# Leadership Management and Governance Project – Ethiopia

## Trip Report: Rebecca Simon, Strategic Communications Manager, LMG Project: April 12-25, 2015

Date: October 9, 2015

5 key words: Leadership, Management, Governance, MoH, MoPH, Health Information system,

The following document is a trip report for submission to USAID under the agreement AID-OAA-11-00015.

This report was made possible through support provided by the US Agency for International Development, under the terms of Cooperative Agreement Number AID-OAA-11-00015**.** The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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**Rebecca Simon**
**LMG Trip Report**
**Addis Ababa, Ethiopia**
**April 12-25, 2015**

**1. Scope of Work:**

| | |
|---|---|
| Destination and Client(s)/ Partner(s) | Addis Ababa, Ethiopia, USAID LMG/Ethiopia |
| Traveler(s) Name, Role | Rebecca Simon, Strategic Communications Manager, LMG Project |
| Date of travel on Trip | April 12-25, 2015 |
| Purpose of trip | Provide support to LMG/Ethiopia for strategic communications |
| Objectives/Activities/ Deliverables | 1. Provide communications assistance to the LMG Ethiopia team.<br>2. Support the development of communications materials, including a strategic communications plan.<br>3. Conduct communications training for LMG Ethiopia staff. |
| Background/Context, if appropriate. | The main objective of the LMG/Ethiopia program is to improve the leadership and management capacity of the Ethiopian health workforce. To meet this objective, LMG/Ethiopia is collaborating with the Federal Ministry of Health, regional health bureaus, zonal and district health offices, training institutions, and professional health associations to create a process for systematically building leadership, management, and governance competencies of the Ethiopian health workforce. The goal is to strengthen the health system and improve access to—and quality and utilization of—priority health services for Ethiopian citizens. LMG/Ethiopia also continues to work with Ethiopian health leaders to put in place management systems for harmonized, standardized, and accredited in-service training in leadership, management, and governance for the Ethiopian health workforce, including the mainstreaming of gender into all of its training programs.<br><br>The purpose of this TDY is (1) to develop a strategic communications plan and editorial calendar, (2) to facilitate the development of communications materials by training LMG/Ethiopia staff in key communications concepts, and (3) develop at least one success story to submit to USAID and to serve as an example for future success stories.<br><br>This TDY will take advantage of results from the draft of the internal mid-term progress review findings, as appropriate, to reinforce the connection between Monitoring & Evaluation and Communications project functions. This TDY will also link project communications activities with the global LMG end-of-project activities, and will establish processes for incorporating LMG/Ethiopia content into MSH and USAID communications channels, as appropriate. |

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

1. **Provide support to develop, review, and revise the strategic communications plan for the LMG/Ethiopia project.**

Held two-day training with entire LMG/Ethiopia staff to discuss audiences and their priorities; messages and relevant activities and data to support them; and linking audiences with messages. Drafted a strategic communications plan for LMG/Ethiopia based on these audiences and ensured linkages between LMG/Global and LMG/Ethiopia communications strategies.

*For more information, see the LMG Ethiopia Comms Training Notes and the LMG ET Communications Plan.*

2. **Provide support to develop and implement an editorial calendar and identify potential opportunities to promote LMG/Ethiopia among LMG Global, MSH, and USAID audiences.**

Held one-day success story training for all LMG/Ethiopia staff. Discussed elements of a good success story: interesting, strong characters, evoke emotion, clear writing, appropriate level of detail, teach, and inspire action. Additionally, the team added good success stories: include concrete examples, keep the audience in mind, and how specific L+M+G skills link to achievements.

During this success story training, we created draft questions that LMG/Ethiopia staff can use to obtain information for success stories. They are based on journalism's "5 Ws" (Who, What, When, Where, Why, and How):

1. What is your name and title? What are your responsibilities? How long have you worked here?
2. What is your biggest challenge?
3. How did you address this challenge? What was the LMG Project's contribution?
4. What are the specific skills you learned to overcome this challenge?
5. Did you share your new knowledge and skills with your colleagues? Why? How?
6. Would you recommend this training to your colleagues?
7. How long after your training did you see a difference?
8. Why was it important for you to address this challenge? Was health/life at risk?
9. What has been the response from your clients/patients? Is there someone I can interview?
10. Is there anything else I should know?

After crafting these questions, we conducted a role-playing exercise. One person (Frehiwot) volunteered to role-play as a head nurse at a clinic. Another person (Assefa) volunteered to walk through the questions as if this was an actual interview. This was an opportunity to discuss good interview practices (schedule a time in advance, find a quiet place, take notes, actively listen, make eye contact, ask follow up questions, take photos, etc.). At the end of the role-play, the group offered constructive feedback to the interviewer.

We discussed that USAID success stories are a marriage of storytelling and data. Generally, you begin with a storytelling element that discusses the challenge, then you discuss the data and the project effort,

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then you close with the data and the results.

Finally, we created a draft success story as a group, based on an actual nurse's successful advocacy to increase her clinic's capacity to use a blood diagnostics machine.

After the training, Temesgen and I created an LMG/Ethiopia editorial calendar and communications action plan, using the LMG/Afghanistan version as a template. We discussed that this is a living document, and while Temesgen is ultimately responsible for it, it will require substantial inputs from everyone on LMG/Ethiopia.

Temesgen and I developed a step-by-step process for creating and submitting success stories that utilizes the writing and communications expertise within LMG and MSH:

1. Temesgen mines the workplan and communications strategy for potential success stories
    a. Look at Measurable Results
    b. Look at Key Interventions
    c. Look at Messages
    d. Talk with Trainers
    e. Listen to USAID
2. Temesgen and trainer draft the core message/title
    a. Focus patients and/or health workers and how their lives changed. Before/challenge, intervention, after/result
3. Temesgen and trainer plan for an interview
    a. Trainer suggests individual (with possible input from facilitator/coach)
    b. Trainer plans interview
        i. Interview questions
        ii. Setting time/place
4. Trainer conducts interview
    a. Take lots of notes
    b. Take lots of photos
    c. Make linkages to workplan, to DMRs, to AIDS-Free Generation, etc.
5. Trainer submits notes and draft success story to Temesgen
    a. Add in data to the story
    b. Add storytelling pieces to the data pieces
6. Temesgen may submit draft to Anupa/MER for data validation.
7. Temesgen submits draft success story to Tsion, and edits appropriately
8. Temesgen submits draft to Jessica, and edits accordingly
9. Temesgen submits to Jemal
10. Jemal submits to USAID
11. Temesgen submits final approved success story to Becca/LMGGlobal, Tsion to MSH communications, Eden/Jackie for project documentation (IM and/or OLLIE).

I met with USAID/Ethiopia communications colleagues to learn about their priorities. I learned that they are most interested in stories of sustainability and country ownership. They also look for stories of impact about their work, not about the process/number of trainings held. I described the communications training we held the previous week, and they indicated that it sounded like we are on

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the right track. I learned that the success stories we submitted to the mission never made it to the communications team, though it is unclear why. They said they are exploring getting a USAID Mission Facebook page, but for now they are just contributing content to the US Embassy's Facebook page. The USAID/Ethiopia portfolio is more than half of all the funding, and of that, about a quarter is PEPFAR funding. So HIV/AIDS is not the mission's only focus, but certainly still an area we need to focus on. During this meeting, I also mentioned the recent LMG/Afghanistan end-of-project event in Washington, DC. Since David Kahrmann was recently part of the Office of Pakistan/Afghanistan Affairs (OPAA), he was interested in the speakers and format. After our meeting, I forwarded him the agenda and the graphic recording images. Both he and Robert Sauers were interested in graphic facilitation in general, so I sent along contact information for Stephanie Brown in the U.S. Government's Performance Improvement Council, based in Washington, DC. For the upcoming end-of-project event in Kabul, they suggested I reach out to Jeanne Neal, communications lead in the Washington OPAA office. Finally, Robert Sauers is hosting a communications/photography workshop for USAID/Ethiopia partners in the near future. The date/time/location are still to be determined, but I notified our Chief of Party about the upcoming opportunity and advocated for Temesgen to be considered for attendance from MSH (each organization will only be allowed to send 1-2 people, and more guidance is forthcoming).

MSH recently hired a communications lead for Ethiopia. Tsion Issayas. Temesgen and I met with her to make introductions and discuss LMG/Ethiopia's contributions to MSH/Ethiopia's communications. Temesgen and I gave a brief overview of LMG/Global and LMG/Ethiopia. Tsion is expected to spend 25% of her LOE on LMG. We discussed existing gaps where she might best assist the project. Since success stories are a priority now, we suggested she takes the rough drafts and interview data from LMG staff in the field and edit draft success stories that could then be submitted to the LMG/Ethiopia team in Medford, and ultimately USAID (while also sending to LMG/Global communications and MSH communications for cross-posting and institutional memory/documentation). We discussed the support MSH/Ethiopia communications can provide for helping promote and disseminate prior project activities that were not explicitly linked to HIV and AIDS. We also discussed how we can best supply content to her for MSH/Ethiopia communications in order to amplify our messages. I suggested she and Temesgen schedule regular check-ins to ensure we are maximizing the investment of her LOE in LMG.

*For more information, see the LMG Ethiopia Comms Training Notes and the LMG ET Communications Plan.*

**3. Conduct training on communications for staff for development of materials defined in the strategic communications plan and the editorial calendar.**

On April 15-16, I led a communications training with the entire LMG/Ethiopia staff, followed by a success story training on April 17. Since elections are scheduled for the following month, all staff members were in the Addis Ababa office. We took advantage of this by bringing the whole team together and discussing communications as one cohesive unit. We started the training with an icebreaker asking people what they would title a book about themselves. Then, we discussed the project's audiences and their priorities. Primary audiences are: USAID, the Federal Ministry of Health (FMOH), LMG/Global (for message amplification), and International Conferences (a proxy audience for researchers and those interested in L+M+G for health). Secondary audiences are: Training Institutions/Ministry of Education, Health Facilities, PLHIV Associations, Other Ministries, LMG

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Partners, Implementing Partners, Other Ministries, Other Donors, and MSH (for message amplification).

Next, we developed nine project messages:

i. ***Pre- & In-service Curriculum***: L+M+G contents are standardized in pre- and in-service curricula.
ii. ***Institutional Capacity Building***: The LMG Project strengthened the linkage between pre- and in-service training programs for local institutional ownership and sustainability.
iii. ***Gender***: The LMG Project supports the Government of Ethiopia to address gender issues in planning, budgeting, and implementation of health programs.
iv. ***Financial/Resource Management***: The LMG Project improves the internal control systems of the Ministry of Health.
v. ***Health Workforce Leadership***: The LMG Project has developed leaders at all levels in the health system.
vi. ***Service Delivery***: The LMG Project ensures equity and quality of health services at the community level.
vii. ***Governance***: The LMG Project empowers citizens to hold health authorities accountable for their deeds and decisions.
viii. ***Advocacy/Policy***: The LMG Project advocates including L+M+G as a key pillar in the revised national health policy.
ix. ***Sustainability***: The LMG Project's gains are locally-owned, sustainable, and adaptable.

These messages are ones we can confidently state given our completed (or to-be-completed) activities, and the supporting data. They are intentionally cross-cutting, since much of the health issue area focus over the life of the project has been health system strengthening. Recent feedback from USAID/Ethiopia reinforced the need for us to focus more on HIV and AIDS. We are taking a two-pronged approach to respond to this feedback. First, we are revising the workplan to partner with groups that focus solely on HIV and AIDS. Second, we are ensuring we are communicating effectively about our achievements, including our HIV and AIDS achievements. For example, we are improving ***service delivery*** for HIV patients by training health workers how to advocate for necessary equipment and support. As a result, one health worker advocated for her facility to purchase a blood chemistry machine, and she advocated for the proper training and staff support to operate the machine.

After developing the nine messages, we went through the workplan and discussed each activity. We decided which message(s) each activity could support. Then we walked through the activities and discussed the data we have (or expect to have) for each activity. This exercise will help us plan all communications activities/products, including success stories. Communications products will be grounded in data, and will underscore our contribution to global efforts to improve health outcomes.

*For more information, see the LMG Ethiopia Comms Training Notes and the LMG ET Communications Plan.*

**4. Create at least one LMG/Ethiopia success story to submit to USAID and serve as an example**

**for success stories going forward.**

After the success story training, Temesgen and I revised a success story that was submitted to the mission and rejected. The draft success story is included in this trip report. It is still in draft form because: 1) We are in contact with the health worker profiled to verify some details, and 2) Success stories are considered final once they are accepted by USAID.

*For more information, see "Ethiopian Health Clinic Improves HIV Treatment After Leadership Training."*

5. **Help identify potential project communication opportunities and support the field and HO teams work on generating appropriate products, e.g., success stories, reports, etc.**

I clarified the communications support available from the home office. Jessica Golden is available to help review and revise success stories. Ummuro Adano will help review and revise technical briefs. I am available for strategic communications support.

During the communications training, I taught the team about the preferred focus of success stories, and encouraged them to find beneficiaries (health workers or patients) who can tell first-hand stories of how their lives were changed as a result of an LMG activity. Collectively, the team came up with three ideas: *Helping HIV/AIDS Health Facilities Better Manage Their Grants*; *Helping Ethiopian Teaching Hospitals Meet Quality of Care Standards*; and *Helping Patients with ART Follow-up by Creating Champions in Clinics*. We also discussed a potential story about a health worker who advocated for her clinic to procure a blood chemistry machine for HIV patients, in addition to advocating for the necessary training for staff to use the machine properly.

After the training, I sat down with Temesgen and started a more detailed list of success stories that may be gathered over the next 18 months. These are available in the editorial calendar.

Each member of the LMG/Ethiopia team is required to submit at least two success stories as part of their annual review. Home office support staff are available to help LMG/Ethiopia staff identify potential success story topics.

6. **Submit a trip report before departure from Ethiopia.**

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|---|---|
| Recommendations For Follow up: | 1. Work with the LMG/Ethiopia team to generate ideas for success stories, and support the creation/editing of stories. Ensure these stories are making it to the USAID communications team.<br>2. Submit success stories and other communications content to LMG/Global, MSH/Ethiopia, and MSH/Global communications teams.<br>3. Support the LMG/Ethiopia team's implementation of the editorial calendar. |

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

| Description of task | Responsible staff | Due date |
|---|---|---|
| 1. Complete Trip Report | Rebecca Simon | April 2015 |
| 2. Complete LMG/Ethiopia strategic communications plan and editorial calendar | Rebecca Simon, Temesgen Workayehu, Jemal Mohammed, Jackie Lemlin | April 2015 |
| 3. Finalize and submit one success story | Temesgen Workayehu, Jemal Mohammed | April 2015 |

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 |
|---|---|---|---|
| Jemal Mohammed | jmohammed@msh.org | LMG/Ethiopia | Project Director |
| Temesgen Workeyehu | tworkayehu@msh.org | LMG/Ethiopia | M&E lead, also responsible for communications |
| Frehiwot Getahun | Fgetahun@msh.org | LMG/Ethiopia | LMG trainer |
| Tseygaye Nigussie | tnigussie@msh.org | LMG/Ethiopia | LMG trainer |
| Getnet Kabba | | LMG/Ethiopia | LMG trainer |
| Nitsuh Mekonnen | nitsuhmekonnen@msh.org | LMG/Ethiopia | LMG admin support |
| Sualiha Abdulkader | sabdulkader@msh.org | LMG/Ethiopia | LMG trainer |
| Dereje Ayele | dayele@msh.org | LMG/Ethiopia | LMG capacity development |

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| | | | |
|---|---|---|---|
| | | | lead |
| Assefa Gebeyehu | agebeyehu@msh.org | LMG/Ethiopia | LMG trainer |
| David Kahrmann | dkahrmann@usaid.gov | USAID/Ethiopia | S/DOC |
| Robert Sauers | rsauers@usaid.gov | USAID/Ethiopia | USAID/Ethiopia communications |
| Matt Saxton | msaxton@msh.org | MSH | MSH/BRD East Africa region |
| Dawit Seyum Buda | dseyum@msh.org | MSH/Ethiopia | MSH/BRD Ethiopia |

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 |
|---|---|---|
| LMG/Ethiopia Training Notes | Notes from the three-day training with the LMG/Ethiopia team. | Attached |
| LMG/Ethiopia Strategic Communications Plan – *DRAFT* | New strategic communications plan, based on training, feedback from mission, and LMG/Global EOP planning. Draft, pending string map completion. | Attached |
| LMG/Ethiopia Communications Training Agenda | Agenda for three-day workshop. | Attached |
| Detailed SOW | Scope of work for this TDY that includes details about each day's expected outputs. | Attached |
| LMG/Ethiopia Editorial Calendar – *DRAFT* | Planning and tracking tool for all LMG/Ethiopia communications. A living document to be managed by the M&E lead with substantial inputs from all staff. | LMG/Ethiopia shared drive |
| LMG/Ethiopia Revised Success Story | Success story originally rejected by USAID, revised post-training | Attached |

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# LMG/Ethiopia Communications Training

**Agenda & Notes**
April 15-17, 2015
Addis Ababa, Ethiopia

## Agenda

**Day 1: Wednesday, 4/15***: USAID Priorities, Identify LMG/Ethiopia Audiences & Messages*
*Outputs:* Detailed lists of audiences and messages

**Day 2: Wednesday, 4/15***: Link LMG/Ethiopia Audiences & Messages*
*Output*s: String map of audiences and messages, preliminary ideas for success stories

**Day 3: Friday, 4/17***: Success Story Training*
*Output:* Draft list of interview questions for success story development

*The LMG/Ethiopia team and the string map of audiences, messages, activities, and data they created during a communications training in April 2015.*

## Notes

### GENERAL COMMENTS

- We need to figure out what exactly the support is that we can rely on from the home office. Can Jessica help with writing? Can Belkis help with interviewing beneficiaries, other success story subjects?
- It is a challenge to get success stories because we mostly interact with trainers of trainers, and this is not what USAID is interested in.
    - This training is meant to give them skills and tools for reaching beneficiaries (of interest to USAID) and easily/quickly gathering interview data that can be turned into success stories
- We are curious when the internal review report will be ready.
- We are struggling to get capacity building data.
- Everyone is expected to create 2 success stories, it's in everyone's PPRD.
- Although the audiences and messages are presented here as a list, in reality they are more like a Venn diagram with lots of areas overlapping.

### AUDIENCES

*LMG/Ethiopia audience categories and their priorities, as identified by project staff.*

## *PRIMARY AUDIENCES*

- ***USAID***
  - Segments:
    - USAID HSS
    - USAID/W: PRH, OHA, Nutrition, Local Solutions
    - PEPFAR
  - Priorities:
    - HIV/AIDS
    - Value for money
    - Country ownership
    - Multisectoral responses
    - Equity for health
    - Universal health coverage
    - Gender
    - Local capacity for local development
    - Partnership building
    - Quality
    - Improving social accountability
    - Health system strengthening approaches
    - Measuring results
    - AIDS-Free Generation
    - FP2020
    - EPCMD
    - Local Solutions
- ***Federal Ministry of Health (FMOH) and Regional Health Bureaus (RHBs)***
  - Segments (though, as an audience, FMOH does not need to be segmented):
    - ARMs/Annual Conference
    - Special Support Directorate
    - HRAD (LMG's 'owner' directorate)
    - HRH Directorate
    - Medical Services Directorate
  - Priorities:
    - Ownership of the LMG capacity building on their own
    - Quality product/materials
    - Improved service delivery
    - Standardization (training)
    - Linkage with training institutions
    - Expansion of service using LMG model
    - Harmonization: "One Plan, One Budget, One Report"
    - MDG goals achievement
    - HDAs achievement towards MDGs
    - In-service training
- ***LMG/Global***

DRAFT

- Segments:
    - EOP
    - Ongoing communications opportunities
- Priorities:
    - Sustainability
    - Pre- & In-service training
    - Gender in public health

- ***International Conferences***
    - Priorities:
        - Evidence-based practice/reports
        - Abstract submission

### *SECONDARY AUDIENCES*

- ***Training Institutions/Ministry of Education***
    - Segments:
        - Ministry of Education (pre-service program)
        - Training institutions
        - 8 Public universities
        - University Team Training Program coordinating office
    - Priorities:
        - Curriculum development (pre-service)
        - Scale-up
        - Scale up the trainings (LMG)
        - Expansion of Team Training Program (TTP)
        - Competency-based training
- ***Facilities***
    - Segments:
        - Health facility ART unit
        - Health centers (Gondar Referral Hospital, others)
    - Priorities
        - Sustain their L+M+G capacity by facing the next challenge
        - Improve health outcomes
        - Health facility governance
        - Health care financing
- ***PLHIV Associations***
    - Priorities:
        - Face HIV-related challenges and achieve results
        - Good resource management
- ***Other Ministries (other than MOH)***
    - Segments:
        - MOFED
        - Ethiopian Civil Service Commission

DRAFT

        - [note: Ministry of Education captured above under training institutions because of the way curricula are integrated centrally)
    - Priorities:
        - Strengthening leadership capacity
        - Grant management
        - Multisector collaboration
- ***LMG Partners***
    - Segments:
        - Amref
        - Yale University
    - Priorities:
        - Program synergy
        - Technical support
        - Materials/resources
- ***MSH***
    - Segments:
        - COMU
        - One MSH
    - Priorities:
        - Information sharing
        - Be a learning organization
        - UCH
        - Equity
        - Cost share
- ***Implementing Partners***
    - Segments:
        - Amref
        - Jhpiego
        - NASTAD
        - CALD
        - ILI (local)
        - Creative Leadership (UK/youth)
        - URC
    - Priorities:
        - Experience sharing
        - Discussions on different modalities of LMG
- ***Other Donors***
    - Segments:
        - Gates Foundation
        - AusAID

DRAFT

## MESSAGES

*LMG/Ethiopia message categories, as identified by the project team.*

- ***Curriculum***
  - Draft Messages
    - [Pre-service] L+M+G is incorporated into the existing pre-service curriculum.
    - [Pre- & In-service] L+M+G contents are standardized in pre- and in-service curricula.
    - [In-service] Local L+M+G curricula are developed and used based on local needs
  - Background Message Ideas
    - Updated LMG materials
    - The training curriculum is adapted to fit into country context
    - LMG improves universities' capacity to review and upgrade their curricula
    - Ensure standardized LMG training
  - Audiences
    - USAID
    - FMOH
    - LMG Partners
    - Training Institutions/MOE

DRAFT

        - LMG/Global
        - International Conferences
        - MSH
    - Supporting Activities
        - 1.1
        - 1.2
- ***Institutions***
    - Draft Messages
        - The LMG Project strengthened the linkage between pre- and in-service training programs for local institutional ownership and sustainability.
        - Local training institutions own L+M+G programs
        - The LMG Project links pre- and in-service training institutions for local ownership and sustainability
        - The LMG Project established a pre-service L+M+G module at the regional FMOH in-service training forum.
    - Background Message Ideas
        - Local universities will be used as a hub for LMG training
        - LMG ensures sustainability of the program through linking pre- and in-service institutions and strengthening in-service training hubs
        - LMG helps institutions to professionalize the L+M+G in pre-service programs
        - LMG builds the capacity of training institutions and professional associations to own L+M+G capacity building programs
        - LMG strengthens linkages of the health sector with pre-service training institutes
        - Linkages established between training institutions and health offices
        - LMG used local institutions and facilitators to cascade workshops
        - LMG strengthened pre-service/in-service linkage at facility level through the Team Training Program (TTP)
    - Audiences
        - USAID
        - FMOH
        - LMG/Global
        - LMG Partners
        - MSH
        - Other Donors
    - Supporting Activities
        - 3.1
        - 3.2
        - 3.3
        - 3.4

DRAFT

- ***Gender***
    - Draft Messages
        - The LMG Project supports the Government of Ethiopia to address gender issues in planning, budgeting, and implementation of health programs.
    - Background Message Ideas
        - LMG supports the health sector to address gender issues in planning, budgeting, and training of health programs
        - LMG strengthens the L+M+G capacity of women leaders in the health sector in Ethiopia
        - LMG supported the Gender Directorate to have a strategic plan
    - Audiences
        - USAID
        - LMG/Global
        - Other Donors
        - LMG Partners
        - MSH
    - Supporting Activities
        - 2.2
- ***Financial/Resource Management***
    - Draft Messages
        - The LMG Project enabled institutions' leverage of local resources.
        - The LMG Project strengthened the Regional Health Bureaus' stakeholder engagement by supporting the implementation of "One Plan, One Budget, One Report."
        - The LMG Project supports the Regional Health Bureaus' harmonized plans, budgets, and reports among all stakeholders.
        - The LMG Project improves the internal control systems of the Ministry of Health.
    - Background Message Ideas
        - Ensure resource mobilization capacity of associations
        - LMG supported the Regional Health Bureaus to have a harmonized plan, budget, and M&E (reporting)
        - LMG has supported better financial management in health
        - LMG improves institutional capacity to mobilize resources by engaging stakeholders
        - LMG advocates value for money
    - Audiences
        - USAID
        - FMOH
        - International Conferences
        - LMG/Global
        - Other Donors
        - LMG Partners

DRAFT

        - MSH
    - Supporting Activities
        - 2.1
        - 2.5
        - 2.6
        - 3.1
- ***Health Workforce Leadership***
    - Draft Messages
        - The LMG Project improves the L+M+G capacity of health managers at all levels.
        - The LMG Project helps health workers improve their L+M+G skills, service delivery performance, and motivation.
        - The LMG Project improved the work climate for better health worker performance and health outcomes: Teamwork, trust, acknowledgement of everyone's contributions, communication, commitment/inspiration (less absenteeism/tardiness), stakeholder engagement, and more change agents (for better work climate and performance).
        - The LMG Project has developed leadership at all levels in the health system.
    - Background Message Ideas
        - LMG improves the work climate
        - LMG enables organizations to identify and address their workplace challenges
        - Builds capacity of the health workforce
        - LMG provides the energy to practice leadership at all levels
        - LMG builds capacity of RHA PCO staff to better utilize PEPFAR funds
        - Facilities equipped with visionary leaders at all levels
        - LMG strengthens the L+M+G capacity of leaders at the regional level
        - LMG has helped health managers to integrate work units into their organizations to achieve better health outcomes
        - LMG improves the manager/leader capacity to face challenges and achieve results
    - Audiences
        - USAID
        - FMOH
        - PLHIV Associations
        - Other Donors
        - LMG Partners
        - Other Ministries
        - LMG/Global
        - International Conferences

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        - MSH
    - Supporting Activities
        - 2.1
        - 2.4
        - 2.5
        - 2.7
- ***Service Delivery***
    - Draft Messages
        - The LMG Project has improved access to and quality of skilled attended deliveries to reduce maternal morbidity and mortality.
        - The LMG Project ensures equity and quality of health services at the community level.
        - The LMG Project improves access to and quality of PMTCT+
        - The LMG Project improved environmental sanitation and hygiene at the community level.
        - The LMG Project improves utilization of long-acting family planning methods within rural communities.
        - The LMG Project improves the quality of care for chronic disease patients, including people living with HIV/AIDS.
        - The LMG Project improved male engagement in family planning.
    - Background Message Ideas
        - LMG builds the capacity of health care providers to enable them to provide quality health services to the community
        - LMG has made it clear about the path to better health outcomes
        - LMG addresses leadership challenges to improve maternal health
        - LMG enables health organizations at the facility level to be able to practice L+M+G skills so as to facilitate their routine activities
        - LMG builds capacity of the health workforce at the facility level to increase ART adherence by users
        - LMG practices have contributed to better and improved skilled delivery practices (decrease in maternal mortality)
        - Contribution of LMG to MDGs
    - Audiences
        - USAID
        - FMOH
        - PLHIV Associations
        - International Conferences
        - MSH
        - LMG Partners
        - Other Donors
    - Supporting Activities
        - 2.1
        - 2.4
        - 2.5

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        - 2.7
- ***Governance***
    - Draft Messages
        - The LMG Project increases accountability at the highest levels of the health system.
        - The LMG Project empowers citizens to hold health authorities accountable for their deeds and decisions.
        - The LMG Project has improved the practice of stewarding resources.
    - Background Message Ideas
        - LMG empowers citizens to hold health authorities accountable for their decisions
        - LMG contributes to addressing health care corruption in Ethiopia
    - Audiences
        - USAID
        - FMOH
        - LMG/Global
        - International Conferences
        - Other Donors
        - LMG Partners
        - MSH
    - Supporting Activities
        - 2.1
- ***Advocacy/Policy***
    - Draft Messages
        - The LMG Project advocates including L+M+G as a key pillar in the revised national health policy.
    - Background Message Ideas
        - LMG selected to prepare the L+M+G part of the National Health Policy
        - LMG advocates to include L+M+G as a key pillar in the newly developed health policy
    - Audiences
        - USAID
        - Other Donors
        - LMG/Global
        - FMOH
    - Supporting Activities
        - 4.1 (not in workplan – response to gov't request for input)
- ***Cross Cutting/Sustainability***
    - Draft Messages (NEEDS WORK)
        - The LMG Project's legacy is locally-owned, sustainable, and adaptable L+M+G capacity.
        - Sustainability means to us:

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        - Team Training Program (challenge model)
        - Syllabus – revised/updated pre- & in-service for L+M+G
        - Reaching emerging regions where USAID is not working (also a cost share opportunity)
    - Background Message Ideas
        - Sustainability
        - LMG strengthened local ownership of L+M+G capacity building
    - Audiences
        - USAID
        - LMG/Global
        - MSH
        - International Conferences
        - FMOH
        - Other Donors
        - Training Institutions/MOE
    - Supporting Activities
        - 1.1
        - 1.2
        - 2.3
        - 2.7
        - 3.1
        - 3.3

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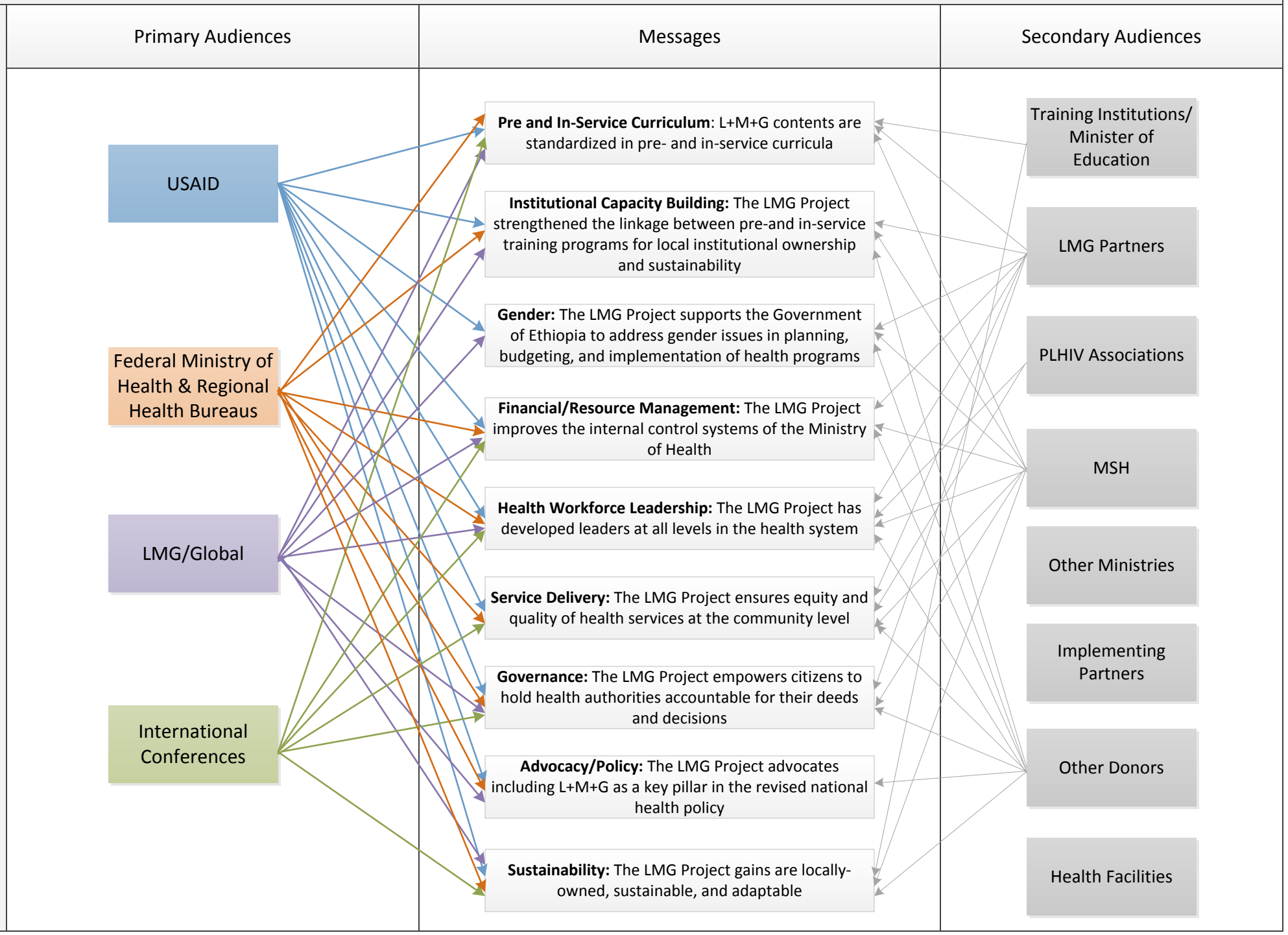
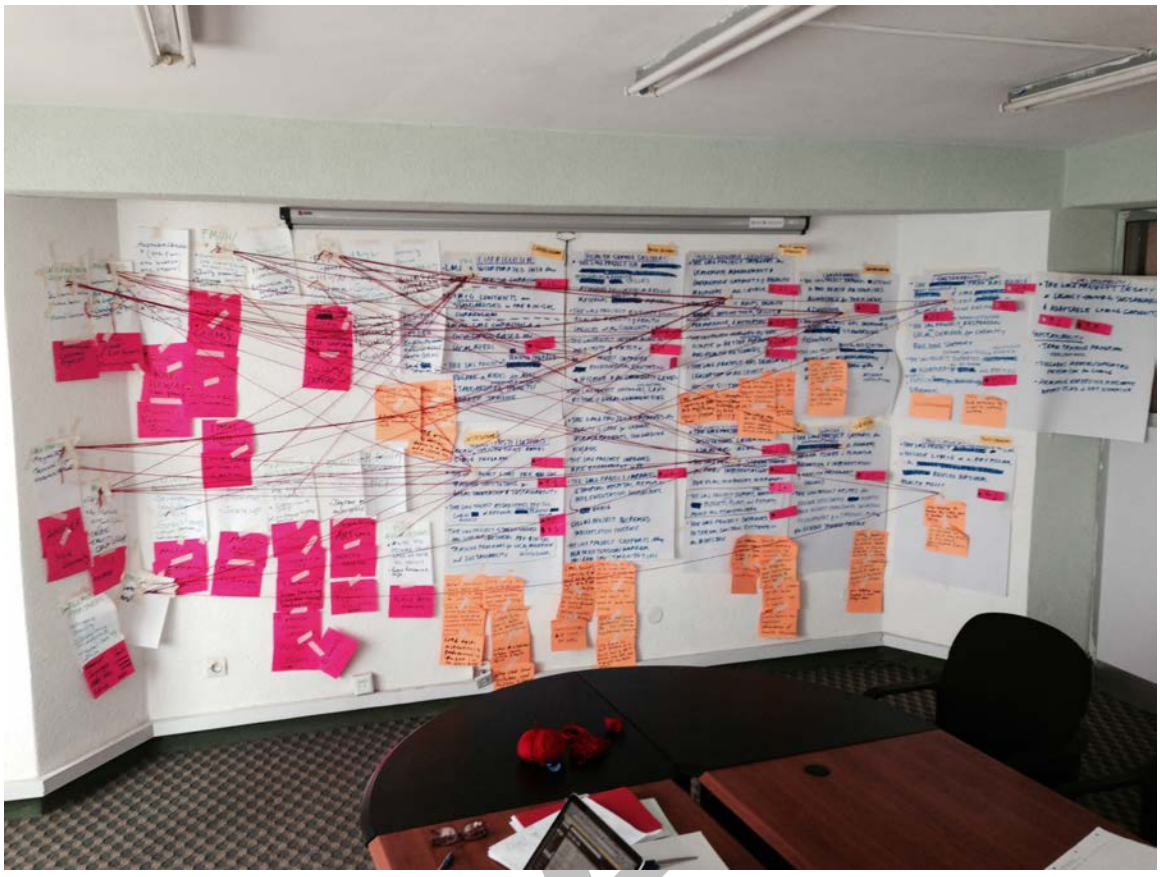
*The LMG/Ethiopia team works together to link project messages with audiences.*

DRA

Ethiopia: Audience and Message Mapping for End of Project





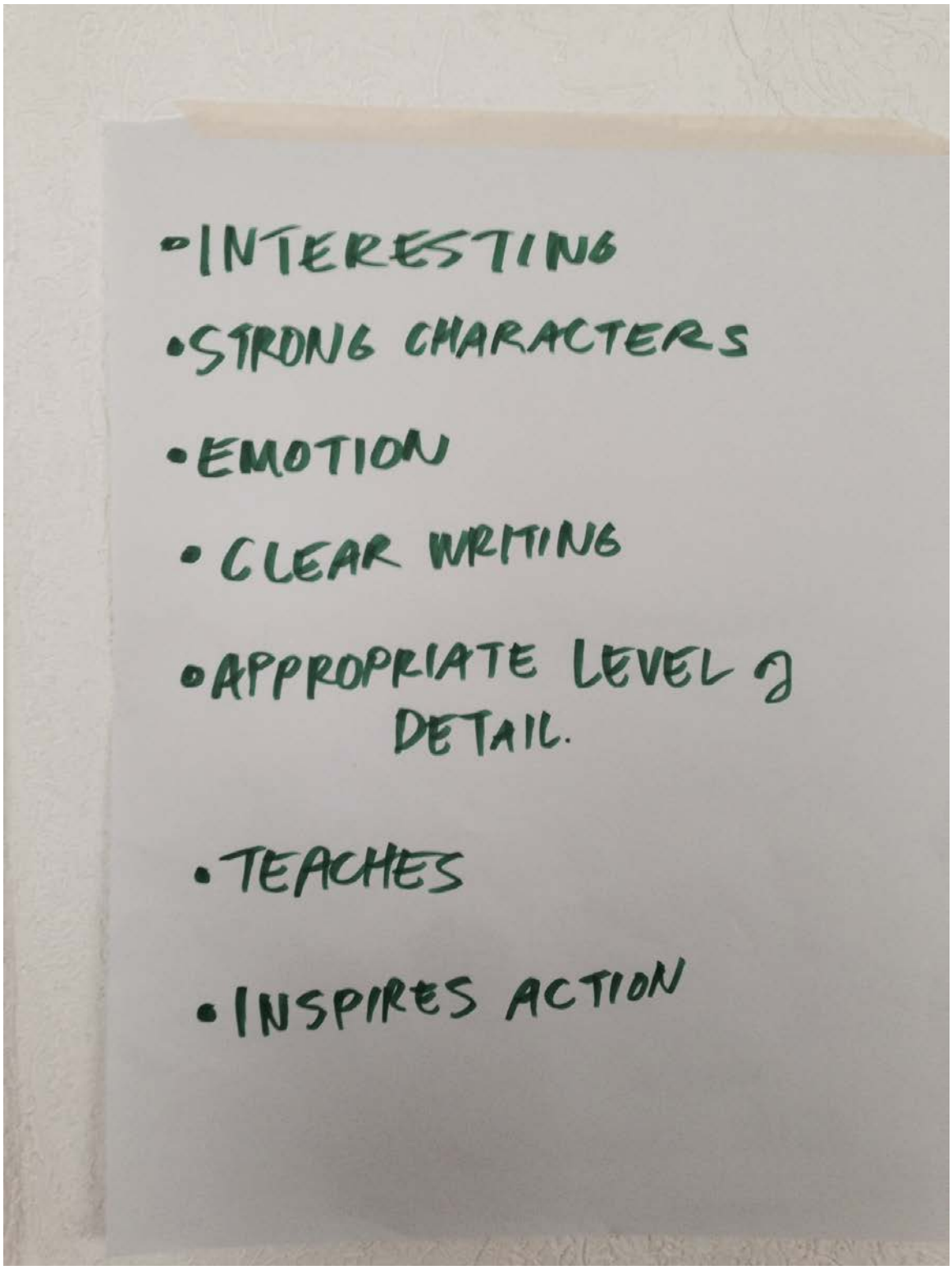
*The string map created by LMG/Ethiopia staff that links audiences and their priorities with topline project messages.*

DRAFT

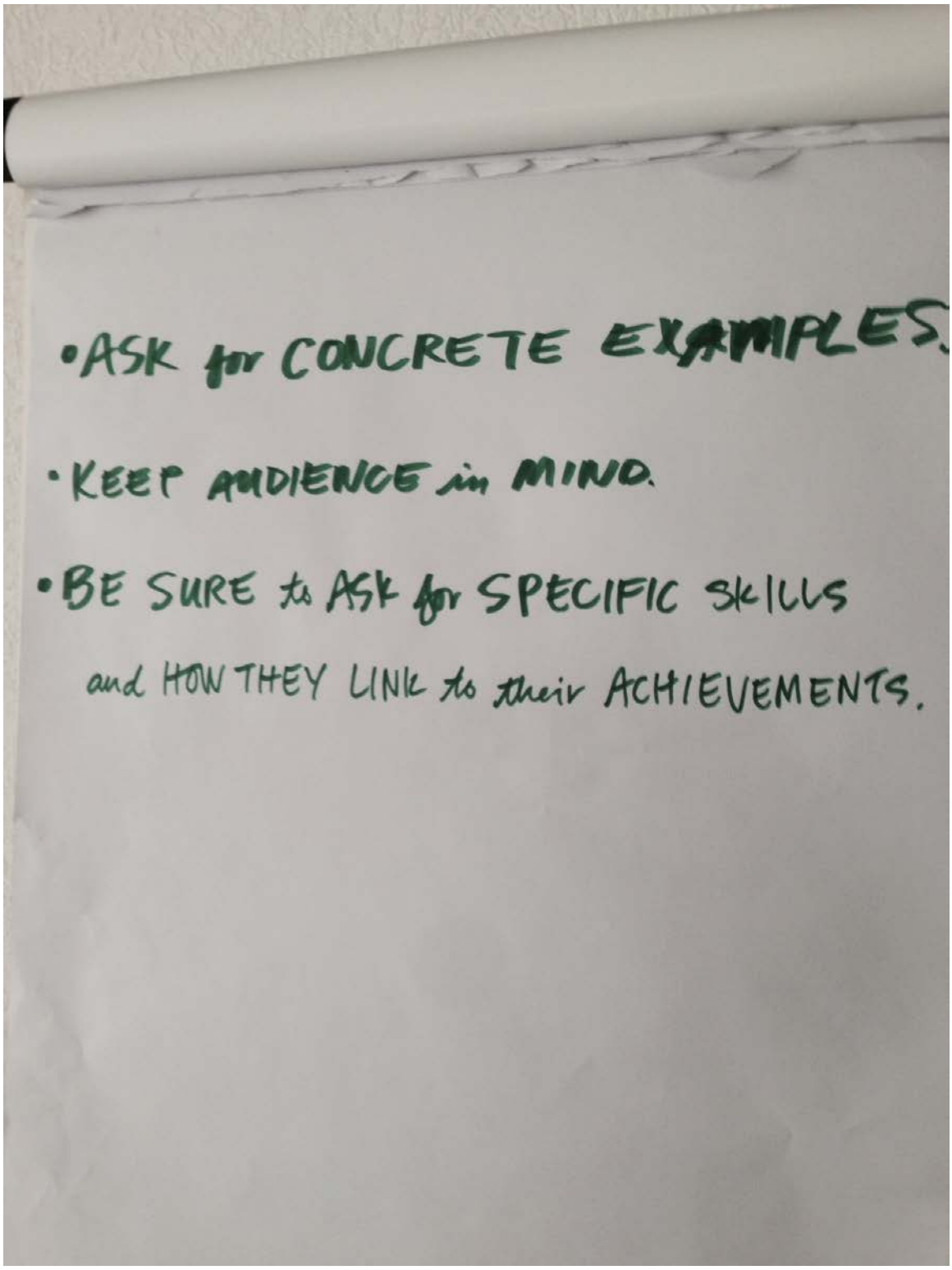
## SUCCESS STORY TRAINING

### *QUALITIES OF GOOD SUCCESS STORIES:*

- They are interesting
- They have strong characters
- They evoke emotion
- They have clear writing
- They include an appropriate level of detail
- They teach
- They inspire action




*Qualities of a good success story.*




*Additional qualities of a good success story.*

### *DRAFT SUCCESS STORY INTERVIEW QUESTIONS*

1. What is your name and title? What are your responsibilities? How long have you worked here?
2. What is your biggest challenge?
3. How did you address this challenge? What was the LMG Project's contribution?
4. What are the specific skills you learned to overcome this challenge?
5. Did you share your new knowledge and skills with your colleagues? Why? How?
6. Would you recommend this training to your colleagues?
7. How long after your training di you start to see a difference?
8. Why was it important for you to address this challenge? Was health/life at risk?
9. What has been the response from clients? Is there someone I can interview?
10. Is there anything else you think I should know?

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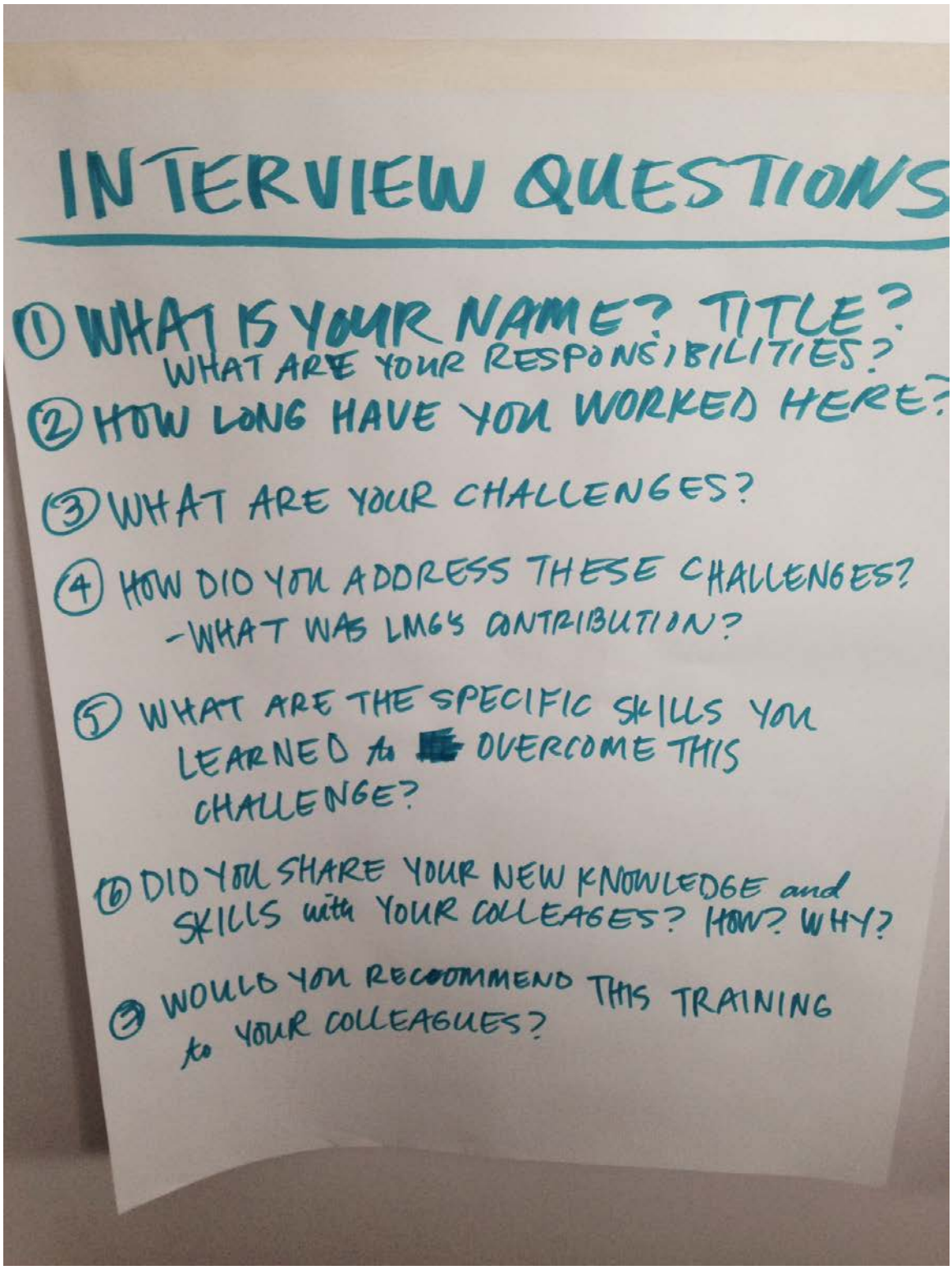
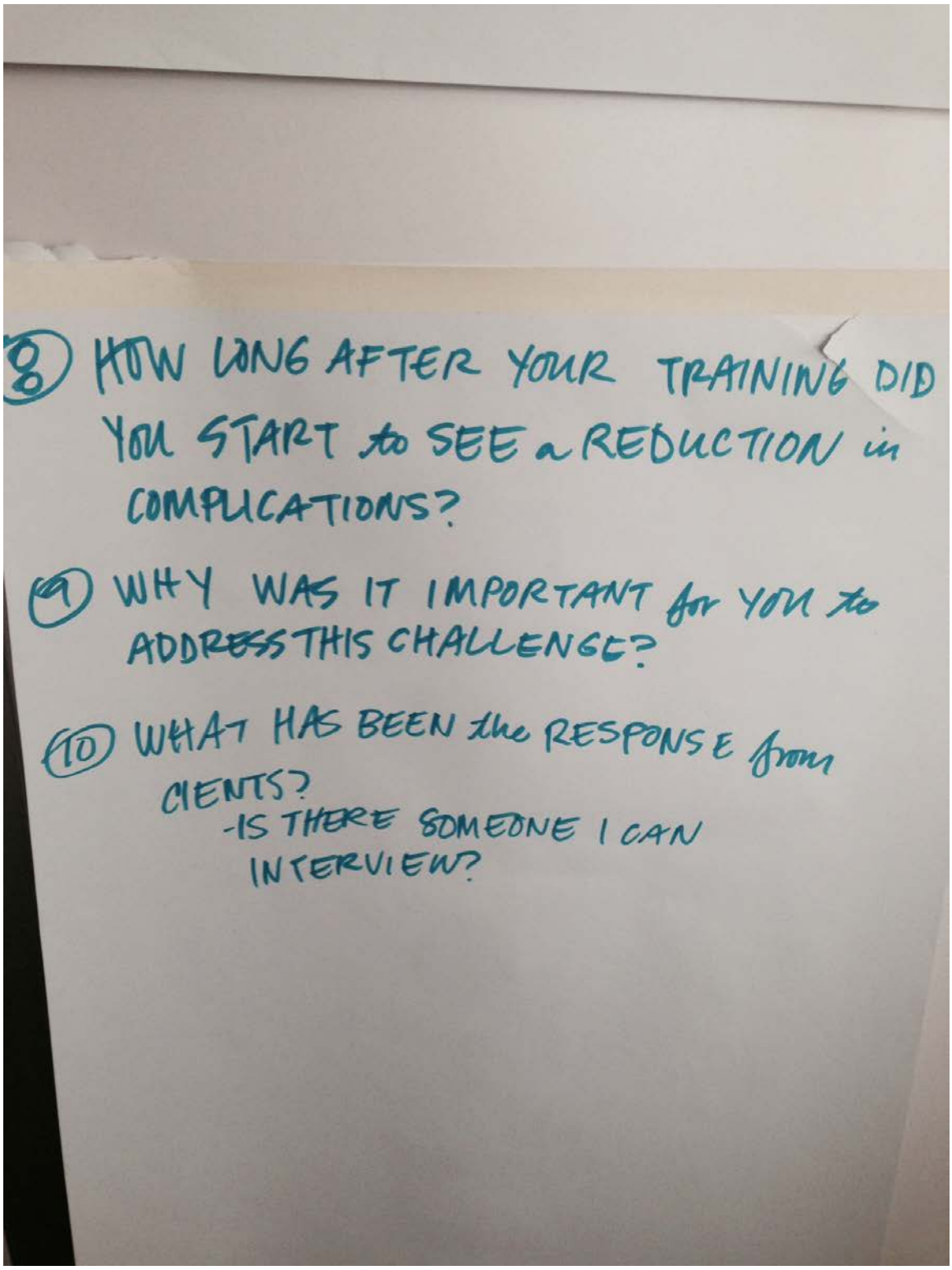



*Draft success story subject interview questions.*




*Additional success story subject interview questions.*

### *THE 5 Ws (AND ONE H) OF JOURNALISM*

- Who?

- What?
- When?
- Where?
- Why?
- How?

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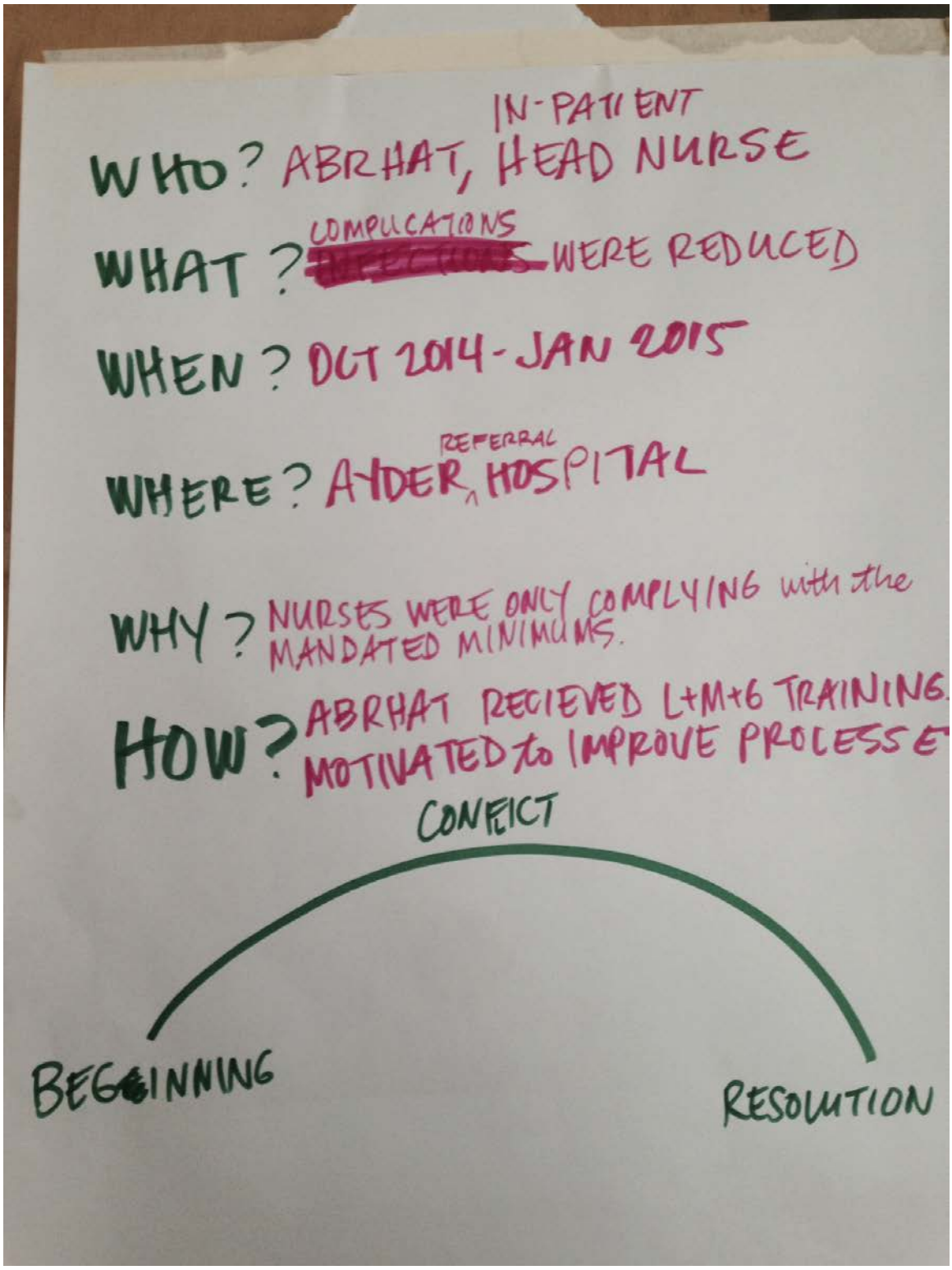


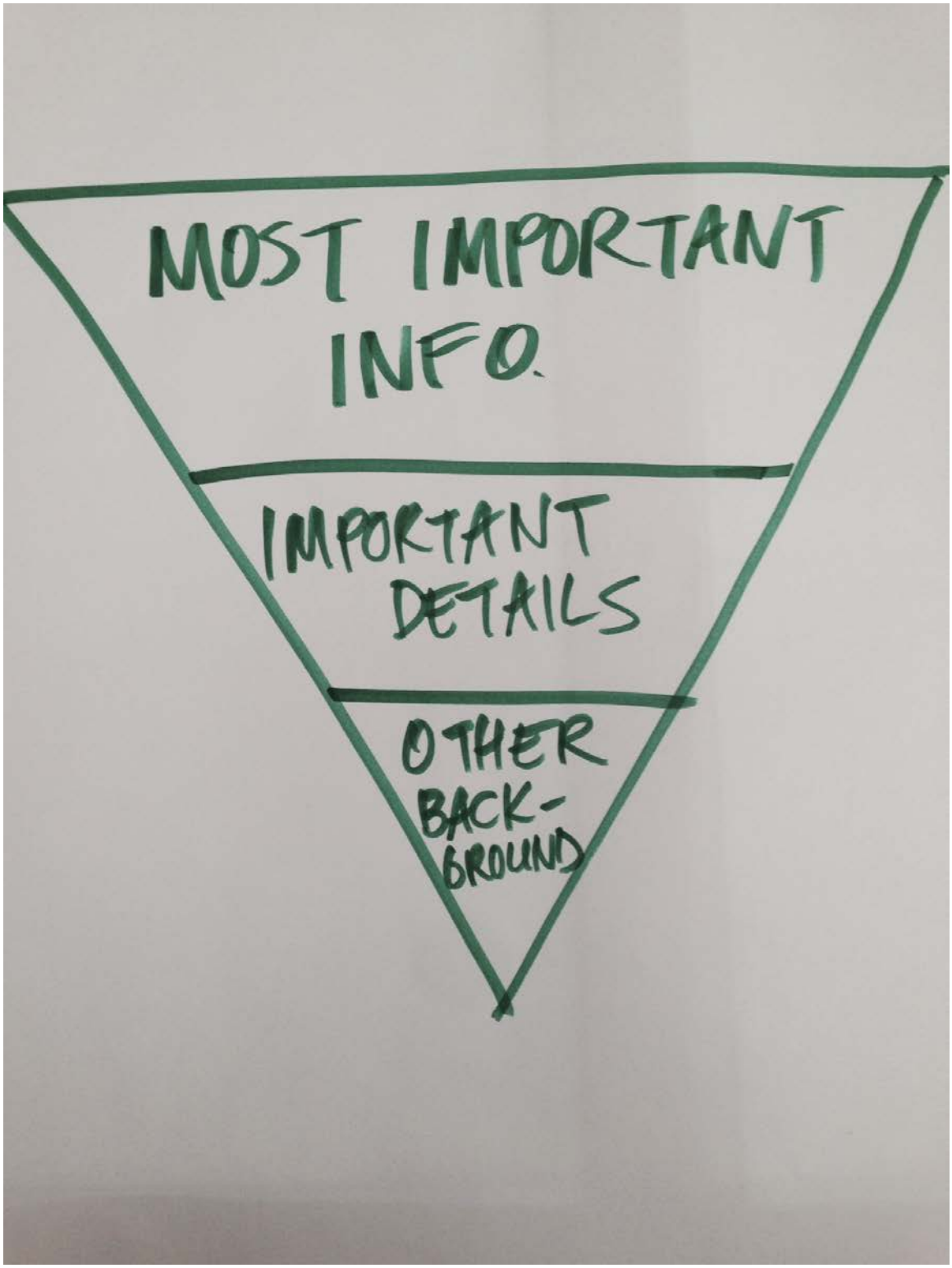

*The 5 Ws and 1 H of journalism.*

***INVERTED PYRAMID OF JOURNALISM***

Most Important Information

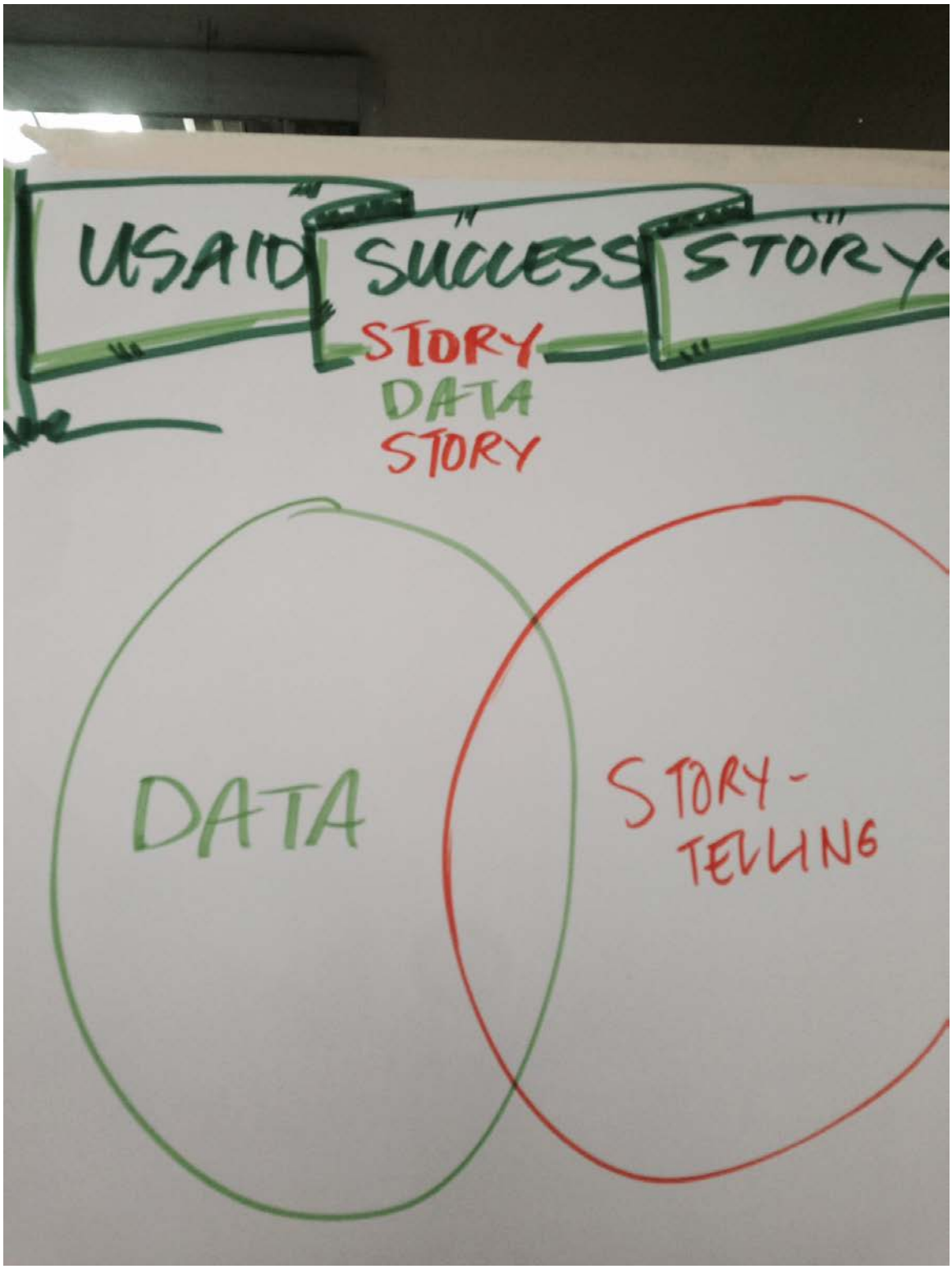
Important Details

Other Background Information




*The inverted pyramid of journalism.*

Good USAID success stories include both data and storytelling. Start with a story, then state the date, and end with the conclusion of the story.



*Good USAID success stories include both data and storytelling. The success story begins with the human/storytelling element, then moves to the data from the program intervention, then ends with the storytelling element.*

***CPR OF SUCCESS STORY STRUCTURE***

Challenge → Program effort → Result

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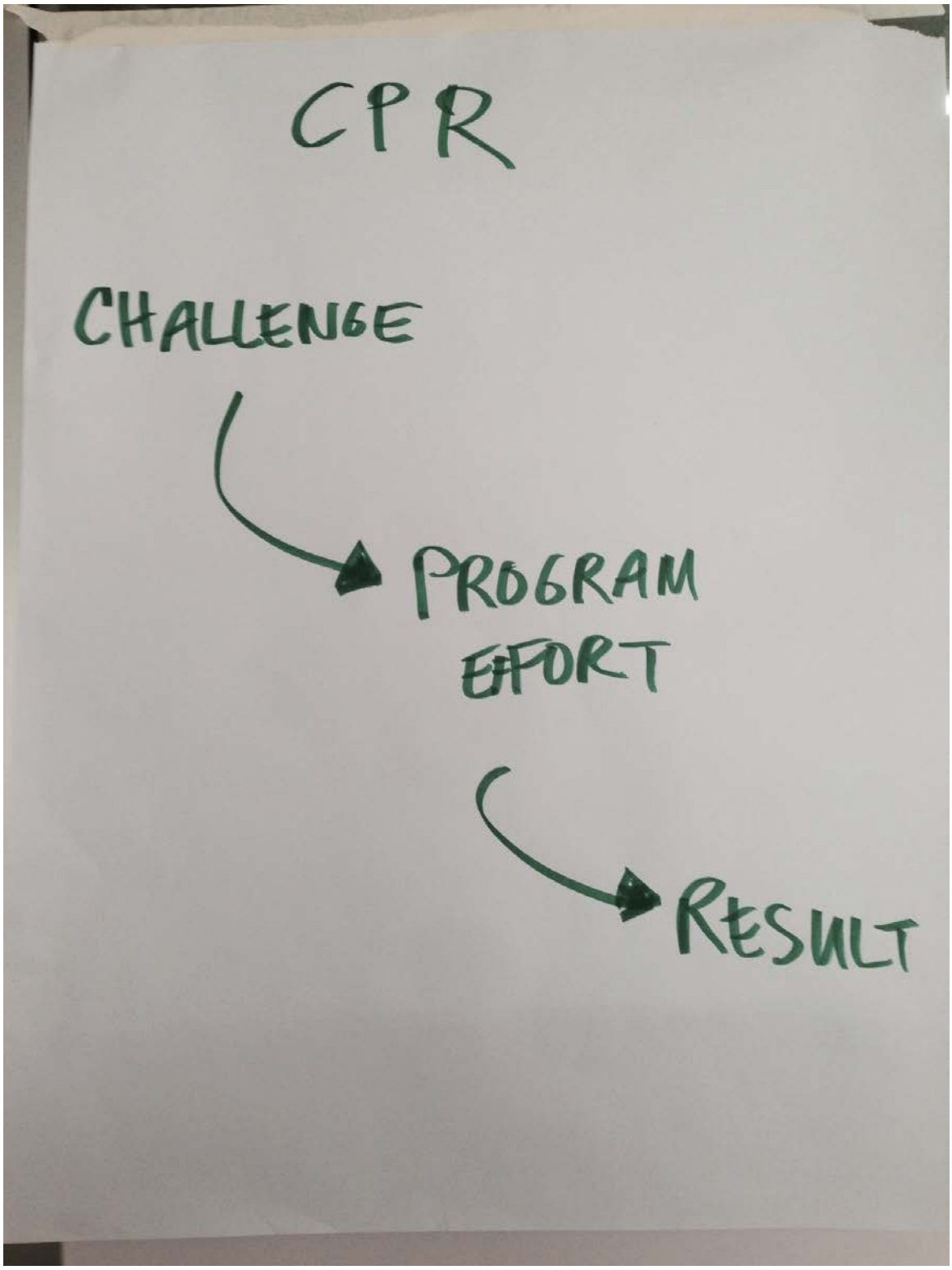
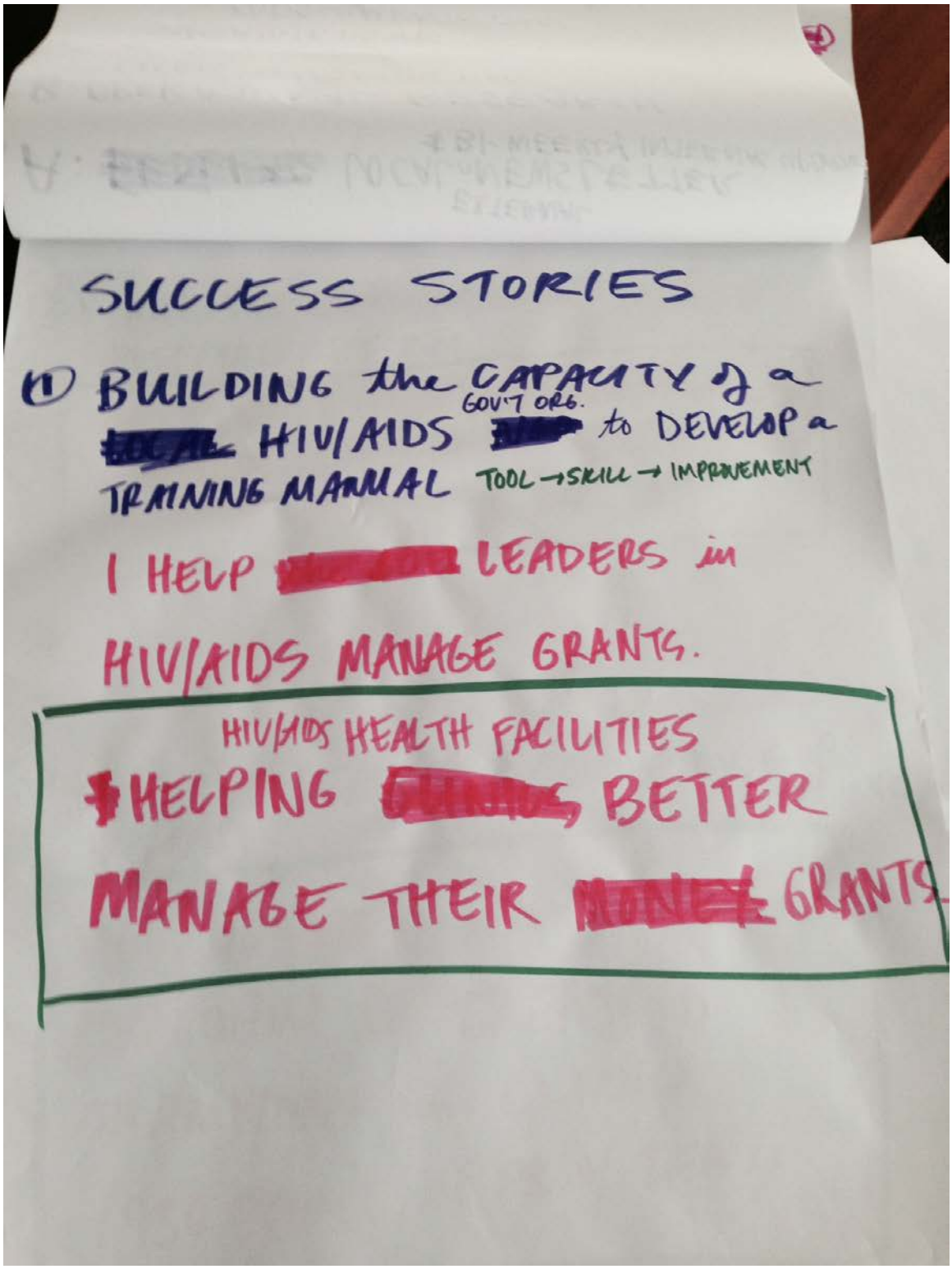


*The challenge, program effort, result structure for success stories.*

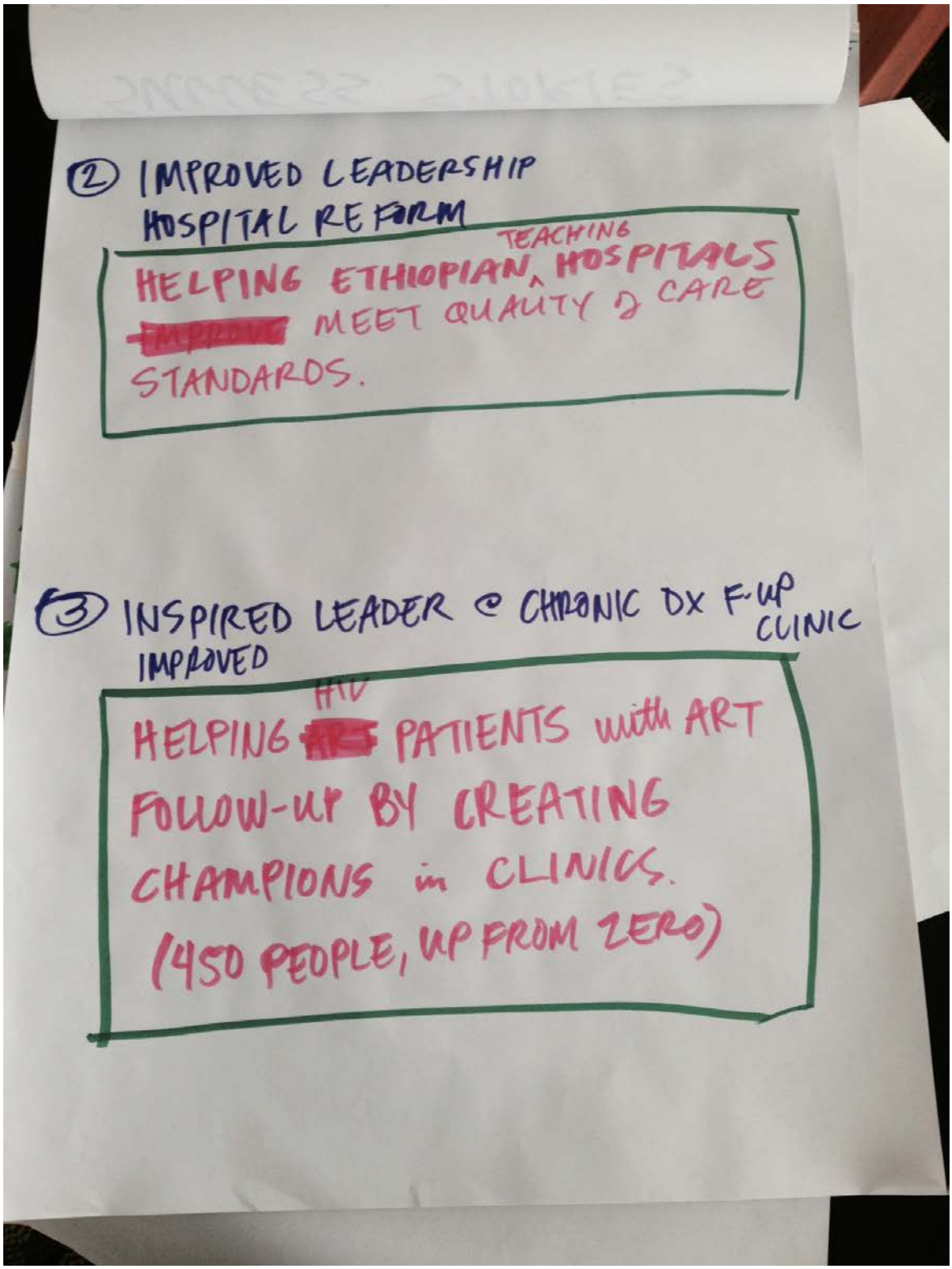
### *POTENTIAL SUCCESS STORY IDEAS*

- Helping health facilities better manage their grants

- Helping Ethiopian teaching hospitals meet quality of care standards
- Helping HIV patients with ART follow-up by creating champions in clinics.



*One idea for an LMG/Ethiopia success story:* Helping HIV/AIDS Health Facilities Better Manage Their Grants



*Two ideas for LMG/Ethiopia success stories:* Helping Ethiopian Teaching Hospitals Meet Quality of Care Standards *and* Helping Patients with ART Follow-up by Creating Champions in Clinics.

### *DRAFT SUCCESS STORY 5Ws:*

- Who? *Abrhat, Head In-Patient Nurse at Aydar Hospital*
- What? *Patient medical complications were reduced*
- When? *Oct 4014-Jan 2015*
- Where? *Aydar Teaching Hospital, Ethiopia*
- Why? *Nurses were only complying with the mandated minimum standards*
- How? *Abrhat received L+M+G training and became motivated to improve processes*

### *DRAFT SUCCESS STORY HIGHLIGHTS*

The first sentence of each paragraph in a draft success story (needs work):

- Abrhat, Head Nurse at Aydar Hospital, noticed many patients with medial complications because of low motivation among her colleagues to meet minimum clinical standards.
- Abrhat and her colleagues attended an in-service training led by the LMG Project.
- Abrhat shared the skills she learned at the training with the rest of the nursing staff on her ward.
- Medical complications were reduced by 80% as a result of L+M+G training that helped the nursing staff identify their critical challenges.
- As a result of Abrhat's team's newly discovered leadership skills and motivation, patient complications were reduced without any additional resources.
- "Now I understand the ripple effect my drop in the bucket has." –Sister Abrhat

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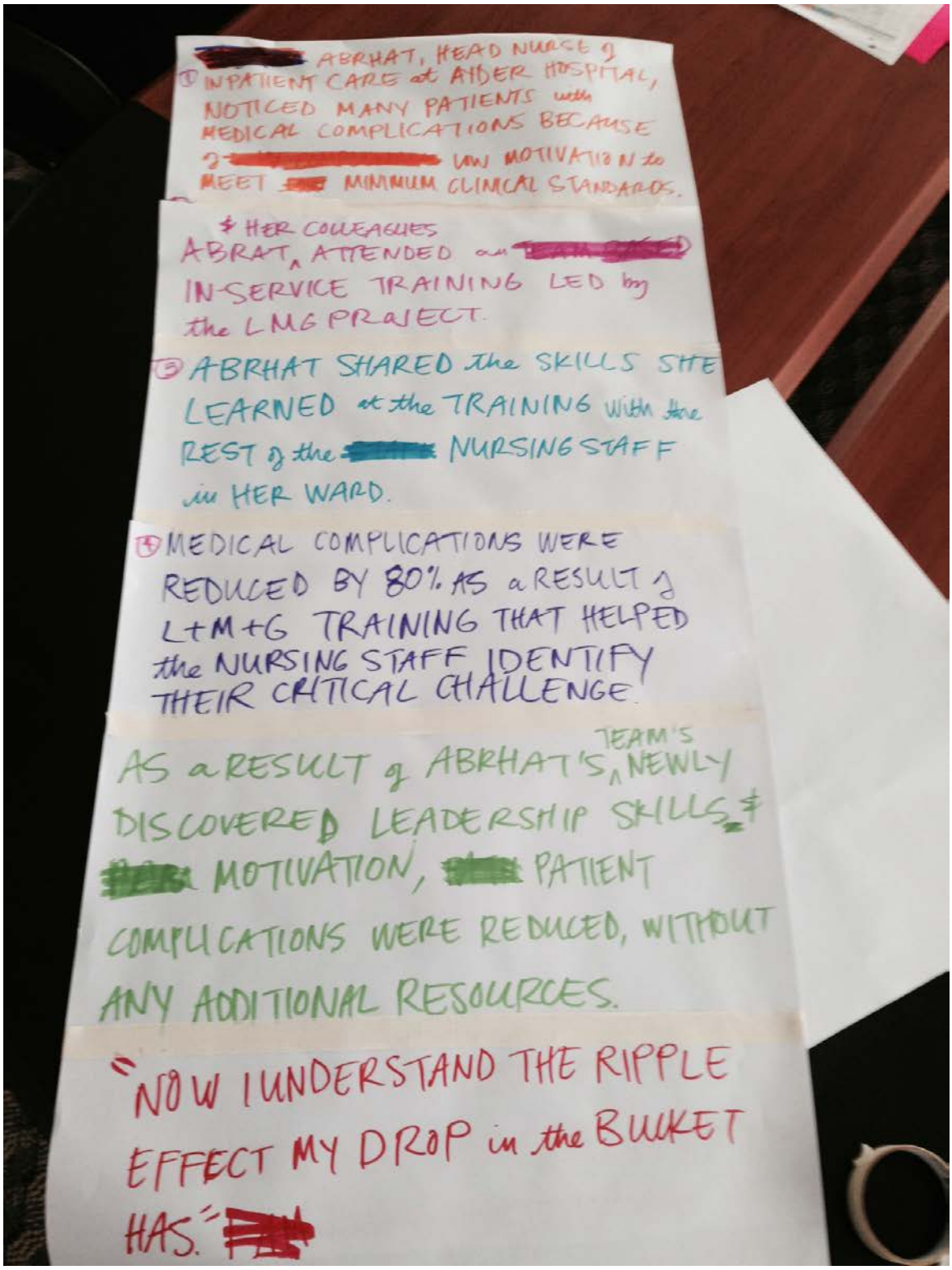

*Rough draft of a story created by the LMG/Ethiopia team.*

USAID FROM THE AMERICAN PEOPLE

LEADERSHIP, MANAGEMENT & GOVERNANCE PROJECT
Inspired Leadership. Sound Management. Transparent Governance.

# LMG/Ethiopia Strategic Communications Plan

## Introduction & Project Context

### *Communications Rationale*

Communications is an essential project component. It helps align staff around a common vision and message. It ensures we are meeting the needs of our stakeholders. It documents the investments made by donors. It helps others learn from our success and lessons learned, and adapt relevant activities to other contexts. It describes the state of the art of leadership, management, and governance for health and moves the conversation forward to what the future holds for health systems and their capacity to maintain a well-run health workforce.

### *LMG/Ethiopia & LMG/Global Context*

LMG/Ethiopia is centered on a three-pronged approach towards The LMG Project's objective: ***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.***

The three intermediate results towards achieving that objective are:

- **Intermediate Result 1:** Management System in Place for Harmonized and Standardized LMG Pre- and In-service Training Modules
- **Intermediate Result 2:** L+M+G Capacity of Selected FMOH Directorates Core Processes and Relevant Agencies, selected (Tigray, Amhara, Oromia, Harari, Dire Dawa, SNNPR) Regional Health Bureaus/Zonal/District Health Offices/Facilities Developed
- **Intermediate Result 3:** Institutional Capacity of Ethiopian Training Institutions and Professional Health Associations Strengthened

LMG/Ethiopia is a five-year award from USAID/Ethiopia, and is a mission buy-in under the global LMG cooperative agreement, led by Management Sciences for Health (MSH). The global LMG project has activities in nearly 40 countries in partnership with the USAID Global Health Bureau's Office of Population and Reproductive Health, the Office of HIV and AIDS, and the Bureau of Democracy, Conflict, and Humanitarian Assistance.

The LMG/Global Project's Vision:

*Through embracing the principles of country ownership, gender equity, and evidence-driven approaches, the Leadership, Management & Governance (LMG) Project seeks to create a world in which the role of health leaders, managers, and governors is understood and highly valued, and where inspired leadership, sound management, and*

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*transparent governance lead to better health outcomes for all, including vulnerable populations worldwide.*

The LMG/Global Project's Mission Statement:

*The Leadership, Management & Governance (LMG) Project improves leadership, management, and governance practices to strengthen health systems and improve health for all, including vulnerable populations worldwide.*

LMG/Ethiopia's communications activities – both strategic and tactical – will be fully supported by staff in the MSH home office. By maintaining strong links to communications experts, LMG/Ethiopia ensures high quality communications materials. LMG/Ethiopia's connection to LMG/Global and the consortium led by MSH allow for amplification of the project's messages to global audiences who may benefit from the successes and lessons learned.

As LMG/Global and LMG/Ethiopia prepare for our final year, we are planning several end-of-project (EOP) activities. All LMG teams globally are developing activities that 1) Document the achievements of USAID's investment, 2) Promote and disseminate successes and lessons learned, and 3) Advancing the conversation about leadership, management, and governance for health systems strengthening. Activities planned at the country and global levels will take into account stakeholder interests and technical content areas to develop innovative publications and interactive/participatory events.

### *Ethiopia Context: USAID/PEPFAR and Ministry*

LMG/Ethiopia is fully funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR has moved from phase 1 (2003-2007) – the emergency response phase that brought HIV prevention, treatment and care services to millions to phase 2 (2008-2012) – the sustainability phase, where PEPFAR worked with partner countries among other partners to address the epidemic. The program is now in phase 3 (2013-present) and is focused on transparency and accountability for impact, as well as accelerating core interventions for epidemic control. PEPFAR is investing resources strategically and geographically to reach populations at greatest risk with evidence-based programs (source). PEPFAR is now focusing on three pillars: Accountability, Transparency, and Impact. Each of these pillars is supported by five action agendas.

1. **Impact Action Agenda** – focusing resources to control the epidemic.
2. **Efficiency Action Agenda** – saving lives through smart investments.
3. **Sustainability Action Agenda** – sharing responsibility and ensuring maximum coordination with host countries.
4. **Partnership Action Agenda** – working with partners to achieve an AIDS-free generation.
5. **Human Rights Action Agenda** – securing, protecting, and promoting human rights.

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> *"The **impact agenda** focuses on controlling the epidemic. The **efficiency agenda** [is] concentrated on saving lives through smart investments. The **sustainability agenda** is about sharing responsibility and ensuring maximum coordination with host countries. The **partnership agenda** focuses on working with partners, like the Global Fund, to achieve an AIDS-free generation. And finally the **human rights agenda**, where we're working to secure, protect, and promote human rights."*
>
> ***– Ambassador Deborah L. Birx, M.D.*** (source)

Given the recent pivot by PEPFAR towards accountability, transparency, and impact, LMG/Ethiopia is evaluating all workplan activities to ensure they are contributing to the action agendas. At the end of Project Year 2, the workplan is under revision to sharpen the focus on achievements in HIV and AIDS.

Additionally, LMG/Ethiopia is revisiting project communications to make sure we are promoting and disseminating our achievements in the best possible way to reach HIV and AIDS stakeholders while not alienating stakeholders in other health areas with whom we have worked for the past two years – including Ethiopia's Ministry of Health, whose priority extends beyond HIV and AIDS.

In April 2015, the LMG/Ethiopia team convened a strategy session for communications. During this session, the team identified USAID/PEPFAR/Ethiopia's priorities: HIV/AIDS, country ownership, responding to local demand for L+M+G interventions, equity, social accountability, AIDS-Free Generation, FP2020, EPCMD, value for money, multi-sectoral approaches, universal health coverage, quality, partnerships for sustainability, health system strengthening, and measuring results.

The team also identified the Ethiopian Ministry of Health priorities for achieving improved service delivery: improving local ownership/capacity building, standardizing training, and harmonizing resource management: "One Plan, One Budget, One Report"

By identifying these key stakeholder priorities, the LMG/Ethiopia team is now well positioned to craft a strategic communications plan and effective communications activities. This communications assessment, along with modifications to the workplan, will ensure the project is responsive to donor and other stakeholder needs.

### *Inputs to the LMG/Ethiopia Strategic Communications Plan*

The LMG/Ethiopia Strategic Communications Plan builds upon several resources created by the LMG Project. The *LMG Communications Strategy & Action Plan*, approved by USAID in 2012, laid the foundation for LMG/Ethiopia's strategic communications plan, including the LMG Project's Communications Strategy objective:

*The overall strategy for effective project communications is to encourage and empower the multiple internal and external stakeholders of the LMG Project to better understand how improved health leadership, management, and governance create stronger health systems and increased use of health services, resulting in improved health outcomes.*

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The *LMG Strategic Communications Plan* was revised in 2015 to reflect the achievements of the project. While the 2012 *Plan* contains guidance for prospective communications activities, the 2015 *Plan* includes recommendations for documenting, promoting, and disseminating the contributions of the project.

At the beginning of the project, the communications team developed the *LMG Strategic Communications Guide for LMG Staff Working on Country Projects*. This guide is meant to be a reference for staff in all LMG countries.

The most important input to the LMG/Ethiopia Strategic Communications Plan is the knowledge and experience of the project team, based in Addis Ababa. Many of the staff have been with the project since the beginning. They have witnessed and influenced the shift from planning to implementing to evaluating, and are well positioned to communicate the achievements of LMG/Ethiopia.

In April 2015, the LMG Project's Strategic Communications Manager held a workshop for all LMG/Ethiopia staff to discuss current and future project communications. The team collectively identified several project stakeholders, their priorities, and what the project has to offer them. Using an interactive visual learning technique, the project team used string to connect project achievements to their relevant stakeholders.

[INCLUDE VISIO STRING MAP – Maeve Conlin creating]

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*The LMG/Ethiopia team connects project achievements with relevant stakeholders using a participatory visual learning technique.*

## Communications Strategy & Objectives

### *LMG/Global Communications Objectives*

LMG/Global's strategic communications objectives, as identified in the USAID-approved *LMG Communications Strategy & Action Plan* are:

i. **Listen to those we serve:** In order to be responsive to our clients' needs, we actively listen to them and seek to understand their concerns and priorities, and we keep those concerns front and center in formulating our communications activities.
ii. **Give voice to our host country clients:** The LMG Project team works together to gather success stories and lessons learned to promote project objectives.
iii. **Invest in infrastructure to promote knowledge exchange:** The LMG/Global communications lead manages a project website and social media to become the best source of information to help health leaders perform their roles more effectively.
iv. **Use advocacy to build strategic alliances:** Aggressive project advocacy efforts by everyone on staff create strategic alliances with clients in the public and private sectors that strengthen our country-focused efforts.
v. **Capacity building:** The LMG Project disseminates knowledge and builds the capacity of project clients to promote country ownership and ensure the sustainability of project communications initiatives.

### *LMG/Ethiopia Communications Objectives*

LMG/Ethiopia's strategic communications objectives at the beginning of the final project year are:

vi. **Documentation** of USAID/PEPFAR investments in leadership, management, and governance for health system strengthening in Ethiopia.
vii. **Promotion and dissemination** of the LMG Project's results so others may learn from our successes and lessons learned.
viii. **Advancing the conversation** about leadership, management, and governance for strengthening Ethiopia's health system.

These objectives are intended to showcase the project's achievements during the first two years, and to begin to package results for the end-of-project (EOP) activities. LMG/Ethiopia will frequently contribute content to LMG/Global communications activities in order to reach a larger audience. These contributions will also demonstrate the linkages between LMG/Ethiopia and a breadth and depth of experience within the global program.

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## Core Messages

Core messages capture the central information that the project aims to communicate, and the impression that it hopes to leave behind. They give staff common language for talking about the project, and provide openings for more in-depth discussions.

### *LMG/Global Core Messages*

The original core messages for The LMG Project globally were derived from the vision and mission statements, the project's four main technical pillars, and the emphasis that USAID has put on certain aspects of our work.

As the LMG Project's global communications moves into an end-of-project (EOP) phase, we have taken stock of our achievements and identified several areas of impact, around which specific messages will be developed. Due to the breadth of the LMG Project, nuanced messages will be crafted for each communications product.

The LMG Project's core message is: ***Inspired leadership, sound management, and transparent governance empower health leaders at all levels to improve the health of the people they serve.***

Based on four years of responding to the needs of health systems (and the corresponding M&E data), ***the LMG Project improves:***

i. ***Integration of leadership, management, and governance into pre- and in-service training programs.***
ii. ***Human Resources for Health (HRH) for government and civil society/local ownership***. LMG helps health workers professionalize their career paths. LMG develops the capacity and competence of health workers, networks, and institutions.
iii. ***Sustainability/Resilience (country ownership).*** LMG strengthens health systems for lasting change. LMG yields significant and sustained health results. Along with the other WHO HSS building blocks, L+M+G is the backbone of effective health services. LMG improves governance, transparency, and accountability in health systems. Institutionalization of capacity building. LMG enables national and local leaders to address their own challenges, and achieve results. LMG is key to ensuring country-led programs.
iv. ***Network Development.***
v. ***Gender-inclusive health***. LMG works to ensure the health and empowerment of women and girls. LMG promotes gender equity in all aspects of our work.
vi. ***Youth-inclusive health.***
vii. ***Social Inclusion/Equity.***
viii. ***Financial Management.***
ix. ***Strong L+M+G creates an enabling environment, improves health systems, and increases health impact***. LMG improves leadership,

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management, and governance practices to achieve health gains. L+M+G creates an enabling environment for stronger health systems. LMG uses innovative and evidence-based approaches. LMG is essential to improve effectiveness and scale-up of health care services and delivery.

x. ***Progress towards USAID priority objectives – FP2020, AIDS-Free Generation, EPCMD, others as appropriate***. LMG contributes to achieving global health goals (FP2020, EMCMD, AFG, MDGs, etc.).

### *LMG/Ethiopia Core Messages*

Based on an assessment of LMG/Ethiopia's achievements as of the end of Project Year 2, the team identified nine core messages. These messages are the result of a candid reflection of LMG/Ethiopia's results. While recent guidance from USAID/PEPFAR requires a focus on HIV and AIDS, the project's technical offerings will not change – merely the partnerships for implementation. Therefore, these core messages will be viable throughout the remainder of the project, no matter how the workplan changes in the final year.

i. ***Pre- & In-service Curriculum***: L+M+G contents are standardized in pre- and in-service curricula.
ii. ***Institutional Capacity Building***: The LMG Project strengthened the linkage between pre- and in-service training programs for local institutional ownership and sustainability.
iii. ***Gender***: The LMG Project supports the Government of Ethiopia to address gender issues in planning, budgeting, and implementation of health programs.
iv. ***Financial/Resource Management***: The LMG Project improves the internal control systems of the Ministry of Health.
v. ***Health Workforce Leadership***: The LMG Project has developed leaders at all levels in the health system.
vi. ***Service Delivery***: The LMG Project ensures equity and quality of health services at the community level.
vii. ***Governance***: The LMG Project empowers citizens to hold health authorities accountable for their deeds and decisions.
viii. ***Advocacy/Policy***: The LMG Project advocates including L+M+G as a key pillar in the revised national health policy.
ix. ***Sustainability***: The LMG Project's gains are locally-owned, sustainable, and adaptable.

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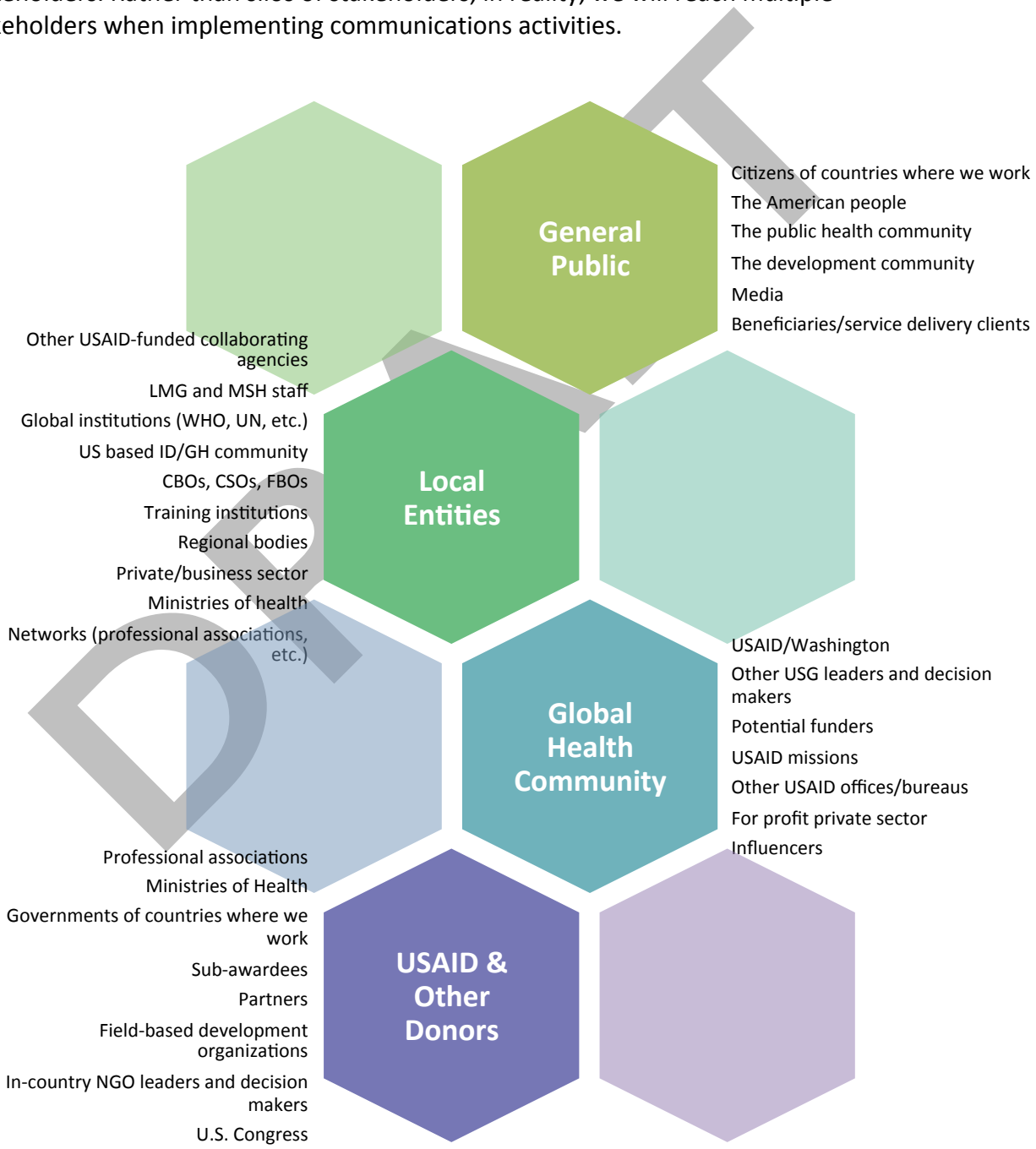
## Key Stakeholders

### *LMG/Global*

Due to the breadth of the global LMG Project, stakeholders are many and varied. Those who are affected by the project, or who can affect, the results of the project span the globe and have a very wide range of interests. When crafting communications activities, rarely will a single product speak to all stakeholders. The communications mandate for the LMG Project is to craft nuanced products that address the priorities of a few key stakeholders. Rather than silos of stakeholders, in reality, we will reach multiple stakeholders when implementing communications activities.

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### *LMG/Ethiopia*

In April 2015, the LMG/Ethiopia team convened to develop a strategic communications plan based on achievements of the first two years of the project. The team considered those who fund, implement, and/or benefit from investments in leadership, management, and governance to improve health service delivery and ultimately better health outcomes. Like the LMG/Global stakeholders, these entities do not exist in silos, and we will reach multiple stakeholders when implementing communications activities.

i. Primary Stakeholders
    1. USAID/PEPFAR
        a. USAID/Ethiopia Office of Health System Strengthening
        b. USAID/Washington: PRH, OHA, Nutrition, Local Solutions Team
        c. PEPFAR/Ethiopia
    2. Federal Ministry of Health (FMOH), including Regional Health Bureaus
    3. LMG/Global stakeholders
    4. Researchers in L+M+G and the LMG Project's health areas

ii. Secondary Stakeholders
    1. Ministry of Education and Training Institutions
    2. Health Facilities
    3. Associations for People Living with HIV/AIDS (PLHIV)
    4. Other Ministries
    5. Implementing Partners
    6. MSH Stakeholders
    7. Other Donors

## Tools & Tactics

### *Interpersonal Communications*

Listening for success story ideas, engaging with partners and those at health facilities to understand what we have to offer. Everyone working on LMG/Ethiopia is an ambassador for the project. When an opportunity arises to speak about LMG/Ethiopia, the staff member should carefully consider the audience, and use words and phrases that will resonate with her/him/them. Throughout the communications training, LMG/Ethiopia staff listed several priorities for each stakeholder group. Staff should be familiar with these priorities and confidently tailor their remarks to best fit the needs of the listener.

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### *Print/Electronic*

All print and electronic materials should matrix with other content as much as possible. For example, a social media post should point to a page on www.LMGforHealth.org with additional information. Or, a blog post should link to a fact sheet where a reader can get more in-depth information about a topic. All materials should complement each other, and should all feed into a strategic communications objective.

***Technical Briefs***. Technical briefs are 4-8 pages about the LMG Project's approach to various technical areas (HRH, Gender, In-service Training, etc.). Technical briefs generally answer these illustrative questions:

- What is the purpose of this technical brief?
- Who should read this brief?
- What is the evidence about this topic?
- What are the recommendations around this topic?
- What are the implications for policies and programs?
- What does this mean for the future?
- What are some useful resources?
- What references were used to create this technical brief?

Sample Technical Briefs:

- Hormonal Contraception and HIV
- Drug Interactions Between Hormonal Contraceptive Methods and Antiretroviral Medications Used to Treat HIV

***Success Stories***. Success stories are one-page highlights of the achievements of an activity. They focus on beneficiaries (generally a patient or a health worker), and send an encouraging message about what can be achieved with investments in leadership, management, and governance for health system strengthening. They help USAID demonstrate program successes.

***The LMG Website: www.LMGforHealth.org***. The LMG Project's website is managed by the global/core communications team, and is a resource for all stakeholders worldwide. LMG/Ethiopia will regularly contribute updates to the country page, relevant technical area pages, and blog posts. The project website is an established medium for documenting and distributing all project publications – fact sheets, technical briefs, success stories, etc. The website is an easy way for staff to demonstrate thought leadership to a broad global audience.

***Social Media***. LMG/Ethiopia will contribute content to the LMG/Global social media channels (Twitter, Facebook, YouTube, and Instagram). The most recent guidance from USAID regarding project social media accounts discourages creation of in-country social media. Given the length of time left on the LMG/Ethiopia award, it is not cost effective to create social media accounts at this point in time. However, the existing LMG/Global social media give LMG/Ethiopia access to an established audience and opportunity to interact with global stakeholders interested in leadership, management, and

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governance for health. Current guidance from USAID is that country projects should not create social media accounts. Rather, they should contribute content to the global/core project's social media accounts, as well as the relevant USAID/USG social media in-country. For LMG/Ethiopia, this means contributing content to the LMG/Global social media and to USAID for contributing to the U.S. Embassy in Ethiopia's social media. When USAID/Ethiopia creates their own social media accounts, LMG/Ethiopia will contribute content to them directly.

***Branding & Marking.*** USAID launched a global branding initiative in January 2005 to increase the visibility and value of American foreign assistance. Since then, the agency has taken a number of steps toward a clear and consistent brand for all projects that clearly conveys the message that the American people fund the development aid.

When we sign an agreement with USAID, we agree to follow their branding policies and apply the graphics standards to all project products. The details on these policies can be found on USAID's website: www.usaid.gov/branding.

In all communications, including conversations with the media, participation in conferences, and discussions with counterpart organizations, staff are expected to convey the fact that the project is funded by USAID.

Marking refers to how the project will include the USAID identity on all program materials and commodities produced or distributed under the project. The Branding and Marking Plan for the LMG Project was approved by USAID in March 2012. LMG/Ethiopia staff should familiarize themselves with the plan and follow it closely throughout project implementation.

### *End-of-Project Activities*

In addition to required reporting, the LMG Project is beginning end-of-project (EOP) activity planning. EOP activities have the same objectives as general strategic communications objectives (documentation, promotion & dissemination, and moving the conversation forward), but they are packaged in a way that showcase the achievements of the project as a whole, rather than the results of various activities. EOP activities focus on the impact of the project, and are generally designed to reach several audiences at once. They reflect on the differences between challenges beneficiaries faced at the beginning of the project, and how their lives are different now as a result of an LMG Project intervention. EOP activities discuss the state of the art of leadership, management, and governance, and they make recommendations for the future of our field.

EOP activities should be documented in the final year workplan. Illustrative activities include:

i. ***Retrospective/Prospective publication***. A 4-8 page summary of the impact of LMG/Ethiopia that reflects on our beneficiaries' challenges at the outset, our intervention, and how their lives changed as a result. Additionally, ideas for maintaining the momentum of

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leadership, management, and governance interventions should be included. Photos and data visualizations should be included as much as possible.

ii. ***Thought leadership publication***. A 2-4 page description of the state of the art of leadership, management, and governance for improving health service delivery and improving health outcomes.

iii. ***Dissemination event***. Three months before the project closes, host an interactive event for all stakeholders in Addis Ababa. Using the strategic communications objectives, core messages, and stakeholder priorities, design an event that is highly participatory. Print out the success stories, technical briefs, and other communications products to distribute at the event – and consider designing sessions around the most popular/relevant activities/technical areas. Be sure to document the event via photos and a brief write-up.

### *Media Relations*

According to MSH policy SDC-POL-005-AB, employees should not engage in any correspondence or interviews with the press if the employee is not an authorized spokesperson.

All requests for interviews or other inquiries from international media outlets should be routed immediately to the Project or Center Communications Officer who will work with the Director of Strategic Communications in the Office of Global Partnerships, Marketing and Communications to determine the best spokesperson to respond to the inquiry.

All requests for interviews or other inquiries for information from any national media (such as New Vision Uganda or Guardian in Nigeria) should be routed immediately to Project or Center Communications Officer and the Country Representative (or Project Director where there is no Country Representative assigned) to respond to the inquiry.

MSH encourages opportunities for favorable publicity but only the following employees are authorized to speak on behalf of MSH. Approved spokespersons include:

- Chief Executive Officer, President
- Chief Operations Officer, Executive Vice-President
- Vice Presidents
- Country Representatives
- Project Directors (where there is no Country Representative assigned), and
- Global Technical Leads

It is important that all media requests are responded to in a timely manner. If a Project or Center Communications Officer is not available, please contact the Director of Strategic Communications, Office of Global Partnerships, Marketing and Communications. The Director of Strategic Communications should be copied on all correspondence about media inquiries.

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All clips or links of stories/coverage should be sent to the Strategic Development and Communications Office.

All spokespersons should contact the Strategic Development and Communications Office before doing any scheduled interviews to discuss organizational talking points.

All press releases written by MSH should be routed to Center Communications Officer and the Director of Strategic Communications in a timely manner.

All contacts for media should be sent in a timely manner to the Office of Global Partnerships, Marketing and Communications to be included in MSH's media database.

If you have further questions, please contact the Office of Global Partnerships, Marketing and Communications.

## Monitoring & Evaluating Communications Activities

In order to ensure completion of communications activities and to assess their impact, LMG/Ethiopia will develop monitoring and evaluation tools and practices, including:

a. Set objectives for the number and frequency of Tools & Tactics. A centrally-located file will include a list of planned communications activities; individuals responsible for gathering content, writing, editing, and submitting; timelines for completion; and notes. This will be closely linked to the editorial calendar.
b. Establish and adhere to a project editorial calendar.
c. Establish centralized location for all communications products on the project's shared folder.
d. Establish a file of media mentions in a shared folder.
e. Establish a regular schedule to get feedback from USAID on communications products.
f. Monitor the communications of other implementing partners to ensure our tactics are relevant and visible among our community.

## Stakeholder Analysis

| Audience | Stakeholder Interest Areas | | | | |
|---|---|---|---|---|---|
| | Success Story | Technical Brief | Fact Sheet | Performance Report | Policy/research |
| ***Primary Audiences*** | | | | | |
| **USAID/HSS** | x | x | x | x | x |
| **USAID/Washington** | x | x | | | x |
| **PEPFAR** | x | x | x | x | x |

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| | | | | | |
|---|---|---|---|---|---|
| **FMOH** | x | x | x | x | x |
| **LMG/Global** | x | x | x | x | x |
| **Researchers** | x | x | x | | x |
| ***Secondary Audiences*** | | | | | |
| **MOE** | x | | x | | |
| **HFs** | x | | x | | |
| **PLWHIV Associations** | x | | x | | |
| **Other Ministeries** | x | | x | | |
| **IPs** | x | x | x | | |
| **MSH stakeholders** | x | x | x | | |
| **Other Donors** | x | x | x | | |

## Editorial Calendar

The LMG/Ethiopia Editorial Calendar and Communications Action Plan is managed by the M&E Lead, with significant inputs from all team members. The editorial calendar is a schedule of communications products; individuals responsible for gathering information, writing, editing, and submitting; target audiences; and outlets. The M&E Manager is tasked with maintaining the editorial calendar, but the responsibilities for executing the various steps for creating communications products are everyone's. The editorial calendar is a planning and tracking tool, and will be updated frequently as various tasks are completed. It will be accessible to everyone on the team by being stored on the shared drive.

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# LMG/Ethiopia Communications Training

15-17 April 2015

## GROUND RULES

- **Safe Space**. We reserve judgment of each other and of each other's ideas. We respect each other and each other's ideas, and challenge each other to make us stronger as a team.
- **One Conversation**. Reserve side conversations for breaks. If someone needs a break, we all take one.

## OBJECTIVES

1. Equip LMG staff with knowledge and skills to produce high quality communications products.
2. Identify opportunities for success stories and other communications.
3. Identify core elements of a strategic communications plan and editorial calendar.

## OUTPUTS

- Detailed list of audiences, messages, and supporting activities/data; a map connecting each of these elements
- Preliminary list of ideas for success stories and technical briefs
- Preliminary list of interview questions for success stories and technical briefs
- Post-training: Draft strategic communications plan, draft editorial calendar

## AGENDA

***Day 1: Wednesday, 4/15****: USAID Priorities, Identify LMG/Ethiopia Audiences & Messages*

- USAID & PEPFAR priorities for LMG/Ethiopia
- Audiences/priorities/segments
- Messages and message themes
- Existing/potential activities and data to support messages

*Expected Output(s):* Detailed lists of audiences and messages

***Day 2: Thursday, 4/16****: Link LMG/Ethiopia Audiences & Messages*

- Audience/message string map
- Activity/data gaps
- Potential success stories

*Expected Output(s):* String map of audiences/messages, preliminary ideas for success stories

***Day 3: Friday, 4/17****: Success Story Training*

- Success story training
- Create list of interview questions
- Gather sample success stories

*Expected Output(s):* Draft list of interview questions for success story development

**SCOPE OF WORK FOR TDY**
**LEADERSHIP, MANAGEMENT, AND GOVERNANCE (LMG) PROJECT**
**ETHIOPIA**
**MANAGEMENT SCIENCES FOR HEALTH, INC.**

**Program Manager**: Jacqueline Lemlin
**Project Associate:** Eden Ketema
**Project Code:** A193/ETPM////
**Traveler:** Rebecca Simon
**Dates in Ethiopia:** April 11-24, 2015

**Objectives:**

- Provide communications assistance to the LMG Ethiopia team.
- Support the development of communications materials, including a strategic communications plan.
- Conduct communications training for LMG Ethiopia staff.

**Context and Background:**
The main objective of the LMG/Ethiopia program is to improve the leadership and management capacity of the Ethiopian health workforce. To meet this objective, LMG/Ethiopia is collaborating with the Federal Ministry of Health, regional health bureaus, zonal and district health offices, training institutions, and professional health associations to create a process for systematically building leadership, management, and governance competencies of the Ethiopian health workforce. The goal is to strengthen the health system and improve access to—and quality and utilization of—priority health services for Ethiopian citizens. LMG/Ethiopia also continues to work with Ethiopian health leaders to put in place management systems for harmonized, standardized, and accredited in-service training in leadership, management, and governance for the Ethiopian health workforce, including the mainstreaming of gender into all of its training programs.

The purpose of this TDY is (1) to develop a strategic communications plan and editorial calendar, (2) to facilitate the development of communications materials by training LMG/Ethiopia staff in key communications concepts, and (3) develop at least one success story to submit to USAID and to serve as an example for future success stories.

This TDY will take advantage of results from the draft of the internal mid-term progress review findings, as appropriate, to reinforce the connection between Monitoring & Evaluation and Communications project functions. This TDY will also link project communications activities with the global LMG end-of-project activities, and will establish processes for incorporating LMG/Ethiopia content into MSH and USAID communications channels, as appropriate.

**Activities:**

1. Provide support to develop, review, and revise the strategic communications plan for the LMG/Ethiopia project.

2. Provide support to develop and implement an editorial calendar and identify potential opportunities to promote LMG/Ethiopia among LMG Global, MSH, and USAID audiences.
3. Conduct training on communications for staff for development of materials defined in the strategic communications plan and the editorial calendar.
4. Create at least one LMG/Ethiopia success story to submit to USAID and serve as an example for success stories going forward.
5. Help identify potential project communication opportunities and support the field and HO teams work on generating appropriate products, e.g., success stories, reports, etc.
6. Submit a trip report before departure from Ethiopia.

**Expected Deliverables**:

| **Deliverables** | **Completion Date** |
|---|---|
| 1. Trip Report | 2 weeks from departure date |
| 2. Communications Plan & Editorial Calendar | April 24, 2015 |
| 3. Success Story | April 24, 2015 |

## Draft Agenda

**Notes:**

- Times are illustrative, and may change based on conversations upon arrival, and as needs arise. The first couple of days are scheduled to make sure folks are available.
- I am trying to set up a meeting with the USAID/Ethiopia DOC. Once that is scheduled, the schedule may need to adjust to accommodate that meeting. We want to demonstrate that we are responding to their concerns, so this meeting is a priority.
- Additional topics to discuss: branding, quality assurance, templates, and knowledge management.
- USAID meeting with Alain, Becca, and LMG/Ethiopia is being scheduled.

**Day 1: Tuesday 4/14**

*Meet & Greet staff, plan STTA*

Draft Agenda:

- 9:30-10:30: Temesgen and Becca
- 10:30-11:30: Jemal, Dereje, Temesgen, and Becca discuss expectations, deliverables, and detailed agenda for this STTA
- 11:30-12:30: Trainers and Becca
- 1:30-3:30: Frehiwot and Becca
- 3:30-5:00: Fine tune training plan

Expected Output(s): clear expectations, deliverables, and plan for STTA; detailed training plan

**Day 2: Wednesday, 4/15**

*Training Day 1: USAID Priorities, Identify LMG/Ethiopia Audiences & Messages*

Draft Agenda:

- 9:00-10:00: Discuss USAID priorities for LMG/Ethiopia
- 10:00-11:00: Discuss LMG/Ethiopia workplan, and existing/potential activities that could speak to USAID's guidance for addressing HIV and AIDS
- 11:00-12:00: Discuss audience segments
- 1:00-4:00: Discuss LMG/Ethiopia messages and message themes

Expected Output(s): Detailed lists of audiences and messages

**Day 3: Thursday, 4/16**

*Training Day 2: Link LMG/Ethiopia Audiences & Messages*

*MSH/Ethiopia Project Share Fair*

Draft Agenda:

- TBD: MSH/Ethiopia Project Share Fair
- 9:00-10:00 (or adjusted): Link audiences and messages with string
- 10:00-12:00 (or adjusted): List existing and potential workplan activities that support messages

- 1:00-3:00 (or adjusted): Discuss data gaps, and how these can be addressed in revised (and FY16) workplans
- 3:00-5:00 (or adjusted): Discuss potential success stories, based on audiences, messages, and activities

Expected Output(s): String map of audiences and messages, preliminary ideas for success stories

**Day 4: Friday, 4/17**
*Training Day 3: Success Story Training*

- Success story training
- Create list of interview questions
- Gather sample success stories

Expected Output(s): Draft list of interview questions for success story development

**Day 5: Monday, 4/20**
*Communications Strategy*

Draft Agenda:

- Present LMG/Global Strategic Communications Plan
- Draft LMG/Ethiopia Strategic Communications Plan

Expected Output(s): Draft strategic communications plan

**Day 6: Tuesday, 4/21**
*LMG/Ethiopia and LMG/Global End-of-Project linkages*

Draft Agenda:

- Present LMG/Global EOP Plan and discuss how LMG/Ethiopia can benefit from and support the global initiative
- Discuss LMG/Ethiopia EOP activities

Expected Output(s): Draft LMG/Ethiopia legacy (or sustainable gains) plan

**Day 7: Wednesday, 4/22**
*Editorial Calendar & Communications Plan*

Draft Agenda:

- Present editorial calendars and communications plan documents from LMG/Global and/or other LMG projects
- Draft LMG/Ethiopia editorial calendar

Expected Output(s): Draft editorial calendar

**Day 8: Thursday, 4/23**
*Report out to BRD*

Draft Agenda:

- Brief report-out of communications to BRD and workplanning team

Expected Output(s): Brief presentation on the status of LMG/Ethiopia communications

**Day 9: Friday 4/24**

*AOB and Follow-up*

Draft Agenda:

- Finalize any outstanding outputs (Strategic Communications Plan, Editorial Calendar, etc.)
- Follow-up on any questions

Expected Output(s): Final drafts of communications outputs

| | Communication Materials | HO Contact | Addis Contact | Target Audience | Outlets | 2015 April | May | June | July | August | September | October | November | December | 2016 January | February | March | April | May | June | July | August | September |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | **Success Stories** | | | | | | | | | | | | | | | | | | | | | | |
| a | *Helping HIV/AIDS Health Facilities Better Manage Their Grants* | Jessica/Jackie | Temesgen/Sualiha | USAID/FMOH/LMGGlobal | Friday Forward/LMG Blog Post/USAID Website | x | | | | | | | | | | | | | | | | | |
| b | *Helping Ethiopian Teaching Hospitals Meet Quality of Care Standards* | Jessica/Jackie | Temesgen | USAID/FMOH/LMGGlobal/MSH | Friday Forward/LMG Blog Post/USAID Website | | x | | | | | | | | | | | | | | | | |
| c | *Helping Patients with ART Follow-up by Creating Champions in Clinics* | Jessica/Jackie | Temesgen/Tsegaye | USAID/FMOH/LMGGlobal | Friday Forward/LMG Blog Post/USAID Website | | | x | | | | | | | | | | | | | | | |
| d | *Helping Amhara HAPCO Facility Better Manage Their Grants* | Jessica/Jackie | Temesgen/Assefa | PEPFAR/USAID/LMGGLobal/FMOH | LMG Blog Post, Friday Forward | | | | | x | | | | | | | | | | | | | |
| e | *Helping PLHIV Associations Better Manage Their Funds* | Jessica/Jackie | Temesgen/Sualiha | | | | | | | | | | | | | | | | | | | | |
| f | *Helping Ayder Hospital Meet Quality of Care Standards* | Jessica/Jackie | Temesgen/Tsegaye | | | | | | | | | | | | | | | | | | | | |
| g | *Helping Gondar Hospital Meet Quality of Care Standards* | Jessica/Jackie | Temesgen/Assefa | | | | | | | | | | | | | | | | | | | | |
| h | *Helping Hawassa Hospital Meet Quality of Care Standards* | Jessica/Jackie | Temesgen/Tsegaye | | | | | | | | | | | | | | | | | | | | |
| i | *Helping Hiwot Hospital Meet Quality of Care Standards* | Jessica/Jackie | Temesgen/Tsegaye | | | | | | | | | | | | | | | | | | | | |
| j | *Helping Patients at x Facility with ART Follow-up by Creating Champions in Clinics* | Jessica/Jackie | Temesgen/Assefa | | | | | | | | | | | | | | | | | | | | |
| k | *Helping Patients at x Facility with ART Follow-up by Creating Champions in Clinics* | Jessica/Jackie | Temesgen/Getnet | | | | | | | | | | | | | | | | | | | | |
| l | *Developing Community Leaders to Increase HIV Testing* | Jessica/Jackie | Temesgen/Sualiha | | | | | | | | | | | | | | | | | | | | |
| m | *HIV Patients Stay Adhere to ART Treatment Better When Providers are Leaders (CBT)* | Jessica/Jackie | Temesgen/Getnet | | | | | | | | | | | | | | | | | | | | |
| n | *HIV Patients Stay Adhere to ART Treatment Better When Providers are Leaders (CBT)* | Jessica/Jackie | Temesgen/Assefa | | | | | | | | | | | | | | | | | | | | |
| o | *HIV Patients Stay Adhere to ART Treatment Better When Providers are Leaders (CBT)* | Jessica/Jackie | Temesgen/Sualiha | | | | | | | | | | | | | | | | | | | | |
| q | *HIV Patients Stay Adhere to ART Treatment Better When Providers are Leaders (CBT)* | Jessica/Jackie | Temesgen/Frehiwot | | | | | | | | | | | | | | | | | | | | |
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| 2 | **Technical Briefs** | | | | | | | | | | | | | | | | | | | | | | |
| a | Pre- & In-Service Training Integration | Ummuro/Jackie | Temesgen/Getnet | USAID/FMOH/LMGGlobal/MSH/MOE | LMG Website, LMG Blog, MSH Website | | | x | | | | | | | | | | | | | | | |
| b | IST Material Development Process & Results | Ummuro/Jackie | Temesgen/Dereje/Jemal | USAID/FMOH/LMGGlobal/MSH/MOE | LMG Website, LMG Blog, MSH Website | | | x | | | | | | | | | | | | | | | |
| c | Linkage between IST and Pre-service training | Ummuro/Jackie | Temesgen/Dereje/Jemal | | | | | | | | | | | | | | | | | | | | |
| 3 | **Other Communications Products** | | | | | | | | | | | | | | | | | | | | | | |
| a | Case Study: Leghere Health Center | Ummuro/Jackie | Temesgen/Frehiwot/Dereje | USAID/FMOH/LMGGlobal/MSH | LMG Website, LMG Blog, MSH Website | | x | | | | | | | | | | | | | | | | |
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| f | | | | | | | | | | | | | | | | | | | | | | | |

| Activity Managers | Activity | Email |
|---|---|---|
| Temesgen Workeyehu | | tworkayehu@msh.org |
| Dereje Ayele | | dayele@msh.org |
| Frehiwot Getahun | | fgetahun@msh.org |
| Assefa Gebeyehu | | agebeuehu@msh.org |
| Tsegaye Nigussie | | tnigussie@msh.org |
| Getnet Kabba | | gkabba@msh.org |
| Sualiha Abdulkader | | sabdulkader@msh.org |
| Tsion Issayas | OneMSH Communications | tissayas@msh.org |

| | Task |
|---|---|
| | **Success Stories** |
| 1.a | Helping HIV/AIDS Health Facilities Better Manage Their Grants |
| 1.b | Helping Ethiopian Teaching Hospitals Meet Quality of Care Standards |
| 1.c | Helping Patients with ART Follow-up by Creating Champions in Clinics |
| 1.d | Helping Amhara HAPCO Facility Better Manage Their Grants |
| 1.e | |
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| | **Technical Briefs** |
| 2.a | Pre- & In-Service Training Integration |
| 2.b | Process & Results of Incorporating L+M+G in Pre- & In-Service Training |
| | **Other Products** |
| 3.a | Leghere Case Study |

| Action |
| --- |
| |
| Frehiwot to revise and submit interview data. |
| Jessica reviewing by 8 May |
| Temesgen reviewing and submitting to USAID by 15 May |
| Temesgen and Assefa to discuss possible people to interview at Amhara HAPCO facility and existing data. |
| |
| Submitted to USAID 15 June, awaiting feedback |
| |

| Comments | Due Date | Filed in Dropbox? |
|---|---|---|
| | | |
| Interview data by 4/30; Temesgen submit to Tsion by 5/4; submit to Jessica by 5/8; submit to USAID by 5/15 | 15-May-15 | |
| Interview data by 4/30; Temesgen submit to Tsion by 5/4; submit to Jessica by 5/8; submit to USAID by 5/15 | 15-May-15 | |
| Interview data by 4/30; Temesgen submit to Tsion by 5/4; submit to Jessica by 5/8; submit to USAID by 5/15 | 15-May-15 | |
| | | |
| Draft to Ummuro by 29 May | 30-Jun-15 | |
| Draft Ummuro by 15 May | 30-Jun-15 | |
| | | |
| Draft to Ummuro by 1 June | 30-Jun-15 | |

# Ethiopian Health Clinic Improves HIV Treatment After Leadership Training

Lulit Alemayhu is an Outpatient Department coordinator nurse at Leghare Health Center in Dire Dawa, Ethiopia. HIV patients at her clinic were not able to routinely access their bloodwork, a necessary component to effective antiretroviral therapy (ART).

Often, patients at Leghare are unable to travel to other clinics for bloodwork because they are too far away, or they are too expensive.

In 2013, USAID/Ethiopia partnered with Management Sciences for Health (MSH) to run the Leadership, Management & Governance (LMG) Project, which strengthens Ethiopia's health system by addressing leadership gaps among health workers, policymakers, and program managers.

From April 2013 to March 2014, Lulit and her team of 14 nurses attended an intensive leadership development program at Haromaya University sponsored by the LMG Project. During this training, Lulit and her team learned how to identify the root cause of their patients' challenge: lack of staff with the skills to operate the machine. The regional health bureau purchased and installed the machine in Leghare Health Center in 2012, but no one at the clinic knew how to operate it.

**Lulit Alemayhu Presenting the Achievement Made by Her Team During the Result Presentation Workshop, 29 March ,2014**

After the training, Lulit applied what she learned by scanning her work environment for her challenge's root cause. She advocated for Leghare Health Center to recruit a laboratory professional with the expertise to operate the machine.

As a result, 165 of Leghare Health Center's 550 ART patients immediately began receiving blood diagnostic services. Lulit's team has prioritized their most critically ill patients on chronic treatment to receive blood diagnostics first. They ultimately plan to provide the services to all 550 ART patients.

Lulit explained that, as a result of discovering her leadership potential, her team saved the lives of 165 patients who are undergoing ART treatment. [INSERT A QUOTE FROM LULIT HERE]

Upon completion, the LMG Project in Ethiopia will reach 275 providers just like Lulit. By uncovering the leadership potential in these health workers, thousands of HIV patients will have better access to better services.

Rebecca Simon 4/24/2015 9:25 AM
**Comment [1]:** Include the actual name of the machine.

Rebecca Simon 4/24/2015 9:25 AM
**Comment [2]:** Include the proper name of the machine.

Rebecca Simon 4/24/2015 9:25 AM
**Comment [3]:** Use the proper machine name

Rebecca Simon 4/24/2015 9:25 AM
**Comment [4]:** Say when the machine operator started.

Rebecca Simon 4/24/2015 12:13 PM
**Formatted:** Font:(Default) Times New Roman, Highlight