discussion one the two groups were back together.

The second day started with presentations from each of the four teams where they were given 30 minutes to reflect and report on the evolution of their project including how the problem statement was identified, their root cause analysis, how they engaged stakeholders, their evaluation indicators, accomplishments, challenges and the next steps.

The session ended with a certificate ceremony in which the MSH Country Representative, Dr. Negussu Mekonnen and MSH LMG Country Project Director were able to attend as well as two representatives from the USAID mission.

Table 1: Number of teams, trainees disaggregated by sex, site and round of training during the reporting quarter.

Region	# of Teams	Male	Female	Total
SLP				
• FMOH Completed SLP	4	15	1	16
Emerging Regions ; Third round workshop				
• Somali	32	95	8	103
Subtotal	32	95	8	103
Second round workshop				
• Amhara RHB	13	34	17	51
• Oromia RHB	10	33	6	39
• West Arsi and East Showa Zone	10	34	7	41
• West Shoa Zone	6	21	5	26
Sub-total	39	122	35	157
First round workshop				
• Ayder Teaching Hospital	9	36	15	51

• Gondar Teaching Hospital	9	48	14	62
Sub Total	18	84	29	113
Grand Total	93	316	73	389

Coaching Visits: Coaching is a key L+M+G tool for assisting teams to fully exercise the L+M+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 their action plans. During the reporting period, 12 teams (out of 13) in Amhara region received coaching session after their first workshop. Whereas, 8 (out of 10) teams in Oromia Regional Health Bureau received coaching session after their second workshop. The coaching sessions in both regions were primarily conducted by LMG staff. Similarly, during the reporting period coaching support was also provided for all 32 Somali RHB and district teams by the Regional Health Bureau with the budget allocated by FMOH.

During the coaching, teams were supported to:

- Scan their environment and identify their priority challenges, refine their team vision and measurable results;
- Reflect on their commitment towards fulfilling their DMR;
- Work on the intermediate outcomes; creating conducive work climate, establishing a viable management system, and respond to client needs and demands through empowering their staff and stakeholders;
- Exercise the identified L+M+G practices in their workplace so as to realize the aforementioned outcomes;
- Take ownership in the process and document their successes and share to others internally and outside their organizations;
- Realize their teams' potentials and maximally utilize the available meager resources at their hand; and
- Revise workshop sessions to help them link with the actual work environment

Skills in leadership and assertiveness developed in the FMOH Women and Youth Affairs Directorate

- **100 administrative and supporting staff of FMOH and its agencies trained on assertiveness**
- **47 women leaders drawn from regional health bureaus, federal agencies and hospitals attended leadership training**

During the previous FY, the Gender Training Manual, consisting of a facilitator guide, participant notes and participant manual, was completed and approved by the FMOH for use in the rollout of gender training throughout the country. The manual has competency-based sessions about gender in the context of HIV/AIDS, including gender issues in terms of prevention, treatment, and provision of appropriate care and support, as well as psychosocial

support for those who are infected and affected by HIV/AIDS. During this reporting period the preparation of a standard power point preparation has started and the first TOT training will be delivered in the next reporting period.

With the financial and technical support of LMG/Ethiopia, the Federal Ministry of Health Women and Youth Affairs Directorate organized and delivered assertiveness training for 100 administrative and support staff of the FMOH including several agencies. The training had the following objectives.

1. To enable participants to understand the notions of teambuilding and assertiveness.
2. To help participants realize myths which hinder one from being assertive and an effective team player
3. To acquaint participants with assertiveness and teambuilding skills/techniques

With the objective of building the capacity of female health leaders, a two-day (Dec. 5-6, 2014) leadership training was organized at Adama by the Federal Ministry of Health Women and Youth Affairs Directorate in collaboration with the Leadership Management and Governance Project. A total of 47 women leaders including case team coordinators, department/branch heads and managers drawn from regional health bureaus, federal agencies and hospitals attended the training. The training covered leadership concepts and skills and the relationship between gender and leadership. Group discussions, role play, brainstorming, plenary sessions were the applied training methodologies.

Finally the training participants developed an action plan to be implemented in their respective offices in the coming year. The technical working team within the directorate is tasked with providing the appropriate follow-up of the implementation of the action plans.

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

- *40 AAU staff received their third round LMG workshop*
- *PHOA Supported with strategic plan development (indicator # 14)*
- *18 FMOH General Service Directorate drivers trained on defensive driving*

Addis Ababa University (Black Lion): The third round of the Addis Ababa University L+M+G workshop was conducted at the Bisheftu Management Institute from November 13-14, 2014. A total of 40 participants (16 male + 24 female) in 10 L+M+G teams attended training. Teams reported that they have already started applying the L+M+G skills in addressing critical work place challenges. All teams presented their progress since the second workshop. Activities included team meetings with workplace colleagues, rigorous coaching support which assisted in further refining their DMRs. Computerizing student profiles, organizing library books, developing a database for the HR development program are among the DMRs chosen by participating teams.

Technical Assistance Provided to the Ethiopian Public Health Officers Association:

The LMG Ethiopia Project support to the EPHOA is designed to strengthen the Associations involvement in the country's health care policy and decision making processes. Emphasis is also on capacity building of the Association and its members to better respond to the needs in the area of HIV/AIDS prevention, care and treatment services.

During the reporting period, LMG Ethiopia Project increased its technical and financial support to EPHOA. As part of this effort, a strategic planning workshop was held in Adama from December 8-12, 2014. The workshop was attended by all board members, sister organizations, long serving health officers and senior LMG staff. Technical assistance for the workshop was provided by CLM's Senior Technical Advisor based at headquarters. She facilitated the sessions, reviewed documents and provided guidance and directions throughout the process.

The purpose of the workshop was twofold: to draft strategic objectives and identify priority areas for the next six months and to support the strategic planning process, identify key milestones in the association's growth and current status. Clarification was also provided on the needs of the Association and the extent the LMG project could provide support.

The workshop was finalized with the following outputs.

- Organizational mission, vision and value crafted
- Three strategic directions identified:
 1. PHOA institutional strengthening through, resource mobilization, structure, system, governance and leadership
 2. PHOA members capacity building through in-services training (IST), pre-service training (PST) and continuous profession development (CPD)
 3. PHOA profession promoted through members rights, benefits career development PHO as a profession roles in the health system
- Crafted desired measurable result, strategies and key activities that will be accomplished

in the coming six months.

A team was formed that will be responsible for completing the strategic planning document

Support Provided to the FMOH's General Service Directorate: LMG Ethiopia with the Directorate Transport and Property Management Case Team of the FMOH conducted a trend analysis. From this analysis a critical gap was identified in driver's knowledge and skills around defensive driving. In response, 41 drivers were trained in defensive driving. As a continuation of this program, an additional 18 drivers of the FMOH received defensive driving training from December 19-21, 2014.

Technical Support Provided for Federal HAPCO Global Fund Management:

No-cost Extension of Six Months HIV RCC Grant approved: The HIV RCC Phase II grant will end by the 31st of December, 2014. Currently, there is approximately 47 million USD in undispersed 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 in the previous reporting periods. Accordingly, during the reporting quarter the work plan was revised and submitted to GF for approval. Based on the request the GF approved 36.8 Million USD.

Prepared reprogramming request, submission and getting approval: During the monitoring of the implementation of the RCC year 4, 5 and 6 PSM plan it was identified that excessive fund was allocated for the procurement of EID. Accordingly, discussion was held with PFSA and a request for reallocating 8.3 Million USD fund for the no cost extension period (January- June 2015) was submitted for Country Coordinating Mechanism (CCM) to be used for the procurement of rapid test kits to cover the 2015 need. Following this, the CCM endorsed the request to the GF and got approval. Currently PFSA has now started the procurement process of rapid treatment kits (RTKs).

HIV resource mapping conducted: During the reporting period mapping of HIV resources was conducted in five regional states, 25 Federal government sectors, bilateral, multilateral, private sectors and 10 CSOs. Following this HIVcosted concept note was prepared along with experts from CDC and USAID and shared with CCM, partners and GF country team. By now the concept note is under review by technical review panel of GF.

Support provided for PFSA to implement RCC year six program: Support was provided to PFSA to enable it to fully implement RCC year six programs. Among others, it was supported to implement the PSM plan timely and address the delays and related problems. The supervision to SRs (nine regions and six CSOs) and SSRs was also facilitated during the reporting period. Regions were also provided support to speed up the implementation and ensure completion of the already started interventions and account for the fund disbursed through submitting programmatic performance and financial expenditure report.

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

Quarterly challenges and Constraints for each program area

Program area 18-OHSS

- LMG implementation with Tigray RHB delayed as the region wanted to wait until they finalized their restructuring.
- During this FY, LMG project in collaboration with FMOH's Medical Services Directorate is expected to work with 10 teaching hospitals, but it appears that the teaching hospitals are not managed by FMOH, but structured under Federal Ministry of Education (FMOE). The issue of autonomy is unclear and reaching out to them to carry out activities within a FMOH supported program has presented obstacles. Similarly one of LMG's implementing partners, AMREF, has also been advised by the FMOH to wait for guidance on how to proceed with finalizing LMG training with hospitals.

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

- As the delay seems too long, as mentioned above we have already started providing L+M+G support at Ayider Teaching Hospital in the regional capital Mekelle via the FMOH's Medical Services Directorate. We will also continue having discussion with Tigray Regional health bureau to start with bureau level L+M+G interventions.
- The two ministries are working together to develop a directive as to how the teaching hospitals are being managed. When the directive is approved by the Council of Ministers, this should ease continuing LMG's interventions as a FMOH's partner project .

8. Data Quality Issues during the Reporting Period

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

1. No concerns.

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

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

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

N/A

9. Major Activities Planned in the Next Reporting Period

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

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

- TTP for Gondar University will be conducted
- Core competency development for Medicine and pharmacy categories at the eight targeted universities will be finalized.
- Integration of L+M+G in to the mentioned categories will be finalized.

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

- Collaborate with FMOH to conduct Gender TOT training
- LMG rollout training and coaching for Gondar , Ayder, Hawassa and Jimma teaching hospitals will continue
- Collaborate with FMOH to conduct coaching and result presentation workshop for Somali Region
- Collaborate with FMOH to continue rollout LMG IST in emerging /developing regions including Afar, Benishangul Gumuz, and Gambella. .
- Financial management training (Public Financing) for finance and resources mobilization staff from FMOH and its affiliates at federal level.
- LMG rollout workshops at Amhara, Tigray, and SNNPRS RHBs will be conducted
- LMG rollout training in ex-LMS zones will continue

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

- LMG result presentation 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 PHOA to finalize the strategic planning development process will continue
- 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 federal HAPCO

Monitoring and evaluation

Internal mid term review

10. Environmental compliance

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

The project does not have any environmental compliance issues.

11. Financial accomplishment

(In USD)

Life of Project budget (a)	Obligated to date (b)	Expenditure (Accrual and actual disbursement) to date (c)	Remaining balance (d) = (b) – (c)	Remarks
5,775,621	6,326,108	4,079,011	2,247,097	Expenses for Nov & Dec 2014 are estimates

12. Issues requiring the attention of USAID Management

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

Moving forward, before doing any interventions/trainings cascading in the other new regions, FMOH advised LMG to have a signed MOU in place among FMOH, RHB and LMG project. This might delay us from rolling out some of planned L+M+G training.

13. Data Sharing with Host Government:

Have you shared this report with the host government?

Yes

NoX

If yes, to which governmental office/s?

If No, why not?

We will share as we get further guidance from USAID.

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

- Yes
- No

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

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

14. Appendices

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

1. Scope of Work:	
Destination and Client(s)/ Partner(s)	Addis Ababa, Ethiopia. Faculty from different universities and colleges
Traveler(s) Name, Role	Lourdes de la Peza, Principal Technical Advisor for Management and Leadership, LMG Project
Date of travel on Trip	November -24-28, 2014
Purpose of trip	Design and facilitate a TOT to strengthen the capacity of local faculty to deliver the governance component of Ethiopia's L+M+G pre-service integrated program, focusing on the local public health environment and participatory delivery methodologies.
Objectives/Activities/Deliverables	<p>The objectives of the training:</p> <p>Objectives:</p> <p>At the end of the training participants will be able to:</p> <ol style="list-style-type: none"> 1. Define governance in the context of health sector and its relations to leadership and management 2. Describe the four governance practices and how they are applied in the health sector 3. Identify the typical governing bodies in Ethiopia's health system 4. Explain the importance of good governance for health systems performance and health outcomes 5. Explain the main challenges the governing bodies face and how they can be overcome 6. Identify appropriate methods to teach governance practices 7. Design and deliver training sessions related to the four governance practices
Background/Context, if appropriate.	<p>In September 22nd -25th 2014, LMG Ethiopia conducted a L+M+G content integration workshop in Adama with 21 university representatives in attendance. This was the second content integration workshop after the first one held in June 2014. All participating universities were advised to start with the newly integrated curricula, but only Mekelle and Hawassa did the implementation with their summer class students. Their exercises helped to analyze what worked well and what needs improvements.</p> <p>During the second workshop, experiences from Hawassa and Mekelle Universities were shared with other universities. These universities have already started delivering the new HSM course for their summer students and had experiences to share.</p>

	<p>From universities presentation, it was noted that the Governance part was not being covered during the course. Three main reasons were mentioned by the universities:</p> <ul style="list-style-type: none"> • The time allocated is not enough • The instructors themselves are not very clear of the concepts and practices of governance. • Governance has not been well matured enough in the health sector unlike other sectors like economics, political science, etc. • Most of instructors did not have any pre-services training on governance. • Instructors have a problem of showing the integration between Leadership, Management and Governance • The universities also recommended that the “health system strategy and policy” part is so broad to deliver it to students of this level. <p>In discussions with the universities it was recommended to plan governance training for instructors. Jemal Mohamed asked LMG Arlington to provide support offering a TOT on governance, similar to the governance academy Jim Rice and Mahesh Shukla did in 2013, but with slight modifications to help the professors and instructors understand governance in the health sector and how to deliver the content using adult learning and participatory approaches.</p>
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2. Major Trip Accomplishments: Should include the major programmatic goals realized, relevant metrics, and stories of impact from the trip.

<p>TOT design</p> <p>After LMG Ethiopia made their request, I started conversations with LMG director in Ethiopia, Jemal Mohamed and his team about the participant’s profile and needs to be covered through the 4 day TOT. Participants are experienced teachers that are already delivering the L+M+G curricula and need to have better understanding on how leadership, management and governance are related and how to apply the governance concepts and practices to the Ethiopia health system. They also need participative and practice oriented teaching methods that allow students active participation instead of just lecturing them.</p> <p>In terms of the content, I adapted the Governance Academy developed by Jim Rice and Mahesh Shukla. The first three days of the TOT covered the following sessions:</p> <ul style="list-style-type: none"> • Governance definitions and framework and its relation with Leadership and Management • The four governance practices • Governance and gender • Importance of governance to improve service delivery • Information for governance decision making
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- Measuring governance practices

In order to provide practical experience on how to deliver these sessions using adult learning and experiential learning approaches we demonstrated and used a different delivery method for each session like: group discussion, panel, brainstorm using cards, debate, storytelling, role playing, case scenarios, demonstration etc.

The fourth day of the program was devoted to practicums. The group divided in five groups of four people each, have to design and deliver a 45 minutes session related to one of the four governance practices or gender. After their sessions they will receive feedback from the participants and the facilitator.

(Detailed agenda and materials in annex 1 and 2)

(Each day presentations and instructions to each exercise are in annexes 4 to 7)

TOT delivery

The TOT was delivered from Tuesday November 25 to Friday November 28 at the Axum Hotel in Addis Ababa. 20 professors all male, from 11 different academic institutions participated in the training. The participant universities were: Jimma, Bahir Dar, Mekele, Wollo, Gondar, Hawassa, Harari, Haramaya, Addis Ababa and Dessie CHS and Menelik II CHS. (List of participants on annex 3)

At the beginning of the training the participants expressed the challenges their face when trying to deliver the governance content in pre-service courses as well as their expectations of the course:

Challenges to teach governance:

- Misunderstanding of the concept of governance and lack of open discussion on governance
- People consider governance as a politics or just for people in very high positions
- Resistance form students and institutions to talk about governance
- Difficulty to make it practical
- The flow of the content in Health Service Management Course
- Lack of reference materials
- Short time allocated for the course

Expectations:

To learn:

- New theories of governance
- The linkages between leadership, management and governance
- How to change the perception of people towards governance
- How to transfer the governance practices into practical practices
- How to measure the outcome of good governance
- Experiences from other countries on governance
- From the facilitator experiences of governance

Share experiences.

After participants expressed their challenges and expectations, we read the workshop

objectives and they could verify that the program was aligned with their expectations and challenges.

All sessions were delivered exactly as planned. Participants were completely engaged in every activity starting at 8:30 on the dot every day with full participation and finalizing at 5 p.m. and still all participants were present.

Every day participants were asked to read the material in advance of the workshop. All basic content was incorporated in the participant's material as well as handouts needed for different exercises. (participant material in annex 2) In addition a USB was provided with reference materials.

During the first day participants were very excited recognizing that they would improve their understanding of governance concepts and governance practices, and how they could be applied at the different levels of the Ethiopian health system and the interrelation between leadership, management and governance.

The second day was dedicated to apply the four governance practices to real situations like:

- How different levels of accountability can be enhanced with specific examples delivered in a panel by representatives of different teams;
- How different stakeholders can be involved using an scenario of the Global Fund Country Coordination Mechanism (CCM) and role play a real debate against different constituencies to decide who should have a seat at the CCM;
- How set shared direction by asking participants to design a strategy to engage different stakeholders in developing the common vision and strategy
- How to steward resources with transparency and integrity by presenting different scenarios of misused of resources and role play as the governing body providing alternatives to address the problems.

At the end of the second day, participants expressed these methods are great but difficult to use in their work environment. The challenges they face to use participative methodologies are:

- Big groups of students (Sometimes more than a 100)
- Rooms layout (Chairs fixed to the floor that don't allow to organize the group in teams)
- Constrain on facilitation materials (flipcharts, markers, copies etc.)
- Small time allocated to deliver governance themes

We discussed how they can take on the challenge to improve their sessions by asking: How can I make my sessions engaging and participative despite these obstacles?

The third day we discussed gender issues and what interventions can be implemented to contribute to gender equality in the health work environment. We also talk about the importance of using data for decision making and demonstrated a real governance

dashboard. In relation to evaluating the governance practices, participants proposed strategies and indicators to evaluate them and presented their work to the plenary.

At the end of the third day, we reflected about adult learning, different teaching methods and retention as well as facilitation beliefs. Participants proposed behaviors and techniques that demonstrate these facilitation beliefs.

The four day was devoted to practicums. The group was divided in five teams. Each team designed and delivered a 45 minutes session related to one of the four governance practices and one session on gender.

All teams facilitated the session and demonstrated they are able to explain the concepts as well to use participative methods. Two groups used the same methodologies previously employed and three groups innovated using different methodologies that proved more effective. For instance the team that facilitated the session in gender, role played the difficulties women lived in their work places. Each team received feedback related to how they designed and facilitated their session.

At the end of the workshop, we read the objectives and participants agreed that all objectives were achieved. Some of them made verbal comments about how useful the workshop has been and how they feel more comfortable to deliver the governance content and using new methodologies to deliver it. They filled out an evaluation and summary of it is described below.

Participants evaluation

At the end of the workshop participants answered a written evaluation. The summary of the 20 evaluations is described below. (detail evaluation summary in annex 8)

What did you learn in this workshop?

In summary they expressed they learned:

- Governance concepts, governance practices and its application in the health sector.
- The relationship between Leadership, Management and governance
- Challenges of governing bodies and how to address them
- How to measure governance
- Designing and delivering teaching methods that make students easily understand and facilitation skills
- Gender and governance

In scale from 1 to 10 (in which 1 is very low and 10 is very high), how do you feel about your understanding of governance concepts and practices?(before and after)

The average of the 20 participants is: **Before 5.6, After 9.3**

In scale from 1 to 10 (in which 1 is very low and 10 is very high), how comfortable you feel to use participatory methodologies to deliver governance?(Before and after)

The average of the 20 participants is: **Before 5.2, After 9.3**

How can you apply what you learned in teaching your students?

- Incorporating the concepts in the course by using different teaching methods that are more participatory and practical
- Sharing the experience from this training with my colleagues
- Making my students part of the teaching process, and problem solving, making the process more participatory.
- Making [teaching] more interactive, using different methodologies, facing all the challenges we have I would try to apply and become good facilitator
- Creating conducive teaching learning environment and applying different methods to fill their knowledge, skill and attitude.

What feedback do you want to give the facilitator?

- The most effective workshop that I ever attended
- It is very nice & very interactive workshop that fulfils the objectives,
- Excellent facilitator, I am very happy with your delivery methods
- Most of the time participants were working hard
- It was an excellent interaction.
- Excellent facilitator, for real!!
- You help as a lot to explore different methods to teach our students and give us a very

- detail concern about governance
- She was given us her life experiences so that am happy to be with and during the training
 - Some of the examples were elementary.
 - Repeating things too many times might make the participants to be tired and bored.

1. Recommendations: Key actions to continue and/or complete work from trip.

- Introducing participatory and experiential learning approaches imply a cultural change in academic institutions and require them to develop new skills. Participants at the workshop are very engaged and enthusiastic to start introducing governance in their teaching and using participative methods. However, they just started and need to continue practicing and may be frustrated if don't find institutional support. There is a need to provide support to the professors that have already started to scale up the process and engage more people at all universities so that the change is extended and sustained over time.
- If professors expressed the difficulty of using participative methods to deliver the governance content, it is very likely they can be finding similar difficulties to use these methodologies to deliver other components of the leadership and management curricula. It will be important to measure not just the quantity of universities or professors that are incorporating L+M+G curricula but the quality of the delivery.
- Participants expressed the universities doesn't have the infrastructure, strategy and resources that are conducive to participatory methodologies. There is a need to work with the universities to create an enabling environment (organize lay out of the rooms, provide essential teaching materials, limit the number of students by class, allocate enough time to deliver governance content etc.) so the teachers can deliver L+M+G content with participative and experiential learning approaches.

4. Participants: To see program participants, see at Annex 1. Contact persons below

Name	Contact info	Home organization	Notes
Jemal Mohammed, LMG Project Director	jmohammed@msh.org	LMG/Ethiopia Observer	
Getinet Kaba Chali	Gkaba@msh.org	LMG/Ethiopia	Coordinator and support
Dereje Ayele	dayele@msh.org	LMG/Ethiopia	Observer

5. Description of Relevant Documents / Addendums:

File name	Description of file	Location of file
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A.1 Agenda Governance Workshop Nov 2014	Workshop agenda and facilitators' notes	MSH/LMG Cloud/trip reports
A.2 Participants Material Governance Workshop	Detailed readings and handouts in Word	MSH/LMG Cloud/trip reports
A.2b Participants Material Governance Workshop	Detailed readings and handouts in PDF	MSH/LMG Cloud/trip reports
A.3 Participants list	Detailed list of participants, name, university, phone number etc.	MSH/LMG Cloud/trip reports
A.4 Governance Workshop 1st day	1 st . Day power point presentation including workshop objectives, expectations, challenges, governance definitions and group exercises instructions	MSH/LMG Cloud/trip reports
A.5 Governance Workshop 2nd. day	2 nd Day power point presentation including instructions for governance practices exercises	MSH/LMG Cloud/trip reports
A.6 Governance Workshop 3rd day	3 rd . Day power point presentation including gender and governance presentation as well as instructions for exercises related to information for governance and how to evaluate governance.	MSH/LMG Cloud/trip reports
A.7 Governance Workshop 4th day	4 th . Day power point presentation including how to provide good feed-back	MSH/LMG Cloud/trip reports
A.8 Workshop evaluation	Summary of the evaluation applied at the end of the workshop	MSH/LMG Cloud/trip reports

Annex travel II

1. Scope of Work: Design and facilitate a strategic planning workshop for the Public Health Officers Association in Ethiopia

Destination and Client(s)/ Partner(s)	LMG Ethiopia Public Health Officers Association (PHOA)
Traveler(s) Name, Role	Barbara Tobin, CLM Senior Technical Director, MSH
Date of travel on Trip	11/29 – 12/12 2014
Purpose of trip	Design and facilitate strategic planning workshop for PHOA
Objectives/Activities/Deliverables	1. Workshop design – agenda 2. Workshop facilitation – report
Background/Context, if	

appropriate.

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

1. Environmental scan: Worked with LMG Ethiopia staff to determine how to analyze, present, and engage workshop participants in understanding findings of scan
2. Stakeholder engagement: Met with PHOA president and secretary to learn about PHOA history, priorities, and workshop expectations
3. Workshop design: Developed draft agenda, including outcomes, schedule and activities; solicited input from LMG Ethiopia and PHOA and developed final agenda
4. Workshop facilitation: Facilitated 2.5 day workshop for 24 participants
5. Follow up: Met with PHOA officials to review workshop and develop plan for next steps

Participants evaluation

-

2. Recommendations: Key actions to continue and/or complete work from trip.

- **Strategic Plan:** Needs to be finalized, approved, and implemented by PHOA
- **Resource Mobilization:** This is the most critical challenge and requirement for PHOA to become a viable and successful organization

4. Participants: To see program participants, see at Annex 1. Contact persons below

Name	Contact info	Home organization	Notes
Jemal Mohammed	jmohammed@msh.org	LMG/Ethiopia/ Director	Observer
Temesgen Workayehu	tworkayehu@msh.org	LMG/Ethiopia	Note taker
Dereje Ayele	dayele@msh.org	LMG/Ethiopia	Coordinator

5. Description of Relevant Documents / Addendums: Report of the PHOA Strategic Planning Workshop

File name	Description of file	Location of file
	Report of the PHOA Workshop	LMG Ethiopia