

Leadership Management and Governance Project – Ethiopia

FY15 Semi-Annual Report: LMG Ethiopia

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**USAID/PEPFAR Ethiopia In-Country Reporting System (IRS)
Reporting Template**

Management Sciences for Health LMG Ethiopia

**SEMI ANNUAL
PROGRESS REPORT
FOR
FISCAL YEAR 2015**

(OCTOBER 1, 2014 TO MARCH 31ST, 2015)

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LIST OF ACRONYMS

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

TABLE OF CONTENTS

1. Reporting Period	4
2. Publications/Reports	4
3. Technical Assistance.....	4
4. Travel and Visits	5
5. Activity	5
6. Accomplishments and successes during the reporting period	7
7. Challenges, Constraints, and Plans to Overcome Them During the Reporting Period	24
8. Data Quality Issues During the Reporting Period.....	25
9. Major Activities Planned in the Next Reporting Period	26
10. Environmental compliance	27
11. Financial accomplishment	27
12. Issues requiring the attention of USAID Management.....	27
13. Data Sharing with Host Government:.....	27
14. Appendices	28

1. Reporting Period

From October 1, 2014	To March 31, 2015
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2. Publications/Reports

Did your organization support the production of publications, reports, guidelines or assessments during the reporting period?

No/Not Applicable

Yes If yes, please list below:

Publications/Reports/Assessments/Curriculums

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

If Yes, Please attach an electronic copy of each document as part of your submission.

3. Technical Assistance

Did your organization utilize short-term technical assistance during the reporting period?

No/Not Applicable

Yes Please list below:

Consultants/TDYs

Name	Arrival	Departure	Organization	Type of Technical assistance provided
Lourdes de la Peza	24/11/2014	28/11/2014	CLM	Governance training
Barbara Tobin	01/12/2014	12/12/2014	CLM	PHOA Strategic plan development
Belkis Giorgis	11/01/2015	Feb 5 ,2015	CLM	Gender Manual translation and providing Training of Trainers training.
Jacqueline Lemlin	01/08/2015	01/26/2015	CLM	Provide management and technical support.

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

4. Travel and Visits

Did your organization support international travel during the reporting period?

No/Not Applicable

Yes Please list below:

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

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

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

Description of Monitoring team	Start date	End date	Sites visited	Written recommendations provided
Review of LMG teams in Somali Region by FMOH and the LMG Ethiopia Project.	Dec17	Dec 19	Jijiga	Teams are progressing but still require further support. It is recommended that the RHB and FMOH work more closely with the Woreda teams providing ongoing coaching .and supportive supervision.
Mid-term review of LMG Ethiopia by MSH global	March 2, 2015	March 14, 2015	Harar , Dire Dawa, Addis Ababa	Recommendations from the MTR will be provided in the report due the 1 st week of April 2015.

5. Activity

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

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

6. Accomplishments and successes during the reporting period

Program area 18-OHSS

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

Key activities under this Intermediate Result include the following:

- 1) **Governance Training:** This training aimed to build capacity on governance concepts and practices, and was provided for 20 HSM course instructors from the eight universities that have integrated leadership, management, and governance (L+M+G) in to their HSM courses (Indicator 13).
 - 2) **Support to Team Training Programs (TTP):** 37 staff from Jimma University and 189 graduating students received L+M+G capacity building orientation in order to incorporate the challenge model into Team Training Programs (TTP). 51 Gondar University staff and 311 graduating students also received this orientation (Indicator 13).
 - 3) **L+M+G Core Competency Development and Content Integration Workshop:** This workshop was held for two health categories, Medicine and Pharmacy (Indicator 13).
- 1) **Governance Training**

The LMG Ethiopia supported pre-service institutions in Ethiopia to revise their existing curricula and integrate updated L+M+G skills and practices into their Health Services Management (HSM) courses for public health officers, midwifery, and nursing undergraduate students. The revised curriculum was piloted in the summer classes at Mekelle and Hawassa universities and included a governance component. As governance is a new course concept and most instructors have had little in-service training on the topic, training on the subject of governance was offered from November 25-28, 2014. 20 participants from all eight universities and Menelik II College of Health Sciences (CHS) participated; the training was facilitated by Lourdes De la Peza, a Principal Technical Advisor for Management and Leadership, under the global LMG Project. Topics covered during the training included: governance definitions, framework and practices, governance and gender, information for governance decision making, and measuring governance practices. The new HSM course has been delivered to 644 students including health officers, nursing and midwifery students from six universities.

Fig. 1 Distribution of Health Officers, Nurses and Midwifery students who have taken the new HSM course by University

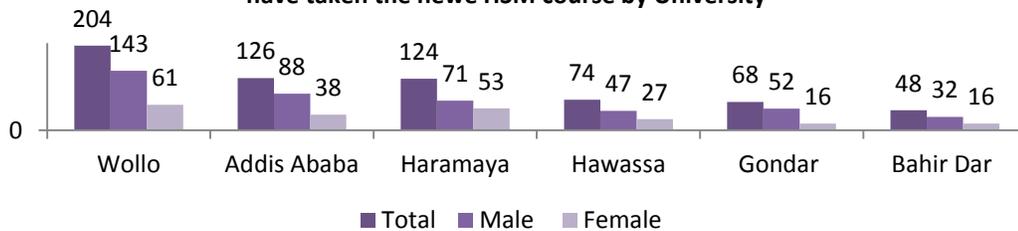


Fig. 1 Distribution of Health Officers, Nurses and Midwifery students who have taken the new HSM course by University

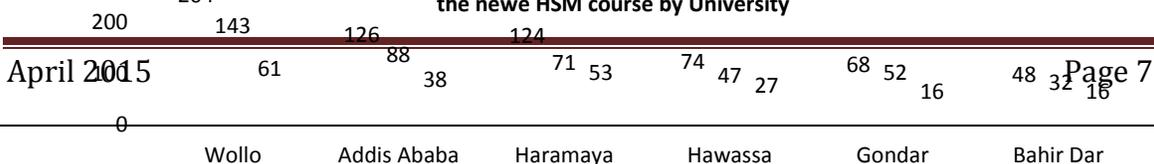
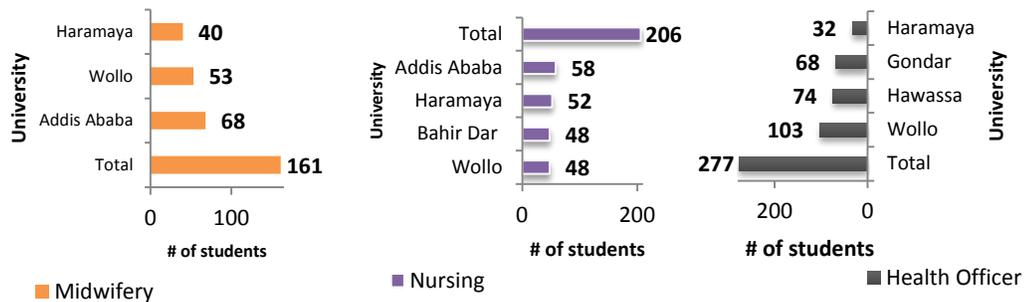


Fig.2 The distribution of students by category across all universities



2) Support to Team Training Programs (TTPs)

The TTP is a program where all graduating students of public health, nursing, pharmacy, medicine, midwifery, and medical lab technology are organized into teams to work at facilities, as well as in community outreach schemes. At the request of participating universities, the LMG Ethiopia Project organized orientation sessions on the L+M+G Results Framework Challenge Model and other key subjects of L+M+G for all instructors, professors, and students who take part in the TTP process. Students are then expected to apply L+M+G tools to scan their environment, focus on strategic areas, and align and mobilize resources to achieve their measurable results. Students are also expected to practice L+M+G and share their skills with the facility staff and the community. The three-day orientation session for the TTP supervisors and instructors and the two-day session for graduating students was organized at Jimma University with the purpose of:

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

During the sessions, 37 (33 Male and 4 Female) university academics were oriented on basic concepts, principles, and practices of L+M+G. Participants formed department-based teams and applied the Challenge Model to craft a team vision and measurable results. An overview of L+M+G and the Challenge Model was provided for 189 nursing, pharmacy, environmental health, and graduating students, as well as for health officers. To facilitate the learning process, students were provided with sample worksheets of the Challenge Model, stakeholder analysis, resource mobilization, action plan, and monitoring and evaluation planning.

As with Jimma University, an orientation session on the concepts and practices of L+M+G and the application of the Challenge Model in the TTP was given to 51 (45 male and 6 females) University of Gondar academic staff, comprised from ten different health departments who take part in TTP supervision. Graduating students (243 male and 68 female) from four different categories (medicine, pharmacy, optometry and midwifery) also participated in the orientation session. The training was facilitated by the LMG Ethiopia Project and the University of Gondar.

3) LMG Core Competency Development and Content Integration Workshop

As a part of the integration of L+M+G concepts and practices into eight university HSM courses, the LMG Ethiopia Project conducted a second round of the Core Competency Development and Content Integration Workshop for undergraduate medical and pharmacy categories. The workshop was conducted January 12-17, 2015 and ten staff from all eight universities, as well as two representatives of professional associations, participated in the process. Two core competencies and learning objectives were developed, and standard L+M+G content was integrated into the existing medical and pharmacy HSM courses.

- 4) LMG TOT to strengthen the In service – Pre-service linkage through TTP provided for 35 University staffs.

As part of strengthening synergies among pre and in-services L+M+G capacity building programmes, LMG project organized a TOT for instructors and TTP coordinators drawn from the eight partner universities. The training focused on key L+M+G concepts, skills and practical exercises were held on application the Challenge Model as a master tool for the TTPs. During the sessions all the eight universities made presentations on achievements, key challenges and their lessons learned on the delivery of the newly developed HSM courses, and LMG IST for the health sector. It was also noted that the courses are delivered effectively; the students feel that the modules are clearly practical and they managed to use the angling mobilizing skills to mobilize communities in their TTP programs. The training was attended by 35 participants (only 1 female).

Table 1. Summary of October 2014- March 2015 IR 1 Achievements

Key Activity	Purpose	Achievement
Governance Training Provided	To help new HSM course instructors boost their concept of governance	<ul style="list-style-type: none"> 20 HSM course instructors from the eight universities trained
Support to the Team Training Programs (TTP) in Universities	To facilitate the implementation of challenge model integrated in to the TTP program	<ul style="list-style-type: none"> 37 and 51 instructors from Jimma and Gondar universities, respectively, attended the orientation session. 189 and 311 graduating students attended the orientation session before deploying to the community attachment for their TTP program.
LMG Core Competency Development and Content Integration Conducted	Integration of L+M+G concepts and practices into medical and pharmacy departments	<ul style="list-style-type: none"> Content integrated into the HSM courses of the two categories.

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

Key activities under this Intermediate Result include the following:

1) L+M+G Trainings:

- 57 federal and regional HAPCO senior staff attended two days of L+M+G training.
- 227 staff from Ayder, Gondar, Hiwot Fana and Hawassa teaching hospitals trained on L+M+G (Indicator 6)

2) Coaching Support:

- 103 Teams started implementing their L+M+G project action plans (Indicator 11)
- 24 LMG teams have HIV/AIDS in their DMR/priority action (Indicator 10)
- 4 teams from FMOH senior leadership completed their SLP action plan (Indicator 12)

3) Skills in Leadership and Assertiveness Developed in the FMOH Women and Youth Affairs Directorate

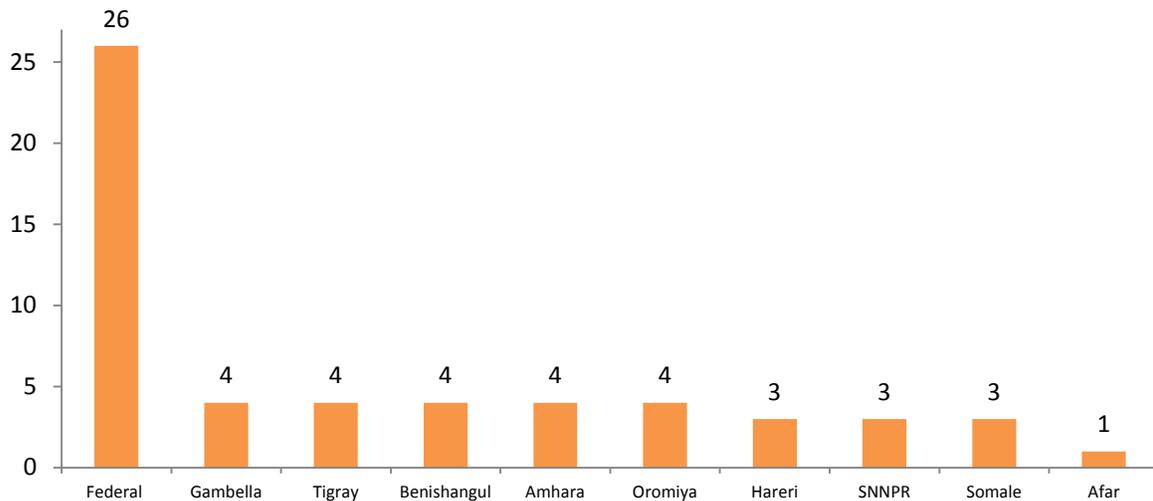
1) L+M+G Trainings

Trainings were carried out in Oromia, Amhara, and Somali regional health bureaus; West & East Shoa and West Arsi zonal health departments; at four teaching hospitals (Ayder, Gondar, Hawassa and Hiwot Fana teaching hospitals) and at the FMOH. A total of 539 individuals (422 males and 117females) from a total of 127 teams participated in L+M+G trainings. Of this

number, four teams completed the Yale led SLP training, 59 teams completed the third-round workshop, 44 teams completed the second-round workshop, and 20 completed the first-round workshop.

HAPCO Training: From March 8-9, 2015 a senior two-day L+M+G course was organized for 57 (49 male and 8 females) senior HAPCO and RHB officials. The training was comprised of senior alignment sessions organized to orient the key officials and personnel who are responsible for HIV/AIDS prevention, care, support and treatment. The sessions covered key areas of the FMOH's L+M+G In-Service Training program; participants were key officials and personnel from all regions and two city administrations. The senior alignment sessions created a venue to discuss how L+M+G capacity building could improve HIV/AIDS programming at all levels of the health system.

Figure 3. Distribution of Federal and Regional HAPCO L+M+G Training Participants by region, March 2015



Discussions with HAPCP training participants focused on HIV/AIDS core processes. As a result of these discussions, facilities and PLHA Associations (Mekdim, NEP+, and Hiwot) will now concentrate on the following key strategic areas:

- Impact on the epidemic – improving targeted HIV testing
- Improving access and quality of HIV/AIDS services
- Strengthening linkages of HCT with care and support
- Improving the skills of leaders and managers to scale up ART uptake and combination treatment
- Strengthening multi-sectoral responses for HIV/AIDS at regional and district level

- Improving coordination of efforts and resources for HIV/AIDS responses at regional and district levels
- Community mobilization for HCT, PMTCT, and ART
- Improving resources mobilization and grant management skills
- Improving ART adherences
- Strategic plan development for PLH /OVC Associations and local CSOs.

Oromia Region Training: The second workshop for the Oromia Regional Health Bureau was conducted from October 10-12, 2014 in Adama and was primarily facilitated by LMG Ethiopia project staff. A total of 39 participants (33 males and 6 females), including process owners and case team coordinators from ten L+M+G teams, attended the workshop. The measurable results of the teams mainly focused on providing supportive supervision for HIV/AIDS activities at the woreda level, increasing the TB detection rate, improving health service delivery, and improving the internal audit system. The teams also worked to improve their work environment through recognition of staff for better performances, creating transparent systems for staff promotion, and enhancing team building and team work in the work place.

Amhara Regional Health Bureau Training: The second and third rounds of the L+M+G Amhara Regional Health Bureau workshop were conducted at the Debre Tabor Health Science College from November 1-3, 2014 and at the Debre Markos University from March 7-9, 2015. During the second workshop, a total of 51 participants (34 males and 17 females) from 13 L+M+G teams attended the training. During the workshop teams presented the progress of their Challenge Model and comments and discussions were held after each presentation. The training was facilitated by Bahir Dar Health Sciences College and LMG project staff. Trainers from the college provided coaching support for all participating teams.

West Arsi and East Shoa Zone Training: The second and third round of L+M+G West Arsi and East Shoa Zonal Health Department workshop was conducted from November 7-9, 2014 and March 28-29, 2015 respectively in Adama. There are 41 participants (34 male and 7 female), organized into 10 teams (five from each zone) and drawn from various departments (family health, regulation, human resources, communicable disease control, and health services). During the third workshop, teams presented their progress with respect to their measurable result. From the team's presentation, it was noted that all teams are at good status in implementing their action plan. The L+M+G team-based projects focused on improving TB detection, improving institutional delivery, improving human resource management systems, and quality of health services.

West Shoa Zonal Health Department Training: In collaboration with Ambo University, the L+M+G teams from the West Shoa Zonal Health Department also received their second-round workshop from November 7-9, 2014 in Ambo. There were a total of 26 participants (21 male

and 5 female) drawn from various departments. All of the L+M+G teams held meetings with their respective workplace teams, further clarified their L+M+G project team vision and measurable results, and completed their Challenge Model. Focus areas included increasing HIV testing and TB case detection, improving data quality, customer satisfaction, and computerization of human resource management.

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

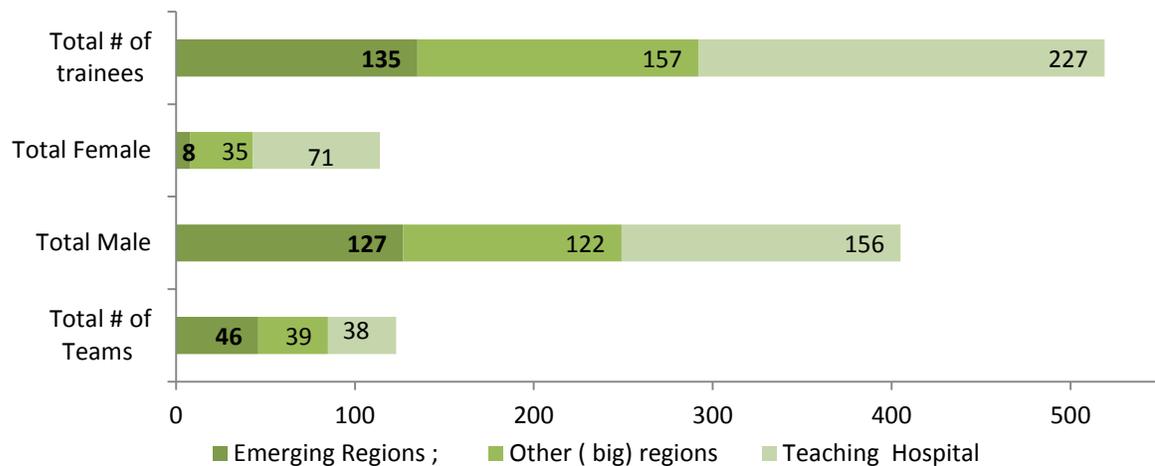
Gondar Teaching Hospital Training: The first and the second rounds of the L+M+G workshop were carried out for staff of Gondar Teaching Hospital at Gondar University from November 28-30, 2014 and January 23-25, 2015, respectively. 62 (48 males and 14 females) and 57 participants (4 males and 16 females) attended both trainings, respectively. The trainings were facilitated by certified trainers from the University of Gondar and LMG project staff. Each L+M+G team applied the Challenge Model to identify and address a critical problem. During the second workshop, teams presented their progress and noted that all teams have clarified and completed their challenge model, and developed an action plan to be implemented in the preceding period. The Ethiopian Hospital Reform Implementation Guide (EHRIG) indicators were chosen by all of the teams for measuring results.

Hawass Teaching Hospital Training: As one of the ten teaching hospitals, the first L+M+G workshop for the Hawassa Teaching Hospital staff was conducted from February 27-March 1, 2015 at the hospital. A total of 66 participants (44 males and 22 females) attended the workshop. Ten L+M+G teams were established from the: Pharmacy; Outpatient (OPD); Finance; Procurement and Commodity; Nursing Services; Laboratory; Emergency Treatment; Facility Management; Inpatient Service; ICU & NICU; and OR departments. The teams crafted their Challenge Model, which will be further refined in consultation with the workplace teams at a later date. The training was facilitated by Hawassa University and LMG Ethiopia project staff.

Hiwot Fana Teaching Hospital (Harar) Training: As one of the ten teaching hospitals, the first L+M+G workshop for Hawassa Teaching Hospital staff was conducted from February 27-March 1, 2015. A total of 48 participants (28 males and 20 females) attended the workshop. Ten

L+M+G teams were established from the: Outpatient Department (OPD); Inpatient Department (IPD); Department of Pharmacy; Department of Nursing; Department of Laboratory; Emergency Unit; Anesthesia OR and ICU Unit; and the senior management body of the hospital. The teams crafted their draft Challenge Model, which will be further refined after rigorous scanning of the critical problem with their work place teams. The training was facilitated by Haramaya University.

Figure 4. Distribution of Total Number of Teams Among Teaching Hospitals, Emerging Regions, and Big Regions, Who Received 1st -3rd Round L+M+G Workshops During the Reporting Period, 2015



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

The curriculum for the final session focused on a review and reflections of the entire SLP program. Additionally, the ministry requested modules on quality improvement, corruption, and self-preservation. While the topic of gender is interspersed throughout all of the training, there was a specific module to address women in leadership roles. As in the past, the weekend was a mix of lecture, activities, and presentations on the group projects. The session ended with a certificate ceremony in which the MSH Country Representative, Dr. Negussu Mekonnen, and MSH LMG Country Project Director were in attendance, as well as two representatives from the USAID mission.

Table 2. Summary of the Number of Teams and Trainees Receiving 1st to 4th rounds of L+M+G/SLP Workshops During the Reporting Period, Disaggregated by Sex and Site

Region	# of Teams	Male	Female	Total
SLP				
FMOH Completed SLP	4	17	3	20
Emerging Regions				
Somali (3 rd round)	32	95	8	103
Gambella (3 rd round)	14	32	0	32
Subtotal	46	127	8	135
Other (Big) Regions				
Amhara RHB (3 rd round)	13	34	17	51
Oromia RHB (2 nd round)	10	33	6	39
West Arsi and East Showa Zone (2 nd round)	10	34	7	41
West Shoa Zone (2 nd round)	6	21	5	26
Sub-total	39	122	35	157
Teaching Hospital				
• Ayder Teaching Hospital (2 nd round)	9	36	15	51
• Gondar Teaching Hospital(2 nd round)	9	48	14	62
• Hawass Teaching Hospital (1st round)	10	44	22	66
• Hiwot Fana Teaching Hospital (1st round)	10	28	20	48
Sub Total	38	156	71	227
Grand Total	127	422	117	539

2) Coaching Support

Coaching is a key tool for assisting teams to fully exercise the L+M+G practices and move forward towards their desired measurable results. OALFA techniques are applied for helping teams to reflect on their behavior and realize their own potential in doing the activities identified in their action plans. During the reporting period, 12 teams (out of 13) in the Amhara region received coaching session after their first workshop and 11 teams received the same session after their second workshop. Whereas, 8 (out of 10) teams in Oromia Regional Health Bureau received coaching sessions after their second workshop. The coaching sessions in both regions were primarily conducted by LMG project staff. During the reporting period, coaching support was provided by the Regional Health Bureau (RHB) for all 32 Somali RHB and district teams, with the budget allocated by FMOH.

During the coaching, teams were supported to:

- Scan their environment and identify their priority challenges, refine their team vision and measurable results;
- Reflect on their commitment towards fulfilling their DMR;

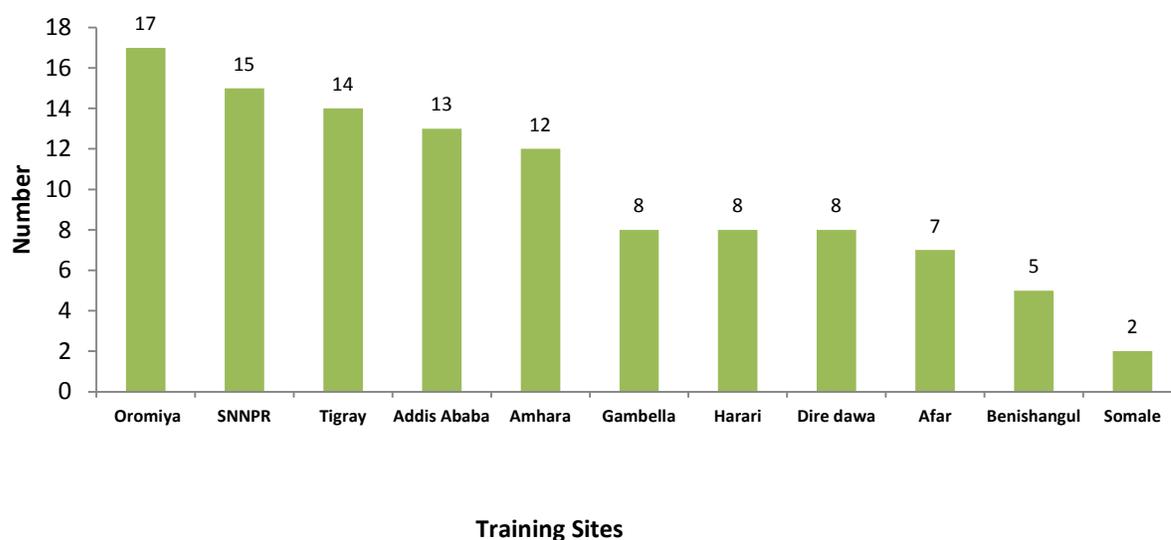
- Work on the intermediate outcomes; creating conducive work climate, establishing a viable management system, and respond to client needs and demands through empowering their staff and stakeholders;
- Exercise the identified L+M+G practices in their workplace so as to realize the aforementioned outcomes;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

3) Skills in Leadership and Assertiveness Developed in the FMOH Women and Youth Affairs Directorate

- 109 women from all 9 regions and two city administration health bureaus attended the TOT training on gender mainstreaming in the health sector (Indicator 5)
- 196 administrative and supporting staff of the FMOH and its agencies trained on assertiveness
- 85 women leaders drawn from regional health bureaus, federal agencies and hospitals attended leadership training

During the previous FY, the Gender Training Manual, consisting of a facilitator guide, participant notes and participant manual, was completed and approved by the FMOH for use in the rollout of gender training throughout the country. The manual has competency-based sessions about gender in the context of HIV/AIDS, including gender issues in terms of prevention, treatment, and provision of appropriate care and support, as well as psychosocial support for those who are infected and affected by HIV/AIDS. During this reporting period, a TOT on gender mainstreaming in the health sector was conducted for 109 women from nine regions and two city administration health bureaus. The trainees were regional gender managers or officers and have developed action plans for cascading the training in their respective regions.

Figure 5. Distribution of Gender Mainstreaming TOT Trainees by Region During the Reporting Period, 2015



With the financial and technical support of the LMG Ethiopia Project, the Federal Ministry of Health Women and Youth Affairs Directorate organized and delivered assertiveness training for 196 administrative and support staff of the FMOH including several agencies. The training had the following objectives.

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

With the objective of building the capacity of female health leaders, two rounds of two-day (Dec. 5-6, 2014 and February 26-27, 2015) leadership training was organized in Adama by the Federal Ministry of Health Women and Youth Affairs Directorate, in collaboration with the Leadership, Management, and Governance Project. A total of 85 women leaders, including case team coordinators, department/branch heads and managers drawn from regional health bureaus, federal agencies, and hospitals attended the training. The training was a complementary training on key leadership and gender issues for women leaders within the ministry and its agencies; it covered leadership concepts and skills, as well as the relationship between gender and leadership. Group discussions, role play, brainstorming, and plenary sessions were the applied training methodologies.

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

Program area 18-OHSS

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

Key results under this Intermediate Result include the following:

- 40 AAU staff received their third-round L+M+G workshop
- PHOA supported with strategic plan development (Indicator 14)
- 18 FMOH General Service Directorate drivers trained on defensive driving

Workshop and Technical Assistance Activities

FMOH – National Policy Review

The federal ministry of health has started with reviewing the national health policy. LMG as a project invited to provide technical supports on the overall policy package and particularly in the area of Leadership, management and governance part. LMG was represented in the core team as well as in the larger expert team established to review the policy. LMG took the responsibility of write up of the L+M+G parts with the responsibility of soliciting inputs from variety of stakeholder in the area of LMG. At the latest stage The FMOH team gave the entire LM&G part of the national policy to LMG project and we have done our best possible to get the policy directions, situational analysis , policy objectives and implementation strategies regarding LM&G part of the policy . We think it is a better contribution of the project to the National policy as well as this shows the trust of the ministry to the project.

Addis Ababa University (Black Lion) Workshop

The third round of the Addis Ababa University L+M+G workshop was conducted at the Bisheftu Management Institute from November 13-14, 2014. A total of 40 participants (16 male and 24 female) in 10 L+M+G teams attended training. Teams reported that they have already started applying the L+M+G skills in addressing critical work place challenges. All teams presented their progress since the second workshop. Activities included team meetings with workplace colleagues, rigorous coaching support which assisted in further refining their DMRs.

Computerizing student profiles, organizing library books, developing a database for the HR development program are among the DMRs chosen by participating teams.

Following their third-round L+M+G workshop, all 10 Black Lion L+M+G teams have received coaching sessions. Most of the teams have conducted team meetings to clarify some of the issues related to their Challenge Model. All of the teams are making progress towards achieving their measurable results; a final result presentation workshop is scheduled for first week of April.

The Ethiopian Public Health Officers Association

The LMG Ethiopia Project support to the Ethiopian Public Health Officers Association (EPHOA) is designed to strengthen the association's involvement in the country's health care policy and decision making processes. Emphasis is also placed on building the capacity of the association and its members to better respond to needs in the area of HIV/AIDS prevention, care and treatment services. During the reporting period, the LMG Ethiopia Project provided technical and financial support to the EPHOA. As part of this effort, a strategic planning workshop was held in Adama from December 8-12, 2014. The purpose of the workshop was twofold: 1) To draft strategic objectives and identify priority areas for the next six months and, 2) To support the strategic planning process and identify key milestones in the association's growth and current status.

As a part of this effort, the association has developed a six-month action plan, including a resource mobilization plan. The association has been able to mobilize 375,000.00 birr in in-kind donation and cash from different organizations. This has also created an opportunity for the association to strengthen its partnership with different organizations and advocate its mission and strategies.

The EPHOA was technically and financially supported to conduct its fourth annual conference on January 24, 2014. The theme of this conference was *The Role of Professional Associations in Pursuit of Ethiopia's Path towards Universal Health Coverage*. Approximately 270 participants (members and non-members) from the FMOH, RHBS, universities, NGOs, professional associations, and health facilities attended the conference. Panel discussions were held in the area of Primary Health Care (PHC) and Urban Health Care (UHC).

FMOH General Service Directorate

The LMG Ethiopia Project, along with the FMOH's Directorate Transport and Property Management Case Team, conducted a trend analysis of driving skills. This analysis identified a critical gap in driver's knowledge and skills regarding defensive driving. In response, 41 drivers were trained in defensive driving skills. As a continuation of this program, an additional 18 drivers of the FMOH received defensive driving training from December 19-21, 2014.

Technical Support Provided for Federal HAPCO Global Fund Management Activities

No-cost Extension of Six Months HIV RCC Grant approved: The HIV RCC Phase II grant should have ended by the 31st of December, 2014. However, because there are undisbursed and unutilized funds held by the Global Fund Secretariat, no cost extension was requested and 36.8 Million USD was approved by GF. By now, the HIV RCC grant will end by 30 June 2015 and all the planned activities need to be fully executed before 30 June 2015. Therefore, to complete unaccomplished activities among regions and sub recipients, particularly in the Pharmaceutical Fund and Supply Agency (PFSA) the following activities were accomplished. Support provided

to PFSA to reconcile the different data at the different directorate of PFSA(Quantification , Procurement, Distribution and Fund administration) , identify the committed and uncommitted amount, speedup the procurement , settle expenses on weekly basis and address bottlenecks. Accordingly, OI drugs distributed to all PMTCT and HTC sites, reconciliation of the procurement and financial data was done, unsettled balance in PFSA reduced from US\$ 109 Million in January to US\$ 76 Million in March 2015. Furthermore, US\$ 56 Million of the advance was changed in to commitment including offering of purchase order and opening Letter of Credit. About US\$ 20 Million reallocated to the procurement of products of low stock such as ARV drugs, Early Infant Diagnosis (EID) supplies and test kits.

Consultation session with all regions and sub recipients on how to accomplish the remaining planned activities of the HIV RCC grant and healthy closure of the grant was conducted focusing on school HIV program, IGA, Capacity building and clearance of US\$ 10 million in the regions, Federal sectors and Umbrella CSOs. Besides this , in house capacity building sessions (for Projects & Grant Management, Finance and Procurement Directorate and Management team) to understand the healthy closure of the RCC grant, identify existing challenges for grant closure, implications of not closing the grant by June 2015 and identify the required actions to ensure healthy closure of the grant by June 2015.

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

HIV resource mapping conducted: Based on the 2015-2020 HIV Investment case, mapping of HIV resources was conducted in five regional states, 25 Federal government sectors, bilateral, multilateral, private sectors and 10 CSOs. Following this HIV costed concept note was prepared along with experts from CDC and USAID and shared with CCM, partners and GF country team. The implementation of this investment case will start from July 2015. Accordingly, regional HAPCOs are expected to develop region specific HIV strategic plan based on the National HIV Investment case. To support this, two in house capacity building sessions; one with the objective of building the capacity of the staffs of FHAPCO to enable them effectively and efficiently guide the implementation of the 2015-2020 HIV Investment case. Creating common understanding, ownership and preparedness and familiarizing with priorities, targets, implementation approaches and the required support to regions and sectors were core points of the first session. The second capacity building session was about the main strategies and approaches included in the HIV Investment such as synergies with other development sectors including synergizing the support to strengthen community based Orphan support to the staff of the Multisectoral response

coordination Directorate.

Similarly, a one day familiarization and orientation session on the 2015-2020 HIV Investment Case was conducted with to regions and Federal sectors. The session was conducted with the aim of creating ownership, better understanding of the investment case and capacitates them to cascade the training and develop their own regional five year plan as per the national framework. Participants drawn from all regional Health bureau, RHAPCO, Regional Education Bureau, Women's Association, Regional Bureau of Women, children and Youth Affairs, Micro and Small Enterprises , Micro finance Institutions , Sugar Corporation, Federal Police commission, Main Health Directorates of the National Defense Ministry, Ministry of Women , Children and Youth Affairs, Ministry of Water, Irrigation and Energy , Women Coalition against HIV/AIDS, Network of Networks of Ethiopians living with HIV, EIFDDA, CCRDA and FHAPCO have participated. By now, the investment case document is on its final printing process with the support of UNAIDS.

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

Developed documents for the grant making process: With the purpose of facilitating the grant making process, different documents are produced by the team. For instance, self-capacity assessment was conducted using the GF Capacity Assessment tool (CAT) and the assessment report was submitted to the Local Fund Agent. The focus of the assessment was on four areas namely, program and governance, Procurement and supply Management, Financial management and Monitoring and evaluation. Implementation map along with description of the interventions, approach with clearly demonstrating programmatic, fund flow and proportion of fund to IP and report flow and linkage was prepared and submitted to the Global Fund and the LFA.

Three years' work plan along with the budget prepared and submitted to the Global Fund. The budget of the grant was amended with the consideration of three things. These are:

- Taking foreword of the undisbursed fund of the six months No cost extension of the HIV RCC grant (US\$ 38.6 M)
- The uncommitted cash in PFSA (US\$ 20 Million) and in other SRs.
- The US\$ 214 million in the approved concept note.

Based on these the consolidated grant will have a value of US\$ 271 Million for the two and half years. Hence the plan and the budget were prepared accordingly and submitted to the Global Fund. As per the plan, two and half years procurement and supply management plan of the grant

was prepared and submitted to the GF. Performance framework is also prepared and submitted to the

Management Activities

Internal Mid-Term Review (MTR) for LMG/Ethiopia Conducted

As part of its quality assurance policy and process, MSH conducts mid-term reviews (MTR) of its field projects as a source of key inputs to project staff, donor, and local counterparts to inform future directions and recommendations for change. Due to the LMG Ethiopia Project being halfway through the implementation of its scope of work and, a mid-term review was conducted in the FY2015 work plan. The review was conducted in liaison and alignment with the broader global LMG Project's internal performance review that MSH carries out over the same period. Accordingly, a team of three experts (Sarah Johnson, Senior Director for Project Quality Assurance and Coordination, Center for Health Services, Ummuro Adano, Global Technical Leader for Human Resources for Health, and Anupa Deshpande, Monitoring and Evaluation Senior Advisor, Center for Leadership and Management) conducted the review from March 2-14, 2015.

The primary purpose of the mid-term review (MTR) is to inform program operations with regard to implementation of the program's technical strategy to produce planned outputs and outcomes. The MTR aimed to provide an assessment of the program's processes that supported or detracted from the likelihood of contributing to the LMG Ethiopia Project objectives and Result Areas by its completion. The mid-term review is designed to assist the LMG Ethiopia Project team with aligning technical strategies and implementation processes with the national interests, and document achievement of its Results Areas as defined in the activity's Monitoring and Evaluation plan (e.g., the PMP indicators). In this way, this mid-term review also sought to identify successful strategies, bottlenecks, lessons learned, and ways for improvements to a range of invested stakeholders. Based on findings from the methodology outlined below, the MTR identified good practices for effective implementation, and provided recommendations for mid-course corrections to enhance processes that ensure success for the remainder of the project.

The MTR took a comprehensive approach to reviewing activity planning and implementation processes. Relevant information was gathered from key written documents and key informant interviews with selected representatives from the Ethiopian government, the USAID Mission, and other stakeholders involved with the LMG Ethiopia Project's activities (e.g., RHBs/HAPCOs, health professionals association, training institutions, health facilities, and universities). The MTR also collected inputs from the project team through interview and direct observation in the field as resources and permissions allow.

In order to carry out its mandate in a systematic, rational and well integrated fashion, the MTR team used the framework provided by MSH's seven (7) elements for project performance review. As is the case with all projects, the content of the MSH performance elements is adapted to the specific characteristics of the LMG/Ethiopia project. The project performance elements

are technical requirements, maintaining schedule as per the annual work plan, cost control, management, innovation, business relation, and regulatory compliance.

The team presented its preliminary findings to the USAID Ethiopia Mission and LMG project staff. The final report of the review is currently in progress.

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

Quarterly challenges and Constraints for each program area

Program area 18-OHSS

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

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

- In response to the delay in Tigray, L+M+G has begun supporting Ayider Teaching Hospital in the regional capital Mekelle via the FMOH's Medical Services Directorate. We will also continue having discussion with Tigray Regional Health Bureau to start with bureau level L+M+G interventions.
- The FMOH and FMOE are working together to develop a directive as to how the teaching hospitals are being managed. When the directive is approved by the Council of Ministers, this should ease continuing LMG's interventions as a FMOH's partner project.

8. Data Quality Issues during the Reporting Period

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

1. No concerns.

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

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

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

N/A

9. Major Activities Planned in the Next Reporting Period

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

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

Follow up of the HSM course delivery and challenge model application in TTP IST materials revision

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

- LMG rollout training for PLWHA associations at federal level (NEP+ and Mekdim),
- LMG roll out for Amhara Regional HAPCO and HAPCOs in ex-LMS zones in Amhara
- LMG rollout training and coaching for Gondar , Ayder, Hawassa , Hiwot Fana and Jimma teaching hospitals will continue
- Collaborate with FMOH to conduct coaching and result presentation workshop for Somali and Gambella Region ,
- Collaborate with FMOH to continue rollout LMG IST in emerging /developing regions including Afar and Benishangul Gumuz,.
- LMG rollout workshops at Amhara, Oromiya Tigray, and SNNPRS RHBs will be conducted

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

- LMG result presentation Workshop for AAU College of Health Sciences and Black Lion Specialized Teaching Hospital
- Strengthening the link b/n RHBs and nearby universities (joint planning for LMG in service training)
- Exit strategy for EPHOA will be developed

Support to FHAPCO through embedded local senior professional

Continue providing technical support to federal HAPCO. This position will be closed on 21st May 2015.

Monitoring and evaluation

Internal mid-term review report will be approved for circulation and key action points will be considered for implementation

Cross-Cutting

With USAID's guidance and direction continue to align our on-going year work plan to the increased focus on support interventions and activities having a contributing impact on HIV/AIDS and PEPFAR goals in Ethiopia.

10. Environmental compliance

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

The project does not have any environmental compliance issues.

11. Financial accomplishment

(In USD)

Life of Project budget (a)	Obligated to date (b)	Expenditure (Accrual and actual disbursement) to date (c)	Remaining balance (d) = (b) – (c)	Remarks
5,775,621	6,326,108	4,238,593.75	2,087,514.25	Feb/March estimated

12. Issues requiring the attention of USAID Management

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

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

13. Data Sharing with Host Government:

Have you shared this report with the host government?

Yes

No X

If yes, to which governmental office/s?

If No, why not?

We will share as we get further guidance from USAID.

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

Yes

No

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

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

14. Appendices

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

1. Scope of Work:

Destination and Client(s)/ Partner(s)	Addis Ababa, Ethiopia. Faculty from different universities and colleges
Traveler(s) Name, Role	Lourdes de la Peza, Principal Technical Advisor for Management and Leadership, LMG Project
Date of travel on Trip	November -24-28, 2014
Purpose of trip	Design and facilitate a TOT to strengthen the capacity of local faculty to deliver the governance component of Ethiopia's L+M+G pre-service integrated program, focusing on the local public health environment and participatory delivery methodologies.
Objectives/Activities/Deliverables	<p>The objectives of the training:</p> <p>Objectives:</p> <p>At the end of the training participants will be able to:</p> <ol style="list-style-type: none">1. Define governance in the context of health sector and its relations to leadership and management2. Describe the four governance practices and how they are applied in the health sector3. Identify the typical governing bodies in Ethiopia's health system4. Explain the importance of good governance for health systems performance and health outcomes5. Explain the main challenges the governing bodies face and how they can be overcome6. Identify appropriate methods to teach governance practices7. Design and deliver training sessions related to the four governance practices
Background/Context, if appropriate.	<p>In September 22nd -25th 2014, LMG Ethiopia conducted a L+M+G content integration workshop in Adama with 21 university representatives in attendance. This was the second content integration workshop after the first one held in June 2014. All participating universities were advised to start with the newly integrated curricula, but only Mekelle and Hawassa did the implementation with their summer class students. Their exercises helped to analysis what worked well and what needs improvements.</p> <p>During the second workshop, experiences from Hawassa and Mekelle Universities were shared with other universities. These universities have already started delivering the new HSM course for their summer students and had experiences to share.</p> <p>From universities presentation, it was noted that the</p>

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

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

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

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

(Detailed agenda and materials in annex 1 and 2)

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

TOT delivery

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

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

Challenges to teach governance:

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

Expectations:

To learn:

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

Share experiences.

After participants expressed their challenges and expectations, we read the workshop objectives and they could verify that the program was aligned with their expectations and challenges.

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

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

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

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

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

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

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

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

The third day we discussed gender issues and what interventions can be implemented to contribute to gender equality in the health work environment. We also talk about the importance of using data for decision making and demonstrated a real governance dashboard. In relation to evaluating the governance practices, participants proposed strategies and indicators to evaluate them and presented their work to the plenary.

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

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

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

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

Participants evaluation

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

What did you learn in this workshop?

In summary they expressed they learned:

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

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

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

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

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

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

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

What feedback do you want to give the facilitator?

- The most effective workshop that I ever attended
- It is very nice & very interactive workshop that fulfils the objectives,
- Excellent facilitator, I am very happy with your delivery methods
- Most of the time participants were working hard
- It was an excellent interaction.
- Excellent facilitator, for real!!

- You help as a lot to explore different methods to teach our students and give us a very detail concern about governance
- She was given us her life experiences so that am happy to be with and during the training
- Some of the examples were elementary.
- Repeating things too many times might make the participants to be tired and bored.

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

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

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

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

5. Description of Relevant Documents / Addendums:

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

Annex travel II

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

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

Deliverables	2. Workshop facilitation – report
Background/Context, if appropriate.	

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

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

Participants evaluation

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- 2. Recommendations:** Key actions to continue and/or complete work from trip.
- **Strategic Plan:** Needs to be finalized, approved, and implemented by PHOA
 - **Resource Mobilization:** This is the most critical challenge and requirement for PHOA to become a viable and successful organization

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

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

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

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

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STTA by Jackie Lemlin

1. Scope of Work:

Destination and Client(s)/ Partner(s)	LMG Ethiopia
Traveler(s) Name, Role	Jacqueline Lemlin, Senior Project Officer
Date of travel on Trip	01/08/2015 to 01/26/2015
Purpose of trip	The purpose of the trip is the improved management, implementation and quality of the LMG Ethiopia Project
Objectives/Activities/Deliverables	Face to face dialogue with project management and staff, key partners, and USAID on progress to date and challenges encountered, focusing on the project Intermediate Results.
Background/Context, if appropriate.	NA

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

The following section will report on trip accomplishments in regards to the project intermediate results. It will reflect the results of discussions with staff and partners responsible and active in these result areas. Working with the ET LMG team and partners in the field is not only a pleasure but also a very enriching experience. A much greater understanding of the project, the challenges and potential opportunities is gained by this one on one experience. Touch-bases through Skype/telephone, although held on a bi-weekly basis, cannot replace field visits and face to face dialogue. The ET LMG team were very gracious, accommodating, generous and patient (as usual) in answering all my questions and sharing their ideas. For this I thank them and hope that this report reflects the accomplishments of the visit.

IR 1: Management systems in place to harmonize and standardized LMG in-service and pre-service training.

1.1 Review process of finalizing the LMG curriculum. The LMG in-service curriculum is in the final stages of development. It has been approved by the FMOH and in use by LMG and FMOH staff at both federal, regional and Woreda level. The LMG team has been monitoring its use and identifying needed adjustments. Once the adjustments have been finalized and integrated into the document the curricula will undergo a final review by the FMOH, and professional editing, and printing. The monitoring process and any changes to the curricula should be documented. This will provide the FMOH with valuable information on some of the challenges during implementation and how best to address them. For instance, a discussion was held with the LMG team on the

Work Climate Assessment Tool that is part of the curricula. It is felt that the tool and its application is not satisfactory and needs some revision. It is good to see that the team is looking critically at the application and use of the curriculum and identifying what needs to be adapted to the local requirements. Once the curriculum is finalized and printed it is suggested that the project carry out a formal launch that will include all stakeholders involved in the Technical Working Group and all stakeholders engaged in in-service training. The process of developing the curriculum has been very successful and is something that would benefit others who are also working toward developing standardized curricula.

1.2 Travelled to Adama where a Core Competency Development workshop was being carried out, attended by faculty from the project's participating universities. As the work sessions were in Amharic it was not possible to follow the discussions. However, some of the presentations were in written up in English which allowed following of some of the process. What was most beneficial and interesting were the conversations with 2 faculty members attending the workshop. One was from Mekelle University and the other from Haramaya University. They both expressed their enthusiasm for the process and the need to include LMG in the health systems management component. It became evident in the conversations that including LMG in the curricula and providing orientation to faculty is just a first step. Delivering a new topic will require trial and error before faculty will feel they have mastered the material. With this understanding it is advised to start planning a mechanism for faculty engaged in delivering LMG material to have an opportunity to review/share experiences/ challenges/lessons learned. This can be in the form of a workshop/review session, refresher training, form a support group or whatever mechanism will work in the Ethiopian context.

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

2.1 Several sessions were held with the MSH LMG training advisors to review activities and gain a better understanding on the challenges they face in the regions they cover. To date 47 teams have completed their action plans and completed results presentation workshops. This is a bit over the target for the year. The team should be applauded for this as there were several delays due to "holds" on training during the year issued by the FMOH. In addition to these completed trainings there is a significant amount of trainings (117 teams) underway. Most are in Oromia Region and Amhara under the direction and support of the ET LMG project team. The FMOH however has started to implement LMG trainings using their own resources in 3 of the emerging regions Gambella, Afar and Somali. This is a good indication of the sense of ownership of the project interventions by the FMOH. A sign that the FMOH sees this as a valuable intervention and something they consider worth investing in. The role of the ET LMG team in this scenario is then to monitor intensively in order

to effectively identify implementation challenges that the FMOH is facing. With this information in hand the ET LMG team can provide the necessary TA that will enable the FMOH to meet their goals and objectives in regards to strengthened LMG within the FMOH. Hopefully over the next year, the FMOH and the regions will take on more of the implementation of LMG interventions. The FMOH will still require TA and support as it scales down LMG interventions to zonal and Woreda level. A future project could then focus, not on implementation but on providing this TA and guidance.

2.2 The project has carried out a significant amount of TOTs resulting in over 122 certified facilitators. Having a critical mass of facilitators who are capable of facilitating LMG trainings on their own is a solid move toward sustainability. In order to make optimal use of this resource they will need opportunities to practice their skills and the project needs to monitor this carefully. They may not all move forward and some facilitators may need further training and support. A great deal will depend on the institutional environment that they are operating in and if it is supportive and enabling. This also needs to be monitored. At the end of the day it will not just be the number of facilitators but the number who are active and are promoting the LMG methodology in their respective regions and institutions. It may be advisable to carry out a mini-survey of facilitators to determine how many have been active (# of workshops, coaching visits etc.), where they are currently based, what are some of the challenges they have been facing, how have they addressed these challenges, what kind of support they feel they may need, level of motivation etc. This could be a first step in creating a mechanism where facilitators can come together and begin to support each other.

2.3 Direct support to the Gender Directorate has been to second a Gender Advisor to work within the Directorate. In addition to providing general day to day support there are two deliverables that have been specifically requested a *National Gender Training Manual* and a *Gender Strategic Plan*. The Gender Strategic Plan has received considerable support including STTA from LMG's senior HO team. This has resulted in a Gender Strategic Plan that will be further adapted by the FMOH. The National Gender Training Manual has also received considerable technical support in the form of STTA from the LMG Principal Technical Advisor for Gender.

A Gender Training Workshop was underway in Adama during my visit and provided an opportunity to meet with some of the participants and hold discussions with the Principal Technical Advisor. In addition to providing training to approximately 120 gender focal persons from the regions over a 3 week period, the workshop was also being used to make adjustments to the Training Manual. Once the trainees return to their respective regions they will then be expected to look for opportunities, and support to cascade the Gender Training to zonal and Woreda levels. The Gender Directorate at national level will also be securing resources to facilitate this. Although the LMG project will not be involved in further support at regional, zonal and Woreda level, it will still be important to monitor and report further developments. It will be important in reporting on project successes that we report on how the Gender Training Manual is being used and making changes in the intended audience. This

could also be material for a success story.

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

3.1 Several discussions were held with the LMG ET team focused on the institutional capacity support delivered to the training institutions and the one professional association. Support to training institutions, in addition to the curricula development is mainly in the form of LMG training, TOTs, orientation sessions for faculty. Having a curricula and faculty and trainers who can deliver the materials is essential. For the pre-service curricula, the universities are in the early stages of institutionalizing LMG in their offerings. It is intended to be a standard part of the HSM course.

A recent STTA was carried out by the LMG HO Principle Technical Advisor. She provided a workshop to faculty on delivering the governance component of the LMG training. One issue that emerged from the workshop is that faculty/facilitators were not only facing challenges with delivering the governance component. Challenges mentioned also related to experiential learning and how to deliver this in restricted and crowded classrooms, lack of resources etc. These issues were also raised during discussion with the faculty from Mekelle and Haramaya universities. An enabling environment is essential for continued delivery of LMG. Assessing the pre-service curriculum development and delivery will assist in identifying possible bottlenecks and gaps and assist in providing corrective support at the early stages. The LMG project may not be able to address all of these difficulties /challenges that the universities are facing but it is important that the project bring it to the attention of the universities and enter into a dialogue on ways to move ahead.

3.2 Work session was held with the LMG Institutional Development Advisor to specifically review the work carried out with ALERT, EPHOA and Black Lion Hospital.

The ALERT training center carried out a MOST exercise earlier in the project and has completed most of the workplan activities. A final report on results achieved (institutional capacity strengthened) will be important to include in the next quarterly report. Including recommendations of further support which could act as an entry point for further programming for next year. In addition to the MOST the project has provided support to ALERT in producing a Grant Management Manual and training. Moving ahead on this activity is now dependent on finalizing the training manual. As LMG ET will participate/provide technical support in the first training, a suggestion is to use the manual as is for the first training. This could then be used as an opportunity to test out the manual and make any necessary changes. It might also speed up the process.

3.3 The project is currently offering support to Addis Ababa University, College of Health Sciences and its teaching hospital, Black Lion Hospital. Support has mainly been in the form of LMG training and the application of several tools- MOST, FinMat for administrative staff.

These interventions could serve as an entry point for LMG not only in the administration of the College of Health Sciences but also into the Black Lion Hospital... A recent Senior Alignment Meeting with key leaders and the 5 day training for clinicians is a positive first step in getting the training implemented throughout the hospital and college. Black Lion Hospital is the largest public hospital in Ethiopia and to have a significant impact role out of the training will need to take place. Hopefully there will be champions identified who can then provide the needed support for this to happen.

Meetings with Partners/USAID

AMREF

The AMREF LMG activities have met with several challenges over the past year that have impacted on their ability to complete their workplan. A moratorium on training by the FMOH was beyond their control. They have also faced difficulties in completing and submitting invoices and do not seem to receive the required support from their head office. The ET LMG team have really gone out of their way to assist AMREF and get them back on the right track, however to no avail. AMREF also changed their SOW mid-stream from integrating LMG into their outreach program to providing the standardized LMG training comprising the 6 month timeline. Closer monitoring by the LMG ET team may have averted some of these problems. AMREF however is a full partner and it is assumed has the organizational capacity to manage the sub award. Discussions with AMREF led to clarity on the situation but will require AMREF to take decisive actions in order to move forward. They will need to sort out the invoicing and will need to do this with their head office in NY. Once the invoices are sorted, they will know their remaining balance. With knowledge of their remaining obligation they will need to prepare a revised workplan and budget for submission to and approval by LMG ET.

Yale

A session was held with the Yale Ethiopian Country Director and the LMG MSH Project Director to discuss the current status of the Yale activities and future proposals. At the end of October 2014, Yale had completed their final SLP session followed by a high profile ceremonial closing session. The closing session was attended by senior level representatives from the FOMH, USAID, and MSH ET country office, the Yale team from ET and the USA and the ET LMG team. The enthusiasm and interest of those attending attest to the success of the SLP. Yale does not want activities to end here and has proposed several follow-on activities which were the main topic of the discussions held. Preliminary ideas included bringing one of the Yale facilitators/coaches back to Ethiopia two times over a six month period to follow up with her coachees. Yale also proposed to develop an SLP targeted to RHB heads and deputy heads, and heads of relevant agencies including PFSA, FMHACA, and others. It was agreed that Yale would submit a concept note and budget for the proposals for the PD to further discuss with the FMOH HRH Director and USAID. Several factors however will impact on moving ahead. Yale has already spent out its project funds per their current agreement. They are not included in the FY3 workplan and budget. There is the possibility of amending the current workplan and budget to

accommodate Yale however it would require support from both the FMOH and USAID. There is also the timeline – the project technically only has funding until September 2015, which does not provide sufficient time for completion of a 1 year SLP. If the LMG program is extend and funded for a 4th year, up until the end of the Global LMG program, then there is the possibility that an SLP could be scheduled for FY4-dependent on approval of the FMOH, USAID and sufficient funding.

USAID

A brief meeting was held with the USAID HSS Advisor. Three issues were highlighted requiring particular attention by the project.

1. The project has submitted several success stories to USAID. The stories were not approved by USAID. The HSS advisor provided two success stories as examples of what USAID requires for an acceptable success story. Although not “urgent” this should be addressed in the near future.
2. The status of Dr. Tsegaye who is currently seconded to HAPCO will not be extended beyond his current contract end date of May 20, 2015. Although the work of Dr. Tsegaye is highly regarded and recognized by USAID and the FMOH there is the issue of capacity building that is lacking. The capacity building initiatives have not met USAID expectations and they feel some other donor needs to provide funding if HAPCO wants to continue with his support.
3. There has been a big decline in PEPFAR funding and a shift to supporting only those activities directly related to HIV/AIDS. The project will need to review its current workplan and future strategy for 2015-2016. The current workplan will need to be revised with indicators and targets related to HIV/AIDS.

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

1. Provide management and technical support in revision of current workplan. Efforts will be in line with assisting the development of strategies and activities that respond to the shift towards HIV/AIDS
2. Follow up with AMREF HO and MSH HO on resolving financial and programmatic issues.
3. Support TA/TDY for the LMG team on communications- including communications training, developing a communications strategy, and developing technical briefs and success stories.

4. Contacts

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